

**Minutes  
Mental Health Partners  
Board of Directors  
Thursday, January 21, 2010  
7:00 P.M.**

The Mental Health Partners (MHP) Board of Directors met on this date in AHEC Room 112 at Catawba Valley Medical Center.

Members of the Board present included: Joseph Beaman, Jr., Kitty Barnes, Ray Von Beatty, Lori Faulkner, Danny Graves, Bruce Hawkins, Sr., and Ronald Kendrick. Excused and/or absent for other equivalent circumstances were Todd Carswell, Dr. Anthony Frasca, Michele Hamby, Cynthia Houser, and Elizabeth Young. Mental Health Partners' staff present included John Hardy, Melanie Britt, and Janice Cornett. Greg Billings and Barbara Richards were also in attendance to present overviews on Catawba Valley Medical Center and National Alliance for Mental Illness (NAMI) respectively.

A quorum was present.

The meeting agenda was mailed to Board members and the media on January 15, 2010. Brandon Greeson of the *Catawba Valley Citizen* was present to represent the media.

**Handouts**

Copies of the synopsis of the Catawba County Board of Commissioners Meeting of January 19, 2010 were distributed prior to the opening of the meeting. Also distributed was a handout summarizing the various programs offered by NAMI.

**Call to Order and Welcome of Guests**

Board Chair Joe Beaman, Jr. called the meeting to order at 7:05 P.M. and welcomed all present, especially presenters Greg Billings and Barbara Richards and Brandon Greeson of the *Catawba Valley Citizen*.

**Invocation**

Lori Faulkner led the invocation.

**Minutes**

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

Bruce Hawkins, Sr. made a motion to accept the minutes of the November 19, 2009 meeting of the Board of Directors as presented. Kitty Barnes seconded the motion.

There was no discussion, and the motion passed by unanimous vote.

## **Citizen Comments**

There were no citizen comments.

## **Commissioner Comments**

Catawba County Commissioner Kitty Barnes noted that the synopsis of each of the December meetings was included in the Board packets. She reported that the January 19 meeting of the commissioners had been very positive. The Board executed a Memorandum of Understanding with the University of North Carolina at Charlotte. Through this agreement, the university will conduct research at the Catawba County EcoComplex. The research will include some ecological experiments and the hope is that the research will create some “green” jobs.

The Catawba County Board of Commissioners joined with a coalition of other municipalities and counties in approving an agreement with the cities of Concord and Kannapolis in regard to the water transfer from the Catawba River. The parties involved were able to resolve the issue in mediation. The agreement limits the amount of water Concord and Kannapolis can withdraw from the Catawba River to 6 million gallons per day during times of exceptional drought. It sets limits on the amount of water that can be withdrawn during other stages of drought as well, with a limit of no more than 10 million gallons of water per day under normal conditions. Concord and Kannapolis must also begin withdrawing water from the Yadkin River base by 2015. While everyone is not entirely happy with the agreement, it is something everyone can live with.

Burke County Commissioner Bruce Hawkins, Sr. was recently appointed as Chair of the Board of Commissioners. Mr. Hawkins noted that the minutes of the Burke County Commissioners’ meetings for the month of November were also included in the Board packets. The commissioners signed a contract for an efficiency study with the school system in an effort to try to determine additional funds for the schools. They also signed a new animal ordinance, approved additional funding for MHP, and signed the resolution for the water transfer that was mentioned by Kitty Barnes.

## **Presentations**

### **Catawba Valley Medical Center**

MHP Director John Hardy introduced Greg Billings, Psychiatric Services Manager for Catawba Valley Medical Center (CVMC). Mr. Billings presented an overview of the psychiatric services offered at CVMC. Both inpatient and outpatient psychiatric services are available through the hospital, with a multidisciplinary team (Psychiatrists, Licensed Clinical Social Workers, Occupational Therapists, etc.) able to offer a wide variety of services.

There are three separate units located on the seventh floor of the hospital: (1) An eight-bed geriatric unit that is capable of treating patients with more morbid conditions; (2) An eight-bed psychiatric intensive care unit (involuntary commitments are usually managed in this unit); and (3) A fourteen-bed adult unit which normally manages patients with mental health and substance abuse issues, but also takes some involuntary commitments. In addition, psychiatric emergency room services are available 24/7. Mr. Billings noted that with the effects of mental health reform, it is essential to have a member of the psychiatric staff in the emergency room. Outpatient services are offered at a location across the street from the hospital.

Renovations on the inpatient department were completed in June 2009. The renovations were done not only to improve the appearance of the department, but also to better equip the department to manage higher acuity patients. The bed occupancy rate over the last two years has been about 80 percent. The admission rate has increased about 50 percent during the past six months, but the hospital stays have been shorter. CVMC participates in the three-way diversion with MHP and the State to try to keep patients in the local community. However, if a patient is anticipated to have a stay of a week to 10 days or if the acuity is too high, CVMC will try to transfer the patient to Broughton Hospital.

The largest challenges faced by CVMC are the unemployment rate and economy, more psychotic behaviors exhibited by patients, longer period of time needed to stabilize patients, higher acuity, and referrals coming from communities further away. Of the 27 patients on the seventh floor this morning, about 17 of them are uninsured. Admissions without insurance are screened for Medicaid eligibility, but often the patient is only at the hospital long enough to get the application completed. The patient is then released and he or she is on their own to follow up on the Medicaid process.

Mr. Billings noted that training hospital staff to manage volatile patients is often difficult. Therefore, a group of hospitals have presented an idea to Secretary Cansler that the hospitals partner with the state facilities and have those facilities provide training for staff of the local hospitals.

Upon conclusion of the presentation, Mr. Billings answered questions from Board members. He then thanked the Board for their interest and excused himself from the room.

### **National Alliance on Mental Illness (NAMI)**

Barbara Richards gave a presentation about NAMI and the programs the organization offers free of charge to the community. NAMI is an organization established to provide support, education, and advocacy for individuals and the families of individuals living with mental illness. The Greater Hickory Chapter of NAMI was established about 2 ½ years ago and serves residents of Catawba, Alexander, Burke, and Caldwell Counties. Ms. Richards read the Chapter's commitment for goals to assist the community in 2010. She explained that one of the goals of NAMI is to help clients and their families understand the problems faced by providers and the LME, but also understand that providers and the LME do care and are trying to help. NAMI strives to help clients better understand and participate in their own treatment. Ms. Richards gave a brief overview of her personal background and training.

NAMI is working to help eliminate the stigma of mental health conditions. Ms. Richards distributed some NAMI brochures for the Board to pass around and look at. She then referred to the handout that was distributed prior to the opening of the Board meeting and gave an overview of the various programs and support groups offered by NAMI. The programs/support groups offered are as follows:

- **Family-to-Family Education Program** – This is a free 12-session course designed to help family members learn to cope with the crisis presented when dealing with a family member with mental illness. The course helps families identify “triggers” and learn how to calm a situation before it escalates. She noted that MHP provides support for the Family-to-Family Program.
- **Peer-to-Peer Education Program** – This program consists of nine two-hour sessions taught by a team of three who are personally experienced at living well with mental illness. The program assists participants in gaining knowledge and insight into their personal illness, as well as developing coping strategies and a crisis plan.

- **Young Families Program** – Designed for the family members of young children and adolescents with a mental illness, the program offers support groups and phone support. It also offers educational workshops and presentations to help parents and agencies serving children better understand the nature and treatment of mental illness in children.
- **In Our Own Voice** – Community presentations by trained consumers who can state first-hand what it is like to live with mental illness. The goal is to better educate the general public and change attitudes and stereotypes about persons with mental illness and how they look and act. NAMI is hoping to partner with hospitals and schools to do these presentations.
- **NAMI Basics** – This is a six-week course for parents or caregivers of children who show symptoms of a mental illness before the age of 13 – regardless of what age they are now.
- **NAMI Connection** – Connection is a recovery support group for adults with mental illness. The group provides a place that offers understanding, hope, encouragement, and respect. There are two NAMI Connection groups in Hickory. One meets at Catawba Valley Behavioral Healthcare (CVBH) on Tuesdays, and the other meets at CVMC on Saturdays. There are two facilitators at each meeting. The Greater Hickory Chapter hopes to recruit enough people to start a NAMI Connection in Burke County.
- **Support Group** – A support group for families meets every Tuesday at CVMC in the AHEC Building (first floor). NAMI hopes to expand support groups to other counties as well. The organization plans to place mini “billboards” for support groups in grocery stores, laundromats, etc.

NAMI reports to the State on the groups it sponsors. Ms. Richards concluded her presentation by stating that NAMI is planning a play as a fundraiser. The title of the play will be “A Different Kind of Normal”. The organization is also working to train new Family-to-Family facilitators. Four people will be attending facilitator training in March. If any Board member knows someone who may be interested in being a facilitator, please ask them to contact Ms. Richards at the local NAMI telephone number (1-828-367-0267).

Ms. Richards answered questions from Board members and thanked them for allowing her time on the agenda. She then excused herself from the room.

### **Director’s Report**

1. MHP provided a holiday luncheon for staff at *Market on Main*. Staff undertook a special holiday effort for our most needy wards and provided \$1950 worth of gifts for 37 people. Staff looked at 37 wards and identified their individual needs, from the most practical being a mattress and box spring to the most unusual being a wig. The holiday effort was designed to meet special needs not addressed in other ways.
2. A major review of contracts was just completed. Close management of all provider contracts is still taking place to assure that dollars are in the right places for the right reasons. Most all providers have had to reduce services and many consumers understand the squeezes that are taking place. While there is some negative pushback, it is less than anticipated. State dollars continue to be very limited.
3. A contingent of LME staff, a few Board members, and many providers attended the annual NC Council event in Pinehurst in early December. The focal points of the conference were the many changes and refinements being applied to the system, the dominant one being the formation of

Critical Access Behavioral Health Agencies or CABHAs. Emphasis is on combining related services under one organization that has strong clinical leadership. There are different requirements for large CABHAs and small ones. The primary stated agenda is to improve the quality of care; the secondary agenda is to reduce the number of providers. This is a huge issue in the provider world as it causes all to look at how and with whom they might do business differently. This, along with the reorganizing of different service definitions, is another round of reform. Similarly, there is a push for more “waiver” implementation via LMEs. This ultimately will result in fewer and larger LMEs. A waiver arrangement has been in place for awhile with PBH. This arrangement allows an organization to waiver from traditional Medicaid rules to act as a network to organize and manage a Medicaid base of 75,000-100,000. New waiver arrangements are expected to be identified by July 2010 and in operation by July 2011.

4. The State’s cash flow to local programs continues to ebb and flow. This is tracked daily as available money is very tight to get to providers. Current dollars owed are \$2.1 million. The State’s revenue picture generally does not look good, but as of yesterday, there are no expectations of further cuts within this fiscal year.
5. Burke County approved a funding request of \$52,000 for this year and it is annualized to \$125,000. That request included Client Emergency Assistance funds, support of a psychiatric nurse with Catawba Valley Behavioral Healthcare (CVBH) in Burke, and expanded support for indigent inpatient services at Grace Hospital.
6. The Director is serving on a steering committee with the Burke County Schools for a Safe Schools grant of \$5 million over the next three years. Its purpose is to reduce any type of violence in schools, including bullying, so that all students feel school is a safe place to learn. This requires a monthly meeting.
7. Local Governments as well as the State are continuing to struggle with squeezes on traditional revenue sources. As we move into budget preparations for next year, it is expected that requests will be less and that all revenue sources will be tighter.
8. MHP has organized and is piloting training for the Catawba County Sheriff’s Department on *“Effective Crisis Management: Minimizing the Use of Physical Interventions When Enforcing Limits”*. The four hour training is being done in multiple evenings for all officers and jail staff. It is jointly sponsored by the Sheriff’s Department and MHP.
9. The next meeting of the Board of Directors will be at 7:00 P.M. on February 18, 2010 at the Change Center in Morganton. Due to the Director being away on a mission effort to Guatemala during the week of the regular March 18 Board meeting, that meeting will need to be rescheduled to March 25. (There was no objection to the rescheduling of the March meeting.)

## **Consideration Items**

### **LME Performance Update**

Melanie Britt, Policy Analyst for MHP, presented an overview of MHP's data from the North Carolina Division Mental Health/Developmental Disabilities/Substance Abuse (MH/DD/SA) Community Systems Progress Report for the first quarter SFY 2009-2010. The State has now added some extra data per LME to this report. This particular report looked at the timely initiation of services. MHP scores above the state average for the timely initiation of services for substance abuse and developmental disabilities. However, we are slightly below the state average for mental health. Page two of the report shows how MHP measured against LMEs statewide during the first quarter.

Included as the third page of the report is the "*Critical Measures at a Glance: SFY 2010 1<sup>st</sup> Quarter LME Performance*". This is the grid that the Board has been consistently receiving. It measures how well MHP and other LMEs statewide met the standards of the Performance Contract. Fewer LMEs met the Single Stream Funding Requirement this time. Ms. Britt noted that 12 of 21 measures increased with the new Performance Contract. The indicators were written prior to the State's budget. The wisdom of increasing expectations in a time of budgetary reductions has been questioned, and the State has committed to going back and looking at the indicators to more closely align expectations with available resources.

### **Board Tracking Data Proposal**

Melanie Britt referred to the Board Tracking Data Proposal that was included in the Board packet. The Board survey conducted in October 2009 indicated that Board members would like to receive more localized measurements of activity to gauge how MHP is performing as a LME. The proposal outlines additional information that may be reported to the Board. This information is more specific to the business functions of MHP and some of it will allow trend analysis over time.

Ms. Britt asked if this proposal would be helpful to the Board and if there was anything else Board members would like to see. There was a brief discussion and a few questions about other possible information. It was noted that MHP may need to allow things to settle and track data for awhile in order to be able to identify some trends.

The Board agreed that the proposal would be a good starting point and could be modified as needed.

## **Action Items**

### **Adoption of Policies**

The Board packet included seven new policies for review. Six of the new policies (Utilization Management/Utilization Review (UM/UR) outline the responsibilities and standardized processes used in reviewing authorization requests for MH/DD/SA services. There is one new policy for Network Administration which sets forth a means for MHP to provide recognition and appreciation for outstanding provider contributions. The policies are as follows:

### **Utilization Management/Utilization Review**

- **UM/UR Plan** – The Utilization Review and Management functions are driven by the commitment to the provision of quality consumer care. The UM/UR Unit is responsible for the resources to ensure that clients get what they need.
- **Utilization Review** – The purpose of the Utilization Review is to ensure that the services being requested are appropriate to serve the consumer and enable the consumer to accomplish the desired outcomes.
- **Medical Director** – A Medical Director will provide oversight and review of the UR/UM Department.
- **Reports** – Regular reports will be facilitated on the functions outlined in the UR/UM Plan. MHP will look at these reports and trends to determine how services are provided.
- **Responsiveness** – This policy addresses timelines for responses to authorization requests.
- **Specialist Review** – A specialist review shall occur when a consumer’s condition, needs, and desired outcomes fall outside the scope of the prescribed Level of Care criteria.

### **Network Administration**

- **Provider Recognition Program/Nomination Form** – MHP desires to construct and maintain a network that encourages and rewards providers for outstanding service and action. This policy sets standardized measures for eligibility as well as criteria for the nomination process. It also defines the composition of the Nomination Review Committee. An outstanding provider would be recognized on a semi-annual basis, once in October and April of each fiscal year. Providers selected to receive an award will be acknowledged by a congratulatory letter shared with the Provider Network, a \$250 gift card, and a framed certificate. The provider would also be invited to a Board meeting for formal recognition by the Board.

Upon completing a brief overview of each of the proposed policies, Ms. Britt answered questions from the Board.

Von Beatty made a motion that all the policies be approved as presented. Bruce Hawkins, Sr. seconded the motion.

There was no discussion, and the motion passed by unanimous vote.

### **Information Items**

**CARF Survey Report** – The Board packet included the complete CARF (Commission on Accreditation of Rehabilitation Facilities) Survey Report for MHP. MHP has received a three-year accreditation expiring in November 2012. Director Hardy noted that maintaining accreditation is an ongoing process. There were only five formal recommendations for changes and/or improvements. MHP will be submitting a Quality Improvement Plan to CARF outlining how the agency is addressing those recommendations. There will also be a news release to inform the public about MHP’s accreditation. Chair Beaman expressed appreciation to the staff of MHP for their hard work in achieving the three-year accreditation. Kitty Barnes noted that the Catawba County Board of Commissioners was also excited to hear about the accreditation.

**Community Needs Assessment 2009 (Second Quarterly Update)** – Melanie Britt gave a brief overview of the second quarterly update of the Community Needs Assessment. Three areas were identified for

attention by the LME in FY 09/10: (1) Continued focus on the crisis service array; (2) Modification of integrated service delivery models; and (3) Greater network awareness of service availability, service types and access to services. The update summarized the activities that have been accomplished in each of these areas during the past quarter.

**Annual Quality Improvement Report** – MHP undertook six Quality Improvement Projects to address service delivery systems issues for FY 08/09. The Annual Quality Improvement Report is a summary of how we do tasks and business and what we accomplished in each of the following identified projects over the past year:

1. Timely Access to Care
2. NC-TOPPS Submissions
3. Rates of State-Facility Psychiatric Hospitalizations
4. Care Coordination/making sure discharges meet their first appointment post-hospitalization and engage in treatment
5. Crisis Intervention Team (CIT)
6. Process Improvement Project (PIP)

**Human Resources Report** – Tong Yang began employment as a Program Specialist with MHP on December 7, 2009. Mr. Yang will manage the Homelessness Prevention and Rapid Re-Housing Program (HPRP) Grant recently awarded to MHP. The three-year grant is designed to prevent homelessness and provide assistance to rapidly re-house persons who recently have become homeless. Mr. Yang was a former Executive Director of the United Hmong Association.

Chair Joe Beaman reviewed the remaining information items with the group.

### **Adjournment**

With no other business for discussion, the meeting was adjourned at 9:17 P.M.

Respectfully submitted,

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