Mayview
Regional Stakeholders Meeting

May 18, 2012

Today's Agenda

- Update from OMHSAS
- Update on the Mayview Discharge Study
- Overview of Regional Olmstead Plan
- Olmstead Perspectives
- County Panel - Discussion, Questions, …..

OMHSAS Updates

Audra Dudek – Community Program Manager, Pittsburgh Field Office

Where we are today

- Our vision for OMHSAS is to continue to support the work that has made PA a “leader in recovery”. This will be accomplished through all of us working to remain true to our mission. We remain committed working collaboratively to ensure quality care and services that address the needs and priorities for individuals in treatment from mental health, substance use and co-occurring disorders.

Expectations

- There should continue to be an expectation of a recovery oriented system and evidence based services that lead to less reliance on lifelong services.
- OMHSAS will continue to set our priorities regardless of the budget.
- Our priorities will continue to be Recovery focused and we will finalize them over the next few months

Where we go from here

- We have created great working partnerships over the past several years throughout our region and we need to continue to work together, building upon our partnerships and working to enhance all the work that has been done and the goals that have been met
- The closure of Mayview State Hospital was over 3 yrs ago and our community system has continued to be supportive of those individuals who were discharged from or would have been admitted to Mayview State Hospital.

Where we go from here (cont'd)

- This has not been without challenges but together we have worked to support individuals in their recovery and this will continue to be our focus.
- There are more challenges that lie ahead of us. We will face them as they come up and address them as we need to. What we have accomplished in this part of the region is to be applauded and hopefully we will be able to continue the momentum that has been generated towards recovery.

Olmstead Planning

- Separate from the County Planning Process.
- Current update on the Olmstead Planning process

Mayview Discharge Study Update

University of Pittsburgh
Katie Greeno
Sue Estroff
Courtney Kuza

Mayview Discharge Study

- People with psychiatric disabilities can live well in the community when their services and supports are good
- Mayview was closed in December, 2008
- How are people doing?
- The Mayview Discharge Study uses strong scientific methods to follow outcomes for people discharged from the hospital

How we do the study

- We talk with some of the people discharged
  - A “random sample”
  - This is like drawing names out of a hat
  - When you choose this way, the smaller group will be similar to the whole group
- 90 people have participated
  - about 75% of the people we asked

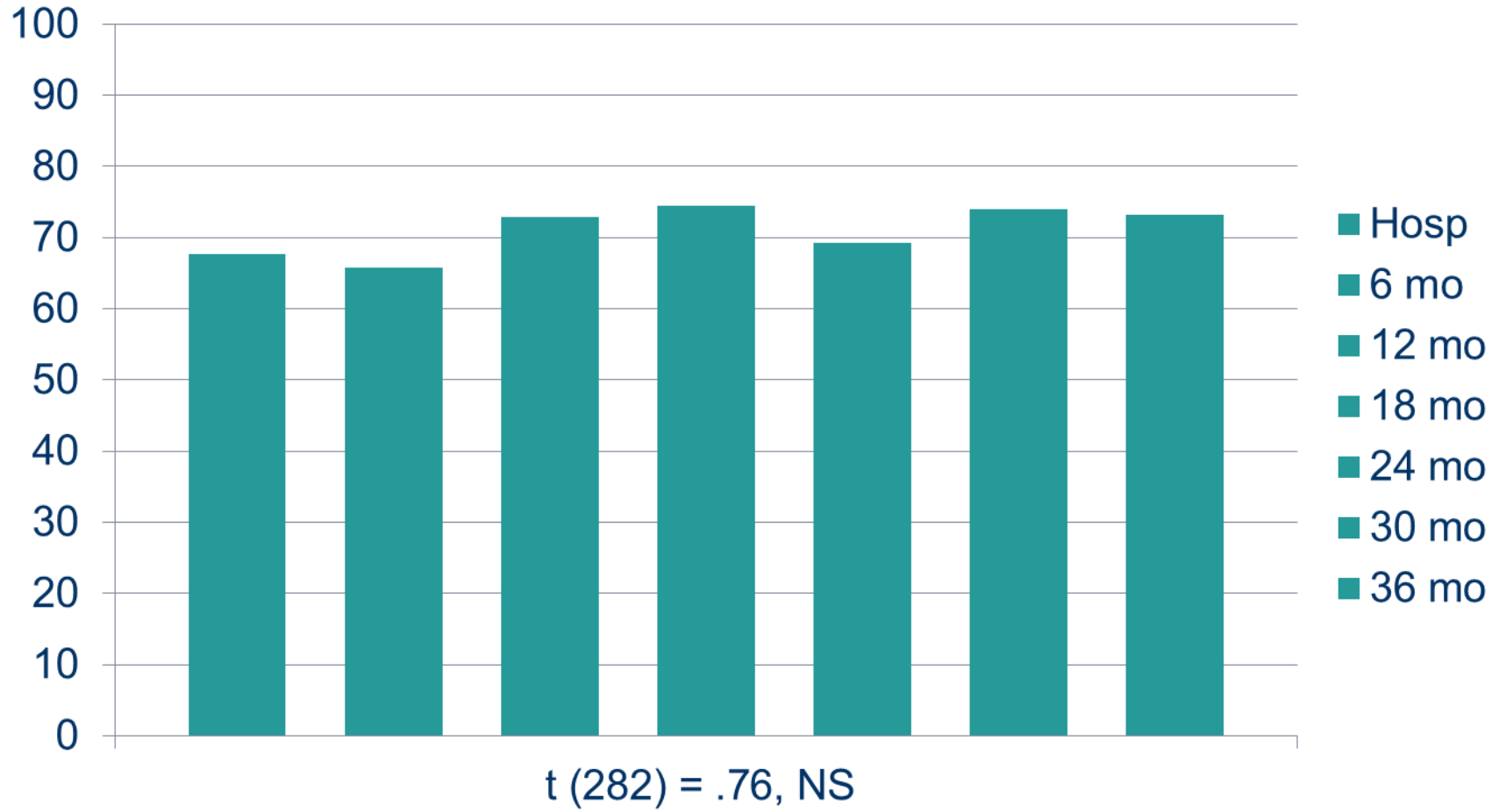
How we do the study

- We talk to participants every three months
- We check in and find out how they are doing
  - We take detailed field notes about what they tell us
  - About sixty people have also done longer interviews
- Every six months we ask people to complete questionnaires
  - People have completed questionnaires from 1-9 times

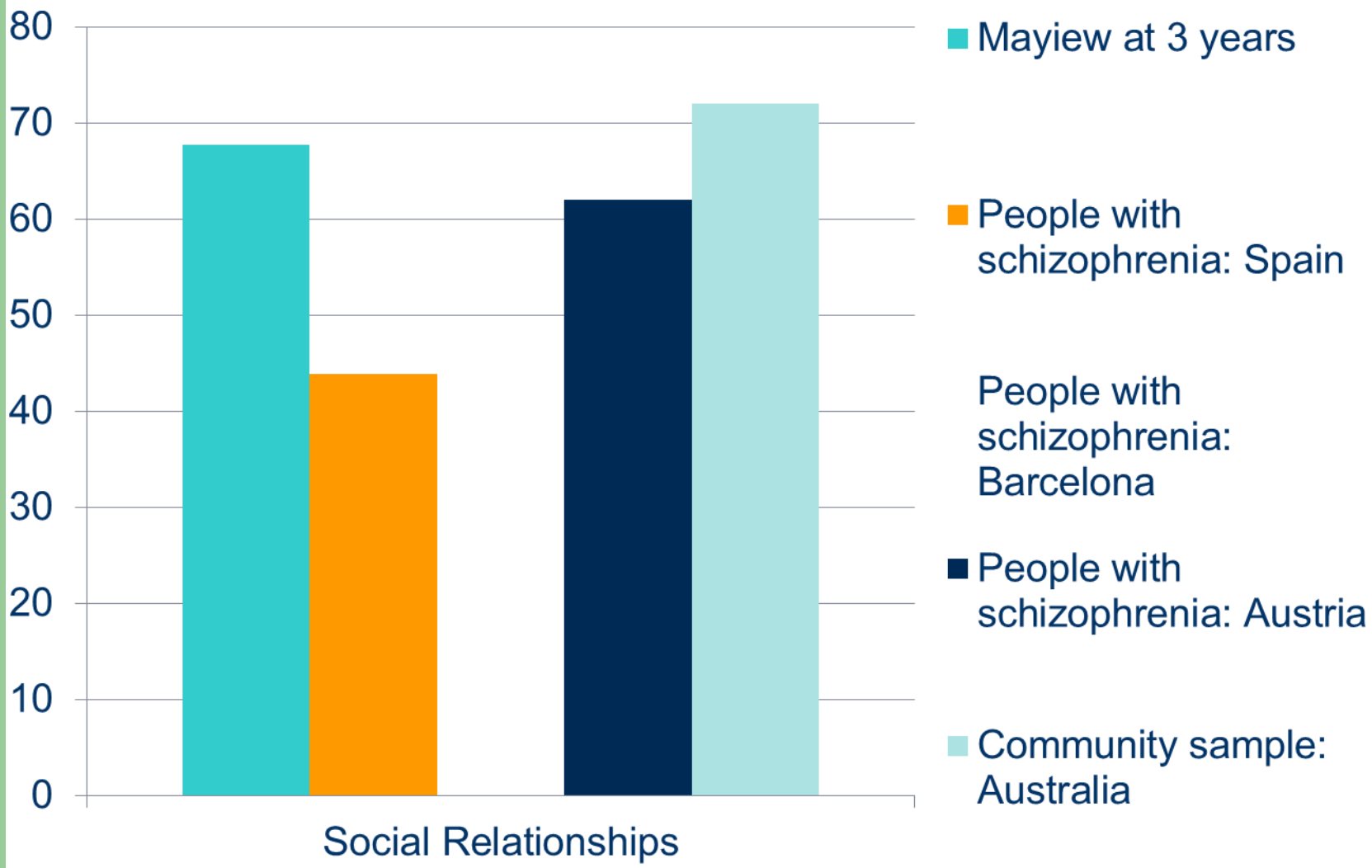
After three years: How are people doing?

- People rate their “quality of life” as good
- Social life is getting better over time
- People are more satisfied with care now than last year
- Most people like their new homes more than Mayview
- People are finding satisfaction with home, work, and friends

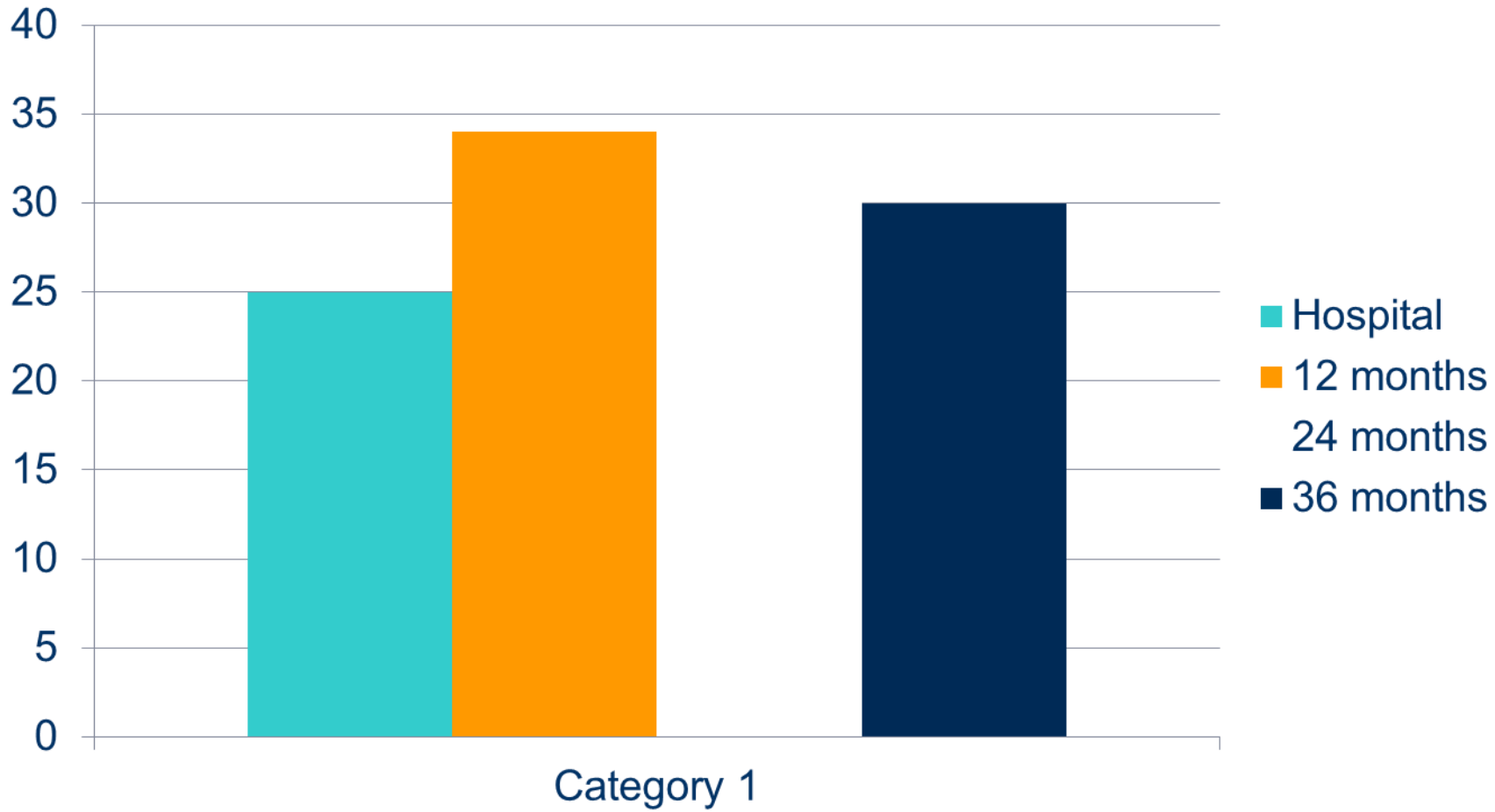
“How would you rate the quality of your life”



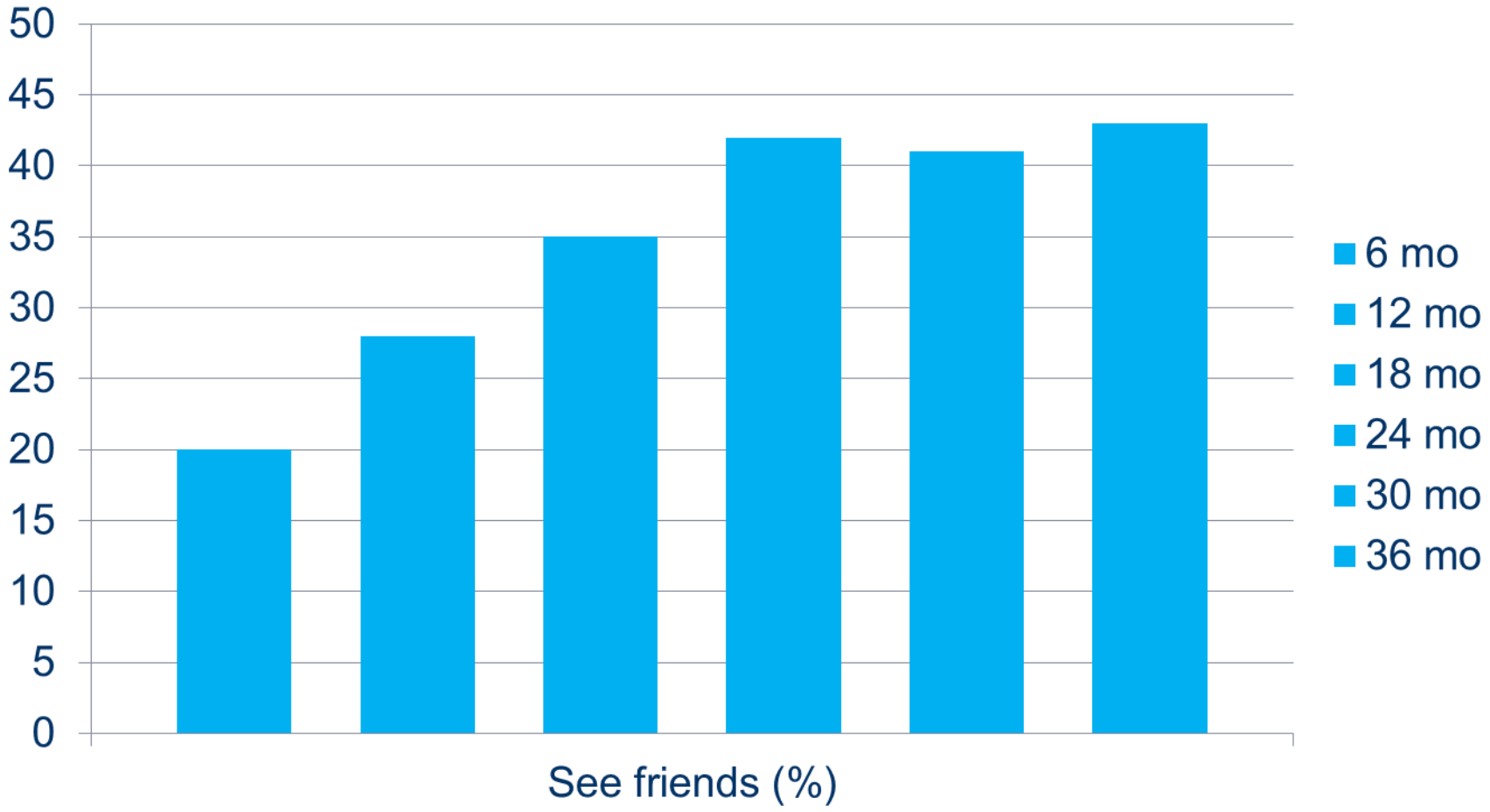
Quality of life



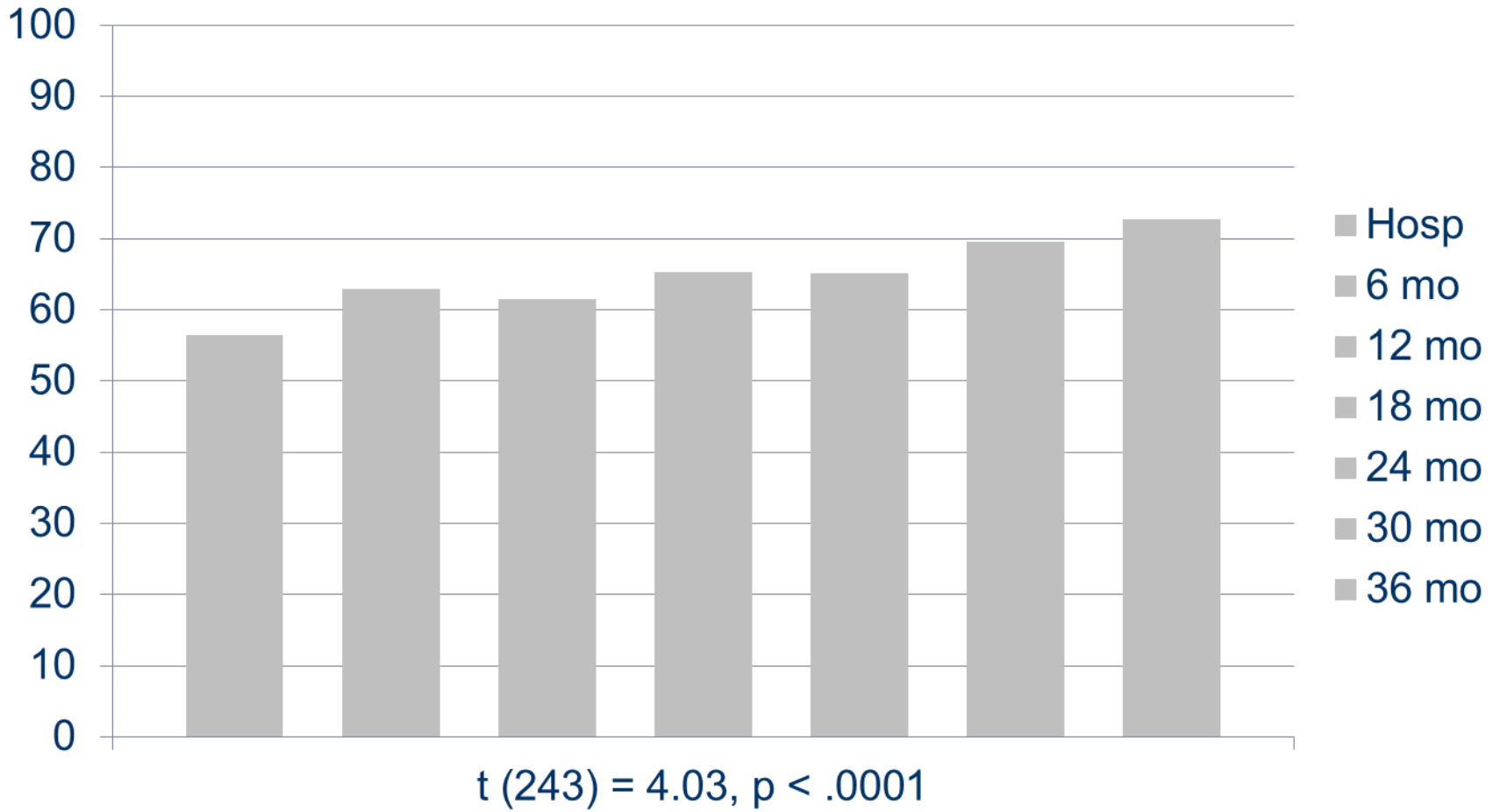
Some people wish they had visitors



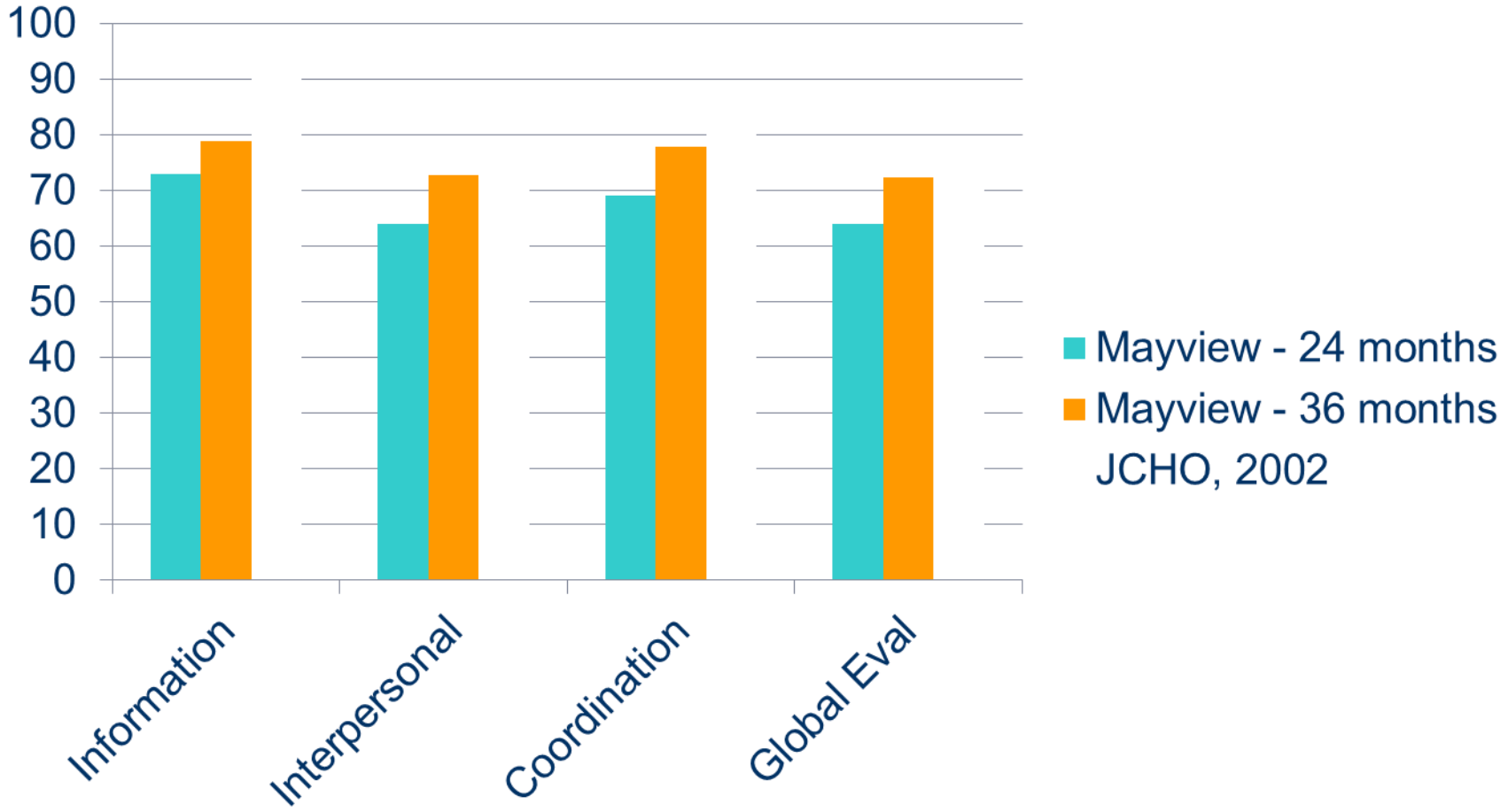
More people see friends regularly



Interpersonal aspects of care



Satisfaction is improving with time



People are satisfied with their new residences

- New residences are preferred to the hospital
  - *No comparison. It's better. It's the freedom factor*
  - *I'm free. I go more places. I do what I want to do.*

Some people would like more to do

- Many participants would welcome more varied activities
  - *Q: What do you do? A: Sleep. Get up and watch TV. Come out here and smoke.*
  - *Q: What is there to do? A: Sleeping. Groups. That's about all.*
  - *I don't go anywhere. I don't have any money.*

Finding a home

- I live a modest life…[in]my comfort zone…my rest and relaxation comes from a comfortable apartment, a place where I can relax, listen to some music, write some songs, read. I can leave this comfort zone and go to the office…a supplementary comfort zone. I cherish being comfortable and at peace. They wanted me to go to a LTSR, and I had to be argumentative about that. I really wanted this place, to be on my own. I've been here since '08 and everything has worked out surprisingly…I didn't think I could handle it, but CTT came and took me places…and they worked on every little aspect and calmed my fears….without privacy you just don't act the same, you exhibit instability, privacy gives you confidence and self esteem…

Finding work

- I work 10-3:30 . I interact with the homeless. I'm constantly taking their reports for special needs, meds, housing, mail, showers. That's what I do. Sometimes I fill in in the kitchen. We cook for 60 people. And that's stressful. I deal with that stress. There's a reward afterwards. They've had a good meal and a shower. They head out to whatever extreme situation they're in.

Finding friends

- Now is much better since [husband] came into my life. I used to dread getting up in the morning and most of the time I wanted to be dead. Now I always look forward to waking up. I enjoy being a homemaker. I'm a fighter, my father was fighter and I realize that I don't just take after my father, I'm my father reincarnate. I'm a fighter with the help of God. I was so close to ending my life and now I'm so happy that I didn't.

Knowing you can do it

- The best experience has been knowing that I can make it in the real world. Not as hard as I projected it to be.

Overview of the Mayview Regional Olmstead Plan

State Olmstead Plan

- Acknowledges that the need for the long-term institutionalization is long past
- Guiding Principles
  - Recovery from mental illness is possible. People who have mental illness can and do recover
  - People with mental illness can be served in community-based settings
  - Each person's needs will be assessed through the Community Support Planning (CSP) process. CSPs define the supports needed for each consumer to live in the most integrated setting appropriate to his or her needs.

Olmstead and the Mayview Region

Our Region Aggressively Supports the Olmstead Plan…

Mayview State Hospital

closed over 3 years ago

Olmstead: Our Work Continues…

- Our region must be able to sustain itself without a state hospital
- Our Goal: Develop community services and supports to foster recovery
  - For those who were discharged
  - For those who would have otherwise gone to the state hospital (diversions)
- Large Personal Care Homes (PCHs) may also be considered “institutional settings” to some

For Those Who Were Discharged

- In 2011, the 253 individuals who received services had a combined cost of over $13.7 million, or on average $53,000 year/per person for services
- In March 2012:
  - 38% lived in Supervised residential settings
  - 27% lived in Restrictive residential settings
  - 26% lived in Independent residential settings
  - 9% lived in Dependent residential settings
- Many Positive Outcomes… Pitt Evaluation

For Those Who Would Have Otherwise Gone to Mayview

- How Many People?
  - 2,700 (3 people for every bed closed – CHIPP standard, from 2008-2011)
  - 4,605 (5 people for every bed closed – OMHSAS standard, from 2008-2011)
  - 1,707 (Counties' diversion algorithm, 2011)
- Regardless of the Planning Approach…

A lot of people!

- For the 1,707 people in 2011
  - Over $67 million in services regionally

Challenges

Impact of Budget Cuts

- Reduction would impact…
  - New funding received to maintain community services as a result of the closure by $7.5M (20% reduction) to $3.75M (10%) across the five counties
  - Overall CHIPP funding for the region by over $13.7M (20%) to $6.85M (10%)

Potential Impacts

- Recovery and stability achieved will be lost
- Non MA-eligible consumers could lose needed CTT and case management supports
- Peer mentoring could be reduced
- Homelessness could increase
- Jail utilization could increase
- Inpatient utilization could increase
- Increase in hospital emergency room utilization

Comprehensive Service Area Integration Plan

- Past services of those discharged and diverted are indication of the needed resources required
- Needs continue to evolve as people's time in the community increases
  - Individuals with medically complex needs – BH/PH
  - The needs of individuals in special populations
  - Community/social integration, employment, education, and other quality of life indicators continue to be sought and enhanced
  - Challenges are compounded by issues of poverty and financial status, which may limit options

Summary of Needs and System Priorities

Address the clinical, physical, residential, and quality of life needs throughout the region.

- Transportation
- Forensic / criminal justice system diversions and interventions
- Crisis services / community hospital diversions
- Accountability and oversight (Single Point of Accountability and other ongoing quality improvement initiatives)

Summary of Needs and System Priorities

Continued…

- Peer services that support recovery and resiliency
- Housing, including Permanent Supportive Housing and other Housing as Home initiatives that provide safe and affordable residential options
- Supported employment
- Services/Supports for individuals who are medically complex or from special populations
  - (blind, deaf / hard of hearing, sexual offenders, veterans, older adults, LGBTQI, dual-diagnosis and other co-occurring populations)

Improved Coordination of Services and Discharge Planning

- People are committed to Torrance State Hospital Forensic Unit and their charges are dropped
- Individuals with mental illness in State Correction Institutions – upon release may need residential and treatment services
- Interstate transfers of individuals in a way that continues commitment status

PCH Outreach and Integration Plan

- Counties support an individual's choice of integrated community housing options
- Many factors influence this choice
  - Personal preference
  - Availability of housing options
  - Availability of necessary supports
  - Availability of community-based support and treatment services
  - Access to family, friends, and other social networks
  - Needs for specialized services and supports
  - Income limitations

The Counties Agree…

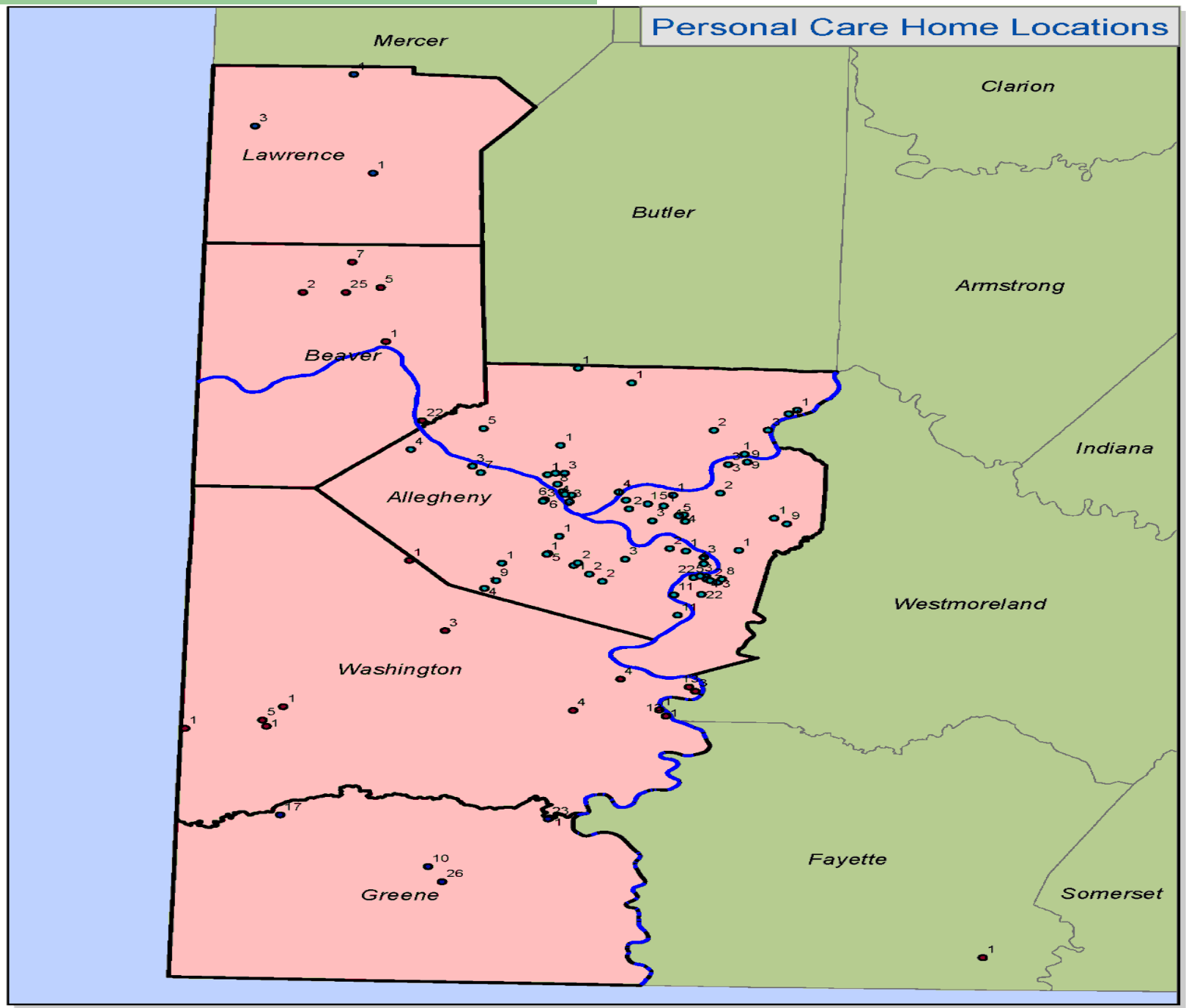
- Large PCHs with more than 16 beds are rarely the most integrated setting for people with mental illness
- Large PCHs may not provide the most conducive environment for recovery-oriented community-based care.
- The Counties have PCH policies for admission to large PCHs
  - How referrals to PCHs are conducted
  - How exceptions are managed

PCH Oversight and Outreach

- Counties have existing ways of conducting regular quality oversight and outreach activities
  - Cooperation with Departments of Aging
  - Ombudsman
  - PCH Risk Management Committees
  - State Adult Residential Licensing
  - Outreach from Advocates
  - Existing Service Coordination/Case Management
- The Plan
  - Counties will develop and implement a 2-phased outreach plan

The Plan: Phase 1

- Use existing resources and partnerships to engage PCH residents
- Attempt to reduce disruption and stress
- People may be currently satisfied
- Initial focus will be on issues of wellness and social integration
- Housing alternatives will be introduced later, or upon expressed interest
- How many people?


Personal Care Home Locations
Mercer
Lawrence
Butler
Clarion
Armstrong
Beaver
Allegheny
Indiana
Westmoreland
Washington
Fayette
Somerset
Greene

The Plan: Phase 2

- Work with large PCHs in identifying “unknown” residents – Use County liaisons, ombudsman, Risk Committees, PCH Administrators, etc.
- Strengthen partnerships between community BH services, providers, and PCHs – educate on crisis services, MHFA training, etc.
- Identify people during PCH admission process
- Link early intervention of BH services when people are identified
- Develop a regional protocol to share information

Service Needs

- Consistent with system needs and priorities
- Safe and affordable housing
- In-home housing support services
- Peers Supports
- Mobile services, such as medication, treatment, and crisis services
- Reliable transportation services
- Community based respite and stabilization alternatives

Olmstead Perspectives

- Personal Experiences

County Panel and Discussion

- Mary Jo Dickson, Allegheny County
- Jack Wallace, Beaver County
- Dean Virgili, Greene County
- Paulette Benegasi, Lawrence County
- Mary Jo Patrick Hatfield, Washington County

Sample Questions

- Approaches for outreach and housing in other settings?
- Suggestions on how Counties can identify and work with people in large PCHs that are new to the BH system?
- What can the community, providers, and/or counties do to help people better connect with their communities?