

## **WELCOME AND INTRODUCTIONS**

*Heidi Dix convened the meeting at 10:02 am and welcomed participants.*

*Heidi Dix outlined the purpose and roll of the group as described in legislative language:*

1. *The Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services shall establish a state and community consensus and planning team for the purpose of developing a plan to examine the current and future role of the Commonwealth and private sector in providing acute psychiatric services for children and adolescents.*
2. *The team shall consist of department staff and representatives of affected consumers, local government officials, advocates, state hospital employees, community services boards, behavioral health authorities, and public and private child and adolescent mental health service providers, and other interested persons, as determined by the Commissioner. In addition, members of the House of Delegates and the Senate representing the localities served by the hospital may serve on the state and community planning team.*
3. *The state and community planning team, under the direction of the Commissioner, shall:*
  - (i) identify the characteristics of the child and adolescent population currently served at the CCCA and SWVMHI*
  - (ii) describe the service needs of the children served at each facility*
  - (iii) determine what services are currently available, or would need to be available in the community, to adequately provide treatment for these children*
  - (iv) consider alternate approaches to delivering services appropriate for some or all of the patient population*
  - (v) define the state's continuing role and responsibility in providing inpatient services for children and adolescents*
  - (vi) identify funding trends and policies for providing public and private services*
  - (vii) report on the cost of providing public and private psychiatric services*
  - (viii) detail other strategies to promote high quality, community-based care while maintaining a safety net for children and adolescent in need of acute psychiatric services.*
4. *The Commissioner shall report to the Chairmen of the House Appropriations and Senate Finance Committee on the findings of the state and community planning team no later than November 1, 2009.*

*The group will focus on acute mental health inpatient services and the services that wrap closely around them. It will examine the role of the Commonwealth in providing these services—as a payor for example, or as a provider. While there is anxiety about future proposals to close CCCA and SWVMHI's child and adolescent unit, the work of the group will not be focused on closures. It will be focused on the role of these two facilities in providing services.*

*Attendees introduced themselves and where they are from:*

<b>Name</b>	<b>Organization</b>
Barb Shue	CCCA
Betsy Strawderman	Prince William CSB
Bill Semones	Centra Health
Catherine Hancock	DMAS
Cynthia McClaskey	SWVMHI
Debbie Tanner	Riverside
Diana Barnes	District 19 CSB/VACSB Council
Merilee Fox	DOE
Heidi Dix	DMHMRSAS
James Reinhard, MD	DMHMRSAS
James Stewart	OIG
Jim Krag	Pyschiatrist
Joe Tuell	CCCA
Lisa Moore	Mt. Rodgers CSB
Macy Fox	Parent
Margaret Nimmo Crowe	Voice for Virginia's Children
Mira Signer	NAMI
Naomi Verdugo	Parent
Pam Fisher	DMHMRSAS
Rick Bridges	UHS--Marion
Robert Gunther, MD	Virginia--AAP
Robert Tucker	Valley CSB
Roger Burket, MD	Psychiatrist
Sandy Bryant	Central Valley CSB
Steve Peed, MD	DJJ
Vicky Hardy-Murrell	Medical Home Plus/Virginia Federation for Families

*The Inspector General presented, "Commonwealth Center for Children & Adolescents, Southwestern Virginia Mental Health Institute Adolescent Unit." The presentation is available online at: <http://www.dmhmsas.virginia.gov/Children/Planning.htm>*

## **DISCUSSION**

*During the presentation, the group asked a number of questions about the OIG's findings:*

- *Do the data costs in the OIG presentation included schooling? This will be verified by DMHMRSAS staff.*
- *How many children are turned away from CCCA and SWVMHI's unit?*
- *How well do children do when they are turned away compared to those that receive treatment at the centers?*
- *CCCA screens all children prior to admission and does turn children back to their community when it is most appropriate,*

- *How often is CCCA and SWVMHI's unit 75-100% full during a year? Average census may mask peaks in demand.*
- *How do we capture the children that are turned away by CSBs but have needs?*
- *How do private sector providers manage these children? How does their data match up with the information presented in this presentation for CCCA and SWVMHI? DMHMRSAS will work with private providers to try and gather information.*
- *How is the experience for parents with commercial insurance, no insurance, and Medicaid different? What kind of limitations does commercial insurance have that Medicaid does not? Does this impact the amount, type, and duration of services families have access to for their children?*
- *Why is HPR V (eastern part of VA) so different in terms of utilization of CCCA, SWVMHI, and inpatient care?*
- *What types of specialized services are available for children like crisis stabilization, etc?*
- *What is the experience in regions that use residential care compared to those that do not (e.g. Hampton)?*
- *Where do the admissions from CCCA and SWVMHI come from and what are the reasons why (behavioral, insurance exhausted, etc)?*
- *What role do private providers want to play in the system?*
- *Can we identify groups or populations that are least likely to be service by private providers?*
- *How does Medicaid, CSA, CSBs, and others define services and who is eligible? Are these definitions different?*
- *Do private providers offer educational services like CCCA and SWVMHI do? How is this done?*
- *How do we motivate private providers in the community to see these children and prevent escalation? Do we increase Medicaid rates?*
- *Can we identify what the optimum capacity is for CCCA and SWVMHI's unit? Maybe it is 100% capacity, but some lower number?*
- *Can we develop a decision tree outlining how children end up at the hospital, CCCA, or SWVMHI? What are the funding streams, what are the services, what is CSA's role?*

## **ADJOURN**

*The group agreed to reconvene at the end of July to review the answers to many of these questions. DMHMRSAS staff will work with workgroup members and state agency staff to gather information and data.*

*The next meeting will review this information and begin discussion around: (1) alternate approaches to delivering services, and (2) defining the role of CCCA and SWVMHI in the provision of future services.*

*Heidi Dix will survey the group for the next meeting date. The meeting will likely be in Staunton or at SWVMHI. The group may break off into two discussion groups to facilitate future work.*

*Meeting notes, the presentation, and other materials will be available at:*

<http://www.dmhmrzas.virginia.gov/Children/Planning.htm>