

# Building Communities

## with the Closure of Mayview State Hospital... A Regional Approach

Allegheny, Beaver, Greene, Lawrence, and Washington counties came together early in 2005 to begin a unique planning process that would result in the development of community-based services and supports to make it possible for county residents experiencing serious mental illness to remain in their communities. The counties, working with stakeholders throughout the area, developed a plan that ultimately resulted in the closure of Mayview State Hospital in December, 2008. These counties share a vision that people with mental illness can and do recover and that recovery is best achieved when consumers are part of a larger community.

This planning and implementation process was known as the Mayview Regional Service Area Plan Process and involved county staff, state administrators, consumers, families, advocates, managed care organizations and providers. As a result of this shared vision, 305 residents of Mayview State Hospital were discharged in a self-directed, recovery-oriented, and clinically responsible manner to their home communities. Since November, 2007 only one person has been admitted to the civil section of a state hospital from the five counties in the region. Through the process, the counties learned that very few people, 21 individuals from the group at Mayview, needed ongoing hospitalization in a state facility; and since that time, over half of those individuals transferred to Torrance State Hospital have been discharged.

As a model for regional cooperation, this group continues to meet on a regular basis to address any issues which may arise as a result of ongoing monitoring of the closure and to plan for regional initiatives to serve targeted groups of individuals who may need specialized services too costly for any one county to develop.

### Service System Design Components

The counties undertook significant system redesign efforts to ensure that individuals who were discharged are receiving the services they need. These redesign efforts help to ensure that individuals receive the treatment they need in their home communities and not in state institutions and also strengthen the overall community behavioral health system, benefitting all individuals receiving services.

#### ***The system redesign and enhancements include:***

- Peer Support Services, which help individuals to establish ongoing relationships in the community and participate in community activities, and also provide support during the transition out of the hospital.
- Crisis Services, including mobile teams, walk-in services and residential options.
- Case Management/Service Coordination/Community Treatment Teams to ensure individuals have a provider to work with to get their needs met.
- Integration of health care planning to address both physical and behavioral health needs.
- Forensic Services for people who may have an encounter with the criminal justice system.
- Housing choices.
- Increased accountability through a variety of reporting and quality improvement efforts.

The closure of Mayview State Hospital is but one step toward completing the shared vision that people with mental illness are valuable members of our communities. The real "soul" of the closure is heard in the voices of individuals describing how their lives have changed since the closure. As the Counties, in partnership with local stakeholders, move forward in strengthening their systems it is important to not compromise those key factors that have made this effort possible; including, broad community participation in planning and implementation; listening to the voices of those most affected – consumers and families; recognizing the strength of a locally based system with the capacity to bring key groups together to make this happen; and a belief that people can and do recover from mental illness and are part of our communities.

## How Are These People Doing?

- Individuals live in a variety of homes: their own homes and apartments; small, specially designed homes with supports; enhanced, small personal care homes; and, with their families.
- All individuals have someone in the community, either a case manager or a team of staff, who check in with them regularly, support them in achieving their goals, and ensure their needs are being met.
- Since January, 2009 (after the closure):
  - 74 (24%) people have been hospitalized in a community psychiatric facility, and then returned back to the community
  - 15 people (5%) have been in jail
  - 21 people (7%) have died; 17 from natural causes, and 4 from accidents
  - No one is homeless
- Comprehensive quality monitoring and outcomes tracking are used for ongoing support to individuals in the community.
- Innovative web-based technologies are used for project communication, coordination and data analysis.

## Financial Sustainability in the Community

- Instead of spending approximately \$50 million providing services to 300 people in the hospital, those and many more people are benefiting from the new services developed as a result of the system redesign. Funds were used for treatment services, housing and residential options and other community supports necessary for an individual to be successful in the community.
- The state incurred savings and maximized all available resources to support individuals leaving the hospital.
- Control of Medicaid and other funding at the local level provided for the ability to develop braided funding mechanisms (combining funding from a variety of sources) in each county that allowed for implementation of individualized service plans. Managed care organizations, accountable at the county level, also played a key role in the process.
- Counties and the State worked together to ensure that hospital employees had comparable jobs after the closure by developing state operated community services that addressed unmet needs in the counties. Those services have now been transferred to community providers and state employees have jobs through the state system.

Interviewer: "Compare where you are now with being at Mayview."

Participant: "No comparison. It's better... it's the freedom factor."

### "The Freedom Factor"

*An independent evaluation by the University of Pittsburgh reports that:*

- Life quality, recovery, and symptoms are maintained over time and most people are getting better.
- Overall quality of life scores are greater 18 months after leaving the hospital.
- Contact with family members has increased for many people since leaving the hospital.
- Some desire to be more a part of the community; some have satisfaction with their level of social interaction.

AHCI served as the project manager for the Mayview Regional Service Area Plan process under contract with Allegheny, Beaver, Greene, Lawrence, and Washington Counties.

For additional information, please see our website at [www.mayview-sap.org](http://www.mayview-sap.org), or contact us at:

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