

**HPR I START Advisory Council**  
**Minutes**  
**October 31, 2013**  
**11 a.m. to 1 p.m.**  
**Region Ten CSB Conference Center**  
**500 Old Lynchburg Road; Charlottesville, VA 22903**

Meeting was called to order by Gail Paysour. There were 27 attendees including: Bob Villa (DBHDS); Martha Maltais (RTCSB); Lynn Shoen (RTCSB); Nancy Hopkins-Garriss (Pleasant View/VNPP); Becky Shaw (WSH); John Malone (HRCSB); Krista Lynch (VCSB); Lonnie O’Baugh (VCSB); Felicia Prescott (Horizon); Todd Cramer (Horizon); Lana Hurt (Wall Residences/Arc); Robert Hurt (Arc); Kim Lett (disability Resource Center); John Santoski (ARC of the Piedmont); Denise Forbes (CVTC); Robert Tucker (Valley CSB); Dennis Vaughn (HPR I); Gail Paysour (HPR I); James Vann (START/ESUCP); Dennis Pancoe (START); Jon Yost (ESUCP); Kris Gillen (START); Karol Derflinger (START); Jennifer Miller (START); Francica Matthews (START); Dona Stover (START)

Following welcome and introductions, Bob Villa provided several updates. Beverly Rollins, hired by DBHDS as a consultant to assess systemic gaps in the continuum of care related to individuals with IDD, continues to work with several workgroups addressing a variety of issues including various aspects of START implementation, emergency/crisis services, access to acute care and crisis services for children with IDD. Recommendations have been sent to Jim Stewart and Olivia Garland and are under review. Any changes as a result of these recommendations will be announced by DBHDS, hopefully within the next month. Regions IV and V START programs plan to have their START centers open in November. This will have each region fully operational.

Ms. Paysour presented the Project Manager’s October report (attached). Linkage Agreements have been signed and are in place with 7 of the CSB ES programs. Only one CSB remains and a verbal commitment has been made to sign. Ms. Paysour thanked Bob Tucker for his work with START to complete the linkage agreements. The START on-line training series has begun and the region has several sites for viewing these monthly webinars. While attendance has been low, attendees report valuable training content and the hope is to continue marketing and increase community participation over time. Robert Hurt inquired as to whether these webinars would be recorded and available for viewing later. Ms. Paysour will make the request to the Center for START Services to see if this is possible.

Ms. Paysour presented the idea of establishing two workgroups as part of the council. One would be a **Quality Review Committee** to meet as needed to process complex cases or cases in which providers cannot come to agreement about treatment needs or feel their needs weren’t met. This work group would assess what happened and make recommendations for changes when needed. The second committee would be established as a **Development of Acute Care Resources work group**. This group would be tasked with making connections with community acute care providers and developing plans for filling the current gap of access to care for individuals with IDD and acute MH concerns. Some of this may be impacted by the DBHDS response to Beverly Rollins’ work. John Santoski referenced the Arc’s work with UVA medical students and noted their limited exposure to working with clients with IDD in the course of their schooling. It was suggested this may be a valuable linkage and that this task group may want to look at the possibility of developing curriculum to be presented to the medical schools and to other university programs. It was agreed to establish these workgroups. Ms. Paysour will compile a list of volunteers for these groups and assist them to begin their work.

Council reviewed the list of recommendations from Dr. Joan Beasley’s recent Annual Report’s Executive Summary. These recommendations were compared to the HPR I Regional Goals for FY14 (attached). Work on many of these goals is under way.

James Vann provided the START Director's Report

- Personnel Changes and Hiring Activities—All of the current START coordinators were present for the meeting and introduced to the Council. There has been significant staff turnover both on the clinical team and in respite staff. However, Mr. Vann was pleased to announce that this appears to be stabilizing and with 2 new Coordinators beginning in November there is only one vacancy to fill for which Mr. Vann has several qualified applicants. Dona Stover has been hired to fill the Clinical Director's position.
- The lack of a licensed clinician has hindered the ability for ESUCP to bill for services. With new staff hired, several will be licensed eligible and it is hoped that they will be able to increase billing shortly.
- Mr. Vann presented a plan for developing Crisis Stabilization Teams in an effort to mirror the program in HPR III which has been very successful. Hiring highly qualified staff for these positions will be challenging but should enable the program to better meet the regional demands for service and reduce the need for hospitalization. Mr. Vann expressed concern that this may change the role of START from a support to the system and increased demand for direct service. There was significant discussion around this topic. Members referenced the original intent of the region's RFP to the state and understanding of what START would do. Most members were supportive of the idea of mobile crisis teams and expressed the idea that these teams would increase provider competency rather than replace provider services. This will be a continued discussion as the program develops.
- There was significant discussion re: the role of case management and its interaction with START. It was reiterated that individuals coming to the START house must have a case management home (ID/DD/ICF) and that the expectation is for case managers to be active participants in any services that START provides. START coordinators assist any individuals referred without a case manager to be linked to the service. It was noted that START has had very few individuals referred who do not already have case management services. There was concern around the difficulty of case managers' participation and requirements for admission to the START center—particularly in crisis admissions. The START program's requirements to meet licensure regulations (especially around medication) were emphasized. Additionally, Mr. Vann noted the program's willingness to work with case managers when travel to the START center was a barrier. It was noted that individuals do need to have someone accompany them for admission to the START center to complete paperwork and provide information. This does not necessarily need to be the case manager but may be a provider or caregiver with adequate knowledge of the individual.

Meeting was adjourned at 1:00 pm.

**Next START Advisory Council Meeting will be at Region Ten CSB on January 23<sup>rd</sup>, 2014, at 10 am.**