

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

**Task Force Members in Attendance:** Paul O'Hanlon, Sarah Goldstein, Aurelia Carter -Scott, Karen Warman, Janet Evans, Jeff Parker, John Tague, Milton Henderson, Dr. Katherine Seelman

**Task Force Members Absent:** James Noschese, Linda Dickerson, Liz Healy, Joseph Wassermann, Richard McGann

**Also in Attendance:** Richard Meritzer, Joy Dore, Vincent McGuire, Donald Kovacic, Sylvia Denys, Rudy Whitehair, Peter Harvey, Adele Maher, Sarah Ansley, Leslie Bloomfield, Mark Pinchok, Judy Barricella, Monte Reuben, Steven Evrard, Megan Hammond, Carley Chavara, Mai Nguyen, Tracy Cummins, Sally Jo Snyder, Robin Smith, Jessica Adams, Nick Miller, Dina Sibatoni, Shirley Abriolay, Dianne Gallagher, Michelle Sipple

**1. Welcome and Introduction:**

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

**2. Review and Approval of April Minutes and Treasurer's Report**

The April minutes and treasurer's report were approved by a unanimous vote.

**3. Hoarding Task Force**

Ms. Maher: My name is Adele Maher. I'm a licensed social worker with the State of Pennsylvania. I'm a therapist. I work with all types of diagnoses, but my primary concentration is Obsessive Compulsive Disorder, hoarding, and ADHD. Hoarding task force: Goal is to help people understand what hoarding is. Today I'll give you a little background on compulsive hoarding, and how it is connected to OBSESSIVE COMPULSIVE DISORDER. Who here knows a hoarder? Most people know someone who they would never guess is a hoarder. The prevalence of hoarding is estimated at 3-5%, and the real numbers could be much higher than that. For ages, hoarding was thought of as a character disorder. It's a mental illness. We understand the disabilities we can see, we don't understand what we can't see. Compulsive hoarding is the acquisition and failure to discard a large number of possessions that the general population would consider useless. Leads to clutter, makes the person's living space uncomfortable and unsafe. In the mind of the hoarder, there is significant distress or impairment of functioning. Hoarding is genetic. If the mother or father is a hoarder, it is likely that one or more of the children will also hoard. Prevalence of hoarding is split 50% between men and women. What's the difference between a collector and a hoarder? Collectors have very specific guidelines of what they collect; want the whole set of a product line for example. Things are kept in very good order. Things have value, are often traded. Hoarder can think of too many uses for useless items. If you can think of ten uses for a bottle cap, you might be a hoarder. Categorization is a problem for hoarders. There is a doctor in San Diego who has done brain imaging of people who hoard. We worked a lot with adults with ADHD out of Pitt. Dr.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Secsena has found that the part of the brain that is often affected in people who hoard is the prefrontal cortex, the same location often affected by ADHD.

Categorizing, organizing stuff. One of the tools we use is that we ask people to take a photograph. Clutter image rating. How does this affect you and I? Hoarder has very poor quality of life. Often no heat, electricity, or running water. If you let a pile of stuff stay there long enough, it's going to grow legs and start moving"-rodents and bugs. Paramedic Man: Makes it tougher for paramedics to get patients out of houses, bring care to them in their homes. Hoarding makes it tougher for firefighters to save people and people escaping fires. They have to risk their lives more.

Why don't they just clean it up? It's a mental illness; nobody wants to have it. A lot of advocacy comes from family members, but the family members of hoarders are often frustrated, don't understand and have given up on family member. When the Task Force talked about raising money, we realized that there is so little compassion for hoarders.

Question: Part of what I hear you describing is that there is a set of behaviors associated with a kind of mental illness that is hoarding and that it's only been really in the last 20 years or so that we've had an appreciation of hoarding as a symptom of mental illness rather than a character flaw or fault based behavior. Most of what I see is that as a society we have a mostly punitive approach for hoarding, so in my career I've represented a lot of hoarders who are being evicted. Hoarding was seen as a lease violation. You're asking a person to "Get over" a mental illness as if they can just choose to. You're describing a whole set of things, number one, where people who have a condition called hoarding, maybe we need to look at how we can get assistance for them, and you're identifying this behavioral hoarding, and that as a society, we operate out of those core ideas, and we need to look at how we deal with hoarding.

Ms. Maher: Right and how far does hoarding go back? In Dante's Inferno one of the levels of hell is wasters and hoarders. Ancient Egyptians put their belongings in the pyramids. Talk about an inability to discard. Unfortunately our understanding is in its infancy.

Ms. Carter-Scott: In particular, I'm glad you gave an example of what hoarding is. Some of the people who live in poor communities don't know the difference between hoarding and clutter. A lot of the time these people were raised with nothing, so you're taught to keep things. How do we differentiate between clutter and hoarding?

Ms. Maher: For me, the paradigm is the older woman who is a widow, she has furniture from a house, which now she's in a small apartment, and everything has sentimental value relating to her life and relationships. Sometimes those people are called hoarders, and I'm not sure that's the same, and it's a dilemma.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Three types of saving patterns: Sentimental, aesthetic, and instrumental; it's useful. People who hoard have a poor insight into the instrumental use. They say "I might need this someday". You don't say to someone "You have too many diamond rings" but you say "You have too many bottle caps" but to a hoarder, when something is in their possession, it becomes their responsibility. "If I'm going to discard this, I have to put it in recycling." There are many people who hoard for Obsessive Compulsive Disorder reasons, for example. Member of goal group has bags of things that were purchased, never used, sitting in her house. Everyone says she's a hoarder. Her reason for keeping those things is an Obsessive Compulsive Disorder reason. Obsessive Compulsive Disorder is an obsessive thought- an anxiety based disorder with specific, intrusive thoughts that lead to behavior or acts to neutralize that thought.

Ex contamination Obsessive Compulsive Disorder. I touched this; I'll catch AIDS, now I have to wash my hands 35 times. Her thought is of perfectionism, and perfectionism is a big part of Obsessive Compulsive Disorder. She has to mark every sales slip and mark every item and make sure it matches before putting them away. This is a very successful, professional woman who makes good first impressions. She teaches dance, has a full time job, very well put together, but has this type of Obsessive Compulsive Disorder, and this type of Obsessive Compulsive Disorder has led to hoarding. There are so many layers and so many different reasons why people hoard.

Another Obsessive Compulsive Disorder is "Need to know" where a person has to know everything about everything. If I'm going to sail, I'm going to read every book on sailing, every article, etc. Sometimes they just accumulate and can't bear to lose things. There are a lot of comorbidities involved, i.e. Anxiety and depression. There was a man who died in the fire. Seven years prior they were interviewing his family and the house was completely clean. His wife died; maybe she was the one who organized things. People have stories of terrible loss and these life situations exacerbate this. Lost a 300k home with a built in pool, had a successful husband who committed suicide, she was successful too. When he did that, she became extremely depressed and started bringing in things for her comfort.

The photographs you have that show nine levels of hoarding. First question, is it a progressive illness? Second question is, is there somewhere in that range where there's a health and safety issue.

There's a health and safety issue from the first (lowest severity) picture.

The disorder waxes and wanes as Obsessive Compulsive Disorder waxes and wanes. It seems to be worse as people get over, because you're talking about accumulating things and not discarding. If you keep filling up a bucket, it will eventually reach the top.

Mr. Henderson: So it sounds to me that another disorder we deal with is loss or separation. Cause of hoarding?

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Ms. Maher: It's a contributing factor to the severity of hoarding. Some people hoard and can keep a lid on it. A retired executive came to me and said "I have 382 boxes of stuff. My house is organized. Do you think I'm a hoarder?" We had to talk about it. Did he save it? Could he easily discard it? The disorder is about acquisition, inability to discard, inability to safely live in your home.

Hoarding task force goal is not to make everyone a mental health practitioner who can identify hoarding symptoms. Part of mission is to raise awareness so that people know that it's an issue. If you think your loved one might be a hoarder, who do you call next? When I started in mental health field years ago, people said when you're depressed; pull yourself up by the bootstraps! Now we know we should encourage them to call your doctor, etc. There are supports out there like NAM, a mental health association. We know that as a society, but we don't apply it to hoarding. We want to raise that level of awareness so that we can start connecting them with people like Adele who can work with them one on one.

Ms. Carter-Scott: There is stigma with mental health. How do you get the right message out to people? You can create a stigma within a stigma if you're not careful.

Sarah Ansley: The person might not ever care to leave their house, or ever have family in their house, so it may not be a problem. If it's impacting how they want to live their life, and the quality of their life, Ms. Maher: ...then it needs to be addressed. Even the show that you think is trying to educate us; it shows the person hoarding from the outside. "When you have a clean space, you've solved hoarding." No, you've likely created more anxiety, which brings out more hoarding symptoms. The best way is to work piece by piece and have them let it go. There's tremendous trauma for that person in losing all of their things. These things are as precious to them as your wedding ring might be to you. Even if you don't agree with it or think that way, that doesn't make them wrong or bad. They just have poor insight into the importance of these things, and how badly their life is impacted. They think, "I can survive, I still have paths through the house." The first issue I work with a client is, "Is your house safe?" If you fall or have a heart attack, can emergency medical team get to you?" It's not about saying "We got to get rid of this and this" it's about working with them and saying "Let me understand why this is here." And that's how you know. I have people with ADHD. It's disorganization or distraction; they may have a whole desk full of stuff. Andy Warhol was a hoarder. He had things called "time capsules." He'd take everything he was working on at his desk, put them in a box, and save them. We understand that there is a problem there. When there is a problem there, let's intervene. I have some good information about how to find out. I've trained with Dr. Frost, who is the person who talked about the initial diagnosis, and as of last May, hoarding is finally a diagnosis in the DSM V. As professionals, we can order treatment for our patients. I want to let Dina talk about what she does. She helps with the stuff, I help with the thinking.

Participant: What type of treatment?

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Ms. Maher: Medication helps. There's almost always depression and anxiety involved. Antidepressants are used to help people calm the anxiety about why they're saving. There's also therapy. A hoarder probably needs a therapist weekly for at least a year. Once a person starts to discard on their own, the anxiety eventually comes down. Not so if someone comes and takes the things. Imagine if someone came into your house and took everything you own.

Mr. Tague: Mr. O'Hanlon and Ms. Carter-Scott touched on this. Mr. O'Hanlon was talking about the punishment mentality; punishing someone for something, and you talked about stigma. You also talked about genetics and I wondered how that all played in. If your mother was a hoarder- could you elaborate more on that? Mr. Henderson's point on treatment is this like Alcoholics Anonymous where you go and stand up and say "I'm John, and I'm a hoarder."

Ms. Maher: It's like any other genetic disorder. If the mother is bipolar, will her children be bipolar? There's a good chance at least one could be bipolar. If a person has blue eyes, etc. Hoarding can be caused by Obsessive Compulsive Disorder, and that is passed on genetically. About 50% of the time, it is caused by Obsessive Compulsive Disorder. There has been little research done, but what research we have shows a clear genetic connection for hoarding. It's just the luck of the draw if you get it or not; we haven't identified the part of DNA that causes hoarding.

Sarah Ansley: I'm the program director for Community Human Services. We have historically served adults who have disabilities, in their homes, to help them to maintain their homes in a safe and healthy manner, and to maintain stable housing. We have recently focused on hoarding. In the last few years we've seen more and more people referred to us who have hoarding tendencies, so we have focused on doing some training, and figuring out the best way to intervene in these situations. Our goal is not to solve hoarding; we always refer the person to a mental health professional with experience in hoarding, but what we do is similar to what Adele does; focus on the safety issues. If their doorways are blocked, we encourage them to create a pathway. It may not even mean discarding items. We don't expect people to take piles of stuff and throw them out. So we sit down with them and ask, can we move some of these items? We make sure to engage the person in these decisions. We would never touch or move their items without making them a part of that decision, because, as Adele has pointed out, doing so could really increase their anxiety, and tear down any trust you've built with the person. We really focus on trying to build trust. Unfortunately, by the time someone has been referred to our program, they've often been ostracized from their families, they may be at risk of losing their home, they've been judged by their neighbors. A lot of times, a person thinks we're just going to be the next person to come in and judge them, and take their things when their back is turned. So we try to build trust and address the safety issues. Addressing the safety issues helps to build trust. "I care about you enough that I want to make sure you're safe." So little by little, we work with folks to address those safety issues. We make sure that they can get out of two entrances; we make sure that things aren't stacked so high that they could topple over onto them; we make sure that they can get to the critical route spaces in their house. To the bathroom, to the kitchen, those areas that you need to have daily access to. And, as they're willing, we are happy to help them to sort through the upstairs bedrooms, or whatever they want. But

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

again, it's piece by piece. We measure our success in very small increments. Initially, it's, the person let us come into their house. Then we clear one pathway. Then we work together to clear off a table. So it's very small increments, and it's not surprising, because we don't always have the mental health professional there with us. We would love to expand our program to send a worker, and a mental health professional in to work in tandem. We might help someone to clear off a table, then we go back the next week, and the table is filled again. So the hoarding task force is asking, who can bring these two services together, the in-home services and the mental health professional. Because otherwise it seems like we're only providing half of the solution. So the task force has been spending time thinking about how we could secure funding, to maybe do a pilot program. We're in the process of trying to make that happen.

Ms. Goldstein: Do you find that hoarders are in a particular age group, or does it hit all ages?

Ms. Maher With our program, the average is late 40s, early 50s. I don't think it's because they weren't hoarding in their twenties, I think it takes a while to get to the point where they have too much stuff. It's about the accumulation of stuff. We've seen five-year-olds who hoard things. It happens at all levels. It tends to become a massive problem only as people get older. It's fun to collect the stuff. Hoarders don't just buy things; they pick things up. Free things, free papers, dumpster diving, "My aunt Sadie's getting rid of her bedroom" "Oh, can I have that?" Could you use an extra set of pots and pans? Oh sure! The hoarder naturally loves to have things. A lot of hoarders buy for other people, children, grandchildren, friends. My sister collects turkeys so I'll get her that turkey platter. A lot of the time those things get lost in the hoard, and the recipient never gets their gift. The severity of the hoarding increases when the person is depressed, experiences severe loss. A client lost two babies in utero because husband pushed her down the steps. She started out with Obsessive Compulsive Disorder as a radical perfectionist, but then she gave up hope and became depressed. When I met her, she had no heat or running water. There are people like that all over the city and county, and it crosses all socioeconomic lines. It's your neighbors, maybe your relatives, it's your friends. It's there, and we're just trying to make people less afraid to come forward for treatment and help them understand so they're not punitive in the way they treat their family members, friends or neighbors.

Ms. Dore: I am wondering if there was contact information for community human services or your agency if someone was looking for more information. I think this is very important.

Ms. Maher: We'll both leave some information for you. Probably the biggest source for hoarding resource is [WWW.OC foundation.org/hoarding](http://WWW.OCfoundation.org/hoarding). And if you go onto that website, Dr. Randy Frost has a whole section on hoarding, explaining what it is, what the research on it, treatment is for it, you can also find my support group on it, which is the goal of the group; giving obsessives another lifestyle. We meet at 7, on second and fourth Thursdays of each month at St. Sebastian's Haber Hall. Attendance is free.

Participant: Any suggestions for landlords that have health and safety issues?

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Ms. Maher: We get a lot of referrals from landlords, also neighborhood legal services, if they get eviction cases that they feel are unfair because of the hoarding behavior. Our program will be happy to work with landlords, but we only have so much capacity, so I think that other in-home service providers might be able to help depending on the severity of the case, but I can't speak for other in-home service providers.

Robin Smith: I work for the housing authority and we do have hoarders within our system.

Ms. Maher: The first thing I say is education to understand what you're dealing with, and working that way. We still live in America, and people have the right to own whatever they want to own. It becomes a problem when what they own or how they keep it becomes a health threat for themselves or others. I have many people who have a lot of stuff, they're healthy and their living environment is safe enough. One woman says I'm bohemian, my friends understand. We don't have to live in a better homes and garden home to be a good person. But we're talking about excess that causes problems that affect someone's welfare, whether it's their mental health or physical health.

I think someone from the hoarding task force would be willing to come and talk to folks anywhere, whether it is at the housing authority or elsewhere.

Our goal is to get as much good information out there. It's a prevalent problem, treatable, not a character flaw, a person with a mental illness, and it's a person.

Ms. Dore: Now, if you were to have a client who was deaf, and who was a hoarder, would you be providing an interpreter when you go in to provide your services?

Ms. Maher: Would I personally? I personally work on the hoarding task force, and in a lot of other things I do, I provide my services for free. But I can't do that for everyone everywhere. What we're trying to do through the DSM V is to get paid as professionals to provide these services. So do you ever work with interpreters?

Sarah Ansley: We have not, but we have the ability to, if need be.

Ms. Maher: We would have to say "This is a mental illness, and we will provide the therapy services"

Paul: Thank you very much, we appreciate your time.

Ms. Maher: Thank you for having us. Anyone is welcome to attend the hoarding task force. We meet at NAMI building on McKnight Road. We meet the last Monday of the month at 2:00. But this month is a holiday, so we're meeting on May 30<sup>th</sup> at 2:00.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

**4. Update on Meeting with the Mayor**

Mr. O'Hanlon: We requested a meeting, but we haven't had one scheduled yet. So, a short update.

Participant: Did we request a meeting with the county executive also?

Mr. O'Hanlon: Not yet.

Karen: Do you want me to follow up on that?

Mr. O'Hanlon: We're just waiting on the scheduling secretary to get back to us.

**5. Careerlink's New Office**

Ms. Barricella: I asked Richard to put this on the agenda, because when I got the numerous emails about the Careerlinks office moving to Wood Street Commons, a red flag went up, because Wood Street Commons has never been accessible. Traditionally, the way those of us who use wheelchairs got into Wood Street Commons, was that we'd have to use the Third Avenue entrance to the shelter. Then there's a lift that takes you up four or five steps, then you go across, have someone unlock the door, so you can get in through the other side. So I thought, they're remodeling, maybe they made it accessible. I called Careerlinks to ask what happened, did they make it accessible? Again, I had never seen the front entrance of Wood Street Commons because I could never use it. I was told by Eric Furtecamper who is the director of Careerlinks that at this moment it's not accessible, but they're planning to put a lift on the front steps of Wood Street Commons. The steps are inside. And he said, but in the meantime, people will have to go through Third Street, etc. And I said, why was the decision made to move Careerlinks to a building like Wood Street Commons that cannot be made fully accessible. And we all know that those lifts break down. We also know that they don't let you use the lift yourself; you have to get somebody to come and operate the lift. It just seemed to me the most cockamamie idea to move Careerlinks into a place that could not be fully accessible, that would make it harder for those of use with disabilities to get in the place, being that we are one of the most, if not the most, unemployed populations in the country. I was very upset about this. The moving decision was made by the WIB (Workforce Investment Board), and my director is on the board. So he contacted the director of the WIB, who said she was unaware that this hadn't been done yet. Not that it had to be done, but that it hadn't been done yet, where the lift wasn't installed yet. My question to you is, do you want to make any kind of statement on this as a Task Force. We have the opportunity to make life better for people with disabilities, and we're making it worse. We can look at other groups, who if they were told, "You have to use the back door for a while," they would scream and yell. In my opinion, we ought not to keep our mouths shut. This is too important. We're talking about people getting jobs.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Mr. Parker: When's this move supposed to take place?

Ms. Barricella: They're already there. They moved in at the beginning of May.

Mr. Parker: I think this topic, and the next one has a common theme. Recently I was at something where we were explaining the mission of the Task Force itself. Two of the points under our mission are one to stimulate the city and county to meet compliance with the ADA, but one of our other missions is to make the city and county a showcase for compliance. So according to our mission, this would a good goal, to say "There has to be a better solution for this. We can do better than this." And I think you're going to hear me repeat that for the next two topics. I have a concern that there seems to be more that we could be doing, or more ways that we could be intervening, or more things we could be doing to stimulate the compliance. I'm in agreement that we should take some kind of position, or do something to make this better. It's so critical to be able to get jobs, and creating an obstacle just to get to Careerlinks is concerning to me.

Participant: I feel the same way, but I think they really should have asked somebody who has the ADA compliance rules, they should have asked their architect. They have all of the accessibility stuff in front of them. Ramp rather than lift.

The steps would be next to impossible to ramp. They are very steep. Once you get in the door—and there's no automatic door opener yet, so someone had to come and open the door for me—there's not a lot of space inside before you get to the steps. The fact of the matter is, there's office space in downtown Pittsburgh. Why do we pick something that cannot be optimized? And in my opinion, it's probably because it's cheap. It's probably one of the cheaper buildings in downtown Pittsburgh.

Mr. Henderson: For the same reason they closed the medical office building and put it in McKeesport. I think we should set a meeting up with someone soon.

We should also meet with the human relations people.

Ms. Barricella: But I also want to say, to what Mr. Henderson said, I'm not bringing this to you to talk about it. I want someone to do something about it.

Mr. Henderson: That's my recommendation on who we could talk to that could do something about it.

Ms. Dore: First of all, I can't stand that we're still dealing with things like this after fifty years. Jeff is saying that the same problem, in three different places, and there may be a strategy for that, after we hear Jeff, like publicity or press, or something like that. A direct letter to people with Careerlinks. 35% of people with disabilities are employed in the United States, and we probably have the figures for

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Pennsylvania. I definitely think we're not going to leave here today without having some strategy for what might be two different levels of problems, but still, historically, an awfully long underlying problem of accessibility. But if your boss is on the WIB board, that says something too, and I don't get that.

I just want to point out that there are a lot of other services in that building that are not accessible aside from Careerlinks. I'm speaking as a low-income, working single parent. The EARN program is in that building. The Greater Pittsburgh Literacy Council is in that building. Some of these services are mandatory to get things like disability or welfare. She's also correct in saying that the lift has been breaking down repeatedly for many years.

Ms.Carter-Scott: I'm glad that Ms. Barricella brought this issue to the table. I agree. It's not just about bringing someone in to talk about it. The task force needs to act on it. But I think we also need to talk to someone about it, in order to send a clear message. Not only with Careerlinks. If it's not accessible, it's wrong. And I think, as a task force, we need to take a stand on that.

As I said a minute ago, I think we should set a meeting up with whoever we need to in order make sure this is going to be accessible as soon as possible, and if not, we go further with our action. This is 2014. It's sad that I have to hear about this just now. We should have known about this before it even happened, and took a stand on it. Again, the county and the state tried to do something with DPW. They tried to close East Liberty off and send them to McKeesport. That got stopped because people heard about it and acted fast. We don't need to send a letter. We need to get a meeting as soon as possible, demand a date for it to be accessible, and if it isn't done within that time, then we take action with the media and do whatever we need to do. We don't need to drag our feet on this.

I want to know what's illegal here. Is there anything illegal here? I ask the chair, who is the closest thing I know to a well-known lawyer under the ADA.

I'm not sure without going there with a tape measure and making sure the doors are wide enough, etc. But assuming the doors are wide enough, the lift works, and I can get through that door, it's probably legal. It may fit the letter of the law, but it doesn't pass the smell test.

I know it doesn't pass the smell test, but if it were illegal, we could go straight to the proper authority. If we're looking for actions that the task force could take, one person mentioned the human relations commission.

I had experience with them with Cricket. They were not accessible. I took them to the Human Relations Commission and their Charles Morris, the head at that time, helped to get that building accessible, and then they moved out.

Do we know what the time table is for them putting the lift in?

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Ms. Barricella: Eric said, at the beginning of May, that it would take about nine weeks. I haven't talked to anybody since.

Mr. Tague: I'm sitting here, bewildered, because this is an action housing project. So I have to contact Larry Swanson and ask him what's going on, because there was a brief presentation on Wood Street Commons at the last board meeting. So I'm upset that this even has to be talked about considering who the players are here. Chaz Kellum sits on the WIB board. It falls under labor and industry which means the governor's office would have some input. I'm wondering if we shouldn't try to get to Maryanne

Participant. And I agree with Mr. Henderson. Have a meeting and step up to the plate and demand something. First call Larry at action housing and find out what he knows. For me, it's a question of equal access. You can walk in, or you can roll in, but you should be able to do it equally. Eric Furtecampa, Director of CareerLinks, said the labor industry people came through the building, he was there for that walk through, he asked about the accessibility and that's what he was told. Nobody seemed to think, "This isn't equal access."

Ms. Carter-Scott: I don't think a meeting would be useless. I think we should have a meeting. Using CareerLinks as an example, there are going to be other kinds of programs moving, and our message should be, make sure you're inclusive of people in the disability community when you're thinking about moving programs, so that it does create equal access. I think we need a meeting with someone.

Mr. Henderson: We have to do it soon. It's sad that we have to be having this conversation. It shouldn't have happened. I suggest we get a meeting with the right people, and get them to say, "It will be done by July 20th." But we're not satisfied with that. That was just an example. My point is that it has to be soon, and it has to be done.

be soon. Mr. Tague brought up labor and industry. What are the crucial political pressure points here? Let's create a strategy. If I understand what Mr. Tague is saying, the building's owned by action housing, they're the landlord. That's up in the air. The renovation of the building is action housing's project. I'm concerned about equal access, meaning that it was my understanding that the building would be completely accessible, but the way Judy's describing it, it doesn't sound like we're getting the same equal access. Mr. O'Hanlon, you're right that although it may follow the letter of the law if the lift works, it doesn't follow the spirit of the law. Did you say they're putting a new lift in the building? There's no lift at all.

Mr. Pinchalk: There's one on Third Avenue, but there's no stretcher access.

Mr. Henderson: Are they putting a larger one in that would accommodate stretcher usage? I can't imagine there would be space for one.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Mr. Pinchalk: That's a problem we've been dealing with for years. It makes it difficult to get people in and out of that building.

Ms. Dore: A long time ago, because I was a domestic violence victim, I had to live in that building for a period of time. I think you've heard the story of how I used to be homeless. Action Housing used to own that building, and now it's run by a private real estate firm, and they also run a few others downtown. But action housing did help; they were the renovation partner. There are a lot of other services in that building that isn't accessible. And the lifts have a twenty year history of breaking down, since that place was a YMCA.

Mr. O'Hanlon: It seems to me that the fact that it's not only CareerLinks in this building, but an array of services, would have us want to make the building accessible as a solution. That's a long term process, and separate from that, I feel like a state office like CareerLinks shouldn't make a decision to move into a building like that until it's been made accessible. So I find fault with that decision, and the location of that office there now, regardless of what's planned. It's moved there when it's not where it should be. So the question I have is which of those, or both? What do we do now? Do we find out if there is a plan to make the building accessible up to reasonable standards? Or do we pursue the issue of why CareerLinks was put there now, and what they're going to do about it? Or do we take on both? I see them as somewhat different, though connected.

Mr. Henderson: I propose we contact the person we need to contact to find when the lift is projected to be finished being installed, and move from there.

Mr. O'Hanlon: The advantage of that is that sometimes you get into a situation where you raise a fuss and find out that the solution's right around the corner if you had only asked or been patient. On the other hand I do think CareerLinks shouldn't have been there already if it's not ready; just a question Judy. One of the issues that I'm getting from you is that there is access to the building through the third avenue, and there is going to be access through the front of the building, but what I'm getting from you is that's not acceptable to you, even if it's legal.

Ms. Barricella: For me personally, no, that's not acceptable.

Mr. O'Hanlon: But you're also the county ADA coordinator.

Ms. Barricella: I know. This is a building in the city, remember. Sure, they put a lift in, they're making it accessible, that's reasonable. Then we have to know, what's the process someone has to go through City of Pittsburgh or Allegheny County to get someone to operate that lift? Because I looked in today and I couldn't see up high enough to see a guard at the top of those steps. But if all of those things are in place, automatic door openers and all that, they've met their responsibility. But personally, I think it's an

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

insult to the disability community to place a program like CareerLinks in a building where you don't have equal access.

Ms. Carter-Scott moved and Ms. Evans: Seconded.

Mr. Henderson: I completely agree, but in terms of the lift being put there, we need to act on that and set up a meeting soon, because they're not going to change the location at this point. I agree with what Judy said. We need to have them make the front part of that building accessible.

Mr. O'Hanlon: Is it likely to be action housing who has the plans for accessibility modifications?

Mr. Tague: Yes.

Mr. O'Hanlon: Who's in the best position to find out from Action Housing?

Mr. Tague: I'm on the board of Action Housing. I'll call Larry Swanson, because there was a presentation on that, and from what I got from that, the building is going to be accessible. The question for the task force is, is it acceptable to us?

Ms. Evans: It is not.

Mr. O'Hanlon: Is the issue primarily that the lift wouldn't be independently operable?

Mr. Henderson: That's part of it.

Ms. Carter-Scott: I think about people who are visually impaired. I think about the elevator that often breaks down. There are issues across the board. I want equal access for anybody with a disability.

Mr. Parker: When a move like this is made, it would be nice if it's made to some place better. We talk about the ADA being the minimum requirement, but isn't there somewhere better it could have gone? That opinion needs to be promoted, regardless of whether or not we can change the location of CareerLinks now. People who are in charge of moves need to try to find locations that are more accessible, not less.

Ms. Carter-Scott: I agree. CareerLinks is just an example; there are other services in that building. We need to say, this has already happened, it's water under the bridge; how do we prevent it from happening again?

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Ms. Dore: There's a building literally across the street from there. It's called the YWCA, and they already have things like CCIS in there, which is a program the Y runs, and other workforce development programs. They have an elevator, it's accessible. People with disabilities can operate it independently. There actually is accessible, available space directly across the street. Also there are other issues with the Wood Street Commons building. The lift always breaks down. So many other emergency services are in that building. There are no interpreters there for the deaf as well. I have a question as well. Does anyone know if the building codes themselves are up to par according to ADA law?

Mr. O'Hanlon: I don't know that anyone has any idea about the building codes in that building. There was a problem two years ago when they were renovating a building. There was work being done there but it became a problem because there was no sign saying that anyone was at work there. Not safe for deaf-blind or blind individuals. Places they could fall. That building itself was not under ADA compliance. My sense is that there's a dilemma that comes with expanding the issue this far. If we're talking about every tenant and service in the building, that's a much broader focus than CareerLinks. I'm not sure I want to take on the issue of the building and every tenant. If we really want to focus on CareerLinks, then maybe the preliminary question for the building is, what's being planned for the building, how soon, and does it meet accessibility standards? And I guess the other question is, what do we want to say to CareerLinks? It sounds like we've got a couple people in high position- is WIB an advising or decision-making body? What could they decide?

Mr. Tague: They could decide to move. Again, Chaz Kellum sits on the board too. Mr. Parker For our strategy, we should approach Stephanie, executive director of WIB, and board members Chaz Kellum and Mark. We hit the executive and two board members, and that's a good start. I'm not saying "Come to a meeting and let's talk." Let's voice our dismay. Our goal is for the city and county to be a showcase of ADA compliance. Let's get this program into a location that suits that goal. I think we could do a tactical approach of hitting anyone who has any power and turning this around.

Mr. Henderson: I agree with Jeff, but I also want to echo again, that we need to get this lift in, and get this done soon as possible. Hopefully they hear us out, and if they don't, we need to discuss the next step. We need know about things like this before they happen. I motion that we contact the right person at CareerLinks and have that rectified as soon as possible.

Mr. O'Hanlon: John's going to handle that, but my sense is that we also need some form of communication to the executive director of the board and members we are associated with, expressing our dismay and concern about moving the office there in the first place. Who would like to contact City of Pittsburgh or Allegheny County and Chaz?

Mr. Parker: Yes, I can do that.

Mr. Henderson: I could write something to Mark if you'd like.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Mr. O'Hanlon: Should we write a letter to the board expressing our concern? Do you think they moved it there to make it easier for people in Wood Street Commons to apply for jobs?

Mr. O'Hanlon: No, I doubt it.

Mr. Parker: I think Stephanie needs a letter, and we can call the two board members to prompt them to take some action at the meeting.

Mr. Tague: I'd also suggest that the letter go to the chair of the WIB board.

Mr. O'Hanlon: Agreed. Is there any other discussion? All in favor say aye.

All: Aye.

#### **6. Update on Oakland Accessibility**

Mr. Parker: Due to the advocacy of DJ Stimmler, the Oakland Business Improvement District (OBID) agreed to meet with representatives from Oakland, the university, and our task force, to talk about possible actions regarding the numerous stores and restaurants in Oakland that are not accessible and never have been. Between the April meeting and the one coming up in June, they were to meet internally and work on funding strategies. We have two meetings set for June: One to tour Oakland with the OBID, and another to see what progress has been made. I have a concern that I don't know where this is going. The first meeting was hopeful though. I guess we'll know better in June whether things will take off or whether we'll hit a stalemate on that. If anyone wants to join, it's at 3:00 on Friday June 6<sup>th</sup> meet outside of the corner of Sennot Square at the corner of Forbes and Oakland Avenue.

#### **7. Update on Parking Authority**

Mr. Parker: So the situation we have right now is there's a suit between her and the Parking Authority. On May 5<sup>th</sup> or 6<sup>th</sup> I was watching the news, and I saw DJ being interviewed about her lawsuit. Richard isn't able to talk about it, the Parking Authority isn't, DJ isn't, but I feel responsible for having brought this to the task force when I saw DJ last fall, talk about what we could do about the inaccessible height of the parking meters. Now there's a lawsuit, instead of us having reached an amicable agreement, which makes me feel like I haven't done my job. I don't know what the status of the lawsuit is, but this isn't the outcome I wanted to see. I know that in April when we met for Accessible Oakland and I asked DJ how it was going, she said she had been unable to get in contact with the Parking Authority. That's all hearsay, but I imagine that most people file lawsuits because they don't get the conclusion they wanted. It sounds like she's willing to come and talk this through at the task force meeting. All of these issues are related because our goal is to be a showcase of compliance.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Mr. Tague: I thought the issue was resolved, so the lawsuit surprised me.

Mr. O'Hanlon: I'm of the opinion that lawsuits can be necessary sometimes. I had the sense that it could be resolved when we last met with DJ. I don't think the lawsuit will prevent this from being resolved. It did seem to me that they were close, and could have avoided it, but who knows?

### **8. Vox Pop**

Ms. Amic: I'm Sarah and this is Leslie. We're from the Rehab Engineering Research Center at Carnegie Mellon and we're working on accessible public transportation. The project we're creating is called Tiramisu. It's an app that attempts to show when the buses are coming in real time, because the schedules from the Port Authority are not always reliable, and sometimes the wheelchair ramp on the bus breaks down. We're looking for people to participate in a study in which they will use the app and provide feedback on how it could better achieve its goal of making people's commutes easier. It's available for iPhone and Android. We are providing iPhones for study participants who don't have a smartphone. The study is a pre-interview, and a three week usability study, and then we would ride along with you after the three weeks. So we're looking for people with mobility and vision impairment. Participants would be compensated \$75 for the study.

Ms. Warman: I use the app. It helps a lot, especially in rainy weather. I encourage others to try it.

Dr. Seelman: You might want to contact Students for Disability Advocacy at Pitt. If you don't have the information, just send me an email, and I'll give you the contact information for their advisor. A number of our students use the buses regularly, and a number of them are engineering students.

Mr. O'Hanlon: So you're looking for volunteers to be participants in the study? What would be the next step for people here who are interested in participating in the study?

Ms. Amic: Send an email to Leslie and me, and we will get back to you with more details.

Mr. Meritzer: Email me and I can send it out.

Ms. Amic: Yes. If you know anyone else who might like to participate, tell them to contact us. If you have an iPhone does it matter which carrier you have, or if it's a federally funded phone? I'm on the board myself and I know some of the iPhones are not paid through the state. We can provide phones through the state, even if the participant has a problem with their phone.

City of Pittsburgh/Allegheny County  
Task Force on Disability  
Monday May 19, 2014  
Meeting Minutes

Mr. O'Hanlon: I don't want to get too caught up with that question now because I think that's a separate issue; the study won't have trouble providing the phones. It would still be useful to collect data, here, on problems people might experience.

Ms. Evans: Georgianne and I are going to a civic leadership academy. Last week we went to talk with the Police Department, and their commander McDonald told me have an accessible van. If you need to go to the hospital for an emergency and the van is available, they can bring the accessible van, with a wheelchair for you. Perhaps she could come to a Task Force meeting and show us the van at some point.

Mr. Meritzer: Someone left an orange water bottle at a past Task Force meeting. If it's yours, please come and claim it.

The Meeting was adjourned at 3:00 p.m. the Next meeting will be July 21, 2014.