REGIONAL MANAGEMENT GROUP MEETING

Date: January 24, 2014 **Time:** 9:00 a.m.

Attendees: Jim Newton, Alan Wooten, George Braunstein, Cindy Kemp, Phil Caldwell, Mark Diorio, Joe Wilson, Candace Butler, Lyanne Trumbull, Tom Young.

Guests: Judith Korf

Absent: Joe Wilson, Mark Diorio, Kathy Drumwright

Recorder: Julie Parkhurst

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

Notes: Notes from December 21, 2013 meeting were approved and signed.

Handouts: Agenda, RMG Meeting Notes (December 21, 2013), Regional Utilization Management Report, FY14 HPR II Regional Funds Budget Status, LIPOS Budget Projections, Proposal to Expand the ID/D Psychiatric Clinic to Weekly, SAMHSA Planning Grants, November & December 2013 LIPOS >8 days, Updated on IDD crisis Services, Request to use unexpended START funds.

TOPIC	DISCUSSION	REC/ACTIONS	RESPON-SIBLE PARTY	FOLLOW-UP DATE
New Business	**Regional Admission Policy and Procedures:** • NVMHI is proposing language change to the Bed Management Plan and the TDO Crisis Plan. Currently, NVMHI is waiting for more direction from Central Office. Insured transfers are being looked at. **Governor's Task Force:** • The Governor's Task Force is underway with four different committees meeting on issues. • Although VACSB opposes the 24 hour ECO put in by Senator Deeds, it is still being considered. 72 hours is being considered for TDOs. • After four hours, State hospital leadership will become involved. • There is a meeting on 1/29/14 between State hospital directors to discuss procedures within State hospitals and strive for some standardization. If there are code changes, procedures must be clear. If hospitals call CSBs, they are not exempt from EMTALA. In other States, finances are managed locally and this allows for more community based options and less hospital bed problems. • The State bed registry will be up in March 2014.	HPR II is participating in the data committee. Explore whether child hospitals will be included.	C. Koshatka	Ongoing

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Updates	**SOC Grants:** • A handout was distributed to the group. • Fairfax, Loudoun and Alexandria have funds from the State for mini-grants. • There is a 1 to 3 match for funds (i.e. a $300k grant would require a $100k match). It needs to be explored how to create a SOC across all five jurisdictions. • It needs to be explored how this can be done inclusive of CSA as they are not typically regionally oriented. If the Region is viewed as a service provider it is difficult to be a partner. Data can be pulled together without including CSA as DBHDS gives mini grants, but CSA/OCS provides high level wraparound training. • One CSB would need to own this. It is due 3/19/14 and coalitions need to be built before applying. There is support from the State and SAMHSA. Talk to schools as they are highly involved in SOC. It is required that the Governor sign off on this. If the Region owns it, CSA can then be invited to the table. • This covers kids up to 22 years old and can include those with an autism diagnosis. • It was suggested that CSA be approached regarding grant by each CSB and gauge how receptive they are. **Piedmont Pilot:** • Piedmont takes no voluntary or CMA clients, only involuntary. NVMHI is the only State hospital that takes voluntary and CMA clients. State hospitals need consistency. This was discussed with J. Pezzoli at VACSB. State hospitals are not their own businesses. They are part of a larger system and should operate as such. • Discuss buying beds from hospitals solely for HPRII challenging clients and establish criteria to use these beds. • Discuss the possibility of using a sub-unit/wing that keeps people separate from the general unit population, a "no-refusal" sub-unit. **Bed Capacity:** • **COPN Update:** Testimony at the State was good (HealthVest). One person opposed all new beds in Northern Virginia. New beds need support from Senator Barker. It was suggested that a proactive role be taken when looking for a bed vendor rather than a reactive role. • **Emergency Managers Feedback**: ES was not very supportive of buying five beds somewhere with LIPOS funds. If people want to buy beds, it was suggested that J. Newton be contacted. • **LIPOS Analysis:** Handouts were distributed to the group. Those	. Explore whether the region is still eligible. Discuss with CSA staff in Fairfax. Send feedback to J. Wilson. Consider DOE. Discuss at Aftercare.	G. Braunstein Aftercare	ASAP 2/13/14

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Updates (cont.)	who stayed >8 days were looked at. LIPOS is still in deficit. Explore whether there is a common need that would indicate a service is needed that is not available. **REACH/START/DD Children's Services:** • IDD Crisis Response Services have undergone some changes. A handout was distributed to the group for referencing. UNH will continue to assist HPRII for a fee after 6/30/14. Changes were discussed and reviewed. Data collection requirements are unknown. • REACH would like to include children in HPRII and a proposal is due 3/24/14. $225k is available for this to begin program development. • P. Caldwell suggested some regional trainings regarding DD. • $20k was requested to be used annually for UNH to provide services from the START budget. **Youth Crisis Project:** • Proposals will be reviewed on 1/30/14.	Discuss with ID Directors. Request was approved.	L. Trumbull RMG	1/31/14
Budget	**LIPOS Projections** • LIPOS deficit exists at this time. LIPOS utilization is still high. • A handout was distributed to the group and reviewed. **Regional Budget Overview** • The regional budget was reviewed and discussed. A handout was distributed to the group. **START Requests** • Handout was distributed to the group requesting funds from unexpended START funds for septic tank repairs. • Handout was distributed to the group requesting expansion of the START Clinic to weekly from biweekly. This was not immediately approved. It was suggested that an analysis be done of capacity in the community for long term follow up and if education is being done with community psychiatrists on ID/DD.	$15k approved. Discuss at February RMG meeting.		
Data	• Regional statistics were discussed and reviewed. • DBHDS is taking a stronger stance toward guardian objections (6 at NVMHI). • Revisit 6 bed home. • Discuss wraparound services for adults. • How are START outcomes shown? • CSUs have worked with CARE if START house is full and START staff have provided assistance.	These will be added.	L. Trumbull	
Round Robin	**G. Braunstein:** Fairfax is flat budgeted. **C. Kemp:** Arlington is expecting no budget cuts and is flat budgeted.			

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Round Robin (cont.)	**J. Newton:** NVMHI is full. **M. Diorio:** Census is 114 and is expected to be 95 by 7/1/14. A recent death occurred. Two community deaths have taken place. Licensing and APS have both reviewed, however rumors abound. A transfer will be coming from SVTC. CIP is expanding into a caseload team model. There is reorganization taking place between the SW department and the CIP team. Vendors are waiting for the bridge money. Lawyers are fine tuning. 2 private ICFs opened in the Lynchburg area, Behavioral Horizons. Nina Fochet is acting Social Work Director. A new neuropsychologist is being hired. There are 49 vacant positions. Building 4C will close soon. There are 3 people left in that building. **P. Caldwell:** Alexandria's budget will be published in February. **J. Wilson:** Loudoun's budget will be published the first week in February. No cuts are expected. Loudoun is getting an enhancement ($680k for group home staffing for DS).			

Adjournment: The meeting was adjourned at 12:00 noon. The next meeting will be on February 28, 2014, at 9:00 a.m. in Chantilly, Suite 240.

Julie M. Parkhurst
_____ _____2/28/14____ _____ _____2/28/14_____
Recorder **Date** **Chair** **Date**