

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

Volume 13, Issue 2 Spring 2007

Mayview and Torrance State Hospitals: Update on Service Area Planning Process

The Pennsylvania Service Area Planning process brings together counties, state hospitals, family members, consumers, advocates and other stakeholders to plan for a continuum of community-based services and supports to decrease reliance on the state hospitals. Because the Service Area Planning (SAP) process builds stronger mental health systems for all consumers, not just those discharged from a state hospital, the continued attention and meaningful involvement of Pennsylvania family members and consumers is very important.

The Service Area Planning (SAP) processes for both Mayview and Torrance State Hospitals* have made considerable progress since *The Voice* last featured the service area plans in the spring edition of 2006.

Mayview Regional Service Area Plan (MRSAP)

Phase One:

Assessment and Community Support Plan Process

During Phase One of the process (July 2005 – June 2006), a discharge planning process grounded in recovery principles was developed. Consumer and Family Satisfaction Teams (C/FSTs) from each county completed consumer and family member assessments to learn what individuals want and need to be successful in the community. Mayview treatment

teams also completed clinical assessments.

Thirty-eight individuals were assessed with the goal of identifying 30 people for discharge.

Based on the completed

assessments, facilitated community support plan (CSP) meetings were held to ensure adequate planning for individuals returning to the community. During the CSP meetings, the consumer, family members, advocates, Mayview treatment team, counties and community providers discussed the consumer’s preferences and needs, explored options for services and supports, and developed a comprehensive plan. Individuals usually had multiple meetings in order to ensure the CSP was thorough and addressed the consumer’s interests and needs. An independent facilitator coordinated each meeting and encouraged participants to “think outside of the box” and focus on more creative solutions to meet people’s needs.

By the end of Phase One, 30 individuals who had been at Mayview two years or longer were discharged; 30 beds were closed following those discharges. As part of MRSAP’s quality improvement efforts, feedback on the Phase One process was gathered from participants and improvements to the process were implemented in Phase Two.

Phase One Outcomes

While discharging these individuals from the state hospital involved the substantial, coordinated efforts of many people, it is really the beginning, or first step, in helping individuals regain meaningful lives in the community. As a result, a comprehensive monthly monitoring plan was developed to ensure that consumers have access to the treatment and supports outlined in their CSPs and opportunities to reintegrate into the community. Also, every six months, the C/FSTs interview consumers about their access to resources, involvement in treatment, and quality of life.

For those discharged during Phase One, fewer individuals than in the past had asked for locked residential care or highly structured group living in the community as part

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What You Need to Know About Mental Health and College

In the wake of the Virginia Tech tragedy this edition's Children's Corner focuses on Mental Health and College

A Snapshot of College Mental Health Centers: A NAMI Survey

For many people, college is one of the best times of their life. The college years provide a critical transition from childhood to adulthood, as well as a unique time to pursue academic interests and bond with friends.

However, the college years (typically 18 to 24 years of age) also coincide with the age of onset for serious mental illnesses and can be a crucial time to diagnose and treat young people in the early stages of a mental illness. And, because of improvements in early detection, more students now than ever are entering college already having a diagnosis of a serious mental illness and a treatment plan. Together, this means that mental illness is a growing reality on college campuses today.

To gauge the readiness of college campuses in supporting students with mental health needs, NAMI National surveyed the directors of selected campus mental health centers. The sample included 150 colleges and universities known for academic excellence and represented public and private, large and small institutions in every region of the country. The results provide a snapshot of mental health practices and policies at colleges across the country, including:

- Spreading awareness of mental health on campus
 - ~ Eighty-eight percent of campus mental health centers provide training for on-campus employees in various departments, including residential staff, academic advisers, and campus security.
- The vast majority of mental health centers have the capacity to treat students with serious mental illness
 - ~ Approximately three-quarters of mental health centers either employ a psychiatrist or have a partnership with a community-based psychiatrist for referrals.
- University policies are flexible for students with serious mental illness
 - ~ Eighty-eight percent of schools offer students in need of intensive psychiatric care a leave of absence without academic penalty. For students who have attempted suicide, the majority of schools evaluate the student's standing on a case-by-case basis.
 - ~ For students returning after a leave of absence,

schools connect students to a variety of supports, both on and off-campus.

To get involved in college mental health, consider starting a campus affiliate of NAMI. To date, thirty-one schools have a NAMI on Campus affiliate to provide education, support, and advocacy for students with mental illnesses. For more information on NAMI on campus activities visit www.nami.org

My Depression in the Dorms

Nami.org recently partnered with HealthCentral.com and provides a link to the organization's website. The following is Deborah's Gray's personal account, used by permission from HealthCentral.com's website.

While I won't go so far as to say that my college years were the best of my life, it's a period I remember fondly. Except for the two dark holes of depression that I recall all too well. One occurred when I was expelled for one semester and the other reared its ugly head in my last semester of college. Depression has been on the rise among college students in the past two decades. One factor is very likely earlier diagnosis and improvements in antidepressants that enable young people with mental illness to function at a higher level. In the past, those young people might not have made it to college at all. The passage of the Americans with Disabilities Act (ADA) in 1990 prompted educational institutions to become more accessible to students with mental illness. As long as students can meet the school's academic standards, colleges, especially ones that accept federal aid, must provide accommodations for students who battle mental illness, which might include lighter course loads or extra time to finish assignments and take exams.

College brings with it many different types of stress—and many that a student has not encountered before. The freedom that young adults find in college can be exhilarating, but it can also be terrifying. For the first time, young people don't have a parental safety net to protect them from making poor decisions, and they alone bear responsibility for the consequences. For some this is a positive step towards adulthood, but for others it brings an enormous amount of stress.

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The increased academic pressure weighs heavily on many students, not only because courses tend to be tougher than high school, but also because failure is much more expensive, and the consequences much greater. When I failed two courses and was expelled, it ended up costing my parents thousands of dollars. I got back into my college and subsequently made Dean's List, but I was very much aware of the price of failing my courses after that.

Other stressors include social challenges (meeting new people, navigating a different type of social scene than high school) and anxiety about the future. The job market is much more uncertain than it was twenty or thirty years ago, and a college diploma the course of your life and how successful you will be — pretty serious stuff for an 18 or 19 year old to consider.

And then the course of your life and how successful you will be — pretty serious stuff for an 18 or 19 year old to consider.

And then there's the partying. For many students, drinking is the method of choice for blowing off some steam, with four in five college students drinking and half of those doing what qualifies as binge drinking. The consequences this high a prevalence of drinking include 1,700 deaths of college students per year from alcohol-related unintentional injuries as well as hundreds of thousands of assaults, injuries and sexual assaults. College drinking is obviously nothing new, but some experts are concerned that some of this drinking is due to self-medication by students with depression and little support or education about the illness. In addition the lack of sleep, a constant for most college students, can exacerbate unipolar depression and trigger mania in someone predisposed to bipolar depression.

The good news about depression among college students is that, for some, symptoms of depression may be a short-term reaction to one or more of the aforementioned stressors as opposed to full-blown clinical depression. In many cases, short-term therapy will be all that is needed things back on track. It is essential that it be treated, though, since short-term depression can evolve into a more permanent state if left untreated.

What are colleges doing about mental health on campus?

Colleges and universities are on the horns of a dilemma when it comes to students with mental illness issues, due to some new developments in the past few years. While many schools have become more accessible to students with a mental illness since the passage of the ADA, the high

profile suicide of a Massachusetts Institute of Technology student and the subsequent lawsuit by her parents seems to have caused many schools to rethink that accessibility and accommodation. In April 2000 Elizabeth Shin committed suicide in her M.I.T. dorm room. Her parents filed a wrongful death lawsuit two years later claiming that M.I.T. was more concerned with Elizabeth's privacy than her well being by failing to inform them of her deteriorating mental health and their failure to provide coordinated mental health care.

Although the case was settled before trial, it, along with other recent suicides and lawsuits, seems to have made schools very nervous. Many of them are now responding to suicidal thoughts in students by either suspending any student who expresses them or forcing the student to choose between psychiatric treatment or expulsion. Some schools, such as New York University, revamped the medical questionnaire they send to the entering freshman class to include questions about psychiatric history.

As a consequence, a rash of lawsuits has cropped up, brought by students who claim that they are being discriminated against for being mentally ill. Including questions about psychiatric history on medical questionnaires could cause serious problems for the school if they either expel the student in the future with the knowledge that he or she was protected under the ADA, or get sued by the parents of a child who committed suicide because they didn't reach out to the student and provide mental health services. Many schools are floundering around in terms of deciding how to respond to students with emotional or mental illness issues.

What can parents do?

Since most colleges consider students adults, as they indeed are after the age of 18, parents may find it difficult to get any information about their child's treatment directly from the college. Schools consider it a violation of the child's privacy, supported by the Health Insurance Portability and Accountability Act of 1996. [Most recently Congressman Tim Murphy, (PA-18) has introduced legislation that would allow schools to inform parents regarding the mental health treatment of their adult age dependent children — refer to the *News Around the Region* column within this edition for details on this and other pending legislation of interest to the MH community.] Currently it is possible to have your child sign a waiver that will allow the school to contact you if they are concerned about your child's welfare.

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Schizophrenia: A Practical Primer

Co-Authored by Ravinder Reddy, MD and Matcheri Keshavan, MD, Copyright 2006

This book is written primarily for general practice physicians, psychiatry trainees, and early career mental health professionals. However it is an excellent read for family members as well, and anyone interested in gaining a better understanding of this biological brain disorder.

The book begins with a "how to read" section, and closes with a comprehensive glossary of terms including useful websites. I found the "Who's Who" in the history of schizophrenia, compiled by Dr Keshevan, to be quite informative. The poems and inspirations written by Dr Reddy, found at the beginning of each chapter are a welcomed addition.

The authors cite that approximately 50 million people worldwide and 2.2 million in the US alone are diagnosed with schizophrenia with an estimated 1/3 currently not in treatment and an overall reduced life expectancy of 10 years. The critical role of determining the proper diagnosis, effective treatment options and securing community supports along with the need for personal considerations of individuals are addressed throughout this Primer.

In the chapter on proper diagnosis, the authors warn of labeling individuals as "schizophrenic", as opposed to "having schizophrenia", and do a fine job of explaining the stigma and fear associated with this diagnosis. Mnemonics are used throughout the book, and the destructive effects of stigma are illustrated as ANGUISH: alone, negative experiences, guilt/shame, (leads to): untreated illness, incarceration, substance abuse, health worsens. Stigma reduction suggestions are included. The authors bring to light the need to involve families in the education and treatment planning process. Extensive notations of myths pertaining to schizophrenia are countered with the inclusion of a list of "myth-busting" facts.

As the book progresses thru the treatment-specific-phase-of-illness approach, many actual case vignettes are used, with accompanying questions/answers for the reader given at the end of each chapter. I especially found the chapter on treatment non-adherence interesting. Each situation includes a resolution "to do" list. Such as: improving therapeutic alliance, improving upon trust building relationship, truly listening to the consumer, adjusting dose or possibly switching to another medication,



and improving upon continuity of care by making treatment more accessible and consumer friendly.

Several professional journal critiques concur that the information presented in *Schizophrenia: A Practical Primer* is the most current and insightful — as these clinicians are forerunners in the field of schizophrenia and above all I know them to be compassionate providers and researchers. If you have ever attended one of Dr "Kesh's" many workshop presentations for NAMI conferences, you would immediately recognize his compassion and his skilled teaching style within the pages of this text. I highly recommend this primer for people interested in the most up to date research findings and effective treatment options. ☺

Mim Schwartz has been an active member of NAMI Pittsburgh East FAMILIAS since 2003. She also has launched a NAMI Spouse Support Group. Added to her many volunteer contributions, Mim is a NAMI Family-to-Family Teacher.

Updates on Initiatives, Policy, and Legislation Impacting the Mental Health Community

Sharon A. Miller, Director of Education and Outreach, NAMI Southwestern Pennsylvania

NAMI's "Spending Money in All the Right Places" Series Highlights Pennsylvania and the Consumer Action and Response Team (CART)

Too often advocates focus on what's wrong with the mental health system. A new series of NAMI national fact sheets profiles what's right in some states and offers an introduction to ways to proactively reform states' Medicaid and mental health system.

Each fact sheet includes an introduction to an issue of relevance to consumers and families and a profile of a state that has successfully implemented reform with the assistance of NAMI advocates. Pennsylvania is credited with innovation in involving consumers and families fully in the public sector managed behavioral health care process; citing CART, a program of NAMI Southwestern Pennsylvania, as an example of ensuring for satisfaction as a key quality indicator.

The series currently includes fact sheets on Disease Management, Outcomes Measurement, and Consumer and Family Involvement with additional topics planned for future publication. The fact sheets are available on our website at www.namiswa.org.

Center for Medicaid and Medicare Services (CMS) Approves Pennsylvania State Plan Amendments

With Mobile Mental Health Treatment and Peer Support Services now approved as Medicaid reimbursable, our community-based system of care reflects much needed progress in the transformation to a treatment, service and support system that is more comprehensive and enhanced.

This availability of mobile mental health treatment and expanded opportunities for peer support is made all the more important as Pennsylvania continues the shift from a public mental health system that relies on large state-run facilities to one that is much more community based.

Mobile Mental health Treatment (MMHT):

At this time, MMHT may be provided by any licensed psychiatric outpatient clinic enrolled in the MA Program. Each psychiatric outpatient clinic already enrolled in the MA Program has been automatically authorized to provide MMHT.

For questions regarding MMHT, contact the Behavioral Health Services Hotline at 800-433-4459.

Peer Support Services:

As of print date the Peer Support Bulletin and Provider Handbook has just received approval. OMHSAS indicates the guidelines regarding enrollment, billing, payment and programmatic reviews are included in this document. To assist in the development and implementation of Peer Support Services, OMHSAS plans to offer several one-day technical assistance sessions across the state to help prepare stakeholders, providers and potential providers.

New Report Highlights Housing Solutions for People with Psychiatric Disabilities

The problems of residence in personal care homes for people living with mental illnesses is the focus of a new report, *Transforming Housing for People with Psychiatric Disabilities Report*, now available from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The report offers recommendations to improve the quality of life of individuals residing in personal care homes. The report calls for a recovery-oriented approach based on the principles of self-direction and community integration.

Transforming Housing for People with Psychiatric Disabilities Report is available on the Web at: <http://mentalhealth.samhsa.gov/publications/allpubs/sma06-4173/>. Print copies may be obtained free of charge by calling: 1-877-SAMHSA-7 (1-877-726-4727) and requesting inventory print number 4173.

ADS Center Update: Stigma Reduction Tool Kits Available

As we know, developing and sustaining anti-stigma programs demands a significant investment in time and volunteer hours. To help advocates make the most of existing resources while also developing new strategies for countering stigma, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a new publication.

According to the SAMHSA press release, *Developing a Stigma Reduction Initiative* is a Resource Kit intended to support local efforts. It contains a wealth of information, tips, and advice that can help with event planning, partnership development, outreach to schools and businesses, locating mental health resources, marketing to the general

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public, and grassroots outreach. The kit also contains sample materials and templates that can be customized to reflect local efforts and include local contact information.

The resource kit is available online by visiting the ADS Center Web site, <http://www.stopstigma.samhsa.gov/> and following the link under “Featured Pages.” A hard copy can be ordered by calling SAMHSA’s National Mental Health Information Center at 1-800-789-2647.

HB 54 Update: Legislation Safeguarding Funds from Future Sales of State MH-MR Facilities, Remains in Standing Committee

Representative Dan Frankel’s (D-Allegheny) proposed legislation amending the MH or MR Facility Closure Act, was referred to the House standing committee on Health and Human Services in late January. There has been no action on the bill since that time. The efforts to safe guard funds from the future sale of any state run MH/MR facility is crucial as Pennsylvania continues the shift towards a mental health system that is more community based.

HB 54 would prohibit the proceeds from these future real estate transactions being placed into the General Fund, which is currently the case. Rep. Frankel’s legislation would ensure that these funds would be safeguarded for provision of community-based treatment, services and supports.

Call to Action to Support HB 54:

- Locally, Rep. Jake Wheatley (D-Allegheny) holds a majority leadership position on the HHS standing committee and NAMI members are urged to contact Rep. Wheatley and ask for his support of HB 54 by facilitating its movement to the full floor.

Hon. Jake Wheatley
2015-2017 Centre Avenue, Pittsburgh, PA 15219
(412) 471-7760 Fax: (412) 471-8056

- Additionally please contact your representative (visit our website if don’t know who represents your district) and alert them to this proposed legislation and urge them to lend their support to HB 54 by becoming a co-sponsor of the legislation to safeguard funds. Ask for their pledge to vote to approve HB 54.

PUSH FOR PARITY Update

The last edition of this column announced renewed nationwide efforts to enact full fairness and equal insurance coverage (parity) for mental health treatment as compares to coverage for physical healthcare. Together each of us

can ensure that this is the “Final Push for Parity” by contacted our federal elected officials and urging their support to end this discrimination in behavioral health coverage.

Proposed Senate Legislation:

Senators Pete Domenici (R-MN), Ted Kennedy (D-Mass), and Mike Enzi (R-Wyo.) have introduced the Mental Health Parity Act of 2007 - S 558, referred to and adopted by the Senate Health, Education, Labor and Pensions (HELP) Committee by an 18-3 vote. The Senate has not yet scheduled a date for floor consideration by the full Senate. Both Senators Casey and Specter support the Mental Health Parity Act. Please consider sending each a quick note thanking them for their support.

Proposed House Legislation:

Reps. Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) introduced the Paul Wellstone Mental Health and Addiction Equity Act in March and held legislative field hearings in several locations around the country including Pittsburgh.

- NAMI members are urged to call and email their US Representatives and let them know we need their support for the Kennedy-Ramstad bill ensuring for fairness in health insurance coverage.
- Become a citizen co-sponsor of the Kennedy-Ramstad parity bill by going to www.equitycampaign.net and signing on your support.

The Mental Health Security for America’s Families in Education Act

Congressman Tim Murphy (R, PA-18) recently introduced legislation that will allow parents to be informed of any treatment recommendations for mental illnesses or general behavioral health concerns regarding their college-age children.

The Mental Health Security for America’s Families in Education Act, HB 2220 will allow schools and universities to share a student’s mental health information with their parents or guardians if the student is found to be at risk of suicide, or of committing homicide or physical assault.

NAMI members are urged to contact their US Congressman and ask them to support HB 2220. HB 2220 is an important step for forward in more clearly defining circumstances in which colleges and universities can release information to parents including risk for suicide or physical danger related to mental illness.

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“Far too often schools are too worried about litigation rather than the overall well-being of the students on campus,” said Congressman Murphy, Co-Chair of the Congressional Mental Health Caucus. The Mental Health Security for America’s Families in Education Act will allow schools to initiate communication with parents regarding the treatment needs of their child. Congressman Murphy adds “Parents may be in the best position to help a student suffering from significant mental illness by providing emotional support, medical history, coordinating care with various mental health and medical professionals, and long-term follow-up. They will be there for the child long after the school is gone.”

The Betty Holder Memorial Scholarship

Mim Schwartz and Maria Nychiz are the first time recipients of the Betty Holder Memorial Scholarship. This scholarship fund was established in Betty’s memory through memorial donations in honor of Betty’s dedication to the importance of educating other families. Mim and Maria will be utilizing the scholarship to attend the NAMI national convention in San Diego and plan to share the information with their affiliates.

For more information about NAMI Southwestern Pennsylvania scholarship opportunities or to contribute contact the office at 412-366-3788.

NAMI Southwestern Pennsylvania Wishes to Thank All Who Helped to Make the 2007 Regional Conference a Great Success

The 2007 conference, "Defining Quality in Behavioral Health Treatment and Supports: An Action Plan for Recovery" opened with an address by Lynn Borton, Chief Operating Officer, National Alliance on Mental Illness, who provided a timely update on the relevance of NAMI to the grassroots membership.

Many skilled individuals contributed their time and expertise to ensure that the dialogue on Quality was interactive, and family member and consumer inclusive. Much thanks to plenary participants: Susan Eisen, PhD, Research Scientist, Boston University School of Public Health Policy; Joan Erney, JD, Deputy Secretary, OMHSAS, Pennsylvania Department of Public Welfare, Mary Giliberti, JD,



Keynote Presenter, Lynn Borton, Chief Operating Officer, National Alliance on Mental Illness

Director of Policy and Advocacy, National Alliance on Mental Illness; Frank Ghinassi, PhD, Vice President, Quality and Performance Improvement, Western Psychiatric Institute and Clinic, UPMC; and Ken Thompson, MD, Medical Director, Center for Mental Health Services.



illness, which might include lighter course loads or extra time to finish assignments and take exams.

Comments from conference attendees indicated that quality is an important topic and were enthusiastic about the day’s panels and workshops.



As the transformation of mental health service delivery and policy is occurring at every level, consumers and family members are urged to advocate for quality recovery focused treatment, services and supports available and accessible in all communities throughout our region. Conference educational materials, power point presentations, photos, and the roster of conference supporters are available at www.namiswa.org.

NAMI Support Groups



Allegheny County

**NAMI-CAN Support Group
(Child & Adolescent Network)**
Contact: Linda Ernhardt
(412) 931-9478

NAMI Pittsburgh South
Mt. Lebanon,
3rd Wed. each month
Contact: Donna Maher
(412) 653-2476

NAMI Pittsburgh North
Ross Twp.,
Contact: (Day) Dick/Sarah
Focke (412) 367-3062 or
(Eve) Pete/Candy Venezia
(412) 361-8916

**NAMI Pittsburgh East-
FAMILIAS**
Churchill,
4th Wed. each month
Contact: Anne Handler
(412) 421-3656

**NAMI Spouse Support
Group**
Contact: Mim Schwartz
(412) 731-4855

**NAMI Sewickley Family
Connections - Sewickley**
Contact: Kathy Monahan
(412) 749-7418

**NAMI McKeesport -
McKeesport**
2nd Thurs. each month,
Contact: Cindy McHolme
(412) 754-0998

**NAMI Western PA
Borderline/Personality
Disorders Family Support
Group**
North Hills,
Contact: Rose Schmitt
(412) 487-2036

**Minority Families of the
Mentally III - Oakland,**
2nd Sat. each month,
Contact: Wilma Simons
(412) 320-0601

**NAMI W.P.I.C. Family
Support Group - Oakland**
Contact: Merle Morgenstern
(412) 246-5851

Beaver County

**NAMI Beaver County -
Rochester** 3rd Thurs. each
month,
Contact: Connie Roman
(724) 843-1593

NAMI-CAN Beaver County
Beaver, 3rd Tues. each month
Contact: (724) 775-6304

**NAMI-C.A.R.E. (Consumers
Advocating Recovery
through Empowerment) -
Beaver**
2nd Tues. each month
Contact: (724) 775-6304

Butler County

NAMI PA Butler County
Butler, 3rd Wed. each month
Contact: Butler NAMI Office
(724) 431-0069 or
Sandy Goetze (724) 452-4279

Fayette County

**NAMI Fayette County -
Uniontown,**
4th Tues. each month,
Contact: Carmella Hardy
(724) 277-8173

**NAMI-C.A.R.E. Fayette
County** Uniontown,
2nd & 4th Tues.
Contact: Carol Warman
(724) 439-1352

Indiana County

NAMI Indiana County
1st Tuesday each month,
Contact: Stanley Lewis
(724) 349-3939

Lawrence County

NAMI Lawrence County
New Castle, Contact:
Sandi Hause (724) 657-0226

Washington County

NAMI Washington County
4th Thurs. each month,
Contact: Tom Shade (724)
228-9847

Westmoreland County

NAMI Alle-Kiski
New Kensington,
2nd Wed. each month,
Contact: Mary K. Slater
(724) 335-4593

NAMI Mon Valley

Monessen & Irwin locations
Contact: Harriett Hetrick
(724) 872-2186



Every journey begins with that first step. NAMI Southwestern Pennsylvania is proud to announce our first-time participation in the nationwide NAMI WALKS for the Mind of America campaign. Won't you consider joining us in our efforts to raise much needed funds to support our mission while raising awareness that mental illnesses affect everyday people and that recovery works — when everyone has access to quality behavioral health treatment, services and supports.

HOLD THE DATE: October 7, 2007

WALK LOCATION: Southside Riverfront Trail
WALK START TIME: 10:00 AM (rain or shine)

Please visit our website at www.namiswpa.org and click onto the NAMI WALKS link for WALK TALK updates and for information on the many ways you can join us in the NAMI WALKS planning, publicity, sponsorship and walk team organizing efforts.

For more information on our inaugural NAMI WALKS for the MIND of AMERICA contact the NAMI Southwestern Pennsylvania office at 412-366-3788 or toll-free: 1-888-264-7972.

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of their discharge plan. Homes in clustered apartment settings with more limited on site staff or settings that emphasize the provision of community support services by providers have met several individuals' needs. Given the long lengths of stays of many consumers and the fact that many have highly complicated medication regimens along with serious co-morbid medical conditions, this represents the beginning of a significant shift.

While a small percentage of people had family members participate in the assessment process, the great majority has some support from family members in the community. No consumers have returned to the state hospital. Community hospital stays usually have been short; people have worked together on discharge plans to improve the consumer's community supports. The emphasis is on bringing supports into their home to the greatest extent possible by relying more extensively on community treatment teams and intensive case management.

Service Development

In order to support those individuals discharged and to continue community service enhancement, the Pennsylvania Department of Public Welfare allocated \$3.2 million for the five counties. The counties are using those funds to support the community support plans of the consumers in Phase One and to develop or enhance several services. Based on the needs of consumers for Phases One and Two, the focus of initial service and support development has been and will continue to focus on:

- Finding or developing housing that meets consumers' preferences and provides the flexibility for the level of staffing both consumer and staff have indicated is needed
- Enhancing or expanding intensive case management services and/or community treatment teams to provide the level of in-home services needed
- Developing peer services and supports to address the isolation individuals may experience in the community
- Developing and/or enhancing mobile psychiatric rehabilitation services
- Providing transportation support especially in more suburban or rural areas
- Beginning development of community-based employment opportunities
- Developing non-hospital crisis capability and extended acute care

The scope of these services illustrates how flexible the counties will need to be in their ability to deploy

services to support individuals, perhaps through the development of services and supports on a more regional basis. These opportunities are likely to arise around very specialized needs of consumers and/or very high cost/low demand services.

Phase Two Assessment and Community Support Plan Process

Phase Two (July 2006 to June 2007) of the MRSAP, the planful assessment and discharge of an additional 30 people who have had extended stays at Mayview State Hospital, is currently being implemented. This will result in the reduction in capacity at Mayview of another 30 beds.

Based on lessons learned from Phase One, improvements to the Phase Two process include the designation of a lead facilitator to improve the consistency of the process and to provide more follow-up; earlier and more extensive involvement of community staff to develop the CSP and engage with consumers; and establishment of a peer mentor program to begin engaging people for whom the hospital has become a home over the years and who may be fearful of leaving.

For this second phase, 52 individuals were selected; all but one has been at Mayview more than two years during their most recent stay. By mid-November of 2006, the CFSTs had completed all the peer-to-peer assessments and family assessments. As of April 15th, more than 100 individual CSP meetings had been held; the meetings will continue until each individual has a complete plan outlining the services and supports necessary for a successful transition to the community.

Torrance State Hospital Regional Plan

The counties and Torrance State Hospital have embarked on a planning process similar to the one at Mayview, although the plan is at a much earlier stage. Similar to the Mayview service area, the counties understand the need to engage in a more coordinated, regional planning process, both from a consumer-centered and system perspective. In addition, the counties also are interested in developing a consumer community support planning process (CSP) that will result in more detailed discharge plans and more information that can be used in community service planning.

To date, the planning group has set the following goals for the next year:

- Establish a formal steering committee, with monthly meetings, to include consumers, families, advocates, county staff, hospital staff, Department of Public Welfare employees and providers

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- Recruit and train facilitators and recorders to conduct CSPs
- Conduct a financial analysis of both hospital costs and service needs of consumers
- Conduct regional service planning to meet the needs of consumers as they are identified through the CSP process. The counties have already identified potential regional opportunities for service development.
- Conduct training in recovery principles and practices in multiple locations across the service area
- Begin developing the monitoring process necessary to follow individuals once they are discharged

The counties have proposed working to discharge 15 people who have had extended stays at Torrance State Hospital by June 30, 2008 and to discharge a second set of 15 people by September 30, 2008. This would lead to a total reduction of 30 beds. In order to identify 30 people for discharge in the process, the counties will complete approximately 55 CSPs. The counties are also planning to develop CSPs for all individuals who have been at the hospital two years or longer. They will utilize a process very similar to the one being used at Mayview.

Both the Mayview and Torrance State Hospital Service Area Plans hold the promise of strengthening Southwestern Pennsylvania's community mental health systems, by providing the treatment and support services consumers need as well as opportunities to truly reintegrate into the community.

To ensure the Mayview and Torrance service area plans continue to follow NAMI's position on responsible state hospital downsizing (see *February 2007 Position Brief* at

www.namispwa.org), NAMI members must continue to engage in this process. Opportunities for participation include attending regional stakeholder's meetings and joining one of the planning committees. ☺

** The Mayview service area includes Allegheny, Beaver, Greene, Lawrence and Washington counties. The Torrance service area includes Allegheny (northeast townships only), Armstrong, Indiana, Blair, Bedford, Somerset, Cambria, Fayette, Butler and Westmoreland counties.*

NAMI Southwestern Pennsylvania is grateful to Allegheny HealthChoices Inc. for providing the information included in this feature article.

For more information on the Service Area Planning Process, including accessing upcoming meeting schedules and planning documents, contact your county MH/MR Administrator or:

Mayview State Hospital: www.mayview-sap.org
Mary Jeanne Serafin, CEO, Mayview State Hospital
1601 Mayview Road, Bridgeville, Bengs Building
(412) 257-6200

Torrance State Hospital
Edna I. McCutcheon, CEO, Torrance State Hospital
PO 111, Greizman Building, Torrance, PA
(724) 459-4411

**Office of Mental Health and Substance Abuse Services:
Bureau of State Hospital Operations**
Aidan Altenor, Director, 1st Floor, Beechmont Bldg #32, Harrisburg State, Hospital Grounds, (717) 705-8152

Office of the Deputy Secretary, OMHSAS
Joan L. Erney, Deputy Secretary
Health and Welfare Building, Rm 502, PO Box 2675
Harrisburg, PA 17105-2675 (717) 787-6443

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It's also important to know what the school's policy on students who express suicidal thoughts. Will your child be expelled or forced into treatment if they confide in a counselor or does the school make a commitment to helping the student stay in school and get counseling or treatment?

The most important thing parents can do is remain in contact with their students to watch out for changes in mood, stress levels, and challenges, and to make sure students understand their mental health support options on campus.

What can friends and roommates do?

As a friend or roommate, you're on the front line when it comes to offering support, which can feel like a lot of responsibility, but it also means you can make a big difference in helping another student. You can encourage person to seek support. Sometimes that nudge is all someone needs to make an appointment. You can ask an older students or resident advisor to step in. And yes, you can contact the student's parents if it feels appropriate.

And if you, as a college student, feel overwhelmed, hopeless or emotionally exhausted, remember that this is not the way it's supposed to be. Get some help for your depression and it's likely that you'll find college is an immensely satisfying experience. ☺



NAMI Southwestern Pennsylvania wishes to thank the many individuals whose gifts were received July 2006 through May 2007, that help to further our mission of education, support, and advocacy on behalf of the families and individuals facing serious mental illness.

Sharon and Skip Alberts	Nancy and Allen Kukovich	Frank and Ellen Toker	<i>In Memory of Patrick O'Brien</i>
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