



State Consumer & Family Advisory Committee (SCFAC)
MEETING MINUTES

Date: June 8 2016 **Time:** 9-3pm **Location:** Division of Health Service Regulation: Dix Campus – Brown Building, Hearing Room 104, 801 Biggs Drive, Raleigh NC

MEETING CALLED BY			Ben Coggins – Vice Chair		
TYPE OF MEETING			SCFAC		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Ben Coggins	Vice Chair - Partners	x	Stacey Harward		<input type="checkbox"/> x
Benita Purcell	Cardinal	x	Eric Fox		<input type="checkbox"/> x
Doug Wright	Alliance	x	Wes Rider		x
Mark Long	Alliance	x	CJ Lewis		x
LaVern Oxendine	By phone - Alliance	x	Suzanne Thompson		x
Wayne Pettaway	Trillium	x	Glenda Stokes		x
Patty Schaffer	Partners	x	Ken Schuesselin		x
Bev Stone	Trillium	x			
Nancy Carey	SMC	x			
John Duncan	Cardinal	x			
Mike Martin	Alliance	x	GUEST		
Ron Rau	Sandhills	x	NAME	AFFILIATION	
Deb Page	Cardinal	x	Dr Courtney Cantrell PhD	Director, Division of Mental Health, Developmental Disabilities & Substance Abuse Services	
Catreta Flowers	Trillium	x	Leza Wainwright	CEO Trillium	
Dennis Parnell	Alliance	x	Renee Rader	Division of Medical Assistance	
		<input type="checkbox"/>	Bob Carey	Family member	
		<input type="checkbox"/>	Caroline Ambrose	Alliance CFAC Chair	
		<input type="checkbox"/>	Bob Crayton	Alamance/Caswell CFAC Chair	
		<input type="checkbox"/>	Juanita Jefferson	Cardinal Innovations staff	
			Gail Gough	Community mental health advocate	

1. Agenda topic: Welcome

Presenter(s): Ben Coggins

Discussion	<ul style="list-style-type: none"> Reviewed Agenda – made some adjustments – approved Announced that Courtney Cantrell's last day will be June 30th Announced that 3 members will be leaving the SCFAC Anna Cunningham, Nancy Carey, Mark Long. Reviewed both set of minutes 		
Conclusions	<ul style="list-style-type: none"> 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Agenda with changes approved – Motion Benita P. and seconded by Ron R. May minutes for both SCFAC Meeting and Conference call – approved 			

2. Agenda topic: Division Updates:

Presenter(s): Ken Schuesselin

Discussion	<ul style="list-style-type: none"> Interviewing for a new Medical Director At this time we do not know who will be the Acting Director for the Division Most likely no one will be hired until after November Ken gave a brief update on what he is working on as the Consumer Policy Advisor- has been working with the Advocacy Groups – CCBH clinics (Comprehensive Community Behavioral Health Clinics) integrated health, Ken is sitting in on focus groups for CCBHC,
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	<p>Planning grant, SAMHSA grant in the needs assessment phase involvement with Peer Support going forward, Local CFAC are completing SWOT Analyses as a precursor to strategic plans for the local CFAC's</p> <ul style="list-style-type: none"> • Nancy C. – how are CCBHC focus groups being publicized where and when will we be made aware of how to become involved? • John D. Will CCBHCs have relationships with Behavioral Health Agencies? Yes • Doug W. ADATCs will become providers of their respective LME/MCOs. 				
Conclusions	•				
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3. Agenda topic: Public Comment **Presenter(s):** community members

Discussion	<ul style="list-style-type: none"> • Juanita Jefferson – member engagement specialist for Cardinal Innovations- introduced herself – new I/DD staff member. • Gail Gough – community MH advocate- lives in SE Raleigh- she found out the Dorothea Dix was recently closed and the people were put back into the community. She noted that violent crime rate has increased in her area- she would like to know where all the MH money is going. She has spoken to the Legislators concerning this and would like for others to do the same thing. • Bob Carey – Really appreciates the SCFAC! This is Nancy last meeting and wanted to let the committee know how he feels - would like to encourage the SCFAC to keep pushing for Medicaid expansion. Senator Hise was recently recognized for supporting rate increase for nurses. 				
Conclusions	•				
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4. Agenda topic: Trillium **Presenter(s):** Leza Wainwright

Discussion	<ul style="list-style-type: none"> • Overview of Trillium • Vision for 2020 • Increase EBP – (Evidence based practices) • Promote integrated healthcare • Big on technology and using data effectively • One community together • Enterprise integration • July 1, 2016 almost done with first full year, no changes in providers, Mercer working on external review, URAC certified in Feb 2016 – 3 year re-accreditation- we are working to do better on Provider Satisfaction survey- • Trillium territory is about the size of Maryland geographically, some areas are economically challenged. • Trillium serves about 50,000 people per year • Budget -- \$445 million--- 76.% Medicaid--- 1% county dollars • 3 CFACs which helps to maintain local presence – CFAC Chair, County Commissioners and 2 others per region (4 per region) make the governing board. – CFAC makes up 25% of the board • Reinvestment plan – reviewed and Trillium has a print out of their Reinvestment plan – please contact LME/MCO for investment plan. 				
Conclusions	•				
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5. Agenda topic: Division update **Presenter(s):** Courtney Cantrell PhD

Discussion	<ul style="list-style-type: none"> • Ben C. presented Courtney with a card and certificate of appreciation for her time at the Division. • There will be an interim director until November or later when they should have one hired. They should have a few interviews prior to the Nov. elections.
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	<ul style="list-style-type: none"> • Dr. Lekwauwa retiring June 30th • House Budget -- \$30 mil one time use funding –non recurring • Senate Budget- \$10 mil – non recurring • \$152 mil cut – this will impact the LME/MCO's reinvestment plans • 122c needs some serious updating • SCFAC may want to communicate what qualities would be desired in a new DMH Director. • Advised SCFAC to take their advisory role to the General Assembly- continue to advise them- invite them to your meetings- target the subcommittee on Health and Human services and the Senate and House Majority leaders 				
Conclusions	•				
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Ben Coggins	July 13				
<ul style="list-style-type: none"> • SCFAC to write a letter to the Secretary concerning what they would like to see in the next director of Division. • SCFAC to write a letter concerning what they would changes that they would like to see in 122C legislation. 					

6. Agenda topic: Elections for Chair and Vice Chair **Presenter(s):** Doug Wright

Discussion	<ul style="list-style-type: none"> • Nominating committee submitted Kurtis' and Ben's name for re-election. • Opened the floor up for anyone else that would like to run- no response • Doug called for a vote by hand and both were re-elected unanimously with no abstentions. 				
Conclusions	•				
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7. Agenda topic: What will the CFAC look like in the future? **Presenter(s):** Ben Coggins

Discussion	<ul style="list-style-type: none"> • Urged group to write down their thoughts and suggestions on what they would like to see changed in 122C legislation. 				
Conclusions	•				
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Committee members	7/13/16				
• SCFAC members should have questions for Ben by next meeting					

8. Agenda topic: DMA update **Presenter(s):** Renee Rader

Discussion	<ul style="list-style-type: none"> • CenterPoint /Cardinal Innovations merger to be completed by 7-1-16 • Trillium will have the 1st external on-site visit, SMC will be next for review. • Innovations waiver amendment was approved by CMS • 2 policies have been posted on the DMA website for public comment – urged members to look at them and make comments—public comment open until 7/3 • Questions from last meeting: • 1: What was the age range anticipated for Medicaid funded autism services? --- Under the age of 21, an Autism Spectrum Disorder diagnosis is not typically given prior to the age of 18 months. • 2: How often is the ACT team required to meet with each individual served? What is the Minimum time expectation per meeting? --- Act is a flexible service provided in an individualized manner. As such, service frequency and intensity will vary across beneficiaries. However, when considering caseload averages, the team must see beneficiaries. on average, 1.5 times per week and for at least 60 minutes per week. For the purpose of ACT program fidelity monitoring, of interest is the Median rate of service frequency and the Median rate of service intensity. For per diem rate to be generated, a 15 minute face-to face contact that meets all requirements must occur. • 3. How fast does NC FAST update NC Tracks? Daily
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	<ul style="list-style-type: none"> • 4: Can a person receive VR (Vocational Rehabilitation) services if they are receiving ACT? The following services must not be provided concurrently with ACT: a: Individual Group or Family Outpatient • B: Outpatient Medication management • C: Outpatient Psychiatric Services • D: Mobile Crisis Management • E: Psychosocial Rehabilitation after a 30 day transition period • F: Community Support Team • G: Partial Hospitalization • H: Tenancy Support services • I: Nursing Home Facility • J: Medicaid- funded IPS- Supported Employment or Long Term Vocational Supports. • • Could B-3 Peer support service be more specific and give guidance on supporting people with I/DD, SA, or MH? – B-3 service definitions can be used as written in the waiver or can be developed by the LME/MCO with approval from the state. • Renee to take back comments and questions regarding Peer support to DMA and will send a list of the B-3 services and possibly a list of the enhanced benefit package 	
Conclusions	•	
Action Items	Person(s) Responsible	Deadline
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Meeting Adjourned: 3pm

Next Meeting: Tuesday, July 13th from 9am – 3pm