

REGIONAL MANAGEMENT GROUP MEETING

Date: October 22, 2010

Time: 9:00 a.m.

Attendees: Tom Geib, Mike Gilmore, Tom Maynard, Cindy Kemp, George Braunstein, Maximilien Del Rio, Mark Diorio, Cindy Koshatka, Justin Lux

Recorder: Julie Parkhurst

Announcements: None.

Call to Order: Tom Geib called the meeting to order at 9:00 a.m.

Notes: Notes from the September 24, 2010 meeting were approved with one change.

Handouts: *Agenda, RMG Meeting Notes (September 24, 2010), Northern Virginia Crisis Response, Email re: Older Adults in Crisis Meeting, Regional Utilization Management Report, Ffx-FC CSB Organizational Restructuring Handouts, Guidance for Child Community Behavioral Health Services Funding, FY10 HPR II Regional Funds Budget Status, HPR2 LIPOS Budget Projections (2 versions), HPR2 RDAP, RMG Meetings Follow-Up List*

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI- BLE PARTY	FOLLOW- UP/DATE
<p>Planning</p>	<ul style="list-style-type: none"> • <u>Crisis Center at NVMHI:</u> A handout was distributed regarding the proposed Northern Virginia Crisis Response plan. Options being discussed are a 6-8 bed Residential Program for NGRI clients that no longer need hospital level services and a crisis center at NVMHI on the empty unit which would be capable of handling police drop offs and have 23 hour beds. Full implementation is hoped to be achieved by July 2013. 	<p>Discuss with John Pezzoli next month. Explore whether crisis program at NVMHI would be eligible for Medicaid funding. Explain how bed utilization in Northern Virginia is different than in other places in the State.</p>	<p>RMG</p>	<p>11/2010</p>
	<ul style="list-style-type: none"> • <u>Older Adults in Crisis:</u> An email was distributed regarding older adult work group assignments. An allocation of beds for Northern Virginia has been requested. Twenty beds were offered but our population indicates a need for 40. Voluntary and CMA statuses are not recognized by PGH; this is also being discussed. 	<p>One more meeting is scheduled for November 2010.</p>	<p>C. Koshatka</p>	<p>ASAP</p>
	<ul style="list-style-type: none"> • <u>Regional Hiring Strategies:</u> Some positions are extremely difficult to hire for and discussion was centered on how to expand the number of qualified candidates in 	<p>Fairfax will explore the possibility of sharing the GMU nursing program</p>	<p>G. Braunstein</p>	<p>ASAP</p>

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<p>Planning (cont.)</p>	<p>Northern Virginia. Partnering with local colleges in order to find residents, medical students and psychiatric nurses will be explored. Fairfax has linked with the nursing program at GMU. One barrier to regionalizing resources is traffic. Nationally, it is difficult to attract people to Northern Virginia due to cost of living, traffic and fast-paced lifestyle.</p> <ul style="list-style-type: none"> • <u>Meeting with Assistant Commissioner:</u> Discussion took place regarding what needs to be discussed with the Assistant Commissioner at the upcoming meeting. 	<p>resource with others in the region.</p> <p>Discuss negative perceptions of N. Virginia. Discuss older adults, crisis continuum and what is important to HPR2.</p>	<p>RMG</p>	<p>Nov. 2010 mtg.</p>
<p>Updates</p>	<ul style="list-style-type: none"> • <u>Partnership Meeting:</u> The focus of the next Partnership meeting will be crisis stabilization with regard to youth, ID crisis and NVMHI crisis. • <u>Statewide ID Plan:</u> For the CSU/CRT plan, it was suggested that HPR2 look to the private sector as using existing CSUs to serve different populations may not be conducive to the clients or staff. An intensive treatment unit or respite care could be developed but would require a different skill set than what is currently in HPR2 CSUs. Meeting on 9/23/10 went well and was well attended. Solutions were sought. Another meeting will take place in early November and regional oversight is needed. Problems with PGH were discussed. <p>NVTC will be losing 16 beds, including regular, crisis and respite beds. Clients will move to community if available. The pharmacy needs to be re-established as well. Service Source has taken over CFS. There are discussions about building a disability campus in Northern Virginia, perhaps on the NVTC campus. Delegates and other legislators have been approached and preliminary discussions are taking place. The State police building is being vacated as well; NVTC may get the land back. The OP program needs to be expanded with a satellite program in PW or Loudoun; it is unclear how to staff at this point.</p>	<p>Send crisis idea paper and agenda two weeks before meeting.</p> <p>Discuss concerns regarding ID CSU with J. Pezzoli. Explore profiles of those needing services. Explore what vendors would be interested and whether funding and/or models can be flexible.</p> <p>Pharmacy services may be shared between NVTC and NVMHI.</p>	<p>C. Koshatka</p> <p>RMG</p>	<p>11/5/10</p>

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<p>Updates (cont)</p>	<ul style="list-style-type: none"> • <u>RAFT Pilot</u>: RAFT is using Cherrydale Nursing Home in Arlington and two to three people have been placed there. Tom Gleeson is providing education to staff and consultation on some non-CSB clients in return for beds. • <u>Surge Plan/NVCC Plan</u>: NVCC has come back with a revised MOA. R. Biraben would like to come and explain to the RMG. This is in regard to crises that take place on NVCC campuses. • <u>Meeting Follow-Up List</u>: The meeting follow-up list was distributed and reviewed. • <u>TDO Plan</u>: The TDO Plan was circulated and signed. The RUG is not yet ready to submit a plan that includes going over census at NVMHI by more than one. 	<p>Explain N. Virginia position to the State during meeting with J. Pezzoli. Contact Mike O'Connor.</p> <p>Invite R. Biraben to come in December.</p> <p>Plan will be available in early 2011.</p>	<p>RMG</p> <p>RMG</p> <p>C. Koshatka</p>	<p>ASAP</p> <p>ASAP</p> <p>February 2011</p>
<p>Fairfax-FC CSB Restructuring Plan</p>	<p>On the Fairfax-FC CSB website, the Beeman Commission summarizes how to run a MH program. A self-governing system to meet the needs of consumers is preferred to a staff run system. The organization will be comprised of customers and families on the top level and Board and administrative levels will be on the bottom to support the organization. MH and ADS will be merging to have one front door. The FAST team will enter clients into the system with all financial services addressed. Management changes will be taking place and staff will be designing these changes. The Deputy Director of CSB will be in charge of the internal service system. The Executive Director will oversee business management and business development areas. Some ventures will take place outside of the County in the form of partnerships and contracts with private providers. Some shifting of administrative services will also be taking place. The Director of Partnership is working with attorneys to develop 501(c)3 contracts in order to be able to incubate new programs. Future leaders have been identified to</p>	<p>An Action Learning paper will be shared with RMG.</p>	<p>M. Gilmore</p>	<p>ASAP</p>

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	<p>assure benchmarks are achieved and are working 8 of their 40 hours per week on this plan. Case management is being reviewed carefully and some programs are being reframed.</p>			
<p>Budget</p>	<ul style="list-style-type: none"> • <u>LIPOS Budget Projections</u>: Two handouts were distributed and discussed. The first discussed how the number of admissions for October would affect the LIPOS budget if it were an outlier. The second painted a picture of what it would look like if that number became the norm for the remainder of the year. • <u>Regional Budget</u>: The regional budget was discussed, in particular the updates to Recovery and CRT. Requests have been received for Deaf services funds and once they are paid the fund will be exhausted. A letter regarding 2, 4 and 6% cuts was received via email. J. Lux will put together a document showing how it would affect HPR2. RDAP funding was shared. • <u>Youth Funding</u>: The State has provided \$112K to HPR2 to spend for youth services. Ideas on how to spend the money included a combination of LIPOS and CSA contracts, dividing money among CSBs according to population, residential SA services, non-mandated children with CSB connections. 	<p>RMG asked that Aftercare Managers be thanked for sharing RDAP information with them.</p> <p>Explore whether a 12/1 extension date would be feasible to allow for a more thorough assessment of what is needed. 11/1 response was requested.</p>	<p>C. Koshatka</p> <p>C. Koshatka</p>	<p>11/5/10</p> <p>ASAP</p>
<p>Data</p>	<p><u>Highlights of the UM Report</u>:</p> <ul style="list-style-type: none"> • 20 LIPOS admissions in September; 42% transfer rate. • NVMHI had 89 admissions in September. 22% were insured; readmit rate is 11% and 5 ID clients were admitted. They were at 95% occupancy. 29 forensic clients at NVMHI in the first quarter. • NVTC had 0 regular admissions and 3 regular discharges for first quarter. Those 3 have stayed for vocational services though as a vocation day placement can't be found. 	<p>It was suggested that Level 2s go to NVMHI and Level 1s remain in LIPOS beds.</p> <p>Admissions now has a team. There are concerns about respite admissions; some cannot go to private</p>	<p>RMG</p>	<p>ASAP</p>

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Data (cont)	<ul style="list-style-type: none"> • CRT: Census is currently 16 ongoing consumers. • 63 admissions to Crisis Care in September with 84% occupancy rate and 2 ID admissions. • 189 commitment hearings in September. 19 of these admissions went out of area. • RAFT's wait list is 10 clients for ALFs and 5 for nursing homes in September. 5 clients are at ESH and 27 at PGH. • Wounded Warrior has served 62 clients during the first quarter of FY11. 	<p>providers because there aren't any who will take those who are too medically complex.</p> <p>CRT: How many are being seen, how many are being diverted from hospitalization and how many are being seen and end up needing hospitalization anyway?</p>		
Round Robin	<p><u>NVTC:</u> J. Benz was hired by Central Office and works under Heidi Dix. Internship for dental program can be started. A provider fair will take place at NVTC on November 6, 2010.</p> <p><u>Fairfax:</u> The annual SA Conference is taking place today. Ben and Jerry's ice cream and cupcakes have been donated.</p> <p><u>NVMHI:</u> A total of 19 beds will be closed as of 7/1/11. Another .5 - 1 million is being cut. Staff are being redistributed.</p>	<p>RMG has asked that NVMHI's proposal be shared with them for planning purposes.</p>	<p>NVMHI</p>	<p>ASAP and ongoing</p>

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on November 19, 2010, at 9:00 am at the Fairfax Government Center.

Items for next meeting: Crisis Continuum Update

Sherry Parkhurst 11/19/10
Recorder **Date**

Tom Hill
Chair

11/19/10
Date