

**Northern Virginia Regional Partnership Planning Project  
Psychiatric Hospitals Committee – Draft Meeting Notes  
July 1, 2004**

**In Attendance:**

George Barker, Health Systems Agency of No. VA (HSANV)  
David Carlini, Prince William Hospital  
Cynthia Chambers, INOVA Mt. Vernon Hospital  
Chris Fensterle, Snowden at Fredericksburg  
Davina Flynn, Northern Virginia Community Hospital  
Kitty Harold, Virginia Hospital Center

L. Jean Reynolds, Dominion Hospital  
Lou Rosato, NVMHI  
Rita Romano, Prince William CSB  
Jim Thur, Fairfax-Falls Church CSB  
Leslie Weisman, Arlington CSB

**Introductions and Review of Agenda**

Introductions were made and attendees welcomed. A review of the agenda concluded that no additional items needed to be added.

**Updates**

- Partnership Work Groups:

Leslie Weisman provided a brief summary of the recent activities within the Mental Health Work Group in which she noted the focus is on three main areas: 1) the Recovery Model and how to incorporate within the various Community Services Boards; 2) forensics and studying the service needs of NGRI individuals; and 3) co-occurring disorders including treatment issues, patient flow, and community needs.

- Statewide Utilization Management/Discharge Planning Committee:

As neither work group has convened since April, there were no updates available.

- Community Forum on Mental Health Services:

The June 26<sup>th</sup> Forum, attended by approximately 60 participants, included a presentation of background issues as well as individualized breakout sessions. An outline of the results will be made available in approximately two weeks and distributed to Forum attendees, individuals included on mailing lists, as well as members of the Regional Partnership work groups. From this outline, as well as results from additional consumer focus groups being held throughout the region, a synopsis oriented toward consumers will be developed and incorporated within the report.

- Report

The scheduled date for the next Regional Partnership Steering Committee has been moved from July 14<sup>th</sup> to July 28<sup>th</sup>. The goal is to distribute the draft report approximately one week prior to the meeting in order for members to review and provide feedback. Due to the short timeframe between the July 28 meeting and the August 2<sup>nd</sup> report due date, a 10-day filing extension is being requested.

## **Update on Status of Private Psychiatric Hospital Beds**

- George Barker indicated that plans continue for Potomac Hospital to close its psychiatric bed unit by the end of the calendar year, and as a result, Prince William and Snowden will be picking up an estimated four to five patients per day.
- The HSANV Board has recommended approval of the addition of seven psychiatric beds at Mt. Vernon Hospital, and it is anticipated the State will also approve this action in the very near future.
- On the construction of new hospitals in Loudoun County, it is anticipated that if the Zoning Commission turns down Hospital Corporation of America's (HCA) proposal, the dispute will be taken to court for resolution which would further delay construction, possibly up to five years.

## **Implications of Potential Bed Closures and Survey Data**

- Chris Fensterle provided a briefing on the impact of the bed closure developments on Snowden Hospital in Fredericksburg. Although officially considered part of the HPR I Northwest region, Snowden's location results in providing services to a large number of Northern Virginia residents. Currently HPR I serves approximately 1 million individuals, while the Northern Virginia region serves 1.8 million. Even though the population is increasing, the funding levels remain the same for the HPR I region. Noting that the Northwest region does have the support of Western Hospital, it was also pointed out that this service is not exclusive as Western also supports additional regions throughout Virginia. With the upcoming bed closures in Northern Virginia, Snowden anticipates further increases and overloading of their system.
- As the survey data was not yet finalized, it was requested that when the draft report is distributed, to please be alert to the survey summary section for review and feedback.

## **Recommendations from Hospital Subgroup**

- As a result of the upcoming private hospital bed closures at the end of the calendar year, this Subgroup was convened to clarify the issues and identify solutions regarding the bed crisis as well as how to improve the continuity of care between private hospitals and CSBs.
- The Subgroup met on June 23. Only NVCH attended this meeting.
- A major recommendation of the Subgroup was to create more community-based services that would divert individuals from inpatient treatment and allow for more rapid discharges.
- Another recommendation of the Subgroup was to increase rates for inpatient treatment in general (private insurance, Medicaid/Medicare). TDO rates should be higher than the general Medicaid rate. It was noted by private providers that TDO rates are currently slightly higher than general Medicaid rates; however, all of the Medicaid rates need to be substantially higher. It was pointed out that it may be necessary to advocate with the Virginia Legislature for an increase in rates. George Barker indicated that VHA would most likely be willing to pursue this course and especially with Northern Virginia regional support.
  - It was cautioned that even though private insurance provides coverage, they will not necessarily pay for hospital care for TDO or committed patients.
  - It was noted during the negotiation of rates between the insurance companies and private hospitals that psychiatry is frequently separated out and usually loses. When the

hospitals will not accept contracts due to inadequate reimbursement, the insurance companies communicate to the public and place the blame on the hospitals.

- Noting the State two-year private bed purchase contract funded with DAD dollars expired in June, it was recommended to consider asking the State to re-bid the contract. As it now stands, the current contract will just be extended another year.

Another recommendation was for the DAD committee to prepurchase DAD beds from the hospitals who are best at accepting our referrals. However, it was advised this probably would not be feasible until 2006 due to the budget process and requiring money up front.

- Additionally, another recommendation of the Hospital Subgroup was to have CSB staff more directly involved in providing services on units, especially discharge planning, but possibly one-on-one supervision, or to provide supplemental money so the hospital could increase staffing at times. In a previous meeting, Chris F. said that it was sometimes taking six weeks after discharge from the hospital before a consumer was being seen by the CSB. Rita Romano reported that this does not seem to be the case in HPRII. Chris F. said that changes are underway in his region and it looks like this is being addressed
- It was suggested that since DMHMRSAS is relying more heavily on private hospitals that the State Performance Contract for CSBs should be amended to include this relationship.
- The Hospital Subgroup also recommended for the Northern Virginia Community Hospital (NVCH) only (since they were the only private hospital at the meeting) that CSBs refer not only the difficult to treat and discharge individuals but also the easier to treat cases which would keep the unit full. Another idea is for NVCH to aim for programming specifically for difficult to treat and discharge individuals.
- Another recommendation was to tie TDO and Commitment together. In other words, if a hospital accepted an individual on a TDO they would automatically accept them for commitment. The private hospital representatives said that this would not be feasible.
- Another focus of the Subgroup was if the public sector is expected to accept insured individuals and TDOs that the private sector rejects, three areas need to be addressed which include: 1) clarification from the central office regarding mission; 2) a plan to provide this service which may include reserving one female and one male bed or call in extra staff; and 3) establish a procedure for all CSBs in Northern Virginia to access TDO beds at NVMHI.
- It was relayed that a meeting took place between DMHMRSAS Commissioner Reinhard and the Behavioral Health Subcommittee of the Virginia Hospital and Healthcare Association (VHHA) in which the Subcommittee submitted a list of recommendations to address the current situation. Among the representatives of the Behavioral Health Subcommittee were CEOs and staff of the private hospitals. Chris Fensterle noted he would obtain the list of recommendations and provide in order to possibly incorporate in the Regional Partnership draft report. He also suggested that it might be worthwhile to invite Betty Long with the VHHA to participate in the meetings held by the Northern Virginia Psychiatric Hospitals Committee.

### **Regional Funding—State Mental Health**

A brief update was provided on funding which is only awarded regionally and not to individual CSBs. Northern Virginia region has requested \$1.2 million for discharge assistance projects, but does not expect to receive the full amount. As both Fairfax and Arlington currently have PACT teams, the region has also proposed a PACT team for Prince William.

### **Future Role and Structure of Work Group**

After discussion, it was determined that the Psychiatric Hospital Committee provides a needed forum to address the issues facing the region, and that the group should continue meeting, possibly either bi-monthly or quarterly, with clearly defined agendas. In addition, noting that two new regional work groups will start in September focusing on older adults and children and youth, respectively, it was suggested the psychiatric hospitals might wish to have representatives participate in those meetings as well.

### **Future Meeting Schedule**

It was determined the next meeting would take place in September, however, no specific date was established.

S:\CSB\Regional Partnership 2003\Hospitals Work Group\07-01-04 Notes Hospitals Committee.doc