

## **WELCOME AND INTRODUCTIONS**

*The meeting convened at 10:01 am.*

*The Commissioner introduced himself and the Advisory Committee (AC) members at the table and on the phone introduced themselves, member present:*

Barb Shue (CCCA)  
Betsy Strawderman (Prince William County CSB)  
Bill Semones (Centra Health)  
Bob Gunther, MD (AAP-Virginia)  
Cynthia McClaskey (SWVMHI)  
Daniel McCauley (parent and CCCA employee)  
Don Roe (CCCA)  
Jim Reinhard (DMHMRSAS)  
Lisa Moore (VACSB)  
Macy Fox (Parent)  
Margaret Nimmo-Crowe (VOICES)  
Nancy Cottingham (CVCS)  
Paula Price (MHA-Virginia)  
Renee Musser Hummell (Former patient)  
Rick Bridges (Provider)  
Robert Tucker (Valley CSB)  
Ron Parsons (SWVMHI)  
Sam Gray (National Counseling Group)  
Steve Peed (DJJ)  
Vicki Hardy-Murrell (VFFF)

The Commissioner discussed the reasons for the day's meeting given the lack of clarity as the General Assembly (GA) deliberates about the proposed closures and the budget. The Commissioner pointed out that much of the discussion at the last meeting centered around improving services and the overall system for children and adolescents.

He referenced the following report that he submits each year to the Governor and GA:

<http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/b7e4de907ae0e45785257439006e768d?OpenDocument&Highlight=0,311-E>

This report, entitled "An Integrated Policy and Plan to Provide and Improve Access to Mental Health, Mental Retardation, and Substance Abuse Services for Children,

Adolescents, and Their Families,” highlights many of the ongoing transformation efforts already underway with the Department and stakeholders.

The Commissioner noted that the discussion for the day would focus on the current system and gaps in the current system. Page 4 of the report talks about our current system and the gaps in the current system. The Commissioner highlighted:

- ◆ Lack of service capacity
- ◆ Limited of access to care
- ◆ Lack of a full continuum of community-based care
- ◆ A shortage of child and adolescent psychiatrists and psychologists
- ◆ Fragmentation of services
- ◆ Lack of knowledge about what services are available
- ◆ Lack of family and youth involvement
- ◆ Lack of statewide evidence-based treatments, and
- ◆ Other systems are left to provide care

The Commissioner also pointed out several items in the report indicating lack of capacity or evidence of children being turned away from services. He indicated that these are issues that the AC needs to understand better and look closely at why the reasons why. The Commissioner also shared information from a recent OIG report about CCCA and SWVMHI noting that these two units are not operating at full capacity. He again highlighted the need to center discussions today on how we can use our current system better and at its highest capacity (the OIG report can be found at: <http://www.oig.virginia.gov/>).

Members discussed the OIG study. One asked if the OIG report included data about private hospitalizations statewide. Another noted that any discussion about utilization has to include admissions policies at CCCA and other state facilities. This can influence capacity at CCCA and other facilities. Policies include deferring privately insured children to private providers first. In addition, admissions are cyclical and there are very busy times of the year and the private providers have the challenge as well. Members noted that, with efforts to reduce referrals to residential programs, this has put additional pressures on private acute beds. It is difficult to quantify, but anecdotally it appears this is happening.

## **REVIEW AND APPROVAL OF JAN 24 MEETING MINUTES REVIEW AND APPROVAL OF TRANSITION PRINCIPLES**

The Commissioner requested feedback and edits to the meeting summary and the transition principles. (See documents for edits)

## **UPDATE: GENERAL ASSEMBLY ACTIONS**

The Commissioner reviewed the General Assembly half-sheets or budget amendments to provide an update on General Assembly actions. Another group called—the System of Care Advisory Team (SoCAT) that produced the report discussion above as well as the

Advisory Committee's work will feed into any processes required by the GA to examine the current system and propose alternative approaches.

A member asked if anyone is addressing the \$2.1M removal. A general discussion about the \$2.1M and how it could be used if it was available occurred. First, for purchase of acute inpatient beds, then possibly intermediate level services, and possibly for systems of care training, etc.

There was discussion about closure of Marion unit, which had been planned for March 1. Dr. McClaskey indicated there is confusion about whether the Marion unit is still open or not. It is still open at this time, but admission rates have been low.

## **DISCUSSION OF CURRENT SERVICE SYSTEM AND IMPROVING SYSTEM**

The Commissioner turned to a discussion of the current system and its gaps. He asked about next steps from the Advisory Committee, are we doing everything we need to do in terms of planning, etc. Are the \$10M being utilized at CCCA the best use of resources? It is likely the question about these funds will arise again if not now, but at the end of this biennium? Are these two units, and/or CCCA, a given going forward or do we need to discuss the use of the resources here and elsewhere?

One member suggested, we need to discuss this as if CCCA and SWVMHI didn't exist, what would happen and what would we do? Another member noted that having a safety net is absolutely critical. One noted that areas that have system of care money have been able to make inroads in this area and had very positive success—including use of residential and acute care—the Commissioner asked for data if it was available. He discussed the systems of care grants in four CSBs.

Some members are excited about the proposal because it is spurring discussion and attention to the issues in the system. What have other states' success been with these changes? Have other states made these changes or similar ones and what has happened? The Commissioner noted that the state's role in this needs to be sorted out if this planning process goes forward because it has evolved and will continue to evolve. The group agreed that there is a need to gather more data and it has to include the private sector data. There are challenges with Medicaid, etc, that have to be addressed and balance with other priorities. The private sector has to be included in this discussion and in the process. The CSA program has a lot of data as well. Members agreed that the group should examine the data that exists already and not reinvent the wheel.

Is there any data on recent children who have been admitted at CCCA because the private providers would not accept them? CCCA and private providers agreed that they can get that data. The Commissioner noted that it may be a capacity problem beyond just private providers turning children away. There are other children not being served based on the data in the OIG's report. One member underscored this by explaining there was an increase in admissions to CCCA when all local detention centers finally got MH professionals in every facility. Because children were finally being identified as needing services. You have to consider all the implications of making policy changes to the system. Others noted that CSBs are big players in all this and success has been seen

where communities and CSBs have mobilized around these issues. In other areas, they have not.

Another issue is proving care outside of regular business hours. Crisis stabilization is critical and needs to be provided, it is an intermediate level service, but it is critical. It needs to be for children in crisis and their family members. No-refusal interface with law enforcement is something needed in our adult and children system.

The group requested information about the number of children that fit into different categories (forensics, others). The system needs to be designed based on data and not anecdote VHHA indicates there is not data from private providers on who is turned away and why. One member noted that you might be able to get this data from CSBs because they frequently try and use private providers first prior to sending to CCCA. The group expressed the need to know where all the children that are sent to acute go and why.

Members believe that there is still a group of adults and there will be children that will not be accepted by private providers regardless of funding. DJJ children, about 50-75% of kids have been identified as having mental health needs, as noted by DJJ. DJJ is concerned that the group needs to look at the continuum and look at children regardless of where they touch the system. DJJ agrees that some kids are very challenging and the private sector is not likely to take some of these forensic children and the state needs to have some sort of response and role in caring for them. There are needs for the forensic population that members agree that states cannot get out of. Is there a state that can be looked at as a model? That has successfully gotten out of this business? The group can look at this for future meetings.

The group agreed it needs to examine effective models of reform and identify where Virginia should want to be, know where Virginia's system is currently, and identify how to from one to the other without wasting resources. There is also a budget "bulge" that happens when you are implementing new services, but old services need to be offered until new services are fully implemented. Bridge funding is critical to implementing in any transformation.

The Commissioner wrapped up the discussion by highlighting the excitement in the group around ongoing transformation. The closure proposals have galvanized people and it is a unique opportunity to look at reform and improving the system.

One member requested that there is more CSB representation at the table and more CSA representation at the table. CSB region IV and V. More private sector providers as well.

A DOE representative noted that everyone should understand that within both facilities, DOE has teachers and education is a major part of the day for the children. There is a good relationship with local schools and children have IEPs. Education is an integral part of all children's stays.

Martha Dawson, HIM director at CCCA noted there has been a lot of information and requests for data and there have had challenges in standardizing data and those efforts

need to be part of discussion. The group needs to clarify the type of information needed going forward.

## **PUBLIC COMMENT**

Susan Lawrence (parent): *We need to set up a children's ombudsman. She is parent and is adopting a child out of foster care. She loves the idea of a time out for parents at night because there are no night-time services available except criminal justice and DJJ. Hampton and Scott Counties are doing things well and should be looked at as well as other states.*

*All private placements are not the same. There is a 5 star system for nursing homes out there, we should do something like that for children. It would get people info and certainly create a culture of accountability. It is a low cost quick remedy to a lot of these issues. Posting VDH, VOPA, DMHMRSAS licensing reports online.*

*PSI, I want to discuss them, is anyone here from PSI, I want them to correct me if I am wrong. She provided her phone number for people to call with questions. PSI is the largest provider in this area in the country. They use this model in every state. They fill their centers with low-trained and low paid staff, they mislead doctor's in their centers. They have poor quality of care and this has hurt her son who is in a medical center right now. Staff are fired when something happens, but things don't improve.*

*Her son is at Centra right now and the difference is night and day and she is happy with the care there. They are providing support for previous trauma and incidents in other facilities (non-Centra). The fines are too low for PSI and they are not effective in changing behavior. This could also generate money for the state. PSI provides little or no educational services. Her son had no IEP when he was at a PSI facility. PSI makes numerous and large donations to politicians, has PACs, etc. They admit everyone whether they fit their model or not. Her son is not mentally retarded and they admitted her to two MR facilities. They are the dumping ground for struggling CSA and CSB programs. They make it easy for untrained or unlicensed social works to admit them. Behind the scenes they work quietly with the state and then out of the blue—and this has happened in other states—state run facilities are being shut down and it is usually near a PSI facility. Secretary Tavenner and Joey Jacobs used to work together. The state needs to provide oversight, that would assist with some of these problems, as well as posting items online.*

## **AJOURN**

The Commissioner made closing comments.

*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 31, 2009 ♦ 10:00 AM – 12:00 PM ♦ CCCA