State Consumer and Family Advisory Committee
MEETING MINUTES

Date: Wednesday, January 9, 2019 **Time**: 9:00 am **Location**: Dorothea Dix Campus, Ashby Campus

MEETING CALLED BY	Benita Purcell, State CFAC Chair
TYPE OF MEETING	Consumer and Family Advisory Committee Business Meeting

ATTENDEES

COMMITTEE MEMBERS

NAME	AFFILIATION	PRESENT
Jean Andersen	Cardinal Innovations	☒
Martha Brock	Alliance Behavioral	☒
Kenneth Brown	Alliance Behavioral	☐
Ben Coggins	Partners Behavioral	☐
John Duncan	Cardinal Innovations	☐
Jonathan Ellis	Trillium Health Resources	☒
Catreta Flowers	Trillium Health Resources	☒ *via phone*
Mark Fuhrmann, *Vice Chair*	Partners Behavioral	☒
Angelena Kearney-Dunlap	Cardinal Innovations	☒
Pat McGinnis	Vaya Health	☒
Deborah Page	Cardinal Innovations	☒
Wayne Petteway	Trillium Health Resources	☒
Benita Purcell, *Chair*	Cardinal Innovations	☒
Ron Rau	Sandhills Center	☒
Lori Richardson	Sandhills Center	☒
Patty Schaeffer	Partners Behavioral	☒
Susan Stevens	Cardinal Innovations	☒
Brandon Tankersley	Alliance Behavioral	☒
Brandon Wilson	Vaya Health	☒

STATE STAFF ATTENDEES

NAME	AFFILIATION	PRESENT
Kate Barrow	DHHS, CE&E Team	☒
Jennifer Bowman	DHHS, QMS	☒
Walt Caison	DHHS, Section Chief, CMH	☒
Kody Kinsley	DHHS, Deputy Secretary	☒
CJ Lewis	DHHS, CE&E Team	☒
Keith McCoy	DHHS,	☒
Kathy Nichols	DHHS,	☒
Wes Rider	DHHS, CE&E Team	☒
Suzanne Thompson	DHHS, CE&E Team	☒

GUESTS

NAME	AFFILIATION
Mark Botts	UNC, School of Government
Bob Crayton	Cardinal, NAMI
Skip (Bob Crayton)	ESA
Susan Jenkins	Vaya Health
Doug Wright	Alliance Health
Chris Evans	BCBS
Jesse Thomas	BCBS
Jennifer Russell	Cardinal, *By phone*
Corye Dunn	NC Disability Rights
	NC Disability Rights, intern
Laurie Coker	NC CANSO, *By phone*
Janet Breeding	DMH/DD/SAS, *by phone*
Sara Potter	*By phone*

1. Consent Agenda & Approval of November Minutes

Discussion	- Benita Purcell, Chair requested the addition of the Budget document presented by Brandon Tankersley to be added to the agenda. No other agenda items were suggested, and the agenda was approved. - The minutes from the November SCFAC, November State to Local Conference Call and December State Local Conference call were reviewed and revisions were made to clarify topics and responses to questions discussed. Benita Purcell asked for a motion to approve November SCFAC, and the minutes of the November and December State to Local minutes as revised. Angelena made motion. Deb Page seconded. Motion carried.

Action Items	**Person(s) Responsible**	**Deadline**
- Staff will work with chair and vice-chair to collect revisions to minutes prior to the meeting to streamline process	Kate Barrow, DMH/DD/SAS	January 22

2. Public Comment

Discussion	- Martha asked about where the state was with Cardinal Innovations; Jean answered that services were not interrupted. - Brandon Tankersley. provided updated on Consumer Caucus at the I2I Conference. He asked for input from SCFAC on role of SCFAC in the future under Tailored Plans. He referred to a document titled Consumer Caucus on Strengthening Consumer Voice in System Change. - Martha- Consumer Caucus was asked to produce a response; important because of timeline for input, provide solid answers, and committee work. - Benita- committees working on 122C. Discussion will be had with Kody on SCFAC role in 122C - Jean - need to communicate with Kody the importance of inclusion of families and consumers on the front end of development of 122C legislative process - Brandon Tankersley requested that the proposed budget be forwarded to the other members of the committee and requested additional agenda time to review with the committee - Discussion of having a Statewide CFAC meeting hosted by Sandhills
Conclusions	The members will revisit the topic of the budget at another time.

Action Items	**Person(s) Responsible**	**Deadline**
- Division staff will distribute the budget document to the other committee members	Kate Barrow, DMH/DD/SAS	January 23

3. LME/MCO Performance Improvement Projects

Jennifer Bowman
Quality Management Team Lead
N.C. Division of MH/DD/SAS, Quality Management Section
N.C. Department of Health and Human Services

Discussion	Jennifer Bowman introduced the role of the LME/MCO's role in terms of Quality Improvement Projects. - Role with the Division and NC Medicaid- Performance Improvement impact at LME/MCO and Consumer Level - NC Medicaid & Division Contracts- 3 projects annually, most do more than 3 each - Both NC Medicaid and DMH DD SAS contracts with the LME MCO require at a minimum three Performance Improvement Projects. Most LME MCO's have more than three Performance Improvement Projects (sometimes referred to as Quality Improvement Projects by LME MCO's) - Allow that they can do the same as long as they can separate out the two between Medicaid and non-Medicaid - Developed on Surveys or input from Consumers and Families, Quality Improvement Studies.

	- New or continuing Performance Improvements (QIPS) will go on for a few years, even if reach goal, watch for a few years to make sure what has changed is lasting. - Jennifer took questions and responded to them as she presented from a PowerPoint. - SCFAC members presented several concerns which Jennifer listened to and pledged to take into consideration. - Jennifer discussed Super Measure and went over the next steps that the State will take to assure the continuity of the PIP's. - She reminded members that they could always contact her with questions of concerns. - There was some discussion about how the local CFAC involvement in the LME MCO QIP's might be improved and performed consistently across the state. - Jennifer provided an update on the monthly monitor report and rates report. Gaps analysis posted. She provided an overview on the communication from DMH on Quality Improvement Requirements for LME/MCOs. Updates on Clinical Measures- all 5 performance measures accepted by Secretary to include in contract.
Conclusions	Suzanne Thompson forwarded the PowerPoint to the SCFAC members. Suggestion to Local CFAC members to include questions related to QIP at next CFAC meeting and report on QIPs at the next State to Local Call.

Action Items	**Person(s) Responsible**	**Deadline**
Collate questions from meeting to send to Jennifer for more complete answers. Jennifer will make updates to SCFAC	Kate Barrow	February 13th

4. Division Update:

Kody Kinsley

DHHS, Deputy Secretary

Discussion	Kody Kinsley provided an update from the Department and Division; then dedicated most of time to questions from the group. - In the midst of TP design. Design topic is what constitutes Mild-moderate, Moderate, Severe-Serious for SP and TP. SP will roll out and go live later this year, November 2019. Mild/Moderate will be served SP in November- open enrollment notifications in July of this year. What of those 2.2 million in Medicaid will constitute MM and move to SP. Process- have spent a lot of time working with clinicians what is combination of things that constitutes severe- diagnosis code plus hospitalizations, functional assessments, patterns, etc. Later Keith McCoy and other clinical staff will be present to help address. Want to share with LME/MCO to help with input on what is included, will finalize in February and March. Here is what we think and why we got to this equation to the process. How we are coming up with…communication with individuals; policy insight into "are we thinking about this right?" - Really about getting to a starting point. July get open enrollment letters; SP regions over time. Operating status won't be making decision of equation, but functional assessment. Any time people on SP can request a functioning assessment to move towards a TP- clinically informed movement from SP to TP. - Input on 122C: initial ideas from MCO. 122C will be "Bible" of behavioral health system in NC. - Need formal letter to Kody about 122C- items to preserve and items to change and improve. Make things more fluid for modern day. SFAC and consumer involvement will be point of a permanence. o Karen has been working on Map of Outreach Groups- will bring back to SCFAC for review - Karen Burkes- Update on reimbursement for committees and councils. Staff has checked with other agencies- what we can reimburse for and what the rates are. Three services areas (let me know what's missing)" Personal Assistance/Meals Lodging/Reader Services/ASL…Waiting on

	feedback from Council. Then can share policy and where it will be implemented. Asked for thoughts and ideas from CFAC. Any other services that haven't been covered, will need input from committee o Reader Services means: Braille, ASL, Assistive Technology for pwd communication barriers Questions During Update: - What events have happened with the MCAC? If we designate outreach in communities; which bodies are state staff versus people authorities outside DHHS? o It's good to add long list to demographics of committees. Need to look at the Community Inclusion piece. Good to see whole ocean. - What is the "makeup" of the Tailored Plan workgroup? o There are 6 core people of design process; all staff work. Different from workgroup and external group. Staff members include: Dr. Keith McCoy, Kathy Nichols, Jannie Schiver; three individuals from Medicaid (Kelsey, Nick, Deb). Each lead different aspects of the development as project managers. - What if people fall in between the mild to moderate or more severe categories? o There is recognition that there needs to be a way for individuals to transition smoothly between levels of care. - Who is interpreting all the changes to the Legislators; advocating and educating legislators about behavioral health? o Legislators often call upon Department staff and Department staff often communicate their ideas to the legislature. Legislature has a fiscal research department that does a lot of research. It is a big mix. There are lobbyists and advocates, and then some legislators have made it their specialty and passion over time to educate each other. Kody reminded the SCFAC that he and other state staff cannot lobby the legislature or advise you how to do so. o Mark Botts reminded members that the group is a part of state government and was designed not only to advise the Department, but also to advise the Legislature, so it would not be considered lobbying to advise the General Assembly.
Conclusions	

Action Items	**Person(s) Responsible**	**Deadline**

5. Community Inclusion:

Walt Caison, PhD
DHHS, DMH/DD/SAS

Discussion	Walt Caison provided a presentation on Community Inclusion. Designed so that "regular" non-government people can create a grassroots movement in the community. - Community Inclusion means that people are included in every aspect of community living regardless of their disability o Requires seeing the person not the "patient" o Self-determination, dignity of risk are key components o Participation that is like "everyone else" o Primarily grassroots organizing - Goals and objectives from the Power Point were reviewed - Project consists of grants for applicants to do innovative community inclusion events in their area, with technical assistance available o NAMI Affiliates included o Local CFACs included

	Questions During Presentation: - Will the grants be ongoing? Who will determine who receives the grants? o An advisory committee will assist with the process. - Pat McGinnis pointed out that NAMI is predominantly a family organization and that there is no longer a statewide consumer organization, which puts consumers at a disadvantage. She would like consideration given to consumers who may not relate to NAMI or possibly have different orientation than NAMI be considered for these grants as well.
Conclusions	Members were provided with information on "I'm IN!" button. The Power Point will be distributed by email to members. Suggestion was made to Walt Caison to consider including consumers who may not relate to NAMI or possibly have a different orientation than NAMI for these grants.

Action Items	**Person(s) Responsible**	**Deadline**

6. **General Statute on Local and State CFAC and What a CFAC Possibly Will Look Like in the Future**
Mark Botts
Associate Professor of Public Law and Government
University of North Carolina, School of Government

Discussion	Mark Botts provided a presentation on the future of what the State CFAC could look like under the new Medicaid plan. Mark reviewed the time limit for management of the tailored plans: First four years will be LME/MCOs will manage tailored plans; after 4 years, open competition. Move from public to private. - A review of the current statute was provided to CFAC Members - Advises the department and the General Assembly; figure out best mechanism to do that. - Policy commitment is to have SCFAC will continue to exist. Does not say what will happen when Tailored Plans - What is the connection to public? What is the reason and purpose of CFAC? - Revisions could include revisions that make this body- changes that affect the CFAC members served on - Attorneys have been looking at changes to 122C - CFAC Members can review statute and respond to DHHS and General Assembly with suggestions to change 122C - SCFAC work with the Statute in front of them and formulate input as the plan becomes clearer in Statute - Revisions to 122-C constitute the development of a State Plan and the SCFAC should be able to review and comment on these changes as the statute is being revised. o Review of 122-C presents great opportunity to not only advocate for what CFAC currently has, but look at other states, see some of the things they are doing and expand the role of consumer in the system - Of paramount importance to you is how 122-C will be re-written. As a self-directed body, you may determine what your priorities are and what you feel the law should state. For instance, "Will local CFAC composition need to change?" - CFAC has been the one place where consumer and families could come and not have to be a part of another group to have their voice heard. If you don't take CFAC and incorporate them into the Standard Plans you will be denying consumer and families a voice in the system - Continue to have 122-C as an agenda item; are there changes will need to be made. Biggest question is will CFACs continue to have a role? Example would be- if you want State and Local CFACs to still have a role with TP, then language in statue will need to talk about CFACs being required for TP rather than LME/MCOs.

	○ Mark Botts- wording could be ok, or it could be the implementation. Relationship between the SCFAC and LCFACs. GA established the SCFAC; LCFAC established by area authority (LME/MCO). Representation of populations, higher needs. TBI representation? ○ Should LCFACs be conducting this same exercise? Be intentional when providing feedback. ○ Mark- Pick and choose, prioritize subjects covered by 122C. Go subject by subject. - The members discussed how to provide technical assistance to Local CFACs on the statute requirements, such as the Local Business Plan and reviewing data on service gaps ○ looked at statute requirements. Could continue with requirements or revise them. Underserved populations and service gaps; make recommendations. ○ HB 403, entities operating tailored plan provide local business plan. LME/MCO go through process of developing LBP. Write a business plan tell us about how you are going to operate; gets very specific. Board composition and appointment developed with stakeholders. CFAC is required to review LBP. LBP has "fallen out of favor" and LME/MCO not reviewing business plans. Data- monitoring reports. Data presentations: Performance goals, outcomes, and data. What are we measuring and why are we measuring it? And what will we do with it. Data has to be a context- performance goals, outcomes. Questions During presentation: - With the transition from public to private funds, LME/MCO have to have CFAC to operate as a business. Is there a potential to become, [not be operated by LME/MCO]; how do consumers set that into process- set groundwork now? ○ Need to start now, get something to DHHS before DHHS gets something to you; what would SCFAC like to highlight? - Currently Mild-Moderate covered by LME/MCO, moved into Standard Plan, what representation will they have? ○ Botts- General Assembly has said so far in HB 403, it appears that people are conceptualizing CFAC role with TP and not SP. Is this because of use of public funds or is the purpose to focus on public entities managing public entities? ○ Continue with CFAC model with TP, with SP not sure. Taking this information back to committees. Will there be a CFAC structure for SP?
Conclusions	Request to have a presentation on understanding service gaps data, data analysis training to be able to interpret data.

Action Items	**Person(s) Responsible**	**Deadline**
• Angelena- data points for service gaps. Kathy- will work with Suzanne to get data to CFAC.	Suzanne/Kate	February 13

Meeting Adjourned:	**Next Meeting:**
The meeting adjourned at 3:15 pm. Jonathan motioned. Wayne seconded. Meeting adjourned.	February 13, 2019