

THE DURHAM CENTER
Managing Behavioral Health & Disability Services

AREA BOARD MEETING

Thursday, June 4, 2009
4:00pm Regular Session

MINUTES

PLACE: 501 Willard St. Durham, NC
Conference Room 100

MEMBERS PRESENT: Earl Phillips, Chairman
Karen Crumbliss, Vice-Chairman
John Barry
Phil Golden
Dr. Nancy Henley
Monique Holsey Hyman
Dr. Tom Owens
George Quick
Amelia Thorpe
Doug Wright

MEMBERS EXCUSED: Rev. Melvin Whitley

MEMBERS ABSENT:

GUESTS PRESENT:

STAFF PRESENT:

OTHERS PRESENT:

1. CALL TO ORDER: Chairman Earl Phillips called the meeting to order at 4:15pm.

2. ANNOUNCEMENTS:

Chairman Earl Phillips welcomed Monique Holsey-Hyman to the Board and administered the oath of office.

3. RECOGNITION OF OUTGOING BOARD MEMBERS:

Chairman Phillips presented plaques to outgoing Board members Colleen Kilsheimer, Phillip Golden and Dr. Tom Owens. He thanked them for their many years of service and dedication to The Durham Center and the citizens of Durham.

4. AGENDA ADJUSTMENTS

Chairman Phillips asked that the State Budget be included in agenda item #10, Legislative Update.

5. FINANCE COMMITTEE REPORT

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

Mr. Quick reported that the committee has no items to bring before the Board for action. They have been reviewing the financials for The Durham Center and how it relates to the budget. At this time The Durham Center is on budget and the committee expects to end the year with a small surplus.

There was no discussion and Chairman Phillips accepted the report as presented.

6. CONSENT AGENDA

Chairman Phillips presented the following items to be approved on consent and asked if there was any discussion on the items.

- A. May 7, 2009 Regular Board Meeting Minutes
- B. Quality Management Report
- C. Human Rights Committee Report
- D. Consumer and Family Advisory Committee Report
- E. Executive Committee Report

Doug Wright moved approval of the reports. **Seconded by John Barry.** **Passed unanimously.**

7. PUBLIC COMMENT

There were no public comments.

8. BOARD TRAINING – CARE COORDINATION

Chairman Phillips introduced Kathy Niblock, Care Management Supervisor, to conduct the Board training on Care Coordination.

Ms. Niblock gave a brief overview of Care Coordination and characterized it as “band aid” Case Management. Many consumers in the community need additional support as they do not have providers or are not able to link up with providers and appropriate services. Care Coordination staff work with many different types of consumer needs. Ms. Niblock highlighted three of the Care Coordination positions at today’s meeting. These positions cover some of the State mandates that The Durham Center is charged with. She provided handouts that show the impact these three positions have had.

Hospital Liaison (Towanda Witherspoon) – Ms. Witherspoon spends a lot of time at Central Regional Hospital, on the phone, and with high-end consumers who typically have multiple diagnoses and housing and medication issues. She works with many different systems, meets with the consumers, and works with the treatment providers while the consumer is in the hospital. This allows the consumer to be transitioned back to the community with appropriate services immediately upon discharge.

The number of hospitalizations has decreased in the past year beyond the goals that were set. In addition, the quality of care has improved. Some consumers that Care Coordination works with have up to 70

hospitalizations per year. The Unit identified those consumers and works with them and their providers to help them stabilize and stay out of the hospital.

High-Risk Coordinator (Elaine Ratliff) – High-risk consumers are defined as those most likely to utilize emergency services. They are typically the ones going in and out of the hospital. In this position Ms. Ratliff follows up on the treatment plan developed by the Hospital Coordinator to ensure that the consumer makes it to appointments and that the providers and housing are a good fit for the consumer. She also helps identify high-risk consumers and follows up with them in the community to ensure that they are linked to a provider and services.

High-Cost Coordinator – Highcost consumers are children that have a lot of community support services. The State has asked the LME to review the cases and look at the providers and services to ensure that dollars are being used efficiently. Initially the position was set up to review documentation, but it has evolved to going out into the community to meet with providers, doing some documentation review, and discussing options that may help the consumers. Providers appreciate this assistance. Originally the State provided a list of the top 20% of consumers but now provide a monthly report of the top 10%. The program began around October and there was an immediate decrease in the numbers. The recent vacancy in the position also corresponds to an increase in the numbers.

Other positions in the Uunit include Housing Specialist, Pharmacy Technician, School Liaison and Child Specialists.

Chairman Phillips expressed his appreciation for the work that staff in the Unit has done.

Colleen Kilsheimer asked about Care Coordination for all populations. Ellen Holliman responded that Care Coordination does work with all populations.

Monique Holsey-Hyman inquired about the length of time that staff have to follow-up. Ms. Niblock responded that the report comes out monthly and as long as the consumer remains on the report they continue to follow-up and make recommendations.

9. AREA BOARD REPORT

Chairman Phillips introduced Michelle Zechmann to present the June Report to the Board, titled Incident Trends and Customer Complaints, and to review the highlights of the report.

A similar report was presented to the Board two months ago and the QM Department has added some information based on feedback from the Board and the Quality Management Committee and an interest in exploring the data in more detail.

Highlights included:

Page 3 – Overview of trends in incidents by area over the last four quarters.

George Quick asked for definitions of the types of incidents. Monica Portugal, Quality Management Specialist, responded that Level I incidents are the least serious of incidents, typically including medication errors, medication not being received on time, or consumer refusal to take it. Level I incidents generally do not pose a threat to the consumer's health and safety.

The following sections breakdown those areas in more detail.

Page 4 – There was a small spike in Level III incidents. One reason for this spike is that there was a change in the classification of some incidents. For example, death by unknown causes was classified as a Level II incident but is now classified as a Level III. All Level III incidents are reviewed by the Compliance Committee and the Committee may make a site visit to look at charts. All Level III incidents are also reported to the State and appropriate licensing bodies. In response to all deaths from unknown causes the Medical Examiner conducts an autopsy and the autopsy report is sent to the LME, where it is sent back to the Compliance Committee for review.

Page – Shows the follow-up information from the autopsy reports with the breakdown of the causes of death. Ms. Zechmann reported that the Quality Management Committee has recommended that staff talk to the State about adding overdoses to the categories rather than combining them in to the accident category. The Committee felt that is was an important part of the data that should be tracked. Most of the accidental deaths that are reported to The Durham Center are drug overdoses. They also asked that it be presented to the Board to see if they wanted to make any recommendations also.

Page 6 – Level II incidents. The charts break down the incidents by type and by quarter. In the last quarter there was a substantial increase in the number of consumer injuries. Page 7 breaks the injury data down further, revealing that a large percentage of the injuries fall in to the category of medical emergencies. The Quality Management Committee suggested asking the State to separate medical emergencies in to a separate category. They feel that it is important information that should be differentiated.

John Barry inquired what type of medical emergencies would fall in to the Other-Injury category. Ms. Zechmann responded that such incidents include a consumer's blood sugar being too high and requiring medical care.

Page 7 – Level I incidents. Level I incidents are the lowest level incidents. Questions from the Quality Management Committee centered around medication errors. Ms. Portugal's analysis of where medication errors were happening and with what frequency found that there are multiple agencies with errors. The highest number of errors came from the methadone clinic, with 43 errors in one quarter. An incident report is made if a consumer misses three doses.

Dr. Nancy Henley asked that the Board support staff in working with the State on getting accidental overdoses and medical emergencies in to their own categories so that staff can better oversee them.

Colleen Kilsheimer asked about how accidental overdoses can occur in residential facilities if medications are required to be locked up. Ms. Zechmann responded that the overdoses may not all occur in residential facilities but in providers of all services.

Page 10 – Consumer complaints. The Board received a report a few months ago with data that was released by the State for the third and fourth quarter of last year, Jan-Jun 2008. The report compared data on complaints across the state.

Dr. Henley and Ms. Zechmann did want to note that complaints are reported to the State by the LME and there are not good definitions from the State on how complaints are categorized, and therefore it is difficult to make comparisons to other LMEs.

The first section analyzes complaints by disability group for the third and fourth quarter of FY08. Data shows that the majority (75.6% and 76.6%) of complaints are in the Mental Health area.

Page 11 shows the complaints broken down by age group of the client in the complaint. The Durham Center (TDC) has more complaints with an unknown age than the state average. TDC logs the age as unknown if the complaint is about an agency rather than on behalf of a specific consumer.

Commissioner Page asked how staff responds to the complaints. Ms. Zechmann responded that the agency is constantly looking at the data internally, comparing it to past data, looking at trends, and identifying providers that may have the same issues over and over. That information is brought to the Compliance Committee.

Chairman Phillips inquired whether all complaints are investigated before they are placed in the unknown age category. Carla Alston Daye, Customer Service and Consumer Affairs Administrator, responded that all complaints are investigated and resolved. She described the process they go through when a complaint is received. They will often mediate between the consumer and the provider to address the concerns and ensure the consumer is getting the care they need. The complaint is logged in to a database and they follow up after resolution. In many cases they resolve complaints in two to three days and then follow-up with the consumer. Any complaint that they cannot resolve or that is more involved goes up for a review or investigation. If they receive a number of complaints about a provider they will take that to the Compliance Committee for review.

Ms. Zechmann also noted that the Quality Management Committee asked that the total number of complaints be included in the report. The total number of complaints was 45 for the third quarter and 60 for the fourth quarter.

Page 12 describes how the complaints were resolved. The categories are defined by the State. In both quarters the largest number of complaints were resolved by working with providers.

Page 13 describes who is making the complaint. The highest percentage of complainants is comprised of consumers. John Barry asked Ms. Zechmann to give an example of the type of complaint a provider would make. As a typical example, she cited a provider call to say that a consumer has called them and would like to receive their services from them, but that the other agency they are working with will not discharge them so the new agency can get an authorization.

Pages 14 and 15 break down the nature of the complaints received. Ms. Zechmann noted that the Quality Management Committee suggested adding the actual numbers, in addition to the percentages, because the numbers are so low. In the third quarter, Quality of Care complaints made up 25% of the complaints, equalling 11 people.

Page 16 shows the results of the complaints, whether or not they resulted in an investigation.

Page 17 shows the results of the complaints that were investigated, categorizing them as substantiated, partially substantiated, or not substantiated.

10. LEGISLATIVE UPDATE

Chairman Phillips asked Board Members and staff that attend the Spring Policy Forum earlier in the week share their observations and comments regarding the legislative update and budget and encouraged the Board to have an open discussion.

A spreadsheet containing the proposed legislation relating to Mental Health, Developmental Disabilities, and Substance Abuse was included in the Board Packets and a summary of the House Budget proposal was included in the Board notebooks. The Finance Committee had a discussion about the proposed

budget and Rob Robinson, Deputy Director, met with the Consumer and Family Advocacy Committee (CFAC).

Chairman Phillips asked Mr. Robinson to note specific items of interest. These items included:

- The State is looking for \$4.6 billion in total budget cuts
- It is looking at \$1.5 billion from Department of Health and Human Services (DHHS)
- Elimination of 465 positions out of state operated services, primarily the hospitals
- 25 beds will be eliminated at Broughton Hospital and Cherry Hospital
- Wright School and Whitaker School will be closed
- Reduction in LME funding by \$7 Million
- \$50-\$75 million dollars cut from services
- Freezing of CAP slots
- Remove the LME from IPRS Claims payment
- Removal of the LME fund balances does not affect The Durham Center since it is a single-county LME
- Medicaid-freezing of North Carolina Health Choice enrollment
- 4% reduction in Medicaid funding
- Prescription drug plan to reduce spending
- Elimination of Community Support – phase down in FY10 and elimination in FY11
- Elimination of Level III and Level IV secure residential facilities for children
- Co-pays for the Emergency Department for those with Medicaid
- Consolidation of Case Management.

Commissioner Page asked what will happen to the juveniles at the Wright School and Whitaker School if the facilities are closed. The State position is that those facilities require significant funding for the number of children served. The Durham Center's position is that those are the highest needs children in the State. He asked whether the State had a plan on how to deal with those children.

In addition, if Level III and Level IV homes are closed with nothing to replace them, many gang members with untreated mental health issues will be returned to the community and public schools.

Commissioner Page asked whether the Board has taken a position on any of these items. Chairman Phillips responded that the Board Members who attended the Spring Policy Forum (Chairman Phillips, Karen Crumbliss, Amelia Thorpe and Doug Wright) raised these concerns at the Forum. Those Board Members expressed the need to communicate with Legislators now. We also need to encourage consumers and providers to speak out and raise concerns. The Board feels that the Legislature is looking at where they can find big chunks of money to cut from the budget without looking at where they are taking it from and what impact the cuts will have.

Karen Crumbliss expressed her opinion that Legislators have a larger picture and can look at other places they can cut. Families have communicated to her that the consumers that will be affected do not have the money or power to speak out against the proposed cuts and need advocates to speak out on their behalf. She asked that the Board construct a plan on how to get the message out.

Commissioner Page asserted that the Board has an obligation to protect the rights of the citizens and these cuts pose a danger to citizens, particularly the elderly, if youth in the facilities that the State is proposing to close are returned to the community.

Chairman Phillips asked for suggestions on what can be done now to support the system. Suggestions included:

- Ask community members to contact their Legislators
- A Community Forum with Legislators
- City and County Department Heads and Board members make a combined statement as cuts in one area affect other department missions.
- Take several of the items cut and extrapolate what is likely to happen to the consumers and the community.
- Increase taxes
- Equalize the cuts across departments.

Dr. Henley noted that the version of the proposed budget put out by the Medical Society indicated that medication co-pays would be increased, with the co-pay for generics increasing from \$3 to \$5 per prescription. She feels that is a real concern for consumers on Medicaid. This will stop them from getting their medication and would be an excellent issue to advocate against.

Karen Crumbliss asked what the NC Council is planning. Mr. Wright shared with the Board that the Council will try to educate the Legislators on the effects that some of the cuts will have and the additional costs to communities that the cuts will create. They are trying to address each issue and play them out to see what the outcomes will be, as well as proposing other options. The Council is also developing talking points that they will distribute. Ms. Crumbliss suggested that they should go to the Board members of all LMEs and key advocacy groups in the community, in addition to the Area Directors.

Amelia Thorpe announced that she is serving on the State Consumer and Family Advocate Committee (SCFAC). The Committee now has a good working relationship with the Legislative Oversight Committee for MH/DD/SA and Verla Insko. SCFAC is pushing the elimination of fund balances and the regional coalition of LMEs. Eliminating the fund balances is a major goal.

Mr. Wright said that the proposed cuts will result in a 30% cut in services statewide and that the message to the Legislators needs to be short and concise, that cuts need to be evenly distributed among departments. His message is that if the cuts go through as proposed, people are going to die. In addition, it will take 10-20 years for the system to recover.

Commissioner Page asked who the Legislators are listening to. He does not believe that they are listening to anybody, but instead are just looking to see where there are large chunks of money.

Ms. Crumbliss pointed out that with an overall proposed budget cut of \$4.6 billion and the Department of Health and Human Services (DHHS) proposed cuts being almost \$2 billion, DHHS is absorbing almost 50% of the budget cuts. Figures from the Director of the Autism Society indicate that DHHS makes up approximately 29% of the budget and yet it is being asked to absorb close to 50% of the cuts.

Chairman Phillips asked for an action plan to begin the next day. The plan includes:

- Sending out letters to all consumers and ask them to contact their legislators
- Sending out letters to all providers
- Involve Leaders in the Community
- Educate the community on Mental Health, Developmental Disabilities and Substance Abuse

- Collaborate with other agencies, City and County, to meet with Legislators about the impact of the cuts
- Arrange Community Forum with Legislators that includes influential leaders from the community there with a common message. Make presentations and have a structured message.
- Present proposals to the legislators for some alternate cuts.

Rob Robinson reported that the Provider Advisory Committee met and one of Durham's largest provider agencies discussed the level of cuts and possibly losing providers, which would impact the economy of Durham. That discussion also involved increasing taxes and the impact on hospitalizations and emergency room (ER) visits. Historical data shows that both hospitalizations and ER visits would increase quickly if providers are forced to shut down.

Doug Wright asked whether the Board supports raising taxes. Dr. Owens also suggested that in addition to increasing funding sources, we should reinforce that the cuts need to be more equal.

Chairman Phillips asked about the timetable for approval of the budget. The subcommittees are forming now and it has to go before the House of Representatives. Approval is expected in mid-July.

Chairman Phillips asked if the Board would like to form a staff/-Board committee. Commissioner Page asked that it be done collectively as a community, involving Criminal Justice, Corrections, Mental Health, Education, DSS and Public Health. Doug Wright suggested that the Directors of those agencies work together. Staff will pull together the leaders of City and County agencies and map out a strategy to move forward. He asked if there was any other discussion.

Karen Crumbliss moved to have staff map out a strategy with City and County Agency leadership. **Seconded by Phil Golden. Passed unanimously.**

11. FOLLOW-UP ON BOARD STRATEGIES

This item was tabled until the next Board meeting.

12. ELECTION OF OFFICERS

Chairman Phillips recognized Doug Wright and George Quick, the nominating committee for Board Officers. George Quick presented the committee's slate of candidates.

The Committee recommended Earl Phillips continue as Chairman and Karen Crumbliss continue as Vice-Chairman. Chairman Phillips asked if there were any other nominations.

George Quick moved to close the nominations. **Seconded by Tom Owens Passed unanimously.**

George Quick moved to accept the slate of officers. **Seconded by Doug Wright. Passed unanimously.**

13. JULY MEETING DATE

Chairman Phillips presented the Board with the suggestion that the Area Board not meet in July.

Doug Wright moved to cancel the July Board Meeting and allow the Executive Committee and Finance Committee to meet and call a meeting of the full Board if necessary. **Seconded by John Barry. Passed unanimously.**

14. CHAIRMAN'S REPORT

Chairman Phillips thanks Ms. Holsey-Hyman and welcomed her to the Board. He also thanked Colleen Kilsheimer, Dr. Tom Owens, and Phil Golden for their years of service.

15. ADJOURNMENT

Phil Golden moved to adjourn the meeting. **Seconded by Tom Owens**. **Motion approved unanimously.**

Meeting adjourned at 5:55pm.

Respectfully submitted:



Ellen Holliman, Executive Director

8-6-09

Date

Material included in Notebooks:

NC Council Community News April/May 2009

Articles:

Study Binge, Robert J. Bliwise, March-April 2009, Duke Magazine.