

State Consumer and Family Advisory Committee (SCFAC) MEETING MINUTES

Time: 8:00 a.m. to 1:30 p.m. Location: Brown Building – Dix Campus

MEETING CALLED BY Kurtis Taylor – SCFAC Chair TYPE OF MEETING State Consumer and Family Advisory Committee (SCFAC) ATTENDEES **COMMITTEE MEMBERS** STATE STAFF ATTENDEES NAME **AFFILIATION** PRESENT NAME AFFILIATION PRESENT Chair SCFAC / Alliance **Stacey Harward** Kurtis Taylor \boxtimes CE&E Team \boxtimes Vice Chair SCFAC / CE&E Team \boxtimes **Ben Coggins** \boxtimes Eric Fox Partners **Bonnie Foster** Cardinal Excused CJ Lewis CE&E Team \boxtimes Suzanne CE&E Team \boxtimes Mike Martin Alliance Excused Thompson Supervisor **Consumer Policy** Ken Doug Wright Alliance \boxtimes \boxtimes Schuesselin Advisor Communications Patty Schaeffer Partners Excused Dan Guy \boxtimes Manager Secretary, Rick Wayne Petteway Trillium Excused \boxtimes Brajer Interim Senior Director X Benita Purcell Cardinal X Jason Vogler MH/DD/SAS **Dennis Parnell** Alliance Excused LaVern Oxendine Alliance Excused Marie Britt Eastpointe Excused GUEST **Bev Stone** Trillium Excused AFFILIATION NAME Sandhill's Ron Rau \boxtimes Brandon Alliance Excused Dan Orr \mathbf{X} Tankersley Excused **Catreta Flowers** Trillium Juanita Jeffries \boxtimes /phone John Duncan Cardinal Excused State CFAC Member Martha Brock Phone Pat McGinnis VAYA \boxtimes Mark Fuhrmann Partners \boxtimes Cardinal \square Deborah Page

1. Agenda topic: Welcome

Date: October 12, 2016

Presenter(s): Kurtis Taylor

Discussion	 Kurtis Taylor welcomed everyone – had everyone introduce themselves. Reminded those that were physically at meeting that we had members that could not make it due to the hurricane Mathew and some have been able to call in to the meeting. 		
Conclusions Action Items	Person(:	s) Responsible	Deadline

2. Agenda topic:	Secr	retary Rick Brajer Presenter(s): Secreta	ry Rick Brajer
Discussion	•	Thanked everyone for coming early to the meeting.	
	•	Expressed that he would like to take this hour to listen and learn from the members.	SCFAC
	•	Ben C. – Expressed his top 3 concerns for Consumers and CFAC.	
		1) Voice of the people may be lost, their concerns may be lost in the shu	ffle.
		2) The future – what changes are going to occur especially with CFAC?	
		 LME/MCO concerns – some places are working well together and othe working as well. 	ers are not
	•	Secretary Brajar – There is a lot of respect for the role of the Consumers a state Positive Mindset and receptivity.	across the
	•	Kurtis T Experience of CFAC member on the Board is vastly different fr	rom the typical
		CFAC member.	
	•	How do you hold accountable the CFAC message?	
	•	How do they represent the voice of the people?	
	•		
	•	Mark F. – Partners – Rhett Melton is there on the scene, listening and enc CFAC CEO's presence in both the CFAC meetings and Human Rights Co shows that the CEO is listening directly from the Consumers.	ommittee
	•	Kurtis T. – In some areas those CFAC members who are on the area boa present the board members with a letter in addition to the minutes from th	
	•	Pat M. – ACFAC report is provided to the Board in which we collect inform	nation from the
		different regions of VAYA - CFAC is on the Board Agenda, in our area the	e cross
		functional teams also report to the Board.	
	•	Benita P. – We have a comment capture form that we present to the Boar	
		from the CFAC we also have public open comment period Cardinal Inn	
		continue to have a large portion of their board meeting in closed session.	
		happy about that and we really do not know what should be done about the	nat. Benita
		complimented the Secretary on his accessibility and approachability.	
	•		
		discretion – we SCFAC and Local CFACs want to ensure Consumer and	Family
		involvement.	
	•	Brandon T. – Telemedicine- I feel strongly that this is an area that the stat	
		needs to explore and support – not all people can get to the MD office Tra	ansportation
		being one of the biggest issues.	
	•	······································	
		county being one of the area's – the rural vs urban locations – it is harder	to get direct
		service workers in rural areas – it is not a simple issue of money.	and the
	•		
		largest gaps in services – Deb discussed issues that she has had persona	ally in the
		Mecklenburg County area.	
	•	Martha B. – The system is underfunded – LME/MCO do not want to deal paperwork that is involved when it comes to Medicare individuals.	with the
		Kurtis T. – Medicare – the local providers are not able to provide services	to individuale
	•	Jason V. is aware of this issue – Medicare does have strong rules straigh	
		providers have to be credentialed.	t infinations
			would be just
		as if you were uninsured.	
			st the
		LME/MCO need to be trained.	2. 010
		Benita P. – IDD staff pay is not appropriate for the amount of work that the	ev do, Maiority
		of them are making \$8.50 per hour, they are able to go to McDonalds and	
		not more than \$10 per hour – with this knowledge it is not hard to see why	
		in staff is so high! Where is the incentive to retain the workers? The staff	
		the work is doing very meaningful work. At this time the workforce is nega	

	 impacted and they are losing the qualified employees to other companies. Would be good if they could have a separate pot of money for the payer source for the IDD staff. Mark F. – Staffing issues are a major problem when it comes to the IDD population LME/MCO's are spending about \$0.85 to \$0.95 on the dollar for service – provisions they are not fully spending the money that they are receiving, they need to be more assertively engaging in their communities. Jason V. – LME/MCOs have the ability to adjust, increase rates. Benita P. – As companies get larger they are losing the concept of local presence. Brandon T. – There should be a memo sent out that tells them to spend all their money that they receive concerning services. – Questioned the reason why the amount being spent is not a full dollar? Last Alliance CFAC there was a discussion concerning – Community based services and how in touch the LME/MCO really is in their areas, where is the gaps on the ground? Secretary Brajer – At this time the LME side is being ignored the focus has been heavily on the MCO side – we have discussed this with all LME/MCO's and are in the process of bringing the focus back to the LME side. Kurtis T. – Cardinal wants to leverage \$240 mil in savings hoping to get it to \$1 billion. At this point it does not appear that a letter from the SCFAC or their Local CFAC will make a difference to them Secretary Brajer if possible could you use your authority and make them act? Mark F. – Partners reinvestment plan is totally transparent- there have been several meetings with the CEO or a representative for him to discuss the plan (they have meet with the Partners CFAC several times to review) and 9 programs have been chosen at this time all 9 programs decided on with consumer input. 			
	Secretary Brajer – At this time there is ZERO momentum towards mergers.			
Conclusions				
Action Items		Person(s) Responsible	Deadline	

3. Agenda topic: Division update

Presenter(s): Jason Vogler

 Stated to the SCFAC committee that he was there today basically to listen and learn also he would like to from the group (LME/MCO) that you represent – "what does it mean to be a good LME?" The state had started off with 41 area programs and to date we are down to 7 LME/MCO's would like to look towards accountable process.
 At this time there really are no accountability measures on the LME side – we have no data. Ben C. – Stated that on one of the meetings that he attends Matt Potter made a very telling statement that basically states what all consumers feel. He stated to the speaker "This is your job – This is my (our) life" – Matt was reminding the speaker that he could go home every night and not worry about if someone was going to show up to help him get in to bed, or if there would be someone there in the morning to help with getting him ready for the day. Ron R. – NC needs to expand Medicaid this is something needs to be done not just talked about – we have so many people who are not being served and if the Medicaid system was expanded we may not have so many on the waiting list. Jason V. – The asking for additional funds is difficult when the LME/MCO's funds are not being spent. Doug W. – This discussion really should be about the LME part – the Local Community there should be a healthy relationship between the LME and the community – a collective Collaboration in the community. There are several elements that should be established in order to have a healthy community – Transportation, Jobs, and Housing. – Medicaid dollars cannot be spent on non-Medicaid consumers

 Jason V. – Yes they can be spent but the State cannot mandate how these dollars are spent.
 Kurtis T. – The system needs to be community focused – such as a relationship with community programs that assist the local residents. ex. – county jail diversion program.
• Pat M. – Feels that Recovery should be a main focus- assist people as they return to the community – has major concern when the police become involved with those in recovery who may have had a relapse or when they are dealing with the Senior citizen population. When we see on the news that a citizen who has a mental health issue dies at the hands of the police, I feel that it should be called what it is " killed by the police" call it what it is!!
 Benita P. – Most LME's have a high degree of transparency even with their own staff. – for those that are not there should be – more open communications, higher visibility in community – easier path to access "no wrong door" – Need the mall directory.
 Jason V. – Some individuals get frustrated and just leave before they are able to get to the right person to assist them.
 Mark F. – There should be an improvement in access and follow-up to services across the board – there should be a place for prevention with the emphasis on information to the community ex. Guardianship – social security – the everyday living side is a critical piece getting people to the right place is so very important.
 Deb P. – There is a lot of money being spent on the acute services but the reactionary system is also a high cost and is vital to the recovery and development of consumers.
 Mark F. – Community education is so very important – Mental Health First Aide for both Youth and Adults are very important and should be taught to everyone that can be reached with it.
• Kurtis T. – This discussion today is empowering us as the SCFAC. We have to focus on the LME side.
 Ben C. – Asked Jason V. if there are any hot topics that the SCFAC should be looking out for.
 Jason V. – Preparing for the 3 pilot programs from the Governor's Task Force initiatives Pilots targeted by! /1/17 – All involved Case Management to some degree – Face to Face 1.) Case management for Adults who are in Emergency Departments. The will work with the consumer prior to leaving the ED. Re-engage the providers if needed.
 Act as a substitute service – county / LME/MCO / hospital / provider very limited function – consumers are at a greater risk for crisis right as they leave the ED. 2.) Children who have juvenile justice or DSS involvement – will be in 1or 2 counties – Case manager embedded in juvenile Justice and or DSS to ensure a system level support.
 3.) Medication assisted treatment – Law Enforcement Assisted Diversion programs connect to treatment (LEAD) program will partner with local law enforcement – exist in Cumberland Co. and has been successful. I/DD Home and Community Based settings final rule CMS DMA focused on this –
 people in institutional settings will be moving to the community – congregate settings to go away pendulum swinging – NC is an institutionally biased state. Brandon T. – CCBHC will we get this? (Integrated care approach).
 Pat M. – Very concerned about the aging population – bed space available – do not replace one population with another!
 Jason V. – CFAC's should be part of the development of the Local business plan – it is due 10/31/16. – Should have 6-7 components that are required.
Alliance – done – not many changes to the plan. Partners – Time frame to short – not many changes to plan – short time period for CFAC response.
Cardinal no time for meaningful comment. VAYA – Not many changes to plan.
Trillium?

	Eastpointe? Sandhill's – Completed not many changes.		
	There should be consumer and family input that is valued and meaningful this should be a part of what guides reinvestment plan.		
Conclusions			
Action Items		Person(s) Responsible	Deadline

4. Agenda topic:	Pub	ic Comment	Presenter(s): Kurtis Taylor
Discussion		Dan Orr – Discussed the fact that suboxine is being used as cash on the black market (generally for sex) there has been an increase in heroin deaths – those with MH issues bi-polar 80% substance abuse co-occurring, families are calling for help because they are being pulled apart from the drug use. – Website annual report is not up – did not see letter regarding state plan. Suzanne T. – Expressed to Dan O. that the minutes and the Annual report are up on the Website – explained how to find them. The Agendas and letters are in the process of being placed on the page. – State plan has not been finalized at this time. Kurtis T. – Lisa Haire had discussed with SCFAC about having a conference call to discuss the State Plan.	
Conclusions			
Action Items			Person(s) Responsible Deadline

5. Agenda topic: SCF	
Discussion	 Kurtis T. – Lisa Haire had discussed with SCFAC about having a conference call to discuss the State Plan.
	 Discussed the draft letters that had been written.
	 Martha B. – (phone) questioned what letters the group was discussing – discussed that Monarch uses tele psychiatry in Cary NC – 6th largest municipality in NC – is this (tele-psychiatry) for cost cutting measures or is this to fulfill an unmet need that exist in rural areas?
	 Kurtis T. – It is to fill a gap in services – it will have to start off as a pilot program and they are looking for the area that it will be in.
	 Doug W. – it is filling a gap in Services – NC has a limited number of psychiatrists available.
	 Kurtis T. – Insurance needs to be able to transfer from one office to another – Medicaid needs to be able transfer form one area to another without having to
	reapply, have a waiting list. Tele-psychiatry should be available anywhere home, ce phone, computer this would remove the transportation barrier – this is not the solutic for everyone but it embraces consumer choice.
	 Doug W. – "PSRs some are great and some are poor ass ones".
	 <u>Motion</u> made to accept last month's Minutes both State and Local to State – Approved Doug Write 1st – Ron Rau 2nd the motion all.
	 Kurtis T. – Reinforced the issue of mutual respect among the members of the committee, as a committee we may not like someone but we have to plan nice together.
	 We (SCFAC) are representing other who cannot speak for themselves – we need to rid of the drama and focus on our task.
	 Martha B. – DATA com group was discussed and Martha would like to see the DATA Com change in to Communication & DATA. Martha also suggested that the SCFAC have a retreat.
	 Traditionally the December meeting has served this purpose.
	 Agenda change – Renee Rader was not able to attend the meeting (1:00 p.m.).
	 Kurtis T. – The committee needs to remember that everything is public information Please protect the reputation of the State CFAC – if you are talking in a group and

	 you are not specifically representing the SCFAC, please clarify that you are speaking on behalf of yourself not for all of the State CFAC. Suzanne Thompson – Clarified some issues that have arisen in the last several months. Sub-committee meeting minutes must be taken. Do not circulate draft documents. Emails with Stacey Harward involved are public documents. Do not send draft documents outside of the State CFAC members. Kurtis T. – Monday Nov.14th CFAC symposium at NC Tide – special 4 paid 5th person free thru the LME/MCO. Pinehurst December 7-9th – Kelly Friedlander to conduct a training. Meeting adjourned at 1:24 p.m. 		
Conclusions			
Action Items		Person(s) Responsible	Deadline
 <u>Motion</u> made to accept last month's Minutes both State and Local to State. – Approved Doug Write 1st – Ron Rau 2nd the motion, all approved. Letter concerning RSD reviewed and motion made to approve- Benita P. 1st and Ron Rau 2nd the motion. With the LME/MCO language and MI to Mental Health challenges. Letter concerning telemedicine – this letter needs some revisions and can be voted on by email. – Brandon T. and Kurtis T. to work on this letter together. Kurtis T. – Reinforced the issue of mutual respect among the members of the committee, as a committee we may not like someone but we have to plan nice together. Kurtis T. – In December – Kurtis T. would like to have a brief discussion with teach sub-committee chair at the Dec 14th meeting. Remember no meeting in November. 			

Meeting Adjourned -- 1:24 p.m.

Next Meeting: December 14th, 2016