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| 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 Rainear |  | 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 |  |  | Lorrine Washingon |  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 |
| Suzanne Thompson | X |  | DMH/DD/SUS | Crystal Dorsey  | v |  | DMH/DD/SUS |
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| Mission: *Nothing About Us, Without Us* | **Vision:** *A public mental health system that works for everyone.* |
| Agenda Item/PresenterDiscussion: | **Main Topic/Goals:** | **Action Needed:** |
| 1. | **Meeting Convened-** **Roll Call Completed** | 9:01 meeting called to order by Bob CraytonDr Laws will be in shortly. Brandon Wilson had a family emergency and had to head home.  | To find all PowerPoints, Minutes, and recording – [SCFAC](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/councils-and-committees/state-consumer-and-family-advisory-committee)  |
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| 2. | **Approval of Minutes/Review of Agenda**  | Lorrine Washington motioned to approve the Agenda Lilly Parker – agenda approved with no changes Past minutes had been sent, and any corrections made, all minutes approved.( 5 sets of min)Jean Andersen motioned to approve all 5 sets of Minutes with the change that was sent in 2nd April DeSelms  | [SCFAC Web](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/councils-and-committees/state-consumer-and-family-advisory-committee) Page  |
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| 3. | **Public Comment**  | **Deidre Taborn**- I would like my agency to be officially able to participate in your advisory committee. I am a Mental health counselor.  **Carol Conway:** Given the lack of funding, we must allow for innovative approaches to housing for the thousands of adults with intellectual disabilities who are stuck in the family home, many with parents getting too old to care for them. Unlike other states, such as Georgia, Virginia, and 13 others, our licensing division at DHHS interprets Olmstead so narrowly that it disallows popular housing models like L'Arche or structures that are designed exclusively for adults with intellectual disabilities while still meeting the Olmstead requirements of choice, tenant rights, privacy, and community engagement. I'm referring not only to the L'Arche homes, but also to SMALL developments of tiny homes, apartments, dorm-like structures, or multiple adjacent homes within a larger development. There is nothing gained in technically "desegregating" housing by clumping different disabilities together. In fact, mixing ID with SPMI is a recipe for disaster given the great vulnerability of many adults with cognitive impairment. (I personally know of two such outcomes.) Therefore, I'm asking State CFAC to request DHHS revisit its licensing restrictions and permit Olmstead compliant housing models that were never previously imagined. This should be a top priority. No new funds are required at this point. CMS obviously does not object to L'Arche homes, and the Office of the State Attorney General recently indicated it would support this change in DHHS licensing policy. | Public Comment Link: https://forms.office.com/g/NLzm1gckte  |
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| 4 | **DHB Update** Dr David Clapp Deputy Director Behavioral Health I/DD  | * Shared insights from a productive meeting with Medicaid and other stakeholders
* 1915i Transition and waiver changes:
* Acknowledged that there have been challenges with the enrollment process, and the fact that there needs to be some improvements
* Dashboard Enhancements – announced the development of several data dashboards( for TBI, Private Nursing, PDN, and key indicators dashboards)with projected demo timelines ( e.g. PDN by April, others by July)
* 1115 SUD Waiver & clinical coverage
* Outlined a waiver proposal to extend Substance abuse service coverage in congregate settings from 15 to 30 days and detailed policy revisions currently under open comment.
* Mental Health Parity Compliance
* Reviewed compliance with the Mental Health Parity Act of 2008
* Limitations in clinical coverage for behavioral health have been removed, and ongoing annual compliance reporting with CMS is in progress
* Legislative Engagement
* Remarks by Dr Clapp highlighted a successful legislative day, while participants requested more consistent, transparent updates to avoid repetitive discussions spanning several years
* Future Information Needs
* Requests were made for further details regarding re-entry services initiatives and clearer updates on Standard Plan metrics to ensure comprehensive coverage of all populations served
 | PowerPoint and complete recording of the meeting are posted on the [SCFAC Web](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/councils-and-committees/state-consumer-and-family-advisory-committee) page [Dashboards | NC Medicaid](https://medicaid.ncdhhs.gov/reports/dashboards#search/ann+marie/_blank)  |
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| 5. | **DMH/DD/SUS update** **Renee Rader, MA** **Deputy Director and Chief Operating Officer DMH/DD/SUS** | * Several months in March – reviewed the different ones.
* Research Session – focus group on Accessible Communications – this Friday
* Non-law enforcement Transportation ( NLET) Advisory group being formed (regional or statewide?)
* Crisis Services – Toolkit – working on getting the information concerning Crisis Services out around the state.
* DSP Recruitment invested 3 million dollars to increase our workforce.
* LTSS Listening Session
* Provided upcoming dates for listening sessions for programs such as PCS, CAP-C, and CAP-CA, emphasizing engagement with community stakeholders
* System Challenges and Future Directions
* Standard Plan vs Teleplan updates
* Members expressed the need for additional updates on standard plan outcomes, comparing them with the more frequently discussed L&E teleplan initiatives
* Pharmacy and Authorisation Issues:
* Discussion touched on challenges such as cumbersome pharmacy benefits processes and medication denials that adversely affect patient care.
* Data Transparency and Accountability

There was a strong call for improved dashboards that accurately reflect the beneficiary outcomes and service delivery metrics, including tracking of re-entry populations and specialized  | PowerPoint and a complete recording of the meeting are posted on the [SCFAC Web](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/councils-and-committees/state-consumer-and-family-advisory-committee) page Invite Yvone Copeland to future meeting  |
|  |
| 6. | **Annual Report – Report Out** DMH/DD/SUS Staff  |  Updates on the 23/24 SCFAC annual report* TBI expansion – Allied Support Services data does not support adding additional services to the Innovations Waiver. We will continue to monitor and come back with numbers concerning this ask.
* Veterans – Enhance supports for Veterans and families through collaborations such as the NCServes Programs- Division is taking deliberate steps to revitalize the NC Governors Working Group that is charged with facilitating collaboration and coordination among all federal, state and local agency partners that touch a veteran’s life in the state of NC.
* Actively working on Ask the Questions Campaign
* Actively working on NCGWG to update mission/vision and revitalize commitment to SMVF community via NCServes and NC4Vets
* NCIOM project will oversee a task force aimed at examining Key challenges to veterans’ Healthcare and improving veterans’ healthcare in community settings. A steering committee is being established this quarter, and site visits will begin next quarter
* Peer Support Services
* Standardizing the Peer Support Curriculum, creating new standardized designations and specialty trainings, and finding an avenue for the Ethics Board with the 2025 General Assembly
* Offering Scholarships for peers to take current certification courses at no cost – 100 have been awarded to date
* Update Qualified Professional Definition to clarify CPSS can supervise other Peers.
* Working with UNC School of SW to offer workforce Preparation classes such as: Employment skills 101, Resume Building, Navigating the Healthcare System..
* Peer-to-Peer Mentoring Application launched and has had over 500 NC CPSS participating
* Many more projects that are ongoing and being worked on are listed in PowerPoint.
* Private Duty Nursing – Development of a Private Duty Dashboard to track Medicaid,TP, and SP data – this is already under development
* IPV&IDD- Require all frontline IDD Service Providers to complete annual training at a minimum of 2 hours
* 6/30/2025, we will begin development of an IPV and healthy relationship training for those working with people with I/DD and TBI. Curriculum will be developed by experts in IPV and healthy relationships in the specified population.
* IDD providers must offer consumers and family members, and guardians an accessible IPV curriculum
* DMHDDSUS will work with IPV Experts, Accessible Communications experts, and people with lived experience to support the development of an accessible curriculum for IPV prevention. This curriculum will be available for all individuals with disabilities to access by 7/1/2025
* Additional information in PowerPoint.
 | PowerPoint and Recording of the meeting can be found on the [SCFAC Page](file:///%5C%5Chrdmhp60.eads.ncads.net%5Cshared%5CACS%5CConsumer_Empowerment%5CSCFAC%5C2.%20Meetings%5CFY%202024-2025%5C8.%20February%202025%5CSCFAC%20Page)  |
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| 7. | **Legislative Day update** Lorrine Washington |  Legislative Engagement highlighted a successful legislative day, while participants requested more consistent, transparent updates to avoid repetitive discussions spanning Future work- to provide the members with a “ manual” at the beginning of the year so that the committee can work on next year's Legislative Day along   |  |
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| 7.  | **24/25 Annual Report discussion**  | Reviewed this year's ask for the Annual Report – Ask that if the committee wanted to submit additional asks that they place them in a SMART Goal format. Ask that the committee provide feedback on these by 3/28.  |  |
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| 9. | **Meeting Adjourned** | The meeting adjourned at 2:45. Motion made by Jean Andersen and 2nd by Jessica Agularia Links to the meeting to watch. : SCFAC web page link: [State Consumer and Family Advisory Committee | NCDHHS](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/councils-and-committees/state-consumer-and-family-advisory-committee) |

**2024 Meeting Dates: Second Wednesday of Every Month**

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

**Meeting Link:**  <https://www.zoomgov.com/meeting/register/vJItdeCvqzgqHjnU0fZtd1KAyUVavCmeATs>

**Participants must register for the meeting before the meeting.**