

**Mayview Steering Committee
Meeting Summary
April 16, 2010**

Members Present: Kelly Burda, Dee Burgess, Tim Casey, Mary Jo Dickson, Mary Fleming, Lea Ann Gerkin, Carol Horowitz, Austin Lee, Carol Loy, Dave McAdoo, Donna McCurdy, Edna McCutcheon, Karyl Merchant, Chris Michaels, Gerard Mike, Brandi Mauck Phillips, Carol Rico, Jules Rosen, Wes Sowers, Jan Taper, Kathi Thomas, Pat Valentine, Joe Venasco, Deb Wasilchak, Kimberly Welsh, Linda Zelch

Members Absent: Aiden Altenor, Jonathan Bear, Karen Bennett, Sue Carney, Jenna Cawthorne, Laverne Cichon, Mary Jo Patrick-Hatfield, Darryl Holts, Nancy Jaquette, Ray Jaquette, David Jones, John Klenotic, Matt Koren, Pam Loaskie, Christine Martone, Sharon Miller, Mary Jo Patrick-Hatfield, Rick Rach, Shirlee Hopper-Scherch, Ken Thompson, Pat Tickle, Dean Virgili

Others Present: Terry Carik, Mercy Behavioral Health, Katie Greeno, University of Pittsburgh School of Social Work, Darlene Karpaski, Turtle Creek Valley MH/MR, Dr. Gail Kubrin, Torrance State Hospital, Dr. James Shuster, Community Care Behavioral Health

1. Welcome

Mary Fleming welcomed the guests and new members of the Steering Committee and called for introductions. She added that Agenda Item 4, Medication Management, would be discussed first to accommodate schedule changes.

2. Medication Management Discussion

Mary recapped the decision by the Steering Committee to move to bi-monthly meetings with a focused discussion on one topic each meeting, the first of which would be medication management. Invited guests with relevant expertise included Dr. James Shuster, Community Care Behavioral Health, Gail Kubrin, Torrance State Hospital, and Darlene Karpaski, Turtle Creek Valley MH/MR. She stressed that the goal for the meeting is to identify specific interventions and recommendations that can be used regionally. There is also interest in identifying opportunities for further data collection and analysis.

Dr. Shuster gave an overview of subscribing practices, and noted that Community Care receives pharmacy data from the state and conducts analyses from this data. He cited some encouraging data on medication adherence, with 70-80% of consumers currently filling their prescriptions. He added that Allegheny County appears to have a higher percentage of medication adherence than other counties in the region. Of concern is the relatively high percentage (25-30%) of consumers who are not getting their medications filled after discharge. Information that is difficult to track includes access to psychiatric services in the community and quality of those services, as well as medication adherence after discharge. CCBH is working with providers to pull subscriber information and incorporate into the pharmacy database.

Discussion followed regarding collaboration between doctors. Dr. Shuster mentioned that they are working on recovery-focused initiatives such as an internet-based tool to strengthen consumer-doctor interaction. Also discussed was the use of depo-antipsychotics, which are injectable forms

of drugs administered on a monthly basis. Other topics discussed included options, prognosis, and opportunities for intervention for consumers who were not engaged or taking their medication.

Darlene Karpaski from Turtle Creek Valley MH/MR passed out information on Common Ground and Shared Decision Making, a web-based software program developed by Pat Deegan in response to her own recovery experiences and professional work. Pat Deegan found that there were inherent beliefs and barriers to consumers becoming active in their own recovery and this program was developed as a tool to address those barriers. The main goal of the Common Ground Assessment and suite of tools is to amplify the client voice in treatment. The program is very individualized and the software provides specific information, such as comparisons of drug and alcohol use to sleep patterns, anxiety and concentration. Other notable features of the program include:

- Systemic intervention to support shared decision making in psychiatry
- Power Statements written by the consumer to express the most important person, place, or thing in their life, which create a rationale for using psychiatric medications
- Peer run decision support services
- Series of reports, which include status, medication, and goals
- Collaborative decision aids

Also included in the reports are reasons why people don't take psychiatric medications. The top three reasons cited are confusion, side effects, and health concerns. Discussion ensued on how to obtain more specific explanations, particularly for when individuals are confused.

Dr. Gail Kubrin, who utilized the program for two years, commented on her experience and said it empowers individuals to become active and committed to their recovery, and is tremendously helpful to the doctor, enabling them to incorporate the report into the treatment and streamline the process.

Other factors, concerns, and discussion points regarding medication management include:

- Tracking medication adherence after discharge is a challenge.
- Tracking access to psychiatric services after discharge is difficult given how some visits are coded as clinical and not psychiatric.
- Quality of service is difficult to track.
- There are ongoing issues of medication changes, prescribing practices, and doctor preferences.
- Additional challenges of shared decision-making include culture change and education.
- Discussed implementation of Common Ground in a hospital environment.
- Discussed possible use of Common Ground toolkit in other agencies.
- Discussed benefit of using consumer-formulated outcomes that are included in the Common Ground toolkit.
- Discussed integration of shared decision making and Common Ground with mobile medication programs.
- Discussed training of Peer Support Specialists in the Common Ground approach.
- Discussed the consumer / doctor collaboration which is facilitated by the Common Ground approach.

Discussion followed on how the Common Ground information gets disseminated, how and where consumers can access the program online, and costs for implementation and maintenance. A decision was made to arrange for a demonstration of the program for Steering Committee members; AHCI staff to follow up with dates and times. Also discussed were plans by Community Care to evaluate participation in the program by consumers, looking at medication adherence pre- and post-participation. Plans are also in place to conduct additional training for residents.

Mary asked for input from other counties and discussion ensued regarding the possibility of incorporating the program in other areas. Feedback revolved around the need to strategize, barriers to implementation, and other potential strategies.

Mary announced that the agenda for the next meeting would include follow up on this topic and a decision of whether or not to move forward with additional discussions.

3. Review of Minutes from February Meeting

No changes were identified to the minutes for the February Steering Committee meeting. They will be posted to the Mayview website.

4. State Updates

Kathi Thomas reported the following status of SOS Services for the period of February 12 through April 9, 2010.

Monarch Springs LTSR:

- Census is 14 with one vacancy. All residents receive services from CTT and CST. Programming and work programs continue.

Specialized Small Homes:

- Bethel Park: Remains at full capacity with census of three with no admissions or discharges. The residents continue to express satisfaction with the home.
- Carnegie: Remains at full capacity with census of three with no admissions or discharges. Plans are underway to move one resident. Another resident has been refusing medication and subsequently is exhibiting decompensating behaviors. House staff is monitoring her closely, and CTT remains involved.

Community Support Team (CST):

- The CST accomplished 629 encounters to 195 consumers in Allegheny, Beaver, and Washington Counties in February and March 2010.
- County designees for CST requests are: Kim Welsh (Allegheny County), Marilyn Kurash-Huber (Beaver County), and Donna Bevan (Washington County). The CST leader will continue to meet with these designees between SOS meetings at mutually-agreeable times.

Quality Management and Clinical Consultation Team (QMCC):

- During the months of February and March, the QMCC Team completed 363 visits involving 355 individuals.
 - Allegheny County 303

- Beaver County 25
- Washington County 20
- Lawrence County 6
- Westmoreland County 1

- 345 individuals were identified as routine visits for the months of February and March. 91% of the consumers were found to be taking their medications as prescribed. 12% reported that they are working part time and 1% is involved in some type of vocational training. 50% attend groups of some kind, 13% reported having completed Psychiatric Advance Directives, 52% reported no visits from family, and 78% reported no visits from friends. Consumers who engage in hobbies remain relatively the same at 68%.

Linda Zelch announced that officers from Harrisburg would be meeting with SOS staff on May 3 to discuss contractual placement and job preferences.

Other State Updates:

Linda reported that Joan Erney’s replacement would be Sherry Snyder, Acting Deputy Director. Joan, who is stepping down as Deputy Director on May 5, has been active in the transition and has kept staff updated on the Mayview process. She added that the closure of Allentown State Hospital is going well and progressing as planned.

Land Reuse Task Force:

Mary announced that a meeting has been scheduled for May 6 from 7:00 – 9:00pm at Upper St. Clair Recreation Center and encouraged everyone to attend. She said that it was important for the Steering Committee to demonstrate their support for State Senator Pippy and Representative Kotik; however, the final decision would be made by the PA Department of General Services. An announcement with additional details and more specific information will be sent to the Committee.

Lessons Learned White Paper

Mary reported that the Executive Summary has been printed and will be distributed to Committee members shortly. AHCI will send out an e-mail to members with a request for copies. The full report will be printed in the next couple of months.

5. Update on Advocacy Efforts

Chris Michaels reported that the NAMI Southwest PA Policy Committee will be meeting to discuss healthcare reform on April 27 at 5:30pm at the NAMI office and invited Committee members to attend. Talking points on their position have been posted to their website. A bulletin on outpatient treatment and terms for commitment came out recently and the comment period ends on April 23. She also reminded members that the NAMI Education Conference will be held on April 23 and 24.

Other items of note include:

- A hearing on a bill regarding assisted outpatient treatment is scheduled; however the bill is unlikely to pass due to lack of funds. The bill has been supported by the Treatment and Advocacy Center in Virginia.

- Disability Rights Network has been working with groups of individuals to formulate questions for candidates and approach administration officials.
- County administrators are working on developing a position on HealthChoices and will be approaching advocacy organizations to garner their support.
- Pam Hyde, the new director of SAMHSA, was in town last week for a presentation on healthcare reform. Linda will send the presentation out to Committee members.

6. Topics for Upcoming Meetings—June 18, 2010

Mary reported that a follow up discussion on medication management would be on the agenda for the next Steering Committee meeting, as well as a report on in-patient data collection. A possible topic for in-depth discussion is community integration. Several members commented on the problem of isolation for consumers who live in the community, which has been identified as a major concern. Members were advised to temper their expectations as solutions to these problems will likely take time and are not easily resolved.

There being no further business, the meeting was adjourned. The next meeting will be held on Friday, June 18 from 9:00 a.m. – 12:00 p.m. at the **Airport Marriott**.