



STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

MEETING MINUTES

Date: Wednesday, May 13, 2020 **Time:** 9:00 am

Location: Webinar

MEETING CALLED BY		Benita Purcell, Chair	
TYPE OF MEETING		Public Meeting	
ATTENDEES			
COMMITTEE MEMBERS		GUESTS	
NAME	AFFILIATION	NAME	AFFILIATION
Mark Fuhrmann	Partners BH	Jessica Aguilar	Cardinal CFAC
Wayne Petteway	Trillium Health	Doug Wright	Alliance Health
Catreta Flowers	Trillium Health	Sarah Potter	Triad Cardinal CFAC
Lori Richardson	Sandhills Center	King Jones	Cardinal Innovations
Benita Purcell	Cardinal Innovations	Bob Crayton	Cardinal Innovations
Kenneth Brown	Alliance Health		
Lorraine Washington	Eastpointe		
Jean Andersen	Cardinal Innovations		
Angelena Kearney-Dunlap	Cardinal Innovations		
Jonathan Ellis	Trillium Health		
Ron Rau	Sandhills Center		
Pat McGinnis	Vaya Health		
April DeSelms	Eastpointe	STAFF	
Brandon Wilson	Vaya Health	NAME	AFFILIATION
Deb Page	Cardinal Innovations	Kate Barrow	DMH/DD/SAS- CE&E
		Stacey Harward	DMH/DD/SAS- CE&E
		Angelia Lightfoot	DMH/DD/SAS- IDD
ABSENT			
Ginger Booth			
Susan Stevens			

1. Consent Agenda & Approval of April Minutes

Discussion	Jonathan Ellis made a motion to approve the minutes and the agenda. Lorraine Washington. Motion carried.		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
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2. Public Comment

Discussion	<ul style="list-style-type: none"> - Doug Wright - Wake CFAC of Alliance is putting together a White Paper related to the DSP Crisis. Anyone in the IDD world knows, will be coming out this week. Will send to Kate and Dave Curro will present on State to Local Conference Call next week. Looking to start a taskforce to address the issues.
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	<ul style="list-style-type: none"> - Benita: Spoke to Annette? Yesterday, reminded her of the Legislative event on May 19th. Recommended getting that out to SCFAC members prior to and encourage participation. - Pat McGinnis <ul style="list-style-type: none"> - Brought up ethics. Missing some ethics. Missing consumers on SCFAC. Have been thinking about State CFAC. Apologize to Recovery and Self-Determination Committee. - Pat expressed concern over the individuals living in congregate settings, nursing homes and how consumers in these settings people are not empowered to use their voice. - Missing support for SCFAC members - Benita responded that the Recovery & Self-Determination committee is doing work. Asked what specific supports SCFAC needs. She mentioned the webinar provided by the Division to train potential new members. - Jonathan mentioned that he was having trouble with WebEx and had resigned. He spoke with staff (he mentioned Dr. Laws) and they resolved the issues. He suggested going forward something be done to ensure new members are included and accommodated. 	
Conclusions	What are the responses, if any, from SCFAC?	
Action Items	Person(s) Responsible	Deadline
Are there follow-up actions for SCFAC? Action items for DHHS staff?		

1. Committee Work

Discussion	<p>Nominating Subcommittee</p> <ul style="list-style-type: none"> - Ron Rau gave the presentation of the Nominating Subcommittee. Ron thanked the subcommittee for their work and introduced the nominees. <p>Chair Nominees</p> <ul style="list-style-type: none"> - Jonathan Ellis: Wanted to run for chair because we need to have more representation of people receiving services in the community that understand it, from the family perspective as well as the consumer. - Mark Fuhrmann: Thanked Jonathan for his words. Participated primarily as a family member, served as vice-chair for the last 2 years. He has a son on the Innovations Waiver, with 16 years of every day with a consumer with high needs. Has experience in teaching special education. <p>Vice-Chair</p> <ul style="list-style-type: none"> - April DeSelms: Gave her personal story as a child of a person with MH and loss of brother to substance use disorder. She talked about her work in the Mental Health field, with ACTT and seeing the barriers and challenges people face. She discussed the things she recognize that need to be change, her passion to move the group forward and to address those challenges. - Jonathan Ellis: Reiterated what he said for chair - Lori Richardson: Thanked the nominating subcommittee. Would make a good vice-chair, listens to others, talk with people not at people. Would work to ensure consumer voice is heard more so now than ever before. Learned a lot about advocating from membership on Local CFAC. Enjoy working with other people and learning from others. <p>Benita asked for nominations from the floor for the slate as chair or vice-chair. Hearing none, asked for a motion. Brandon Wilson motioned. Pat McGinnis seconded. Motion carried.</p> <p>Benita discussed how voting could be done since there is still physical distance. Kate discussed using Microsoft Forms or printing at the office and mailing. Kenneth Brown suggested using election Runner, a free site for individuals to vote. Jean seconded using election runner. Jonathan suggested using Microsoft</p>
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	<p>Forms. Benita asked if it would be better to use the format that members are comfortable with. Pat agreed with Benita. Lorraine agreed with Benita; mentioned using something</p> <p>Benita: Do we need to make a motion and take a vote? Lorraine motioned to vote using the same process used to RSVP. Jonathan seconded. Any discussion? Angelena said it would be good to try Election Runner to see how it works. Use fake names in test run. Pat- the easier we can make this for everyone. The group discussed options and pros/cons of using something new. Members voted yay; Kenneth Brown voted Nay.</p> <p>Recovery & Self-Determination</p> <p>Pat McGinnis recommended moving forward with the letter written by the committee. Jean asked if the subcommittee wrote a letter on behalf of SCFAC. Pat- no the subcommittee wrote the letter to be approved by State CFAC. It would need to be voted on by the whole Committee. Jonathan motioned to send the letter to the State CFAC. Lori Richardson second. Motion carried.</p> <p>Legislative Subcommittee</p> <p>Benita Purcell gave the report for the legislative subcommittee to send out to Local CFACs. She mentioned the talking points, those have stayed in place. Mark provided an overview an option for Medicaid Expansion and some of the challenges facing that option, and the political ramifications from both sides of the aisle. Right now, the priority for most people is COVID related issues. Benita will send out a list of key members with key information, how to contact, the letter from March (re: COVID), keep contact between 10 am and noon, and then encourage people to do follow-up afterwards. Asked Angelena to do a post-evaluation survey to collect some data. Mark mentioned that CFAC members should also contact their own representatives, including Speaker of the House and Senate Pro Tempore. Jean- as individuals it's fine to mention bills by number. As SCFAC members, we advise. We can mention the content of the bill, the design, and what it addresses, but not mention the bill itself. Otherwise that would be considered lobbying. Benita- last year, used bill numbers, said things they liked and needed some additions. Will ask Deputy Secretary Kinsley what he recommends. The group discussed a short hashtag for the event. Some recommendations included:</p> <p>#CFACVoteVoice #NCSCFACLegEvent2020 #SCFACadvising #NCSCFACShouts2020 #CFACStrong</p> <p>Recommendation from community member to translate to Spanish. Benita asked that LCFAC Liaisons send out before the event, asked members to send out to anyone interested.</p> <p>Jean made a motion to use the #NCSCFACLegEvent2020 for the event. Mark seconded. Motion carried.</p>	
Conclusions		
Action Items	Person(s) Responsible	Deadline

1. Children's Issues

Kate Barrow, *Community Engagement Specialist*
 NCDHHS, DMH/DD/SAS

Discussion	<p>- Kate Barrow presented an overview of the Family Supports Webinar Series for Children's Mental Health Awareness Month. The series provides parents and caregivers information on signs and symptoms of stress, resilience building skills, and more. The Community Engagement and Empowerment Team and the Child Mental Health Team with DMH/DD/SAS are working in</p>
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	<p>collaboration with the following organizations, and formed a “Community of Practice” around Family Supports:</p> <ul style="list-style-type: none"> o NC Families United o Prevent Child Abuse NC o First in Families o Family Supports Network o NAMI NC o Exceptional Children’s Assistance Center (ECAC) <p>- Webinars will continue through June. A full report on participation, feedback, and comments will be provided at the end of the series.</p> <p>Jean Andersen recommended that these webinars reach parents and caregivers of children who are not currently accessing services through the state. Sometime parents are not sure what questions to ask. Mark Fuhrmann commented that these webinars are greatly needed for children right now.</p>
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Conclusions	
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Action Items	Person(s) Responsible	Deadline

2. Division Updates

Kody Kinsley, *Deputy Secretary for Behavioral Health & IDD*
 NCDHHS, DMH/DD/SAS

Discussion	<p>Benita asked about HB 655? While not Medicaid Expansion, know anymore? DSK: Don’t know much about that, but will follow up.</p> <p>Legislative event: reference certain bills, provided perspective. DSK: I don’t see why not, but will check with the AG’s office. Talk about the impact of the bill.</p> <p>DSK: Update on COVID 19 response work. Several priorities</p> <ul style="list-style-type: none"> - Adequate PPE for - BH has been prioritized - Building testing capacity- more opportunities for individuals to get testing - Ramping up hiring for contact tracing. Who else come in contact with to do contact tracing. Being sensitive to who we’re hiring- hire from the community. - Phase I: reduction in restrictions, work on public health measures. Limit the spread. Say “Wear. Wait. Wash” - Case rates have stayed around the same. - Federal gov has opened site for folks without insurance to get access for COVID treatment. Welcome any of those expansions. - Food and Nutrition Services can now use benefits online. Making it so people can order online, people who are at higher risk can order from home and not risk going out. - High Level BH impacts: see video to work flatten the curve; flatten the second curve of BH/IDD issues. Address the needs of people now. Providers have flexibility to meet people where they are. - Hope4NC 855-587-3463; Hope4Healers 919-226-2002 - Suicide Prevention Line: 1-800-273-8255 <p>Building testing capacity: testing people not displaying symptoms. A lot of people are not hiring right now because of risk.</p>
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	<p>Most tests that are on the market are designed to confirm a positive; not designed to confirm a negative. Someone who may not be having symptoms, may initially test negative and then a couple of days later test positive. Advise against employers screening that way because it creates bias. Wearing appropriate PPE, practicing the good hygiene steps.</p> <p>“From WebEx chat: Parents concerned about non visitation to their children in ICF/IDD group homes. Especially those homes with under 6 residents they should not be under the nursing home rules or mandates. Picked this up on recent calls. I am not in that category.”</p> <p>DSK sympathized with commenter. Erred on side of caution. A lot of the small group homes- don’t have the ability to isolate as a person in a Skilled Nursing Facility might be able to. It becomes a really high risk for others in the GH. Open to suggestions on helping individuals in group homes connect better with family.</p> <p>“From WebEx chat: What’s the protocols for exam the x-ray, TAG, MRI because you say you can result negative one day before and that day you take and go a exam and left the virus” Protocols to reduce the spread of the virus.</p> <p>DSK: PH guidelines to make sure businesses and medical settings following infection control protocols. Limit surface people touch. Good hygiene, good cleaning. All really focused on COVID19, same protocols apply to limiting the spread of the flu and cold.</p> <p>Mark- insight into public schools opening in the fall? Interacting with DPI and Governor’s office.</p> <p>DSK: Large group of people collaboratively working on birth to 18 education. What do we need to have in place for the fall when school reopening. Lots of questions being asked right now, most of it is driven by the latest science. Update to symptoms just made about loss of taste and loss of smell. How to operationalize those things based on the best science we have. Same process for camps.</p> <p>Catreta- no emergency services with DSS in March.</p> <p>“Question from chat: How long/much will telehealth be covered? Parents and caregivers do not want anybody in the house or go to doctor.”</p> <p>DSK: Want to continue those as long as possible. Make that another opportunity. Almost any type of service is covered. Encourage folks to go to provider to ask about telehealth option to limit interaction in public.</p>		
Conclusions			
Action Items		Person(s) Responsible	Deadline

3. Prevalence and Penetration

Michael Schwartz, *Quality Management Consultant*
 NCDHHS, DMH/DD/SAS

Discussion	<ul style="list-style-type: none"> - Michael Schwartz gave a presentation on the prevalence and penetration rates in NC. He went over the difference of prevalence (percentage of population that has or had a particular condition in a time period) and penetration (percentage of a population that has received a service for a covered condition in a given period of time). <ul style="list-style-type: none"> o National sources: SAMHSA, CMHS, CDC, etc. - He reviewed how DMH/DD/SAS uses the information and collects data. He also reviewed the heat maps in the presentation.
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	<ul style="list-style-type: none"> - Question about preparing the information to compare rural and urban communities? <ul style="list-style-type: none"> o If you know the counties, you might be able to compare the penetration rates 	
Conclusions		
Action Items	Person(s) Responsible	Deadline
Meeting Adjourned:	Next Meeting:	
The meeting adjourned at 12:57. Ron motioned. Jonathan seconded. Meeting adjourned.	June 10, 2020	