

**CLIENT SERVICES COMMITTEE MINUTES  
SOUTHEASTERN VIRGINIA TRAINING CENTER  
CHESAPEAKE  
OCTOBER 29, 1998**

The meeting was called to order by the Chairman, James Stewart, at 10:00 A.M. Mr. Stewart welcomed everyone and asked that the Committee members introduce themselves.

Members present were: Mr. Stewart, *Executive Director Henrico CSB*; Henry Altice, *Blue Ridge CSB*; David Carter, *Resident of CVTC*; David Martin, *Pastor First Baptist Church Norfolk*; Anthony Vadella, *Poplar Springs Hospital*, and Beverly Fleming, *Shenandoah County Supervisor*.

Also attending were Dr. Larry Latham, *Assoc. Commissioner for DMHMRSAS*, and Fran Sadler, *Administrative Staff, Hammond Commission*. A list of others who were present at the meeting is attached to these minutes.

Mr. Stewart asked for public comment and twelve individuals spoke to the Committee. A summary of their comments is attached to these minutes.

When questions arose concerning the purpose of the Hammond Commission and the Client Services Committee, Mr. Stewart read the charge to the Commission by Governor Gilmore and explained the committee structure and responsibilities.

Mr. Stewart gave a report from Catherine Hammond, Commission Chairman, concerning the Full Commission's Interim Report to be given on December 1. She would like for the major focus to be the guiding principles being developed by the Policy Committee. There is not enough time to formulate significant recommendations, but could include the directions in which the Committee would like to go. Ms Hammond also requested that the Committee work on identifying the strengths of the system and what is currently in place that could be built upon.

Mr. Stewart distributed a handout, *Possible Issues to Be Considered by Client Services Committee*. This was the same information that he gave out at the last meeting but had been updated by including a section regarding system vision and the issues that were raised at that meeting. A copy is attached to these minutes.

The Chairman stated that the public comments that day concerning the state facilities were consistent with others expressed before. The facilities should not decrease capacity and that adequate resources be provided.

Mr. Stewart proposed a five point **work plan** outlined on newsprint to provide direction for further discussion.

- **Contribute to the work of the Policy Committee Regarding Guiding Principles**

Mr. Altice attended the Policy Committee meeting and reported on their work. They issued an invitation to all organizations statewide to send their guiding principles and received a huge response. The vision for this Committee needs to come from the guiding principles that will be formulated. Mr. Stewart encouraged members to attend their next meeting (Nov. 4 at NVTC in

Fairfax) and to participate in the development of the guiding principles. This Committee will request a copy of any draft guiding principles that are prepared.

- **Identify the strengths of the current system that need to be retained and built upon**

An invitation will be issued to all concerned parties to attend the next meeting (Nov. 12 at SVMHI in Danville) to provide testimony, either written or in person, about the parts of the system that they feel are strong and could be built upon. The Committee wanted all areas to be represented such as substance abuse, public and private service providers, advocacy groups, and professional groups. A summary would be prepared to include in the Interim Report. In order to prepare this report, **a work session was planned for November 23 at the Henrico CSB at 10:00 A.M.**

Members cautioned that in reporting on strengths, the impression not be given that the system and funding levels are fully adequate.

- **Recommend service system standards**

**Who is served**

**What services are available and the degree of availability**

**Other procedural standards or standards of care**

There is a consensus that more resources are needed to provide services, and there should be some direction from a central point and accountability. The question of whom should be served by state funds needs to be answered. There is concern that some individuals may be left out. A DMHRSAS initiative is addressing this priority population question, and their results will be included. Should public funds be used for the large number of court ordered mental evaluations? Another concern is with patient commitment. Studies show that legal solutions are not needed as often if there is ready access to community treatment.

Recommendations for some statewide service system standards will be made, because different parts of the state have different degrees of quality of care. There should be more uniformity because of individuals who move to a different community and need a continuum of services. Some services are not available in all areas. Clinical standards and procedural standards should be considered, as well as some type of access standards such as staff ratios that exist for agencies like Social Services. The recommendations should be flexible enough to allow each community to address its own needs.

The Committee developed four major areas to question:

1. Core of Services – What domains of service/care must be present?
2. Access – What standards should be met? Is their sufficient service availability?
3. Outcome – Are consumers satisfied? Is their quality of life improved?
4. Accountability – How are services, needs, and funds tracked?

The Committee considered the formation of workgroups that would be charged with addressing these issues for each population and report back recommendations in February.

The Committee would involve the DMHMRSAS and the VACSB in forming these groups. The individuals who presented at the last meeting may be invited to participate.

There are many studies and reports that are available, especially concerning the institutions, and should be used for this work. The DMHMRSAS is currently working on standards of care for the facilities. All facilities should offer the same appropriate and qualified care with common admission and discharge criteria.

It is more difficult to formulate standards for service in the community because there are different conditions and needs. Problems with housing, jobs, and transportation complicate the clinical and medical issues. George Pratt, Norfolk CSB, suggested developing a standardized managed care package of services that would be available for MH and SA clients like those for MR. Tony Vadella, Popular Springs Hospital, described a program, that he thinks should be considered, called "The Villages" in Los Angeles that provides these wrap around services. Mr. Stewart discussed the Assertive Community Treatment (ACT) Program that has many of these aspects of coordination.

The responsibilities of each state or local agency that provides MH, MR, or SAS services need to be clarified and coordinated. The Department of Corrections has a separate, extensive SA program, and some of the patients are dually diagnosed. Much of the public funding for SAS recently has been directed to DOC.

- **Determine where new funds should be directed in preparation for 2000 General Assembly session and recommend to the Governor**

The Committee will use information obtained from the following sources to determine the system's needs:

1. Results from identifying the system's strengths and setting standards for care;
2. The DMHMRSAS comprehensive plan
3. Additional surveys if needed

Once the needs are identified, then funding can be determined.

The Committee feels its mission is to take the abundance of available data gathered and to clarify for the Governor a vision of what the Committee feels the system should be, and to encourage him to take the lead in supporting the necessary resources for the plan of action with the General Assembly.

The Committee will formulate recommendations for funding to the upcoming 1999 GA session. Mr. Stewart will send to each member copies of the VACSB legislative request that covers each population, to assist in developing the recommendations.

### **Service options, flexibility, and private provider involvement**

The Committee will draw upon the work that is currently under way in a DMHMRSAS workgroup charged by Commissioner Kellogg to review the recommendations from House Document 77. The group has representatives from the system, private sector, and community.

They are expected to clarify the roll of the private sector, the roll of the CSB as a manager of care, and how to achieve flexibility in service options. The Committee will request recommendations from that group.

Members expressed concerns about leaving out any population when going through the study process. Each area will be addressed as well as dually diagnosed individuals. The following populations were mentioned: MR all ages, Seriously mentally ill, SA, severely ED children and adolescents, MH elderly, prevention, developmentally delayed infants, and acute MH. It was agreed to ask professionals for help in grouping and labeling.

The Committee would like to be informed about the work of the other committees in order to coordinate efforts. They asked if the Committee could receive copies of the minutes of the other committees, and that members attend the other meetings when possible.

Mr. Stewart commented that the human services needs were so great, that the Committee may need to target certain problem areas to address. He hoped that the Committee and Full Commission would be able to make significant progress.

**The next meeting will be on November 12 at the Southern Virginia Mental Health Institute in Danville.** The Public Comment period will probably continue until lunch because of the anticipated response from invited speakers who want to address the strengths in the system. After lunch will be the continuation of discussion of the **framework for service system standards, which includes Access, Outcome, Core of Services, and Ability to Fulfill Individual Plans of Care.** Dr. Latham and Mr. Stewart will invite the presenters from the last meeting to attend and participate in the discussion.

The Committee took a lunch break at 12:00 noon, and the meeting was adjourned at 2:10 P.M.