Nothing About Us, Without Us

NORTH CAROLINA
STATE CONSUMER AND FAMILY
ADVISORY COMMITTEE

Michelle Laws | Chair
Ashley Snyder Miller | Vice-Chair

Meeting Minutes
Hybrid Meeting | Wednesday, February 11, 2026, 9:00 AM – 3:00 PM

ATTENDEES					
Council Members					
Name	**In-Person**	**Virtual**	**Name**	**In-Person**	**Virtual**
Michelle Laws (Chair)	x		Heather Johnson		x
Ashley Snyder-Miller (Vice-Chair)		x	Jeannie Irby	x	
Ada Elizabeth Gil-Jimenez	x		Jessica Aguilar		x
Amie Brendle		x	Johnnie Thomas		
Annette Smith	x	x	Lilly Parker	x	
Angela-Christine Rainear	x		Lorrine Washington	x	
Bob Crayton		x	Lynn Martin	x	
Crystal Foster		x	Nathan Cartwright		
Domenica “Mamie” Hutnik		x	Patty Schaeffer	x	
Flo Stein		x			
Staff/Guests					
Name	**Staff**	**Guest**	**Name**	**Staff**	**Guest**
Jennifer Meade	x		Lisa Jackson	x	
Badia Henderson	x				
Stacey Harward	x				
Shannon Kuper	x				
Crystal Dorsey	x				

Agenda Topic:	**Welcome/Roll Call**
Presenter:	Dr. Michelle Laws, SCFAC Chair

- Roster Update: Angela Christine has returned (for public record).
- Quorum was confirmed.
- Approval of Agenda: Motion by Lorrine Washington; second by Lilly Parker.
- Approval of January Minutes: Motion by Annette Smith; second by Lynn Martin.
- Corrections noted by Bob Crayton:
  - Correct spelling of Gayla Privett’s first name in Public Comment.
  - Correct spelling of Bob Crayton’s last in the SCFAC Work section.
  - Remove the word “Advocacy” from the “Advocacy/Legislative Day” bullet in the SCFAC Work section
- All proposed revisions were approved.

Open Comments:

- Dr. Laws provided remarks emphasizing SCFAC’s critical role amid the General Assembly’s (GA) Medicaid underfunding and encouraged sharing information with the public, families, and consumers.
- Noted that a letter is being prepared to Governor Stein thanking him for the Executive Order; extended appreciation to DMHDDSUS Director Crosbie for acknowledging service needs within the criminal justice system, and to the President’s team for investment in substance use recovery.
- Reminded members to avoid sidebar conversations due to sensitive microphones.

- Highlighted the importance of strong participation on Legislative Day, May 12, and noted that promotional materials will be distributed.
- Members should review the SCFAC calendar for potential conflicts; 2026 meeting dates are posted on the SCFAC website.
- i2i Conference scheduled for June 8–10; SCFAC meeting on June 10 **(a survey will be sent to assess possible date changes)**.
    - i2i Conference agenda expected in March/April; SCFAC June meeting may have a lighter agenda accordingly.
- June meeting will include chair/vice-chair elections & review of the Annual Report.
- Annual Report is being finalized by Dr. Laws and Crystal; submissions must include citations.
- Goal is to distribute the Annual Report on Legislative Day; printing and collating costs were discussed.

Agenda Topic:	**The Role of LME/MCOs in Crisis Response for NC**
Presenter:	Senitria Goodman, Chief Legal Counsel & Chief Compliance Officer, Trillium Health Resources (representing NC Association of Public Community Health Plans)

NC Association of Public Community Health Plans:

- Four Local Managed Entity/Managed Care Organization (LME/MCOs)
    - Alliance, Partners, Trillium, Vaya
- Formed to improve the Involuntary Commitment (IVC) process, identify crises, connect and stabilize individuals to services

Current Situation:

- Jail and Emergency Departments (EDs) are increasingly serving individuals in mental health crisis, straining public resources.
- Law enforcement and EDs are not designed to act as primary mental health crisis responders.
- Magistrates require additional education to make timely IVC decisions.

Purpose of IVC:

- Ensure evaluation by a qualified mental health professional.
- Stabilize individuals experiencing acute psychiatric crisis.
- Protect both the individual and the community using the least restrictive approach.

System Developments and Questions:

- 2023 General Assembly investments expanded community-based crisis services, including Facility-Based Crisis (FBCs), Behavioral Health Urgent Cares (BHUCs), and related supports.
- Questions raised: whether BHUC can serve all populations and how to ensure accountability for BHUC/FBC providers.
- Workforce shortages continue to challenge families seeking caregivers, possibly an April discussion topic.
- Action Item: Create a map of crisis centers serving children and youth; Ms. Goodman will follow up.

System Breakdowns Identified:

- Delays in accessing clinicians for crisis intervention and risk assessments.
- Limited alternatives for law enforcement during crisis encounters.
- Unnecessary transport to jails and EDs
- Extended waiting times in EDs.

LME/MCO Role in the IVC Process:

- Manage member access to behavioral-health crisis services.
- Reimburse treatment providers.
- Link members to ongoing treatment after a crisis.
- Families fear seeking help may jeopardize benefits.
- Association recommends strengthening mobile crisis as the linkage for stabilization and follow-up.
- Noted that nine legal aid offices in NC have closed due to a lack of funding.

Member Comments and Needs Identified:

- Need for magistrate training and stronger connection to LME/MCOs.
- Interest in exploring a co-responding model (magistrate + mobile crisis team).
- Mobile crisis teams operate within a two-hour response window; sustainable funding and IDD-specific protocols are needed.
- Goal is to achieve greater consistency across all 100 counties through stakeholder collaboration.

Post-IVC Wraparound Services:

- Tailored Care Management
- Clubhouse Model
- Triangle Residential Options for Substance Abusers (TROSA)
- Community Transition Services
- Occupational Therapy
- Peer Run Action Recovery
- Peer Living Rooms

Impact of LME/MCO Funding Flexibility:

- Supports programs such as Recidivism Reduction Educational Programs Services (RREPS)
- Housing assistance
- Employment support
- Partnerships with faith-based organizations
- Neighborhood connection initiatives

Mobile Crisis Infrastructure Gaps:

- Need for immediate, on-scene response by licensed mental health professionals.
- Need for real-time risk assessment and de-escalation.
- Importance of clinical determination of next steps instead of jail placement or unsafe release.

Broader System Issues/Considerations:

- Need for statewide mobile crisis coverage; Association in discussion with the GA
- House Select Committee continues monthly review of IVC and public-safety issues.
- Concerns about BHUC/FBC utilization, effectiveness monitoring, gaps, and the impact of codification on access.
- Some counties are using law enforcement paired with licensed clinicians; early results appear effective.

Agenda Topic:	**Division of Mental Health, Developmental Disabilities, and Substance Use Services Update**
Presenter:	Kelly Crosbie, DMH/DD/SUS Director

Crisis Transportation and 988:

- GA invested $20M in non-law enforcement crisis transport, but the Request for Proposal (RFP) failed—no provider met the required standards.
- Larger hospitals operate non-law enforcement transport internally but will not provide services outside their systems due to liability concerns.
- Counties are required to maintain crisis transportation plans; all currently list law enforcement as the primary model.
- Some law enforcement agencies allow family transport or permit social workers to accompany individuals.
- Pilots for non-law enforcement crisis transport are being explored; cross-country hospital transport remains a major challenge.
- 988 call centers can transfer calls to 911; 988 also connects directly to LME/MCOs and mobile crisis teams.
- New 988 innovation will be launching soon.

Executive Order (EO) 33: Strengthening Behavioral Health and Public Safety:

- Mental health need: approximately 50% of incarcerated individuals have MH needs; 75% have substance use (SU) disorders.
- Nearly all justice-involved youth have a mental health diagnosis.
- System challenges include overburdened law enforcement, workforce shortages, limited coordination, and inpatient unit staffing shortages.
- Collaboration and sustained support are essential.
- Meeting paused briefly to recognize Representative Sarah Crawford (District 66, Wake County).

EO 33 Directives:

- **Strengthening the BH Crisis System**
  - Lead statewide coordination; recommend strategies to improve consistency, access, and effectiveness.
  - Optimize single-stream and Medicaid funding.
- **Convene NC Payers Council**
  - Engage all payers to increase private insurance coverage for crisis services.
  - Align private insurance coverage with the public crisis system.
- **Improve 911 and 988 Coordination**
  - Develop recommendations for call handling and transfer.
  - Crosstrain staff; enhance data sharing and public education.
  - Expand models embedding MH providers in 911 centers.
- **Integrate Clinical Expertise**
  - Advance co-responder models and strengthen collaboration with law enforcement and local governments.
- **Crisis Transport and ED Holds**
  - Improve crisis transport and ED processes.
  - Support civilian transport roles; establish training expectations for crisis transport.
- **Involuntary Commitment (IVC)**
  - Convene statewide IVC workgroup; recommend reforms and ensure consistent implementation.
  - Address misperceptions linking IVC to violence.
- **Justice-Involved Individuals**
  - Standardize treatment access and expand re-entry support for individuals with complex needs.
  - Partner with the Department of Adult Correction to strengthen Treatment Accountability for Safer Communities (TASC).
  - Improve continuity of care and explore family-court models involving counselors.
  - Increase provider participation and cross-system collaboration.

Additional Updates:

- $213M Rural Health Transformation Project (RHTP): pending approval to expand First Episode Psychosis sites, Certified Community Behavioral Health Clinics(CCBHCs), mobile opioid treatment, outreach teams, and workforce initiatives.
  - Deputy Secretary Farrington can provide future updates on coordination plans for new service hubs.

Agenda Topic:	**Division of Health Benefits (DHB) Update**
Presenter:	Jay Ludlam, Deputy Secretary for DHB

Rural Health Transformation Project:

- Funding likely not yet received; Deputy Secretary Farrington will have updates.
- Structured as a public-health initiative with Medicaid support through an administrative arm.
- Uses a different office/staffing model and benefits from Healthy Opportunity Pilots (HOP).
- 85 of 100 counties are designated as rural to maximize funding; the long-term goal is statewide distribution.

Budget and Funding Update:

- $819M requested; $500M appropriated by the GA, creating a significant shortfall with four months remaining.

- Provider rate cuts were implemented then reversed; capitation reset needed for Children & Family Specialty Health Plan (CFSP); 32,000 children.
- GA options include resetting or rebasing funding; Department options are limited because:
    - Provider rate reductions are prohibited by a court ruling
    - Eliminating optional benefits would impact Occupational Therapy (OT), Physical Therapy (PT), Speech, Pharmacy Services, Personal Care Services (PCS), Innovations Waiver, Community Alternative Program for Disabled Adults (CAP-DA), and Community Alternatives Program for Children (CAP-C).
    - Eligibility changes fall under GA authority.
- GA is likely to act after the April primaries; unappropriated funds are currently being used.
- Medicaid Contingency Reserve decreased from $1B to $450M (Hurricane Helene).
- Ongoing misperceptions that Medicaid has excess funds; discussions continue with the Fiscal Research Division.
- $319M shortfall includes $200M in previously unappropriated non-recurring funds.
- Cost pressures: rising healthcare inflation, reduced federal match, $40M "extra check write."
- Ludlam expects GA to help fill the gap.

Leadership Change:

- Ludlam stepping down at the end of February; Melanie Bush to serve as Interim Deputy Secretary.

SCFAC Focus Areas:

- Growing emphasis on revenue and system efficiency; SCFAC voice remains critical.
- Encourage support, making optional services mandatory, and sharing personal stories to advocate for needs.

Follow-Up Items:

- Traumatic Brain Injury (TBI) Dashboard live; webinar planned for mid-March; demonstration scheduled for the March SCFAC meeting.
- Private Duty Nursing (PDN) dashboard returning in February.
- Direct Support Professional (DSP) Workforce Overview has not been updated in over a year.
- Supports Intensity Scale (SIS) rollout (scheduled for July 2025) delayed; DHB will confirm updated timeline.
- Innovations Waiver waitlist information to be included in the Annual Report recommendations response.
- April SCFAC meeting will include an overview of state plans and waiver services.

Additional Questions/Comments:

- Innovations waitlist management led by DMHDDSUS; DHB is willing to collaborate.
- March is Brain Injury Awareness Month; SCFAC is encouraged to support TBI Waiver expansion.
- Need for consistent language across waivers.
- Questions raised about how LME/MCOs increase service limits or pay enhanced rates under a capitated model.

Action Items:

- Concerns about capitation rates related to transitions from the CFSP to Innovations.
    - Chameka Jackson to provide a written response before the next meeting.
    - Recommendation to address capitation topics as a separate presentation.
- Questions about potential Innovations Waiver overhaul
    - DMHDDSUS will respond

Agenda Topic:	Public Comment

Terry Melvin:

- Submitted a question regarding whether mental-health medications have advanced enough to avoid causing physical issues or disorders.
- Mr. Melvin did not unmute to provide additional context; the comment will be added to the SCFAC record.
- Vice-Chair Ashley Snyder-Miller requested that Mr. Melvin's email be forwarded for follow-up.

Wendy Church:

- Asked why SCFAC applications are not being reviewed.
- State staff clarified that applications go directly to appointing authorities (Secretary, House, Senate, etc.), not to SCFAC or state staff.
- Contact information for appointing authorities was provided.

Dr. Laws:

- Reported receiving an email from an individual representing an Asian and Pacific Islander group.
- Clarified that SCFAC membership is based on disability populations represented, not ethnicity.

Alexandra Mazique (Center for Impact, Gaston County):

- Submitted written comments emphasizing the importance of peer-driven supports for families navigating mental health, substance use, and system involvement.
- Highlighted system gaps in engagement and retention, noting peers play a critical role in trust-building and sustained connection to services.
- Suggested more investment in peer-led engagement models and stronger integration within social services and child welfare.
- A member noted they could not verify the organization, raising concerns about the reliability of sources.

Jane Plummer:

- Submitted comments expressing concern about rising health-insurance costs in 2026 and the impacts of SNAP and Medicaid work requirements on rural and underserved populations with mental-health conditions, TBI, or substance-use disorders.
- Recommended additional mobile units to assist individuals in understanding and meeting these requirements.
- SCFAC Chair Dr. Laws requested that this comment be forwarded to DMHDDSUS Director Crosbie and DHB staff.

Agenda Topic:	**State CFAC Legal Duties, Advising, and Ethics**
Presenter:	Joonu-Noel Coste, Assistant Attorney General, NC Department of Justice

SCFAC Overview:

- Established by North Carolina law.
- Must comply with Open Government requirements (policies and laws).
- All records are subject to public records laws.
- Credibility relies on professionalism and legal compliance.

Legal Context: Americans with Disabilities Act (ADA) and Olmstead:

- ADA (1990): Prohibits discrimination based on disability.
- Olmstead v. L.C. (1999): Requires states to provide community-based services when appropriate, not opposed, and reasonably accommodated.

NC Policy: Community-Based Services:

- Goal: Deliver services in community settings to prevent institutionalization.
- LME/MCOs serve as NC's public service delivery system.

NC Unified System: Required Core Services:

- Screening, assessment, and referral.
- Emergency services.
- Service coordination.
- Consultation, prevention, and education.

SCFAC Statutory Authority (G.S. 122C-171(a)):

- Self-governing, self-directed body advising DHHS and the GA.
- Code of Conduct (2025) exists but is not required by statute.
- May consider non-MH/DD/SUS/TBI needs (e.g., dental) but does not pursue or lead initiatives outside statutory scope.

Membership Requirements (G.S. 122C-171(b)):

- 21 members: adult consumers and family members.
    - Terms: 3 years; maximum of two consecutive terms.
- Vacancies filled by the appointing authority.

DHHS Support:

- Provides staff assistance, data for identifying gaps, training, State Plan review support, budget review support, quality monitoring, and procedural/legal technical advice.
- DHHS and GA do not have authority over SCFAC decisions.

NC Open Meeting Policy (G.S. 143-318.9):

- Meeting date changes may require public notice (under review).
- If SCFAC cannot obtain needed data, the statute does not outline escalation steps; SCFAC must choose its process.
- Litigation against DHHS for noncompliance is possible but inefficient.
- Historical practice: attempt via email, then escalate via formal letter to the Secretary.

SCFAC as a Public Body (G.S. 143-318.10(b)):

- Official Meeting: majority present or communicating to conduct public business.
- Subcommittees with a majority: best practice is to take minutes.
- Emails, texts, and sidebar discussions may be public records; phones can be subpoenaed.
- Social gatherings risk allegations of evading open meeting laws.
- Closed sessions allowed only for specific statutory purposes (e.g., legal action, attorney-client privilege).
    - Retreat/orientations likely constitute official meetings (under review).
- Full minutes required for all official meetings, including closed sessions.
- A protocol may be needed to prevent individuals from publicly representing themselves as the SCFAC; legal review pending.

Closed Session Practice Points:

- Open Government Opinions: https://ncdoj.gov/opinions/open-government/
- Must reopen the meeting once the closed-session purpose is completed.
- Cannot conduct unrelated business, adjourn, recess, or set future meetings during closed sessions.
- Violations can void actions; attorney fees may be awarded.

Public Records:

- Attorney-client privilege is exempt.
- Public records requests go to Ms. Coste; denials may be challenged.
- Liability may extend to recipients of improper texts, not just the sender.

Scope and Advocacy:

- SCFAC cannot investigate LME/MCOs; it may advise on issues.
- Advisory role strengthens advocacy impact.
- Distinction between advocacy vs. lobbying: SCFAC is not a 501(c)(3)/(c)(4).
- Compensation alignment questions (similar to Services for the Blind) are under review.

Agenda Topic:	**SCFAC Work**
Presenter:	Dr. Michelle Laws, SCFAC Chair, and Members

Annual Report:

- Annual Report meeting scheduled for next week; additional data requests are needed to finalize recommendations.
- Draft report will be distributed in March.
- Recommendations should include citations.
- Local CFACs are encouraged to forward their recommendations to SCFAC.

Legislative Day:

- Talking points need to be drafted.
- Local CFACs should be invited and encouraged to include regional boards and county commissioners.

Professional Meeting Conduct:

- Ongoing group discord reflects poorly on SCFAC, especially when originating from non-members.
- Members noted receiving feedback on issues outside SCFAC's scope.
- Proposal for a dedicated SCFAC email address to reduce use of personal emails.

Motion: Statutory Change to §122C-171(a):

- Proposed change: Add "Governor" to the entities advised by SCFAC.
    - Proposed language: "The State CFAC shall be a self-governing and self-directed organization that advises the Governor, Department, and General Assembly…."
    - Motion made by Lilly Parker; seconded by Ada Elizabeth Gil-Jimenez.
    - One abstention: Angela-Christine Rainear.
- Attorney cautioned about the potential ramifications and chain-of-command implications.
    - Ms. Coste will research whether the proposed change is appropriate.

Action Item: Letter to the Governor:

- Dr. Laws will draft a letter thanking the Governor for rolling back provider rate cuts, issuing the Executive Order, and supporting target populations.
    - Members should send input by next week.

Adjournment

- Dr. Michelle Laws, SCFAC Chair, adjourned the meeting at 3:14 PM
- Motion to adjourn was made by Ada Elizabeth Gil-Jimenez and seconded by Crystal Foster.

Action Items	Responsible	Deadline
Map of crisis centers serving children and youth.	Senitria Goodman, Chief Legal Counsel and Chief Compliance Officer	Before the next SCFAC meeting (3/11/26)
Reason for delay in Support Intensity Scale (SIS) rollout (July 2025)	David Clapp, Deputy Director, and/or Greg Daniels, Associate Director (NC Medicaid)	Before the next SCFAC meeting (3/11/26)
Capitation rate concerns transitions from CFSP to Innovations Waiver (written response)	Chameka Jackson, Associate Director, CFSP	Before the next SCFAC meeting (3/11/26)
Forward Jane Plummer's comment to DMHDDSUS Director Crosbie and DHB staff	A&E Support Staff	Open
Clarify whether public meeting date changes require additional notice.	Joonu-Noel Coste, Assistant Attorney General	Before the next SCFAC meeting (3/11/26)
Determine whether CCFAC retreats or orientations qualify as official meetings.	Joonu-Noel Coste, Assistant Attorney General	Before the next SCFAC meeting (3/11/26)
Determine whether a protocol or statute addresses individuals publicly representing themselves as SCFAC.	Joonu-Noel Coste, Assistant Attorney General	Before the next SCFAC meeting (3/11/26)
Research compensation alignment question (similar to Services for the Blind).	Joonu-Noel Coste, Assistant Attorney General	Before the next SCFAC meeting (3/11/26)
Research ramifications and chain-of-command issues related to proposed statutory language change adding "Governor" to G.S. 122C-171(a)	Joonu-Noel Coste, Assistant Attorney General	Before next SCFAC meeting (3/11/26)