

ARLINGTON COUNTY COMMUNITY SERVICES BOARD
Mental Health Committee

January 6, 2016

Approved 2/10/16

Committee Members Present: Judy Deane (Co-chair), Wayne Bert (Co-chair), Debra Byrd, Leslie Gosling, John Blount, Betsy Greer, Dayna Belfiore, Tom Quinn, Anne Hermann, Jarrod Nagurka, Scott Brannon
Committee Members Absent, Caroline Bragdon, Lee Long, Richard Smith, Sam Howlett, Sue Lowry, Brian Berke, Joseph Briglia, Cathy Lewis

Observers: Alice Striker

Presenters: Susanne Somerville

Staff: Alan Orenstein, Lizabeth Schuch

Call to Order: Ms. Deane called the meeting to order at 4:05 pm in the ADC conference room

Approval of Minutes: The Committee approved the 12/2/15 minutes with correction.

The Committee began discussion of FY17 budget priorities until about 4:45 pm at which time a tour of the facility was provided by Ms. Somerville. The Committee then continued discussion of the budget and other business at approximately 6:00 pm until adjournment.

Tour: Ms. Somerville and an ADC deputy provided a tour of the facility. Ms. Somerville distributed statistical information indicating the overall number of jail residents (716), their residence (291 or 41% from Arlington) and of those with a serious MH diagnosis (60%,) the number of each major diagnosis (e.g., 99 with schizophrenia, 148 bipolar, 195 with major or other depression, 416 with SA issues). The demographics of residents and legal charges were also described (e.g., 55% were felonies). The areas and programs visited and explained included: the booking and magistrate area and general and specialized cell blocks including programs for women, the ACT program, programs varying in security levels, and the MH unit including the crisis cells.

In response to questions Ms. Somerville explained:

- Most acute problem currently is getting adequate medication for SMI inmates; current psychiatric prescriber at ACDC has a different philosophy than CSB and is very difficult to work with. They are trying at a number of levels to resolve this issue.
- Jail diversion programs have had some success in cutting down the number of SMI inmates who have been brought in for relatively minor “life-style” offenses, but, overall, the number of SMI inmates continues to grow. As a result, the men’s beds in the MH unit are always filled, and inmates often have to be moved out of the unit before they are stabilized in order to make room for inmates who are even worse off.
- As a result of the additional FTE made available to the unit last year by the CSB, staff has been able to develop an “overflow unit” to house and provide some programming for SMI inmates who can’t be housed in the mental health unit due to lack of space. This has had a major positive impact and would be sorely missed if the FTE were taken away.

- The 12 additional deputies being requested by the Sheriff's office are being requested for general duties at the Detention Center, and not specifically for dealing with mentally ill inmates.

Committee Business:

- Budget
 - Ms. Deane noted Ms. Tschopp's priorities: co-located primary care continuance after the Neighborhood Health grant ends 9/2016; and 2 Health Navigators for dually diagnosed MH/SA clients. On Ms. Deane's request, Dr. Orenstein explained his understanding of the Navigator's role as assisting clients link to needed healthcare services.
 - Dr. Orenstein reviewed each of the 6 items proposed by the Committee at its May meeting.
 1. Peer specialists: funding to maintain current peer specialists for Emergency Services, Clarendon House, and SA ongoing, depending on Beth's allocation beyond the first year, and the addition of a peer for YA
 2. MH therapist for the Jail: Suzanne clarified that the position allocated by Ms. Tschopp this year was not clearly an ongoing position and funding might be needed to maintain valuable services ongoing.
 3. Outpatient Case Management: Dr. Orenstein explained the current high and growing caseloads averaging at or above 40, depending on vacancies.
 4. Young Adult case manager: Dr. Orenstein explained that a case manager position was converted to YA team lead/coordinator with one-half a caseload adding to already high caseloads. He also summarized the composition of a typical RAISE team of 3.5 staff serving 35 clients. Therefore, although the overall caseload averaged 10:1, the typical case manager (Recovery Coach) caseload was about 18; the YA case manager caseloads are over 30.
 5. SAMH: Dr. Orenstein explained the need to expand capacity to accept appropriate transfers
 6. Dr. Orenstein clarified after the meeting that the Emergency Service MH Therapist position was not needed, since this was arranged via a grant.

Prompted by Ms. Greer, there was some discussion of the difficulty CSB clients were having in continuing their prescribed and preferred medication. Ms. Somerville noted that Dr. Palmieri spoke with the jail psychiatrist and there will be a meeting among staff to further discuss this. Ms. Deane suggested, that since this is not a budget issue, it would be best addressed by a letter from the Committee to the CSB, and then through the CSB to County Board members or other appropriate officials. Ms. Greer agreed to draft such a letter.

Regarding the budget items, Ms. Deane suggested that the MH Committee members be polled by e-mail to determine their ranked priorities. This information was needed for an Executive Committee meeting Monday. Mr. Quinn noted that he was not familiar with all the discussed items and would have a hard time prioritizing. He said no written information was provided even though it was requested earlier.

Because the voting information was given only verbally, at the last minute and without discussion, he stated he would not vote on the budget priorities for FY2017. He recalled there was previously more detail provided. Ms. Deane and Dr. Orenstein noted that this detail was historically provided after the Committee's recommended priorities, in the course of the Executive Committee's acceptance of an item. AI9os, this information was available if carried over from previous years. Action: Dr. Orenstein will compose and distribute a poll and provide summary information to Ms. Deane Monday.

Mental Health Director's Report:

Dr. Orenstein distributed the updated Committee schedule noting the following: arrangements for ACCESS visit 1/27; new shelter visit in February (time TBD); Mary Marshal visit and SAMH presentation in March (time TBD) and joint meeting with Child Committee. Ms. Greer clarified that the joint meeting with the Child Committee would be on 5/2/16 meeting at 6 pm in SEQ 1 meeting room A

Chair's Report: None

Announcements: None

Adjournment: The meeting adjourned at 6:30 pm.