

## REGIONAL MANAGEMENT GROUP MEETING

**Date:** October 25, 2019

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

**Attendees:** Lisa Madron (PWC), Daryl Washington (FFX CSB), Deborah Warren (ARL CSB), Betsy Strawderman (PWC CSB), Jean Post (NVRPO), Randy Buckland (NVRPO), Robyn Fontaine (FFX Fiscal), Tara Belfast-Hurd (DBHDS), Jamie Elzie (DBHDS), Amy Smiley (NVMHI), Judith Korf (Parent), Joseph Razzano (LDN CSB), La Voyce Reid (ARL CSB)

**Guests:** Leslie Abashian (City of Fairfax Legislative), Melanie Crowder (City of Fairfax Legislative), Anne Lewis (LDN County Legislative), John Stirrup (Prince William Legislative), David Westcott (Prince William Legislative), Ellen Volo (City of Fairfax Legislative), Sue Rowland (Fairfax Legislative),

**Recorder:** Xiuping Cheung (NVRPO)

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

Handouts: Agenda, RMG meeting minutes (September 2019), VACSB Budget priorities, Regional Budget, 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, D. Washington welcomed the group. Minutes from September meeting were reviewed and approved.</li> </ul>			
VACSB Legislative priorities	<ul style="list-style-type: none"> <li><b>Restore to the base budget state general fund dollars taken from CSBs as a result of Medicaid expansion:</b> In FY19, significant general fund reductions occurred due to Medicaid Expansion. In FY20, general fund reimbursement was provided for some of the FY19 reduced revenues (7M for 40 CSBs). The FY20 planned general fund reduction is nearly double the reductions implemented in FY19. DBHDS expectation was that CSBs would be able to recover these funds through Medicaid billing under Medicaid Expansion. This, however, is not the case as many individuals remain ineligible for Medicaid expansion due to income and legal status. The methodology of determining general fund reductions was not based on population size. ARL rec'd 455k in general fund restoration, out of 1.6 million reduction. Medicaid penetration rates vary based on locality. Each CSBs has implemented focused strategies to enroll individuals in Medicaid under Medicaid Expansion.</li> <li><b>Provide remaining funds needed for the Outpatient services of STEP VA:</b> There has been no consistency in the methodology for funding each step of STEP VA. STEP-VA increases service level</li> </ul>			

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	<p>expectations in both services to individuals as well as internal support to manage quality of service, billing, risks and other administrative functions. STEP-VA funding is insufficient to support total operation cost of delivery of these services. CSBs reported on their tier level for Outpatient services funding. The state is providing less funds to localities yet increasing mandates with administrative burdens.</p> <ul style="list-style-type: none"> <li>• <b>Increases the reimbursement rate for Medicaid Early Intervention Case management to its data determined adequacy:</b> Monthly rate doesn't cover expenses of providing critical services for infant and toddler services. One rate for case management (to include support coordination) is being sought by the localities.</li> <li>• <b>Funding to eliminate the "priority one" waiting list for DD Wavier slots:</b> New waivers provided to the community are insufficient to meet the growing need for this service. The price tag for eliminating the waiver waitlist varies depending on the type of waiver that's being issued.</li> <li>• <b>Funding to create a student loan repayment program specifically for behavioral health providers:</b> CSBs continue to struggle with ongoing workforce shortage. FFX CSB has 100 vacancies; Prince William CS has 33 vacancies; and CSBs are often unable to find the staff with the appropriate experience to fill the vacancies. Providers also are struggling with workforce shortages.</li> <li>• <b>Impact of licensing changes:</b> FFX county attorney drafted language that was provided to the group as a handout addressing the regional legislative priority of excluding CSBs from the new licensing regulations. The proposed licensing revisions appear to be directed at nonprofit organizations and not localities whose responsibilities are well defined in the State Performance Contract. The open comment period closes Oct 31 for feedback on the proposed changes. CSBs are compiling comments for submission. Group agreed to work with legislative liaisons on other options, if the CSBs are not excluded from these regulations.</li> <li>• <b>Individual CSB priority:</b> <ul style="list-style-type: none"> <li>A. Arlington CSB expressed concerns that there are no mandated trainings for staff to address risks and prevention of sexual abuse. An incident occurred in which a client became pregnant by a staff member, in norther Virginia. Arlington has a committee that is raising awareness of this concern.</li> </ul> </li> </ul>			



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	<p>B. Fairfax CSB is seeking that MOT language be revised to either not require the individual's agreement or make it not mandatory. Timeline for MOT is also another concern, by the time the individual goes to the hospital, MOT might have expired. Group discussed concerns that some folks will volunteer to go to hospital just to get out of jail. Other concerns include workforce shortages and need for vulnerable adult abuse registry for staff working with this population. There is a meeting scheduled with the delegates on Nov 5. Region 2 is open for options for building a new building or find an existing building, still early in discussion.</p> <p>C. Prince William CS shared their Legislative priorities document. Their priorities are fully fund the Priority 1 Medicaid Waiver waitlist, update Medicaid rates for Home &amp; Community Based Services, Increase reimbursement rate for Medicaid Early Intervention Case Management, within BH redesign: redesign rates for services that cover the cost to deliver services and examine unnecessary and costly administrative burdens, and within STEP-VA: provide full funding to meet code mandates, consider population size and need in all funding formulas and restore base general fund dollars to CSB. Also prioritized are increase funding for MAT and educational programs for Older Adults.</p> <p>D. J. Razzano shared that Loudoun's priorities are the same as those already mentioned by other CSBs: restore budget; waiver slots; also – work with legislative liaison with the red flag legislation.</p> <ul style="list-style-type: none"> <li>• <b>Future priorities:</b> Region 2 CSBs are looking at needs of Older Adult consumers and considering community treatment and residential options. Many individuals in NVMHI and Piedmont on Extraordinary Barrier's List are in need of Assisted Living placement specializing in Mental Health needs. Advocacy has been occurring for a 50 bed ALF to serve those with mental health needs. J. Elzie, DBHDS Transitional Specialist, suggested the CSBs look at smaller programs, max 20 bed facility. Piedmont Geriatric hospital has been over capacity for a while now (census has been at 103%-104% capacity for the past 4 months). DBHDS is adding 28 temporary beds for Older Adults in FY20 and another 28 in FY21 at Catawba.</li> </ul>			

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	<p>Arlington developed a 52-unit MH ALF for Older Adults and it's always full and has a waitlist. A. Smiley suggested that the group look at what percentage of census in Piedmont would go to ALF or Nursing Homes? Using this mix will help clarify talking points and determine current needs. A. Smiley discussed the impact that Piedmont census is having on NVMHI (when Older Adult beds are full at PGH, they go to Catawba, when Catawba is full, they are being diverted to other adult beds; hospitals w/adult beds will be filled with OA; so adult patients won't have beds). The legislative liaisons encouraged the group to focus on defining the problem rather than defining a solution, at this time. J. Post shared that during the Older Adult (OA) Stakeholder meeting, there was a discussion about service gaps and opportunities. The group identified the gaps and opportunities as an older adult CSU, possibly locked, for dementia with behaviors, or a mobile response team for Older Adults as well as a regional guardianship program and MH ALF. Giving options to the department to address the problem would likely be more beneficial than asking for a specific solution. D. Washington asked the legislative liaisons for assistance bringing problem to the attention of legislators and in supporting capacity building efforts at the appropriate time.</p> <ul style="list-style-type: none"> <li>Alternative Transportation will be coming to Region 2 in April 2020. It is for individuals for whom a TDO has been issued and for transportation to the hospital. Concerns have been raised regarding TDO issued pending medical clearance. FX has been working for the past 2 years to establish onsite medical clearance at Merrifield. This is something unique for each locality. The department's goal is that 50% of those TDOed could use Alternative Transportation.</li> </ul>			
<p><b>Other Regional updates</b></p>	<ul style="list-style-type: none"> <li><b>Regional front door:</b> had a quarterly meeting 2 weeks ago. The group is working to identify data that is already being collected individually to develop a regional report. One challenge defining the element consistently. Information will be shared when aggregated and available. J. Post shared that she had been informed that the department is creating a dashboard to collect Same Day Access metrics. The group suggested that J. Post follow up with the DMC regarding this dashboard. Metrics being discussed/considered for regional tracking include: # of individual screen, # individuals who completed comprehensive assessment, # individuals referred for CSB treatment, and # individuals referred for non-CSB services. The dashboard is part of the STEP-VA. Concerns were expressed</li> </ul>			



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	<p>about new data requests and workload management. The group agreed to defer to their Same Day Access leads, if they believe this report may be helpful for them then we will proceed.</p> <ul style="list-style-type: none"> <li>• <b>Regional Older Adult Stakeholder meeting:</b> strong participation from CSB representatives, local private hospitals, and State Hospitals and Northern Virginia Aging Network (NVAN). Group discussed process of getting on NVAN legislative priorities and address service gaps for older adults.</li> <li>• <b>REACH Adult Transition Home (ATH) and Children's Children Transition Home (CTH):</b> had walk through w/licensure on the 22<sup>nd</sup> for both homes. ATH could be approved as soon as next week, likely Nov 1, open date for 6 bed CTH.</li> <li>• <b>Outpatient training:</b> 3 regional trainings being coordinated: J. Post has contacted vendors. Funds have been authorized and awarded, but not yet received. Regional office agreed to provide certificates of completion and continuing education for these trainings. This will assist staff in maintaining their licensure required training hours as well as DBHDS Trauma Training requirements. D. Washington inquired about funding to train non-clinicians and other staff. Region has trauma training funding that might be available to train non-clinicians.</li> </ul>			
<b>Review Regional Budget &amp; UM report</b>	<ul style="list-style-type: none"> <li>• Regional Budget was shared by R. Fontaine; highlights were shared. <ul style="list-style-type: none"> <li>◦ DAP dedicated funds go through FFX; RAFT expansion is part of DAP funding.</li> <li>◦ Programs managed by ARL/PW, funds go straight to the CSBs.</li> <li>◦ REACH – has Retained Earning available for training.</li> </ul> </li> <li>• FY20 UM report was shared with the group <ul style="list-style-type: none"> <li>◦ PGH admission increase 19 %</li> <li>◦ Central VA training center is closing.</li> <li>◦ LIPOS utilization is declining and insurance identification by provide hospitals has improved.</li> </ul> </li> </ul>			
<b>Round Robin</b>	<ul style="list-style-type: none"> <li>• T. Belfast-Hurd: Funding for suboxone is available, will email the group. Alexandria Robinson is overseeing these funds.</li> <li>• A. Smiley: overall update – census down, 86% today, renovations continue. Will have a new social work director identified soon. NVMHI received full accreditation.</li> <li>• L. Reid: Issue obtaining Freedom of Choice forms from DBHDS.</li> <li>• L. Madron: VACSB asked for training ideas.</li> <li>• J. Post: Alexis Maple (ARL), Phil Caldwell (ALEX), and Jean Post</li> </ul>			

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	<p>(NVRPO) are now on the VACSB planning committee to plan for May training. There are 28 different trainings needed.</p> <ul style="list-style-type: none"> <li>R. Buckland: REACH is maintaining their monthly training program.</li> </ul>			

**Adjournment:** The meeting was adjourned at 11:26 a.m. The next meeting will be on November 22th, 2019, at 9:00 a.m. at Government Center, room 4/5

  
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Recorder

11/22/19  
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Date

  
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Chair

11/22/2019  
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Date