

WELCOME AND INTRODUCTIONS**10:00 AM**

The Commissioner opened the meeting and the Advisory Committee (AC) members introduced themselves. Members present:

Mary Fox (Parent)
Cynthia McClaskey (SWVMHI)
Ron Parsons (SWVMHI)
Lisa Moore (VACSB)
Don Roe (CCCA)
Nancy Cottingham (CVCS)
Vicki Hardy-Murrell (VFFF)
Jim Reinhard (DMHMRSAS)
Sam Gray (National Counseling Group)
Doug Cox (DOE)
Steve Peed (DJJ)
Bruce Elder (City of Staunton City Council)
Ray Ratke (Special Advisor on Children's Services)
Betsy Strawderman (Prince William County CSB)
Barb Shue (CCCA)
Joe Tuell (CCCA)

**OVERVIEW OF COMMITTEE PURPOSE
AND TRANSITION PRINCIPLES****10:20 AM**

The Commissioner distributed this document and discussed the purpose of the committee as helping to guide the CCCA closure process to ensure that all children appropriate services closest to their communities and in the most appropriate setting.

The Advisory Committee members discussed the Transition Principles.

- ♦ ***Advancing the Vision:*** *One member suggested that the overall vision include a statement about establishing a safety net for all people and children regardless of need; noting that all should be served. Another member noted that family assistance and services should be added to the first principle; including working with families so they are prepared after discharge. Members discussed adding language regarding helping to bridge the gap between current services and future service needs to ensure children and families receive services in their home communities. One member suggested there should be a system of care and this should be noted. The group noted that it will be difficult to replicate services provided at CCCA close to children's homes and wrap-around services need to be available to children and families to ensure smooth transitions. The goal stated by the group being to improve the overall system for children in their own communities. Others suggested that a note or bullet be added about assisting local schools—helping them understand the children they are serving and how to identify children that need additional services.*

Someone suggested a liaison between schools and DMHMRSAS to assist with this issue going forward.

- ◆ **Workforce:** One advisory committee member noted that it will be challenging to transition staff who serve children to WSH where they serve adults only. One member noted that there should be options in the community and facility for employees.
- ◆ **Partnership Development:** Members noted that the language in the first bullet is very broad and does not designate a specific party who is accountable and who will lead efforts in the development of the partnership. Committee members discussed the role of DMHMRSAS' Office of Children's Mental Health—how will they provide oversight for this group of children and ensure high quality care? Members requested a bullet be added about communication to stakeholders. Another member requested a public forum at SWVMHI, the Commissioner noted that he will try to get to Marion as soon as feasible. The Commissioner also clarified that the Department has the administrative authority to close units of hospitals and has done it in the past without General Assembly approval. He noted that part of the Advisory Committee role is to look at how we can improve the current service system, expand services, or make overall improvements to prevent children from falling through the cracks.
- ◆ **Quality and Integrity:** Services across the Commonwealth need to be more standard and uniform according to one member. Another suggested that there should be an oversight entity to ensure full implementation of the principle. Local zoning should be examined as we move toward implementation in home communities because many communities do not allow or do not want residential treatment. The Advisory Committee agreed that there has to be a commitment on behalf of the Commissioner, Department, and everyone involved to ensure that individuals are served appropriately. This commitment is not just to the individuals being served, but also to all citizens of Virginia who expect that of their government.
- ◆ **Performance Expectations and Fiscal Stewardship:** There was a question from the group about reinvesting the savings from closure into providing better or more care to children. The Commissioner noted that in this budget environment, this was not possible without General Assembly approval. The Commissioner noted that there was \$2.1 million proposed in the Governor budget to assist with the purchase of inpatient beds for the uninsured children previously served at CCCA and SWVMHI. Members noted that planning would be a key part of any system changes. North Carolina made significant changes in its services for children recently and saw unintended increases in emergency department visits, etc. One member suggested that a bullet addressing ongoing services provided by CCCA be addressed in the last principle. For example, medical records information sharing and protection. Lastly, members agreed that outcomes of the changes need to be monitored and this should be reflected in the principles.

PRESENTATION OF CCCA CLOSURE PLANS AND COMMITTEE GUIDANCE

10:45 AM

The Commissioner provided a PowerPoint presentation on specific actions to be taken to accomplish the CCCA and SWVMHI closure initiatives.

- ◆ *One member requested more information about what the inpatient Medicaid rates are and how the \$2.1 million estimate was developed.*
- ◆ *Another requested the Department clarify how many children have exhausted insurance by the time they are admitted or during their stay at CCCA.*
- ◆ *Data was requested on the number of local detention center children seen at CCCA as well as payor source for all children.*
- ◆ *The group requested more information about how the \$2.1 million fund would be managed. Like LIPOS or some other model?*
- ◆ *The Commissioner agreed to provide follow-up information at the next meeting.*

PUBLIC COMMENT PERIOD

11:30 AM

The Advisory Committee heard public comment as follows:

- ◆ *Eileen Burns is a mother with health insurance and she offered that she could not find a bed for her child when he was in need except at CCCA, even with insurance.*
- ◆ *David Colton commented on the \$2.1 million in funds, noting that this would not give CSBs very much money to serve children in their catchment areas. He added that a lot has been brought up about the per diem for CCCA and how much higher it is than the private sector or Medicaid. He noted that CCCA is an all-inclusive rate and Medicaid and private pay per diems exclude ancillary services. He requested more information about these differences. He noted that the Secretary brought PSI, Inc. to see the facility and this was insulting. In addition, he noted that a PSI executive made several million in compensation last year and as a taxpayer he has a concern about selling the facility to this organization.*
- ◆ *Robert Tucker from Valley CSB Emergency Services commented that the current low census at CCA is a reflection of the emphasis on using the private sector first but that CCCA could have a full census. There is no CSB participation on the Advisory Committee and there should be. There are certain special populations—deaf, blind, etc. that the private providers will not accept. He is concerned that court-evaluations will be paid for out of the \$2.1 million and this money will go quickly.*
- ◆ *Donna Gum from Mental Health Amercia—Augusta Chapter comments on the lack of discussion about human rights committee roles in the closure processes. She also noted that children in rural committees will not have anywhere to go to get services and there are not enough beds now to serve children in Virginia.*
- ◆ *Rick Gibson is a former employee and now a citizen. He is concerned about the lack of services for children with very special needs. If someone has a terrible accident or a burn they go to a trauma center and that is what CCCA for some children—a specialized center. What other measures could have been taken first before closure. Please clarify the RFP issued by the City of Staunton to develop the WSH property, is there a link to CCCA? Would like more information about the \$2.1 million and whether it is one-time or ongoing funding.*
- ◆ *Julie Irvine of Saving Gabe is a mother whose son has been treated at CCCA. He is currently in residential care. She is concerned that without CCCA no one will take in Gabe when he needs care, even though she has insurance. She also needs community services and she has been told they are not available.*
- ◆ *Paige Houchins—a letter was read to the group by Cynthia McClaskey*

- ◆ *Martha Jo Price is disappointed at the closure at CCCA and SWVMHI. She believes that there are no services available and works with children everyday that need these services or their lives will be in jeopardy. The high rates of unemployment and other stressors in SW Virginia mean needs are increasing and it is not possible to sleep at night knowing that there are children in need when we are closing centers. She is frustrated with the bureaucracy. CSBs should be at the table for discussion. The alternative for many of these children is detention with greater costs when they become adults.*

ESTABLISH MONTHLY MEETING SCHEDULE

11:55 AM

Future meetings will be held on February 24, March 31, April 28, May 28, and June 23. All meetings will be held at CCCA at from 10:00 AM to 12:00 Noon.

Minutes will be posted on the DMHMRSAS website.

Next Meeting: Tuesday, February 24, 2009 ♦ 10:00 AM – 12:00 PM ♦ CCCA