

Mental Health Utilization Management Team- HPR I
Minutes
April 3, 2015
10 a.m. to 12:00 p.m.
Region Ten CSB

Meeting was called to order by Dennis Vaughn. There were 14 attendees including: Dennis Vaughn (HPR-I) Gail Paysour (HPR-I), Jessica Lawrence, (HPR-I), Robert Tucker (VCSB), Kathy Kristiansen (VCSB), Denise Janocka (HRCSB), Christy Cacciapaglia (WSH), Molly Yates (R10), Kathryn Doddridge (Richmond Comm. Hospital), Ellen Dotas (Sentara), Mary Schlimm (R10), Clarissa Griffin (Rockbridge), Jacque Kobuchi (RACSB), Carrie Wamsley (Poplar Springs), Anna Tuomisto (WSH), Tim Mathia (HBH).

Following welcome and introductions, Dennis Vaughn asked if there were any additions or changes to the agenda, of which there were none. Gail Paysour then gave the REACH update (see handout attached). Paysour further stated that REACH is busy and they continue to get requests, adding that all beds are currently full, they are busy in crisis admits, and they have done step-downs for Western State Hospital. She added that she is very excited about the Mobile Crisis Unit, that she and Barb Shue are currently receiving proposals from CSBs concerning materials needed and costs, and that by July 1 of this year, all mobile crisis units should be up and running. Concerning crisis call data, of which there is more information on the handout, Paysour noted that in February, more calls came in during business hours rather than after hours. This had been the opposite the month before. She noted that these calls concerned both medical and psychiatric calls. Paysour also noted that John Randolph Hospital will have designated beds (8 in total) for those with ID/DD beginning in May 2015, and that they will be receiving statewide.

Dennis Vaughn then went over collected data concerning the Psychiatric Bed Registry (see attached handouts). He noted that Region 1 had the highest number of searches, and Robert Tucker added that this may be due in part to differing procedures on how the data is collected. Vaughn then went over the PBR Comparison Data from December 2014. He noted that future data will reflect the numbers of emergency assessments rather than contacts, explaining that this is due to the differing ways in which ES emergency contacts are recorded by CSBs. Concerning the chart labeled "Comparison of PBR Searches to TDOs Executed, December 2014," he noted that marked differences between the number of total placement searches and the number of TDOs executed may be due to either multiple TDOs or inconsistent use of the PBR. He then called the group's attention to the Search Activity by Time of Day line graph, noting that late afternoon to early evening continues to be the busiest time for search activity, and reinforced that it is at these times when staffing is most important. Robert Tucker agreed that 2pm-10pm is the busiest call time for VCSB. Vaughn then went over the breakdown of updates to the Psychiatric Bed Registry by private hospital, state hospital, and CSU, asking the group to remember that these numbers may be a result of turnover, and that the most recent data is from February (attached handout). Anna Tuomisto asked if the hospitals are still contacted when their PBR has not been updated and the group agreed that yes, they are. Concerning reporting on the PBR, Vaughn informed the group that the "comments" section is for constructive comments about the process, and Tucker reminded the group that it is a professional document that is used for reporting, therefore it is widely shared and seen by people other than those doing searches. There was a suggestion to change the name of the section from "Comments" to "Status." Tucker also spoke to a change from the "Region" search feature to "Zip Code" for an easier search.

Vaughn mentioned that he would like to invite Dr. Cleopatra Booker to the next meeting so that she can show the group more features of the PBR that may be of use.

Vaughn then directed the group to the FY15 LIPOS encumbrances by CBS and by Hospital (charts in attachment). He noted that LIPOS encumbrances have already hit the one-million dollar mark, and he states that the projected LIPOS encumbrances for FY15 are 1.35 million, over one-hundred thousand more than last year. He added that likely all carryover funds will be exhausted by June 30th. However; Vaughn stated that he has been in talks with the Department about financial concerns, and those at the Department do agree that LIPOS works. Vaughn added that LIPOS is running smoothly, and that bills are coming in quickly and are being processed efficiently. Mary Schlimm clarified that LIPOS is only for those who are uninsured, then noted that she is seeing an increase in patients covered by insurance at Wellness Recovery. Tucker asked Vaughn if he had heard anything more on the statewide task force to address oversight and consistency in the LIPOS model, to which Vaughn says that it has grown quiet on this end, most likely because it is nearing the time for contract renewal and said he thinks these changes might be held off until FY17, but told the group that the changes he has heard of might include a five-day contract instead of the current four-day. Additionally, a proposed change has been to take both voluntary admissions and TDOs. Tucker added that the Region 5 model might include discharge planning and a flat, statewide rate. Concerning the hospital list, Vaughn informed the group that since the last meeting, Bristol Regional has been added to the hospital list, and reminded the group that on July 1st, the region will be expanding to accept Alleghany Highlands CSB.

Vaughn then gave the HPR I Regional Initiatives report for March 2015 (See handout), which included FY2015 LIPOS Data, the ES Activity and Exception Report Data for February, the DAP/RUMCT Report (which includes information pertaining to the HPR I DAP scrubbing on March 13). Concerning the number of ES Evaluations by Month chart, Jacque Kobuchi informed that group that RACSB was over 400 evaluations for March alone. She later added that there will be a spike in the HPRI Reported Exceptions as well. As for the Exceptions reported in February, Vaughn informed the group that of February's 10 Exceptions, five were last-resorts and went to WSH, Commonwealth, or an appropriate geriatric facility, 3 were TDOs not within the 8 hour mark for medical reasons, and two were transferred post-TDO. None were released into the community.

Vaughn then went over the HPR I Regional Program Utilization Report for February, noting that all of the numbers are not in for March as of yet. Mary Schlimm reported that her numbers for March are up to 88% and that Wellness Recovery is quite busy. Vaughn let the group know of a recent development in which Boxwood Recovery and the Mohr Center are collaborating in their process in order to maximize the utilization for both programs, and that they noticed that holding beds was hurting their utilization percentages.

Next the group looked at the report for the HPRI Aggregate Data for WSH and CSBs for the current fiscal year so far. Tuomisto reported that admits to WSH have increased and that March TDOs were "through the roof." She also reported a great number of forensic TDOs, and a 31% increase overall, as well as a 300% percent increase in geriatric admissions. Schlimm asked Tuomisto about WSHs capacity for the medically fragile, and Tuomisto answered that there are 18 beds, and that 2 beds are designated for those requiring IVs. The group discussed the capacity issues due to the changes in the laws and a concern over hospitals "dumping" those who are difficult to care for.

Concerning the Civil TDO Admissions to WSH (see handout), the large number of admissions in March was noted and discussed. It was noted that 20 civil TDO admits used to be the average per year, and now that figure is represented by March alone. IT was brought up that adolescent admits have tripled, and Vaughn pointed out that this signifies the need for the Mobile Crisis Units for children that Paysour and Shue are developing. Members of the group agreed, and discussed the difficulty of the creation of CSUs for children and adolescents. Kobuchi stated that there has been a rise in admissions for acute and psychotic children/adolescent admissions. Mary Schlimm also noted an increase of aggression in patients overall, regardless of age.

The Mental Health Utilization Management Team meeting was called to a close at noon, and the Emergency Services Meeting followed after.