REGIONAL MANAGEMENT GROUP MEETING

Date: July 23, 2010 **Time:** 9:00 a.m.

Attendees: Tom Geib, Kaye Fair, Carol Layer, Tom Maynard, Cindy Kemp, Cindy Koshatka, Justin Lux, Mark Diorio, Maximilien Del Rio (by phone)

Recorder: Julie Parkhurst

Announcements: L. Trumbull is leaving NVRPO for a position with Arlington CSB in mid-August.
J. Pezzoli is looking at efficiencies in Institutions and is putting together a work group which needs Northern Virginia representation. D. Nelson will be requested.
Consumer representation is needed on committees.
J. Lux will be out for the next two weeks.

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

Notes: Notes from June 25, 2010 meeting were approved.

Handouts: *Agenda, RMG Meeting Notes (June 25, 2010), Regional Utilization Management Report, EBL, FY10 HPR II Regional Funds Budget Status, MOA between HPR2 and NVMHI Regarding Hospital Beds, RMG Meetings Follow-Up List*

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
Issues	• Response to Budget Reductions: VITA has increased its costs which caused NVTC to sustain a surprise cut. NVTC has 168 beds and by end June 2011 they expect to be at 153. Emergency respites are coming in. There is a review process within 21 days of admission but these clients are hard to place and may have to be admitted. ICF/MR discussions are still taking place. A crisis stabilization home is needed for the ID population; however, lack of funds makes it difficult to maintain adequate supports. CSB Boards are concerned about the state cuts and NVMHI bed closures as legislators had inadequate information at budget time regarding bed closures. The Commissioner likes to use Region 4 as a model for success. Needs in HPR2 are significant but misunderstood. A letter from the Boards is needed to provide a framework and quantify our needs. Secretary Hazel is expected to be visiting HPR2.	Contact legislative liaisons and schedule a meeting.	EDs	2nd week of August 2010

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Issues (cont.)	• NVMHI Bed Reduction: Three changes were made to the MOA and explained (return unexpended funds to region, approve state hospital transfers into NVMHI in advance, termination of contract needs to occur within first 90 days because staff will be hired). Staffing needs to be restored to support 123 beds for the one year timeframe of the MOA. NGRIs will be dealt with on a case by case basis when a transfer to NVMHI is requested. The Housing RFP is close to being complete, hopefully within a few weeks. Medicaid is planned to cover ongoing costs.	MOA was signed but one signature is missing.	M. Del Rio	ASAP
	• TDO Crisis Plan: Plan is on hold until NVMHI is adequately staffed. NVMHI foresees no problems with addressing modifications requested by RUG due to potential availability of off-line beds.	Finalize TDO Crisis Plan	NVMHI RUG	By end August 2010
	• RAFT: Capacity exists to increase the number of consumers served. All ALF money has been used. Arlington would like to expand eligibility criteria beyond CSB referrals and use Cherrydale NH for non-CSB clients as a first step. Lowering the age limit could be a potential second step.	Pilot for 3 months.	RAFT	Oct. 2010
	• FY12 Planning: NVRPO would like to know what role it should play in the child crisis stabilization facility being planned. A proposal is being put together in order to be ready when CCCA closes. G. Braunstein and C. Kemp have been evaluating the need for a one-stop facility for crisis care, emergency services, medical clearance, police drop-off and equipped with Drs. Managed care is coming as a subcommittee of the VACSB; VACSB would develop program and staff it.	Update to be given after focus group with Sheriffs is complete. Build a calendar and discuss on Monday phone meeting.	G. Braunstein C. Kemp T. Geib C. Koshatka	August 2010 Phone meeting
	• Partnership Time Slot: An evening meeting was suggested at the last Partnership meeting so that consumers who are working during the day can attend.	Find out who would be attending if an alternate time slot were created.	C. Koshatka	ASAP
Updates	• Insurance Reimbursement Proposal: NVRPO will work on	Remove from agenda.	C. Koshatka	ASAP

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	this if RMG would like this to be pursued.			
	• Meeting Follow-Up List: List was discussed/updated.			
Budget	• Regional Budget: The regional budget was discussed. Wounded Warrior has asked that the regional management fee be decreased. Aftercare managers have asked that the regional management fee be reserved on a yearly basis so an additional RDAP plan can be used with ongoing funds. There are unexpended funds at year end due to attrition so one-time unexpended funds are available for regional management fee.	Wounded Warrior request was denied. Regional fee will remain the same as FY10. Aftercare request was approved.		
	Unexpended funds are available.	Solicit ideas for uses of unexpended funds and discuss at next RMG meeting	RMG C. Koshatka	8/27/10
	Deaf funds are available for region to reimburse CSBs.	Send invoices to J. Lux		Ongoing
Data	Highlights of the UM Report: • 42 LIPOS admissions in June; 447 YTD. 4.3 day LOS is lower than average LOS for FY09. 11 people in LIPOS >12 days, 2 > 18 days YTD. • NVMHI had 78 admissions in June; 985 YTD. 15% of admissions were TDOs, 31% insured (for the month of June). They were at 95% occupancy. The EBL was presented and is at 22. Readmission rate is 11% this month. • NVTC statistics are in the report. • RCRT: 43% crisis prevention, 27% crisis stabilization, 20% hospital diversion and 10% hospital based. • 71 admissions to Crisis Care in June with 89% occupancy rate. 40% had a SA diagnosis. 80 clients have stayed >21 days YTD. Most admissions constitute hospital diversion or step down consumers. • 196 TDOs occurred in May; 2382 YTD. 38% of them were CMA. Prince William has been asked by the State for annual TDO information as part of the performance	Some NVMHI insureds come from WSH. Explore sending these to private hospitals or crisis care. Ask discharge planners about length of stay, etc. Distinguish between emergency and regular respites for NVTC in FY11. Explore how much Medicaid revenue is being brought in by RCRT.	C. Koshatka NVRPO M. Diorio NVRPO	8/12/10 FY11 ASAP

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Data (cont.)	contract. • RAFT had 8 clients in ALFs, 3 in supported homes, and 4 in nursing homes in May. There have been 6 hospitalizations YTD. 5 at ESH, 28 at PGH.			
Round Robin	NVRPO: J. Lux will be studying at Oxford for two weeks. NVTC: Issue regarding discharging people from training centers is statewide. SEVTC parents are uncomfortable about their children going to ICFs. Data from Sen. Barker's report will be compiled soon. The Commissioner would like to expand community services. VCBR was not adequately funded and is searching for additional funds on a monthly basis. Loudoun: Margaret Graham has been a welcome addition to Loudoun's CSB. Prince William: The recruitment for a Dr. is not going well. One is on contract and the RFP will be re-opened. Arlington CSB: Arlington hired an executive search firm to find a psychiatrist.	.		

Adjournment: The meeting was adjourned at 11:30 p.m. The next meeting will be on August 27, 2010, at 9:00 am at Fairfax Government Center, Rooms 4 and 5.

Items for next meeting: ID Plan, Crisis Continuum Update, TDO Crisis Plan

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