

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

**Minutes  
November 19, 2009**

**Members Present:** Ron Reeve, Steve M., Ken G., Kathy A., William M., Lora C., Dorothy D., Jim W., Sandy D., Joanne H., Rina F., Pat O., Chelsi S.

**Members Excused:** Barbara J.

**Guest:** Bill Cook, Tracy Hickman

**AMH Staff:** Barbara Cross, Dennis Knasel

AGENDA	AGENDA ITEM	ACTION
Welcome & Introduction	<ul style="list-style-type: none"> <li>▪ The chair called the meeting to order.</li> <li>▪ Everyone introduced themselves.</li> </ul>	<ul style="list-style-type: none"> <li>▪ For information only.</li> </ul>
Agenda	<ul style="list-style-type: none"> <li>▪ The agenda was reviewed.</li> <li>▪ The Consumer Choice Policy was added to the agenda.</li> <li>▪ There was a motion given and a 2<sup>nd</sup> received to accept the agenda with addition. Motion approved.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agenda Approved.</li> </ul>
Quorum	<ul style="list-style-type: none"> <li>▪ A quorum was present.</li> </ul>	
Public Comment	<ul style="list-style-type: none"> <li>▪ Kathy stated she attended the Systems of Care AHEC classes. She enjoyed the classes and recommended everyone attend. Kathy is requesting to give an update at the next meeting.</li> <li>▪ Ken stated he will no longer be attending the Provider Council Ethics subcommittee meeting and recommended for someone to participate.</li> <li>▪ William stated he will not be relocating in the near future, as previously mentioned.</li> </ul>	
Approve Minutes	<ul style="list-style-type: none"> <li>▪ The minutes were reviewed.</li> <li>▪ Joanne was missing off the attendance. Barb will add as Present.</li> <li>▪ There was a motion given and a 2<sup>nd</sup> motion received to accept the minutes with change. Motion approved.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minutes Approved.</li> </ul>

<b>EDUCATION</b>		
<p>Mobile Crisis Status  <i>Bill Cook &amp; Tracy Hickman</i></p>	<ul style="list-style-type: none"> <li>▪ Statistical data was distributed and discussed.</li> <li>▪ Mobile Crisis started in 2007.</li> <li>▪ The call response has increased 160% from the first quarter in FY07 to the first quarter in FY10. Mobile Crisis is anticipating approximately 1,500 calls this fiscal year.</li> <li>▪ The revenue is estimated to increase by 101% from FY07 to FY10.</li> <li>▪ The current budget is approximately \$600K, which is down \$150K from last year.</li> <li>▪ The staff size is: 4 full-time and 4 part-time, each scheduled for 8 hour shifts. Mobile Crisis is down two positions – one full-time and one part-time. The educational requirement is: <ul style="list-style-type: none"> <li>○ Masters degree in the MH field</li> <li>○ Must be a Licensed Clinician</li> <li>○ Must have at least one year experience in crisis</li> </ul> </li> <li>▪ The majority of the calls are typically received between 1-6 pm. The calls are starting to come in later; therefore a staff person has been shifted to accommodate these calls.</li> <li>▪ Mobile Crisis averages a 73% diversion rate. Diversion is defined as the person stays on the scene and does not go to the hospital or jail. Forty-four percent of the calls received are from the home location.</li> <li>▪ Mobile Crisis bills two sources: Medicaid or IPRS. Additional funding is provided through county funds.</li> <li>▪ Twenty-one percent of the consumers are privately insured. Private insurance cannot be billed, as this is not a covered service.</li> <li>▪ Tracy mentioned the CIT training has made a difference in the calls. For example, an officer noticed an individual that he thought had a disability that was contributing to his behaviors and contacted Mobile Crisis to help assist.</li> <li>▪ Mobile Crisis is willing to meet the transport vehicle at the hospital to help the consumer complete the forms and will stay until the consumer is taken for triage. Mobile Crisis staff will follow up with the hospital on the consumer’s outcome. If the person was observed or discharged to home, Mobile Crisis will follow-up with the consumer.</li> <li>▪ Approximately 10% of the consumers seen are receiving services through AMH.</li> <li>▪ Approximately 50% of the calls received are from provider agencies and the other 50% are from the individual.</li> <li>▪ Mobile Crisis is crisis oriented and does not schedule appointments.</li> </ul>	
<b>CFAC BUSINESS</b>		
<p>Consumer Choice Policy  <i>Dennis Knasel</i></p>	<ul style="list-style-type: none"> <li>▪ The policy statement was reviewed for both the current and revised policy.</li> <li>▪ For better use of time, it was decided to email the policies to the committee for review and approval.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Policy to be emailed for review.</li> </ul>

<p>Membership Report <i>Ron Reeve</i></p>	<ul style="list-style-type: none"> <li>▪ Chris B. has resigned.</li> <li>▪ A potential candidate that previously applied is now ineligible, due to SC residency.</li> <li>▪ Ron met with a Latricia Kirk, who wrote a book on SA recovery. She may be interested in becoming a member.</li> <li>▪ Ron has communicated with several providers in recruiting consumer involvement.</li> <li>▪ A request for candidates will be sent to the providers in next week's LME Hot Sheet.</li> </ul>	
<p>CCAC Report <i>Rina F.</i></p>	<ul style="list-style-type: none"> <li>▪ Rina did not attend the November meeting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rina will email the charter to the committee for review.</li> </ul>
<p>Provider Performance Report <i>Sandy D.</i></p>	<ul style="list-style-type: none"> <li>▪ The Performance Report revision was distributed for review and discussion.</li> <li>▪ The revision includes category names for each star category and footnotes. Sandy is still in the process of adding footnotes.</li> <li>▪ The items were reorganized by categories.</li> <li>▪ The service analysts will use a check sheet, which has criteria for each standard, to review the provider's documentation for evidence in meeting the standards. The items are then strategically scored to determine the star category rating.</li> <li>▪ The report does allow for providers to receive a ½ star rating once they meet the requirement for the two star category, e.g. 2 ½ category rating.</li> <li>▪ Dennis will revise the check sheet to align with the report categories.</li> <li>▪ The plan is to start this month with desk reviews and establish the star rating for the providers, if CFAC agrees. The ratings will not be published until a communication has been released explaining the different types of categories.</li> <li>▪ There was a motion given and a 2<sup>nd</sup> motion received to begin the desk reviews this month. Motion approved.</li> <li>▪ The "appeal" panel will consist of CFAC members.</li> <li>▪ If a provider appeals their rating, they will be given 10 days to respond with proof of documentation. If the provider does not respond within 10 days, the ranking will be final.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provider Performance desk reviews approved.</li> <li>▪ Discuss appeal panel at next meeting.</li> <li>▪ Reviews to start this month</li> </ul>
<p>First Responder Survey <i>Sandy D.</i></p>	<ul style="list-style-type: none"> <li>▪ Forty-five Community Support Team or Intensive In-Home providers were called. <ul style="list-style-type: none"> <li>○ 16 providers – had everything correct</li> <li>○ 3 providers – had all, but one item correct</li> <li>○ 26 providers – failed <ul style="list-style-type: none"> <li>▪ 14 providers – had everything correct, except they didn't call back in a timely manner or at all</li> </ul> </li> </ul> </li> <li>▪ If the provider is missing one component, they failed the survey. The providers who failed will be issued a plan of correction. The provider will be given 60 days to submit an improvement plan. The provider will then have a follow-up visit in another 60 days to</li> </ul>	<ul style="list-style-type: none"> <li>▪ The LME will start plans of corrections this month</li> </ul>

	<p>verify improvements have been implemented.</p> <ul style="list-style-type: none"> <li>▪ According to policy the provider can receive two plans of correction before their endorsement is withdrawn.</li> <li>▪ These providers will become the clinical home when community support ends. The First Responder component is a critical component in providing services.</li> <li>▪ The findings will be presented at the January Info Share meeting.</li> </ul>	
<b>LME UPDATE</b>		
<p>Division Plans and Direction <i>Dennis Knasel</i></p>	<ul style="list-style-type: none"> <li>▪ A communication bulletin was released that defined the requirements and process to become a Critical Access Behavioral Health Agency (CABHA). It also announced that Centers for Medicare and Medicaid approved the State's request to continue the qualified and licensed professional component of Community Support until the new case management definition is approved.</li> <li>▪ The Centers for Medicare and Medicaid Services will not approve a definition for MH/SA Case Management definition, until the DD Case Management definition has been approved.</li> <li>▪ For an agency to be eligible to provide case management and/or peer support services, they must be certified by the Division as a Critical Access Behavioral Health Care Agency. The agency must provide diagnostic assessments, basic outpatient services, medication management, and at least two enhanced services. Also, only a CABHA can provide Community Support Team, Intensive In-Home, MST and child Day Treatment.</li> <li>▪ The endorsement timeline has been tripled for the LME to review. If a provider submits an application for endorsement and cannot be endorsed by the timeline, they are notified their application will not be approved, as they will not meet the timeline.</li> <li>▪ The minimum staffing requirements are: <ul style="list-style-type: none"> <li>○ If a large statewide agency, a full-time Medical Director, full-time Clinical Director and a full-time Quality Improvement Director.</li> <li>○ If a mid-size agency, a part-time Medical Director, full-time Clinical Director, and a full-time Quality Improvement Director.</li> </ul> </li> <li>▪ The State is projecting 30 agencies that will qualify for this type of certification, with 5-6 agencies located in Mecklenburg County.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Further information re: Critical Access Behavioral Health Agency will be disclosed at the Pinehurst conference in December.</li> </ul>
<p>New Initiatives <i>Dennis Knasel</i></p>	<ul style="list-style-type: none"> <li>▪ The LME has started two initiatives: <ul style="list-style-type: none"> <li>○ Self-Advocacy –Mecklenburg's Promise has been allocated \$45,000 to serve as the training center and as consultants to the Self-Advocacy group RSS sponsors.</li> <li>○ Project Search – a Best Practice model founded at Cincinnati's Children's Hospital; it takes young adults in their final year of school and moves the classroom into a business environment. Their classroom work is geared towards working in that particular business/organization. Approximately, 50-60% of the students have a job in that company when they graduate. Another 20-30% of the</li> </ul> </li> </ul>	

	students are hired by other companies in the same field. RSS has been given the lead for this initiative as Phase II of the School to Life Transition initiative.	
Employment First Update <i>Ron Reeve</i>	<ul style="list-style-type: none"> <li>▪ Today, Ron and Grayce Crockett met with Chris Peek, County HR Director, to discuss the County becoming a leader on Employment First and participate in the Business Leadership Network and possibly Project Search. Chris seemed to be very interested.</li> </ul>	
Best Practice Update <i>Dennis Knasel</i>		<ul style="list-style-type: none"> <li>▪ Deferred at this time.</li> </ul>
Community Support Transition Plans <i>Dennis Knasel</i>		<ul style="list-style-type: none"> <li>▪ Deferred at this time.</li> </ul>
<b>ANNOUNCEMENTS</b>	<ul style="list-style-type: none"> <li>▪ NC Council Conference – Pinehurst – December 2-4, 2009</li> <li>▪ NC Business Leadership Network – December 3, 2009</li> </ul>	
<b>NEXT MEETING</b>	December 17, 2009	
<b>FUTURE AGENDAS</b>	Supported Employment, Best Practices Update (Quarterly), NC TOPPS, SA RFP Follow-up Reports, Strategic Plan Update	
<b>ADJOURNMENT</b>	7:30 pm	

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Ron Reeve, Chair of Consumer & Family Advisory Committee

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Date