

ARLINGTON COUNTY COMMUNITY SERVICES BOARD

Mental Health Committee

May 22, 2019

Approved: 6/26/19

Committee Members Present: Judy Deane (Co-chair), John Mitchell, David FitzGerald, Debra Byrd, Steven Gallagher, Sam Howlett, Tameka Parker, Anne Hermann, Betsy Greer, Wayne Bert, Sherry Coles, Bob Carolla

Committee Members Absent: Caroline Bragdon, Tamara Theiler, John Blount, Leslie Gosling, Scott Brannon, Meade Hanna, Dori Mitchell (Co-chair), Tom Quinn,

Others Present: DeAnne Mullins (CR), Lila Corey (CRI), April Young

Staff Present: Alan Orenstein

Call to Order: The meeting was called to order at 5:00 pm.

Approval of Minutes: The amended version of the 4/25/19 minutes, with proposed changes by the co-chairs, was approved without corrections.

Budget Discussion:

Dr. Orenstein initiated a budget discussion as follows:

- Distribution and discussion of: the organizational diagram highlighting MH programs, and a detailed Program Review Summary. Follow-up: Dr. Orenstein will update budget information.
- Brief review of the traditional budget priority process, distinguishing the Committee's priorities and submission to the CSB for a subsequent extended phase of discussion with DHS and the County Board.
- A review of last year's 10 initial recommendations by staff and committee members, some of which were resolved through budget shifts by CSB management. After discussions with Dr. Palmieri and Deborah Warren, these recommendations were distilled into three recommendations by the MH Committee (PACT Peer, ES staff, Forensic Services staff). These recommendations were presented to the full Community Services Board, along with recommendations from two other committees (SUD and DD). After further discussions, the CSB and Executive Committee selected three priorities to advocate for with the County Board. These included 1 FTE for the OBOT Substance Abuse program, 1 FTE for Emergency Services, and a .5 FTE position to serve children and young adults with co-existing developmental delays (autism spectrum) and mental health behaviors. CSB members also agreed that if the Manager's Budget did not include filling the substantial budget gap (about \$1.4 million) created by the cost to the CSB of the State's Medicaid Expansion, this would be the top priority for CSB budget advocacy, and the other requests would take second place.
- In the end, the additional Medicaid Expansion costs were in the initial budget, so CSB members, committee members, and other family members were able to advocate with County Board members and at public meetings for all three agreed upon CSB budget requests, which added up to 2.5 FTEs of additional services. For the final budget, the County Board added 1.5 of the additional 2.5 FTEs requested and directed the CSB and DHS to work together to decide how best to allocate these additional funds.

Dr. Orenstein then listed the eight budget priority proposals (in alphabetical order) submitted by the MH programs:

- CSE Emergency Service Security Funding (\$202, 949)
- CSE Emergency Services Milieu Manager (1 FTE Human Services Specialist, \$87,000)
- CSE Forensic Program Recreational Therapist (1 FTE Human Services Specialist, \$87,000)
- CSE Forensic Team Staffing (1 FTE, \$95,000)
- Outpatient Services PACT Peer Specialist (1 FTE Human Service Specialist, \$85,000)
- Outpatient Services Young Adult Temporary to Permanent Position (1 FTE MH Therapist II, \$86, 000)
- SAMH Capacity Assessments Funding (contract 60 assessments totaling \$15,000)
- SAMH Staffing (1 FTE MH Therapist II, \$77,844 plus fringes totaling \$107, 082)

Mr. FitzGerald listed his view of the major gaps and needs. Those described and discussed were:

- With SDA Intake, it is still taking 17 days to see a psychiatrist, as described by Dr. Tidler. Dr. Orenstein clarified that a client could be seen immediately at ES if an emergency, or a facilitated appointment could be arranged if urgent. Also, he noted the procedure to schedule the first clinical appointment with the case manager in about 7 days after Intake.
- Lack of coordination with the VHC, despite there being 650 involuntary hospitalizations annually. He asserted that patients often leave the hospital without mandated aftercare or aftercare plans, and he proposed the need for a discharge planner at VHC. Ms. Deane commented that improved coordination between VHC and CSB to support patients at discharge is essential, and she expressed the hope that the ongoing discussions between the CSB and VHC will provide a forum to improve this.
- Many people with SMI who suffer from repeated medical non-compliance are jailed instead of diverted for outpatient mental health services. A coordinated effort between CSB, Special Justice Gills, and VHC to use Mandatory Outpatient Treatment, as appropriate, should be a priority for our clinical protocol.

-

Mr. FitzGerald agreed that these clients and prospective clients will need intensive outpatient services, which are limited to PACT and ACCESS. Ms. Deane commented that the utilization of PACT is often limited by the clients' acceptance of PACT and that ACCESS appears to be underutilized. She added that the VHC has agreed to open a new Intensive Outpatient Treatment Program, in 2019 or 2020, to be accessible based on need, regardless of insurance status, and this may help to fill some of the gap in this area. She suggested that committee members might want to invite VHC staff to come in for a discussion of these plans. Mr. FitzGerald also noted that in September there will be a new CSE Bureau Chief that will impact the issues he described.

There followed a discussion of other possible needs suggested by various Committee members including; group homes with a wait list of about 20 (Ms. Deane), Permanent Supportive Housing with a wait list of about 90 (Dr. Orenstein), the absence of sufficient assertive services and family engagement (Ms. Greer), the absence of a PACT peer support person (Ms. Byrd), and the service gaps noted in the MH program budget priority submissions (Dr. Orenstein).

The committee members agreed that they would like to have the time to discuss these priorities in greater detail and agreed to schedule a June meeting for this purpose. Follow-up: Dr. Orenstein will alert members of the decision to meet 6/26/19 at 6:00pm.

Outpatient Director's Report: Follow-up: The unresolved issues to be determined at the June meeting: develop a meeting schedule template, set the agenda for meetings beginning September, and determine the timing of the September meeting since Dr. Orenstein will be on vacation (e.g., move from 9/25 to either 9/11 or 10/2).

Chairs' Report: none

Announcements: none

Adjournment. The Committee adjourned at 7:00 pm.