

## Mental Health Workgroup Meeting – December 10, 2003

Start time: 12:44

-Corrections to last meeting's minutes

-Legislative agenda breakfast: Jane Woods gave a great speech. She explained that there may be a possible \$1.8 million shortfall without more resources. There was a good turnout overall, but a low turnout of legislators.

-Joan, Lynn, Leslie and Jim had a meeting via phone regarding the reinvestment project and long-term outlook for Region 2 after the Legislative Agenda breakfast. The DAD Agreement was discussed in the context of the community managing the additional funds that were allocated to our region. Currently NVMHI has assisted in funding some clients who needed immediate discharge with approved regional dollars through DAD. Ultimately, these dollars will be managed in our region but not fiscally managed at NVMHI. There are many contracting and legal challenges that are still being addressed. There may be reporting requirements and outcome measurement requirements for the use of these dollars.

- The Private Psychiatric Hospital Group will reduce the frequency of meetings to quarterly to keep communication open. Private hospitals continue to have liability concerns around use of Authorized Representatives. At the last PPHG meeting there was a presentation by Dr. Del Rio (NVMHI Medical Director) and Dr. Hand (Fairfax CSB Medical Director) on the use of Authorized Representatives.

-There is a Structural Workgroup meeting on 12/11/03. They will look at their role as being more IT oriented.

-Special Population Task Groups – we need more information about their mission and goals. No one is currently involved from NVMHI or the MHWG.

-Chris Kolakoski: There is a newly formed State-wide co-occurring disorder group. Their focus is on assessment and what training is available. Their mission is not certain yet. The group is communicating through email at this time, and there is a potential teleconference to occur in early 2004. Chris will be convening a group locally to discuss the treatment issues surrounding co-occurring disorders as they relate to our particular region.

-Wendy Gradison: It would be good for non-CSB people to receive information on CSB related projects and updates. She is not questioning how money is being spent, but would like to be more aware of where it is being spent. Leslie tries to report anything pertinent regarding this to members of the workgroup. Leslie has this as standing agenda for updates. Lynn Delacy: This question is a fundamental one, and we need to think about how these issues are integrated, and how money and reinvestment funds are used. This issue will be addressed at the structural committee meeting tomorrow. We need to think about how to integrate these various efforts.

-Sharon Jones: How can we use rollover money through both backdoor and front doors? Are we talking as a reinvestment group how to use this money more creatively? Chris: We need to know

about the changes in how the money is being used, and the different components therein. Kay: The issue of how DAD/DAP funds are being distributed and how it relates to what MH workgroup does needs to be clarified for those who are not clear. Clarification of roles and function needs to happen. As DAD becomes more intertwined with the reinvestment project and the community gets more fiscally involved, we need to understand how the project relates to the restructuring project, the content (how money is spent) issue, and the process piece.

-Lynn: The Planning and Steering committees are working in a parallel way. The mission out of Richmond in the statewide group is to look at UM.

-Joan Durman will attend this meeting (MH Workgroup) and the structural workgroup. Joan's update for Region 4 (Richmond area): Their approach is that they said there is no way they can do everything. Their reinvestment project involves closing units. They are going to have 6 focus groups with resource people, and are asking what kind of projects the people would like to have. Forms will be filled out describing projects and 2-3 projects will be addressed by region. They are funding CM and residential facilities. They have community groups that will come up with proposals, and only a few will be done.

-Lynn: Jim Bell of Liberty Health Care called her as follow-up to discussion on Arkansas Partnership Project. He said there are potential firecode issues with locked buildings, but not licensing issues. We may be able to overcome this with the use of alarms instead of locks. This raises community concerns. It is not a barrier to state licensing to be locked in certain areas.

-Recovery group update: Sharon LeTourneau: The group has still not met formally. She is working on getting things started inside NVMHI. She had the kickoff of grand rounds and has a few other things lined up for early 2004. The first grand rounds is not open to the community as mission needed to be confirmed by NVMHI staff. In the future, community will be invited to attend. Outside of Fairfax County, Sharon wants to know what else has been done with regard to this. Kay: Loudoun County is in process of doing a needs-assessment. The county is reviewing places where services are already in place but the language being used is not consistent with the recovery model. Lynn: It sounds like the recovery subgroup needs staff and a consumer representative from each CSB. Sally: NVMHI needs a representative on the recovery subgroup as well.

Kay: Sharon presented to Advisory Committee on the treatment mall. It is important that we draw attention to the fact that activities are in place that are embracing recovery principles. Sharon: we have groups on treatment mall now specific to recovery principles. A doctors' representative will be at NVMHI regularly now 2 days a week. The patients are participating in job skills groups and there are weekly outings to an employment center for patients. The treatment mall council will start looking at all programming to incorporate recovery principles. There are two family collaboration groups in evenings for patients, spirituality groups being held 2x/week, and 2x/weekly on educational needs.

Lou: NVMHI will have a NAMI corner in atrium. Sandy Smith will be talking to the librarian tomorrow and will start getting literature from NAMI.

NVMHI patient shares that the educational piece with Ed Weber has been helpful. He has concerns about the psychiatric piece and what their view on recovery is, as technicians/doctors do not see patients as “people”. Sharon: Training is to occur for all staff on recovery principles. Sally: There is a knowledge deficit, and consumers are needed to identify problem areas. Lynn: There is a school of thought that you can’t do recovery in an inpatient setting.

Caroline: K unit has embraced this for years, and this unit has advocated employment and has always had this focus. She says that the dialogue is finally getting better.

Forensic workgroup update: The group met on 12/1/03. The workgroup has catalogued what is happening in terms of forensic services in each CSB. The group will meet again in January to look at CSBs, facilities, and taking an incremental approach to looking at several forensic issues and where else recommendations can be made. There will not be any large scale projects coming out of this group. Some issues were brought up on Central State and NVMHI and the differing styles in terms of communication and continuity of care. The group discussed the role of the Internal Forensic Review Committee. Amanda will attempt to do study of current NGRI patients, concentrating on specific information regarding this population such as privilege level, potential barriers, and housing needed. We need to get profile of who these patients are in order to identify trends and types. There was some discussion about de-stigmatizing NGRI population in community. Revocations often revolve around substance abuse in the community. Improvements could be made in treatment packages and relapse prevention. The group looked at jail diversion and what is happening on a regional level with NAMI. The group will also look at trends with forensic utilization at Central State and Western State. The group will meet again on 1/7/04. The patient representative to this group suggested possible community meeting with NGRI patients to determine how process can be expedited, as well as a focus group with Dr. Stammeyer.

Co-occurring Disorders Group update- The group is planning to meet 12/19/03 per Chris. Alexandria, Fairfax and Arlington reps are planning to attend. A consumer representative will possibly attend.

-The next MH Workgroup meeting will be held 1/14/04.

-The next Forensic workgroup meeting will be held 1/7/04 at 2pm at NVMHI. This group will report at the next MH Workgroup meeting.

Meeting adjourned 3:00pm.