

**Capital Area Human Services District Board Meeting  
Monday, May 6, 2013**

**Directors Present:** Christy Burnett, Chair, Gail Hurst, Vice Chair, Sandi Record, Gary Spillman, Kathy D’Abor, Denise Dugas, Dana Carpenter, Ph.D, Victoria King, Rev. Louis Askins, Kay Andrews, and Becky Katz

**Directors Absent:** Barbara Wilson, Jermaine Watson, Stephanie Manson, Amy Betts, and Kristen Saucier

**CAHSD Executive Staff Member(s) Present:** Jan Kasofsky, Ph.D., Executive Director, Carol Nacoste, Deputy Director

TOPIC	RESPONSIBLE PERSON	DISCUSSION	FOLLOW-UP
Approval of the May 6, 2013 Consent Agenda and Approval of the Minutes for April 1, 2013.  Emergency Ex. Dir. Succession  Chairperson’s Role  Board Member’s Code of Conduct		Christy Burnett called the meeting to order at 3:00pm. Kay Andrews made a motion to approve the April 1, 2013 minutes as written and to move the first bullet items under the Reports for the Chairman with the consent May 6, 2013 Agenda. The motion was seconded by Gail Hurst.	There were no objections and the motion passed
Compulsive Gambling Presentation	Matricia Green, CAHSD	Matricia Green, LAC, CCGC provided a presentation on Compulsive Gambling. The presentation included information on the types of gambling, myths versus facts, general impact, and the treatment and recovery process.	
Senator Broome DVD Senate Bill 71		In follow-up to the Roots of Violence meeting, Senator Broome asked Dr. Kasofsky if there was any legislation that she thought would be a good piece to put forward. Dr. Kasofsky identified a law that was being put together in Illinois and forwarded it to Senator Broome and she authored Senate Bill 71. A copy of the bill is included in the packet today. This bill is to create statewide mental health courts. There were minor modifications made that improved the bill. The bill has been through the 2 <sup>nd</sup> committee. Legislators and Judges were	

		<p>very complimentary of Senator Broome for understanding how important this is. The DVD played today was initially recorded for the recent BH Collaborative meeting. In the DVD, Senator Broome states that she is hoping and believes that Senate Bill 71 address mental health concerns in our communities. With the passage of Bill 71 along with continued community support &amp; the collaborative program, she believes we will see reduction in violence in our State. Senate Bill 71 is scheduled for committee hearings either next week or the following week. She is optimistic relating to the passage of this legislation.</p>	
Communications			
		<p><b>Advocate Vision Leaders: State Analyst defends Jindal policy.</b> On the back page of the article, Dr. Kasofsky &amp; Dionne Viator, BRGMC are cited as being pro-Medicaid expansion.</p>	
		<p><b>Man shot by police had history of mental illness:</b> The officers were not CIT officers nor informed that the man was mentally ill. He stabbed both officers seriously and was killed by the officers. Dr. Kasofsky stated that comments in the Advocate in response to the article showed the ignorance and insensitivity people have had toward the mother of this man. She is blamed for not doing a better job. For it to end this way has probably been this mother's greatest lifetime fear.</p>	
		<p><b>April Countdown:</b> The Countdown gives inside information on CAHSD internal operations. Dr. Kasofsky will be writing another Countdown in a few weeks.</p>	
		<p><b>Annual Public Forum on Substance Abuse, Prevention &amp; Treatment.</b> Many of the Board members were able to attend the forum. The attached report was forwarded to State Office. The last page has comments from people who attended. Approximately 180 people attended the Forum. Dr. Kasofsky stated that the comments support doing more work around Mental Health First Aid and Mental Health Courts. She hopes to be able to offer the Board members Mental Health First Aid training.</p>	
		<p><b>CIT Institute-9<sup>th</sup> Crisis Intervention Training.</b> The training is</p>	

		<p>scheduled for May 27<sup>th</sup>. The CIT invitation letter has gone out. Personal calls to all law enforcement agencies including the Police, Sheriffs, Baton Rouge Community College, Southern University, LSU, Probation and Parole are being made. CIT is a 40 hour training course. CAHSD continuously does the 8 hour post training. Dr. Kasofsky stated that if any Board members receive a request from people interested in the training, let her know and a rural outreach, an 8 hour training can be done.</p>	
		<p><b>Roots of Violence Report:</b> Some of the Board members attended this meeting. This was the program with U.S. Congressman Bill Cassidy &amp; Louisiana Senator Sharon Broome. This program was excellent and approximately 80 people attended. One of the outcomes of this meeting will be discussed in the DVD provided by Senator Broome and shown in this meeting.</p>	
WF Addiction Recovery Satellite		<p>West Feliciana will be closed for a while due to low utilization. Typically only 3-4 clients show for intensive outpatient treatment. Dr. Kasofsky stated that she has talked with probation parole officers and they have mostly been referring people to East Feliciana for multiple reasons. There are 42 active cases at East Feliciana and 7 were referrals from West Feliciana. No new cases will be admitted to the West Feliciana Unit. New cases will be seen in East Feliciana. Dr. Kasofsky stated that the numbers will be monitored and the WF facility will be reopened if needed. It is not feasible to spend \$30k to see 3-4 clients per visit. She stated that she has discussed the closure with Sandi Record. Dr. Kasofsky stated that the Strategic Plan called for her to conduct an assessment of all Satellites. The decision to close the West Feliciana clinic was made as a result of that assessment.</p>	
Satellite Mental Health Clinic Hours Tab 3		<p>Dr. Kasofsky stated that according to the Strategic Plan, she is to assess the utilization of satellite clinic hours. She explained that often people with mental health problems don't keep appointments. It is not a problem with walk-in clinics because there is always another client to see. When you only have scheduled appointments and 50% of the clients don't show and you've had a team of five professionals drive</p>	

		<p>out to that parish you have to do something differently. She stated that she has studied the situation and spoke with the clinicians. The team currently consists of a physician, a psych aid, a clerical person, a nurse and an LCSW. Beginning in June, she has decided to consolidate the hours in the clinics where CAHSD is working ½ days every other week. The hours will be extended in those clinics, decreasing their time on the road. On the way to the sites, team members are calling every client two days before their scheduled appointment and then again the day before their scheduled appointment. “No shows” will be called to find out why they didn’t show up and statistics will be kept. Instead of staff having ½ day back in clinics, they will have 1 ½ days. On the full day, they will all have an assignment and be utilized at other locations. On the ½ day they will work on notes and billing. She stated that CAHSD has gained 20% of each staff member’s time by not having them on the road as frequently. Physician time will be gained as well. There are personalized letters that the social worker will give to each of the satellite clients. The data will be monitored and the Board will be kept informed. Time was added in Iberville and East Feliciana. Dr. Kasofsky stated that she is available to speak with anyone who has concerns over these changes. The clinic schedules were distributed to Board members and each client will receive a letter and will be personally explained the changes. Denise Dugas questioned if transportation is ever cited as the reason why clients don’t keep appointments. Dr. Kasofsky stated that the follow up calls had not started yet but that transportation is always an issue except for in Iberville. The Sheriff in Iberville drives people in need of transportation to their appointments.</p> <p>Denise Dugas stated that BRGMC outpatient clinics provide transportation for about 60% of their clients or they wouldn’t be able to keep their appointments. Dr. Kasofsky stated that CAHSD is calling two days in advance because Medicaid transportation requires a two-day notice.</p>	<p>Provide Mr. Spillman with a copy of the contract.</p> <p>Provide statistics on WBR people seen in WBR &amp; EBR.</p>
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Behavioral Health Collaborative		<ul style="list-style-type: none"> <li>• Dr. Kasofsky stated that the Behavioral Health Collaborative met on April 19<sup>th</sup>. She stated that Denise Dugas &amp; Stephanie Manson were speakers. The agenda included hospital updates regarding what is being seen in their emergency rooms four days after MHERE closure, presentations from Magellan, Baton Rouge Crisis Intervention Center, and Roxon Welsh who spoke about the Family Youth Service Center, and HAART regarding HIV and the Ryan White funds.</li> <li>• Denise Dugas stated that the meeting was good. She provided information regarding the services provided by BRGMC and how they partner with CAHSD.</li> <li>• Denise Dugas stated that Stephanie Manson spoke about OLOL and the absorption of EKL patients, their clinics and urgent care.</li> <li>• Denise Dugas stated that in one day, BRGMC-ED had 10-12 additional mental health patients and has been busy ever since. They are averaging 4-5 mental health patients per day. It is challenging trying to place them or send them to CAHSD. They</li> </ul>	

		<p>are also seeing a lot of OB-GYN patients that used to go to EKL. They are seeing an increase in children.</p> <ul style="list-style-type: none"> <li>• Dr. Kasofsky stated that BRGMC has been working really well with the CAHSD Mobile Team. They are doing what they used to do at the MHERE in terms of connecting. Our Mobile Team is working well with the BRGMC social worker over social work services in the ER. The goal is to establish this type of relationship with all of the hospitals.</li> <li>• Dr. Kasofsky stated that the MHERE had about 156 clients per month after screening thru EKL.</li> </ul>	
Rep Ortego, HB 284		<p>Representative Ortego from Lafayette put together HB 284. The bill was killed this week in Committee. Rep. Ortego decided to put all the public hospitals in a specific district under the district management. For example, if EKL had not already been privatized, that would have come under CAHSD. Dr. Kasofsky stated that she thinks he may have been given false information about the fact that they would all stay hospital employees. She stated that wouldn't have happened, they would have become District employees.</p>	
Planning: BRCIC Session		<p>Dr. Kasofsky stated that she and Norma Rutledge, BRCIC Executive Director, recently met and scheduled a meeting to brainstorm on what was needed from BRCIC in the future. Apparently, Magellan is preparing to take over all of the all centers and BRCC could possibly be put out of business. They don't want to do treatment. Dr. Kasofsky stated that BRCC does a great job – they handle the phones including the 211 phone number. They have a real role around education. The goal of these meetings is to identify what is lacking in the community. Part of what they want to focus on is a bullying campaign. Dr. Kasofsky provided a brief overview of the discussion regarding bullying. She was surprised that parents constitute the majority of the bullying. Parents are over worked, no patience for their children, belittling them. This would be an incredible campaign. Gail Hurst stated that Pointe Coupee is conducting sessions teaching parents on how to speak to their children. There was discussion on the different ways parents bully their children.</p>	

<p>BH Crises Management Discussions</p>		<p>Tony Speier, PhD Assistant Secretary for the Office of Behavioral Health has been receiving a lot of pressure from a local legislator, around keeping track of what is happening in the community because of the closure of Earl K. Long’s Emergency Room. He asked Dr. Kasofsky to call together a group of hospital leaders to discuss what type of data elements that they would be willing to collect and share. They had a very good meeting. The coroner of EBR attended the meeting and Denise Dugas and Stephanie Manson both attended the meeting. There were two representatives from Lane. No one attended from Ochsner. Data points were agreed on. Data will be collected going back to January 2013 to show the baseline and move forward to October 2013 to document the impact of the loss of the MHERE on the local emergency rooms. It was a very good meeting and she appreciated having the two Board members there. Hospitals to invite data collection. The data will show that there are 2000 more people in the ERs who had used EKL. Craig Coenson, MD, President of Magellan, also attended. He stated that Magellan is willing to pay for a residential crisis unit which is not the same as a crisis receiving center but will provide stabilization and allows people to stay up to 5 days. If Magellan will pay for it, it may be possible to locate private providers who would be willing to provide the service if they know the reimbursement rate. CAHSD had the funding for the MHERE physician in our budget. This money should stay in our budget and we would be able to use that funding to pay for the indigent bed. We should be able to do this if CAHSD can put up the money for the indigent bed and a private company can bill Magellan for the Medicaid beds. That is the next step pending call from Magellan for private provider program. Dr. Kasofsky has not heard back from Magellan.</p>	
<p>Self-generated Revenue Report Practice mate Implementation, HER Tab 4</p>	<p>C. Nacoste</p>	<p>C. Nacoste stated that this is basically the same report as last month. Projections are done every month to review status. Right now the projection is an additional \$400K in revenue collections. There is an additional \$5K not reflected in this report that is related to private pay insurance. CAHSD is still looking at roughly a \$1.6 shortfall in</p>	

		<p>collections. All of our budget will not be spent this year because of the vacancies etc. and we won't encounter a deficit in operating revenue this year as a result of it, however, if this continues into next year will be problematic. The new practice management team is in place now. They are cleaning up old bills that reject in the system because of system errors, coding, name issues, DOB issues, and many other small errors. There are approximately 20-30 types of errors and they are not all because of CAHSD staff. Magellan didn't provide a drop down menu for certain rates and CAHSD was stuck with lower rates because there was no access. Now with the drop down box, we are able to bill at a higher level.</p> <p>Within the next few weeks, we should begin to see collections surge. CAHSD has not been able to bill Medicare for services provided because of Clinical Advisor. CAHSD has implemented an electronic billing system for Medicare and private insurance.</p> <p>C. Nacoste stated that denied claims are not considered accounts payable because they are denied. Magellan doesn't carry accounts payable in their system because there is no accounts receivable component built into the system. Magellan claimed they put an accounts payable component in last week but it is still not working. Anything put in from the point they actually turn it on forward will be out there but it is not turned on at this time. CAHSD established an accounts receivable system outside of clinical advisor in which we could track our accounts, outstanding receivables, and push bills through on the private side. C. Nacoste stated that today she learned the nursing claims are being denied because of the 365 day filing limit. Magellan just approved paying the nursing services two weeks ago. She stated that the 180 day extension has not been approved. This means that everything billed last March or April will not be reimbursed. The hope is that this will be fixed so that CAHSD can be paid for the services provided.</p>	
Legislative Fiscal Audit		Dr. Kasofsky explained that the Legislative Fiscal Auditors come in	



Report		<p>every other year to audit CAHSD's financial practices and our policy. This year, the only thing they are looking at is Magellan and payment of the bills that are being submitted. K. Lee-Muzik put together a detailed report with all supporting documentation regarding the claims payment status. Dr. Kasofsky stated that when a legislator asked her if CAHSD was being paid in a timely way, she suggested that he call the Legislative Fiscal auditor. She reported that the legislator made the call to obtain information. Denise Dugas stated that there was recently a bill relating to transparency/open books for all Bayou Health and Magellan. She is not sure if the bill passed.</p>	
Contract Reductions		<p>Dr. Kasofsky stated that she is required to advise the Board prior to implementing contract reductions. As of this time, the contractors have not received the letter regarding contract reduction information. C. Nacoste provided an overview of each page of the attached report. The first sheet related to the mental health block grant and showed how CAHSD intends to use the funds. The third page is related to the reductions in contracts. All contracts in place are listed with the provider to the left, a description of the service and the type of funding they have for the current year. The report indicates the fiscal year 2013 dollar amount and the proposed 2014 fiscal year dollar amount of contracts. Next year CAHSD will have a 30% overall reduction in MH contract services. Many of these services are actually services that these providers can bill through Medicaid if the client has Medicaid. DHH recommended these reductions and provider billing for the services and this was supposed to have been done this year. Because of the problems CAHSD was experiencing and knowledge that smaller providers are experiencing even more problems in resolving billing issues, Dr. Kasofsky opted not to apply the cut this current year but we are applying it next year. This gave the providers a year to get their billing systems up and running and to resolve any billing issues. The same applies to substance abuse. There are substance abuse services that are being reimbursed by Medicaid such as inpatient and outpatient services. We are also getting a \$150K reduction in substance abuse block grant that DHH</p>	

		normally gives CAHSD. Of this \$258K reduction in substance abuse contracts, DHH has reduced our funding by \$150K. So we are actually reducing contracts an additional \$100K to offset some of our expenses. What happens with contract dollars is that they will assist us in paying for treatment services in our clinic. There was discussion regarding Gulf Coast Respite contracts for adults/children. Both of these contracts have used less than \$5K of their funding. C. Nacoste stated that unused funds do not roll over. These two contracts won't be renewed. These people either have Medicaid or there are other services that can provide the same type of services for them or the CAHSD Mobile Team will go in and stabilize them. There was discussion regarding funding of the police mentors. CAHSD will continue to fund one police mentor with CAHSD money. The BRAVE program will contract with CAHSD and be able to continue working with kids identified through BRAVE.	
Ends Policy Status Update Tab 7		Dr. Kasofsky stated that the Ends Policy Update is her semi-annual report to the Board on how CAHSD is doing with strategic plan. The Board members will read outside of the meeting and it will be on the Agenda for next month.	Ends Policy Update on June Agenda
Board Membership Status:		Iberville membership recommendations have been submitted to the Governor. EBR membership will be presented at the next meeting on 5/8. WBR membership will be presented at their next meeting, and EF membership will be presented at their next meeting on 5/21. No change for Pointe Coupee.	
Report from Chairman			
Board Policy Review by Direct Inspection/board Business			
		<b>Board Members Code of Conduct page 26.</b> Kay Andrews stated there must be a typographical error. It says "To my knowledge this board and each individual member is in compliance with both of the policies under #1 and #2." She stated that this is not how the policy reads. It should read "must remain in compliance." The way that it is written is like a monthly report after the review stating "we are in compliance." K. Andrews will email the correct policy verbiage to	K. Bray to revise and resend to all Board members.

		K. Bray. Include this in the items moved with the consent agenda.	
Board Member Self-Evaluation Form Distributed Tab 7		The Board Member Self-Evaluation form was distributed to the Board members. The forms can be completed anonymously. Director means each Board member.	Board members are to return the self-evaluation form at the next meeting or before.
Slate of Officers Presented by Nominating Committee Tab 8		The Nominating Committee presented the following slate of officers to be voted on at the next meeting: Vickie King, Chair Kathy D’Albor, Vice Chair.	
Policy Review: Global Governance Commitment		Amy Betts was to provide a review of Global Governance Commitment but was absent from the meeting. In her absence Kay Andrews reviewed the policy. She stated that the Board is in compliance and in line with the policy.	
Next Assignment		Denise Dugas volunteered to review the Governance Process Governance Style page 20 of 58 for the next meeting.	
		Dr. Kasofsky stated that she would be out of town next week but will have her phone with her if needed.	
Community Participation	Christy Burnett	There was no community participation.	
Next Meeting	Christy Burnett	The next Board meeting will be held on Monday, June 3, 2013 @ 3:00p.m. @ 4615 Government Street, Building 2, Baton Rouge, LA in Conference Room 200. There will be no Board meeting in July.	