REGIONAL MANAGEMENT GROUP MEETING

Date: January 27, 2012 **Time:** 9:00 a.m.

Attendees: George Braunstein, Tom Geib, Joe Wilson, Mike Gilmore, Cindy Koshatka, Mark Diorio, Cindy Kemp, Tom Young, Candace Butler

Guests: Maxcine Maxfield, Bill O'Bier

Recorder: Julie Parkhurst

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

Notes: Notes from December 16, 2011 meeting were approved with one change.

Handouts: Agenda, RMG Meeting Notes (December 16, 2011), Regional Utilization Management Report, FY12 HPR II Regional Funds Budget Status, LIPOS Budget Projections, Sample Deaf Services Agreement, System Leadership Council packet, SA funding request letter, SAARA, RAFT Oversight Committee Purpose, FY12 Performance Contract START, START Updates, PE Definition, Advance directive Process.

Announcements:

1) Tom Young was introduced to the group, and introductions were made.
2) R. Biraben is retiring. A person is being sought to head up ES procedures for WWP.

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
Updates	• **DBHDS**: Maxcine Maxfield and Bill O'Bier attended the meeting today. They represent Facility Operations and are the bridge between the State facilities and the community. Their goal is to merge the needs of the facilities and the community and increase communication. • **Crisis Project**: People working on this project will be trained by Dr. Mee-Lee, especially those in ES, as they will be referring people to the center. Give feedback regarding needs to C. Castro-Donlan. The center is expected to open in late spring. Zoning may be an issue due to the renovations. • **CSU Funds:** No update.			

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Updates (cont.)	• **Systems Leadership**: A packet of information was distributed to the group and the group was encouraged to review the data.			
	• **SA Recovery Center:** Letter to Rhonda Thissen was reviewed and approved to send. Arlington will be the fiscal agent. Each CSB has agreed to contribute $10k towards the project, which is a two year commitment. Outcome measures, such as lower waiting times for outpatient services, need to be documented.	Make proposal FTEs equal for all CSBs.	RMG	
	• **ROI:** ROI is moving forward. Explore what VACSB expects from ROI, including specific outcome measures. The purpose of ROI is to measure the contributions to the community statewide and document efficient management of resources. For VACSB, the annual report convinces lawmakers surrounding the value of services. Technical assistance may be available.	Keep NVRPO informed of any updates.	G. Braunstein	Ongoing
	• **RAFT**: C. Kemp attended the RAFT Oversight Committee and there is ambiguity with regards to roles. Arlington CSB will manage the team; they will strengthen their communication and reporting. G. Braunstein suggested that Alan Berenson might provide a good model.	Clarify the role of the Oversight Committee vs. that of the Arlington CSB.	C. Kemp Arlington CSB	ASAP
Discussion	• **START Data Collection/CRT**: START has 30 data elements that will have to be put into Fairfax's EHR system. Handouts were discussed. START is expected to draw more attention in light of DOJ announcement yesterday. Some people perceive START as more research oriented than service delivery. M. Sherer has given notice on his participation in CRT. NVRPO is looking at other options for a psychiatrist and a behavior analyst. RSCS, CRT and START need to be connected. It was suggested that a regional stakeholders meeting be held in the community.	Provide guidance to ID Directors. Get feedback from ID Directors. Provide NVRPO with feedback regarding what other regions are doing.	RMG C. Koshatka M. Maxfield	ASAP ASAP ASAP
	• **Program Enhancements**: A handout provided by S. Clements was distributed to the group. Concern exists regarding CSBs having a lack of funding for program			

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Discussion (cont.)	enhancements and providers begin to struggle. Loudoun has no funding for program enhancements. Providers will have to see fewer people or lower their rates. Prince William CSB has seen some pushback from families. DOJ decision will not just affect training centers; it will also affect ICFs and nursing homes			
	• **Advance Directives**: A handout was distributed regarding advance directives. John Oliver will be invited here to explore psychiatric advance directives. There is a model to train peers, and materials are provided. D. Mangano is interested. R. Romano spoke with Trillium about it yesterday. It was suggested to be incorporated as a final step in WRAP with pro bono attorneys available to help.			
	• **Deaf Contract**: A handout written by Chesterfield CSB was distributed to the group and discussed. This example was of a clinic that handles all deaf clients but it is very expensive. There is a meeting at WSH on 2/7/12 that C. Koshatka will attend. The number of people served has not yet been provided.	Provide updates from WSH meeting	C. Koshatka	2/24/12
	• **NIDA Grant – Juvenile Justice**: Fairfax would like to pursue a grant.	Defer to next RMG meeting		2/24/12
	• **Transportation Proposal:** PGH & NVRPO will share cost of transport equally. NVMHI plans still need to be discussed. There is concern regarding liability. RMG has reservations about ES needs. The discharge transportation proposal was supported by RMG.	Request more details (numbers, costs) from Emergency Managers	C. Koshatka	ASAP
Budget	• **Regional Budget**: Updates were made in RDAP and Crisis stabilization columns. Fairfax has cancelled their network of care contract. Another contract will be signed that offers training. PW CEB would like to enhance Trillium. LIPOS currently has a $300k deficit.	Revisit recovery towards end of FY12.	RMG	May/June FY12

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Data	LIPOS: 34 admissions in 12/11. Average LOS is 6. Most admissions went to Dominion Hospital. 14 PHP admissions YTD. 27 consumers stayed longer than 12 days YTD. NVMHI: 53 admissions in 12/11. 27% TDOs YTD. 17% insured, 28% transferred from LIPOS – 92% occupancy. 28 people on the EBL. 1 ID admission. Forensics: 90 admissions YTD. 57% RTC, 26% ETO, 7% evals. CRT: 18 consumers at end of FY12 second quarter. 70% crisis prevention, 20% hospital intervention and 10% hospital diversion YTD. TDOs: 188 commitment hearings were held in 12/11 and 16 clients went out of region. Crisis Care: 66 admissions in 12/11; 74% diversion, 24% step-down, 2% NGRI and .5% TDO/CMA YTD. 87% occupancy for 12/11. 41% had a SA diagnosis; 1 admission had an ID diagnosis. Older Adults/Minors: 5 consumers at ESH, 2 RFD; 24 at PGH, 2 RFD. RAFT has 11 in ALFs, 2 in supported homes, 18 in NH; YTD RAFT admissions = 3. 72 admissions to CCCA YTD. WWP: 81 screenings and referrals were completed, 68 directly to veterans. 11 education/training opportunities were conducted for 299 participants.	Structural changes at NVMHI caused fluctuations in the number of admissions. It is hoped that NVMHI budget bill will pass through the finance committee. Have R. Biraben send a description of responsibilities for Disaster Response Committee.		
Round Robin	**Arlington:** No news has been received regarding possible budget reductions. Risk assessment training is taking place and compliance issues (clinical documentation) are being addressed. **C. Butler:** The SAARA contract issue with Arlington is being resolved. **Alexandria:** Alexandria is facing the possibility of a 6% budget cut based on goals. This is an open process. M. Gilmore met with WAMU reporter and Lori Meyer regarding a CSU for children. A representative will be sent to the SEC for VACSB. **NVTC**: DOJ settlement has been a shock for staff.			

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Round Robin (cont.)	Resources need to be protected to prevent poor outcomes. Parents are concerned. The Commissioner is coming on 1/30/12 to talk to employees. A parent meeting will be held with the Commissioner as well. Concerns exist regarding use of the land. One half of NVTC's population is dually diagnosed. The State is redefining the role of case managers. Issues are expected with transportation due to medical and behavioral problems. **Fairfax-Falls Church**: Credible has been delayed until March 1, 2012 and most of the staff have been trained. **PW:** PW will meet with Brian Miller to put together a matrix for ID. There are 170 people on the wait list. A to-do list will be developed. **Loudoun:** The budget will come out on 2/7/12 and a $500-600K cut is expected. Goal in Loudoun is to improve the quality of care for clients and they may seek CARF. Board of Supervisors is looking at all capital improvement programs and mandates. They may need to redefine the population they serve.			

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on February 24, 2012, at 9:00 a.m. in Chantilly.

Items for next meeting:

Julie M. Parkhurst — **Recorder**

2/24/12 — **Date**

ACTING — **Chair**

2-24-12 — **Date**