

**HPR I REACH Advisory Council**  
**Minutes**  
**April 23, 2015**  
**10 a.m. to 11:45 am**  
**Region Ten CSB**

Meeting was called to order by Gail Paysour. There were 20 attendees including: David Yereb, (Northwestern CSB), Gail Paysour (HPR I), Karol Derflinger (REACH), James Vann (REACH), Megan Martin (Horizon Behavioral Health), Martha Gunter (Horizon Behavioral Health), Gayl Brunk (VAIL), Denise Forbes (CVTC), Lana Hurt (Wall Residences Arc/VA), Robert Hurt (Arc of VA), John Malone (HRCSB), Jessica Philips (Commonwealth Autism), Christine Holland (Commonwealth Autism), Tina Martina (Valley CSB), Martha Maltais (Region Ten CSB), Nancy Hopkins-Garris (Pleasant View, Inc. VNPP), Jim Gillespie (RACSB), Michelle Ebright (DBHDS), Kim Lett (dRC), and Dennis Vaughn (HPR I).

Following welcome and introductions, Karol Derflinger spoke concerning community trainings and reviewed the list of upcoming trainings on page 3 of the attached handout. She encouraged the group to send case managers. She also pointed out that there are new topics for training including those dealing with personality disorders, anxiety, and IDD. She stated that for more information, anyone in the group could contact Dona Stover, REACH clinical director, and asked the group to inform Dona of any topics that may be helpful for future trainings. Contact information is available in the handout. Gail Paysour asked the group to let her know if they are not using all of the slots for the START online series so that the information can be forwarded to others.

James Vann then told the group that he is looking to contract with Buzz Barnett to supervise Masters-level staff for LCSW, and they are currently utilizing Jennifer Meyers to supervise LCPs. He stated that three staff members are currently being supervised and that three more will be beginning supervision soon. He also gave an update on billing, stating that he feels good about the third quarter and that \$186,000.00 was billed in the past three months. He further stated that the majority of this is ID Waiver billing and DD Waiver funding. He said that there has been very little mental health billing due to changes in how billing is done this past January, further noting that the changes resulted in three weeks of no billing. He informed the group that now three staff members are available to bill for mental health, and Paysour pointed out that over 85% can be billed under IDD Waiver. James then called the group's attention to the new brochure, which provides both the emergency line and the non-crisis line, and noted that the non-crisis line has been a relief for on-call staff, and that the brochures will be given out when meeting providers, and that coordinators will have the brochures with them. Gail Paysour told the group she would send the brochure out electronically with any corrections needed.

Vann then turned the group's attention to the HPR I REACH quarterly data report (see handout, pages 4-8). He noted that there was a decline in January, as it was difficult to get referrals and reminded the meeting attendees that data from the fall showed full-capacity or over for beds. The numbers increased again in February, and though there was a slight decline in March, Vann states that overall, he is pleased with the data. He further spoke of a steady increase in in-home services and says that appointing an in-home services manager has helped the project to grow. They are currently hiring for in-home staff with QMHP certification and experience, as they will work fairly independently.

Gail Paysour turned the group's attention to the chart on page six (see attached handout) concerning the number of referrals by month. She pointed out that the number of referrals is not leveling out, and there is now a steady increase in coordinators' caseloads due to follow-up. Paysour further noted that she is keeping an eye on this trend to see how to best manage caseloads. Vann added that a great deal of data is collected and this is often the responsibility of the coordinators. He stated that this process must be streamlined so that coordinators can handle higher caseloads. Kim Lett asked if recidivism rates are recorded and Gail let her know that yes, they are. Paysour further added that the reason they are coming back a second time is recorded as well. Concerning the rate of occupancy, Paysour reminded the group concerning the rate of occupancy that the beds are flexed, and that is why the percentage goes over 100% at times. She also added that the Executive Director Forum is interested in continuing to keep data on whether beds are used for crisis versus planned stays but will be reported through CCS as a 6 bed crisis capacity.

After the group looked over the Crisis Line Utilization data on page seven, Martha Maltais asked if Mental Health is billed, and both Paysour and Vann confirmed that they are although ID/DD waivers are the greatest source of billing. Vann continued by informing the group that there continues to be a high rate of referrals. He also pointed out to the group that more individuals are coming from family homes, as 41% of recent referrals are from family settings, and that these people often utilize planned service from CTH. Paysour then explained the breakdown of the March 2015 Crisis Line Data on page eight of the handout. She noted that most calls, around 60% to 70%, are after-hours or on weekends, most likely due to less-experienced staff and less day support available on weekend. Dr. Ebright, when asked by Paysour, stated that this trend is not state-wide.

Paysour then turned the group's attention to page nine on the handout, which detailed the START Program certification process, noting that the service is currently in its fourth year, and she hopes that it will become a nationally-certified program in one year. The group was then asked to look over the minutes from the last HPR I REACH Advisory Council meeting to find and report inadequacies, and to report any to Gail.

Paysour told the group that she plans to approach the Region Ten Peterson Clinic to ask if they would consider providing medical screenings and health care exams for individuals seeking admission to the REACH crisis center, in order to cut down on utilization in the ER for routine medical care. Concerning hospitals, Dennis Vaughn asked if John Randolph would be included on the PBR as a separate entity and Paysour said that she would find about this.

The group then turned to the project manager's report (see attached handout), and Gail Paysour went over topics concerning recent changes in VA code and DMAS regulations, and the current status of the children's mobile crisis teams at each CSB. Concerning the children's mobile crisis team, Gail stated that concerns raised by Heather Norton may change the way the project is rolled out.

The next item on the agenda was introduced by Jessica Philips from Commonwealth Autism. Philips began by saying that Commonwealth Autism is currently celebrating 20 of services and highlighted the regional and state impacts that Commonwealth Autism has had on a regional and state level. She reported great feedback and good outcomes in the school, and added that the most recent training for the Registered Behavior Technician (RBT) credential is now complete (see attached handout, page 15). She further added that Commonwealth Autism would like to train 5-10 more providers. Kim Lett asked how

individuals are chosen for these trainings. Paysour answered, stating that diversity, sustainability, and a strong sense of how they planned to use the training are taken into consideration when choosing who is to be trained. Jim Gillespie added that this selection process worked well the first time and hopes that this is done the second time around as well. Paysour added to the group that the first five slots are currently locked for the five not selected for the first training, and that those hoping to be considered for the second five slots will be competing. Gillespie asked for a timeframe, and Paysour answered that it could begin as early as this summer based on funding. Nancy Hopkins-Garris suggested that the summer could prove difficult with vacation schedules, and Paysour agreed that perhaps fall would be a better time to hold the next training sessions. Jim Gillespie gave compliments to the training program, saying that he has received good feedback about the trainings, and Gail Paysour complimented Christine Holland's ability to engage the group through a variety of media. Gayl Brunk inquired if the groups could be combined, since not all of her staff will require the training. This was answered with a yes. Jessica Philips encouraged the group to call Commonwealth Autism with any questions.

Adding to the agenda, Gayl Brunk asked for the group's opinion in finding resources for a child who is currently in great need of services. Many members of the group gave suggestions, which she stated had already been exhausted. Concerning this, Gail Paysour stated that she would send over the new Resources Guide put compiled by Barb Shue for her reference. Robert Hurt stated that the Children's Mobile Crisis Teams could not "start soon enough," and the group agreed.

The meeting was adjourned at 11:45am. The next meeting will be held at Region Ten CSB on July 23, 2015.