

**State Consumer and Family Advisory Committee (SCFAC)
C/O Community Engagement and Empowerment Team (CE&ET)**

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2016 NC SCFAC ANNUAL REPORT

Dear Secretary Brajer:

The State Consumer and Family Advisory Committee (SCFAC) of NC would like to express our sincere thanks to you for your leadership. It is very much evident that you place great value on the input that you receive from consumers and family members of consumers and for that, we are grateful. This past year, the SCFAC has strengthened its relationship with you, Division leadership, and the General Assembly. We have taken great strides to become relevant and solution-oriented as we endeavor to give advisement and direction into the service delivery system here in NC. Change has been happening at an alarming rate, but we have remained focused on our primary purpose - our commitment to the citizens of our state that cannot advocate for their selves. Our committee has representation on the Governor's Mental Health and Substance Use Disorder Task Force, the NC Substance Use Disorder Federation, the NC Mental Health Coalition, the NC Stakeholders Engagement Group, the Departmental Waiver Advisory Committee, the NC I/DD Consortium, the NC Brain Injury Advisory Council, the NC CCBHC Steering Committee, the Governor's Working Group on Veterans, the Triad Veterans' Coalition, the Alcohol and Drug Council of NC, Oxford Houses of NC, Healing Transitions International, Recovery Communities of NC, and the list goes on...

The following report will highlight some of the valuable accomplishments of SCFAC throughout this past year, and we sincerely look forward to working more closely with you and your team in the coming year. Thank you again for this opportunity.

The State to Local CFAC Sub-Committee

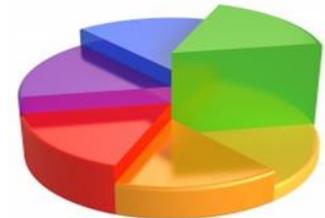
This committee is a vital part of communication and transparency between the State to Local CFACs and from the local CFACs to the State CFAC. Two calls per month allow exchange of information, education and collection of benchmarks and outcomes; we co-ordinate directly with the Data Com Sub-Committee. The last Monday of each month serves as a time for ELT (Executive Leadership Team) which consists of CFAC Chairpersons or Vice-Chairs from each LME/MCO catchment area across North Carolina; call in on a designated call line and facilitated by the State CFAC Conference Call Committee Chair to discuss and develop agenda topics for the monthly State to Local CFAC Conference Calls happening on the third Wednesday of each month. The agenda has presenters every third Wednesday monthly from around the state (LME/MCO) CFAC representatives or outside presenters who report on various subjects like the following: gaps in services or budgets, trends or patterns, innovations, programs that are working, collaborative efforts, recruitment for advisory committee vacancies, transportation needs, Veteran Issues, community outreach, homelessness, supportive employment and how local CFACs interact between their constituent client base LME/MCO's respectively, etc. Phone lines are reserved for these two monthly calls

through The Community Engagement and Empowerment Team, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, NCDHHS. (We appreciate Suzanne Thompson and her committed staff tremendously!) Just to clarify and summarize, The State to Local CFAC Sub-Committee performs the following:

- Local Consumer and Family Advisory Committees and The State Consumer and Family Advisory Committees are separate entities with the legislatively mandated (122c-171) purpose of promoting participation of clients/consumers receiving services and their families in an advisory capacity to the state-wide LME/MCOs, The Department of Health and Human Services and The State Legislature. Policy makers and everyone benefit directly from shared life experiences and needs regarding North Carolinian constituents from the mountains to the coast of North Carolina.
- State CFAC to local CFAC Sub-Committee continues to grow in participation and progressively enhances the flow of information and education through technical assistance from the Data Com Sub-Committee while providing technical assistance to all local CFACs.

Frequency of calls helps with inclusion of everyone from the state to local CFACs and their families.

**North Carolina State Consumer and Families Advisory
Committee (SCFAC)
Services and Budget Sub-committee
2015-2016 Yearly Report**



The purpose of the Services and Budget Sub-Committee are found in the General Statutes: 122C-171 as follows:

Purpose	Purpose Met
1. Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.	Yes
2. Identify service gaps and underserved populations.	Yes
3. Make recommendations regarding the service array and monitor the development of additional services.	Yes
4. Review and comment on the State Budget for mental health, developmental disabilities (IDD), and Substance Abuse (Use) services.	Yes
5. Participate in all quality improvement measures and performance indicators.	Yes
6. Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, (IDD) Developmental Disabilities, and Substance Abuse (Use) services.	Yes
7. Provide technical assistance to local CFACs in implementing their duties.	Yes

Budget: Committee Members reviewed the State Budget and made recommendations to include:

- More funding appropriations to I/DD Population and Services.
- No decrease of Medicaid funding for MH, SUD, and I/DD.

State Plan: Committee Members participated in the SCFAC Conference Calls regarding the State Plan and made recommendations to include:

- Recovery Programs and Funding.
- Recovery Oriented Support Systems.
- Prevention Programs.

Quality Improvement: As the General Statute states, part of our goal is quality improvement. Suzanne Thompson and Ken Schuesselin were instrumental in facilitating and completing this tasks of “What the State and Local CFACS can do to improve?” Please see Attachment 1.

Service Gap Survey: The Services and Budget Gap Committee developed an On-Line Survey to identify Gaps in Services throughout the State of North Carolina. The On-line Survey was distributed by the State Data Com Committee to all local CFAC committee members across the state. Please see Attachment 2.

Services and Budget Committee State Wide Conference Call: The committee hosted a State Wide Conference Call with all Local CFACS. Ben Coggins assisted with the dissemination of information while Anna Cunningham assisted with facilitation and collecting data. Each Local CFAC was asked to send in a written report of identified Gaps of Services and Needs in their geographical region. The Findings will be within the Data Com Report. Please see Attachment 2.

Legislation and Recommendations: Our Sub-committee sent out Legislative Links, Policy Changes, and kept the larger Committee abreast of any pending legislation that will impact MH, I/DD, and SUD communities. Sub-committee linked Kurtis Taylor to state representation with the Joint Legislative Oversight Committee of Health and Human Services. The committee reviewed laws and policies and made recommendations.

Monthly Meetings: The Sub-committee facilitated Monthly Meetings as determined at the beginning of the Fiscal Year from low to high participation.

Recovery and Self-Determination Sub-committee: The purpose of this committee is to make recommendations to the SCFAC regarding the principles of recovery and self-determination and how best to advise the Department of Health and Human Resources, the Division of Mental Health/Intellectual and Developmental Disabilities/Substance Abuse, and the State Legislature to encourage and include those principles in the service array. The sub-committee is given this responsibility by the overall SCFAC in order to help fulfill their responsibility of:

- a. Identify service gaps and underserved populations.
- b. Make recommendations regarding the service array and monitor the development of additional services.

2016 recommendations

- I/DD: Address the service gap left as a result of the elimination of TCM through expansion of DD Community Connections.
- I/DD: Consider rate increases for services that have been stagnant (or reduced) over the years or which are inadequate.
- I/DD: Address the lack of a comprehensive service array for individuals with I/DD who do not qualify for, or are waiting for, Innovations services.
- I/DD: Promote and support access to Psychological services for individuals with I/DD through education and enhanced reimbursement to attract private providers.
- MH/I-DD/SUD: Build infrastructure to support Residential services.
- MH: Address the service gap left as a result of the elimination of TCM through enhanced Outpatient Therapy or an alternative service definition.
- MH: Address the service gap between Outpatient Therapy and Community Support Team to offer a continuum of services based on needs. Similarly, address gap between CST and ACT.
- MH/SUD: Promote and support training of Certified Peer Support Specialists.
- MH/I-DD/SUD: Better educate ACCESS teams within MCOs to help consumers/families better understand their eligibility and service options.
- MH/I-DD/SUD: Revisit the telemedicine policy and make it more forward thinking and less restrictive.
- SUD: We need to promote efforts to establish recovery drop in centers with Social Setting Detoxification centers imbedded in them across NC.
- MH/SUD: If in fact we are going to embrace a recovery oriented system of care where recovery and self-determination are key elements, we must have more consumer operated service providers.

Sincerely,



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cc: Secretary, Richard O. Brajer, North Carolina Department of Health and Human Services
Dave Richard, Deputy Secretary for Medical Assistance
Dale Armstrong, Deputy Secretary of Behavioral Health and Developmental Disability Services
Ken Schuesselin, Consumer Policy Advisor, Program Development Coordinator
Dawn Johnson, Project Manager, DHHS