

CFAC Meeting Minutes

July 19, 2007

Present: Virginia, Leslie, Gwyn, Rhonda, Megan, Cheryl, Allen, Heather, Edward, Shira, Pam, Bradley, Steve, Marcus, Vicente, Ken, Suzanne, and Michael

Guest: Katherine Hudson (OPC STAR/Authorizations Manager)

Minutes: The minutes of the June meeting were approved as written.

REPORTS

Update from CFAC Chair: Virginia reported that she and Leslie met with Judy Truitt on July 10th and shared details of CFAC's discussion in June on the possibility of opening a drop-in center. Judy is open to continuing this conversation, and has asked Michael to research cost projections. Virginia also noted that they shared the concerns expressed about the apparent disorganization at Freedom House regarding crisis services for consumers with mental health needs. Virginia reported that Heather Griffin (an OPC employee) would be starting at Freedom House soon, and was hired to coordinate Freedom House's mental health services. Judy shared CFAC's concerns with Heather and feels confident she will try to address them once she starts her new job there. Leslie added that they also shared the concerns raised in June about the reduction in space at CFN's Hillsborough site, where DBT is offered. Judy reported that because CFN is a private agency, they cannot be given priority for county office space over county agencies like DSS. Judy did work with the counties to ensure that some county office space would still be available. Leslie also added that it would be helpful if CFAC could identify specific items they want brought to Judy Truitt, since she and Virginia have had to make their own judgments of what CFAC would want them to discuss with Judy (based on topics that have arisen at CFAC meetings). Members noted that this level of access to OPC's director is a positive step toward maintaining good communication.

Update from OPC CFAC Liaison: Michael let CFAC members know that the State CFAC had released a report that compiled the information submitted by local CFACs with regard to areas of concern and suggested steps to address them. He noted that the report was included in the Pass Around Folder if anyone would like to have their own copy. Michael highlighted some of the areas covered in the report, which was broken down by disability area. Concerns and recommendations for mental health included:

- Lack of low-income housing. *Recommendation* - provide more housing subsidies for tenants and tax credits for developers.
- Consumers do not know who to call or where to go for services. *Recommendation* - LMEs and CFACs should hold trainings/health fairs in local communities.
- Shortage of crisis services and psychiatrists, shrinking resources following the reduction in the Community Support service rate, lack of service coordination, and limited providers for people without insurance, were all identified as problems with system reform. *Recommendations* - offer free education in public universities in exchange for equal years of practice in underserved areas, implement the Report Card for providers, and expand peer support.

Concerns and recommendations for developmental disabilities included:

- Support is needed for independent living. *Recommendation* - fully implement Money Follows the Person.
- There is not enough training for DD consumers on how to live in the real world. *Recommendation* - partner with the Arc for hands on training.
- With regard to system reform, problems identified included improper program placement, lack of work opportunities in the real world, and lack of services in general. *Recommendations* - proper program placement, increase developmental training time, and explore supported employment and micro enterprise opportunities.

Concerns and recommendations for substance abuse included:

- Lack of transitional housing and a shrinking number of residential support options for persons new in recovery. *Recommendation* - explore grant funding for halfway houses and encourage development of Oxford Houses.
- Lack of statewide education regarding S.A. prevention. *Recommendation* - develop more outreach programs for the public and for school-aged children.
- With regard to system reform, problems identified included an overall lack of services (including halfway houses and S.A. therapists for adolescents). *Recommendations* - the Division needs to recognize and mandate best practices in the S.A. field, as well as increase funding for step-down programs. Also, S.A. services need to be better reimbursed so providers have incentives to develop more services.

Michael noted that lack of transportation was identified as a problem by all 3 disability areas. Recommendations to address this issue were to explore successful models from other states and to seek out grant funding for increased transportation.

Finally, Michael pointed out that the report identified 5 specific populations that are being underserved:

- Working poor (who are uninsured or under-insured),
- Rural consumers,
- Aging consumers with developmental disabilities,
- Consumer families (especially families of consumers with DD), and
- The substance abuse population in general.

Update from State CFAC Liaison: Suzanne reported that M.H. Parity had passed in the NC House and Senate, and that the bill was expected to be signed by Gov. Easley. She also highlighted some of the issues covered in Implementation Update #32, which deals with access to care and other topics. Suzanne noted that a major change is that a Diagnostic Assessment is no longer the only choice for Medicaid eligible consumers to gain access to needed services. This change allows the use of various evaluations to meet the requirement of a comprehensive clinical assessment for providing diagnostic and other information needed to develop a person-centered plan. The other significant change Suzanne identified has to do with authorization for Community Support services for children or adults with Medicaid. Based on this change, a person with Medicaid is entitled to a maximum of 8 hours of unmanaged care if he or she is new to the MH/DD/SA services system. But additional hours of Community Support must have prior authorization.

NEW BUSINESS:

IPRS "Benefit Plan" (Katherine Hudson)

Katherine explained that IPRS funding is used to pay for services for people who are uninsured or underinsured (those whose insurance doesn't pay for the services they need). IPRS is a limited pot of money that covers a lot of different services (e.g., supported living, crisis services, supported employment, etc.) for all disability groups. More specifically, it is several pots of money, since each disability area has a specific amount allocated by the state, and only limited amounts can be shifted when the LME follows strict rules (such as demonstrating that all needs of a particular disability area have been met). OPC's Utilization Management Committee has developed a benefit plan which identifies how much service persons can have based on their target population. The services OPC can authorize are based on the approved services for a particular target group. So far, the benefit plan has been developed using amounts OPC can only assume we will have, since the legislature still has not passed a final budget for FY 2007-2008. To develop the plan, the UM Committee looked at data on how many consumers need to be covered in the various target populations in order to stretch the money as best they could. Whenever a consumer belongs to a specific target population, he or she qualifies for services. So if there are more people in a target population, there are fewer dollars available to serve each one of them. OPC cannot authorize as many services as Value Options, because unlike Medicaid, IPRS is a fixed amount of money. OPC has to stick to limits based on clinical need and so cannot authorize a stay at Freedom House, for example, simply because someone has no housing. Finally, Katherine said that any reductions OPC has made in the amount of services requested have been based on the amount of money available.

Transportation and Meeting Proposal

Pam shared some ideas designed to help improve representation on CFAC from Person and Chatham Counties. She reminded members of past discussions about holding separate CFAC meetings in each of the 3 counties, so people who did not live in Chapel Hill wouldn't have so far to travel. Pam also mentioned that she had recently learned that a CFAC in NC had begun its own transportation business and suggested that this CFAC might be able to do the same thing. She noted that the NC Council will be offering a course on getting a small business started. Pam requested that more time be spent on this topic at a future meeting.

COMMITTEE REPORTS:

Adult MH/SA Committee

Virginia reported that this committee did not meet.

AQIC

Rhonda shared that AQIC reviewed OPC's Quality Improvement projects during the last meeting. These projects involved the Mobile Crisis Team, hospitalization admission procedures, dissemination of Crisis Services Information, Clinical Diagnostic Training, and improving Quarterly Incident Reporting compliance.

PSW (Peer Support Workshop)

Edward and Allen reported that flyers for this year's workshop had been distributed, and that all presenters had been identified. Cheryl has been working on the brochure, which will be sent out soon along with invitations. Volunteers from CFAC to help with the actual day of the workshop are still needed and welcome. The Saturday morning after the workshop (which will be held on a Friday) will include a review of peer support efforts over the past few years. CFAC members are invited to attend this, but should let someone from the PSW Committee know if they want to attend. Committee members are Edward, Allen, Megan, and Heather.

OLD BUSINESS:

CFAC representation at Management Team meeting

Michael reviewed the idea that Judy Truitt had suggested to set up a periodic meeting between CFAC and OPC Management Team, which CFAC had then added to the Relational Agreement. During the meeting between Judy, Leslie and Virginia on July 10, Judy suggested this could happen at 4:30 (during the last half hour of Management Team's meeting) on the same day that CFAC meets, so that no one would have to make an extra trip. She suggested this could begin in September. Michael reminded members that in a previous CFAC meeting, it had been suggested that Pam attend these meetings since she is CFAC secretary. Pam is interested in this. Rhonda said she would also be interested, and wondered whether it would be a good idea to rotate members through this responsibility.

Quality Management Conference

Michael reported that Pam and Rhonda had been registered for this conference, which will take place at the Friday Center in Chapel Hill on Tuesday & Wednesday, August 21-22. There is room for another CFAC member to attend (at no cost), and Michael asked whether anyone else was interested. Heather was interested, but has class on one of the two days of the conference so could only attend 1 day.

Bradley requested an update on divestiture, asking what services OPC was still providing. Michael replied that OPC had divested all services except for two (T.A.S.C. and Deaf Services), which the Division had asked us not to divest.

Check-in and Proposed Agenda for August Meeting:

Members shared their impressions of the meeting tonight. Overall, everyone thought the meeting went well and was productive.