

**Mayview Steering Committee
Meeting Summary
August 24, 2007**

Present: Kelly Burda, Tim Casey, Stephen Christian-Michaels, Laverne Cichon, Mary Jo Dickson, Melissa Feragotti, Mary Fleming, Roger Haskett, Darryl Holts, Shirlee Hopper Scherch, Carol Horowitz, John Klenotic, Pam Loaskie, Carol Loy, Brandi Mauck Phillips, Gerard Mike, Nora Novitsky, Rick Rach, Mary Jeanne Serafin, Laura Steiner, Janice Taper, Rick Tully, Lisa Tumolo, Patricia Valentine, Dean Virgili, Deb Wasilchak and Linda Zelch.

Absent: Paulette Benegasi, Karen Bennett, Rohan Ganguli, Nancy Jaquette, Matt Koren, Wes Sowers, and Valerie Vicari.

Others Present: Aidan Altenor, Kathy Beltz, Joan Erney, Dave Jones.

I. Introduction: Mary Fleming began the meeting by introducing new member, Roger Haskett. She also introduced from DPW, Aidan Altenor, Joan Erney and David Jones, who will serve as the Mayview Project Manager.

II. Minutes: The minutes from July 20, 2007 were reviewed and approved. The minutes will be posted to the website.

III. Update on Mayview Closure Announcement and September 10th Public Hearing: Joan Erney reported on the Mayview closure. She said that 150 beds would close by June 30, 2008, with the remaining 75 beds to close by December 31, 2008. The required public hearing is scheduled for Monday, September 10th at the Crowne Plaza from 9:00 a.m. – 11:00 p.m.

Joan reported on the forensic unit issue stating the RFP was issued and was designed to explore the feasibility of privatizing the forensic units in the state. They intend to maintain the current capacity of forensic units.

There were also comments from members about what is being said in the community. Roger Haskett stated that there are concerns regarding 6-8 month stays and inpatient mental health stays. Darryl Holts reported that he overheard a conversation asking where the consumers will go, will there be money to transfer to the consumers, and what happens if they don't succeed once they have been discharged. Rick Rach stated that the providers are very excited about the process, as long as they have enough time to plan and hire for new services development.

IV. Review of Updated Service Area Plan: Mary reported that the counties have proposed that referrals to Mayview close by April 1, 2008 and that admissions would continue on a very limited basis until May 1, 2008. A schedule of discharges and bed closings will be developed. Mary stated that the development

of housing, peer services and CTTs are all proceeding. The counties also are looking at some regional service development initially in the area of extended acute care and some state-operated community based services.

- V. **Follow up from Previous Meeting:** Each county reported on their plans for ensuring transfer of CSP to Community Providers, plans for Peer Mentors and plans for External Advocates as follows:

Washington County: The County is working with individual providers regarding transfer of CSPs and have contracted with PSAN to provide peer mentor services. They will check with NAMI regarding the hiring of an external advocate for CSP meetings.

Lawrence County: The staff in the office and local NAMI are working with providers on CSP transfer, have prepared a contract with PSAN for a specific number of hours and are also contracting with local consumers for peer mentors. The County is also working with Sandy House (local NAMI) to contract with and/or provide external advocacy services.

Beaver County: The County relies on the Mayview liaison to transfer CSP information to providers. The peer mentors have been active with the addition of the Warm Line and associated trainings. Peer mentors plan a weekly trip to MSH. Additional monthly visits will occur based on other trips to the hospital by the liaison and community advocate. September is a busy month for mentors with WRAP trainings and the Recovery Conference. Joanne Koehler, Community Advocate, is fulfilling the immediate external advocacy needs. In addition, a contracted advocate position has been approved and filled by an individual who previously worked in the role of the Ombudsman.

Allegheny County: The County staff is responsible to ensure transferring of CSP information and the community integration team is being developed and will be responsible for tracking individuals in the community. The number of peer mentors will increase to 16 FTEs at Mayview. There are 2 FTE external advocates contracted.

Greene County: The County has people in place but no clients at this time.

- VI. **Review of Phase 2 and Plans for Going Forward:** Mary stated that going forward every person who is discharged will have a CSP. The final CSPs will all be approved by DPW Secretary Estelle Richman.

- VII. **Tracking Report:** Thirty-four people were discharged with CSPs from Mayview by the Phase 2 deadline of June 30, 2007. Of the 34 individuals, 26 are living in Allegheny County, four went to live in Beaver County, one to Lawrence County and three are residing in Washington County. Thirteen people chose to live in Comprehensive or Enhanced Mental Health Personal Care Homes, nine people chose to live in Long Term Structured Residences, nine people chose to live in Supported Housing Units, two people chose to live in Community Residential Rehabilitation Units and one person chose to live in domiciliary care. CTTs are working with 23 individuals and the other 11 individuals are using intensive or

blended case managers. Based on July tracking reports submitted by the counties, 17 people began to work on crisis plans and two of the 34 individuals had utilized community inpatient services for part of the month of July.

VIII. Infrastructure Report: Deferred to next meeting.

IX. Mayview Report: Dave Jones gave an overview of the FMEA Team (Failure Mode Effects Analysis) stating a team will be developed with the State to identify and track critical, key indicators of performance from now until the time of closure with the intent of providing for early identification of major problems. Greg Smith from OMHSAS is the point person in this endeavor, and would like to hold 1– 2 conference calls to identify the indicators and discuss the process. Each county must be represented – preferably someone with risk management or data management experience. AHCI agreed to coordinate county representation on the group. Roger Haskett asked that he be included on the committee as a representative of the psychiatric community.

Dave stated that families and patients have all been notified of the closure. There are meetings for family members being set up: meetings will be held in the evening to accommodate schedules of family members. County representation was requested at these meetings. Also, a suggestion from the HSH consolidation was that providers have a day in which they come to Mayview and display their services to allow greater information for patients and their families.

X. Evaluation Study: Mary provided a brief description of the proposal and the study. AHCI will distribute the proposal to the Steering Committee and the researchers will be invited to next month's meeting.

XI. Peer Specialist Training: Mary Jo Dickson gave an update on the approvals related to the letter that was recently received. AHCI will coordinate logistics for this and more information will be provided as the details are finalized.

XII. Stakeholder Meeting and Future Meetings: There was a brief discussion about the stakeholder meeting and Mary mentioned that she planned to set some minor ground rules about how questions were going to be answered, and that prepared statements, etc. would be discouraged, to keep the meeting an interactive one.

The public hearing is scheduled for Monday, September 10th from 9am to 11pm. One request was made to set up a consumer room for the day to allow consumers a place to get away from the main room if needed. Light refreshments will be provided as well.

XIII. Other Discussion Items: None

There being no further business, the meeting was adjourned to meet next on September 21, 2007 at 10:00 a.m. at the Airport Marriott.