

Dual Recovery Project Core Group Minutes

February 6, 2006
8:30 a.m. - 10:00 a.m.
BCMHD- 3rd floor

Attendance: Chair: Terry Cole

Linda Daley, Michele Napolitano, Robin Fechter, John Choynowski, Kim McAndrew, Jenn Birt, Deb Brown, Rona Barbrick, Gary Pruitt, Lt. Jim Sheridan, Carole Belardinelli, Lisa Winters, Edwin Rivera, Lorraine Mangini

Decisions:

Purpose: Review and prioritize 2006 Workplan; plan of action to carry out recommendations made at October 28, 2005 consultation.

Key Points and Decisions:

Terry distributed draft copies of the 2006 workplan to the November Core Group and the December Treatment Workgroup. Recommendations from each group (see November 2005 Core Group minutes) were adopted to the final workplan. The final workplan was distributed to Core Group members prior to today's meeting. The group suggested Terry go through the workplan point by point and the group would comment etc. The workplan outline and structure was designed by the State and is broken down into 4 main areas. The following are comments/explanation/discussion of the 2006 workplan:

- **Awareness and Networking:** Terry sees as the day-to-day work she does as the DRC attending and being part of coordinating bodies in the county. Out of this networking have come requests for training, better coordination of the continuum of care, identification of barriers with desire to problem solve etc. The plan for 2006 in this area is for the DRC to continue to be part of these groups and advocate for the best coordinated, collaborative and integrated continuum of care for individuals with co-occurring disorders.
 - Comments: We lost the initial consumer input we had on the project and need to recruit consumers for ongoing input.
- **Inter-Systems Management (provider level):** Terry sees this as the work of the DR workgroups and providers participating in the DR Project.
 - Update: Regarding a common data base, a conversation has started at Single Entry for adults and Lynne Esquivel is part of this discussion as well.
 - Update: Due to Medicaid and Medicare recent funding cuts to hospitals, UHSH has had to put the MICA unit on the back burner, however would like to see this remain as an activity for the workplan.
 - Recommendation to change timeframe of activity "taskforce to look at MICA inpatient unit at UHSH" from April 2006 to ongoing.
- **Program and Workforce Competence:** Terry sees this as not only ongoing training, but also ongoing project workgroups as they identify barriers and strategies to address barriers...all of which impacts program and workforce competence.
 - Update: Single Entry for adult case management and residential is in the beginning stages of discussion to work with the DRC to plan, coordinate, and execute MICA training that will be supported by administration, supervisors, and will be utilized to enhance practice. Terry sees this as an opportunity to effect real change in the system regarding understanding of and practice with our client population.

- One activity under this area is to “fully utilize the DR Review Committee and case conference capability of the Treatment WG”---the Core Group recommended to have recipient(s) on both groups.
- **County COD Infrastructure:** This area reflects activities regarding the structure of the Dual Recovery Project; County support and planning for the project; all OMH and OASAS licensed agencies to meet basic Dual Diagnosis Capable standards as guided by the patient placement criteria published by American Society of Addiction Medicine and agreed upon by the Core Group and Treatment Workgroup; explore possibility to expand the collaboration and coordination of the DR Project to include developmental disabilities.
- As it turned out, the review of the workplan took most of the meeting time and it will be necessary for the Core Group to yet discuss and specify priorities for 2006.
- Terry recommends that the Core Group look seriously at the following workplan objectives and activities for priority areas for 2006:
 - Determine standard for patient placement criteria- explore using the ASAM criteria across the MH and CD agencies
 - Develop a common data base
 - All OMH and OASAS licensed agencies to meet basic Dual Diagnosis Capable standards as guided by the patient placement criteria published by American Society of Addiction Medicine and agreed upon by the Core Group and Treatment Workgroup
- Recommended for next meeting to have a presentation on American Society of Addiction Medicine (ASAM) Patient Placement Criteria.
- Staff from the new mental health unit at the jail attended today’s meeting to meet providers and have their staff begin to get connected in the community.
 - The mental health unit is currently staff with a drug and alcohol counselor (Rona Barbrick), FT (Kim McAndrew) and PT (Deb Brown) social worker, and discharge planner (Jenn Birt). The MH unit has 9 hours/week of psychiatric time. Michele Parsons is the Health Services Coordinator overseeing both the medical unit and the mental health unit.
 - There was time for some discussion with questions and issues raised. Everyone was welcoming and anxious to meet, all agreeing everyone needs more information.
- Core Group recommended the Treatment Workgroup as well as the Core Group would be good places for the unit to have staff representation.
- Announcements:
 - Gary Pruitt brought up questions he has regarding referrals to FRS supportive living with a resolution of who to call.
 - Nancy Johnson announced that the YWCA received funding from DSS to open 2 unlicensed beds for women with children in March.
 - Terry reported that the “Identifying the MICA Patient” for CD staff was a huge success--59 staff attended and was a true coordinated effort with all the CD agencies allowing time and supporting their staff to attend this morning training.
 - April 21st the Education/Training WG will be sponsoring a Round Table discussion and presentations on the Treatment of Pain.

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 identified the need to address AOT and Forensic issues and brought the community together to do so. This gave all parties involved and affected by the AOT process an opportunity to get all the information and really understand what AOT can, and can not do and also offered the opportunity to process a very difficult current AOT case.

Next Steps:

- The Core Group will meet **Monday April 3, 2006 - 8:30-10:00 at the BCMHD 3rd floor conference room.**
- **Focus of the April meeting:**
 - Informational focus on ASAM patient placement criteria and Dual Diagnosis Capable standards of care for both mental health and substance abuse (from ASAM)
 - 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