



Consumer & Family Advisory Committee

ALAMANCE/CASWELL LOCAL MANAGEMENT ENTITY

*Minutes Subject to Approval*

**Minutes  
December 15, 2009**

**Present:** Louis W., Vanessa J., Kathy C., Mary H., Clara T, William C., and Ann Slaughter (Area Board)

**Absent:** Art S. (Prior Notification)  
Gloria M. (Prior Notification)  
Corrina H. (Prior Notification)

**Guests:** See Guest List

**LME:** Richard Bruton, LME System of Care Coordinator  
Carmen Morrow, LME Provider Relations/Recorder  
Trina Powell, LME Care Coordination Manager  
Jodi Meacham, LME QI/PR Manager

AGENDA ITEM	DISCUSSION/CONCLUSION	ACTION/NEXT STEPS	RESPONSIBLE PERSON	STATUS
<i>Item number and name</i>	<i>Detailed reflection of discussion and any conclusions from discussions. Include pertinent data wherever possible.</i>	<i>Any decisions, recommendations and/or next steps the committee approves.</i>		<i>Open or Closed</i>
1.0 Call To Order	Ms. Vanessa J. opened the meeting.	N/A	N/A	Closed
2.0 Review and Approval of	December 15, 2009 minutes were mailed earlier for review.	<b>Minutes were approved. Motion made by Bill C., and</b>	N/A	Closed

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<b>Minutes</b>		<b>Seconded by Clara T.</b>		
<b>3.0 Nominating Committee Report</b>	<p>Ms. Mary Hawk gave report of the Nominating Committee. The committee met and recommended Gloria Melton for Vice–Chair of CFAC. Motion made by Ann S. and seconded by Kathy C. to approve Ms. Melton as Vice–Chair of CFAC.</p> <p><b>Action: All CFAC members voted and approved Ms. Gloria Melton Vice–Chair of CFAC effective January 2010.</b></p>			Closed
<b>4.0 Committee (s) Attendance</b>	<p>Chairman Jennings reported on recent meeting held with CFAC Liaison, Suzanne Thompson and LME regarding CFAC Chair position and requirements/standards of CFAC responsibilities. Chairman Jennings shared with CFAC members that members should be more involved on the “front end” and get involved with LME committees more. The following committee were suggested:</p> <p>QI/UM Committee, Area Board Meetings, and Human Rights Committees.</p> <p>The following CFAC members volunteered to participate in the meetings. They are as follows:</p> <ul style="list-style-type: none"> <li>• QI/UM Committee – Vanessa Jennings – Committee meets the 4<sup>th</sup> Tuesday of every month @ 10am</li> <li>• Human Rights – Clara Trollinger – Committee meets quarterly</li> <li>• Finance Committee – William Carothers – Committee meets before Area Board meeting.</li> </ul> <p>All volunteers will be contacted regarding future meeting dates.</p>			Closed
<b>5.0 LME Reports</b>	<p>Mr. Ric Bruton introduced Jodi Meacham, LME QI/PR Manager and Trina Powell, LME Care Coordination Manager to CFAC members. The following was reported:</p>			

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	<p>Ms. Meacham reported on LME Quarterly Reports –</p> <p><b><u>Incident Report – 2<sup>nd</sup> Quarter – 2009-2010 (October, November, December)</u></b></p> <table border="1" data-bbox="453 391 1690 610"> <thead> <tr> <th></th> <th>Level 2</th> <th>Level 3</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total # of Incidents Received for Qtr.</td> <td>75</td> <td>2</td> <td>77</td> </tr> <tr> <td>Consumer Deaths (Due to Natural Causes)</td> <td>2</td> <td></td> <td>2</td> </tr> <tr> <td>Total # of Providers Submitting Reports</td> <td>36</td> <td>2</td> <td>38</td> </tr> </tbody> </table> <p><b><u>Quarterly Complaint Report – 4<sup>th</sup> Quarter 2008-2009 (April, May, June)</u></b></p> <table border="1" data-bbox="453 703 1690 1235"> <tbody> <tr> <td>Total # of Complaints received by LME for Qtr.</td> <td>10</td> </tr> <tr> <td>Total # of Complaints by or on behalf of a consumer</td> <td>8</td> </tr> <tr> <td>Total # of Complaints not by or on behalf of a consumer</td> <td>2</td> </tr> <tr> <td>Total # of complaints that resulted in an investigation</td> <td>2</td> </tr> <tr> <td>Total # of complaints that did not result in an investigation</td> <td>8</td> </tr> <tr> <td>Total # of investigations that were substantiated</td> <td>1</td> </tr> <tr> <td>Total # of investigations that were not substantiated</td> <td>1</td> </tr> <tr> <td>Total # of investigations that required no further action</td> <td>1</td> </tr> <tr> <td>Total # of investigations that resulted in a corrective action plan</td> <td>1</td> </tr> <tr> <td>Total # of complaints that were resolved</td> <td>10</td> </tr> <tr> <td>Total # of working days from receipt by LME to Completion 0-30 days</td> <td>9</td> </tr> <tr> <td>Total # of working days from receipt by LME to completion 31-60 days</td> <td>1</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• <b>30% of the complaints received were initiated by the consumers themselves</b></li> <li>• <b>80% of the complaints received were in regard to quality of care issues.</b></li> </ul> <p>Ms. Meacham also expressed to CFAC members the importance of membership needed on LME Committees such as ones discussed earlier and she thanked CFAC members for volunteering to</p>		Level 2	Level 3	Total	Total # of Incidents Received for Qtr.	75	2	77	Consumer Deaths (Due to Natural Causes)	2		2	Total # of Providers Submitting Reports	36	2	38	Total # of Complaints received by LME for Qtr.	10	Total # of Complaints by or on behalf of a consumer	8	Total # of Complaints not by or on behalf of a consumer	2	Total # of complaints that resulted in an investigation	2	Total # of complaints that did not result in an investigation	8	Total # of investigations that were substantiated	1	Total # of investigations that were not substantiated	1	Total # of investigations that required no further action	1	Total # of investigations that resulted in a corrective action plan	1	Total # of complaints that were resolved	10	Total # of working days from receipt by LME to Completion 0-30 days	9	Total # of working days from receipt by LME to completion 31-60 days	1			
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	<p>participate on the committees.</p> <p>Ms. Meacham reported to CFAC members that the LME will embark on the accreditation process again with URAC. At this point, we are in the beginning stages and will call on CFAC for help. Policies/Procedures were approved at CFAC in the past, there may be some slight changes made to those policies and will be presented to CFAC for approval.</p> <p>Ms. Meacham discussed with CFAC members asking for volunteers to help with Mystery Shopper calls. A sign-in sheet is being passed around for volunteers. Once all members have signed up, the LME will conduct a mini-training session.</p> <p><b><u>Quality Improvement Projects (QIP)</u></b></p> <p>Ms. Meacham reported on QIP Projects they were as follows:</p> <p><b><u>Consumer Access to 1<sup>st</sup> Responder –</u></b>  <i>Goal: 100% of providers with 1<sup>st</sup> responder responsibilities will meet performance expectations. As of 2<sup>nd</sup> Qtr. Report 2009–2010 (October – December), AC LME providers were 75% compliance rate of sampled providers.  The LME is requesting the help of CFAC with Mystery Shopper calls which was discussed earlier.</i></p> <p><b><u>Timely Access to Routine Care –</u></b>  <i>Goal: 80% of persons eligible for routine MH/DD/SA services receive their first face to face service within 10 working days (14 calendar days) of the date of request for care.</i></p> <p>The LME has exceeded 10% of Urgent appointments, but did not meet routine appointments with 60% only receiving appointments within the 14 day standard. The LME has developed strategies to address these issues such as:</p> <ul style="list-style-type: none"> <li>• Calling providers to see how many days out they are for IPRS appointments (call a week ahead) and track these appointments for possible reallocation of funds, if necessary.</li> </ul>			

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	<ul style="list-style-type: none"> <li>• Also, the LME will begin to see consumers who do not receive an appointment within the 14 day standard bridge appointments until they can be seen by a provider. This is only to fill the gap.</li> <li>• The LME is also in the process of creating a scheduling tool so that appointments will not be made after 14 days – such as a “stop gap”.</li> </ul> <p><b><u>Question: How many people do you have that can see consumers?</u></b>  <i>Answer: The LME will use Access/STR clinicians who are on the phones to fill the gap until appointment can be made.</i></p> <p><b><u>Question: If you walk-in, can you be seen?</u></b>  <i>Answer: Yes – the LME operates a Crisis Team from 8am – 5pm.</i></p> <p><b><u>Hospital Discharge Follow Up –</u></b>  <i>Goal: No less than 35% of consumers discharged from state psychiatric hospitals will receive a follow-up appointment within 7 days post –discharge.</i></p> <p>The LME met this goal according to the Progress Indicators, but will continue to work on this goal. Ms. Powell reiterated the role of the Hospital Liaison, Kent Smith and explained the importance of paid claims data to obtain the percentages.</p> <p><b><u>Child Services in Non-Family Settings –</u></b>  <i>Goal: No more than 5% of children, ages 0-17 years receiving MH/DD/SA services will be served in non-family settings.</i></p> <p>The LME met this goal – the percentages went down due to Rockingham not in our catchment area anymore.</p>			

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	<p>Ms. Meacham expressed to CFAC members the QI/UM Committee needs to develop 2 more QIP's – suggestions so far are:</p> <ul style="list-style-type: none"> <li>• Crisis Unit Utilization</li> <li>• Provider Network Compliance – due to low compliance from providers with reporting.</li> </ul>			
<b>6.0 Public Comment</b>	<p>Lora Levanovich and Cleon Curry with A Pathways Community Support Service distributed brochures and gave brief presentation of the services they offer.</p>			
<b>7.0 Performance Indicator Report</b>	<p>Mr. Ric Bruton gave brief presentation of Performance Indicator Report to CFAC members of 1<sup>st</sup> Quarter SFY 2009–2010 MH/DD/SAS Community Systems Progress Report.</p> <p>The PowerPoint presentation highlighted the following:</p> <p>Performance Indicators are intended to capture how well people are getting into care &amp; continuing care in their chosen communities. They are divided into seven categories:</p> <ol style="list-style-type: none"> <li>1. Timely Access to Care</li> <li>2. Services to Persons in Need</li> <li>3. Timely Initiation &amp; Engagement in Services</li> <li>4. Effective Use of State Psychiatric Hospitals</li> <li>5. State Psychiatric Hospital Readmissions</li> <li>6. Timely Follow-Up after Inpatient Care</li> <li>7. Child Services in Non Family Settings</li> </ol> <p>All members were given the Critical Measures in a Glance document that shows each LMEs performance against statewide averages &amp; contractual requirements (standards) for the current quarter.</p> <p>Of the 24 LMEs only 7 met the performance standards for at least 65% of the critical measures</p>			Closed

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	<p>AC LME met 76% of the standards – Only 3 other LMEs fared better at 81% each.</p> <p><u>Improvements</u> –</p> <ul style="list-style-type: none"> <li>• The % of MH consumers that received 2 visits within the first 14 days of care has consistently improved over the last eight quarters from just below to meeting the state average.</li> <li>• The % of DD consumers that received 2 visits within the first 14 days of care has fluctuated up and down over the past eight quarters. In the most recent two quarters, the % is among the highest (best) in the state.</li> <li>• The % of SA consumers that received 2 visits within the first 14 days of care has steadily improved over the last eight quarters. It started below the state average &amp; has increased well above the state average in the most recent quarter.</li> </ul> <p>The full MH/DD/SAS Community Systems Progress Report was distributed for those who want a complete copy, please inform Carmen Morrow.</p>			
<p><b>8.0 Monthly Reports</b></p>	<p><u>LME</u> – Mr. Bruton gave the following updates:</p> <ul style="list-style-type: none"> <li>• See LME Updates</li> </ul> <p><u>Area Board</u> – Ms. Slaughter reported on issue with Rockingham County regarding money when counties merged. More to come at next Board meeting.</p> <p><u>DHHS</u> – Ms. Thompson not present due</p>			

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	<p>to another meeting.</p> <p><b>NAMI</b> – NAMI Members reported the following updates:</p> <ul style="list-style-type: none"> <li>• NAMI Basics Class has started January 12<sup>th</sup> at People’s Memorial Church in Burlington NC. For more information contact Judy Watson (447-4456) or Kathi Chrisco (578-6933).</li> <li>• Family to Family Class has started at Holly Hill Baptist Church, Burlington NC. Classes are limited to 25.</li> </ul>			
<p><b>7.0 Read A Round</b></p>	<p><i>CFAC are encouraged to review the handouts available in Read-A-Round:</i></p> <ol style="list-style-type: none"> <li>1. SCFAC – 2009 LCFAC to SCFAC Survey Response Report</li> <li>2. Full Report – 1<sup>st</sup> Quarter Community Systems Progress Report/Appendices</li> <li>3. NC Developmental Centers Annual Stat Report: 2009</li> <li>4. NC LME’s Annual Stat &amp; Admission Report: 2009</li> <li>5. NC Psychiatric Hospitals Annual Stat Report: 2009</li> </ol>	<p>CFAC are to sign the Read-A-Round if you would like a personal copy of the information.</p>	<p>Carmen Morrow</p>	<p>Closed</p>

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8.0 Adjournment	Meeting adjourned. The next meeting will be held on <b>Tuesday, February 23, 2010 at 6:30pm on 1<sup>st</sup> Floor in Boardroom.</b>		N/A	Closed

Respectfully Submitted By:

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*Carmen Morrow, Recorder*

*Richard Bruton, Community Affairs & Consumer Relations\**

*Staff to the Committee*

Date -----

Approved By:

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*Vanessa Jennings, Chair\**

*Consumer & Family Advisory Committee*

Date -----