

THE DURHAM CENTER
Managing Behavioral Health & Disability Services

AREA BOARD MEETING

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

MINUTES

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

MEMBERS PRESENT: Earl Phillips, Chairman
Phillip Golden
Nancy Henley, M.D. (arrived 4:20pm)
Monique Holsey Hyman
Amelia Thorpe
Lascal Webley, Jr.

MEMBERS EXCUSED:

MEMBERS ABSENT: John Barry
Amir Berhannu
Dr. John G. Giragos, Jr.
Betsy MacMichael
Rev. Michael D. Page
George Quick
Doug Wright

GUESTS PRESENT:

STAFF PRESENT: Ellen Holliman, Susan Knox, Rob Robinson, Doug Fuller, Lena Klumper,
Melissa Shaffer, Carla Alston-Daye, Kelly Goodfellow

OTHERS PRESENT: Yvonne French

1. CALL TO ORDER: Chairman Earl Phillips called the meeting to order at 4:10pm.

2. ANNOUNCEMENTS:

Chairman Phillips announced that Kelly Goodfellow was selected as the Business Operations Administrator for The Durham Center.

4. FINANCE COMMITTEE

Chairman Phillips asked Lascal Webley to give the Finance Committee report. Mr. Webley reported that the committee met at 3pm today. There was not quorum present so no actions were taken.

At this time there are no concerns with revenues and expenditures.

Chairman Phillips asked Kelly Goodfellow to give a report on the Budget retreat that was held February 22. She summarized the retreat.

Next Steps included:

- Going before the Board on March 3 to receive feedback
- Attending CFAC meeting on Monday, March 7 to receive feedback

Priorities for FY11 were discussed. Highlighted priorities included:

Adult Mental Health-

- Pharmacy Program- Allocated \$50,000 for the Pharmacy medications
- Approved Management Group at CBC

Child Mental Health-

- Crisis beds

Adult and Child Developmental Disabilities-

- Early Intervention
- Employment
- Respite-approved an additional \$60,000 for respite vouchers

Substance Abuse-

- Focus on Integrated Physical Health and Behavioral Health efforts
- Intensive Outpatient Programs
- Transitional Living and Halfway housing

What has been done this year:

They attempted to allocate money to the current DDIOP Provider to build an IOP Program. They also run the MAJORS program. Implementation did not go as planned so those dollars were reallocated to an RFP for a new DDIOP Program.

Retreat participants discussed the current state of affairs; what was budgeted, projected spending, and what was spent so far. In child services \$1.6 million dollars had been budgeted and spending was on track to spend \$1.6 million dollars for the year. In adult services, 15 million dollars was budgeted and projected spending was approximately \$14.6 million. Money was set aside for anticipated additional cuts from the state.

The main focus of the retreat was to discuss the guiding principles for FY12. The top five were highlighted in the minutes.

5. COMMITTEE REPORTS

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

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

6. PUBLIC COMMENT

There were no public comments.

7. EMERGENCY DEPARTMENT ADMISSIONS REPORT

Chairman Phillips asked that Ellen Holliman present the report on Emergency Department Admissions.

The report was distributed at the last Area Board meeting. The Durham Center also presented the report at a Board of County Commissioners worksession in February.

Emergency department (ED) admissions are tracked as a community indicator that shows how well the behavioral health system is working. It impacts communities through law enforcement, EMS, and the Ed itself which is the most expensive service. Ms. Holliman shared the following information.

Background-

- Durham has history of high rates of admissions for people with behavioral health illnesses.
- The national trend showed an increase of about 26% over the last 10 years
- Since FY08 the rate has been lower than the state average and continues to decrease.
- The Durham Center (TDC) ranks as the fourth lowest LME in admission for all disability groups.

Why is it a problem?-

- EDs are significantly more expensive than other community based options. The average ED cost is approximately \$1500 per person, whereas the daily cost at Durham Center Access is \$260.
- Not designed to provide primary care services or for managing chronic illnesses.
- They have limited staffing to handle behavioral health crises.
- They are unable to provide the continuity of care that many underserved patients need.

There has been a 31% decrease in Durham from quarter one to quarter four of FY10. Statewide there has been an increase of 21% in the fourth quarter of FY10 and a decrease of 9% in Durham. By population there has been a 22% decrease in Mental Health visits in Durham, a 25% decrease in Substance Abuse visits, and a 10% decrease in Developmental Disability visits to the ED.

EDs are a significant referral source of people with behavioral illnesses to State hospitals. The vast majority of people going to the State hospitals are referred from the ED. Managing ED admissions is a major factor in decreasing the rate of State hospitalizations. They are currently trying to get waitlist data. There is a backlog of people in the EDs, waiting to go to the State hospitals. Duke is in the process of getting that data to TDC and the report will be amended when the data is received.

There has been a 76% decrease in Durham from FY07 to FY11.

Discussion of Durham Jail Admissions/Screenings-

With a decrease in the ED admissions and State hospital admissions TDC wanted to make sure that the jail is not increasing as a result.

- Nationally up to 64% of persons in the jail have a mental illness and/or substance abuse issue.

- NC statute requires a standardized mental health screening at the time of booking for all offenders.
- TDC houses a full-time social worker and a part-time psychiatrist at the jail.

Dr. Henley asked whether the numbers indicate that all individuals who should be screened are being screened. Ms. Holliman responded that all those booked in to the jail are screened and showed a graph indicating the number screened and the number identified to have a behavioral health problem. There has only been an increase of about 3% in the jails.

She read an e-mail that was sent to Chairman Phillips from a gentleman, who shared the story of his son. His son has a mental illness. He had stopped taking his medication and ended up in the homeless shelter in Durham. He was charged with a misdemeanor and ended up in the jail and went through the screening process. The Social Worker contacted Mr. Neal to let him know that his son did not need to be in jail, he needed to be in treatment. They arranged for his transfer to Durham Center Access so he could get back in to the system and receive treatment.

There is also interest in establishing a Mental Health Court. This would also be a way to help those who find themselves in the criminal justice system who really need treatment.

Ms. Holliman listed and discussed the Strategic Initiatives that TDC has utilized. The point in the report was that this is a result of the crisis plan and the system that has been put in place.

She discussed the conclusions that they drew from the report. TDC is also looking at adding homeless data to the report to ensure that there has not been an increase in one area, when there has been a decrease in another area.

Chairman Phillips asked if there were any questions or comments.

Mr. Webley remarked that there is good information in the report. He did some rough calculations and he estimates that there has been a savings/cost cutting of approximately \$1 million per quarter to the system.

Chairman Phillips asked that some of the partners and the press come to a Board meeting and devote a meeting to the mental health system.

8. MEDICAID WAIVER b/c

Chairman Phillips recognized Rob Robinson to give a report on Medicaid Waiver.

Mr. Robinson provided an overview of what the Medicaid Waiver is. Since Medicaid is a specific line item in the State budget the state has looked at ways to reduce the cost. As a result the State has moved towards a Medicaid Waiver.

The Medicaid 1915 (b) Waiver focuses on freedom of choice, which means that under the waiver the provider network can be controlled. The Medicaid 1915 (c) Waivers focuses primarily on individuals with intellectual disabilities.

Under the Medicaid Waiver, there is a capitated amount of money that must be managed for all disabilities. There is a transfer of risk from the State to the Managing Network.

History-

In May 2009, Secretary Cansler requested that DMA and DMH/DD/SAS develop a 1915 (b)(c) Medicaid Waiver amendment to CMS which already exists in Piedmont Behavioral Healthcare LME since 2005.

The overall goal of the Waiver is to implement improvements in Medicaid programs and increase cost efficiency, effectiveness, consumer access, choice, and provider quality. It gives the vendor operating the Waiver the opportunity to control the provider network and define who is eligible for services. It also provides predictable Medicaid costs and promotes the purchase and delivery of best practices based on the services needed. The vendor can design the system that they need.

1915(b) allows additional services to be funded from savings. In the Waiver environment, any money that is saved can be reinvested.

Waiver selection criteria-

- Have a Medicaid eligibility population of 70,000 individuals. Durham currently has about 37,000 covered individuals. Currently six LMEs meet this requirement.
- Fully divest of all State funded or Medicaid reimbursable services. Durham divested of all services in 2004.
- Fully accredited with URAC. Durham is URAC accredited.
- Sufficient financial resources and strong financial management. Durham has met the single stream requirements and continue to be good standing with finances.
- Letter of Support from the Board of Directors.
- Cannot serve as legal guardian for individuals. Durham divested of all guardianship services in 2010.
- No LME or Board member conflict of interest.
- Strong IT. This is the area that TDC will need to work on the most to become Waiver ready.

State Stance-

- Four LMEs submitted applications last year to operate under the Waiver; Sandhills, Western Highlands, Mecklenburg, and East Carolina Behavioral Health.
- Mecklenburg and Western Highlands were selected. Mecklenburg is slated to be ready to operate under the Waiver in July 2012. Western Highlands is slated for December 2011.
- Recently there were negotiations to include Alamance-Caswell and Five County LME under the Piedmont Behavioral Health Waiver.

While not currently ready, Durham is close to meeting several of the requirements to operate under a Waiver. The real issue is the population.

Chairman Phillips asked Ms. Holliman to talk more about what Waiver ready means and what the next steps are.

Ms. Holliman discussed the IT system requirements that would be needed and the lack of population that would be required. Last week Durham County Manager requested a meeting with the Wake County Manager. The meeting explored whether Wake County would be interested in working with Durham toward a Waiver. What would it look like? The County Manager had Ms. Holliman talk about what The Durham Center is doing in Durham. Durham is currently certified as a QIO-like Entity by CMS. We are accredited by URAC, we do meet single stream funding requirements and have more flexibility. The increase in the number of Medicaid covered lives provides would provide the economy of scale needed and increases chances of success. Wake County currently meets the population requirement with 74,000 covered lives. The number excludes children under the age of three because they are covered under a different system.

Possible options-

- Full merger-Wake and Johnston counties are possible partners.
- Interlocal Government agreement-Allows one county to perform certain functions and the other county to perform other functions.
- Develop an ASO, an Administrative group that holds the money but each county retains their identity.

The task given to Ms. Holliman and Ramon Rojas, the Wake LME director, are to pull together information and options for the Area Board and the Counties to look at. The Area Board has the statutory responsibility as an Area Authority. Wake County does not have a Board, they have an advisory committee, which does not have the same statutory responsibility.

Ms. Holliman is asking the Board to explore the options. She will bring this back to the Board.

She also pointed the Board to a list of Medicaid eligibles that was in the Board notebooks. The State is accelerating the push towards LMEs becoming Waiver sites because the State is not able to get a handle on the accelerating rise in Medicaid costs.

Dr. Henley asked if the State has said how they will set the capitation funds. Ms. Holliman responded that they do not know yet. Discussion was whether the state would set the capitation amount based on what is currently spent by the Waiver area or based on a state average.

Chairman Phillips asked staff to continue exploring options and return to the Board with a report.

Ms. Holliman also shared that TDC is working with Steve Day, a consultant, and Wake is working with a consultant that previously worked with Piedmont. They will pull together a group of staff and consultants to work on how to proceed.

Ms. Holliman discussed single county LMEs and the amount of money that Durham County contributes and the indirect cost of the services that the County provides. There is a lot to consider, so it is being pursued very methodically. Dr. Henley pointed out that there is a positive in working with other single county LMEs because they understand the relationship with the County and county support.

Phillip Golden agreed that staff must move forward on exploring possibilities so that Durham can be ready.

9. CHAIRMAN'S REPORT

Chairman Phillips had no report.

10. ADJOURNMENT

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

Meeting adjourned at 5:10 pm.

Respectfully submitted:



Ellen Holliman, Executive Director

4-7-11

Date

Material included in Notebooks:

NC Council Community News, January 2011

NC Council of Community Programs Summary of meeting with Secretary Lanier Cansler.

Medicaid Eligibles as of September 2010 by LME and Age