

REGIONAL MANAGEMENT GROUP MEETING

Date: March 30, 2018

Time: 9:00 a.m.

Attendees: Alan Wooten (PW CSB), Daryl Washington (FFC-CSB), Margaret Graham (Loudoun CSB), Jean Post (NVRPO), Ollie Russell (Arlington CSB), Deborah Warren (Arlington CSB), Ruth Ann Bates (DBHDS), Jackie Turner (PW CSB), Carol Layer (Alexandria CSB), Lisa Madron (PW CSB), Amy Smiley (NVMHI), Judith Korf (Parent), Betsy Strawderman (PW CSB), John Gyampoh (Intern-NVRPO)

Guests: Stephanie Ney (CR2), Karen Edwards-Long (CR2)

Recorder: Julie Parkhurst (NVRPO)

Call to Order: Alan Wooten (PW-CSB) called the meeting to order at 9:10 a.m. The group was welcomed and introductions were made.

Notes: Notes from the February 23, 2018 meeting were approved.

Handouts: Agenda, RMG Meeting Notes (February 23, 2018), Regional Utilization Management Report, 2018 RMG Meetings, Action Steps, DAP Manual, CM Self-Assessment, Region 2 Admission Protocols, Bed Search Tracking Form, CSB Housing Resources for State Hospital Discharges, Regional Resolution Process, FY19 Deliverables, Admission & Discharge RequirementsFY18 State Hospital Bed Utilization Report, Adult/Older Adult Bed Days per 100k.

| TOPIC | DISCUSSION | REC/ACTIONS | RESPON-SIBLE PARTY | F/U DATE |
|------------------------------|---|--|--------------------|----------|
| VACSB ED Regional Report Out | <ul style="list-style-type: none"> Action steps from the November VACSB ED Forum were distributed to the group. Region 2 is partnering with DBHDS to get clients on the EBL out of NVMHI. Action steps include: review of high utilizers, escalation protocol, examine UM/LIPOS criteria, hospital exec meeting, more flexible funds for housing, medical assessment on site with ES, regional discharge planners to work with ES and meetings with CR2 to review data and problem solve. It was agreed that "Ongoing review of partnership with DBHDS to ensure that region 2 individuals receive additional resources to meet housing needs to reduce facility bed use" will be added to this list of action steps. DBHDS financial realignment plan, year 1 goal, which is the development of new group homes and ALF is underway as DBHDS has awarded contracts. The contract provider for the 4 group homes is Gateway and the contract provider for the ALF for individuals being discharged from SWVMHI or Catawba has also been selected. | Region 2 was encouraged to advocate for funding. | | |

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| | <ul style="list-style-type: none"> Additional funding has already been provided to other parts of the State. Northern Virginia does not appear to be a DBHDS priority for new funds due to our lower state hospital bed use rate per 100K of population and our local funding. It was noted that the CSBs are being asked to take more risk financially without any additional funding from the State. It was noted that not everyone on the EBL is a high utilizer. The high utilizers are usually high functioning, and those individuals on the EBL tend to be the more complex. Fairfax will be able to provide medical clearance onsite, and will be working with Inova. | | | |
| REACH REACH (cont.) | <ul style="list-style-type: none"> The bid for construction on the new adult transitional home and the Youth CTH is complete, contract has been awarded for the construction, and permits are being obtained. The design for the homes are modeled after the CTH's in Richmond. One home will be on 6 acres and the other on 10 acres of land. Construction is expected to last 9 months. It was emphasized to the group that the adult home is a "transitional" home, not a "REACH CTH" home. It will be a step-down with enhanced discharged planning staff. | | | |
| Regional Office Staffing Update | <ul style="list-style-type: none"> Xiuping Cheung has been selected for the Admin IV position and will begin on 4/16/18. | | | |
| UM Report | <ul style="list-style-type: none"> The UM report was handed out to the group for their review. | | | |
| CR2 | <ul style="list-style-type: none"> CR2 provided a program overview and discussed current program needs. The program provides mobile crisis response for ages 17 and under in Region 2. Program stats were discussed. CR2 was previously also providing services to Youth REACH, which as a mandated service resulted in limited capacity to provide service to children with MH issues. They are no longer providing Youth REACH services and capacity has expanded once again. The DD population is being deferred to REACH. Referrals come from many sources, the majority from schools. A successful outcome for CR2 is a child who can successfully remain home throughout the 45 day service. It was noted that data presented identifying individuals turned away due to program capacity limits may not be valid because when ES learns that the program is at capacity they often stop | <p>Send PowerPoint presentation to the group.</p> <p>Track if clients are turned away and then used LIPOS funding or another State funding</p> | L. Trumbull | |

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| | <p>seeking services for a period of time. There is currently no wait list and every call is tracked. The program is first come, first serve.</p> <ul style="list-style-type: none"> The program ensures linkages with outpatient resources prior to closing a case; however, CR2 reported that there are currently long waits for outpatient services in both the public and the private sector. The program has 10 clinicians with 2 vacant positions. CR2 requested that two licensed/eligible positions be reclassified as QMHP to expedite hiring and service delivery. The RMG requested a proposal addressing the impact such a change will have on program capacity. | source. | | |
| FY18 Deliverables | <ul style="list-style-type: none"> A handout was given to the group regarding requests from the DBHDS and discussed. <ul style="list-style-type: none"> Training in Advanced Clinical methods, Clinical Supervision and Trauma Informed Care will take place on 6/13/18 – 6/15/18 in South County. Each CSB can register 12 clinicians (3 clinical leads and each clinical lead can bring 3 clinicians). The first day is only for CSB clinical leads. The second and third days will be facilitated by the clinical leads. Region 2 has submitted policies and procedures for incentivizing licensing on behalf of Fairfax, Alexandria and Loudoun CSBs. DBHDS has proposed use of ongoing State general funds to provide each region with a SUD Hospital Liaison modeled after the position currently operating in Region 1. Because Medical detox capacity is needed in Region 2, it was suggested that money be spent to contract with providers; however, the funds are restricted to the position, a car and \$15k. The new DAP Manual was given to the group and discussed. <ul style="list-style-type: none"> \$.5M was not wired for RAFT's expansion. The DAP Manual requirement to transfer out of area cases is effective for all plans as of 7/1/18 but is not a retroactive requirement. Regarding transfers out of the area, it was suggested that the region ask for a waiver for Region 2. Concern exists regarding funds leaving the region, the population rising and the region not having funding for their population. Aftercare managers know how many of their clients are sent out of area. Request from Deputy Commissioner for Behavioral Health Services | <p>More clarification is needed with regards to the training.</p> <p>Show data to support regional needs. Call M. Conley and Stacey to discuss.</p> | | |


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| FY18 Deliverables (cont.) | <ul style="list-style-type: none"> Information regarding quarterly regional meetings with private hospital has been sent to D. Herr. Region 2 has been facilitating quarterly meetings with our private hospital partners for many years now. Handouts were given to the group regarding requests from Commissioner for Behavioral Health Services regarding Case Management and new admission and discharge requirements. A new quarterly assessment is to be implemented. Review CCS3 data interface to determine areas for improvement. Arlington is having problems with this because they have Cerner. A handout was given to the group regarding the Case Management Self-Assessment. This was discussed and will be mandated as of May 15, 2018. The goal is to improve employment, choice and enhanced case management. A report email will be sent. VCU tools development and implementation was discussed. Tools need to be implemented no later than 7/1/18. Results of the CM Review conducted by VCU should be available by 4/30/18. Revised Region 2 Admission Protocols were handed out to the group. They are broken out by age and new items were pointed out. Geriatric clients can go to Catawba or Hancock, but first talk to Bon Secours. Inova will be opening new beds this summer for the adolescent and geriatric populations. Protocols are due 4/1/18 and were approved. A list of DBHDS funded available community resources form was handed out to the group. It was suggested that it be passed around quarterly for updates. The list is due 4/1/18 and it was noted that this is a complicated process due to the number of beds operated in Region 2. This is a resource for Region 2 and will be announced at the census meeting. State Hospital Standardized Data Review is due 4/1/18. This date will include the monthly bed use per 100K. This has been occurring at the ED level throughout FY18 and RUG and other regional meetings as of 2/2018. A handout was given to the group regarding the Regional Resolution Process, which is due 4/1/18. System issues shall be elevated to RMG if not resolved through collaboration between the CSB and the Director of Social Work at the State facility within 2 business days. Issue with regards to one CSB | <p>The UM Guidance Table will be removed.</p> <p>Aggregate the list.</p> <p>System issues shall be elevated to RMG</p> | NVRPO | |


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| | shall be elevated to the CSB Executive Director and the State hospital Facility Director. | if not resolved between the CSB and the Director of Social Work at the State facility within 2 business days. Issues with regards to one CSB shall be resolved between the CSB Executive Director and the State hospital Facility Director. | | |
| Round Robin | <ul style="list-style-type: none"> J. Post (NVRPO) reminded the group that there will be no conference call on Monday. CARE is working on medical detox staffing requirements. The hospital partner meeting was yesterday and there was significant discussion regarding the Executive Roundtable. It is preferred by both CSBs and hospitals to resolve TDO issues locally. D. Washington (FFX-FC CSB): There is a meeting with Sentara in Woodbridge to discuss serving the mentally ill population. | | | |

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on April 27, 2018, at 9:00 a.m. in Merrifield, Room 3-409A.

 For Julie Parkhurst
Recorder

4/27/18
Date


Chair

4/27/18
Date