Senate Democratic Policy Committee

Mayview State Hospital Closure

PUBLIC TESTIMONY

Testimony Submitted But Not Formally Testified to at Public Hearing on April 3, 2008

- **CAROL HOROWITZ, Disability Rights Network of PA, on behalf of the Coalition for the Responsible Closure of Mayview State Hospital**
- **SHIRLEE HOPPER-SCHERCH, Executive Director, Peer Support and Advocacy Network**
- **DR. BARRY WILLIAM FISHER, Immediate Past President, PA Psychiatric Society**

Testimony submitted by:

The Coalition for the
Responsible Closure of Mayview State Hospital

Regarding the Impact of the Closure of Mayview

Submitted to:

The Senate Democratic Policy Committee

April 3, 2008

Pittsburgh City Council Chambers
Pittsburgh, Pennsylvania

The Coalition for the Responsible Closure of Mayview State Hospital

Mental Health Association in Pennsylvania
Pennsylvania Mental Health Consumers Association
NAMI Southwestern Pennsylvania
Mental Health America of Allegheny County
Disability Rights Network of Pennsylvania
Peer Support and Advocacy Network
Turtle Creek Valley Mental Health/Mental Retardation, Inc.
Pennsylvania Psychiatric Leadership Council

Thank-you very much for the opportunity to offer written testimony regarding the impact on our community of the closure of Mayview State Hospital.

The Coalition for the Responsible Closure of Mayview State Hospital consists of a number of organizations representing consumers, family members, advocates, psychiatrists, and providers that have come together to ensure that the closure is accomplished in a thoughtful, responsible way. The Coalition is dedicated to the following:

- ensuring that every Mayview consumer's voice is heard;
- appropriate services and supports are developed in the community for those discharged and for those diverted from use of the hospital; and
- a system of monitoring exists to ensure that every individual's needs are met and that services promised are actually delivered.

The Coalition supports DPW's decision to close the hospital. We believe that people with mental illness can and should live, work, and receive services and supports in the community. Successful community living requires a fundamental paradigm shift from fitting people into already existing services to developing services that people want and need on an individual basis. Extensive planning must take place to ensure that the funds formerly used by the hospital are used in the community to develop the services, supports, and stable, safe housing options that people actually need. A paradigm shift this huge has required unprecedented cooperation between State and County staff, consumers, families, advocates, and providers.

A community cannot close a hospital without ensuring that every step is done responsibly. Our support of the closure is not given without a thorough understanding of what is taking place. Every member of the Coalition is intimately involved with the planning and closure process including participation as members of the Mayview Steering Committee, advocates supporting individuals through community support planning, monitoring infrastructure development, and service delivery.

It has been our experience that the process is transparent and inclusive. In the course of our participation in the process, we have developed or gathered the attached materials which we submit for your information and review:

1. **What is a Community Support Plan?**
   This Plan is pivotal in the process. Through its development the consumer voice is heard and a determination of services needed to be developed in the community is made.

2. **Summary of County Service Development Since Closure of the First Ward.**
   It is critical to successful service development that the money formerly used to maintain the institutional setting is transferred to the community. This Summary outlines all of the new services that have been added with these funds.

3. **Summary of Monitoring and Reporting.**
   Successful consumer recovery and community integration must be ensured by actual delivery of the services promised.

We believe that these documents will help you and your colleagues further understand the positive impact that the closure is having on the consumers and their families and the Mayview Service Area communities. Greater capacity to serve individuals with mental illness with better services is being developed in our community, and a cultural change is being fostered that acknowledges the reality of recovery. Individuals that were "them" are becoming part of "us." The result is that the responsible closure of Mayview benefits us all.

Thank-you for your consideration.

On behalf of the members of the Coalition,

Carol Horowitz
Managing Attorney, Pittsburgh
Disability Rights Network of PA

The President's Commission Report: Achieving the Promise: Transforming Mental Health Care in America:

"After a year of study, and after reviewing research and testimony, the Commission finds that recovery from mental illness is now a real possibility.

What is a Consumer Support Plan?

This plan, known as a CSP, is a consumer-driven plan for community living developed before the person leaves the hospital. To begin, there are three assessments done:

1. Peer-to-peer, in which the interviewer records what the person says he/she wants and needs.
2. Family assessment, in which the family expresses what they believe the person needs.
3. Clinical assessment, in which the clinical team records what they believe the person must have.

After these assessments are completed there are a series of meetings to develop the actual written CSP. The people present are:

1. the person
2. family (if the person gives permission)
3. clinical team, such as doctor and social worker
4. county representative
5. advocate

Others that may be present include:

1. a peer mentor
2. members from a Community Treatment Team (CTT)
3. representatives from providers that may serve the person

The advocate has met with the person ahead of time and has access to the person's peer-to-peer assessment in order to help support the person in having a strong voice at the meetings. The meeting is run by a trained facilitator who assures that the meeting is consumer-driven, strengths-focused, and that all information is considered. The facilitator and the advocate also assure that everyone remains respectful to the consumer throughout the process. A recorder is present to write down what has occurred, including tasks for members due at the next meeting, and outcomes, including areas of agreement and disagreement.

The first meeting consists of the consumer having the opportunity to express his/her desires and concerns and focuses on the strengths the person has. As the meeting develops the different living options that will work for the person become apparent as well as individual interests. Depending on what the person wants and needs, there may be visits scheduled in the community before the next meeting so the person can have a look. There will be as many meetings as necessary for the CSP to be developed, typically 3 or 4.

It is important to note that the CSP includes much more than the physical structure where the person will live, mental health treatment and any necessary substance use treatment. This CSP is meant to incorporate real community living. Therefore it includes items related to the person's interests and personal goals such as having a peer mentor,

church membership, YMCA membership, access to a library, transportation training, cooking classes, drop-in centers, or other activities the person considers to be important.

In order to help with transition from the hospital, the consumer may choose to have a peer mentor, and will meet with Community Treatment Team and other provider staff before leaving in order to build positive relationships. One issue that has been identified and is being addressed is ensuring communication between hospital doctors, both physical and psychiatric, with community doctors.

There is an appeal process in the event that a CSP is developed that the consumer does not agree with. The appeal is brought before a recovery-oriented panel and the concerns of the consumer are fully evaluated. Regardless of whether there is an appeal, Estelle Richman reviews every CSP to ensure that it is consumer-driven and recovery-oriented.

Safeguards have been set in place to ensure that the CSP follows the person into the community and is actually received by the appropriate providers. There is further monitoring of the CSP by advocates, Consumer and Family Satisfaction Teams, County and State officials in order to ensure that the services promised are actually being delivered.

The CSP is intended to be a living document. It is supposed to be updated and changed as the person changes. The consumer can also request having the process completed again at a later time in the community if they feel the CSP needs to be totally redone.

The information about the kinds of services that people want and need is being used in part to determine the community supports and services that are being developed. Information about what people who would be diverted from the hospital need to stay out of institutional settings is also being used. Many of the services are new and different, such as the Peer Mentor Program.

To date this has been a transparent process. Consumers, families, and advocates are involved, and information on problems that occur is being shared. Every incident and problem that has been identified so far has been reviewed and analyzed in order to make necessary adjustments to make the system and process better. Stakeholders from all areas of the mental health system, including families and consumers, have been involved in planning and problem-solving. It is worth noting that in this service area, all five counties support a recovery-oriented process. Many people in the community have been very supportive of the individuals returning.

One last very important point – there is money to support the development of the supports and services needed. By ensuring that individuals are receiving all of the money that they can from other programs, such as HUD and Medicaid and Medicare, as well as shifting the money that has funded the hospital into the community, the dollars are available. Commitment on the part of the Commonwealth to continued adequate funding is essential to the success of this process.

Monitoring and Reporting

Members of the Coalition for the Responsible Closure of Mayview State Hospital have reviewed the monitoring and reporting performed by providers, service area Counties, and OMHSAS. The monitoring involved supports successful community integration and helps prevent negative experiences for the consumers, their families, and other individuals in the community. The monitoring and reporting required will help prevent individuals from "falling through the cracks."

Successful community integration requires that the services and supports that are promised in the Community Support Plans, County housing plans, and County Service Area Plans must be developed and delivered. Each individual must have stable housing options and the array of services that fit his/her needs. To that end, an extensive system of monitoring and tracking has been instituted.

Each county has designated a responsible individual/team to monitor service delivery through face-to-face contact, including contact information from advocates, case managers, and Community Treatment Teams. Other sources of information include service claim data, provider reporting, and Consumer and Family Satisfaction Team reports. The following reports indicate all of the areas currently monitored:

- **Quality Improvement Outcomes Committee Report** - Summary of process and tracking variables, including the progress on CSPs at Mayview, opinions of the people discharged through the results of the C/FST surveys, and current status of people discharged. Domains include case management use, housing, supports, employment, rehabilitation, education activities, transportation support, physical health care, benefits, income, and any guardianship services. Critical incidents such as hospitalizations, diversions, arrests, incarcerations, and deaths are also reported here. This report is sent to DPW quarterly.

- **Residential Placement Report** - Depicts graphically, and in table form, the current residential placement of each consumer discharged from MSH since the closure date. This data is presented to the Mayview Service Area stakeholders on a quarterly basis and is also submitted to Secretary Richman monthly.

- **Monthly County Infrastructure Report** - Narrative from Counties that provides update on service development and other infrastructure issues. Data is compiled and submitted to DPW.

- **Consumer Tracking Report** - Extensive Monthly tracking report that depicts current outcome and process variables for each person discharged. Submitted to DPW monthly.

- **Consumer Monitoring Reports** - Client-level reports that depict service utilization and average weekly contacts for each consumer discharged from MSH.

- **Weekly Reports** - County-specific reporting that includes discharges, service development, critical and early warning reporting, any media coverage, positive developments, troubleshooting/advanced notice on any local issues. This report also includes reporting on any client that DPW has requested weekly tracking.

- **C/FST reports** - Consumer/ Family Satisfaction Teams (C/FST) have been developed to serve as a mechanism for early identification and resolution of problems related to service access, timeliness of services delivery and appropriateness of services and treatment outcomes. This is accomplished through face to face peer interviews which incorporate a feedback and follow up mechanism with the County and the HealthChoices behavioral health contractor.

In addition, a reliable practice for identifying individuals in crisis must be in place. In order to address this concern, the Mayview service area counties use the practice of identification, intervention, and reporting of early warning signs.

Early Warning Signs include:

- Refusing to take medication for three (3) days;
- Inability to locate a consumer for three (3) days;
- Consumer refusing to respond to contact for the three (3) days;
- Unexcused missed appointments with any service providers;
- Changes from baseline in a consumer's sleep patterns;
- Atypical behavior signifying changes from a consumer's baseline behavior;
- Complaints from landlords / property destruction / threat of eviction;
- Any police involvement;
- Attempts at elopement;
- Any ER visit or inpatient stay (including any stay in an extended acute facility) related to issues; and
- Any changes causing a consumer's level of care to become more restrictive in nature.

Incidents related to early warning signs must be reported to the County within 24 hours and include the actions taken by the provider to intervene and divert re-hospitalization. These reports are in addition to those that the Department of Public Welfare requires through its own HCSIS system. Sentinel events are required to have a root-cause analysis performed in order to determine any necessary systemic changes to address problems identified.

Other reporting includes measuring the effects of the closure on community resources:

- **Community Inpatient Utilization Report** - Trends community inpatient utilization. Measures include admissions, readmissions and average length of stay. Also includes Extended Acute utilization. Data is presented to MRSAP Stakeholders quarterly.
- **Residential Summary** - Summary report of consumer discharges based on discharge location. Submitted to DPW monthly

Together, the reports listed above constitute a systematic way of monitoring the transformation of the service area from institutional based care to recovery oriented services in the Community.

Testimony submitted by Shirlee Hopper-Scherch Regarding the Potential Effects of the Closure of Mayview

Submitted to

The Senate Democratic Policy Committee

April 3, 2008
Pittsburgh City Council Chambers
Pittsburgh, Pennsylvania

Thank you for this opportunity to provide feedback to the Senate Democratic Policy Committee. My name is Shirlee Hopper-Scherch, and I have been a mental health consumer for over twenty years. I am also the Executive Director of the Peer Support and Advocacy Network (PSAN) located in Allegheny County. PSAN is a 100% consumer run organization, that is, all of the staff are current or former consumers with a mental health diagnosis. I have had the privilege of witnessing first hand the successful transition of individuals from Mayview State Hospital into the community. PSAN currently offers several peer-run programs which serve those within Mayview State Hospital as well as former Mayview residents who are now residing in the community. The Center for New Hope and Life is a drop-in center housed within Mayview. This Center provides an opportunity for consumers to socialize and obtain support from peers. New Horizons Drop-In Center, in Bellevue, is staffed with peers who offer support, advocacy, referrals, and social opportunities within the community. The Allegheny County Warmline provides telephone support and referral information for individuals over 21 years of age. The Warmline receives over 150 calls per months from residents within Mayview State Hospital, and averages over 2000 total calls per month. PSAN is an OMHSAS-approved affiliate trainer for Certified Peer Specialists, a new Medicaid reimbursable service which is being developed in the State of Pennsylvania. PSAN also offers a Peer Mentoring Service, which offers individuals within Mayview who have been identified for the CSP process the support of individuals who have struggled with mental illness in the past. These peers offer friendship, support, and most importantly, hope to those preparing to live in the community. Peer Mentors meet with individuals prior to the initial CSP meeting, and follow them during their transition into the community. Peer Mentors are available for consumers until they are no longer needed. The goal is to assist individuals in the development of natural supports within the community, so that closure of the relationship occurs without difficulty.

The relationship which develops between a consumer and a peer is unique, and the mutual trust which develops almost immediately in most cases is remarkable. Peer Mentors have become vital to the providers involved in the CSP process, the staff within the hospital, and most importantly, to the consumers. The program has exploded from 2.5 positions a year ago to 11 current positions, with plans to expand immediately to 16 full time equivalent positions. Peer Mentors are often able to offer consumers valuable services unavailable from clinical staff. For example, peers can share their own stories of recovery from mental illness with consumers, thereby offering hope and a different perspective on the experience.

The peer mentors have been creative in working together with residents within Mayview as they transition into community living and have witnessed the joy and profound change experienced by consumers once they are living outside of the hospital. Let me tell you some stories.

Mike (a pseudonym) is an individual who was not communicative. Engaging him in the discharge planning process was extremely challenging, thus it was hard to ascertain his priorities and preferences for living outside of the State Hospital. The Peer Mentor (Kevin) began by sitting next to Mike during meals. He would offer casual conversation, but was not frustrated by the lack of response from Mike. Instead, he continued to be present, communicating non-verbally that he valued Mike, and was interested in him as an individual. Kevin learned that prior to his hospitalization; Mike had made a living as a furniture upholsterer. He was able to obtain pictures of tools used by upholsterers, and shared them with Mike during a meal. Mike smiled, and began to describe the use of the tools to Kevin. The ice was broken, and other conversations followed. Accompanied by Kevin, Mike began to participate in his own discharge planning. He is successfully living in the community, and Kevin continues to maintain a meaningful relationship with him.

Steve (pseudonym) was an avid bike rider prior to his hospitalization twenty years earlier. Upon discharge, his peer mentor (David – pseudonym) met him for bike rides on trails that were adjacent to his new residence within the community. Sometimes, they would ride to the nearest creek and go fishing. David learned that one of Steve's housemates had also enjoyed riding a bike in the past. David was able to obtain bicycles for both individuals through "Free Ride", an organization in Pittsburgh that contributes bicycles for individuals who might not otherwise be able to purchase them. Now, the two housemates are riding together several times per week, and Steve reports that he is happier in the community than he ever thought possible.

Jennifer (pseudonym) was worried about leaving Mayview because she had enjoyed a rich spiritual life through the pastoral support offered within the hospital. Her peer mentor recognized this need, and began to visit different churches in the community Jennifer identified as her choice upon discharge. Through these visits, Jennifer was able to identify a church where she felt comfortable and welcome. She began to attend this church regularly with her peer mentor prior to her discharge, and continued once she was living in the community. Her peer mentor accompanied her to church until she was able to feel comfortable attending church independently. She is currently an active church member, and receives regular support from other church members. This is an excellent example of the transfer of support from the peer mentor to other more natural community supports.

These examples are representative of PSAN's experience with individuals leaving Mayview State Hospital. PSAN supports the closure of Mayview State Hospital, and believes that it is every individual's right to receive whatever support is appropriate in their community of choice. While living in an institution, individuals are not able to make the basic choices that we take for granted on a daily basis. Lives are scheduled, and compliance is rewarded. But this is not living the full and rich life that all people, included those struggling with mental

illness, deserve. Upon discharge, individuals are able to exert power over their own lives for the first time. Simple routines are, for the first time in many years, under their control. What time to wake up in the morning, when to eat meals, what to prepare for meals, how to spend the day – small issues to those of us who have never experienced life within an institution, but big changes for those transitioning into the community. We believe that these decisions are a basic human right, and that all adults deserve the opportunity to have control over their own lives. After all, it is the small daily decisions that define the structure within which we live. Our strong support for the closure of Mayview State Hospital, and the provision of comprehensive supports within the community, is based upon these experiences and beliefs. On a daily basis, we hear from those who have been transitioned into the community and are doing extremely well - people who have reunited with their families, individuals volunteering their time, making friends at drop-in centers and taking control of their own lives. It is our privilege and our responsibility to ensure that our communities welcome those of us who may be different. We need to guarantee that they have the same rights and opportunities as everyone else. Thank you for the opportunity to express our strong support for the closure of Mayview State Hospital.

Sincerely,

Shirlee Hopper-Scherch, M.S.W., M.P.H.
Executive Director
Peer Support and Advocacy Network
938 Penn Avenue, Suite 303
Pittsburgh, PA 15222
412-227-0402

WRITTEN TESTIMONY OF

BARRY WILLIAM FISHER, MD

ON BEHALF OF THE
PENNSYLVANIA PSYCHIATRIC SOCIETY

BEFORE THE
SENATE DEMOCRATIC POLICY COMMITTEE

REGARDING THE CLOSURE OF MAYVIEW STATE HOSPITAL

APRIL 3, 2008

My name is Barry Fisher and I am a psychiatrist working as Medical Director of the Community Support Program at the VA Medical Center, Highland Drive and Medical Director of the Post Traumatic Stress Disorder (PTSD)/Behavioral Medicine Clinic here in Pittsburgh. I am also a Clinical Assistant Professor of Psychiatry at the University of Pittsburgh School of Medicine and Adjunct Assistant Professor of Psychiatry at Allegheny University of the Health Sciences (MCP/Hahnemann School of Medicine) at Allegheny General Hospital. My written testimony is on behalf of the Pennsylvania Psychiatric Society (Society). I am currently Immediate Past President of the Society. We represent over 1,700 physicians across the Commonwealth who practice the medical specialty of psychiatry. My testimony is also made on behalf of the patients I serve, some of whom have illnesses that make it difficult for them to speak for themselves in a forum such as this.

Over the years, I have worked as an outpatient psychiatrist in an alcohol and drug abuse program at Western Psychiatric Institute and Clinic, and have volunteered on the Counseling Committee for Jewish Children and Family Services here in Pittsburgh, among other service opportunities within the community. I have also worked as an inpatient psychiatrist in Allegheny General Hospital's MH/MR clinic where I treated many individuals with severe and persistent mental illness. In the course of my work in Allegheny County, I have become intimately acquainted with some of the issues being raised, both for and against, the closure of Mayview State Hospital.

Speaking for the Society, our basic position is that, at all times, the state's focus should be on providing and funding the treatments and services that will optimize each individual's ability to recover and live in the least restrictive setting possible. However, we are keenly aware that some individuals cannot thrive in the community and need the close supervision, intensive treatment, adequate housing, and full range of services that are only available in structured settings that only a state hospital or long-term structure residence can afford them. The Society has always supported care in the most appropriate setting, rather than tying spending to particular facilities. We strongly believe that, in order to ensure the success of the patient within the community, there must be appropriate resources in place prior to the discharging of those individuals from a state hospital setting. Whether those services are better provided in a state hospital or in a variety of smaller settings in the community will depend on the individual's diagnosis, severity of illness, needs, and desires.

From our standpoint, the important thing is to do all we can to:

- **Develop community services that address each individual's specific needs.** This means not only extended acute care for up to 90 days after discharge from community hospitals, but also long-term structured residences, for stays as long as a person needs 24-hour services in a safe and secure place. Those who can live more independently require ready and regular access to medical care, psychiatric care, therapy, rehab services – all those things that will help people maximize their ability to live independently. Individuals should not be discharged before these services are in place.

- **Locate individuals in places that allow family members and other community supports to have reasonable access.** We have great concerns about relocating those Mayview residents not ready for discharge to Torrance State Hospital. Many of these individuals will lose the support systems they have in place in the Mayview area. For our families in Pittsburgh and the surrounding counties, the additional hour (or more) drive to Torrance could create a further hardship for the patients and those they love seeking to assist in their overall recovery.

- **Develop an independent study to survey community readiness prior to bed or state hospital closures.** The Society has been meeting regularly with OMHSAS over the past year and has been on record as requesting that an independent out-of-state study be done to survey the Mayview area to determine needs of the community and availability and capacity of resources. We feel that this should be done prior to closure or downsizing of Mayview. OMHSAS has chosen to use an in-state resource to do a more limited study, and to proceed with downsizing of Mayview prior to completion of the study. We are concerned that problems with timely access to care will continue or become worse. We are particularly concerned about the needs of patients served in the forensic units, or who would have been served in the forensic units. We remain committed to working with OMHSAS to identify indicators of unmet need, to select appropriate means to monitor those indicators, and to develop plans to improve timely access to care.

- **Provide adequate funding to develop new services, and to serve those already awaiting services in the community.** In the counties affected by the closure of Mayview, the waiting lists for supportive living are large. Members of our Society have reported to us that, between the closures at Saint Francis Hospital, Mercy Divine Hospital, and the psychiatric unit at West Penn Hospital, inpatient facilities are seeing a sharp increase in patients arriving at the emergency room suffering from mental illness. Wait times to be placed in an acute or extended acute bed has increased from less than a month to almost three months. Our members have expressed concern about the increasing number of patients who are spending weeks and months in acute psychiatric inpatient units in community hospitals due to the lack of appropriate settings for those patients needing some kind of extended setting in which to recover from their mental illness. The Society is concerned that the closure of Mayview at the end of 2008 could exacerbate the situation.

- **Provide alternatives to Mayview for the care of the severely mentally ill who are unimproved with short-term treatment and remain at risk for harm.** Everyday, I evaluate individuals who are acutely and severely ill. We do our very best, but some of these individuals will require the support, structure and longer-term intensity of treatment now only available to us at Mayview State Hospital. We have concerns that there will not be alternatives in place for treatment of these types of patients when the bed capacity for counties is reduced at Torrance State Hospital.

- **Structure the system so that individuals don't have to be housed in inappropriate settings awaiting an opening at the appropriate level of care.** Individuals are in acute-care beds much longer than they need to be, because there's no opening in a residential or long-term setting. New patients coming to the hospital are left sitting in emergency rooms waiting for admission. At times the wait is for days, even weeks. Without careful planning, this situation will only worsen when Mayview State Hospital closes. Once admitted, the state needs to guarantee payment for Medical Assistance members who respond slowly to treatment and are waiting for transfer to extended acute care.

- **Ensure that the funding does more than just "follow the patient" at time of discharge from Mayview State Hospital.** Communities will need an ongoing commitment for funding for future individuals with mental illness who, in the past, would have required care at Mayview. Many of our hospitals are under significant financial strain and there is a reluctance to support psychiatric units, which tend to lose money. Although Western Psychiatric Institute and Clinic has recently opened an acute extended psychiatric unit of 16 beds, there is not enough evidence available yet to determine if this opening can sustain the impact of the closure of Mayview State Hospital amidst an already shrunken bed shortage in Allegheny County and other surrounding counties utilizing Mayview's services for long-term bed solutions.

- **Ensure that the transfer of individuals from Mayview State Hospital to Torrance State Hospital, and new admissions in the future from the Pittsburgh area, do not increase the waiting times for admission.**

- **Once services and funding are securely in place, make sure we have a good system for identifying and correcting problems.**

Finally, in performing assessments and determining the services that people will receive, we need most of all, to keep firmly in mind that all people, including those with psychiatric illnesses, differ in their needs, desires, and the relative importance they place on the sometimes conflicting goals of freedom, on the one hand, and safety, stability and healing on the other.

Our mission as the Pennsylvania Psychiatric Society is to seek to ensure that our patients receive the best quality of care in the least restrictive environment. We recognize, however, that some patients are not suited to live in the community and must be taken care of in a setting such as Mayview State Hospital. Throughout the entire process of closing Mayview State Hospital, our members want to play a substantial role in the closure process so that no patient will regress into a worse state than before they were discharged into the community. Thank you for your willingness to allow my written testimony.