



State Consumer and Family Advisory Committee
Meeting Minutes April 9, 2025
Hybrid Meeting

Committee Members Attendance:				Total Attendance:			
Name	In-Person	Virtual	Absent	Name	In-Person	Virtual	Absent
Jessica Aguilar		X		Gene McLendon			x
Jean Andersen	x			Ashley Snyder Miller		x	
Amie Brendle		x		Lilly Parker	x		
Nathan Cartwright			x	Angela- Christine Rinear		x	
Bob Crayton	x			Patty Schaeffer		x	
April DeSelms		x		Annette Smith		X	
Crystal Foster	x			Flo Stein	x		
Domenica "Mamie " Hutnik	x			Johnnie Thomas		X	
Jeannie Irby	x			Lorraine Washington	x		
Heather Johnson		X		Brandon Wilson	x		
Dr. Michelle Laws			x				
Attendance:				Total Attendance:			
Name	Staff	Guest	Affiliation	Name	Staff	Guest	Affiliation
Jennifer Meade	X		DMH/DD/SUS	Stacey Harward	x		DMH/DD/SUS
Badia Henderson	X		DMH/DD/SUS	Crystal Dorsey	v		DMH/DD/SUS
Ann Marie Webb	x		DMH/DD/SUS				
Agenda Item/Presenter		Main Topic/Goals:		Action Needed:			
Discussion:							
1.	Meeting Convened Roll Call Completed	9:05 meeting called to order by Brandon Wilson Agenda approved with some minor changes Minutes to be sent out and will be approved next meeting		To listen to the meeting, visit the SCFAC Webpage			
2.	Public Comment	Carol Conway: It appears likely that funding will be slashed for mental health and many other social services. We cannot count on charity and local governments to fill the gaps, especially in poor		SCFAC Webpage Minutes to be sent to committee for approval			



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	<p>communities. It should be a shared national and state responsibility, but if worst comes to worst, there are some things we can do that don't cost money. One of them is a state strategic plan focused on IDD, and I'd ask State CFAC to consider making this a recommendation to DHHS and the legislature in its annual report. That plan could at least call for the following, which goes well beyond the actions demanded in the Samantha R lawsuit:</p> <ul style="list-style-type: none">• A sense of urgency about aging Baby Boomers who are still caregivers.• Seamless and accurate packaging of lifelong supports.• Reduced family suffering.• Flexible regulations that allow for innovation.• Close collaboration between and within all agencies that provide support.• Comprehensive planning for all stages of life.• Widespread public awareness and acceptance. 8. Collection of I/DD-specific data. <p>I would like to request that State CFAC work with local CFACs and the LME/MCOs to revise 122C, section 170, to change the responsibilities for local CFACs. The pragmatic reality is that local CFAC members cannot be expected to review and comment on the entire LME/MCO budget and its contract deliverables to DHHS. Rather, the priority of local CFACs should be to develop extensive networks into their LOCAL disability communities so they can effectively identify and convey service gaps and needs to the LME/MCO, and in turn, convey information about and from the LME/MCO to the wider community of beneficiaries and POTENTIAL beneficiaries. Their top priority should be outreach and ensuring a response, not serving as green eyeshade accountants.</p>	
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Lynn Martin: Speaking for her son because it is so difficult for him to advocate for himself on a state and local level. He has most recently filed grievances with his MCO, he has filed a complaint with the fraud waste and abuse line with medicaid, and with the consumer power and advocacy team writing an email. He has also reached out to state personnel. He has heard absolutely nothing about his complaint other than a grievance that was heard but his local MCO that basically kicked the can down the road and said that DHHS had to act on it particular complaint. I wanted to bring this to your attention for the direct care worker increase dollars that was received in 2023. His financial service agency kept 10% of the funds for overhead cost. Which seems like a lot. My son was not notified that this was going to happen (payroll cost), so they are basically keeping about \$1200 per month. And this is for processing one Direct Care worker's payroll. I feel that probably at least \$500 of that 1200 could have gone into the pocket of the worker. I wanted to bring this to this committee's attention, but even more of an issue is how my son advocates for himself when no one responds to him.

Annette Smith: 1st regards to that wage increase for all parents who have general questions about what Lynn and her son experienced. Please understand that when bills are written like this that involve money distribution down to the level of providers and to EORS or consumers, that it is always in the public best interest to have an oversight or accountability clause written into the law. The General Assembly tends not to like to do that in these cases. It was requested that when the bill was written, to have that. My suggestion would be that you keep educating yourself and keep in the know.



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		<p>Samuel - As a family member who is in need of psychiatric placement and is not able to locate anyone to assist his family with this matter. His family member has continued to deteriorate and has become more aggressive. State Hospital keeps saying that the person has to come from an ER, but the locals say they can't transfer to the state hospital. Provided Samuel with the Customer service contact.</p>	
3.	<p>DMH/DD/SUS Update Kelly Crosbie Director of DMH/DD/SUS</p>	<ul style="list-style-type: none"> • Provided updates on the Federal Cuts that have been reported on • DMHDDSUS's two biggest funding sources are Mental Health Block Grant Funds and Substance Use, Prevention, Treatment, and Recovery Services Grant.(SAMSHA)- With those funds, we can provide services to people without insurance, underinsured people, meaning we need to pay for things that Medicaid can't pay for. • COVID Funds that were scheduled to end in September of this year were terminated on March 24 with no notice. • Attorney General has joined with 23 other states in a lawsuit to stop the Federal termination of COVID funds. • SAMSHA has lost regional offices to cuts from the Federal Government and a lot of key employees. • Working closely with our sister State agencies. We have strong relationships with them and with other state agencies. We share support and information as we learn or receive new information. • ACL Agency for Community Living – we don't have a lot of information other than it is being reorganized, and ACL will not exist anymore. • We have one grant from ACL that is specific to Traumatic Brain Injury – we have received zero notice that that grant has been terminated. 	<p>Public Comment Link: https://forms.office.com/g/NLzm1gckte</p>



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		<ul style="list-style-type: none"> • We are working closely with our Legislative body, and they are very supportive of our needs • Discussion on the State Budget and the differences between the 2 budgets at this time, which are drafts only. • The budget process is still in the early phases. • The Division is working hard to make sure that all communities of NC have access to services- we are making sure that we have accessible communication. • DMHDDSUS just announced that we have partnered with Hazal Health, which will provide Telehealth in the schools – I know many are still on the fence, concerning mental health via telehealth, but this is just an option for schools to use. It does not matter how we get access to mental health for our youth. • We just had 3 Ribbon cuttings in the Western part of our state Haywood, Caldwell, and Rowan counties. Crisis services in North Carolina. 	
4	DHB Update Dr David Clapp Deputy Director Behavioral Health I/DD	<ul style="list-style-type: none"> • Introduced updates on the TBI Waiver • Dr. Angela Smith – Interim CMO • Current state of Medicaid during this state – we are calm and not seeing a lot of changes. • Beginning of April we had the feed back on the Concept paper and received a lot of feedback • March provided updates on the TBI waiver • CAP/DA, we have a wait list, but not for the Cap/C • TBI Dashboard is close to being completed and launched soon, making some additional modifications • PDN Dashboard to be announced • Key indicators for TP/ST plans dashboard are coming soon. • CAP/C & CAP/DA Dashboard • Parity – MH parity provides federal protection for Health insurance to cover MH, and they should be similar to physical 	<p>To hear his complete recording, visit the SCFAC Webpage</p> <p>PowerPoint and complete recording of the meeting are posted on the SCFAC Webpage</p> <p>Dashboards NC Medicaid</p>



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		health, operational compliance. We had 7 milestones to bring into compliance- we are on track to submit the report to CMS, and we are working on having all information and data on the website by April 15. Part one is coming into compliance, and the next step will be monitoring and oversight. To hear the complete discussion, the recording will be on the SCFAC webpage.	
5.	Annual Report Work Brandon Wilson	<ul style="list-style-type: none"> Reviewed the Draft Annual Report for 24/25 year. The committee will vote on the Recommendations via email so that the annual report will be ready by May. 	PowerPoint and a complete recording of the meeting are posted on the SCFAC Webpage
6.	Gaps, Needs, and Provider Network Analysis Report Jennifer Bowman Assit. Dir. of Quality and Evaluation	<ul style="list-style-type: none"> Reviewed the report. Executive Summary – based on the strategic plan and its Dashboard. 32,825 People now have coverage under Medicaid expansion Mental Health Prevalence and Penetration discussed Substance Use Disorder Prevalence Intellectual Developmental Disabilities Prevalence Innovations waitlist Services to Reduce the Gap Consumer Experience National Core Indicators Perceptions of Care Perceptions of Care – Use of Telehealth NC-TOPPS (MH&SUD Outcomes Interview) Health & Social Needs Provider Network Access 	PowerPoint and Recording of the meeting can be found on the SCFAC Webpage



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		<ul style="list-style-type: none"> • Network Adequacy Background • Urban & Rural Counties Map – Maps where there are not enough providers to meet Tailored Plan Time and Distance Service Requirements. • Overview Tailored Plan Initiatives To Assess Time & Distance Gaps • Network Exception Requests • Network Access Plans: Justive -involved Populations and Diversion Programs • Network Access Plans: Addressing Disparities & Supporting Marginalized Populations • Network Access Plans: Cultural Competence and Provider Training • 2025 Initiatives in the Strategic Plan 	
7.	101 What We Do DCFW Yvonne Copeland MBA	<ul style="list-style-type: none"> • 2025 canceled and moved to July 9 • Returned to complete the review of the Annual Report 	
8.	Meeting Adjourned	<p>A motion was made to adjourn the meeting. Crystal made the motion and April seconded the motion.</p> <p>Meeting ended at 3:20.</p>	PowerPoint can be found on the SCFAC Webpage

2025 Meeting Dates: Second Wednesday of Every Month

May 14, 2025	June 11, 2025	
July 9, 2025	August 13, 2025	September 10, 2025

Meeting Link: <https://www.zoomgov.com/meeting/register/vJltdeCvqzgqHjnU0fZtd1KAyUVavCmeATs>

Participants must register for the meeting before the meeting.