

CFAC Meeting Minutes

October 16, 2008

Present: Virginia, Leslie, Diane, Benita, Cheryl, Heather, Gwyn, Pam, Edward, Linda, Marcus, Ken, Bradley, Vicente, Steve, Allen, Suzanne, and Michael

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

REPORTS:

Update from CFAC Chair: Virginia reported that the OPC Area Board approved the revisions to all of the policies OPC had been preparing for CARF accreditation, including all of those reviewed by CFAC during the September meeting. Virginia noted that the policies were approved without any discussion, and said that Board members had been sent all of the policies on a CD so that they had a chance to review them prior to their meeting.

Virginia also let CFAC members know that the meeting she and Leslie were to attend with Judy had been rescheduled to next week. She asked whether anyone had any issues they should raise with Judy, and asked Pam whether she had a chance to call the TASC office to see whether the phone still had a strange beeping noise. Pam said she had not, and agreed to call TASC and let Michael know of the outcome before next week.

Update from OPC CFAC Liaison: Michael reported that the NC Council of Community Programs was offering two scholarships to the Pinehurst Conference in December and asked whether anyone was interested. Diane said that she would like to go. Michael also announced that DDTI (Developmental Disabilities Training Institute) was looking for persons to interview consumers about their lives and their services. Trainers would be reimbursed for each interview conducted, and would need to attend a training session before getting started. He pointed out that there was information in the Pass Around Folder about this opportunity, so interested members should write their names on it and he would forward it to them after the meeting. Michael also noted that there was an upcoming training on becoming an effective mental health advocate. Discussion followed on peer support training, and Virginia asked Michael to contact Meridian Behavioral Health Services in Sylva to get information on the training they provide. She said that Bo Simms from Meridian spoke at the Peer Support Workshop last month, and mentioned that they could bring their training to other parts of the state. Ken mentioned that he would be especially interested in becoming a Peer Support trainer.

Update from State CFAC Liaison: Suzanne provided an update of some concerning events from around the state. The CEO of Smoky Mountain Center was resigned due to allegations of conflict of interest, and Albermarle has already run out of their state service money for the fiscal year. The Division of MH/DD/SAS has hired an independent management company to manage Cherry Hospital. Finally, the transition of patient of Dix Hospital to the new Central Regional Hospital has been put on hold indefinitely following an injunction requested by Disability Rights North Carolina and an onsite review conducted by CMS.

NEW BUSINESS:

DMH Letter

Michael reported that OPC was one of five LMEs that received a letter from Leza Wainwright indicating that we had failed to meet a statewide average regarding continuity of care, and that the Division was invoking its statutory responsibility to remove the care coordination function from the LME. Specifically, in the last two quarters of FY 2007-2008, OPC fell below the state average of consumers who receive a community service within 30 days of discharge from state hospitals. At this point, the Division has started the time on a "90 day clock," which means that they expect to see improvement in this area during the next quarter. The Division will offer technical

assistance during this period, and OPC must submit a Plan of Correction that outlines how we intend to come into compliance with this requirement. However, OPC did not submit a plan of correction. Instead, Judy Truitt sent a letter disputing the claim that OPC had failed to meet our contractual obligations in the area of care coordination. To start, OPC's contract with the Division does not require that we exceed a statewide average. Instead, the contract specified a percentage LMEs must exceed, and OPC did exceed the expectation on both of the quarters in question. Moreover, OPC questions the validity of the data used by the Division. Their figures are based on paid claims data (i.e., bills that have been submitted by providers and paid), which is not accurate data because:

1. it does not include people who received a service that was provided by a program funded with county money (such as some crisis services and residential programs); and
2. it does not count any services that were provided within 30 days, but the billing was denied or perhaps submitted too late to be paid in time to be included in paid claims data for the quarter.

Also, based on data collected by OPC's care management staff, we believe that our percentages should have been much higher. There were people included in calculating the data that could not receive a community service within 30 days because

1. they were not discharged back to Orange, Person, or Chatham County;
2. they were transferred to another hospital; or
3. they were discharged to jail for a period of more than 30 days.

Michael pointed out that OPC definitely believes there was room for improvement and that we are looking for ways to accomplish this. But we do not believe the Division is acting within the realm of their statutory responsibility to remove an LME's function in this situation. CFAC members asked whether transportation was a factor in cases where people did not keep their after-care appointments. Michael did not think this was the case since he believed care coordinators would provide transportation in this sort of situation. But he was not certain of this and said he would check on it. CFAC members also asked what services were provided to people while they were in jail. Michael noted that some of the local jails have nurses on staff and have contracts with doctors, but he thought these services are typically paid for through the budget of the sheriff's departments. Medicaid will not pay for most services provided to persons who are incarcerated. Members suggested this might be a topic for Virginia and Leslie to discuss with Judy Truitt.

NAMI-Wake Report

Wake County's NAMI chapter released a report on the impact of reform on people living with severe mental illness. The entire report was included in the Pass Around Folder this evening. The report is pretty long but has a lot of good information, including an LME scorecard based on five indicators:

1. the amount of money used to support ACTT services,
2. the number of admissions to state psychiatric hospitals,
3. the number of admissions to psychiatric hospitals in the community,
4. the amount of time law enforcement spends on involuntary commitments, and
5. the rate of suicides in the LME area.

OPC was ranked 5th highest of all of the LMEs in the state.

In addition to the LME scorecard, Michael highlighted some of the findings in the report. State psychiatric hospital admissions have decreased by nearly a quarter in the last fiscal year from the year before. While this could be good news, the report notes that there is limited data about how the people who have not been admitted are being served in the community, or whether they are being served at all. The report also cites data released by the Treatment Advocacy Center that indicates N.C. has a likely shortage of over 1,000 psychiatric hospital beds. Suicide rates, as well as homeless rates for people with mental illness, are both on the rise in N.C. There are nearly 11,000 inmates in NC jails who have a mental illness, and the majority of these men and women will receive no treatment. Both state and county funding for mental health services has declined since 2001, in spite of a significant increase in the population. Consequently, fewer consumers with mental illness are being served, and many of those who do receive services are not receiving adequate amounts of evidence-based treatments. All of these findings illustrate the problems that the system faces at this stage in reform efforts. But the report doesn't simply point

out problems. Several recommendations are also put forth to address some of these issues and improve the system, including:

- create a comprehensive and integrated statewide system to report and track data from sources such as prisons and jails, public health, LMEs and providers;
- increase the number of both community and state psychiatric hospital beds;
- hire, with adequate pay, a qualified mental health work force throughout the system;
- set up a statewide system that allows sheriff's deputies to drop off consumers who are being committed involuntarily, and transfer custody to trained hospital security staff;
- continue to encourage Crisis Intervention Team (CIT) training for all law enforcement personnel across the state;
- develop "treatment malls" and similar day hospital programs to help facilitate the transition from inpatient hospital treatment to community-based treatment;
- increase the availability of integrated dual diagnosis treatment for persons with mental illness and substance abuse problems; and
- monitor service provision so that programs offering evidence-based treatments are required to maintain fidelity to the service model.

OLD BUSINESS:

Policy Follow-up

Michael reminded CFAC members that a question had been raised during last month's review of OPC policies regarding the federally established guidelines for admission to substance abuse services. He was not sure of the answer and agreed to research it. Michael reported that these guidelines pertain to publically-funded SA services, and require that preferences be given to certain populations such as pregnant women and persons using IV-injected drugs. The policy that addressed this issue was essentially stating that OPC would comply with these federal requirements.

CFAC Social Activities

Heather reported that she had composed a letter to request free tickets (or tickets at a reduced price) for various CFAC social activities. She requested and was granted CFAC approval to send this letter out. Virginia shared information about some of the activities available at the Scrap Exchange in Durham, which could also be a resource for social opportunities. They have numerous fun and creative activities with a focus on community building.

CFAC Member Binders

Michael checked in with CFAC members to determine whether it would be useful to have member binders that would contain copies of minutes, by-laws, the relational agreement, and other documents members may want to refer to during meetings. CFAC agreed this would be useful and approved ordering binders for this purpose.

Meeting Agenda

Michael observed that most of the time, he checks in with Virginia and Suzanne and sets the agenda for CFAC meetings based on those conversations (as well as his own thoughts about what issues would be of interest to CFAC members). He reminded everyone that one of the speakers at this year's CFAC Conference spoke about the importance of CFAC members determining what their priorities are and developing an agenda based on what they need and want to learn about and take action on. Members agreed that it would be useful if Michael sent out an e-mail about a week before each meeting to solicit input from CFAC members before the agenda is developed.

COMMITTEE REPORTS:

AQIC

Pam reported that this Committee continues to review policies for CARF accreditation. She noted that she went to a session on Person-Centered plans at the first Pinehurst Conference she attended, and she was pleased to see that OPC had a policy on Person-Centered Planning.

Provider Community & Quality Management

Leslie reported that this Committee learned about the "90 day clock" letter at their last meeting. She added that they also reviewed information on the provider monitoring tool. OPC has piloted the tool once. It has many useful features, but staff identified a problem with getting interviews completed in a timely manner.

Service Management and Public Awareness & Advocacy

These Committees held a joint meeting in October and discussed the Wake NAMI report as well as the "90 day clock" letter. Linda let members know that a group called "Healthy Chatham" had developed a resource manual of MH/DD/SAS providers in Chatham County, and asked whether the same sort of thing could be developed for all of OPC. A listing exists on the OPC website, but not all consumers/family members have internet access.

PSW (Peer Support Workshop)

Edward reported that this Committee met this evening to review the planning process over the months leading up to last month's workshop. In addition, they discussed potential ways to make next year's workshop perhaps a better fit with the role of CFAC. For the 2009 Workshop, the Committee has recommended 4 "core" members who would coordinate food, marketing, registration, and volunteers to work with the logistics of the day. Any interested CFAC members should contact either Edward or Michael. Edward also explained that he coordinated speakers and presenters for this last workshop, and CFAC contracted with Wendy Smallridge to assist with and oversee this process. Both of them are willing to continue with responsibility for these roles, but they are open to someone else taking on the coordination role if members are interested. The feedback and evaluations for September's workshop was very positive.

PSC (Peer Support Center)

Diane and Caroline Ginley (a graduate student who has volunteered to assist this Committee) developed a survey with the input of PSC Committee members that they hope to use to assess the level of interest and need for a Peer Support Center in the OPC area. When the survey is finalized, Committee members are hoping to get CFAC's help with distributing the surveys. The survey draft was distributed tonight and CFAC input and feedback was requested. The only recommended change was to add a space for survey respondents to indicate the town they lived in.

Items from the Floor

Pam mentioned that she and Rhonda knew of an SA meeting in Chatham County that could be a resource for new members. She requested approval for them to get mileage reimbursement if they go. They would bring CFAC brochures along to try to help recruit new members who could represent substance abuse. CFAC agreed that this would be an appropriate use of funds from the budget.

Proposed Agenda for November Meeting:

- Needs Assessment update