

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

**Minutes
July 16, 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., Dorothy D., Christopher B.

Members Excused: Pat O.

Guest: Suzanne Thompson

AMH Staff: Barbara Cross, Dennis Knasel, Will Sims, Bill Battaile

| AGENDA | AGENDA ITEM | ACTION |
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| Welcome & Introduction | <ul style="list-style-type: none">▪ The chair called the meeting to order.▪ Everyone introduced themselves. | |
| Agenda | <ul style="list-style-type: none">▪ There was a motion given and a 2nd motion received to approve the agenda. Motion approved. | Agenda Approved |
| Quorum | <ul style="list-style-type: none">▪ A quorum was present. | |
| Public Comment | <ul style="list-style-type: none">▪ Ken G. expressed some concern regarding providers not having experience. Dennis stated there is an endorsement process that providers must go thru in order to be endorsed and gave a brief description of the process. | |
| Approve Minutes | <ul style="list-style-type: none">▪ The minutes were reviewed. There was one minor change noted regarding Dorothy D.'s attendance status.▪ There was a motion given and a 2nd received to accept the minutes with change. Motion approved. | Minutes Approved |

| EDUCATION | | |
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| <p>Regional Crisis Plan <i>Will Sims</i></p> | <ul style="list-style-type: none"> ▪ The July Regional Crisis Planning Committee meeting minutes were reviewed and discussed. <p><i>Crisis Stabilization Unit</i></p> <ul style="list-style-type: none"> ▪ Will Sims stated several years ago a community collaborative team was created to do an assessment of the Mecklenburg County crisis services and to make recommendations for a regional crisis plan to the state. ▪ The team has met on a quarterly basis to review the status of services and to make recommendations for areas that need to be tweaked or improved along the way. ▪ Crisis Stabilization Unit will be located on the first floor at Charlotte Town Manor with a 16 bed capacity. Each room will have two beds per room. ▪ The police will have a separate entrance into the facility. ▪ State funding is currently on-hold until the state budget is approved and no renovations can begin until the funds are released. ▪ The hope is to have the unit open next year. ▪ The question was asked what the difference was between BHC-R and Charlotte Town Manor. It was stated that BHC-R is a licensed facility based crisis stabilization unit, but uses their unit as a step-down. BHC-R does not accept new consumers, but instead uses the unit to step-down the inpatient consumers, who are not quite ready to be discharged. ▪ There are two sources of funding used for this initiative: 1-MH Trust Funds and 2-Crisis Services funding. <p><i>TransMed Clinic</i></p> <ul style="list-style-type: none"> ▪ TransMed refers to walk-in clinic services primarily for medication and short term counseling; MOD is the lead agency in collaboration with C.W. Williams and the Mobile Crisis Unit. ▪ The MOD clinical team would consist of: a psychiatrist, a social worker, a psychiatric nurse, and a medical physician. The clinics would operate on a short-term crisis stabilization model and short-term treatment model; clinic sites include MOD and the two C. W. Williams sites. ▪ The two primary target populations will be: 1-consumers discharged from a state hospital that need to be seen as soon as possible and 2-Mobile Crisis Team. <p><i>Mobile Crisis Statistics for FY09</i></p> <ul style="list-style-type: none"> ▪ The statistics for 2008-2009 were reviewed. ▪ Mobile Crisis responded to 1,087 calls for this fiscal year, which is up 27% from the previous fiscal year. | |

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| | <p><i>Recovery Solutions</i></p> <ul style="list-style-type: none"> ▪ One hundred and fifteen CMPD and Sheriff Detention Officers have been trained in CIT. ▪ There is discussion on developing an online refresher course for the officers. ▪ The Chief of Police has endorsed the CIT program. ▪ The officers are giving positive feedback on the training. <p><i>START</i></p> <ul style="list-style-type: none"> ▪ This is a regional funded program that provides crisis services for DD consumers. ▪ There is also a respite service for consumers who need to be in a residential place. | |
| CFAC BUSINESS | | |
| <p>CFAC Data Reports <i>Bill Battaile</i></p> | <ul style="list-style-type: none"> ▪ Three IPRS and three Medicaid reports were reviewed for comparison. ▪ Bill Battaile reviewed the elements of the reports. ▪ The reports are posted on SharePoint for further review. ▪ The reports will be reviewed at the CFAC Retreat on August 6th. | |
| <p>Membership Report <i>Lora C.</i></p> | <ul style="list-style-type: none"> ▪ Lora C. has agreed to be the Membership chair. ▪ Chris B. has applied for membership. ▪ There was a motion given and 2nd motion received to accept Chris' nomination as a new member. ▪ Chris B. accepted the invitation to join the committee. | Chris B. is a new committee member. |
| <p>CCAC Report <i>Rina F.</i></p> | <ul style="list-style-type: none"> ▪ Rina F. stated at the June meeting, she presented a rough draft of the Family and Consumer Cultural Assessment for feedback. ▪ There was some discussion on whether CCAC wanted a consumer representative or a CFAC representation on the committee. ▪ Some feedback given: didn't like the format, survey was on a corporate level and not consumer friendly, the questions are for consumer experience with their service provider, not with the LME, and suggest re-wording the question to ask about the type of services being received verses what type of disability the consumer has. ▪ Dennis Knasel stated there may be a potential conflict for CFAC representation on the committee, as CCAC advises the internal LME Cultural Competence Committee, who then in turn provided status reports to CFAC. If CFAC is going to have representation on CCAC, then there is no reason for information to be coming back through CFAC again since their input and recommendations would be part of CCACs recommendations to the LME. This places CFAC out of the normal process of how things are presented with the ability of providing recommendations back to the LME Director. | |
| <p>CFAC Representation on Community</p> | <ul style="list-style-type: none"> ▪ There are CFAC members that serve on other committees. ▪ Ron R. stated the CFAC chair is the only person that can represent CFAC at the other | |

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| <p>Committees <i>Ron R.</i></p> | <p>committee meetings. All other members can serve as consumer representation, but not represent CFAC.</p> <ul style="list-style-type: none"> ▪ The Vice-chair can serve as representation for CFAC, when appointed by the CFAC chair. | |
| <p>CFAC Retreat <i>Ron R.</i></p> | <ul style="list-style-type: none"> ▪ The Retreat is scheduled for August 6th from 8:30 am – 4:30 pm at the Mahlon Adams Pavilion. ▪ The agenda was reviewed and is posted on SharePoint. | |
| <p>Provider Performance Report Discussion <i>Sandy D.</i></p> | <ul style="list-style-type: none"> ▪ Data was distributed and discussed. ▪ There was some discussion on altering the rating scale to allow providers to get credit for the areas they meet in a higher category. ▪ It was stated items should be weighted. ▪ Chris B. stated there needs to be a greater differentiation between the categories. ▪ Dennis Knasel stated the LME cannot mandate participation for providers, as the Provider Performance Report sets a higher standard than the state. ▪ There was some discussion on how to list providers who choose to not participate. | <ul style="list-style-type: none"> ▪ Sandy D. and Chris B. will meet to further discuss. |
| <p>LME UPDATE</p> | | |
| <p>Budget Status <i>Dennis Knasel</i></p> | <ul style="list-style-type: none"> ▪ The state budget has not been approved, with another 15 day extension. ▪ There is now less support for a revenue budget. ▪ With the first 15 day extension, the state was reduced to an 85% expenditure level of the current budget level. With the addition 15 day extension, it is being reduced to 84%. It is projected to cost the state \$5 million per day for every day without a budget. ▪ The state has not paid the LMEs for the past two months, which means Mecklenburg LME is approximately \$1.2 million in the red in revenue dollars for last year's budget. | |
| <p>Status & Impact of Closing Level 3 & 4 Residence <i>Dennis Knasel</i></p> | <ul style="list-style-type: none"> ▪ Dennis Knasel reviewed the Child Residential Level III & IV Services memo. ▪ Mecklenburg has 136 children in Level III services and 7 children in Level IV. ▪ The LME is determining who those children are and will take the necessary steps to transition them appropriately. ▪ The state also provided a chart of the current provider capacity by category for transition planning. ▪ The decisions are being made at the state level, but the state has delegated the LMEs to make the transition with minimal disruption. ▪ The state has designed the System of Care (SOC) Coordinators, along with Utilization Management (UM) Care Coordination Staff, to review the current plans of care and will make clinical recommendations for the type of transition that should occur by the end of July. ▪ By the end of August, the community systems issues should be resolved, in terms of where the children will be going and how to facility the transition to services. ▪ The LME sent letters to the Residential Level III & IV providers today notifying them of the | <ul style="list-style-type: none"> ▪ |

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| | <p>potential restructure.</p> <ul style="list-style-type: none"> ▪ Dennis Knasel reviewed the Proposed Changes in Residential Services and the Service Delivery System memo. ▪ Some potential changes are: <ul style="list-style-type: none"> ○ Community Support: Para-professional level may be eliminated by the fall and the utilization may be further decreased. Also a discussion on removing case management and making it a district service, apart from community support. ○ Residential Treatment: Level II Group homes could be at risk and should be seen only as a controlled transitional option. ○ Therapeutic Foster Care (TFC) Level II: this definition may be discontinued in favor of a new service definition called Therapeutic Family Services. The new service definition would look similar to TFC and providers would find additional supports to better treat children. ○ Psychiatric Residential Treatment Facility: service would remain; however certain rules and restrictions may be amended to ensure improved capacity. ○ Facility Based Crisis (for children): an older deactivated service definition has been reworked to provide additional options to children. ○ Intensive In-Home Day Treatment, Multi-Systemic Therapy, Community-Support Team, Assertive Community Treatment Team, and Substance Abuse Individual Outpatient Program: will remain. The proposed revisions have been completed and are waiting for CMS' approval expected in 2009. ▪ UM has identified the children affected by these changes and the Medical Director is currently reviewing the plan and making basic decisions. ▪ Provider Relations and Support (PRS) is scheduling a meeting with DSS-Youth and Family Services, Dept. of Juvenile Justice, and some other key stakeholders to discuss what this means in the community and to define the roles and responsibilities. ▪ There is also a meeting scheduled with PRS, SOC, and UM to discuss internally how to coordinate everything that needs to be covered, e.g. clinical care issues, community capacity issues, as well as doing this in the context of the SOC philosophy. | |
| <p>“Employment First” Impact on LME <i>Dennis Knasel</i></p> | <ul style="list-style-type: none"> ▪ Ron Reeve stated MDAC is in the process of developing three leadership organizations associated with employment: 1-business community, 2-self advocates, and 3-providers/job coaches ▪ Ron Reeve stated MDAC is also looking at possibly replicating Project SEARCH that is operating in Cincinnati, OH directed by Erin Riehle. | |
| <p>Endorsement Withdrawal Report <i>Dennis Knasel</i></p> | | <ul style="list-style-type: none"> ▪ Deferred at this time. |

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| Provider Plans on Correction Report <i>Dennis Knasel</i> | | ▪ Deferred at this time. |
| Update on Alternative Service Definitions <i>Dennis Knasel</i> | | ▪ Deferred at this time. |
| ANNOUNCEMENTS | <ul style="list-style-type: none"> ▪ CFAC Retreat – Freedom Park, Thursday, August 6th from 8:30 am – 4:30 pm ▪ MHA Annual Conference – Wrightsville Beach, September 23rd – 24th ▪ NCAPSE/SCAPSE Employment First Conference – Myrtle Beach, September 23rd – 25th | |
| NEXT MEETING | August 20, 2009 | |
| FUTURE AGENDAS | System of Care, Jail Diversion, Supported Employment, Peer to Peer Programs, Best Practices Update (Quarterly), NC TOPPS, SA Follow-up Reports | |
| ADJOURNMENT | 7:30 pm | |

Ron Reeve, Chair of Consumer & Family Advisory Committee

Date