

THE DURHAM CENTER
Providing Behavioral Health & Disability Services

AREA BOARD MEETING
Minutes
May 5, 2005

The Durham Center Area Board met May 5, 2005 at 4:00 p.m. at 501 Willard Street.

MEMBERS PRESENT:

Doug Wright, Nancye Bryan, Colleen Kilsheimer, Hugh Wright, Ellen Reckhow, Terry McCabe, Phil Golden, Emily Baldwin, George Quick, Eureka Capri Daye, Thomas Owens, Amelia Thorpe

MEMBERS ABSENT (EXCUSED):

Karen Crumbliss

STAFF PRESENT:

Ellen Holliman, Janet Whichard, Carrie Baines, Carla Alston, James Osborn, Beth Bordeaux, Vivian Harris, Ann Nelson, Dorothy Rigsbee, Gwynn Crow

OTHERS PRESENT: Betsy MacMichael, CFAC; Sharon Youse, CFAC; Louis Cheek, County Commissioner

Area Board Chair Doug Wright called the meeting to order at 4:10 PM.

APPROVAL OF APRIL 7, 2005 MINUTES

A correction to page 4 of the April 7, 2005 minutes will change the sentence structure to read, " We will not duplicate their reviews."

A motion was made to approve the amended April 7, 2005 Area Board Minutes by George Quick and seconded by Terry McCabe. The motion unanimously carried.

There was a brief discussion about what C.A.R.F. represents. C.A.R.F. is the Commission on Accreditation of Rehabilitation Facilities. Ms. Holliman offered to have a listing of acronyms prepared and placed in the Board member's notebooks for future reference.

COMMITTEE REPORTS

CFAC: Betsy MacMichael gave the following update:

1. Sharon Youse has co-chaired CFAC for three months as a transition and will follow Betsy MacMichael as Chairman. CFAC is looking for another person to serve as a Co-chair.
2. Ms. Youse completed a Peer Support training course and was offered position in Durham to start up a Peer Support Program.
3. CFAC participated in a focus group for The Durham Center Strategic Plan. CFAC asked to be kept informed of each step along the way to producing the plan.
4. Completed Durham CFAC Strategic Planning session in March. This is available in March minutes on the website.
5. Offered a written response to the draft DD plan and are requesting a written response from the Durham Center.
6. Committees have been reorganized, and an Executive Committee was formed to address issues or respond to Durham Center requests.

7. Reviewed Durham Center policies. Vivian Harris agreed to try to incorporate at least some of our suggestions.

Next CFAC meeting is June 6th at 5:30pm at TROSA.

Finance: George Quick reported the committee met today for a financial update. There were no action items today.

Human Rights: The committee, with 2 members in attendance, met last week with Paula Perez.. Colleen Kilsheimer announced the brochure was revised

An Open House on Monday, May 16th from 3:00-5:00. Invitations will be sent to legislators, County Commissioners, providers and other stakeholders.

Our Town Hall Meeting is May 18th at NCCU from 5:30-7:30.

PUBLIC COMMENT: NONE

ACTION ITEMS

1. Strategic Planning

Beth Bordeaux

Ms. Bordeaux explained the strategic planning process the Board would follow in today's meeting. Focus groups have already been held with CFAC and with Durham Center staff. Additional focus groups will be done at the Town Hall meeting and the Community Collaborative. Advocacy organizations have been asked for written feedback. Our existing strategic plan is in place until 2006 but we are looking outward at developing our provider community. The focus of our existing plan includes the following:

- Access
- Provider Community
- Quality Improvement
- IT System
- Continuity During Transition
- Best Practice
- Communication

Ms. Bordeaux enlisted the Board's comments as each of the four sections was discussed. The bulleted items are the Board's response.

In looking at what works, we want to know what about a service makes it work?

- Employment – it leads to structure to your life, self worth, money in your pocket, creates independence, purpose for life, integrates consumers into the community, involvement in community, breaks down the stigma
- System of Care – working with the whole family, bringing the community together
- Substance Abuse Treatment – intensive outpatient, gives them a start – a basis for recovery, a support system, accountability for self and others
- Medication Services
- Change of environment –for substance abuse and other mental health issues
- Continuity of care in therapists
- Well trained staff
- Case management – home visits, activities of daily living for SMPI
- Expanded provider list

- Spending money wisely
- Twelve step groups
- Supportive housing
- ACT Team
- Children's Collaborative
- Intervention Models

What is not working?

- Under staffing by providers
- Community at large is not aware of Access Center
- People who are not eligible for target population except for substance abuse and are not being served
- Connecting and keeping substance abuse consumers connected to a service provider.
- Publicity
- Opportunity to try apartment living, getting a job, leaving the workshop.
- Can't go back to workshop if you try a job and it does not work.
- Hesitance in community to come for help – reputation
- Community education
- Perception that the Durham Center is not approachable
- Turnover in provider agencies
- Consumer needs someone to guide them through choices

What do consumers need from The Durham Center?

- Clarification to walk them through processes
- Easy access/guidance
- Education for consumers and consumer families
- System of Care for adults and families
- Range of services
- Advertisements that are colorful and easy to read, engaging
- Marketing, education – into the beauty shops, barber shops, churches
- To view us as a partner in recovery rather than the solution.

What do providers need from us?

- Clear expectations and performance standards, monitoring
- Training
- Monitoring on a frequent basis
- Support from us that political mandates coming from Raleigh are possible to do
- Rapid pay.
- Set up times for feedback
- Consultant role with business practices, especially small practice. System support.
- Provide vision

We will compile the information from all the focus groups to formalize our plan. The Board took no action.

2. Board Policies

Vivian Harris

Ms. Harris reviewed the feedback she received from CFAC and the Area Board on the draft policies discussed at the April 7, 2005 Board meeting. A copy of the feedback, comments and any noted changes is attached to these minutes.

Per a request from Ellen Reckhow at the April 7, 2005 Board meeting, Ms. Harris had asked Lowell Siler, County Attorney to research our liability involved in monitoring providers. Mrs. Holliman said this all falls under Senate Bill 163. Mr. Siler reported to Ms. Harris that he and Chuck Kitchen, County Attorney, discussed this and feel there is minimal liability for the County due to the sovereign immunity statutes.

A motion was made by Terry McCabe and seconded by Phil Golden to approve the policies as written. The motion carried unanimously.

REPORTS:

Area Board Chair's Report

Doug Wright

Mr. Wright requested Nancye Bryan to make an announcement.

Nancye Bryan announced that she will leave the Board as she and her husband purchased a home and one of the property lines for their new residence is the county line defining Durham and Orange counties. She expressed her pleasure in having served on the Board. Ms. Bryan will continue her involvement with CFAC because the person she represents at CFAC is a Durham resident.

Tom Owens was appointed as chair of the nominating committee. Phil Golden and Colleen Kilsheimer will also serve on the committee. A ballot will be prepared for the June meeting. Nominations will also be accepted from the floor. Mr. Wright has agreed to continue as chair if the Board so desires.

Mr. Wright announced that Phil Golden has agreed to chair the Board Quality Management Committee and Emily Baldwin agreed to serve as a member. The committee needs a CFAC member. The committee will meet monthly at a time to be determined by the membership.

Ellen Reckhow, Ellen Holliman, Al Mooney, and Doug Wright attended the Duke Health Summit April 11th. Dr. Tzow stated Duke is willing to do their part in the effort to reduce substance abuse problems in Durham. Mr. Wright said what he would like to see come out of the Health Summit is an attitude of action, cooperation and humility as we come together to find solutions so we can work together as a community. Our Board and the Board of County Commissioners know that we cannot win this problem without help from the entire community.

Ellen Reckhow said there are eight results based accountability workgroups in the community and one is a health committee that has a subcommittee on substance abuse. She would like to see some of this Area Board membership that is interested in substance abuse issues get involved in that committee. Those eight committees will be developing the strategic focus for the City and County in eight key areas for the first time. There will be a big community wide meeting in September or October to unveil the work of the groups. Ms. Reckhow challenged the Board as being the experts in substance abuse to get involved. She said MaryAnn Black and Gail Harris are chairing the group and Dr. Mooney is chairing the substance abuse subgroup.

Ms. Holliman said we would be sending one of our Quality Management staff members to participate with the community committee on substance on substance abuse.

Ms. Holliman had a follow-up meeting to the Health Summit with MaryAnn Black. We are looking at ways to partner. One of the biggest things that they heard at the Health Summit was community education, especially around substance abuse. Together we will find a way to make that happen. We need a community plan for education and prevention.

Ellen Holliman, Ellen Reckhow, and Doug Wright attended the May 3rd Legislative Reception showcasing LME successes. Our System of Care was honored at the reception, which was attended by the Honorable Paul Luebke.

Open House May 16th 3:00-5:00

Town Hall Meeting May 18th 5:30-7:30 NCCU: Mr. Wright encouraged all Board members to attend.

Monthly Board Report

Ellen Holliman

Ms. Holliman shared we received a call from the Division this week saying The Durham Center has been selected as one of four Area Programs to be a state partner in a federal grant to develop LME infrastructure for best practice services. This speaks so well for the work our staff has been doing over the past two years.

Beth Bordeaux encouraged Board members to invite others to attend the Town Hall meeting with them on May 18th. She asked Board members not to verbally participate at the meeting since they had the opportunity to present their ideas at the Board meeting. Any additional comments may be submitted in writing.

Ms. Bordeaux reviewed the written Durham Center Report for May 5, 2005. A copy is attached.

ANNOUNCEMENTS:

Nancye Bryan announced the Shirley Strobel Apartments are open and seven residents are on board.

Mr. Wright encouraged Board members to attend the Spring Policy Forum in Raleigh June 13-14.

Meeting adjourned 6:08

Respectfully submitted,

Ellen S. Holliman
Area Director

POLICY REVIEW AND FEEDBACK		
Policy	Feedback	Comments
Utilization Management and Utilization Review	None as of 5/4/05	
LME Management of Complaints and Investigations	CFAC – 1)Item IIIB – some concern as to length of time (30 days) being too long, or not specific to a start date	The 30 days will begin if the complaint is not resolved at an information level as outlined in the Client Complaint and Grievance Policy – at that point Customer Services has 5 days to inform the person making a complaint whether the informal process will be followed – the dates will be in the database maintained by Customer Services If an investigation is needed 30 days is needed to do a thorough job and gather any information needed
LME Management of Incidents	CFAC 1) In general, concerns were centered on a need for notification to CFAC. How and When? Can CFAC offer a request on this? Aggregate reports were seen as appropriate for QM and CFAC groups	1) Hopefully feedback will come back to CFAC via one of their 4 QM Committee representatives. It will be the QM committee that analyzes the data and looks at trends. It might be that the CFAC committee would ask that one of their representatives make a monthly report on their activities with the QM Committee and those members can share the aggregate data with the regular CFAC members – similar to Board committee reports
Client Complaints and Grievance Policy	CFAC 1) Item III, F, 1 (d) needs to be added as follows: (d)in addition to the summary reports, the Client Rights Committee will receive compilations of raw information	1) Have added this line – with the additional wording of “non-client identifying raw information”
Monitoring of Facilities and Services	Area Board 1)Change the review period for the new provider so that a second review occurs between 1 year to 18 months after services started. CFAC 1)Item III Customer service satisfaction review, record and billing verification reviews, system of care reviews and	Area Board 1) Will add this language to procedures. CFAC 1)The triggers will indicate when/how often these reviews occur – can be every month to every 6 months or every year – will depend on the trigger and provider performance in that area

	<p>utilization reviews – questioned as to review interval – when or how often</p> <p>2)Item IV Referral of local monitoring to DFS or DMH/DD/SAS – felt that there was need to state the time interval for a response</p> <p>3)Item IV – Corrective action plan, suspension and appeal – concern that there was no statement of who or what had responsibility for arrangements for relocating residents</p>	<p>2)Will modify this section to include the time frames from the section on provider monitoring</p> <p>3)Will revise this section to include the statement from Agency contract which states that the provider will continue to serve consumer while LME and Provider work to place consumers.</p>
<p>After Hours Coverage in the Provider Community</p>	<p>None</p>	

POLICIES FOR APPROVAL