

## **MRSAP Quality Improvement/Outcomes Committee: County Progress Report on Priority Areas**

### **Background**

In August 2008, the QIO Committee identified three priority areas that they asked the counties to consider addressing to improve the quality of life and outcomes for people discharged from Mayview as part of the closure. These priority areas were based on survey data and monthly tracking data reviewed at the meetings. This document serves as an update to each county's plan to address the following QIO priority areas:

1. Social life, family connections, community integration, activities
2. Work and education
3. Physical health, including coordination with mental health

**Allegheny County**

**Priority Area 1: Social life, family connections, community integration, activities**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Review of CHIPP/CSP/CART consumer issues regarding community integration and social support	1/07	This activity is on going	In 2009, CART conducted 172 CSP interviews. 22% of the individuals interviewed identified their social life as excellent and 21% identified their social life as poor. 18% of individuals interviewed indicated that they would like assistance with connecting with family members. Individuals were also asked their interest in a peer mentor if they did not already have one, and 18% reported that they did have an interest in this area. Over the past year, CSP individuals have been involved in significant community activities and integration not directly involving program services or peers. Examples of these individuals include one CSP individual being involved with a monthly coffee club, and another attending church spaghetti dinner. One CSP individual enjoyed a family vacation to Aruba, and another individual built upon a strained relationship with family and now has monthly visits with them at home. The Community Integration Team follows up directly with both the individual and/or provider when an issue is identified during the interview in this area.
Review of consumers' Consumer Integration Specialist Monthly Rating scales	Survey development complete-3/31/09  Survey Pilot phase-4/1/09-5-31-09  Targeted Implementation-6/1/09	This activity is on going	From January to March 2010, the surveys were adapted to make them more recovery-oriented. The language was updated with assistance from the OBH Adult Transformation Team. Responses were given by individuals in 135 cases which constituted 61.6% of the CSP population. The Community Integration Team continues to follow up with providers post interview if there is follow up needed. Please refer to the additional handout of the power point reviewing this information specific to the area of social life, family connections, and community integration.

**Allegheny County**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
CSP Review Meetings	10/2008	This activity is on going	<p>Starting in 2008, when an individual was discharged from Mayview, a 30 day and then a 60 day review of the CSP plan was completed. During each review, it was documented what services were benefitting the individual and what services were not wanted or needed. From that point on, a yearly review was completed for each individual. In Fall of 2009, an updated CSP Plan Review document and crisis plan was submitted to AHCI in order to ensure that these plans were posted on the MRSAP database. The updated plans continued to be distributed to the individual and whatever providers, etc. were identified as part of their treatment planning. Individuals who remained inpatient, in jail, or those who declined did not have CSP Review Plans completed. Also implemented in 2009 was the CSP Comprehensive Review Process. This process was designed to focus in on individuals that were not having consistent success living in the community. The individuals for this process are identified by the review of the Community Integration Team. The individual themselves also needs to be agreeable to the process. Completion of assessments by the entire treatment team begins the process, and regular meetings similar to the meetings that were implemented at Mayview are ongoing for each individual until a comprehensive review of all areas is established. The comprehensive review meetings may begin while an individual is inpatient and may continue with an individual out in the community. Thus far, three CSP individuals have participated in the CSP- Comprehensive Review process. Beginning in 2010, the CSP Review Process has been updated to be web based and the format of the review has been modified to not only review current services, but to also target discussion of upcoming changes to services that may be considered in the future based on the individuals needs. Areas of focus in this area have included identifying</p>

**Allegheny County**

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			<p>specific activities an individual would like to participate in and the treatment team working together on how to coordinate and plan for the activity. For example, there are a few individuals that have an interest in horses and have had the opportunity to go to a farm with horses and spend time grooming them and completing tasks at the farm. Some barriers in the area of community integration and family connections have been a lack of involvement by the family in actively engaging with an individual, and managing symptoms during activities involving community integration.</p>
<p>Consultation with Community Care Behavioral Health Care Managers</p>	<p>3/20/08</p>	<p>This activity is on going</p>	<p>The Community Integration Team continued with twice weekly phone conference calls in collaboration with Community Care Behavioral Health through April 2010. In April 2010, the transition was made to monthly conference calls. The monthly face to face meetings with the Community Integration Team and CCBH involving the CCBH psychiatrist began in 2009 and have been ongoing. Individuals that are having a particularly challenging time are identified prior to the meeting and a brief case review is given in order to problem solve and to explore additional treatment options for individuals.</p>

**Success Story:**

One of the younger CSP individuals was discharged in 2008 with no significant family connections or support. This individual was engaged with CTT services and with a residential program. Over time, this individual has now developed a strong relationship with their great aunt and with multiple cousins. Family has become a primary support for them and they are currently living with family. This individual has identified that the relationships that they have been able to develop are an important piece to their journey towards recovery.

## **Allegheny County**

Another story of success is of an individual that was discharged to a specialized residential program focusing on the development of DBT skills. This individual graduated from that program, and moved into a shared apartment CRR arrangement. They have been continuing to do well in that level of care, and are now in the process of moving towards supportive housing. Along with utilizing the support of their residential programs, this individual has been successful in learning to take the bus, engaging weekly in therapy, attending groups, and participating in regular community outings. This individual has remained out of the hospital for any psychiatric issues since their discharge in May of 2006.

### **Priority Area 2: Work and education**

<b>ACTIVITY</b>	<b>IMPLEMENTATION DATE</b>	<b>STATUS</b>	<b>UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS</b>
Review of CHIPP/CSP/CART consumer issues regarding community integration and social support	1/07	This activity is on going	Of the 172 individuals interviewed that are currently not working, 49% indicated that they would like to work. Of the individuals that are currently not volunteering, 21% reported they would like to participate in some kind of volunteer work. 41% of individuals are interested in furthering their education. The Community Integration Team follows up directly with both the individual and/or provider when an issue is identified during the interview in this area. Allegheny County has been actively working towards addressing the area of employment through the Employment Transformation Committee. Five broad areas have been identified in which changes need to occur to improve employment outcomes for people in recovery: better integration of services within the mental health system to support people in recovery to obtain employment; improving the quality of supported employment services by increasing providers' fidelity to the Supported Employment Evidence Based Practices; improving linkages with basic literacy programs, vocational training programs, and institutions of higher education; developing partnerships with the business community; and supporting people in the community by addressing basic needs and enhancing their integration into the broader community.

**Allegheny County**

<b>ACTIVITY</b>	<b>IMPLEMENTATION DATE</b>	<b>STATUS</b>	<b>UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS</b>
Review of consumers' Consumer Integration Specialist Monthly Rating scales	Survey development complete-3/31/09  Survey Pilot phase-4/1/09-5-31-09  Targeted Implementation-6/1/09	This activity is on going	Please refer to the additional handout of the power point reviewing this information specific to the area of work and education. When an individual identifies that they are ready to work or further their education during the time that they complete the survey, the Community Integration Staff follow up with the provider in order to ensure that the employment process is reviewed as a priority for the individual in the daily treatment planning of the individual.
CSP Review Meetings	10/2008	This activity is on going	During the CSP Plan Review process, an individual is asked about work, volunteering, and education. Individuals may not have a current interest in these specific areas, but there may be areas of interest that they identify that the treatment team than can utilize to build upon in encouraging individuals to pursue work, volunteering, or some kind of classes in the future. For example, there is an individual that enjoys going to the library. The treatment team has been working with the individual on looking at volunteering to read at the library, or possibly to seek out employment when they feel ready. Some barriers that individuals have identified have included finding a job that they want, money to pay for schooling, the stress of studying to obtain their GED, and transportation.

**Allegheny County**

<b>ACTIVITY</b>	<b>IMPLEMENTATION DATE</b>	<b>STATUS</b>	<b>UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS</b>
Consultation with Community Care Behavioral Health Care Managers	3/20/08	This activity is on going	The Community Integration Team continued with twice weekly phone conference calls in collaboration with Community Care Behavioral Health through April 2010. In April 2010, the transition was made to monthly conference calls. The monthly face to face meetings with the Community Integration Team and CCBH involving the CCBH psychiatrist began in 2009 and have been ongoing. Individuals that are having a particularly challenging time are identified prior to the meeting and a brief case review is given in order to problem solve and to explore additional treatment options for individuals.

**Success Story:**

One CSP individual has completed the process of peer mentor training and has begun an internship program at Wellspring two times a week. Once the internship is completed, the individual will decide if he would like to pursue employment in that area.

Another CSP individual is in the process of studying to be recertified as a nursing assistant. The individual had a job in this field prior to being hospitalized, and they have decided that they are ready to regain employment in that position.

**Priority Area 3: Physical health, including coordination with mental health**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Review of CHIPP/CSP/CART consumer issues regarding community integration and social support	1/07	This activity is on going	84% of CSP individuals that were interviewed indicated that they rated their physical health as excellent or average. When asked about to rate their ability to take care of themselves in relation to eating right, avoiding danger, etc., 93% indicated that they have an excellent or average ability to do so. 82% of individuals interviewed reported that they are receiving regular physical health check ups. 85% of individuals feel that their life is better since they left the hospital.
Review of consumers' Consumer Integration Specialist Monthly Rating scales	Survey development complete-3/31/09  Survey Pilot phase-4/1/09-5-31-09  Targeted Implementation-6/1/09	This activity is on going	Please refer to the additional handout of the power point reviewing this information specific to the area of physical health, including coordination with mental health. Areas of focus in the survey include diet and exercise, smoking awareness and stress reduction. Barriers in this area have included the stress and anxiety surrounding medical and/or dental appointments. One provider has begun to address the issue of individuals not following through with dental hygiene by a dental hygienist visiting the CTT offices monthly in order to run groups to educate individuals on the importance of maintaining good dental health. Dental screenings are also held bi-weekly for individuals that are interested.

**Allegheny County**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
CSP Review Meetings	10/2008	This activity is on going	As CSP Plan Review meetings take place, the individuals along with the treatment team communicates any updates to physical health issues or concerns, as well as identifying if a physical check up has occurred. Dental appointments and/or concerns are also discussed. An example of where there has been increased success in this area has been that there are more CSP individuals that are scheduling their own appointments and follow up. Barriers in this area have included individuals not wanting to follow through with any recommendations made by their physical health doctors.
Consultation with Community Care Behavioral Health Care Managers	3/20/08	This activity is on going	The Community Integration Team continued with twice weekly phone conference calls in collaboration with Community Care Behavioral Health through April 2010. In April 2010, the transition was made to monthly conference calls. The monthly face to face meetings with the Community Integration Team and CCBH involving the CCBH psychiatrist began in 2009 and have been ongoing. Individuals that are having a particularly challenging time are identified prior to the meeting and a brief case review is given in order to problem solve and to explore additional treatment options for individuals.

**Success Story:**

There is an individual that has Parkinson’s disease and there has been ongoing communications regularly between the PCP and the individual’s psychiatrist regarding medications and potential medication interactions and side effects.

There have been two CSP individuals that have been diagnosed with a terminal illness that have had the cooperation of both medical providers and behavioral health providers in order to provide the best possible treatment for their condition. For one individual, they have made the decision to remain in their housing for the duration of their illness if possible. The treatment team is supporting this individual with their decision and encouraging them to engage in all treatment options offered.

## Beaver County

### Priority Area 1: Social life, family connections, community integration, activities

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Review each CSP to assure accuracy.	10/08	On-going	The County Liaison meets with each consumer, Single Point of Accountability, and providers to review all CSPs annually. Community integration and the use of both certified peers and peer mentors remains a priority.

#### Success Story:

The individual who had transferred from Dixmont to Woodville to Mayview and who had never left the grounds of Mayview prior to discharge continues to do well and to participate in community outings.

### Priority Area 2: Work and education

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Review each CSP to assure accuracy.	10/08	On-going	The County Liaison meets with each consumer, Single Point of Accountability, and providers to review CSPs annually. Employment, education and volunteer options are encouraged.

#### Success Story:

The County is working on employment transformation and implementation of supportive employment. There are plans to develop a mobile employment service staffed by peers.

**Beaver County**

**Priority Area 3: Physical health, including coordination with mental health**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Review each CSP to assure accuracy.	10/08	On-going	The County Liaison meets with each consumer, Single Point of Accountability, and providers to review all CSPs annually. .

**Success Story:**

Primary Health Network, the Federally Qualified Health Center in Beaver County, is offering behavioral health as well as primary care, dental, ob/gyne and pharmacy services in two locations on the County, Beaver Falls and Aliquippa.

**Greene County**

**Priority Area 1: Social life, family connections, community integration, activities**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Psych Rehab	March 2009	On-going	Challenges – system referrals-Plan is to hire additional staff in 2011
CSP Enhancement	September 2008	On-going	Challenges – Engaging consumers-County does conduct CSP’s for persons at risk of hospitalization
Drop – In Center	September 2008	On-going	Membership and attendance increasing-scheduled outings-volunteers from Bonar program from local college are there regularly-past transportation issues have improved with increased funding, allowing more consumer participation.
Regular Western CSP attendance	September 2008	On-going monthly	Individuals from Community-Based programs regularly attend Western Region CSP.
CSP process	September 2008	At least every 90 days per individual	Process is strength based

**Success Story:**

There is an individual who was not at all engaged in treatment, obsessed with her own physical ailments, her mobility was impaired and her thinking and judgment were irrational. After being discharged from an LTSR and moving into our Enhanced personal Care home and becoming involved with CTT, she is now doing very well. She is more independent, can hold interesting conversations on various topics, including politics. She loves to have her hair done, spending time with her children and grandchildren. These relationships that were very strained are now restored. She has also become a nurturing, caring resident to others in the Personal Care Home.

**Greene County**

**Priority Area 2: Work and education**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
CSP Education Committee	September 2008	On-going	Consumers want to educate others-we also have a sub-committee of the CSP that focuses on Consumer education and topics of interest that encourage consumer participation.
Recovery Conference	May 2008	Annual	Since 2008, consumer attendance has increased. Over 50% attendance by consumers at 2010 conference.
Psych Rehab	March 2009	On-going	Challenges – system referrals-Plan to expand staff in 2011 which should increase attendance numbers and expand the ability to focus on these areas.
CSP Process	September 2008	On-going	Process is strength based
CTT Program	2008	on-going	A component of the CTT is a Voc/Edu Specialist

**Priority Area 3: Physical health, including coordination with mental health**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Drop – In Center speakers	September 2008	quarterly	Diabetes workshop through Cooperative extension-5 weeks-Grant. Grief, anger and communication workshops held at center. The plan is for these to be on-going.
Recovery Family Education November 2010	November 2010	4 week class	This is a free program for anyone who is interested in learning more about mental illness, but specifically for families whose members suffer with mental illness. It is held at Southwest Regional Med Ctr.

**Success Story:** There is an individual who was in our Adult Partial Program who was referred for a Certified Peer Specialist. He successfully completed the training and is now working as a Peer Specialist in our County.

**Lawrence County**

**Priority Area 1: Social life, family connections, community integration, activities**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
The county will meet with consumer’s case management staff to coordinate their efforts with assisting the consumer in making the connections needed for him/her to be more fully involved with their family, friends, community, and other natural supports.	January 1, 2009	Ongoing.	Monthly meetings are still taking place for each consumer. Our clinical coordination team is the forum now used to discuss each case. Each case is discussed at least one time per month and discussed on more occasions per month as needed.
The county staff will visit monthly with the consumer and review the priority areas of the consumer’s CSP.	January 1, 2009	On-going.	This continues to happen, but has been changed to focus on our discharges who are currently living at our CRR, PCH, LTSR, and our Rental Subsidy Program. Those consumers living independently are visited each quarter by a representative of our MH/MR Department.
The case management staff will complete county developed progress report monthly in this area and report the progress to the county MH/MR Staff. If necessary, the county would convene the local CSP process to make the appropriate changes to the CSP.	May 1, 2009	Ongoing.	Up to this point, case management and housing staff report at the beginning of each month to MH/MR Staff. It has been working well, however for internal MH/MR use, we are making adjustments to the form and will require submission of the form to the MH/MR Program Office on the first day of each month. This is proposed to begin January 1, 2011.
Patches Place has been developed. Consumer recovery and resource center. Activities and classes include: Wellness and recovery, daily lunch and breakfast program, workout rooms, thrift store, educational sessions, employment, and social events.	2008	Completed and ongoing.	Has shown positive outcomes for many consumers.

## Lawrence County

### Success Story:

To date, all of Lawrence County's 8 discharges from MSH have done very well in the local community. Thus far we have had no legal issues with any of our discharges. We have had nine inpatient days total for these eight discharges. Seven of those days were utilized by one consumer with dementia while he was being assessed for nursing home care. The other two days reported were utilized for medication adjustment.

### Priority Area 2: Work and education

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
The county will meet with consumer's case management staff to discuss the need to provide any additional efforts which might be needed to assist consumers in connecting with meaningful opportunities in education, employment and volunteerism.	January 1,2009	Completed.	Monthly meetings are still taking place for each consumer. Our clinical coordination team is the forum now used to discuss each case. Each case is discussed at least one time per month and discussed on more occasions per month as needed.
The county staff will visit monthly with the consumer and review the priority areas of the consumer's CSP.	January 1, 2009	Ongoing	Lawrence County has been able to assist each MRSAP Consumer who desires to work, to find meaningful employment or vocational opportunities.
The case management staff will complete county developed progress report monthly in this area and report the progress to the the case management staff will complete county developed progress report monthly in this area and report the progress to the	May 1, 2009	Ongoing	Up to this point, case management and housing staff report at the beginning of each month to MH/MR Staff. It has been working well, however for internal MH/MR use, we are making adjustments to the form and will require submission of the form to the MH/MR Program Office on the first day of each month. This is proposed to begin January 1, 2011.

**Lawrence County**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Lawrence County has funded a vocational coordinator position which has allowed for vocational training, jobs, and steady income for any consumer who wishes to utilize this. In addition we now have 5 Fairweather Lodges and all consumers who live there work.	January 2010.	Ongoing	An early challenge/barrier was transportation. Due to this, MH/MR has purchased vans for use by the vocational coordinator and FWL's. We have also initiated a bus pass program through Patches Place.

**Success Story:**

Five of our eight MSH discharges are working or involved in a county approved vocational program. Of the three not currently involved, one is in a nursing home (dementia), one is retired (and standing firm on this stance), and one desires to stay home with her daughter who she has recently been reunited with.

**Priority Area 3: Physical health, including coordination with mental health**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
The county will meet with the case management staff to discuss the importance of monitoring both their Mental Health and Physical Health care needs.	January 1, 2009	Ongoing	All MSH discharges who are living in an independent setting have been receiving services from the county's Mobile Medication Program. The Mobile Medication Program helps coordinate with each consumer's PCP both the monitoring and delivery of All medications to the consumer's residence.

**Lawrence County**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
<p>Patches Place has been developed. Consumer recovery and resource center. Activities and classes include: Wellness and recovery, daily lunch and breakfast program, workout rooms, thrift store, educational sessions, employment, and social events.</p>	<p>2008</p>	<p>Ongoing.</p>	<p>Has shown positive outcomes for many consumers.</p>
<p>The county staff will visit monthly with the consumer and review the priority areas of the consumer's CSP.</p>	<p>January 1, 2009</p>	<p>Ongoing</p>	<p>This continues to happen, but has been changed to focus on our discharges who are currently living at our CRR, PCH, LTSR, and our Rental Subsidy Program. Those consumers living independently are visited each quarter by a representative of our MH/MR Department.</p>

**Washington County**

**Priority Area 1: Social life, family connections, community integration, activities**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Representatives of MH/MR office will arrange for a face to face or phone discussion with CTT or BCM entities to discuss importance of community participation and the development of natural supports.	11/1/2008	Completed	
When appropriate and with consent, the primary point of contact will facilitate the involvement or increased/additional involvement of natural supports such as friends, family, and/or community members.	11/1/2008	Ongoing	Thirteen of the fifteen CSP discharges have contact with a family member at least monthly. At least ten of these consumers have contact more frequently. The support required to maintain these family connections ranges from complete coordination and supervision by a provider to no supports and independent coordination. The two remaining consumers' families choose not to have contact.
Each primary point of contact will be responsible to revisit the topic with consumer and report back to county rep monthly detailing progress and/or barriers in this area.	11/1/2008	Ongoing	The entire team, including a county representative, ACT, BCMs, residential providers, peer mentors, mental health providers, and mobile medication nurses meet in person or by phone to discuss the progress and barriers for each consumer monthly. During this process the team members collaborate and exchange information.

## Washington County

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
For those consumers who have declined the assistance of peer supports, the opportunity will be given to them to reconsider each month by the primary contact.	11/1/2008	Ongoing	Washington County values the peer relationship as a natural support for individuals with mental illness. Emphasis has been put on peer mentor opportunities for all consumers, especially CSP discharges. Twelve of the fifteen CSP discharges have a peer mentor and enjoy socializing with him or her. The other three consumers decline the assistance of a peer mentor, but are given the opportunity to reconsider monthly. Persons discharged from MSH with a CSP also enjoy peer supports through drop-in centers, social rehabilitation programs, and socialization with other residents for those people who are in a mental health residential placement.
Primary points of contact will continue to offer community participation activities known to be of interest and also a variety of other activities that the consumer can be encouraged to try.	11/1/2008	Ongoing	Community Integration opportunities are introduced to Washington County consumers through experiential and educational methods. CSP consumers participate in a wide variety of community integration activities, including: planned outings with ACT, BCM, peer mentor, and residential providers, independent socialization in the community, membership with civic organizations, volunteer work, self-help group attendance, physical activity and exercise, and employment.

### Success Story:

One consumer has fully integrated back into his community of origin. He is retired and lives with his wife. He is an active member of a local civic organization. He does janitorial work at the organization's main hall and participates in the weekly bowling and dart tournaments. He socializes and interacts independently with community members, including business owners and physicians. Due to his successful recovery and reintegration, he has been successfully discharged from blended case management.

## Washington County

### Priority Area 2: Work and education

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
County rep will conduct a face to face or telephone discussion with both CTT and BCM to discuss and explain the need to provide intensified efforts to assist consumers in exploring meaningful opportunities to education, employment, and volunteerism	11/1/2008	Completed	
For those who decline, the assistance will be offered again on a monthly basis, at a minimum	11/1/2008	Ongoing	Some CSP consumers are not active in any education, vocation, or volunteerism. These consumers include four consumers who expressly do not wish to participate in such activities, one consumer who expresses desire and is working with the team to increase her motivation, one IDD consumer currently struggling with physical aggression and frequent hospitalizations, and one consumer who is at an LTSR without current privileges to go off grounds. For those consumers who decline to participate, assistance on exploring such opportunities is offered at least monthly.

## Washington County

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
The primary points of contact will arrange to provide the consumer with the opportunity to learn about the broad range of vocational pursuits.	11/1/2008	Ongoing	Washington County MH/MR recognizes the value of consumers being and feeling that they are productive members of society. To ensure that all CSP discharges have the opportunity to experience such success, efforts have intensified to help consumers find meaningful opportunities in education, employment, and volunteerism. Three CSP discharges work in some capacity. An additional two consumers are working with OVR to train and explore vocational options. One consumer volunteers weekly with Meals-On-Wheels and another consumer is actively looking for a volunteer opportunity. One of the consumers who works, also attends classes to obtain his GED. Finally, one female consumer engages in informal learning with ACT on topics of her choosing.
Providers will be asked to develop skills in the Illness Management and Recovery in order to help consumers “feel ready” to embark upon the identified opportunities	11/1/2008	Ongoing	Providers completed a workshop on “Illness Management and Recovery” on 4/30/09. At least four providers currently utilize the Illness Management and Recovery Toolkit. As of 7/1/10, two providers offer in Supported Employment through the Employment Transformation Pilot.

### Success Story:

One consumer enjoys playing the guitar for others, hoping to one day perform at casinos. With the help of his residential provider, he has “booked gigs” at local care homes and the EPC. He plays weekly for \$20-\$40 per session. Typically he plays 1-3 times per week. He reports satisfaction with this work and is slowly trying to diversify his venues.

**Washington County**

**Priority Area 3: Physical health, including coordination with mental health**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
<p>Wash. Co MH/MR will conduct either a face to face or telephone conference with the primary contact to discuss the importance of monitoring both MH and Physical Health needs of our consumers.</p>	<p>11/1/2008</p>	<p>Completed</p>	
<p>Primary points of contact will begin an intensified effort to offer assistance on a monthly basis as a minimum to arrange for the following: PCP visits, Specialist Care, Dental and Vision Care, Nutrition counseling, and opportunities for physician approved exercise.</p>	<p>11/1/2008</p>	<p>Ongoing</p>	<p>Maintenance of physical health is essential for recovery. Eight of Washington County’s fifteen CSP consumers receive comprehensive supports for their physical care. This includes a residential facility that documents and schedules appointments, provides transportation, monitors physical health, and supports the consumer in follow-up care. Five of the fifteen consumers live in the community and require varying degrees of support to maintain physical health; some choose to arrange everything themselves, others require ACT or BCM to schedule and track medical care. Regardless of the level of support, ACT and BCM have ongoing discussions with the consumers about medical care. An additional two consumers are completely independent with medical care. One is a gentleman whose recovery has progressed such that he only needs ACM. The other is a lady who refuses to discuss medical care with her team and arranges such treatment through her guardian. All consumers are offered the opportunity to participate in relevant classes, such as diabetes training. Washington County has also expanded its view of physical health to include exercise. All consumers are encouraged to exercise. The LTSR includes an exercise room. ACT consumers are afforded the opportunity to go to the Wellness Center. And, all consumers are encouraged to be physically active.</p>

**Washington County**

ACTIVITY	IMPLEMENTATION DATE	STATUS	UPDATE: FINDINGS, OUTCOMES, CHALLENGES, or BARRIERS
Primary points of contact will also act as liaison when necessary and/or provide direct linkage between the practitioners treating the physical and mental health needs of the consumer.	11/1/2008	Ongoing	Washington County MH/MR takes an active interest in consumers, especially CSP discharges. The entire team, including a county representative, ACT, BCMs, residential providers, peer mentors, mental health providers, and mobile medication nurses meet in person or by phone to discuss the progress and barriers for each consumer monthly. During this process the team members collaborate and exchange information. Mental health and medical conditions and appointments are discussed. The primary points of contact, typically ACT or BCM, ensure that pertinent information is relayed to physicians (for which they have releases) to ensure good coordination of care.

**Success Story:**

A female consumer at the LTSR was experiencing repeated suicidal ideations. She began to make attempts through acquiring Tylenol while in the community. The LTSR staff coordinated with the consumer’s doctors to better understand the risks associated with the Tylenol. The LTSR then educated staff and the consumer on these risks, the crisis plan was updated, and staff were trained on the new plan. This consumer has not made a suicide attempt in months. Tylenol seeking has not been an issue either, even though she still goes into the community.