

## Dual Recovery Project Core Group Minutes

April 3, 2006  
8:30 a.m. - 10:00 a.m.  
BCMHD- 3<sup>rd</sup> floor

**Attendance:** Chair: Terry Cole

Katie Cusano, Abby Mack, Vinnette James, Liz Hubbard, Linda Daley, Michele Napolitano, Robin Fechter, John Choynowski, Michele Parsons, Jenn Birt, Rona Barbrick, Lt. Jim Sheridan, Lisa Winters, Ed Rivera

### **Decisions:**

**Purpose:** Informational focus on ASAM patient placement criteria and Dual Diagnosis Capable and Dual Diagnosis Enhanced standards of care for both mental health and substance abuse; Core Group to plan action to carry out recommendations made from October 28, 2005 consultation; Prioritize 2006 Workplan goals, objectives and activities; DRC/agency updates and issues

### **Key Points and Decisions:**

Terry suggested a shift in today's proposed agenda above. Due to the fact that we have very low attendance today from our OMH and OASAS licensed providers and the focus of the meeting is to look at ASAM criteria for standards of care with our licensed providers; and the fact that Lt. Sheridan and members of the jail mental health unit are present today, Terry suggested we could use the meeting to facilitate a discussion/coordination/strategizing between the community providers and the MH unit at the jail. Members agreed that this could be a valuable use of today's meeting and we could defer today's agenda for the next Core meeting and encourage attendance from licensed providers at the June meeting.

Following are some of the comments and recommendations that were made regarding discussion/coordination/strategizing between the community providers and the MH unit at the jail:

- Michele Napolitano reported that Fairview staff is going up to C-Pod as result of the February Core meeting where Lt. Sheridan mentioned the inmates could benefit from community providers coming to C-Pod.
- Linda Daly commented she would like to arrange to meet with the jail MH unit staff at the PSB.
- Abby raised concern for MHC clients who become incarcerated not receiving medication right away, including those who are already on meds at the time of incarceration.
- In response top Abby's comments, Michele Parsons, Health Services Coordinator at the jail, reported several things about the unit: The unit psychiatrist has an addictions background; he will be increasing his hours on the unit; he wants to assess inmates himself to determine medications rather than to just continue inmates on previously prescribed meds; there has been a change in their formulary; there are 484 beds at the jail; approximately 25% of the population are taking psychotropic medications.
- Abby said she is no longer in a position to take referrals directly from the jail right back into the clinic (clients at the clinic at the time of incarceration) as she was able to do prior when it was her clinic employees (psychiatrist and nurse practioner) who had seen the inmates in jail and prescribed for them at the jail and/or followed their meds in the jail.
- *Abby agreed to look into the clinic's ability to accept the psych evaluation from the jail psychiatrist into the clinic's record of a client in order to expedite an inmate upon discharge being able to access clinic services.*
- *Identified issue:* Jail discharge planner doesn't always know when an inmate will be released:
  - An inmate could be in City Court at 4:00 pm and processed out at 5:00 pm and no one at the jail is available.
  - Michele Parsons said this happened 4 times last week.
  - Does the unit capture this number? Could they start tracking this number?

- *Lt. Sheridan suggested they could start tracking this number as a means to substantiate the need for resources for these individuals. (Jail does 4,000 intakes and releases/year)*
- Inmates released with no medications or 3 days of meds.
- Linda Daley suggested could inmates already on meds going to court be given a “stand by” prescription in the event the inmate is released right after court?
- Abby suggested could the jail/Dual Recovery Project cultivate a relationship with a PCP that would be willing to prescribe once the inmate was released?
- *Group discussed above suggestions and recommended that a PCP might be more apt to prescribe anti psychotics under the direction of a consulting psychiatrist. This idea was recommended as something for the DR Project to pursue.*
- Ed R. suggested educating the general practitioner docs in OP clinics to increase their familiarity and comfort level with prescribing psycho tropic medications.
- John C. said that at one point APS was going to the jail and taking new referrals from the jail on a pretty regular basis, and with the transition to the new MH unit, this process has died off. *Lt. Sheridan recommended the jail and APS renew this practice and John was in agreement.*
- *Transitional Case Management* was discussed as a need for inmates leaving jail to walk inmates from the jail to each step of follow up and appointments.
- Liz Hubbard, Single Entry Coordinator, said that SE considers all referrals from the jail that meet the criteria for mental health case management, but that these cases are very difficult. She thinks there may be some misconception that CM is a 24-7 service when in fact it’s not and it is a voluntary service.

**Responsibility:**

- Core Group to plan action to carry out recommendations made from October 28, 2005 consultation.
- DRC and project members to engage Correctional Medical Care, Inc. in the Dual Recovery Project.
- Terry will coordinate a presentation for the April meeting on ASAM.

**Progress:**

- All the OMH and OASAS licensed outpatient adult treatment clinics/providers are involved in the project as well as DSS, housing, and consumers, providing the best level of coordination possible. We identify and get commitment from additional participants as we go along.
- Workgroups are making recommendations to the Core Group, thus utilizing the structure established by the Core Group in 2003.
- We utilized the Core Group to discuss/educate/problem solve and strategize identified issues of re-entry for our population.

**Next Steps:**

- The Core Group will meet **Monday June 5, 2006 - 8:30-10:00 at the BCMHD 3<sup>rd</sup> floor conference room.**
- **Focus of the June meeting:**
  - ✓ Informational presentation on ASAM Patient Placement Criteria and DDC/DDE standards of care
  - ✓ Prioritize 2006 Workplan goals, objectives, and activities
  - ✓ Plan of action to carry out recommendations made at October 28, 2005 consultation (see November 2005 minutes)