

# SCFAC MEETING MINUTES

**Date**: 2-10-2016 Time: 9am-3pm Location: Dix Campus- Brown Building / conf. room 104

MEETING CALLED B	Kurtis Taylor	/ Chair of the	e State CFAC		<u> </u>		
TYPE OF MEETING State CFAC							
ATTENDEES							
С	OMMITTEE ME	MBERS			STAT	E STAFF ATTENDEES	
NAME	AFFIL	IATION	PRESENT	NAME		AFFILIATION	PRESENT
Kurtis Taylor	Chair		Х	Stacey Harward		E Team	Х
Ben Coggins	Vice chair		Х	Wes Rider		E Team	Х
Mike Martin	Alliance Beha Healthcare		Х	CJ Lewis		E Team	X
Mark Long	Cardinal Innov Healthcare			Suzanne Thompson		ervisor of the CE&E Team	X
LaVern Oxendine	Alliance Beha Healthcare	vioral	х	Glenda Stokes		ervisor of the Customer vice & Community Rights m	Х
Doug Wright	Alliance Beha Healthcare	vioral	х	Ken Schuesselin		sumer Policy advisor	х
Ronald Rau Jr.	Sandhills Cen MH/DD/SAS	ter for	Х	Eric Fox	CE8	kE Team	х
Anna Cunningham	Alliance Beha Healthcare	vioral	х	GUEST			
Brandon Tankersley	Alliance Beha Healthcare	vioral		NAME	AFF	LIATION	
Dennis Parnell	Alliance Beha Healthcare	vioral	х	Courtney Cantrell PhD	Dire	ctor Division of MH/DD/SAS	
Bev Stone	Trillium Health	Resources	х	Dee Jones		O for the Division of Health efits	
Catreta Flowers	Trillium Health	Resources	х	Dave Richard	Dep Divi:	uty Secretary for the sion of Medical Assistance	
Johnny Johnson	Trillium Health		х	Secretary Rick Brajer	Sec	retary of the Department of Ith and Human Services	
Bonnie Foster	Cardinal Innov Healthcare	vations		Rhett Melton	CEC	of Partners	
Wayne R. Petteway	Trillium Health	Resources	x				
John Duncan	Cardinal Innov Healthcare	vations	Х	Dan Orr			
Nancy Carey	Smoky Mount	ain Center		Misty Martin			
Deborah E. Page	Cardinal Innov Healthcare		х	Dave Hughes			
Patty D. Schaeffer	Partners Beha Center		х	Caroline Ambrose		Alliance CFAC Chair	
Benita Purcell	Cardinal Innov Healthcare	vations	х	Felicia Stroud			
Marie Britt	Eastpointe			Lisa Nesbitt		Disability Rights N	NC
				Bob Crayton		Alliance CFAC	

1. **Agenda topic:** Introduction of new member-Benita Purcell ,Approval of Agenda and Minutes **Presenter(s):** Kurtis Taylor

Discussion	Introduction of New Member – Benita Purcell
	Approval of Agenda
	Approval of Minutes
Conclusions	Introduction completed

	Agenda approved State to Local conference call Minutes approved SCFAC Minutes approved		
Action Items		Person(s)	Deadline
		Responsible	
		Chair	April or May
			SCFAC meeting

2. Agenda topic: State Plan Feedback Presenter(s): Kurtis Taylor

Discussion	•	Review of plan	-	
Conclusions		Final plan has not been completed at this time		
Action I tems Person(s) Responsible Deadl			Deadline	
Invite Dawn Johnson back to the State CFAC once document is		Chair	April or	
completed with changes.				May

completed v	viin chan	ges.		iviay			
2 Amaz la la l	2. Amondo tonio: Undete frem the Cub committees						
	3. Agenda topic: Update from the Sub committees Presenter(s): Chairs from committees  Discussion Subcommittee's provided updates and projects that they are working on at this time.						
Discussion	Subcommittee's provided updates and projects that they are working on at this time.						
_Conclusions			the committees				
Action Items			Person(s) Responsible	Deadline			
0		n Tankersley – discussed the push for consumers					
		ople with lived experience to be on the steering					
		tee for CCBHCs (Certified Community Behavioral					
		Clinics)- at this time it is at 17% and the plan is for it a 51% - Dr Cantrell's meeting with the LME/MCOs					
		ning the establishment/ discussion of CCBHC efforts,					
		es are applying for a federal grant for CCBHCs - only					
		e chosen.					
0		chaeffer passed out a resource on family guide book					
		erminology poll- concerning name and reference of					
		mers" in documentation.					
0	Force-	aylor provided update on Governor's MH/SA Task					
		we reduce stigma attached to treatment and					
		y. Kurtis is a member of the Opioid Epidemic					
		ess sub- committee- people are dying from this at an					
		g rate. Main overdose is heroin. Sub-committee					
	made several recommendations on being to increase the						
		to Naloxone.					
0		uncan—listening sessions that the state holds- would					
		SCFAC and Local CFACs to have more input in ssist with time and locations, planning of the listening					
		s. – Explained that the Listening sessions are					
		ed by DMA and that DMH-CE&E team just assisted					
		ations. Anna Cunningham stated that if there are any					
		nities who are not getting the notifications concerning					
		ning sessions to notify the state because the					
		tion has been out concerning these for several weeks					
		the meetings.					
0		n Tankersley—Recovery & Self Determination-stated					
	that more efforts be put towards Community Guides for people with I/DD.						
0		unningham- Data Com – working on the Survey for					
		r, would like to use Survey Monkey for this year,					
		on getting the kinks out of It., would like to have					
		sk team to turn in at least 2 questions for survey.					
0		ggins – State to Local Call – gave brief update					
		ng the call from January 20, explained about the ELT					
	{Execut	ive Leadership Team} calls that occur on the last					

- Monday of the month at 5:30pm for chairs to discuss the agenda for the next call.

  O Ron Rau- Veterans task team-has attended advocacy training in Raleigh, Flo Stein suggested that the committee contact the LME/MCO who provide services for the Vets.

  Announced the new VA healthcare centers that are opening up or has opened. Charlotte and Kernersville. A new one in
- 4. Agenda topic: Public Comment Presenter(s): Public

Fayetteville has already opened.

Discussion	1 2 3 4 4 • E s	adherence and involvement that the CFAC is Regarding family law and guardianship / limit www.wsba.org  Please respond to my previous suggestions is Commented that only psychiatrists should be medications. Doctors should also be mindful prescribing. This is leading to addictions.  Bob Crayton- thanked Ron for taking on leadershiptated that there was a community forum in Alam Dose at a Time" about 100 people were in attending	The letters from SCFAC dated Dec 31 are a significant improvement to the lawful adherence and involvement that the CFAC is required to accomplish.  Regarding family law and guardianship / limited license legal technician <a href="https://www.wsba.org">www.wsba.org</a> Please respond to my previous suggestions regarding 122C-171 law revisions.  Commented that only psychiatrists should be allowed to administer psychotropic medications. Doctors should also be mindful of the amount of dosages they are	
Conclusions	•			
Action Items			Person(s) Responsible	Deadline
•				

4. Agenda topic: Public Comment Presenter(s): Public

Discussion	Public comment / continued		
Conclusions	•		
Action Items		Person(s) Responsible	Deadline
family members a waiver does not al someone refuses services. She has	n – would like to bring to the forefront the need for s paid support- the new TBI (Traumatic Brain Injury) llow for family members to be paid for care. If a staff member then it is documented as a refusal of talked with people who are considering moving out r needs are not being met.		

5. Agenda topic: Division update Presenter(s): Dr. Courtney Cantrell

Discussion	Provided update on Division
• Conclusions	<ul> <li>I/DD listening sessions happening around the state in 9 locations over February and March. At this time feels that they are going well and that they are getting good feedback.</li> <li>Having Listening Sessions concerning CCBHCs during the day prior to the I/DD listening sessions for providers.</li> <li>At this time they are working on how to get family and consumers involved in the process of becoming part of the CCBHC steering committee.</li> <li>Would like to ask for the SCFAC to provide recommendations "What would you like to see in the community"? Make specific recommendations. If needed provide additional documentation to support your recommendations.</li> </ul>

		•
• Co	onclusions	Had received and read the 3 letters that the State CFAC had sent to him.
		Would like to keep communication open and real.
		Asked for a brief history of the SCFAC – Kurtis Taylor (chair) provided this to him.
		Asked the SCFAC what is not working in the LME/MCO system—
		Brandon T uninsured not getting the care they need is a major concern.
		Wayne P. – Transportation across the state is horrible people have to move where they
		have transportation so they can get services-in doing this they move away from their
		family support system.
		Kurtis T the \$153M 2 <sup>nd</sup> year cuts that have been proposed needs to be stopped. Prior
		to services having to be cut to help pay for the Legislative cuts. Example of services that
		could be effected would be Peer Support.
		Anna C.—cuts will affect all over services- the current staff will be able to make more
		money working for fast food restaurants then to continue to work with clients. This will
		affect the quality of staff that providers will be able to hire. Stability of the system is in
		jeopardy.
		Benita P. stated that local presence is needed to be maintained instead of going to a
		Private system such as Blue Cross Blue Shield.
		Patti S.—there needs to be cohesion in services, staff gets caught up in the paperwork
		and not in the actually work with the consumer More focus on early intervention such
		as peer support—should be reimbursable.

Action Items		Person(s)	Deadline
		Responsible	
6. Agenda topic: Upda Presenter(s): Secretary I	ate from Secretary Richard Brajer R. Brajer		
wanted to listen to wl	nerable" populations. Secretary Brajer stated that he hat the SCFAC finds as most important from State Wants to see reality through your eyes.		
composition comes Commissioner app appointments, and Programs. The 6 s	by the group exists due to statute and that the strom Secretary appointments, NC County sointments, Senate appointments, House appointments from the NC Council of Community statutory requirements were reviewed and gaps and ses to the top of the list.		
	e provide for the uninsured. People are just being icaid expansion would be very helpful.		
Be mindful of peop	le in rural counties – services do not exist.		
It was asked as to will	hether the LME/MCOs have \$862M in reserves.		
3	ds to be a complete continuum of services. Despite re needs to be more focus on earlier intervention.		
Action I tems		<ul><li>Person(s)</li><li>Responsible</li></ul>	•

## 7. Dee Jones – COO of the Division of Health Benefits:

 As per September 23, 2015 legislation, March 1, 2016 is the deadline for a legislative report and draft of the new waiver.

- In October 2015 the process began and there were several stakeholder meetings.
- We have been working with Mercer and now have both a report and a draft of the waiver.
- Come mid-March to mid-April there will be a 30 day period for public comment.
- Again, this is just a preliminary draft. On June 1<sup>st</sup>, 2016 we will submit the waiver to CMS. It is likely to take about 18 months or longer for CMS to approve the waiver. During that time there will be elections. It is a challenge to work on implementation of a waiver that has not yet been approved.
- All feedback including State CFACs top 5 concerns become part of the packet that will be sent to CMS.

## 8. Dave Richard - Deputy Secretary of the Division of Medical Assistance;

- Stated that he liked the fact that State CFAC started off with the recommendation for the expansion of Medicaid. This is not part of the 1115 waiver submission however. There is no authority.
- CFACs are legally required to continue in some fashion.
- March 1<sup>st</sup> is the legislative report / covers 14 specific points / a draft of the waiver (referred to as the Swiss cheese version)
- June 1<sup>st</sup>, 2016 an official draft needs to go to CMS.
- Flexibility in spending is a desire.
- There will be another period for public comment / that one will be for 45 days.

### 9. Rhett Melton - CEO of Partners Behavioral Health

- 2012 Pathways, Crossroads and Mental Health Partners merged together
- 8 counties / 160,000 Medicaid recipients
- There are 5 goals --
  - o 1) integrated care
  - o 2) branding & awareness
  - o 3) 350 staff / growth and development of staff
  - 4) reporting on outcomes not outputs
  - o 5) positioning Partners in the face of Medicaid reform
  - culture of transparency
  - Partners has seen an increased value in their CFAC over time
  - There is money for fund balance / risk reserves / and b3 services
  - \$10 M year 1 cuts / \$14.5M for year 2 cuts for Partners
  - o It was mentioned that approximately \$2.5M of \$4M is utilized for b3 services.
  - o State CFAC said that they wanted more clarity on the \$824M that LME/MCOs have in reserves.

#### 10. Announcements

- o Friday, April 22 from 9:30a to 3 or 4 pm will be the next Statewide Collaborative CFAC meeting hosted by Smoky CFAC. It will be in Asheville.
- o Please turn in your terminology polls to Patty S.
- Kurtis Taylor / Martha Brock has asked the SCFAC for support to have a memorial established for Dorothea Dix. At this time she has just under 600 signatures and would like to create a national monument in her honor.
- o Anna C made a motion to endorse the letter as written with the intent of having a monument / Bev S seconded the motion. All members voted in favor of the motion. Motion passed.
- Anna C and Ron R seconded a motion that an ad-hoc committee of the State CFAC be established in order to draft State CFAC's top 5 recommendations for Courtney. This was unanimously approved. Anna, Benita, Kurtis, Johnny, and Brandon will be the 5 State CFAC members to make up the ad-hoc committee.

Meeting Adjourned: 3:00 pm

Next Meeting: Wednesday, March 9, 2016