

REGIONAL MANAGEMENT GROUP MEETING

Date: June 24, 2011

Time: 9:00 a.m.

Attendees: Cindy Kemp, George Braunstein, Margaret Graham, Maximilien Del Rio, Mike Gilmore, Cindy Koshatka, Barbara Martinez, Karen Friesz

Guests: Olivia Garland, Joe Guzman

Recorder: Julie Parkhurst

Call to Order: Cindy Koshatka called the meeting to order at 9:00 a.m. and introductions were made.

Notes: Notes from May 27, 2011 meeting were approved.

Handouts: *Agenda, RMG Meeting Notes (May 27, 2011), Regional Utilization Management Report, FY11 HPR II Regional Funds Budget Status, LIPOS Budget Projections*

Announcements: None

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI- BLE PARTY	FOLLOW- UP/DATE
Signatures	Signatures were obtained for the NVMHI MOA, recommitments MOA and ID-MH SOP.	More signatures required	C. Koshatka	7/22/11
Updates	<ul style="list-style-type: none"> • DBHDS: Funding for the CIC was approved for \$600k. The State thought the proposal was excellent. Funds will be available immediately and will be sent to Fairfax County. Proposals from other regions are also being considered. If money is still available after all proposals have been considered, our share could increase. Negotiations with DOJ are taking place with Jim Stewart and Heidi Dix and are going well. An EHR kickoff meeting was held at WSH yesterday. Requirements will be discussed over the next three months and then the proposal will be submitted. The goal is for implementation to take place by the end of 2013. The State will have a portal for CSBs and the State to share EHR via HIE and also between states. 			

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<p>Updates (cont.)</p>	<ul style="list-style-type: none"> • Wounded Warrior MOA: An overview of the Wounded Warrior Program was given to Joe Guzman. • Regional SA Center: An SA Directors meeting was held in Arlington yesterday. The outcome of the meeting is unknown. • Encryption: Verisign and Entrust are being recommended. Each CSB will have to pursue this issue separately. NVMHI depends on VITA and they have to be on-board by 2014. • Regional Funding Requests: A request for a RDAP residence has gone in and the request for child LIPOS will be reviewed by the Public Policy Committee on 6/30/11. Funds for a system of care for older adults is also desired. Leadership is needed for infant programs. 	<p>Discuss our interest with Cathy Pumphrey about moving quickly.</p>	<p>RMG</p>	<p>ASAP</p>
<p>Discussion</p>	<ul style="list-style-type: none"> • NVMHI Status: NVMHI is actively recruiting staff. It is difficult for them to admit complex cases because of medical and seclusion/restraint issues. Seventeen patients are being redistributed within the hospital. Patients from F2 will go to F1, I1, I2 and K units. It is hoped that adequate staffing will be in place by the end of July 2011. Training takes 3-4 weeks. The workload for NGRIs is overwhelming. NGRi clinical forums are held. F2 will be used for treatment planning purposes, etc. This plan will allow for modifications as necessary and flexibility as needed. It will also help to support staff and help prevent burnout. Space and parking have always been an issue with NVMHI. There have been 3 overcensus admissions recently. • CIC Status: The last CIC meeting was held 6/22/11 and how the center will function is being discussed. The next meeting will be in July. CSB/Inova procedures need to be reconciled (billing, etc.). A work session with the City Council in Fairfax City is scheduled for 6/28/11. Outcome measures will be built into the contract. Quality outcomes need to be defined and measured. The triage nurse will be key. Medical issues need to be handled first. 	<p>Discuss whether public-private acute care services could be added to the vacant unit if needed.</p> <p>An email will be sent to O. Garland and C. Koshatka. Distribute restructuring plan to RUG group.</p> <p>Determine organizational structure of staff.</p>	<p>G. Braunstein, O. Garland, J. Pezzoli</p> <p>M. Del Rio</p> <p>C. Koshatka</p> <p>CIC Group</p>	<p>TBD</p> <p>ASAP</p> <p>ASAP</p> <p>ASAP</p>

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Discussion (cont.)	<ul style="list-style-type: none"> • Regional Initiatives for Biennium: Child LIPOS, RDAP residence, and OA care will be discussed at the VACSB on 6/30/11. More updates will be available by the end of next week. 			
Budget	<p>The one-time regional child funds have been exhausted. RAFT and CRT will let us know about any unexpended funds. \$54k was returned by NVMHI; some of that sum could be returned to DAF (for discharge planning needs of NVMHI discharges). LIPOS Projections were distributed on a handout Regional budget summary was presented.</p>	Ask Aftercare Managers on 7/14/11 for recommendations about how to use \$54K and bring back to RMG.	C. Koshatka	7/22/11
Data	<p><u>LIPOS:</u> 45 admissions in 5/11; LOS= 5.2. Most admissions go to Mt. Vernon. 11 admissions went to PHP YTD. <u>NVMHI:</u> 65 admissions in 5/11; 39% TDOs in 5/11 – 23% insured, 36% transferred in 5/11 – 97% occupancy. <u>TDOs:</u> 209 commitment hearings were held in 5/11 and 23 clients went out of region. <u>Crisis Care:</u> 69 admissions in 5/11; 64% diversion, 30% step-down and 6% NGRI. 88% occupancy, 46% had a SA diagnosis; 0 admissions were ID.</p>	<p>The START model is designed to reduce ID admissions to NVMHI. Send regional stats to B. Martinez. Add OOR pages to next RMG packets. Add a CIC page to the report.</p>	<p>C. Koshatka C. Koshatka C. Koshatka</p>	<p>ASAP 7/22/11 FY12</p>
Round Robin	<p>NVMHI: Communication is going well with the Region, the CSBs and the communities. A blocked out time period for PTM 3s will be established weekly so executives can attend. M. Del Rio would like CSBs to give clients a pill cutter for their medications. List of Medical Directors would be helpful.</p> <p>Arlington: A medical director has been hired. The recovery specialist is working out well.</p> <p>Loudoun: Margaret Graham is the new ID Director Chair for HPR II.</p> <p>Fairfax-FC: Discussions are taking place with Amerigroup to manage 38-39 clients for medical needs. They are supportive of the CIC and are interested in a State Medicaid contract. Fairfax has a grant with GMU to train nurses with health assessments in addition to psychiatric services.</p>		C. Koshatka	ASAP

