REGIONAL MANAGEMENT GROUP MEETING

Date: June 25, 2010 **Time:** 9:00 a.m.

Attendees: Tom Geib (late), George Braunstein, Mike Gilmore, Cindy Koshatka, Justin Lux, Mark Diorio, Maximilien Del Rio

Guests: JoAnna Barnes, Tom Soxman, Bill Yolton

Recorder: Julie Parkhurst

Announcements: Signed MOAs for P.D. 19, Colonial and Crossroads have been distributed.
Olivia Garland, Deputy Commissioner, agrees that the $2 million LIPOS imbalance needs to be addressed with the State.

Call to Order: Cindy Koshatka called the meeting to order at 9:00 a.m. in Tom Geib's absence.

Notes: Notes from May 28, 2010 meeting were approved.

Handouts: *Agenda, RMG Meeting Notes (May 28, 2010), Regional Utilization Management Report, FY10 HPR II Regional Funds Budget Status, MH Regional Deaf Services FY09, Housing Choice Vouchers, Draft MOA between HPR2 and NVMHI Regarding Hospital Beds, TDO Crisis Plan, RMG Meetings Follow-Up List*

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
Issues	NVMHI Bed Reduction MOA: The draft MOA was distributed and reviewed. A safety net needs to be included. This resource of 13 NVMHI beds is to be used solely for Northern Virginia for acute short-term response to a mental health crisis, not for forensic services, etc. Assistance will be needed from the state to determine restrictions. Our region would like to have a voice in policy decisions made in Richmond; our position needs to be formally noted and hopefully supported by the State. NGRIs are numerous in the state hospitals because they require lengthy hospitalizations. A regional effort is needed to manage admissions.	Consider whether NGRIs could be served by a private provider. Provide feedback to C. Koshatka. Long term bed management plan is needed. State needs to agree to short-term safety net and be involved in and endorse long-term plan with a large consumer base. Keep region informed of planning for FY12; issues	 RMG RMG RMG/State M. Del Rio	 ASAP 7/2/10 Ongoing Ongoing

REGIONAL MANAGEMENT GROUP MEETING

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
Issues (cont.)		impacting staff can be discussed in a closed door meeting.		
	• TDO Crisis Plan: Phase one and two need to be collaborative processes. Discuss where to put a medically compromised person in the event there are no appropriate beds when necessary. Olivia Garland requested a copy for discussion at the Director's meeting at NVMHI next Thursday. When initial changes were made, capacity was 129. With 123 capacity and offline beds there is more buffer room so NVMHI clinical staff will review revisions. CSBs want high level decision making but NVMHI does not. CSB staff and NVMHI staff need to spend time problem solving together and finding alternatives instead of escalating "exceptions". NVMHI's presence is needed at regional meetings. This plan is not just an "Institute" solution; it requires coordination with the CSBs as well.	NVMHI will look over plan and give feedback.	NVMHI	ASAP
	• Crisis Continuum: G. Braunstein and C. Kemp met with ES, Aftercare, and police and will facilitate a focus group with consumers. TDOs could be managed regionally but jail diversion is a local function.	Update to be given.	G. Braunstein, C. Kemp	July or August 2010
	• Medical Indigency: Hospitals need to know client income information in order for them to determine whether care can be written off as charity. Services provided by the Emergency Rooms were not addressed or included in LIPOS contract. Regional Emergency and Aftercare Managers did not support a system of obtaining client financial status to determine indigency; they supported the ED billing a consumer ED services provided prior to a LIPOS admission.	If client receives a bill that can't be paid, they should work with the case manager and hospital.		
	• Housing Vouchers: A handout was distributed, reviewed and will be sent to R. Payne. Vouchers will not help to get people off the EBL because necessary supports will not be in place; however, it may keep a person from having to go into the hospital. Alexandria			

REGIONAL MANAGEMENT GROUP MEETING

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
Issues (cont.)	CSB separates housing and treatment services because being the treatment provider and the landlord can be conflictual. Vouchers can be used for ID clients as well.			
	• ID Residence: RMG, Del. Greeson, Sen. Barker and Supervisor Bulova are to meet to discuss ID plan. Central Virginia is applying for funding for a residence. The will have two houses and use them as one facility. Several proposals were received for treatment provider services for our region. People have to come out of CVTC. CSB has to cover $30K per month for 3-4 months until ICF is licensed and can get DMAS reimbursement.	Have CVTC start review of potential discharges. Continue working with CVTC and families. JoAnna Barnes will come back when more application information is available.	J. Barnes	Unknown
	• Hospital Meeting: Hospitals have been unwilling or unable to take clients they feel would be better served by NVMHI. Their reasons include past history, violence, etc. When asked if anything would change their minds about taking some of these clients they said "No". NVMHI has to be a safety net. Other regions may jail more challenging clients. The Commissioner says private hospitals take all TDOs but it does not happen here. The presentation on 6/14/10 at the public hearing was well received. If Inova gets 23 hour beds, perhaps they could be paid for with LIPOS money.	Add Dean Montgomery to Partnership meeting distribution list. After plan is finalized, send letters regarding bed closures at NVMHI to LIPOS hospitals.	J. Parkhurst RMG	ASAP Mid July
	• RAFT: A request was made to eliminate the age requirement of 65 and over for RAFT eligibility as many people under 65 are clinically appropriate as well. While the funding stream may have age restrictions, the program does not have to. This would allow dementia patients at NVMHI to leave the facility.	Look at programming issues and find out how many people at NVMHI could benefit from RAFT services. Discuss at phone meeting.	RMG/NVMHI RMG	 6/28/10
Updates	• Woodburn Place Consumer Fee: WP submitted a proposal to begin billing regional clients on a sliding scale for crisis stabilization services starting October 1. Fairfax clients have always been billed. The RUG would like to see all CSUs do the same thing; however, Brandon House and Access have a different billing	RMG accepted Fairfax's decision to bill regional consumers for CSU services		10/1/10

REGIONAL MANAGEMENT GROUP MEETING

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
Updates (cont.)	system. The need to do this stems from a Fairfax policy and budget issue. • Insurance reimbursement proposal: This requires a legislative change and addresses having money from insured clients at NVMHI come back to the region. • Access CSU: The Access CSU in Arlington is now a regional facility. • RUMIS: RUMIS is not ready for a demonstration. After changes are made, the program has to be republished and go through VITA, which causes delays. • Meeting Follow-Up List: Kathy Baker proposed and created a Deaf Council within VACSB.	Call O. Garland to follow up with M. Del Rio's support. Data regarding number of deaf clients being served in our region were included in today's materials. Determine how much Medicaid funding is being collected by CRT.	C. Koshatka NVRPO	ASAP ASAP
Data	Highlights of the UM Report: • 26 LIPOS admissions in May. 4.3 day LOS is lower than average LOS for FY09. This is due to the high transfer rate to NVMHI. Concern exists regarding the disruption of the treatment episode when transfers occur. 10 people in LIPOS >12 days, 2 > 18 days YTD. • NVMHI had 75 admissions in May. 23% of admissions were TDOs, 28% insured. They were at 93% occupancy. The EBL is at 27. Readmission rate is 9% this month. • 65 admissions to Crisis Care in May with a 85% occupancy rate. 40% had a SA diagnosis. 74 clients have stayed >21 days YTD. Most admissions constitute hospital diversion or step down consumers. • 186 TDOs occurred in May and 39% of them were CMA. • RAFT had 7 clients in ALFs, 3 in supported homes, and	Poplar Springs has been taking more clients from our region. Determine whether these clients are being refused here or if there was a lack of bed capacity. CSUs have different levels of services depending upon the nature of the program.	C. Koshatka	ASAP

REGIONAL MANAGEMENT GROUP MEETING

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
	4 in nursing homes in May. There have been 5 rehospitalizations YTD. 5 at ESH, 29 at PGH. Outcome Measures: NVRPO would like to track outcome measures and will work with ES and Aftercare to do so.	Give CSB contact information to C. Koshatka	RMG	ASAP
Budget	• Regional Budget: The last set of FY10 LIPOS payments are being processed today. After the transfer to NVMHI takes place there will be about $100K left as reserves. There will be $137K in retained earnings from RAFT and $120K from Recovery to be reallocated. • FY11 Allocations: Aftercare has requested that the $40K DAF be transferred to RDAP Ongoing Funds. Then $40K of one time money from RDAP will be sent to NVMHI for DAF. WWP is requesting $16K for FY11 trainings for 400 CSB and facility staff as there is no federal allocation for this training. Funds can only be used for services. DAF and RCSC are requesting one-time carry over of funds to next year.	Put unallocated funds into LIPOS. Aftercare request was approved. WW request was approved. DAF & RCSC requests were approved.		
Round Robin	Alexandria: A question was put forth as to whether the Northern Virginia Coalition may be reconvening. NVMHI: FY12 plan currently calls for a $600K reduction. Fairfax-Falls Church: NAMI will be using an office in the NVRPO. Planning regarding autism and DD is being increased and there will be a CSB single point of entrance for consistency. Private providers will provide services in the community. Final recommendations are being reviewed before sending to the General Assembly. Resources will be allocated based on the severity of the disability. Definitions need to be clarified. Prince William: PW needs a Medical Director. There is an RFP to contract one full time Dr. Other CSBs may be able to use this contract as well.	.		

REGIONAL MANAGEMENT GROUP MEETING

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSI-BLE PARTY	FOLLOW-UP/DATE
	Bill Yolton: More homeless clients are being seen in the drop in centers, and funding should come from sources other than just CSB.	G. Braunstein will discuss primary care options with B. Yolton.		

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on July 23, 2010, at 9:00 am in Chantilly.

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

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