

**Torrance Service Area Plan  
Planning Committee Meeting Summary  
May 24, 2007**

**Present:** Joyce Ainsworth, Laurie Barnett Levine, David Bopp, Pat Brady, Barb Bruner, Joe Bujdos, Tim Casey, Laverne Cichon, Bethany Connors, Mary Jo Dickson, Chris Duncan, Mary Fleming, Deborah Glunt, Mary Helm, John Herrmann, Brandi Holsinger, Bobbi Lawrence, Edna McCutcheon, Tracy Merritt, Sharon Miller, Scott Moyer, Brandi Phillips, Joni Putt, Teresa Rudy, Carmine Scotece, Marlinda Smith, Nancy Svonavec, Jessica Strong, Ella Thomas, Char Troutman, Rick Tully, Lucille Underwood, Kathy Yarzebinski

**I. Welcome and Introductions**

- The meeting was opened with a welcome by AHCI CEO Mary Fleming. She noted that this was the first official meeting of the TSAP group. She invited each member to introduce themselves by sharing some brief background information.
- After the introductions, Mary Fleming pointed out the importance of not having substitutes come to the meetings due to the work that has to get done over the course of the project; the process will go much smoother with consistent group members.

**II. Torrance Service Area Project Overview**

- **AHCI's role in this project**
  - AHCI's role in the project is to facilitate the process by which consumers are discharged from the Torrance State Hospital and return to living in their communities in the ten-county region. AHCI will model its efforts based on experience working with stakeholders in the Mayview State Hospital service area.
  - The three project goals are: to help counties identify service and support needs in the community and then begin developing those on both county and multi-county/regional levels; to coordinate and monitor the CSP process leading to the discharge of 30 individuals by September 30, 2008; and to work with the hospital and counties to develop a financial analysis plan to support those individuals in their communities.
  - AHCI will facilitate the CSP process. Kim Patterson of AHCI will lead the hiring and the training of facilitators and recorders for the CSP process. AHCI will also facilitate other trainings for TSAP.
- **TSAP Planning Committee Tasks:**
  - Develop and refine the community support plan (CSP) process, so that everyone at Torrance State Hospital for two years or longer will have a CSP. In order to discharge 30 individuals by September 2008, full CSPs will need to be completed for 55-60 people from across all ten counties.
  - Each county will select the number of consumers to be discharged from their respective county. The first 15 are expected to be discharged by June 30, 2008 and the second group by September 30, 2008 for a total of 30 people returning to the community/bed closures.
  - Community support planning will focus on what consumers and family members say they want and need in order to live successfully in the community.

- Begin financial analyses of both the hospital's funding and also the counties' base and other funding streams. This will require AHCI staff to work with the hospital and the counties around spending of funds (further details about conducting the financial analyses provided later in the minutes) and revenue maximization. Funding will shift from the hospital to the counties to support building infrastructure and social services in the community, to meet the needs of the individuals that are returning to the community or avoiding admission to the State Hospital System. Much of the project's success depends on the counties coordinating spending to provide training, consistent delivery of services, service enhancements, and overall sustainability of the project.
- Develop a website that will be available to all counties (website update provided later in minutes). AHCI staff will work with the counties to get this set up to their specifications.
- Review and implement a discharge tracking system. This system will enable us to know if the consumers are happy and satisfied with the community arrangements, and whether their CSPs are being followed. Stakeholders' input about the process is critical, and there will be several large stakeholder meetings held throughout the project.
- Develop sub-committees as needed to support the work to be done as well as time frames for getting the work done. The subcommittees will report to the TSAP group.

### III. Website Overview

- Tim Casey provided an overview of the website design. The structure of the website will follow what was set up for the Mayview project, but members of the TSAP Planning Committee can decide how they want the website to look and feel—including changing colors, adding content, providing links, etc. If desired, a blog feature can be added to communicate ideas and thoughts about the project. Several people shared ideas about changing the look of the homepage, which will be located at <http://www.torrance-sap.org>
- Information will be updated regularly, although minutes from the Planning Committee will only be posted after they have been approved at the following meeting. Consumer information will be located in a secure section of the site and will only be able to be seen by those working directly with that individual. There may be certain information that would only be available for specific county use.

### IV. Vision Statement

- The group was asked to review the vision statement written by the Mayview Steering Committee and come up with their own statement, which will be prominently posted on the website. A small representative group worked together to produce a new statement for the TSAP Planning Committee, which reads as follows:

***“Recovery and community living for all citizens requires regional planning to provide the necessary individualized supports and services that lead to full community integration.”***

### V. Financial Analysis Overview

- Rick Tully presented information on the four-step financial analysis process used with the Mayview project to determine costs associated with individuals transitioning to the community. The steps are:
  - Develop a cost analysis profile of the hospital to arrive at a total cost per consumer. This includes determining which costs are variable, step variable and fixed.

- Identify which costs are transferable, and at what point they become transferable (for example, at closure of one unit, building, etc.)
  - Project the potential cost to the counties by developing an allocation process based on a formula that includes the number of consumers each county have in the hospital, prior hospital use, and county population.
  - Use the formula to decide the specific funding share for service development in each county in order to complete the project, as well as determine which services are eligible for HealthChoices reimbursement.
- Rick Tully also spoke briefly about the process developed at Mayview to help facilitate SSI information processing. The process decreases the amount of time it takes for consumers to get their benefits upon discharge from the state hospital. The Social Security office in the Mayview service area has been very cooperative with the hospital to expedite the processing of SSI benefit packages. The same process will be implemented in the Torrance service area as needed.

## VI. CSP Process Overview

- Mary Fleming gave a brief overview of the CSP process and stated that Kim Patterson from AHCI will be in charge of leading this process. It is designed to be consumer-focused and to explore all possible options and opportunities available to the consumer. The process is as follows:
  - Once the consumer is identified, a facilitator and a recorder are assigned to help guide the consumer through the entire process and make sure his/her needs are met.
  - Other people may be present at the CSP meetings (such as the social worker, nurse, doctor, advocate, or family member), but it is important to realize that having a large number of people present may not necessarily be helpful.
  - The first meeting lasts roughly an hour and is designed to find out more information about the consumer's strengths. Everyone present at the meeting is required to say something positive about the consumer. If anything negative is mentioned, the facilitator will ask the consumer directly about it; it is important to talk *to* the consumer, not *around* the consumer. The facilitator is also responsible for making sure others in the meeting follow the rules (for example, no whispering in side conversations).
  - At the second meeting, options for transitioning to the community are explored, such as where the consumer wants to live, which services they think they would like to receive, how often they would like to receive those services, etc. At this point, the facilitator should ask a wide variety of questions to help the consumer develop a full picture of what he/she wants in the community. Examples of questions include: What will make you feel safe in the community? Do you want to work or volunteer anywhere? What activities do you like to do so you don't feel lonely?
  - There may be several more meetings to refine the consumer's options and plan for next steps. The final meeting occurs shortly before the consumer is to be discharged.
  - How long the process takes varies from person to person as new information may surface, client complications may come up with medications, or there may be other health issues. Generally, the process can take from 3-12 months.

- Mary Jo Dickson shared with the Planning Committee some of her experiences with consumers that have been discharged as part of the Mayview project. She emphasized the value of using the experience of hospital staff to help with the CSP process, since often the staff knows the consumers better than anyone else. It is also important to keep an open mind throughout the process, to avoid making comments like “That can’t happen.” The entire CSP process is designed to create a sense of permanency and stability for the consumers, which means the communities’ role, must change, from being protective to being supportive.

## **VII. Stakeholders Meeting Discussion**

- The stakeholders meeting has two functions: to communicate information about the status of the project to interested parties and to gather information from those present to make sure questions or concerns are being addressed. The meeting is open to all interested parties, and people should be encouraged to participate from all counties.
- In order to have as many people as possible participate in the stakeholders meeting, it should be widely publicized, via newsletters, emails and county-distributed flyers (that AHCI will provide). Since food/refreshments will be provided at the meeting, there will need to be some method of collecting RSVPs to have a correct count of attendees.
- Counties will be responsible for arranging transportation of consumers to the meeting. For Mayview stakeholders meetings, providers were instrumental in getting consumers to the meeting. Consumers from Torrance State Hospital are also welcome to attend.
- The press is allowed at the stakeholders meetings. Mary Fleming should be the primary point of contact, unless the press has a county-specific question, which will then be passed on to that county. At the June Planning Committee meeting, more details regarding press issues will be provided.

## **VIII. Upcoming Meetings**

The next meeting will be held on Thursday, June 28, 2007 from 10am – 2pm at Chestnut Ridge.

As a reminder, meetings are scheduled for the fourth Thursday of each month, with a Stakeholders meeting scheduled in August.