

**PROTECTION AND ADVOCACY FOR INDIVIDUALS
WITH MENTAL ILLNESS (PAIMI)
ADVISORY COUNCIL MEETING**

INDIAN RIVER LIBRARY – CHEASPEAKE, VIRGINIA

**FINAL MINUTES
November 13, 2008**

Members Present	Elaine Caudill, Kathy Harkey, Michael Newcomb (Vice-Chair), Ali Parker
Members Absent	Edwina Shore, CW Tillman (Chair)
Guests Present	Van Johnson, Yvette Lane, Sandra Musselwhite, George Ennels (for portions)
Staff Present	Sherry Confer (Deputy Director), Kim Mendella (Executive Assistant), Colleen Miller (Executive Director), Mark Stevens (Disability Rights Advocate)
Call to Order / Welcome / Introductions	Michael Newcomb called the Council to order. Mr. Newcomb asked everyone around the room to introduce themselves.
Public Comment	No public comment was offered
Review of May 2008 Meeting Minutes	Mr. Newcomb asked the Council if there were any changes to be made to the August minutes. With no changes, Mr. Newcomb asked if there was a motion to accept the minutes as written. Ali Parker made a MOTION to accept the minutes as written and Elaine Caudill SECONDED the MOTION. The MOTION carried unanimously.
Staff Presentation	<p>Mark Stevens, VOPA Disability Rights Advocate, presented to the Council an overview of Community Service Boards in Virginia. Mr. Stevens addressed the Council that his plan for the presentation was an open discussion so Council members should feel free to ask as many questions.</p> <p>Mr. Stevens stated that there are 39 CSBs in Virginia and one Behavioral Health Authority. All</p>

CSBs have different catchment areas, are established by local government, and are not a part of the Department of Mental Health, Mental Retardation and Substance Abuse Services. CSBs and BHA are contractual services to DMHMRSAS and do receive guidance from DMHMRSAS. Each one is designed a little differently as services are based on the needs of the catchment area. There are nine services provided by CSB and include out patient services, residential services, etc. Only two are mandated: emergency services and case management services only if there is funding available. Medication services are not mandated. Mr. Stevens stated that he cannot go into specifics about individual CSBs but all have certain responsibilities of answering to the local government, local tax payers and individuals receiving services.

Council members were very concerned about waiting lists. Kathy Harkey was particularly interested about PACT and ICT teams. (PACT = Program for Assertive Community Treatment, ICT = Intensive Community Treatment). Mr. Stevens stated that PACT teams have been described as “hospitals without wall” and being very difficult to maintain but really are effective. PACT teams go into the environment where individuals need the services. PACT teams consist of psychologists, vocational specialists, social workers, and others and work 24/7. There are a total of 18 PACT teams in Virginia and due to their nature are very cost intensive to set up. The PACT team model relies on relationships with the individual. Staff turnover is a large issue as trust is hard to build. Sherry Confer stated that the novelty of the PACT team is that they go wherever the person is, for example in jail or homeless. Often people are so disheartened by the system they do not go to the clinic or CSB. Mr. Stevens stated that PACT teams ultimately save money by preventing hospitalizations.

Ms. Harkey asked if it was true Medicaid Waivers can be used for Mental Retardation but not for Mental Health. Colleen Miller talked about the

challenges for a Mental Health Waiver. Medicaid will fund treatment and rehabilitation for people who require institutional levels of care. What the waiver program does is waives that need for institutional level of care as we know that care can be provided outside of the institution. It is difficult to create a waiver for mental health as the need for institutional care is not consistent and people with mental illness needs are very acute. Mr. Stevens briefly talked about the Children's Mental Health Waiver Pilot Program and how it is designed to help children leave Psychiatric Residential Treatment Facilities (PRTFs).

Executive Director's Update

Colleen Miller discussed how VOPA is funded by several federal grants, one of which is the Protection and Advocacy for Individuals with Mental Illness (PAIMI) grant. The PAIMI grant requires an Advisory Council. Ms. Miller referred the Advisory Council to the Progress on Objectives report in the PAIMI Advisory Council packet and that the report contains information on other grants such as PABSS, AT and TBI. When people call in to VOPA, callers are not expected to figure out what grant their issue falls under. At the federal level, VOPA is not facing any cuts in financing; however there have been no increases in a number of years but costs of doing business has increased. For several years now, VOPA has had a surplus in the PAIMI grant; however, that surplus is gone. In FY08, VOPA spent \$914,600 for mental health, but the FY08 PAIMI grant was only \$635,000. Therefore, VOPA will have to change how it does PAIMI work this year. There will be more focus on systemic issues which will result in working with fewer individuals. If VOPA continues to spend at this rate, PAIMI funding will run out by July 2009. Ms. Miller stated that if there was ever a year to spend the surplus, it was 2008. 2008 was a critical year for mental health in the General Assembly partly as a result of the Virginia Tech tragedy.

Ms. Miller talked about how VOPA removed Goal 7 a few years ago. This goal was to make people aware of VOPA services. At the time, the PAIMI Advisory Council objected and VOPA is still aware

of this. The reasoning behind the removal of this goal was to create more strategic outreach. The goal created more ill will towards VOPA as we would have to deny more services. In the past VOPA outreach essentially was “we are here to help” and now the outreach is focus on “we can help in these areas.”

Mr. Newcomb was worried that VOPA would run out of funding half way through the year. Ms. Miller stated that VOPA is currently looking at cost-cutting measures such as having one meeting a year by conference call. Several members suggested other alternatives such as GoToMeeting[®] (online meetings) and VDOT teleconference abilities.

Ms. Miller talked about the impact of State budget cuts. There have been cuts in the DMHMRSAS at central office. Administration costs are at the lowest and therefore no more room for additional cuts. If more cuts are to happen, they will be at the facilities. Ms. Miller stated that VOPA wants to make policy makers look at long range solutions, such as the effectiveness of PACT teams. Ms. Harkey was very concerned about the shortage of hospital beds and that Virginia could not afford to lose any more beds. Ms. Miller discussed the order of selection at DRS and how DRS is currently serving only category 1 (most complex needs) and will stop serving clients November 14, 2008 and this could last until July 1, 2009. The mission of DRS is to help people with disabilities to find employment and in this current economy it is hard for anyone to find a job. Employment is where true integration happens for people with disabilities.

Working Lunch

George Ennels from the Chesapeake CSB talked briefly about the mental health services offered at the CSB. Mr. Ennels distributed informational pamphlets to the Advisory Council.

Work Session – PAIMI Advisory Council Annual Report

Kim Mendella distributed the draft PAIMI Advisory Council Annual Report to the members. Ms. Mendella briefly explained why the Council is required by federal law to complete the report.

Goal 1: People with Disabilities are free from abuse and neglect

Ms. Confer told the Council that not all abuse is reported in the CIRs (Critical Incident Reports). Verbal abuse is an example of abuse that does not result in injury and therefore not reported in CIRs. Ms. Caudill wanted to know how VOPA could investigate abuse that is not in CIRs, to which Ms. Confer replied that VOPA becomes aware by anonymous tips or just visiting the facilities routinely. Mr. Newcomb wanted to know if facility employees undergo a background check. Ms. Caudill agreed with Mr. Newcomb that employees should undergo background checks as prevention of abuse is key and not to hire people who have violent disposition. The Council is aware that often facilities are understaffed and want to make sure that the right people are hired. Ms. Confer talked about de-escalation training and how to stop a crisis from “boiling over.” Mr. Stevens talked about an incident at a PRTF where a child was injured from a prone restraint. The Council wants VOPA to continue its work in facilities including those with children. The Council wants VOPA to focus on systemic prevention and education.

Goal 2: Children with disabilities receive an appropriate education

Ms. Harkey told the Council that her son just turned 18 and therefore could not fulfill the requirement for a member with a minor child who has received or is receiving mental health services. The Council therefore wants VOPA to actively recruit Council members who can carry out this requirement.

The PAIMI Advisory Council is also aware of anecdotal tales of children being restrained in school and want VOPA to investigate. However, the Council is aware that the PAIMI grant is primarily for individuals in institutions.

Goal3: People with disabilities have equal access to government services

The Council is extremely appreciative of VOPA's work on the behalf of people in institutions with regards to access to voting in elections. The

Council talked about long lines to vote and thought that early voting could alleviate some concerns. The council wanted to know if people with agoraphobia could use an absentee ballot. The Council was also concerned about people in jail and their access to vote.

Goal 4: People with disabilities live in the most appropriate integrated environment

The PAIMI Advisory Council is committed to the concepts of self direction. Ms. Caudill wanted support for Psychiatric Advanced Directives as it gives the consumer control over their treatment and is beneficial for recovery. The Council wants the Psychiatric Advanced Directive to be a legally recognized document that is enforced.

Ms. Harkey and Yvette Lane asked VOPA to consider having a volunteer to give an independent report to VOPA when a contentious client is being discharged or served. The report will include interviews with family and doctors. Ms. Lane is currently giving similar reports with children on the behalf of CASA (Court Appointed Special Advocates).

**Governing Board
Committee Reports**

Waja Grimm agreed to give the Governing Board report, however, due to technical difficulties, VOPA was not able to do so. Due to time constraints and agenda items going over allotted time, committee reports were cancelled.

Other Business

- **Membership**

Three guests were given the opportunity to address the PAIMI Advisory Council to discuss why they want to become a member. The three guests included Van Johnson, Yvette Lane and Sandra Musselwhite.

- **Meeting
Schedule for
2009**

The Council discussed and decided on the following meeting schedule:

February 12
May 14
August 13
November 12

Elaine Caudill made a MOTION to accept the above meeting dates as just discussed. Kathy Harkey SECONDED the MOTION. The MOTION carried unanimously.

- **Election of officers**

Mr. Newcomb mentioned that at the August meeting, officer nominations took place. The following nomination were made:

Chair: CW Tillman
Vice-Chair: Mike Newcomb
Secretary: Kathy Harkey

Ms. Caudill made a MOTION to formally elect above officers. Ms. Parker SECONDED the MOTION. The MOTION carried unanimously.

- **Other business**

Ms. Confer told the Council that the Governing Board is looking into fundraising opportunities. The federal grants do not allow staff to seek fundraising opportunities; however, both the Board and Council as unpaid volunteers have no restriction. The Finance Committee is considering a pilot effort where the fundraising dollars received may go to recruitment as often the barrier to membership is that travel is only reimbursed for current members, not for potential members who attend meetings as guests.

- **Travel Voucher**

Mr. Newcomb reminded the Council members to submit their travel vouchers to Ms. Mendella.

Ms. Parker made a MOTION to adjourn the meeting at 3:00 p.m. Mr. Newcomb SECONDED the MOTION. The MOTION carried unanimously.

FINAL MINUTES

2/12/2009

Date

**Virginia Office for Protection and Advocacy
Mission Statement**

Through zealous and effective advocacy and legal representation, to: protect and advance legal, human, and civil rights of persons with disabilities; combat and prevent abuse, neglect, and discrimination; and promote independence, choice, and self determination by persons with disabilities.