

Quality Improvement/Outcomes Committee

August 26, 2009 Meeting Materials

This packet includes information for you to review before the meeting on August 26th at the Crowne Plaza at the South Hills Village. We will be meeting from 10am – 2pm. If you are not able to attend the meeting but have questions or comments about these materials, please contact Matt Koren at 412-325-1100 x7774 or mkoren@ahci.org. This packet includes:

- Meeting notes from the May 13, 2009 meeting
- An agenda for the August 26th meeting
- A data report covering survey results of people discharged

Overview

Mayview State Hospital closed in December 2008. This report provides 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 is also presented in the report.

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

Please review this report before the August 26th meeting. Please bring your report with your questions to the meeting.

MRSAP Quality Improvement/Outcomes Meeting Notes From the May 13, 2009 Meeting

Attendees: Paul Freund, Kathy Luciano, Sue Carney, Charles Hause, Melanie Balogh, Carolyn Munro, Marilyn Huber, Donna Bevan, Beatena Nance, Donovan Thorne, Christine Balint, Austin Lee, Laurel Reynolds, Carol Loy, Donna McCurdy, Mary Johnston, Brenda Nichols, Valerie Rotolo

Absent: Dick Jevon, Karl Belany, Melissa Feragotti, Darryl Holts, Barb Johnson, Theresa Wallace, Meg Park, Debbie Riggi, Gary Suehr

Updates and Questions on the Closure of Mayview State Hospital:

Matt Koren provided an update on the closure.

- The Land Reuse Task Force continues to work with stakeholders in developing a recommendation for the use of the Mayview property. The task force meeting that was scheduled for May has been cancelled. No meeting time has been rescheduled at this time.
- A number of workgroups are in progress, including an inpatient utilization workgroup, and 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.
- A “Lessons Learned” white paper is being developed that is looking into all aspects of the closure. Focus groups have been conducted with the steering committee and stakeholders to get their perspectives.
- The Pitt evaluation study of the Mayview closure continues.

Review of Data Report:

The Committee reviewed and discussed the data report. The report was developed from data obtained from CFST interviews which are conducted every six months for people discharged from the hospital. This report focused on the following three priority areas that the QIO committee identified.

- Social life, community integration, family involvement
- Work and education
- Physical health, and coordination of physical health and mental health care

The Committee found the report comprehensive. The tables were broken out by each county – with each county having similar results for each area. The committee discussed the importance of social networks and natural supports, including activities such as fishing and bowling. Wellness activities were also discussed such as weight loss, nutrition, and exercise. The committee identified the following areas to review for the next report that covers this data:

- Continue to monitor access to peer mentors
- Provide more information on psych rehab and social rehab programs

- Better understanding of barriers to employment

County Updates on Priority Areas:

County updates on activities to address the three priority areas that were identified by the QIO committee were discussed. Most of the counties are working through CTT and case management to emphasize these priority areas with focused surveys assessing these specific areas.

Update on Family Interviews:

A process is in place with the CFSTs for doing interviews with family members of people discharged and will be piloted over the next few months.

MAYVIEW REGIONAL SERVICE AREA PLAN (MRSAP)

QUALITY IMPROVEMENT/OUTCOMES COMMITTEE

MEETING AGENDA

August 26, 2009

10 a.m. to 2 p.m.

- | | |
|---|--|
| I. Introductions | 10:00 – 10:15 M. Koren |
| II. Steering Committee Updates (questions and answers) | 10:15 – 10:30 M. Koren |
| III. Review Data Report | 10:30 – 12:00 M. Koren |
| IV. LUNCH | 12:00 – 12:45 |
| V. Southwest Regional State Operated Services Overview | 12:45 – 1:00 Brenda Nichols |
| VI. Update on Family Interviews - Pilot | 1:00 – 1:15 M. Koren |
| VII. Summary of Issues from Critical Incidents | 1:15 – 1:45 M. Koren |
| VIII. Wrap-up/Summary of Themes and Recommendations | 1:45 – 2:00 M. Koren |

**Mayview Regional Service Area Plan (MRSAP)
Quality Improvement and Outcomes (QIO) Committee
August 2009 Report for Review**

Overview

Mayview State Hospital closed in December 2008. This report provides 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 is also presented in the report. The two sources of data used in this report are:

- **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

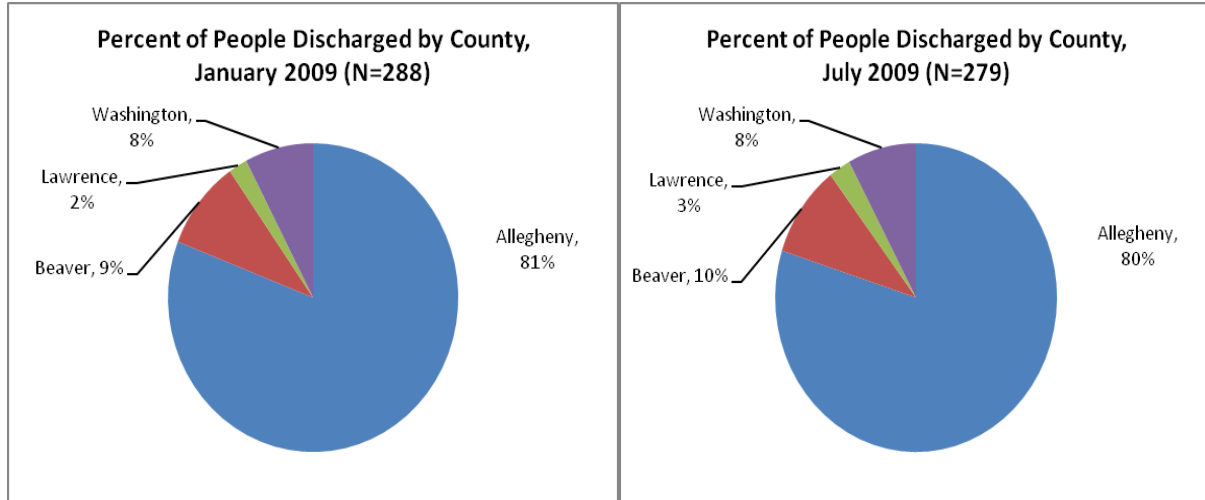
All four counties (Allegheny, Beaver, Lawrence, and Washington) are reported in one total. Large differences among the counties are noted in the report. We've looked at data on these topics before, both using this data and using the Consumer and Family Satisfaction Team (CFST) data. This report is the first time we are able to look at ALL the people discharged who are being followed by the counties, at two different points in time, along with differences between the counties.

Please review this report before the August 26th meeting. If you are not able to attend the meeting but have questions or comments about the report, please contact Matt Koren at 412-325-1100 x7774 or mkoren@ahci.org.

Percent of People Discharged and Followed by County

Chart 1 shows the percent of people being followed at the two time points: January 2009 and June 2009.

Chart 1



Most people were discharged to Allegheny County. The number of people being followed at the two time points has stayed about the same.

In June 2009:

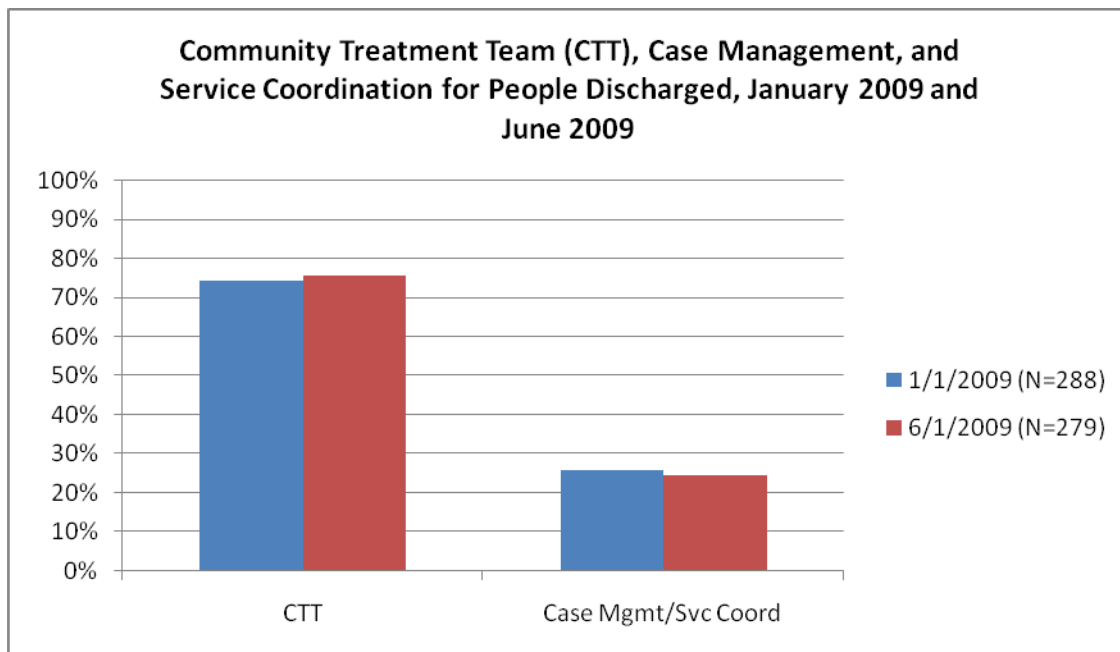
- Allegheny County was following 223 people as part of the Mayview closure
- Beaver County was following 27 people as part of the Mayview closure
- Lawrence County was following 7 people as part of the Mayview closure
- Washington County was following 22 people as part of the Mayview closure

Use of Community Treatment Team (CTT) and Case Management/Service Coordination Services

Why this is important: Everyone discharged from Mayview should have the support of a CTT or case manager/service coordinator. People should be seen as frequently as they need. Especially right after discharge, contact should be frequent.

Chart 2 shows the percent of people receiving either CTT or case management services at the two time points. Note that all different types of case management are included in this category: administrative case management, blended case management, intensive case management, resource coordination, and enhanced clinical case management (ECCM). Of those receiving case management services, the great majority of people are receiving blended or intensive case management.

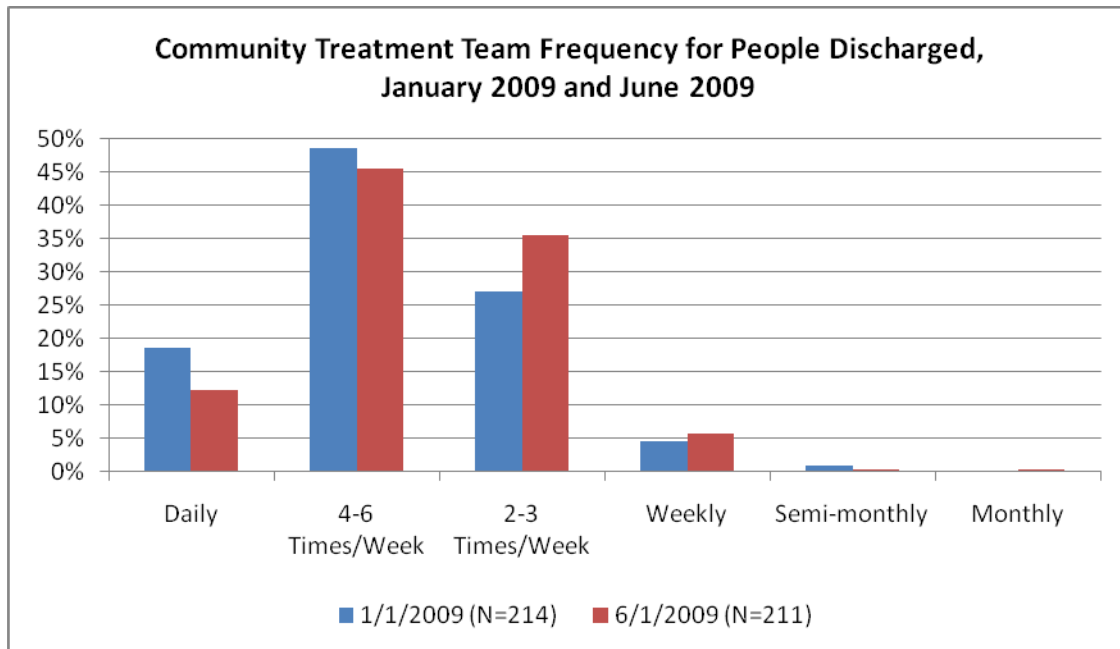
Chart 2



In June 2009:

- Allegheny: 81% (182 out of 223 people) were receiving CTT with the remainder receiving some type of case management services
- Beaver: 63% (17 out of 27 people) were receiving CTT with the remainder receiving some type of case management services
- Lawrence: 100% (7 out of 7 people) were receiving some type of case management services. Lawrence does not have a CTT.
- Washington: 59% (13 out of 22 people) were receiving CTT with the remainder receiving some type of case management services

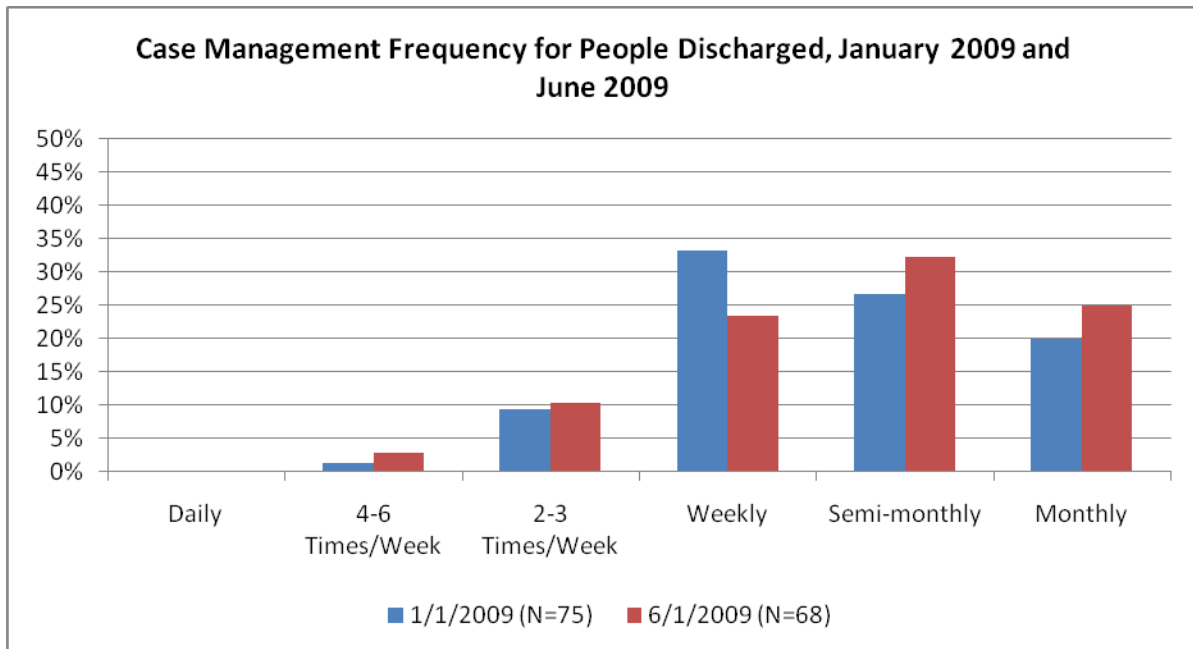
Chart 3



In June 2009:

- Allegheny: 52% of people being followed (116 out of 223 people) were having 4 or more contacts with their CTT on average per week
- Beaver: One individual out of 27, or 4%, was having 4 or more contacts with his CTT on average per week
- Washington: 23% of people being followed (5 out of 22 people) were having 4 or more contacts with their CTT on average per week

Chart 4



In June 2009:

- Allegheny: 19% (42 out of 223 people) were receiving some type of case management services, with about half of these individuals (19 out of 42 people) seeing their case managers twice per month (19 out of 42 people)
- Beaver: 37% (10 out of 27 people) were receiving some type of case management services, with contact varying between weekly, twice a month, and monthly
- Lawrence: 100% (7 out of 7 people) were receiving some type of case management services with contact varying between weekly, twice a month, and monthly
- Washington: 41% (9 out of 22 people) were receiving with contact varying between 2-3 times weekly, to twice a month or monthly

Six individuals reported having no case management or CTT services in January 2009, and 3 individuals reported having no case management or CTT services in June 2009. These instances are mostly individuals who had been transferred to Torrance State Hospital and have not yet started their case management, or have refused services.

Use of Behavioral Health Treatment Services

Why this is important: Everyone discharged from Mayview should have access to the behavioral health services they need.

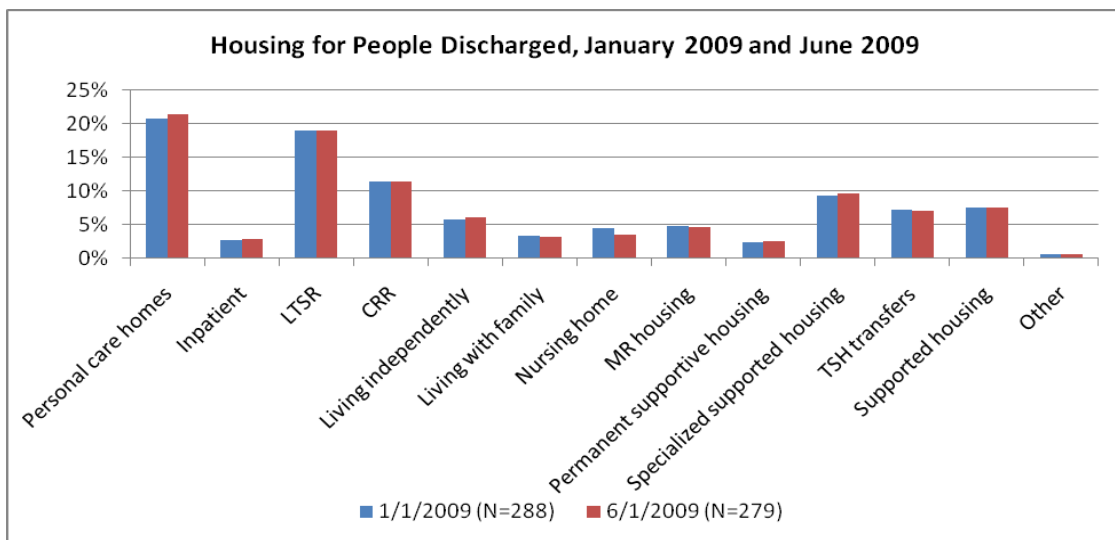
Between January 2009 and June 2009, the percentages using different types of behavioral health services stayed consistent. In June 2009:

- 76% used CTT services (see above)
- 19% had mental health services through their LTSR (see housing below)
- 12% had outpatient mental health services. A larger percentage of people in Washington County (27%, 6 individuals) accessed outpatient in comparison to Allegheny County (11%, 25 people) or Beaver County (15%, 4 people).
- A small number had mobile medication teams or mobile mental health services
- Substance abuse treatment:
 - Only one person used drug and alcohol detoxification services.
 - Counties did not report use of other substance abuse treatment services. It is important to note that substance abuse treatment is included in the services provided by CTT.
 - Alcoholics Anonymous and Narcotics Anonymous (AA/NA) are also included later in this report in Chart 10, "Social Supports".

Housing

Why this is important: Everyone discharged from Mayview should have stable housing that meets their needs and preferences.

Chart 5



Housing patterns were very similar from January to June 2009. Housing does vary by county, as shown below in Table 1.

Table 1

| Housing Comparison by County, June 2009 County Monitoring Reports | | | | |
|--|------------------|-----------------|-----------------|-----------------|
| | Allegheny | Beaver | Lawrence | Washington |
| Long-term structured residence (LTSR) | 17% 39 people | 26% 7 people | 43% 3 people | 18% 4 people |
| Personal care home* | 22% 50 people | 18% 5 people | 0% | 23% 5 people |
| Community Residential Rehabilitation (CRR) | 12% 26 people | 11% 3 people | 29% 2 people | 5% 1 person |
| Specialized supported housing | 12% 27 people | 0% | 0% | 0% |
| Living independently | 5% 12 people | 11% 3 people | 0% | 9% 2 people |
| Living with family | 2% 4 people | 4% 1 person | 14% 1 person | 14% 3 people |
| Supported housing | 5% 12 people | 22% 6 people | 0% | 14% 3 people |
| All other housing categories** | 25% 53 people | 7% 2 people | 14% 1 person | 9% 4 people |

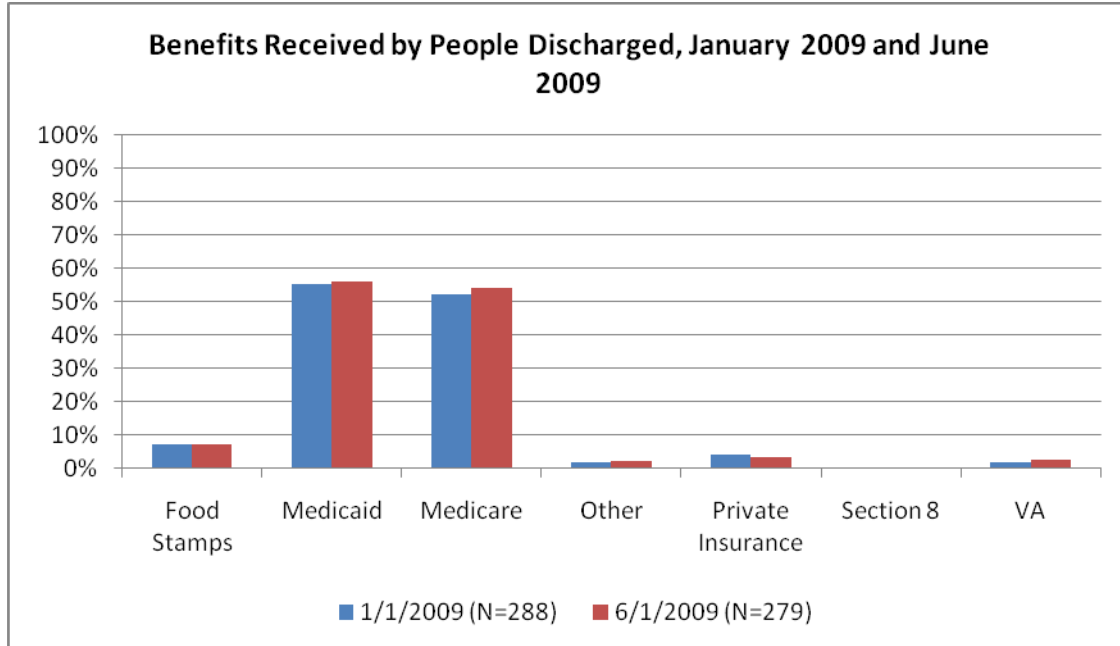
* Includes personal care homes, enhanced personal care homes, and comprehensive mental health personal care homes.

** Other categories for Allegheny include community inpatient (8 people, 4%), mental retardation (MR) supervised or supported housing (9 people, 5%), nursing home (6 people, 3%) and people transferred to Torrance (18 people, 8%).

Benefits, Income Sources, and Guardianship

Why this is important: Most people discharged from Mayview need access to multiple types of benefits and income sources in order to assure they can access needed care and services.

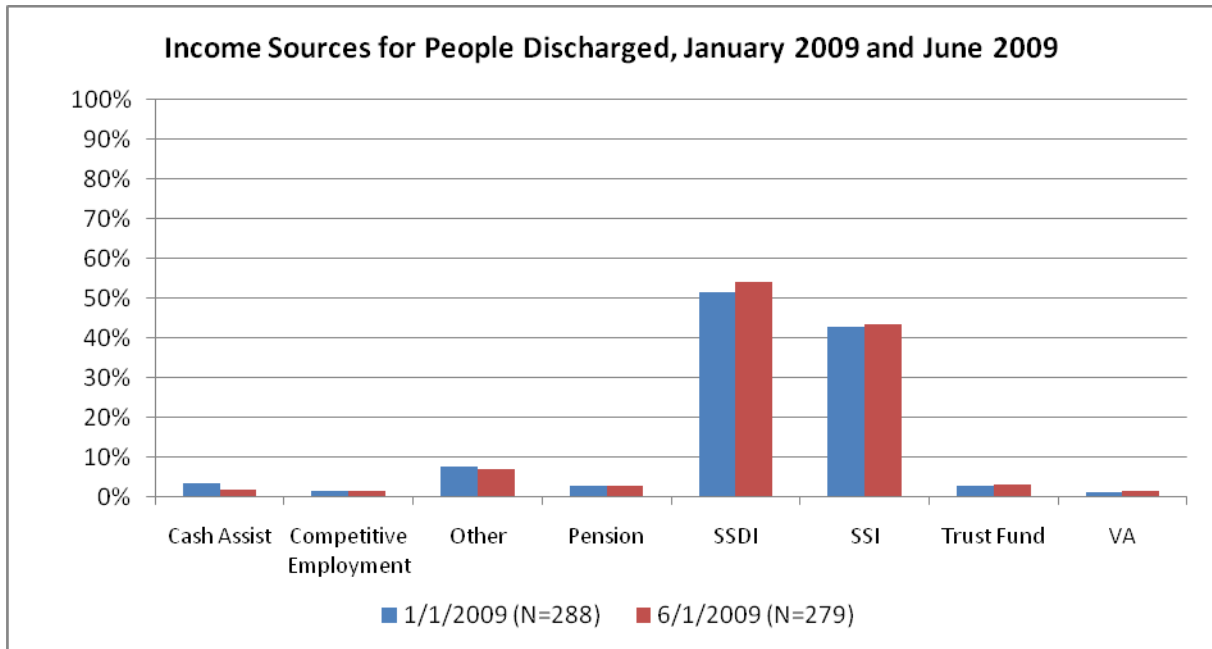
Chart 6



Between January 2009 and June 2009, patterns in benefits stayed very similar. Aside from Medicaid and Medicare, very few people access other benefits programs. Across counties:

- Medicaid eligibility is similar (between 50% and 60%), with the exception of Lawrence where only one person was reported eligible (of their seven discharges)
- A larger percentage of people in Beaver and Washington Counties (70% and 77%) are eligible for Medicare, compared to Allegheny (51% eligible)

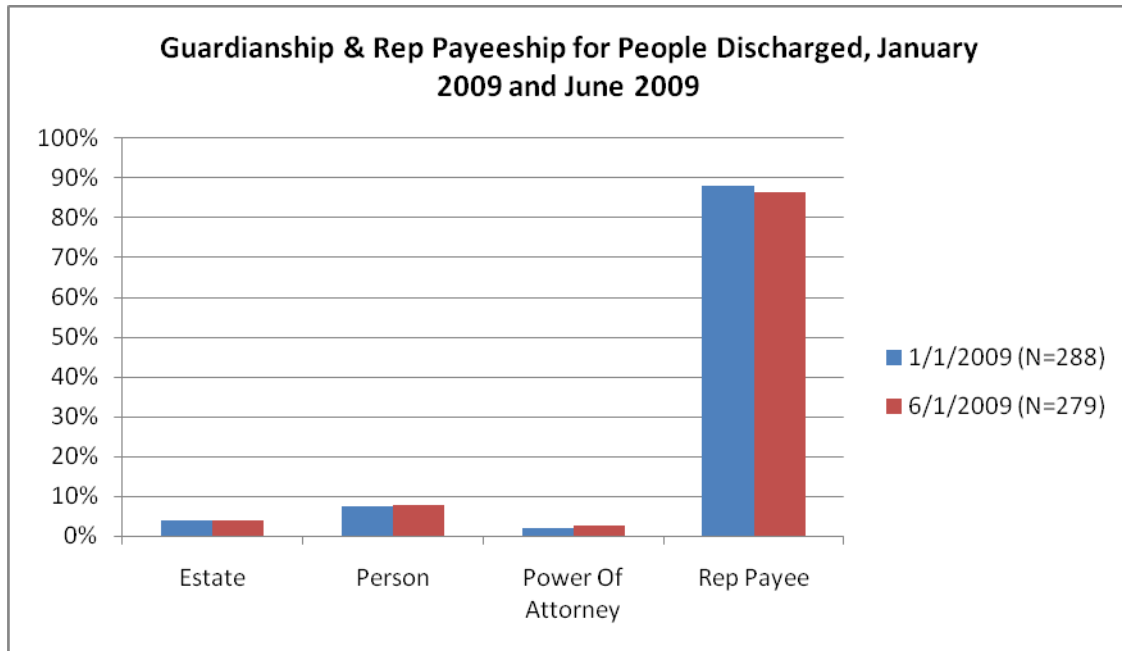
Chart 7



Between January 2009 and June 2009, patterns in income sources stayed very similar. Few people have income sources aside from SSDI and SSI. Across counties:

- Allegheny: 50% (112 people) are receiving SSDI, and 47% (105 people) are receiving SSI
- Beaver: 74% (20 people) are receiving SSDI, and 26% (7 people) are receiving SSI
- Washington: 82% (18 people) are receiving SSDI, and 27% (6 people) are receiving SSI

Chart 8

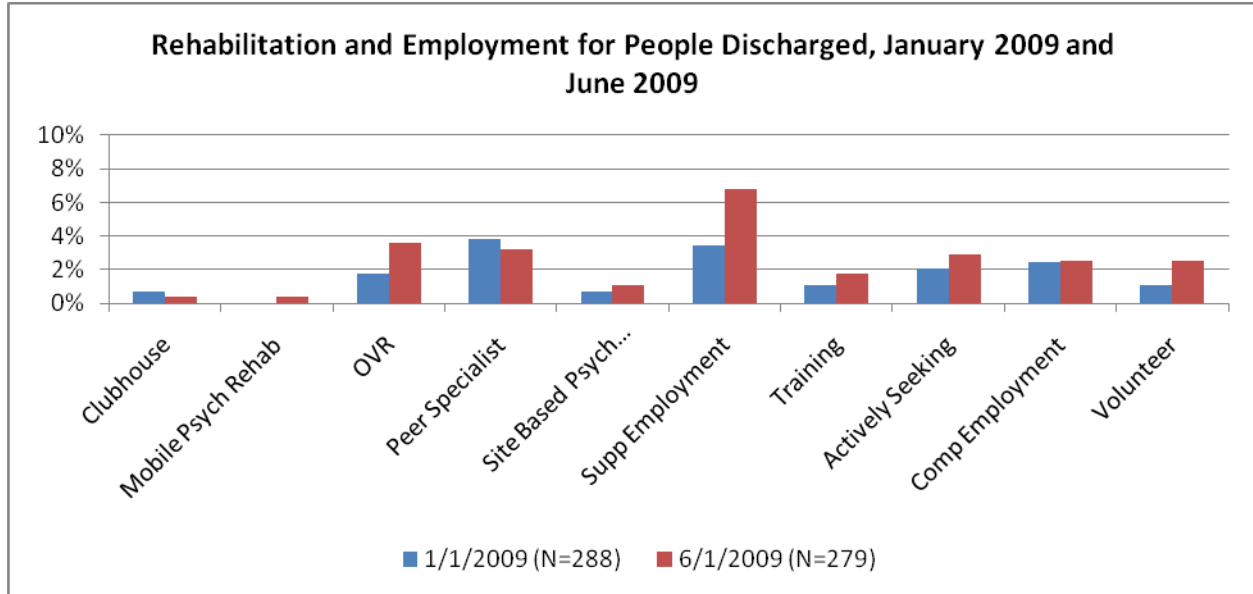


While few people have guardians of estate or person, the great majority of individuals have a representative payee. This is consistent across time and across counties, which vary from 80% to 90% in the rates of having a rep payee.

Rehabilitation and employment activities

Why this is important: Life in the community is more than treatment and housing. Having opportunities for building new skills and finding employment in the community can be important for many people's recovery.

Chart 9

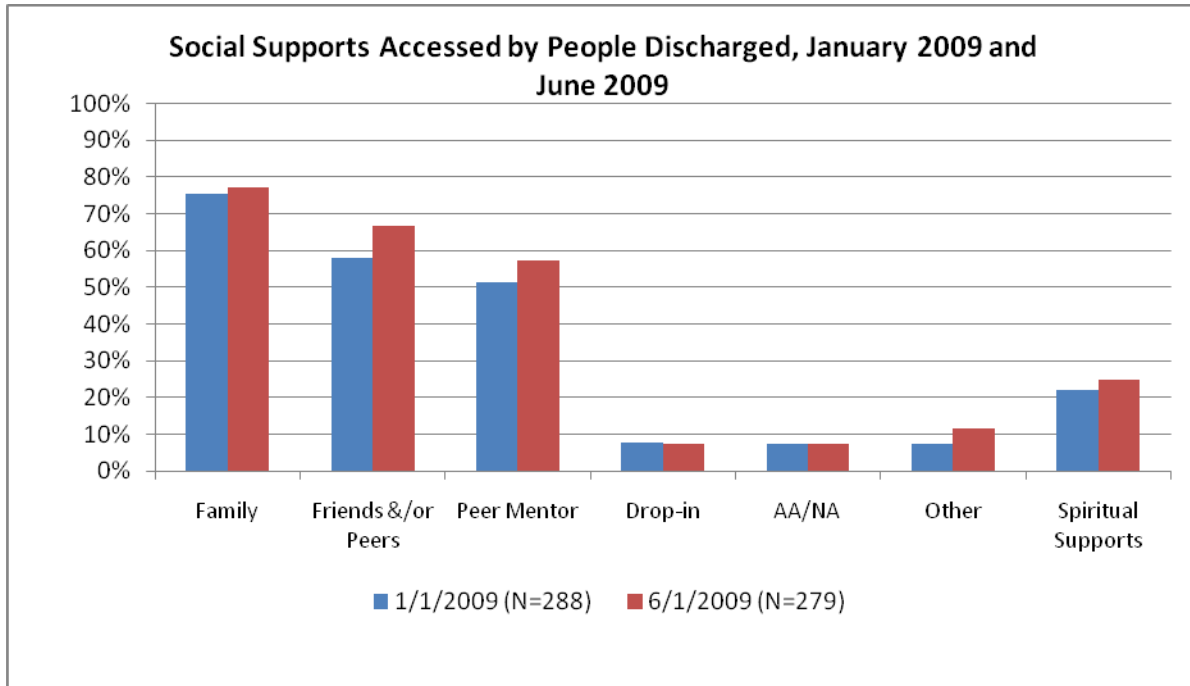


Less than 2% of people were involved in educational activities in either January or June of 2009 (not graphed). Across counties, very few people were involved in rehabilitation or employment activities in either January or June 2009. Nearly all the individuals in Chart 9 are from Allegheny County.

Social Supports

Why this is important: Life in the community is more than treatment and housing. Having access to supports through the behavioral health system and natural supports in the community is important for people's stability and happiness.

Chart 10



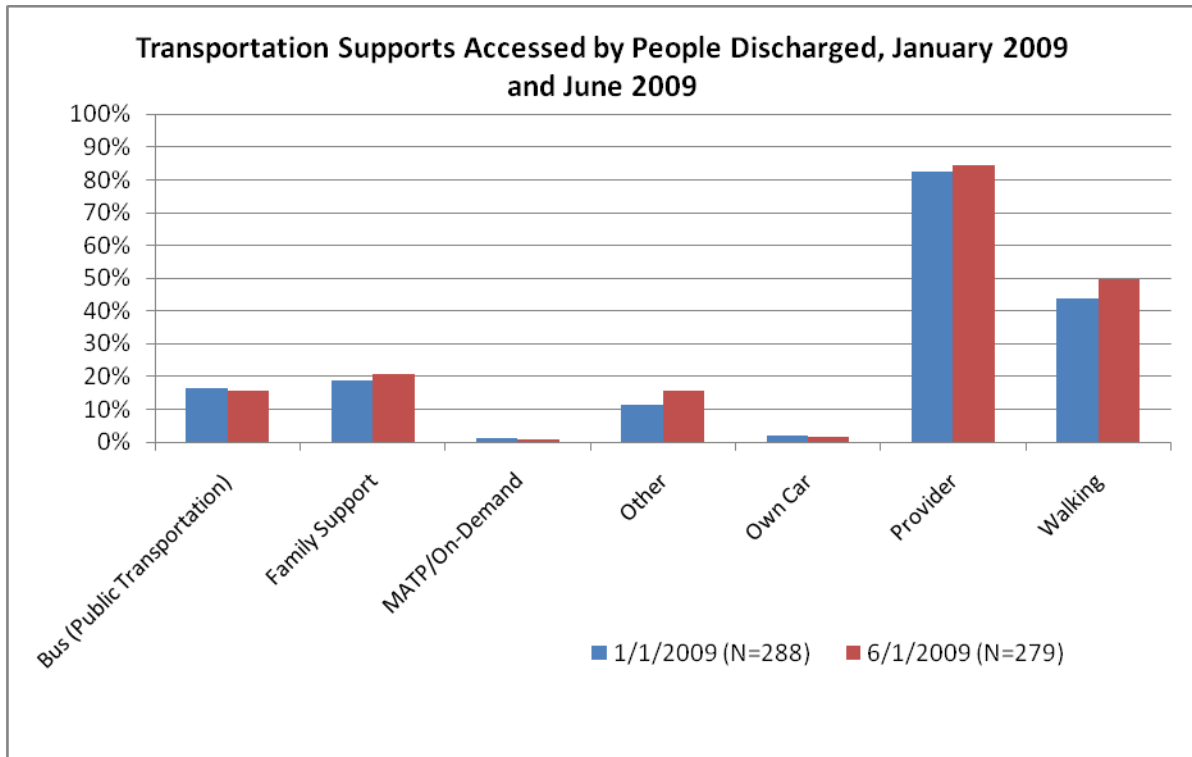
Between January 2009 and June 2009, the percentage of people connected to different types of supports either increased or stayed the same. Across counties:

- Allegheny: 80% (179 people) had family support, 73% had support from friends/peers, and 55% (122 people) visited with their peer mentor
- Beaver: 59% (16 people) had family support, 11% (3 people) had support from friends/peers, and 74% (20 people) visited with their peer mentor
- Washington: 72% (16 people) had family support, 72% (16 people) had support from friends/peers, and 68% (15 people) visited with their peer mentor

Transportation

Why this is important: Being able to get around to appointments, stores, and community resources is an important part of community integration for many people.

Chart 11



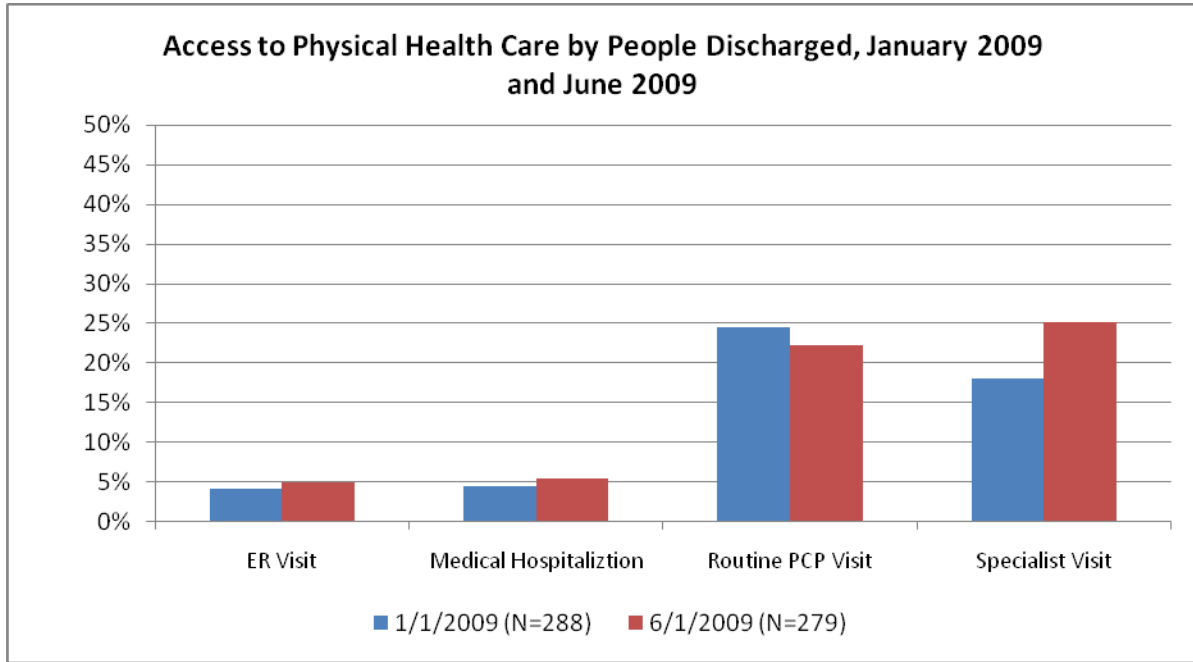
The great majority of people rely on their providers for transportation. A significant number also are able to walk to get where they need to go. A smaller percent use public transportation or have help from family. Across counties:

- Allegheny: 84% (188 people) rely on providers for transportation assistance, 52% (117 people) walk, and about 20% (43 people and 47 people respectively) use public transportation or assistance from family
- Beaver: 78% (21 people) rely on providers for transportation assistance, 22% (6 people) walk, and 11% (3 people) have assistance from family. One person uses public transportation.
- Washington: 91% (20 people) rely on providers for transportation assistance, 55% (12 people) walk, and 32% (7 people) have assistance from family. No one uses public transportation.

Physical health care visits

Why this is important: Many people discharged have complex medical needs. Accessing physical health care is important.

Chart 12



The percentage of people using different physical health services fluctuates a bit from month to month. The percentages are similar across counties.

Early warnings and critical incidents

Why this is important: Assuring that people discharged remain safe in the community is a high priority. The early warning and critical incident tracking system requires that providers report incidents to counties. This helps to make sure that providers are held accountable.

Table 2

| Number of Early Warning Signs for People Discharged from Mayview by Month, all Counties | | | | | | |
|--|------------|------------|------------|------------|------------|------------|
| | Jan-09 | Feb-09 | Mar-09 | Apr-09 | May-09 | Jun-09 |
| Attempts At Elopement | 0 | 1 | 1 | 2 | 2 | 2 |
| Atypical Behavior - Change From Baseline | 25 | 18 | 13 | 18 | 18 | 8 |
| Complaints - Property Destruction/Eviction | 4 | 2 | 4 | 2 | 0 | 0 |
| Consumer Not Responding to Contact | 2 | 0 | 0 | 0 | 0 | 0 |
| E/R Visit - Behavioral/Physical Health | 18 | 12 | 17 | 18 | 15 | 15 |
| Inability to Locate Consumer | 0 | 2 | 6 | 5 | 3 | 0 |
| Indications For Increased Service/Supports | 3 | 5 | 14 | 9 | 4 | 8 |
| Police Involvement | 5 | 11 | 6 | 6 | 6 | 4 |
| Refusal to Take Medications Posing Risk | 30 | 17 | 29 | 19 | 16 | 15 |
| Sleep Pattern Change From Baseline | 0 | 0 | 1 | 0 | 0 | 0 |
| Unexcused Missed Appts | 4 | 3 | 2 | 0 | 0 | 0 |
| Total Number of Early Warning Signs | 91 | 71 | 93 | 79 | 64 | 52 |
| Unduplicated Number of Consumers | 48 | 42 | 49 | 47 | 37 | 35 |
| Number of people being followed post-discharge | 288 | 282 | 286 | 283 | 278 | 279 |

Table 2 shows that the total number of early warning signs varies each month. Each incident is followed up on individually by the county. The most common kinds of early warning signs reported are:

- Atypical behavior noted by the provider
- An ER visit for either physical or behavioral health reasons
- Refusals to take medication

Many people do not have any early warning signs reported in a month. For example, there were 52 signs reported in June 2009 for 279 people. Of the early warning signs reported over this time period, 93% (417 events) were for Allegheny County, and 7% (30 events) for Beaver County. Washington County only reported three incidents, and Lawrence none.

Table 3

| Number of Critical Incidents for People Discharged from Mayview by Month, All Counties | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| | Jan-09 | Feb-09 | Mar-09 | Apr-09 | May-09 | Jun-09 |
| Physical/Sexual Abuse | 0 | 0 | 0 | 1 | 1 | 0 |
| Arrest | 1 | 2 | 0 | 0 | 2 | 2 |
| Attempted Suicide | 0 | 1 | 0 | 0 | 0 | 0 |
| Client Injury - Accident/Intentional | 1 | 1 | 2 | 0 | 1 | 0 |
| Community Hosp - Involuntary | 13 | 4 | 7 | 5 | 8 | 9 |
| Community Hosp - Voluntary | 8 | 4 | 4 | 4 | 3 | 5 |
| Death | 1 | 1 | 1 | 1 | 0 | 0 |
| Fire | 1 | 0 | 0 | 0 | 0 | 0 |
| Housing Change | 2 | 7 | 13 | 1 | 3 | 2 |
| Medical Hospitalization | 15 | 14 | 14 | 10 | 8 | 9 |
| Medical Treatment Error | 1 | 1 | 2 | 1 | 3 | 0 |
| Missing Person | 1 | 1 | 1 | 1 | 2 | 0 |
| Other Incident - Serious Nature | 11 | 4 | 6 | 3 | 8 | 13 |
| Total Number of Critical Incidents | 55 | 40 | 50 | 27 | 39 | 40 |
| Unduplicated Number of Consumers | 39 | 36 | 35 | 24 | 30 | 31 |
| Number of people being followed post-discharge | 288 | 282 | 286 | 283 | 278 | 279 |

Table 3 shows that the total number of critical incidents varies each month. Each incident is followed up on individually by the county.

- The most frequent types of incidents are medical hospitalizations and psychiatric hospitalizations.
- Other incidents of a serious nature include a variety of situations, for example, disagreements at residential settings, missed medications, and injury not requiring medical attention. Some should have been categorized as one of the existing categories. The counties have been asked to pay additional attention to how they are categorizing these incidents so trends can be monitored.
- Seven people have died after discharge. Five have been of natural causes, one is pending investigation, and there has been one suicide.

Of the early critical incidents reported over this time period, 85% (214 events) were for Allegheny County, 6% (16 events) for Beaver County, and 8% (21 events) for Washington County. Lawrence did not report any critical incidents.

Glossary

Case management: Services designed to ensure people with mental illness receive the continuous care and support they need. Case managers help people to access mental health, substance abuse, housing, social and education services in order to lead a more stable and healthy life in the community. Case managers have a low consumer to staff ratio (usually fewer than 20 consumers to one staff).

Clubhouse: Clubhouses provide opportunities for people with mental illness to socialize, provide support to each other, develop relationships, and work. Members work together to manage the clubhouse operations.

Community residential rehab (CRR): A voluntary residential program in an apartment or group-home setting that provides housing, personal assistance, and psychosocial rehabilitation.

Community Support Plan (CSP): Each person discharged from Mayview as part of the closure develops a CSP. The treatment team, family (if the consumer chooses), community providers, county, advocates and peer mentors may all participate in the plan development.

Community Treatment Team (CTT): Also known as Assertive Community Treatment, CTT is a team-delivered service with extensive success in helping people with serious mental illness live in the community. While staffing patterns may vary from rural to urban areas, CTTs typically include a Team Leader, a Psychiatrist, Nurses, Mental Health Professionals, Drug and Alcohol Specialists, Peer Support Counselors and Vocational Specialists. The hours are flexible, services are provided in the community, and CTT handles after-hours emergencies. The teams provide a wide array of services, including psychiatric evaluations, mental health and drug and alcohol therapy, medication management, case management, peer support, assistance with housing, crisis and hospital diversion services, vocational assessments and supported employment, and assistance in managing personal finances. The staff to consumer ratio is low (10 consumers per staff).

Comprehensive mental health personal care home (CMHPCH): In addition to providing meal preparation and assistance with activities of daily living of enhanced personal care homes, CMHPCHs provide medication monitoring, activities, and have 24-hour staff including mental health professionals and registered nurses.

Consumer Action and Response Team (CART): CART is Allegheny County's Consumer and Family Satisfaction Team. People who work for CART are either consumers or family members. They do interviews with consumers and families in order to report on people's satisfaction with services and quality of life as well as their needs and preferences.

Consumer and Family Satisfaction Team (CFST): Each county in the Mayview service area has a CFST. People who work for CFSTs are either consumers or family members. They do interviews with consumers and families in order to report on people's satisfaction with services and quality of life as well as their needs and preferences.

Crisis Intervention Team (CIT): The CIT includes a specialized group of Pittsburgh Police officers who are trained to handle crises involving individuals with mental illness.

Department of Public Welfare (DPW): The state agency that oversees state mental hospitals and behavioral health treatment services.

Domiciliary care (Dom care): A private home which provides room, board and personal care for people who are mentally ill, mentally retarded, elderly, or physically disabled. Dom care homes usually accommodate three to four residents.

Drop-in center: A place for people with mental illness to go to build meaningful relationships, socialize, learn new skills, and participate in arts, music, and cultural and recreational activities.

Enhanced clinical case management (ECCM): ECCM is a team-delivered mental health treatment service available in Allegheny County. The team includes a clinical therapist, nurse, case manager, and peer specialist.

Enhanced personal care home (EPCH) A facility in which food, shelter and personal assistance or supervision are provided 24 hours a day. These facilities provide assistance or supervision in activities of daily living (ADLs), including dressing, bathing, diet or medication.

Long-term residences (also called specialized supportive housing): Allegheny County has developed several group homes for people who need extra support and supervision in specific areas (including medical needs or behaviors that require close supervision). These community-based homes have 24-hour staff.

Long term structured residence (LTSR): A highly structured 24-hour supervised therapeutic mental health residential facility. LTSRs provide intensive mental health services.

Mayview Regional Service Area Plan (MRSAP): Developed by Allegheny, Beaver, Greene, Lawrence and Washington counties, the goal of the service area plan is to provide excellent behavioral health care for the residents of the five counties. The planning process focuses on how best to support people discharged from Mayview in the community. The planning process also focuses on developing services and supports for people who would in the past have needed to go to Mayview.

Mobile medications: Mobile medication teams include three nurses and a peer specialist, with the consultation of a pharmacist. The teams focus on both providing medications and teaching people how to manage their own medications.

MRSAP Steering Committee: The Steering Committee guides the planning process for the five counties in the Mayview service area. The Steering Committee includes behavioral health professionals, staff from all five counties, administrators from Mayview State Hospital, consumers, advocates, and Pennsylvania Department of Public Welfare (DPW) representatives.

Office of vocational rehabilitation (OVR): Part of the state Department of Labor and Industry, OVR oversees rehabilitation services to promote the employment of people with mental illness and other disabilities.

Peer mentor: The Peer Support and Advocacy Network (PSAN) is operating a peer mentor program for people being discharged from Mayview. People with mental illness are trained to become mentors

for people being discharged. Mentors support people through the CSP process and maintain their relationships with people in the community.

Peer specialist: Peer specialists are current or former consumers of behavioral health services who are trained to offer support and assistance in helping others in their recovery and community-integration process. Peer specialists provide mentoring and service coordination supports that allow individuals with serious mental illness to achieve personal wellness and cope with the stressors in their lives. Efforts to provide certification for peer specialists are occurring in Pennsylvania.

Peer Support and Advocacy Network (PSAN): PSAN is a consumer-operated agency. PSAN provides peer support activities at their drop-in centers. They also operate a warmline and a peer mentor program for people being discharged from Mayview.

Permanent supportive housing (PSH): PSH provides affordable housing linked to supportive services that are available, but not required. PSH is safe and secure, affordable to consumers, and permanent, as long as the consumer pays the rent and follows the rules of their lease. This program also includes a Housing Support Team that assists people in maintaining their tenancy and with integrating into their home community.

Psychiatric rehabilitation (also called psychosocial rehabilitation or psych rehab): Programs that help people with mental illness to re-discover skills and access resources needed to become successful and satisfied in the living, working, learning and social environments of their choice. Programs can be mobile (provided in the community) or site-based (provided at a provider's site).

Residential Treatment Facility for Adults (RTFA): RTFA programs provide highly structured residential mental health treatment services for individuals 18 years or older. They offer stabilization services and serve as an alternative to either state or community hospitalization.

Service coordination: Allegheny County calls case management services "service coordination." See case management definition for more information.

Social rehabilitation (social rehab): Social rehab programs help people with mental illness learn social skills and assists people in developing natural support systems in the community.

Specialized supportive housing (also called long-term residences): Allegheny County has developed several group homes for people who need extra support and supervision in specific areas (including medical needs or behaviors that require close supervision). These community-based homes have 24-hour staff.

Steering Committee: See MRSAP Steering Committee above.

Supportive housing: Programs that provide transitional or permanent housing along with needed supported services for individuals.

Warmline: The Warmline is a consumer-operated telephone service available for mental health consumers, or any other interested parties that are 18 and older, to call for support. The service provides supportive listening, problem solving, resource sharing, referral, and peer support.