

## REGIONAL MANAGEMENT GROUP MEETING

**Date:** August 26, 2011

**Time:** 9:00 a.m.

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

**Guests:** John Pezzoli, Barbara Martinez

**Recorder:** Julie Parkhurst

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

Notes: Notes from July 22, 2011 meeting were approved.

Handouts: Agenda, RMG Meeting Notes (July 22, 2011), Regional Utilization Management Report, FY12 HPR II Regional Funds Budget Status, Youth Inpatient Service Delivery Results, NVMHI Avatar Rpt 3120, Bed Days Per 100K By Region, Arlington County CSB FY12 General Assembly Session Recommendations, Arlington CSB Letter RE: Budget Priorities, START Handout

**Announcements:** B. Martinez has been promoted to a supervisory position working with CSA and will be transitioning out of her work with NVRPO.

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSIBLE PARTY	FOLLOW-UP/DATE
<b>Discussion</b>	<ul style="list-style-type: none"> <li>• <b>Bed crisis:</b> T. Maynard presented the regional position: insufficient access to acute beds, local money constitutes the majority of funding, private hospitals won't take clients if they disrupt the milieu, NVMHI bed cuts cause us to lose acute care beds. Private hospitals have closed 52 beds in the last five years. J. Pezzoli noted that the state supported our region with \$571K to HPR II to assist with beds and \$600K for the CIC.</li> <li>• <b>CIC/ECC (Alternatives):</b> Alternative plans to CIC were discussed. 1) Alternative responses to NGRI consumers could involve code changes. 2) HPR 2 is low in DAP funds. 3) Discussed the region running a program on empty wing at NVMHI. 4) Demonstration projects involving Medicaid reimbursement for free-standing psychiatric hospitals are available; DMAS is interested. 5) If a crisis stabilization unit were to be an alternative, an RFP could be out in 45 days but FOCUS has Fairfax County backed up. 6) When Fairfax-Falls Church CSB</li> </ul>	<p>The State would like to secure additional beds for HPRII through FY13; however there is a gap between 1/1/12 and 6/30/12.</p> <p>DBHDS is reviewing ways to decrease the NGRI wait list and is considering a pilot with private hospitals for restoration to competency.</p> <p>Discuss whether an RFP can be sent out from another CSB; PW CSB may be</p>	<p>DBHDS</p> <p>RMG</p>	FY13

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<p><b>Discussion (cont.)</b></p>	<p>opens their new building, they will have 23 hour beds. 7) D. Carlini wants a joint MCU with PW CSB. 8) PWH has 12 detox beds and wants to move them to the general population of the hospital and have 12 new psychbeds. 9) VHC is considering moving SA beds and opening beds up to psych, 10) TDOs at CSUs.</p> <ul style="list-style-type: none"> <li>• <b>CIC/ECC (Updates):</b> It is unclear whether Inova will pursue zoning in Fairfax City or consider another site. Confirmation of this plan or a viable alternative is needed by the end of September, or the region risks losing the crisis center funding.</li> <li>• <b>Budget Priorities:</b> Priorities were discussed. The Arlington Board has tried to line up their priorities with VACSB initiatives and those that are regionally supported to gather more momentum. Fairfax and PW have similar priorities.</li> </ul>	<p>available Discuss other vendors.</p> <p>Meeting with Inova</p> <p>Get feedback from Boards and discuss regional priorities. Work with legislative liaisons</p>	<p>G. Braunstein/C. Kemp/C. Koshatka</p> <p>EDs</p> <p>EDs</p>	<p>Sept 9, 2011</p> <p>Early October</p>
<p><b>Updates</b></p>	<ul style="list-style-type: none"> <li>• <b>Regional SA Center:</b> The RFP is out, and eight agencies are interested.</li> <li>• <b>ID Plan:</b> HPR2 is the only region contracting out. Vendor will be responsible for setting up home, finding a location, etc. The State would like an implementation date of 1/1/12. CRT does not bring in much Medicaid as they do not do respite care and have more crisis prevention services than stabilization. J. Pezzoli would like to know if we have considered co-locating MH and ID and youth crisis care. HPR2 has not because mixing troubled youth and troubled adults in a non-locked facility does not seem like a safe thing to do. J. Pezzoli would like to see Leland House. SEVTC is currently evacuating for a storm.</li> </ul>	<p>Proposal needs to go to the State.</p>	<p>NVRPO</p>	<p>9/1/11</p>
<p><b>Brief Updates</b></p>	<ul style="list-style-type: none"> <li>• <b>OIG Survey:</b> Fourteen people were held for more than six hours. Two people were released</li> <li>• <b>NVCC MOA:</b> The MOA has been signed and will be discussed at the next ES meeting. Fairfax will offer Mental Health First Aid training at NVCC.</li> <li>• <b>Youth Funding Results:</b> A handout was given regarding the results of the HPR2 Youth Funding program. A copy has been forwarded to the State.</li> </ul>	<p>Ensure that people released are followed up at the time. Review procedures collaboratively with CSB Emergency Services and NVCC</p>	<p>ES/Aftercare</p> <p>ES managers</p>	<p>Ongoing</p> <p>9/1/11</p>

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Budget	<ul style="list-style-type: none"> <li>• <b>Regional Budget:</b> The regional budget was discussed and reviewed. If CIC does not go through, the State wants the money returned to them.</li> <li>• <b>NVMHI:</b> A handout was distributed regarding insurance payments and private payments to NVMHI that end up in the general fund (\$3,333,787 in FY11). T. Geib asked about the possibility of revenue sharing.</li> </ul>	<p>Focus on RDAP to get people out of NVMHI.</p> <p>This possibility will be explored.</p>	<p>RMG</p> <p>J. Pezzoli</p>	<p>Ongoing</p>
Data	<p><b>UM Report:</b></p> <p><u>LIPOS:</u> 37 admissions in 7/11. Average LOS is 5.3. Most admissions went to Dominion. 3 admissions went to PHP.</p> <p><u>NVMHI:</u> 69 admissions in 7/11. 35% TDOs in 7/11. 20% insured, 30% transferred – 92% occupancy.</p> <p><u>TDOs:</u> 205 commitment hearings were held in 7/11 and 16 clients went out of region.</p> <p><u>Crisis Care:</u> 75 admissions in 7/11; 63% diversion, 32% step-down, 4% NGRI and 1% TDO/CMA. 92% occupancy for 7/11. 56% had a SA diagnosis; 1 admission was ID.</p> <p><u>Forensics:</u> 149 for FY11; much lower than past three years; 52% R to C, 22% ETOs, 18% evals, 5% NGRI.</p>			
Round Robin	<p><b>NVMHI:</b> Restructuring went well. They are having a hard time recruiting and retaining personnel. They are experiencing more bed holds, more space restrictions, more complex cases and aggression.</p> <p><b>Arlington:</b> Youth are a focus in Arlington, and a study has just been completed. Their model is being retooled to make it more community based. They are looking for a new Division Director.</p> <p><b>Loudoun:</b> Tom Maynard’s position has been posted and interviews will start in September. He is retiring on 12/1/11 and moving to North Carolina.</p> <p><b>Fairfax-FC:</b> Credible Software is being implemented for the new EHR project. It is expected to be implemented in seven to eight months. The budget is being decentralized with more staff being involved. Fairfax is facing a 1-3-5% budget</p>			

