

**Northern Virginia MR/MI Work Group Meeting
July 9, 2003**

The Northern Virginia MR/MI Work Group met at the Fairfax County Government Center, Room #8, on Wednesday, July 9, 2003.

Attending

Mark S. Diorio, Ph.D., M.P.H., Director, NVTC
Kathleen Egelund, Director of Case Mgmt, Alexandria, CSB
Fred Firestone, MR Case Mgmt, Loudoun County CSB
Steve Garcia, MSW, Program Mgr, Loudoun County CSB
Russell Garth, Parent, Arlington
Sandy O'Bannon, Prince William County CSB
Henriette Kellum, LCSW, Arlington County
Leslie Katz, LCSW, Director of Social Work, NVTC
Jelena Saillard, Community Residences, Inc., Arlington
Lou Rosato, DSW, LCSW, Director of Community Services, NVMHI
Alan Wooten, Director, MR Services, Fairfax-Falls Church CSB
Pat Vinson, President/Executive Director, Job Discovery, Inc.

Mark Diorio convened the meeting at 0930.

Mark reviewed with those present the follow-up status of these issues discussed at previous MR/MI Work Group meetings:

- ❑ The need for grant writers—Mark asked that committee members check within their organizations for staff who may be willing to assist with grant writing for commencement of this project.
- ❑ Lou and Steve were asked to contact INOVA and Loudoun County Hospitals to find out if they would be interested in serving the dually diagnosed population. This was done but both hospitals declined the offer and instead the MR/MI Workgroup will rely upon the Private Hospital Workgroup as a conduit for communication. Several members of the MR/MI Workgroup are on both workgroups.
- ❑ Nancy was going to contact PACT after-care group individual contacts. Nancy was not present to discuss. This issue will be followed up later.
- ❑ Mark stated that although members had previously decided not to disseminate expert contacts, he asked members to re-consider the possibility of eventually releasing names of regional experts in order to plan for service gaps and strengths.
- ❑ Mark said that DMHMRSAS continues to state that there are MR/MH protocols. Alan informed those present that other than admission/discharge protocols, there are no additional set of rules. Mark checked with Russell Paine at DMHMRSAS and verified there were no specific MR/MI protocols for the Northern Virginia area. The Southwest region may have developed one long ago, but it was not currently used. Russell suggested that we continue to use the current MR Training Centers admission/discharge protocols and the MH Hospital protocols.

- Previous minutes reported that Joanna Barnes had asked for KSA's and job competency guidelines for a new MR/MI case manager position being developed. Mark asked those present to send him any information or ideas they would like to share with Dept. of Human Services in Arlington and he will fax these to Henriette Kellum, Supervisor for Dept of Human Services in Arlington, who was present at this meeting.

Mark shared a short synopsis from Idaho State School and Hospital regarding crisis intervention teams that respond when an individual's behavior poses a significant risk to self and others. Idaho State School and Hospital solicited nationwide to obtain information from various ICF/MR facilities and other agencies. Idaho will compile this information in forming their own crisis team to work with individuals who have a dual diagnosis. Input from NASDDS search included information from Connecticut, New Mexico, Kentucky, Minnesota, Hawaii, Nebraska and Virginia. Mark asked members to forward to him any information they may have regarding crisis response teams.

Mark presented information to members on Liberty Healthcare Corporation and their program at the Robert M. Greer Center. This program is a specialized treatment program for dually diagnosed individuals with mental retardation, mental illness and challenging behaviors located on the campus of Northern Oklahoma Resource Center, an ICF/MR facility in Enid, Oklahoma. Liberty Healthcare Corporation is responsible for total program administration and clinical management, employing 24 health care professionals, 108 paraprofessionals, and 8 administrative support staff. Liberty presented this program at the MR Facility Director's meeting as a possible 16-bed facility within Virginia. There appears to be an interest in the Southern part of Virginia where services are sparse for this population. Alan stated that he felt it would be difficult for an organization such as Liberty Healthcare to obtain a Certificate of Need for a 16-bed facility in Northern Virginia. He felt it would be less difficult to obtain a Certificate of Need for a 5-bed or 6-bed facility. Alan shared some past experiences he has had with CMS surveyors and how various issues have delayed the admission process for individuals needing services, and felt that this could well be a very real issue for a program such that Liberty is proposing. There was some discussion of Lambs Farm, which is agency that serves the Dually Diagnosed in the communities of Chicago. Mark will check to see if they have a web site.

Alan informed members that the VACSB is working on identifying a priority list within each CSB. One top priority was identified as services for the Dually Diagnosed. Also identified for the priority list were waiver services in Virginia as well as adjustments to the rate structure. Alan agreed to keep folks informed on the progress of the VACSB group.

Mark distributed material relating to NVMHI Levels of Inpatient Treatment to the workgroup members. This model included matrix of 4 examples of psychiatric inpatient care and treatment needs. Mark asked members to review and consider setting up a similar Level of Treatment Model for the Dually Diagnosed. Members agreed that the model would most likely need to identify behaviors for MR. Mark felt that we need similar nomenclature for the MR population so that we are all on the same page when describing clients' needs, interventions and expected outcomes. Mark agreed to send out an e-mail of this document to work group members for editing purposes.

Work group members reviewed the July 6 draft version of the *Northern Virginia Regional Dual Diagnosis (MR/MI) Work Group Report*. Mark stated that he would like to get a final draft report out the first week of August. The report must be submitted to Central Office by mid-August. The group reviewed the report and some revisions were discussed and noted. Mark will edit the report to include these revisions and will send it via e-mail to all committee members. He asked that further modifications be made using the Word software tracking feature and e-mail them back to him. He asked that for those who do not have the Microsoft Word software, to please use a different color pen when making notes on the hard copy and mail recommendations to him as soon as possible. Mark asked that all revisions be returned to him no later than COB July 30.

The meeting adjourned at 12:10 PM. No date was set for the next MR/MI Work Group Meeting since it was not known if another meeting would be necessary. Members will be contacted by e-mail of all further progress and work done on behalf of the MR/MI Work Group.

Respectfully submitted,
Linda J. Muniz