

## REGIONAL MANAGEMENT GROUP MEETING

**Date:** January 24, 2020

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

**Attendees:** Margret Graham (LDN CSB), Lisa Madron (PWC CSB), Daryl Washington (FFX CSB), Deborah Warren (ARL CSB), Carol Layer (ALX CSB), Betsy Strawderman (PWC CSB), Jamie Elzie (DBHDS), Tara Belfast-Hurd (DBHDS), Amy Smiley (NVMHI), Judith Korf (Parent), Jean Post (NVRPO), Randy Buckland (NVRPO), Robyn Fontaine (FFX Fiscal), Wendy Rose (NVRPO)

**Guests:** Allison Guernsey (ALX CSB), Alexis Mapes (ARL CSB), Abbey May (FFX CSB), Jim Kelly (FFX CSB), Roshontia Haas (LDN CSB), Heather Baxter (PWC CSB), Suzanne Mayo (DBHDS), Heather Rupe (DBHDS), Gail Paysour (DBHDS), Dustin Wilcox (DBHDS), Lisa Jobe-Shields (DMAS), Laura Reed (DBHDS), Lee Higginbotham (Dominion), Garret Hamilton (North Spring), David Winters (North Spring), Sonja Flood (Novant), Karyn O'Brien (Novant), Paula Gaudino (INOVA)

**Recorder:** Xiuping Cheung (NVRPO)

Call to Order: Margret Graham (LDN CSB) called the meeting to order at 9:00 a.m. The group was welcomed, and introductions were made.

Handouts: Agenda, RMG meeting minutes (November 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, M. Graham welcomed the group. Minutes from November meeting were reviewed and approved.</li></ul>			
Alternative Transportation for TDOs	<ul style="list-style-type: none"><li>Gail Paysour and Dustin Wilcox from Alternative Transportation Program attended RMG to introduce Alternative Transportation for individuals under TDO to the group.</li><li>Region 2 is scheduled to have the Alternate Transportation program for adults roll out by the end of April 2020. Alternative Transportation Program representatives will reach out to each R2 CSB within the next week to schedule Stakeholder meetings and discuss training timeframes and requirements. After training is completed, Dustin Wilcox from Alternative Transportation Program will be the main Region 2 contact for questions/assistance. Funding for training will be provided by DBHDS.</li><li>DBHDS's Alternative Transportation Program is using a contractor – G4S. The van is well equipped for the purpose intended, it has a barrier between driver and passenger; audio and video recording; drivers receive 40 hours of in classroom training and 40 hours on the job training. Handcuffs will not be used on individuals unless it's deemed necessary. Facilities will receive a call 20 minutes prior to arrival, so staff can be prepared to pick up/drop off the individual.</li></ul>			

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	<ul style="list-style-type: none"> <li>Alternate Transportation program for youth will likely be rolled out towards the end of the calendar year. DBHDS leadership is currently reviewing the liability to transport parents/guardians in the car where the child is the only named person covered by the TDO and the transportation order.</li> </ul>			
<b>Status of Mental Health Coordination Workgroup and report to General Assembly</b>	<ul style="list-style-type: none"> <li>J. Post shared the report that was shared with General Assembly. The TDO data in this report is based on the first 4 months of FY20 and demonstrates trends reflective of a decrease in state facility usage and increased private hospital usage. State facilities: NVMHI – down 22%; PGH – increased 15%; CCCA – down 34%. Private hospitals: Dominion – up 10%, Fairfax INOVA up 13%, Novant up 100%.</li> <li>Contributing factors to this trend (positive change) in TDO admissions discussed: <ol style="list-style-type: none"> <li>FY19 – many private hospitals had beds offline due to ligature issues, staffing challenges, most hospitals are fully back online in FY20.</li> <li>Delayed last resort admissions which result in an individual boarding for extended periods in an ED and private hospital unit turnover during this boarding time, creates opportunities for a change in TDO facility from state hospital to private hospital.</li> <li>Decreased TDO in the Region may be an indicator of decreased need for BH inpatient services. Private hospital partners informed the group that the need for BH inpatient has not decreased.</li> <li>On-going and consistent collaboration between the public and private sectors.</li> </ol> </li> </ul>			
<b>Data review of Acute Care in Northern Virginia</b>	<ul style="list-style-type: none"> <li>J. Post reviewed “DBHDS Region 2 – Mental Health Coordination Workgroup for Acute Services; a public/private partnership” hand out with the group. Highlights were shared.</li> <li>Data graphs shared that demonstrate: <ul style="list-style-type: none"> <li>R2 has the lowest number of TDOs when compared to other regions and population size is factored in, 6%</li> <li>R2 is in its second year of a decreased trend of the number of TDOs, decreased by 4% in FY19 and a projected 6% decrease in FY20.</li> <li>R2 private hospitals are experiencing increases in the number of TDO admissions (Fairfax INOVA = 26% increase, Mt. V. INOVA = 39% increase, Novant = 131% increase).</li> </ul> </li> </ul>			



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	<ul style="list-style-type: none"> <li>○ R2 State Facility TDOs have decreased for all populations.</li> <li>○ NVMHI average occupancy is down to 85%, which is the desired occupancy level of DBHDS.</li> <li>• NVMHI from July – December had an increase in 165% for diversion admissions, admissions from other areas of the Commonwealth.</li> </ul>			
<b>System successes and challenges</b>	<ul style="list-style-type: none"> <li>• Emergency Services has noticed an increase of evaluations, even though TDOs are down. Regional Office will review and pull a report together to share.</li> <li>• Successes – D. Washington shared that Northern Virginia hospitalization rate is the lowest of the state.</li> <li>• Region 2 has 40-50% uninsured population, Medicaid penetration is lower than in other areas of the state. As a result, Region 2 needs to have a different strategy than the rest of the Regions for meeting the needs of our residence.</li> </ul>			
<b>DMAS BH Enhancement</b>	<ul style="list-style-type: none"> <li>• L. Reed (DMAS) shared a power point package on BH Enhancement with the group and discussed items in the Governor's budget.</li> <li>• Current top priorities are implementation of six high quality, high intensity and evidence-based services that have demonstrated impact and value to patients services that currently exist and are licensed in Virginia but are not covered by Medicaid or the service is not adequately funded through Medicaid:               <ol style="list-style-type: none"> <li>1. Comprehensive Crisis Services – Mobile Crisis, Intervention, Residential, 23-hour observation)</li> <li>2. Program of Assertive Community Treatment (PACT)</li> <li>3. Partial Hospitalization Program (PHP)</li> <li>4. Intensive Outpatient Program (IOP)</li> <li>5. Multi-Systemic Therapy (MST)</li> <li>6. Functional Family Therapy (FFT)</li> </ol> </li> <li>• Governor's budget for FY2021 total is \$7,155,416 to implement MST/FFT; FY2020 total is \$24,343,875 to implement Comprehensive Crisis Services, PHP and IOP.</li> <li>• DMAS has approved 1115 ARTS waiver, which allows Substance use disorder residential and inpatient treatment and required implantation of an ASAM continuum of care. In order for State of VA to apply for Behavioral Health waiver, VA must demonstrate a robust evidence base system of behavioral health services to show capability. This could be done through implantation of Step Virginia and some of the BH redesign efforts.</li> <li>• Definition and Rate information can be found on DMAS website:</li> </ul>			

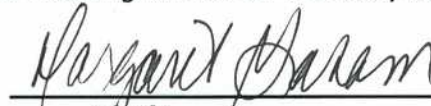
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	<a href="http://www.dmas.virginia.gov/#/behavioralenhancement">http://www.dmas.virginia.gov/#/behavioralenhancement</a>			

**Adjournment:** The meeting was adjourned at 11:20 a.m. The next meeting will be on February 28, 2020, at 9:00 a.m.

  
Recorder

2/28/2020  
Date

  
Chair

2/28/2020  
Date