

Torrance Area Planning Meeting Minutes
September 27, 2007
10am - 2pm

Present at meeting: Joyce Ainsworth, Sherry Anderson, Laurie Barnett-Levine, Pat Brady, Barb Bruner, Tim Casey, Bethany Connors, Mary Jo Dickson, Chris Duncan, Mary Fleming, Eric Hagland, Mary Helm, Marcia Hepner, John Herrmann, Darryl Holts, Carol Horowitz, Jim Kuemmerle, Bobbi Lawrence, Edna McCutcheon, Tracy Merritt, Sharon Miller, Scott Moyer, Kelly Murdock, Kim Patterson, Brandi Phillips, Joni Putt, Teresa Rudy, Heath Siemon, Marlinda Smith, Pam Smith, Jessica Strong, Nancy Svonavec, Char Troutman, Lisa Tumolo, Lucille Underwood, Kathy Yarzebinski

1. **Review/Acceptance of the August 23, 2007 Minutes:** The minutes from the August 23, 2007 meeting were accepted without any changes. They will be posted to the www.torrance-sap.org website.
2. **Stakeholders Meeting Recap:** The stakeholders meeting held on August 23, 2007 was very well attended. A summary of the major themes discussed during the break-out sessions was compiled and distributed to the Planning Committee. This information will be used to spur discussion among committee members when creating the counties' service area plans. The discussions may show where gaps in service coverage exist that need to be addressed, and where there may be opportunities for regional or multi-county collaborations to occur.

Four topics were discussed in more detail: transportation issues, supportive housing, employment opportunities for consumers, and how to better engage communities to lessen the stigma surrounding mental illness.

Transportation: Committee members agreed that lack of transportation is a huge, ongoing problem that creates numerous "quality-of-life" issues for consumers. Many consumers are either forced to move to urban areas where there are more transportation options available, or else face difficulties maintaining their health, work, and social relationships due to not being able to get where they need to go.

Public transportation is very costly for the counties to provide, and may also present additional logistical problems when scheduling route pick-ups and drop-offs (for example, it is difficult to be available for emergency situations). Further, many transportation options are not available in the evenings or on weekends.

Several solutions were discussed. One involved adding more mobile services as a way of reaching out to rural consumers. For example, drop-in centers and other service providers could purchase vans to increase their ability to connect with consumers. This would alleviate the need for consumers to find a way to services, but could increase their feelings of isolation. There may be a way for several counties to collaborate together on this issue to help defray the costs.

Housing: There is general consensus that there isn't enough individualized subsidized housing available – once that is created, support systems can be developed and put into place to serve consumers.

One barrier to creating more housing units relates to funding. Some counties may be able to use reinvestment dollars, but several of the TSAP counties are new to HealthChoices and do not yet have reinvestment funds. Any development of housing units also requires the county to have a relationship with local housing authorities, to be able to quickly match up the number of units available with the number of people with vouchers waiting for a housing unit. There may be an opportunity for several counties to work with a “housing support team” that would be able to help consumers find apartments, navigate Section 8 requirements, set up utilities, and so forth.

There is also the need to ensure sustainable funding for supported housing. Mary Fleming suggested that the counties work to reduce their dependence on services that rely solely on base or CHIPP funding, and instead move towards ones that utilize HealthChoices funds. These are both more flexible and tend to have rates can be adjusted based on data and evidence-based practices.

Employment opportunities: While at TSH, each consumer is assessed for work readiness before being discharged, and many individuals report that working while at Torrance is a very meaningful activity for them. This matches what has been found at Mayview - some consumers don't want to leave the hospital because they have a job there which they enjoy and are afraid they won't be able to work once in the community. Once discharged, many consumers would prefer to find meaningful work opportunities as opposed to menial jobs. However, it may be difficult for some consumers to find “meaningful” work due to little or no higher education experiences and/or lack of transportation to the employment.

Blair County mentioned that a clubhouse has proven very useful in their county for providing work-related opportunities to consumers, particularly those that are transition-age (18-21). The clubhouse worked very closely with providers to develop jobs suitable for consumers, and in some cases even created jobs for specific individuals. While there was heavy turnover initially, the model has proved very successful and reinforces the ideas of recovery and lessening the stigma of mental illness as consumers effectively interact with the public.

A suggestion was made that service area plans could fund employment services or increase the number of paid peer specialist opportunities.

Reaching out to communities: Suggestions were made as to how to best reach out to communities to more actively engage and educate them about the principles of recovery. One suggestion was to sponsor a regional conference similar to the one AHCI held in September, but geared towards the TSAP service area; this would benefit consumers, providers, current TSH patients, and the community at large. Another suggestion was to develop a seminar that could travel to each of the counties and present recovery-focused

information to providers or other groups. Several advocacy groups including NAMI and MHA of Westmoreland County sponsor trainings, and TSH also has a family outreach program that goes out into the counties for presentations. However, it seems as if the same people attend the trainings each time. One suggestion was for the Planning Committee to brainstorm ways to reach out to new audiences.

3. **CSP Updates:** As of September 27, twelve initial CSP meetings had taken place at Torrance State Hospital. The remaining initial CSP meetings will take place by October 31. Second-round meetings are already being scheduled, with county and hospital staff working to complete the tasks they were assigned in the initial meetings. In general, follow-up meetings are being scheduled for anywhere from three weeks to three months after the initial meeting, depending on the needs and wishes of the consumers. Peer mentors and/or peer specialists have come to many of the meetings, which have proven to be of benefit to the process. Although it is early, there are already clear patterns emerging, such as the need for intensive case management and the need for additional housing options. A summary of these patterns will be presented at next month's Planning Committee meeting.

Kelly Murdock from AHCI serves as one of the facilitators and will have an office at Torrance State Hospital two days a week. She will follow-up on CSP-related issues, gather information for the meetings, check consumers' eligibility for benefits, and complete other tasks as needed.

4. **Discussion of expanding advocates in region:** Carol Horowitz talked about the role advocates should play in CSP meetings: they should read the relevant documents and talk with the consumer before the meeting, help the consumer determine his/her "value system," follow the consumer through the CSP process and speak up for him/her if needed, and complete follow-up tasks as necessary. Most of the advocates should come from the consumers' own counties, since they are more likely to be familiar with the service options available. Peers can serve as advocates if they have the right skill-set; advocates tend to be more adversarial than peer mentors.

Regarding funding, the Disability Rights Network is federally funded; Allegheny County pays the MHA for its external advocates. There was some discussion as to whether the MHA of Westmoreland County could offer contracts with the TSAP counties to fund additional advocates. John Herrmann also suggested several names of potential advocates. Brandi Phillips asked the committee to email her names of potential advocates by Tuesday, October 9 which she would forward to Carol Horowitz in hopes of setting up training to increase the advocate pool in the region.

5. **Trainings:**
 - a. **Certified Peer Specialist Training:** The Certified Peer Specialist training will take place October 15-19 and October 28-November 2 at the FourPoints Sheraton in Greensburg. The kick-off will take place on October 29-30. AHCI will send each county an estimate of the costs per person for the training. OMHSAS will cover the

cost of the trainers; all other costs will be picked up by the counties. After the training, AHCI will send an invoice to each county for the actual costs incurred.

b. Regional Training Sessions: The week of December 10-14 is being held for the three regional training sessions focused on recovery principles and assertive community treatment models. The three locations for the trainings are Butler, Greensburg, and Altoona. Similar to the stakeholders meeting, AHCI will coordinate the logistics of the event and send a flyer to the counties; the counties will customize the flyer and distribute it.

6. Other topics: Questions about budgeting came up during the course of the meeting. Several counties expressed concern that consumers may have to wait to be discharged due to the financial burden of creating services. Brandi Phillips explained that the counties will be able to receive half of their CHIPP funding this fiscal year, which should be available to transfer to the counties near the beginning of 2008. Therefore, it makes sense to start discussing budgetary issues now; towards that end, she will review a budget template for each county. The template uses a model to plan for service needs for those being discharged from the state hospital, and for diversion services that are needed for the community to prevent people from having to be admitted to the state hospital.

Dan Frankel is sponsoring PA House Bill 1448, which aims to protect any proceeds from the sale of a state mental retardation or mental health facility in a special “trust fund” to benefit mental health consumers in the state. Carol Horowitz encouraged all members of the Planning Committee to support the bill.