Mayview Regional Service Area Plan

Issue 3 May 2007

Recovery and maintaining a healthy, productive life are best achieved when people are a part of the larger community, including individuals with mental illness.

Consumer Involvement in MRSAP

The active participation of consumers in the Mayview Regional Service Area Plan (MRSAP) has been critical to the plan's progress and recovery focus. Consumers are working as committee members, interviewers, and peer mentors. In this third issue of the Mayview Regional Service Area Plan newsletter, the different roles consumers are playing in the project are highlighted.

This newsletter also gives an update of how the individuals discharged in Phase 1 have transitioned to the community. During Phase 1 of the project, consumers on the Assessment and Discharge Committee helped guide the development of the assessment and community support plan (CSP) processes. The resulting processes give priority to the consumer's needs and wants, in all areas of life, when planning for discharge.

Update: Consumers Discharged During Phase 1

The counties and DPW are very concerned with making sure that consumers who are discharged receive the services and supports included in their CSP. Each month, county staff speak with providers and often consumers to monitor the services and resources consumers are accessing.

Through February of 2007, 34 consumers (30 from Phase 1 and 4 from Phase 2) have been discharged with a CSP. As evidence of the community's effort to engage consumers in services, all consumers are using some type of case management services:

- 52% (18 people) use blended case management services
- 29% (10 people) use Community Treatment Team (CTT) services
- 12% (4 people) use intensive case management services
- 6% (2 people) use resource coordination or administrative case management

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Starting Life After Mayview

Finding a role in community life after living in the hospital for several years takes time and courage. Over time, people may decide to explore options for work, discover new talents, and make friends. Here are a few stories:

B., discharged last spring, recently moved back in with family after living in an apartment. He is actively looking for a job—he has completed applications for several local businesses. He continues to take his medications, and is healthy both mentally and physically.

S., discharged at the end of 2006, recently joined People's Oakland in Pittsburgh. From all reports, she enjoys her time there and has started making friends. She visits her family regularly and has started looking for a church in her area, with help from her case manager.

V., discharged last spring, enjoys cooking and baking once a week for the other residents at her CRR. She says the other residents really enjoy her baking too.

In this issue:

Peer Mentors Get Involved in CSPs

The Peer Support and Advocacy Network (PSAN) began a peer mentor program at Mayview State Hospital in the fall of 2006. As consumers themselves, the peer mentors, Kevin Trenney, Christine Ashe, Michelle Owens, and Mike Moran, offer a kind, listening ear and their personal experiences to support consumers in the CSP process.

Getting to know the consumers has been a gradual process. Kevin, Christine and Mike first met consumers in social situations at the hospital, including the Mayview Olympics, a fall Hayride, and Halloween festivities. They also have set up a "peer mentor corner" at the Little Store at Mayview, where consumers can stop by when they have a grounds card.

The mentors also visit the wards, and have found that this provides for more one-on-one time with consumers. The mentors sometimes use computer "virtual" tours of the Pittsburgh area as an introduction to life outside of Mayview.

The mentors help consumers prepare for their CSP meetings. Often, this is how their relationship begins—a mentor will visit the consumer to talk about the CSP process, to understand the consumer's preferences, and to talk about any fears or concerns. This initial meeting often turns into regular visits. Over time, the relationships become more relaxed and informal—the mentors will run into people on the wards and the grounds, not just in meetings or visits.

The mentors are working with more than 80% of the consumers in Phase 2 of the CSP process, and several people from Phase 1 who haven't yet been discharged. Because they know the consumer and have talked about his or her preferences, they can encourage the consumer to participate, and provide input themselves.

During the CSP meetings, mentors are often given assignments to help consumers become more comfortable in the community, understand their options, develop skills, or just to relax. In the last few months, the mentors have:

- Checked in with consumers after their trial visits in the community
- Gone for walks with one consumer almost daily
- Taken consumers shopping or out to dinner in the community with Mayview staff
- For one consumer with a passion for drumming, one mentor investigated getting some drumming equipment
- Asked residential programs to prepare a consumer's favorite meal when he or she visited the program
- Sang and played guitar for a consumer
- Attended groups with a consumer
- Attended religious services at the hospital with one consumer as a first step towards finding a church in the community
- Visited a consumer in the community who has been discharged

Paying attention to these details can make an impact on a consumer's wellness and comfort with discharge. As more consumers are discharged, the mentors will continue to spend time with them in the community.

"As a peer mentor, I can help instill a sense of hope, and [help] people carry on despite the losses they've experienced because of their illness."

- Kevin Trenney, peer mentor

Shaun Eack, CSP Facilitator, Praises Peer Mentors

"I have found the peer mentors to be some of the most helpful people on the whole [CSP] team. All the individuals I have worked with have been very isolated at Mayview...They have few friends to speak of, and rarely venture outside the hospital doors.

This is where the peer mentors have been invaluable. Every person I have worked with has a peer mentor (and friend) to accompany them on social outings beyond the doors of Mayview. Mostly this has been just for a pleasant stroll on the grounds or a trip to the Little Store...This in fact is the most important first step toward transitioning individuals into the community.

Without the peer mentors, I doubt these activities would be taking place, and think that the adjustment to community living would be much more difficult."

Peer Mentors: Personal Experience is Valuable Work Experience

"I can talk to consumers about the importance of staying on effective medications and seeing a good therapist, but recovery is more than taking psychotropic drugs and going to counseling. It's about finding hope and reclaiming your dreams by learning to take responsibility for your life. Seeing yourself as merely a victim of a disease will get you nowhere."

—Kevin Trenney, peer mentor

"What do I bring to this? Everyone else working here has a label. But I have 17 years of psychotherapy myself—I bring that to the table."

—Mike Moran, peer mentor

"I've been a patient at Mayview. I know how it is. I know how it is to be without a grounds card, and stuck on the unit. I understand the anxiety about leaving—you can get very comfortable here."

—Christine Ashe, peer mentor

These experiences with mental illness, treatment and recovery uniquely qualify the peer mentors for the work they do at Mayview. Probably their most important role is that of active, supportive listeners. They can support and encourage consumers as peers, and also help as professionals through teaching skills and connecting people with resources.

QI and Outcomes Committee Holds First Meeting

On March 29th, the Quality Improvement and Outcomes Committee held their first meeting at Mayview State Hospital. Many of the committee members participated on the Assessment and Discharge Committee. The committee also welcomed new members, including many consumers.

The committee brings together individuals with different perspectives and backgrounds. More than half of the members are consumers or family members. Advocates from the Disability Rights Network of Pennsylvania, Mental Health Association (MHA), and National Alliance for the Mentally Ill (NAMI) are also members. Each county, the Office of Mental Health and Substance Abuse (OMHSAS), managed care companies, and Mayview State Hospital have representatives on the committee.

The QI and Outcomes Committee is charged with creating a quality management plan to monitor the progress of the MRSAP project.

The committee is charged with creating a quality management plan to monitor the progress of the MRSAP project at Mayview State Hospital, and most importantly, in the community.

The meeting began with an overview of the community support plan (CSP) process. The committee discussed their roles and responsibilities as committee members. The meeting concluded with an orientation to using data and evaluation.

Over the next few months, the committee will set priorities for the quality management plan. The committee will then review information and make recommendations to the Steering Committee to guide the project.

Donna McCurdy, a consumer and a part-time employee at the Center for New Life and Hope (the drop-in center at Mayview), has been a member of both committees. She describes the committees' work as "democracy in action." Her primary concern at the beginning of the project was that consumers would be discharged quickly, without regard for their preferences. Based on her experience with the committee, she believes this has not happened. She says, "[the process] has put my mind at rest." Donna believes following up with consumers in the community to learn if they are getting what they want and are happy will be the most important way to measure the project's impact.

CFSTs Conduct Interviews and Help Guide the MRSAP Project

From conducting interviews with consumers to participating on committees, the Consumer and Family Satisfaction Teams (CFSTs) have been very active in the MRSAP project.

Each county has a CFST staffed with consumers and family members. Their primary responsibility is to interview and survey consumers to measure their satisfaction with their services, access to resources, and quality of life. The CFST representatives bring a unique combination of skills and experience to the table—they are consumers or family members and are trained, experienced interviewers.

The CFSTs conduct interviews with consumers who are still in the state hospital to help determine what each person thinks he or she will need or want upon discharge. The CFSTs conducted all the consumer and family assessment interviews in both Phases 1 and 2. The assessments are the basis for developing a community support plan to help an individual transition from Mayview to the community.

Six and twelve months after a person is discharged with a CSP plan, the CFSTs interview each consumer about access to resources, involvement in treatment, and quality of life (see page 5).

In addition, the CFSTs helped to develop the interview questions and process. The CFSTs have been active members of the Assessment/Discharge Committee and the Quality Improvement/Outcomes Committee (page 3). They provided important feedback on the assessment questions and process used in Phase 1 and Phase 2 of the project.

According to Laurel Reynolds from the Washington County CFST, "being involved in the committees helped with the interviews—I understood how the information will be used, and how consumers will have their choices and needs respected."

The CFSTs believe having consumers conduct the assessment interviews is very important. Paul Freund, the Director of the Allegheny County CFST (called CART), believes that the information from a peer-to-peer assessment is "more valid because of the trust, because the consumer is talking to someone who's been there." Melissa Feragotti, from the Beaver County CFST, adds, "Consumers know we have empathy... This helps you build rapport."

Dwight Lenzer, a consumer-interviewer from Allegheny County, agrees. "The value of being a consumer is the confidence that you can and will connect—there is an open feeling, a feeling you can communicate."

According to the interviewers, their experience as consumers helps in several ways: building trust, connecting, and truly understanding how important consumers' concerns are.

Minnie Benjamin, another consumer-interviewer, describes the value of being a consumer differently. "Being a consumer helps because I understand what they mean, and how important the things they want are."

Consumer interviewers treat each consumer individually, and are patient and respectful. Some people may have difficulty following some of the questions, and the interviewer must take extra time to explain questions. Melissa has found her experience as a nurse to be very helpful in putting people at ease.

Letting the interviewee control the interview is also important—the interviewers let consumers take breaks, and talk about what is important to them, even if it's not the next question in the interview. Sharing their experiences as consumers, from taking medications to being in the hospital, is sometimes helpful; for consumers who do not want to discuss or acknowledge their illness, interviewers will focus on other issues.

Interviewing consumers and basing plans on their needs and wants is an important step in making the process and the system in general more recovery-focused. "As this project progresses, we hope to see people becoming more involved in their own process," says Laurel.

(Continued from page 1)

More consumers are living in supportive arrangements than in locked facilities, in line with their preferences:

- 29% (10 people) live in long-term structured residences (LTSR)
- 21% (7 people) live in supportive housing
- 18% (6 people) live in enhanced personal care homes
- 6% (2 people) live with family
- 6% (2 people) live in Community Residential Rehabilitation programs (CRRs)
- The other seven consumers live in a variety of other settings.

The great majority of consumers (28 people, or 82%) have some support from family members. A small number of consumers are visiting a drop-in center (5 people, 15%), spending time with friends (4 people, 12%), or have peer-to-peer support (2 people, 6%).

About 26% (9 people) are participating in rehabilitation activities, including attending a Clubhouse or Psychiatric Rehabilitation program, receiving support from a peer specialist, or participating in supportive employment. No consumers have competitive jobs; one consumer is currently volunteering and 44% (15 people) have hobbies they enjoy. A majority of people are participating in leisure activities at their residences.

No consumers have returned to the state hospital. Community hospital stays usually have been short; people have worked together on discharge plans to improve the consumer's community supports.

CFST Interviews

CFSTs interview consumers six and twelve months after they are discharged from Mayview. The CFSTs ask questions about access to resources, involvement in treatment, and quality of life (see the table). Overall, 42% (11 people) give an excellent rating to how things are going in their life; 35% (9 people) give an average rating, and 15% (4 people) give a poor rating.

Generally, more people give ratings of excellent or average when asked about different aspects of their lives. However, consumers do not seem satisfied with the amount of money they have and their involvement with work or education. Many people give an average or poor rating to their involvement in community activities, their social life, and level of independence.

Highlights

- All consumers are using case management or CTT services, evidence of the community's effort to engage consumers.
- The great majority of consumers have some support from family.
- No consumers have returned to a state hospital.
- To support consumers in developing connections in the community, peers are now more involved.
- There is greater focus on developing individualized supports for consumers.

These results aren't surprising—few people are involved in rehabilitation activities and few have developed supports and social connections. While some consumers may not be interested, greater involvement in some services will ideally result in greater consumer satisfaction with their lives in the community over time.

As a response, several changes to the planning process began in Phase 2. Peer involvement has increased, through the mentor program and peer specialists from CTTs. There is also greater focus on developing individualized supports for consumers.

Consumers' Ratings on Aspects of Their Lives in the Community (6 months after discharge)

	Excellent	Average	Poor	Unsure or no answer
Housing	46%	42%	8%	4%
Amount of money	31%	23%	38%	8%
Involvement in work	12%	35%	35%	20%
Educational opportunities	15%	46%	23%	16%
Access to transportation	54%	27%	15%	4%
Social life	35%	31%	23%	12%
Participation in community activities	31%	42%	19%	8%
Ability to have fun, relax	42%	42%	8%	8%
Physical health	46%	31%	15%	8%
Level of independence	38%	35%	19%	8%
Ability to take care of yourself	62%	31%	4%	4%
Self-esteem	35%	50%	12%	4%
Mental health symptoms	42%	31%	15%	12%
Overall, how things are going	42%	35%	15%	8%

This table includes 26 consumer interviews from January 2007.

"People want to be PART of the community, not just IN the community"

Dwight Lenzer and Minnie Benjamin, two consumer-interviewers from Allegheny County, shared their impressions from the assessment interviews.

Most people at the hospital were more than willing to answer the assessment questions. The interview was a sign that discharge was a real possibility; the interview was a sign of hope.

Dwight recalls that people were very concerned about housing and having their independence. Getting a job was important for many people because of their limited income, although people want to make sure they keep their benefits. Making friends and connecting with other people was important. Many felt isolated from their families, and wanted to go to groups or a drop-in center in the community.

Minnie recalls that people were excited to leave but also worried that they would not get the needed support in the community.

"People want to be part of the community, not just in the community." This means having people to connect with and life skills—cooking, cleaning, reading the bus schedule, learning how to be safe, job training—so people can KEEP their housing and jobs and be a part of the community.

Dwight also interviewed some of the people who have been discharged (see page 5). Generally, people are glad to be out of the hospital but some are fearful about managing their independence. Dwight describes these challenges. "While they yearn for independence, it takes time go get used to... People in supported housing feel they are acquiring skills (like making a grocery list, budgeting their money)...some communities have been welcoming...but the transition takes time."

Learn more about MRSAP...

MRSAP is a joint effort with Allegheny, Beaver, Greene, Lawrence and Washington counties and the Pennsylvania Department of Public Welfare (DPW). MRSAP's goal is to expand the capacity of community-based services so individuals discharged and diverted from Mayview can live safe and productive lives in the community. To learn more:

Join us at a Stakeholder's Meeting. Stakeholder meetings are held every 3-4 months. Check the web site or contact your County for more information.

Call Allegheny HealthChoices at 412-325-1100. When you reach the receptionist, ask for Lisa Tumolo.

Call your County. Call your County's office with questions:

Allegheny County: Mary Jo Dickson, 412-350-4457
Beaver County: Gerard Mike, 724-847-6225
Lawrence County: John Klenotic, 724-658-2538
Washington County: Jan Taper, 724-228-6832
Greene County: Dean Virgili or Karen Bennett, 724-852-5276

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Allegheny, Beaver, Greene, Lawrence and Washington Counties have contracted with Allegheny HealthChoices, Inc. (AHCI) to facilitate the MRSAP project.

AHCI is a private, not-for-profit. Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.

AHCI's services include information systems, monitoring and oversight, analysis, training, and technical assistance.