

ARLINGTON COUNTY COMMUNITY SERVICES BOARD

Mental Health Committee

March 27, 2019

Approved: 4/25/19

Committee Members Present: Judy Deane (Co-chair), Dori Mitchell (Co-chair), John Mitchell, David FitzGerald, Debra Byrd, Steven Gallagher, Sam Howlett, Leslie Gosling, Tameka Parker, Anne Hermann, Scott Brannon, Sherry Coles, Meade Hanna, Tom Quinn

Committee Members Absent: Caroline Bragdon, Tamara Theiler, John Blount, Betsy Greer, Wayne Bert

Others Present: Lila Corey (CRI)

Staff Present: Alan Orenstein, Rebecca Wright, Kassie Colingridge

Call to Order: The meeting was called to order at 6:00 pm.

Approval of Minutes: The 2/27/19 minutes were approved with corrections.

Presentations: PACT and Clarendon House: Ms. Collingridge described the purpose, core values and team structure of the Program for Assertive Community Treatment (PACT). PACT is composed of 12 staff: the team supervisor and assistant, 3 nurses, vocational and substance use specialists, and 3 general case managers, as well a psychiatrist and clerical assistant. The program census varies from about 85 to 90, and case manager caseloads need to average about 10. Services operate 7 days per week 24 hours per day and, therefore, services are comprehensive and intensive. Clients are 18 and older with severe and persistent mental health disorders. Clients are referred from the outpatient teams, and PACT typically admits up to 3 referrals monthly. There is currently a referral list of 14, in part because PACT needs to pace typically hard-to-engage admissions. PACT operates as a true team model, with multiple staff serving the same client and with frequent communication among staff.

Dr. Orenstein noted some historical and related background. PACT teams started in response to deinstitutionalization by “bringing the ward into the community” and with the assumption that funding should follow clients into the community. There is substantial research indicating PACT effectiveness when programs operate according to research-based fidelity standards, which are built into Virginia Medicaid and licensing regulations. PACT is not an emergency service and time is required to engage sometimes reluctant clients before positive outcomes are evident. In response to a question about a dip in the number served, Ms. Collingridge noted there was a period of multiple staff vacancies. However, this was unusual, since earlier improvements in staff grades and salaries generally reduced turnover. Right now, PACT is fully staffed, despite the challenges of hiring nurses and a recent reduction in the number of qualified job applicants.

Ms. Wright described the Clarendon House program which has been operating for 30 years. It is a community-based rehabilitation program with the overriding goal of promoting community integration and independence. The day program component provides a wide range of psychoeducational courses and opportunities related to skill building, self-care, vocational interest, health care, leisure education, interpersonal relationships, etc. There are also four case managers that assist clients with linkages to needed resources such as finances, entitlements, health care and other services and supports. Clarendon House also has a part time nurse and psychiatrist. Ms. Wright described the clients served, distributed a comprehensive psychoeducational class schedule, and described the process of converting to a psychosocial program from a clubhouse.

Outpatient Director’s Report: Dr. Orenstein noted the completion of follow-up actions from the last meeting: distribution of residential and Permanent Supported Housing presentations, the CSB Operations Policy index, young adult services utilization and outcome data, and client engagement procedures. Mr. FitzGerald noted

that he reviewed and commented on four Operations Policies that interested him and the comments were forwarded to Mr. Russell who is leading the current DHS policy review process. These policies related to confidentiality, detention orders and mandatory treatment, crisis intervention, and client and guardian orientation.

Dr. Orenstein gave the background regarding the requirement that the CSB has to periodically review specified interagency agreements. He distributed a summary of the 3 agreements to be reviewed by the MH Committee and he noted that two were multiyear and didn't now require Committee review. However, the Arlington Area Agency on Aging agreement is due for renewal, even though it does not change from last year. Mr. Gallagher indicated he wanted to review the full agreement and the chair requested it be distributed to the Committee for review at the next meeting. Follow-up: Dr. Orenstein will distribute the Area Agency on Aging agreement for review at the next meeting.

Dr. Orenstein noted that the next meeting on 4/24/19 will be with the Medical Director and key staff who will describe Psychiatric Services. Members noted questions of interest, so that Dr. Tidler could be alerted. These were: philosophy of care (especially MH and SA "recovery"); County versus contract psychiatrists; philosophy of working with clients who refuse services ("lack insight" regarding the need for services); medication issues including injection versus daily doses, genetic testing to match medications, and medication side effects. Follow-up: Dr. Orenstein will alert Dr. Tidler of Committee questions.

Finally, Dr. Orenstein noted that discussion of the 2021 budget will start at the 5/22/19 Committee meeting. He will have to update the Program Summary and request preliminary budget proposals from MH programs, once the 2020 budget is finalized. Follow-up: Dr. Orenstein will at least request a Program Summary update from program managers and administration.

Chairs' Report: Ms. Deane noted there were appointments by 2 CSB members with County Board members to advocate for CSB priorities. There was a wide-ranging Committee discussion of the budgetary and advocacy process including: if the County budget was predetermined (already fixed); clarification of the .5 FTE Clarendon House reduction of a vacant position; elimination of the \$10,000 request for ASD consultation since the funding will be covered with waiver funds; and what happened to the PACT peer priority. There were explanations by Ms. Hermann and Ms. Deane of continuing requests and those withdrawn, with some to be handled internally by DHS. They explained also that in the past priorities have been achieved by advocacy after the County Manager's budget submission and before final adaption. Mr. FitzGerald noted that some Board members appeared supportive and he suggested that next year the CSB advocates should be more aware of competing budget allocations, enabling the assertion that behavioral health needs should be a priority.

Ms. Deane noted that there is a public budget hearing 4/2/19 and it was an opportunity to promote the remaining priorities: 1 Emergency Services position and the addition of .5 FTE to an existing vacant .5 FTE for individuals with ASD and mental illness. She requested volunteers to provide a brief presentation.

Ms. Deane also noted there is an upcoming meeting with the Police Chief and she suggested that questions be forward to Dr. Orenstein. Follow-up: As requested by the chair, Dr. Orenstein will forward questions received to Mr. Taphorn, MH Committee police representative, and copy Ms. Hermann.

Announcements: None

Adjournment. The Committee adjourned at 8:00 pm.