



Network Provider Meeting
February 11, 2011
9:00 AM to 12:00 Noon
Copperfield Training Facility

MINUTES

Attendees:

Angie Banther	POH	LaKeisha Roberts	SAPS
Bill Rankin	PBH	Leslie Mussington	Daymark
Bonnie Schell	PBH	Lori Ewart	The Arc of Rowan
Carol Gouge	PBH	Lori Fuller	PBH
Carrol Gantt	The Workshop of Davidson, Inc.	Marzetta Osborn	RHA
Christy Shaver	Monarch	Melissa Campbell	PBH
Courtney Dabney	CHS of NC	Melissa Rivera	RHA Howells
Crystal Nummemaker	OmniVisions	Nadine McNair-Smith	Horizon Care, Inc.
Cynthia Benjamin	PBH	Nicole Cote	PBH
Dan Coughlin	PBH	Pam Burton	PBH
Dawn Allen	GHA, Inc.	Pasheena Days	CSSI
Dean Ewart	EasterSeals UCP NC & VA	Patrick C. Quinn	BHCP
Devon Smith	DDR, Inc.	Stephanie Brown	CLC
Elizabeth Fortin	PBH	Susanna Dean	A.D.E.P.T.
Flay J. Lee	Hope Haven, Inc.	Tanya Roper	RHA
Heileigh Thompson	PBH	Tawanna Usher	PBH
Jeanne Pritt	RSS/InReach	Teresa Morgan	UMAR
Jeannie Armstrong	Turning Point Services	Tom Hibbert	TRTC
Jill Stephenson	PBH	Tracy Threatt	PBH
Johanna Kroth	GHA, Inc.	Vanessa J. Colón	PBH
John Giampaolo	PBH	Wendy Campbell	BCH

Welcome/Purpose [Dawn Allen]

Ms. Allen greeted attendees and gave a brief synopsis of why we hold the Provider Meetings.

Network Council Update [Dawn Allen]

The PBH Network Council members stood up in front of the room and introduced themselves.

The Network Council Goals were displayed on the screens at the front of the room for all to view.

The PBH Network Council Goals are:

- ▲ Council will Keep Provider Network informed of healthcare reform initiative and obtain information about changes at the state level
- ▲ Council will Improve LME and Provider Partnership and will have Dan Coughlin/Pam Shipman attend Provider Meetings
- ▲ Council will increase provider attendance at Provider/Council meetings and consider utilization of technology to permit members who are not able to attend to view meetings over web
- ▲ Council will present at State conferences on Support Needs Matrix
- ▲ Council will reconstitute the By Law committee to address By Law revisions

There were no questions.

PBH Updates [COO/Directors/Staff]

Support Needs Matrix Residential Rates - [Steve Tomlinson for Andrea Misenheimer] – The Support Needs Matrix is resource allocation, i.e. how individuals get services and how those services are funded. Andrea Misenheimer and Pam Shipman were in Raleigh yesterday meeting with DMA on our progress. We have a workgroup comprised of providers who meet on a regular basis and we meet regularly with DMA. Steve asked the members of the workgroup to raise their hands to be recognized. As we are implementing the Support Needs Matrix, other LME's in NC and across the country are examining the way we are rolling this out. We will keep you informed of the information received from the meetings.

CABHA Update – [Cynthia Benjamin] – Several of our providers attended the February 3rd CABHA meeting in Morganton. Cynthia recently attended the CABHA meeting held in Gastonia. Topics of discussion were staff requirements, how the billing will be handled, how things will be handled in order to be a successful CABHA agency. At this meeting Steve Jordan announced that reform is over.

PBH has about 25 CABHA's in our area. Our three CCP's, RHA Health Services, Inc., Monarch and Daymark Recovery Services, Inc. will provide the CABHA services for PBH. All of our consumers have been transferred from Community Support Team, Intensive In-Home and Day Treatment. Having a closed network has proved to be advantageous. There will be quarterly trainings. We were asked what types of trainings are we are going to need. QM will keep us up to date as to whether we anticipate any changes.

First Responders – [Cynthia Benjamin] A copy of the First Responders Plan was included in the provider folders. PBH went to our three CCP's to get their feedback on a first responder plan. Our goal is to have a standardized process with which our providers can be trained. We think we have a good finished product here. We will amend their contracts and these providers will be responsible for this.

Recruitment for Mental Health Workgroup [Leslie Mussington] The SA and DD providers meet on a regular basis aside from the Provider Meetings but the MH providers do not. One of the attending providers commented that it would be a great idea to have a MH workgroup especially with all the changes in the industry. It would benefit our consumers. Leslie continued to say need advocates for the MH providers. Tom Hibbert suggested having a breakout meeting after the provider meetings which would benefit those who travel some distance to attend the provider meetings. Leslie asked for providers to discuss this with other providers. Leslie may be reached at lesliemussington@yahoo.com

Speaker – Dan Coughlin, PBH CEO The purpose of these meetings is to bring you up to date. Dan has been in this business for 40 years. He stated that he has never seen a time in all those years that is more important in terms of what the trajectory will be here on after. There is a confluence of things going on right now than emanate health care reform, i.e. the financial situation, the ongoing recession, states are broke and trying to figure out how to conduct governmental business. Most of the big entitlement plans are unsustainable and will have to change. This is very worrisome. It is going to impact the way you and your agency do business significantly. What we grew up knowing what MH/SA/DD to be, which was a publically financed behavioral healthcare system has changed. There is a parallel system between private and public. Essentially there is a carved out specialty service that we are all part of. The public system is at risk now. There has been discussion for years about how to integrate behavioral health with public healthcare systems. There are certain advantages and disadvantages to both. One of the absolutes that comes out of the healthcare financial reform is that the money that pays for public services is going to have to be managed more carefully than ever before so that you are using limited resources in the best possible way.

This means that models like the PBH model which are designed to manage the benefit package will become prevalent. Managed Care is the most recognizable. It is either going to be organizations like us that spring up from other LME's that have the confidence to do what we do or it will be on a national level where there is no localization. A profit margin will be added. At PBH we run 8-10% of our overall capital budget to manage this system. Private insurance companies are more like 25% then add that 8-10%. For the first time in a hundred years the Republicans are in both houses. They are going to be very friendly in private sector managed care. The General Assembly claims that they can do better than the private sector. Once it goes private, it will never go public again. The state is trying to decide what to do with reform. Dan estimated that there is about a year or so to get managed care opened up by the opening of other LME's if a couple more get up and running.

Providers have not been friendly to managed care, the PBH model, a closed network and the ability of us to pay them directly. There is the fear that they are too tightly run and that there is too much erroneous paperwork. PBH has known that this was going to happen. If we are to maintain our system as it is then we are going to have to do it with a small hand of waiver LME's. Dan thinks that we need to support this idea and spread the message that time is running out and we are either going to have a public kind of system or a private sector. He stated that he hopes that providers follow with this. This is also a great opportunity for PBH and other LME's who want to step up.

Provider Comment: Angie Banther - On March 17th there are going to have a Town Hall Meeting in Charlotte. She has noticed that other providers are scared and that this would be a great opportunity for PBH providers to speak up and have this conversation. The coalition dates are put out. She has seen instances in Fayetteville, Greensboro and Charlotte where providers have very distorted ideas of this works.

Dan (cont'd): Medicaid is going to get managed. It is not going to continue to just grow. When national healthcare presents, Medicaid is going to grow. This will be managed through a public entity like PBH or a national company which will pull \$35 million automatically pulled out of the system. Who do you want to manage that benefit for you? Do you want an unknown company based out of another state or do you want a familiar company like PBH?

Provider Question: How do you think Mecklenburg will fair?

Answer: I don't think they are going to make it. We are strategically moving as fast as we can to expand. We want to be able to stand uniquely in competition.

Provider Question: There has been news about this, do you care to expand on that?

Answer: Yes, we have been working quietly behind the scenes with OPC and Five County regarding our CI System and how we are data driven. We have gotten pretty far down the line on this but the General Assembly put a moratorium on our expansion. We think that will be lifted and be able to move forward with that. In the meantime Alamance/Caswell, due to the loss of Rockingham County who went to another LME, were looking to come aboard. We expect them to ask us to merge.

Provider Question: Your comment about Mecklenburg was quite sobering. If that is accurate what does that say about other areas?

Answer: They are a single county department. We have to walk the tightrope that we want to keep the public accountability piece with what we do. There is the beaurocracy which comes along with this. Any LME that has a board which is essentially a board of politicians will not be able to run something like this. PBH is a small five county business. I don't think a single county can run it.

Provider Question: What about Western Highlands?

Answer: There is no guarantee that they can do this. There are other LME's which are closer to the infrastructure to be able to do this. There are people in Raleigh now that realize that this needs to take place.

Tom Hibbert asked to keep us posted and to let them know how they can assist and support the efforts. We need to think about how to do that.

Dan announced his retirement. He has been working with the Board for about a year towards retirement. Pam Shipman will succeed him. She is a brilliant, brilliant person. PBH blood runs through her veins. The Board decided not to go out and do a search. The announcement was made internally due to things which need to change. Statute 122C has held the Board up from making a public announcement.

Provider question: Dawn - Is there a COO who has been made to go under Pam?

Answer: You will have to ask Pam.

Dawn Allen said there was a provider from Alamance who contacted her, asking her what it was like to be a PBH provider. They want to know how it is going to differ and how much control they are going to have.

Dan – I believe we have to strike a balance between being too big and being too small. You can't afford to have 25 LME's in NC. What is the proper balance? How big is big enough? How big is too big? What gives you the best balance in distance? The model has to be if PBH went from it's existing 5 counties an absorbed three other LME's we would need to create an over arched entity which would do the administrative, QM, UM etc. and the other LME's would remain in place in their community to provide the services. So you would have the overarching LME with the field offices doing the services. Time is going to run out and the state government is going to say that we need to get a hold of Medicaid and if we do not do it we will have to hire someone to. The danger is that we have had nearly a decade to get it right and you see what happened.

Provider Comment: Angie - We got it right in five counties though. That is a simple message we need to get out there.

Dan: We have tried to quietly grow.

Provider Comment: Tom – We really do appreciate all you have done with your leadership and skill. We know and love Pam and it is going to be seamless but we do appreciate all you have done. Dan thanked Tom for his kind words.

Provider Comment: Carrol Gantt PBH went after the services needed and we got them. We are proud to be a part of PBH and of Dan.

Dan said the bottom line was really what was driving things.

Break [Network with other Providers]

Bill Rankin announced that Global CQI is meeting today at 12:30 at Lake Concord, not in this room.

Agency Spotlight: Substance Abuse Prevention Services [Lakeisha Roberts, Assistant Director]

We are the substance abuse prevention provider for PBH. We provide education of life skills, wellness and self-esteem building. We provide services in schools, churches, after school programs, elderly homes. Ninety percent of our programs we provide are evidence based programs. The services we provide are effective and are proven to work. Our newest program is called "I'm Special" which is a curriculum designed for 3rd & 4th graders. A winter calendar was distributed to providers. We train staff and parents. We provide anger management and parenting programs.

Question: Helen Leak – Do you provide programs in Spanish as well?

Answer: Yes, we do.

Question: Will you come to our facility to train staff?

Answer: Yes, we come to you. We serve our consumers. We come to you.

Question: Bonnie - How is this wonderful program funded?

Answer: We receive funding through wonderful agencies like PBH, smaller contracts and Mecklenburg County.

Question: Can you elaborate on the levels of prevention?

Answer: This is not just going into schools and saying, "Don't do drugs". We have individuals who are suspected, secondary prevention then we have individuals who you already know have either experienced or are using. There are different levels of prevention. It is a lot broader than that. We know that before an individual starts using that there is something behind it. We also work with goal setting and decision making.

Provider Comment - Angie stated that they have noticed that there is an increase in usage in adult DD group homes. Usage of certain bath salts and legal things that staff needs to be trained on. Some bath salts have the same effects as ecstasy. Alcoholic energy drinks are another example.

"What's New in the Drug World" is one of the trainings we do.

Becky Catoe-Aikey coordinates with the five PBH counties. You can coordinate with her or me directly. SAPS phone number is 704-375-3784.

Topics of Interest:

Cultural Competence Conference Planning Committee Update [Vanessa Colón]

This is our third Cultural Competence Conference. It is called "Putting it into Practice". The one day event will be held Thursday, October 27th. The Draft Provider Meeting Minutes in your folder from the November meeting has the date listed incorrectly as the 26th. We are accepting application for presenters. Your suggestions are welcome. You can register on our website.

Provider Resource Booklet [Helen Leak] Community Relations Manager and Outreach Coordinator. There are Provider Resource Booklets available at the sign in table if you do not already have one. This will be updated every year. It is a great resource. If you notice anything that is wrong or have suggestions, please contact Helen at helen.leak@pbhsolutions.org. Also, AHEC has interpreter training.

Provider Satisfaction Survey [Chuck Hill] It is almost time for our 6th Annual Provider Satisfaction Survey. We have seen success with the survey in the past several years. Our goal is 100% provider participation. **This is your chance to tell us what you think of us.** We have contracted with The Urban Institute of Charlotte. This year's survey has been modified to get some more concrete details. This is an online survey. The survey will be available the first week of April. This is our only opportunity to let you know in person before the survey is posted. Reminder e-mails will go out.

Provider Updates, Questions, Request, Comments

There will be a DD Provider Meeting held in this room March 11th.

There are Communication Bulletins in the provider folders today for you to review.

Steve Tomlinson wanted to say that it is quite commendable to have our CEO come present at our meeting. This was an important goal that Network Council had, to get presentations from the highest levels in our company. We felt that this is important to come to these meetings and hear an address from the highest people. We do have a strong common bond among us. Steve expressed concern about provider attendance at the quarterly provider meetings. We try to ensure that the content of these meetings are worth your time. This information that Dan presented today was pretty profound. We're in a perilous time and there should be more of us knowing what our future is going to be about. The DD provider attendance is outstanding. We would like to see our Mental Health providers here. That is why we encourage separate MH provider meetings. The SA meetings have been critical. At our next meeting in May we are closer to budget cuts and privatization than we ever have before. It seems like this room should be packed. What do you think we need to do to get them here?

Question: Is it not a contract requirement for providers to attend?

Answer: No.

Response: Maybe it should be with consequences.

Maybe some type of a reminder would be good.

Tom Hibbert suggested sending an e-mail stating, "We noticed that you didn't come to the last Provider meeting."

We noticed that the Provider Meeting was not posted on the PBH calendar.

Blast e-mails may work.

The people on the DD side meet the opposite months of this meeting. So when we meet we hear the same things at both meetings. If we are going to be meeting that much, then we may as well go back to the monthly meetings.

Webinars were suggested.

There is something new every time we meet. We have heard that providers from other LME's are calling our providers asking what they think about PBH. We encourage you to tell them.

Is it privatization or is it managed care?

You have representation. As Network Council we need to know what your concerns. Let your Network Council know then so we can work on them.

Melissa Rivera - PBH is probably one of the best in spreading information. That may be another reason why the attendance has dwindled. The website is current. The Communication Bulletins go out.

Angie – It may be interesting to see is how many of the e-communications are actually being opened.

Provider comment: Carrol Gantt - You guys do a good job paying us. Thank you for that. It does not happen like that across the state. That is really worth a lot.

Steve is going to discuss with Network Council the things that are strong about PBH such as UM only denying 1% of TARS. Maybe we need to do our own pros and cons. We don't mind if you did this and share this with us. That is your script when someone asks you what you think about PBH. There will be an increase in the frequency of this question.

Angie – Part of what the PASAPA group does is free training every month, the second Thursday of every month. Dr. Hummel is coming to speak at the next one. We will be having Ethics training in April. The meetings are held here in this room. If you would like a certificate you must be on time. Again, these are free meetings.

Meeting adjourned.

**2011 PBH Provider Meetings:
February 11, May 13, August 12, November 11, 2011 @ 9:00 AM**