

**Minutes of the OPC Area Board Meeting  
Monday, September 14, 2009  
Administrative Office - Europa Center**

**BOARD MEMBERS PRESENT**

Commissioner Bernadette Pelissier, Commissioner Jimmy Clayton, Commissioner Tom Vanderbeck, Richard Edwards, Amanda Blanks, Rachel Winstead, John Stewart, Sandra Herring, Virginia Hill, Debbie Carson

**BOARD MEMBERS ABSENT:**

Lynn Ikenberry, Sue Schwartz, George Greger-Holt

**STAFF PRESENT:**

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

**GUESTS PRESENT**

LeAnn Nease-Brown, OPC's Attorney  
Yvonne French, LME Systems Performance at Division of MH/DD/SAS  
Dan Hahn, Alamance-Caswell Area Director

**CALL TO ORDER**

OPC Board Chair Richard Edwards called the meeting to order at 7:06 p.m. Mr. Edwards commended the OPC staff for their thorough and diligent work in the accreditation process and congratulated staff on a job well done, as OPC is now accredited by CARF (formerly the Commission on Accreditation for Rehabilitation Facilities).

**CALL FOR PUBLIC COMMENT**

Mr. Edwards opened the floor for public comment. There was none.

**READING OF THE MINUTES**

Commissioner Tom Vanderbeck motioned to approve the July 2009 minutes of the OPC Area Board meeting. Dr. Rachel Winstead seconded the motion. The motion carried with 10 board members voting in favor and none opposing.

**REPORT OF THE CHAIRPERSON**

Mr. Edwards yielded the remainder of his time to Judy R. Truitt.

**AREA DIRECTOR'S REPORT**

**1. Budget and Allocation Update**

- a. OPC received its allocation information on Thursday, September 10<sup>th</sup> at 7:30 p.m. The following morning, a previously scheduled Area Director's conference call was held, and the budget was discussed during this meeting. Representatives from The Division of Mental Health/Developmental Disabilities/Substance Abuse (DMH) reviewed the reductions and increases in funding enacted by the General Assembly for SFY 2009-2011 and indicated that the LME allocations also included an additional reduction of 5% required by the Governor's Executive Order #21 as a reserve against future economic challenges.

- b. Dave Jenny, OPC's Chief Finance Officer, then reviewed the allocations and the cover letter sent with them. Funding to Cross Area Service Programs (CASP) was cut 10.3%. OPC has several CASP providers in its catchment area who offer services on a regional level. Additional cuts include \$110,666 in Comprehensive Treatment Services Program (CTSP) funds and \$928,923 in Developmental Disability funding. These cuts, combined with the overall reduction in state funded services and the additional 5% Governor's reduction total \$2.25 M and represent 21.5% of OPC's total non-crisis state service funding. LME Management funds were also reduced 4.1%, which is less than last year's cut.
- c. OPC's Utilization Management Committee (UM) will continue working on creating fair and thoughtful applications of the reductions to services. DMH is requiring each LME to create and submit plans describing how they will spread the reduction of funds.
- d. Ms. Truitt indicated that DMH had outlined the expectation for several LMEs to utilize their fund balance to cover part of the service reductions. OPC will not be affected as its fund balance does not exceed the required amount.
- e. Cim Brailer, Customer Service & Community Planning Manager, explained the reductions in OPC's developmental disability (DD) funding. OPC's DD state funds will be cut in two ways. First, a portion of the overall reduction in state funding (\$55M statewide) will be taken from OPC's DD service dollars. Secondly, the legislature reduced DD funds by \$16M, with the idea being that limited state dollars should not be spent on individuals who are CAP-MR/DD waiver recipients. Beginning October 1<sup>st</sup> CAP/MR-DD recipients are no longer eligible to receive any State-funded services, except for those services for which there is not a comparable service in the CAP/MR-DD waiver. The excepted services are limited to guardianship, room and board, and time-limited supplemental staffing to stabilize residential placement. OPC agrees with the concept that CAP/MR-DD waiver funds should be utilized to the fullest degree possible to meet participants' needs and that limited state dollars should be used for individuals who do not have any other funding source at their disposal. However, OPC does not believe that it has a large number of individuals receiving inappropriate or excessive service based on their needs. OPC only has two individuals with Mental Retardation and Mental Illness (MR/MI) who are still receiving both CAP/MR-DD waiver services and MR/MI state funds, and there is just over \$100,000 in state funds going to CAP/MR-DD waiver recipients in Adult Developmental Vocational Programs (ADVP). OPC is working with the providers and case managers in these situations to transition these individuals away from utilizing state funding.

The biggest impact of this particular cut to OPC's DD funding will be to DD residential services in the OPC area. OPC's portion of the \$16M reduction was based on a report generated for the time period July 2008-February 2009 showing that waiver recipients are receiving Group Living Moderate and Supervised Living Low services in our three group home systems. The results of the report suggested that OPC is spending close to \$1M in residential services for CAP/MR-DD waiver recipients based on how the service has been reported and billed. In reality, these providers are providing an equivalent amount of service to non-waiver recipients. Basing the reduction on what has been historically reported resulted in a \$928,923 loss of DD funding which will be potentially catastrophic to DD residential services in the OPC area.

- f. Staff are scheduling a large provider meeting to discuss the budget and what OPC is planning to do to manage the cuts. In addition, OPC staff currently participate in 84 community groups within the three counties. Staff have been asked to discuss the reductions in every one of these meetings they attend. Michael Norton indicated that OPC's Consumer and Family Advocacy Committee (CFAC) would also be holding a special meeting in the next few weeks to discuss the budget.
- g. Care Management Staff are preparing to discuss future changes to the service array and benefit plan during the December 2009 Board Meeting.

## **2. Alamance-Caswell Update**

- a. Ms. Truitt thanked the Board for their flexibility in attending the work session last week. Ms. Truitt also expressed appreciation for the OPC Board's concentration and diligence in helping her craft the response letter to Alamance-Caswell (hereafter referred to as AC) LME. A certified copy of the letter was sent out on Friday, and Ms. Truitt also emailed a copy to Dan Hahn, AC's Area Director. Ms. Truitt will be attending the AC Board meeting on Tuesday, September 15<sup>th</sup>.
- b. Ms. Truitt then offered Mr. Hahn the floor. Mr. Hahn discussed AC's plans and their process for managing the current tight budgetary times. He also referenced the plans for his Board meeting tomorrow, and indicated that AC has received the actuarials for the retiree situation. He believes they will be able to encumber those costs out of their fund balance before any merger would occur.

## **3. AQIC Annual Report**

- a. Lynne Hamlet, Quality Improvement/Provider Relations Director, presented the SFY 08-09 Area Quality Improvement Report (AQIC). Ms. Hamlet directed the Board to page seven of the September 2009 Board packet.
  - 1. There was an increase in Level I incidents related to the planned use of physical restraint by three providers. Upon investigation of this issue, it was discovered that one of the providers was incorrectly reporting Level II restraints as Level I. The Incident Review committee reviewed 338 incident reports, 318 which occurred during the year. OPC also began submitting quarterly incident report summaries to Disability Rights of North Carolina beginning with the second quarter of the year. Two consumers who are served by OPC's Treatment Alternatives for Safer Communities died during the fiscal year. Level III monitoring reviews were conducted and completed during the fourth quarter for both deaths. Incident Reporting is now an individual training, and Michael Norton will be holding several of these trainings during the next year.
  - 2. During FY 08-09 a new family member was appointed to the Client Rights Committee (CRC) to represent the area of developmental disabilities. Dr. Greg Olley resigned from the committee and has recently been appointed Vice-Chair for the Commission for MH/DD/SA Services. One of CRC's major endeavors for the year was providing consultation to a provider agency that was creating its own CRC.
  - 3. OPC's Customer Service Department facilitated 31 complaints in the SFY 08-09. This number is higher than last fiscal year when 22 complaints were reported. The majority of complaints were initiated by parents/guardians, eight complaints were made by consumers, five were initiated by providers, and one was initiated by DMH staff.

During SFY 08-09, the number of complaints made on behalf of child consumers grew, and the ratio was 17 adult complaints to 13 child complaints. Ms. Hamlet compared the published state averages for complaints last year to OPC's statistics and found them to be very similar.

4. OPC was appointed guardian of two new wards and one ward died. Ms. Hamlet indicated that of all the guardianship accomplishments listed, she wanted to particularly mention that OPC assisted in transitioning a ward to a supervised apartment after living for 13 years on a locked unit at Murdoch. Recently, OPC lost its Guardianship Coordinator but a new Guardianship Coordinator has been hired.
5. During SFY 08-09 OPC hosted and/or arranged 66 trainings for providers and community stakeholders. New trainings were added to the OPC Training curriculum, including a series of substance abuse trainings led by Tom Velivil.
6. Over two thousand law enforcement requests for concealed handgun permits were processed and 53 follow-up letters were written in response to those requests.
7. During SFY 08-09 there were 231 admissions from OPC's catchment area to state hospitals, compared with 369 the previous year.
8. Commissioner Pelissier indicated it is extremely helpful to see trends over the years and in the future would like more emphasis placed on the comparison.

#### **4. Need Assessment Update**

- a. Peggy Yonuschot, OPC Community Planner, provided the Board with the Community Needs Assessment update. The Needs Assessment conducted in March 2009 identified two system-wide priorities as areas of focus in the upcoming year. These were public awareness, with specific attention to service system organization and array, and continued development of our community crisis system and hospital after care services. The Needs Assessment findings have been reviewed at departmental retreats and are being incorporated into relevant departmental work plans.
- b. OPC has an internal Social Marketing Committee, which has drafted a Social Marketing/Public Awareness Plan for Fiscal Year 2009-2010. This plan outlines five goals which mirror segments of our contractual agreement with DMH/DD/SAS respective to social marketing and public awareness. In order to fulfill those goals, the Social Marketing Committee has been sending out letter campaigns to primary care physicians and the faith-based community in recognition of September being National Recovery Month. Enclosed with each letter were OPC brochures, a letter listing relevant resources, and suggestions for incorporating Recovery Month into their practice. Additionally, with regard to received and anticipated budget cuts, Ms. Truitt asked the Social Marketing Committee to develop a plan to proactively inform and prepare our communities.
- c. With regard to continued development of our community crisis system and hospital after care services, OPC is implementing Crisis Intervention Team (CIT) training for local law enforcement. CIT is a pre-booking jail diversion program that provides law enforcement with the knowledge and skills they need to deescalate persons in crisis. It emphasizes treatment rather than jail time for persons displaying

symptoms of mental illness, and also improves outcomes for both officers and consumers following encounters between law enforcement and persons with mental illness. OPC, local NAMI affiliates, the Mental Health Association in Orange County, and Freedom House Recovery Center are continuing to work with local law enforcement agencies toward implementing CIT within Orange, Person and Chatham counties.

## **5. Child and Adolescent Mental Health Reductions**

- a. Child and Adolescent Mental Health are receiving three primary cuts: reduction in use of group homes, elimination of Community Support (includes case management and skill building) and reduction in the amount of funding.
  - i. The use of Level III group homes (typically small homes of 4-6 youth in a neighborhood) and Level IV group home (locked facilities) will be reduced as it will become harder to enter these facilities and the lengths of stay will be shorter (maximum of 120 days). Group homes that have over 16 beds will either need to close or reduce their beds to below 16. Therapeutic wilderness camps like Three Springs and Timberidge will be closed. Three Springs, which is located outside of Pittsboro, will close its level III facility, but is planning to open a Psychiatric Residential Treatment Facility (PRTF), day treatment, and offer intensive in-home services. In July, OPC had 46 children in Level III or IV group homes. Presently there are 21 youth in level III and IV group homes. Transition plans for all youth in levels III and IV are being reviewed through county based care review teams, and Lisa Lackmann, OPC's Child and Family Planner, has been working with the Departments of Social Services (hereafter referred to as DSS) to move children in DSS' custody into new programs.
  - ii. Legislation passed in the first week of August eliminating Community Support. There will be no new Community Support authorized by Value Options or LMEs after October 12, 2009. Young people presently receiving the service will have time to transition to another service (90 days from date of concurrent authorization request, or as authorized by appeal and exception through June 30, 2010). Four hundred young people in Orange, Person, and Chatham Counties are presently receiving this service and once Community Support is eliminated, there will be no case management service immediately available. OPC will work with providers to track how consumers are transitioned to other services. It is expected that some providers will not survive the elimination of Community Support, as this is either the bulk of their work or Community Support has supported less lucrative services.
  - iii. There are reductions in Medicaid rates and in state funds OPC uses to pay providers to serve uninsured people. The reduction has a larger affect on adult consumers than child/adolescent consumers as most child consumers served in the public system have Medicaid. However, consumers who are not eligible for Medicaid such as undocumented young people, will certainly be affected.

## **FINANCE OFFICER'S REPORT**

Mr. Jenny presented the Financial Activity Report for September Board Meeting:

- Finance staff continue to work closely with UniCare to correct problems with billing issues and

ProFiler reporting problems with CDW information. Staff are involved with testing ProFiler's new CDW reporting program and are reporting problems back to UniCare. Per Board agreement, OPC has scaled back its resources dedicated to CDW issues and redirected efforts to prepare for implementation of the Cardinal Innovations system.

- The Finance Department held an annual planning retreat on July 22<sup>nd</sup>. The final review of the 2008-09 departmental work-plan and accomplishments was completed. Goals and objectives for 2009-10 were discussed and finalized for inclusion in OPC's 2009-10 agency work-plan.
- OPC met with Cardinal Innovations personnel on August 6<sup>th</sup> to discuss how they use data and reports to shape their service system. This discussion will assist OPC with the final design and implementation of Cardinal Innovations.
- The auditors were on site the week of August 17 – 21 for their final fieldwork for the 2008-09 audit. There are no noted issues or findings at this time.
- Financial statements for June and July are enclosed in the Board packet and August statements were distributed at the meeting. The June statements are "unaudited" pending the final audit report.
- Jolene Meyer and Mr. Jenny had a teleconference with the firm doing the actuarial work for the GASB45 post-retirement benefit valuation. They reviewed the draft valuation report to confirm assumptions and asked questions. The final report will be sent in a couple of weeks and presented at the October Board meeting. OPC is not planning to fully fund the retiree costs at this time and therefore OPC will receive a note in the audit report. This will not be a penalty but will be recorded.

John Stewart motioned to approve the Finance Officer's report. Commissioner Vanderbeck seconded. 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 October 12, 2009 at 6 p.m.

### **Provider Community/Quality Management, Service Management Capacity and Public Awareness and Advocacy Committees:**

Ms. Blanks reported to the Board for the three committees, which met jointly. They discussed budget updates, implementation updates and the work of the Social Marketing committee. The committees will next meet October 12, 2009 at 5:30 p.m.

### **Human Resources Committee:**

Mr. Stewart had no report, as the Human Resources committee has not met recently. The Human Resources Committee meets on an as-needed basis.

### **Client Rights Committee:**

Ms. Blanks reported to the Board for the Client Rights committee. The Client Rights committee reviewed one behavior plan and several incident reports. Their next meeting will take place Tuesday, October 6, 2009.

**Consumer & Family Advisory Committee (CFAC):**

Virginia Hill extended an invitation from CFAC for the Peer Support Workshop. A person who has taken the NAMI peer to peer training will be speaking during the workshop. CFAC remains steadfast in their attempts to provide the peer support option to consumers in the OPC catchment area. CFAC next meets Thursday, September 17, 2009 at 6 p.m. in the Europa Training Room.

**OLD BUSINESS:**

There was no old business at this time.

**NEW BUSINESS:**

Ms. Truitt reported that OPC had recently revised its endorsement procedures. Beginning September 1<sup>st</sup>, OPC will no longer accept plans of correction for endorsement criteria that are not met during a provider's initial site/service review. If the criteria are not met, the endorsement application will be denied, and the provider must wait six months to reapply. This approach is in line with the state endorsement procedures and the procedures of neighboring LMEs. OPC has chosen to revise the procedures in anticipation of more restrictive procedures being disseminated by the state and to address the recent influx of providers seeking endorsement for Community Support Team and Intensive In-Home Services. Ms. Truitt wanted to share this with the Board so they would be prepared if local providers questioned the change.

**Board Meeting:**

The next OPC Board meeting is scheduled for October 12, 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. Stewart seconded. The motion carried with all Board members voting in favor and no one opposing. The meeting adjourned at 8:48 p.m.

Respectfully submitted,

Amanda Blanks  
Secretary