REGIONAL MANAGEMENT GROUP MEETING

Date: January 22, 2010 **Time:** 9:00 a.m.

Attendees: Tom Geib, Cynthia Kemp, Tom Maynard, Mike Gilmore, Cindy Koshatka, Maximilien Del Rio, Justin Lux, George Braunstein

Guests: Jerry W.

Recorder: Julie Parkhurst

Call to Order: Tom Geib called the meeting to order at 9:00 a.m.

Notes: Notes from December 19, 2009 were approved and signed.

Handouts: *Agenda, RMG Meeting Notes (December 19, 2009), Regional Utilization Management Report, Budget Facilitation Discussion, FY10 HPR II Regional Funds Budget Status, To-Do List, TDO Crisis Plan*

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
Budget Facilitation	Look at an integrated approach to viewing a situation more holistically, such as Arlington's model. Case management needs to be solidified in order to protect the consumer and to be the gatekeeper of funds in the system. Operating philosophies differ between MH, ID and SA. If control over case management is lost, results can be catastrophic. In Arlington, the case manager/therapist does therapy and helps in the community. All community time is tracked. ID and SA community case management is contracted out. Alexandria has separated therapy and case management. Fairfax case management is a financial and political tool. They are the local authority and managers of the service system. Advocating as a service provider instead of a local authority is a challenge although they are uniquely set up to act as both. People look to the local authority as a safety net which may provide some leverage. Ultimately, case management is a multi-dimensional issue. Risk factors are different for different groups. Loudoun can get funding for group homes, but not for community support services. There are more mentally ill people in jails than in hospitals. Kansas asked their State for money up front to support their population and then contracted with private providers.	-Who we serve and what we provide need to be indentified. - Define case management. - Avoid ego systems and power struggles. - Shape services around the current economy. - There are three groups of people getting services: 1) those that need follow up in the community, 2) those who need intensive services and 3) those who use the system for sustenance but show no growth. We need to prioritize. - Principles clash with what is politically possible. - The system is always stressed somewhere (hospitals, jails, etc.) - Protect the core – other things may need to be dropped	All	

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Budget Facilitation (cont.)		to accomplish this - Create a regional acute care system so money saved could go to more community supports. Identify critical basic services needed in region such as walk-in services for meds, crisis, on-call system for hotlines staffed by areas of expertise. - ES and Case Management are key. - Invite C. Pumphrey to next meeting to help put thoughts together and design a regional core.	C. Koshatka	ASAP
New Business	Waiver/ICFMR Funds: Goal is to reduce admissions to training centers. Fairfax is interested in learning more about it.	Defer discussion until M. Diorio is available		
Data	UM Report: • 29 LIPOS admissions in December. 4.4 day LOS is lower than average LOS for FY09. • NVMHI had 96 admissions in December. 24% of admissions were TDOs, 29% insured. They were at 94% occupancy. The EBL is up to 35. • There were 44 admissions to Crisis Care in December and there was a 67% occupancy rate. 33% had a SA dx. • RAFT had 10 clients in ALFs in December. Four clients are in nursing homes. The waiting list is 7 for ALFs and 4 for nursing home placements. 1 new referral was obtained. 5 remain at ESH, 24 at PGH. They are pursuing more money to place wait listed people in ALFs. • 209 commitment hearings in December. • WWP is having a Suicide in Vets presentation on 2/26 and is worth 6 hours of CEUs.	Overflow shelters do seem to have an impact on admissions.		

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Budget	The LIPOS budget is projected at $249K surplus. $1,000,000 has been spent in FY10 for LIPOS. $97K in recovery funding is ongoing for FY10 from the cancelled Trilogy contract and $122K is uncommitted ongoing in FY11. We are still waiting to see what the budget award will be for the HIV program. This federal program starts on March 1. Retained earnings are in recovery waiting for RFP on house so it can be obligated. The 5% Medicaid reduction to vendors would affect a few hundred people in Fairfax and create a loss of $2-3 million in funds. Some vendors may not be able to sustain themselves with the cuts. ID services will be frozen for a year. Some will end up in the ER, straining the MH system. Alexandria may have to close one ID group home around 7/1/10. Anyone willing to partner with Arlington to write to legislators would be appreciated. With schools losing funding, local governments will have pressure to help them, further lowering county budgets.			
Updates	TDO Crisis Implementation Plan: The plan was presented and it was agreed that it will be implemented. RMG says that the scenario that prompted this procedure happens rarely and always works out in the end. ES needs to be empowered to solve their bed problems, not Executive Directors.	ES should continue to refine this procedure.	ES	Ongoing
	PHWG: The PHWG format needs to be changed as it has become a place mostly dedicated to information sharing.	- Meet with key people regarding their intentions for PHWG attendance.	RMG	ASAP
	PHP: This has not been used yet. Mt. Vernon is up and ready. The contract with Dominion has been signed and will go out today. They will be up and running on 2/1/10.	- Draft a list of common themes we want to address. - Open RUG meeting to hospitals.	G. Braunstein C. Koshatka	ASAP ASAP
	NVMHI 16 hour Hold: Pilot has been completed and procedure is in effect. It was rarely used.	- Discuss further via phone.	RMG	1/25/10
	To Do List: A list of items generated during RMG meetings but not completed was distributed. The list will be reviewed	Put the TDO Implementation Plan on the list	C. Koshatka	Ongoing

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Updates (cont.)	and updated at the end of each meeting.			
Round Robin	Loudoun: The budget is still being written. 35 positions are at risk of being eliminated from the budget. NVCC has asked Loudoun for an MOA to assist with their crises. The possibility of a regional contract has been voiced as well to include all NVCC campuses. NVMHI: Budget demands are becoming more critical. Jim Stewart is the interim Commissioner. NVMHI had to use one time funds and savings to get through FY10. FY11 and FY12 will be difficult. Arlington: January projections on budget cuts look better than previous ones. They are losing about $1 million. Governor is releasing budget amendments next week. There was a delay due to an ill employee. Alexandria: They are going to lose 16 positions and five will be RIF'd. They are partnering with Arlington for a FQMHC. Fairfax-Falls Church: Budget cuts total about $7 million. $5 million will be used for administrative cuts and the other $2 million will have to be in services.$26-27 million has been lost over the past 6-7 years. Children's services are being added through new ways to use CSA.	.		

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on February 19, 2010, at 9:00 am in Chantilly.

Items for next meeting: Develop a regional core.

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Recorder **Date** **Chair** **Date**