Nothing About Us, Without Us.

State Consumer and Family Advisory Committee
Meeting Minutes December 4, 2024
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 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	Jennifer Bowman	X		DMH/DD/SUS
Suzanne Thompson	X		DMH/DD/SUS	Iris Greenspun	X		DMH/DD/SUS
Crystal Dorsey	X		DMH/DD/SUS	Kayreen Gucciardo	X		DMH/DD/SUS
Ann Marie Webb	X		DMH/DD/SUS	Stephanie Jones	X		DMH/DD/SUS
Dr. David Clapp	X		DHB	Ginger Yarbrough	X		DMH/DD/SUS
Kelly Crosbie	X		DMH/DD/SUS	Scott Pokorny	X		DMH/DD/SUS
Eva Stevens	X		DMH/DD/SUS	Erica Asbury	X		DMH/DD/SUS
Glenda Stokes	X		DMH/DD/SUS	Lauren Picone	X		DHB
Charles Rousseau	X		DMH/DD/SUS	Kathy Batton	X		DHB
Aisha Gwynn		X	Vaya	Janet Sowers		X	Vaya
Ada Elizabeth Gil Jimenez		X	Alliance-Meck	Jeff Smith		X	
Barbara Andersen		X	Partners	Jocelyn Williams		X	Vaya
Carol Conway		X	PACID	Kate Calannio		X	
Carol Senick		X		Katherine Bartholomew		X	
Cearia Jones		X		Laurie Graham		X	Alliance
Chelsea Allen		X	Vaya	Patricia Porter		X	
Claire Colligan		X		Ruth Dorrielan		X	Alliance
Emily Whitmire		X	Vaya	Sarah Potter		X	Partners
Georgette Yarborough		X		Sebrena Lee		X	

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Inesha Trahan		X	Trillium	Vanessa Brumfield		X	Vaya
				Venkatalakshmi Doniparthi		X	

Mission: *Nothing About Us, Without Us* **Vision:** *A public mental health system that works for everyone.*

	Agenda Item/Presenter Discussion:	Main Topic/Goals:	Action Needed:
1.	**Meeting Convened- Roll Call Completed**	9:05 meeting called to order by Dr. Michelle Laws	To listen to the meeting – Link to be added
2.	**Approval of Minutes/Review of Agenda**	Lorrine motioned to accept the agenda. Mamie seconded. Motion carried. November Minutes tabled.	SCFAC Web Page
3.	**DHB Update** Dr. David Clapp Deputy Director, BH /IDD	**CCP Updates / Mental Health Parity Overview** The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical (M/S) benefits. This requirement applies to: − Copays, coinsurance, and out-of-pocket maximums − Limitations on services utilization, such as limits on the number of inpatient days or outpatient days Visits that are covered − The use of care management tools − Criteria for medical necessity determinations **What must NC and Medicaid Managed Care Plans do to comply?** As required by federal law, the DHB is analyzing various types of limits that apply to mental health/substance use disorder (MH/SUD) benefits to determine their compliance with Medicaid/ CHIP parity requirements. FRs, QTLs, and NQTLs must be identified and analyzed by delivery system (MCO/plan), benefit package, and benefit classification. **CMS Request for CCP Analysis** • After review of the State's initial parity reports for TP and SP, CMS stated that the State's clinical coverage policies (CCPs) must be analyzed for parity compliance. In addition, as a condition of the Alternative Benefit Plan approval for new adults (Expansion), CMS required the State to conduct a	The Mental Health Parity and Addiction Equity Act (MHPAEA) | CMS All questions in the chat have been recorded and sent to the appropriate staff

		parity analysis of limitations in the CCPs across delivery systems (TP, SP, and PIHP/FFS). • DHB analyzed the utilization management and medical necessity and appropriateness criteria requirements in a subset of CCPs (2 MH, 1 SUD, and 5 M/S benefits) requiring prior authorization or concurrent review. • Results showed no documentation of evidence, or the evidence documented did not match or support the selected strategies in most CCPs. **Implementation of CCP Changes** • DHB needs to update UM criteria in CCPs and the State Plan by 12/31/24. • TPs and SPs need to incorporate CCP changes into their policies, procedures, and systems as appropriate by 12/31/24. • DHB, TPs, and SPs need to complete UM parity analysis by 12/31/24. • TPs and SPs can retain NQTLs upon demonstration that they meet parity compliance. PIHPs can retain NQTLs that are parity compliant to align their PIHP and TP UM programs. **Impacted Clinical Coverage Policies (CCPs)** 29 Impacted Mental Health and Substance Use Disorder Clinical Coverage Policies • Sample CCP Parity Changes CCP 8A-1 Assertive Community Treatment (ACT) Program 4.2.1 Specific Criteria Not Covered by Medicaid 5.1 Prior Approval 5.2 Prior Approval Requirements	
4a	**DMH/DD/SUD** **Annual Report Update** Suzanne Thompson DMH/DD/SUD Leadership Team	Suzi gave an overview of SCFAC's Deliverables request. They have various updates for SCFAC on the Veterans. Questions we had we had several questions about Peer Support, which they will give us later. Also had concerns related to private duty nursing and will have some updates on that, then interpersonal violence and IDD which SCFAC had 3 recommendations. Scott Pokorny will give Division of Mental Health updates, then Dr. Clapp can give additional information on DHB's progress. **Traumatic Brain Injury** (Dr. Clapp) • Add Extended State plan Allied Health Services to the Innovations Waiver o SCFAC Due Date: Phased Implementation beginning October 2024 o Progress: In Progress DHB Response: Allied support services data does not support adding additional services to the Innovations Waiver. DHB will continue to work with our Allied Health unit and Tailored Plans to make a determination on adding the extended state plan services.	To hear his complete report please click here LINK to be put in

		• Create TBI dashboard to track data from Medicaid, Tailored Plans, and Standard Plans o SCFAC Due Date: July 1, 2025 o Progress: In Progress DMH/DD/SUS Response: DHHS is committed to creating a TBI dashboard that tracks the data identified in the SCFAC request. The The department is committed to providing this information annually six months after the conclusion of each fiscal year. • Actively working on TBI dashboard. • It will be added to the dashboard link page on the DHHS website. • Working to complete earlier than the 7/1/25 deadline **Comprehensive Service/Provider Network Reporting** (Jennifer Bowman) • Provide a Statewide Comprehensive Gaps and Needs Report in partnership with the NC Quality Improvement Team o SCFAC Due Date: July 1, 2025 o Progress: In Progress DMH/DD/SUS Response: The Division is working towards a A comprehensive report related to the Tailored Plans network adequacy annual submissions. The report will be available in early 2025. Comprehensive Gaps & Needs Report Purpose: In response to the recommendation from the State Consumer & Family Advocacy Committee, DMHDDSUS is putting together a comprehensive Gaps, Needs, and Provider Network Analysis Report. This report aims to: − Measure reported gaps in services − Monitor access to care-related performance measures − Gain insight on the perceptions from individuals in service on system access − Gain a better understanding to barriers and resource needs **Veterans** (Kayreen Gucciardo) • Enhance supports for Veterans and families through collaboration such as NCServes Programs o SCFAC Due Date: November 11, 2025 o Progress: Several initiatives in progress DMH/DD/SUS Response: The 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.	Dashboards | NC Medicaid

		IN-PROGRESS: Actively working on Ask The Question campaign , to inspire and empower agencies to better serve NC veterans and their families. Training materials approved 11/2024, launch date TBD due to technical challenges (CEUs and coding). IN-PROGRESS: Actively working with NCGWG to update mission/vision and revitalize commitment to SMVF community via NCServes and NC4Vets. IN-PROGRESS: Initial stages of NCIOM project to oversee a task force aimed at examining key challenges to veterans' healthcare and improving veterans' healthcare in community settings. **Peer Support** (Ann Marie Webb) • Developing a Standardized Peer Support Curriculum, strong oversight on continuing education, and an ethics board. o SCFAC Due Date: January 1, 2025 o Progress: In Progress DMH/DD/SUS Response: DMHDDUS is actively standardizing the Peer Support Curriculum, creating new standardized designations and specialties trainings, and finding an avenue for the Ethics Board with the 2025 General Assembly. Peer Workforce: Initiatives In Progress • Standardized Curriculum Committee **16 CPSS from all 3 regions and the Entire State** to help create the curriculum first meeting was July 22. Online The curriculum is in the final editing stages. Launch date set for July 2025. • **Offering scholarships for peers to take current certification courses at no cost - 48 have been awarded to date** • Update Qualified Professional definition to clarify **CPSS can supervise other peers** • Working with Community Colleges to **offer Workforce Preparation Classes** such as: Employment Skills 101, Resume Building, Navigating the Healthcare System, and more • Peer to Peer Mentoring Application to launched and had over 500 NC CPSS participating Peer Workforce: Future Initiatives • Define peer support **designations and specialty trainings for additional populations and settings**, including Youth, Justice-Involved, Crisis, Emergency Departments, LGBTQ+, and Cultural Competency • Winter 2024 begins meeting with DHHS IDD and TBI providers and	Certified Peer Support Specialist Webpage https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/certified-peer-support-specialists Direct Support Professionals Workforce Webpage https://www.ncdhhs.gov/about/department-initiatives/inclusion-connects/direct-support-professionals-workforce

		Subject Matter Experts to discuss an **IDD and TBI curriculum** • Spring 2025, begin meeting with IDD and TBI community providers to Discuss Peer requirements to build a Peer curriculum • Development of a **Peer Supervisor Training** • **UNC-BHS to offer job search supports** for NC CPSS and Providers • Evaluate Ethics Board legislation for the 2025 introduction to the General Assembly **Private Duty Nursing** (Dr. Clapp) • Increase private duty nursing rates and implement a procedural policy to ensure PDN nurses receive a portion of the reimbursement rates o SCFAC Due Date: January 1, 2025 o Progress: Partially concurred, this is a General Assembly request and has a new CMS final rule, but not in effect until 2030. • Private Duty Nursing: Development of a Private Duty Dashboard to track specific Medicaid, TP, and SP data o SCFAC Due Date: January 1, 2025 o Progress: Delayed due to Hurricane Helene- In progress Response: Dashboard is already under development. However, due to small cell suppression requirements, the level of requested Information may not be possible. PDN Dashboard: • Hurricane Helene caused a delay in the launch of Dashboard • Aiming for launch at the end of January 2025 • Will provide more updates as the launch becomes closer **IPV & IDD** (Ginger Yarbrough) • IDD requires all frontline IDD Service Providers to complete annual training at a minimum of 2 hours o SCFAC Due Date: January 1, 2025 o Progress: Delayed - In Progress DMH/DD/SUS Response: By 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/guardians an accessible IPV curriculum o SCFAC Due Date: July 1, 2025 o Progress: Delayed - In Progress DMH/DD/SUS Response: DMHDDSUS will work with IPV experts, Accessible Communication 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. Status Update: • As part of our DSP Workforce initiatives, DMHDDSUS is leading the development of a standardized Core Competency Curriculum • Will include training on Interpersonal Violence (IPV) recognition, prevention and education, in addition to the requirements outlined in statute and clinical coverage policy. • Current timeline to be live by Fall 2025 Required Competencies • Develop a Curriculum that meets the requirements of NC Statute 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals. Competencies shall be demonstrated by exhibiting 7 core skills, including: • Develop a Curriculum that meets the requirements of Medicaid and Health Choice Clinical Coverage Policy No 8-P. DSPs shall have competency in the following 9 areas: • IDD providers establish a reciprocal partnership with at least one IPV Provider to ensure effective IPV referral responses o SCFAC Due Date: May 1, 2025 o Progress: In Progress DMH/DD/SUS Response: DMHDDSUS will develop and launch an IPV-I/DD-TBI collaborative that will meet once per quarter. The purpose of this collaborative will be to share resources and build connections between IPV Service Providers and experts, I/DD Providers, TBI Providers, and Tailored Plans. DMHDDSUS will advertise, recruit, provide administrative support, and facilitate all meetings. The first collaborative meeting will launch by 7/1/2025. Status Update: • DMHDDSUS has hired a full-time employee to lead all IPV efforts • FTE started with DMHDDSUS in September and has been onboarded • Roll out plan to be developed and launch is still on target by 7/1/25 ** The Department either **partially concurred** with later deadlines or **did not concur** with the below recommendations. Please refer to the official response provide by the Department. • Substance Use Disorder and Opioid Use Funding	

		Provide additional funding to LME/MCOs and/or community-based organizations to develop and sustain new and existing substance use programs o SCFAC Due Date: January 1, 2025 o Progress: Did not concur with recommendation • CAP Waivers Include the option of "Relative as Provider" under all of the CAP Waivers o SCFAC Due Date: October 1, 2025 o Progress: Did not concur with recommendation • Private Duty Nursing and implement a procedural policy to ensure PDN nurses receive a portion of the reimbursement rates o SCFAC Due Date: January 1, 2025 o Progress: Partially concurred, this is a General Assembly request and has a new CMS final rule but not in effect until 2030	
4b	**DMH/DD/SUD** **Division Update** Kelly Crosbie Director of DMH/DD/SUD	**MH/SU/IDD/TBI System Announcements & Updates** Kelly: Thanks for having me and happy holidays to everybody. That's my festive color. I love all the holidays. I want to just reiterate that the very important update today really is our team updating SCFAC on our progress on recommendations. In addition to that I wanted to bring you kind of some end of the year updates and celebrations on things that have been happening. Most of these should be new to you. You've probably seen them in Hot Topics, but we are really thinking though right now as we move to the end of year and of course to the end of this administration making sure we're able to celebrate but also be accountable for how we've used public dollars and what we've done with our time and energy. Please see the updates in that spirit. **SCFAC 20th Anniversary Report:** **New! Spanish Translation Available** Okay, the first thing I'm gonna mention just is a celebratory note and also a thank you to you all, so we finally have the Spanish translation of your 20th anniversary report. Thank you for your patience as we get there. I have to say this process really helped us kind of fine tune behind the scenes how we get Spanish translation. Important thing is that we have a Spanish translation of the anniversary report for the public. That's the number one celebration we're excited about that. **Expansion of Hope4NC** **Hope4NC offers the following help to those in need:** • Individual Crisis Outreach and Support	https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/hope4nc-helpline-1-855-587-3463

		• Group Crisis Outreach • Public Education • Community Networking and Support • Assessment, Referral, and Resource Connection • Meeting people where it's most convenient for them • The program is free and anonymous **Crisis community workers trained in the CPP Core Curriculum Active** • Crisis Community Workers BEGAN outreach the week of November 25th • Ongoing recruitment and training over the coming months • Vaya, Trillium, and Partners participating in the grant • REAL Crisis is answering the Hope4NC line with over 1,000 call answered **NCDHHS and ECU Celebrate Partnership and Launch of Gambling Research and Policy Initiative** NCDHHS and ECU's Department of Criminal Justice and Criminology celebrated the launch of the Gambling Research and Policy Initiative (GRPI) with a ribbon cutting ceremony on Thursday, Nov. 21. DMHDDSUS Director Kelly Crosbie and GRPI Director Dr. Michelle Malkin were joined by representatives from the NC Education Lottery, Birches Health, and Telus Health for the celebration. **DMHDDSUS Supports Triangle Business Journal's MH in the Workplace Publication** • Supporting the Triangle Business Journal's publication on mental health in the workplace. • Highlights the importance of mental health and provides strategies for creating supportive work environments. • Director Crosbie and Sougata Mukherjee discuss how businesses can support employee mental well-being. They publish one for Veterans every year, which is really cool. We partner with them on that, but they did a special edition as well as some podcasts with us **Mental Health Block Grants** NCDHHS is investing in community-based initiatives that support mental well being and recovery for LGBTQIA+ communities, faith-based groups and older adults. The three grant opportunities totaling $4.5 million will support local partners in developing programs to improve equitable access to mental health services, expand peer support services and strengthen family and caregiver support services. • Community-Based-Mental Health Initiatives • Peer Services	For more information, visit the updated Hope4NC website or download our flyer to share. https://www.ncdhhs.gov/news/press-releases/2024/11/20/ncdhhs-and-ecu-celebrate-partnership-and-launch-gambling-research-and-policy-initiative https://www.listennotes.com/podcasts/mental-health-in/mental-health-in-the-workplace-bo7nD1p-HWg/ To learn more, visit the DMHDDSUS grant opportunities page.

		• Family and Caregiver Support Services **Community-Based Mental Health Initiatives Grant Recipients:** Expanding Access for all Populations **Statewide Programs** • Charlotte Trans Health • El Futuro • Kellin Foundation • NC Council of Churches **Regional Programs** • Appalachian State University • Coastal Horizons: • Community Care Clinic of Dare • Monarch NC: • Quality Comprehensive Health Center • Southwestern Commission • United Chinese Americans **Community-Based Mental Health Initiatives Grant Recipients** **Peer Respite and Recovery Hubs** • **Hope Mission**: Creating peer-led recovery hubs addressing social determinants of health. (Eastern NC) • **Love and Respect**: Expanding peer respite facilities to offer safe alternatives to emergency rooms. (Western NC) • **Promise Resource Network**: Establishing peer-run respite centers and trauma-informed crisis support. (Central NC) **Family and Caregiver Support** • **FirstWNC**: Empowering families with advocacy skills and creating social networks for youth in transition. (Western NC) • **First in Families NC**: Expanding peer support connections through community outreach programs. (Statewide) • **Montagnard Dega Association**: Establishing a culturally competent wellness center for refugee families. (Triad Area) • **Tammy Lynn Center**: Offering training and resources for families of children with disabilities through town halls and digital tools. (Central NC) **DHHS' Vision for Residential Treatment Settings for Children** DHHS is committed to implementing high quality, evidenced-based care in residential treatment settings, levels II-IV and PRTFs, that is trauma-informed, time-limited, and effective, while prioritizing and valuing the sustained connection to the child's home and community.	Attend this month's Side By Side Webinar December 9, 2024, 2pm to learn more. Focus on Child Behavioral Health. Register Here to Attend!

		Child Residential Improvements: Environment of Care (EoC) Investments DMH/DD/SUS has already begun working with providers across NC on new projects to develop and enhance trauma-informed environments of care within residential settings. Provider projects target key priorities for trauma-informed care across residential settings and range from furniture and facility improvements to new sensory, recreation, and outdoor spaces. • Environment of Care Investment Awardees Provider Projects: Total Projects: 25 Unique Providers: 18 Unique Counties: 12 Total EoC Funding Awarded: $2.8 Million * This investment will result in 255 youth, on any given day, engaging in treatment in settings that are physically safe, comfortable and conducive to healing. **Workforce Gains** **Peers** Over 38 Peer Support scholarships awarded state-wide! **Direct Support Professionals** • DSP Provider and EOR Recruitment and Retention Grants applications now closed. • Over 300 applications received! **DMH/DD/SUS Justice RFA closed 12/2** The RFA is a funding opportunity, aligned with the DMH/DD/SUS Strategic Plan and is funded by the $835m BH Transformation Funding from the General Assembly • Strengthen pathways to community-based programs that divert adults with mental health, substance use disorders, I/DD and/or TBI needs away from incarceration. • Expand access, as part of diversion or upon reentry, to community-based housing and employment supports to promote community integration and stabilization. **Help Improve the DMH/DD/SUS Website**	New! Ceritified Peer Support Specialists (CPSS) Website Explore the new website! Click here to take the survey! https://curioussquid.optimalworkshop.com/chalkmark/dmhddsus-scfac

		The survey will be open until 5:00 p.m. on Thursday, December 5, 2024. **Innovations Waiver Waitlist Dashboard** The Dashboard will increase DMHDDSUS' data-driven strategies for understanding services currently being used, services still needed, and the workforce necessary to meet these needs. Data to include: • **Demographics**: Information on age, gender, race, and ethnicity • **Diagnosis**: Details on diagnoses and which ones qualify for the Innovations Waiver • **Locality**: A look at where people on the waitlist live across NC to help target resources and services Navigating the New Innovations Waiver Waitlist Dashboard WEBINAR Join DMHDDSUS for an introduction to the new Innovations Waiver Waitlist Dashboard. We will explore some of the current information, review different options, and talk about what's next. DATE/TIME: WEDNESDAY, DEC 11, 2024, 12:00-1 P.M. **Questions/Discusion:** Angela-Christine: One of the things that I haven't seen really addressed, I see it addressed for justice-involved, I see it addressed for veterans. I don't see it really addressed is housing for those with IDD. Kelly: Housing for people with IDD, agree, and if you remember Inclusion Connects that's our big IDD initiative has 3 parts, one is services, one is workforce and the last really is housing. Part of our issue is that we don't have a terribly good assessment is a, of our stock or our needs. Ginger's team has part of the Inclusion Connects to develop a comprehensive housing plan that addresses stock and needs. As the first step, I think this was published in Hot topics? I don't know if we did it in, did we do it in a side by side, Ginger? I think I got vision, but we need to lift it up a little bit more. The team did put out a housing guide and it's nothing more than what is, so the housing guide explains what sources of funding and types of housing there are for people with IDD. What type of services help people maintain housing? It could be a waiver service, what kinds of service. It at least lays out kind of what's there. It's not	Register for the webinar: https://www.zoomgov.com/rest/meeting/registrant/vJIscO6orTsiGyXhp_qtm9SLGdihji44aM/info?tk=cLCdHu2DA10Lf2BGtSG_cSvL7Fvtq6lqMMoLNyCy8Foe2uYu_0jntf4.4WOMryttEqGr1Ynk&ac=approved&timezone_id=America/New_York#/edit

		explaining all those things that folks there, it's not explaining all those things that folks and goals is, but it does explain in a minimum less there. Much to this, we got out a guide. Now we're doing, how's that? Was telling us how to use for perspective, and the team is working on the stock. Because I get the whole spectrum, so especially for our colleagues at DRNC. We respect choice, but I've got everybody from hospitals calling me all the time, saying we need another ICF for children with complex needs. Two, adults and grown adults saying my child needs to live independently in an apartment, but the service isn't supported, living doesn't work, and technology would help. There's a lot in the whole gamut of things. We don't know how much we need of each and we have some idea of the problems with each types of housing stock and have some supports we have, but like just to give a deeper concrete example when I talk about going to the General Assembly one of the things that is utterly shocking we already knew it. Group homes, there's no funding for them, and I can think of the last time I saw a request for the General Assembly, so people use their services to fund group homes. What happens if the grass needs to be cut or the house is falling down around them? There's literally no ongoing source of funding for group homes in NC. Angela-Christine: That's why I asked, because I needed to figure out this is an SSI question, because like some may not be on SSI, or is this a legislative question that we need to go to the legislature for? Annette: Retention grant, 300 received applications. can we see if our provider is on that list, and is this public information? Kelly: Yes. We have actually identified all of them during the process, and we will be awarding them so that the reviewers who are going through. In January, we should be making the announcement of who has been awarded. Also, keep in mind, we set aside some funding for those counties that were impacted by the Helene, who may not have been able to get in this round, so that will be coming out. Annette: I just wanted to if many families if whose provider did not apply, we'd be very interested in contacting our provider and saying, boy, you guys should have applied. Has the deadline passed? Kelly: They closed on November 29th.	

		Heather: Is the Retention Grant the one? I just made applications to, I think it is to help with transportation calls, children, etc. Kelly: There are two buckets of groups, there's the DSP traditional provider, for lack of a better word, for that on Nov. 29th, then we had a separate set of grants for EORs because their needs are gonna be different, that will close Dec 16th. Flo- First of all, I think SAMHSA has been working for a long time on disaster response, but they've never seen a year like this year. You guys and everybody in NC, I think, are really an important contribution to the rest of the country. On gaming, yeah, bedrooms are big, but I wanted to talk especially about kids. I was looking up to being on a study with Medicaid in our state, participating in trauma-informed care, and the school's public health. I don't know why they were doing it, but anyway, what they found, they compared NC and FL again. Oregon has a lot of trauma-informed and adolescent programs, so they wanted to see if NC, and they tried to study every program that advertised themselves as a trauma-informed program, but none of them worked. That is one of the most important interventions you can do, but it's one of the hardest ones to implement because the whole system has to be from the person at the front desk to the person on the phone, so I hope we can work on that. I can tell you all day that I'm doing something because I know that's what you want me to do, but in reality, I may not be doing it the way that I intended to be done. Then our partners about kids in juvenile detention, so for the attention isn't training in school and it's where you put kids in the community who are just like the ones you describe and the study just came out for NC that 5% of the kids are locked in their room, you know 22 hours a day and there's no way they can come out of that system. I'm with them, thank you. Kelly: In the juvenile space like we don't have anything really to offer now. We talk a lot about adult justice interventions. We are working on it, but nothing is ready for your consumption yet about what we do with any of the dollars in the juvenile justice space. We have been working with the YDCs in particular. They're interested in a treatment at one setting, but as you point out, I'm concerned about the culture in all of the YDCs, but also the quote-unquote unquote camps and things like that are in the kind of alternative treatment system that you can use.	

		Michelle: Well, I think one of our problems in NC is when they decided to dismantle or shut down the Dept. of Juvenile Justice and merge it with the adult criminal justice system the thinking of those are two very different cultures and ways of thinking and kids in trouble, so that was a huge and I was on that team that helped to stand up to the Dept. of Juvenile Justice under Marsha Mori's leadership under Gov. Hunt and so decided to do that set us down the path that we're on. Nathan: You mentioned crisis counselors. Now, is that a role with the state? Kelly: NO, the money goes to the LMEs who hire them. They can either hire them or work with agencies to hire them, but they are paid positions, and Vaya, in particular, we have our Hope4NClead here, and we encourage Vaya. So, two things: make sure they've got to be local, and some people are going to be onboard, try to wrap the local, but also please use peer organizations. I know Vaya is using peer organizations in a lot of your organizations. My thought is what a perfect way to employ a bunch of peers. Michelle: And I'm gonna add Hope4NC. I'm gonna ask all SCFAC members, please make sure you share the Dir. Crosbie's on her LinkedIn. I haven't put it on my Instagram here, but I will, but please make sure you share the Hope4NC information and they re-did it in a plain format or .jpeg versus .pdf. So we should be able to share it now. Please share this! Bob: Great to see you, Kelly! Here's my question: Are HCBS (Home and Community Based Services) Provider crisis plans mandatory for providers, and were they realized post-Hurricane Helene—and, if so, were they adequate? How is that being assessed, and will there be any accountability measures, including required reporting by each provider agency on when all their consumers living in communities with needed supports were reached (not just reached out to) with needs confirmed (or handed over as missing to first responders), as well as when those needs were met—with that information hopefully being made public?	

		Here's my comment: If we can't do Olmstead during crisis or crises, we are not doing Olmstead adequately and, in the case of IDD, adequately valuing intellectually disabled lives. Provider agencies themselves must be regarded as, and regard themselves as, frontline responders. If some agencies have more clients than they can serve under duress, they shouldn't be permitted to have that many clients. Kelly: That is a great question, Bob. I will answer what is within our domain and what's outside of our domain. What's outside of our domain that is not quite known to me, but within our domain, we had 411 facilities, and that number is burned in my mind. 411 facilities, and that facilities are inclusive of anything that's licensed MH, IDD, TBI in the west. By and large, most of that was RTFs for children, licensed AFLs for children and adults, and then licensed MH or IDD group homes for children and adults. Included in that number of 411 were also some licensed like day programs, like substance use intensive outpatient (SAIOP). So 411 was the total count of our licensed facilities. We had a day meeting with our staff, DHSR, and the site and partner staff every day, we checked on all the facilities until all were reached, and we verified that all of them or everyone was accounted for. does everyone have electricity? Does everyone have water? So that was the first cut. Second cut was, okay, we're gonna visit folks who are particularly worried, about in 9 counties that were really hurting for a very long time, that water, electricity, and internet. So there were physical site business to those to account for folks and that was visits for particular to find out if we needed to move anyone or if these facilities needed any kind of abatement or repairs or supplies and we wanted to make sure that people didn't have a temporary source of water or electricity, but a permanent source, so the issue for us was for people in homes and they're on a generator. Are they? Do they still have non-potable water? Are they still using bottled water? Because we were very concerned that it was not a sustainable therapeutic environment for those individuals. So I can promise you that was a priority for a group of us. We reported to the department every day about all those people. They were accounted for quite quickly, and then we were able to identify ongoing electric and water needs for those folks. In terms of their disaster response plan, part of the $25 million, and I'm glad you raised this, I didn't mention it was because	

		we believe this is not a person's facility. We believe that we need to enhance two things, their disaster response planning so all the facilities in contact with you and see all of the facilities will get updated coaching to create updated disaster response plans, and also, they will get kits, they will create kits. So think about yourself, like if you're in a disaster, what my husband calls it a bug out bag, there's probably a better name for it, but it has your batteries and your flashlight and water and food supplies, and you know, basic, and blankets that can keep you warm. We're very concerned that facilities need to have those for all consumers, right? As well as an actual disaster plan, because you're right, like per license or they've got to have something, but they've never had to like use and deploy it, so now is the moment to say, was it adequate? Did you have adequate supplies on hand, and did you have to? And we're going to use it in the west to spread across the state, right? We'll start there of course because there's n immediate need but that's something that we want to do on an ongoing basis for all of our facilities to make sure they all have disaster bags, if you will, for all consumers and that they have, but I'm gonna have these guys besides. Michelle: It just helps for people who can't open, you know, in our rural areas they're still a digital divide and some people still can't download big documents and so forth and so on but they can click on a link that opens them up to one, so just think about that as a format of sharing so that we can make sure that our consumers and families across the state can benefit from these very informetive documents.	
6.	**Public Comments**	No public comments	Public Comment Link: https://forms.office.com/g/NLzm1gckte
7.	**MAC/BAC** Kathy Batton Communications Manager, Division of Health Benefits	Kathy Batton with Medicaid Communications and Engagement presenting on Getting Input to Improve NC Medicaid. It has been a very interesting project so far, trying to figure it all out has been interesting, and we're ahead of most of the states, which is a cool thing, but it's also frustrating because they come to us with	PowerPoint can be found on the SCFAC Web Page.

questions. So, the Member Advisory Committee and Beneficiary Advisory Council, which we will call MAC BAC, and you know Medicaid loves to make some acronyms, is being put together based on a rule from CMS. They wanted us to create these two groups so that we could get input from people with lived experience about Medicaid. The MAC will replace the Medical Care Advisory Committee (MCAC) that has been a CMS requirement for over 40 years and was designed to have representation from the community and our business partners to advise on policy in different areas of Medicaid. So the rule from CMS requires that the MAC be in place by July 2025. We have started early because we have no idea what the interest is going to be as far as participation. Extend recruitment for applications and interests. We want to make sure we have adequate time to do that.

The role is designed to center around the lived experiences of beneficiaries, and it will provide a more formalized structure for input to be given to the quality of services, enrollment, and renewal processes. Beneficiary and provider communications from services, cultural competency, language access, and health diversity and issues that may affect services, it's a very wide, broad range.
The MAC will consist of a diverse group of Medicaid stakeholders. This includes representatives from clinical providers or administrators, participating health plans for the state association, other agencies that might need, and community-based border intervention, plus the percentage coming from the BAC. The MAC will be composed of at least 20 members selected from the 14 congressional districts and then 6 additional at-large members, with it being 10% by 2025, 20% by 2026, and 25% by 2027. The BAC members could rotate on the MAC to alleviate the burden of having to attend two. The BAC will be a dedicated forum of people with lived experiences. Must be current or former Medicaid beneficiaries, family members of beneficiaries, or paid or unpaid caregivers of beneficiaries. Former beneficiaries would need to be within a reasonable time frame, not 20 years ago. For example, because Medicaid has changed so much, the BAC will be composed of no more than 18 members, again selected from the 14 congressional districts and 4 additional at-large members. CMS has given some criteria that have to be met in establishing the two. There must be a selection criterion, and it must be applied on a continuous and

		rotating basis. Onboarding must be provided, Term length 3 3-year term with staggered terms in order to get a good rotation established. Members may not serve consecutive term lengths, but they can serve non-consecutive terms. We'll need to provide compensation for travel, etc. Meetings would be held from 10:30-12:30, quarterly Travel is reasonable within a day Members would have the option of having their name listed on the website or not. Minutes will not be made to identify members per CMS request Members will have the option if they would like the meetings closed or open to the public. CMS wants to foster a feeling of trust where they can speak their mind without the fear of retribution. BAC must meet separately from the MAC and before the MAC. It is thought that the BAC meeting would occur before the MAC meeting to accommodate those who serve on both committees. The option of in-person, virtual, or phone would be provided for all meetings 2 meetings each year must be open to the public (MAC) must have time for Public comment Rotating meetings throughout the state – Raleigh, Asheville, Greenville MAC must publish an annual report with the assistance of Medicaid- This report with describe what both the MAC and BAC have accomplished in that year. This includes activities, topics discussed, recommendations made, the state's responses to the recommendations, and the MAC members must be given the option to review the report.	
8.	**Meeting Adjourned**	The meeting adjourned at 2:30 Links to the meeting to watch. : SCFAC web page link: State Consumer and Family Advisory Committee | NCDHHS	

2024 Meeting Dates: Second Wednesday of Every Month

Nothing About Us, Without Us.

State Consumer and Family Advisory Committee
Meeting Minutes December 4, 2024
Hybrid Meeting

January 8, 2025	**February 12, 2025**	**March 12, 2025**
April 9, 2025	**May 14, 2025**	**June 11, 2025**

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

Participants must register for the meeting before the meeting.