

PMHCA Advocacy Listening Session Agenda -1/30/25

- **Welcome and Introduction- No AI notetakers, PMHCA is recording this**
 - Attendees:
 - PMHCA: Tristian, Candi, Chandler, Kathy,
 - PaPSC: Lizzie
 - Physically attendance: 9 members
 - Virtual: 45 virtual meeting members
 - Housekeeping- unsubscribed from the list-serve there will be a separate advocacy list serve, if you would not like to be on te list-serve, you can resubscribe at candi@pmhca.org
 - Reminder that we need to be able to take things slow and use self-perseveration in tough times. We need to take self-care measures as needed because this is important for everyone.
 - How will you take care of yourself for this meeting?
 - How do we prepare for what happens next?
 - What is advocacy, what does it look like, and how do we approach things that we need to do be affective?
- **Updates on DRP Litigation and BH Strategy**
 - Creation of an advocacy loop. This will help providers, services, potential litigation and how this will be managed.
 - Recent updates: there was a group brought together with statewide stakeholders to be able to have meetings, there is a list of asks, the next meeting will be finalizing the asks and getting the stamp of approval that have representation. (BOTH MH/SUD ARE BEING REPRESENTED)
 - This is a non-governmental group. We are advocating to the government.
 - How can we build broad asks that meet the needs throughout the system. Happening around govern budget
 - Disability Rights PA lawsuit- representing people struggling with waitlist, peer support access barriers.
 - Most people do not know that peer support exists as a service. How do we address those issues, and we can get peer support while therapist/psychiatrist wait lists are long?
 - Latino- bilingual survey, trying to include more people in the Latinx community. (Cohort of Spanish speaking CPS, where it from?)
 - Will PMHCA start working on bilingual translation, can they pay more attention to this, can there be support from community members to help with that outreach?
 - Candi will be coordinating outreach
 - Kathy's/PMHCA's vision: Clinical services are a foundation, hold system together. Peer support and recovery and community-based services are the glue that holds things together.
 - DRP will create a questionnaire, the new list serve will provide this to people. **Still in planning portion of lawsuit.**

- DRP needs personal accounts for this. More people’s stories are important in helping this. Anonymous or personal stories are important.
 - Provider questionnaire will also be distributed.
 - **Send Candi an email to get on for the advocacy list serve.**
- **Curriculum Building**
 - Advocacy curriculum building meeting
 - Get to sit down with legislators, ask them how to best advocate, need to be able to create this
 - Advocacy community webinars will be worked on. There was a call for County Champions
 - **Webinars**
 - “Day in a life of a senator” so we have a comfort level with the legislators
 - Understand bills and legislation **and how to be more affective**
 - How to advocate to your doctor in short time
 - Chronic health and physical needs as well as mental health
 - How to advocate to your family members
 - How to get what you need as people in recovery?
 - Advocate for those who need it

YouthMove and PMHCA Are creating small advocacy committees.

- **County Champions**
 - 2 Individuals from each county, go to county meetings, one SUD and one MH. Teach community members, bring back info to PMHCA so there is knowledge about this for the whole state.
 - Looking at planning marches, meet our representatives
 - **Statewide advocacy movement, make your voice heard**
- **Listening Session**
 - Non-affective medications, getting meds and getting them refilled, lack of providers, no medications available.
 - Continual med changes, provider changes.
 - It is not an easy process, had to find the “fight fit”
 - System Navigation
 - Telehealth only services, lack of in-person therapy
 - Hard to get services
 - Lack of getting services, not many choices for providers
 - Physical and mental health services are hard to navigate
 - Youth and young adult representative
 - Outreach is hard, young people don’t know how to get services, people are not listened to
 - Want peer support, but they don’t know how to provide it
 - Peers in the office for mental health, happens in some places to help them how to advocate
 - Coordination of care is not happening—in extreme cases, some specialists are being ignored. Payments have to happen out of pocket for some medications.
 - Poor coordination of care happens between mental health and physical health providers

- Severe diagnoses, places want to hospitalize, lack of youth services who are willing to see severe diagnosis. Hospitalizations are an option, but seeking services take a long time otherwise.
- Educational system prevents young adults from getting MH supports. Bullying is happening because of MH conditions and the educational professionals are not helpful
 - Alternative schools are an option, are they helpful
 - Scared straight programs are not always helpful
- How do we keep good doctors or healthcare workers working with us, or because we have barriers? How do we have a continuum of care if someone leaves?
 - Professional retention is a major issue
 - Struggle with 3 appointments and discharge
- Peer integration is happening, but there is a lack of continuation of care, there are barriers that impact this.
- Value of peer support, community support programs need to be able to accept more people, education on peer support
 - Peers were embedded in different programs before
- Issues with supervision, retention is a struggle because of documentation
- Rates are not equal, needs more funding—put it in the budget
- Treatment for 14-year-olds, should they have rights to services
- Providers are gatekeeping information
- Differences for youth and young adults services, lack of consistency in different areas.
 - CRS services for youth and young adults
- Peer access to schools, need to have ability to get this as a service in school—become accessible
- Documentation in peer services is an issue. It is not taught in CPS training. Mis-training in documentation.
- Pay needs to increase
- Burnout
- Fee for service, need to provide fees for missed appointments
- Had to work out of county, traveling, struggling between providers
- Peer drift, have to document like the BCMs.
- Peer providers are struggling to get people
- Issues with the vendor system not being dispersed throughout the state
- Specialized peer support-peers also support
- Mental Health Advocacy Day 2025- Tuesday May 6, 2025 at the Rotunda
 - 10:00 AM- Resource table
 - 1:00 PM Press conference
 - jessica@css-pa.org for more information