

Torrance Area Planning Meeting Minutes
August 23, 2007
10am - 12pm

Present at meeting: Joyce Ainsworth, Sherry Anderson, Laurie Barnett-Levine, David Bopp, Pat Brady, Scott Burrigh, Tammy Calderone, Tim Casey, Bethany Connors, Ruth Cruz, Jason deManicor, Mary Jo Dickson, Chris Duncan, Mary Fleming, Scott Heller, Marcia Hepner, John Herrmann, Shirlee Hopper-Scherch, Brandi Holsinger, Jim Kuemmerle, Matt Koren, Bobbi Lawrence, Edna McCutcheon, Sharon Miller, Myrn Montalvo, Scott Moyer, Nora Novitsky, Kim Patterson, Bette Peoples, Brandi Phillips, Joni Putt, Carmine Scotece, Tracy Selak, Marlinda Smith, Jessica Strong, Nancy Svonavec, Char Troutman, Rick Tully, Lisa Tumolo, Lucille Underwood, Kathy Wohlgemuth, Kathy Yarzebinski

1. **Review/Acceptance of the July 26, 2007 Minutes:** The minutes were accepted with the following change: Myrn Montalvo's name will be added to the list of people present on the conference call.

2. **Announcements:**

Mayview State Hospital closing: The closure of Mayview State Hospital was announced on August 15, 2007. The closure in no way affects the Torrance Service Area Plan. The intention has always been to not have beds transfer from one hospital to another; the closure is not a consolidation. There continues to be a 20-bed CHIPP for Torrance State Hospital in this fiscal year (2007-08), with another 10 CHIPP beds to close by September 30, 2008 (the first quarter of the 2008-09 fiscal year).

Regarding the forensic unit at Mayview, the state is exploring various options. An RFP is out now to determine if private management of the forensic unit is feasible.

A public hearing regarding the closure of Mayview State Hospital will take place on Monday, September 10, 2007 from 9:00am to 11:00pm at the Crowne Plaza hotel in the South Hills.

3. **Peer Support and Advocacy Network:** Shirley Hopper-Scherch from the Peer Support and Advocacy Network (PSAN) gave a presentation on the work the organization has done at Mayview. In addition to establishing a peer mentoring program, PSAN runs a warm-line service, trains and certifies peer specialists, and is developing a crisis alternative center.

PSAN began the peer mentoring program at Mayview about a year ago, after MRSAP discussions centered on how to help consumers leaving the hospital make a smoother transition to the community. The program now has 1 full-time supervisor and 3 part-time peers that share an office at Mayview. During Phase 2, peer mentors worked with 45 people, attended 174 CSP meetings, and made 82 community visits with individuals once they had left the hospital. Examples of the types of activities that peers may help with include writing WRAP plans, writing advanced directives

(including 10 written during Phase 2), and attending events like church meetings or 12-step programs with the individual in the community. The number of hours a peer spends with an individual once discharged is determined by the individual's CSP; the peer mentor works to help the individual find additional supports once in the community.

The peer mentor program is funded partially through state funds and partially through Allegheny County funds. The program also subcontracts with Washington County.

4. **CSP Update**

- a. **CSP trainings:** Two of the three CSP training sessions were held at Torrance during the past three weeks. The last training is August 27. Altogether, more than 125 people attended the trainings.
- b. **Assessments:** Peer and family updates are currently being conducted by county Consumer/Family Satisfaction Teams. Clinical information is being updated two weeks prior to the initial CSP meetings. All of this information will be scanned onto the secure portion of the TSAP website so that members of the CSP team can access it before the first meeting takes place.
- c. **Timeline for CSPs:** The initial CSP meetings will take place between September 20 and October 15. Follow-up meetings will be scheduled at the end of the initial meeting.

5. **Special Discussion: Expanding pool of advocates in the TSAP region:** Each county is responsible for making external advocates available to assist consumers throughout the CSP process, because the Disability Rights Network (DRN) does not have the capacity to handle the volume alone. When planning to increase the number of advocates, counties in TSAP are encouraged to consider planning on a regional basis, instead of county by county, as a way to maximize fiscal and human capital resources. The role of providers acting as advocates will also need to be addressed, to prevent conflicts of interest.

A conference call with county administrators, AHCI and Darryl Holts and Carol Horowitz from DRN will be scheduled to start discussing this matter. It will also be an agenda item on the September TSAP Planning Committee agenda, and each county will be expected to report on their plans in this area.

6. **Other questions:**

- a. **Web access for county administrators:** Web access forms will be mailed to county administrators on the Planning Committee to ensure they have access to their county's individuals in the CSP process.
- b. **Family involvement in the CSP process to this point:** They have been updated regularly about the process through the TSH Family newsletter, but there has not been much involvement by family members yet.

- c. **Peer Specialist training:** Allegheny County received approval to lead three certified peer specialist trainings; two will be for the Mayview service area, one will be for the Torrance service area. There will be a kick-off event two weeks prior to the start of training to gauge each county's level of readiness and support for the program. For the TSAP attendees, this event will likely be held at the Sheraton in Greensburg. Each county will be able to send 3-5 "stakeholders" (county administrators or agency staff) which will form the basis of each county's "advisory committee."
7. **Review of Financial Model:** Rick Tully and Jessica Strong from AHCI met with Edna McCutcheon and her financial staff to begin gathering information related to hospital's finances. Assuming the same process as was used with the Mayview project, the most recent cost report from Torrance will be used to identify the fixed, variable and step-variable costs associated with the closure of 30 beds. Once these costs are identified, a total amount will be identified to move into the communities to support consumers as they are discharged; this amount will be allocated based on a previously agreed-upon formula.