

Torrance Area Planning Meeting
June 28, 2007
10am - 2pm

Present: Joyce Ainsworth, Sherry Anderson, Laurie Barnett-Levine, David Bopp, Pat Brady, Barb Bruner, Tammy Calderone, Bethany Connors, Ruth Cruz, Mary Jo Dickson, Chris Duncan, Mary Helm, Marcia Hepner, John Herrmann, Brandi Holsinger, Darryl Holts, Carol Horowitz, Matt Koren, Bobbi Lawrence, Edna McCutcheon, Sharon Miller, Myrn Montalvo, Scott Moyer, Kim Patterson, Bette Peoples, Brandi Phillips, Teresa Rudy, Marlinda Smith, Jessica Strong, Nancy Svonavec, Ella Thomas, Char Troutman, Kathy Yarzebinski

I. Opening/Introductions

II. Review of the Minutes

- The minutes from the May 24, 2007 meeting were approved, with the following corrections/clarifications:
 - Teresa Rudy and Marlinda Smith's names were inadvertently left off from the list of those present at the meeting. These will be added to the list of attendees present at the May meeting.
 - The website will be changed to read: "AHCI is collaborating with the counties to develop a plan to provide the best in behavioral health care for the citizens of the ten participating counties."
 - Clarification was needed to further explain the financial model that will be used to provide funding for consumers that are discharged from the hospital (Page 2 of May 24, 2007 minutes). The revised paragraph will now read:
 - 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.

III. CSP Process Review

- **Selection of Consumers:** By July 1, 2007, the counties and Torrance State Hospital will have compiled a finalized list of consumers to be assessed. Each county reiterated the number of consumers to be discharged by September 30, 2008. The final count is as follows:

Allegheny	3
Armstrong/Indiana	2
Bedford/Somerset	2
Blair	3
Butler	4
Cambria	4
Fayette	2
Westmoreland	10
TOTAL	30

- **Assessments Update:** Kim Patterson has received copies of all existing assessments from Torrance State Hospital. These will be reviewed and matched up with the finalized list of consumers to be assessed. Several guidelines were proposed to address potential assessment concerns:
 - If there is no clinical assessment on file for a consumer on the finalized list, a new one will be done two weeks prior to the first CSP meeting. All other clinical assessments will be updated two weeks prior to the first CSP meeting. The clinical assessment will include a current psychiatric evaluation, and occupational assessment, and a current list of medications.
 - If there is no peer-to-peer or family assessment on file, the local Consumer/Family Satisfaction Team (CFST) will be contacted to conduct prior to the first CSP.
 - If there is a peer-to-peer and/or family assessment on file, the consumer will be contacted by the local CFST to ensure the consumer and /or family member is satisfied with their responses to the assessment on file. If the consumer and/or family member is not satisfied, a new assessment(s) will be completed and replace the existing one on file.
 - Any additional costs associated with conducting and updating peer-to-peer and family assessments will be negotiated between each county and its assigned CFST fiduciary.
 - These guidelines will be discussed at the first Assessment/Discharge subcommittee meeting to be held on Thursday, July 12.
 - It is anticipated that the first CSPs will begin in October, 2007.
- **Peer Mentorship:** A suggestion was made to have Kevin from the Peer Support and Advocacy Network (PSAN) attend the next Planning Committee meeting in order to share their experience from having peers involved in the Mayview project.

IV. Update on the Assessment/Discharge Subcommittee: There are now 28 confirmed members for the subcommittee, and about 60% of these are consumers, which exceeds the benchmark of having over 50% of the subcommittee be made up of consumers. The agenda for the first meeting will include an overview of the assessment and CSP processes, as well as a discussion of the guidelines proposed above. The meeting will be held at Torrance State Hospital on July 12, 2007. Future meetings will be held quarterly.

V. Update on Facilitators/Recorders: A few people have been confirmed as facilitators and recorders, although several more are needed, so interviews are ongoing. The

facilitator/recorder trainings will take place in August. Anyone who will regularly be a part of the CSP process must attend the training session; this includes social workers, nurses, medical doctors, psychologists, psychiatrists, case managers, and hospital liaisons. Also, anyone who may sporadically be a part of the CSP process (such as occupational therapists or vocational rehab therapists) should also plan on attending the training.

VI. Certified Peer Support Specialist Training: Mary Jo Dickson gave a brief presentation on Certified Peer Support Specialist Training that Allegheny County is taking the lead on for both the Mayview and Torrance regions. The hosting county assumes logistics planning, and can train up to 20 peers at one time. It was discussed that it may be easiest to have two peers attend from each of the 10 counties that are part of the Torrance service area, and to have the training session at a central location, such as in Greensburg. In order to proceed, Mary Jo needs information from each county by July 3rd in order to submit the application to the state.

VII. Other Trainings - Discussion/Suggestions: In order to address attitudinal or cultural concerns surrounding the TSAP project that may be present within the region, it was suggested that additional specific trainings be held for individual counties, communities, or providers. Examples of possible trainings include focusing on principles of recovery, or assertive and mobile community-based treatment and rehabilitation models. It may also be beneficial to have representatives from the counties involved with the Mayview project attend the trainings to offer their perspectives on the entire process and the subsequent successes that have resulted in individuals moving back into their communities. It may be possible to offer CEUs to attendees to increase attendance and participation.

VIII. Upcoming Meetings: The July meeting has been replaced as a conference call. The dial-in number is 1-877-567-1262. The password is 413069. It remains scheduled at 10am on Thursday, July 26, 2007.

The next regularly scheduled Planning Committee meeting will take place from 10am to 12pm on Thursday, August 23, 2007, at Chestnut Ridge. It will be followed by the stakeholders meeting from 12pm to 2pm. Possible topics to discuss at the stakeholders meeting include an overview of the entire TSAP process, a timeline of the project, a presentation on “lessons learned” or “success stories” from the Mayview project (including showing the video that was made of 2 individuals that have successfully transitioned from Mayview to their communities), and/or a presentation of how the funding will differ from the CHIPP model.