

## REGIONAL MANAGEMENT GROUP MEETING

**Date:** April 26, 2019

**Time:** 9:00 a.m.

**Attendees:** Margaret Graham (LDN CSB), Lisa Madron (PW CSB), Daryl Washington (FFX CSB), Deborah Warren (ARL CSB), Carol Layer (ALX CSB), Monet Morris (NVMHI), Jean Post (NVRPO), Randy Buckland (NVRPO), Jamie Elize (DBHDS), Susan Senseney (FFX CSB)

**Guests:** Daniel Herr (DBHDS), Commissioner Melton, Senator Barker

**Recorder:** Xiuping Cheung (NVRPO)

Call to Order: Margaret Graham (LDN CSB) called the meeting to order at 9:05 a.m. The group was welcomed, and introductions were made.

Handouts: Agenda, RMG meeting minutes (March 2019), Step VA Vision Map, STAC handout, Primary Care handout, DMC power point, Step VA Brainstorming definition worksheet, DBHDS Outcomes dashboard hand out, Budget amendments handout, Region 2 TDO comparison report, FY19 Regional State Hospital bed use Report, Regional comparison of Adult/Older Adult State Hospital Bed Days per 100k, Region 2 Budget report, Regional Utilization Management Report

TOPIC	DISCUSSION	REC/ACTIONS	RESPON-SIBLE PARTY	F/U DATE
Introduction	<ul style="list-style-type: none"> <li>Introductions were made, M. Graham welcomed the group. Minutes from the March meeting were reviewed and approved.</li> </ul>			
STEP-VA	<ul style="list-style-type: none"> <li>Vision Map – Vision Map was shared. It is an implementation timeline matrix by step in STEP VA. The Commissioner shared that there is an understanding that the timeline will evolve over 3-4 years. Phase 1 is for planning &amp; preliminary implementation; Phase 2 is a combination of additional conversations on what's working and what's not working and process review. Phase 3 will be validating performance outcomes.</li> <li>STAC Updates – Draft outpatient plan documents &amp; outpatient funding proposal documents were shared. A discussion on whether Outpatients plan is/should be including Case Management occurred. It was agreed that if the assessment indicates CM is needed, then it should be included as an outpatient service. It was noted that SMI is not part of the outpatient service definition. Mobile Crisis overview and funding and service definition document was shared. Current funding structure of ¾ funding to Youth, ¼ funding to adults was determined to not meet the R2 needs. The group requested flexibility to use the funding as most appropriate in R2 to meet the</li> </ul>			

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	<p>regional needs. Clarification was sought on whether mobile crisis is for Behavioral Health and Developmental Disability or simply Behavioral Health. D. Herr clarified that the short-term goal is to provide Mobile Crisis for Behavioral Health with these funds (REACH already provides this service for DD) but the long-term goal is to provide a cross disability mobile crisis response. STAC will meet on May 8<sup>th</sup> to further discuss this topic.</p> <ul style="list-style-type: none"> <li>Primary Care updates/Data Dashboard – Final revised document posted December 13, 2018, and measuring BMI is a requirement. Starting July 1<sup>st</sup> of 2019, annual exam needs to be reported. That information needs to be reported on the dashboard. If BMI is out of normal range, it is the CSBs responsibility to follow up on referral. Staff training is also needed for DBHDS expectations when BMI is out of the normal range and the individual chooses not to follow up with referrals or modify lifestyle.</li> <li>Brainstorming definition worksheet – definition worksheet has been submitted, but it has not been reviewed. Group decided to table this topic for May 6<sup>th</sup>.</li> </ul>			
<b>Senator Barker's Budget Amendment</b>	<p>Senator Barker discussed his knowledge and background efforts to address Virginia's Behavioral Health system. He clarified his intention in this budget amendment which is to address system of care issues through a strengthened public/private coalition.</p> <p>The 2019 Budget Amendment requirement for a "mental health coordination workgroup in the Northern Virginia region so that public and private providers of services and advocates for such services may collectively determine how to develop the most effective and most comprehensive services for persons who need such services" puts the power of legislators behind the efforts to strengthen our public/private partnership. Senator Barker informed the group that he is aware that the Medicaid reimbursement rates are insufficient to fund services in Northern Virginia. Across the state only 54% of full-time staff in BH have licenses. The Senator expressed his intent to address this issue &amp; work towards a long-term solution. He expressed concerns about the number of TDOs in Northern Virginia and NVMHI admission rate specific to TDOs as well as concerns about limited hospital diversion options. He shared that he is collaborating w/all 5 regions to review the issue,</p>			



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	<p>disparity between the public and private sector hospitalization rates for TDOs. Senator Barker expressed his desire to make some changes to better address the communities need for Mental health services.</p> <p>J. Post shared information on existing public/private efforts such as Monthly RMG meeting, Hospital Partners Meetings, Older Adult Stakeholder Group meeting, public/private workgroup reviewing private hospital denial reasons for last resort admissions at the state facility. She also discussed and provided handouts on Region 2 TDO data trends which highlighted a decrease in TDO in FY19 when compared to prior years and Region 2 actual state hospital bed days used base on populations which highlighted that Region 2 has the lowest state hospital bed days used when compared to other regions and based on population size.</p> <p>Senator Barker informed the group that Region 2 would simply need to expand our existing public/private partnership to meet this new item in the code. Arlington CSB shared their success story with collaborating with local hospital to allow them to use local government site to expand their hospital space, their agreement is to increase/double up the psychiatric beds that's currently available; outpatient care; step down; and youth services.</p> <p>The first report on this effort will be completed by DBHDS and presented to the General Assembly by November 1<sup>st</sup> 2019. Group had a brief discussion on how to complete the report, further discussion will be done at VACSB.</p>			
Other DBHDS updates	<ul style="list-style-type: none"> <li>Group is looking for big picture/clarification from department to share with the staff regarding the reason why and how information that is being collected is being used. D. Herr share that there is a TDO group – SP1488 made up of legislative and AHR Security to review hospital TDO census.</li> <li>Alternative transportation project (finalized contract with vendor) will start with youth, then adults. The goal will be that 50% of TDO will be able to utilize the alternative transportation contract rather than Shariff for transportation.</li> </ul>			
Regional Office Budget	<ul style="list-style-type: none"> <li>Regional Office Budget was shared</li> <li>Due to LIPOS shortage; D. Herr requested CSBs to share their Retain Earning availability with the department.</li> </ul>			

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UM Report	<ul style="list-style-type: none"> <li>UM Report was reviewed, highlights were shared</li> </ul>			
Round Robin	<ul style="list-style-type: none"> <li>ARL – EHR transition to Welligent with soft launch planned for October and full launch planned for December. Added 1.5 FTE for Autism/Behavioral Health; .5 position is would possibility be for Emergency Services.</li> <li>J. Elize – State hospital Eastern/Catawa are currently over capacity; taking a closer look at the reasons.</li> <li>D. Herr- State hospital past few months are over/close on censes</li> <li>ALX – SOR grant has been secured; the additional funding added 3.5 FTE.</li> <li>PWC – Budget update, considering a data center. Behavioral health will be allowed to reclassify &amp; hire key position. Hiring an Admin Chief to revamp the admin team; hiring 5 peer supports. Anyone that is living in Prince William and would like to be an advocate and passionate about Behavioral health, the board has one opening for board member.</li> <li>R. Buckland – will be representing the Region, attending the DBHDS Training in Georgia in May and New Jersey in June.</li> </ul>			

**Adjournment:** The meeting was adjourned at 11:55 a.m. The next meeting will be on May 24th, 2019, at 9:00 a.m. in Government Center, 12000 Government Center parkway, Fairfax, VA – Room 4/5

  
 Recorder

S. 24.19  
 Date

  
 Chair

5/24/2019  
 Date