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| **L*ouisiana*****C*ommission on* A*ddictive*****D*isorders*** |  |  |
|  | ***MINUTES******October 2010*** |  |
|  |  | ***10/26/2010*** |

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| **COMMISSION MEMBERS PRESENT:** | Freddie LandryLloyd HernandezKathleen LearyTom Lief | George McHughShelley MocklerJon Lance NickelsonTony Wick |

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| **COMMISSION MEMBERS PARTICIPATING VIA****CONFERENCE CALL:** | NONE |  |

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| **COMMISSION MEMBERS ABSENT:** | Lana Bel | Denise BristerKathy Hayward |

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| **OBH / HQ STAFF ATTENDING:** | Kathy KliebertJoyce Ben | Dr. Rochelle Head-DunhamDaryl Koerth |

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| **GUESTS IN ATTENDANCE:** | NONE |  |

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| **I. Serenity Prayer & Roll Call** |

 Freddie Landry called the meeting to order. Lloyd Hernandez led the Commission members in the Serenity Prayer. Daryl Koerth conducted roll call.

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| **II. Approval of September Minutes** |

 The members of the Commission reviewed the September meeting minutes of the Louisiana Commission on Addictive Disorders. Ms. Landry called for a motion to approve the minutes. Tom Lief made a motion to approve the minutes, pending a correction. Correction noted, Tony Wick seconded the motion to approve the minutes. All were in favor, and the motion to approve the September meeting minutes passed.

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| **III. High Priority Departmental Initiatives** |

 ***Privatization***. Kathy Kliebert, Assistant Secretary of the Office of Behavioral Health, gave the Commission an update on the privatization process for six addictive disorders inpatient treatment facilities. Ms. Kliebert stated that the Office has awarded three-year contracts for the privatization of these facilities to the winning proposers, whom she identified for the Commission members. Implementation of all contracts will take place in November. Ms. Kliebert noted that the chosen contractors are willing to interview and potentially hire the existing state employees at these facilities, including displaced state employees from a previous layoff at Central Louisiana State Hospital. In addition, she stated that new requests for proposals are scheduled to be released soon for other programs that are already contract services, since the terms for the existing contracts are due to expire soon. Ms. Kliebert assured the Commission that the contracts maintain accountability to OBH for all program outcomes and requirements.

 This statement spawned a discussion concerning the regulation and monitoring of programs. Dr. Dunham clarified the Medical Director’s role in regulation and monitoring. Ms. Kliebert added that our ability to monitor outcomes more clearly will provide an opportunity for the improvement of services through targeted technical assistance. Tom Lief reiterated his concerns about the competence of the addiction workforce and the ability of the agency to maintain certification and licensure standards. Kathleen Leary suggested that research be conducted to demonstrate why addiction and mental health separated in the first place, to avoid a “mental health” model. George McHugh stated that a comprehensive assessment of training needs will be important in maintaining the competence of the workforce during the consolidation. Dr. Dunham responded by stating the new Deputy Assistant Secretary of Development, Tony Speier, is working with Quinetta Womack, Executive Director of Workforce Development for Addictive Disorders to develop a workforce development plan that matches the OBH mission. A “mental health” model is not such a concern, she says, because addictive disorders has a very effective data collection and reporting model, and data will inform and drive decision-making with regard to shaping the structure, functionality, and service delivery model of OBH.

 Lloyd Hernandez inquired about the source of funding for these privatized contracts. Ms. Kliebert stated that the funds are currently drawn on the State General Fund allocations for the OBH budget, and that OBH is currently exploring new funding streams and strategies to help minimize the fiscal footprint of these contracts on the existing budget and expand service capacity in the future.

 Kathleen Leary commented that it would be helpful to open the lines of communication between OBH and providers, the community, and other stakeholders even further regarding this privatization process. Communication of the realities of the process, she stated, is the key to stopping the “rumor mill” that surrounds the OBH consolidation and program privatization initiatives. Joyce Ben, Regional Administrator of OBH-AD Region IV, stated that an emphasis should be placed on the need for education about addiction. Ms. Kliebert responded that open communication remains her top priority with regard to the consolidation and privatization efforts.

 ***Budget Update***. Ms. Kliebert gave the Commission a brief update on the status of the agency’s budget. According to Ms. Kliebert, the state has estimated another shortfall in the previous year’s budget of $102M, plus $50M from a projected Medicaid deficit. The Department of Health and Hospitals is responsible for compensating for a total of $70M of that shortfall before the start of the New Year. The origin of this $70M shortfall is two-fold: $20M from the Department’s operations, and $50M in Medicaid expenditures. The Office of Behavioral Health was able to absorb its share of these shortfalls in two ways. First, OBH moved money from accounts that held funds no longer obligated for projects that were never implemented. Second, vacant positions were eliminated: 11 vacancies at OBH Headquarters, and 10 vacancies at the Regional level.

 Ms. Kliebert also gave the Commission an update on the rest of the Department’s fiscal troubles to emphasize that OBH is not the only agency facing severe budget issues. According to Ms. Kliebert, the Office of Public Health is engaged in the layoff of 134 employees at Public Health Units around the state and 10 employees at the state office. The Office for Citizens with Developmental Disabilities has been forced to lay off 78 employees. The Office of the Secretary is planning the layoff 40 employees. Medicaid is cutting costs by consolidating several eligibility offices around the state and reducing reimbursement rates for providers an additional 2% and 7%. In addition, beginning in Fiscal Year 2011, our Medicaid “match” funding will reduce from 80/20 to 67/33.

 Joyce Ben, Region IV Administrator for addictive disorders, stated that she has budgetary concerns with regard to consolidating the addiction and mental health facilities around the state. Consolidation, she said, means losing addiction facility licensure, which is commonly required by addiction grant funding streams.

 ***Coordinated System of Care Update***. Dr. Dunham gave the Commission a review of the Coordinated System of Care’s structure and purpose, including a few new details that have emerged in shaping this service delivery strategy. The initiative proceeds through consultation with Mercer, an organization with extensive experience in developing this type of system in other states. The idea, she says, is to move toward a managed health care system. According to Dr. Dunham, OBH is “front and center” in this initiative, and will serve as the State Purchasing Organization because its targeted population (addiction, mental health, and co-occurring disorders) has the most overlap with other services such as criminal and juvenile justice, and social services. OBH, as the State Purchasing Organization, will have administrative oversight of the State Managing Organization, which will be accountable for managing the coordinated provider networks and support services organizations.

 Dr. Dunham went on to explain the status of Medicaid reimbursement negotiations. Essentially, Medicaid dictates where OBH has the authority to spend Medicaid funding. This means that OBH has two options for receiving Medicaid reimbursement: 1) change the state plan to include a broader population the agency is mandated to serve, or 2) develop a waiver system that operates based on Medicaid approval by waiver per service.

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| **IV. Region IV District Status Discussion** |

 The Commission invited Sydnie Mae Durand, a former legislator, to speak at the meeting. Ms. Durand currently serves on the Acadiana Area Human Services District Board of Directors, comprised of 10 members, which is responsible for readying Region IV to make the transition from a state-administered to a District model of administration. According to Ms. Durand, the Board of Directors has an appropriate mix of professional knowledge, skills, and experience from several disciplines. She stated that this board is “one of the best boards I’ve served with.”

 Ms. Durand gave the Commission a brief background on this process, stating that Act 373 created the Acadiana Area Human Services District. The District comprises seven parishes in the area surrounding Lafayette. She displayed a flow chart of the readiness process for the Commission and dictated at what stage AAHSD is currently. She said that sometime between March and June of 2011 the Board of Directors would be able to hire an Executive Director. Ms. Durand explained her perspective that because the District will be an entity separate from the state’s direct administration, people and private foundations may support it more freely than they do the state-administered system. However, she reported, the AAHSD Board of Directors is supportive of state-level guidance in getting off the ground in operations and development. She stated that board meetings are open for the Commission members to attend, should they want to do so.

 Tom Lief asked about Native American representation on the Parish Council and Board of Directors, as well as whether there is a focus on the special needs of Native Americans in their discussions. Ms. Durand said there is currently no such focus, but that Mr. Lief is free to raise these issues for the board’s consideration. He stated that he could point them in the right direction of training on the special issues Native Americans face.

 Ms. Ben spoke to the Commission next regarding the status of Region IV. She welcomed the Commission and passed out a packet of information on the Region’s service matrix and prevention services. She stated that due to budget issues, the Region is losing staff through both attrition and layoffs, but managing to maintain services. George McHugh asked about Region IV’s progress in addiction/mental health integration. Ms. Ben responded that she and her staff are engaged in ongoing efforts to facilitate open communication between addiction and mental health personnel, as well as educate mental health personnel about addiction and the benefits of addiction prevention and treatment.

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| **V. Resignation of Denise Brister** |

 Freddie Landry read the Commission a letter sent by Denise Brister, Commission representative for the Alexandria area, announcing her resignation from the Commission for personal reasons. Ms. Landry asked Mr. Koerth to file the letter in the Commission’s permanent records and inform the appropriate authorities so another representative may be appointed.

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| **V. Next Commission Meeting** |

 The next meeting of the Louisiana Commission on Addictive Disorders was discussed, and the date, time and location were set. The next meeting will take place in Baton Rouge, at OBH Headquarters, from 1:00 p.m. to 3:00 p.m., on Tuesday, November 16th.

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| **VI. Adjournment** |

 Freddie Landry called for a motion to adjourn the meeting. Tom Lief made the motion to adjourn, and Tony Wick seconded the motion. The meeting adjourned at 3:21 p.m.