# REGIONAL MANAGEMENT GROUP MEETING

**Date:** February 28, 2014 **Time:** 9:00 a.m.

**Attendees:** Jim Newton, Alan Wooten, Cindy Koshatka, Daryl Washington, George Braunstein, Cindy Kemp, Phil Caldwell, Mark Diorio, Joe Wilson, Suzanne Chis, Wendy Ford, Candace Butler, Lyanne Trumbull.

**Guests:** Judith Korf, Bob Anthony, Christy Cacciapaglia, Robert Hellyer, George Ball, Larry Black, Bruce Adam, Claude Beheler, Lawrie Moncure, Steve Herrick, Daniel Herr, John Pezzoli, Margaret Graham, Michelle Petruzzelo, Jonathan Teumer, Rita Romano, Marilyn Pasley, Lisa Madron, David Mangano, Michelle Gonsalves, Bill Belcher, Jim Forrester, Varun Choudhary, Bill Phipps.

**Absent:** Tom Young, Kathy Drumwright

**Recorder:** Julie Parkhurst

Call to Order: Joe Wilson called the meeting to order at 9:00 a.m.

Announcements: J. Pezzoli introduced D. Herr as the new Assistant Commissioner of DBHDS.

Notes: Notes from January 24, 2014 meeting were approved and signed after noting that J. Wilson and M. Diorio were present at the meeting.

Handouts: Agenda, RMG Meeting Notes (January 24,2014), Regional Utilization Management Report, FY14 HPR II Regional Funds Budget Status, LIPOS Budget Projections, Proposal to Expand the ID/D Psychiatric Clinic to Weekly, Youth ID/DD Crisis Stabilization, Waiver Design Advisory Committee, My Life, My Community, PGH Medical Care Capabilities and Typical Exclusion Criteria, Regional Admission Procedures, , REACH Report, Geriatric Bed Days.

| TOPIC | DISCUSSION | REC/ACTIONS | RESPON-SIBLE PARTY | FOLLOW -UP DATE |
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| **Magistrates/ ES Managers** | The magistrates received three questions prior to the meeting:<br>• With regard to changing the TDO location if something changes (i.e. medical), the change must be made by contacting a special justice if the TDO has been executed. Executed means that the hospital has signed the TDO and taken custody of the individual. If there are medical needs, the hospital has authority to address those.<br>• Once a client is TDOd to a crisis care facility, if an increased level of care is needed, ES should call the special justice.<br>• With regard to CSBs accessing TDO beds, magistrates are not involved in the judicial aspect, only the enforcement. CSBs may want to build relationships with their special justices. Special justices can be called at night for emergencies. Localities dictate their own procedures.<br>• TDO evaluations have to be face to face, and probable cause threshold | | | |

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| Magistrates/ ES Managers **(cont.)** | must be met. Only ES staff are able to call in a request for an order; other types of orders are only issued if a person comes to a magistrates office. Therefore, magistrates have to have confidence in the ES staff that issues are presented as accurately as possible. | | | |
| PGH | • S. Herrick emphasized that PGH has a good relationship with other CSBs and wants to have a good relationship with CSBs in HPR2.<br>• PGH currently has 112 occupied beds and will have 11 more beds after renovations are completed.<br>• PGH takes TDOs but prefers not to because Medicare pays for those. ESH and Catawba will back up PGH if TDO is needed and PGH has no available bed. In an emergency, call PGH. If no bed, they will work with ESH and Catawba.<br>• PGH specializes in hard to place geriatrics. A waiting list for admission exists for all Regions<br>• Beds for HPR2 are underrepresented based proportionally to population.<br>• PGH is requesting a 1 out, 1 in procedure for HPR2 to manage the census.<br>• PGH wants the same commitment to discharge from HPR2 that HPR2 gives to NVMHI, including access to DAP funds.<br>• PGH praised RAFT and would like to see it expand. It is often difficult to get clients to nursing homes (sex offenders, guardianship issues, undocumented, etc.).<br>• When voluntary consumers go to PGH and they refuse to sign in, they have to be TDO'd and this becomes a burden on Region 4.<br>• In HPR2, hospitals are less likely to admit geriatric clients if they think they will be long-term and can't get to PGH quickly. Hospitals have more capacity in HPR4.<br>• Virginia will always serve those >65 with MI but will not become a nursing home for lifetime care. Virginia will work with private partners in the community. Planning is in progress fora community focused system of care. | PGH will put 4 beds in dayroom; these beds will be available to HPR2 in 2 weeks | S. Herrick/J. Pezzoli | |
| ,DBHDS Updates | • Legislation is coming out to address TDOs at CSUs.<br>• Bed registry is live. A utilization manager position in DBHDS will analyze data and determine why people couldn't get beds.<br>• Regional protocols are due 3/15/14.<br>• TDO admissions to State hospitals have increased. WSH census has gone up by 20 since 2/1/14.<br>• Hiram Davis has increased capacity. | HPR2 protocols were signed and will be sent to DBHDS | C. Koshatka | 2/28/14 |

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| DBHDS Updates **(contd)** | • TDO/ECO discussions are occurring in the General Assembly. Options include 24 hour ECO, 2 hour extensions, and 12 hour ECO. Persons who are intoxicated and/or lack medical clearance present challenges for State hospitals. A 12-24 hour ECO would be helpful in these cases.<br>• OIG DAP report is out; DBHDS provided clarifications. DAP manual will be published and distributed for input in approximately 1 week. | | | |
| **Approvals/** Signatures | • Regional Admissions Procedure document was approved and signed. This document will be changed as mandates change. Procedures for older adults and youth will be addressed in future addendum.<br>• Child ID/DD Crisis Services Proposal was distributed and discussed. 2 positions (program developer, behavioral navigator) will work in the regional office. A needs assessment will be completed. REACH will be trained to work with youth. | Invite Jeff Aaron to March meeting.<br>Get input from CSB Youth managers and get RMG approval at conference call | C. Koshatka L.<br><br>Trumbull | ASAP<br><br>3/10/14 |
| Updates | **SOC Grant:**<br>• The region as a whole is not eligible to apply for the SOC grant. **Governor's Task Force:**<br>• The subcommittee will meet on 3/19/14 in Richmond.<br>• The Task Force will meet on 4/10/14 to determine what Virginia needs to improve mental health services and better respond to crises.<br>**DSM-5 Training:**<br>• Arlington is contracting with Cross Country to do training. Arlington will have mini trainings over the summer for specialty areas.<br>• A one day regional training was suggested. One time funds would be needed for all CSBs to attend. CEUs needed.<br>**Willow Lane:**<br>• The model for Willow Lane is being reconfigured. Updates will continue. The contract ends June 2014.<br>**EBL/OIG:**<br>• Lists sent to OIG by DBHDS will be shared with RMG.<br>• Retained funds will be spent going forward and corrections to balances will be made through scrubbing.<br>**WSH Updates:**<br>• John Beghtol is retiring on April 1, 2014. C. Cappaciaglia will be assuming some of his duties and will attend regional meetings and look at trends.<br>**ID Updates:**<br>• A meeting with regional providers regarding bridge funding will take place at NVTC. A handout was distributed regarding the Waiver Design Advisory Committee. P. Caldwell and A. Wooten were selected to | NVRPO will participate.<br>Send contract/costs to C. Koshatka Discuss at next RMG meeting<br>CSBs will send names for participation. | L. Trumbull<br><br>C. Kemp<br><br>RMG | 3/19/14<br><br>ASAP<br><br>3/28/14<br>3/4/14 |

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| Updates **(cont.)** | participate.<br>• A need to build capacity and community expertise with ID/DD exists. Training and collaboration with universities would address some of those needs<br>**Wounded Warrior:**<br>• Camilla Schwoebel contacted Fairfax regarding contracting for services. Other CSBs want to be included in a meeting.<br>**Peer Bridqer Services:**<br>• Magellan is reviewing peer bridger models to determine whether those services can be reimbursed by Medicaid. | Develop plan for RMG review | M. Diorio/C. Koshatka | 3 months |
| Magellan | • Magellan is looking to create a partnership with CSBs and would like to know what kind of transformation could take place in the system to make it better.<br>• Geographic barriers and transportation issues limit people from getting the care they need.<br>• Learning collaboratives identify issues that exist (med mgmt. and overuse of psychotropic medications for children). Monitoring of atypical antipsychotics and metabolic syndromes are needed.<br>• Stakeholder meetings will be held to help get the word out.<br>• Magellan wants to build a peer bridger pilot to help transition from a higher level of care to a lower one.<br>• Magellan went live on 12/1/13 and is looking at early results and inviting feedback. The program is running well so far and feedback regarding problems was shared and some solutions have already been implemented.<br>• Every CSB will have a liaison. Weekly calls with VACSB and private hospitals address questions.<br>• Crisis intervention and crisis stabilization will require registration. CSUs will have 2 days post services to register. The registration is for care coordination. CSU providers have received emails and notice on the Virginia website.<br>• Magellan is working on a statewide telepsychiatry program | Connect Medical Directors with Dr. Choudhary. | C. Koshatka | 4/1/14<br><br>ASAP |
| Budget | **LIPOS Projections**<br>• LIPOS deficit exists at this time. LIPOS utilization is still high. **Regional Budqet Overview**<br>• Unobligated funds have been updated.<br>• $15k for COLA shown. **REACH Reauest**<br>• Expansion of the REACH Clinic to weekly from biweekly was presented. | Request approved. | | |

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| **Budget (contd)** | **Fairfax Reauest**<br>• D. Mangano will be requesting funds for WRAP, CPS training and SAARA. SAARA funding ends at end of FY14.<br>**Resources Committee Reauest**<br>• Bring in March. | Funding request will be presented in April | D. Mangano | 4/24/14 |
| Data | • Regional statistics were discussed and reviewed.<br>• TDOs at NVMHI were down in January but OOR admissions went up. | | | |
| Round **Robin** | **L. Madron:** Prince William is dealina with bedbuas.<br>**3. Wilson:** Loudoun is also dealina with bedbuas.<br>**3. Newton:** NVMHI is at 97% occupancv. Two psvchiatrists are on extended temporary leave. Certified Peer Specialists are being sought. RCSC conference will be held this year. DOJ reviewed human rights issues and found no violations.<br>**M. Diorio:** Census is 112. There are 4-5 beds in the observation unit. NVTC passed the Medicaid survey. Building 4C has been closed. Lawson Foundation of NVTC received grant to train community dentists to treat those with ID/DD.<br>**Arlington:** For Youth Crisis Proaram. oral presentations are complete, a vendor has been selected , and purchasing is completing the process. The transfer of custody grant received last fall for 24/7 security has data. Prior to receiving the grant, 75% of the time, police stayed between 4 and 18hours. Post grant, police now spend less than 1 hour with clients 75% of the time.<br>**Fairfax:** No reductions in the CSB budaet this vear. G. Braunstein's last day is today. George represented the region at the state level for public policy issues and he encouraged RMG to designate another person to do this. A representative for the Finance Committee for VACSB is also needed. **NVRPO:** C. Koshatka will be out for two weeks in March. L. Trumbull will oversee the office during this time. | | | |

**Adjournment:** The meeti ng was adjourned at 12:00 noon. The next meeting will be on March 28, 2014, at 9:00 a.m. in Chantilly, Suite 200.

Julie M. Parkhurst — **Recorder**

3/28/14 — **Date**

**Chair**

3/28/14 — **Date**