

THE DURHAM CENTER
Managing Behavioral Health & Disability Services

AREA BOARD MEETING

Thursday, March 5, 2009
4:00pm Regular Session

MINUTES

- PLACE:** 501 Willard St. Durham, NC
Conference Room 100
- MEMBERS PRESENT:** Earl Phillips, Karen Crumbliss, John Barry, Phil Golden, Nancy Henley, Tom Owens, Doug Wright, Colleen Kilsheimer, Rev. Melvin Whitley, George Quick, Rev. Michael D. Page
- MEMBERS EXCUSED:** none
- MEMBERS ABSENT:** Amelia Thorpe
- GUESTS PRESENT:** none
- STAFF PRESENT:** Ellen Holliman, Susan Knox, Carla Alston-Daye, Tina Howard, Rob Robinson, Denene Hinton, Carrie Baines, Tonya VanDeinse, Michelle Zechmann, Ann Oshel
- OTHERS PRESENT:** Lowell Siler, Yvonne French, Terry Allebaugh
- 1. CALL TO ORDER:** Chairman Earl Phillips called the meeting to order at 4:10pm.

2. ANNOUNCEMENTS:

Chairman Earl Phillips welcomed County Commissioner Ellen Reckhow to the meeting. She served on the Board of County Commissioners for a long time and was the representative to the Area Board from 2004-2008. She has won many awards including, The Partnership for Children-Champion for Children award for Public Officials and the North Carolina Council of Community Programs Leadership Award. She has supported many of the programs for The Durham Center including Adult and Child Services and Durham Center Access. He presented her with a plaque and thanked her for her service to the Area Board. The plaque reads:

Presented to
Ellen Reckhow

With Gratitude and Deep Appreciation for Faithful and Valuable Service to The Durham Center
and the citizens of Durham
2004-2008

Ms. Reckhow commented to the Board that she enjoyed her tenure on the Board and enjoyed working with the Board members and staff of The Durham Center. The Board and staff worked hard from 2004-2008 during the statewide Mental Health restructuring. She recognized the hard work of Ellen Holliman, Area Director, and Doug Wright, Area Board Chairman during that time.

The Chairman also recognized the work of Eureka Capri-Daye, who was unable to attend the meeting. He asked that her plaque be sent to her.

3. AGENDA ADJUSTMENTS

Chairman Phillips asked if there were any agenda adjustments. There were no adjustments.

4. FINANCE COMMITTEE REPORT

George Quick reported that the Finance Committee met today, March 5, 2009 at 3pm. The committee reviewed monthly reports on revenue and expenditures. They have no action items to present to the Board at this time.

5. CONSENT AGENDA

Chairman Phillips presented the following items to be approved on consent.

- A. February 5, 2009 Regular Board Meeting Minutes
- B. Quality Management Report
 - 1. Minutes from the February 19, 2009 meeting
- C. Human Rights Committee Report
- D. Consumer and Family Advisory Committee Report
 - 1. Draft minutes for the February 2, 2009 meeting
- E. Executive Committee Report
 - 1. Draft minutes of the February 17, 2009 meeting

Phil Golden moved approval of the reports. **Seconded by Karen Crumbliss**. **Passed unanimously**.

6. PUBLIC COMMENT

Reverend Melvin Whitley addressed the Board about the "Bullet Bill". The focus of the bullet bill is to stop criminals from being able to purchase ammunition. He stated that many residents of urban communities such as Durham live with the mental anguish of the violence and the trauma of gun violence for years and suffer from broken homes, substance abuse, broken relationships, and reclusive thoughts. Gun violence trauma and post traumatic stress disorder (PTSD) are Mental Illness problems that affect us. The Area Board has done more regarding PTSD in recent years, but more needs to be done in the public sector to make an impact.

Colleen Kilsheimer commended his efforts on this issue.

Chairman Phillips asked Rev. Whitley to share with the Board what the Durham City Council has done. Rev. Whitley stated that the City Council has passed a resolution asking to restrict citizens with criminal backgrounds from buying guns and ammunition. He would like legislators to address the issue.

7. BOARD TRAINING PRESENTATION-CUSTOMER SERVICE

Chairman Phillips recognized Carla Alston-Daye, Customer Service and Consumer Affairs Administrator since 2004, to present training on the functions of the Customer Service Department and The Durham Center Complaint procedures.

Ms. Daye gave a PowerPoint presentation on the Customer Service department. She covered the following areas in her presentation.

Department purpose-

- To create and promote organizational focus on the needs of internal and external customers and consumers. To care for customers, including consumers, providers, Durham Center staff, and the community.

Department responsibilities-

- Answering non-crisis calls coming in to the Durham Center and forwarding to appropriate person. A major function in this area is to refer call to screening, triage, and referral as appropriate.
- Handle all customer complaints, compliments, and forward complaints for investigations.
- Process requests for protected health information, including information from historical records.
- Handle IPRS appeals and consumer orientation and satisfaction. Adhere to all mandated timelines for appeals.

Department Make-up-

- 1 Administrator
- 2 Customer Service Specialists
- 2 Front Desk staff

Customer Service Specialists log all complaints in the Complaint database, address all complaints directly by a conflict resolution process or refer the complaint for investigation. They follow-up with consumers to determine whether their complaint was resolved and if not inform them of the grievance process. They also conduct call back surveys for all new consumers weekly.

Rights of Consumers-

- Be treated with respect and dignity
- Self determination, privacy, humane care and freedom from physical punishment, abuse, neglect or exploitation.
- An individualized Person Centered Plan (PCP) and the right to participate in the development and review of the plan.
- Be informed of medication
- Refuse treatment
- Know the cost of services
- Be informed about expectations and requirements of treatment services
- Confidentiality

Department works with Consumer and Family Advisory Committee (CFAC) and Client's Rights committees-

- CFAC meets the first Monday of every month , with the exception of Holidays, from 5:30-7:00pm at TROSA, 1820 James Street. The meeting is open to the public.
- The Clients' Rights Committee meets the last Tuesday of every month at 4:00pm at The Durham Center, 501 Willard St. The Client's rights committee hears grievances from consumers and can advise and direct the consumer.

Welcome packets and consumer surveys are sent out to all new consumers and department staff also conducts weekly phone surveys.

Ms. Daye also discussed the quarterly complaint reporting form that is sent to the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC Div of MH/DD/SAS). Board members were provided with a sample report and the Durham Center's Customer Service form that is used to track Customer issues that the department is working on. NC Div of MH/DD/SAS quarterly results report was released this past week. The report will be going to the Quality Management Committee and the results will be presented to the Area Board as part of their report.

Rev. Page asked whether the CFAC committee advised the Durham Center on issues. Ms. Daye explained that it is a working relationship with the community of families. They keep the LME informed of community needs and the LME provides them with information on policy changes, reviews, and other information. There are about 14 family members on the committee. Community members also attend meetings.

Rev. Page inquired about privacy issues with consumers that may come to the front desk. Ms. Daye responded that the almost all consumer inquiries are over the phone. Estimates are that 99% of consumer inquiries to The Durham Center are via telephone.

Mrs. Kilsheimer inquired about the number of grievances that The Durham Center has received. Ms. Daye responded that there have only been approximately 2 grievances since 2004. All other complaints have been resolved before reaching that level. There are a number of mechanisms in place to handle complaints; Care Reviews that allow providers, the consumer, and other parties can work to resolve issues and investigations by the Quality Assurance Specialist and Compliance Committee.

8. UPDATE MEDICAID UTILIZATION REVIEW

Chairman Phillips asked Ellen Holliman to update the Board on the status of the Medicaid Utilization Review (UR) transition.

Mrs. Holliman informed the Board that The Durham Center has begin working with the State and the other three LMEs that were chosen to do Medicaid UR. She discussed the date of implementation and the hope that the date will be extended beyond July 1, 2009. The same staff that is working on the Medicaid UR implementation is also working on the Netsmart computer system implementation.

Start up money is not currently in the budget for Medicaid UR but she is hoping that there will be an allocation for start up costs. Recent State budget cuts in LME administrative costs depleted the dollars that were set aside for start up costs.

She reported that the Executive Committee asked that she not go before the Board of County Commissioners until more information is received from the state on the implementation date and the start up money.

9. ADULT SYSTEM OF CARE UPDATE

Chairman Phillips stated that during the December 4, 2008 meeting, the Board asked that Ann Oshel update the Board in March on the study she was doing on the State Hospital and Homeless Consumers.

Chairman Phillips recognized Ms. Oshel who presented her updated findings.

Ms. Oshel invited Board members to a community forum on Homelessness that The Durham Center is sponsoring in partnership with The Council to End Homelessness in Durham. The forum will be held at the Main Library on March 17, 2009.

Ms. Oshel presented a PowerPoint presentation with an overview of the initial data and an update on additional information.

The initial presentation on December 4, 2008 looked at the following data:

- 26 people that were discharged in to homelessness in Durham from John Umstead Hospital (JUH) and 26 people discharged to a private residence.
- These individuals accounted for 346 days in the hospital compared to 187 days for the non-homeless population.
- 11 of the individuals were on the state's High Risk list compared to 2 for the non-homeless population.
- 13 individuals were on JUH recidivism list compared to 9 for the non-homeless population. 8 people were arrested after hospital discharge for a total of 220 days. Six people had been previously banned from Urban Ministries Shelter even though Urban Ministries was listed as the discharge destination.
- 17 people were not engaged in mental health services at the time of admission.

Based on that data three assumptions were made:

1. There was a strong possibility that the 17 people who could not be accounted for in the system prior to being admitted to the hospital were not Durham County residents at the time of admission.
2. Individuals who were not engaged in services post discharge accounted for the highest recidivism rates of hospitalizations.
3. Housing is a more successful and cost-effective intervention.

The follow-up data analyzes a longer period of time for those 26 individuals, how they got in to the hospital and where were they living. They looked at the following issues:

- Discharge information from eCura and Provider Link for the 26 individuals.

Referrals

- The number of referrals made by Duke University Medical Center, Durham Center Access, and Durham Regional Hospital, as well as those presenting directly to JUH and those from other counties.
- All but two admissions originated from Durham County. They had been residents for at least 30 days prior to that admission. One person that was released from jail in Orange County and came to Durham and one individual from out of state.
- Duke Emergency Department accounted for 69% of admissions to JUH.

Service Engagement

- 24 individuals who were discharged to low-level services or Durham Center Access for further substance abuse assessment. Two of the original 26 had left the County.
- 16 individuals (67%) never made it to their first appointment.
- Of those 16 individuals, 15 were re-hospitalized.

Housing and Discharge Planning

- Compared the hospitalization rate of the 26 individuals discharged to homelessness to the sample group of 26 individuals discharged to private residence.

Chairman Phillips inquired if they had looked at how many of the individuals that missed their first appointment were referred from the Duke Emergency Department. Ms. Oshel responded that they had not cross referenced the names and did not have an exact number, but her opinion was that the majority of those that missed their first appointment were referred from Duke Emergency Department since 18 of the 26 were referred from that source.

- Initial data indicated that lack of housing was a major contributing factor to re-hospitalization. The time period was expanded to 13 months to examine subsequent hospitalizations.
- Those discharged to homelessness accounted for twice as many bed days and almost twice as many hospitalizations as those discharged to a private residence.
- After readmission, 10 individuals were subsequently discharged to homelessness again.
- Five individuals who were admitted as homeless, but were discharged to a private residence or residential treatment had no further hospitalizations.

Cost Effectiveness

- Cost of 1 bed day (per JUH Recidivism Coordinator), \$727, the calculated cost of 1,021 bed days used by the 26 individuals over 13 months is almost \$750,000.
- Costs not included were the costs of the Emergency Department (ED) admissions, cost of EMS and Law enforcement. According to Mike Smith, Director of EMS, many of the individuals that go to the ED for commitment are transported by ambulance so EMS and Law Enforcement were involved. Costs also do not reflect possible jail time.
- Estimated cost of rent for a 1 bedroom apartment is \$400. Projected cost for 26 individuals over 13 months is approximately \$150,000.
- Calculated Cost for Assertive Community treatment services for 26 individuals for 13 months is \$400,000.

Summary

- Services that involve outreach and intensive case management are essential for engagement and retention in treatment for individuals that are homeless.
- Engagement prior to hospital discharge is critical-particularly for people not connected to services. Staff members have spent time with the Sheriff's department and there is now an agreement that they have to verify that Durham County Sheriff's department transported them to begin with and if they drop off individuals that are discharged into homelessness anywhere except Urban Ministries, they will notify the PATH team so that they can initiate outreach.
- Housing is a therapeutic intervention.
- Durham may attract people for other reasons but it does not appear they come for Mental Health treatment and then begin a cycle of hospitalization.

Chairman Phillips asked Ms. Oshel to talk about engagement prior to hospital discharge and what it consists of. Ms. Oshel responded that they have worked with the Social Work staff at Central Regional Hospital to begin service engagement while they are at the hospital.

Terry Allebaugh also added that communication between staff at the hospital and the PATH team is critical so that the team can meet with them prior to discharge and develop a transitional housing plan. They have not been successful yet in getting the systems hooked up. They are still working with the hospital to identify homeless individuals during intake and initiate contact with the PATH Team. They are also working on a community discharge policy that will require providers to submit a housing plan to the Durham Center within 45 days for any patient discharged into homelessness.

Dr. Henley asked about the reasons for the 45 days timeline.

Ms. Oshel responded that 45 days is a key indicator of the 10 year Plan to End Homelessness. The 45 days will also be used to stabilize the individuals in the shelter. Urban Ministries has set aside disability beds for individuals with Mental Illness or going through substance abuse recovery. All individuals coming out of the state hospital go through the Care Review process, so that the housing plan can be developed.

Chairman Phillips suggested putting together an engagement/housing program that could use stimulus money.

Rev. Whitley discussed Durham Center Access and the need for individuals to have their sponsor included in discussions because they are often their only support system. He also talked about building in to the housing transition a mechanism to ensure that the individuals are in a recovery program as a condition of the housing plan.

Dr. Henley asked about how the proposed plan related to the 10 year Plan to End Homelessness.

Ms. Oshel responded that it meshes with the Durham 10 yr. Plan to End Homelessness. Everything they have done has been in conjunction with their indicators. The barrier is that many individuals are waiting for years for a disability determination and they are unable to work.

Dr. Owens asked about proposed legislation to strengthen outpatient commitment laws and whether the laws could eliminate discharges to shelters.

Dr. Henley asked about the discharge planning at the hospital and how they include housing in the planning. Ms. Oshel responded that the discharge staff does not have the capacity and time to have detailed discharge plans because of the demand for beds and the turnaround. There is a law that prohibits someone that has been in the hospital 30 days or more from being discharged in to homelessness. The State has developed Best Practice guidelines for discharge planning around homelessness.

Discussion also included the HUD VA Supported housing program and the requirements of the program.

10. FOLLOW-UP ON AREA BOARD ASSESSMENT

Chairman Phillips recognized Michelle Zechmann to give an update on the Area Board Assessment. Ms. Zechmann gave an update to the Executive Committee in February and they asked her to come before the full board.

Ms. Zechmann referred the board members to the summary of the strategic priorities that the Board set in October 2008. There were three priority areas that the board wanted to work: communication, service

oversight, and long term financing. She is facilitating the implementation of strategies to accomplish their priorities. The staff has put together some ideas for possible strategies that the Board could work on with the help of Durham Center staff. The summary presented also includes the strategies that the staff suggested.

Suggestions for how the Area Board would like to proceed include:

1. Setting aside time each month during the Board meeting to discuss one priority and decide on a course of action.
2. Develop three Ad Hoc Subcommittees, one for each priority, to discuss the strategies for that priority and report back to the Board.
3. Have the subcommittees to meet before the Board Meetings for those Board members that have ideas.

The Board made a decision to use suggestion 3. The first strategic priority to be discussed will be Communication and will be added to the agenda for the April Board meeting if time allows.

11. CHAIRMAN'S REPORT

Chairman Phillips recognized Ellen Holliman to make an announcement.

Mrs. Holliman reported to the Board that The Durham Center was notified this week that it has been awarded a CARF Three-Year Accreditation for its Services Management Network.

Deputy County Attorney Lowell Siler also updated the Board on developments with Dominion Healthcare. There was a pending case in the Office of Administrative Hearings (OAH) relative to the withdrawal of Dominion's Medicaid endorsement. That case was pending to be heard and the week before the hearing Dominion issued a statement saying that they would voluntarily withdraw. The Durham Center used that letter to have the case dismissed in the OAH.

Since that time, there has been difficulty getting the files from Dominion to ensure that their clients are transitioned to another provider so that there is a continuity of care. The federal lawsuit is still pending, but they hope to use the letter to also have the federal case dismissed.

Effective date of their withdrawal was approximately February 1, 2009. The board discussed the required notice required for withdrawing Medicaid endorsements. They did not comply with the 90 day requirement for notice. The County Attorney's office is investigating whether any laws were broken.

12. ADJOURNMENT

Chairman Phillips announced that if there was no more business he would entertain a motion to adjourn the meeting. **Doug Wright moved** and **Rev. Melvin Whitley seconded** that the meeting adjourn. **Passed unanimously.** Meeting adjourned at 5:50 PM

Respectfully submitted:



Ellen Holliman, Executive Director

4-2-09

Date

Material included in Notebooks:

NC Council Community News-January 31, 2009

Articles:

“Restructuring at NC mental health division”, Leslie Boyd, Citizen-Times, March 3, 2009

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