

Date: May 9 2018 Time: 8:30-3:00 Location: Dix Campus - Ashby Building

Date : May 9, 2018	11 me : 8:3	0- 3:00	Loca	tion : Dix Campu	<u> 15 – A</u>	snby Bullaing	
MEETING CALLED BY	Y	Ben Coggin	s- SCFAC Chai	r			
TYPE OF MEETING		SCFAC					
ATTENDEES							
COMMITTEE MEMBERS				STATE	STAFF ATTENDEES		
NAME	AFFIL	IATION	PRESENT	NAME		AFFILIATION	PRESENT
Ben Coggins	Chair – Partne	ers	х	Suzanne Thompson	CE&	E Team supervisor	х
Benita Purcell	Vice chair- Ca	rdinal	X	Stacey Harward	CE&	E Team	Х
Bonnie Foster	Cardinal		Х	Chris J Lewis		E Team	X
Martha Brock	Alliance		Х	Kody Kinsley	Interi	m Senior Director	X
Lori Richardson	Sandhills		X	Joseph D.			Х
Patty Schaeffer	Partners			Dave Richard	Assis	ity Secretary for medical stance	Х
Wayne Petteway	Trillium		Х	Jay Ludlam		stant Secretary for caid Transformation	X
Kurtis Taylor	Alliance		Х	Secretary Mandy Cohen	NC E	OHHS Secretary	X
Deborah Page	Cardinal		Х	Jeanne Preisler		ma Behavioral Health dinator	X
John Duncan	Cardinal		Х	Renee Rader Jennifer Bowman	QM [QM]	DMA Feam Leader DHHS	x x
Mark Fuhrmann	Partners		Х			GUEST(S)	
Jonathan Ellis	Trillium			NAME AFFILIATION			
Bev Stone	Trillium		Х	Bob Crayton		Cardinal	
Ron Rau	Sandhills			Sarah Potter- phon	ne	Cardinal	
Brandon Tankersley	Alliance		Х	Mary Miller- Phone)	Cardinal	
Catreta Flowers	Trillium		Х	Juanita Jefferson		Cardinal Staff	
Pat McGinnis	Vaya		Х	Doug Wright		Director, Consumer Affairs	s – Alliance
Kenneth Brown	Alliance		Х	Jean Anderson-phone Cardinal CFAC			
Rita Linger	Cardinal			Laverne Oxendine-ph	none		

1. Agenda topic: Welcome

Discussion

Opened the meeting at 8:30 am. Welcomed everyone to the meeting.

Reviewed the basic housekeeping items.

Approval of Min:

On the 4/11 SCFAC meeting minutes, Martha stated she did not say the last thing on the bottom of page 4. Martha stated Ben brought it up.

Presenter(s): Ben Coggins

- The middle of page 6, Martha stated Senator Woodard reserved the room.
- Benita stated that two names needed to be corrected; Tim Moore and Beverly Earle.
- Mark stated that on page 3 the NCAE is on the 16th and he has additional information.
- The state to local call: Martha will be sending out an invitation for Advocacy Day on EventBrite. Page 7, the event will be next to the Bath building.
- Benita discussed someone in the divisions concerns about CFAC over stepping the boundaries by having the Advocacy Day event prior to reviewing the CFACs talking points. Benita stated the talking points could be tied directly back to CFAC requirements.
- Secretary requested CFAC annual report. CFAC has support of representatives. It was reported the person from the division who did not agree with CFAC doing

 an advocacy day did not provide a name. Because they were temporary employees of the state, they could not "lobby". Discussion of Jason Vogler's recent change from Division Director to Murdoch position. Concerns about Kody taking interim position and not having a (clinical)
 background to direct DMH/DD/SAS. There is a letter for CFAC to review so that CFAC is not seen as a token group. Believes letter needs to go to members of the general assembly.

Conclusions

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Action Items	Person(s) Responsible	Deadline
Motion: Motion was made by Catreta to approve the minutes with changes-seconded by Kurtis. Motion: Motion was made to approve the letter: Wayne made the motion to approve letter being sent to oversight, congress and others; Martha 2 nd the motion.		
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2. Agenda topic: Dave	e Richard & Jay Ludlam Presenter(s): Dave Richard & Jay Ludlam
Discussion	Discussed that the Secretary may be misunderstood. He has not seen her be untruthful or not forthright.
	Dave stated CFAC is an advisory committee and CFAC should be able to speak freely.
	There is nothing in the tailored or standard plan about CFAC. Believes that CFAC has no change to their charge and still advise department of plans and PLEs.
	Nothing changes in role of the local CFAC and the LME/MCO.
	Tailored plans will hold the physical and pharmacy plan, which will broaden the LCFAC's duties.
	There may be a different way that the LME/MCO's are configured, but legislation has not passed that change.
	Dave stated he was not clear the last time he spoke and the department would put it in writing that the Division and the Secretary value and want the opinion of the SCFAC. He is aware that SCFAC feels their voice is not taken seriously.
	Brandon T. asked about the number of LME/MCO's and future as the structure of the CFACs may need to change i.e. increased in duties and size.
	Dave R. agreed with Brandon, but stated the General Assembly needs to pass legislation before any movement can be made. As to what happens 4 years after transformation goes live, LME/MCO's are not written in to the new plan after the first 4 years.
	Wayne P. – Will there be changes to 122c?
	Dave R. stated 122c is antiquated and hopes a study group could be created by the Division or General Assembly to come up with a solution.

and families in the name of the group is. Martha B. asked about the MCAC that has been sent to CMS and not SCFAC.

Dave R. thought that changing the name from CFAC to stakeholder would

modernize the group, but it has been made clear how important having consumer

- Dave stated it was an oversight and MCAC is a federal requirement.
- Martha B. reiterated that this oversight was pointed out months prior to it being sent.
- Brandon T.- wants update on expanding telemedicine.

Conclusions	 Dave R. stated there are several things occur CMS on money, need and desired coverage. two away from presenting telehealth to the puplace, it will be piloted in an area to work out the state. Kurtis T asked about 122c and the change Abuse' to 'Substance Use Disorder'. Both in tally, this really needs to be done. We are wor terminology of 'abuse' maintains that stigma. Dave R. stated he agrees they should open us correct. Bonnie F How can we look at Medicaid trained bave R. stated they are in the process and working this." 	Dave stated they are a mublic. Once a defined system the issues and then release of the name from 'Substante name of the Division a king hard to work on stign ap 122c and at least get the insformation and preventation in the property of t	nonth or em is in sed across ance and in the na and the e name tive care?
Action Items		Person(s) Responsible	Deadline
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3. Agenda topic: Advocacy Day Presenter(s): Martha Brock **Discussion** Day May 22nd -- 8 am to 12 pm - "Words go to the head and images to the heart." There is a press conference scheduled and Senator Woodard is the lead. The legislatures are invited and it is more of a photo opp. Benita P. is there a point of contact if there are additional invites? The *Unitarians* and *Brain Injury Association* will be present on the 22nd. Mark F. asked if SCFAC is using SCFAC talking points. EventBrite has the Advocacy Day posted and Martha will send everyone an invite. There will be a registration table behind the Archives Building under a canopy. They plan to have a sign-in with badges and ribbons (hopefully), and maps of the legislative area. Lunch: there is a scheduled food truck rodeo. Some of the local CFAC's have shirts. They should wear them if they have them. Martha has designed a map and will provide the map to the group. LaVerne O. has agreed to take pictures for Advocacy Day. Donations are welcome (possibly). This is to help offset the cost that members have already spent; any money leftover will be used for next year. All are encouraged to speak to your LME/MCO about funding expenses. Benita P. presented the CFAC pamphlet. Lori R. found error in website listing on last page and developmental disabilities.

Conclusions

Action Items

Person(s) Responsible Deadline

4. Agenda topic: Secretary Mandy Cohen & Kody Kinsley

Discussion	Secretary Cohen and Kody Kinsley were introduced.
	Discussion on leadership changes at DMH/DD/SAS - Secretary wants the
	department to live up to its responsibility to those we serve.
	Department values are important.
	Making changes on the leadership level so there can be a coordinated effort and
	wraparound approach to achieving our goals.
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- Strengthening behavioral health services.
- The change is needed in order to think about how to bring about a better operating focus.
- Having Jason V. in a role that he could serve and remain with DMH was very important to us.
- Martha B. asked, "Why now" (timing). Secretary Cohen stated it was the right time as they have been thinking about these changes over the last year.
- The Division has also hired a new clinical/medical director.
- Secretary Cohen stated that she felt that they had enough of the right pieces in place to start the process of change.
- Bonnie F. discussed that, as a committee, we do not want to lose the momentum
 that we are making by these changes. She hopes that the person who replaces
 Jason V. (who did an outstanding job), has a clinical background possibly.
 Someone from within the Division or system so that they already understand the
 system and the history so we do not have to start over.
- Mark F. asked what would they like to see come out of this legislation. Secretary Cohen expressed that they want to build on what is working and the whole person health care (managed care). Licensure and appeals need to be addressed in legislation so that progress is not halted. The Governor's budget needs to be a focus. Many moving pieces that need to align right for things to work. We need to build on what is working and learn from other states. We want to be successful over the long run. We would like to get a lot of this done in the short session. What we do not want are siloed groups that don't communicate.
- Bonnie F. Concerned about people being auto assigned to providers and not have the ability to pick to whom they would like to go. This will most likely cause an increase of people going to E.R. Very concerned about no committee to address preventative care, that can look at some of the gaps in the services as the transition to managed care occurs, and that there will not be a response to care any less than what occurs now. Secretary Cohen will look in to the concerns.
- Kurtis T. reported that training and education is needed for the transition of whole health care. SCFAC does not have a budget so they are not able to attend trainings that would benefit the committee in carrying out their duties. Secretary Cohen wants to look in to ways to get SCFAC the help that is needed in the realm of education and training.
- Martha B. wants to know, "How do we get more of a connection between facility and community services?" Secretary Cohen stated this has been thought of and they are working to address concerns. They are looking to rewrite contracts and hold LME/MCOs more responsible, and thinking about these concerns from day one. Case management and community support to be revisited.
- Matt Herr, Health Services Chief of Staff, introduced.
- Kody K. stated that he would like to attend any meetings or functions in the community that they would like. Asked that they email him so that he could get it on his calendar.
- Secretary Cohen's short-term goals that will lead to long-term goals:
 - 1. Building a strong Medicaid program
 - 2. Turning the tide on the Opioid Crisis
 - 3. Early childhood health / education (cohesive childhood plan)

Conclusions	•		
Action Items		Person(s) Responsible	Deadline
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5. Agenda topic: Trauma Behavioral Health Coordinator Presenter(s): Jeanne Preisler

Discussion	 Discussed HB 630, the Family Accordentire child welfare system/child welf regions so more technical assistance. Pat M. feels grandparents who are receiving the needed assistance. More of a focus on getting rid of silos done. Able to use Title 4E money for kids we care eligible i.e. still in the home with The family does not need to be on well. In North Carolina everyone is a manual towards a system of helping to abuse Understanding one's role as a manual Advocating for effective mental health towards a system of helping the family would like to have education about a level for change. Hour-long documentary called Resilinto CFAC and show this documentary calls to DSS. Parents, teachers, conto have trauma informed skills. 	are reform. There will be between are reform. There will be between will be available. In a seceiving and raising children may within the child welfare system who are not just in foster care, but more and dad. In a service of the control of the c	een 5 and 7 ay not be needs to be ut also foster sponsibility Moving s could act as could come elp lessen the
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6. Agenda topic: DMA update Presenter(s): Renee Rader, MA

update Presenter(s): Renee Rader, MA	
 CMS has approved TBI waiver. It is in pilot We are in the final stages of updating the mathematic treatment requirement. Updating psycho social rehab. Working on Community Service Support Tecontact. The state auditors auditing DMA and how the CMS stated LME/MCO all policies are the semantic treatment limitations. MST is a basic outpatient treatment service hours per episode. Because it based on an change the model. Brandon T. wants to know if they are looking the monitoring is done. They are looking in the monitoring is done. They are looking in the monitoring is done. 	in the Alliance catchment hobile crisis policy. Remover am policy. Lejay Parker is ney monitor the LME/MCC ame as Medicaid. There are limits on the inevidence-based model, to go to put beds in PSRs. atter experts get together anow to have a process model and the process model.	sthe point of Os. Parody: Obile crisis number of hey can't
needed to be adjusted. The next one is scl	neduled for June.	
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	Person(s) Responsible	Deadline
	 CMS has approved TBI waiver. It is in pilot We are in the final stages of updating the mathetreatment requirement. Updating psycho social rehab. Working on Community Service Support Tecontact. The state auditors auditing DMA and how the CMS stated LME/MCO all policies are the semantial model. Mobile crisis was out of compliance – no trespond treatment limitations. MST is a basic outpatient treatment service hours per episode. Because it based on an change the model. Brandon T. wants to know if they are looking the model. DMA has quarterly meeting with subject mathow monitoring is done. They are looking transparent. They started the new process in needed to be adjusted. The next one is school. 	 CMS has approved TBI waiver. It is in pilot in the Alliance catchment We are in the final stages of updating the mobile crisis policy. Remove the treatment requirement. Updating psycho social rehab. Working on Community Service Support Team policy. Lejay Parker is contact. The state auditors auditing DMA and how they monitor the LME/MCC CMS stated LME/MCO all policies are the same as Medicaid. Mobile crisis was out of compliance – no treatment limitations and me had treatment limitations. MST is a basic outpatient treatment service. There are limits on the representation of the process of the model. Brandon T. wants to know if they are looking to put beds in PSRs. DMA has quarterly meeting with subject matter experts get together a how monitoring is done. They are looking now to have a process mo transparent. They started the new process in April and found some the needed to be adjusted. The next one is scheduled for June.

7. Agenda topic: QM Update

Presenter(s): Jennifer Bowman

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Discussion	 volunteers. Looking at data for performing measure for the last few years. Looking for benchmarks. The last time data was pulled was 2013. LME/MCO have been self-reporting. There have been funding cuts and so its time to set standards again. There needs to be standards that are reachable. How they monitor their outcomes. NC goes through NC TOPPS, leadership, legislature, CMS. All ages should be reported through NC TOPPS. Overview on the DMA website; this is where you locate reports. They will updathe reports monthly. Ask why are some areas are too low or high? Is there a trend on new providers that may need additional assistance? 			
	 The reports go all the way back to 2013-14. Consumer perception of care will be discussed next month. More on NC TOPPS discussed during the summer. Network analysis survey replaces gaps and needs. Discussed that the LME/MCO have the same requirements, but their tools and presentations may be different. 			
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Action Items		Person(s) Responsible	Deadline	
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8. Agenda topic: Publ	ic Comments Presenter(s): Ben Coggins
8. Agenda topic: Publ Discussion	 Ecomments Presenter(s): Ben Coggins Ben C Rutherford County wanting to become part of Partners. This is a process and it caught Vaya off guard. Vaya didn't talk to Partners, but went straight to the Secretary by sending her a letter. Brian Ingram sent a letter to families discussing the choice for change. Pat M. spoke at the county commissioner's meetings. Not clear on Rutherford's reason for wanting to go to Partners. It is still a process and has not been approved. Ben C: State to local call next Wednesday, agenda will be sent out. Happy Mother's Day to all. Reminder about Advocacy Day. Committee chairs need to get information to Benita for the annual report. It is due by the June meeting. George Bridges has resigned from SCAC as of 5/8/18. Vaya, Eastpointe, and Alliance will be presenting on the state to local call. Benita P. and Martha B. for chair of the SCFAC. Mark F. and Wayne P. for vice-chair. Catreta F There were no nominations from the floor. Each candidate will send in their personal statement. Stacey H. will receive votes by email from those who cannot be present. Wayne P. asked about having verbal statements from the candidates, because all were not present. It was chosen to have them written and then at June meeting,
	 were not present. It was chosen to have them written and then at June meeting, they can speak. Stacey H. informed group that they need to cancel their own hotels moving forward or they will be getting a bill.
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Action Items	Person(s) Responsible	Deadline
 Motion: Bonnie F. made motion for 3-minute presentation and 3-minute Q&A for candidates, and Bev S. 2nd the motion. Motion carried Motion: Ken B. motioned to close nominations and Brandon T. 2nd motion. Motion carried. Motion: Ben C. motioned to end meeting. Kurtis T 2nd motion. Motion carried 		

Meeting Adjourned 2:30PM Next Meeting: June 13,2018