REGIONAL MANAGEMENT GROUP MEETING

Date: September 25, 2015 **Time:** 9:00 a.m.

Attendees: Joe Rajnic, Alan Wooten, Jean Post, Jim Newton, Suzanne Chis, Tisha Deeghan, Beth Tschopp, Margaret Graham, Kathleen Culbertson

Guests: Judith Korf, Tammy Peacock, Jackie Turner, Bernie Caton, Nancy Vincent, Tracy Gordon, Gwen Kennedy, Louise Armitage, Katie Boyle, Pat Caroll, Claudia Arco, Sue Rowland, Ellen Belo.

Absent: Gary Ambrose

Recorder: Julie Parkhurst

Call to Order: Alan Wooten called the meeting to order at 9:00 a.m. Welcome and introductions were made.

Notes: Notes from the August 28, 2015 meeting were approved and signed.

Handouts: Agenda, RMG Meeting Notes (August 28, 2015), Regional Utilization Management Report, FY15 HPR II Regional Funds Budget Status, LIPOS Budget Projections, Exceptions Report.

TOPIC	DISCUSSION	REC/ACTIONS	RESPON-SIBLE PARTY	F/U DATE
TC Update	• Census = 53. Handouts were distributed to the group. • Discharges to take place include 12 in October, 16 in November and 25 in December. Contingency dates have been established and go into January 2016. • DDHSN – no dental services at NVTC as of 1/31/16. As of 4/1/16, dental services will resume (Dr. Adams) following a model used in Tidewater with three positions available. There will be a mobile rehab unit and also wheelchair repair. • Prince William CSB obtained a grant for primary care with Mason and Partners to run a dental clinic. Dr. Adams may visit. • One client is being discharged to SEVTC per a request from client's sister. • A handout regarding a grant proposal was discussed. The Arc would like RMG support and RMG supports. • Four people were housed in HPRII during the 100 day challenge.	Reach out to Dr. Adams regarding Mason & Partners Approval of ARC Support Letter	J. Rajnic A.Wooten	
Regional Reports	**Exceptions Report** • 6,090 emergency contacts, 1,871 emergency evaluations, 301 TDOs issued and 301 TDOs executed. **RUG Report** • The report was reviewed and discussed.			

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Round Robin	**Prince William:** • J. Turner said that the letter to families sent by CSBs on behalf of DBHDS has taken place in some CSBs and they are now accepting feedback. Waiver design and training for support coordinators (possibly in November) was discussed. • Prince William CSB obtained a grant for primary care with Mason and Partners to run a clinic. **NVRPO:** • J. Post noted that the Medical Screening and Assessment document was reviewed at the RUG meeting. **Loudoun:** • M. Graham noted that their CIT assessment center will be opening on Tuesday, 9/29/15.			
Legislative Priorities	• A handout regarding budget priorities was handed out to the group. • It was noted that the budget priorities are not necessarily presented in priority order. • Dr. Barber will be evaluating priorities. D. Ferguson has stepped down. • Priorities will be refined and resent to legislative aides and are as follows: Enhanced Crisis Response through Workforce Development • There has been an increase in emergency contacts and TDOs • Retention of ES staff is difficult. • The cost noted was taken from the VACSB. • Fairfax is focused on diversion. • CIT Assessment Centers relieve public safety. Medicaid Waiver Redesign Initiative, Services for Non-Medicaid Waiver Eligible Individuals and Funding for New Medicaid Waivers • Specialized training is needed for DD staff. CSBs will need DD staff. • There has been a public policy shift. • Medicaid has not extracted DD waivers by locality although it is being explored. DBHDS has an implementation timeline. • Some clients meet criteria but are not Medicaid waiver eligible so other alternatives are needed. Expanded Medical detoxification and Access to medication Assisted Treatment • Many clients don't qualify for Medicaid or insurance doesn't cover substance use disorders. • Expand identification of useful medications in request.	Provide ES staff turnover information. Note which of CSB priorities are in the Governor's budget Explore alternative transportation Provide latest PowerPoint to legislative aides.	RMG A. Wooten	

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Legislative Priorities (cont.)	• Costs are minimal compared to poor outcomes without medications. • Entry time for detox is regionally problematic. Reintegration Services for High-Risk Youth and Adults • Please write out "NGRI" to define for the audience. • "Purchase of community based services" does not include residential. Peer Recovery Support Services • Peers are effective for clients and CSBs need paid peer specialists.			
Geriatric Admissions	• PGH is at capacity. • Limited availability of geriatric hospital placements throughout the state and especially for seniors with medical complexities. • A RFP for back-up services for geriatric admissions and children was sent out without achieving desired outcome. Since that time, DBHDS has learned that there are providers interested in contracting for backup geriatric hospitalization and contracting options are being explored at this time. • M. Conley and B. Morgan are monitoring discharges. • A hospital wanted to build in Prince William with geriatric beds and COPN was denied. Smaller models are preferred.	DBHDS would like to arrange a meeting with ES Managers, Aftercare Managers, REACH, CSUs and NVMHI regarding collaboration.	DBHDS	

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on October 22, 2015, at 9:00 a.m. in Suite 200, Multipurpose Room, Chantilly.

Julie M. Parkhurst _____ 10/20/15 _____ Alan Wooten _____ 10/20/15 _____

Recorder **Date** **Chair** **Date**