

Mayview Regional Service Area Plan (MRSAP)

August 2010 QIO Committee Report

Please review this report before the August 11th meeting. This report focuses on the use of psychiatric hospitalizations and other intensive services for people discharged from Mayview as part of the closure. It also includes data on early warning signs and critical incidents. Some comparisons to consumers not part of the Mayview closure are provided. An update on people transferred to Torrance State Hospital is also included. The report is organized into six areas:

1. Use of community psychiatric hospitals and follow-up services (pages 2-8)
 - Admission rates and frequency of admissions for MRSAP and non-MRSAP consumers (pages 2-4)
 - Discharges, average length of stay, readmission rates, and commitment status for MRSAP and non-MRSAP consumers (pages 5-6)
 - Follow-up services after hospitalizations for MRSAP consumers (pages 7-8)
2. Use of residential treatment facilities for adults (RTF-A) for MRSAP and non-MRSAP consumers (page 9)
3. Use of extended acute care services (EAC) for MRSAP and non-MRSAP consumers (page 10)
4. Early warning signs and critical incidents for MRSAP consumers (pages 11-12)
5. Early warning signs and critical incidents for MRSAP consumers with psychiatric hospitalizations (page 13)
6. Update on people transferred to Torrance State Hospital (page 14)

Please bring your questions and comments to the discussion on August 11th.

1. Use of Community Psychiatric Hospitals

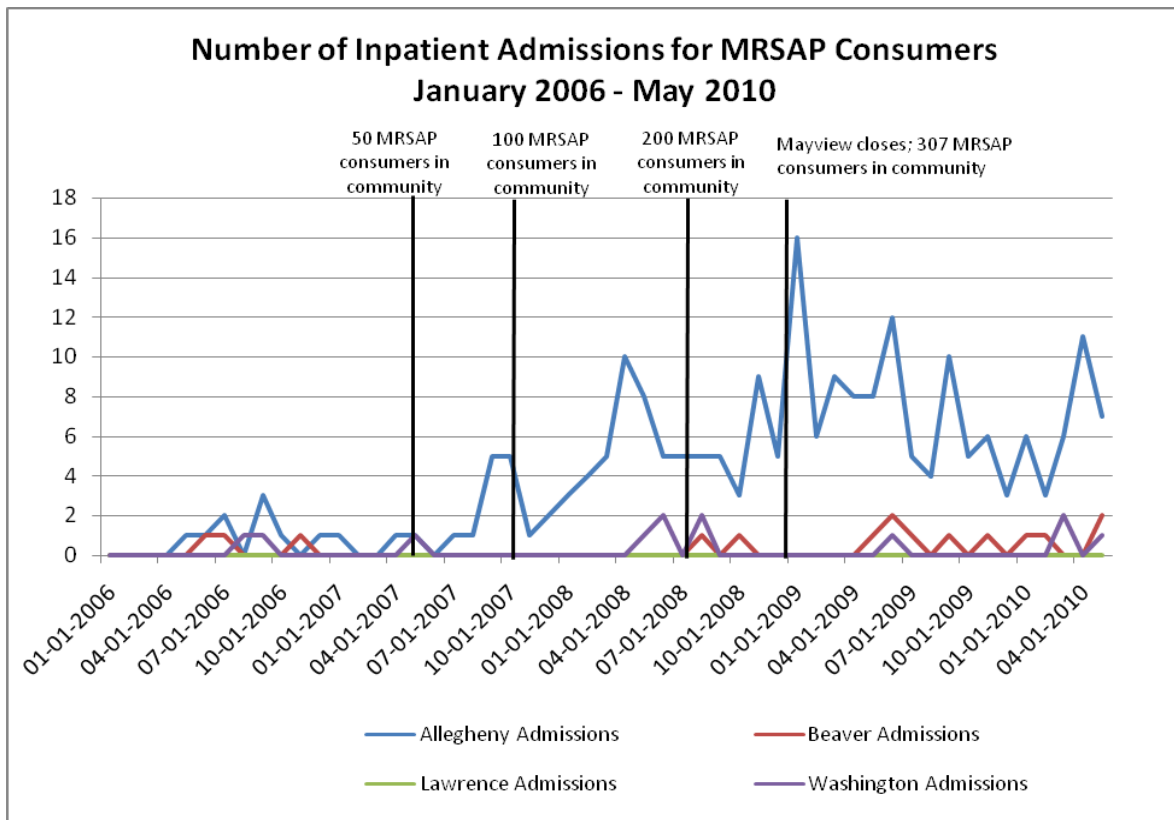
Admission rates and frequency of admissions for MRSAP and non-MRSAP consumers

Chart 1 shows the HealthChoices community psychiatric hospital admissions for MRSAP consumers over time. The number of consumers discharged from Mayview grew steadily over time:

- In 2006, an average of three people were discharged per month
- In 2007, an average of seven people were discharged per month
- In 2008, an average of 16 people were discharged per month

While the number of people in the community increased until the closure, inpatient admissions for MRSAP consumers have stayed very low for the suburban counties. Lawrence has had zero HealthChoices admissions for MRSAP consumers.¹ Allegheny has had a somewhat larger number of MRSAP consumers with inpatient admissions, but there is not an increasing trend since Mayview closed.

Chart 1



¹ HealthChoices eligibility varies by county and may fluctuate over time. In 2009, 67% of Allegheny MRSAP consumers were eligible for HealthChoices, 41% of Beaver MRSAP consumers were eligible, 100% of Lawrence MRSAP consumers were eligible, and 48% of Washington MRSAP consumers were eligible.

Chart 2 shows the admission rates for non-MRSAP consumers per quarter. The admission rate is the number of admissions per 1,000 HealthChoices enrollees. The monthly admission rates were averaged for each quarter and across the suburban counties to make it easier to observe trends. Because the suburban counties have smaller populations, their rates tend to fluctuate more from month to month. The Allegheny County admission rate has steadily declined over time. The suburban county rates have shown a slight decreasing trend. This data indicates that admissions are not increasing as a result of the closure of Mayview.

Chart 2

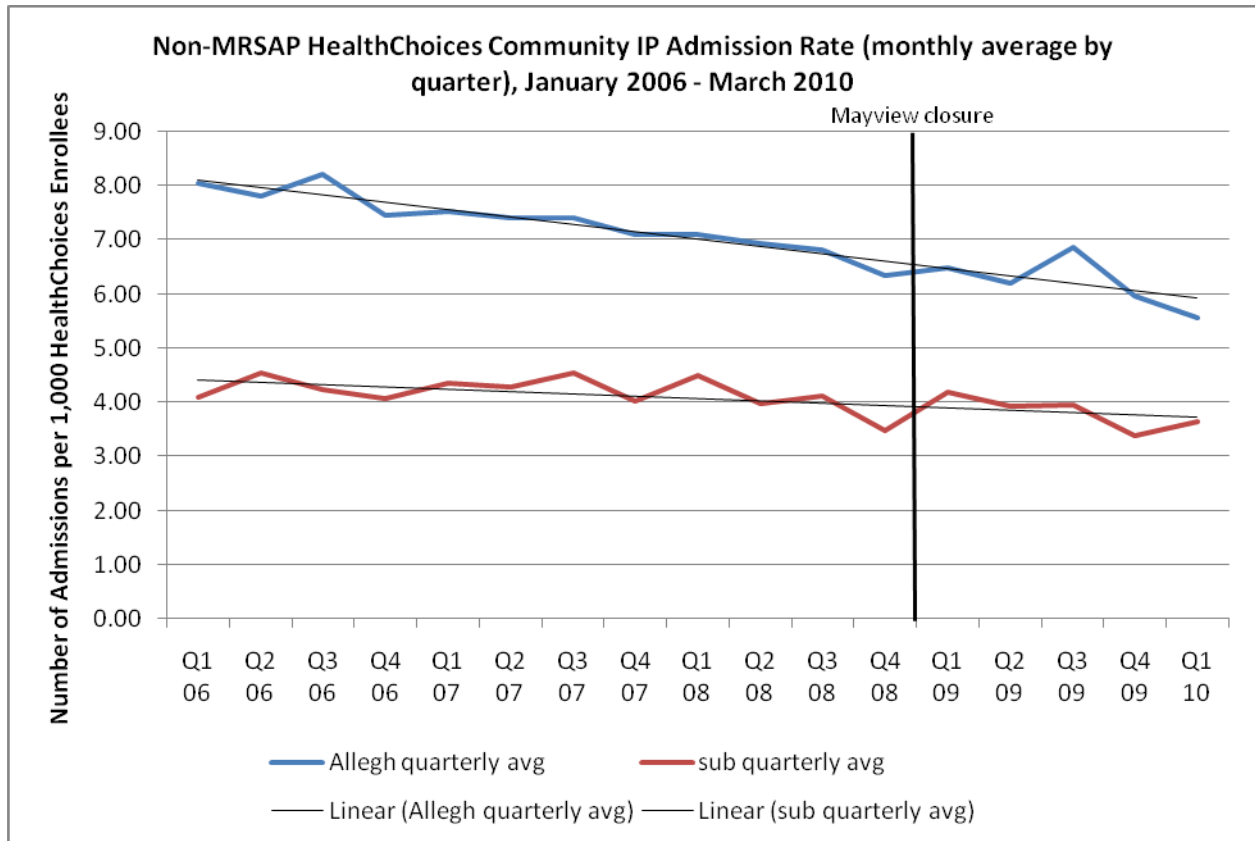


Chart 3 shows how frequently MRSAP consumers have been admitted to psychiatric hospitals, by County. For Allegheny County, 29% of MRSAP consumers have had one or more admissions since leaving Mayview; 21% of Beaver MRSAP consumers and 17% of Washington MRSAP consumers have had one or more admissions.

Of people with at least one admission, about 41% of people had one admission in Allegheny County, 23% had two admissions, and 22% had between three and five admissions. Fifteen percent (15%) had six or more admissions. Note the numbers of consumers and admissions included in Chart 3 for Beaver and Washington Counties are small.

Chart 3

Frequency of HealthChoices Inpatient Admissions for MRSAP Consumers with One or More Admissions after Mayview Discharge, January 2006 - May 2010				
		Allegheny	Beaver	Washington
Percent of MRSAP consumers with...	1 admission	41%	33%	25%
	2 admissions	23%	33%	0%
	3-5 admissions	22%	33%	75%
	6-10 admissions	12%	0%	0%
	more than 10 admissions	3%	0%	0%
Total count of MRSAP admissions		214	14	12
Total count of MRSAP consumers with 1+ admissions		69	6	4
Total count of MRSAP consumers		239	28	23
Percent of MRSAP consumers with 1+ admissions		29%	21%	17%

Chart 4 shows how frequently non-MRSAP consumers have been admitted to a psychiatric hospital. Non-MRSAP consumers are more likely to have just one admission.

Chart 4

Frequency of HealthChoices Inpatient Admissions for non-MRSAP Consumers with One or More Admissions, January 2006 - May 2010						
		Allegheny	Beaver	Greene	Lawrence	Washington
Percent of non-MRSAP consumers with...	1 admission	53%	62%	61%	60%	61%
	2 admissions	18%	18%	16%	19%	19%
	3-5 admissions	19%	15%	18%	15%	15%
	6-10 admissions	7%	5%	4%	5%	4%
	more than 10 admissions	3%	1%	2%	1%	1%
Total count of non-MRSAP admissions		24,781	2,330	722	1,488	2,453
Total count of non-MRSAP consumers with 1+ admissions		9,858	1,189	332	720	1,253

Discharges, average length of stay, readmission rates, and commitment status for MRSAP and non-MRSAP consumers with inpatient admissions

Chart 5 shows the length of stay and readmission rates for HealthChoices inpatient admissions for MRSAP consumers. A large percentage of people have been readmitted within 30 days.

Chart 5

Discharges, Length of Stay, and Readmissions for MRSAP HealthChoices Inpatient Hospitalizations, January 2006 – May 2010			
	Allegheny	Beaver	Washington
Total Discharges	213	14	12
Avg # of discharges/month	4.0	0.0	0.0
Average length of stay	30.7	13.3	10.2
Median length of stay	13	13	6.5
1-7 day readmission rate	15%	7%	25%
8-30 day readmission rate	13%	21%	25%
31-90 day readmission rate	20%	0%	0%

For the Allegheny County data, when the 11 admissions that led to an extended acute care stay are excluded from Chart 5, the average length of an inpatient stay drops to 23 days for MRSAP consumers. The average length of stay for hospitalizations before these 11 extended acute care admissions in Allegheny County was 96 days.

Chart 6 shows the length of stay and readmission rates for HealthChoices inpatient admissions for non-MRSAP consumers. Average lengths of stay are shorter than for the MRSAP population and readmission rates are lower.

Chart 6

Discharges, Length of Stay, and Readmissions for non-MRSAP HealthChoices Inpatient Hospitalizations, January 2006 – May 2010					
	Allegheny	Beaver	Greene	Lawrence	Washington
Total Discharges	24,749	2,320	715	1,485	2,432
Avg # of discharges/month	467.0	43.8	13.5	28.0	45.9
Average length of stay	10.83	5.9	7.1	5.7	6.6
Median length of stay	6	5	6	4	5
1-7 day readmission rate	8%	5%	5%	6%	6%
8-30 day readmission rate	12%	9%	11%	11%	10%
31-90 day readmission rate	14%	9%	14%	11%	11%

Chart 7 shows the commitment status for HealthChoices psychiatric admissions, comparing MRSAP to non-MRSAP. MRSAP consumers are more likely to be involuntarily committed.

Chart 7

HC-IP Commitment Status for MRSAP vs. Non-MRSAP 1/1/2006 - 5/31/2010 By County						
		Allegheny	Beaver	Greene	Lawrence	Washington
MRSAP	# Admissions	220	15	0	0	12
	% Involuntary	40%	93%			0%
non-MRSAP	# Admissions	24,778	2,330	722	1488	2,453
	% Involuntary	11%	23%	10%	17%	6%

Important Note: When looking at the differences between MRSAP and non-MRSAP consumers in frequency of admissions, length of stay, readmissions, and commitment status, it is important to remember that the HealthChoices population includes a more diverse group of people in terms of psychiatric history, diagnosis, and service use history. Differences would be less if the MRSAP group was compared to a subset of the HealthChoices population with certain diagnoses (like schizophrenia) and service use histories.

Follow-up Services after Hospitalizations for MRSAP Consumers

Chart 8 shows the first service received within 7 days of a psychiatric hospital discharge for the MRSAP population. MRSAP consumers with inpatient admissions have very high follow-up rates after discharge. CTT and service coordination/case management are the most common follow-up services. All but 5% of discharges had a follow-up service within seven days. The average number of days from discharge to follow-up service was usually zero days. This means people received follow-up services the same day they were discharged from the hospital.

Chart 8

First Service Received within 7 days of Inpatient Discharge for MRSAP Consumers (HealthChoices services only*), January 2006 – May 2010					
		# Discharges	% Discharges	# Consumers	Avg Days to First Service
Allegheny	At least 1 HealthChoices service	203	95%	66	0
	CTT	129	61%	52	0
	Service coordination	43	20%	16	0
	Outpatient MH	33	15%	20	0
	Inpatient MH	10	5%	7	0
	No HealthChoices services within 7 days	9	5%	2	
	Total discharges	213			
Beaver	At least 1 HealthChoices service	14	100%	6	0
	Case management	6	43%	3	1
	CTT	6	43%	3	0
	Alternative Outpatient/LTSR	2	14%	1	0
	No HealthChoices services within 7 days	0	0%	0	
	Total discharges	14			
Washington	At least 1 HealthChoices service	12	100%	5	0
	Outpatient MH	12	100%	5	0
	Case management	5	42%	4	0
	CTT	2	17%	2	0
	No HealthChoices services within 7 days	0	0%	0	
	Total discharges	12			

* Only the most frequently used services are included. Some people received more than one service on the same day within the 7-day timeframe.

The two consumers without follow-up services were investigated:

- One person was admitted to the hospital in April 2010 so their follow-up services may not have been processed by the claims system yet. This individual is engaged with CTT.

- One person had inpatient admissions in 2006, early in the closure process. She had service coordination and LTSR services. The service coordination services were either County-funded or did not occur within 7 days of discharge. This individual now receives CTT services.

Chart 9 shows all the County-funded and HealthChoices services received within 30 days of discharge from a psychiatric hospital, all counties combined. There are some county differences: Allegheny had a higher proportion of CTT services and administrative management, and Beaver and Washington Counties had a higher proportion of service coordination/case management.

Chart 9

Services* Received 30 Days after HealthChoices Inpatient Discharge for MRSAP Consumers, January 2006 - May 2010				
Service	Discharges	% Discharges	Consumers	% Consumers
CTT	158	66%	60	76%
Outpatient MH	105	44%	38	48%
Administrative Management	83	35%	40	51%
Service Coordination/ Case Management	82	34%	28	35%
Quality Management and Clinical Consultation Team (QMCC)**	70	29%	39	49%
Psychiatric Hospitalizations	68	28%	25	32%
Community Residential Services***	55	23%	21	27%
Crisis Services	40	17%	20	25%
Community Support Team (CST)**	34	14%	17	22%
Long Term Structured Residence (LTSR)	27	11%	13	16%
Family Support Services	19	8%	9	11%
Social Rehab	19	8%	9	11%
Med Check	16	7%	12	15%
Respite	16	7%	8	10%
Extended Acute	12	5%	8	10%
RTF-Adult	10	4%	8	10%

* This table includes only services received by at least 10% of consumers.

** QMCC and CST are state-operated services.

*** Community residential services includes county-funded services like personal care homes, domiciliary care, and community residential rehabilitation (CRR) programs.

CTTs provided an average of 7.6 hours per week and service coordinators/case managers provided an average of 4.0 hours per week during the month after inpatient discharges.

2. Use of Residential Treatment Facilities for Adults (RTF-A)

Chart 10 summarizes RTF-A use in the five-county Mayview region. RTF-A use in Allegheny County occurred throughout the reporting period; suburban RTF-A use began in August 2009. For the Allegheny County RTF-A, the program has been operating at capacity and there have been between 10 and 20 people on the waiting list each month. The average time on the waiting list is approximately 22 days. About 88% of people on the RTF-A list do get admitted. For the suburban RTF-A, as of July 26, 2010, the census is ten people, with a capacity for 12 people (this includes two people from non-MRSAP counties). Utilization has not met the anticipated demand, and the census has fluctuated.

Chart 10

HealthChoices RTF-A Utilization, January 2006 – May 2010						
	MRSAP	Non-MRSAP				
	Allegheny	Allegheny	Beaver	Greene	Lawrence	Washington
# Admissions	9	263	22	3	7	4
# Discharges	9	257	19	3	6	4
Avg. Length of Stay	47.6	64.7	33.3	40.3	23.5	37
Median Length of Stay	53	57	31	47	18	36
1-90 Day Readmissions	0	3%	5%	0%	29%	0%

All nine of the MRSAP discharges had a follow-up HealthChoices service within 7 days of discharge from RTF-A, most commonly CTT and service coordination. One discharge from RTF-A had a psychiatric hospital admission within seven days.

3. Use of Extended Acute Care (EAC) Programs

Chart 11 summarizes EAC use in the five-county region. There are two extended acute care programs in the Mayview region, serving Allegheny County only:

- Western Psychiatric Institute and Clinic has operated the Transitional Recovery Unit (TRU) since 2006 with 31 beds currently in operation. The average length of stay on the TRU waiting list has been 78 days, and 54% of entries on the waiting list result in an admission to TRU.
- Mercy Behavioral Health operates a community-based extended acute program in Glen Hazel. The program opened in July 2009 and has 16 beds. The average length of stay on the waiting list has been 33 days, and 96% of entries on the waiting list result in an admission to the Mercy EAC.

Chart 11

HealthChoices Extended Acute Care Utilization, January 2006 – May 2010		
	MRSAP Consumers	Non-MRSAP Consumers
# Admissions	11	154
# Discharges	8	136
Average length of stay	151	147.5
Median length of stay	99	105
Range of stays (days)	26-421	1-769

Seven out of eight discharges for MRSAP consumers had at least one HealthChoices follow-up service within 7 days, most commonly CTT.

4. Critical Incidents and Early Warning Signs

Chart 12 shows the reported critical incidents and early warning signs for all counties between June 2009 and May 2010. This timeframe reflects the period when all counties were reporting MRSAP-related incidents. Medical and psychiatric hospitalizations, housing changes, ER visits, atypical behavior, refusals to take medications posing risk, and indications for increased services/supports are the most commonly reported events.

Chart 12

Critical Incidents and Early Warning Signs Reported for People Discharged from Mayview, June 2009 - May 2010			
		# people	# incidents
Critical Incident Type	Medical Hospitalization	58	108
	Housing Change	63	92
	Community Hosp - Involuntary	48	74
	Community Hosp - Voluntary	30	51
	Other Incident - Serious Nature	26	48
	Arrest	10	15
	Missing Person	9	11
	Death	8	8
	Client Injury - Accident/Intentional	7	7
	Attempted Suicide	4	5
	Medical Treatment Error	2	3
	Abuse - Physical/Sexual	1	1
	Client Injury - Restraint/Seclusion	1	1
	Fire	1	1
	Outbreak of Contagious Disease	1	1
	Serious Assault	1	1
	Apparent Homicide By Client	0	0
	State Hospitalization	0	0
	Misuse of Client Funds	0	0
Suicide	0	0	
Early Warning Type	Refusal to Take Medications Posing Risk	57	261
	Atypical Behavior - Change From Baseline	78	167
	E/R Visit - Behavioral/Physical Health	68	165
	Indications For Increased Service/Supports	50	73
	Police Involvement	34	63
	Attempts At Elopement	11	28
	Unexcused Missed Appts - Provider	14	18
	Complaints - Property Destruction/Eviction	10	17
	Inability to Locate Consumer	6	17
	Sleep Pattern Change From Baseline	3	4
	Consumer Not Responding to Contact	2	2
	Leaving Treatment Against Medical Advice (AMA)	0	0
Unduplicated Count of MRSAP Consumers and Events		200	1,242

Chart 13 shows the commonly reported incident and warning sign types by county. Only the most commonly reported events are included in the summary.

Chart 13

Critical Incidents & Early Warning Signs by County for MRSAP Consumers, June 2009 – May 2010		
	# MRSAP critical incidents/ early warnings	Commonly reported events (at least 10% of county total)
Allegheny	1063	CI: medical hospitalization, housing change, psychiatric hospitalization, "other" EW: medication refusal, ER visit, atypical behavior
Beaver	122	CI: psychiatric hospitalization, housing change EW: atypical behavior, medication refusal, elopement, indication for increased services
Lawrence	1	CI: psychiatric hospitalization
Washington	56	CI: psychiatric hospitalization, medical hospitalization EW: ER visit
Total	1242	

5. Critical Incidents, Early Warning Signs, and IP Admissions

We examined people with inpatient admissions between June 2009 and May 2010 to see if there were patterns in critical incidents or early warning signs within seven days before the hospital admission. This timeframe included:

- 74 admissions (40 consumers) from Allegheny County
- 9 admissions (3 consumers) from Beaver County
- 4 admissions (1 consumer) from Washington County

Few people had critical incidents reported in the week prior to their hospitalization.

Chart 14 shows the number of admissions with early warning signs reported in the seven days before the hospitalization. Beaver and Washington had a very small number of admissions included in this analysis. For Allegheny, medication refusal was reported for a relatively small proportion (19%) of admissions; other early warning signs were infrequently reported.

Chart 14

Number of HealthChoices Psychiatric Admissions with an Early Warning Sign 7 Days Prior to Admission, by County, for MRSAP Consumers (June 2009 – May 2010)				
	Early warning type	Count of Admissions	% of County Admissions	Consumer Count
Allegheny	Attempts At Elopement	1	1%	1
	Atypical Behavior - Change From Baseline	7	9%	6
	E/R Visit - Behavioral/Physical Health	6	8%	3
	Indications For Increased Service/Supports	3	4%	3
	Police Involvement	2	3%	1
	Refusal to Take Medications Posing Risk	14	19%	10
Beaver	Attempts At Elopement	1	11%	1
	Atypical Behavior - Change From Baseline	3	33%	1
	Indications For Increased Service/Supports	2	22%	2
	Police Involvement	1	11%	1
	Sleep Pattern Change From Baseline	1	11%	1
	Unexcused Missed Appts - Provider	1	11%	1
Wash.	Complaints - Property Destruction/Eviction	2	50%	1
	Refusal to Take Medications Posing Risk	1	25%	1

6. Update on Mayview Transfers to Torrance State Hospital

Twenty-one people were transferred to Torrance when Mayview closed: 19 from Allegheny County and two from Lawrence County. As of July 14th, 2010, nine (47%) have been discharged, seven from Allegheny County and two from Lawrence County.

For Lawrence County, both people were discharged to LTSRs, one with housing coordination support and one with resource coordination support.

Status of Allegheny transfers to Torrance:

- 11 consumers remain at Torrance State Hospital; of these individuals, three are in the CSP process. The CSP process is not reactivated until people are preparing for discharge. Of the three people in the CSP process:
 - One person is awaiting additional mental retardation (MR) funds
 - One person is waiting for an LTR opening, and the other is waiting for a geriatric LTR bed
- One person died at Torrance. One person discharged from Torrance later died in the community.
- Of the six other people discharged:
 - five were discharged with CTT services
 - Four people were discharged to LTSRs
 - One person was discharged to a small group home
 - One person was discharged to a state hospital in another state to be near family