

REGIONAL MANAGEMENT GROUP MEETING

Date: April 27, 2012

Time: 9:00 a.m.

Attendees: Tom Geib, George Braunstein, Carol Layer, Cindy Koshatka, Mark Diorio, Cindy Kemp, Maximilien Del Rio, Candace Butler, Margaret Graham, Tom Young.

Absent: Mike Gilmore

Guests: John Pezzoli, Heidi Dix

Recorder: Julie Parkhurst

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

Notes: Notes from March 30, 2012 meeting were approved and signed.

Handouts: Agenda, RMG Meeting Notes (March 30, 2012), Regional Utilization Management Report, FY12 HPR II Regional Funds Budget Status, LIPOS Budget Projections, In Memory of Tom Gleeson, Recovery Funds Requests, EBL Review, Recommitments.

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI- BLE PARTY	FOLLOW- UP/DATE
<p>State Budget/Initiatives</p>	<ul style="list-style-type: none"> • <u>NVMHI Financial Analysis:</u> The General Assembly approved \$600k for NVMHI; check on regional match requirement. A plan will be ready by the end of September. The State can send retained earnings to our region to assist in the amount of \$400k. J. Pezzoli acknowledged that Northern Virginia is underserved in both public and private beds. The Region should continue to look at the budget for \$600k more, but do not divert funds from community resources. NVMHI can work with \$1.4 million but staff will have to be reallocated due to the increasing number of NGRI clients. • <u>Regional Response to DBHDS study about state hospital bed needs:</u> Ideas should be forwarded to DBHDS by October. Some ideas are: <ol style="list-style-type: none"> 1. Maintain current capacity at NVMHI 2. NGRI's could be shifted (long term), privatizing in different places, look at establishing residence for 	<p>Write and send letter formally requesting \$400k.</p>	<p>T. Geib & C. Koshatka</p>	<p>ASAP</p>

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<p>State Budget/Initiatives (cont.)</p>	<p>NGRIs that need a lower level of care. A legislative change is needed to place them outside hospital.</p> <p>3. ICRT+ level of care is needed for those on the EBL.</p> <p>4. Increase jail/emergency services: Inability to care for self will now apply to the forensic population as it does now with the civil one.</p> <p>5. Drop-off center/mobile capacity: Reduce number of TDOs. Unserved TDOs need to be considered.</p> <ul style="list-style-type: none"> <p>NVTC/DOJ: <u>State</u> is still waiting for the judge to sign the order. Fifty people at NVTC need to go to community within the next year, and places are not established yet. Concerns include: Timeline, Medicaid rates, increased expectations of support coordinators. H. Dix is working on waiver rates and funds to develop programs. Rates will not change prior to next summer. <u>Fairfax RFI</u> is designed to collect information about costs; responses are due by the end of May/beginning of June. Determine whether DD services will be included. <u>NVRC</u> is interested in our response to DOJ. Discussion about establishing an advisory committee of providers, parents, local government officials. <u>Statewide case management</u> meeting needs HPRII representation.</p> <p>START: L. Trumbull is heading up the START program for our region. The vendor is Easter Seals. They have had a program in North Carolina for three years and have experience. Home selected is currently on hold until funds are received from the State. The home is in Woodbridge and has four bedrooms with the potential to be expanded to six bedrooms. A second location will be pursued at a later date. <u>DBHDS</u> reported that Trust funds have been allotted for waiver slots, START, state positions.</p> 	<p>Update EBL data to reflect those needing ICRT+.</p> <p>Talk to J. Pezzoli regarding regional ideas.</p> <p>H. Dix is willing to attend meetings to hear concerns and report back.</p> <p>Look at other States' providers. Send info to C. Butler via C. Koshatka.</p> <p>Discuss with ID Directors.</p> <p>Discuss with ID Directors.</p>	<p>C. Koshatka</p> <p>C. Koshatka</p> <p>H. Dix</p> <p>All</p> <p>M. Graham</p> <p>M. Graham</p>	<p>ASAP</p> <p>ASAP</p> <p>Ongoing</p> <p>ASAP</p> <p>ASAP</p> <p>ASAP</p>
<p>Budget</p>	<ul style="list-style-type: none"> <p>Recovery Proposals: Recovery proposals were presented by Arlington, Fairfax and Prince William.</p> 	<p>Arlington request was approved. Prince William and Fairfax requests will be reviewed for one-time funding.</p>	<p>RMG</p> <p>RMG</p>	<p>Next meeting: 5/25</p>

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Budget (contd)	<ul style="list-style-type: none"> • Program Enhancements: The ID directors are sending a letter to L. Price to summarize the local challenges of providing services at a Medicaid rate. No conclusions have been made yet. Vendors may not get increases in FY13 because CSBs can't fill the gap. • NVMHI: \$400K of one-time funding was approved to be used for the 13 NVMHI beds for FY13. Look at special hospitalizations. NVMHI spend more funds on special hospitalizations than previously because they are building capacity for Oxygen and self-maintained catheters. An additional \$1.4 million has been allocated to NVMHI for FY13. <u>Arlington CSB</u> Board is ready to advocate at the General Assembly for beds if needed. 	<p>Keep RMG updated on documents.</p> <p>Update MOA.</p> <p>Inform Arlington Board that RMG is working closely with State as partners.</p>	<p>G. Braunstein</p> <p>C. Koshatka</p> <p>C. Kemp</p>	<p>Ongoing</p> <p>ASAP</p> <p>ASAP</p>
Updates	<p>Medical Directors Meeting: This meeting took place between the five CSBs and two State facilities. C. Koshatka and C. Butler attended. Specialty clinics for minors and geriatrics were discussed. Resource-sharing seems too cumbersome but telepsychiatry may be explored.</p> <p>SAARA: SA Recovery project was awarded \$160k to be spent over two years. Recovery coaches are being hired. A regional MOA and local BAAs are needed.</p> <p>Juvenile Justice Grant: A meeting was held in mid-March. C. Castro-Donlan is working with GMU on early intervention with those in the juvenile justice system. A grant may be available.</p> <p>NVMHI:</p> <ul style="list-style-type: none"> • Medical Screening: Medical Screening Form is being updated (minor changes to language regarding substance abuse, catheters on a case by case basis, etc.). • Recommitments: Involuntary clients become voluntary after 30 days, and on occasion they elope. NVMHI will request recommitment hearings so that police can respond to the elopement. Details about how Fairfax will respond to recommitments are being reviewed. <p>MOT Laws: Special Justices will attend training in June. No known training for CSBs yet.</p>	<p>NVRPO will take ideas to them in July.</p> <p>Write MOA and get BAAs from CSBs.</p> <p>Ask participants of first meeting to suggest names of persons who can respond to a survey about service needs.</p> <p>Send update to C. Koshatka</p>	<p>NVRPO</p> <p>C. Koshatka</p> <p>C. Koshatka</p> <p>M. Del Rio</p>	<p>7/2012</p> <p>ASAP</p> <p>ASAP</p> <p>ASAP</p>

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<p>Data</p>	<p><u>LIPOS</u>: 40 admissions in 3/12. Average LOS is 5.6. Most admissions went to Mt. Vernon. 18 PHP admissions YTD. 35 consumers stayed longer than 12 days YTD.</p> <p><u>NVMHI</u>: 70 admissions in 3/12. 25% TDOs YTD. 16% were insured, 94% occupancy. 27 people on the EBL. 1 ID admission.</p> <p><u>Forensic</u>: 131 admissions YTD. 56% RTC, 25% ETO, 11% evaluations, 7% NGRI YTD.</p> <p><u>NVTC</u>: 0 admissions, 0 discharges, 9 respite admissions to NVTC YTD; census = 153; 34 special hospitalizations YTD.</p> <p><u>CRT</u>: 3 referrals, 8 discharges YTD. Census = 16 at end of 3rd quarter. New referrals were 77% crisis prevention, 15% hospital intervention, 8% hospital diversion YTD.</p> <p><u>TDOs</u>: 215 commitment hearings were held in 3/12 and 19 clients went out of region.</p> <p><u>Crisis Care</u>: 63 admissions in 3/12; 76% diversion, 22% step-down, 2% NGRI and 1% TDO/CMA YTD. 83% occupancy for 3/12. 39% had a SA diagnosis; No admissions had an ID diagnosis.</p> <p><u>Older Adults/Minors</u>: 5 consumers at ESH, 2 RFD; 25 at PGH; 4 RFD – 6 RAFT referrals during 3rd quarter; 128 admissions to CCCA & 22 readmissions YTD.</p> <p><u>Wounded Warrior</u>: 89 screenings and referrals for 3rd quarter, 54 to veterans; 12 education/training opportunities were conducted.</p>	<p>Special hospitalizations were noted for NVTC clients. The State will look into respite care.</p>		
<p>Round Robin</p>	<p><u>NVRPO</u>: K. Friesz' position is currently frozen. L. Trumbull has started at NVRPO in the position of MH Manager. J. Parkhurst is receiving the Sharon Bulova Award tomorrow.</p> <p><u>NVMHI</u>: Four locum tenens psychiatrists are being used. A Medical Director is needed, and the psychology department needs to be built up to assist with the NGRI population.</p> <p><u>Arlington</u>: Arlington is pursuing a drug court. They will start with probation violators.</p> <p><u>Fairfax</u>: Fairfax is working on their budget, including funding shortfall for Infant and Toddler program.</p> <p><u>NVTC</u>: Two social workers and social work director will be hired. K. Schock is moving into licensing in Central Office. Logisticare is being tried; forty people need assistance</p>			

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Round Robin (contd)	during transport. Capacity evaluations are being done. OSHA rule says that those aiding with tooth-brushing must wear masks for infection control.	Send information to ID Directors.	M. Diorio	ASAP
	<u>Alexandria</u> : Psychiatry pay scales are being reviewed. Expansion of the jail diversion program with the Sheriff's office is being pursued. <u>Prince William</u> : Nursing consult regarding pharmaceuticals is being completed by M. Kudless. M. Thomas spent ½ day with Prince William CSB. A document regarding concerns of hazardous waste was sent to them.	Forward to RMG	T. Geib	ASAP

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on May 25, 2012, at 9:00 a.m. in Chantilly, Suite 200 multipurpose room.

Items for next meeting: Recovery proposals; Updates on DOJ

Julie M. Parkhurst
Recorder

5/25/12
Date

Tom Heil
Chair

5/25/12
Date