

REGIONAL MANAGEMENT GROUP MEETING

Date: September 28, 2012

Time: 9:00 a.m.

Attendees: Mike Gilmore, George Braunstein, Cindy Kemp, Joe Wilson, Mark Diorio, David Lyon, Cindy Koshatka, Tom Young, Lyanne Trumbull, Stephanie Clements, Rita Romano, John Pezzoli (via phone).

Absent: Tom Geib

Guests: John Beghtol, Belinda Buescher, Susan Mitterator, Bernie Caton, Claudia Arko, Katie Boyle, John Sandy, Sue Rowland

Recorder: Julie Parkhurst

Call to Order: C. Kemp called the meeting to order at 9:00 a.m. A welcome was extended to the group and introductions were made.

Notes: Notes from August 24, 2012 meeting were approved and signed.

Handouts: Agenda, RMG Meeting Notes (August 24, 2012), Regional Utilization Management Report, FY12 HPR II Regional Funds Budget Status, LIPOS Budget Projections, VACSB Services and Budget Priorities 2013-14, HPRII FY13 Recommendations to the Virginia General Assembly, START Narrative for FY2014 Budget Proposal, ID Forum Questions.

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI- -BLE PARTY	FOLLOW- UP/DATE
Budget Priorities/ Legislative Liaisons	Budget priorities were narrowed down to three, and a handout was distributed to the group. Priorities discussed were keeping beds open at NVMHI, additional State resources for people leaving training centers and Early Intervention Targeted Care Management.	RMG would like draft of bed study. Legislative Liaisons are also interested.	J. Pezzoli	ASAP
	<ul style="list-style-type: none"> • For NVMHI, \$1.4 million is needed for FY14. Beds have been decreasing while population is increasing. Per capita, number of beds available in HPRII is much lower than other regions. Many consumers have to be placed out of region. Issues also exist with regard to transportation. Families are crucial to treatment, and it is a hardship for families to travel such long distances, if not impossible. 	Clarify what 500 slots are for.	RMG	ASAP
	<ul style="list-style-type: none"> • \$50 million is needed for ID services in the community for FY14. Waiver rates need to be increased. 500 ID waivers are needed just for Northern Virginia. • Children from ages birth to three have a small window of opportunity to receive services that can have a substantial 	Update FY13 Recommendations to General Assembly. Create a fact sheet	NVRPO	ASAP

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<p>ID Updates</p>	<p>ID Report: An ID report was written by Dennis Brown, was revised by the ID Directors, was forwarded to RMG, and has been sent to the Commissioner. Copies will be brought to the Wednesday meeting at VACSB.</p> <p>Regional ID Forums: Forum phone calls have been completed. Between 25 and 45 people participated in the calls. Notes will be forwarded to participants. P. Caldwell and M. Graham will discuss at VACSB and will distribute a list of questions for discussion. The reimbursement rate, funding needs, available housing, and the role of RCSC are important elements. Discussion with NVCC about the dental program is taking place.</p> <p>START:</p> <ul style="list-style-type: none"> • A licensing specialist has been assigned and it is hoped that the home will be visited soon so provisional paperwork can be completed. • The lower level of the house with offices will be ready in one week, the outside in one to two weeks and an open house is expected to take place during the first or second week of November. • A handout was distributed regarding the budget for FY14. It is hoped that the house can expand from four to six beds, six to nine coordinators will be in place and the DD piece will be implemented. The budget request for FY14 is about double that of the FY13 budget. Additional state funds will be needed to support that expansion. • START has asked to be included in the training center discharge process and will be at those meetings. • CRT will be reorganized. E. San Pedro has resigned. ID Directors were asked to provide their recommendations regarding CRT funding: Funding will not change until therapeutic consultation options have been explored.. 			

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<p>Budget</p>	<p>Regional Budget Updates: The regional budget was reviewed and discussed. LIPOS is \$290K in a projected deficit.</p> <p>Wounded Warrior Program: 1) Loudoun gathers Wounded Warrior data through EHR system and it goes to J. Thur. J. Thur wants data to be entered directly in their system which would create double data entry for Loudoun. Thoughts/feedback were invited. Wounded Warrior reps will be at RMG meeting in October.</p> <p>LIPOS Funding for Minors: Emergency Managers have identified a need for LIPOS funding for minors. Youth directors have been asked to provide their opinion since their staff would have to provide the discharge planning. Money would be used from unexpended regional funds.</p>	<p>Ask J. Thur for agenda and time needed.</p> <p>Defer to October meeting.</p>	<p>C. Koshatka</p>	<p>ASAP</p>
<p>Data</p>	<p>LIPOS: 62 admissions in 8/12; average per month for FY12 was 41. Average LOS = 6.6 days; FY12 was 5.4 days. Most admissions went to Dominion and Prince William Hospitals. 3 PHP admissions. 14 consumers stayed longer than 12 days.</p> <p>NVMHI: 49 admissions in 8/12. 26% TDOs YTD; 23% TDOs in FY12. 27% were insured for 8/12; 22% for FY12. 96% occupancy in 8/12. 24 people on the EBL. 0 ID admits for 8/12.</p> <p>WSH/Children/Older Adults: WSH: 14 admits, census of 33; PGH: 0 admits for 8/12, census of 21; CCCA: 13 admits for 8/12, 19 served YTD.</p> <p>TDOs: 208 commitment hearings were held in 8/12; FY12 monthly average = 192. 15 clients went out of region in 8/12.</p> <p>Crisis Care: 64 admissions in 8/12; 80% diversion, 19% step-down, 1% NGRI and 0% TDO/CMA YTD. 87% occupancy for 8/12. 39% had a SA diagnosis; 2 clients had an ID diagnosis.</p>	<p>Start tracking DD admits to NVMHI. DD not eligible for ID waivers.</p> <p>J. Beghtol provided handout indicating that transfers to NVMHI are going smoothly.</p> <p>RCSC stats will be useful to review since services are increasing.</p> <p>Outpatient restoration training was provided at NVMHI last week.</p>	<p>NVRPO</p> <p>M. Diorio</p>	<p>ASAP</p>
<p>Round Robin</p>	<p>S. Clements: BOS gave funding for rate adjustments to vendors as of 10/1/12. DRS is following suit. ID Directors were notified. NVTC needs to follow the contract or get their own. DBHDS is not supportive of NVTC increasing rates.</p> <p>J. Beghtol: A handout was distributed regarding the 99 programs offered at WSH. Pictures of the new hospital were passed around. Move-in date is September 2013.</p> <p>G. Braunstein: An agreement was made with ANHSI for primary</p>			

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<p>Round Robin (cont'd)</p>	<p>care at Gartlan Center. Negotiations are taking place with Loudoun FQHC as well. Mid-county building is scheduled to open in fall 2014. A target of 3% reduction for FY14 will result in management and admin cuts as well as some services.</p> <p>C. Koshatka: Meeting dates for the last two months of the year were emphasized. Signatures are needed on SAARA BAA.</p> <p>NVTC: One discharge will take place on 10/1/12 and six are expected soon. The Commissioner sent a strong letter about discharges to parents. People are moving out of Building 5 soon due to safety code renovations. Five new Social Workers have been hired. A new Clinical Director is starting in October.</p> <p>L. Trumbull: C. Pumphrey has given approval for a BAA with University of NH, and the document was given to G. Braunstein to sign.</p> <p>C. Kemp: Budget cuts are possible but unknown. Arlington and Alexandria CSBs received a SAMHSA grant for \$1.6 million. \$400K is available for four years for primary care.</p>			

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on October 26, 2012, at 9:00 a.m. at Chantilly, Suite 200 Multipurpose Room.

Items for next meeting: Child LIPOS, Wounded Warrior

Julie M. Parkhurst

Recorder

Date 10/26/12

Tom York

Chair

Date 10/26/12