

The Voice

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Mayview and Torrance State Hospitals: Update on Service Area Planning Process

The Pennsylvania Service Area Planning process brings together counties, state hospitals, family members, consumers, advocates and other stakeholders to plan for a continuum of community-based services and supports to decrease reliance on the state hospitals. Because the Service Area Planning (SAP) process builds stronger mental health systems for all consumers, not just those discharged from a state hospital, the continued attention and meaningful involvement of Pennsylvania family members and consumers is very important.

The Service Area Planning (SAP) processes for both Mayview and Torrance State Hospitals* have made considerable progress since *The Voice* last featured the service area plans in the spring edition of 2006.

Mayview Regional Service Area Plan (MRSAP)

Phase One:

Assessment and Community Support Plan Process

During Phase One of the process (July 2005 – June 2006), a discharge planning process grounded in recovery principles was developed. Consumer and Family Satisfaction Teams (C/FSTs) from each county completed consumer and family member assessments to learn what individuals want and need to be successful in the community. Mayview treatment teams also completed clinical assessments. Thirty-eight

individuals were assessed with the goal of identifying 30 people for discharge.

Based on the completed assessments, facilitated community support plan

(CSP) meetings were held to ensure adequate planning for individuals returning to the community. During the CSP meetings, the consumer, family members, advocates, Mayview treatment team, counties and community providers discussed the consumer’s preferences and needs, explored options for services and supports, and developed a comprehensive plan. Individuals usually had multiple meetings in order to ensure the CSP was thorough and addressed the consumer’s interests and needs. An independent facilitator coordinated each meeting and encouraged participants to “think outside of the box” and focus on more creative solutions to meet people’s needs.

By the end of Phase One, 30 individuals who had been at Mayview two years or longer were discharged; 30 beds were closed following those discharges. As part of MRSAP’s quality improvement efforts, feedback on the Phase One process was gathered from participants and improvements to the process were implemented in Phase Two.

Phase One Outcomes

While discharging these individuals from the state hospital involved the substantial, coordinated efforts of many people, it is really the beginning, or first step, in helping individuals regain meaningful lives in the community. As a result, a comprehensive monthly monitoring plan was developed to ensure that consumers have access to the treatment and supports outlined in their CSPs and opportunities to reintegrate into the community. Also, every six months, the C/FSTs interview consumers about their access to resources, involvement in treatment, and quality of life.

For those discharged during Phase One, fewer individuals than in the past had asked for locked residential care or highly structured group living in the community as part

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of their discharge plan. Homes in clustered apartment settings with more limited on site staff or settings that emphasize the provision of community support services by providers have met several individuals' needs. Given the long lengths of stays of many consumers and the fact that many have highly complicated medication regimens along with serious co-morbid medical conditions, this represents the beginning of a significant shift.

While a small percentage of people had family members participate in the assessment process, the great majority has some support from family members in the community. No consumers have returned to the state hospital. Community hospital stays usually have been short; people have worked together on discharge plans to improve the consumer's community supports. The emphasis is on bringing supports into their home to the greatest extent possible by relying more extensively on community treatment teams and intensive case management.

Service Development

In order to support those individuals discharged and to continue community service enhancement, the Pennsylvania Department of Public Welfare allocated \$3.2 million for the five counties. The counties are using those funds to support the community support plans of the consumers in Phase One and to develop or enhance several services. Based on the needs of consumers for Phases One and Two, the focus of initial service and support development has been and will continue to focus on:

- Finding or developing housing that meets consumers' preferences and provides the flexibility for the level of staffing both consumer and staff have indicated is needed
- Enhancing or expanding intensive case management services and/or community treatment teams to provide the level of in-home services needed
- Developing peer services and supports to address the isolation individuals may experience in the community
- Developing and/or enhancing mobile psychiatric rehabilitation services
- Providing transportation support especially in more suburban or rural areas
- Beginning development of community-based employment opportunities
- Developing non-hospital crisis capability and extended acute care

The scope of these services illustrates how flexible the counties will need to be in their ability to deploy

services to support individuals, perhaps through the development of services and supports on a more regional

basis. These opportunities are likely to arise around very specialized needs of consumers and/or very high cost/low demand services.

Phase Two Assessment and Community Support Plan Process

Phase Two (July 2006 to June 2007) of the MRSAP, the planful assessment and discharge of an additional 30 people who have had extended stays at Mayview State Hospital, is currently being implemented. This will result in the reduction in capacity at Mayview of another 30 beds.

Based on lessons learned from Phase One, improvements to the Phase Two process include the designation of a lead facilitator to improve the consistency of the process and to provide more follow-up; earlier and more extensive involvement of community staff to develop the CSP and engage with consumers; and establishment of a peer mentor program to begin engaging people for whom the hospital has become a home over the years and who may be fearful of leaving.

For this second phase, 52 individuals were selected; all but one has been at Mayview more than two years during their most recent stay. By mid-November of 2006, the CFSTs had completed all the peer-to-peer assessments and family assessments. As of April 15th, more than 100 individual CSP meetings had been held; the meetings will continue until each individual has a complete plan outlining the services and supports necessary for a successful transition to the community.

Torrance State Hospital Regional Plan

The counties and Torrance State Hospital have embarked on a planning process similar to the one at Mayview, although the plan is at a much earlier stage. Similar to the Mayview service area, the counties understand the need to engage in a more coordinated, regional planning process, both from a consumer-centered and system perspective. In addition, the counties also are interested in developing a consumer community support planning process (CSP) that will result in more detailed discharge plans and more information that can be used in community service planning.

To date, the planning group has set the following goals for the next year:

- Establish a formal steering committee, with monthly meetings, to include consumers, families, advocates, county staff, hospital staff, Department of Public Welfare employees and providers

- Recruit and train facilitators and recorders to conduct CSPs
- Conduct a financial analysis of both hospital costs and service needs of consumers
- Conduct regional service planning to meet the needs of consumers as they are identified through the CSP process. The counties have already identified potential regional opportunities for service development.
- Conduct training in recovery principles and practices in multiple locations across the service area
- Begin developing the monitoring process necessary to follow individuals once they are discharged

The counties have proposed working to discharge 15 people who have had extended stays at Torrance State Hospital by June 30, 2008 and to discharge a second set of 15 people by September 30, 2008. This would lead to a total reduction of 30 beds. In order to identify 30 people for discharge in the process, the counties will complete approximately 55 CSPs. The counties are also planning to develop CSPs for all individuals who have been at the hospital two years or longer. They will utilize a process very similar to the one being used at Mayview.

Both the Mayview and Torrance State Hospital Service Area Plans hold the promise of strengthening Southwestern Pennsylvania's community mental health systems, by providing the treatment and support services consumers need as well as opportunities to truly reintegrate into the community.

To ensure the Mayview and Torrance service area plans continue to follow NAMI's position on responsible state hospital downsizing (see *February 2007 Position Brief* at www.namiswa.org), NAMI members must continue to engage in this process. Opportunities for participation include attending regional stakeholder's meetings and joining one of the planning committees.

** The Mayview service area includes Allegheny, Beaver, Greene, Lawrence and Washington counties. The Torrance service area includes Allegheny (northeast townships only), Armstrong, Indiana, Blair, Bedford, Somerset, Cambria, Fayette, Butler and Westmoreland counties.*

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For more information on the Service Area Planning Process, including accessing upcoming meeting schedules and planning documents, contact your county MH/MR Administrator or:

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