



**Provider Meeting
MINUTES
November 14, 2008
9:00am-12:00pm**

9:15 a.m. Mental Health Breakout Session: Flay J. Lee, Facilitator

Attendees:

Jill Stephenson	PBH	Arlana Sims	SCCS Inc.
Tracy Threatt	PBH	Cathy Kocian	Div of MH/DD/SA
John Giampaolo	PBH	Craig Hummel	PBH
Erin Nantz	PBH	Pam Shipman	PBH
Judy Uthe	PBH	Omega Honeywood	Home Care Mgmt Corp.
Robin Susser	PBH	Tara White	QCDS
Cynthia Benjamin	PBH	Reid Thornburg	PBH
Heileigh Thompson	PBH	Chuck Hill	PBH
Jim Kelley	Monarch	Carolyn Spence	Alexander Youth Network
Debbie Wood	MHA/NC	Flay Lee	Hope Haven, Inc.
Wendy Campbell	BCH	John Tillman	Excel
Courtney Dabney	CHS of NC	Jane Jackman	The Arc of Rowan
Wendy Campbell	BCH	Tyran Lennon	Horizon Care, Inc.
Van Williams	F&S Professional	Emma Moore	PBH
Chris Jacobsen	PBH	Sharon DeGraffenreid	F&S Professional
Diana Duncan	DHI	Leslie Mussington	Excel
Darlene Steele	PBH	Kathleen Fry	CRC - Daymark
Jennifer Moore	PBH	Tom Hibbert	Timber Ridge

Welcome and Call to order – Flay J. Lee

Flay welcomed the attending Mental Health providers to the breakout session and last meeting of 2008. Flay is ending his year as President of the Network Council. A nomination/election committee will be formed. The committee will provide more information about a new President prior to or at the January Provider Meeting.

Meditation Reading – Flay J. Lee

Lift Up: Do you want to experience a burst of energy that nothing can take away from you? Then lift up someone else – focus on another person, give up yourself to others. The value of any achievement is based on how many people it positively affects. Make a difference for others - respect and celebrate other individuals' value. When you lift up others, you lift of your world. Lift up your world and you will find it a better place. Written by Melissa Thompson, staff person from Hope Haven, Inc.

I. Updates

1. Network Council – Flay J. Lee

There is a new Network Council member - John Hupton. He will replace Ann Medlin. Network Council members present at the breakout session introduced themselves.

Chuck Hill, PBH; John Tillman, Excel; Darlene Steele, PBH; Diana Duncan, Diana's Home Care, Inc.; Cynthia Benjamin, PBH; and Flay Lee, Hope Haven, Inc.

2. Quality Management – Darlene Steele

The Quality Management Department (QM) is very excited about developing a Quality Management website. This website will include:

- The Gold Star Process (the providers that partnered in the Gold Star pilot helped make it successful).
- Quality initiatives that QM and Network Operations are involved with.
- Spotlight Gold Star agencies – these agencies will be featured on the website for a 2 month period.
- PBH Performance Improvement Projects
- Internal quality assurance activities
- Consumers and family members will be able to access information about providers.

QM would like the website up and running by January, no later than February. An announcement will be sent out when it is available. There will be a period of time set aside for providers to review and comment on the QM website.

QM has almost finalized the draft of the Gold Star Profile Report (a report card system). This card will be presented to Network Council and then shared with the Provider Network. QM is looking forward to the feedback. Consumers and families are anxious for this development. QM expects to receive feedback within the next few months – before implementation. There will be no surprises – providers are already being reviewed/audited on the report card items. This system will move our Network in the direction of highlighting providers with quality services.

Darlene asked for questions, none were presented. Any questions, or if Providers need any assistance from QM, they may call Darlene or any of her staff.

3. Network Operations – Dr. Robin Susser

Robin had to leave for another appointment – Cynthia Benjamin spoke on her behalf. You will notice the absence of folders/handouts. Robin is developing a website link, Network Happenings, to announce agency communications. This should be ready within the next month or two.

Cynthia reminded providers that while obtaining their National Accreditation, they need to keep PBH updated on their process and advise when they become accredited.

Network Operations is status quo. We are staying on top of contracts (PBH as additional insured was removed).

Cynthia asked for questions, none were presented. The Provider Relations Managers are visiting providers. We don't meet until January, but in the meantime, let us know if you have any questions.

4. Office of the Medical Director – Dr. Craig Hummel

Dr. Hummel stated there has been a collaboration initiative with primary care doctors during the past 2 years. They have had a real hard time getting their patients seen by Mental Health and Developmental Disability providers. We too have experienced primary care service issues for MH/DD consumers. The past year has been focused on children, not adult. The Primary Care Physicians and Pediatricians are asking for PBH providers to communicate follow-up back to them when they send a patient to your agency. This feedback does not have to be detailed notes. There must be a diagnosis – we are working on getting a standardized form. Monvayata Ratchford (PBH Access Department) will help facilitate this liaison. He has a form Providers may utilize to send patient detail back to the Primary Care Physicians/Pediatricians.

Provider Question: In working as a liaison, have you considered the dental care doctors?

Answer: Dr. Hummel said he had not thought of it.

Dr. Hummel stated there are 4 clinical initiatives in process that will affect providers.

- Preventative Health Measures for people with:
 - Depression. Treatment and remission information regarding depression will be sent out to consumers who have been seen in the last quarter. We will reference our website where the consumer may take a standardized depression questionnaire. It will be scored – if they score over a certain number, they will be advised to see their provider. The plan is to continue this for a year. The main objective is to get people treated toward remission.
 - ADHD – An information piece will be sent to consumers advising them that the optimal treatment for ADHD is medication. Reminders will be sent out at 6 months indicating most of consumer's symptoms should be alleviated at that time. If the child is still in trouble, they are advised to contact their provider.
- Wellness initiative - a metabolic screening of patients on new anti-psychotic meds. There are no measurements on how patients are doing on these medications. We will monitor by blood/sugar, cholesterol checks, weight, and weight circumference. This will be done by taking snap shot samples – a randomized list of 400 patients that have started on meds within the last year. PBH will mine provider charts and see if guidelines from the American Diabetic Association and American Psychiatric Association are followed. These measurements will give us opportunities for improvement.
- We will be measuring ADHD patients on drugs, which will be another chart pull. We are asking that providers allow PBH staff to come to your facility to audit charts. This will save everyone time/work.

II. Organizational Items

A. Old Business

2. Nominations Request (in by next meeting November 14, 2008)

There is a Mental Health vacancy on the Network Council. We had one interested person send in his bio. The MH candidate presented himself at this meeting.

- Leslie Mussington works at Excel Tutoring & Personal Development Center, Inc. He has been in the area since 1992, worked with PBH in 1992 until 2000, and then went with another organization as a partner. Leslie has worked with PBH in a variety of areas and committees. He has been nominated to help out PBH providers, consumers and the community at large. He is a social worker by profession/trade. Mr. Mussington opened the floor to questions. There were no questions.
- Flay asked for other nominations from the floor 3 times. Hearing none, nominations for this office was closed. A show of hands all in favor to accept the nomination of Leslie Mussington as a new Network Council member was unanimous. Leslie Mussington will be representing the Mental Health providers on Network Council.

3. Provider Meeting schedule for 2009

In January, the PBH Provider Network meeting will be held, then meet in March. At that time, the schedule will be reevaluated to see about presuming quarterly or to determine which schedule we should presume meeting. Network Council will continue to meet and communicate with the Provider Network. In between meetings, we will send out communications on what is going on.

5. Network Council Goals accomplished to date

- Network Council and PBH coordinated a retreat to build a stronger relationship.
- The bylaws are our goals, which got off schedule a bit due to the transitioning of the PBH Network Director.
- The council was involved in pieces of the interviewing process for the Network Director.
- We are looking at how we can have agenda items of interest to everyone.
- Increase attendance at all of our meetings. We want every meeting to be of burning interest.
- Network Council will continue to assist PBH with services for the 5 county areas.
- Continue PBH trainings - This is a collaborated effort. The Network Council encourages providers to send staff to the workshops/trainings, and participate in committees. It takes all of us. When people don't show up to the trainings, PBH feels we are not interested.

- Spotlight of an Agency was started. This meeting's Spotlight will be on RHA – it appears they will be at the DD breakout session. We had hoped they would present to each breakout session.

10. Barriers to Provider in using state funds to Provide services

In light of the recent Communication Bulletin about a budget reduction, Flay asked PBH Finance or PBH Administration to speak to the Provider group. PBH had a state fund reduction last year and now with a further reduction, it is important that we understand this. Pam Shipman spoke to the group.

Pam stated it is smart of the Governor to be proactive against the tax revenue shortfall by holding back money, thus budget cuts. So far, PBH has incurred a 3% reduction, and has been told another 2% will be forthcoming. They are going to try to hold community agencies at a 5% reduction. A 5% reduction will be 1.2 million dollars; the 3% reduction is \$800,000. What really hurts is the 3.6 million dollar reduction PBH received last year. This makes it hard for us to supplement rates and create new services. In June 2007, we had already spent all that money. Last fiscal year, we had hoped to get Substance Abuse services developed but had to pull back after the 3.6 million dollar reduction.

Initially, the intention was to only take money from the LMEs that have not spent down – meant to be a no harm measure. The Division did a flat 10% reduction to single stream LMEs regardless of expenditures. Fiscal year 0607, there was 35 million IPRS dollars not spent down, 17.5 million dollars in Fiscal Year 0708 not spent down. The General Assembly has asked for a study to see why the funds were not spent.

We are in an area of population growth. Our dollars have been the same since 1992 except for crisis and psychiatric dollars. PBH is implementing reductions. We will take care of the people in the system receiving services; new people will be put on a wait list. We hope to accumulate the savings and see in January where we are. We are trying to not impact people in the system. The reduction affects basic services. We are trying to maintain mandated services: crisis, assessment, emergency, and Inpatient. We will maintain Community Support right now. PBH will keep a record of a number of people we have turned down to measure the impact – accumulative impact due to waves of reduction.

The good news is the expansion of Innovations slots. We do not have the number of catch up slots yet. We will be limiting new referrals in residential care for which we will be watching and creating waiting lists that will document people needing care and not getting Substance Abuse/Mental Health care. We will quantify the need to the PBH board and other stakeholders.

We are consulting with our attorneys about the 3.6 million dollar loss. PBH still feels it was not allowed. It is a hard year to get the money back but a legal matter is a legal matter. We will continue to pursue this as it is too much money not to have. In some parts of the State, children's services are mostly Medicaid funded. Substance Abuse is mostly state funded. PBH has been lucky with its demonstration status where we were not involved with IPRS. Now IPRS is a requirement. Legislature has ordered IPRS simplification but it is not having that impact at the community level.

A lot remains to be seen and a lot of things are on hold with a new administration. PBH did meet with both gubernatorial parties to advise them on how some things would work and offered to assist them. We had a good reception from both parties. Our advice was whatever you need to do, do it quick. This can't be glossed over and if not addressed, it will be a huge problem toward their reelection. There is nothing firm at this point in the direction of state reform.

- *Provider Question:* If you had to make cuts, you would reduce volume instead of prices?

Answer: Pam's response was yes, freeze new consumer referrals. The budget reduction is all State services, not Medicaid.

- *Provider Question:* It is not PBH's Medicaid?

Answer: Pam responded no. We use state dollars for consumers without Medicaid or for services that can't be reimbursed through Medicaid.

- *Provider Question:* New referrals - those persons not in the system currently?

Answer: Pam indicated those consumers in the system being transferred into Adult residential services. Chris Jacobson stated for Mental Health residential services, PBH Utilization Management is spending a lot of time reviewing consumers in residential services. We are seeing consumers in residential services for 3 years plus, which is lengthy compared to the service definition. We are working with those providers to bring those consumers to lower level services which frees up money. If that consumer always stays at that level, there will be no service for new consumers. Pam added that we won't take any more State funded consumers for MST or Intensive In Home.

- *Provider Question:* If you have Medicaid client in Day Treatment services, and their Medicaid runs out, now that child is still in service and not ready for discharge, what do we do at that point? They are now a new consumer for State funding.

Answer: Pam recommended providers speak with PBH Access to look at the clinical aspect. If the consumer is a new referral and not in service, we will put them on a waiting list. We are trying to stop people at the front door. We will see people through that are in the system. We think we can meet the reduction in funds by doing this. We are hoping we won't have to do anything else. Chris Jacobsen added that when Care Managers look at consumers' insurance, we find after researching that some consumers have not actually lost their Medicaid. We can retro their insurance back.

Pam Shipman stated we are still continuing with quality initiatives. On the Consumer Satisfaction Survey, a question about Providers addressing cultural competency needs of consumers scored high. The PBH Network should be proud of that. Network Council is planning a number of trainings after the first of the year. PBH also scored high with providers.

Provider Comment: PBH is farther ahead of the other LMEs for cultural competency.

Pam commented that we know providers are under financial pressures but we still want to move the system forward. If there is a problem or specific case, call PBH Utilization Management. The communication bulletin provided was giving parameters. Don't hesitate to ask.

Flay added we need to show our support to PBH. PBH is high on the level on how they share information quickly. Thank them. Network Council will continue as your representative with PBH; we also rely on you for ideas, suggestions, and guidance. You have representatives but we must hear from you, especially going into the New Year.

III. Other

1. Olmstead DD Lunch & Learn Event December 11, 2008 - Erin Nantz, John Giampaolo

Erin Nance and John Giampaolo provided a follow up from the August Provider Meeting announcement about this training. On September 9, ICF providers attended the Lunch and Learn, which went well. The next Lunch and Learn will be with DD providers on December 11 from 11:30 a.m to 2:30 p.m. at Copperfield. An Email blast is going out today with instructions for registering. Providers may call Erin in PBH Outreach Department or John in PBH Network Operations.

John stated a subcommittee to review the Olmstead Plan is being formed. The concept was offered at the ICF Lunch and Learn and will be offered at the DD Lunch and Learn. Sign up sheets will be available. The DD and ICF providers will work together on one subcommittee.

DD Provider Question: There is another conference on the date of the DD Lunch and Learn. Can we send another person in our place?

Answer: Yes, send as many people as you want. If a Provider can't attend, the materials can be sent by mail.

3. PBH Provider Training: Data Training January 9, 2009
Cynthia Benjamin stated the training will be at Copperfield, from 2:00 to 4:00 p.m. December 19 is the last day of registration. The training was designed at the request of Global CQI Committee. It will cover analyzing and collecting data, which will be helpful toward National Accreditation data needs. QA staff or data collection/analysis staffs are appropriate attendees.

IV. Wrap Up: Questions, comments

Flay asked if there were any provider updates, new Mental Health providers present, or any anniversaries.

MH Provider Comment: He loves the website ideas presented. He would like to see profiles of Best Practices. Flay stated this is good to add as a goal.

Diana Duncan noted that Network Council is trying to tie in with PBH regarding budget cuts. We are glad they are bringing the information to us. We would like the support of the Provider Network. Please call with questions and speak to the PBH Access Department. Also, come to the Network Council and work together.

Flay stated that some Providers have indicated they will miss the Provider Meeting Breakout Sessions. We encourage you to meet separately and then let your Network Council representative bring meeting outcomes back to the Council. The Substance Abuse providers have met separately, which has worked out well. The Network Council wants to have goals for the New Year but we only know what they may be by hearing back from the Network. Please contact your Council Representative so we can begin to work on the goals.

Diana Duncan announced the Cultural Competency sub group will meet here following this provider meeting.

Flay asked providers to make sure they plan to attend or send other staff to attend PBH workshops and trainings. PBH has made the effort to coordinate – done for a reason. Be a true collaborative; help PBH as they have helped you. Improve your support.

Flay thanked Pam Shipman for coming. He also thanked everyone for working with him as the Network Council President.

V. Motion to ADJOURN

Mental Health Breakout Session adjourned at 10:15 a.m.

There was not a Substance Abuse Breakout Session due to a conflict with a training being held on the same day/time.

11:05 a.m. Developmental Disability Breakout Session: Flay J. Lee, Facilitator

Attendees:

Jill Stephenson	PBH	Beth Monaco	PBH
Tracy Threatt	PBH	Tim Miller	Home Care Mgmt Corp.
John Giampaolo	PBH	John Williams	RVO
Chuck Hill	PBH	Ginger Pope	CCGH
Judy Uthe	PBH	Margie White	CCGH
Robin Susser	PBH	Julie Hunter	YCM
Cynthia Benjamin	PBH	Bob Kinser	UMAR
Charles Funchess	CFM	LaSheree Fullen	RHA
Ola Cook-Mbah	CNC Access	Patricia Seahorn	Cab Co Schools
James W. Johnson	S.T.E.P.'s Dev Academy	Diana Duncan	DHI
Anna Yon	PDS/PBH	Nicole Cote	PBH/PDS
Dawn Allen	GHA	Flay Lee	Hope Haven, Inc.
Julie Kennedy	DDR	T.S. Gibbs	CLC NC
David Ashley	Bayada Nurses	Marzetta Osborn	CLC NC
Lisa Jones	RHA	Dem Pankey	GHA
Janet Daniels Breeding	GHA	Yvette Johnson	QFS
Sylvia Emafo	A&A Co/Serenity House	Virginia Davila	QFS
Reid Thornburg	PBH	Minnie Funchess	C.F. Marketing
Heileigh Thompson	PBH	Andrea Misenheimer	PBH
Muhammad Shabazz	CLC NC	Susanna Dean	A.D.E.P.T.
		Dawn Anderson	HomeCare Mgt Corp

The 9:00 a.m. Breakout Session minutes are repeated in its entirety with the following additions.

II. Organizational Items

A. Old Business

2. Nominations Request (in by next meeting November 14, 2008)

There is a Developmental Disability vacancy on the Network Council. We had one interested person send in her bio. The DD candidate presented herself at this meeting.

- Dawn Allen indicated she has been around for 27 years at GHA as Executive Director (formerly Group Homes for the Autistic of Autism Services). She has been involved with PBH for a number of years. Dawn previously served a term on the Network Council and was President of the Council her last term. She looks forward to working with Providers and feels we are all partners together. Ms. Allen opened the floor for questions. There were no questions.
- Flay asked for other nominations from the floor 3 times. Hearing none, nominations for this office was closed. A show of hands all in favor to accept the nomination of Dawn Allen as a new Network Council member was unanimous. Dawn Allen will be representing the Developmental Disability providers on Network Council.
- Flay explained his error in not asking for a motion to close the nominations from the floor. Nomination ballots were passed out by Diana Duncan, Secretary. Nominations can be for representatives from a DD provider (one agency). Diana will post the results on the PBH website.

The Network Council members present were:

Dawn Anderson, Home Care Management; Chuck Hill, PBH; Darlene Steele, PBH; Diana Duncan, Diana's Home Care, Inc.; Cynthia Benjamin, PBH; James Johnson, S.T.E.P.S. Developmental Academy, and Flay Lee, Hope Haven, Inc.

10. Barriers to Provider in using state funds to Provide services

DD Provider question: At other LME meetings, there are some real horror stories about people receiving services. Places are shutting down because they can't sustain. Who has their finger on that?

Answer: Pam Shipman stated things will probably get worse as people are impacted by the economy – job loss creates depression. Pam's hope is that as the new Obama administration gets going, they will take measures to focus on human services. We are very hopeful and encouraged on the position the Obama administration has on people with disabilities. He may reverse some of the decisions. Beverly Purdue's group is also very concerned with this. There is a lot of discussion about what the new governor will do. We are offering some thoughts on what may be helpful. PBH will monitor and have impact numbers. There are people served, underserved, not served at all. Most SA consumers do not have Medicaid, the Hispanic population does not have Medicaid – these consumers need a lot of services but there is no funding source. We are speculating that they will do something – it is hard to know how it will play out. There are two LMEs that are having financial problems now. Precedence has been sent to reorganize LMEs, providers are consolidating – because of technology; you can manage a larger organization. In North Carolina, this power is local - partnerships locally are important.

DD Provider Comment: In another association meeting, they were talking about Bev Perdue and about state level positions. There is a need to bring in new blood. Some state level positions don't want to partner.

Response: Pam Shipman stated they do not pay their state agency heads very well. To bring in a national expert, better pay would be needed. The agency heads get a lot of blame, incur a lot of stress and don't stay very long in their positions. A leader is a listener and a collaborator. These are factors they need to consider to obtain a quality leader. PBH will let providers know as we know more.

IV. Wrap Up: Questions, comments

Susanna Dean, ADEPT Non Profit Services, (Union and Stanly counties) advised the group about their partnership with Men's Wearhouse. If there are clients that need clothing as they are looking for employment, we have gently used suits, coats, belts, pants, shoes and shirts - 3 truckloads full. Forms were passed out.

Dawn Anderson, Home Care Management introduced their new Regional Manager, Tim Miller. Tim stated he is familiar with PBH through another company. He will be in charge of Home Care Management's daily operations.

V. Motion to ADJOURN

Developmental Disability Breakout Session adjourned at 12:00 noon

There will not be a December Provider Meeting.