

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

**Minutes
September 16, 2010**

Members Present: Ron Reeve, Steve M., Kathy A., Jim W., Peggy Q., Dorothy D., Chelsi S., Ken G., Joanne H., Gloria T., Pat O., Angela P., Tanya W.

Members Excused: Sandy D.

Members Not Excused: Rina F., Barbara J., Philip H.

Guest: Laura Thomas, Cherene Caraco, Scott Evans, Robin Hill-Emmons

AMH Staff: Dennis Knasel, Grayce Crockett, Jill Dineen-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. ▪ Agenda item RFA to Expand the Peer Support Specialists Pool by Providing Training Funds through the LMEs was added. ▪ There was a motion given and a second motion received to approve the agenda with addition. 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"> ▪ Scott Evans attended to observe the meeting. He is a licensed professional counselor and a licensed clinical addiction specialist employed by Melange Health Solutions. ▪ Robin Hill-Emmons is a family member of a consumer receiving services and attended to observe the meeting. She has submitted an application for membership. 	
Approve Minutes	<ul style="list-style-type: none"> ▪ The minutes were reviewed. ▪ There was a motion given and a second motion received to accept the minutes. Motion approved. 	<ul style="list-style-type: none"> ▪ Minutes Approved.

EDUCATION		
CMC Randolph Report <i>Laura Thomas</i>	<ul style="list-style-type: none"> ▪ Laura Thomas is the administrator for CMC-Randolph Behavioral Health Center. ▪ CMC-Randolph has contracted with the County for the past 20+ years to operate the hospital and outpatient services in mental health. ▪ The hospital inpatient beds have been full 100% for the past year. There are 22 child & adolescent (4-18 years) beds and 44 adult beds. ▪ CMC-R operates the only 24/7 psychiatric emergency department in the state, with psychiatrists onsite. 	

	<ul style="list-style-type: none"> ▪ CMC-R had approximately 16,700 visits last year. ▪ CMC-R has a 23-hour observation unit to hold people until a place can be found to place them; operates a 14-bed crisis stabilization unit for adults; operates two medication clinics; operates both child and adult partial hospitalization programs; and operates a 24/7 Call Center and currently answers the afterhours calls for AMH; conducts court ordered forensic evaluations; operates the ACCESS program is located on North Tryon for the homeless mentally ill; and operates the ACTT team which has 92 clients, with higher needs that received case manager, therapy, in home community services, etc. ▪ The call center receives on an average 220,000 calls a year. ▪ There are approximately 22,000 visits a year for adult outpatient visits, with a staff of 25 therapists. ▪ There are school-based staff that provided therapy within the school system at the high risk schools. They are currently located in 16 schools. ▪ There are approximately 10,600 visits for child & adolescent outpatient visits thru April 2010. This program was eliminated due to budget reductions. These consumers are being seen by community providers. ▪ The adult Community Support program will be phased out in December. ▪ CMC-R goals are providing community service and to keep persons out of the hospital. ▪ There were 16,700 ER visits for last fiscal year, which was an increase of three percent from the previous year. ▪ Broughton Hospital admissions are down. Broughton made a decision to no longer accept over their capacity. There are 17 persons from Mecklenburg on the Broughton waiting list. ▪ CMC-R staff meet every week to discuss consumer cases who have been hospitalized for over a week and to see what community resources can be utilized to keep the consumer from being hospitalized. ▪ In 2009, CMC-R closed the child & adolescent intensive outpatient services, adult community support team, and the geriatric specialty team. ▪ In 2010, CMC-R closed the child & adolescent outpatient program, child community support, and the school-based services were reduced by 50%. ▪ If CMC-R chooses to remain a CABHA, their funding would be reduced by \$2 million dollars. Rather than losing the funding, CMC-R may stop providing adult community support services in January. ▪ The committee can assist CMC-R by giving ideas on the expansion of community resources and the services the committee thinks are most important to keep persons out of acute services. ▪ There are eight psychiatric nurse practitioners at CMC-R that work in the medication clinics. 	
--	--	--

CFAC BUSINESS		
Membership Report	<ul style="list-style-type: none"> ▪ Chelsi S. received an application from an individual who has not been able to attend, due to 	<ul style="list-style-type: none"> ▪ Motion approved.

<p><i>Chelsi S.</i></p>	<p>scheduling conflicts.</p> <ul style="list-style-type: none"> ▪ Another application was received by Robin Hill-Emmons, who is observing the meeting tonight. ▪ Tanya W. has submitted an application and expressed an interest in joining. Tanya mentioned her interest came through Mecklenburg’s Promise. She is a parent of a child who has been through Mecklenburg’s Promise. Tanya holds a degree in psychology and economics. ▪ There was a motion given and a 2nd motion received to accept Tanya to the committee. 	
<p>CFAC Self-Advocate Internship Planning <i>Ron Reeve</i></p>	<ul style="list-style-type: none"> ▪ The basic points are: <ul style="list-style-type: none"> ○ Interns must be referred by the Self Advocates of Mecklenburg; ○ Each year, the Self Advocates of Mecklenburg will have an opportunity to have two self-advocate interns; ○ The interns are non-voting members; ○ One person must have experience with mental illness and the other must have experience with intellectual or developmental disabilities; ○ The persons will commit to being an active member by attending meetings regularly or notifying Ron; ○ After one term, an intern can submit an application to become a full term, voting member. ▪ This topic will be continued. 	<ul style="list-style-type: none"> ▪ Follow-up at next meeting.
<p>Consumer Handbook Status <i>Sandy D.</i></p>	<ul style="list-style-type: none"> ▪ Ron Reeve mentioned Sandy D. received feedback on the handbook from several people. ▪ Sandy D. will hold a meeting next week regarding the feedback. 	
<p>NAMI NC Conference update <i>Dorothy D. / Gloria T.</i></p>	<ul style="list-style-type: none"> ▪ Gloria T. and Dorothy D. gave an overview of the conference sessions they attended. ▪ Gloria T. stated the history of mental illness is over 6,000 years old. Six percent of the population has a mental illness. Twenty percent of the population has a vested interest in mental illness. ▪ Gloria T. stated the information presented was helpful and beneficial. ▪ Dorothy D. mentioned the conference sessions were excellent. ▪ Dorothy D. stated personal experiences allowed Dr. Fuller to relate and provided an excellent presentation. ▪ Dorothy D. learned that most male suicides are performed with a gun and mostly in rural areas. ▪ The workshop presentations will be posted on the NAMI NC website. 	
<p>RFA to Expand the Peer Support Specialists Pool by Providing Training Funds through the LMEs <i>Grayce Crockett</i></p>	<ul style="list-style-type: none"> ▪ The State released the application yesterday and the deadline is October 15th. ▪ One requirement is to have a letter of support from CFAC. ▪ The State is looking at providing training through six LMEs at up to \$23,000 to train persons to become an NC Certified Peer Support Specialist. ▪ The training has to be provided by an instructor using the Division approved curriculum. ▪ The LME needs to train at least 20 consumers. ▪ Another requirement is to have a commitment from one CABHA that would hire a Peer Support 	<ul style="list-style-type: none"> ▪ Motion approved.

	<p>Specialist.</p> <ul style="list-style-type: none"> ▪ The information was released to the provider community. An information session will be held tomorrow for interested applicants. ▪ Cherene C. mentioned the State will be releasing a state-wide training for Peer Support Supervisors. ▪ The training process is a 40-hour training requirement, plus an additional 20 hours related to peer support. ▪ The LMEs would be notified by November 15th. ▪ There was a motion given and a 2nd motion received to support the LME in the application process. 	
<p>Mecklenburg’s Promise <i>Cherene Caraco</i></p>	<ul style="list-style-type: none"> ▪ Cherene C. mentioned Mecklenburg’s Promise is two weeks away from becoming its own 501c3 agency. October 1st the target deadline to become a 501c3. ▪ Mecklenburg’s Promise has articles, by-laws, and a board of directors. ▪ Mecklenburg’s Promise is already recognized as a non-profit entity and waiting for 501c3 status. ▪ Mecklenburg’s Promise does have a fiduciary agent for 9 months, as they develop their financial department. ▪ Mecklenburg’s Promise does have a consumer operated board. 	
<p>Waiver Implementation Communication <i>Jill Dineen-Scott</i></p>	<ul style="list-style-type: none"> ▪ Jill Scott met with pbh regarding the communication of their waiver. ▪ Jill learned that pbh has a team of 12 communication specialists. ▪ Jill decided to create a communication team and asked for two volunteers from CFAC. ▪ The next meeting for the Waiver Communications Committee meeting is scheduled for October 5th from 10:30 am – 12 noon at the Sam Billings Center. ▪ The first task will be asking the general public, staff, consumers & family members and stakeholders what they want to know about the waiver. ▪ A few suggested questions are: <ul style="list-style-type: none"> ○ How will the waiver help DD consumers live a more comfortable life? ○ Will the waiver provide additional benefits for seniors? ○ Unsure how the 646 waiver will overlap with the 1915 waiver, since they are both Medicaid waivers. ○ Will the waiver provide additional benefits for seniors? ○ Will the waiver will go away or change in the future? ○ Will the consumers receive a Medicaid statement? ○ If a provider doesn’t meet the qualifications to be a part of the waiver, do they have a transition plan for clients? ○ What does ‘in a timely manner’ mean? ○ If transitioning, where does the case management agency find their resources? Does the consumer have input? What is the timeframe to be transition from one agency to the other? 	

	<ul style="list-style-type: none"> ▪ Jim W. mentioned there have been many changes and not all parents are as informed as CFAC, and therefore suggested a more in depth explanation be given. ▪ Jill will present questions and answers to CFAC, prior to publishing to see if the answer is articulated in a way for everyone to understand. 	
LME UPDATE		
Best Practices Update <i>Dennis Knasel</i>		▪ Deferred at this time
CABHA Status <i>Dennis Knasel</i>		▪ Deferred at this time
Waiver Status <i>Dennis Knasel</i>	<ul style="list-style-type: none"> ▪ The implementation date changed to July 2011. ▪ This timeline change allows the LME to get the IT and Financial structures in place and test the systems. ▪ The LME is currently in the process of obtaining the actuarial data to determine the capitation rate. ▪ The waiver development is in the process. 	
Service Definition Status <i>Dennis Knasel</i>		▪ Deferred at this time.
FY2011 Business Plan <i>Dennis Knasel</i>		▪ Deferred at this time
Mecklenburg Open Door (MOD) update <i>Dennis Knasel</i>	<ul style="list-style-type: none"> ▪ Ron Reeve asked Dennis Knasel to provide a brief update on the agency due to the recent events in the media. ▪ Mecklenburg Open Door has had some internal problems with leadership and fiscal controls. AMH does not have all the details of these issues. ▪ The MOD director, chief financial officer, residential program manager and a person conducting inspections for the Shelter Plus Program are no longer with the agency. ▪ The Shelter Plus Care contract was terminated the end of August and was brought in-house. ▪ The County Manager's Office has directed LME staff to meet with the Charlotte Housing Authority and the City. The hope is to transition the S+C program to one of these entities within the next 120 days. ▪ The Office of the Inspector General is onsite conducting a review of the S+C participant records, as well as fiscal records. Their length of stay onsite is unknown, it appears it will be at least through October. ▪ The MOD fiscal year FY'10 contract was initially extended for two months into this fiscal year under option for limited renewal; a FY'11 contract has been developed for Sept. – Nov. The LME/County will not continue doing business with MOD beyond Nov. 30, 2010. 	

	<ul style="list-style-type: none"> ▪ A RFI will be issued tomorrow looking for a certified CABHA to pick up the Adult MH Integrated Continuum of Services. Applicants will be given 10 business days to respond. ▪ There are currently 14 approved CABHA's in Mecklenburg. One provider is located in Mecklenburg County and is an adult provider. The other 13 agencies have corporate offices located outside of Mecklenburg County. ▪ The LME received notification last week that an agency failed their third attempt in becoming a CABHA. They must wait one year before reapplying. ▪ There is a possibility AMH may have to pay back some Shelter Plus Care funding. 	
ANNOUNCEMENTS	None	
NEXT MEETING	October 21, 2010	
FUTURE AGENDAS	Best Practices Update (Quarterly), SA RFP Follow-up Reports, NCTOPPS, CFAC Data Analysis Requests	
ADJOURNMENT	7:30 PM	

 Ron Reeve, Chair of Consumer & Family Advisory Committee

 Date