

# MINUTES

## Torrance Area Planning Meeting

October 25, 2007

11am - 2pm

**Present at meeting:** Joyce Ainsworth, Sherry Anderson, Joe Bujdos, Pat Brady, Barb Bruner, Tammy Calderone, Tim Casey, Ruth Cruz, Jill Deglau, Mary Jo Dickson, Chris Duncan, Mary Fleming, Eric Haglund, Marcia Hepner, John Herrmann, Brandi Holsinger, Darryl Holts, Pete Kosanovich, Jim Kuemmerle, Bobbi Lawrence, Karen Madden, Edna McCutcheon, Sharon Miller, Myrn Montalvo, Scott Moyer, Kimberly Oliveros, Kim Patterson, Brandi Phillips, Teresa Rudy, Carmine Scotece, Heath Siemon, Marlinda Smith, Jessica Strong, Nancy Svonavec, Char Troutman, Rick Tully, Lisa Tumolo, Lucille Underwood, Kathy Wohlgemuth, Kathy Yarzebinski

1. **Review/Acceptance of the September 27, 2007 Minutes:** The minutes from the September 27, 2007 meeting were accepted without any changes. They will be posted to the [www.torrance-sap.org](http://www.torrance-sap.org) website.
2. **Announcements:** An update on State Representative Dan Frankel's bill, H.B. 1448, was given by Sharon Miller. The Health and Human Services subcommittee has scheduled a public hearing for the bill on November 9, 2007, to be held at Carnegie Mellon University. The full language of the bill can be found at [www.namiswpa.org](http://www.namiswpa.org). Everyone on the Planning Committee was asked to consider signing a petition to encourage lawmakers to pass this legislation safeguarding any money received from the sale of state-owned MH/MR facilities for use in community-supported mental health services.

Also, DPW Deputy Secretary Joan Erney will be attending the stakeholders meeting to be held on Thursday, April 17, 2008 to discuss the Torrance Service Area Plan.

3. **Discussion from Stakeholders Meeting:** At the last Planning Committee meeting, Mary asked each of the counties to think about the community supports listed below, how they are currently offered in their counties, how they might need to be expanded (or created) to serve the TSH discharges and future diversions, and what barriers might exist to prevent that expansion or service creation. Finally, she asked the counties to think of where there may be opportunities for regional or multi-county collaborations to occur. What follows is a summary of the counties' responses.
  - **Case Management:**  
Each of the counties reported that case management at all levels (ICM, BCM, ICM/RC, etc.) is highly utilized, both by consumers in the community now and by the consumers preparing for discharge from TSH. Westmoreland County has added a transition-age case management support. Several

counties also have forensic case managers; those that currently do not expressed the desire to add this service.

There was consensus among the counties regarding barriers that currently hinder case management. Employees are often overworked and underpaid, leading to large turnover among staff. There is also a concern that the staff that is available are generally younger and have less training due to the hours, pay and workload. Some of the smaller and/or more rural counties (Armstrong/Indiana and Blair, for example) do not yet have other services with 24-hour capabilities, meaning the case managers are asked to handle many responsibilities.

In addition to developing forensic case managers and expanding to 24-hour access, several counties expressed interest in expanding case management to the hospitals, establishing better linkages between case management and crisis systems, and generally expanding the capacity (for example, increasing the pay or training for case managers).

- **Crisis Intervention:**

The counties expressed similar concerns about crisis intervention services as with case management: lack of qualified staff, high turnover of staff, and lack of 24-hour capacity. There was also a stated need for better coordination between hospitals, police and the crisis services.

- **Drug and Alcohol programs:**

Many of the counties felt that they were lacking in drug and alcohol services that are available to consumers. One of the barriers to service development is the current funding model which creates parallel systems of treatment. In-patient and detox services also are not widely available in the more rural counties, which creates challenges as more and more people are dual-diagnosed. There is also a deficiency in the training received by both provider staff and the court system regarding drug-and-alcohol issues.

Opportunities for regional collaboration across all three areas include increasing representative payee services; providing enhanced training to provider staff to increase retention; and creating better programming to address dual-diagnoses needs of consumers.

4. **CSP Update:** Kim Patterson provided an update on the status of CSP meetings to this point. Of the 50 consumers slated to have CSPs, 43 have had at least their initial meeting so far, and 3 have already had their second meetings. Second meetings have already been scheduled for the others, with meetings scheduled through January. There were a total of 42 peer assessments completed, and a total of 21 family assessments completed (note that some consumers may have

had more than one family assessment completed while others had no family assessment done).

In reviewing the first-round of CSPs, almost all consumers and treatment teams discussed the range of housing options available. Service and support options were also widely discussed; at this early stage, most consumers have requested peer support and/or case management.

5. **Follow-up - Expanding advocates in the region:** There seemed to be a general feeling of confusion among the counties surrounding the role advocates play at the meeting, and the difference between having Heath there versus someone from their specific county. The most important issue is having an advocate present at the CSP meetings who really knows the consumer well and can stand up for him/her to make sure their rights and “voice” is being heard and respected. The issue of additional advocate training was brought up again, and counties were again asked to pass along names of potential advocates to AHCI.
6. **Update - Regional Training Sessions:** There will be three training sessions focused on the principles of recovery and the benefits of assertive community treatment models. These will be held on the following dates/locations:  
Monday, December 10: Altoona, PA at the ARC Becky Sheetz Recreation Center  
Wednesday, December 12: Greensburg, PA at the Westmoreland County Community College  
Friday, December 14: Butler PA at the Butler County MH/MR Building

Two sessions will be held each day: one from 9:00am-12:00pm, and the other from 1:00pm-4:00pm. A flyer will be emailed to all of the counties and they will be responsible for distributing it to interested providers and other stakeholders, and also for collecting RSVPs.

6. **Changes to TSAP Planning Committee meeting schedule:** The regular TSAP Planning Committee meeting will remain scheduled for the 4<sup>th</sup> Thursday of the month, but the time will change to 9:00am – 12:30pm. Future meetings will continue to be held at the FourPoints Sheraton in Greensburg, PA.

Also, please note that the November and December meetings will be combined into one meeting, since both fall near holidays. The meeting will take place on Thursday, December 13, 2007, at the new time.

