

May 2008 Newsletter of the National Association of County Behavioral Health and Developmental Disability Directors

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Virginia's Inspector General: Former NACBHDD Board President and His Staff Bring A Wealth of Community Experience to Virginia's System of Care

Jim Stewart has been involved in community behavioral health for over thirty years; and he was deeply involved in NACBHDD's leadership during his tenure as President-Elect of the Board from 1998-2000 and as President from 2001-2003, a time in which he led the membership in a number of strategic administrative changes as well as in developing the organization's focus on Medicaid. Stewart is now bringing all that experience to bear in his current position as Inspector General for Mental Health, Mental Retardation & Substance Abuse Services for the Commonwealth of Virginia.

Stewart has been in community mental health since 1972, when he worked as a social worker at Central State Hospital in Nashville, one of Tennessee's state psychiatric hospitals. In addition, he worked at the DeDe Wallace Center in Nashville after graduate school, where he was a clinician and outpatient center manager. Stewart holds an MSW from the University of Tennessee and a degree in economics from Rhodes College in Memphis. He came to Henrico County, Virginia, in 1977, as mental health center director. After four years, the mental health, substance abuse, and developmental disabilities areas in the three-county area serving mostly suburban Henrico County and mostly rural Charles City and New Kent counties were joined into one agency -- Henrico Area Mental Health and Retardation Services (one of Virginia's Community Service Boards and a NACBHDD member agency), which Stewart directed until 2004. During his time there, the staff grew from under 20 to over 400, with a \$25 million budget. The overall population of the area is around 300,000.

Virginia's Office of the Inspector General was created in 1999 as an oversight agency to assure compliance with settlement agreements that had been negotiated with the Department of Justice following investigations of five state facilities by the federal government. The Inspector General in Virginia is appointed by the Governor and confirmed by Virginia's General Assembly for a term of four years. In 2004, Stewart was appointed as Virginia's second Inspector General by Governor Mark Warner; he was reappointed to the position in 2007 by Governor Tim Kaine. (The first Inspector General was Anita Everett, MD,

a psychiatrist, who went on to serve as an advisor to SAMHSA director Charles Curie during his tenure there, and is now a director of community and general psychiatry at Johns Hopkins Bayview Medical Center.)

While Stewart says that the OIG examines a variety of concerns, including abuse, neglect and inadequate care, he believes that the Virginia OIG is unique in that it was created to inspect, monitor, and review the 16 state facilities, the 40 community service boards (these CSBs are members of NACBHDD), and other licensed mental health providers, such as group homes, the mental health units in state department of corrections facilities, and counseling centers of state universities and colleges, "with the specific and primary reason for our job being to assess the quality of services and make recommendations to the Governor and the General Assembly for improvement."

In addition, the OIG website (www.oig.virginia.gov) describes the OIG's mission as "to serve as a catalyst for improving the quality, effectiveness, and efficiency of services for people whose lives are affected by mental illness, intellectual disabilities, and substance use disorders," and its guiding values as: "consumer focused and inclusive, quality processes and services, integrity, mutual support and teamwork, respect, and creativity."

The OIG staff. There are four full-time staff in the Office of the Inspector General: Stewart, two senior investigators, and an administrative coordinator. All are very experienced in community behavioral health. Investigators John Pezzoli and Cathy Hill have over 35 and over 25 years of experience, respectively. Research Associate and Administrative Coordinator Patricia Pettie worked for a federal Medicare contractor for over thirty years. The OIG reviews all deaths in state psychiatric facilities and training centers, and a psychiatrist is employed on a consultant basis regarding medical issues. In addition, individuals who have experienced behavioral health concerns are involved from the beginning in reviews, and the OIG has employed consumers on a part-time basis from its inception to assist with inspections.

The value of the combined years of experience in the community. Regarding his substantial career at the community and county level, as well as that of the entire OIG staff, Stewart says, "It would be very difficult if our team did not have all the years of experience in the field." And, he says, not only is the intrinsic knowledge of what goes on at the provider level invaluable, there is also a sense of trust involved that helps them tremendously in their jobs. "We really enjoy what we do; it is a way to have a positive impact on the system of care in Virginia. People at all levels have been supportive of our work."

Stewart described the work of the OIG and its guiding values:

- **Statewide reviews.** These projects focus on the quality of care provided by an entire system of care, such as all state mental health hospitals, all community services boards, or all similar providers within a region of the state. The reports of these reviews enable comparative analysis of services provided. A recent example is the *Review of the Recovery Experience of Individuals Served in State Operated Mental Health Hospitals*. This review determined the extent to which services are consistent with the principles of recovery and self-determination, important values that have been adopted by the state to guide all community and facility services.

Recovery principles guide a substantial amount of the OIG's work, according to Stewart. For example, to what extent is the service recipient involved, or if the service recipient is a child, to what extent is the family involved? Is the consumer a partner in care? Does the treatment plan reflect the preferences of the individual?

Several other reviews include:

- ❖ **Statewide review of community emergency services programs.** The OIG looked at access to the full continuum of emergency services and the quality of services provided, and found that emergency services programs were overly dependent on inpatient care.
- ❖ **Review of residential services for those with mental retardation.** Health and safety, choice and self-determination, community participation and integration were examined.
- ❖ **Review of child and adolescent services.** In terms of the availability of care for children across the state of Virginia, the review found that there is a wide range and disparity of availability across the 40 CSBs.

Each of these reports can be accessed at the OIG website (www.oig.virginia.gov) under "Reports," click on "Licensed Community Programs."

The review process. Stewart described the review process as very inclusive. A representative group of stakeholders is invited to the table to provide input that will assist inspectors in designing the review content and process. This includes service recipients, family members, advocates, providers and state officials. Once the on-site inspections are completed, a report is compiled by the OIG and recommendations are made to the providers, the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, the Office of the Governor and the Virginia General Assembly. Stewart said, "Our goal is to provide an objective picture of the system with sound recommendations that all parties can work toward together." Following the completion of each review, the OIG conducts follow-up inspections to assess progress toward each recommendation.

Special Studies and Investigations. Investigations may include investigations of state facilities or investigations in the community, and often this involves investigations of suspected abuse. One of the most publicly acknowledged investigations was the *Investigation of the April 16, 2007 Critical Incident at Virginia Tech*.

The OIG was at Virginia Tech within a few weeks after the incident, with the primary focus on the mental health providers who served Mr. Cho 15 months prior to the incident. He had received care locally, and was involved with a local hospital, a local CSB, a local independent evaluator, and Virginia Tech's (a state university) counseling center -- all under the OIG purview. Stewart explained that the OIG was the only oversight entity that had access to all of the providers involved, and because he had this access early on, he could provide substantial assistance to the Governor's Independent Commission that studied this tragic incident.

Stewart says information gleaned from the OIG Virginia Tech investigation was incorporated into the report from the Governor's Commission studying the incident. The work of the OIG, the work of a commission already put in place by the Chief Justice of Virginia's Supreme Court to study the state mental health laws, and the Governor's Independent Commission were all important references for Governor Kaine and the Virginia General Assembly as they crafted changes to Virginia's mental health statutes in light of the Virginia Tech incident. Both a call for allocating more funds into community mental health outpatient, case management, and emergency services as well as changes in the state's commitment laws were among the recommendations resulting from the OIG investigation. Virginia's General Assembly provided an additional \$42 million for the two year period, July 2008 through June 2010.

A survey was conducted by the OIG at the same time of the 40 CSBs that provide outpatient treatment. Both the *Survey of CSB Outpatient Service Capacity and Commitment Hearing Attendance, June 2007* and the *Investigation of the April 16, 2007 Critical Incident at Virginia Tech* reports can be accessed in the Special Studies and Investigations part of the OIG website.

For more information and to review all the available reports of the OIG, see www.oig.virginia.gov.

NACBHDD's New Mental Health Subcommittee Begins to Examine Priorities

NACBHDD is operating under a new committee structure, developed by the Board at its July 2007 meeting. This new committee structure has been instituted to improve the effectiveness of the organization's committees and increase the interaction and integration of their deliberations. Three overarching principles guided the restructuring: 1) The number of committees requiring staffing (i.e., organizing times, sending reminders, preparing agendas, taking notes, sending out minutes) needs to be small. 2) More avenues for interaction and exchanges across subject areas are needed. 3) Organizational issues (membership, finances, and marketing) require increased attention in order to help NACBHDD grow and increase its influence.

This article is the first in a series covering the new NACBHDD Committees and Subcommittees – in an effort to keep the membership informed of committee and subcommittee priorities as they begin work under the new structure. If you are interested in joining any of the new committees or subcommittees, please contact NACBHDD's Executive Director, Ellen Witman, at ewitman@nacbhd.org.

The **Mental Health Subcommittee** is a subcommittee of the Public Policy Committee. (The other subcommittees of the Public Policy Committee are the Substance Use Disorder Subcommittee, the Developmental Disabilities Subcommittee, the Medicaid Subcommittee, and the Corrections Subcommittee.) **Jan Kaplan**, Director, Lincoln County Health and Human Services Department, Newport, Oregon, chairs the Mental Health Subcommittee, and Jim Behrends, Director, Olmsted County Adult & Family Services in Rochester, Minnesota, serves as Vice Chair of the subcommittee. Other members of the subcommittee include: Gina Nikkel, Executive Director, Association of Oregon Community Mental Health Programs; Eldon Watts, Executive Director, Carroll County Core Service Agency, Maryland; Mike Opredek, Mental Health Director, Solano County Health and Social Services, California; Michael O'Connor, Executive Director, Henrico Area MH/MR Services, Virginia, and Sandy Lewis, Executive Director, McHenry County 708 Board, Illinois.

Before coming to Oregon, Kaplan served for ten years as director of county mental health in Cayuga County, New York, between Binghamton and Elmira. In his current position as Director of the Lincoln County Health and Human Services Department on the central coast of Oregon, he directs services for about 1,300 consumers with mental health concerns, around 300 consumers with substance use disorders, and about 300 individuals with developmental disabilities. In Oregon, Medicaid is structured on a managed care arrangement and Lincoln County is part of a five-county HMO. In addition, Kaplan pointed out that Oregon is somewhat unique and "a bit of a laboratory" in that the county is a federally qualified health center – meaning that behavioral health is integrated with primary care, an effort Kaplan described as "fairly successful." While there may be other states with federally qualified health centers, Kaplan described Oregon as leading the country in this area.

The subcommittee begins discussions on priority areas. Kaplan said that the Mental Health Subcommittee hopes to identify two or three primary areas of focus on which to develop public policy recommendations, which under the new committee structure will then be passed on to the Public Policy Committee. The Public Policy Committee will then recommend a position on behalf of the full membership, and the recommended position will be sent to the NACBHDD Board or Executive Committee for adoption.

The group brainstormed about the following issues during their first teleconference on April 25 as they begin to identify their primary areas of focus:

- The integration of primary care and behavioral health.
- How behavioral health would fit into healthcare reform on the national level.
- In various healthcare reform proposals, especially around Medicaid, how not to lose wrap-around services as Medicaid becomes based on more of a medical model. Some of these wrap-around services involve services such as housing that are not viewed as medical, and therefore, might lose funding. The group discussed looking at how various states are addressing this issue.
- Veterans' mental health.
- Children's mental health.
- Housing.
- Workforce concerns.
- The cultural and philosophical shift toward the recovery model and how this affects the workforce.
- Examining and considering whether the educational system for behavioral health professionals has kept up with the recovery model.

Kaplan said about the first teleconference and the impact of hearing different views from different areas of the country, "You see things from where you see them. The first subcommittee meeting was enjoyable for me to hear what these different members from different areas are doing around different issues."

The Mental Health Subcommittee welcomes more members. While the next teleconference is scheduled for May 30, Kaplan reports that the subcommittee is just beginning its work and is still looking for members. The subcommittee will meet in person at the July NACBHDD Board meeting. Individuals interested in the subcommittee can contact him by phone at (541) 265-4103 or by email at: jkaplan@co.lincoln.or.us.

NACBHDD Executive Director Attends NCCBH Conference

NACBHDD Executive Director Ellen Witman attended the annual conference of the National Council on Community Behavioral Healthcare May 1-3 in Boston, Massachusetts. Witman was pleased to see more than a dozen NACBHDD members at the conference, including the chair of NACBHDD's Board, Leon Evans, and other Board members. While Witman noted that the policy positions of public and private agencies may have much in common, (for example mental health parity, workforce shortages, funding for SAMHSA and other federal programs), she pointed out the importance of NACBHDD members participation at the NCCBH conference by noting, "Occasionally, however, the perspective of private agencies differs from that of the public systems for which NACBHDD members are responsible, and it is important to have people [at the conference] who can express the views of county authorities and educate our colleagues about the challenges faced by our members." And, she felt that NACBHDD members who attended the conference "took advantage of opportunities to speak out for counties in the various sessions they attended."

NACBHDD Board To Meet July 10 and 11 in Kansas City in Conjunction with NACO's Annual Conference, In October in Conjunction with New Texas State Association

The NACBHDD Board will meet July 10 and 11 in Kansas City, Missouri, immediately before the National Association of Counties (NACo) Annual Conference and Exposition, July 11-15, at the Kansas City Convention Center in Jackson County, Missouri. (Information for this year's NACO Annual Conference "Restoring the Partnership" can be accessed at www.naco.org.)

NACBHDD's Public Policy Committee will meet in Kansas City on Wednesday afternoon, July 9, from 3:00 to 5:00 p.m. in the InterContinental Hotel.

On October 30 and 31, 2008 the NACBHDD Board will hold its meeting in Austin, Texas in conjunction with the Texas Council of Community MH/MR Centers, Inc. This Texas state association is a new member of NACBHDD, and NACBHDD is pleased to be working with them.

Board meetings are open to all NACBHDD members, although only Board members may vote on business items.

September is Recovery Month, NACBHDD Joins the Effort as a Planning Partner

September is **Recovery Month**, and this year's theme is "Join the Voices for Recovery: Real People: Real Recovery." Recovery Month, developed by SAMHSA's Center for Substance Abuse Treatment, concentrates on nonprofit, federal, and educational resources. NACBHDD, along with nearly ninety other advocacy organizations, is a Planning Partner for Recovery Month. NACBHDD's Legislative Assistant Melissa Stein has been attending Planning Partners meetings in preparation for Recovery Month.

Members are encouraged to involve their organizations in Recovery Month. Materials, including a Recovery Month tool kit, information about community events across the country, press materials, "Voices for Recovery" – individual, personal stories of recovery, and additional resources such as information on local treatment centers, are available at <http://www.recoverymonth.gov/2008/>.

If your community is planning a Recovery Month event, NACBHDD would like to hear about it. Please contact Melissa Stein at mstein@nacbhd.org to tell her about your event so that we can share it with other NACBHDD members.