

**Minutes of the OPC Area Board
Monday, November 9, 2009
Administrative Office - Europa Center**

BOARD MEMBERS PRESENT

Commissioner Tom Vanderbeck, Richard Edwards, Lynn Ikenberry, Amanda Blanks, Debbie Carson, Rachel Winstead, Sue Schwartz, George Greger-Holt, Sandra Herring

BOARD MEMBERS ABSENT:

Commissioner Bernadette Pelissier, Commissioner Jimmy Clayton, John Stewart

STAFF PRESENT:

Judy Truitt, Dave Jenny, Lynne Hamlet, Donna Prather, Ivy Williams, Debra Farrington, Tom Velivil, Ken Jarvis, Cim Brailer, Michael Norton, Janine Reda

GUESTS PRESENT

Dan Hahn, Alamance-Caswell's Area Director
Heather Nash, OPC CFAC member

CALL TO ORDER

OPC Board Chair Richard Edwards called the meeting to order at 7:01 p.m.

CALL FOR PUBLIC COMMENT

Mr. Edwards opened the floor for public comment. There were no comments.

READING OF THE MINUTES

Sue Schwartz motioned to approve the October 2009 minutes of the OPC Area Board meeting. Commissioner Tom Vanderbeck seconded the motion. The motion carried with all board members voting in favor and none opposing.

REPORT OF THE CHAIRPERSON

Mr. Edwards welcomed the guests in attendance and then deferred the remainder of his time to Judy Truitt.

AREA DIRECTOR'S REPORT

1. Board Appointments

- a. The OPC Board currently has six vacancies. Due to the conversation with Alamance Caswell, the Board had previously decided to hold off filling those seats. Given that these negotiations have ended Ms. Truitt asked the Board to begin filling those seats and the Board agreed. Ms. Truitt named the six vacancies by county and described the membership categories that remain unfilled by current Board members.

2. Comprehensive Service Provider/Critical Access Behavioral Health Agencies

- a. The Division of Mental Health/Developmental Disabilities/Substance Abuse services (DMH) has committed to launching a plan for Critical Access Behavioral Health Agencies (CABHA). These new agencies will cover mental health and substance abuse services; developmental disability providers will be managed within another system. The CABHAs will act as competent clinical umbrellas for the

system. The agencies will be site-based with **four** care functions, plus **at least two** enhanced services.

- i. The four core functions are:
 1. Case Management for MH/SA not included in a bundled service (may only be provided by Critical Access Behavioral Health Provider agency)
 2. Comprehensive Clinical Assessment
 3. Medication management
 4. Outpatient therapy
- ii. The enhanced services options include:
 1. Intensive in-home
 2. Community support team
 3. Day treatment
 4. Clubhouse programs
 5. Child residential I, II, and III
 6. Mobile crisis
 7. Multisystemic Therapy
 8. Assertive Community Treatment Team (ACTT)
 9. Substance Abuse Intensive Outpatient Program
 10. Substance Abuse Comprehensive Outpatient Treatment
 11. Child and Adolescent Day Treatment
 12. Psychosocial Rehabilitation (Clubhouse programs)
 13. Opioid Treatment
 14. Substance Abuse Medically-Monitored Community Residential Treatment
 15. Substance Abuse Non-Medical Community Residential Treatment
 16. Partial Hospitalization

CABHAs may be for-profit, not-for-profit, public, or private behavioral health care companies. According to the initial information the agencies would be required to have at least a three year accreditation, a fulltime medical director, a fulltime clinical director, and a fulltime QI/training director. DMH indicated that every LME had at least one agency that would be eligible to become Critical Access Behavioral Health Agencies, excluding Johnson County. The CABHAs will also be expected to maintain close collaboration with primary care physicians, public health Departments, Federally Qualified Health Clinics, and Community Care of NC, in order to ensure that the consumers being served are treated in a holistic manner that addresses both their behavioral and physical health care needs.

- b. To prepare OPC's provider community for these changes and their interest in becoming a CABHA, OPC's Quality Improvement Department and the UM Committee created a survey, which is currently available.

3. Medicaid Waivers

- a. Secretary Cansler has reopened the discussion regarding implementing Medicaid waivers in NC. Ms. Truitt provided background information on NC's intent to offer LMEs the opportunity to perform utilization review (UR) for Medicaid services. Currently, ValueOptions performs all UR on Medicaid services. Last year, several LMEs were selected to take over this function and legislation was put into place that would require a certain percentage of UR to be performed by LMEs later this year.
- b. However, earlier this year, DMA and DMH asked LMEs whether they would prefer to continue with the Medicaid UR project or move in a different direction to pursue

Medicaid waivers. The LMEs sent a formal response which indicated that the preference was for DMH to pursue both. Nonetheless, at a DMH meeting held last month, LME Directors were told that NC plans to implement waivers over the next several years. Following an application process in December, one to two LMEs will be selected as pilot sites with the expectation that the waiver will be fully operational by late summer 2010. Piedmont Behavioral Healthcare (PBH) has a 1915b and 1915c waiver which is expandable. Mercer, the company that evaluated LMEs last year has been selected to write the waiver application and evaluate the proposals submitted by LMEs. OPC will be gathering additional information on waivers to share with the Board over the next several months.

- c. For the waiver to be successful a population of more than 750,000 lives served is necessary; the preferred population size would be 750,000-100,000 covered lives; and/or the waiver site would have to have at least 75,000 Medicaid eligible individuals. If an LME receives a Medicaid waiver, it becomes “full-risk” or completely liable for all the consumers, which requires careful consideration.
- d. Ms. Truitt recommends that OPC spend some time with Piedmont in the near future to learn about their waiver and how it affects the LME’s management.

4. AQIC First Quarterly Report

a. Lynne Hamlet presented the First Quarter AQIC report:

i. **Incident Review**

- 1. There were 121 reported incidents that occurred during the quarter. This is a significant increase over previous quarters and is directly related to an increase in incidents involving physical restraint (34). These 34 incidents were primarily reported by two providers – one provider had previously not been reporting incidents of physical restraint, and the other provider had multiple incidents involving one consumer. This consumer now has a behavioral intervention plan, and the number of physical restraints has decreased.

ii. **Client Rights**

- 1. During this quarter the Client Rights Committee (CRC) reviewed two behavioral intervention plans. Both plans were approved on a 90-day schedule. In addition, the Committee reviewed updated information on provider CRCs gathered from the Annual Provider Status Reports (APSR). The Committee then offered recommendations to 15 providers regarding composition of their committees, training for committee members, and/or the types of data reviewed at their meetings.

iii. **Complaints**

Because there continues to be very few complaints each quarter, AQIC has decided to eliminate the quarterly complaint graphs and charts. Graphs will still be included in the annual report.

iv. **Provider Relations/Technical Assistance/Training**

Several provider trainings were held during this quarter. Please see pages 12-13 of the November 2009 Board packet for a complete list.

v. **Community Support Monitoring**

OPC Community Support providers continue to exceed the required percentage of qualified professional time billed.

vi. **Quality Improvement Projects**

Pages 24-31 of the November 2009 Board packet includes summary information related to the following quality

improvement projects that the agency completed during FY08-09:

- a. Increasing provider compliance with incident report requirements
- b. Hospital after-care
- c. AHEC Digital Library Pilot project

vii. **Guardianship**

1. OPC Area Program is currently serving as guardian for 25 individuals. OPC hired a new Guardianship Coordinator, Laura McKay.

viii. **Hospital Admission Data**

1. Based on the latest information received from the DMH, during the first quarter of FY 09-10, there were a total of 43 admissions to state hospitals from the OPC catchment area. This figure is down from 67 admissions for the same period in FY 08-09, 88 in FY 07-08, and 122 in FY 06-07.

FINANCE OFFICER'S REPORT

Dave Jenny presented the Financial Activity Report for November Board Meeting:

- OPC continues to work closely with UniCare to correct problems with billing issues and ProFiler reporting problems with CDW information. Per Board agreement we have scaled back our resources on CDW issues and redirected our efforts to records clean-up for importation into Cardinal Innovations.
- The Division has approved our SFY10 Reduction and Restoration Plans. Formal reallocation/realignment letters are expected to be issued in mid-November.
- With the approval of the reduction plans Management Team has completed budgeting LME administrative funds. All changes will be reflected in the Budget Revision to be presented at the Board meeting.
- October financial statements were distributed at the Board meeting.
- LarsonAllen will finalize our 2008-09 Audit Report during November and will present the report at the December Board meeting.
- Ivy Williams reviewed the healthcare benefit options for OPC staff for 2010. The plans reflected few changes from the past years' plan. The dental plan has changed slightly but the changes reflect the national standard. Management Team's recommendation moving forward is to keep the same medical benefits as the past two years. Commissioner Vanderbeck motioned to move forward with Management Team's recommendation. Sue Schwartz seconded the motion. The motion carried with all Board members voting in favor and no one opposing.
- Management Team is also recommending one additional personal day to be used from now until June 30, 2010 and a \$25 dollar stipend per staff member to be used at the manager of the department's discretion to build staff morale. Board members suggested that the \$25 dollars per staff member, be taken out of the Board's budget for the year. Commissioner Vanderbeck

motioned to move forward Management Team and the Board's recommendations. Mr. Greger-Holt seconded the motion. The motion carried with all Board members voting in favor and no one opposing.

- Mr. Jenny then presented the budget revision. Ms. Schwartz motioned to approve the budget revision. Dr. Rachel Winstead seconded the motion. The motion carried with all Board members voting in favor and no one opposing.

COMMITTEE REPORTS

Finance Committee:

The Finance committee had no further information beyond Mr. Jenny's report. The next Finance meeting will be held on December 14, 2009 at 6 p.m.

Provider Community/Quality Management Committee:

Amanda Blanks shared a brief synopsis of Provider Community/Quality Management Committee. They reviewed the proposal for the Critical Access agencies, the AQIC report, the reduction plan for services, and OPC's survey. Ms. Hamlet added that OPC's survey may be shared state-wide. The Provider Community/Quality Management Committee next meets December 14, 2009 at 5:30 p.m.

Service Management Capacity/Public Awareness and Advocacy Committee:

Mr. Greger-Holt reported for the Service Management Capacity/Public Awareness and Advocacy Committee. They discussed the proposal for the Critical Access agencies, Community Support transition, and service utilization. Mr. Greger-Holt expressed his uncertainty relating to these changes occurring so quickly. This Committee will next meet on December 14, 2009 at 5:30 p.m.

Human Resources Committee:

Ms. Williams covered the recommendations for the staff benefit plans during the Finance report and there was no additional report for the HR Committee. The HR Committee is currently meeting on an as-needed basis.

Client Rights Committee (CRC):

Ms. Blanks reported the events of the last CRC meeting. They reviewed restraint incidents as the number was significantly larger, as Ms. Hamlet had indicated. Their next meeting will take place Tuesday, December 3, 2009.

Consumer & Family Advisory Committee (CFAC):

Michael Norton provided the CFAC update. Peggy Yonuschot attended the October CFAC meeting and presented the Quarterly Needs Assessment Update. CFAC members were particularly interested by the CIT. CFAC did not have a quorum but the attendees did discuss options for the CFAC seat on the OPC Board and plan to present that member's name during the December OPC Board meeting. CFAC next meets on November 19, 2009 at 6 p.m.

OLD BUSINESS:

There was no old business at this time.

NEW BUSINESS:

Commissioner Vanderbeck requested an advertisement be created describing the vacancies on the OPC Board. OPC staff will work with the counties to prepare and provide the advertisement to local newspapers.

Board Meeting:

The next OPC Board meeting is scheduled for December 14, 2009. The subcommittees will meet at 5:30 p.m., the Finance committee will meet at 6 p.m., and the Board will convene at 7 p.m.

Adjournment:

Commissioner Vanderbeck motioned to adjourn the OPC Board meeting and Mr. Greger-Holt seconded. The motion carried with all Board members voting in favor and no one opposing. The meeting adjourned at 8:58 p.m.

Respectfully submitted,

Amanda Blanks
Secretary