

## REGIONAL MANAGEMENT GROUP MEETING

**Date:** March 18, 2011

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

**Attendees:** Tom Geib, Mike Gilmore, Tom Maynard, Cindy Kemp, George Braunstein, Max Del Rio, Mark Diorio, Cindy Koshatka, Justin Lux, Barbara Martinez, Carolyn Castro-Donlan, Olivia Gartland

**Recorders:** Julie Parkhurst

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

Announcements: B. Martinez announced that the ICRT contract in Fairfax has been awarded to a vendor new to our region. current vendor.

Notes: Notes from the February 25, 2011 meeting were approved.

Handouts: Agenda, RMG Meeting Notes (February 25, 2011), Regional Utilization Management Report, FY11 HPR II Regional Funds Budget Status, HPR2 LIPOS Budget Projections, RMG Meetings Follow-Up List, NVCC Supplemental MOA, System Leadership Conference handouts.

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI -BLE PARTY	FOLLOW- UP/DATE
<b>Planning</b>	<p><u>Crisis Intervention Center:</u> The plans being considered were described (Inova and NVMHI) along with the resources contributed by each. Inova plan will not be ready until October to December 2011. Proposal for funds will be written around 23-hour bed model. Woodburn Place won't need additional funds. The application to apply for funding will be out in early April 2011. Fairfax needs a solid phase-in plan to get positions.</p> <p><u>NVMHI Bed Reductions:</u> NVMHI has frozen 18 staff positions to manage the budget. To push bed reduction to 12/11, NVMHI will need to hire MD locum tenens and social worker and increase staffing to address acuity.</p> <ul style="list-style-type: none"> <li>• PW has ICT and is reviewing consumers with multiple admissions.</li> <li>• Arlington has a "downsizing" committee that is trying to create crisis intervention to divert repeat hospitalizations. Their Special Justice may start looking</li> </ul>	Explore what resources Inova could bring to the NVMHI plan.	RMG	ASAP
		Keep S. Repta informed.	RMG	Ongoing
		Infrastructure can begin. \$468K ready to be used.	RMG/J. Lux	Ongoing
		Work with NVMHI on budget	J. Lux	Ongoing
		Maintain 13 NVMHI beds for 6 months with unexpended LIPOS funds. Back-up plan: Consider extension to 6/30/12.	RMG/NVMHI RMG	Through 12/31/11 Ongoing

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<p><b>Planning (cont.)</b></p>	<p>at MOT. They have two DOB grants for jail diversion.</p> <ul style="list-style-type: none"> <li>• Loudoun has found that MOT is helpful as leverage when criminal charges are pending. They are preparing to launch a new ICT.</li> <li>• Fairfax is adding 20 new positions, all Medicaid funded, and trying to make day programs more intense, like PHP.</li> <li>• Alexandria's Jericho project with sequential intercept is working well. Business practices and staff perspectives need to change in order to embrace more community oriented treatments.</li> </ul> <p><u>ID Crisis Stabilization Funding</u>: The committee is drafting an RFP in April with guidelines. Each region has to follow the RFP (either the CSB or a private provider will do it, not NVTC). Property next to NVTC is being considered. NVTC may be able to provide support with staffing. Woodburn Place will take ID clients that can function in their environment. Those that are an elopement risk, etc. would need a more specialized setting.</p>	<p>Plan as a region and discuss with the State the need to be involved in the process and not just have a mandate.</p>	<p>RMG/NVRPO</p>	<p>ASAP</p>
<p><b>Updates</b></p>	<p><u>Encryption</u>: Concerns exist regarding the exchange of information between the State and CSBs (PHI, etc.) that is unencrypted. IT does not want any PHI to be emailed regardless of whether it is encrypted or not.</p> <ul style="list-style-type: none"> <li>• Email certificates, like Verisign, are least expensive.</li> <li>• Secure sites are being considered but there is concern regarding what happens to the emails if the company becomes defunct.</li> <li>• Direct connect (National Health Information Network) is secure, low cost, includes all providers but there is no consumer component. A portal will be required by 2014 for consumers to message providers.</li> <li>• EHR won't solve communication problems between providers. E-mail should not be used for internal purposes where health record can be accessed directly. A secure FTP site could be set up with permissions given to those who need access.</li> </ul>	<p>Draft procedures will be distributed soon.</p>	<p>C. Pumphrey</p>	<p>Ongoing</p>

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<p><b>Updates (cont.)</b></p>	<ul style="list-style-type: none"> <li>• If the region goes forward without the State's input, there is a possibility of the State going in a different direction and the region having to change their direction again. VACSB could have a contract that CSBs could attach to. C. Pumphrey and O. Garland will be attending the Governor's conference in Seattle.</li> </ul> <p><u>NVCC MOA:</u> New MOA has jurisdictions only responding within their own geographical region. Document reviewed and feedback given to C. Kemp.</p> <p><u>Meeting Follow-up List:</u> No updates</p>	<p>Review with Arlington County attorney.</p>	<p>C. Kemp</p>	<p>ASAP</p>
<p><b>Budget</b></p>	<p><u>LIPOS Budget Projections:</u> LIPOS projections were reviewed. The closeout will be different this year due to changes in the Fairfax County accounting system. No payments can be made after 6/10/11. The County and school system are merging their systems.</p> <p><u>Regional budget:</u> Reviewed.</p>			
<p><b>Data</b></p>	<p><u>Highlights of UM Report:</u></p> <p><u>LIPOS:</u> 30 admissions in 2/11; LOS= 4.8. Most admissions go to Mt. Vernon. 6 admissions went to PHP.</p> <p><u>NVMHI:</u> 77 admissions in 2/11; 31% TDOs YTD, 36% in 2/11; 29% insured, 40% transferred in 2/11; 96% occupancy.</p> <p><u>TDOs:</u> 153 commitment hearings were held in 2/11 and 11 clients went out of region. This is lower than average.</p> <p><u>Crisis Care:</u> 75 admissions in 2/11; 61% diversion, 32% step-down and 6% NGRI. 89% occupancy, 46% had a SA diagnosis and one admission was ID.</p>	<p>Create LIPOS contract for Richmond Community Hospital in FY12.</p> <p>Inova hospitals are willing to revamp their PHP program in exchange for more referrals.</p> <p>Private hospitals are not taking all of our insured clients. Discuss with hospitals at quarterly meetings</p>	<p>B. Martinez</p> <p>CSBs</p> <p>C. Koshatka</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Quarterly</p>

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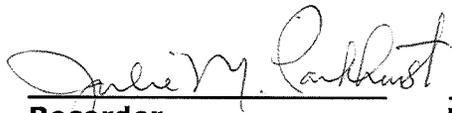
TOPIC	DISCUSSION	REC/ACTIONS	RESPONSIBLE PARTY	FOLLOW-UP/DATE
<b>Adolescent Screenings</b>	<p>PW has been selected as a pilot site, among others, designed to save \$6M statewide by screening children needing DMAS-funded services. Reports will be run for DMAS regarding who the people are, etc. A document needs to be signed so attorneys are reviewing. Assessments will not be done on youth who come through CSA. Need appropriate layering, controls, robust local plans, clear protocols, economy of scale. Second review of complex cases will be done locally. The scope of work is evolving but speaks to targeted case management. Start date is 7/1/11.</p>	<p>Clarify whose data is being distributed/what instrument will be used.            What questions need to be answered before this can become a regional project.            Establish a cost per person and involve State regarding licensing.            Email ideas to T. Geib for phone call.</p>	<p>T. Geib             RMG             RMG             RMG</p>	<p>ASAP             ASAP             TBD             3/21/11</p>
<b>Round Robin</b>	<p><u>Fairfax:</u> The transformation is moving forward; some mid-level management people are being reassigned.</p> <p><u>Arlington:</u> The VACSB conference will be held the first week of May.</p> <p><u>NVMHI:</u> M. Del Rio will work with his fiscal staff and J. Lux.</p> <p><u>NVTC:</u> Two candidates are being considered for the HR Director position. Census is down to 159 with a target of 153 by 7/1. Another provider fair will be held and coordinated with Fairfax. NVTC is billing the ICFMR rate for respite and it is working well. No money is available for community programming so services are being provided by grants.</p> <p><u>Alexandria:</u> M. Gilmore distributed documents from the System Leadership Council. They were reviewed and discussed. The international conference will be held in Virginia Beach with NAMI. FAQs are on the DMAS website. The integration of behavioral and primary care will be a separate conference.</p> <p><u>Prince William:</u> CSU contract is up and a new RFP is out.</p>			

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	<p><u>State:</u> The State is waiting for the Governor's final budget allocation. O. Garland will be in Northern Virginia for the April RMG meeting and would like to support our region. She will visit various programs and work with NVMHI.</p>			

**Adjournment:** The meeting was adjourned at 12:00 p.m. The next meeting will be on April 29, 2011 in Suite 240 in Chantilly. The Partnership meeting will follow in the same room from 1-3 p.m.

**Items for next meeting:** CIC updates, Encryption, NVCC MOA


5/27/11  
**Recorder**                      **Date**

  
\_\_\_\_\_  
**Chair**

5/27/11  
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**Date**