

City of Pittsburgh/Allegheny County
Task Force on Disability
Monday April 21, 2014
Meeting Minutes

Task Force Members in Attendance: Paul O'Hanlon, Dr. Katherine Seelman, John Tague, Jeff Parker, Aurelia Carter-Scott, Richard McGann, Janet Evans, Sarah Goldstein, Karen Warman, Joseph Wassermann, James C. Noschese

Task Force Members Absent: Linda Dickerson, Milton Henderson, Liz Healy

Also in Attendance: Joy Dore, Robin Smith, Michelle Sipple, Melissa Allen, Mary Esther Van Shura, Shirley Abriolay, Sally Jo Snyder, Ivan Perilla, Alexa Shannon, Natalia Holliday, Talon Scott, Mai Nguyen, Will Cenk, Richard Meritzer

Welcome and Introduction:

The meeting began with introductions of Task Force members and other individuals in attendance.

1. Review and Approval of March minutes and Financial Report

The March minutes and financial report were approved by a unanimous vote.

Meeting With the Mayor:

Mr. O'Hanlon: We would like to set up a meeting with Mayor Peduto regarding how we move forward with the Task Force in the new administration. Best way to contact him and arrange that?

Mr. Meritzer: There is a staff person at the Mayor's office who is assigned to set up appointments. I will send you the contact information, and you can email that person requesting time on the mayor's calendar.

Ms. Evans: Please be aware that his schedule is full until June.

Ms. Carter-Scott: It would be good to include information about the Task Force's accomplishments in the email.

Ms. Van Shura: Will an invitation be extended to the County Executive as well? That would be most appropriate.

Mr. O'Hanlon and Ms. Carter-Scott: Agreed.

Ms. Van Shura: I will put the request in when you give me a timeline.

Mr. McGann: I think it's important that we show that the city and county are working together.

Mr. O'Hanlon: If I schedule a meeting with the mayor through his scheduling person, wouldn't we be meeting in his office? Should we invite both the mayor and the county executive to a task force meeting?

Mr. Wassermann: I think we should meet with them separately, in their offices.

Ms. Evans: I agree with Joe. I also agree that it is important to inform them of the task force's accomplishments. Very little was said about people with disabilities during Mayor Peduto's campaign, though they were included in his parties and parade.

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Ms. Carter-Scott: I agree with what has been said. We used to invite the mayor and county executive to a task force meeting. I think it's important for them to see how the task force operates, and to hear from the public.

Mr. McGann: I think it's important that we inform the county and city that we need to support people with disabilities, especially when it comes to housing. If there's a last minute conversation about housing, it's important that he hears about it and knows what's going on.

Dr. Seelman: I think we've outlined the process. First we plan, then we meet with the mayor and county executive separately, then we invite them to separate task force meetings.

Mr. Noschese: As you are well aware, I have been highly involved with the state in traveling to different counties throughout the state, and I have seen many different things going on. This is the only advisory council in Pennsylvania. The mayor and Richard truly are serving our people here in Allegheny county, when compared to the rest of the state. We are doing something here that is unique.

Mr. O'Hanlon: I propose that we ask for a meeting with Mayor Peduto through his scheduling person. I expect that it would be a small meeting in the mayor's office, and during that meeting, we would introduce him to the task force and its work, and invite him to schedule a time to come to a task force meeting, during that meeting. We should make use of the accommodations available in this room when possible, but we could also meet in the mayor and county executives' offices. Richard, please send me the contact info, and we will carry out these plans.

Hospital Compliance Guidelines for the Intellectually and Developmentally Disabled and the Mentally III:

Mr. Meritzer: For the past three years, we have been working on hospital compliance guidelines for the intellectually and developmentally disabled. A number of interns have worked on it. Mai has been working on it since January, and Will since February. The draft is now on our webpage. We are taking suggestions for about a month, and in the meantime, we are doing additional research. I will turn it over to Mai and Will to do a brief presentation.

(Presentation is attached)

Mr. McGann: I believe that UPMC and other hospitals, such as St. Clair, and the offices of doctors and physicians, need to know a lot of this information. I would encourage you to email these findings to these places as well. For example, Med Express. They are designed to be a replacement for an emergency room, but their locations are not accessible for us.

Ms. Dore: Important for the electronic healthcare records to be up-to-date and accurate. It's also important to make sure that these medical facilities are accessible for everyone.

Mr. Noschese: The one concern I have is regarding the caregiver. Some of them don't go through the provided training, some don't have certifications. I don't know if it's necessary for caregivers to be certified, but if not, there should be a required certification. Sometimes the person with the disability doesn't know they are receiving inadequate care.

Mr. Meritzer: Caregiver for individual or hospital staff?

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Mr. Noschese: The person's caregiver. All of them, really.

Dr. Seelman: I really think this is a good beginning. I want to start with the title. It needs to. I will give you and Richard my full notes, but here's another important thing. This is almost totally focused on intellectual disabilities, and there's a little bit of autism in there, which is a developmental disability. I think it would be good to start with a narrower focus. It would be good to have a video for people with IDD to prepare them for the hospital intake. The person should be interviewed to find out what they can do, not what they can't do; "strength-based evaluation". How they participate in the decision-making, and what kind of support is behind them, is important. What are the environmental accommodations for ID? On the third slide, you brought up issues for the hospital, but not about issues for the patient. The person should be asked what they prefer to be called; not all people in all cultures prefer to be called by their first name. Eliminate the term "special needs" from the presentation.

Ms. Carter-Scott: I'm the parent of a young man with an intellectual disability. First of all, thank you for the work you've done so far on the project. Did you look at preexisting guidelines?

Ms. Nguyen: I have looked at the guidelines from other cities, even from different countries.

Ms. Warman: We don't have specific guidelines, but in our trainings, we talk about many of the same techniques and objectives.

Mr. Meritzer: Just to clarify, another intern was working on this before Mai and Will started. We met with all three hospital systems in the city, and Mary's office, and they were very interested in working with us, but weren't sure exactly what we were talking about, which motivated us to continue working on it.

Ms. Carter-Scott: Who would be trained?

Mr. Meritzer: These guidelines are specifically for hospitals, not doctors' offices or caregivers. We can look into adding such a component, but the requirements for those guidelines would be very different. These are primarily for emergency room patients. These guidelines will start with a checklist for triage in order to evaluate the person's comprehension abilities. We want them to have as much information as possible, but the biggest concern we've heard is that when people with IDD go to the emergency room, they are uncomfortable, and often leave not knowing what they're supposed to do.

Ms. Carter-Scott: My son is afraid when he has to go to the emergency room, even as an adult, and I don't know what kind of training exists for caregivers, but there's more training that could be done for the hospital staff, so that I could feel more at ease when I have to take him there. On page 2, when you talked about the project update process, I'm glad you picked Acheiva and Family Links as leading organizations for outreach. Also contact ABOARD and TRICL.

Ms. Van Shura: I think it's important that you delineate the intended outcome of this report. The issues of behavioral health are separate from the issues of IDD, and are not as easy to address. There are entirely different protocols, especially regarding discharge. The two are not adequately differentiated in this presentation. The Allegheny County Department of Human Services has jurisdiction over these issues, and you should start by meeting with them. I'd be happy to link you with them.

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Ms. Goldstein: On page 4, under the bullet where it says "Alleviate any negative mood disorders," I think it should be reworded for positive, strength-based language. "Find supports to find some common ground" for example.

Ms. Snyder: We would love to help with this project. I agree with the points being made. I think there needs to be a separate section of the project for behavioral health. We have a guidebook called "How to Be a Proactive Patient." We'd be more than willing to help drive this, because it is central to what we do. I'd also like to give kudos to the Disability Resource Center at UPMC. If you're already connected with Mary Durante and Shirley Chowder, that's great.

Ms. Dore: One of the things that concerns me as the parent of a child with autism, is that emergency rooms often don't have the data on mental health medications, or access to those medications.

Mr. O'Hanlon: In my experience when you're dealing with accessibility issues, there are "hard" needs with tangible supports like ramps and interpreters, and "soft" needs like discharge planning, which are more important for people with IDD. A discharge planning team, with clear responsibilities, would be ideal. It's important to delineate between the hard and soft accessibility needs.

UPMC advisory board would like to be included in this discussion.

Mr. Meritzer: The goal is for this to be as inclusive as possible, because we want to take the time to get it right the first time. We want people to call, email, or use social media to give their suggestions. We want to service the disability community as best we can, and we want to make sure that what we give to them is useful and helpful. This input has been great, and we appreciate it. If you need me to email the presentation to you or send you a hard copy, I can do that.

Mr. McGann: I recently attended a mental health first aid class, and that might be something you could look into for the mental illness component. The goal is to teach people to recognize symptoms of mental health issues, in the same way that you can recognize issues for regular first aid.

Ms. Nguyen: I did attend such a class, and I did find it helpful.

Report on Wheelchair Rentals:

Mr. Meritzer: Talon Scott, a high school student working with us, took it upon himself to research that project, and will now present his results. I will send this out in digital form later today for those who need it.

Mr. Scott: A woman at the last task force meeting mentioned that she had wanted to take her mother to see the giant duck, couldn't find a way to rent one, and had to call in a personal favor from the mother of the priest at her local church. I searched for wheelchair companies. I work at the Pittsburgh Zoo, which uses a company called Pittsburgh Wheelchair Exchange, and I attached their website and phone number. They transport people to and from a variety of places around Pittsburgh. Their rates are \$40/day, \$125/week. Another company is called Rent It Today, and operates nation-wide. They deliver the wheelchair, and the delivery must be arranged in advance. It's good for vacations and temporary conditions post-surgery. I also attached information on wheelchair rental companies in Cleveland and Buffalo (Correction: Rochester).

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Mr. O'Hanlon: Is anyone here familiar with Pittsburgh Wheelchair Exchange?

That was something DJ Stemmler was working on. There was supposed to be a meeting with them at the end of the month.

Mr. Meritzer: Do we know who runs the company?

Mr. Scott: I'm not sure, but I will find out.

Mr. O'Hanlon: How can we make the information on this company available to places like Pittsburgh Downtown Partnership?

Mr. Mertizer: We can put together an information campaign with these two companies, and make sure that they are listed on the proper websites.

Mr. O'Hanlon: We've got Rory Cooper's shop, research entities that work on wheelchair issues. Is there a way we could scratch each other's back? Perhaps they need data on usability or preferred wheelchair models, and perhaps wheelchair rentals could be part of a research study.

Dr. Seelman: I think a nicely-worded note to Dr. Cooper, including these ideas, would work well for us.

Ms. Dore: Have you considered the people who can't afford these rates? There is a list of places that will give you medical equipment for free. Also, a correction: the company listed as being in Buffalo is actually in Rochester.

Ms. Carter-Scott: Thank you for putting this information together. I've received calls inquiring about places to rent wheelchairs, and didn't have the information on hand. What are the other resources available for people on a fixed income with insurance that doesn't cover the wheelchair rental?

Mr. McGann: Thank you for this information. My wife has a scooter, which could have been put to good use. Sometimes you need a scooter lift for these things too.

Dr. Seelman: Temple University has an assistive technology project, and it does recycle. Guy Caruso is from Temple.

Ms. Warman: Also note that some streets in some neighborhoods don't have proper sidewalk ramps.

Mr. O'Hanlon: We're mostly focusing on Downtown, which has adequate wheelchair ramps.

Mr. Meritzer: We will follow up with Guy Caruso, and also contact CLASS and TRICL.

Mr. Scott: Also note that Access Transportation Systems and Freedom Transportation Systems rent accessible vans.

Oakland Business District Investment Meeting:

Open Business Investment District Meeting

Mr. O'Hanlon: There is ongoing advocacy by DJ Stemmler about the state of accessibility in the Oakland Business District. The same businesses I couldn't get into in the 70s, I can't get into today. Aside from Forbes and Fifth, most of Oakland is inaccessible. DJ has set up a meeting with the Oakland Business

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Investment District, a CDC in Oakland responsible for developing a business district plan. The meeting is this Friday at 3 PM at Pitt's Health and Rehab Science Building.

Mr. Meritzer: I can send the information out.

Staff Reports

Mr. Meritzer: Alexa will be leaving on Wednesday. She has been working with the Epilepsy Foundation on training first responders.

Ms. Shannon: We've been working with the Epilepsy Foundation of Western PA. A contact from their office is attempting to set up a meeting with him, Richard, a local councilman, the Police and Fire Chiefs, and the Director of Public Safety, to implement a training module for the firemen and police, so that they are educated on epilepsy when they are first responders.

Mr. Meritzer: Alexa was also instrumental in outlining the legal justification for the need for this training.

Ms. Van Shura: Are you in contact with the County? We could help with that.

Mr. Meritzer: We would appreciate that help. We are under the impression that the County police and fire departments are not very centralized.

Ms. Van Shura: We did a first responder training on autism issues, where Chief Henderson disseminated that information. He'd be happy to do that. It's important to involve the county in City-County Task Force Issues, and I am happy to serve that role, as is Judy Baricella.

Mr. McGann: Who is helping with connecting the 911 calls to different responders?

Ms. Van Shura: Chief Henderson works with all of the counties on these issues. The easiest thing to do is email me with a county issue and I will forward it.

Mr. Meritzer: It would be nice if Chief Henderson could come and talk with us about what he does, and his role in these issues, because I'm guessing other people in the room are unfamiliar with his work. Ivan is also leaving. He has been working with me on ADA issues, and the design specialist on design issues, and he has been putting forth a great effort with the OneStep project.

Mr. Perilla: Our first piece of OneStep legislation, regarding encroachments in Lawrenceville, passed unanimously in City Council. We're currently working on our second application for the OneStep project.

Mr. Meritzer: The braille has finally been purchased. Alexander, our grants intern, will be working with our print shop to get it working. Initially we will braille all of the contact information for city staff, as they're printed. Joe and Rich, when someone from the city gives you a card, you'll actually know how to contact them.

Vox Pop

Mr. O'Hanlon: On Election Day, Tuesday, May 20th, the Disability Voting Coalition will have election protection teams, where patients at UPMC hospitals will be able to vote by emergency absentee ballot. We will be looking for one volunteer to be a driver, in order to drive people to the voting locations.

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Ms. Dore: Also, today is the last day to register for the Primary Election in May. Also, on May 13th is the Where to Turn Resource Fair, which features resources on disability/human services. I'd advise everyone to check it out. Thank you.

Ms. Warman: Is it possible that the issue at McGee would happen again, or has that been worked out? Some patients were not able to vote.

Mr. O'Hanlon: I'm not sure if I remember what you're talking about, but one thing I discovered is that the hospitals in Pittsburgh pull from other regions outside of Allegheny County, and the county of residence must file the voting application.

Ms. Dore: I want to remind you that you can also cast a provisional ballot, or an absentee ballot if the person knows they're going to be in the hospital ahead of time.

A motion to adjourn the Task Force Meeting was passed by unanimous vote.

The next meeting will occur on May 19th.