



**Network Council Retreat
Meeting Agenda
July 29, 2008
9:00 AM - 4:00 PM**

Members Present:

**Flay J. Lee
David B. Jones
Chuck Hill
Billy West
Ann Medlin
Jeanne Duncan
James W. Johnson
Dawn H. Allen
Cynthia Benjamin
Dianna Duncan
Angela Gill-Graham
John Tillman
Dawn L. Anderson
Niels Eskelson
Arlana Sims
Darlene Steele
Melissa Rivera**

**Hope Haven, Inc.
PBH
PBH
DayMark Recovery Services
CFAC
RHA
S.T.E.P. developmental Academy, Inc
GHA, Inc
PBH
Dianna's Homecare, Inc.
PBH
Excel
Home Care Management. Corp
PBH
Sims Consulting and Clinical Services
PBH**

Members Absent:

**Debora Rice
Craig Hummel
Bonnie Schell**

**Peggy Terhune
Tammy Gilmore
Tina Kennon**

Guest:

Dawn Allen

GHA, Inc

Guest Speakers:

**Dan Coughlin
Pam Shipman**

**PBH
PBH**

Continental Breakfast

Morning Session: Flay J Lee 9:00am – 12:00pm

A. Welcome and Call to Order - Flay J. Lee , Chair Person

Meditation reading –Flay J. Lee
Butterflies and the struggle for the Butterfly
Why Worry

Guest speaker: Dan Coughlin, Area Director was introduced and he spoke on the challenge PBH has as it relates to the community and the developing a service array that truly reflects the need of the community.

Network Council members were asked by Flay to list the goals to be achieved during the Retreat. See below:

Goals:

To better understand the goals of the Provider Council for this coming year and determine how I can help Council achieve them.

To accomplish the goals set forth by this committee for this retreat.

Solidify the role of the Provider Network Council in managing the performance of the network.

Effectively represent the needs, challenges and plight of CSS providers/CCPs as it relates to changes occurring in the PBH area and state.

Greater importance & involvement for the Council in all decisions at PBH.

To become more unified as a Council, and to be accepted as a serious governing body.

To get a better understanding of the desires of the Network Council in regards to reports and report format from PBH.

Understand the purpose of the Network Council and how it functions.

Flay – Theme for today: In the Spirit of Partnership We Need Each Other

B. Network Council Agenda Items- Flay J. Lee

1. Provider Satisfaction Survey 2009 and beyond- Chuck Hill

Chuck provided the following summary regarding the results of the Provider Survey. See below:

Out of 234 total providers eligible to participate in the PBH survey, 104 surveys were Completed, giving a response rate of 44%. Of those who responded, 13% stated that they Only provide community services, 41% reported providing outpatient services only, 25% reported providing residential services only, and 21% of the respondents indicated that they provide multiple services furthermore, over one-half (59%) of Providers reported servicing more than one priority population and over one-third (36%) provided services in more than one county.

Responses to the questionnaire mostly favored strongly agree/agree for each of the statements and over three-fourths of the survey respondents reported being extremely satisfied/satisfied with their interactions with PBH (77%).

Three statements in particular elicited the highest positive responses:

- 1) "PBH's Cultural Competency initiative has provided valuable training to help providers and their services become more culturally competent" (98%),
- 2) "PBH staff treats my agency and staff with courtesy and respect" (93%), and
- 3) "Monthly Provider Network meetings are informative and helpful" (92%).

On the other hand, three statements elicited the highest negative responses in which over a quarter of survey respondents favored strongly disagree/disagree:

- 1) "Compared to other LMEs, I am more satisfied with PBH" (37%),
- 2) "PBH's website is helpful and easy to navigate" (27%), and lastly
- 3) "PBH Access staff responds quickly to provider needs" (26%).

See handout on PBH Provider Satisfaction Survey Analysis and Report pages 2&3 for areas of satisfaction by departments.

A comment listed in the Provider Survey indicated the monthly provider meeting is held too frequently. And further indicated it is not enough information on the agenda to warrant a monthly meeting. This comment was discussed at length among Council members. See discussion below:

Discussion:

Cynthia – The frequency of the monthly provider meeting should be discussed at the general provider meeting with all providers to determine how frequently they feel the meeting should be held.

Flay- The Council should look at ways to make the Provider meeting more interesting having guest speaker related to the services Providers offer.

Darlene- The structure of the provider meeting was necessary for Providers to meet monthly when we first started. Some Providers participate and other sit in the room and never bring issues they are having to the Provider meeting. We need to look at the small Providers who sit thought the meeting and not understand what is going on.

Cynthia – The Breakout Sessions were developed at the request of the Provider Network in an effort to insure that each disability area had equal time to discuss issues pertinent to their agencies etc.

Suggestions for options to meeting every month:

Possible Hot sheet every other month for meeting. Community Relations development email blast giving updated information.

Determine why it is not mandated to attend provider meeting.

We need some way of keeping track of which Providers attend the meeting. Contact the ones who do not attend the Provider meeting and ask why they do not attend meeting.

2. Strategic Planning and the role expected of Network Council

Pam will discuss strategic planning in the afternoon session.

(See handout on the Board Collaboration.) What are the needs of LME versus the Council/Provider Network needs and Expectations?

John Tillman-The Provider needs are taken into consideration by PBH.

Dan - Sees PBH as a LME shaping public policy and determining what services we will have to offer the community. PBH defines what public policy will be and how we carry them out. PBH has to understand what the real world is about and we need to say what we can and cannot do with the funding. PBH and the Providers have to Partnership for service development. It is important that both Provider and LME staff are involved in setting rates and identifying the service needs of the consumers we all serve.

Diana – The role of Network Council and the LME has to be clearly defined to the Provider Network

Dan- Indicated small and large agencies we will need more monies to operate effectively

Dan – Indicated the need to share ownership and responsibility.

4. Upgrading the Substance Abuse provider issues to include specific training with Substance Abuse specific credit from NCSAPPB.

Flay –We need more free training for Substance abuse Providers and the use of PBH facilities for training.

Pam- PBH ability to implement our Substance Abuse Plan and to increase housing options for all disabilities is severely limited by the loss of 3.6 million state dollars.

5. Evidence Base Best Practice Models.

Will tabled a for later date

PBH Capacity Study- Chuck

The Capacity Study utilizes 2007 Calendar Year data from multiple sources including PBH's CI Database, the United States Census Bureau, SAMHSA Office of Applied Studies, NC Division of Mental Health, Developmental Disabilities, and Substances Abuse Services (DMH), NC Division of Medical Assistance (DMA), Cecil G. Sheps Center for Health Services Research, County GIS, and Wikipedia.

(See handout 2008 PBH Capacity Study for detailed information.)

6. Network Council Bylaws Reviewed

Section 2: Appointment of Network Council - The Provider Members of the Council shall be elected by the identified representative of the approved Provider Network Membership. Terms shall be for three years, and shall be staggered. Terms shall coincide with the calendar year. After serving one term, a Provider Representative shall not be eligible for re-election until one full year has passed. In the case of a Network Council resignation, the President shall appoint a successor for that person, using the nominations from the previous annual meeting if possible.

(See handout for The PBH Network Council By-Laws.)

Diana - Longer terms for the executive board to have better understand of what is needed of the executive council and to complete the goals they have set for the Council.

Chuck - Suggested changing the term to two year and changes the language of the by-laws and Officer elected can by mentor into office.

A motion was passed for the terms of the officers to remain the same. No changes in terms for officers.

Allow all members of the Council to Serve 2 Consecutive terms.

AD HOC Committee to look at the By-Laws.

How are we going to evaluate the Council performance?

Lunch 12:00pm-1:00pm

Afternoon Session: Pam Shipman 1:00pm – 4:00pm

PBH Legislative Agenda 2008-2009 –Pam Shipman

1. Obtain a Statutory provision

Protecting the future of the PBH1915b/c Medicaid waiver and the PBH state demonstration, inclusive of the direct allocation of state funding to PBH.

2. PBH exemption from Session Law 2007 -323, s. 10.49 (ee).

This Provision of the law specifies utilization management criteria that inadvertently limit PBH in its ability to assure access to medically necessary treatment and in its ability to manage Medicaid funds it 1915b waiver.

3. Equal access to DD Medicaid Wavier Funding

PBH was the only LME left out of the stat budgeting for waiver expansion. The number of waiver "slots" in the PBH catchments is under the state per capita average for other LMEs by 293 slots. In order for PBH to catch up to the rest of the state, we need \$5, 8562,240 in re-allocation of the state match for 300 Medicaid wavier slots for PBH consumer.

Most of the new initiatives planned for this fiscal year will be funded with Medicaid funds or with funds from saving from decreases use of state hospitals. Our ability to implement our Substance Abuse Plan and to increase housing options for all disabilities is severely limited by the loss of \$3.6 million state dollars.

4. Recover \$3.1 million in state MH/DD/SA funding

In an effort to meet a funding reduction, DMH/DD/SA de-allocated PBH state funding based on the assumption that PBH under expended state funds by the same amount as the LME state average of 10%. In fact, PBH under spent our state allocation for 06-07 by only 106% during 2006-2007. Additionally, and importantly, this reduction is an absolute breach of Session Law 2007- 323, s. 10.49 (jj) and the PBH contract with DMH/DD? SA for 2007-2008.

We have not been success in getting the monies back we may have to see what legal ly we can do about this service Medicaid does pay for we may have to go other route to pay for services.

(See handout PBH Legislative Agenda 2008-2009 detail and desires solutions.)

5 PBH Initiatives for 2008-2009

We received additional funds this past year that were targeted fir crisis services, the loss of 3.6 million dollars inflexible state funding has had a major impact on our services this year and on our capacity for service development and effort to meet the needs of people on our waiting lists for state funded services. Most of the new initiatives planned for this fiscal year will be funded with Medicaid funds or funds from future savings from decreased use of state hospital. Our ability to implement our Substance Abuse Plan and to increase housing options for all disabilities is severely limited by the loss of 3.6 million state dollars.

The PBH budget has been developed in accordance with PBH major priorities for:

- The development of a substance abuse continuum of care
- The development of a comprehensive crisis system
- Increase access to psychiatry services
- Decrease in the utilization of the state hospitals
- The DD waiting list is a priority and we expect to address this with new Innovations waiver slots.

(See handout PBH Initiatives for 2008-2009 details on initiatives for this coming year.)

Questions and Concerns

PBH Organization Chart requested:

Four main operational committees.

Board

CFAC

PBH admistratioin

Network Provider

Additional Committees:

Global CQI

Clinical Advisory Committee

Hospitalization and Crisis

James – What is the role of the board?

Pam - There is a one page report on what the board does and it changes periodically. Minutes from the board meetings are posted to the website

Items Currently Tracked:

List of goal star providers. There are 6 gold star providers out of 202

Provider Satisfaction

Provider updates on National Accreditation

Meeting adjourn 4:00pm

Minutes submitted by, Eliza Davis

Date Approved: 9.04.08

Signature of the Chairperson 