

Meeting Minutes  
Substance Abuse Regional Access Team  
Wednesday, June 10<sup>th</sup>, 2015  
Region Ten CSB  
Old Lynchburg Road  
Charlottesville, VA

The meeting was called to order at 10:30 am by HPR I Regional Director Dennis Vaughn. Vaughn inquired if anyone would like to add any items to the agenda, to which Jim Bernat replied that he would like to add the topic of transportation to and from the detox center. Vaughn then asked the group to look over the minutes from the last meeting for errors. Nancy Haden pointed out that on the first page of the minutes, in the last paragraph, the information pertaining to the billing for full-day admission was unclear. Mary Schlimm then added, concerning the billing timeframe, that she was concerned that this record-keeping could result in a patient being counted twice, which would cause a discrepancy in data as it would not be an accurate description. Bernat clarified that for all full admissions, a full day will be billed for, even if the patient does not stay overnight, though for bed count, only overnight stays will be counted for utilization data. He further explained that record-keeping for utilization data purposes begins on the first night, not discharge day.

Next, Erin Tucker, director of On Our Own, introduced herself to the group. She stated that she would like to attend more SARAT meetings in order to gain insight and receive updates for the Mental Health Coalition. She noted to the group that there are increased needs for assistance to those addicted to heroin and opiates. She pointed out that since the closing of New Hope, there are less options, and that she is glad to have found out about Horizon and Boxwood. Mary added that it was harder for New Hope to take people, as fees increased and the proper medical attention wasn't there. Erin mentioned that is also difficult to find help for those suffering from substance abuse who also have a psychotic diagnosis. Jim offered to her that a crisis stabilization center might be a good alternative in that case, and Mary added that Courtland and Sunshine Lady do help those with that diagnosis. Erin added that in her experience, there are communication issues. Mary stated that information is available through the CSBs. It was discussed that these services through the CSBs was not affordable, and Jim pointed out that these services are still more affordable than a private detox. Erin further stated that she has worked with addicts who say that working with Region Ten did not work for them, and Jerry said to her that this was the past, many strides have been taken to make Region Ten's services more accessible, and that he would like to see those people brought back to show them that the atmosphere has changed. Mary added that personal responsibility on the part of the consumers is critical to the process, and that it is hard to repeatedly detox people due to financial constraints. Erin countered, stating that there is no guarantee that someone will stay clean. Jim agreed, and then stated that he recognized how cumbersome services in VA can be, pointing out that without funding, unfortunately those services would be shut down.

Jim then brought up the additional agenda item of transportation. He has noticed that people have been driving themselves to treatment at Boxwood. This, he stated, makes him worried about the liability of

holding someone's car and property, and also noted that this creates an unsafe situation where someone who may be under the influence is driving. Tracy suggested that some local to Staunton could take the train, and that the cost is only twelve dollars. She also suggested a Medicaid cab. It was also pointed out that Region Ten will drive consumers to detox.

The next item on the agenda was the idea to merge the SARAT meeting with the one held by the UMT group. Vaughn introduced this item, stating that it was discussed at the UMT meeting as well, and everyone seems to be on board. He went over the current meeting date, which is the first Friday, alternating months. Nancy stated that she likes that meeting time, and prefers Fridays. Dennis informed the group that from August to December, the meetings are to be held at Western State hospital, but in 2016, the meetings would move back to Region Ten. He stressed that the SARAT group would still maintain its identity, and pointed out the advantages, such as the ES, UMT, and SARAT working together, and further added that often, representatives from private hospitals are present as well. There were no objections to the merging of the groups. Dennis told the group he would be sending out updated meeting lists to everyone in SARAT.

The next item on the agenda was to re-visit the current prescreen form with the question of if it needs to be changed according to the DSM. Nancy states that it will be based on the ICD-10 and the DSM-5, and these changes will go into effect by October, so any corrections to the form should be done by then. The group agreed that DSM-5 should be used on the form, as the form is medical in nature.

Nancy suggested adding a space for a negative result on disease testing, and Jim noted that this could perhaps be added in the medical section. Mary pointed out that this is a pure form, and should only provide information that is 100% necessary. It was pointed out that the section titled "Discharge Planning" could include more clear plans on transport to address Jim's earlier concern. For the section on the form titled "Prescreening Information," Nancy suggested changing the language from "Inpatient Treatment" to "Treatment." Nicole Taylor stated that the HPR I and SARPOS Funded Facilities that are no longer in operation be removed from the section titled "Referral / Call Information."

At 11:30 am, Susan Pauley joined the SARAT meeting via Polycom. Tracey asked for clarification for methadone clinical procedures for pregnant women and stated that, as some consumers are very good at hiding use, more drug testing should be required. Susan suggested obtaining more counseling resources from professionals and she highly recommended intensive Case Management services for these individuals and urged Tracy to get onto as many e-mail lists dealing with this issue as possible, so that she might obtain updates. Nancy brought up a concern she has concerning pregnant addicts. She stated that she has noticed a large number of women halting their Methadone treatment immediately after the birth of a child. She also noted that there needs to be more education for women to know that the treatment needs to continue after giving birth. She further informed the group that it was preferred for women to receive Methadone treatment for at least three months after giving birth, but it is difficult to fund this. Susan Pauley answered that three months of treatment is the minimum, and the treatment should continue for a full year. Mary Schlimm suggested that a certain portion of state fund should be set aside and earmarked for these specific cases. Tracy asked if SARPOS block grants can be used for

women and Susan stated that yes, they can, and suggested looking into other block grants as well. Tracy asked about using Suboxone instead of Methadone to cut the cost, and Nancy Haden mentioned injectable Vivitrol as a cheaper alternative. Pauley reminded the group that not everyone transfers between these drugs easily.

The topic changed then to Regional Utilization Data, and Jim Bernat then updated Susan and the rest of the group of the changes to bad use for Boxwood and the Mohr Center, changing the current bed system to ten beds for males at the Mohr Center, while Boxwood would change its 16 male beds to female beds, and their current ten female beds were then changed to ten male beds, therefore creating a total of 20 male beds and 16 female beds between the centers. Both Jim and Jerry confirmed that their staff share admit information in a daily collaboration to keep things running smoothly and to keep both facilities evenly filled. Mary asked a question concerning transportation between Boxwood and the Mohr Center and Jerry stated that he would go as far as meeting someone halfway for transport if necessary. Dennis asked how the referring boards are experiencing the new arrangement, and it was confirmed that there are no complaints so far.

Vaughn then pointed out the utilization data on the handout and asked for any questions or comments, of which there were none. Concerning WSH, he informed the group that Anna Toumisto reports that Western State continues to be very busy, and has taken overflow admits to address demands. Information in the handout includes the Western State Hospital Admitting Office Monthly STATS for May 2015, in which the diagnosis column often lists substance abuse as part of the diagnosis, a reason for private hospitals to turn patients away. Dennis Vaughn asked the group if there is any value in obtaining this information from Western State, and Nancy confirmed that there is value in getting this information. Pauley agreed, saying that it will show a continued increase in these diagnoses and the implications of discharge as it relates to them. Vaughn added that he will continue to include this information in the handouts for the meeting.

Susan then gave the DBHDS updates, saying that there is currently a cycle of staff supervisions in Richmond and Roanoke, and to e-mail her for more information and sign-up sheets. She also informed the group of newly created state positions and hirings.