Date: January 26, 2018

Time: 9:00 a.m.

- Attendees: Part 1: Alan Wooten (PW CSB), Daryl Washington (FFC-CSB), Margaret Graham (Loudoun CSB), Jean Post (NVRPO), Deborah Warren (Arlington CSB), Daniel Herr (DBHDS), Ruth Ann Bates (DBHDS), Jackie Turner (PW CSB), Carol Layer (Alexandria CSB), Lisa Madron (PW CSB), Amy Smiley (NVMHI)
 Part 2: Alan Wooten (PW CSB), Daryl Washington (FFC-CSB), Margaret Graham (Loudoun CSB), Jean Post (NVRPO), Deborah Warren (Arlington CSB), Daniel Herr (DBHDS), Ruth Ann Bates (DBHDS), Jackie Turner (PW CSB), Jean Post (NVRPO), Deborah Warren (Arlington CSB), Daniel Herr (DBHDS), Ruth Ann Bates (DBHDS), Jackie Turner (PW CSB), Carol Layer (Alexandria CSB), Lisa Madron (PW CSB), Amy Smiley (NVMHI), Deanne Mullins (Community Residences), Arthur Ginsberg (Community Residences), Brent Bailey (FHR), Dr. Karyn O'Brien (Novant), Abbey May (FFC-CSB), Lee Higginbotham (Dominion), Michelle Mullany (Inova), Garrett Hamilton (North Spring)
- **Recorder:** Julie Parkhurst (NVRPO)

<u>Call to Order</u>: Alan Wooten (PW-CSB) called the meeting to order at 9:00 a.m. The group was welcomed and introductions were made.

Notes: Notes from the November 17, 2017 meeting were approved.

<u>Part 1 Handouts</u>: Agenda, RMG Meeting Notes (November 17, 2017), Regional Utilization Management Report, Regional Budget. <u>Part 2 Handouts</u>: Agenda, Talking Points, Executive Roundtable package, Financial Realignment presentation.

TOPIC	DISCUSSION	REC/ACTIONS	RESPON- SIBLE PARTY	F/U DATE
VACSB Regional Rep	 The VACSB Nominating Committee is seeking a second representative to its BOD from Region 2 to fill the vacancy created by Angelo Wider, Loudoun CSB, as he is nominated to serve as Secretary/Treasurer. These positions are considered to be part of the Board of Directors. The regional representatives participate in VACSB conferences and volunteer for activities, help the Board, learn about the system and are groomed to continue as an officer. They can participate in meetings by phone. Nominations need to be given to the nominating committee by 2/2/18. A nominee is needed no later than February 27. Names can be submitted to Alan Wooten. The RMG will need to vote approval of the nominee for inclusion on the slate of officers. 			
UM Report	 The UM Report was distributed and discussed. PHP has decreased dramatically. Diversions to NVMHI have been 0 for 2 months due to ESH having open beds again. TDO totals will be added to the UM summary report as requested by the RUG. CSU occupancy rate was down due to the holidays. CSUs are 	Explore the decrease in PHP admissions.	J. Post	

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	 being challenged by CCC+ MCOs in the areas of service authorization notification and length of service authorization. RAFT is close to meeting their target for program expansion as a result of a DBHDS award of new funds in FY18. D. Washington noted that the bed search form is a significant burden on Fairfax's ES. 	D. Herr noted that the form was created by the ES Council.		
TDO Admissions	 There has been a significant increase in TDOs at NVMHI leading to an increase in insured individuals being served there. Novant has seen an increase in soft admissions (non-TDO). These clients are more medically complex. People who fall into a "grey zone" with supports are being discharged. There has been an increase of people in emergency rooms. Inova has seen a 6% decrease in admissions during 2017 and an increase in outpatient services. The decrease has been in all payer statuses and legal statuses. There was an increase in TDO admissions of over 200% at NVMHI after the "last resort" legislation passed last year. This year the number has increased to over 300%. If the statistics do not change, more State hospital beds will be needed. 			
Insured Admissions at NVMHI	 The length of stay between private and State hospitals varies significantly. Approximately half of the clients in State hospitals are in the criminal justice system. Private hospitals are given benchmarks for length of stay per diagnosis. NOVANT has seen an increase in acuity in clients. Many are a danger to other clients and although they are insured, they are very difficult to manage (assault, etc.). 			
Transfers to NVMHI	 LIPOS transfers are occurring to NVMHI but non-LIPOS are not due to very high occupancy rates and TDO admissions secondary to last resort legislation. B. Bailey (FHR) asked whether a higher level of care in the community may have prevented some hospitalizations and whether it might decrease the rate of recidivism. L. Higginbotham (Dominion) said they had beds open when clients were sent to NVMHI. 			
Serving Individuals with Complex Needs	 D. Washington (FFC-CSB) noted there is a lack of resources (PACT teams, ICM, jail diversion teams, etc.). If resources increased, more hospitalizations might be avoided. K. O'Brien (Novant) noted that the immigration climate makes clients feel unsafe going to a hospital. A. May (FFC-CSB) noted an increase in a y of individuals at 			

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Serving Individuals with Complex Needs (cont)	 CSUs, and that the climate at the CSUs often feel more like an inpatient setting. A. Smiley (NVMHI) noted that staff training in private (med/surg) and standalone psychiatric hospitals is basically the same as what is provided in the state facilities. L. Higginbotham (Dominion) said that the difference lies in capacity and levels of staff. While Dominion may have capacity, they may not have the staff capability. D. Herr noted that State hospitals are the last resort and cannot say no to an admission, even if significant medical issues exist. D. Herr (DBHDS) asked M. Mullany (Inova) how many clients are refused due to clinical presentation. He also cautioned that if private hospitals cannot answer this, CSB ES teams will be left to answer it for the General Assembly. 		SIBLE PARTY	DATE
Private Sector Acute Care Service Expansion	 D. Mullins (CR) noted that there is a housing need. Group homes (not reimbursed by Medicaid) would be less expensive than hospitals. K. O'Brien (Novant) also noted there are not enough community placements. G. Hamilton (N. Spring) said that NOVA has an extra step in the COPN process. There are three rounds of hearings to go through in order to be granted beds. This is very expensive and only the State hearings mattered. D. Warren (Arlington CSB) said that VHC is having problems getting their COPN as well and are entering year two of trying. The perception is that the private sector is only operating at 75-80%. Bed holds at VHC are due to acuity, renovations, etc. D. Herr (DBHDS) noted that if the State hospitals can't hold beds for that purpose, neither can the private hospitals. 			
DBHDS – Financial Realignment of Virginia's Public Behavioral Health System	 A presentation was given by D. Herr (DBHDS) and handed out to the group. One half of State BH funding goes to support the 2% of clients in State hospitals and the rest goes to CSBs. There has been a 224% increase in TDOs at State hospitals since the last resort legislation. In 2018, an additional 19% increase in TDOs is projected at State hospitals. The behavioral health, Medicaid and operations policies need to be aligned and a build-out of services is necessary. Some will occur in year one and in year two more community resources will be needed. Thus, a change of business model is needed. If alignment does not change, there will be unsustainable growth. A. Ginsburg (CR) noted that DBHDS has a RFP out for a 50 bed 			

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DBHDS – Financial Realignment of Virginia's Public Behavioral Health System (cont)	 ALF in southern Virginia. He also noted that the three largest counties in Virginia are in Northern Virginia. D. Washington (FFC-CSB) noted that money for housing is given, but no MH supports are given with it. He also noted there is a problem with the methodology being centered on hospital usage and not population size. 			
Step Virginia/Same Day Access	 Same day access at CSBs is mandated by 7/1/18. Arlington CSB started same day access on 1/1/18 and walk-ins are now assessed same day. Arlington has seen a 12% increase in walk-ins. 36% of these individuals have completed an intake and need ongoing services. There has been a 12% decrease in wait time from Intake to ongoing treatment with their assigned clinician. They are now looking to further develop their outpatient program. Clients are more engaged and the no-show rate has decreased. The average caseload per clinician is 46. PW CSBs implementation target date is 7/1/18 for same day access. Just In Time (JIT) is being utilized and is a process where psych staff ensure treatment is getting to those who need it. 			
Round Robin	 D. Warren (Arlington CSB): The CSB has a no-show policy. They are obtaining an engagement specialist position and shifting from contract to permanent staff. A. Wooten (PW CSB): Primary care is mandated in 2019 and the expanded core services mandate takes place in 2021. Approximately 52% of the budget comes from localities. D. Washington (FFC-CSB): Approximately 75% of the budget comes from localities. L. Higginbotham (Dominion): Dominion is replacing the phone system in the A & R unit. They will be tracking calls. Their second adolescent PHP center has recently opened in Chantilly. Dominion is happy to take TDOs that meet criteria; however, they are capped at 10/day. 			

Adjournment: The meeting was adjourned at 11:30 a.m. The next meeting will be on February 23, 2018, at 9:00 a.m. at Fairfax County Government, Rooms 4/5.

Parkhurst Recorder

Million .

2/23/18 Date

Chair Worth 2/23/18 Date