

**Northern Virginia Regional Partnership Planning Project  
Psychiatric Hospitals Committee  
July 21, 2003**

**In Attendance:**

George Barker, Health Systems Agency of No. VA  
Roger Birabin, Loudoun CSB  
Kathleen Bishop, Loudoun Hospital Center  
Dave Carlini, Prince William Hospital  
Lynn DeLacy, NVMHI  
Kay Dicharry, Loudoun CSB  
Mark Diorio, NVTC  
Shane Fagan, Potomac Hospital  
Carol Gavin, Loudoun Hospital Center  
Mike Gilmore, Alexandria CSB  
Kitty Harold, Virginia Hospital Center

Sharon Hoover, Prince William CSB  
Sharon Jones, Fairfax-Falls Church CSB  
Bob Lassiter, Loudoun CSB  
Carol Layer, Alexandria CSB  
Polly McKennon, NVCH  
L. Jean Reynolds, NVCH  
Lou Rosato, NVMHI  
Jim Thur, Fairfax-Falls Church CSB  
Patrick Walters, Inova Health System  
Leslie Weisman, Arlington CSB

**Introductions and Welcome**

Introductions were made and the new members were welcomed.

**1. Approval of Notes from June 11, 2003 Meeting**

The notes from the June 11, 2003 meeting were reviewed and no changes were recommended.

**2. Identify Opportunities for Greater Collaboration with the CSB Aftercare Coordinators**

Jim Thur indicated that at the request of the hospitals, the CSB Aftercare Coordinators were invited to this meeting to work toward improving the liaison between the hospitals and CSBs. Leslie Weisman indicated that this would be an opportunity for general resource discussion as well as issue identification in relation to discharge planning.

Sharon Hoover from the Prince William CSB indicated that they currently have two discharge planners on staff, one assigned to the eastern portion of the county and one assigned to the western portion. The staff members have a mandate to work with State facility discharges and no other clients. Ms. Hoover discussed the varying wait times for these clients to have intake appointments and then meet with their primary clinician.

Sharon Jones from the Fairfax-Falls Church CSB reported that Fairfax currently has five full-time discharge planners who are located geographically around the county, including one located at Inova Mount Vernon Hospital. Each of these staff see clients at the State hospitals and the Fairfax Adult Detention Center. Ms. Jones noted that clients in specialty populations go to specific State facilities, therefore not all Fairfax clients are in the State hospital located in our region. Jim Thur noted that the discharge planners are able to do video conferencing with the State facilities so that travel time can be lessened. Mr. Thur proposed that video conferencing might be a possibility within our region, as traffic can cause significant travel times even within the jurisdiction. Kay Dicharry commented that the ability of the State facilities to do video conferencing varies in technological quality.

Leslie Weisman indicated that the Arlington CSB currently has 2.5 FTE for discharge planning. These staff work with persons in State facilities as well as serving as emergency therapists for persons in Private Bed Purchase who have few resources.

Carol Layer reported that the Alexandria CSB currently has 1.5 FTE for discharge planning. There is one discharge planner and one case manager who does discharge planning for all State hospital clients. Alexandria also has a social worker at Inova Alexandria who works with DAD/Wintex admissions and discharge planning. Ms. Layer indicated that most services are easily accessible, with the exception of residential (seven day wait for first appointment) and psychiatric (fourteen day wait).

Kay Dicharry indicated that the Loudoun CSB currently has one full time discharge planner who works with the State facilities (focus on NVMHI and Central State) as well as clients in Private Bed Purchase. Part of another staff member's time has been redeployed to work with discharge planning in the other State facilities. Another staff person is assigned to work with Loudoun Hospital. Ms. Dicharry noted that Loudoun can do priority intake appointments for clients coming out of hospitals, and that residential or other high intensity placements are the most difficult.

Ms. Weisman asked if there is any confusion on linkages for the most challenging clients hospitals see. Carol Gavin of Loudoun Hospital described a current patient at her facility's medical unit whom they are having difficulty getting a placement for. Ms. Gavin said that with so many people involved, the information being communicated is not always reliable. Ms. Gavin indicated that expectations on both ends do not always match up. L. Jean Reynolds of the Northern Virginia Community Hospital described a patient currently at her facility with dementia and the delays associated with gaining a placement. There was some discussion related to the differences between chronic and acute cases. Kathleen Bishop of Loudoun Hospital noted that they have some chronic patients who need longer treatment than can be provided in Loudoun's acute facility. Ms. Bishop went on to say that there are some clients who don't fit into specific hospital or community programs, yet are unable to function in the community on their own. Lynn DeLacy discussed the differing ways of thinking from the parties involved, and talked about seeing hospitalization as a bridge. It was noted that the available resources vary according to whether the client has Medicaid, is in a Private Bed Purchase, etc. It was agreed that the lack of resources at the appropriate levels of care for each client is the primary issue. Ms. Weisman noted the importance of communication between the hospitals and CSBs. Ms. Dicharry added that the discharge planners are the intermediary between the client and the hospitals and can answer resource questions for them but are unable to affect changes in accessing programs in most cases.

George Barker suggested that additional data be collected in order to better understand the issues faced by both CSBs and hospitals. Mr. Barker also suggested that it would be helpful to put roles/responsibilities and expectations for both parties in writing. It was agreed that the private providers would be asked to complete the patient profile developed by NVMHI staff. It was also agreed that at the September work group meeting, there would be a discussion of the roles of CSBs and hospitals, in an effort to develop a written document.

### **3. Update on Partnership Project Activities**

- Mark Diorio reported that the MR/MI report is out.
- Lynn DeLacy reported that the DAD reinvestment proposal requires that a regional entity be the "banker" for the region. The current proposal designates the Fairfax-Falls Church CSB as the

temporary “banker”. Ms. Delacy indicated that the new arrangement should make it easier to rollover unspent funds.

- Jim Thur reported that a meeting was held earlier in the day with private mental health services providers. Attendance was good in the area of day providers, but since not many residential providers were there, another meeting will be scheduled that will be more conducive to their attendance. Mr. Thur noted that it was a very productive meeting.
- Lynn DeLacy reported the Institute’s involvement with a grant opportunity from the Department of Labor related to the Olmstead Act. The NVMHI is working with Psychiatric Rehabilitation Services, Virginia ACCSES and non-profit providers for this grant, which would be for between \$400,000 - \$600,000 per year in descending amounts each year. Through this grant, plans for client employment would be integrated into discharge planning earlier than the current practice.
- George Barker reported that Certificate of Need applications have been filed at the area hospitals. If approved, these will result in the elimination of 80 adult beds and a slight reduction in the number of child/youth beds. Mr. Barker added that the State has recommended approval of the addition of ten beds at Loudoun Hospital’s psychiatric unit.

#### **4. Review Recommendations from 2002 Access and Alternatives Report**

Jim Thur indicated that DMHMRSAS Commissioner Reinhard requested a review of the recommendations from the 2002 Access and Alternatives report. There was discussion about the feasibility and potential benefits of a standardized level of care determination tool. The model detailed in bullet 5, page 9 of the report was discussed as were the related liability and insurance issues. Mr. Thur reviewed the item recommending the establishment of a centralized 24/7 triage center and indicated that it could be local or statewide.

#### **5. Propose and Review Suggestions for Initial Report**

Jim Thur noted that the initial report only addresses adult mental health services and briefly reviewed the outline. Mr. Thur indicated that the Steering Committee is scheduled to approve the report at its July 31 meeting.

#### **6. Develop Phase II Work Plan**

The September meeting will include work on getting CSB and hospital roles and responsibilities defined. The Partnership’s initial report will also be reviewed at that time. It was decided that the October meeting include a focus on geriatric services.

#### **7. Future Meeting Schedule**

Next Meeting:

September 17, 2003, 1:00 p.m. – 3:00 p.m.

Fairfax County Government Center, Conference Room 120C (inside the cafeteria)

Topics: Review of Interim Report, Definitions of CSB and Private Hospital Roles