

**Mecklenburg County Local Management Entity
Consumer and Family Advisory Committee**

**Minutes
September 17, 2009**

Members Present: Steve M., Chelsi S., Ken G., Kathy A., Jim W., Sandy D., Barbara J., Dorothy D., Rina F., William M.

Members Excused: Ron Reeve, Lora C.

Members Not Excused: Chris B., Pat O.

Guest: Cherene Caraco, Suzanne Thompson

AMH Staff: Barbara Cross, Dennis Knasel

| AGENDA | AGENDA ITEM | ACTION |
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| Welcome & Introduction | <ul style="list-style-type: none"> ▪ The vice-chair called the meeting to order. ▪ Everyone introduced themselves. | |
| Agenda | <ul style="list-style-type: none"> ▪ Dennis stated he will discuss the LME Strategic Plan and will give an overview of State Budget Reduction for the LME Update. ▪ Ken requested to add an update on the Provider Council Ethics Committee. ▪ There was a motion given and a 2nd received to accept the agenda with the noted additions above. Motion approved. | Agenda Approved |
| Quorum | <ul style="list-style-type: none"> ▪ A quorum was present. | |
| Public Comment | <ul style="list-style-type: none"> ▪ None. | |
| Approve Minutes | <ul style="list-style-type: none"> ▪ The minutes were reviewed. ▪ There was a motion given and a 2nd motion received to accept the minutes. Motion approved. | Minutes Approved |

| EDUCATION | | |
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| Peer Support Programs <i>Cherene Caraco</i> | <ul style="list-style-type: none"> ▪ Information was distributed. ▪ Mecklenburg’s Promise has three primary areas: <ul style="list-style-type: none"> ○ Recovery University ○ Peer Support ○ Recovery Projects ▪ Meck Promise is currently working on a community support team definition and will launch it at the end of October. ▪ Meck Promise has been in existence for 3 years and has 18 employees, who are consumers or family members of consumers. ▪ The question was asked how peers are recruited. Cherene stated by word of mouth and through relationships. There are more applicants than positions available. ▪ Peer Support is utilizing one’s personal experiences to support one another with similar experiences. ▪ Peer Support Specialist is required to complete 40 hours of peer training from an approved training curriculum and 20 hours of additional training related to peer support, mental health, recovery, person centered planning, etc. ▪ An entity who wishes to certify peers must create a training curriculum based on a set of standards and submit to Behavioral Healthcare Resources Program for approval. ▪ Cherene discussed the pros and cons of the draft Peer Support definition by DMA. Sandy will write a letter on behalf of CFAC to DMA regarding the proposed service definition. ▪ There was a motion given and a 2nd motion received in support of Sandy writing a letter on behalf of CFAC. Motion approved. | Sandy to write letter approved. |
| CFAC BUSINESS | | |
| InfoShare Feedback <i>Steve M.</i> | <ul style="list-style-type: none"> ▪ Ken attended the DD break out session, in which Employment First and the budget were discussed. | |
| Membership Report <i>Lora C.</i> | | Deferred at this time. |
| CCAC Report <i>Rina F.</i> | <ul style="list-style-type: none"> ▪ Rina was unable to attend the September meeting, due to a conflict. ▪ CCAC is proceeding with customizing the Family and Consumer Cultural Assessment. | |
| Provider Performance Report Status <i>Sandy D.</i> | <ul style="list-style-type: none"> ▪ There are 21 categories to be rated. ▪ Dennis asked the service analysts to review the revised report against the pilot agencies original rankings for comparison. ▪ It was decided to rank a provider with the numerical system to assign the star rating. ▪ Dennis stated the numerical score will be presented to the subcommittee for review and approval. | |
| Provider Council Ethics Committee Update | <ul style="list-style-type: none"> ▪ There are 58 providers who have not returned the Code of Ethics letter. ▪ A letter will be sent to the LME suggesting the LME send a letter to these providers. | |

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| <i>Ken G.</i> | | |
| LME UPDATE | | |
| LME Annual Strategic Plan <i>Dennis Knasel</i> | <ul style="list-style-type: none"> ▪ Data was distributed and reviewed. ▪ This is the first year the State has not required the LMEs to have a Local Business Plan. Mecklenburg decided to develop an Annual Strategic Plan with goals for this fiscal year. ▪ The three providers for the Individualized Placement and Support model are Mecklenburg’s Promise, Goodwill, and Person Centered Partnerships. ▪ Sandy suggested adding a sub-bullet regarding self-advocacy and support under the Focus on DD continuum strategy. ▪ The On Ramp is a continuum of services for ages 16-24 years who are transitioning from the child to adult continuum. ▪ In reference to Employment First, Project Search is a model that started in Cincinnati, where an employer integrated the recruiting, hiring, and supports of individuals with disabilities into their organization. ▪ Rina asked where the services are for younger children with DD and Autism in the school system to make sure they are ready for transition. It was stated this is a CMS decision and that CMS is not always open to ideas. ▪ Zfive is an Infant MH Initiative for ages 0-5 years. Public Health provides the funding to the Children’s Developmental Services for birth to 3 years and MH health funding begins at age three years. This initiative is to find options for services or how to create services for a child 0-5 years without being diagnosed. ▪ Dennis suggested having Roxi Johnson come present on the housing initiatives. ▪ Sandy suggested adding consumers and CFAC to the strategy - Partner with relevant community agencies, under the Develop effective, efficient powerful stigma-busting marketing campaign objective. ▪ Sandy suggested conducting a mystery shopper with several community agencies requesting mental health services to see what their response would be. ▪ Sandy suggested adding a strategy to include children and seniors under the Provide outreach to underserved populations objective. ▪ It was stated the Crisis Stabilization Unit funding is being reduced as part of the state reduction. ▪ Sandy discussed the Community Advisory Committee and stated the CFAC chair is the only consumer or family member representation. Sandy is proposing to make a recommendation that consumers or family members be present. Dennis stated the CAC representation is for individuals who can represent groups of people. | Mystery shopper discussion to be cont’d at the next meeting. |
| State Budget Reduction <i>Dennis Knasel</i> | <ul style="list-style-type: none"> ▪ Dennis gave an overview of the state reduction. ▪ AMH’s reduction is \$6.4 million. ▪ The LME reduction is approximately \$352K, which represents a 5% total reduction. | |

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| | <ul style="list-style-type: none"> ▪ The Child and Adolescent Services reduction is approximately \$943K, which is 15% of the total reduction. The specific impact is minimal, as new initiatives will be eliminated, as well as Residential Level III & V and Community Support. ▪ The DD/MRMI services reduction is over \$1 million, which represents 17% of total reduction. Approximately \$400K in MRMI dollars was unencumbered and approximately \$200K in DD dollars was unallocated or unencumbered. ▪ Other category reductions in DD are: <ul style="list-style-type: none"> ○ Respite - looking at reducing by 50%. ○ Community Rehab program (CRP) category – this is connected to creating CAET as a new service definition and eliminating ADVP services. ▪ The DD BP committee recommended maximizing limited resources by shifting responsibility to Group Home providers to support “day activities” and community connections for consumers living in those homes (i.e. transitioning them from current participation in CRP). ▪ The DD BP committee also recommended looking at the continuum and redefining it and how the services need to be provided. ▪ The approximate reduction for SA is \$421K, which is 7% of the total reduction. This continuum has been the most underfunded in the past years. One of the SA prevention curriculums was reduced, which was duplication of activities of the Mecklenburg Drug Free Coalition. ▪ The Adult MH continuum reduction is approximately \$4 million, totaling 52% of the total reduction. Thirty-nine percent is coming from crisis stabilization, in addition to \$1.5 million in state funding not being received this year. ▪ Mobile Crisis reduction is approximately \$300k, which is 50% reduction of current county dollars and approximately \$200K of state dollars not being budgeted. ▪ BHC-Randolph is being reduced by approximately \$300K. ▪ The question was asked if there were any programs for persons aging. Lifespan has a program geared towards seniors that is based at Providence Methodist Church and RSS is working on a program. | |
| <p>Budget Prioritization Status <i>Dennis Knasel</i></p> | | <p>Deferred to the next meeting.</p> |
| <p>Best Practices Update <i>Dennis Knasel</i></p> | | <p>Deferred to the next meeting.</p> |
| <p>Endorsement Withdrawal Report <i>Dennis Knasel</i></p> | | <p>Deferred to the next meeting.</p> |

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| Provider Plans on Correction Report <i>Dennis Knasel</i> | | Deferred to the next meeting. |
| ANNOUNCEMENTS | <ul style="list-style-type: none"> ▪ MHA Annual Conference – Wrightsville Beach, September 23rd – 24th ▪ NCAPSE/SCAPSE Employment First Conference – Myrtle Beach, September 23rd – 25th ▪ Arc of North Carolina Annual Conference – Charlotte, Embassy Suites, September 25th -26th ▪ Carolinas Walk Now for Autism Speaks – Charlotte Motor Speedway, October 10th | |
| NEXT MEETING | October 15, 2009 | |
| FUTURE AGENDAS | Supported Employment, Best Practices Update (Quarterly), NC TOPPS, SA RFP Follow-up Reports | |
| ADJOURNMENT | 7:30 pm | |

Steve M., Co Vice-Chair of Consumer & Family Advisory Committee

Date