

**Arlington County Community Services Board
Executive Committee Meeting Minutes
Monday, August 6, 2012
6:00 pm**

Present: James Mack, Anne Hermann (via telephone), Jenette O'Keefe, Moira Saucedo, Carol Skelly, Judy Deane, Naomi Verdugo

Excused: Barbara Jones

Staff: Cindy Kemp, Farah Shakour, Glenda Blake, Joanna Barnes

The August 6, 2012 Arlington County Community Services Board (ACCSB) Executive Committee meeting was convened by the ACCSB Executive Committee Member Chair, Jim Mack at 6:10 p.m. The meeting was held at the Department of Human Services Sequoia Building, Conference Room A, 2100 Washington Boulevard, Arlington, Virginia.

Approval of the July 9, 2012 Executive Committee Minutes:

Chair Mack called for a motion to approve the July 9, 2012 ACCSB Executive Committee minutes. Ms. O'Keefe motioned to approve the minutes, Ms. Hermann seconded the motion and the minutes were approved with one correction.

Overview of Mary Marshall DSS Licensing Issues:

Ms. Blake, the Department of Human Services (DHS) – Aging and Disability Division Chief, briefed the members about a recent Department of Social Services' (DSS) state inspection of the Mary Marshall Assisted Living Residence (MMALR). Ms. Blake stated that DSS found serious issues at MMALR. She noted that the state accepted the Intensive Plan of Correction submitted by the contractor (VOA). The plan demonstrated that Volunteers of America (VOA), the operator of MMALR, and the County took the infractions very seriously. The state thought the plan was detailed and comprehensive and that corrections can be managed locally rather than at the state level. The state will however increase their monitoring of the facility - unannounced visits are expected.

Ms. Blake stated that new admissions are not anticipated for at least 3 to 6 months while the Plan of Correction is worked out (this was a strong recommendation from the state). There are currently 6 people waiting for admission.

Ms. Blake stated that staff turnover continues to be an issue. This is common in most Assisted Living Facilities (ALF). The leadership team also experienced turned over. Ms. Blake stated that Neal Clarke was hired for a year to start up the facility, as starting ALFs is his area of specialty. Kay Halverson was hired to replace Mr. Clarke, but she did not have an ALF certification / license at the time of hire. Ms. Halverson will take her licensing exam soon. Ms. Blake stated that the Director of Residential Services position ideally should have been filled much earlier, because the person in that position ensures that clinical issues were addressed appropriately. Ms. Blake said there were also changes in the Director of Nursing (Clinical Services). One person was replaced by Celeste Sawyer as the Director of Clinical Services.

There were also changes at the direct care staff level, which addresses some of the infractions. Several staff have been terminated as a result. The ratio is 1:6 (staff to residents) in the daytime and 1:17 at night, with one position still unfilled. Staff should have familiarity with mental health / behavioral challenges and training on aggressive behaviors. Currently, 100% of the staff have been trained on aggressive behavior management and emergency response. Aggressive behaviors training, medication administration (especially during times of crisis), and reporting incidents in a timely manner is now included as a part of the regular orientation process for new staff. The county has been involved with hiring the leadership staff, but not of the direct care staff. Ms. Blake is however, reviewing the job descriptions for all direct care staff to ensure people with the proper credentials are being recruited. Ms. Blake is now in daily contact with the leadership staff, and she has seen many improvements. The goal is to be very involved in the improvement plan. Ms. Blake noted that other ALFs have faced similar challenges with staffing.

Erica Wood, the Chair of the MMALR Advisory Council joined the meeting. Ms. Wood formerly served as the Chair of the Long Term Care Commission. She explained that the Advisory Council builds bridges between the facilities, the residents and the community. She stated that having CSB representation on the Council is critical.

Mr. Mack opened the floor for questions. Carol Skelly asked several questions, acknowledging that issues were expected to occur within the first year of the facility's opening. Ms. Blake responded to each of the questions.

1. Q: Has VOA been able to have line supervisors who have a background in MI in each neighborhood?

A: Yes, there are two Resident Care Coordinators who are Masters-level supervisors, who supervise the Resident Care Coordinators who are team leaders that manage the neighborhoods.

2. Q: Is this still a viable model?

A: Yes, however, the leadership staff has to stabilize to ensure cohesiveness.

3. Q: Are the salaries of upper management adequate?

A: Yes.

4. Q: The budget is based on full-capacity of 52 people, but the facility is being forced to serve more intensively with fewer people and therefore, less revenue. Will there be enough money available to support the facility without filling the facility?

A: The budget will be met with 49 residents.

5. Q: Is the facility budget being revised to ensure the residents' needs are met?

A: There are sufficient funds to ensure the residents' health and safety. Donations are accepted, but not needed to meet the residents' basic needs. Ms. Wood stated that the Advisory Council asked Mr. Clarke for a wish list in April, so it is now outdated. However, as a result of that wish list, the Fenwick Foundation provided land-line phones for residents. Ms. Blake stated that staff training, the hiring of a Behavioral Consultant, and resident needs are covered in the base budget. VOA has contracted with a temporary agency in case they need to quickly fill vacancies. The agency staff will be trained as well.

6. Q: One of the concerns was that MMALR would serve people with serious mental illness (SMI). Now the concern is that VOA may hesitate to serve the more challenging cases in order to make it easier to maintain their license. Is this the case?

A: VOA has been notified that their admissions process must include resident visits, family visits, use of behavioral consultants, etc. Licensing wants to ensure that VOA is equipped to serve these residents. Discharges are a joint decision. Crises often must be

handled by the emergency partners; therefore more effort has been put into coordination. There have only been a few residents with extremely challenging behaviors who were all admitted at around the same time. This posed a challenge.

Updates on Department of Justice (DOJ) Settlement:

Chair Mack turned the floor over to Joanna Barnes, Director of Intellectual and Developmental Disabilities, to discuss the Department of Justice (DOJ) settlement agreement with the state surrounding the state training centers. Ms. Barnes summarized the changes under the settlement using a presentation from the Department of Behavioral Health and Developmental Services (DBHDS) that was presented to stakeholders in the state and made available to the CSB Members. Ms. Barnes said the settlement agreement was tentatively finalized.

Ms. Barnes reviewed the settlement's major milestones as follows:

June 30, 2012 Implementation

- 60 ID waiver slots for individuals leaving training centers
- 275 community ID waiver slots for individuals on urgent wait list
- 150 Individual and Family Developmental Disabilities (DD) waiver slots
- Train CSB emergency services personnel on new crisis response system
- At least one mobile crisis team in each Region to respond to crises on-site within three hours
- At least one crisis stabilization program in each Region
- Implement discharge and transition planning processes at all training centers
- All individuals residing in a training center shall have a discharge plan
- Collect and analyze reliable data from at least one of eight domains

September 6, 2012 Implementation:

- Employment First implementation plan to increase integrated date opportunities for individuals in the target population

March 6, 2013 Implementation

- A plan to cease residential operations at four of five training centers by FY2021
- A plan to increase access to independent living options
- Establish a one-time \$800,000 fund to provide and administer rental assistance in accordance with plan to increase independent living options
- Commonwealth shall collect measures from CSBs and other community providers
- Case managers shall meet with individuals face to face at least every 30 days if the individual meets certain criteria
- Commonwealth shall collect data on the number, type, and frequency of case manager contacts
- Core-competency based training curriculum for case managers
- More frequent licensing inspections for providers who support individuals meeting certain criteria
- Licensure process assesses adequacy of individualized supports and services

June 30, 2013 Implementation:

- 160 ID waiver slots for individuals leaving training centers

- 225 community ID waiver slots for individuals on urgent wait list (25 targeted for youth in large ICFs or NFs)
- 25 Individual and Family Developmental Disabilities (DD) waiver slots (15 June 2013 targeted for youth in large ICFs or NFs)
- 700 individuals receiving services from the Individual and Family Supports Fund
- At least two mobile crisis team in each Region to respond to crises on-site within two hours
- Additional crisis stabilization units as determined necessary by the Commonwealth
- Collect and analyze reliable data from several of eight domains

Review and Discuss the FY13 State General Assembly Legislative Recommendations:

Chair Mack opened a discussion about the CSB's recommendations for the General Assembly's FY13 session (*Refer to Handout*). Ms. Kemp reminded the members that the County Board solicits feedback about state level issues from the county's commissions each year. Ms. Kemp walked the Members through the document.

The recommendations were divided into three sections – 1) Prior recommendations that were not implemented; 2) New recommendations that are in line with the VACSBs requests and 3) Other recommendations. The Members reviewed the draft recommendations and made preliminary suggestions. Members will email their final suggestions to Ms. Shakour no later than August 15, 2012. Ms. Shakour will also develop a cover letter to accompany the document.

The prior recommendations were:

1. Restore 19 adult beds at Northern Virginia Mental Health Institute (NVMHI)
2. Implement Regional Crisis Intervention and Stabilization for individuals with mental health and mental health co-occurring substance abuse issues – Ms. Verdugo noted that the amount requested for children's crisis stabilization in the state is not sufficient.
3. Support community placement of individuals leaving the State training centers and of high-need individuals living in the community who need intensive services – Ms. Skelly noted that in order to further address the issues related to the placement of individuals leaving the State training centers to the community, the Members need additional information on the Regional Business Plan for ID consumers in the training centers and the accounting from the state on the \$60 million in the trust fund.
4. Merge the ID and DD waivers and expand services to individuals with autism spectrum disorders - Ms. Jones stated that the status of the merging of the ID and DD waivers is unknown as well. Therefore, Ms. Kemp will obtain more information on the ID/DD related items from Joanna Barnes, Intellectual and Developmental Disabilities Bureau Chief.
5. Support the Peer Model Recovery program for youth and adults with substance abuse issues –
6. Improve / Expand access to child psychiatry services – Ms. Kemp will confer with Heather Stowe and Thomas Wallace to determine if this item is still needed.

Ms. Verdugo asked Ms. Kemp to inform the VACSB that there should be more funding for children's crisis stabilization. Ms. Kemp will also forward the new proposal to the state for children's crisis stabilization to Ms. Verdugo and Ms. O'Keefe.

The new recommendations related to VACSB requests were:

1. Support the full expansion of Medicaid under the Affordable Care Act (ACA, also known as Healthcare Reform) in the Commonwealth
2. The following VACSB recommendations were adopted by the Arlington CSB:
 - a. Fund integrated primary care and behavioral healthcare for people with serious mental illness and substance abuse issues by expanding the “A New Lease on Life” integrated pilot project
 - b. Include funding in the DMAS budget to increase the reimbursement rate for Early Intervention Targeted Care Management from \$132 per month to \$175 per month
 - c. Provide funding for expanded Triage / Assessment / Treatment and Referral Centers (TATRC – often known as Emergency Mental Health Crisis Intervention Centers (CIC) or Police Drop Off Centers)
 - d. Expand the critical core service of Intensive Case Management
 - e. Provide funding for housing services and supports for seriously mentally ill adults in the community
 - f. Ensure sufficient Discharge Assistance Plan (DAP) funding to assist with discharges from the state psychiatric hospitals, especially for discharges for people on the Extraordinary Barriers List (EBL)

The other recommendations were:

1. Study the use of seclusion / isolation and/or restraint in Children’s Psychiatric, Juvenile Detention or Juvenile Justice facilities
2. Funding for Virginia to offer Multi-Systemic Therapy more widely
3. Seal / expunge children’s juvenile court records and remove their records from national databases for non-violent offenses after some number of years without further trouble
4. Fund five regional System of Care Grants (one per region) each year

Review and Discuss the Preliminary FY14 CSB Local Budget Priorities Discussion:

Mr. Mack opened a discussion about the Preliminary FY14 CSB Local Budget Priorities (*Refer to Handout*). Ms. Kemp distributed the local priorities for FY14 that were developed in the CSB committees. She stated that these priorities form the foundation for the board’s decisions about their priorities for the CSB’s local budget advocacy. Ms. Kemp stated that the priorities are based on the needs of the programs and that all priorities were developed in the CSB committees. Ms. Kemp reiterated that all requests must be supported with enough data to justify the requests. While the CSB uses the final document for their advocacy efforts with the County Board, Ms. Kemp stated that it was her responsibility to share the finalized priorities with the DHS Director so that she is fully apprised of the CSB requests. Each committee chair person reviewed their committees’ priorities.

The committee priorities were as follows:

Substance Abuse Committee

1. Peer Recovery / Recovery Support Staff
2. Access to Primary Healthcare Services for SA Clients
3. Residential Treatment Funding
4. One Mental Health Therapist in the Jail
5. Jail ACT Unit Case Management Position
6. Drug Court Substance Abuse Counselor

Child and Youth Committee

1. Increase nursing services for children and adolescents
2. After school therapeutic recreation services
3. Resource development dollars

Mental Health Committee

1. Sustain current primary care program funding
2. Sustain nursing support for group homes
3. Sustain supported employment and education for young adults
4. Sustain CIT Coordinator
5. Mental health case managers
6. Peer counseling
7. Crisis intervention center
8. Expand staff positions – two psychiatric service providers

Intellectual Disabilities Committee

1. Group home renovations
2. Two Support Coordinators

Ms. Kemp asked the Members how they would like to begin the process of finalizing the local budget priorities. She stated that typically the Executive Committee makes recommendations and presents them to the full board in September; however, there is flexibility in this timeline. Ms. Deane requested that staff add data to support the priorities. Ms. O'Keefe requested more time to work within committee on the priorities. Ms. Kemp will ask the staff liaisons to provide the data and justifications on all of the priorities. Ms. Kemp will provide a revised draft of the priorities with further justifications prior to the September Executive Committee meeting. The Members decided that the priorities will then be discussed at the October Executive Committee meeting for finalization.

Planning for CSB Annual Retreat:

Chair Mack opened a discussion about the CSB's annual retreat. Chair Mack proposed that the retreat include an overview of how the state and local budget and legislative processes work and where the CSB could intervene, as well as a review of the retreat priorities from last year. Ms. Verdugo asked for a reminder of the CSB retreat priorities from last year. Ms. Shakour will send these out to the Members. Ms. Kemp will contact Mary Ann Bergeron from the Virginia Association of CSBs to speak about state issues and Michael Peter to speak about local issues. The Members decided on a date of October 27, 2012. Ms. Deane asked if Members could suggest other initiatives. Ms. Kemp stated that further suggestions should be emailed to her.

Brief Updates / Information:

- Ms. Kemp announced that the DHS/CSB Public Hearings on the FY 14 budget will occur on Thursday, September 6th, 2012 beginning at 6:30 and going until the last speaker is heard.
- Ms. Kemp stated that a meeting with the Brain Trust Housing organization will be held soon and CSB Members will be invited.
- Ms. Kemp announced that the Behavioral Healthcare Division Family Orientation is scheduled for September 11, 2012 from 6:00 – 8:00 p.m. in the George Mason Center

Conference Room. Ms. Kemp stated that the recent family forum to collect feedback on the orientation was attended by approximately 30 families and was very successful. Ms. Verdugo suggested mentioning the concept to the Fairfax-Falls Church Executive Director. Ms. Shakour will send out the flyer electronically to the Members.

- Ms. Kemp stated that the CSB By-laws are undergoing additional revisions in the Administrative Committee.
- Ms. Kemp stated that the FY14 Fee Schedule recommendations are in the Administrative Committee.
- Ms. Kemp stated that she was informed that there will be a meeting in the fall regarding the EMT concerns with behavioral healthcare clients.
- Ms. Kemp stated that Ms. Shakour is working on the annual report and a draft will be available for review in the next few months.
- Ms. Kemp distributed a list of commonly used acronyms. Members should make suggestions for additions to the list.
- Ms. Kemp stated that the Call Screening Data for January – June, 2012 will be presented in September.
- Ms. Kemp stated that the Permanent Supportive Housing Tables (PSH) will be presented in September.
- Ms. Kemp stated that the CSB Program Reviews will be presented in September.

Upcoming Items for CSB Full Board Meeting on September 19, 2012:

- Presentation: Revised CSB By-laws
- Presentation: Draft FY14 CSB Budget Priorities
- Presentation: FY13 General Assembly Priorities
- Ms. Kemp will report on revenue in the Financial Report, as necessary.
- Ms. Kemp will provide a report on the Group Homes, as necessary.
- Ms. Hermann will report on the Mary Marshall Assisted Living Residence Advisory Committee.

Announcements:

There were no announcements

The Arlington Community Services Board Executive Committee meeting was adjourned by Chair Jim Mack at 9:19 p.m.

Respectfully submitted by Farah Shakour

