

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

**Minutes
February 18, 2010**

Members Present: Ron Reeve, Steve M., Kathy A., William M., Rina F., Chelsi S., Barbara J., Ken G., Sandy D., Jim W., Pat O., Peggy Q.,
Pearlie C.

Members Excused: Lora C., Dorothy D., Joanne H.

Guest: Representative Beverly Earle, Ruby Lloyd, Suzanne Thompson, Pat Greenberg

AMH Staff: Barbara Cross, Dennis Knasel, Jill Scott

AGENDA	AGENDA ITEM	ACTION
Welcome & Introduction	<ul style="list-style-type: none">▪ The chair called the meeting to order.▪ Everyone introduced themselves.	<ul style="list-style-type: none">▪ For information only.
Agenda	<ul style="list-style-type: none">▪ The agenda was reviewed.▪ There was a motion given and a 2nd received to accept the agenda. Motion approved.	<ul style="list-style-type: none">▪ 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.	<ul style="list-style-type: none">▪ Minutes Approved.

EDUCATION		
<p>This Will Pass: Suicide Prevention <i>Jill Scott</i></p>	<ul style="list-style-type: none"> ▪ Last April, CMPD released a report stating suicide attempts in the community were up 55% for that month. ▪ Mobile Crisis reported an increase in suicide attempts, as well as CMC-Randolph. ▪ In response, AMH worked with CMPD, Mental Health Association (MHA), Mobile Crisis and CMC-R to develop a training video to get the message out to others and direct to resources. ▪ The film was viewed. ▪ Community partners have been asked to use the film as a training tool in their meetings and trainings. ▪ Copies of the film are available for distribution and were distributed to the provider community and partners. ▪ The film is also available online at the AMH Public website, YouTube, and on the County's main website. ▪ This is part of a larger campaign to get persons into needed services. ▪ Question Persuade Refer is a 1.5 hour class, which is offered through MHA. You can schedule a training session by contacting MHA. 	
<p>NC Legislative Perspective <i>Rep. Beverly Earle</i></p>	<ul style="list-style-type: none"> ▪ Representative Earle is currently serving her eighth term. She stated she has a passion for healthcare. ▪ The majority of the Representatives advocate for education and the healthcare system typically lose money to education. ▪ Ron R. stated it is unclear how the legislation monitors and assures the Division plans are being met. The plan was published in 2007 with five key goals. He asked how does the Legislature oversee progress over the plan and what accountability do they hold over the goals? ▪ Representative Earle responded her constituents hold her accountable, but to a large degree DHHS does what they want to do. The Legislature puts provisions in the budget and gives direction, but DHHS writes the rules. It is common that the Legislature doesn't know about things, until after it happens. DHHS has released definitions for reductions, without approval from Centers for Medicare & Medicaid Services (CMS). DHHS has taken dollars from other items to compensate for not meeting the proposed budget. ▪ Sandy D. asked Representative Earle what her take was on Secretary Cansler's view on the shenanigans, since he ultimate would hold DHHS accountable. The Secretaries come and go, but the staff is the same since before the reform. ▪ Representative Earle responded the Secretary has the final approval before moving forward. Mike Watson helped develop the CABHA piece. She believes a major problem is the ones 	

writing the rules are not the ones that have actually worked in the field. The information coming from DHHS is disconnected.

- Chelsi S. commented it is frustrating to see DHHS reference they received consumer input, when they only received input from very few consumers. How can we change this?
- Representative Earle responded to talk to your legislators and organize across the state to make a move. Many legislators do not know and rely on the committee process. She mentioned there are not a lot of consumers on the advisory committees.
- Jim W. stated DHHS is making predictions they cannot meet, and then make decisions to cover the shortfall. He doesn't believe they are asking for options on the items being reduced and now we really do not have the money to cover the items to cover what needs to be covered.
- Representative Earle stated she received a print out of the reduced items. DHHS reduced \$1 million out of the LME line item, reduced money out of SA line item, and reduced \$4 million out of the DD line item. DHHS is running \$35 million short of what was predicted for this particular time on the revenue end.
- Kathy A. asked with the cuts in process, how are we supposed to develop new programs and have effective services.
- Representative Earle responded they will be no new programs, since there are no new dollars. The best to expect is to be held harmless.
- Ken G. stated the Legislative Oversight Committee (LOC) received many gap in service studies over the years, which consistently told the LOC the state has not applied for available waivers and other options, this means the state has spent 100% state dollars on things.
- Representative Earle responded she believed DHHS is getting more in tune with applying for waivers and figuring out how to use federal dollars. We need to advocate that some of the money continues. Most of the money came with a clause stating the money had to be used for what is currently being doing. DHHS is able to move dollars around to other areas.
- Steve M. stated he heard Governor Purdue stated the MH Reform did not work. What is her plan or vision?
- Representative Earle responded she didn't think Governor Purdue had a plan. Her focus is on education. Representative Earle sent Governor Purdue a message to be concerned with the healthcare. Representative Earle stated it is up to the advocacy groups to bombard the legislature and DHHS with concerns.
- Steve M. stated he was concerned with the CABHA requirement as 1- it takes away the consumer centeredness and consumer choice and 2-it seems very medically oriented. Seems like we are going back to the old medical model, where the professionals know best.
- Ron R. stated there are some benefits to the CABHA, but is concerned with the degree of focus on clinical necessity which could inhibit choice and some recovery programs.

	<ul style="list-style-type: none"> ▪ Representative Earle responded Mecklenburg will be alright on the number of providers. The larger providers that can transition to a CABHA will be here and there will be choices. In the small counties, there are not going to be any choices. The requirement for the same number of clinicians whether you serve less than or more than 700 consumers is unfair. There should be more tiers. Also, do not see a lot of opportunities for new CABHAs once the transition period is over. The CABHA requirement is to have a three-year accreditation. Providers can provide the other services not required of being a CABHA, but those are the more expensive services. She believes the process is moving too fast. There doesn't seem to be any benefits for the larger providers to merge with smaller providers. The low level services are still needed within the community. Not sure if changes will be made prior to July. The CABHA requirement has not been approved by CMS. ▪ Kathy A. asked who monitors DHHS to help them understand they are being held responsible. ▪ Representative Earle responded no one. ▪ Kathy A. requested for NC TOPPS to be put on the CFAC agenda. She commented the NC TOPPS survey questions are offensive. When a consumer chooses to not answer, DHHS can enter a response. ▪ Ron R. stated there is a problem on how the NC TOPPS is administered and the outcomes. We need a better survey system and need to focus on the outcomes. Ohio has a good tracking system. ▪ Representative Earle responded DHHS gives the LMEs money and asked DHHS why can we not force the bad LMEs to model after the good LMEs. She will take back the NC TOPPS information. ▪ Ron R. stated the Legislative created the State CFAC, consisting of appointed members, which give DHHS major control over who is appointed. The voice of the local CFACs is not well represented in the State CFAC. ▪ Representative Earle responded maybe we can change the make up to have local CFAC representation. ▪ Due to lack of time, Ken G. stated will email additional questions to Representative Earle. ▪ Representative Earle stated we need to organize and be heard. She recommended attending the Short Session in May. 	
CFAC BUSINESS		
<p>Membership Report <i>Ron Reeve</i></p>	<ul style="list-style-type: none"> ▪ Peggy Q. and Pearlie C. submitted applications to become a member. ▪ Peggy Q. stated she previous worked with Disability Rights and Resources. She is a family member of SA. ▪ Pearlie C. is a grandparent of two boys, one with ADHD and Bipolar disorder. She volunteers with ParentVOICE as a grandparent facilitator. She is a previous CFAC member. 	<ul style="list-style-type: none"> ▪ Applicants accepted on the committee.

	<ul style="list-style-type: none"> ▪ Peggy Q. and Pearlie C. exited the rooms for a few moments, while the committee discussed their request. ▪ There was a motion approved, 2nd motion received to accept Peggy Q. and Pearlie C. on the committee. Motion approved. 	
<p>Provider Performance Report Status <i>Sandy D.</i></p>	<ul style="list-style-type: none"> ▪ The proposed website explanation was distributed for review. The explanation will inform the consumers and family members about the development of Provider Performance Report. ▪ Sandy D. will clarify this is a CFAC initiative and the LME, as well at the Provider Council, was asked to participate. ▪ Dennis K. stated the series of activities the LME is required to conduct are: <ul style="list-style-type: none"> ○ Frequency and Extent Monitoring (FEM) - which is a level of confidence that the agency can provide the level of services they say they can provide ○ Provider Monitoring Tool (PMT) - which is used to monitor the provider against the frequency of the FEM ▪ The Provider Performance Report (PPF), also known as the Star report, will become in sync with the PMT, so the extra standards on the PPR will be monitored at the same time as the provider monitoring process. ▪ The FEM scores are posted on the website. ▪ One issue anticipated that will come up are regarding six of the 20 standards on the PPR. These standards relate to things that are not part of the FEM or PMT, which are all the state requirements. Some providers may question why the LME is holding the provider accountable for something the state doesn't require. The LME wants to make clear, this is not what the LME is requiring, but instead is the voice of the consumers, CFAC, Provider Council Executive Committee and this is what our advisory committees are saying in terms of raising the bar. ▪ The additional standards relate to best practice methodologies and consumer and family involvement in those agencies. ▪ Dennis K. stated the providers are sent a letter asking to submit documentation of efforts for the additional standards within 10 business days. If the documentation is received within 10 business days, the LME will review and rate. If not received within 10 business days, the LME will continue to move forward. The providers are informed they will receive a rating regardless of compliance. ▪ The LME has been invited to present at the FARO conference, along with Piedmont Behavioral Health. ▪ There was a motion given and a 2nd motion received to accept the report with changes. Motion approved. 	<ul style="list-style-type: none"> ▪ Report approved.
<p>Consumer Handbook Discussion</p>	<ul style="list-style-type: none"> ▪ The draft table of contents was distributed for review. ▪ Kathy A., Chelsi S., Barb J., and Sandy D. are working on revising the handbook. 	

<i>Sandy D.</i>	<ul style="list-style-type: none"> ▪ Ron R. suggested adding the topic ‘What outcomes can I expect from services?’ 	
CIT Training <i>Sandy D.</i>	<ul style="list-style-type: none"> ▪ The training is one week long and teaches law enforcement on how to deal with MH/DD/SA consumers. ▪ A portion of the training focuses on persons with DD. This training segment is one hour long. ▪ MH consumers do participate in the training and have an active role. ▪ Sandy D. learned that no DD consumers are currently participating in the training. ▪ Please contact Sandy D. if you are interested in participating in the training. 	
CFAC Quarterly Data Review <i>Ron Reeve</i>	<ul style="list-style-type: none"> ▪ The last two years of IPRS and Medicaid data reports are posted on SharePoint for review. ▪ The data is listed by provider, by service, and by provider and service. ▪ Ron R. mentioned the data shows there are some providers billing very little and servicing few consumers. ▪ Ron R. asked the committee to think about the quality of services and the administrative cost on supporting the consumer when reviewing the data. 	<ul style="list-style-type: none"> ▪ Data will be reviewed in depth at a later date.
Budget Process Feedback <i>Ron Reeve</i>	<ul style="list-style-type: none"> ▪ Ron R. asked the committee for their opinion on how effective the process was and what the LME could do differently. ▪ Feedback given: <ul style="list-style-type: none"> ○ Meeting should be longer – not enough time to talk amongst group. ○ Thought disability breakout was good. ○ Possible separate providers/services for some degree of flexibility – remove services that need to remain. ○ Preferred last year’s process by ranking the services with dots. ▪ Dennis K. mentioned there is a \$64 million gap in services. ▪ The LME Management Team has had three sessions, where the baseline was formed for the 5% of county reductions. ▪ The budget reduction feedback session information will be reviewed and the 10% and 15% reductions will be developed. ▪ The County Manager’s theme this year is ‘doing less with less’. ▪ The BOCC will meet two days next week to prioritize the county services. 	
LME UPDATE		
News from the Division <i>Dennis Knasel</i>	<ul style="list-style-type: none"> ▪ None. 	
ANNOUNCEMENTS	<ul style="list-style-type: none"> ▪ Jim W. mentioned the NC Medical Journal’s recent issue is about sports for persons with disabilities. 	
NEXT MEETING	March 18, 2010	
FUTURE AGENDAS	Best Practices Update (Quarterly), LME Strategic Plan Review, NC TOPPS, SA RFP Follow-up Reports	

ADJOURNMENT

7:30 PM

Ron Reeve, Chair of Consumer & Family Advisory Committee

Date