

## REGIONAL MANAGEMENT GROUP MEETING

**Date:** March 29, 2013

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

**Attendees:** Tom Geib, Jim Newton, Kathy Drumright, Mark Diorio, Joe Wilson, Mike Gilmore, Cindy Koshatka, Lyanne Trumbull, Wendy Ford, Tom Young, Stephanie Clements.

**Guests:** Jim Stewart, Olivia Garland, Margaret Graham, Joanna Barnes, Alan Wooten, Glenda Blake, Bob Anthony, Jane Anthony.

**Absent:** George Braunstein, Cindy Kemp

**Recorder:** Julie Parkhurst

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

Announcements: J. Beghtol is not able to attend this meeting; he sent a list of the 10 design features associated with decreased stress/violence in an inpatient setting, and the new WSH incorporates most of those features. He has invited RMG to meet at WSH in May 2013.

Notes: Notes from February 22, 2013 meeting were signed.

Handouts: Agenda, RMG Meeting Notes (February 22, 2013), Regional Utilization Management Report, FY13 HPR II Regional Funds Budget Status, LIPOS Budget Projections, CARE brochure, DMAS Regulatory Changes for Adults, DMAS Regulatory Changes for Adolescents, Draft FY14 Funding Request for Child Crisis Stabilization.

TOPIC	DISCUSSION	REC/ACTIONS	RESPON- SIBLE PARTY	FOLLOW -UP DATE
<b>ID Planning</b>	<p><b><u>Provider Capacity</u></b></p> <ul style="list-style-type: none"> <li>• DBHDS is looking at residential providers that can care for those with complex medical and behavioral issues. They have also reached out to providers out of state/national. Virginia providers were also approached but are concerned about funding, length of stay, cost of living, retaining staff and sustaining services. DBHDS will also offer training to providers.</li> <li>• DBHDS will receive feedback regarding restructuring waivers.</li> <li>• Vendors who will be offering services in Northern Virginia will want to discuss with CSB Executives. Vendors need to be licensed and then they will start working with Northern Virginia.</li> <li>• Day support and employment meetings will take place in April.</li> </ul> <p><b><u>Exceptional Rates</u></b></p> <ul style="list-style-type: none"> <li>• A committee is being put together to look at exceptional rates, and</li> </ul>			

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<p><b>ID Planning (cont.)</b></p>	<p>DBHDS has already met with DMAS. Once the plan is laid out, DMAS will look at and provide feedback. The goal is to have a plan implemented by October. These rates will apply only to homes with four or less beds.</p> <p><b><u>Waiver RFP</u></b></p> <ul style="list-style-type: none"> <li>Proposals will be in by April 12 and will be reviewed. A selection is hoped to be made by mid to late May. The vendor will work with DBHDS on an assessment of current waivers, rate structure, service components. This project may occur simultaneously with Medicaid reform measures.</li> </ul> <p><b><u>Post-Discharge Monitoring</u></b></p> <ul style="list-style-type: none"> <li>Statewide, 859 people have been transitioned out of training centers; 86 since July 2012. NVTC has 5 ready for discharge, and total NVTC population is down 9% this year.</li> <li>DBHDS has implemented some enhancements. Licensing protocol will prioritize case management based on level of risk.</li> <li>Case management data are going to data dashboard and will be available in May 2013. Visits to children are becoming intrusive to families. Caseloads need to be rebalanced.</li> <li>DBHDS will meet with case managers to discuss the impact of the DOJ requirements.</li> </ul> <p><b><u>ID Planning</u></b></p> <ul style="list-style-type: none"> <li>DBHDS is prioritizing data collection regarding costs for services. CFO of DBHDS will be more visible and collaborative with CSBs.</li> <li>Dale Wood will lead a committee to determine who is served in RCSC and how it is staffed and structured. Topics may include sustainability and waiver changes for ID and DD waitlist.</li> <li>A letter went to parents regarding funding for Individual/Family Services. 125 applications have been received. Funds will be distributed fairly quickly.</li> <li>A housing/rental program will be piloted in Fairfax and Tidewater in July. Housing costs quoted by the State are low.</li> <li>Proceeds from land sales will go to a trust fund for grants, loans, providers, etc. for one time expenses.</li> <li>START for children will be a pilot program</li> </ul>	<p>Share information regarding which vendors are licensed.</p> <p>Regions will have meetings regarding changes to CCS and case management.</p> <p>Workshops on case management will take place at VACSB conference</p>	<p>DBHDS</p> <p>K. Drumwright and new case management coordinator</p>	<p>Starting 4/10/13</p> <p>May 2013</p>
<p><b>New Business</b></p>	<p><b><u>Recovery Projects:</u></b></p> <ul style="list-style-type: none"> <li>Projects are up for re-bidding (Trillium and possibly others). Some projects still have 3 ½ years left on the contracts.</li> </ul> <p><b><u>Child Crisis Response Proposal:</u></b></p> <ul style="list-style-type: none"> <li>A summary of service components and associated costs was</li> </ul>	<p>Funding will be requested for recovery projects.</p>	<p>D. Mangano</p>	<p>April 2013</p>

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<p><b>New Business (cont.)</b></p>	<p>distributed to the group. Grafton and Leland House are being contacted for CSU beds. The proposal also includes mobile capacity, increased psychiatric services.</p> <p><b><u>Drop Off Proposal:</u></b></p> <ul style="list-style-type: none"> <li>Northern Virginia is not submitting an application for these funds.</li> </ul> <p><b><u>MH Monthly Forum:</u></b></p> <ul style="list-style-type: none"> <li>Alexandria is hosting a MH Conference for Youth at the Lee Center on 5/18. Elected officials are invited. A community forum that meets over the summer is being discussed. A goal is to make mental health needs known to legislators. Outpatient services for 17-24 year olds are being discussed.</li> </ul> <p><b><u>RMG Chair Guidelines:</u></b></p> <ul style="list-style-type: none"> <li>J. Wilson will chair RMG as of 7/1/13. The chair will change annually, and the next person will be selected alphabetically. Alexandria would chair in FY15, then Arlington, Fairfax, etc.</li> </ul>	<p>The panel can discuss service gaps and mental health first aid.</p>		<p>5/18/13</p>
<p><b>Updates</b></p>	<p><b><u>CSU Project:</u></b> A CARE brochure was distributed to the group. The program will open on 4/1/13 and has 6 beds for CSU and has detox capability. Jurisdictional issues need to be worked out before TDOs will be taken. This facility is also to be used for stepdown eventually and ES staff will do screening for admission.</p> <p><b><u>Wounded Warrior:</u></b> No update.</p> <p><b><u>DMAS Regulations:</u></b> Handouts were distributed to the group. They have been reviewed by the VACSB. Comments in red were added by HPR II. Each CSB will put comments on the web page by 4/11/13.</p> <p><b><u>Treatment Program:</u></b> HPR II is hoping to start a new ICRT+. Updates will be brought to RMG in April.</p>			
<p><b>Budget</b></p>	<ul style="list-style-type: none"> <li>LIPOS is trending down.</li> <li>Discuss recovery funding in April.</li> </ul>			
<p><b>UM Report</b></p>	<p><b><u>LIPOS:</u></b> 36 admissions in 2/13; average per month for FY12 was 41; average per month for FY13 is 48. Average LOS = 5.5 days; FY12 was 5.4 days. Most admissions went to Mt. Vernon Hospital. 11 PHP admissions YTD. 25 consumers stayed longer than 12 days.</p> <p><b><u>NVMHI:</u></b> 63 admissions in 2/13. 23% TDOs YTD; 23% TDOs in FY12. 24% were insured for 2/13; 22% for FY12. 30 day re-admission rate = 6%. 95% occupancy in 2/13. 24 people on the EBL. 2 ID admissions for 2/13. PGH census=26.</p> <p><b><u>NVTC:</u></b> 144 clients remain at NVTC.</p> <p><b><u>TDOs:</u></b> 192 commitment hearings were held in 2/13; FY13 monthly</p>	<p>Problem solving procedures are being developed when hospitals will not take a TDO.</p> <p>J. Stewart suggested our report be shared with other regions.</p>	<p>RUG meeting</p> <p>C. Koshatka</p>	

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<b>UM Report (cont.)</b>	<p>average = 204. FY12 monthly average = 192. 17 clients went out of region in 2/13.</p> <p><b>Crisis Care:</b> 66 admissions in 2/13; 76% diversion, 22% step-down, 2% NGRI/TDO/CMA YTD. 80% occupancy YTD. 41% had a SA diagnosis; 3% had an ID diagnosis.</p>			
<b>Round Robin</b>	<p><b>J. Stewart:</b> Explore how CSBs use State funds for community resources and educate legislators about the consequences of losing funds.</p> <p><b>O. Garland:</b> Implementation of EHR will be live for WSH, CCCA, and ESH in June. Siemen will be used (Quaman).</p> <p><b>NVMHI:</b> Forensic unit is still being designed. Provider fair was successful. A RCSC conference will be held at the Fairfax Government Center on 5/30/13.</p> <p><b>J. Wilson:</b> A change from policy board to advisory board has taken place. The first part of contracting for ES is done.</p> <p><b>Fairfax:</b> Deputy Director is still being recruited.</p> <p><b>M. Gilmore:</b> Attended Systems Leadership Council: 1. Sequestration might affect CSBs, 2. Some geriatric funds may be cut from Regions 2 and 5. Alexandria has a proposed RIF.</p> <p><b>NVTC:</b> Building 8 is being closed; 29 individuals are being relocated although 6 will be discharged by then. Building 5 is being renovated. More discharges are expected by 6/2013. NVTC is working with CSBs regarding barriers and have met with parents regarding discharge planning. A grant for a dental program was applied for with the Arc; expanded capacity is needed.</p> <p><b>T. Geib:</b> Prince William's budget now has 62% to schools, an increase from 53%. County services will be reduced significantly.</p>			

**Adjournment:** The meeting was adjourned at 11:45 a.m. The next meeting will be on April 26, 2013, at 9:00 a.m. at Chantilly, Suite 200 Multipurpose Room.

**Items for next meeting:** Recovery funds

*Julie M. Parkhurst*

Recorder

4/26/13

Date

*Tom Hart*

Chair

4/26/13

Date