

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

MINUTES OF MEETING

November 13, 2012

Approved

Board Members Present: Cindy Luxton, Gary Lothson, Eileen Dubin, Donna Schoenfeld,
Cheryl Brauer, Jane Dargatz

Board Members -Excused Absence: Jeff Whelan, Thomas Kirts

Board Members - Absent:

Other Persons Present: Merlin Wessels

Office Staff Present: Donna Moulton, Kathy Ostidick

1. CALL TO ORDER

The meeting was called to order by the President, Cynthia Luxton, at 6:32 p.m.

2. AGENDA

Mr. Lothson moved to approve the agenda; seconded by Ms. Dubin. The motion passed unanimously on a voice vote.

3. INTRODUCTIONS

Introductions were made.

4. COMMUNITY INPUT – Open Door Rehabilitation Center

The Open Door 3-Year presentation was made by Dave Baker, Executive Director. Notes are attached.

5. MINUTES

Ms. Dargatz moved to approve the minutes of the October 2012 Board meeting; seconded by Mr. Lothson. The motion passed unanimously on a voice vote.

6. CORRESPONDENCE AND ANNOUNCEMENTS

Nothing to report this month.

7. FINANCE REPORTS

Ms. Dubin moved to approve the November 2012 agency claims in the amount of \$147,900.88; seconded by Mr. Lothson. The motion passed unanimously on a roll call vote.

Ms. Dubin moved to approve the November 2012 office claims in the amount of \$415.34; seconded by Ms. Brauer. The motion passed unanimously on a roll call vote.

8. BOARD MEMBER ISSUES

There were no issues at this time.

9. OFFICE REPORT

Ms. Moulton reported that the Agency Director's meeting was last week and went smoothly with good discussion.

There is a new Medicaid rule limiting the number of covered prescriptions that went into effect 10/1/12 with no warning to patients, physicians, or pharmacies. Medicaid will now only cover four prescriptions, not just mental health drugs, but all drugs. In certain cases, Medicaid will allow additional coverage if the doctor writes a letter of medical necessity and even with that, may not cover certain drugs. Agency staff has started to put in a lot of time coordinating doctors and pharmacies to get the best coverage for patients. This may mean adjusting medications or making changes to dosage. This has been a huge challenge to all involved.

Ms. Moulton attended the I-Plan meeting at the Health Department and was asked to talk about what the Mental Health Board is going to do, moving forward. Ms. Moulton talked about our office planning to do a needs assessment in 2013.

The YESS school program is expanding to DeKalb.

Ms. Moulton and Ms. Luxton constructed a statement announcing the change in the Executive Director position.

10. COMMITTEE REPORTS

Executive Committee:

The 11/5/12 Executive Committee meeting was cancelled. Ms. Luxton met with Ms. Moulton to discuss several issues on the agenda this evening.

Finance Committee:

Mr. Lothson reported that the Finance Committee met and discussed the Ben Gordon Center renovation project which is on the agenda this evening. Also discussed was the Buprenorphine program procedure. Ms. Luxton added that the true purpose of the entire medication grant is intended for emergency situations.

Outcomes Committee:

This committee did not meet in October.

11. OLD BUSINESS

A. Open Meetings Act training:

Open Meeting Act training for current board members must be completed by the end of the year. New board members will have a three month window to complete the training.

B. Tax levy:

Ms. Moulton reported that the levy is at a good place at this time. The final budget approval meeting is the evening of November 21st.

C. Board membership:

Ms. Luxton reported that the office has received several letters of interest but is hoping to get a candidate from north county or south county. The open Vice President position was discussed.

D. RFP:

The Finance Committee discussed their recommendations for the GY13 RFP.

Mr. Lothson moved to approve a total GY13 RFP expenditure of \$77,557 as follows, Hope Haven \$10,000, Adventure Works \$6,472, DeKalb County Youth Service Bureau \$16,860, Open Door \$10,000, Safe Passage \$9,678, Opportunity House \$7,412, Family Service Agency \$7,135, Ben Gordon Center \$10,000; seconded by Ms. Dubin. The motion passed unanimously on a roll call vote.

E. Future meeting dates:

The board discussed the committee meeting dates. A final vote on the 2013 calendar will be needed at the next board meeting in December.

F. Funding request:

The Ben Gordon Center community room request was discussed. Several concerns arose and the Board requested that Ms. Luxton and Ms. Moulton meet with Michael Flora and David Castle to address these concerns.

12. NEW BUSINESS

A. Personnel:

Ms. Luxton and Ms. Ostdick are working with Bob Keller regarding the Executive Director search process. Ms. Luxton and Ms. Moulton prepared a statement regarding the position that was emailed to the agency directors.

B. Medication policy:

This was discussed during the Director's Report.

C. GY14 Grant application:

The grant application for GY14, which is sent out the first week of January, was discussed.

Ms. Brauer moved to approve the GY14 grant application; seconded by Ms. Schoenfeld. The motion passed unanimously on a voice vote.

13. CLOSED SESSION

There was no need for a closed session.

14. ADJOURNMENT - Next Board meeting date: 12/10/12 at 6:00 pm at Johnny's Restaurant

The meeting was adjourned at 8:53 p.m.

Respectfully submitted,

Cynthia Luxton, President

Kathy Ostdick, Recording Secretary

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

**To: Cindy Luxton, Donna Schoenfeld, Eileen Dubin, Cheryl Brauer,
Jane Dargatz, Gary Lothson, Merlin Wessels**

From: Kathy Ostdick

Date: 11/14/12

Re: Notes from the Open Door Rehabilitation Center presentation
to the CMHB on 11/13/12 to be included with the 11/13/12 Board meeting minutes
(recorded and typed by Kathy Ostdick)

Open Door Rehabilitation Center presentation to CMHB 11/13/12

Mr. Dave Baker, Executive Director of Open Door Rehabilitation Center, gave a presentation to the board. Mr. Baker started by saying that Open Door is in its 50th year. The challenges and focuses change. The mission has not changed which is to provide the highest quality services to clients. Open Door tries to stay area focused, especially with downsizing. Dave said that for all the years he has been with Open Door, he can not think of a time when there has been more uncertainty.

Dave said that the system has been rumbling loudly toward a medicaid-driven fee-for-service system. They have lost control of their front door. They used to be able to plan with aging parents for the care of their loved one, but now have no control, Medicaid dictates clients. Open Door used to be in tune with community need but no longer. Open Door is essentially a Medicaid contractor for the State of Illinois. They do still have a few local folks that they serve.

The Open Door population is staying relatively static. The population is aging so Open Door is serving folks longer. There is no day program service at this time. The grants for those programs have gone away. Supported employment as an option to the day program is a slim option. Competitive employment is difficult for Open Door clients.

Open Door has been forced to make difficult decisions. They no longer are accredited. They used to be accredited with CARF but it is too costly, both for the fee and for the staff time. Open Door does not have to be accredited for licensure or to get Medicaid funding. Open Door is running as lean as they possibly can.

Open Door's finances are in good shape. They recognized early on that the state was in trouble and adjusted to that issue. Dave said he believes that they will have enough money to move forward. Cash flow for DD services is a real stressor. Open Door is labor intense. From an operating standpoint, they are subjected to food prices, gas prices, etc. As they see Medicaid taking over, more and more of their revenue is in one basket. State contracts are about 85% of their revenue. They do not get much private pay and they do not take insurance. The residential program will accept Medicare but that is part of the client's rent.

708 Board funding is critical. It supports the Open Door infrastructure. They are running about as lean as they can. They have staff doing multiple jobs, not necessarily what they would want them to be doing, but what is now necessary. Open Door does have to maintain their staff/client ratio. The staff is getting tired.

Open Door is now serving about 115 in the day program. Contract work has 70-80. An interesting trend is that Open Door is seeing second generation caregivers. As parents are aging, siblings are taking over the care of clients. They are in the process of expanding their 4-bed homes into 8-bed homes due to efficiency. This will bring their total clients for residential up to 63. There is more community demand than beds.

Jane Dargatz said that in the school system they were always told to get parents of DD children to start planning for adulthood in Junior High School. Dave said this is difficult anymore. Open Door tries to help parents with the data base but that is the way it is done now. Dave said that Open Door now has to tell parents that they can not just take their adult children to a DD facility, they have to get on the state data base list and hope for their lottery draw to come up.

Dave said that Open Door received approximately \$10,000 for a Medicaid person in the day program for an entire year of service. This rate is a one-rate-for-all scenario. Some clients need more dollars of service and some a little less. Private pay rates are on a sliding scale and Dave is working with Opportunity House at this time to look at a fee structure for private pay in the future. Private pay is hugely rare however. If a client wants to be served in Illinois, they need to be Medicaid funded. DD Medicaid is a little different.

Cheryl asked about a waiting list and Dave answered that Open Door has to abide by the state data base list for clients so they really don't have a waiting list.

The strategic plan in the DD business has become more and more a question mark, they just need to react. Service strategic planning is a guess because of state involvement. They talk more in "what ifs" than anything. They are changing their thinking models from planning to reactive, to problem solving.

Open Door is now working with the Ben Gordon Center tele-psychiatry. This allows Open Door professional staff to stay off the road, to not have all that travel time which will be a cost savings.

Merlin Wessels asked about the IQ of those folks that are not eligible for the system. Dave answered that clients above 70 are not. Open Door had about 18 individuals that fell into this cut-off and were left out of the system. Because of Open Doors belief in community based services, they have continued to serve these folks.