

THE DURHAM CENTER
Managing Behavioral Health & Disability Services

AREA BOARD MEETING
Minutes
Thursday, May 5, 2011

The Durham Center Area Board met at 4:00 pm, May 5, 2011 at 414 E. Main St.

MEMBERS PRESENT:

Earl Phillips (departed at 6:00)
Lascel Webley, Jr.
Doug Wright
Amelia Thorpe
Nancy Henley, MD
Betsy MacMichael (arrived at 4:27)
Amir Berhannu (arrived 4:40)

MEMBERS EXCUSED:

John Barry
George Quick
Monique Holsey-Hyman
Michael D. Page PhD
John G. Giragos MD
Phillip Golden

MEMBERS ABSENT:

GUESTS PRESENT: Antonio Medina, Luke Smith M.D.,

STAFF PRESENT: Ellen Holliman, Susan Knox, Rob Robinson, Lena Klumper PhD, Doug Fuller, Towanda Witherspoon, Ann Oshel, Tonya VanDeinse

OTHERS PRESENT:

Bryan Wardell, Yvonne French, DMH/DD/SAS; Eric Fox, DMH/DD/SAS CFAC Liaison

CALL TO ORDER

Chairman Phillips called the meeting to order at 4:16 PM

ANNOUNCEMENTS

Chairman Phillips welcomed Board members to the new Human Services Building. He announced that staff would conduct tours of the space for any Board Members that would like one.

Chairman Phillips announced that Area Director Ellen Holliman has been honored by the NC Council of Community Program with the Allen Spader Award for Lifetime Achievement. The award will be presented at the upcoming NC Council Spring Forum Awards luncheon. He encouraged all Board members and staff to attend the luncheon. It will be held Monday, May 23 at 12:00.

Ms. Holliman announced that Chairman Phillips has also been honored as the Board Member of the Year. The award will also be presented at the NC Council Spring Forum luncheon.

She also welcomed Yvonne French and Eric Fox to the meeting.

AGENDA ADJUSTMENTS

The Closed session will be postponed to the June Board meeting.

FINANCE COMMITTEE REPORT

Chairman Phillips recognized Doug Wright to present the Finance Committee report.

Mr. Wright reported that the Finance Committee reviewed the financial statement of revenue/expenditures through April 30, 2011. He reported that projections show that The Durham Center should come in just under budget at the end of the year. They reviewed where the spending was going and it is consistent with the budget.

Quorum being reached a motion was made to approve the FY2011-2012 budget.

Doug Wright moved approval of the FY2012 budget, **Seconded by Lascel Webley, Jr.** **Passed unanimously.**

COMMITTEES REPORT

Chairman Phillips presented the committee reports and asked whether there were any questions or comments on the reports. There being none, the reports were accepted.

PUBLIC COMMENT

None

MEDICAID WAIVER PROGRESS REPORT

Chairman Phillips reported that The Durham Center has been working on an application for the Medicaid Waiver to serve as the lead LME in an agreement with Cumberland, Guilford, and Johnston counties. He recognized Ellen Holliman to give an update on the latest developments with the Medicaid Waiver.

Mrs. Holliman reported that The Durham Center is in the process of responding to the RFA. The application is due May 20 and a part of it is that there is a minimum requirement for 70,000 Medicaid covered lives. Durham currently has approximately 36,000 covered lives. As a result The Durham sought partners. The Area Boards for Johnston and Cumberland counties have voted to partner with The Durham Center with The Durham Center being the lead agency.

CFAC in Cumberland has voted to support the agreement and Johnston county CFAC will be voting shortly. Guilford County Area Board will take the matter up on Monday, May 10. In addition to Area Board and CFAC support, The Durham will be holding stakeholder meetings for community partners, providers, and the public to help them understand what the Waiver and how it will impact services. There are two dates for these stakeholder meetings here in Durham County, May 12 and May 17.

She also reported that legislation was introduced Tuesday, May 4 and she passed out a copy of the legislation introduced. This legislation says that the State will take on the liability under the Waiver rather than the counties. She also noted that population is a large part of the Waiver. Durham needs additional partners because by 2013 a population of 500,000 will be required. We will meet that with the partners we now have.

She noted that she feels positive about the partners. They are all single counties. The Durham Center (TDC) has been clear that we want to support them and have them keep their local identity and provide services to their communities. TDC does take on all responsibilities under the Waiver though, as required under the RFA.

She asked Rob Robinson to review the main points of the Waiver.

Mr. Robinson reviewed the presentation previously given to the Board and highlighted the following areas:

What the Medicaid Waiver is-

A request to the Federal Government that they waive the rules associated with working within a Medicaid environment.

Main points of rules waived:

- Statewideness
- The system and services can be designed and tailored to the needs of the Community.
- Payment requirements, currently it is fee for services so services must be paid for first and then billed for.
- Any willing provider-this is a critical item for Durham because we currently have approximately 200 providers. In a waiver environment the network can be controlled.

Other items of note:

- The NC Department of Health and Human Services is requesting that LMEs operate the Waiver based on the Piedmont Behavioral Health (PBH) model. PBH has been operating the Waiver as a pilot since 2005. They have demonstrated that the Waiver environment does produce the outcomes that the State is looking for. They want to adopt that model statewide. Mr. Robinson noted that PBH has been cooperative and has shared information with TDC.
- All services will be provided under a single capitated funding model. That means that the LME will receive a sum of money and must manage the dollars. The sum is based on Per Member Per Month (PMPM), which is based on the number of covered lives.

Doug Wright asked about services that are provided to a consumer while they are applying for Medicaid and whether there would be reimbursement once they are Medicaid eligible. Mr. Robinson responded that he understands that the money would be received retroactively outside of the normal process.

- Assumption of Risk-Originally the LME would assume the risk as part of managing under the waiver. As Ms. Holliman said earlier, under new legislation introduced the State would assume that risk.
- The LME would provide authorizations for State and local service dollars.

Minimum criteria

- 70,000 covered lives-Durham currently has 36,000.
- Fully divested of services-TDC divested in 2004.
- Fully accredited for a minimum of three years by URAC-TDC is accredited for Utilization Management
- Sufficient resources and sound financial management-TDC has always been in good financial standing with the State and was one of the first LMEs to receive single stream funding.
- Letter of Support from the full LME Board.
- Cannot serve as legal guardian for individuals with Medicaid-TDC does not provide guardianship services for any individuals.
- No LME or Board staff member conflict of interest.
- Strong IT capacity

Timelines-

- There are currently 23 Local Management Entities (LME), the goal is to reduce that number to 8-10.
- The RFA was released on April 1 and proposals are due May 20. The State has agreed to identify the Waiver sites by August 2011. There is a written application, desk review, and then site visit.
- Implementation will begin January 1, 2013.

Ms. Holliman noted that challenges TDC faces are implementing the Waiver with Intralocal Government agreements, as well as, conducting it inside a County government. She estimates that the dollar amount managed would be around \$400 million.

Questions and Discussion included the following:

- TDC interest in moving forward with the response to the RFP-TDC prefers to lead and maintain control of community services rather than allowing another LME to take control and manage Durham Medicaid dollars and State dollars.

- Private companies proposals to manage the system, which would also lead to loss of control. The Secretary of North Carolina Department of Health and Human Services and General Assembly leadership strongly support the public sector managing the system.
- Concerns from the Developmental Disability (DD) community on whether DD consumers receive needed services. Are services sacrificed for cost containment?
- A pilot in one small, primarily rural, area does not adequately address concerns of the DD community. PBH was not able to adequately respond to concerns about services for the DD Community under a Managed Care model.
- There has been a recent trend to have the types of services and overall approach to supporting DD services fit a Managed Care model. Ms. MacMichael does not believe that the DD community is well service under this type of model. In a Managed Care model there is an emphasis on treatment and recovery, which is not the way the individuals with Developmental Disabilities are supported. In the PBH financial model there is no protection that the three disability groups will be equally served.
- Discussions of CFAC meeting and their concerns.

Nancy Henley moved to support The Durham Center’s application for the Medicaid Waiver to service Durham, Cumberland, Guilford, and Johnston counties, **Seconded by Amelia Thorpe**

Further Discussion included:

- A pilot in one small, primarily rural, area does not adequately address concerns of the DD community. PBH was not able to adequately respond to concerns about services for the DD Community under a Managed Care model.
- There has been a recent trend to have the types of services and overall approach to supporting DD services fit a Managed Care model. Ms. MacMichael does not believe that the DD community is well service under this type of model. In a Managed Care model there is an emphasis on treatment and recovery, which is not the way the individuals with Developmental Disabilities are supported. In the PBH financial model there is no protection that the three disability groups will be equally served.
- Timeline stepped up by the State on two occasions.
- Replacement of the CAP Waiver with the Innovations Waiver.

Vote:

For-Amir Berhannu, Doug Wright, Nancy Henley, Betsy MacMichael, Earl Phillips, Amelia Thorpe, Lascel Webley, Jr.

Against-none
Motion passed

There was discussion of the letter of support and the possible need to amend it pending approval from the Guilford Area Board.

Betsy MacMichael wished to note that she does not support the statewide implementation of the Waiver, but since it has been mandated that the Waiver will be implemented, she does support TDC responding to the RFA as the lead LME in a partnership with Cumberland, Guilford, and Johnston counties.

REPORT ON HIGH RISK/HIGH COST INITIATIVE

Chairman Phillips recognized Lena Klumper to present the six month report on the high risk/high cost initiative that was undertaken in July 2010.

Dr. Klumper noted that she would be presenting part one of the study results, Ann Oshel would be presenting part two, and part three would be a testimonial from a consumer served in the high risk initiative.

Highlights covered included:

Purpose-

To examine the impact of Care Coordination on a sample of 50 individuals involved in multiple community service systems.

Definition of High Risk-

- Individuals with three or more authorizations for crisis services in the past year.
- Individuals with multiple incarcerations who are suspected to have MH/DD/SA diagnoses. Individuals with frequent law enforcement contact.
- Frequent admissions to CRH or ADATC.
- Three or more admissions to DCA in the past year.

What we wanted to know-

Do Care Coordination activities decrease the number of incarcerations and jail days, reduce the number of authorizations for mental health crisis services, increase access to appropriate levels of service.

The High Risk Sample-

A sample of 50 individuals was taken from multiple agencies.

- 10 from TDC
- 5 from Durham Community Health Network's (DCHN) Chronic Care Report
- 10 from Durham County Detention Center
- 5 from Durham Police Department
- 10 from Central Regional Hospital (CRH)
- 10 from Durham Center Access (DCA)

Of the 50 individuals, 35 remained in the study sample.

7-unable to locate

2-juveniles (Only adults were included in the study)

- 1-passed away
- 2-moved out of county
- 2-incarcerated and not expected to be released during the study period
- 1-placed in long term residential care at start of study

Baseline Statistics-

- 57% male, 43% female
- 66% appeared on TDC High Risk list
- 37% appeared on Chronic Care Report
- 49% had mental health diagnoses, 14% had substance abuse diagnoses, and 37% were dually diagnosed.
- 69% African America
- 26% White/Caucasian
- 3% Hispanic/Latino
- 3% other

Definition of Care Coordination-

Individuals received one or more of the following:

- Link or reconnect with appropriate level of MH/DD/SA services
- Engage service providers and individual in planning process to identify services and supports
- Access flexible funding to meet needs of the individual, including housing
- Ensure accountability of the service provider through regular contact
- Monitor and track crisis service use

Hospital Trends-

- Since July 2010 the number of hospitalizations decreased by 64%
- The number of individuals decreased by 67%
- The number of bed days decreased by 79%

Cost of Hospitalizations-

Last two quarter of FY10	\$1,804,894
First two quarter of FY11	\$ 378,112
Change in cost	-\$1,426,782

DCA admission trends also decreased.

Dr. Klumper introduced Ann Oshel to discuss Service Engagement in the study.

Ms. Oshel reminded the Board members why the study was initiated. Prior to the study the concept of Care Coordination at TDC was new, but there were indications through studies in System of Care that many people never made it to their first appointment and if they don't make that first appointment it was not possible to know the impact on effectiveness of medication, impact on stability, employment, housing, housing, and determining proper level of service.

The idea for the study came from the LME responsibility to ensure that individuals are receiving the proper level of service and making their first appointment, as well as determining the effectiveness of services. Initially they worked with those coming out of the hospital.

Impact on Service Engagement-

- Number of individuals enrolled in intensive services increased by 47%
- The number of individuals not connected to a provider decreased by 71%.

Cost of Services-

Last 2 quarters of FY10 cost of intensive mental health services	\$121,029
First 2 quarters of FY11 cost of intensive mental health services	\$180,840
Change in cost	\$ 59,811

Incarceration Trends-

- The average number of incarcerations in the first half of FY11 was 4 compared to 7.75 for all of FY10.
- There was a net decrease of 29% in the number of days incarcerated.

Cost of Incarceration-

Last 2 quarter of FY10 cost of incarceration	\$24,130
First 2 quarter of FY11 cost of incarceration	\$16,150
Change in cost	\$-7,980

Housing

- July 2010-6 individuals were homeless
- After six months only 1 person remained homeless
- Individuals in permanent or supported housing more than doubled.
- Individuals in inpatient settings decreased by 60%.
- While the number of individuals in stable housing increased, many will face homelessness once funds are eliminated at the end of FY11.
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There is concern on working with providers on long term housing plans. TDC agreed to pay for housing support beyond the typical 30-60 days but they have not seen work from providers that they had hoped on working towards employment and access to benefits.

Income and Benefits-

There was a marginal increase in the number of individuals with a source of income and benefits in spite of TDC work on expediting benefit process and training of providers.

Utilization of Funds-

There was a slow start to utilization of the funds. Providers started out reluctant to use the resource.

A total of \$17,254 was used by high risk individuals to help toward goal advancement.

Funds administered by TDC provided:

- Rental and utilities assistance 86%
- Transportation 3%

- Services and Medication 4%
- Personal Items 1%
- Other Incidentals 6%

Cost of Care Coordination (primarily staff costs)-

Last 2 quarters of FY10	\$ 2,115
First 2 quarters of FY11	\$20,849
Change in cost	\$19,382

Costs of High Risk Population

	Before	After
Hospitalization	\$1,804,894	\$378,112
DCA	\$ 67,375	\$ 33,571
Intensive MH services	\$ 121,029	\$180,840
Incarceration	\$ 24,130	\$ 16,150
Care Coordination	\$ 2,115	\$ 20,849
Financial Assistance	\$ 0	\$ 17,254
Total	\$2,019,543	\$646,776

Savings to the system \$1,372,767

Summary of Findings-

- Increase in number of individuals in intensive services
- Decrease in number of homeless individuals by 83%
- The number of individuals in permanent housing more than doubled
- 79% decrease in hospital costs
- 50% decrease in DCA cost
- 33% decrease in cost of incarceration
- 69% decrease in overall system cost

Observations-

- Many mental health providers are reactive as opposed to proactive
- High provider staff turnover
- Lack of training in provider community (TDC is developing training menu for providers)
- Insufficient number of hours authorized
- Preliminary observations show promising results that may be confirmed with further study

Challenges-

- Lack of consistent criteria for sample selection
- Multiple data sources accessed in order to find all information needed
- Unable to obtain follow up and baseline data from the police department, EMS, and Duke due to HIPAA
- Avoid generalization about the study population until FY11 is complete.

Next Steps-

- Collect data for the remaining 6 months to complete the study period and compare FY11 to FY10
- Determine whether high risk initiative should be continued
- Continue to follow the sample for 6 months after the end of the initiative

Questions and Discussion included:

Ms. MacMichael asked whether Care Coordination is a billable service? Ms. Holliman responded that it is part of the LME cost model.

Doug Wright asked how staff plans to go forward with studying the high risk group, will potential future studies include the 35 in the initial study or will a new group be selected. Ms. Oshel responded that Care Coordination currently follows over 300 individuals. The purpose of the study was to find out whether more intense monitoring, more technical assistance, and more assistance to allow focus on treatment would impact hospitalization and system costs.

Ms. Holliman also noted that the Waiver environment would allow for more Care Coordinators to focus on the high risk/high use population.

Dr. Henley discussed presentation of data to other audiences. She suggested more explanation on the 15 individuals that were excluded from the study, in particular the two individuals that were incarcerated may need more explanation.

She also asked whether any individuals were referred by more than one agency. Tonya VanDeinse responded that while none of the individuals in the study were referred by more than one agency, she did find that many of them did appear on the lists from multiple agencies, but they weren't necessarily those referred.

Dr. Klumper added that one thing not included in the presentation was the quality of life. TDC staff is currently doing a follow up to the initial quality of life survey done with the study group and it will be presented in the final report.

Ms. Holliman introduced Dr. Luke Smith from El Futuro. She asked him to introduce the individuals he brought to the meeting and discuss how the initiative affected the life of someone in the study.

Dr. Smith briefly told the Board about El Futuro. They are a service provider that started in 2005. They work primarily with the Spanish speaking population. They originally started business in response to high risk users in the Latino population. He was excited to hear about the initiative last year.

He introduced than individual from El Futuro who participated in the initiative. The individual has been in the United States for 47 years, 32 of that in Durham. He noted that for most of those 32 years he had been in crisis mode. He also introduced the individual's therapist, Dr. Esptea.

