

REGIONAL MANAGEMENT GROUP MEETING

Date: July 22, 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: None.

Recorder: Julie Parkhurst

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

Notes: Notes from June 24, 2011 meeting were approved.

Handouts: Agenda, RMG Meeting Notes (June 24, 2011), Regional Utilization Management Report, FY11 HPR II Regional Funds Budget Status, LIPOS Budget Projections, Medical Directors HPRII, Contacts for Independent Clinical Assessments for Youth, OOR TDO Hospital Placements by CSB, Hospital Admissions: FY11, RDAP Table, EBL Review

Announcements: None

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSIBLE PARTY	FOLLOW-UP/DATE
Updates	<ul style="list-style-type: none"> • DBHDS: Discussion took place regarding an alternative plan if 1/1/12 arrives and CIC is not up and running. NMVHI is hiring. If all beds are open, core services would need to be changed. • CIC/ECC (Alternatives): 1) Forensic: Rewrite code for NGRIs so they can be in a community setting but still in the custody of the Commissioner. VACSB is exploring restorations in the community; Region 5 is doing a pilot with State dollars. New forensic code change recommendation would require forensic evaluators to have a special certification so there is a lesser likelihood of having inappropriate NGRIs. The FRP does not always move NGRIs out into conditional release in the community in a timely way. Sometimes there are no placements, etc. and they end up on the EBL. Enhancing the RDAP forensic funding stream was suggested. Social Services is looking to help parolees find work. Some SA/MH initiatives are taking place in Fairfax. 2) Additional beds are needed in addition to the CIC. Alexandria won't 	<p>Verify cost for keeping all 129 beds open with 123 as a conservative alternative. Discuss with O. Garland.</p> <p>Get update on the forensic part of the Creating Opportunities Plan</p> <p>Obtain an update on Region 5 pilot.</p> <p>Explore whether Alexandria could contract with the Region to use their MH unit for NGRIs.</p>	<p>M. Del Rio</p> <p>M. Gilmore</p> <p>C. Koshatka</p> <p>C. Koshatka</p> <p>M. Gilmore</p>	<p>5-10 days</p> <p>ASAP</p> <p>ASAP</p> <p>ASAP</p>

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<p>Updates (cont.)</p>	<p>use the CIC because it is too far but supports it in order to relieve regional pressure for beds. Arlington and Loudoun will support and use the CIC. Inova Loudoun is updating its psych unit so geriatrics and acute care can be separated.</p> <ul style="list-style-type: none"> • CIC/ECC (Empty Beds): 1) Reimbursement for services at NVMHI should stay in the Region to offset costs. 2) Explore public/private partnerships as well as create alternative funding and management structure to keep beds open for the same type of use. Funds are needed for parking, remodeling, etc. if NVMHI empty unit is used. • Regional SA Center: SA Directors were allocated \$80k/year for two years for a peer run regional SA center. A contractor will build the program. Peers will be connected to each CSB. A Fairfax RFP that includes this component has been released. • ID Crisis Stabilization Plan: A START model is being considered. The proposal is due 9/1/11. A meeting of ID Directors and the consultant will be held next week. This program will be for three years, with extensions expected, and will possibly involve the CRT program. Alert G. Braunstein if Dennis Brown is needed for the proposal. • OIG Survey: This survey (to track how many TDOs had to be let go due to no bed availability) was started on 7/15/11 and the reporting period ends 7/28/11. It will be done every two weeks for three months. • Waiver Rates: G. Braunstein and M. Diorio will attend this meeting in Richmond. Ideas include incentivizing four bed homes, more funds for more intensive services, tiered licensure, and day treatment. Some concerns expressed about the impact on the wait list and the short turn-around time to respond to proposed changes. • Geriatric TDOs: 1) CSB numbers have been reviewed, and a public policy item is intended to address the lack of beds. 2) PGH does not take TDOs from our region. Some discussion occurred about getting a TDO and commitment at NVMHI then transfer to PGH; DBHDS would need to respond. 3) Ideas put forth in the RUG meeting were presented. 4) Arlington has someone on 	<p>Proposal to DBHDS (due 7/31/11) that will include partial funding for CIC security component was approved.</p> <p>Explore funding gaps if reimbursement stayed locally</p> <p>Loudoun and PW have expressed an interest in joining this project.</p> <p>Email Dennis Brown to authorize work with the group and copy C. Koshatka</p> <p>Give feedback to G. Braunstein</p> <p>Discuss with clinical staff.</p> <p>Consider use of Inova Loudoun Hospital, out of</p>	<p>RMG</p> <p>M. Del Rio</p> <p>G. Braunstein</p> <p>RMG</p> <p>M. Del Rio</p> <p>NVRPO</p>	<p>ASAP</p> <p>ASAP</p> <p>ASAP</p> <p>ASAP</p> <p>ASAP</p>

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Updates (cont.)	call to respond to geriatric (and youth) issues.	state hospitals, Birmingham Green and RAFT resources.		
Budget	<ul style="list-style-type: none"> • Regional Budget: The regional budget was discussed. Deaf funding will be continued. NVRPO is waiting for retained earnings report on CRT. RAFT has \$20197, in unspent dollars. The children's MH report to the State is due next week. Children served were new to the community, undocumented, had no insurance, etc. • NVMHI Returned Funds: \$54K was returned by NVMHI. Aftercare would like to use \$4k for DAF and \$50k on transportation alternatives. 	Give Aftercare a deadline of 9/30/11	C. Koshatka	8/11/11
Data	<p>UM Report: <u>LIPOS:</u> 49 admissions in 6/11; 465 admissions for FY11. Average LOS for FY11 is 5.4. Most admissions went to Mt. Vernon. 12 admissions went to PHP YTD. <u>NVMHI:</u> 58 admissions in 6/11; 873 admissions for FY11. 31% TDOs in 6/11 – 25% insured for FY11, 34% transferred in FY11 – 93% occupancy for 6/11. <u>TDOs:</u> 204 commitment hearings were held in 6/11 and 18 clients went out of region; 2305 hearings for FY11; 223 clients went out of region in FY11. <u>Crisis Care:</u> 74 admissions in 6/11; 63% diversion, 29% step-down, 6% NGRI and 2% TDO/CMA. 83% occupancy for 6/11; 87% for FY11. 45% had a SA diagnosis; 1 admission was ID for 6/11. <u>Forensics:</u> 149 for FY11; much lower than past three years; 52% restorations, 22% ETOs, 18% evals, 5% NGRI. <u>RCRT:</u> 18 current consumers, 1 consultation, 1 assessment for 6/11. Services are 49% crisis prevention, 22% crisis stabilization and 17% hospital diversion. <u>Older Adults:</u> 5 consumers at ESH (2 RFD); 21 at PGH (2 RFD). RAFT has 10 in ALFs, 2 in supported homes and 17 in nursing homes. YTD admissions is 18, 2 waitlisted for ALFs and 1 for nursing home. <u>Minors:</u> 163 admissions to CCCA for 2,713 bed days in FY11; 33 readmits.</p>	<p>Review the 28 ID admissions this year. Some may be TBI. Four clients stayed longer than 21 days due to lack of forms.</p> <p>Approved Level 1/Level 2 split requested by ES.</p> <p>Talk to Youth Directors about reasons for re-</p>	<p>NVRPO</p> <p>RMG</p> <p>C. Koshatka</p>	

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<p>Data (cont.)</p>	<p><u>WWP</u>: 65 screenings and referrals completed in FY11 fourth quarter, 33 directly to veterans. Ongoing services were provided to an average caseload of 53 per month. 24 education/training opportunities were conducted.</p> <p><u>EBL/RDAP</u>: RDAP plan summary was distributed. The EBL is down to 24.</p>	<p>admissions</p>		
<p>Round Robin</p>	<p>NVMHI: NVMHI had their annual two day consultative audit last week. No surprises were noted. VOPA is concerned about NGRIs and has contacted PW CSB.</p> <p>Arlington: Arlington is waiting for the results of their nursing study and for a children's consultant (Mary Thornton) to look at the youth system of care. C. Kemp will share the final reports.</p> <p>Loudoun: Tom Maynard is retiring on 12/1/11 and the posting for his position is going up.</p> <p>Fairfax-FC: The SA/MH/ID management structure is being integrated. Fourteen service clusters will be managed by fourteen service directors. Structure will be around individuals and funding streams. Adults are coming to four to six weeks of PHP from crisis care and at some point will be used as hospital diversion. Medical and social detox programs are being restructured. More nursing and social detox are being added in order to allow for a larger continuum of care. The budget cut exercise is starting for FY13 and includes \$1 to \$3 million cuts locally.</p> <p>Alexandria: Clubhouse model of care is changing and will include more courses, education and training. It is envisioned to be similar to PRS' recovery Academy.</p> <p>M. Diorio: NVTC is under pressure from Central Office to divert families who want respite beds. NVTC has people with fairly complex medical needs and surgical recovery. Central Office is serious about discharge. Community Integration manager will coordinate between NVTC and CSBs to assure</p>			

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Round Robin (cont.)	<p>goals are being met. Capital dollars were pulled from renovation of buildings 5 and 8 until at least 7/1/12. The buildings can't be occupied because they won't pass safety codes. Construction is proceeding but is 4-6 weeks behind.</p> <p>T. Geib: Five VICAP appointments have been completed for the week. Providers are calling offering assistance. VRS is requiring a greater contribution from employees.</p>			

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on August 26, 2011, at 9:00 am in Suite 275, Chantilly.

Items for next meeting:

Julie M. Parkhurst
Recorder

8/26/11
Date

Tom Geib
Chair

8/26/11
Date