

CHIEF EXECUTIVE OFFICER'S REPORT

OCTOBER 2016

Community Corrections – As you are aware we received a letter from Director Jeanne Smith, Director of Criminal Justice stating that we are in breach of the IRT contract. This an exclusive contract and is not related to the Community Correction contract that we have with the 12th Judicial Community Corrections Board. I have made contact with Director Smith about the program and sustainability of the program regarding the workforce. I got the impression that she is moving to closing the program and is working through the process to get approval from her leadership. I spoke with Judge Kuenhold and informed him what I have learned. At this point they have asked for the roster of the clients in the program, presumably to determine a transition date. We will have an action request from the board given what has transpired and any potential fallout.

On site Pharmacy – We have been approached by Genoa to place a pharmacy in our main building. They have assessed the agency and community need for this service and gave the go ahead to invest in the building out the pharmacy at their own expense. They will also lease the space. We offered the same location we had for our first pharmacy attempt 4 years ago. This will be a great addition to what we offer and will be available to staff and clients. They can also service the community needs as well. The contract will be on the agenda for the Asset Corp for discussion and approval.

Tele psychiatry Services – Dr. Firnberg is no longer providing psychiatric services for the mental health center, which has prompted us to fill this particular service need with tele psychiatry services from two venders. We have been in this position before and were extremely lucky to have his services as an onsite Psychiatrist for the time we did. The position will be extremely hard to fill as there is a national shortage of psychiatrists. We have to fill the need through this type of contract and also have contract with a lease company for a Nurse Practitioner. Jennifer Silva reports that all is going as scheduled and we will have what we need by the end of this month.

ICHP – The board continues to assist in guiding the Director as she is dealing with the daily duties of managing the contract obligations. We have supported her in personnel changes and the way the board meeting are now structured. We have gone to an executive board model similar to the B Board when contract obligation and policy is discussed. The whole board takes on the big picture needs of ICHP. The struggle for the board is the question of, do we have the right combination within the board membership that will make us successful in the RFP. This discussion is continuing.

RFP – The Draft RFP is out for public input and consequently was the only agenda item at the CBHC retreat. This is the document that everyone is trying to interpret and is the one we sent you last week. The biggest concern is that there is no financial information on the rates. This one item alone did not allow the members to fully discuss the implications of the RFP or engage an actuarial firm to provide an opinion if the rate (not known at this time) can sustain the services they want delivered. It is the opinion of many that it is an incentive driven model, where you are punished financially if you do not perform and rewarded if you do. This appears to be designed as a fee for service model and almost no mention of capitation. There are questions about who can be a contractor and what license will can a system like ours qualify for. This one item alone has huge implications for who can play in the sand box. There is equally much confusion on the PMPM and who gets paid for what. We hope to develop a chart to sort this out. It is now evident that the model they have put forward will be used across the state and no rural consideration has been given around small population growth and low volume of services. The work force shortage is also a big concern if they do not allow lower credential staff to provide services. There are many other concerns that are being investigated to determine if they are a game changer. As these are flushed out we will be sending them out to you so that you can keep pace with a very fast evolving system. The RFP is also requesting input from stakeholders and we will need to organize a large community response and submit our concerns through the channel that they have created.

At this point the current design is for the BHO's to go away and be replaced with the RAE which in our case is ICHP. The other considerations are with the changes that are being anticipated at the federal level and how Medicaid expansion will be affected.