

**Mayview Steering Committee  
Meeting Summary  
December 17, 2010**

**Members Present:** Karen Bennett, Jenna Cawthorne, Mary Jo Dickson, Mary Fleming, Lea Ann Gerkin, Angela Harris, Carol Horowitz, Matt Koren, Austin Lee, Carol Loy, Dave McAdoo, Edna McCutcheon, Karyl Merchant, Chris Michaels, Gerard Mike, Brandi Mauck Phillips, Rick Rach, Wes Sowers, Jan Taper, Pat Tickle, Pat Valentine, Joe Venasco, Val Vicari, Dean Virgili, Deb Wasilchak, Kim Welsh

**Members Absent:** Dee Burgess, John Carran, Tim Casey, Laverne Cichon, Mary Jo Patrick-Hatfield, Darryl Holts, Nancy Jaquette, Ray Jaquette, Donna McCurdy, Carol Rico, Jules Rosen, Shirlee Hopper Scherch, Ken Thompson, Pat Tickle

**Others Present:** Ali Abdullah, AHCI; Sue Estroff, University of North Carolina; Courtney Kuza, University of Pittsburgh School of Social Work; Sherry Snyder, OMHSAS

Mary welcomed Sherry Snyder, Acting Deputy Secretary for OMHSAS, and asked for introductions from members of the Steering Committee.

Ali Abdullah was introduced as the new AHCI SOAR/Public Benefits Trainer.

**1. Review of Minutes from October Meeting**

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

**2. State Updates**

Sherry Snyder thanked everyone for their commitment and stressed the value of the Committee as an advocate and catalyst for positive change in Pennsylvania's behavioral healthcare system.

She reported that the new administration continues to support the Olmstead Act and additional closures of state hospitals. She added that the MRSAP region is unique in creating a culture that allows for the sustainability and support required to move consumers from an institutional setting into the community, and that we should be commended for our efforts.

She emphasized the importance of data-driven conversations and reports in order to quantify the impact of the closure. The obstacle in the new state budget is less funding, however, this also presents an opportunity to revamp the system, overhaul regulations and strategize on other ways to serve more people with less money. She also discussed concerns regarding individuals with co-occurring disorders and the forensics population, as well as the legislation on involuntary commitment and the need to educate people on existing commitment laws. OMHSAS continues to support other approaches to treatment that engage the consumer and encourage active participation in their recovery.

Other topics discussed include:

- 2011-12 budget has been submitted
- New administration has indicated a willingness to listen to our concerns
- Need to better define and intensify treatment in residential settings (RTF for Children and Teens)

- OMHSAS continues to push agenda and speedy transition
- The partnership with OMHSAS and MRSAP is distinctive; open and frank conversations are the keys to our success
- Continued input and feedback from the Steering Committee is essential

Discussion followed regarding data collection on the Involuntary Outpatient Commitment (IOC) legislation, which is difficult to quantify and it is unclear how many people it will impact, as well as the diversion population and whether data collected by MRSAP could be of use. Sherry agreed that data would be helpful.

### Regional Planning

Discussion continued regarding regional planning and the role of the Steering Committee going forward. Mary Fleming reported that the Counties met this past week and outlined a structure for the role of the Committee which will be distributed at the next meeting. She said there were five areas of focus identified:

1. Coordination of regional planning activities
2. Data analysis
3. Community support planning and quality improvement
4. Financial planning and analysis
5. Stakeholder information dissemination and management

She added that AHCI is doing a 2-year post-closure report in the spring.

### **3. MRSAP Summary Data Report**

Matt Koren provided an overview of the MRSAP Summary Report, which is a snapshot of updates for those individuals discharged from Mayview State Hospital as part of the MRSAP closure initiative. A more comprehensive report will be produced and distributed to the Committee this spring.

The following areas are covered in the report:

For the Mayview CSP population:

- Housing as of October 31, 2010
- Summary of service utilization from January 1 through September 30, 2010
- Summary of psychiatric hospitalizations through September 30, 2010
- Summary of critical incidents and early warning indicators from January 1 through October 31, 2010
- Summary of arrests and incarcerations from April 2007 through October 2010
- Summary of deaths through October 2010
- Summary of the individuals transferred from Mayview to Torrance State Hospital
- Regional inpatient utilization trends

Discussion ensued regarding incarcerations and our data sources, which comes from County tracking information. Our analysis indicated that the main incident was parole violations. Pat Valentine added that Allegheny County is working with Staunton Farm Foundation and the Bazelon Center to increase diversions from the criminal justice system. Also discussed was the data feed for early warning indicators and critical incidents, and the waiting lists for EAC. Pat announced that WPIC has

developed a 10-bed “step-down” unit as a launching ground for moving individuals into the community.

Val Vicari offered to assist AHCI in requesting information from hospitals not currently participating in the IP census project.

#### **4. Overview of University of Pittsburgh’s Mayview Discharge Study**

Sue Estroff and Courtney Kuza acknowledged their collaborators, which include AHCI, OMHSAS and the team of interviewers. Courtney gave the overview of the Progress Report, which included:

- Mayview closing policy goals
- Research questions
- Study design
- Participants
- Sample size
- Data collected
- Study methods (observations, interviews, surveys)
- Progress to date
- Overview of findings
- Improved social relationships
- Quality of life
- Summary

Sue reported that overall, these are extraordinarily good findings; the key is to see if these positive outcomes will hold up, and what can we learn from those who are doing well, and those who are not.

Discussion and questions ensued regarding the amount of involvement from family, friends and peers, and it was noted that family involvement increased as individuals left the hospital.

#### **5. Update from the Quality Improvement/Outcomes Subcommittee Meeting**

Matt provided an overview of the QIO subcommittee meeting that was held on December 15, 2010. At the meeting the Counties provided updates on their various initiatives and programs underway to address the three priority areas previously identified by the QIO subcommittee (social integration, employment and education, and physical health). Initiatives under way include CTT’s emphasis on physical health. Matt will distribute the QIO report from the meeting. In the report, Counties share success stories of individuals in the priority areas. These success stories are encouraging and may be good to share with the community. The next QIO Committee meeting is planned for April, 2011.

#### **6. PA Olmstead Plan**

Carol Horowitz presented an overview of the Olmstead Plan proposed by the Disability Rights Network (DRN), an organization dedicated to advocating for the rights of the disabled. She also explained the genesis of the Americans with Disabilities Act and the Olmstead Lawsuit, which resulted in the current legislation.

The plan proposed by the DRN and Mental Health Association in Pennsylvania (MHAPA) was formulated in early 2009 and developed in collaboration with other advocacy organizations, including NAMI Southwest PA, Peer Support and Advocacy Network (PSAN) and Pennsylvania Mental Health

Consumers' Association (PMHCA). It includes background, policy statement, guiding principles, components to accomplish and timelines. The components recommendations include:

- All state psychiatric hospitals to close by June 20, 2017
- Each county to develop a service area integration plan by June 30, 2012
- Forensic plan by June 30, 2012, implement by June 30,2017
- Personal care home plan by June 30, 2012
- Comprehensive funding strategy by June 30, 2012

Carol distributed the Statewide Integration Plan for Individuals with Mental Illness who are Unnecessarily Segregated.

Discussion ensued regarding the timeline, which is quite ambitious. The state also has a draft plan that does not stipulate closure by 2017, but rather calls for downsizing beds until all hospitals are closed. Sherry expressed concern over the need for responsible closure, versus meeting a specific deadline, and the consequences of not doing it well.

**7. Topics for Upcoming Next Steering Committee Meeting – February 18, 2010**

Brandi Phillips reported that the regional work plan and possible new name for MRSAP will be discussed at the next meeting. Another suggested topic was cultural competency.

SOS Update / Mercy Transition

Matt reported that the transition from SOS to Mercy was successfully completed on December 10, 2010. Mercy reports no incidents since the transition. Mercy will be asked to provide an update on these programs at the next Steering Committee meeting in February. Kim Welsh added that Allegheny County is working to continue providing spiritual support services from Father Hal.

Also discussed were areas to focus on for the transition team briefing document, which include:

- New service development
- Success of peers
- Use of technology in quality measures and successes
- Outcomes
- Cost trending (state hospital vs. community services)
- Diversion population
- Forensic data

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