

PBH Network Council  
Retreat Minutes  
July 31, 2009

**Members Present:**

Angela Gill-Graham	PBH
Arlana Dodson-Sims	Sims Consulting
Billy West	Daymark
Chuck Hill	PBH
Cynthia Benjamin	PBH
Darlene Steele	PBH
Dawn Allen	GHA
Diana Duncan	Diana's HomeCare
Flay Lee	Hope Haven
James Johnson	STEPS Dev. Academy
Jeanne Duncan	RHA
Leslie Mussington	Horizon Care
Niels Eskelsen	PBH
Tammy Gilmore	PBH-PDS
Tina Kennon	Consumer Rep.
Steve Tomlinson	PBH
Bonnie Schell	PBH

**Members Absent:**

Craig Hummel	PBH
David Jones	PBH
Dawn Anderson	Home Care Mgmt
John Hufton	CFAC
Peggy Terhune	Monarch

**Guests:**

Dan Coughlin	PBH
Pam Shipman	PBH
Bill Rankin	PBH
Janet D. Breeding	GHA
Richard Topping	PBH

The retreat was called to order at 9:20am by Flay Lee. He thanked everyone for coming and stated the purpose of this meeting is to determine what was accomplished by this committee during the past year, locate gaps and plan for the new fiscal year. At that time everyone was asked to introduce themselves and the name of their agency. As an icebreaker, Flay also asked everyone to include as part of their introduction three names that they go by. After introductions, Flay asked everyone to write down two things they wish for this committee to accomplish today. These things will be reviewed at the end of the meeting.

**PBH and the North Carolina MH/DD/SA environment** - Dan Coughlin informed the members he came to North Carolina in 2000 as the MH reform was in the making to get area programs out of direct services and privatize the provider system. That is what Dan decided PBH could do. They had to understand those two entities would need to hold each other up to make it work. To remain core to our system is the degree we understand and appreciate each other and see each other as equal owners to this system. Dan stated we need this spirit when we meet around the table. PBH and their providers have been able to do this better than anyone else in the state and we want to work on keeping it that way to provide the best care to our consumers.

Dan stated with the worldwide, nation wide and state wide economic distress, the larger issue is where the system is going when we come out of this. DHHS plans to expand on the PBH model with small regional systems. This will give us a chance for leadership to help this happen for others. Dan said he will try to get Council Members to these tables. This may not be a model that will work for everyone. Dan took this time to thank members for all they do.

Tina asked how can relationships with consumers change. Dan responded the intent is to improve relationships. All would need to understand what the problems are to work on them. Janet asked how can these get back to the Council and get the wheel spinning. Dan responded outreach and communications are problems. There are other areas for consumers to network through, other than Bonnie. This needs to be passed on to other consumers. Tina stated she is willing to help with this. She, Dan and Bonnie will schedule a time to meet to discuss this. Dan stated providers and consumers need to be able to stand on their own without PBH.

PBH Utilization Management and DD Providers have been meeting to work on communications issues. Communication is always an area needing improvement and PBH hears this. Dan stated this committee is a forum to bring consumer issues. The committee has consumer and CFAC representation. There isn't a formalized way for individual consumers to speak. Tina stated the language at a lot of these meetings is over consumer's heads. Dan stated the providers are the voice for consumers also. Network Council could be the main hub of these. The Council requested a list of PBH committees/subcommittees and who serves on them. Pam was able to produce this list and distribute to the members. The list includes the committee names, supporting PBH department(s) and the related PBH Cross Functional Team with a brief description of the functions of each committee. Pam reviewed this list with the members. Council members stated they need to know the process for providers and consumers to join PBH committees. Pam stated a category with this information can be added to this form.

Flay gave the committee an acrostic to remember: **BOOST** – **B**eing an **O**pen **O**ptimistic **S**ystem working **T**ogether.

**PBH Budget Status going into 09-10** - Pam Shipman reviewed the budget that was Board approved in June. PBH has budgeted for \$50 million payback but is waiting on the state to know the exact amount that will be coming down. They are continuing freezes on state funded services to do this. Those already receiving services will not lose those services but there will be no new consumers enrolled into the enhanced services. PBH is still pursuing the lawsuit regarding the \$3.6 million that was taken by the state. C&Y Levels III and IV will change pictures. PBH is trying to decide where to move these children and how it will affect the budget. Billy asked how many residential kids that may be impacted. Pam stated 50 have been identified. James asked about the network capacity for Therapeutic Foster Care. Pam will get that information and report back. Pam stated PBH may propose another model of Level II to help with these changes. Most Level IV may go to PRTF; therefore, more PRTF's may have to be developed.

At this time it is said that Community Supports will be eliminated by spring. It is in the General Assembly now. It is unclear if another service will be in place. Adult services want Peer Support vamped up. Peer Support Training is paid out of the PBH Administrative budget. Children may have to use intensive in home or intensive outpatient services as a step down. Billy asked if PBH is going to promote Adult Community Support Teams. Pam's stated it would not be promoted much. Peer Supports is a really good maintenance/assistance

service which is also a best practice service. Pam informed the members Bridger Support Services started this past month to help with those leaving hospitals. B-3 has Individual Supports helping in their housing to keep those consumers in their own homes.

**PBH and Fund Balance** – Niels Eskelsen stated that PBH does have a large fund balance, but this is necessary for an operation the size of PBH. This lets providers and consumers know that PBH is financially viable to pay for services rendered and billed even when PBH has not received funds owed from the state. A Medicaid risk reserve is required by DMA to operate under an at-risk Medicaid contract. Approximately 31% of the PBH fund balance is related just to the risk reserve. PBH may only access this reserve by permission from the Secretary. PBH has a 5% Medicaid risk reserve that captures any surplus or absorbs the service cost deficits from year to year. It is essential to keep any Medicaid surplus separate from other funds so that these funds can continue to be identified as Medicaid funds and used only for Medicaid services. Niels stated State statute requires PBH to include in fund balance reserve that amount that is included in accounts receivable. The “Reserve by State Statute” is almost all related to unpaid DMH IPRS funding. It allows the PBH to maintain a normal business relationship with over 250 providers when the funding received from DMH is not consistent and subject to delays. Niels informed the members as a long term strategy to reduce the level of state inpatient utilization for acute care, PBH is developing two additional facility based crisis recovery centers. The location in Union County is being remodeled and the Davidson County location is being planned.

PBH currently has 24% of its fund balance as undesignated. PBH needs about \$14 million per month in operating cash flow. This is to meet about \$11-12 million in claims paid each month in addition to operating expense. The average claim takes 10 days from date of received to the date paid. When you consider that providers take an average 20 days from the date of service to the date of claim submission PBH is able to pay providers 30 days after the date of service. Billy took this opportunity to thank PBH for paying on time. He stated some LME's don't pay their providers if they don't get paid by the state.

**Administrative Burden Update** – Janet stated that at a meeting last year the Council discussed concerns and they are growing. A list of these concerns was distributed at an earlier meeting. There is a need for a subcommittee to discuss these. It was determined that at that meeting Flay, Billy, Peggy and a Global Continuous Quality Improvement (GCQI) member were already chosen for that subcommittee. These members agreed to get together by September.

Janet informed the members that GCQI has been a work in progress for 2 ½ - 3 years. They have established three network indicators; tracking, analysis trends and submitting of Level III incidents, satisfaction survey results and staff turnover. This is a detailed process to include mentoring smaller providers without a system. GCQI reviews PBH data and reports to Quality Management. They also work with performance profiles. GCQI is interested in sharing their information and want to know how to provide it to the Council and how to work with the Council. Janet stated GCQI is very interested in continuing to educate on data analysis for a large provider group; work on gold star/report card with CFAC and target for future to select quality indicators for providers for family members. Flay stated the members needed to find a way to get information like these to benefit the Council's goals. He stated maybe it is time to change the by-laws on Council membership to have representation of committees at the table that are needed. It was suggested to put on the Provider Meeting agenda to discuss GCQI. It was asked what additional burdens PBH puts on GCQI as well as providers. Can PBH get a cost on the provider level and an estimate of time to do these things? Dan stated we need to help put actuarial structure to this and find out how much money is wasted on not needed services. Dan plans to follow up with Niels on this.

Darlene asked if there were any other areas GCQI can help. GCQI has large, medium and small size providers. Education of data reading has been huge with providers. Many providers are or will be going through National Accreditation. They need to know what data is needed and what to do with it when received in order to help consumers. Flay will put together something to present on GCQI to the providers on August 14<sup>th</sup>. There needs to be collaboration with the providers of what is needed.

**How are things going for the PBH Provider Network?** There is concern that more PBH staff than providers attend. Low attendance prevents voting on items. Reasons for low attendance include doing day to day work, going through accreditation, prioritizing where to be. There are mostly CEO's on the Council and that makes it hard although it is important for it to be them on the Council. Travel for some and over commitment are other reasons. Flay stated he has strongly addressed this issue recently. It was suggested to have phone conference available for those who can't physically be at the meetings, or a webcam. Guidelines regarding attendance need to be set up and address the issue of those who rarely meet. Dan stated if the Council is weak that will play itself out as to how much clout the Council has with PBH. He strongly urges the Council to spend energy to get Council attendance improved to be a strong group. He realizes this is not a cut and dry issue to resolve. It was suggested to use a whole session in the near future on this issue.

#### 08-09 Accomplishments –

- updated bylaws
- reached out to other committees and departments and got a plan
- formed Substance Abuse subcommittees
- good job with maintenance of Council's purpose
- staff education/training needs
- dashboard
- introduced and spotlighted agencies during education
- went from monthly to quarterly meetings
- Communication blast mail updates
- Website updates
- All positions on Council are filled
- Meeting with PBH administration

#### Areas of Improvement –

- Communications piece
- Bylaws

#### **Consider the following categories:**

#### Relationship with PBH –

- Tina – as a consumer it is good
- Diana – as a provider it is a good one
- James – healthy relationship, PBH processes second to none, tech assistance is good, and Council is more in the decision process
- Dan – building trust/credibility goes both ways, credits to the leadership of the Council
- Flay – communications get out to providers

Provider involvement in PBH/Network activities –

- Very strong, such as attending PBH committees
- Not involved with having workshops/training, providers send new staff to trainings. But providers with consistent staff doesn't utilize
- QM tracks attendances and does surveys

Advocacy and political involvement –

- Council could call and write letters to legislators regarding budget cuts and service change
- Develop capacity to monitor political strategies and develop a committee
- These letters should also come directly from providers
- Council members to represent all disabilities, not just their own

**Provider Satisfaction Survey Results, Performance Indicators for 08-09; highlights of capacity and geo-analysis studies** – Chuck provided each member with a handout of the results. 42% of the 242 providers in PBH's Network at the time responded to the survey. This is 2% less than last year. A score of 80% is PBH's target. 77% of the 31 items scored PBH was given a ranking of 80% or higher. 10% of the items were ranked between 75% and 79%. 13% were ranked less than 75%. PBH received an overall rating of 83%. Chuck reviewed some charts that compared 2008 with 2009 results. He was able to explain reasons that PBH believe to be the cause of some of the differences for both lower and higher rankings.

Chuck then briefly reviewed the Performance Indicators with the members and answered questions. Bill Rankin went over the Registry of Unmet Needs for MH and DD. He is currently waiting on a county by county breakdown. It is possible that people could be on more than one list. PBH is working on trying to make it easier for providers. Bill informed the members that discharge monitoring has been difficult. A low number of discharge TARS are being submitted to PBH based on the number of services rendered. Niels reviewed the Trend Analysis and informed the members Medicaid penetration rate is down due to Community Supports decrease.

**Network Council Goals for 09-10; discussion of areas of improvement and key objective for the upcoming year** – it was decided to hold off on this agenda item until the next regular scheduled Council meeting, which is August 6<sup>th</sup>.

Flay had the members review the two things he had them list that they wished to accomplish in today's meeting. He asked them if they were accomplished. Everyone said yes. He again thanked everyone for being there and stated it all boils down to better serving the consumers.

The meeting was adjourned at 3:30.

**Minutes submitted by Secretary, Shelby Marlow**

**Date Approved:** 10.01.09

**Signature of the Chairperson:** 