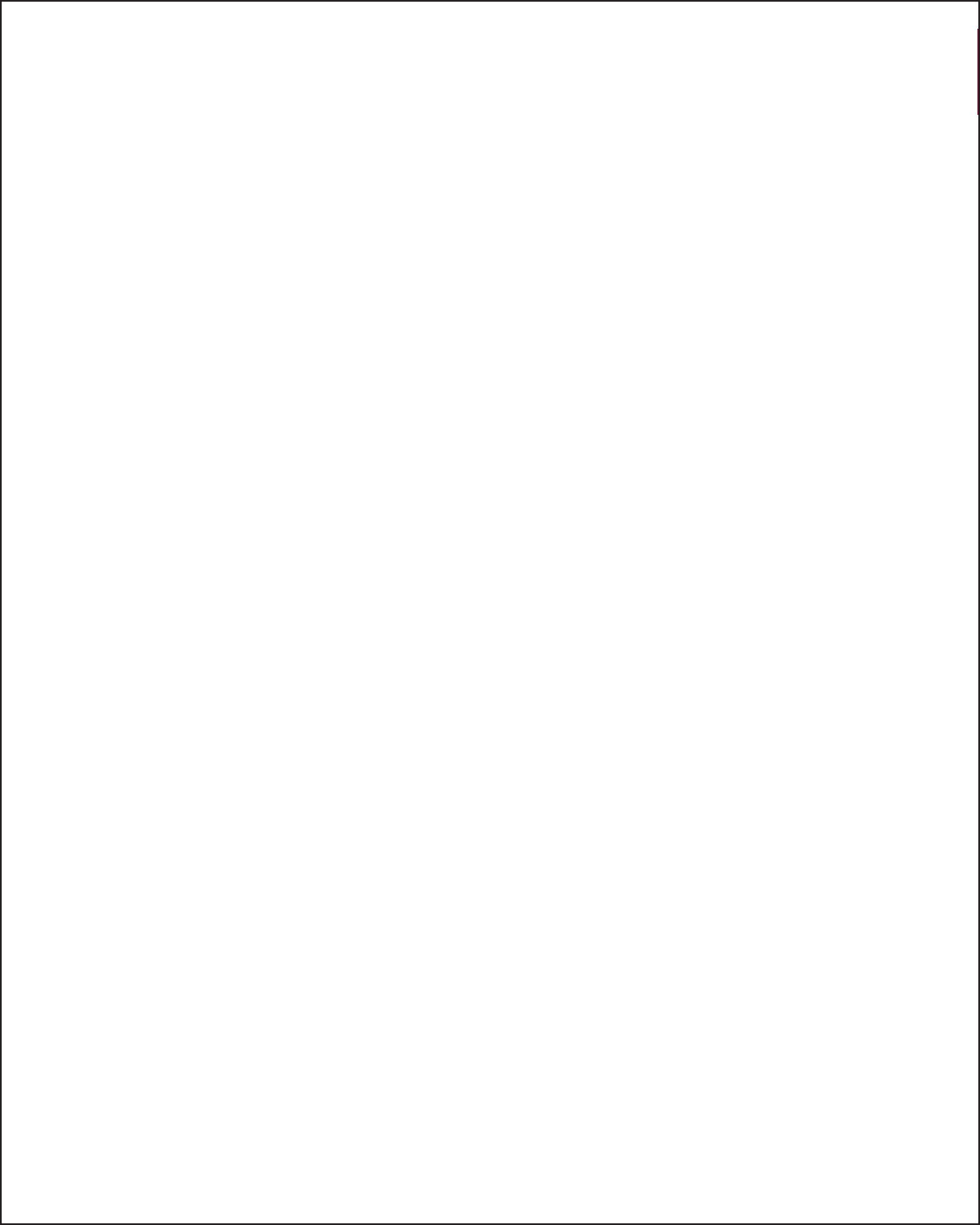


Toward Recovery and Hope

Building a Community System
with the Closure of
Mayview State Hospital





Background

For decades, mental health professionals have debated the treatment philosophies for serious mental illness and the role of people with mental illness in society. Traditional treatments, including long periods of institutionalization and a reliance on psychotropic medications, were challenged by new concepts for community-based recovery in the 1960s and 1970s. The 2003 President's New Freedom Commission Report presented evidence that individuals with mental illness can recover and that recovery is achieved at a higher rate when individuals suffering from mental illness are part of a larger community.

In July 2005, this debate turned to a question of practical application in western Pennsylvania. Sharing a common vision of the individual's ability to recover, representatives of behavioral health authorities in Allegheny, Beaver, Greene, Lawrence and Washington counties came together to address the issues related to moving consumers back into their communities from Mayview State Hospital, located just outside of Pittsburgh. Their goal was to develop a regional service area plan that would drive the development of community services and supports to foster recovery for people who would otherwise use state hospital services. The counties envisioned a community-based system where state hospital services were no longer needed.

Soon the effort expanded to include representatives from Mayview State Hospital, the Pennsylvania Department of Public Welfare (DPW), community behavioral health providers, managed care organizations, people with mental illness, the psychiatric community, family members and advocates. These representatives formed a Steering Committee to oversee the initiative. The counties contracted with Allegheny HealthChoices, Inc. (AHCI) to coordinate and staff the project.

After the initiative had made substantial progress between 2005 and 2007 in developing new community resources and downsizing the hospital by two wards, DPW announced in August 2007 that Mayview State Hospital would completely close at the end of 2008.

A Vision Toward Recovery & Hope

In addition to their belief that recovery can best be achieved in the community, the participants envisioned a system built on the principle of individualized services and supports. Community-based services would center on people with mental illness and their families and choices offered would reflect individuals' involvement in directing their own care. To be successful, services and supports would need to build on each individual's strengths and thereby enhance each person's ability to cope with life's challenges.

The development of a common vision for community-based recovery required this diverse group of professionals and stakeholders to develop a focused, working relationship. While there were misunderstandings and missteps, the successful outcomes are a testament to the strong collaboration and teamwork of the participants.

Based on their guiding values and vision, the Steering Committee members committed to several objectives:

- Develop an assessment and discharge planning process that was thorough, individualized and recovery-oriented.
- Close Mayview State Hospital and eliminate any future state hospitalization.
- Maximize resources for people being discharged into the community, including a transfer of hospital resources.
- Build a robust system of community-based services to support all individuals with serious mental illness.

The Discharge and Hospital Closure Process

From Vision and Values to Operation

After the participants agreed on the vision and values guiding the process, the successful execution of the plan required a number of innovative practices. Each of these tactics can be applied successfully in other systems and initiatives.

A Community Support Plan (CSP) Process for Assessment and Discharge Planning

The CSP process began with three assessments: consumer, family member and clinical assessments. Each of these focused on the consumers' preferences, strengths and desired supports, without regard to existing services. Consumer and family assessments were conducted by trained Consumer and Family Satisfaction Teams (CFSTs). Clinical assessments were completed by the person's treatment team, including representatives from the county and community providers.

Meetings were then convened to develop an individualized CSP for each consumer. Trained, independent facilitators coordinated the discussions and plan development, using the information and preferences from the assessments. Independent recorders coordinated and documented the meetings. The meetings included the consumer, his/her family members, hospital staff, community service providers, peer mentors and advocates.

The process included the consideration of housing needs, preferences, and treatment, as well as desired social opportunities and supports, assistance with everyday living skills and interest in employment. All CSPs also included the development of a crisis plan, which identified factors associated with prior critical incidents or intensifying of symptoms, and the crisis intervention and management plans for the first signs of change in an individual's physical or emotional circumstances.

As part of the process, each consumer was assessed for benefits eligibility and enrolled in Medicaid if possible. Consumers also were connected with a primary care physician and had an appointment with that physician prior to discharge. Arrangements also were made to ensure medications would be covered in the community.

Use of Peer Mentors to Engage Consumers in the CSP Process and Assist Them in Adapting to Their New Lives in the Community

Peer mentors visited consumers, shared their personal experiences about coping with life in the community, and helped consumers think about their preferences in preparation for CSP meetings. During CSP meetings, mentors focused on making consumers comfortable with the process and helping them understand their options. As the CSPs were being developed, mentors accompanied consumers on visits to the community. After consumers moved into their new homes, mentors have continued the relationship by visiting and encouraging them to participate in activities and explore new interests.

Of the Individuals Discharged with a CSP, 2006-2008:

- 59% had been at Mayview State Hospital for over two years.
- 50% had two or more admissions to Mayview State Hospital.
- Many individuals had complex medical needs.

Significant Investment in Non-Traditional Community Services and Supports

Counties greatly expanded the capacity of Community Treatment Teams (CTTs) and intensive case management with low staff-to-client ratios in order to provide the level of individualized, in-home services needed to support discharged consumers. CTTs follow the evidence-based practice standards of Assertive Community Treatment (ACT), a model with proven success in supporting former state hospital consumers in community settings. A range of innovative life management supports were created to maximize individual independence. Each county also created new housing to address the specific needs of individuals being discharged.

Involvement of ALL Stakeholders in Every Phase of the Planning Process

Every dimension of the planning process involved people with mental illness, family members, advocates and providers. This included membership in, and responsibilities related to, the Steering Committee and a variety of independent sub-committees as well as participation in the CSP process. The Steering Committee also held quarterly stakeholder meetings to get feedback from the community at large. These meetings were attended by anywhere from 150 to 250 people.

The counties also held regular meetings with their respective provider communities to ensure they received up-to-date information about closure activities and to solicit the providers' thoughts about how to improve the process and the community-based service system.

Use of Technology

Allegheny HealthChoices, Inc. (AHCII) developed a number of web-based applications to facilitate the CSP process and to provide monitoring of the initiative both at Mayview State Hospital and in the community. The CSPs, meeting schedules and related documentation were all shared via a secure website facilitating timely and accurate communication and collaboration. Web-based applications for county submission of monthly status updates on discharged consumers and critical incidents were developed. Applications to monitor utilization and waiting lists for new community-based services were also created. AHCII developed extensive reporting to assist counties and DPW in monitoring the initiative.

Innovative Financial Analysis and Planning

It was critical to develop a long-term financing strategy that would provide more flexibility within the region and greater stability over time. The financial formula for the process involved transferring hospital funding to community-based services and supports based upon each 30-consumer transfer or ward closure. However, at the beginning of the process no financial agreement between the state and counties was in place, so counties relied on county dollars, HealthChoices' (the Medicaid managed care program in Pennsylvania) funds and the good faith of the state that a funding plan would be worked out.

The counties and state did negotiate an agreement on the amount and timing of funding transfers to support community-based services as Mayview utilization and capacity were reduced. The money would not be distributed on a per diem or capitated basis, but rather distributed across the counties as a regional funding strategy based on an agreed-to formula that reflected both prior utilization and county population. This approach did not penalize or reward counties for prior utilization; for example, one county with almost no hospital utilization still received funds to develop community infrastructure. It also provided for the development of state-operated community services with the provision that those funds would transfer to the community within two years of the closure.

Lessons Learned

This initiative achieved its strategic objectives of promoting consumer recovery, closing the hospital, transferring hospital funds to support the development of new community services and promoting a paradigm shift in the community service system. While the closure and transition process were not perfectly executed, more was accomplished than expected and key stakeholders' greatest fears about the initiative were not realized. It is the hope of the participants that other initiatives will benefit and build upon these lessons learned.

Community Support Plans (CSPs): The Vital Tool for Success

Focusing on the individual's strengths and needs, the CSP provided a palette for a fresh plan for recovery. The CSP process demonstrated the individual's value, encouraged hope and expanded possibilities and expectations. The CSP process highlighted that consumers come with their own history; in assessing risk, it was essential to investigate the truth of each person's history and allow people to shed labels that no longer applied or perhaps never applied. By including families and utilizing peer mentors, old and new connections were fostered that aided the belief that living in a community and moving toward recovery was possible.

The CSP process also revealed that not all services and structures required for community-based recovery were in place. It was difficult to time the development of needed community services and supports with the development of the CSPs, and community providers were often not prepared for their role in the process. Investigating eligibility for benefits in order to minimize or eliminate gaps in treatment after the move into the community took more time and resources than anticipated, and fewer people were eligible for Medicaid than expected.

With the high prevalence of significant medical conditions and complicated medication regimes, the smooth transition of both physical and behavioral health treatment and medication to community-based doctors also posed a challenge.

Community Service Development: Building the Structures for Success

With the historical reliance on hospitalization and the resources dedicated to the hospital, it was no surprise that sufficient community-based services and supports were not "standing by" to aid individuals moving to the community. Expanding and developing services and supports was a large undertaking. Using a regional approach to service development helped expand the availability and share the costs of more expensive services.

The initiative was successful in creating a paradigm shift in the types of services and supports communities recognized as being critical. Some of the results of this change in thinking and direction included the development of Community Treatment Teams (CTT) and crisis services. Additionally, new, smaller, home-like housing options were developed.

The development of housing options and other services and the reconciliation of what is available with the preferences of individuals (including location, size and level of independence) remain challenges and should be considered as early in the process as possible.

Community resistance to locating new services in certain locations was significant. Collaborative efforts with advocacy organizations and counties to address the issues related to stigma are critical. Employment services remain underdeveloped, as do independent housing options with supports.

Critical Success Factors

- Shared vision, values, dedication and commitment to public service by government officials, hospital and service staff, peers and advocates;
- The right mix of leaders at the state, county, hospital, provider and advocate levels, with a willingness by those leaders to let staff do their jobs;
- A strong collaborative effort involving diverse stakeholders with a varied set of interests and opinions;
- Proactive communication and transparent information sharing and decision making;
- Information system support for data analysis, quality improvement and web communication;
- Intensive peer and community staff involvement while consumers were still in the hospital; and
- Attention to details, hard work and a sense of humor!

Budget and Finance: Making Change Possible

Two key aspects of the financing mechanism were clearly successful. Taking a regional approach bolstered the counties' negotiating position with DPW. Focusing on downsizing, in terms of closing wards, allowed for improved flexibility and efficiency in using hospital resources.

Balancing DPW's concerns about the safety of people discharged, service development, and comprehensive CSPs with the counties' concerns about the amount and rate at which hospital dollars would be transferred to the community for the development of appropriate services and supports was a large challenge. While both groups shared concerns about all these issues, the Steering Committee never established a regular, on-going forum for discussions regarding funding.

A clear set of guidelines for dealing with funding issues and resolving conflicts must be in place to reduce their impact on the healthy discussion of individual transfer and CSP development. Also, a more formal process is essential to ensure each individual's eligibility for benefits is investigated. Sustainability of funding and whether DPW will continue to fund community-based services at the same rate it funded hospital care remain a concern of the counties.

Administration and Management: The Structure and People that Allowed the Process to Succeed

Like any successful process or project, the initiative needed a structure and staffing to facilitate success. The leadership of the initiative, and participants alike, stayed engaged and committed to the vision and goals of the initiative.

More time could have been spent at the outset for planning; peer mentors, case managers and Community Treatment Teams could have been involved earlier in the process. Still, the quality and transparency of communications (facilitated by tools like the AHCI web applications), the energy and commitment of the participants and AHCI's facilitation of the effort were essential to the initiative.

Outcomes

Over a three-year period from the formation of the Steering Committee to the closure of Mayview State Hospital, 307 consumers were discharged from the hospital with Community Service Plans (CSPs).

All consumers discharged with CSPs were actively involved in choosing where and how they wanted to live in the community. As a result of the CSP process, they are now receiving services and supports customized to enhance their strengths as well as to address their clinical needs. They are also receiving support in life management skills such as managing their money, taking the bus, grocery shopping and finding a job.

Approximately 72% of consumers were receiving Community Treatment Team (CTT) services at discharge, often at high levels of intensity, to ease the transition to the community. A minority of consumers (17%) were admitted to a psychiatric hospital during their first three months in the community. While family involvement in the CSP process was relatively low, an unanticipated outcome has been that family contact and support post discharge has been very high. And, most importantly, 80% of consumers report that their lives are better since leaving the hospital.

At discharge:

- 16% of consumers moved to housing arrangements without 24-hour staff, including living independently, permanent supportive housing and living with family.
- 84% of consumers moved to housing arrangements with 24-hour staff. This included a variety of settings, from small group settings to more restrictive structured residential programs, depending on individuals' behavioral and physical health needs as well as needs for assistance with activities of daily living.

Recommendations

Given its experience and success, participants in this initiative considered how state agencies, counties, state hospitals and consumer and family advocacy organizations can better prepare for future hospital closures.

Reshape Community Plan Guidelines

State agencies should reshape guidelines for service area or county plans to direct development of recovery-focused service plans that demonstrate:

- how an area would reduce hospitalization in the short term;
- how, over the longer term, the area would serve all people with serious mental illness in the community (if there were no hospital); and
- the resources the area would need to assure that this transition is successful.

Begin Now, Plan Well and Work Together

Counties should consider the benefits of regional collaboration and proactively plan for reduced hospital utilization. This kind of planning effort should begin as early as possible before a planned or potential closure or significant downsizing. The planning should be done by a representative, collaborative planning group whose first priority must be to invest adequate time and discussion to reach agreement on the big issues, such as:

- the desired outcomes of a closure process;
- the vision, commitments and values that will guide the process;
- the shared and differing interests of the participants;
- the best and worst case timelines; and
- a process for problem identification and problem resolution.

Additionally, the group must establish responsibilities, assignments and mechanisms for accountability and conflict resolution. The Steering Committee further suggests that any such planning group contract with an independent entity or consulting group to coordinate the overall process on behalf of the participants.

Focus on Phased Closures

Downsizing and closure initiatives should take a phased, or ward by ward, approach. The ability of the state and counties to develop a tiered financial model around “ward” closures significantly increased the viability of the process. The process became more measured and both the state and counties were able to understand more fully the costs and budget transfers.

Build Recovery-Focused, Community-Based Services... with or without a Closure

State agencies should use the full range of their planning, policy, funding and collaborative leadership tools to encourage the development of new and improved community services for people with serious mental illness... regardless of whether there is ultimately a decision to close a hospital. While counties differ in the extent to which they have the human and financial resources available to plan and manage a large-scale change process, those challenges should not outweigh the right of every individual with a serious mental illness to live and be served in the community.

Foster a Culture Change in Hospitals

State agencies should consider several initiatives to promote culture change in state hospitals. This shift should assist hospital staff in preparing consumers and themselves for future transitions. For example:

- All state hospitals should continue hiring peers to engage consumers in positive relationships and to help identify their strengths, options and preferences for the future.
- Hospital CEOs and counties should be asked to use the CSP process. All consumers in hospitals should have CSPs that drive their treatment, discharge plan, and the development of individualized community services and supports.
- Hospital staff should be encouraged to observe services being delivered in the community and to attend community conferences on housing and recovery. Ideally, hospital staff would also accompany consumers on short visits to the community as a way to help them prepare for greater independence and community reengagement.

Coordinate the Transition

The CSP process should ensure that consumers, hospital staff and community-based service providers are ready for each step in the transition. This means that CSPs must address:

- Plans to intervene and restructure services and supports if an individual experiences a change in physical or emotional circumstances that could lead to intensifying symptoms or a critical incident;
- Pre-discharge communications between hospital and community doctors and advance coordination of any needed changes in medication;
- Introductions and relationship-building between the new community doctor and treatment staff with the consumer; and
- Coordination of physical as well as behavioral health.

CSPs should also be developed for individuals in intensive community services such as extended inpatient, extended acute care and long-term restrictive housing programs.

Establish Active Roles for Consumers, Family Members and Advocacy Organizations

In order for a region to be successful in serving persons with mental illness in the community without a state hospital, people with serious mental illness, family members, advocates and advocacy organizations need to be actively engaged in supporting the hospital closure. People with mental illness, family members and advocates must be involved in every level of planning for the development of new, recovery-focused community services and supports. A key role is monitoring quality assurance and assessing consumer and family satisfaction with both the process and the outcomes.

Communicate the Hope and Importance of Recovery

Advocacy organizations should encourage and create opportunities for people with serious mental illness, family members, peers and advocates to share their experiences with community members and public officials. The goal of these dialogs should be to describe how recovery principles and more flexible services and supports make it possible for individuals with serious mental illness to recover independence, hope and a greater sense of purpose in the community.

Advocacy organizations must also continually communicate to state and county leaders the vital importance that any person appointed to oversee mental health and substance abuse services has a recovery orientation.

Final Thoughts

As with any major undertaking, unless it is catalogued, important details and experience are lost along the way. “Toward Recovery and Hope” was written to ensure that the shared and gained wisdom of this initiative would not be lost. In addition, the hope is that the “lessons learned” will be communicated to others working toward community-based recovery and that these processes and results will permit future efforts to go further and gain more success. To learn more about this initiative, the full white paper is available at www.mayview-sap.org.

While Mayview State Hospital has closed, the work of the initiative continues. The Steering Committee now focuses on quality improvement and further transforming the community behavioral health system. The participants and stakeholders share concerns about the ongoing need for highly trained, recovery-focused community providers, the availability of peer supports and funding sustainability. All agree that more needs to be done to foster independence, community integration and employment among people with serious mental illness.

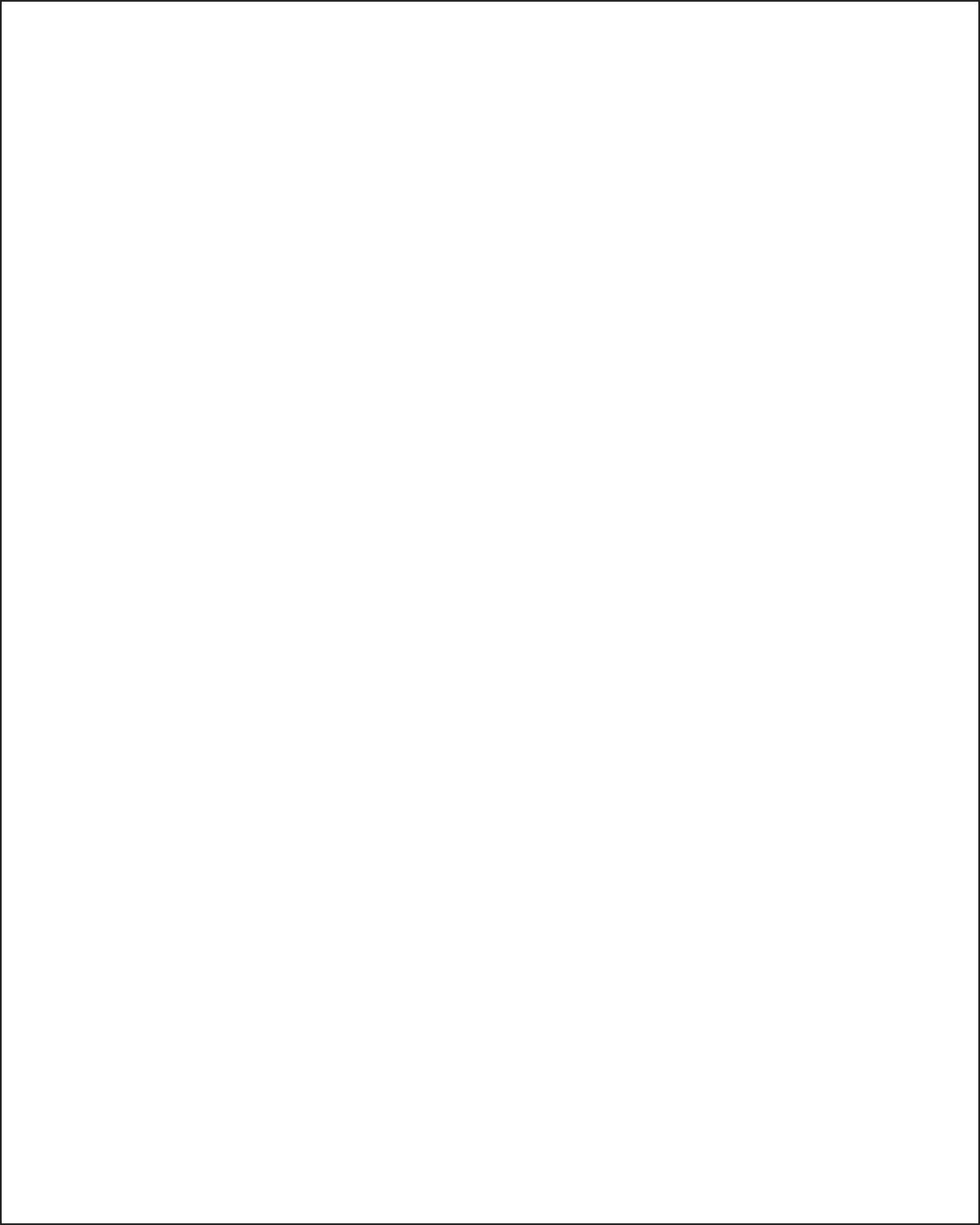
The participants in this initiative have high hopes for the future. Never again will people live in a hospital for 20, 30, or even 40 years. It is possible to have a community mental health system without a state hospital. In Southwestern Pennsylvania, this initiative has begun to change the culture related to people with serious mental illness. In the future, we all hope that people with mental illness will stop feeling ashamed, communities will welcome them, and recovery will be possible for all.

Special Thanks

The Steering Committee would like to acknowledge Jill Hultin of Hultin & Associates for her work in facilitating the reflection process and developing the full white paper documenting the lessons learned from the Mayview closure.

For More Information

For more information on the Mayview project and this white paper, please visit www.mayview-sap.org. To order a copy of this executive summary or the full white paper, please contact Allegheny HealthChoices, Inc. at www.ahci.org or 412-325-1100.



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Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance abuse treatment. Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.

Allegheny HealthChoices, Inc. is a contract agency of the Allegheny County Department of Human Services' Office of Behavioral Health.