



**Recovery and maintaining a healthy, productive life are best achieved when people are a part of the larger community, including individuals with mental illness.**

# Mayview Regional Service Area Plan

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## The Goal: Recovery from Mental Illness

*"We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatments and supports—essential for living, working, learning and participating fully in the community."*

In 2003, the President's New Freedom Commission on Mental Health set this vision to guide the transformation of the mental health system.

The Commission states services must be consumer and family centered. This means consumers and families have real choices in treatment and can direct their own care.

The Commission states treatment must focus on building "consumers' ability to successfully cope with life's challenges, on facilitating recovery... not just on managing symptoms."

These principles form the basis of the Mayview Regional Service Area Plan (MRSAP). Recovery should be the goal for all individuals with mental illness, including people in the state hospital.

## What is the Service Area Plan?

Allegheny, Beaver, Greene, Lawrence and Washington counties are working with Allegheny HealthChoices, Inc. (AHCI) to develop a plan to provide the best in behavioral health care for the citizens of the five counties. This plan is known as the Mayview Regional Service Area Plan (MRSAP).

The planning process is directed by a Steering Committee of 33 individuals. The Steering Committee includes behavioral health professionals, representatives from all five counties, administrators from Mayview State Hospital, consumers, advocates, and Pennsylvania Department of Public Welfare (DPW) representatives.

While this project focuses on people at Mayview State Hospital and how best to support them in the community, the

MRSAP process will result in improvements to the whole system. The regional plan will be recovery-based and follow the principles set by the New Freedom Commission.

The Steering Committee has focused on two main activities since the project started in July of 2005. The first activity, managed by the Assessment and Discharge Committee of MRSAP, involved an assessment and community support planning process for 38 individuals who have been at Mayview more than two years. The second activity is planning the funding of community-based services and supports these individuals need and want when they are discharged.

This first phase will result in at least 25 individual discharges with one unit at Mayview closing and a financial funding plan approved by the DPW by July 31, 2006.

To meet the vision of the New Freedom Commission, everyone has to think differently. It is no longer acceptable to push restrictive settings that consumers don't want or need. It is also not financially viable. Consumer choice and recovery need to be the underlying beliefs.

## DPW Commits \$3.2 Million to MRSAP

On May 19th, Deputy Secretary Joan Erney and Aidan Altenor, Director of the Bureau of Hospital Operations, attended the MRSAP Steering Committee.

During the meeting, the Community Support Plan (CSP) process and the financial model were reviewed. Following a separate review of the Counties' budgets and additional discussion, Deputy Secretary Erney committed to providing the \$3.2 million

requested by MRSAP. These funds will be divided among the counties to fund the services identified in the community support plans (CSP) and to prevent unnecessary hospitalization.

DPW will be providing feedback to the Counties on their budgets through responding to the Mayview Service Area Plan.

## From Patient to Peer Interviewer

Dan Hawkins works for the Consumer Action and Response Team (CART), which is Allegheny County's consumer and family satisfaction team. Mr. Hawkins has brought considerable experience as a consumer and as a professional in the behavioral health field to the MRSAP Assessment and Discharge Committee. He also completed the majority of the patient assessment interviews at Mayview performed to date.

Mr. Hawkins tells people about his experience as a former Mayview patient and a recovering addict. Over the years, he has worked as an interviewer for hard-to-reach groups, as an outreach worker, and as staff

in several behavioral health programs. Mr. Hawkins considers his difficult past with a positive, strong attitude. He says, "I have to take my past and use it positively—otherwise, it's lost time."

Returning to Mayview for interviews was both "exciting and frightening." He believes that MRSAP's process for peer-to-peer interviews is a positive step towards encouraging patients to be open about what they want. It is also a step towards getting people discharged who no longer need to be in Mayview. He endorses involving more peers and advocates as the project progresses.

## Feedback on the Community Support Plan Process

The MRSAP project used a different process for developing community support plans (CSPs) for people being discharged from Mayview. Independent facilitators conducted the planning meetings and recorders wrote meeting summaries. The facilitators encouraged the participants to think creatively of services and supports to address the needs and wants identified by the patient, family and clinical team in the assessments. First and foremost, patient choice was to be respected.

Meeting participants included the patient, family, Mayview staff, County representatives, advocates, and community providers. Feedback on this process has been gathered from all participant groups.

Patients had different opinions on this new process. Some opinions were affected by whether they had been discharged yet. Most patients thought the CSP process was helpful. Comments included:

- "I liked having a lot of people at the meetings, people asked me questions and we had a discussion. People explained things to me."
- "They helped me pick out the things I needed to do and that I can do, and that I can do if I *really* want to."

Areas for improvement identified by different groups include more family communication, more specific plans and assignment of responsibility for follow-up tasks. This feedback will be used in future project planning.

## Financial Plan Principles for MRSAP

Many individuals—patients, families, advocates, Mayview and County staff and providers—are concerned that the resources individuals need in the community won't be available as discharges begin.

To address the funding concerns, the MRSAP project has developed a financial plan. The plan rests on two principles: maximizing other funding sources (aside from county funds) and moving hospital resources to the community.

First, County and Mayview staff are ensuring individuals being discharged are eligible for and enrolled in Medicaid.

Because Medicaid is jointly funded by the state and federal government, the financial burden to counties is reduced. The second principle of the plan involves transferring funds from the savings of closing one unit at Mayview to the five counties.

To be sustainable, MRSAP must focus on supporting those individuals being discharged as part of Phase I **and** identifying funds for longer term development of services and supports. Through the budgetary process, Counties are identifying infrastructure and capacity needs to support individuals who will be at risk of intensive mental health treatment in the future.

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## MRSAP and Resource Development: Beaver County

As part of the MRSAP process, counties must evaluate their current use of resources. Counties are looking at their systems to see what capacity they have, how they use this capacity, and what they need to develop, to support people coming out of Mayview and to reduce the need for long-term use of Mayview.

For example, Beaver County is evaluating their capacity for intensive services

provided by case management and Community Treatment Teams (CTT). The County has hired a consultant who will conduct interviews with staff, supervisors, consumers and families for case management and CTT, as well as observe meetings and review records. This evaluation will help Beaver County understand if these services are being provided effectively.

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## Phase II of the MRSAP

Phase I of the MRSAP project will be complete on July 31, 2006 with the closing of one unit after 25 or more individuals are discharged.

MRSAP has a plan for Phase II, which will begin in August of 2006 and use a similar assessment and CSP process. The Phase II goals are to close one additional unit at Mayview and reduce the waiting list and admissions. No commitment for funds is in place at this time.

There have been rumors that Mayview is closing. This is not true. As use of Mayview decreases, the cost effectiveness will have to be evaluated. This does not mean that Mayview would cease to be used (in some capacity) for mental health treatment, nor does it mean that the need for long-term care would cease to exist. Instead, the dollars will be used to develop recovery-based services and supports in the community.

**Financing for MRSAP rests on two principles: making the most of other funding sources and moving resources from Mayview to the Counties in the short-term and the long-term.**

Keep up with the latest information on MRSAP by visiting us on the Web.

www.mayview-sap.org

Allegheny HealthChoices, Inc.  
444 Liberty Avenue  
Suite 240  
Pittsburgh, PA 15222

Phone: 412-325-1100  
Fax: 412-325-1111  
E-mail: ltumolo@ahci.org

## MRSAP: A Consumer's Perspective

Laura Steiner first entered the mental health system when she was 23. Over a twenty year period, Ms. Steiner has experienced 34 hospitalizations, including two admissions to Mayview, and used crisis services in Beaver County often. Until a recent relapse, Ms. Steiner has lived in the community for nine years without any hospitalizations.

According to Ms. Steiner, several factors were important in her recovery. First and most important, she said she became determined that her life could be better. This hope and motivation helped her to work with her nurse and other treatment providers. Second, she received a lot of support and guidance from the Mental Health Association. "They cared enough to sit down and

talk with me. They helped me change my behavior and helped me feel better about myself." Attending the Phoenix Center, a drop-in center in Rochester, PA, has also been important for her.

Ms. Steiner is a member of the MRSAP Steering Committee. She believes the project is a "wonderful idea because a lot of people are becoming aware of what consumers need outside of the hospital." She wishes that the process had existed for her—having choices and having a voice are very important.

Ms. Steiner's advice for patients: "Don't fight yourself. There's always hope. Work with the system—there's a lot of good in it." Her advice to professionals: "Listen to what the patients are trying to say. Be more observant about the person's needs."

## Let us know what you think about MRSAP

**Visit us on the Web.** Go to [www.mayview-sap.org](http://www.mayview-sap.org) and click on the "Share Your Thoughts" link at the top of the page.

**Join us at a Stakeholder's Meeting.** Stakeholder meetings are held every 3-4 months. The next meeting will be held on August 2nd at the Greentree Radisson Hotel. Check the web site or contact your County administrator for more information.

**Call Allegheny HealthChoices** at 412-325-1100. When you reach the receptionist, ask for Lisa Tumolo.

**Call your County.** Call your County's office with questions:

*Allegheny County:* Mary Jo Dickson, 412-350-4293

*Beaver County:* Gerard Mike, 724-852-5276

*Greene County:* Dean Virgili or Karen Bennett, 724-852-5276

*Lawrence County:* John Klenotic, 724-658-2538

*Washington County:* Jan Taper, 724-228-6832

The next Stakeholder's Meeting is August 2nd, from 11:30 to 2:30, at the Green Tree Radisson Hotel.

**Allegheny HealthChoices, Inc. (AHCI) is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program.**

AHCI is a private, not-for-profit. Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.

AHCI's services include information systems, monitoring and oversight, analysis, training, and technical assistance.

We are the project managers for the MRSAP project.