

Outcomes and Regional System Development

for the
Mayview State Hospital Service Area

JUNE 2011

With the closure of Mayview State Hospital in December 2008, Allegheny, Beaver, Greene, Lawrence, and Washington Counties have developed comprehensive, community-based behavioral health treatment and support systems to serve all individuals in their home communities. These counties are committed to serving people with mental illness in the community and share a vision that individuals with mental illness can recover; they have chosen to fulfill this commitment without a state hospital in their service area.

Introduction

A Steering Committee with broad stakeholder representation guided and continues to monitor the outcomes of the closure effort as well as overall regional system indicators. This report summarizes how people discharged from Mayview during the closure process are doing, from their perspective and through other data sources, and how the regional service system is evolving to operate without a state hospital.

At the outset of the closure process, common fears included that inadequate services would result in homelessness, re-hospitalization, or incarceration of people discharged; insufficient funding of community-based services would result in an overwhelmed service system not capable of meeting needs; and community stigma would limit housing and community activities for people discharged. While work remains to be done, these fears have largely proven to be unfounded.

Recovery from Mental Illness

Recovery from mental illness, or any illness, is a personal and unique process. It does not mean that a person no longer has symptoms or problems resulting from illness, but means that a person has found ways to minimize the burden caused by illness and found meaningful roles and relationships.

Hope, choice, and empowerment are critical for recovery. Medication and treatment are important for many people in their recovery from mental illness, but recovery for many people also means finding support from friends and family, self-help organizations, and personal spirituality. Recovery also involves learning about one's illness and making educated choices. Employment and meaningful activity are very important for many people's recovery.

Outcomes for People Discharged During the Mayview Closure

Housing

People have maintained stable, varied housing in the community and are generally satisfied with their housing arrangements.

As of December 31, 2010, the 275 people discharged as part of the closure are living in a variety of housing arrangements (see Table 1). About half are living in the same location as they were two years ago when the hospital closed, 25% have moved once, and 25% have moved two or more times.

Of those who have moved in the last two years, 72% have moved to a less restrictive setting. Of people completing an interview with a Consumer and Family Satisfaction Team¹ (CFST), 82% rate their housing as excellent or average, and 73% are satisfied with the location of their housing.

TABLE 1: Housing at 12/31/2010 for People Discharged from Mayview

HOUSING CATEGORY	PERCENT OF PEOPLE
Living independently or with family	16%
Supported housing programs: Ranging from apartment settings with 24-hour on-site staff to programs providing optional housing support services to people who hold their own leases.	12%
Supervised settings: Ranging from personal care homes which provide housing, meal preparation, and assistance with activities of daily living (and in some cases specialized mental health and medical support), to community residential rehabilitation programs, which provide skill-building and supports to help people move to independent settings. More permanent group home settings for people with intellectual disabilities or other special needs are also in this category.	44%
Long-term structured residences: locked, therapeutic mental health facilities.	13%
Nursing homes	6%
Community psychiatric hospital	2%
Criminal justice facility	1%

Source: monthly tracking reports completed by County monitors.

Satisfaction with Services and Quality of Life

People report high levels of satisfaction with services and a higher quality of life compared to the state hospital. Some people report needing additional services and supports, particularly related to becoming more independent and increasing connections to the community. Peer support services have been helpful for many individuals.

Results from interviews conducted by CFSTs and from an independent evaluation of the Mayview closure conducted by the University of Pittsburgh² indicate that people are generally satisfied with the services they are receiving, and the majority feels they are treated with respect and that their providers encourage hope for recovery. Almost universally, people feel life is better since leaving the hospital.

CFST interviews indicate 28% would like additional services or supports. The most common needs are related to developing relationships, social support, and activities, increasing income and control over income, and developing greater independence through transportation access, employment, and different housing. According to interviews completed by the University of Pittsburgh, some people are also disappointed in family relationships, lack support from friends, and may face boredom and isolation.

According to David Bolgert, a peer mentor from the Peer Support and Advocacy Network who has worked with a number of people discharged from Mayview, peer mentor services³ have helped (and

continue to help) people make the transition to the community. People getting out and connecting with others helps them immensely. Carol Horowitz, from the Disability Rights Network, agrees, stating that peer support has made all the difference. However, isolation remains the biggest issue and people struggle with how to function in the community. Building communication and decision-making skills and greater independence remain important goals for many. Opportunities to increase the reach and impact of peer support as a means to address isolation and community involvement continues to be an important focus for the service area.

¹ Consumer and Family Satisfaction Teams employ and train people who have experienced mental illness and family members to conduct surveys and interviews to help assess access and quality of behavioral health services.

² The Pennsylvania Department of Public Welfare contracted with the University of Pittsburgh School of Social Work to conduct an independent evaluation of the closure. A random sample of people discharged are being interviewed at six month intervals to assess their experiences in transitioning to the community.

³ Peer mentors are people who have experienced mental illness themselves and can offer empathy and a different perspective, model what recovery is, and help people find activities and connections in the community.

Building Connections to the Community

Each person discharged from Mayview has their own story to tell about life in the community. While the details will vary, the importance of building relationships and support, and developing meaningful roles in the community, is universal.

James was discharged from Mayview three years ago. He is living in an apartment with his wife of 27 years, with his daughters and grandsons living close by. He works part-time doing custodial work, volunteers occasionally, and is a star in his bowling league with a 151 average. He still receives mental health treatment but no longer needs case management services. According to James, going back to activities and relationships he enjoyed before he was hospitalized has been very important in his recovery.

Catherine also resides in her own apartment after living in a group home setting at the time of her discharge from Mayview. She enjoys the independence of living on her own and sees her CTT regularly. She is in contact with her mother and mentioned a few friends, but said she feels lonely now and then, and that she's not doing enough. She says that having choices has helped in her recovery.

Susan, after spending 25 years in prison and two years in Mayview, is now living in her own apartment with the support of CTT and hospice care. She talks about the shock of living independently after so many years of being told what to do and is grateful for having the chance to learn new skills like cooking her own meals. Although she is in a difficult battle with cancer, she is appreciative of both the physical and behavioral health supports that she receives, and having more control in her life.

Access to Community Services

People are well-connected to community based mental health services and have access to inpatient psychiatric care when it is needed. Few people discharged have become involved with the criminal justice system.

Community Treatment Teams (CTTs)

Community Treatment Teams (CTTs) provide services to people with serious mental illness who often also have co-occurring substance abuse disorders. CTTs are expected to follow the Assertive Community Treatment (ACT) model, an evidence-based practice with widely demonstrated success in helping people with serious mental illness live in the community and move towards recovery. CTTs differ from traditional services in many ways: CTTs provide a wide range of treatment and rehabilitation services (rather than referring people to other services); contact with the people they serve is more frequent; most services occur in the community; and the multidisciplinary staff (including nurses, psychiatrists, vocational, peer, and substance abuse specialists) share responsibilities.

The great majority of people (69%), including 86% of people from Allegheny County, 52% of people from Beaver County, and 63% from Washington County, have used CTT services in the two years since the Mayview closure. People had 3.3 average weekly contacts with CTT in 2009, decreasing slightly to 3.0 average weekly contacts in 2010. This may be an indication that people need less frequent services as they adapt to life in the community. Standards for the ACT model specify that people should have contact with services three times per week, on average.

Case management/service coordination and other community-based mental health treatment services

Many people discharged who did not need the intensive services provided by CTT have used case management services (called service coordination in Allegheny County). Case management services help people to access mental health, substance abuse, housing, social, and education services in order to lead a more stable and healthy life in the community.

In 2009 and 2010, about 16% of people discharged used these services, and depending on the specific level of case management, average weekly contacts in 2009 ranged from one to two contacts per week. Average contacts were slightly lower in 2010. As highlighted by James' story, some people no longer need the assistance of CTT or case management services after spending some time in the community.

Because case management services do not provide therapeutic or medication services like CTT, many people will use outpatient services in conjunction with case management or service coordination. In 2009, 24% of people discharged used outpatient services, and 29% used outpatient services in 2010. A smaller number of people used other kinds of behavioral health services paid by either Medicaid or County funds, including crisis services (17%), housing support services (10%), and social rehabilitation services (11%). Less than 5% of people used other services, including drug and alcohol services, partial hospitalization services, and respite.

CTT Services

69% of people discharged are receiving CTT services, an evidence-based practice developed specifically for people with serious mental illness leaving state institutions. CTTs provide comprehensive treatment and rehabilitation services, and people have contact with CTT on average three times a week in the community.

Inpatient hospitalizations, extended acute care, and residential treatment for adults (RTF-A)

Supporting people in the community and preventing the need for long-term hospitalizations are key outcomes of the closure. An important component of this outcome is also being able to support people who need short-term hospital-level services in order to adjust medications and address other acute needs.

- About 20% of people discharged from Mayview had community hospitalizations in either 2009 or 2010. The average length of stay in 2009 was 37 days, decreasing to 30 days in 2010; the number of days associated with inpatient stays decreased 14% from 2009 to 2010.
- Eight people (3%) discharged from Mayview have had an admission to extended acute care services in 2009 or 2010, and 13 people (5%) discharged from Mayview have had an admission to a residential treatment facility for adults, both of which are considered to be state hospital diversion services.
- To address a particularly exceptional situation, only one individual from the five-county region has been admitted through the civil commitment process to Torrance State Hospital. Also, of the 21 people who were transferred to Torrance State Hospital when Mayview closed, half have been discharged back to the community.

Involvement in the criminal justice system

A common fear when Mayview closed was that people would end up in jail or prison because they would not receive sufficient community-based treatment, resulting in psychosis-driven criminal activity. Very few individuals discharged from Mayview have been involved in the criminal justice system since the hospital closed.

- 22 people (8%) have been arrested since the closure, totaling 40 separate incidents.
- In 35 of these incidents, people were incarcerated for varying amounts of time, and charges ranged from probation violation to disorderly conduct to more serious offenses like robbery. Five arrests did not result in an incarceration.

Employment and Volunteering

Finding meaningful employment and, to a lesser extent volunteer activities, remains an unmet goal for many people.

Work and meaningful activity are important for recovery. While many people may not be currently interested in working (in particular those of retirement age), finding these opportunities remains important for a number of individuals.

- Of those completing a CFST interview, 20% reported some work or volunteer activity. Many of these activities were informal employment or volunteer activities.
- 50% of those not working reported being interested in working, and most feel ready to work.
- A smaller proportion (23%) reported being interested in volunteering.
- Counties have a number of initiatives to increase supported employment opportunities for their populations. For example, Allegheny County CTTs are receiving ongoing technical assistance in supported employment and Community Care is offering a financial incentive to providers who meet employment goals.

Physical Health

The physical health of people discharged remains an important issue.

The discharge planning process involved substantial coordination with community-based providers to assure people were connected to physical and behavioral health care. The two behavioral health managed care organizations in the region, Community Care Behavioral Health and Value Behavioral Health Pennsylvania, played an important role in this process, and continue to coordinate care across systems.

People discharged report good overall physical health and access to physical health care:

- 83% of people report they are in average or excellent physical health
- 75% report receiving regular routine physical health checkups, and 82% report having average or excellent access to physical health care
- 48% report receiving regular dental care, perhaps reflecting both accessibility issues and personal preferences for seeking regular dental care

Despite many individuals reporting average or excellent physical health, 19 people have died from natural causes/medical reasons since January 2009, and four other individuals have died from accidental causes. Many people were discharged with complicated, chronic health conditions, and the median age at discharge was 48 years. Many people in this population need significant medical care, and all need physical health care that is closely coordinated with behavioral health care. Only 46% of consumers report that their mental health provider communicates with their physical health provider. While efforts like Connected Care™⁴ are underway, improving the coordination of care and overall physical health remain areas for further development.

⁴ Connected Care™ is an initiative to benefit people with serious mental illness through improving coordination and access to integrated care across providers and health plans. It is a partnership between Community Care, UPMC for You Health Plan, DPW, Allegheny County Department of Human Services, and the Center for Health Care Strategies.

How Has the Regional Service System Evolved?

Service System Redesign

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 do not get to the point of needing a state hospital stay and strengthen the overall community behavioral health system, benefitting all individuals receiving services—now including people who in the past would have gone to Mayview.

Local control of Medicaid and other funding provided the ability to develop braided funding mechanisms (combining funding from a variety of sources) in each county as well as regionally, in collaboration with managed care organizations. Revenue sources included not only funds from DPW received through the closure process, but HealthChoices funds, HealthChoices reinvestment funds, and funds from the intellectual disabilities system (specifically for individuals with co-occurring mental health diagnoses and intellectual disabilities).

The system redesign and enhancements include:

Recovery-oriented services and supports

- Peer support services provided support during the transition out of the hospital and continue to help individuals establish ongoing relationships in the community and participate in community activities.
- Crisis services were also developed throughout the region, including telephone, walk-in, mobile teams, and short-term residential crisis programs.
- Expansion of case management, service coordination, and CTTs across the region.
- Forensic services for people who may have an encounter with the criminal justice system.
- Development of extended acute care and residential treatment facilities for adults.
- Residential providers were able to add over 380 places for people to live throughout the region. These new residential options ranged from independent living to secure residential facilities with, at most, 16 people.

Also, the counties and DPW 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.

Planning and oversight

- Increased accountability at the provider and system levels through a variety of reporting and quality improvement efforts.
- Comprehensive quality monitoring and outcomes tracking used for ongoing support to individuals in the community.
- Innovative web-based technologies for project communication, coordination, and data analyses. For example, critical incidents and early warning signs are reported through a secure, web-based application, promoting not only intervention at the individual level but system level monitoring.

Ongoing regional collaboration continues, as the Steering Committee reconstitutes itself as a regional forum for ongoing collaboration on issues impacting the regional community system of care.

Improved allocation of resources to community-based services and containment of inpatient admissions

Instead of spending approximately \$50 million annually to provide services to 300 people in the hospital, those discharged and many others are getting the benefits of the new services developed as a result of the system redesign.

Service Utilization and Cost Implications

For the people discharged from Mayview, providing behavioral health services in the community costs less than Mayview State Hospital. Average annual costs per person discharged ranged from \$16,400 in Washington County to \$29,000 in Allegheny County in 2010⁵. When compared to the \$460 per person per day for Mayview State Hospital, this represents a significant cost savings.

Costs to the local system are impacted by the cost of providing community-based services to those who would have previously been admitted to Mayview. Without a state hospital in the region, the counties estimate (through applying a number of criteria) that they provided services to approximately 1,600 people in 2010 who potentially could have been admitted to Mayview. Based on past Mayview utilization data, community-based services are provided to at least three people for every bed that was closed at Mayview. Providing community-based services to this group of individuals who in the past could have gone to Mayview cost \$32,000 in HealthChoices funds on average per person in 2010.

With their commitment to serving individuals in their home community, Allegheny, Beaver, Lawrence and Washington Counties have experienced a decreasing trend in overall HealthChoices inpatient admission rates since the closure, indicating that Mayview is not being replaced with frequent community hospitalizations.

However, the average length of stay may be increasing in Beaver and Washington Counties and has shown a clear increasing trend in Allegheny County. In Allegheny County in 2006, the average length of stay was below 10 days, and in 2010, the average length of stay was over 13 days. The overall average is driven up one day by the small number of people waiting for extended acute beds (66 people in 2010). The addition of 10 extended acute beds and processes like the acute community support plan process are intended to decrease the long lengths of stay.

Conclusion and Future Directions

People discharged from Mayview State Hospital through the closure process have generally made a successful transition to the community.

People believe they have a higher quality of life and have stable, community-based housing with varying amounts of support and access to mental and physical health treatment. While a small proportion of people have been hospitalized or incarcerated, fears that community hospitals and jails would become the new Mayview have been disproven. Despite the many positive outcomes for people discharged, connections to their community—whether through employment, personal relationships, or activities—remains an unmet goal for many. The physical health of many individuals, particularly as they age, must continue to be a priority.

The Mayview regional system has built the capacity to plan and monitor quality regionally through the collaborative relationships established through the Steering Committee and the use of data to drive decision-making and guide quality improvement. As the region looks ahead, priorities will include:

- Continuing to assure that people get the services they need, and that these services focus on recovery and achieving positive outcomes.
- Assuring ongoing funding to maintain adequate financial resources for the system.
- Maintaining the regional focus on recovery, quality improvement and data-driven decision-making as the Steering Committee's role changes.
- Improving cross-system planning and collaboration for special populations and those individuals with particularly complicated situations.

⁵ These costs do not reflect housing costs, as counties differ in how costs for residential programs are tracked. These costs do reflect treatment services paid for by HealthChoices and County base funds. When inpatient mental health and extended acute costs are excluded, average annual costs are decreased and costs across counties are more similar. Allegheny County's higher average costs are also impacted by the higher proportion of people using CTT services. For Lawrence County, annual average HealthChoices costs for 2010 for the eight people discharged from Mayview were \$6,100. Because base-funded treatment services impact the overall average, Lawrence costs are not noted above.

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, or contact us at:

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