

**Minutes**

<b>Committee Name:</b>	<b>Consumer and Family Advisory Committee Meeting</b>
<b>Date:</b>	August 11, 2009
<b>Time:</b>	5:30p.m. Dinner 6:00p.m. Meeting.
<b>Meeting Place:</b>	Morganton Community House
<b>Members Present:</b>	Hazel Peterson, Maria Benfield, Lisa Allison, Laurie Bradshaw, Chip Jones, Linda Martin DeAngelo, Linda McCrary
<b>Members/Others Absent:</b>	Cynthia Houser, Shirley Stapleton, Donna Hollar
<b>Guests/Speaker/Others Present:</b>	Cathy Kocian, Josephine Benfield, Vanessa Anderson, Judy Dahlstrom, Sherry Clanton, Robert Cox, Ryan Frye, Melanie Britt
<b>(Agenda Item #1)</b>	<b>Welcome and Introductions</b>
<i>Presenter:</i>	Chip Jones
<i>Action:</i>	The meeting was called to order and everyone was welcome. Several people were asked to give a brief description of their selves.
<b>(Agenda Item #2 )Minutes:</b>	<b>Minutes July 14, 2009</b>
<i>Action:</i>	The minutes were presented for approval.
<i>Decision:</i>	Laurie Bradshaw made the motion to accept the minutes as read. Hazel Peterson second the motion. Minutes were approved.
<b>(Agenda Item # 3)</b>	<b>LME Update</b>
<i>Presenter:</i>	Ryan Frye, Melanie Britt, Vanessa Anderson
<i>Information Presented:</i>	<p>Access Update : Ryan Frye</p> <p>Ryan Frye is the supervisor of the Access Department. This is a call center where appointments are scheduled, support and counseling are provided. The Access Department receives around 1100 calls a month and this number has stayed consistent. The computer system has software that will keep track of information for every call that is received. An average call is about 5 minutes and 30 seconds long. This is only an average if the person needs to stay on the line longer there is no time limit. In the last quarter around 3500 calls were received and 2000 had appointments scheduled. Almost all of the calls are first time callers. As of right now Access is not seeing an increase in calls. This could be due to the economic situation. When in a recession less people seek help, but it can also bring in new people. The calls from people that are requesting services only 73 were not scheduled. 400 calls ended with Mobile Crisis being called. Mobile Crisis has seen an increase in calls to the Emergency Room. There were 275 face to face in the emergency room. The call volume stays level but the busiest time is between 10 A.M. to 11:00 A.M. Calls that come in after hours are usually emergencies.</p> <p>Access has contracted with ATT to be equipped with a language line. This line has 138 different languages. This is to have an interpreter for non-English speaking consumers.</p>

Catawba Valley Medical Center has procedures in place that work well with mental health crisis's. When a patient is in the emergency room they do not have to call the Access to Care line; the hospital will call to make the arrangements. If the patient is to be admitted to the hospital it takes about 6 hours. If they are to be admitted to a different hospital it will be 10 hours and if they are transferred to a State facility it can take up to 4 days.

Ryan said that he would come regularly to the CFAC meetings have quarterly updates.

Community Needs Assessments: Melanie Britt

The following items were prioritized for attention by the LME in FY 09/10.

1. Continued focus on the crisis service array
2. Modification of integrated service delivery models
3. Greater network awareness (both providers and consumers) of service availability, service types and access to services (e.g., capacity, service gaps, funding, wait list, etc.)

Crisis Service Array:

Officers have completed CIT (Crisis Intervention Training). The next CIT class will be in August of 2009 with a focus on school resource officers to help with child crisis needs. Training was delivered to MHP providers by RHA on the NC-START Model.

When funding for one of the two local 3 way indigent psychiatric care contracts was exhausted, collaborative efforts were initiated with the other hospital to assure service-provision maintenance. MHP began working with the State to try and secure funding for the next fiscal year so the second 3 way contract could be re-initiated.

MHP providers in both counties received updated training on Mobile Crisis Services available through CVBH.

Modification of integrated service delivery models:

CVBH has implemented treatment changes for new and existing consumers that focus more on group therapy rather than individual, or the natural progression to group after some initial individual sessions. MHP is contracting with an individual who will provide the following for Burke and Catawba Counties:

- i. Peer Support Specialist Training for CFAC (Catawba and Burke County represented)
- ii. Peer Support Groups
- iii. WRAP (Wellness Recovery Action Plan) training.

Greater network awareness of service availability, service types and access to services:

MHP met with its largest provider to review ramifications for service delivery within this model. After meeting with the largest seven

	<p>providers to discuss budget considerations in approaching the July 1 contract date the group concurred that accommodating a 15% reduction at the front end would be easier to accommodate than trying to cut later. The understanding is that adjustments to contracts will be made to reflect actual dollars available once the State budget is finalized. MHP discussed with providers the need for conscientious, deliberate planning in service delivery to best maximize capacity and appropriate service mixes for consumers.</p> <p>MHP also encouraged open communication and partnering if changes in service delivery were considered.</p> <p>The Access Unit has and will continue to track trends in service accessibility. Budget and service communications from the State have regularly shared with providers.</p> <p>Incident and Complaint Reports: Vanessa Anderson  Incident Report:  There were eighteen reports involving Abuse, Neglect and Exploitation during the 4<sup>th</sup> quarter. Fourteen different consumers were involved. Eleven providers were represented.</p> <p>The incidents are mailed to a Provider Relations liaison. The liaison reviews the report and follows up with the provider if necessary. Two providers reported 15 incidents this quarter.</p> <p>Incidents are reported for refusing to take medication or having to use planned restraint. As a result the count can be high.</p> <p>One group home for boys had the first complaint within the first two weeks of opening. The LME investigated and found that more training was needed for the staff. After continued complaints the State investigated, as a result the group home lost its endorsement.</p> <p>Complaints:  There were a total of twenty seven complaints. Twenty three were made by or on behalf of a consumer. Four were not by or on behalf of a consumer. Four complaints resulted in investigations. Two were substantiated and two were not substantiated. All have been resolved. The majority of client rights issues involved confidentiality and treatment with dignity issues. Some complaints are outside the catchment area. In this situation we will work with the LME for the catchment area.</p> <p>With the reduction of funding comes reduction in services. Some providers are already reducing services. Some providers have closed due to funding constraints.</p> <p>Contracts that are being signed are for three months with no extra money.</p>
<b>(Agenda Item #4)</b>	<b>Peer Support</b>
<i>Presenter:</i>	Robert Cox
<i>Information Presented:</i>	Recovery Works is a service provider that works throughout the State. Services offered are Peer Support and Peer Support Specialist. Peer

	<p>Support Specialists are individuals with Mental Health and Substance Abuse that are working on recovery and work to help others. The role of a peer specialist is to use his or her own experience with a mental illness and recovery to help others who live with the illness. A training session will be offered in September. This will be held on five consecutive Saturdays beginning on September 19<sup>th</sup>. Anyone interested should apply and return their application to Judy Dahlstrom. This is a 40 hour training to become certified to be a Peer Support Specialist.</p>
<b>(Agenda Item # 5)</b>	<b>CFAC Officers Election</b>
<i>Presenter:</i>	Judy Dahlstrom
<i>Information Presented:</i>	<p>Laurie Bradshaw from Burke County and Chip Jones from Catawba County were elected as Co-Chairs. The motion was made by Marie Benfield with the second by Hazel Peterson. The motion carried.</p> <p>Donna Hollar was elected as secretary. Lisa Allison made the motion with Laurie Bradshaw seconding. The motion carried.</p>
<b>(Agenda Item #6)</b>	<b>CFAC Orientation</b>
<i>Presenter:</i>	Judy Dahlstrom
<i>Information Presented:</i>	The orientation for CFAC will be September 8, 2009 at 4:30 P.M. at the Morganton Community House with the regular CFAC meeting following at 6:00 P.M.
<b>(Agenda Item #7)</b>	<b>New Business</b>
	<p>Cathy Kocian</p> <p>Cathy gave the update for the State. She also gave a summary of the budget and the cuts made. She distributed materials explaining the budget in detail related to Mental Health.</p>
<b>(Agenda Item #8)</b>	<b>Open/Public Comments</b>
	There were no public comments. Linda Martin-DeAngelo made the motion to adjourn with Sharon seconding.
<b>Adjournment:</b>	<b>The meeting was adjourned @ 8:00 p.m.</b>
<b>Next Meeting:</b>	<b>Sept. 8, 2009 Orientation at 4:30 P.M. Regular meeting at 6:00 P.M. @ Morganton Community House</b>
<b>Handouts:</b>	<b>Community Needs Assessment Update, Incident Reports, Complaint Reports, SCFAC agenda and minutes, DHHS explanation of budget.</b>
<b>Respectfully Submitted By:</b>	<b>Sherry Clanton Office Assistant III</b>