

THE DURHAM CENTER
Managing Behavioral Health & Disability Services

AREA BOARD MEETING

Thursday, February 3, 2011
4:00pm Regular Session

MINUTES

PLACE: Durham Center Access
309 Crutchfield St., Durham, NC 27701

MEMBERS PRESENT: Earl Phillips, Chairman
John Barry
Amir Berhannu
Dr. John G. Giragos, Jr.
Phillip Golden
Nancy Henley, M.D.
Monique Holsey Hyman
Betsy MacMichael
George Quick
Amelia Thorpe
Lascel Webley, Jr.
Doug Wright

MEMBERS EXCUSED: Rev. Michael D. Page

MEMBERS ABSENT:

GUESTS PRESENT:

STAFF PRESENT: Ellen Holliman, Susan Knox, Rob Robinson, Doug Fuller, Jeanette Williams, Lena Klumper, Sean Schreiber, Dr. Khalil Tanas Carla Alston-Daye, Kelly Goodfellow,

OTHERS PRESENT: Yvonne French, Dr. Kester, Marqueta Welton, Lowell Siler, Bryan Widell

1. CALL TO ORDER: Chairman Earl Phillips called the meeting to order at 4:07pm.

2. ANNOUNCEMENTS: Chairman Phillips asked Dr. Giragos to introduce his guest. Dr. Giragos introduced Dr. Kester, a second year resident at Duke Psychiatry.

Chairman Phillips welcomed Yvonne French, LME Liaison for NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

He asked Lowell Siler, County Attorney, to introduce the new attorney assigned to The Durham Center. Mr. Siler introduced Bryan Widell, who recently joined the Durham County Attorney's office. Mr. Widell has many years of experience in private practice, is a great litigator, and has experience in business.

Chairman Phillips welcomed Marqueta Welton, Durham County Human Resources Director, who will assume the duties of Deputy County Manager on an interim basis when Carolyn Titus retires at the end of the month. He also encouraged everyone to attend the retirement party for Ms. Titus to say goodbye to her.

Chairman Phillips advised Board Members that copies of Disclosure statements are in their notebooks. He asked Board members to fill it out and return it to Susan Knox if they have not filled it out yet.

The Budget retreat will be held February 22, 2011 from 3:00-5:00. He asked which Board members will be able to attend.

Chairman Phillips asked Ms. Holliman to update the Board on the report she gave to the Mental Health Legislative Oversight Committee (LOC) on behalf of Durham and Eastpointe.

Ms. Holliman represented Durham and Eastpointe Local Management Entities at the January Loc meeting to give them an update on Medicaid Utilization Management (UM) and CAP MR/DD UM. It was well received by the LOC and there were no questions by the LOC members.

Chairman Phillips reported that Ms. Holliman will be providing a report to the Board of County Commissioners on Monday, February 7. There is a copy of the report in the Board notebooks so that Board members can read and analyze it before the next Board meeting. A report to the Area Board will be on the agenda in March and she anticipates that it will be updated with data from the Duke Emergency Department on wait times and homeless data. He invited Board members to attend to support her.

Chairman Phillips added FY12 budget to the agenda as agenda item 12.

4. FINANCE COMMITTEE

Chairman Phillips recognized George Quick to provide the Finance Committee report.

Mr. Quick reported that the Finance Committee met today at 3:00pm. There are no major items on their agenda. The primary item was the year to date status on the budget. The report of expenditures was handed out to the Board. The budget is at a roughly breakeven point in terms of revenue and expenditures. On a cash basis The Durham Center is approximately \$940,000 short, but the state owes The Durham Center approximately \$1 million for services that The Durham Center has provided.

He discussed the State budget and the problems that the State is having. The Finance Committee is expecting some impact on The Durham Center and they will keep the Board advised of what is going on.

Chairman Phillips asked if there were any questions.

Betsy MacMichael asked about a recent communiqué from the Governor that discussed a definite 5% cut to the budget rather than a possible 5%, 10%, or 15% cut. She asked if there was any more information or clarification.

Ms. Holliman responded that they did not have more information. She thanked the Governor and Legislature for trying to keep the funding for MH/DD/SA services intact.

5. COMMITTEE REPORTS

- A. Quality Management Committee Report
- B. Human Rights Committee Report
- C. Consumer and Family Advisory Committee Report
- D. Executive Committee Report
- E. Public Relations Committee Report

Chairman Phillips asked if there was any discussion of the committee reports. There were none.

6. CONSENT AGENDA

- A. November 4, 2010 Area Board Regular Meeting Minutes

Lascel Webley moved to approve the Consent Agenda. **Seconded by George Quick.** **Motion approved unanimously.**

7. PUBLIC COMMENT

There were no public comments.

8. DOCUMENTARY-NORTH CAROLINA EVIDENCE BASED PRACTICE

Chairman Phillips introduced the documentary "Guided by Science, Grounded in Practice. Durham's Wellness, Management, and Recovery program was featured in the documentary as a Best Practice. The Board took the stand several years ago to fund Evidence Based Practice programs. Another program highlighted in the documentary is NC START, The Durham Center holds that contract for the entire central region.

Ms. Holliman also announced that Chairman Page, who saw the documentary at The Durham Center Christmas luncheon, asked that the documentary be shown to the Board of County Commissioners on the Monday work session.

The documentary was shown.

Chairman Phillips asked if there were any comments from Board Members.

Dr. Giragos remarked that it was helpful in putting some of the acronyms that are used in context. He asked about the distribution of the documentary. Doug Fuller responded that the documentary has been put on youtube and is currently on the website of the Div. of MH/DD/SAS. The Durham Center has copies that they can share with other agencies or groups that may want to show it.

Dr. Giragos suggested distribution on Channel 8 Public Access TV. A suggestion was made to have it placed on the closed circuit TV at the County Administration building.

Betsy MacMichael announced that she is a part of the Practice Improvement Collaborative that produced the documentary. There is an on-going effort to bring new practices and have them embedded in the state. She believes it is a good initiative.

9. CAP MR/DD UPDATE

Chairman Phillips reminded Board members that in January The Durham Center took over CAP MR/DD Utilization Management and staff has been working diligently on the undertaking. Chairman Phillips recognized Sean Schreiber to provide an update.

Mr. Schreiber reported that on January 20, 2011 The Durham Center took on Utilization Reviews for CAP MR/DD individuals for six Local Management Entities (LME) that cover 20 counties in addition to Durham.

Conference Room 100 at The Durham Center was converted to workstations and IT and phone systems were put in place to accommodate the additional personnel. He noted that the Medicaid UM transition that was undertaken several months earlier aided in the transition for the CAP UM.

April Parker was selected as the Care Management Supervisor over CAP UM. April was previously a UM review with The Durham Center.

When the Medicaid Um project began in September 2010 we were responsible for authorizing CAP MR/DD services for approximately 330 individuals. That number has now increased to 3,200 individuals. Tamira White was the sole reviewer under Medicaid UM. Four new reviewers have been hired.

Leading up to January 20, The Durham Center did training for other LMEs, CAP providers and other providers on The Durham Center's electronic web based system to prepare them for the transition from Value Options. Most of the providers are providing their requests via the electronic system which has been a significant cost savings. Unfortunately the Behavioral Health Providers are still utilizing faxes instead of the electronic system which is costlier because of staff resources that are used.

Since January 20 The Durham Center has received about 250 requests from other counties. The turnaround time has been approximately 10 days.

Chairman Phillips asked if there were any questions.

Betsy MacMichael asked what some of the differences are between how Value Options did the Utilization Reviews versus how The Durham Center does them. Mr. Schreiber responded that they follow the same guidelines, including turnaround times. One difference is that because we are working with local providers we can spend more time getting information from the providers. On the behavioral health utilization reviews they now have several months of data and can see patterns and trends. For example, since the CABHA transition they have seen some inappropriate requests. After the transition, providers started making requests for a bunch of other services that the provider has on consumers that have been in a service for a long time, but that that provider can no longer provide. They are able to recognize those trends more quickly and in some instances have made reports to Program Integrity. Otherwise, the criteria from the state is set. We are able to have more outreach to providers and provide more training to them on documentation that we want to see so that we can make determinations on the first requests.

Amelia Thorpe commented that one of the complaints with Value Options was their distance from the communities and providers. Local reviews and authorizations is a crucial improvement.

10. REPORT ON PROVIDERS TRANSITIONING TO CABHA

Chairman Phillips recognized Rob Robinson to provide an update on the Critical Access Behavioral Health Agencies (CABHA).

Mr. Robinson provided a review of pre-CABHA history and how the state has transitioned to CABHA. Area Authorities transitioned from a service provider to service management, which The Durham Center did in 2004. The State found that the quality of services and admissions to the State Hospitals were impacted negatively. In response to that the state started looking at comprehensive service providers that could provide a continuum of services instead of providers providing standalone services.

In 2009 NC Department of Health and Human Services (DHHS) mandated that providers wanting to provide three core services; Community Support Team (CST), Intensive In-Home (IIH), and Day Treatment (DayTx) must operate as a CABHA. They went through an application process and as of January 1, 2011 only CABHAs can provide those services.

CABHA goals were to have a more comprehensive, robust service array in agencies so that they could provide services that consumers needed.

Requirements include:

- National Accreditation with an Accrediting body that is recognized by North Carolina
- Medical Director and Clinical Director
- Quality Management/Training Director
- Offer more than two services
- Must provide core services and be able to assess consumers
- Must provide Medication management and have psychiatry on board
- Must be able to provide Outpatient Therapy
- Must deliver two enhanced services; CST, IIH, DayTx, Case Management, ACCT, IDDT, and others

Statewide statistics:

There are 185 agencies certified as CABHA

The state received 603 applications prior to the August 31 deadline. It has now been opened up so that anyone can apply.

104 were submitted after the deadline and those are still being processed.

When CABHA was introduced, the State expected there to be about 30 CABHAs across the state.

Currently there are approximately 200 providers that have been certified as CABHA. Last year at this time Durham had 197 providers that had a Memorandum of Agreement (MOA) to provide Medicaid services or had a contract with us. At this time Durham has 189 providers. 17 providers closed their doors and 29 providers do stand alone services that can be provided by non-CABHAs. There are 25 CABHAs within Durham. 14 of those providers have their corporate office in Durham and the other 11 have their corporate offices in other counties, but have an MOA with The Durham Center to provide at least one of those services in Durham.

There are:

- 13 Day Treatment providers
- 28 Intensive In Home providers
- 25 Community Support Team providers
- 10 Psychosocial Rehab providers (last year there was 1)
- 8 ACTT providers (last year there were 2)
- 65 CAP service providers
- 24 Substance Abuse providers
- 47 Residential Service Providers

Mr. Robinson discussed what the next steps are. The Durham Center (TDC) was very committed to the transition to ensure that consumers that were not with a CABHA were transitioned to an agency that could provide the services they needed. All Providers were required to develop a transition plan for the consumers receiving the services that only a CABHA can provide. Those transition plans were all reviewed. Not all were accepted. They were sent on to the state for follow-up. The Durham Center also contacted consumers who were with a provider that TDC felt did not have a good transition plan.

Chairman Phillips asked if there were any questions or comments.

Nancy Henley asked what this meant for consumers and whether consumers needed a new clinical assessment. Sean Schreiber responded that providers were supposed to have a new assessment done for consumers needing to be transitioned. If a consumer was transitioned, the transitioning agency had to make a Utilization Review request and TDC had to treat those as a first request instead of an on-going request and they had to meet the standards. They found some consumers that may not have been transitioned appropriately and those cases were referred to the Medical Director.

Doug Wright inquired about what the transition to CABHA has accomplished. Mr. Robinson responded that there are too many CABHAs and the infrastructure necessary for an agency is not sustainable for many providers, for example the requirement for a Medical Director. Consumer capacity will be an issue also.

Ms. Holliman also noted that because The Durham Center now does Medicaid UR the staff is able to make the connection easier and quicker than waiting for paid claims information.

John Barry asked how many consumers in service would not have services approved during the transition because they did not meet medical necessity. Mr. Schreiber responded that they are still getting data, but one service that had a high transition rate was Psychosocial Rehabilitation (PSR). Approximately 32% of the requests that came in were denied or reduced. Value Options data showed about 38% denied or reduced.

He also asked what would happen with those consumers and whether they would be reentering the system through the crisis facilities. Does TDC have the ability to track the consumers who have had services denied or reduced. Mr. Schreiber responded that they can be tracked through Screening, Triage, and Referral and also through authorizations. Mr. Robinson also discussed the impact of the transition could have on the crisis system and what they are currently seeing.

11.AREA BOARD REPORT

Chairman Phillips recognized Lena Klumper to present the Quarterly Dashboard Report.

Dr. Klumper reported that they have streamlined the large amount of data that TDC receives and presented it in the dashboard. The report provides data on the first quarter of fiscal year 2011 (FY11).

She directed the Board members to the matrix on page 4 which shows all the indicators in relation to the strategic plan. They chose a few indicators to give a barometer on performance.

The first goal: Exemplary practices.

Assuring that TDC meets all state reporting outcomes. The target is to meet at least 90% of the performance contract outcomes. In the first quarter of FY11 we did not meet the 90% due to timeliness of reporting on NCTOPPS. Providers do not turn in their recovery outcomes in a timely manner. TDC is concentrating on the quality of that data and working with providers to provide data on the actual outcomes, such as whether the consumers are attending recovery groups, are they attending AA, and

whether they going to see their physician regularly. The other two contract outcomes are readmission rates to the state hospital. One indicator is readmission within 30 days and the other is readmission within 180 days. There was a spike in quarter one.

Prevalence rates in the disability areas. Prevalence rates are the individuals that have been identified as having a problem vs. how many are being served.

- For the Developmental Disability area more than 40% are being served. TDC has been around 39% for adults and 29% for children.
- For Substance Abuse disorders TDC exceeds the state standard, but is only about 12%. There are many individuals with co-occurring substance abuse and mental health disorders. At Durham Center Access about 75% of individuals seen have co-occurring disorders.
- In Mental Health, TDC typically exceeds the standards. TDC is raising the standard above the state standard. Due to the CABHA transition they do expect this number to drop as individuals that were in services but did not need the service or the level of service they had.

Service Engagement-The State wants to ensure that consumers are seen within a certain time limit. TDC has raised their standard above the state standard.

- Currently the standard for individuals with developmental disabilities is two visits within 45 days. The state standard is 55%. TDC has raised their target to 60%. Durham has seen a trend of those receiving two visits within 45 days decreasing, as has the state. The Quality Management Unit is investigating the reason for this trend.
- Substance Abuse-The target is 57%. Durham has done really well with many of the programs that are in place.
- Mental Health-TDC usually meets the target of 39% or greater, but they would like to see it higher.

Substance Abuse Consumers retained in services-Research has shown that if individuals with substance abuse problems stay in treatment more than 45 days they tend to have a better recovery.

- The last two quarters there has been a slight dip below the target.

Percentage of consumers in Best Practice Services-

- They believe the number is lower than desired because of problems capturing accurate data from paid claims. They want the target to be higher than 35%.

Consumers waiting for services-They are collecting baseline data this year.

In the last week of the first quarter in FY11 more people were waiting for services than in previous quarters, but the average for the quarter was about the same.

- CAP MR/DD services-39 consumers were waiting for CAP MR/DD services.
- Family Support Program-22 families are waiting.
- Residential Substance Abuse Programs-9 consumers were waiting.

- Intensive Dual Disorder Program-10 waiting.

They will continue tracking these numbers.

Emergency Department Admissions-TDC is now tracking the rate of ED admissions per 10,000. This tracks individuals that are going to the Emergency departments.

- TDC has a trend that has gradually decreased and is now below about 90. They would like to see the number at 75 or below. Dr. Klumper discussed the decrease in admissions. In quarter four of 2010 there were 2367 people, approximately 800 people were admitted through the Emergency departments of local hospitals. This number includes all individuals that are admitted who have a behavioral health/disability diagnosis even though they may not have been admitted for a behavioral health/disability issue. The number captures each visit made. Dr. Klumper noted that they are working with Duke to track the length of stay for individuals with a behavioral health crisis.
- Ms. MacMichael asked whether the data for mental health and developmental disabilities are combined in these numbers. Dr. Klumper responded that the numbers are combined in the report, but they can be separated. They discussed the goal of decreasing the visits to the Emergency department for a mental health or developmental disability crisis versus visits for physical problems.

State Hospital Admissions-

- There has been a 76% decrease in admissions to the State Psychiatric Hospital since 2007 with a current average of about 17 per month.

Length of Stay at the State Hospitals- Tracked because the State Hospitals should be utilized for longer, more serious needs, rather than used as a crisis facility.

- The length of stay at the state hospitals has decreased. Stays lasting 7 days or less has decreased to 23%. The goal is for that to be less than 30%.

Readmissions to State Psychiatric Hospitals-The goal is not to have our consumers being readmitted to the State hospitals.

Satisfaction of Services-The state has been conducting surveys across the state. The Durham data can be pulled from that. They just received the FY10 data in December for the first time.

- Durham had a decrease in the adolescent numbers for the end of FY10.

Children placed in non-family settings-The goal is to have few children placed out of home.

- In the first quarter of FY10 more children were placed in non-family settings. In the first quarter of FY11 it is down to 1%. The goal is to keep it there or decrease it.

Chairman Phillips asked if there were any questions.

Doug Wright asked for clarification on prevalence rates. The prevalence rates reported are those for the entire population. One reason for the lower prevalence rates is that some individuals may be going to

their Doctor and it is paid through private insurance. There was also discussion of using national prevalence rates which may not accurately reflect Durham prevalence rates.

Dr. Giragos inquired about the targets that were indicated on the charts. Dr. Klumper clarified that those targets were set internally. When those targets are not shown TDC is using the state standard or baseline data is currently being collected.

Discussion of the colors that indicate those standards that are met in green versus those not met in red. This allows the Board members to drill down on those areas that are below standards.

Dr. Henley complimented the staff on sorting through the large amount of data that is received to highlight the most important things to look at. The color-coded one page summary makes it very clear. She would like to get comments back from other Board members on whether there are other areas they would like to see.

12. FY12 BUDGET AND RECOMMENDATIONS

Chairman Phillips asked Ms. Holliman to update the Board.

A recommendation was made to reduce funding to the Local Management Entities (LME). The Governor has asked for 5%/10%/15%. With a 5% reduction it would be a reduction of approximately \$1.7 million across the 23 LMEs.

There is concern over the cuts at the 10% and 15% levels. 10 % would be approximately \$20 million across the 23 LMEs and 15% would be approximately 25 million.

The Department of Health and Human Services is asking Counties to pick up a percentage of the LME administrative costs for those counties that do not qualify for Medicaid Waiver population. Medicaid Waiver requires a population of 70,000 covered lives. Single Counties are especially impacted because they are a part of the County.

Options that could be considered.

- Merge with another County as the state is trying to force.
- Partnership with another LME to reach the 70,000 covered lives requirement.
- Accept whatever cut comes down.
- Ask the State to allow us to do the waiver with existing lives.

Discussion of the differences in the dollar amount of the cuts and the percentages. There is no relation to the percentage of the cut and the dollar amount that would be cut from the LME budgets.

Discussion of the Medicaid Waivers that the state is forcing and the length of time necessary to get ready.

Ellen reported that she will be going before the Board of County Commissioners at their worksession and she will be discussing the ED Report and an update on the LME. The topic was discussed at the Finance Committee meeting and it was the committee's opinion that Ms. Holliman should share this with the Commissioners on Monday and discuss the options.

Chairman Phillips discussed calling a special meeting when more information is known to discuss options.

Amelia Thorpe discussed the history of reform originally wanting smaller LMEs and now want them to combine and regionalize.

Dr. Giragos asked where the 70,000 lives requirement came from. Is it defined from a political/economic perspective or is it based on managing and improving outcomes? Ms. Holliman responded that the number was originally higher than 70,000, but the Secretary of NCDHHS decided on the 70,000.

Durham has 36,000 covered lives and as stated earlier, one option is to ask for an exception. It does put the County at risk though and they will have to make that clear to County Commissioners.

Eight LMEs meet the threshold. Only two single county LMEs meet the threshold.

Ms. MacMichael inquired about an additional 5% cut for FY11. She also inquired about aggregate funding under the Waiver.

13. CHAIRMAN'S REPORT

Chairman Phillips asked Board members to take the article in the notebook, "The Right Things To Do."

14. ADJOURNMENT

John Barry moved to adjourn the meeting. **Seconded by Nancy Henley.** Motion approved unanimously.

Meeting adjourned at 5:47 pm.

Respectfully submitted:



Ellen Holliman, Executive Director

4-7-11

Date

Material included in Notebooks:

NC Council Community News, September/October 2010

"Mentally ill now kept in prisons", News and Observer, October 13, 2010

Ten Year Plan/Continuum of Care Resolution Proposal 11-3-2010

Code of Ethics for Appointed and Elected Official of Durham County, rev. Dec. 13, 2010 and Financial Disclosure Statement

Policy N-4, Contracting with New and Existing Providers

Handouts:

Summary of Expenditures and Revenues for the Period ending January 31, 2011

