



**STATE CONSUMER AND FAMILY ADVISORY COMMITTEE  
MEETING MINUTES**

**Date:** Wednesday, November 9, 2022    **Time:** 9:00 am    **Location:** 306 N. Wilmington Street  
Bath Building Conf. Room 107  
Raleigh, NC 27699-3001

<b>MEETING CALLED BY</b>	April DeSelms, Chair
<b>TYPE OF MEETING</b>	Public Meeting – Hybrid

**ATTENDEES**

COMMITTEE MEMBERS			GUESTS	
NAME	AFFILIATION/ CATCHMENT AREA	PRESEN T	NAME	AFFILIATION/ CATCHMENT AREA
Jessica Aguilar	Partners – virtual	<input checked="" type="checkbox"/>	Kathy Ritter	
Jean Anderson	Partners – in Person	<input checked="" type="checkbox"/>	Frank Mesina	Trillium
Janet Breeding	Sandhills – virtual	<input checked="" type="checkbox"/>	Emily Whitemire	
Kenneth Brown	Alliance – virtual	<input checked="" type="checkbox"/>	Fantasia Jones	
Bob Crayton	Vaya – in person	<input checked="" type="checkbox"/>	Cindy Trobaugh	
April DeSelms	Eastpointe – in person	<input checked="" type="checkbox"/>	E. Marie Dodson	
Crystal Foster	Trillium – virtual	<input checked="" type="checkbox"/>	Monae Davis	Vaya
Heather Johnson	Vaya –	<input type="checkbox"/>	Kelsey Knowles	
Ricky Johnson	Trillium – virtual	<input checked="" type="checkbox"/>	Mamie Hutnik	
Susan Monroe	Vaya – in person	<input checked="" type="checkbox"/>	Arthur J Eccleston	
Patty Schaeffer	Partners – virtual	<input checked="" type="checkbox"/>	Janet Sowers	
Johnnie Thomas	Alliance –	<input type="checkbox"/>	Latwanna Floyd	
Brandon Wilson	Vaya – in person	<input checked="" type="checkbox"/>	Kelly Friedlander	
Dreama Wilson	Vaya – virtual	<input checked="" type="checkbox"/>	Pat McGinnis	Vaya
Lorraine Washington	Eastpointe – in person	<input checked="" type="checkbox"/>	5739****62	
		<input type="checkbox"/>	8289****70	
			7047****71	
STAFF				
NAME	AFFILIATION			
Stacey Harward	DMH/DD/SAS			
Ann Marie Webb	DMH/DD/SAS			
Badia Henderson	DMH/DD/SAS			
Wes Rider	DMH/DD/SAS			
Brandon Rollings	DMH/DD/SAS			
Suzanne Thompson	DMH/DD/SAS			
Deb Goda	DMH/DD/SAS			
Deputy Sec Benton	DMH/DD/SAS			
Glenda Stokes	DMH/DD/SAS			
Jennifer Bowman	DMH/DD/SAS			
Sydney Hyman	DMH/DD/SAS			
Regina Manly	DMH/DD/SAS			
Kelsi Knick	DMH/DD/SAS			
Kenneth Bausell	DMH/DD/SAS			
Michelle Merritt	DMH/DD/SAS			
Jennifer Meade	DMH/DD/SAS			



**1. Consent Agenda & Approval of MONTH Minutes**

<b>Discussion</b>	Minutes and Agenda approved		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
Finalize draft min and send to Badia	Stacey Harward		

**2. Public Comment**

<b>Discussion</b>	Public Comment Link: <a href="https://forms.office.com/g/NLzm1gckte">https://forms.office.com/g/NLzm1gckte</a> <ul style="list-style-type: none"> <li>Form for concerns to be addressed and individually submitted</li> <li>No one had signed up for public comment prior to the meeting</li> <li>Kathy Reitter – Member in Vaya area – wanted to know if there is membership reflecting EOR model. There are members who do, have the reflection via working.</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

**3. Subcommittee Reports**

<b>Discussion</b>	Legislative Subcommittee: <ul style="list-style-type: none"> <li>Discussed talking points for legislative day. Came up with ideas such as TBI Waiver, Medicaid Expansion, Sam R. et al case and appeal, and Tailored Plan</li> <li>Patty- is there a way to find out if there is any unfinished business in the behavioral health areas that we can push them to raise awareness for with both youth and adults and not wait until the end of the session?</li> <li>The subcommittee has been reaching out to Legislators for sponsorship. No response has been received, however, they do have a few more to reach out to.</li> <li>More talking points will be discussed in the next subcommittee meeting.</li> <li>Legislation Day is March 7, 2023.</li> </ul> Gaps & Needs: <ul style="list-style-type: none"> <li>First meeting is next week.</li> </ul> Recovery: <ul style="list-style-type: none"> <li>Looking for a new date. Had a meeting but only two people showed for the meeting.</li> </ul> State to Local: <ul style="list-style-type: none"> <li>Will be meeting after SCFAC. Potentially going to be primarily going over Legislation Day.</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

**4. Introduction of New Employee – Latwana Floyd**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Introduced herself and answered questions by team. Works for the customer relations team.</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	



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## 5. DHB Update

Deb Goda

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• They have added recovery support into their traditional living supports in pregnant and caring women services.</li> <li>• Community navigator is available until tailored plan launches in April. Discussed the 1915i requirements and process. Identifies need with skill building – referred to care manager or care coordinator- they will conduct an assessment to identify need and will then inform what type of plan will be needed for the I service – plan will take that assessment to decide whether the needs-based eligibility is met – then care person will monitor plan for service and make sure it continues to meet needs. (Eligibility is based on each person’s benefits) Must be able to benefit from daily help or skill need due to a deficit that impacts their daily day to day life. Emotional Disturbance 16-21 Mental Disturbance and SUS 18-above Respite is all ages 3 and above I/DD is all ages 3 and above - will be available to all individuals on and not on the tailored plan (Respite SUD 3-20) Supported Employment is 16 and above</li> <li>• Nursing was not included in the Respite. Purpose is to make sure the individual meets the criteria of the population and the needs-based assessment. Assessment is not lengthy and is simple to make it quick for the individual and intake worker. Important to remember to that there must be conflict free care management. Care manager cannot work for the provider who works person providing services. The plan must be written and approved within 60 days. Then services must start within 45 days. An interim plan can be put into place if an emergency plan needs to be enacted. (Caregiver needs surgery and child needs respite) i option services do not have to have a level of care requirement. Going to slowly move things in once they are sure that everything from the option B is there and good to go.</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>• Jean- Care Management and Care Extenders Roles – People with lived experience may be the last to be recruited for those roles? – Not sure. Are they going to be tracking the ones they are going to be hiring and ensure that they are not left to the end? Going to talk to the care managers and get back to her.</li> <li>• C waiver is not a good fit for TBI as they are also determined to have I/DD they are sent to a neuropsychologist, and they do not need this and can sometimes not take part in this due to their inability to process. How about offering them a medical assessment and not a neuropsychic assessment? Deb is going to take it back for further guidance.</li> <li>• Crystal – If you have some who is medically fragile or needs a medical nurse what good is it? As they are required a skilled nurse and are only being provided a personal assistant. This will be available; the presentation did not show all of it. It was just a brief at a glance.</li> <li>• Jean – Is there a way to increase limits for extras such a physical therapy and such? Someone is in the middle of therapy, and they have reached their max. They can send information out to the physical therapy advocates and get additional time potentially.</li> </ul>	
<b>Conclusions</b>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>



**6. Update on the Division**

Deputy Secretary Mark Benton  
 Introduction of Kelly Crosbie and Rene Rader

<p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• <b>Update from Mark Benton</b></li> <li>• Alcohol and Drug Abuse Treatment RJ Blackley Center- number of patient serves have continued to decline over the past year has been around 20 or less but normally can handle 80 patients. May be due to the location as it is in the central area of the state. Due to the underutilization of state- it is going to be used as a child and adolescent inpatient psychiatric behavioral hospital. UNC Healthcare is agreeable is going to come in and repurpose it and hoping that it will be open as early as July 1, 2023. There are 4 wings. Will be individual private patient rooms. 1 wing will be dedicated to I/DD one will be SUS. About 54 beds or so. All employees will be reassigned to other facilities which there are two other facilities in the area. Hoping if the additional staff go to Murdock, they will be able to reopen two programs – Autism and Star program</li> <li>• Mecklenburg County Sheriff has opted to allow competency (capacity) services in the jail. This is the first time this has occurred in the state. Hoping this will help things go more quickly and help keep spots open in the state psychiatric hospitals. Also hoping to provide them in the community as well. Wants to put this policy into use in other counties as well.</li> <li>• Also working on the budget for the next general assembly, governor is going to make a real commitment for the I/DD services and area so that things can be done. Budget is hoping that this will be available in February.</li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>• Jean- Has been a lot of money granted to SUS detox and services. Wondering what is going on and why there is such a decline in services at the treatment center? – Thinks it may be due to the effect that they are struggling to hire people. Also, the state pulled a lot of their funding and in turn it's relying on insurance money and other issues. Not seeing a decline in SUS. The biggest problem is how much is paid. Private providers are struggling as well as the insurance is not willing to pay, and the length of stay is probably not willing to pay for stays that are extended. Why are we sending people out of state for treatment and NC insurance is paying for it? Had family that has been treated in both Michigan and one in California. – Don't know the why's of what is going, but knows it needs to be changed. Expectation for behavioral health emergency should be no less than that of a medical health emergency.</li> <li>• Brandon- what will the cost associated with the pilot in Mecklenberg? There is but they are using a federal grant. Can get the data to us. But it is far cheaper and far more appropriate than it is than putting them into the state psychiatric hospital and paying for them to wait in jail. Will provide the press release pilot and the financial budget as well.</li> </ul> <p><b>Kelly Crosby and Rene Rader Introduced themselves to SCFAC.</b></p>		
<p><b>Conclusions</b></p>			
<p><b>Action Items</b></p>	<p><b>Person(s) Responsible</b></p>	<p><b>Deadline</b></p>	

**7. 1915i Update**  
 Michelle Merritt



<p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• Through 1915i will be able to offer more community services for individuals with I/DD and TBI. Used to be a 10 hour per week with a fade out plan required on the old plan.</li> <li>• Offering more wraparound services for individuals who are transitioning to an independent living setting.</li> <li>• Community Navigator/Guide service and Deinstitutionalization (DI) services will no longer be available due to the tailored care management program</li> <li>• New eligibility reviews and monitoring of quality of the services. All programs will hopefully have more availability but also stricter guidelines.</li> <li>• Respite Draft Policy was discussed for adolescent I/DD, SUS individuals and their families.</li> <li>• Supported Employment Draft Policy was discussed. It would be for I/DD and TBI with potentially different assessments for the two.</li> <li>• Community Living and Supports Draft Policy was discussed. Will be a supportive program for not only the individual but also the family/natural support. Will provide the family/natural supports with training for new skills. Semi-like in-home services but will provide 15 to 28 hours per week based on need and situation instead of the limited 10.</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>• Crystal- Respite will it be DSP or personal assistance, or will it be skilled nursing? It was written in as a para-professional at this time. Respite has another category for medically trained nurse. She stated she will take the concern back.</li> <li>• Crystal shared her concern with limited staff and ability to get current services fulfilled. How will the new services be filled and handled with the new demands that will rise from this? Rates and work will be based on the members per month and the need of the service. Thinks the State is doing things to bring in new workers and hopefully this will help limit some concerns.</li> <li>• Want to specifically include the TBI population if they can for rehabilitation as well. They are looking at ways to be able to specifically include them in their own way for each service.</li> </ul>		
<p><b>Conclusions</b></p>			
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**8. SCFAC Work**

<p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• TBI letter- send to Kelly and Dave – attempted to send it and tried to get information but never got the answers. So now send a letter requesting the information and letting them know how many times we have requested the information. Requesting a direct response from leadership.</li> <li>• Leadership Letter- Asked to be involved in the leadership interviews and decisions. Had been told by Secretary Benton that would be involved in the process then where not involved in this. Want to try to resend this letter and get appropriate follow-up on it. Can bring this up at the lunch meeting with the new leadership and talk about it and what they want their interactions to be.</li> <li>• Limit to three talking points for legislation day. DSP Funding and training. Medicaid. Funding in general and not just a specific area. i services and how much is allocated to each LME/MCO. Worried about funding and not using their federal funding which in turn causes them to lose it.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• Provided team with response from Secretary Kinsley from last month's letter</li> <li>• Discussed the Child Family Specialty Plan and NC Child and Family Improvement Initiative. Asked that someone come talk to SCFAC about this program. Will be done at either January or February meeting.</li> <li>• Janet Breeding – asked if there is a way for the Department to do a person-centered handbook for the Tailored Plan? As opposed to the confusing 27-page handbook individuals are receiving.</li> <li>• Letter for the month – Sending a letter to legislatures about the lack of communication and how the communication is differing among each provider about the tailored plans. How the community cannot understand the information being provided to them.</li> </ul>				
<b>Conclusions</b>					
<b>Action Items</b>	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
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### 9. Overview of Adolescent SUD Services and Data in NC

Eamonn McAteer, MS

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Drug use went up 61% among 8<sup>th</sup> to 12<sup>th</sup> graders between 2018 to 2020</li> <li>• Data is showing that it will begin to go down and Vaping and marijuana will become the top users among adolescents between 2020-2021. However, the number of adolescent deaths due to overdose have increased 94% between 2020-2021. Concerned as to why the increase in deaths while the data shows use is down.</li> <li>• Made three grants to help meet the needs of these young adults with recovery housing, LBTQ disparities, and residential funds. These were available until March 2023, but they did not receive a single applicant for these funds.</li> <li>• Provided SCFAC with questions, that he wished to have answered. SCFAC answered some of the questions that they were able to do. They also stated they would provide it to the local CFACs and have them discuss these questions at the state to local call.</li> </ul>				
<b>Conclusions</b>					
<b>Action Items:</b>	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
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### 10. Review Action Items/Recap of what needs to be completed prior to the next meeting

Stacey Harward

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Develop talking points for Legislation Day</li> <li>• Recovery subcommittee to come up with a new meeting day</li> <li>• Send out a letter about TBI requesting direct information to Kelly and Dave</li> </ul>				
<b>Conclusions</b>					
<b>Action Items</b>	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
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### 11. Adjournment

April DeSelms

<b>Meeting Adjourned: 2:35 pm</b>	<b>Next Meeting: 1-11-2023</b>
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