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

## Minutes June 18, 2009

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

Members Excused: Dorothy D.

AMH Staff: Barbara Cross, Dennis Knasel, Will Sims, Beverly Brookshire, Amy Rudisill

Guest: Christopher Baldwin, Larry Snider (Anuvia), Kim Anthony-Byng (Anuvia), Miranda Little (Family Preservation Services (FPS)/Provider

Council)

AGENDA	AGENDA ITEM	ACTION
Welcome &	The chair called the meeting to order.	
Introduction	Everyone introduced themselves.	
Agenda	<ul> <li>There was one change made on the agenda: CFAC Data Reports changed to Cultural Competence Committee Report.</li> <li>There was a motion given and a 2<sup>nd</sup> motion received to approve the agenda with change. Motion approved.</li> </ul>	Agenda Approved
Quorum	<ul> <li>A quorum was present.</li> </ul>	
Public Comment	<ul> <li>Chris Baldwin attended to learn more about the committee.</li> <li>Barb J. stated this week you can sign up for Special Olympics at the Jewish Center.</li> <li>Ron R. distributed Perfect Attendance Awards to: Chelsi S., Bill M., Steve M., and Kathy A.</li> </ul>	
Approve Minutes	• The minutes were reviewed. There was a motion given and a 2 <sup>nd</sup> received to accept the minutes. Motion approved.	Minutes Approved

## **EDUCATION**

Provider Performance Reports Dennis Knasel Miranda Little Beverly Brookshire Amy Rudisill Kim Anthony-Byng Larry Snider

- There were eight agencies that participated in the pilot.
- Miranda Little gave an overview of FPS' review.
- Miranda has some concern regarding the areas being equally weighted between the agencies, which can be a downside for agencies who have no control over the area, e.g., who the board members are.
- The Provider Council subcommittee that developed the report is going to have a meeting with the participating agencies, service analysts, and members from CFAC to discuss the report findings and criteria listed.
- There is some concern that the report doesn't reflect business priorities and a suggestion was made to weigh the criteria.
- The question was asked if the matrix criteria developed by the subcommittee were used when the providers were ranked. Amy Rudisill spoke on behalf of the DD continuum agencies; the relevant universal and monitoring tools were used, as well as the state monitoring tool.
- Amy stated she received some feedback regarding some of the requirements not being applicable to an agency and how that would affect their overall ranking.
- Miranda stated the FPS results are accurate, but does not agree with the limitations on certain areas.
- The service analysts suggested that the universal tool be clear on the specific documented proof required.
- Kim Anthony-Byng gave an overview of Anuvia's review.
- Kim agreed both the universal tool and performance report were hard to connect together.
- Kim also mentioned the percentage of compliance requirement was too high.
- Kim also agreed that a clear understanding was needed for the specific documentation.
- Beverly Brookshire stated the LME does an extensive re-credentialing process with all the providers so a lot of the data/information is already gathered in that process.
- It was stated the new state monitoring tool raises the bar in the right direction.
- The question was asked for agencies putting structures in place during the review, how this can be noted by the evaluators and factored into the results. You can also look at the supervision and action plans, which outlines what the staff person is responsible for.
- Rina F. gave Miranda a challenge to have the FPS board change their member rule to allow a consumer to serve on their board.
- Larry Snider stated Anuvia has implemented and developed a new system for client management over the past 2 years for clinicians to enter information into the system.
- A realistic 4-Star Rating System should be of great value.
- The next step is to take the pilot feedback to the Provider Council Executive Board and bring

 Provider Council Executive Board to review and make recommendations to CFAC

	back any recommendations to CFAC.	
NEW BUSINESS		
CFAC SharePoint Demo Barb Cross	Barb Cross gave an overview on how to access the SharePoint site and where to locate documents.	Let Barb know if you need your login information.
Cultural Competence Committee Survey Rina F.  Membership Report & FY2010 Election Chelsi S.	<ul> <li>Rina F. stated the CC committee is soliciting information from various ethnic groups.</li> <li>The draft survey was posted on the SharePoint site for the committee to view and provide feedback to Rina.</li> <li>Sandy D., Steve M., and Dorothy D. have been nominated to serve for term 2009-2012. There was a motion given and a 2<sup>nd</sup> motion received to accept the nominees.</li> <li>Lora C. and Steve M. have been nominated to serve as co-vice chairs for term 2009-2010. There was a motion given and a 2<sup>nd</sup> motion received to accept the nominees.</li> </ul>	<ul><li>Motion approved.</li><li>Motion approved.</li></ul>
	<ul> <li>Ron R. has been nominated to serve a chair for term 2009-2010. There was a motion given and a 2<sup>nd</sup> motion received to accept the nominee.</li> <li>Ron R. thanked Ken G. for the past year as vice-chair.</li> </ul>	Motion approved.
InfoShare Sandy D.	<ul> <li>The break-out session topic was 'timely initiation and engagement of services'. This was an opportunity for providers to share their stories on how they engage consumers.</li> <li>Sandy D. and Ken G. participated in the DD session.</li> <li>The standard for timely initiation and engagement of services is 2 visits within 14 days and an additional 2 visits within the next 30 days = 4 visits within a 45 day period.</li> </ul>	
SA Prevention Services RFP Sandy D.	<ul> <li>The total amount of funding available from County and SAMHSA Block Grant funds is \$673,232.</li> <li>In the past, there has been one provider that has received all the Block Grant funding.</li> <li>The RFP stated that proposals should identify which groups will be targeted, which program category will be used for each and identify specific SAMHSA programs to be utilized.</li> <li>There were four proposals submitted.</li> <li>The proposals were reviewed by the Technical Review Team. The team consisted of:         <ul> <li>System of Care (SOC) Director</li> <li>Community Services Manager</li> <li>LME Senior Quality and Training Specialist</li> <li>Financial Analyst</li> <li>SA QP Prevention Expert (no affiliation with the LME or a community provider)</li> </ul> </li> <li>After the technical review, one proposal was eliminated, due to not meeting the minimum requirements.</li> <li>The other three proposals went on before the Community Review Team (CRT). The CRT consisted of 5 persons:         <ul> <li>1- Representative from CFAC</li> </ul> </li> </ul>	<ul> <li>CFAC supports the CRT's recommendations.</li> <li>CFAC supports the LME's decision to phase in decreased funding for SAPS.</li> </ul>

LME UPDATE	<ul> <li>1- Representative from Charlotte Mecklenburg Schools</li> <li>1- Representative from the Council for Children's Rights</li> <li>2- Independent Qualified SA Prevention experts from outside of Mecklenburg County.</li> <li>The CRT recommended the following funding with specific recommendations listed below:         <ul> <li>SAPS - \$220,730; submit a plan to show how it will make improvements needed as identified in the Strengths and Concerns document.</li> <li>Anuvia - \$343,737; submit explanation of discrepancies in salary budgets.</li> <li>Bethlehem Center - \$108,765; funding provided for the All Stars Program.</li></ul></li></ul>		
Budget & Consumer Impact Dennis Knasel	<ul> <li>The state has created a revenue budget that will reduced potential cuts in the budget.</li> <li>The LME is estimating a reduction of approximately \$500K in LME funding</li> <li>The LME will review CAP cases that have IPRS dollars and perform a medical necessity review against the plan to ensure the current level of care is needed. If so, the recommendation will be given. If not, the services will be reduced to the level the CAP benefit plan will provide.</li> <li>The state is moving forward with eliminating all Residential Level III &amp; IV in Child and Adolescent services. This means no more group homes. There are approximately 96 children in Mecklenburg County receiving these services.</li> <li>The state is also talking about eliminating Community Support as of April 2010. There will not be any new referrals as of November 2009. Between now and April, the LME will be developing a transition plan for the consumers. The state will also be developing a new service definition to fill the gap.</li> </ul>		
Alternative Service Definitions Dennis Knasel	<ul> <li>The LME is working on two service definitions:         <ul> <li>Individualized Placement and Support – which was a recommendation from the Recovery Model BP Committee. This is a SAMHSA best practice model with a fidelity scale.</li> <li>Peer Support Specialist – also in the MH arena to have a peer support specialist attached to every service within the service continuum. There is a certified training program offered through Mecklenburg's Promise and individuals wishing</li> </ul> </li> </ul>	•	CFAC agrees with the two service definitions.

to become Peer Support Specialists would have to be certified through this training		
curriculum.  The LME supports the philosophy, with a key qualifier:  The philosophy meets the LME's mission and vision, with moving the consumer to more self-sufficiency and independence, but the LME's priority is funding treatment.  It was discussed that the Employment First initiative recognizes that consumer stability and treatment are the first priority of the LME, and that Employment First is to be used in the context of enhanced services directed to recovery and self-		
determination.		
this is the first year for the consumer specific survey with open ended questions.	<ul> <li>CFAC agreed to the document format.</li> </ul>	
<ol> <li>Planning and Collaboration Committee to review and provide feedback.</li> <li>Take to each of the best practices committees to obtain feedback and to prioritize focus areas for the next year.</li> </ol>		
C Retreat – Freedom Park, Thursday, August 6 <sup>th</sup> from 8:30 am – 4:30 pm		
16, 2009		
System of Care, Jail Diversion, Supported Employment, Peer to Peer Programs, Best Practices Update (Quarterly), Regional Crisis Plan, NC TOPPS, CFAC Retreat Plans		
pm		
	<ul> <li>The philosophy meets the LME's mission and vision, with moving the consumer to more self-sufficiency and independence, but the LME's priority is funding treatment.</li> <li>It was discussed that the Employment First initiative recognizes that consumer stability and treatment are the first priority of the LME, and that Employment First is to be used in the context of enhanced services directed to recovery and self-determination.</li> <li>he committee was asked to review the document to provide feedback.</li> <li>his is the first year for the consumer specific survey with open ended questions.</li> <li>he next steps are:         <ol> <li>Planning and Collaboration Committee to review and provide feedback.</li> <li>Take to each of the best practices committees to obtain feedback and to prioritize focus areas for the next year.</li> </ol> </li> <li>C Retreat – Freedom Park, Thursday, August 6<sup>th</sup> from 8:30 am – 4:30 pm</li> <li>2009</li> <li>m of Care, Jail Diversion, Supported Employment, Peer to Peer Programs, Best Practices Upd</li> </ul>	