

## **Response to CFAC Reports on LBP**

The Division of Mental Health requires the prospective LME to respond to the CFAC reports on the Local Business Plan, including any minority report. Please refer to the original CFAC and minority reports to review the specific questions or concerns to which this document is a response. Item and page references are specific to the CFAC and minority reports.

### **I. Response to overall CFAC report.**

We greatly appreciate the tremendous effort our CFAC made to carefully review the LBP. Surely, this CFAC is comparable to any in the amount of time they have committed to this process. The effort is particularly notable because the CFAC got a late start due to the long process of determining which counties would constitute the LME, and the decision to recruit an 18 member CFAC with both disability and geographic representation. Many changes were made to the LBP based on CFAC comments and recommendations.

We share many of the concerns voiced in the CFAC report, which largely reflect the evolutionary process of both the state and local planning processes. It is very disconcerting to have so many unknowns when the local LME is scheduled to begin operations in January.

There are a few areas where we wish to comment on the conclusions reached.

p. 1, Consumer Choice: While it is likely that there will be fewer choices in the rural than in the urban areas, we remain confident that there will be considerably more choice than there is today for many services. Western North Carolina Human Services (WNCHS) was created, in large part, to ensure that basic services which consumers value will continue to be available in the rural counties, and that many safety net services will be available throughout the region. WNCHS will provide more information shortly regarding the array of services it expects to offer. It is anticipated that the contractual relationship between the LME and providers will prohibit “cherry-picking”.

p. 1, Case Management: We are awaiting additional state service definitions to evaluate how case management will be provided. We share the concern about potential conflict of interest in the delivery of case management services.

p. 2, Strengths and Weaknesses Analysis: Information we received from Trend at the time the draft was written indicated that they did indeed have a functioning Client Rights Committee.

p. 4, Needs Assessment: The eight critical needs were a summary of information we received from a multitude of sources and were reviewed and endorsed by CFAC. To

date, despite wide availability of the draft, we have not received recommendations that the critical needs should be changed. We continue to be open to such feedback.

p. 4, Governance: At this writing (6/2/03), the county commissions have not reached a final decision about governance.

## II. Response to minority report

1. Area program staff have emphatically not stated that the “process is one of document review, not rewrite.” In fact, many hours have been spent in CFAC meetings reviewing modifications in the LBP proposed by CFAC. These modifications have either already been incorporated in the document or will be included in the June 30 submission. The CFAC may recommend any change in the LBP; if the change is not accepted, the CFAC is free to indicate their disagreement in an independent report.

2. Hundreds of CFAC nomination forms were distributed through many different vehicles. The only criteria used in the selection of members were the nominated members’ ability to represent their disability group, to empathize with the needs of other disability groups and to work productively with others in a group context. When multiple nominations were received for the same slot, the most qualified nominee was selected (using the three criteria listed above). In some cases, the quest for geographic representation has made recruitment difficult. Technical delays in the development of a new website prevented the posting of the minutes. That problem has now been solved and the website will be used to both post minutes and indicate future meetings.

3. We have approved the donation of a computer from Blue Ridge Center for the CFAC member in question and have approved the purchase of software which allows text to voice translation. Transportation problems were the result of confused communications among a number of different parties.

4. As stated in the response to this issue in the main CFAC report, we continue to welcome input about other critical needs.

5. We have provided extensive technical support to those providers responding to the early RFP’s. We anticipate having initial meetings with other providers in July, now that we have more information about service definitions, rates and monitoring requirements for the 1/1/04-6/30/04 period. We still have a minimum amount of information relating to the period beginning 7/1/04. Substantial technical support to providers is an essential role for the LME, and this function will be reflected in the LME staffing plan. In addition to individual contacts with some hospitals, the area program senior staff members have had direct contact with the CEO’s of all hospitals through the Western North Carolina Health Network. At that time, we discussed the challenges posed by state hospital downsizing and collaborated on a telemedicine proposal which continues to show promise. We have also had preliminary discussions regarding the role of hospital ER’s in emergency assessments. Additional contacts will occur shortly to further discuss

all of these topics in the context of more specific proposals to address the needs of consumers.

6. We agree that there is not yet a final plan for safety net services. But steady progress has been made in the planning process, which has included extensive input from the community. The next presentation regarding access and safety net services is scheduled for a June 16 CFAC meeting.

7. More information should be available shortly from Western North Carolina Human Services regarding its role in ensuring the availability of specific services. As stated above, the LME will use its contracts, to the extent permitted by the state, to prevent cherry-picking. We are working closely with many different groups to prevent service gaps during a transition process. With respect to Western North Carolina Human Services, there was extreme concern from many parties that continuity of essential services not be disrupted, especially in our rural counties, and a strong preference that there be an organized capacity to deliver such services through an entity which was motivated primarily by social mission and not by profit. County managers have requested that WNCHS serve all eight counties in the LME service area. The Board of WNCHS consists of leaders in all eight counties who were invited to join the Board as a result of extensive consultation with concerned and knowledgeable individuals in each county. We support the development of WNCHS precisely because it is an ethically necessary response to prevent major disruptions of service due to system reform. Last, but certainly not least, the Blue Ridge Area Board, after careful review of the facts, has repeatedly supported the development of WNCHS.

8. Except for a comment at the beginning of the LBP, all references to available funding have been removed. In the initial draft of the RFP, such language was used in those areas where there was special concern about funding availability, based on known funding streams. However, this language was perceived by some advocates as a lack of commitment to those specific areas. While it would be impossible to comment on what each area program in the state offers (nor do we have complete knowledge of such services), some areas have very extensive county funding which creates unusual flexibility in how services are provided. We are certainly open to exploring any program offered elsewhere which promises to address a need in our area. We have a long history of mutual consultation with other area programs for the purpose of developing improved services.

9. We agree, although we believe this will be most productive in the context of the new service definitions to be published by DMH. Currently, a national consultant is working with the State Children's Collaborative to help shape those definitions.

10. Future updates of the LBP will be reviewed by the CFAC, and the CFAC will have an opportunity to comment. State policy makes it quite clear that the CFAC will have a major advisory role to the LME Board regarding LME operations, and will also have ongoing opportunities to communicate concerns to the State in the event local concerns are not addressed to their satisfaction.

