

**Minutes**  
**Mental Health Partners**  
**Board of Directors**  
**Thursday, March 19, 2009**  
**7:00 P.M.**

The Mental Health Partners Board of Directors met on this date in the conference room at the Adult Life Program in Hickory.

Members of the Board present included: Kitty Barnes, Joseph Beaman, Jr., Ray Von Beatty, Todd Carswell, John Dayberry, Dr. Anthony Frasca, Danny Graves, Cynthia Houser, Ronald Kendrick, and Elizabeth Young. Excused and/or absent for other equivalent circumstances were Lori Faulkner, Michele Hamby, and Bruce Hawkins, Sr. Mental Health Partners staff present included John Hardy, Melanie Britt, and Janice Cornett.

A quorum was present.

The meeting agenda was mailed to the media and Board members on March 13, 2009. There were no representatives of the media present.

#### **Handouts**

The following items were distributed prior to the opening of the meeting:

1. Summary of Board Training Module "Legal Responsibilities of LME Boards"
2. Revised page 1 of "*Provider Monitoring and Oversight*" Policy
3. "*Time Accounting*" Policy

#### **Overview of Adult Life Programs**

Jane Rollins, Executive Director of Adult Life Programs, greeted Board members and gave a brief tour of the Hickory location of Adult Life Programs. She noted that Adult Life Programs is a non-profit organization that first began in 1983. Its purpose is to provide support, respite and education to caregivers as well as affordable, quality day and treatment services to adults to enable them to remain in their communities rather than moving into an institutional setting. Adult Life Programs serves consumers ages 18-98, with the majority of those consumers being elderly, disabled, or socially isolated. In addition to staff, there are 59 volunteers who donate time and energy to Adult Life Programs on a regular basis.

Adult Life Programs now serves Catawba and Caldwell Counties, with sites in Hickory, Conover, Maiden, and Lenoir. The four sites are open 11 hours per day Monday through Friday (6:30 A.M. – 5:30 P.M.) The Conover location serves as Adult Life Programs' psychosocial rehabilitation site. The other locations provide day activities.

The Hickory location is the only day adult healthcare site, serving adults with intense healthcare needs such as diabetes, tube feeding, and wound care. To maintain its excellent quality of care, the staff ratio at the Hickory location is no higher than 6:1 and is usually lower. A nurse is on site at all times. The Hickory location was built in 2002 and is designed to meet the needs of those with Alzheimer's disease who tend to wander. It has a secure covered outdoor area for its participants to enjoy when the

weather is favorable. This location has a room where participants can lie down to rest during the day if needed, an exam room, and an accessible shower where Adult Life Programs can assist participants with bathing. There is an extra fee for the bathing service, but many caregivers find this service to be very helpful to them.

The three sites in Catawba County serve an average of 80 people per day (combined). The daily cost for a participant is \$50 per day.

In addition to the tour, Board members watched a brief video about Adult Life Programs and Ms. Rollins answered any additional questions from Board members.

### **Call to Order and Welcome of Guests**

Board Chair Joseph Beaman, Jr. called the meeting to order at 7:23 P.M. and welcomed all in attendance. He thanked Jane Rollins for the valuable information about Adult Life Programs and the tour of the Hickory facility. At this point, Ms. Rollins excused herself from the room and the Board began its business for the night.

### **Invocation**

Ron Kendrick led the invocation.

### **Minutes**

The minutes of the February 19, 2009 meeting of the Board of Directors were presented.

Dr. Anthony Frasca made a motion to accept the minutes of the February 19, 2009 Board of Directors' meeting as presented. Kitty Barnes seconded the motion.

There was no discussion, and it was unanimously voted to accept the minutes as presented.

### **Citizen Comments**

There were no citizen comments.

### **Commissioner Comments**

Burke County Commissioner Bruce Hawkins, Sr. was unable to attend tonight's meeting.

Catawba County Commissioner Kitty Barnes stated that there is not great news. Catawba County is not filling 26 positions and 2 percent in funding is being taken back from all entities. The North Carolina Department of Revenue made an error resulting in Catawba County receiving \$1.9 million in sales tax revenue (double paid) over a nine month period which now had to be repaid to the State. This is in addition to an already significant reduction in sales tax revenue due to the poor economic conditions. A \$2.6 million grant to purchase 600 acres for a new park in the southeastern portion of the county is also pending.

## Director's Report

1. Project Onward was launched the first week of March. The purpose of this project is to assist people overwhelmed by the loss of jobs and those frustrated because they have been searching but unable to find employment. Project Onward is connected to the Job Links Programs at Catawba Valley Community College and Western Piedmont Community College. It is designed to function as a screening/counseling /support group effort to help people through a temporarily overwhelming situation. Clay, Wilson and Associates or the Cognitive Connection is the provider in both counties.
2. A consumer feedback/community needs forum has been held in both Burke and Catawba County. People are worried about the potential loss of services due to economic conditions. Some common areas of concern in both counties are as follows:
  - Increase in peer support
  - Continued integrated services for consumers with dual diagnosis
  - Creation of a crisis center
  - Transportation to services
  - More public awareness about mental health issues and the associated stigma
  - Maintaining some level of services for most consumers, even if the amounts of services must be reducedIn addition, consumers in Burke County expressed concern about the need for substance abuse treatment in Burke County.
3. Catawba Valley Behavioral Healthcare (CVBH) is still looking at main location options and working on a deadline with Catawba County to exit its current location. CVBH has made an offer on a major property in Hickory, but also continues to explore other options. Catawba County plans to use the building currently leased by CVBH for Social Services and Public Health needs.
4. Mental Health Partners (MHP) continues to deal with reductions to the budget and yet another reduction is expected. One position has been given a RIF (reduction in force) notice and later this evening we will look at some strategies to manage the budget. The Governor delivered her budget on Tuesday (March 17). There were no increases for Mental Health, but there also were no significant decreases. The Budget now goes to the Senate and House and it is not known when we will actually have the final budget.
5. MHP has reached agreement with Catawba County for the purchase of benefits, payroll, and IT services for next year.
6. Director Hardy and Ron Kendrick recently met with Burke County officials to look at Burke's financial participation with MHP for next year. Catawba County has a \$14.8 billion tax base with a per capita contribution of \$8.55. Burke County's per capita contribution is currently \$2.03. Ron Kendrick noted that the current contribution ranks Burke County 77<sup>th</sup> in the state per capita. The goal is to move Burke County to a per capita contribution of \$3.87 with a \$6.7 billion tax base, a figure which would be comparable to Catawba County. Director Hardy stated that the discussion with Burke County Commissioners Bruce Hawkins, Sr. and Ruth Ann Suttle, Burke County Manager Ronald Lewis, and Burke County Finance Officer Paul Ijames was positive. Everyone would like to begin improvements in the per capita contribution, but all are aware that the current economic conditions may not allow this to happen in the next year.

7. The quadruple murder in Catawba County last week had a significant impact on the public safety personnel who were directly involved. Director Hardy held a psychological debriefing with some of the involved law enforcement and emergency management personnel on Tuesday of this week.
8. MHP is working heavily with our service providers to manage contract dollars through the rest of this fiscal year. So far, over \$660,000 has been lost through budget reductions. Most providers are doing well with making adjustments and providing some level of services to remain within their contract limits.
9. The April Board meeting will be held in the Chapel at Broughton Hospital. We hope to have the new director of Broughton Hospital meet us there.

### **Review of Institute of Government Board Training Module**

Board members reviewed the Institute Of Government's Board Training Module, "*Understanding the LME Board's Responsibility*" prior to tonight's meeting. This was the second of five training modules. Von Beatty led the discussion of the training module and began by referring to the summary of the training module which was distributed prior to the opening of the meeting.

The LME Board's legal responsibilities can be grouped into four primary categories: (1) services; (2) budget and finance; (3) consumer affairs; and (4) personnel. The module discusses partnerships with other governmental agencies, service providers, consumers, and the families of consumers. It outlines the legal responsibilities of the LME and the role of the county. The module defines the Board's responsibilities as they relate to the director of the LME and employees of the LME, as well as the Board's responsibilities in the area of Consumer Affairs. It clarified the relationship between the Board and CFAC (Consumer and Family Advisory Committee). The Board also has a role in the planning, implementation, monitoring, and evaluation of services.

In all decisions, the Board must consider the budget, consumer affairs, personnel, and services and how they all interact.

### **Consideration Items**

#### **Cost Reduction Plan**

The Cost Reduction Plan included in the Board packet is a framework for managing budget reductions for the remaining fiscal year and for FY 2009/2010. There will be further reductions next year in both service and operational dollars. We would expect some statewide mandates for managing reductions in service dollars and until those parameters are known we can only focus on operational scenarios.

The Cost Reduction Plan is only a guideline since at the time of implementation there may be alterations based upon the facts at that moment. And, at this time, we have no idea of what the reduction amount might actually be.

Director Hardy gave an overview of the Cost Reduction Plan. Employees would be required to take two furlough days between now and the end of June 2008. The days would be attached to holidays – Easter and Memorial Day. This would be managed by the closing of MHP for an additional day at each holiday with STR functions being managed through the after hours contract with Crossroads. The plan for FY 2009/2010 presents a variety of scenarios for managing operational reductions of five, eight, and ten percent.

The Cost Reduction Plan has been discussed with the Management Team, and they are supportive of using the plan as a guideline for doing business. The plan is being presented to the Board to show what the LME is thinking. Board members are encouraged to give feedback and offer any other suggestions or ideas they may have.

## **Action Items**

### **Adoption of Policies**

Melanie Britt, Policy Analyst for MHP, noted that we hope to complete the majority of policy review in April. She then presented 16 policies for approval. The policies are as follows:

1. **Accessibility Plan** – This policy addresses how MHP ensures access to mental health, developmental disabilities, and substance abuse services and removes barriers to accessibility. The policy will be reviewed annually and more often if needed.
2. **Consumer Interactions/Rights Protection** –MHP functions as a Local Management Entity (LME), with no provision of direct services to consumers. However, there are still limited or ongoing interactions with consumers through Access to Care, Care Coordination, Customer Service, and Guardianship roles. This policy outlines the procedure for the protection of client rights, confidentiality, and access to client information.
3. **Fixed Assets** - MHP defines a fixed asset as “any tangible good purchased that has a value of \$5000 or more and a life expectancy of three years or more”. All fixed assets will be recorded on a Fixed Asset Maintenance Form.
4. **Recovery of Paybacks** – This policy defines the procedure for the recovery of paybacks from providers.
5. **Annual Needs Assessment** - A community needs assessment will be conducted by MHP annually. MHP will seek input from community stakeholders and try to identify service gaps.
6. **Provider Network Mission and Values** – This policy drives the composition of the provider network and MHP’s expectations of the providers in its network.
7. **Out of Community Notification Protocol** – If a consumer is receiving services out of the catchment area, other LMEs have a responsibility to inform MHP and vice versa.
8. **Provider Monitoring and Oversight** – Melanie referred to the revised page one of this policy that was distributed prior to the opening of the meeting. The policy defines the process MHP will use to monitor providers – within and outside of its catchment area. MHP will follow the current requirements of the State.
9. **Provider Network Required Policies and Procedures** – The policy defines the required policies and procedures for ALL providers – regardless of accreditation.
10. **Network Provider Complaint, Grievance or Dispute Resolution** – This policy outlines the process MHP will utilize with contracted providers to resolve complaints, grievances, or disputes. The policy was in place as Mental Health Services of Catawba County, and there have been no changes to the policy.

11. **Network Provider List and Database** – MHP will maintain an active and current list of service providers.
12. **Required Network Provider Criteria** – The policy outlines the requirements for providers to make application to the MHP provider network.
13. **Emergency Action Plan** – Originally approved in August 2008, the policy has been revised to include more emergency situations.
14. **Employee Qualifications and Mandatory Training** – Employees must meet specific qualifications as defined in the job description for a given position with MHP. Mandatory training requirements are established per position to meet regulations for safety, skill, or working knowledge in the performance of duties. This policy has been revised and several new mandatory trainings have been added.
15. **Employment/Volunteer/Intern Screening Policy** – The policy defines the pre-employment requirements for a position, paid or unpaid, with MHP. It has also been reviewed by the legal representative for MHP.
16. **Time Accounting** – The policy was revised to better define the work week for employees of MHP. The standard work week shall be from 12:01 A.M. on Saturday through 12:00 midnight on Friday. Employees are scheduled to work forty hours, 8:00 A.M. to 5:00 P.M. Monday through Friday.

Kitty Barnes made a motion to approve the sixteen (16) policies as presented. Von Beatty seconded the motion,

There was no discussion, and it was unanimously voted to approve all sixteen policies as presented.

### **Budget Revision – March 2009**

This revision is the result of State budget reductions totaling \$152,746 (\$141,807 in LME operations and \$10,939 in cross area services). The \$10,939 reduction in CASP (Cross Area Service Program) impacts Adult Mental Health – GERO Team, Adult Substance Abuse, and Crisis.

The revision decreases the current Mental Health Partners' budget from \$24,476,260 to \$24,323,514.

Ron Kendrick made a motion to approve the revision to the FY 2008/2009 budget as presented. John Dayberry seconded the motion.

There was no discussion, and it was unanimously voted to approve the budget revision as presented.

### **Information Items**

#### **Broughton Hospital Update**

Dr. Anthony Frasca updated the Board on the State's plan to build a new Broughton Hospital. Currently there are four State hospitals: (1) Broughton in Morganton; (2) Dorothea Dix in Raleigh; (3) Umstead in Butner; and (4) Cherry Hospital in Goldsboro. The State's plan is for a total of three new state hospitals – Broughton, Cherry and one new hospital in the central region combining Dorothea Dix and John Umstead Hospitals. The new hospital in the central region is completed, but full merger of Dorothea Dix and Umstead into this new hospital has been delayed due to safety concerns. Despite the problems at

the new hospital, the State continues to move forward with plans to build new hospitals at Cherry and Broughton based on the same design as the new one in the central region.

Dr. Frasca shared with the Board a diagram of the proposed footprint for the new Broughton Hospital. He noted the Broughton currently has available temporary housing for staff to rent while they “try out” a position at the hospital or while they seek permanent housing in the area. This has been a tremendous plus in recruiting qualified staff, with approximately 14-20 new doctors joining the Broughton staff.

The prep work for the new hospital is scheduled for August 2010. The State’s intent is to abandon the current Broughton campus. The budget is \$160,000,000 and there is no plan for use of existing property (buildings). Dr. Frasca expressed his belief, and that of many other employees at Broughton, that the new construction should be done on a more appropriate site of the current campus and many of the existing buildings should be renovated for other purposes. He noted the need for a new medical center with an attached geriatric ward and an adolescent facility. The current housing could be retained and possibly used as transitional housing for consumers.

Dr. Frasca stated that he is part of a group planning to contact legislators and Governor Perdue to present an alternative to the State plan for the new Broughton Hospital. He and Director Hardy will try to arrange a tour of some of the areas of Broughton at the April Board Meeting.

#### **State CFAC**

Ron Kendrick presented an update on State CFAC. The group has a meeting scheduled next month with the new Secretary of the North Carolina Department of Health and Human Services. State CFAC is trying to encourage all CFAC members to establish strong relationships with local legislators. Issue is also taken with the recent NAMI report which graded North Carolina’s mental health system as a “D”.

#### **Other Information Items**

Director Hardy stated that the financial report is on target for where we are in the fiscal year. Chair Joe Beaman, Jr. reviewed the remainder of the information items with the group.

With no other business for discussion, the meeting was adjourned at 9:30 P.M.

Respectfully submitted,

Janice D. Cornett  
Administrative Assistant II/Clerk to the Board