

# Fairfield County ADAMH Board

Minutes of the February 28, 2012, Board meeting held at 6:30 p.m. at the Board office pursuant to notice mailed to all Board members.

Chairman Bahnsen called the meeting to order at 6:35 p.m. with a quorum being present.

## ROLL CALL

### PRESENT

Tom Alexander, Jay Bahnsen, Cindy Bender, Caryl Caito, Jeff Gerken, John Hoag, Ph.D., Pat Marshall, Robert Masone, M.D., Sheri Perry, Marian Reitano, Erin Roylance, M.D.

### ABSENT

Tom Feisel, Phillip Prior, M.D.

### STAFF

Rhonda Myers, Lynn Porter, Don Mohler, Patricia Waits, Martha Pool, Nadine Carroll.

### GUESTS

John Snider, Esq., Kristin Ankrom, Marcy Fields, Maureta Ott, Trisha Saunders, Suzanne Capitini, Brad Hedges, Ph.D., Esther Branscome, Kevin West.

Chairman Bahnsen asked the audience to introduce themselves and share questions or comments.

Chairman Bahnsen stated that the Board needed to have a short Executive Session to discuss confidential client issues including John Snider, Rhonda Myers, Patricia Waits and Lynn Porter.

## RESOLUTION NO. 2-28-12-1

**Be it resolved upon motion by P. Marshall and second by J. Gerken to enter into Executive Session. Motion was unanimously approved.**

Executive Session started at 6:37 p.m. and ended at 7:00 p.m.

Kristin Ankrom presented an overview of Information & Referral/211 to the board members and answered specific questions. Chairman Bahnsen thanked Kristin for her presentation. Director Myers stated that contract with I&R for the crisis line has proven to be a good deal. This is a definite step forward from the clinicians having to triage clients and answer the telephone since I&R now answers the crisis line.

Chairman Bahnsen asked if there were any additions or corrections to the January Board minutes.

## RESOLUTION NO. 2-28-12-2

**Be it resolved upon motion by J. Gerken and second by Dr. Masone to approve the January minutes. Motion was unanimously approved.**

Finance Committee – Pat Marshall reviewed the report from the Finance committee.

Highlights for the month of January were reviewed.

**RESOLUTION NO. 2-28-12-3**

**Be it resolved upon motion and second by the Finance Committee to approve the January financials. Motion was unanimously approved.**

P. Marshall noted that the committee recommended the "Heartburn" option and that really is the name of it. We do not pay for overage of bed days like we had to last year but we also do not benefit either if we are under.

**RESOLUTION NO. 2-28-12-4**

**Be it resolved upon motion and second by the Finance Committee to approve the Heartburn option from the state. Motion was unanimously approved.**

P. Marshall discussed the Lutheran Social Services contract for the administrative issues for the houses on E. Main Street. He noted that they are going over and above working with the clients there but their funding has been cut and they are in need of some financial relief with these houses. P. Marshall stated that the Finance Committee is recommending that we do so. This also includes exploring making the "women's" house into transitional housing. M. Reitano asked what is the benefit of transitional housing? Lynn stated that many clients coming out of the hospital needs shelter and help getting on their feet or they would end up right back in the hospital. Patricia added that people end up staying in the hospital longer without a place to stay; Athens won't release people to the homeless shelter like Twin Valley did. Patti also noted that there have been problems with the women's house in the past and the women living in there just can not get along. She said that more research needs to be done on this but let's do this while the house is empty. She added that the layout of the house may not be conducive to permanent housing either. P. Marshall noted that we are only considering this option at the moment.

**RESOLUTION NO. 2-28-12-5**

**Be it resolved upon motion and second by the Finance Committee to approve funding of up to \$24,900 by March 31, 2012 for Lutheran Social Services administering the houses on East Main Street. Motion was unanimously approved.**

The Finance Committee also discussed 120 day letters. These need to be sent out by March 1. Since funding looks to be approximately the same as last year it was decided to recommend that allocations be kept the same as last year. Dr. Masone asked if our funds will be the same. Director Myers stated that since we are in the middle of a biennium budget, funds should be more stable. She added that funding looks real similar to last years but we might get a bit more for mental health and a bit less for drug and alcohol. She also said that without having to pay bed days back like last year (overage payback was \$236,500) we should have enough to fill the gap. Dr. Masone stated he was not comfortable not knowing for sure what our funds would be. T. Alexander agreed and said that these funds are not guaranteed, they are just a projection. Brad commented that the 120 day letter is only a stabilizer to keep from making major cuts to the contract. There is language all through the contracts that allows for cuts in case funding is cut. P. Marshall noted that it would be unconscionable on our part to cut funds if it were not justified.

## RESOLUTION NO. 2-28-12-6

**Be it resolved upon motion and second by the Finance Committee to allocate the approximately \$237,000 based on Ethics of Scarcity. Motion was unanimously approved.**

## RESOLUTION NO. 2-28-12-7

**Be it resolved upon motion and second by the Finance Committee to approve the 120 day contract letter language. Motion was unanimously approved.**

P. Marshall said the Finance Committee meeting will have a standing meeting at 6:30 p.m. on the Thursday prior to the Board meeting.

### DIRECTOR'S REPORT

Director Myers reviewed Updates & Issues with board members and provided a Powerpoint presentation.

Director Myers updated the board with information from the Health Transformation group. She stated that:

- ◆ they have determined that a small number of Medicaid enrollees account for the largest portion of costs.
- ◆ Want to integrate physical and mental health
- ◆ Want to create medical/behavioral health homes
- ◆ Give a set amount of money plus have a capitated model but with quality regulations
- ◆ Are looking at dual coverage - Medicare/Medicaid for the highest users

She added that we need to consider:

- ◆ Ethics of Scarcity
- ◆ What non Medicaid services will we fund
- ◆ What populations will we subsidize
- ◆ Per Dr. Gillette - dynamic equilibrium
- ◆ Have to plan for Affordable Healthcare Act changes but it might change due to politics
- ◆ Medicaid is the largest purchase of mental health services and medications
- ◆ 1 percent of population accounts for 23 percent of Medicaid
- ◆ Lifestyle type of illnesses
- ◆ Care coordination vs. fragmentation
- ◆ Single point of accountability – health home could help people get what they need

With Medicaid the Federal share will be 90 percent and the state 10 percent at least to start with. The estimate is 200,000 will meet the SPMI criteria.

On the income side, childless adults that have not been covered by Medicaid will be covered and it will increase coverage up to 138% of poverty for parents and childless adults. This will reduce who we have to serve. The Health Benefit Exchange will cover persons up to 400 percent of poverty.

Director Myers told the board that she is sharing a conference call with another board (and splitting the costs) to talk with Dr. Gillette as they have a lot of the same questions. The state is limiting reimbursements to agencies. The Federal and State governments are cost-shifting to local governments. This raises issues such as housing – should we continue with the housing that we have, and how does the Board decide between programs, and current clients vs. clients just

discharged from the hospital. Dr. Hoag pointed out that there is a lot of uncertainty now but there is also opportunity to redefine our purpose. Chairman Bahnsen asked who is overseeing Medicaid services. Brad stated that they stopped doing Medicaid audits two years ago so no one is right now. Dr. Roylance stated that as a psychiatrist she worries about non-compliant patients-when they don't follow treatment, what do you do? S. Perry said she is concerned about people in rural areas having access to services. C. Bender stated that the VA Medicaid homes are mandated to provide services even if they aren't available in that person's area. They will put them on a bus to the big city go obtain needed services. Director Myers commented that this will be a very different system. She added that she is also researching accountability care organizations which are different from health homes. She also noted that she is concerned about clients getting the care they need.

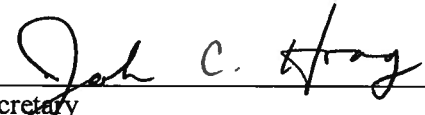
**ADJOURNMENT**

**RESOLUTION NO. 2-28-12-8**

**Be it resolved, upon motion by Dr. Masone and seconded by Dr. Roylance to adjourn the Board meeting. The motion was unanimously approved.**

The Board meeting adjourned at 8:20 p.m.

  
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Chair

  
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Secretary