

## **MRSAP Quality Improvement/Outcomes Meeting Notes From the August 26, 2009 Meeting**

**Attendees:** Paul Freund, Sue Carney, Dick Jevon, Marilyn Huber, Donna Bevan, Christine Balint, Austin Lee, Laurel Reynolds, Carol Loy, Donna McCurdy, Tammy Cervelli, Brenda Nichols, Valerie Rotolo, Melissa Feragotti, Vicki Thompson, Rich Latsko, Anna Lowman (guest – OMHSAS intern), Rachel Carey (guest - AHCI), Matt Koren

**Absent:** Karl Belany, Darryl Holts, Barb Johnson, Theresa Wallace, Meg Park, Debbie Riggi, Gary Suehr, Mary Johnston, Kathy Luciano, Charles Hause, Melanie Balogh, Carolyn Munro, Beatena Nance, Donovan Thorne

### **Updates and Questions on the Closure of Mayview State Hospital:**

Matt Koren provided an update on the closure.

- A “Lessons Learned” white paper is nearly complete that looks into all aspects of the closure. Focus groups have been conducted with the steering committee and stakeholders to get their perspectives. The Steering Committee is currently working on distribution plans and other uses of the white paper to share our experiences.
- The Land Reuse Task Force met on July 28, 2009. The QIO discussed the Task Force’s final draft recommendation which includes recommendations from stakeholders as well as proposed legislation that was presented to establish a fund for mental health services in the Mayview Service Area. Questions still remain as to how the property will be sold, either in one parcel or divided, as well as when the appraisal will be finalized.
- A number of workgroups are in progress, including an inpatient utilization workgroup, engagement workgroup, and a workgroup that is considering the future use of the MRSAP Steering Committee as an ongoing regional planning forum – currently the MRSAP Steering Committee has decided to continue to meet monthly through December 2009.
- The Pitt evaluation study of the Mayview closure continues.
- Service Development Update: The Community EAC program in Allegheny County opened in July, the SOS LTSR, Monarch Springs, moved to its new location at Glen Hazel in July, the RTFA located on Beaver county serving the suburban counties opened in July, and the Acute Community Support Plan process, which applies the CSP discharge process to community hospital settings has been rolled out in Allegheny County.

### **Review of Data Report:**

The Committee reviewed and discussed the data report. This report provided a comparison of services and supports used by people discharged from Mayview at two points in time: right after the hospital closed (January 2009) and the most recent month’s report (June 2009). Information on early warning signs and critical incidents since the hospital closed was also presented in the report. The two sources of data used in this report were:

- **Monthly tracking reports from the county monitors.** Each month, a representative of the county follows up with each individual discharged to learn what services, supports,

and activities the person has been involved with over the month. Concerns and changes are discussed, and the county completes a tracking report.

- **Early warning signs and critical incidents.** When one of these events occurs, providers alert their county monitor. County monitors complete reports on early warning signs and critical incidents and follow up with the provider and individual to assure that all issues are being addressed.

This report covers several different areas. These are all areas the QIO Committee decided were important to monitor when we developed our monitoring plan in late 2007. The report includes:

- Use of Community Treatment Team (CTT) and case management/service coordination
- Use of behavioral health treatment services
- Housing
- Benefits, income sources, and guardianship
- Rehabilitation and employment activities
- Social supports
- Transportation
- Physical health care visits
- Early warnings and critical incidents

**Key areas of discussion included the following:**

- For future reports when separate months are compared, include explanations as to why there are differences in the number of people surveyed – namely individuals are no longer tracked due to residing in nursing homes, refusing to participate in the tracking, moved out of the area, or are deceased. In one instance, an individual was added in June due to being discharged from Torrance State Hospital.
- Generally, the committee would like additional analysis of the exceptions and outliers that are identified by the data – for example, the data indicates about 95% of individuals who receive CTT services have multiple weekly contacts; however, the remaining 5% indicates longer duration between contacts. The county monitors discussed that there may be some differences in how the counties report CSP monthly tracking. It was suggested to validate service data against claims data where possible.
- Discussion of employment: Although relatively small, the committee noted some increases in the number of people who indicated employment in June over January 2009. The committee discussed limitations of the monthly CSP tracking data in how it might not capture regular work involvement if a person did not work in a particular month. The committee also discussed the employment survey with the Allegheny Employment Initiative that CART will be conducting. Paul Freund (CART) agreed to provide future updates.
- Discussion of social supports: The committee noted increases in the number of individuals who responded to using various social supports from January to June, 2009, namely, involvement with family, friends/peers, peer mentors, and spiritual supports. There was discussion of the continued low numbers reporting use of drop-in-centers. Possible reasons discussed include access to transportation, sometimes drop-in-centers are not offered as an option upon discharge, and other services such as CTT and peers provide the needed

supports for individuals rather than drop-in-centers. Also, some may feel they are not welcoming in that entry requirements may turn people away. Sue Carney from Community Care shared some work that they are doing to encourage drop-in-center use such as working with the centers to relax entry requirements.

- Discussion of transportation supports: The committee noted the continued reliance on providers to provide the majority of transportation support, but also noted the increase in the number of people who indicated walking more in June over January, 2009, although this may be attributable to weather conditions.
- Discussion of access to physical health: Although the CSP data offers a monthly point in time perspective on access to physical health, the committee is also interested in seeing a longer term view of how many people access PCP on an annual basis. Sue Carney shared Community Care's Connect Care initiative to help coordinate and encourage access to physical health. Paul Freund also shared findings from focus groups that CART has conducted that indicate that mentors and psychosocial supports are effective in encouraging better physical health care.
- Discussion of early warning signs and critical incidents: The committee discussed the objective of the early warning and critical incident tracking as a way for the counties to identify trends and communicate incidents. The committee also discussed how one incident could involve multiple early warning or critical incident categories and how the county monitors work with providers to accurately enter this information and conduct follow-up. The committee also discussed the ramp-up usage of the tracking system due to the roll-out and training schedule. All MRSAP counties are now trained.

#### **Overview of the Southwest State Operated Services:**

Brenda Nichols provided an overview of the State Operated Services noting an increase in usage from January to July, 2009 for both the QMCC and CST. Monthly consumer visits have increased from 19 in January to 179 in July for the QMCC, and requests for the CST have increased from 2 in January to over 50 in July.

#### **Update on Family Interviews:**

The committee discussed how the response rate for family surveys is less than expected during the June/July pilot. Possible reasons were discussed as well as suggestions to engage families for these surveys such as working with the counties to confirm addresses before sending out request letters and amending the process whereby CART/CFSTs can follow-up with a phone call after the introduction letters are sent. The committee agreed to continue the pilot for 3-4 more months so all individuals will have been asked if they want their families to participate.

#### **Summary of System Issues from Quality Assurance Activities:**

The committee reviewed the summary of system issues that had been previously distributed to the Steering Committee. The QIO committee was asked to make recommendations to the Steering Committee regarding the prioritization of these system issues. The QIO committee is in agreement with the steering committee's prioritization of engagement as an initiative and felt that the issues of System Fragmentation and Family Involvement/Natural Supports should be addressed next – in particular enhancing staff training to enable them to work with and educate family members. It was suggested that the existing infrastructure of family support groups through organizations such as NAMI can be leveraged to support these initiatives.

The next QIO meeting is scheduled for December 9, 2009.