

REGIONAL MANAGEMENT GROUP MEETING

Date: October 28, 2011

Time: 9:00 a.m.

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

Guests: Monica, graduate student working with Fairfax-Falls Church CSB.

Recorder: Julie Parkhurst

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

Notes: Notes from September 23, 2011 meeting were approved.

Handouts: Agenda, RMG Meeting Notes (September 23, 2011), Regional Utilization Management Report, FY12 HPR II Regional Funds Budget Status, HPR II EBL Review, Interim Progress Report Joint OIG and DBHDS TDO Barriers Report, F-FC CSB Medically Monitored Detoxification and Crisis Stabilization Services, START Virginia Project Timeline, TDO Report 7/15-10/21/11, Number of TDOs between 8/26/11 and 10/6/11, LIPOS Budget Projections.

Announcements: Today is Tom Maynard's last day of attendance at the RMG Meeting. Thanks were extended to him for his service and well wishes were shared for his retirement.

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSIBLE PARTY	FOLLOW-UP/DATE
Signatures	NVMHI and NVCC MOAs were signed by all.			
Discussion	<ul style="list-style-type: none"> • <u>Crisis Project Updates:</u> A handout was distributed to the group. The RUG gave feedback for possible Crisis Project impact on NVMHI. Renovations will be taking place at the Chantilly detox site. One advantage of this project is the ability to serve dually diagnosed clients (MH/SA). The site will be working towards a license to take TDOs as well, but this will not be immediate. More nursing and less social work staff will be at this location and a start date of May 2012 is being discussed. • <u>START Project:</u> The RFP goes out in November for a private vendor. It is going slow due to the Fairfax change in accounting system. ES will need training and several trainings are available. \$985k was given to each region for this project, including the house. The 	<p>Inova has been informed and were asked to alert G. Braunstein when a plan is in place.</p> <p>Alert G. Braunstein for assistance if process gets too slow. Talk to Joan Rodgers about the training curriculum.</p>	<p>S. Repta</p> <p>C. Koshatka</p> <p>C. Koshatka</p>	

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<p>Discussion (cont.)</p>	<p>program will start with six START coordinators. Communication and education need to be separated from implementation. Be clear about what we are offering (i.e. this is a scaled down version of a larger model).</p> <ul style="list-style-type: none"> • <u>NVTC and Choice:</u> Some parents claim that federal law has been violated by not offering a training center as a choice. HPR II offers the least restrictive alternative as an option by law. People can apply for a training center and if it is not deemed appropriate and there is a less restrictive alternative, they will not be accepted. NVTC provides 60-100 days/month for medical respite. The State wants to stop respite care at the TCs. No word from DOJ yet other than the possibility of consolidation of training centers somewhere. The Olmstead Plan may or may not be of assistance for this. • <u>SA Recovery Project:</u> The RFP is out and a vendor has been selected but not yet announced. The Region is providing \$80k/year for two years and each CSB will pay \$10k/year. Peers will be utilized for this project. • <u>Woodburn Place Fees:</u> ES workers have the sliding fee scale. Clients will not be billed for more than eight units per day. Clients outside of Fairfax will not be charged 100%. Additional subsidies can be given with approval of CSU Director. Fee can be as low as \$2/day. • <u>VICAP Meeting:</u> Meeting will take place at 10:30 a.m. on 11/4/11 at the Kellar Center in Fairfax. CSB presence is needed to answer questions. Questions exist with Keypro and Value Options. Magellan had meetings and there was a small turnout as few people were aware of the event. The first two years are risk free. The vendor will have to be ACQA accredited and communicate with the new EHR. The final RFP will go out in mid-November. 	<p>Ask about videotaping the training. Talk to Belinda Buescher about stakeholder groups. Send article to RMG regarding medical needs/training for ID.</p> <p>Send invoices to CSBs</p> <p>Invite Value Options to have a meeting regarding managed care with consumers, families and providers and CSBs. Work on Regional introduction to Value Options. Include Partnership distribution list. Communicate with VICAP contacts.</p>	<p>C. Koshatka C. Koshatka M. Diorio C. Koshatka G. Braunstein M. Gilmore</p>	<p>As needed</p> <p>ASAP</p>

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Discussion (cont.)	<ul style="list-style-type: none"> • RAFT/Arlington ALF: Mary Marshall ALF, with 52 beds, is opening in Arlington on 11/7/11 for clients over 55 years old with MH and/or ID. Arlington has identified those who are appropriate for the facility. There are 29 beds on the MH side and the facility was modeled after Stevenson Place in Fairfax. RAFT has ten people in ALFs; this facility may consider non-Arlington residents if their costs are covered. • Gateway: A handout was distributed to the group. The vendor for Dave's House is planning to take all but \$90 of consumers' income which has caused some discontent among consumers and families. Emphasize changes based on therapeutic benefits. 	Discuss fees with local human rights representative. Work with Gateway and consumers/families.	NVRPO	
Brief Updates/ Discussion	<ul style="list-style-type: none"> • HSO Meeting: This meeting may continue on an ad hoc basis. • OIG Survey: The OIG survey is over. Handouts were distributed and discussed. • ROI Training: This training will take place on 11/3/11 at 10:00 a.m. in Manassas. Fairfax is sending two people and Arlington is sending three people. 			
Budget	<ul style="list-style-type: none"> • Regional Budget and Retained Earnings: The regional budget and retained earnings were discussed and reviewed. • LIPOS and EBL handouts were discussed and reviewed. 	Three people are being interviewed next week for the financial position at NVRPO.	C. Koshatka	
Data	<p>LIPOS: 57 admissions in 9/11. Average LOS is 6.5. Most admissions went to Dominion Hospital. 6 PHP admissions YTD. 20 consumers stayed longer than 12 days YTD.</p> <p>NVMHI: 44 admissions in 9/11. 28% TDOs YTD. 25% insured, 31% transferred from LIPOS – 95% occupancy.</p> <p>Forensics: 48 admissions YTD.</p> <p>RCRT: 20 consumers YTD; new referrals were 83% crisis prevention and 17% hospital diversion</p> <p>TDOs: 189 commitment hearings were held in 9/11 and 21 clients went out of region.</p>	No NVTC data is included due to a system upgrade that occurred, making data inaccessible.	NVRPO	

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Data (cont.)	<p><u>Crisis Care</u>: 79 admissions in 9/11; 71% diversion, 26% step-down, 3% NGRI and .5% TDO/CMA YTD. 91% occupancy for 9/11. 39% had a SA diagnosis; 2 admissions were persons with ID.</p> <p><u>Older Adults</u>: 5 consumers at ESH, 2 RFD; 23 consumers at PGH; 2 RFD. Admissions YTD at PGH = 4. RAFT census: 10 (ALF), 2 (supported home), 17 (nursing home). YTD admissions = 3.</p> <p><u>Minors</u>: 32 admissions to CCCA YTD and 1 readmission.</p> <p><u>Wounded Warrior</u>: 71 screenings and referrals YTD, 41 directly to veterans. 26 education/training opportunities were conducted. Ongoing services were provided to an average caseload of 55 per month.</p>			
Round Robin	<p>Arlington: M. Kudless did a nursing study and suggested hiring some LPNs or clinic aides. Staff are being trained to know the difference between support services, case management, therapy and coding properly. Training is taking place on clinical documentation.</p> <p>NVMHI: A fourth team is being recruited for the I unit. Two F/T psychiatrists are needed. EHR is on track.</p> <p>NVRPO: START funding should be known today and will be shared when obtained. Note the November and December RMG meetings will take place on the third Friday of the month due to the holidays.</p> <p>Loudoun: Tom Maynard's successor will be announced shortly. WWP requirements only apply to State facilities.</p> <p>Alexandria: CARF review has been completed and no recommendations were given. New City Manager is in place.</p> <p>NVTC: Psych director interviews are done. Reductions in CSB enhancements will be a problem; NVTC will have trouble placing consumers. Renovations are continuing.</p> <p>Fairfax: Credible (EHR) is being implemented. 1-3-5% potential budget cuts. 3-5% cuts will affect services.</p>			

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Round Robin (cont.)	Program enhancement dollars may be reduced.			

Adjournment: The meeting was adjourned at 11:35 a.m. The next meeting will be on November 18, 2011, at 9:00 a.m. in Chantilly.

Items for next meeting:

Julie M. Parkhurst
Recorder

11/18/11
Date

Tom Hill
Chair

11/18/11
Date