

PAC Minutes from 10/28/11 Meeting

- **Peer Support** – A number of advocacy individuals attended the PAC meeting this month – (MHA, NAMI, CFAC, and APAA). Given all the budget/service changes/cuts it seemed appropriate to reach out to the advocacy community and collaborate on services the advocacy community offers consumers and family members.
 - Some Providers do more with peer support than others, but some expressed the feeling that it was time to expand and become more open to using peer support services – now more than ever.
 - One provider talked about the use of peers to run several groups, which has been tremendously successful. So much so that oftentimes too many consumers show up for the groups and many have to be turned away.
 - The Advocacy community is looking for more consumers to attend their meetings – DBSA for example. Can SPN’s and Advocacy help each other and partner with one another?
 - SP1 – there was a discussion about whether SP1 was time limited or not. There seemed to be a few Providers that believed this was the case, but neither NTBHA nor VO had this understanding. A question was raised that if SP1 is time-limited could the Advocacy community step in and assist at that juncture?
 - Provider stated that even if it is time-limited they will probably just continue to see the consumer whether or not they get reimbursed.
 - Provider asked if Advocacy could come to the SPN’s? It is hard to convince consumers to try out new supports in the community without any knowledge of what is being offered. If consumers could get a “taste” at the SPN they may be more inclined to drive to the Advocacy location to receive community services.
 - NAMI – we do 2 groups a month at Zale Lipshy to do a warm hand-off into the community. There are 2 community meetings and 2 different locations to help with travel times.
 - Partnering would also allow the Advocates to hear more from consumers and family members on the NorthSTAR experience.
 - Provider brought up the need to get more folks trained and that takes money. The more peer support services are sought the more folks will need to be trained.
 - APAA – discussed their services and drop-in center that is available. It is peer run from the top to the bottom. Peers assist consumers in getting their own life back on track. Recovery support is vital.
 - WRAP – some Providers do this while others do not. One Provider discussed their experience and success running WRAP groups, which are peer lead.
 - PAC was asked if there was any interest in forming a motion to present to the NTBHA board to encourage a formal look at incorporating peer support services into the current array of SPN services, which is about to be cut? This would be an adjunct service offered to consumers.
 - There was no motion put on the floor to move this forward.
 - Provider again commented on the success rate of using peers in the service array at their location - reporting that the sobriety rate in their housing program is much better now that peers have been incorporated.
 - SDC discussed their success rate employing peers and the impact that had on hard to reach/engage consumers.
 - There was still no motion put forth to focus on incorporating peers.

- Via Hope was discussed and the multitude of trainings they offer for certified peer specialist and CPS supervisor training.
 - Provider was asked whether it was cheaper to employ peers? Provider reported it is slightly cheaper.
 - Transportation continues to be a top issue, which makes it difficult to get consumers to go different locations (ie, SPN for meds and then Advocacy for support groups).
 - Although a formal motion was not put forth – a couple of Providers expressed an interest in getting more information on community Advocacy services available and planned to reach out and attempt to partner.
- **Budget Cuts** – Lots of discussions were had around the upcoming budget cuts and the impact it will have.
 - Provider discussed the need to drastically reduce expenses, which will most likely translate into letting case managers go. This will result in virtually no case management services for SP1 consumers – just med checks.
 - Provider also agreed that they will have to let case managers go.
 - Rural NorthSTAR has a wide lack of resources (ie, Salvation Army, transportation, and resources in general are lacking). This, along with the drop-in center closure, makes finding community resources near impossible in the rural areas.
 - NAMI reported training folks in the rural communities to expand resources available in those areas.
 - Provider also discussed Project Transformation grants to utilize peers, but a requirement is to partner with the local State Hospital and TSH is not interested.
 - It was reported that the Dallas drop-in center is also closing and The Well is struggling.
 - There will be an ED meeting next week to go over the current contract issues.
 - VO – There have been 5 initial contract meetings with 5 more to be had in the upcoming week(s).
 - VO sent out a template to all SPN's. This also included an indigent case rate and an "everybody else" case rate figures. An analysis of what every SPN's baseline was also sent out.
 - Provider reported when they met with VO the issue was largely administrative burden. The Provider encouraged Alex and Eric to continue the fight to assist SPN's is getting relief from the admin burden they are required to provide, which takes away from consumer care.
 - Provider stated that they hear a lot of focus around outcome measures lately from everyone, but what they didn't see in the contract templates was anything around incentives or penalties in regards to what the outcomes should be or what they are the expected outcomes. Provider stated they can't make any decisions without first knowing what outcomes are going to be expected. We are being asked to serve more people with less money and to have better outcomes.
 - VO – the outcomes measures – incentives/penalties were removed before sending out the templates to allow more time to work on them. If VO pushed the DSHS/VO contractual outcome measures and associated incentives/penalties down to Providers this would be too cumbersome and most likely unattainable/unrealistic. VO is tweaking the penalties/incentives to be included in the Provider contracts and will try to get them out prior to the ED meeting being held next Tuesday, but can't guarantee they can get them out that quickly.

- Admin Burden – VO suggested that for the smaller SPN’s it may be worthwhile getting VO WebCare access. This would allow a manual entering of each UA directly into VO WebCare, which would require a clean UA before the submission could occur. This should virtually wipe out chasing UA’s, missed faxes, etc. This would probably not be very attractive for larger SPN’s due to the volume of UA’s that would be entered daily. If you do think this may be of benefit to you please contact Holly Brock at VO for more information. For those SPN’s that have UA submission issues, this may be a solution.
 - SP1’s and annual UA’s – this was brought up for discussion again because this option is available to SPN’s currently – however, the required caseload size seems unattainable to virtually all SPN’s and therefore only one SPN to date has taken advantage of the yearly UA submission for SP1’s. This was a point cited when DSHS denied the request for admin burden relief previously – stating that this is currently available to our Providers and if they are not willing to take advantage of this admin burden relief why would additional relief be warranted. The argument that needs to be made back to DSHS is that the caseload size requirement is prohibitive for our SPN’s to participate. NTBHA agreed to follow-up and continue advocating for admin burden relief.
 - Provider suggested going to DSHS and requesting to in a way pilot some of the upcoming RDM changes now, which would offer some admin relief. NorthSTAR could be an early adopter. NTBHA agreed to look into this further.
- Meds Only Package – Provider brought up the “requirement” to see consumers monthly when many may only need to see the doc once a quarter. It was clarified that VO is not requiring SPN’s to see every consumer once per month, but if you do not see a consumer during a given month you will not get reimbursed for that consumer, therefore, you are “required” to see very consumer monthly to obtain the case rate for that consumer, but it is not contractually required to see every consumer every month.
 - It was suggested that VO pay a quarterly case rate that would allow SPN’s to see the consumer once per quarter, but still get to count/get paid for that consumer each month. After a brief discussion it was determined this should remain an individual SPN contract negotiation and probably would not fly with VO.
 - VO did report that they are open to and considering quarterly reconciliations as some SPN’s have requested, but not quarterly encountering requirements.
 - Funding for the meds only package is ridiculous and simply not adequate.
- Provider made a comment that you have the VO contract and then the overlay of DSHS admin burden – so, now instead of less admin burden there is more under the new proposed contract. It is also not “really” a blended case rate because you still have to stick to a certain service package and associated services with that service package. This is very costly and very annoying.
 - VO/NTBHA – what are the additional admin burden under the new proposed contracts as compared to the current contracts other than identifying Medicaid members?
- Provider stated that they thought they heard that although SPN’s were going to get less money they would be required to do less, but instead we are getting less money and required to do so much more. \$100 case rate is ridiculous and the risk is tremendous.

- NTBHA Redesign Committee – NTBHA reported this committee has met once so far. Ron Stretcher is the chair of this committee. This committee will expand at some point to include others, but right now it is a NTBHA board committee.
- Provider asked whether VO can provide each SPN what the expected target is for each SPN for each service package. Right now - Provider feels they are shooting in the dark – not knowing what VO expects for caseload sizes for each service package.
 - VO reported they could provide this