

**Mayview Steering Committee
Meeting Summary
June 18, 2010**

Members Present: Karen Bennett, Kelly Burda, Dee Burgess, Tim Casey, Jenna Cawthorne, Laverne Cichon, Mary Jo Dickson, Mary Fleming, Lea Ann Gerkin, Darryl Holts, Carol Horowitz, Austin Lee, Carol Loy, Brandi Mauck Phillips, Dave McAdoo, Edna McCutcheon, Chris Michaels, Rick Rach, Carol Rico, Jules Rosen, Shirlee Hopper-Scherch, Wes Sowers, Jan Taper, Kathi Thomas, Pat Tickle, Pat Valentine, Joe Venasco, Val Vicari, Dean Virgili, Deb Wasilchak, Kim Welsh, Linda Zelch

Members Absent: Aiden Altenor, Jonathan Bear, Sue Carney, Mary Jo Patrick-Hatfield, Nancy Jaquette, Ray Jaquette, David Jones, John Klenotic, Matt Koren, Christine Martone, Donna McCurdy, Karyl Merchant, Gerard Mike, Sharon Miller, Ken Thompson

Others Present: Lisa Bails, AMI; Sue Estroff, University of North Carolina, Katie Greeno, University of Pittsburgh School of Social Work; James Kindler, AHCI; Darlene Tindell, AHCI

1. Review of Minutes from April Meeting

Mary Fleming welcomed the guests and announced that this would be Linda Zelch's last meeting as she was retiring from her position at OMHSAS and would therefore be resigning from the Steering Committee. She thanked Linda for her years of service and commitment, and welcomed Val Vicari back to the Committee.

One change to the minutes from the April 16 meeting was identified: the "Tax and Advocacy Center" referenced at the bottom of page 4 should read "Treatment and Advocacy Center." The correction will be made and the minutes posted to the website.

2. State Updates

State Budget

Linda Zelch gave an update on the status of the state budget, which is facing a \$1.2 billion deficit. She reported that lawmakers are considering passing the Marcellus Shale tax, which is believed to be a viable solution to the deficit at this point.

Healthcare Reform

Linda urged members of the Committee to make this topic a standing agenda item. She reported that the DPW and Governor are moving forward with the formation of a Healthcare Reform Implementation Advisory Committee which will consist of a project manager and seven teams, as well as a DPW Steering Committee. Ivonne Bucher was named project manager. Linda will send out an e-mail to the Steering Committee with additional details on the Advisory Committee's purpose and membership.

Other highlights of the reform include:

- 32 million newly covered individuals in US
- 1 million uncovered in PA
- 40% of the 1 million will be covered by MA

- By 2014, will need provider capacity—two full calendar years to get ready
- DPW is not intending to move any legislation forward prior to 2011
- Bill has 70 provisions that apply to DPW
- PA is considered leader nationally:
 - CHIP—for children
 - Adult Basic
 - Prescription for PA
 - Chronic Care Commission
 - Statewide indoor ban on smoking
 - No payment for serious adverse events
 - Governor proposed expansion of adult basic
 - Pay for performance initiatives

Changes in 2010 include:

- High risk pools established—PA has submitted plan to run
- Insurer barred from denying coverage for pre-existing conditions for children, imposing lifetime coverage limits
- Children stay on coverage up to 26 years
- Small business will have tax credits

DPW priorities:

- Analyze legislative provisions
- Determine options
- Organize stakeholder feedback
- Make recommendations
- Position data systems and organizational structure

DPW has major stake in reform:

- Significant changes in MA eligibility
- New options for benefits
- Changes in long-term living
- New quality requirements
- Many grant opportunities
- Significant impact on the budget
- Need to reconfigure systems

She added that this overhaul will be an opportunity to correct problems and rework systems for the future. The challenge will be to ascertain what is most important for behavioral health and how to move the system forward. It is also a great opportunity for partnership with counties, MCOs, providers, consumers and advocates.

SOS Update

Kathi Thomas reported on the status of SOS Services for the period of April 11 through June 11, 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 one discharge and one admission. A resident who was being monitored for a medical condition returned from the hospital and continues to improve. Another resident had successful eye surgery.

Community Support Team (CST):

- The CST accomplished 491 encounters to 160 consumers in Allegheny, Beaver, and Washington Counties in April and May 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 month of April, the QMCC Team completed 152 visits involving 149 individuals.
 - Allegheny County 142
 - Beaver County 6
 - Washington County 1
 - Lawrence County 0
 - Westmoreland County 0
- 129 individuals were identified as routine visits for the month of April. 89% of the consumers were found to be taking their medications as prescribed. 11% reported that they are working part time and 4% are involved in some type of vocational training. 52% attend groups of some kind, 16% reported having completed Psychiatric Advance Directives, 52% reported no visits from family, and 81% reported no visits from friends. Consumers who engage in hobbies remain relatively the same at 30%.
- Effective May 1, 2010 the QMCC Team stopped completing CSP consumer assessments and transitioned into a clinical consultation service only. The report to the Steering Committee will change accordingly to reflect consultation time spent in the counties, CST, and the LTSR. During this month, the team provided consultative services as documented below in addition to closing out reports and orienting to the CST and LTSR.
- During the month of May, the QMCC Team completed 6 visits involving 6 individuals.
 - Allegheny County 5
 - Beaver County 1
 - Washington County 0
 - Lawrence County 0
 - Westmoreland County 0

Kathi added that Dr. Jonathan Bear will be retiring on July 23. As of July 9, SOS will be losing 11 additional staff; they are currently looking to hire annuitants.

Discussion followed regarding additional details on consumers in the specialized homes as well as questions on the consultation table at the bottom of the report, and Kathi agreed to provide more information, such as methods for identifying those individuals at potential risk and follow up procedures, in the report at the August meeting. A more in-depth discussion on the SOS transition to MBH will take place at that time.

3. Inpatient Reporting—Quarterly Data Reports/IP Census

Tim Casey reviewed the quarterly Inpatient reports, which continues to indicate no spike in utilization associated with the Mayview closure. There has been a steady downward trend; however, the average length of stay (ALOS) has begun to climb. Factors driving this rise include the waiting time for admission to the TRU unit.

Discussion followed regarding the issue of the waiting list for TRU, and expectations and goals which are being addressed by CCBH. Also discussed were incentives to improve wait time, and financial constraints for consumers who cannot afford to live in non-subsidized housing.

A suggestion was made to focus more on this agenda item at the next Steering Committee meeting.

Inpatient Census Project

Tim reported on the status of the Inpatient Census Project, which includes four participants to date—WPIC, Alle-Kiski, Forbes Regional and Jefferson—and was initiated in January 2010. The first report reviewed tracks total inpatient beds available and what percentage are occupied. This percentage was 98% in January 2010 and dropped slightly from February through April 2010. Overall, among these hospitals, the average census is 90%.

The second report breaks down the total days occupied by payor, which includes the following ranked from highest to lowest: HealthChoices, Medicare, commercial, self-pay, MA Fee-for-service, county base-funded, and unknown.

A request was made to revise the graph so that each line is represented by something other than a specific color, as it is difficult to differentiate between payors. Another suggestion was to include number of beds by county and an indication of the actual number associated with 100%.

One issue with these reports concerns the hospitals who are not participating, as without their data, the numbers do not reflect totals for the region. Some other hospitals have expressed interest and we are working to bring them on board with the project. There has also been some interest from hospitals outside the Mayview region.

EAC Report

Tim reported on EAC utilization from June 16, 2008 through May 17, 2010, noting that 125 individuals have been discharged with an ALOS of 163.30 days and median length of stay (MLOS) of 112 days. The disparity between ALOS and MLOS indicates difficulties discharging individuals with extremely long stays. Admissions since June 2008 are at 172 consumers with an

ALOS on the waiting list of 68.27 days. On average, the amount of time a consumers spends in inpatient before an EAC admission is 105.44 days. The long lengths of stay are coming from a small number of outliers and more analysis needs to be done to understand this trend.

RFT-A Report

Tim reported on the RTF-A utilization from September 4, 2008 through May 17, 2010. Since September 2008, 188 individuals have been discharged from RTF-A with an ALOS of 58.08 days and MLOS of 52.50 days. The similarity between ALOS and MLOS indicates that the numbers are good measures of tendency. 210 consumers have been admitted to RTF-A since 2008 with an ALOS on the waiting list of 19.30 days. On average, the amount of time a consumer spends in inpatient prior to RTF-A admission is 49.37 days.

4. CSP Updates

Tim Casey reported that AHCI is completing the web-based application for CSP updates in Allegheny County and should be on track to roll out to other counties by the end of the summer. Discussion ensued regarding requests for CSP updates in addition to the annual review, which are taking place in Allegheny County, revisions of the original CSP form and subsequent updates.

5. Community Integration Discussion

Mary Fleming reviewed the decision to make Community Integration the focus for discussion at this meeting, and introduced Shirlee Hopper-Scherch, Executive Director of PSAN, who gave the presentation on this topic.

Shirlee began with a discussion on the definition of community integration and understanding the different dimensions, such as:

- housing
- employment
- transportation
- health care
- leisure
- citizenship
- poverty
- other

Discussion followed regarding the issues and barriers in our communities related to community integration, which include concepts of inclusion, disclosure, stigma (internal and external), creating opportunities for social contact, etc. Also discussed was what is currently working:

- Use of peers and drop-in-centers as resources to learn, or re-learn, social skills and approaches to community integration.
- Creating opportunities for consumers to have contact with other people in non-mental health related or social environments.

Finally, Shirlee asked members of the Committee to read vignettes from consumers on their experience with integration and brainstorm on practical ideas to improve their situation and reduce stigma regarding mental illness in the community. Some of the ideas included:

- Need to help caseworkers become strong advocates for their clients

- Encourage assertiveness for consumers—help them to become their own advocate
- Utilizing resources in community (senior centers, etc.)
- Increase peer involvement (in Emergency Rooms, etc.)
- Active involvement of religious advisors or priests on CST teams to assist with matching consumers and churches
- Additional education on mental illness to decrease stigma and discrimination
- Assistance with building natural supports

6. Meetings Going Forward

Mary announced that due to time constraints, this agenda item would be discussed at the August meeting.

7. Topics for Upcoming Steering Committee meeting—August 20, 2010

Topics for discussion at the next meeting include:

- A. In-depth discussion on SOS and transition of services
- B. Clarification and additional information on Inpatient Data reports

There being no further business, the meeting was adjourned. The next meeting will be held on Friday, August 20 from 9:00 a.m. – 12:00 p.m. at the **Airport Marriott**.