

**Mayview Steering Committee
Meeting Summary
October 17, 2008**

Members Present: Kelly Burda, Tim Casey, Stephen Christian-Michaels, Mary Jo Dickson, Mary Fleming, Carol Horowitz, David Jones, Matt Koren, Pam Loaskie, Carol Loy, Brandi Mauck Phillips, Edna McCutcheon, Mary Jeanne Serafin, Patricia Valentine, Kim Welsh, Linda Zelch, Rick Rach, Carol Rico, John Klenotic, Wes Sowers, Deb Wasilchak, Melissa Feragotti, David Miele, Katie Greeno, Nancy Jaquette, Chris Michaels, Karen Bennett, Roger Haskett, Shirlee Hopper Scherch, Janice Taper, Laverne Cichon, Gerard Mike, Carol Merchant, Ken Thompson, Pat Tickle

Members Absent: Rohan Ganguli, Valerie Vicari, Laura Steiner, Sue Carney, Dave McAdoo, Dean Virgili, Darryl Holts, Mary Jo Patrick-Hatfield

Others Present: Aidan Altener - OMHSAS, Director, Bureau of Community and Hospital Operations

1. Review of Minutes from August Meeting

The minutes from the September 19, 2008 Steering Committee meeting were reviewed. No corrections were identified. The minutes will be posted to the Mayview website.

2. Report from Mayview State Hospital

Kelly Burda reported on the census at Mayview (77):

- Allegheny – 68
- Beaver – 4
- Greene – 0
- Lawrence – 2
- Washington – 2
- Westmoreland – 1 (planned to be discharged back to Westmoreland County)

Of the 77 remaining individuals:

- 13 have MR waivers
- 14 are planned for the SOS LTSR
- 3 are identified for the SOS Specialized Support Home
- 13 are targeted to transfer to Torrance
- 9 possibly may transfer to Torrance
- 1 is currently receiving treatment at WPIC – will possibly be discharged to the SOS LTSR
- 24 others still need to have their discharge placements finalized.

- Mary Jeanne Serafin reported that an additional ten discharges are expected by the end of October. On September 10th the hospital closed an additional unit, leaving three units remaining. It is expected that the hospital will be down to two units by the end of the month.
- Two individuals want to go to other states. The Committee discussed the impact of this, including whether there is any assurance that the individuals will be discharged in the other state given this would be a state hospital to state hospital transfer. Discussed possibly discharging first, then transferring to community services in other state. Comments were made that community to community transfers are often more time consuming and complicated given waiting lists that exist for many community services. It was suggested that the hospital make contact with the family members of the individuals in the receiving states. The risks of a hospital to hospital transfer have been explained to the individuals. In addition, staff at Mayview will make recommendations to the receiving hospitals for their discharges. If for some reason the transfers do not occur, efforts will be made to discharge the individuals at Mayview.
- The Forensic unit is on target to transfer to Torrance State Hospital by the end of November.
- 76 Mayview staff still need placement. Meetings have occurred with union representatives and additional training has been offered. Mayview is also working with the SW PA veteran's group to assist in placements.

3. State Operated Services (SOS) Update

- An update was provided on the Rolling Hills location for the SOS LTSR. Resistance continues from the community. A planning committee meeting and commissioners meeting are scheduled.
- Contingency plans are under consideration if the SOS LTSR facility is finalized by the Mayview closure date. Plan B would involve the SOS LTSR being temporarily located at the Bengs Building at Mayview State Hospital. The hospital would close as scheduled and the facility would be licensed as a LTSR. Individuals would be discharged from the hospital to the SOS LTSR. The office space for the other SOS programs would also be located in the Bengs Building given that they were planned to also be co-located at the Rolling Hills facility. When an alternate site is ultimately found, the SOS LTSR program would move out of the Bengs Building and the offices would move to a separate office space most likely located in southern Allegheny or Washington Counties.
- Both Small SOS Specialized Support Homes have been identified and renovations are underway.
- AHCI is working with Mayview staff in planning the training for SOS staff. An outline of the training plan is completed. The training will occur before the next Steering Committee meeting as it is planned for the first two weeks of November.
- A request was made for a count of the new community placements that have been opened in the counties served by Mayview since the beginning of the closure process. AHCI will work with the counties to update the existing MRSAP Residential Development Tracking to obtain this information. It was requested that this also include the Supported Housing Programs in the counties as well.

4. RCA / Sentinel Event / WPIC Update

- Since the September Steering Committee meeting there have been three additional sentinel events; one in Washington, one in Lawrence, and one in Beaver. In addition, one incident in Allegheny County is under review as a potential sentinel event. Overall, there have been 20 sentinel events, with another currently under review. The overall county breakdown is as follows:
 - 2 in Washington County
 - 1 in Lawrence County
 - 1 in Beaver County
 - 12 in Allegheny County
 - 4 in Mayview State Hospital (1 forensic, 3 civil)
- Tim Casey commented that the RCA that was conducted in Washington County was a good learning experience for the provider. The RCA for the sentinel event in Lawrence County is scheduled for next week.
- The Committee discussed Allegheny County's RCA protocol that is being developed along with CCBH – who is managing the RCA process for the county. This process, which is in development and under review, is expected to be finalized within the next month. It will account for different levels of information and investigation being needed for an RCA depending on a particular incident. It will push the RCA process down to the provider level and will involve additional training for providers. It was suggested that the tracking of RCAs could be achieved using the AHCI web-based incident tracking application to maintain one central database. These processes and tools will enable the analysis of incident patterns and follow-up activities as well as the identification and communication of systemic issues. The State commented that this process would be beneficial on a state-wide basis. The Committee also discussed the fact that many providers already have incident investigation processes in place. The county's RCA process would serve to enhance and complement these existing processes. The question was raised as to whether or not providers regularly report incidents to the county. The Committee discussed how this process can enable the MH system to be more proactive in identifying, responding to, and learning from incidents that occur. This can be presented to the public as a positive outcome resulting from the closure initiative.
- WPIC Update: The state provided an update on the case management review activities at WPIC. WPIC revised the policies and procedures and the state is in the process of providing feedback. Chart reviews are scheduled for next week. All targeted levels of care will be reviewed; including Community Treatment Teams (CTT); Blended Case Management (BCM) – which includes Intensive Case Management (ICM) and Resource Coordination (RC); Acute Case Management; and Enhanced Clinical Case Management (ECCM). Transition procedures and triggers for different levels of case management care have been reviewed and changed. These changes are expected to benefit the entire MH system.

The Committee discussed the need to include consumers in this process – possibly through focus groups. Understanding how to effectively re-engage consumers and enhance outreach protocols

are very important. The challenge is how to balance consumer's right to disengage in services with a provider's proactive efforts to engage. Possible alternatives include using peers. It was recommended that a work group be established to work on this issue of case management engagement. Volunteers include Carol Horowitz, Chris Michaels, Shirley Hopper-Scherch, CCBH, VBH-PA, Wes Sowers, Mary Jo Dickson – Allegheny County, Linda Zelch, Jan taper – Washington County, and AHCI staff. Some related issues involve changes to payment policies for case management services that may better support engagement. It was also added that some providers are getting very creative in how they do outreach – especially in rural areas and/or smaller service areas. The committee also discussed other programs such as PSAN's new Check-In / Call-In program that enables individuals to engage with the MH system more on their terms.

5. Questions from Advocates

- The Committee discussed the list of questions and concerns that had been submitted by Carol Horowitz and other advocates regarding the closure and the care of discharged individuals. Some items on the list of issues reflect common questions and misconceptions regarding the closure. The Committee discussed the importance to have a process in place to address rumor control and fact checking as well as marketing / public relations to the general public to increase awareness and knowledge of the closure. Previous methods included the MRSAP newsletter. AHCI is also developing a MRSAP Issue Tracking process that will support the controlled tracking and resolution of issues and concerns. One of the most common misconceptions is that the MRSAP group is only concerned about people being discharged, which some think is limiting general access to services, including community hospital beds being occupied by MSH / CSP consumers, and therefore other consumers are being redirected to other areas and counties. To address these issues, the Committee suggested continuing its ongoing communication with the behavioral health provider network, and re-emphasizing the importance to communicate with staff at all levels, not just senior management. Another method would be to include a fact sheet as a paycheck stuffer to all staff and/or utilize email distribution lists to inform provider staff. Another channel would be to use the provider newsletters from VBH-PA and CCBH. It was commented that it will be important to other systems, not just mental health.
- The Committee discussed the concern of how to monitor the quality of services after the closure, including confirming that services are being delivered and are effective. The Committee agreed that as the closure approaches it will be important to identify forums that will be used to track and monitor these concerns as well as the general impact on the community. The Committee decided to continue to convene the MRSAP Steering Committee on a monthly basis through June 2009. The ongoing role of the Steering Committee will be reviewed again at the April 2009 meeting. The MRSAP Stakeholder meeting will continue to at least February 2009.
- The Committee agreed to reschedule the November 2008 MRSAP Steering Committee meeting from November 21st to November 24th due to multiple conflicts.

6. County QIO Action Plans

- The Committee discussed the role of the QIO Committee and how to best use its input, particularly moving forward after the closure. Often, system changes are not immediately recognizable after policy or service changes are implemented, therefore, issues and feedback from

the QIO may not accurately reflect some of the changes that are underway. AHCI is working to help clarify this role moving forward. In addition to the QIO Committee, other initiatives are underway that look at other groups, such as the jail population in Allegheny County. Dr. Sowers commented that it is important to look at homelessness and the community as a whole and not just the CSP population. Dr. Bear reported that he recently received a drug and alcohol grant from SAMHSA regarding work with the homeless.

- The Committee reviewed the action plans that were completed by each county in response to the issues identified by the QIO Committee. Focus areas included social connectedness and community integration, work and education opportunities, and coordination with physical health issues. County responses emphasized using case management services to support mental health and physical health coordination, surveying individuals to assess services received and requested as part of the CSP process, and supporting consumer wellness facilitated by peer organizations and social venues, such as Drop-In-Centers. The counties are also sensitive to the fact that the desires and goals of individuals change from what is sometimes documented in the CSP plan given they were created while the individual was at the hospital. These plans will be communicated back to the QIO committee at the next meeting in November.

7. Pitt Study

- Katie Greeno provided an update on the Pitt Study of the Mayview closure.

8. Land Reuse Task Force

- An update was provided on the recent Land Reuse Task Force meeting that occurred on October 14th. The Committee requested testimony for the use of the land; however many advocates spoke about the Commonwealth getting “fair market value” for the land whenever it is sold. The next meeting will be in December. The appraisal of the land continues to be a significant issue, as well as the recent re-zoning efforts of South Fayette.

9. Representative Wheatley Hearing Update

- The Committee received an update on the public hearing that Rep. Wheatley conducted regarding mental health services. Rep. Wheatley was very interested in community opinion and welcomed input. Areas discussed included forensic services and the stigma associated with mental health issues. Areas identified for legislative assistance included assistance with employee retention including increased funding for competitive salaries and possible loan forgiveness.

10. New Business

- The need for another inpatient provider meeting was discussed. The scheduling of this is targeted for January 2009.