

CFAC Meeting Minutes

June 19, 2008

Present: Virginia, Leslie, Shira, Diane, Cheryl, Edward, Linda, Steve, Bradley, Vicente, Heather, Allen, Marcus, and Michael

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

REPORTS:

Update from CFAC Chair: Virginia reported on the CFAC Leadership Training she attended with Leslie in Winston-Salem. There were eight topics covered, and Virginia noted that "Your Personal Power" was very empowering and inspirational. The presenter was someone in recovery. She said they also reviewed the CFAC/LME Action Plan, and spoke of the importance for CFAC to make recommendations to the LME. She added that a session on recruitment emphasized that personal contact/direct invitation is the best way to recruit new members. Leslie added that they developed a list of needs during the training and wrote a letter to legislators about these needs the following day. She felt empowered by that experience. Leslie also noted that she enjoyed networking with other CFAC members from around the state and she was impressed by how strong OPC's CFAC was.

In addition to the training, Virginia noted that she and Leslie met with Judy Truitt in May and discussed the concerns CFAC members had raised about the confidentiality issues at the Freedom House Hillsborough office. Judy said she would direct Lynne Hamlet, Director of Quality Improvement and OPC's HIPAA Privacy Officer, to look into these concerns. Freedom House was also looking into a way to have the phone in Hillsborough roll over to the Chapel Hill office if no one answers it, so that callers can get a live person instead of having to navigate the automated voicemail system. Michael noted that Lynne had already spoken to Freedom House and was told that all therapists have white noise machines and would be encouraged to use them, and especially to bring them to the group room. In addition, the director of that site has agreed to meet with consumers to hear their concerns. Allen presented the suggestion that the DBT program could be moved to Chapel Hill, as it was at one time previously, and asked Virginia and Leslie to discuss this with Judy Truitt when they meet with her again in August. Finally, Judy told Virginia and Leslie that, while it is possible that Freedom House could close their clinics at some point as CFN did, OPC had learned a lot from the situation with CFN and was working with Freedom House to try to make sure history does not repeat itself. OPC is planning to use some county money to offer incentives to providers to apply to be Medicare providers, and Freedom House's Medicare application is in process.

Update from OPC CFAC Liaison: Michael did not present an update due to the lengthy agenda.

Update from State CFAC Liaison: Suzanne was on vacation and unable to attend this evening.

NEW BUSINESS:

2008-2009 CFAC Budget Proposal

Steve presented the budget proposal for the upcoming fiscal year. Some of the changes proposed included:

- Increasing the amount for Advertising & Printing in order to advertise CFAC meetings in local newspapers;
- Reducing Training & Conferences to \$4,000 (which is closer to what has actually been spent over the past two years);
- Reducing the amount for Speakers by half, since CFAC has actually not spent any money in this area for the last 2 years (the speakers who have presented have not charged anything);

- Reduced Consulting & Facilitation based on historical expenses for this line item;
- Created a new line item for Transportation and budgeted \$1,000, since CFAC has been discussing options for getting people to meetings from outlying areas in Person and Chatham Counties; and
- Reduced Reserved Monies to \$570. This is a category used for expenses that don't fit into any other categories, and the amount budgeted was the amount remaining after everything else had been allocated.

Marcus made a motion to accept the budget and Bradley seconded the motion, which passed unanimously.

Proposed Funding Allocations

Michael drew members' attention to the pie-chart handouts, which illustrate OPC's proposal for allocating IPRS dollars. He reminded CFAC members of Judy Truitt's presentation in March, when she spoke of the process of developing a benefit plan for IPRS service dollars that takes into account the needs of people currently served in the system, as well as areas where we need to increase or develop services. The pie charts represent OPC's proposed IPRS benefit plan. He noted that for Adult Mental Health funds, the largest portion (32%) went to residential services. This pays for four group homes and several apartments, and the housing is spread throughout all three counties. The people who live in these residences continue to need a place to live, and so the LME needs to continue to fund them. The other areas that receive a relatively large allocation are Community Support and Outpatient Services (such as psychiatric services and DBT), as well as CASP, which stands for Cross Area Service Programs. This is a special category of state money that funds programs who serve consumers from outside of the catchment area, such as Freedom House and Caramore. The state directs this money through the LMEs specifically for these programs. Unlike the Adult MH allocation, the percentage of Child MH dollars allocated to residential is very small (1%). This is because best practice for children's MH services calls for maintaining the child in the home with his/her family whenever possible, and providing supports such as Intensive In-Home services or Multi-Systemic Therapy (MST). The largest portion of Child MH dollars (32%) is in non-UCR (Unit Cost Reimbursement). These are funds that support non-billable activities, such as Rapid Response Homes (short-term crisis placements for children). Michael was not certain what other programs accounted for the non-UCR funding in the Child MH allocations. He noted that Substance Abuse funds accounted for the smallest percentage of the total IPRS allocation, but pointed out that OPC receives nearly \$3 million in additional SA funding from the state that is earmarked for specific purposes, such as gender-specific residential treatment and Work First. The lion's share of Adult DD funding is divided equally between residential services and ADVP (Adult Developmental Vocational Program). ADVP services are typically provided by programs such as OE, Chatham Trades, and Person Industries. More and more, Supported Employment is considered best practice for DD vocational services and OPC is encouraging our providers to work toward moving consumers receiving ADVP services into supported employment. For Child DD, most of the IPRS funds are allocated to Developmental Day service, which provides individualized habilitative services in special licensed child care centers.

Diane asked whether CFAC could see charts that represent these allocations broken down by county, and Michael agreed to ask about this. CFAC supported the allocations as presented. Michael noted that the figures represented in these charts are based on assumptions from the FY2007-2008 budget, since we do not yet know what OPC's allocation will be for the new fiscal year. If changes need to be made after the allocation letter arrives, CFAC will be updated on what those changes will be.

Frequency & Extent of Monitoring (FEM) Tool Results

Michael shared information on the FEM, which he noted was a tool that LMEs will use to determine how frequently to monitor providers. He stressed that this was not to be used as a provider report card, which is still under development at the Division. The report card will take a number of things into consideration that are not addressed by the FEM, including consumer feedback on providers. Cheryl noted that she thought consumer input would be important for the FEM as well, and Michael said that the FEM did take into consideration the number and types of complaints lodged against providers. But there is not any specific section of the FEM that

addresses overall consumer satisfaction. Michael noted that the majority of OPC's providers received a moderate score, which means that they must be monitored every 12-18 months. There were also a few providers whose score fell into the high range, and these providers must be monitored every 3 years. OPC had no providers with a low score. Providers who score low must be monitored every 6 months. Michael pointed out that these were minimum timelines, and said that LMEs could choose to monitor a provider more frequently if we were aware of issues of concern. As OPC staff reviewed the FEM results, we did notice a trend that most providers scored low in the area of incident reporting. This is because the instructions for scoring required us to assign a low rating to a provider who submitted less than 95% of their Level II incident reports on time over the past 2 years. This would mean that a provider who had 4 Level II incidents would receive a low score if just one of their incident reports was submitted late. The rules require providers to report Level II incidents within 72 hours. Michael reviewed some of the categories included on the FEM, to explain what providers were rated on. These included:

- How long the agency has been providing the service (which assumes that a provider who does not have a lot of experience in a particular area should be monitored more frequently);
- The level of training, credentials, and experience of the staff;
- Whether the provider submits required documentation on time (including NC-TOPPS and demographic data tracked by the Division);
- Whether the provider has had any citations from oversight agencies such as the Division of Health Service Regulation (DHSR), Division of Medical Assistance (DMA), or Dept. of Social Services (DSS);
- Both the timeliness of incident reporting as well as how the provider responds to incidents as they occur; and
- Whether providers have policies and procedures for handling complaints and how responsive the provider is to receiving and responding to complaints.

Michael noted that the FEM will be updated as time goes by and as new situations arise. For example, a provider who received a low score in the area of longevity would see their score in that area change to "high" once they have been providing the service for 5 years.

Quality Improvement Quarterly Report

Michael pointed out that members had a copy of the Third Quarter Report of Quality Improvement activities in their packets. This was for their review, but Michael noted that the report represented several areas in which the LME collects and reviews data. He asked whether any of the information included in the report was of particular interest to CFAC, suggesting he could bring additional information if CFAC wanted to take a more detailed look at any of the areas covered in the report. Linda asked to see more information on the "Mystery Shopper" calls for First Responder services. Michael said that the Quality Improvement and Provider Relations staff were completing a special project on these calls, and he agreed to bring results to the July meeting.

OLD BUSINESS:

Report on Customer Service & Client Rights Training

Because the meeting was running long, Michael suggested this topic should be tabled until next month. Rhonda attended this training with Michael and she would be able to help present next month. CFAC agreed.

CFAC Member Recruitment

Michael reported that Benita Purcell, who had been a CFAC member previously, agreed to rejoin CFAC. Her first meeting would be in July. Benita is a family member of a DD consumer from Person County.

COMMITTEE REPORTS:

AQIC

No one was present to share a report from AQIC.

Provider Community & Quality Management Committee

Leslie shared that this Committee had reviewed the FEM data during their last meeting, and noted that two of the members of this Committee were from Person County and they agreed to talk to people about CFACs need for Person County representation. Michael added that Benita worked with one of the people on the PCQM Committee, and called him after that person asked her about joining CFAC.

Service Management Capacity Committee

No one was present to share a report from this Committee.

Public Awareness & Advocacy Committee

Heather reported that this Committee did not meet.

PSW (Peer Support Workshop)

Edward shared that the Committee met this evening and the meeting went well. Most of the presenters have now made commitments, and the group worked on the brochure that Cheryl and Allen had developed.

PSC (Peer Support Center)

Bradley mentioned that he had recommended a Peer Support Center should provide information and education. Diane added that she intended to speak to realtors in Chatham County about potential spaces.

Proposed Agenda for June Meeting:

- First Responders "Mystery Shopper" Update