

LINES OF COMMUNICATION

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MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

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Advocates Submit New Protocol for Closing Personal Care Homes

BY SUSAN ROGERS

Residents of personal care homes that are shutting their doors would have stronger protections under a blueprint for the relocation process submitted to the Pennsylvania Office of Social Programs by the Coalition for Personal Care Home Reform, which comprises 16 statewide, regional and local advocacy organizations.

The proposed protocol, an expanded version of an earlier draft by the Pennsylvania Department of Public Welfare (DPW), grew out of the Mt. Airy Relocation Project, in the summer of

2002, when three personal care homes that had a history of abuse and neglect were closed.

According to Terry McCarthy of Pennsylvania Protection and Advocacy (PP&A), Inc., the DPW draft was revised to make sure that, when a personal care home closes, the residents have a choice of housing and the relocation is done with "maximum safety and expedience." McCarthy, who developed the revised document with help from other advocates, added, "We probably increased the [DPW] protocol by about 50 percent; it was pretty skimpy before."

Among the issues addressed by the revised version are the composition of

the DPW project team overseeing the closing; the need to provide residents with an explanation of the advocacy services being offered to them; the multidisciplinary assessment — including physical and mental health, finances, and social networks — to be given each resident; a detailing of the relocation and follow-up procedure; the monitoring duties of various state agencies (such as the offices of Social Programs [OSP], Mental Retardation [OMR] and Mental Health and Substance Abuse Services [OMHSAS]); documentation requirements; and emergency procedures.

One problem with the DPW protocol used during the Mt. Airy closing, McCarthy explained, was that it had no provision for a financial audit and disbursement of residents' funds. Advocates had to request the audit; and, even then, the funds were not disbursed

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Homeward Bound Ribbon Is Cut

Homeward Bound's new home at 1305 East Oak Lane Avenue opened its doors on May 22. Homeward Bound, a "progressive-demand" residence operated by MHASP for chronically homeless adults with both mental illness and substance

abuse disorders, will expand its capacity in the new facility. Pictured (l to r) are Joseph A. Rogers, MHASP president and CEO; Bill Joseph, Federal Home Loan Bank community investment consultant; Charles Jackson, a Homeward Bound resident; Tracy Duckery, Homeward Bound program director; Joanne M. Walker, MHASP board president; and Bridget Wiedeman, loan officer for community services, The Reinvestment Fund.



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Older Adults Go to City Hall to Improve Services

BY TOM VOLKERT

Wearing buttons saying “Don’t Leave Me Out,” more than 100 individuals, many of whom were members of a coalition of mental health and aging organizations, made the case for expanding mental health services for older adults at a public hearing on May 12, 2003, before the Health and Human Services Committee of Philadelphia City Council.

Over 20 speakers, including six older adult consumers, gave compelling testimony about the need to expand mental health prevention and treatment services to older adults living in all sections of the city and to improve the coordination of existing programs among the mental health, aging and health systems. They urged the Council to fund a plan that the community has developed to insure comprehensive care for all older adults, especially those who are homebound.

Dr Joel Streim of the University of Pennsylvania, president of the American Association for Geriatric Psychiatry, pointed out that depression is associated with poor health outcomes for people with heart problems, hip fractures, and cancer; and leads to higher mortality rates for people who have heart attacks or are in long-term care. He reported that older adults have the highest suicide rate of all age groups.

Noting that primary care physicians don’t do an adequate job in addressing geriatric health issues, he suggested more cross-training between mental health and aging agencies. “Integrating mental health and aging services works,” he said.

Joseph Rogers, president and CEO of MHASP, pointed out that while in the past 20 years there has been an explosion of new medicines that are able to improve the lives of those who have mental illnesses, many older adults haven’t benefited from these breakthroughs.

Hikmah Gardiner, a mental health and aging advocate from MHASP, said that depression is not a normal part of aging;

however, many older adults and the public in general believe that it is. Therefore depression often is overlooked and untreated. “It would cost the city \$1.30 per senior citizen to insure that there are mental health services for all of Philadelphia’s older adults, many of whom are isolated, anxious, depressed and homebound. We think it is worth it,” Gardiner said.

Several older adults who have benefited from services told how their lives were changed because someone had cared to reach out to them and provide the treat-

“It would cost the city \$1.30 per senior citizen to insure that there are mental health services for all of Philadelphia’s older adults . . . We think it is worth it.”

ment they needed. Vergi Viacava, from the COMHAR Center’s Older Adult Treatment Services, read a statement from a homebound client who now has hope:

“I learned today that, with so much support, love and being allowed . . . to express sorrow and joy, I can smile, and my smile comes from deep in my heart. Today I talk, I smile, and my family can take a picture of me. I learned that I am beautiful, lovable and capable. Thank you for bringing back my smile and, with that, my courage and faith.”

The effort has been led by two groups

coordinated by MHASP’s Mental Health and Aging Advocacy Project: the Senior Advocacy Team, a group of older adult consumers, and the Delaware Valley Mental Health and Aging Advocacy Committee, a coalition of mental health and aging providers and advocates. It has been gathering momentum for months as older adults and agency representatives met at the Haddington Multi-Services Center in West Philadelphia, an area that does not have any mental health mobile services for older adults. They spoke at the City budget hearings on March 18 and then worked with Councilmember Blondell Reynolds Brown, who introduced a resolution calling for a public hearing to address the lack of services. A Day of Awareness was held a week earlier, during which 25 older adults and advocates visited all of the Councilmembers, telling them they needed to expand services to older adults.

The results from the hearing are also encouraging: The Office of Mental Health (OMH) promised that there would be no cuts in any of the programs for older adults and that OMH would undertake a planning process with the Philadelphia Corporation for Aging (PCA) to address the issues raised. Since then, a work group has begun to draft a plan to address the need for expanding mental health services to all older adults in Philadelphia and coordinating services between the health, aging and mental health systems. The group includes an advocate, an older adult consumer, and representatives from PCA, OMH, and a Medicare HMO. When the plan is completed, it will be brought before the Council Health and Human Services Committee and community groups for approval. Consumers and advocates are hopeful that it will lead to a system that provides accessible and appropriate services for all older adults with mental health needs.

To join the effort or for more information, contact Tom Volkert or Corbitt Banks at 215-751-1800, ext. 266 or 207, respectively. LC

TEC Family Center Expands in New Directions

Karen Fitzgerald, a 44-year-old mother of three who has bipolar disorder, credits MHASP's Training, Education and Consultation (TEC) Family Center with helping her be a better parent. "Thanks to their help, I'm able to figure out what to do when normal things come up with my kids," said Fitzgerald, quoted in MHASP's most recent Annual Report.

The TEC Family Center's parenting-skills classes, which helped Fitzgerald, are just one of the innovations incorporated by TEC in recent years. When the project was established in 1985 as the Training and Education Center (TEC) Network, it focused primarily on serving the parents and spouses of adults with mental illnesses.

But as the TEC Family Center has evolved, it has diversified to address the problems of minor children whose parents have mental illnesses, with an interactive Web site, www.mhasp.org/coping, as well as workshops for children growing up with mental illness in the family, and through parenting-skills classes as well as other projects.

Now, with a \$10,000 grant from the National Mental Health Association's Invisible Children's Project (ICP), TEC is organizing a coalition of parents; providers; attorneys; advocates; administrators from the child welfare, behavioral health, and juvenile justice systems; and "adult children" of parents with mental illnesses. The goal is for stakeholders to reach consensus on the most important projects to serve Philadelphia families in which there is parental mental illness, said TEC Family Center director and co-founder Edie Mannion.

"The groundbreaking possibility," Mannion said, "arises from the fact that child welfare and the behavioral health system have not systematically collaborated before, so the families in which there is parental mental illness tend to get fragmented. One of the objectives might be to get the two systems working together." For example, she explained, consumers who are parents could be assigned a special case manager to help them deal with parenting issues. This

would be a departure from the status quo, "in which a case manager in the adult system might say, 'We're the parent's case manager and we don't do children,' and vice versa," she added.

TEC trains staff in the Department of Human Services and other child welfare agencies to be "family-centered" rather than focusing solely on either the children or the parents. "If you work only with the children, they're put in a dilemma of being secretive because of fear that they'll be taken away and the parent sent

“. . . if we earn the parents' trust, the children . . . are told, 'These people are here to keep our family together.' ”

to a hospital," Mannion said. "But if we earn the parents' trust, the children are no longer in a loyalty conflict; they're told, 'These people are here to keep our family together.' Otherwise kids can get the message of 'Don't talk with them, they're here to split our family up.' "

Inevitably, this sometimes happens. "We have parents in our program who will probably lose parental rights" because of alleged neglect or abuse. "We try to help them come to terms with that, and to realize that they'll always be the child's parent and that, when the child turns 18, [he or she] may well want to form a relationship with them."

The Parenting Education Program, coordinated by Gina Caruso and funded by the Department of Human Services (DHS), consists of 24 weeks of classes followed by monthly support groups for custodial and non-custodial parents, respectively. "We've found it's not helpful to mix custodial and non-custodial parents," Mannion said. "It's painful for

the non-custodial parents and scary for the custodial parents." However, she added, "Our program is open to anybody; they don't have to be involved with DHS. This is a preventative program."

The most recent TEC Family Center development is the Invisible Children's Project grant. "The idea is to get all the diverse stakeholders to agree on the most important projects on this issue in Philadelphia," Mannion said. "It could be a policy change, or a service project. For example, some ICP grant recipients develop residential programs for parents and their children; others do family case management."

Mannion said that the project will begin with a needs assessment, to determine, among other things, how many consumers who have intensive case managers are parents. "Often we find, in many systems, that there are all kinds of questions that never get asked," Mannion said, including how many children the consumer has and who is caring for them. After the coalition has determined the project for which there is the greatest need, MHASP will work to sustain the program after the grant ends in May 2004.

TEC is also involved in family education about Borderline Personality Disorder (BPD), and, with New Directions in Abington, is cosponsoring a public education event, funded by Eli Lilly and Company, featuring the new book "Living in the Dead Zone: Janis Joplin and Jim Morrison," in which the authors hypothesize that both of the '60s rock stars had BPD. Another new initiative is a workshop for adult children of people with mental illnesses.

"The third initiative," Mannion said, "is collaborating more with other city-funded programs for families." For example, TEC has formed the Philadelphia Family Resource Network. Its first accomplishment, funded by the City, will be printing directories to inform providers in Philadelphia's behavioral health system about existing resources for family members. In addition, TEC will co-host, with the Psychoeducational Program (PEP), a

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Bell of Hope Award Dinner



MHASP President/CEO Joseph A. Rogers (l) presents Advocacy Award to Frank Maguire.

On May 15, MHASP honored two outstanding individuals and a dynamic student group for their contributions to the mental health field at its Fourth Annual Bell of Hope Award Dinner and Silent Auction. Suzanne Roberts, host of “Seeking Solutions with Suzanne,” was presented with MHASP’s Bell of Hope Award for her work in promoting mental health awareness; and Frank Maguire of the Department of Veterans Affairs, Philadelphia Medical Center, received the Advocacy Award for helping residents of dangerously substandard boarding homes find better places to live. In addition, MHASP presented its Innovation Award to Open Minds at Penn, a student group at the University of Pennsylvania, in recognition of the group’s efforts to fight the discrimination and stigma associated with mental illness.

The event, emceed by NBC 10 meteorologist Dawn Timmeney, was held at the Hilton Philadelphia City Avenue, and was attended by over 300 people. “The crowd and the auction, featuring over 70 donated items, helped to keep the energy high,” said Anne McGrath, MHASP’s development director, who organized the dinner and auction. “The event was bigger and better than we expected,” she said.

Alison Malmon accepted the Innovation Award on behalf of Open Minds at Penn. Malmon founded the group following the suicide of her brother, who had schizoaffective disorder. She related the story of the group’s conception and its mission. “Young adults aged 18 to 24 have the highest prevalence of diagnosable forms of mental illness [among the general population],” Malmon said. “Suicide is the second leading cause of death within our cohort. But nobody is talking about these issues, especially on campus. Open Minds’ ultimate goal is to change that culture at Penn — to combat the stigma that surrounds mental illness, and create an open environment for discussion of mental health issues on our campus.”

Accepting the Advocacy Award, Frank Maguire, a social worker and longtime

advocate, spoke about his work, which includes spearheading an outreach program for homeless veterans and fighting for suitable living conditions for veterans.

Estelle B. Richman, secretary of the Pennsylvania Department of Public Welfare and last year’s Bell of Hope Award recipient, presented Suzanne Roberts with this year’s award. Roberts topped the evening with a video presentation, starting with her early work dealing with children who have emotional disorders and concluding with her award-winning television program, “Seeking Solutions with Suzanne,” addressing issues facing older adults.

“Raising awareness regarding mental health issues is something I’m passionate about,” Roberts said as she accepted her award. “Thank you for this tremendous honor.”

“The emotional and exciting evening was memorable for the wonderful combination of awardees

and the enthusiastic crowd there to cheer them on,” McGrath said. “Our thanks to all of the attendees, the sponsors, advertisers, and, of course, the recipients.” **LC**



Suzanne Roberts (l), 2003 Bell of Hope Award recipient, is congratulated by last year’s recipient, Estelle Richman.



Alison Malmon (l), president and founder of Open Minds at Penn, accepts Innovation Award from Joanne Walker, MHASP board chair.

The Mental Health Association of Southeastern Pennsylvania thanks the following sponsors for their support of the third annual Bell of Hope Award Dinner and Silent Auction:

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monthly family question-and-answer night at Einstein.

All of these activities are over and above the basic services the TEC Family Center provides, including family workshops and consultations as well as training of behavioral health professionals and psychiatric residents.

As TEC client Karen Fitzgerald told MHASP's Annual Report: "I'm so glad I went to TEC; they helped me get back in touch with my feelings and I was able to really sort things out." The TEC "family-centered" approach, which focuses on the needs of both parents and children, has made this kind of holistic help a reality.

For information about TEC's fall schedule, contact Yolanda Smith, <ysmith@mhasp.org> or 215-751-1800, ext. 232. —Susan Rogers 

Fit Fest Fantastic!



Board members Margie Gallagher Thompson and Bill Lipp join Hugs the Bear in welcoming all to MHASP's Fit Fest booth.

Thousands of Philadelphians attended the Eighth Annual Fit Fest organized by NBC 10 at the Pennsylvania Convention Center, April 12-13. MHASP staffed a booth that attracted over 400 visitors. Attractions included "Hugs the Bear," who posed for pictures with Fit Fest attendees, and a stress test administered by MHASP board members and staff. "Enthusiastic participants gathered around the booth anxious to evaluate how much stress they have in their lives and learn how to balance it with support," said Anne McGrath, MHASP development director. Each day a "Hugs" teddy bear was raffled off. You can order your own "Hugs" online at www.mhasp.org.

Advocates submit new protocol for closing personal care homes

to all residents prior to relocation. "So we're asking that the DPW secretary designate an independent auditing firm, at the owner's expense, within 48 hours of notification of closure. We would like this firm to audit residents' accounts and assure that the residents' monies are disbursed prior to the relocation." He noted that, during the Mt. Airy Relocation Project, people were relocated before the auditing was done; this resulted in some difficulty in getting the money disbursed to the individuals because they were scattered throughout the area.

McCarthy singled out as another important difference the new requirement that an offer of advocacy services be accompanied by an explanation of what advocacy could accomplish for the resident.

Another addition to the DPW protocol was the determination that, following

relocation, the lead agencies would check out the residents' new homes and have at least two contacts with each person in the first month. "If the individual is happy there, that's great," McCarthy said. "If the individual is not happy, we're requesting that the OSP regional director and the long-term-care ombudsman be contacted to resolve any issues." If this effort fails, the Coalition is asking for a return to the drawing board, with residents shown various housing options and asked their preference.

MHASP advocate Corey Rogers, who collaborated on the Coalition draft, explained the need for this provision. For example, he said, when a North Philadelphia personal care home closed, the Department of Licensing and Inspections "said you had 24 hours to move everyone, and these people were left without any protection at all. OSP called about four different homes for 24 people and moved them immediately, whether they wanted to be moved [to those particular residences] or not. They did only minimal follow-up to make sure the people were happy. We don't know anything about their finances, medication, physical or psychiatric health."

McCarthy said that the Coalition is also asking that OMR be included on the relocation team, "because there are individuals in some of these homes whose primary diagnosis is mental retardation, and that really wasn't addressed, even in our initial revision." McCarthy described this as "a huge oversight."

The new draft also asks that DPW fund the transportation for the site tours that residents are given so that they can evaluate prospective housing. "That was a bone of contention during the Mt. Airy relocation, in that their protocol didn't specify who would provide funding for that, and MHASP got stuck with a lot of it." The new protocol also asks that OSP licensing staff have a strong physical presence on the site during relocation, and includes a schedule for monitoring the homes and the specific duties of the licensing staff.

McCarthy described the new draft as "very financially responsible, in that it puts some of the cost of relocation on the personal care home owner and doesn't have DPW absorb all of it."

He said that the advocates had found that enforcement of DPW regulations

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under which personal care homes are supposed to be regularly monitored was "very lax."

"Unfortunately, access to personal care homes under regulation is limited," McCarthy continued. "If we receive a complaint, PP&A has access to the home. But other agencies don't have that. An MHA in another part of the state couldn't just walk into a home to do an inspection because they received a complaint; they would have to pass that on to an agency who could do that, and usually that's the county ombudsman's office."

MHASP and PP&A are currently training some consumer monitors. "I think it's important that consumer monitoring teams are established," McCarthy said. "We hope to expand that throughout the state."

The Coalition consists of the Advocacy Alliance, The Arc of Pennsylvania, Center for Advocacy for the Rights and Interests of the Elderly, Disabilities Law Project, Elderly Law Project of Community Legal Services, Homeless Advocacy Project, Mental Health Association of Allegheny County, Mental Health Association of Fayette County, Mental Health Association in Lancaster County, Mental Health Association in Pennsylvania, MHASP, NAMI-PA/Montgomery County, Pennsylvania Law Project, Pennsylvania Mental Health Consumers' Association, PP&A, and Pennsylvania Veterans Affairs Medical Center Behavioral Health Service.

McCarthy hopes that the protocol will be in place before other, anticipated personal care home closures. Rogers noted, "If a protocol like this were put into place, it would offer a layer of protection for residents of personal care homes that they really lack now."

However, OSP acting director Teleta Nevius has some questions about the revised draft. One question concerns whether it would be appropriate in all situations. "I think that the protocol submitted by the Coalition was written in response to the situation with Mt. Airy, which was a very large facility in terrible circumstances, where we didn't have a lot of cooperation from the operator," Nevius said.

But, she added, "I don't think there's a one-size-fits-all protocol. It would not

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Mental Health Month Lunch Series Offers Info

MHASP commemorated Mental Health Month (May) with a weekly brown bag lunch series at Thomas Jefferson University Hospital. Kicking off the series, speaker Hikmah Gardiner, of MHASP's Mental Health/Aging Advocacy Project, presented a compelling discussion of the effects of aging and the importance of mental wellness. The following week, J.D. Siemsen, of Montgomery County Project SHARE, discussed the benefits of consumer centers, focusing on the MHASP-run drop-in centers in suburban Philadelphia. Kathie Berkey, project director of Community Companion, spoke about how being a Community Companion can help someone recover from mental illness. The program, in which volunteers, often consumers themselves, are paired with consumers to offer camaraderie and encouragement, asks for volunteers to give the gift of friendship. The sessions were well attended by both MHASP staff and the public. If you missed the series and are interested in these topics, please contact MHASP at 800-688-4226 and ask to speak with the presenters.

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seem appropriate to use the same protocol in a six-bed facility, when we can sometimes close such a facility in two days. However, there are probably operating principles we need to agree on; and, for special circumstances, we would need to go further than we would for standard circumstances.”

“[This protocol] would offer a layer of protection ... they really lack.”

Tevius’s preference would be to use as a starting point the protocols DPW currently has with the Department of Aging and in DPW’s personal care home operating guidelines, and added, “We need to work together to agree on a unified protocol that is acceptable to everyone.” **LC**



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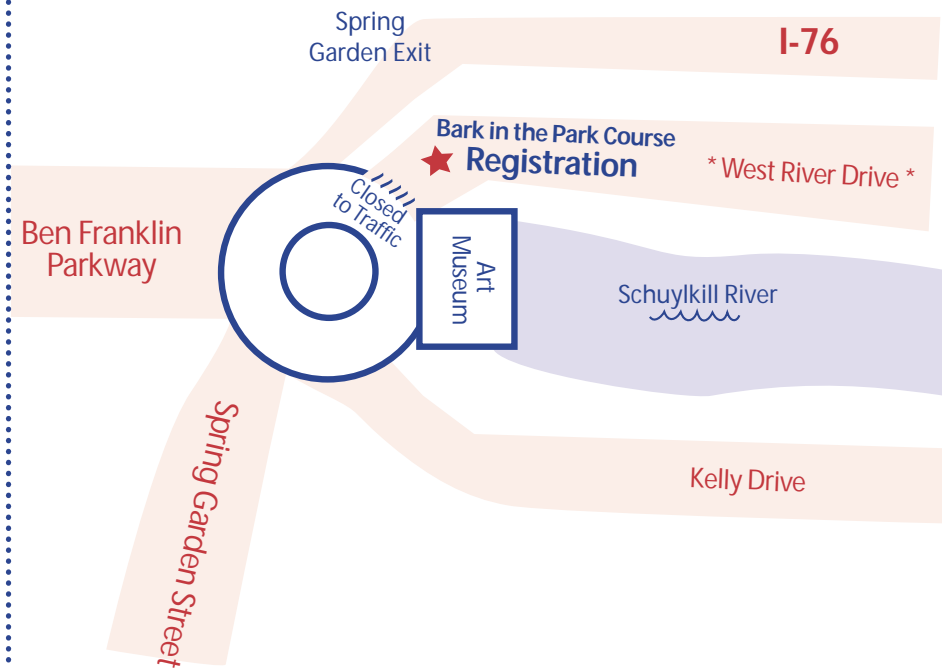
A copy of the Mental Health Association of Southeastern Pennsylvania official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.



The Dogs Return to West River Drive!

The second annual Bark in the Park is set for October 18, 2003. Last year we had a good turnout, but this year it’s time to really get those dogs out to show your support! There will be doggie bags for all participants, filled with treats and toys for your favorite pooch. It’s a great way to spend an autumn morning and help out MHASP at the same time. Sign up on our Web site (www.mhasp.org) or call the number below. You don’t have to pre-register to attend.

Would your company be interested in being a corporate sponsor for this fun and high-profile event? Please contact Anne McGrath at 215-751-1800, ext. 259.



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