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, January 21, 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		
Amie Brendle		x	Johnnie Thomas	x	
Annette Smith	x		Lilly Parker	x	
Bob Crayton		x	Lorrine Washington		
Crystal Foster		x	Lynn Martin		x
Domenica “Mamie” Hutnik		x	Nathan Cartwright	x	
Flo Stein		x	Patty Schaeffer		
Gene McLendon					
Staff/Guests					
Name	**Staff**	**Guest**	**Name**	**Staff**	**Guest**
Jennifer Meade (DMHDDSUS)	x		Crystal Dorsey (DMHDDSUS)	x	
Badia Henderson (DMHDDSUS)			Lisa Jackson (DMHDDSUS)	x	
Stacey Harward (DMHDDSUS)	x				
Ann Marie Webb (DMHDDSUS)	x				
Shannon Kuper (DMHDDSUS)	x				

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

- Call to order at Michelle Laws(chair)
- Motion to open the meeting was made by Ashley Snyder-Miller**,** with a second by Annette Smith. A quorum was confirmed.
- Motion to approve the agenda: 1st: Lynn Martin and 2nd: Mamie Hutnik
- Motion to approve December Minutes: 1st: Ada Elizabeth Gil Jimenez and 2nd: Lynn Martin
- Dr. Laws thanked Tailored Plans (TPs) who have submitted responses to SCFAC questions from a previous meeting; she is still waiting for responses to the questions from Standard Plans (SPs) and added that she will share all of them.

Agenda Topic:	**Division of State Operated Healthcare Facilities (DSOHF) Update**
Presenter:	**Karen Burkes, Deputy Secretary for Facilities and Licensure**

DSOHF Goals

- Access to care
- Growing and maintaining a quality workforce
- Ensure the safety of patients, residents, and employees
- Improve financial accountability, efficiency, and strength

Accomplishments

- Implemented Electronic Health Record (EHR) system (Aug 2025)
- Upgraded financial claims processing system
- Improved financial efficiency: more data to track oversight inefficiencies
- Standardizing policies across state facilities

Access to Care

- **Patient Care & Capacity**
  - Serve an average of 570 patients daily across three state hospitals (Broughton, Central Regional, Cherry).
  - Combined capacity: 900 beds; units have 24 beds (typically ≤20 occupied); high-acuity cap = 14.
- **Key Challenges**
  - Workforce shortage is the greatest challenge.
  - Need step-down community services for quicker discharges.
- **Justice System Projects**
  - Capacity Restoration Pilots in Charlotte/Mecklenburg jails.
- **Risk Management**
  - Use of the Risk Management tool linked to Epic for incident reporting, patient safety, risk, claims, and feedback.
- **Process Improvements**
  - Exploring standardized processes for bed searches, especially for children.
- **Developmental Centers**
  - Riddle, Murdoch, Caswell: engaging community providers, training, capacity building.
- **Neuro-Medical Treatment Centers**
  - Black Mountain, Longleaf, O'Berry: treat adults with complex neurocognitive/behavioral needs; Black Mountain under renovation.
- **Length of Stay**
  - The average hospital stay is greater than 100 days.
  - Capacity restoration in state hospitals: about 140–150 days; pilot sites: about 50 days.
- **Transition Planning**
  - Ongoing meetings with hospital staff for discharge planning.
  - Fragile period for individuals returning to the community, especially children with aggressive/sexual behaviors.
- **Human Rights Committees**
  - Include physicians, attorneys, lived experience; CEOs attend.
  - Advocacy Team handles complaints/investigations; Disability Rights North Carolina (DRNC) is involved.
- **Policy & Advocacy**
  - Political pressure from Involuntary Commitment (IVC) law changes: courts assign beds and control release.
  - Question: How can SCFAC advocate in this area?

Funding

- State hospitals: 80–82% state-funded
- Other state facilities: receipt-funded (Medicaid, Medicare)
- Alcohol and Drug Abuse Treatment Centers (ADATCs): 100% receipt-funded

Agenda Topic:	**Certified Peer Support Specialist (CPSS) Update**
Presenter:	**Ann Marie Webb, Peer Support Team Lead, Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS)**

- Dr. Laws, SCFAC Chair, requested an update on Peer Support Services (PSS) during the available time in today's meeting.

- Employers can send staff for free PSS training: online training is approximately 20 hours, and participants have 60 days to complete the training after signing up.
- Request for Applications (RFA) released for Justice and Crisis Peer Support.
- RFA coming soon for IDD/TBI Peer Mentors (focus on individuals, not families).
    - Meetings can be hybrid; the goal is to partner with the Division of Child and Family Well-Being (DCFW) for children's support.
- Overbilling concern: PSSs should not spend 40 hours/week with one individual (signals a need for a higher level of care).
- Fraud investigations involve TPs, clinicians, Medicaid Investigations Unit
- Services by Direct Support Professionals (DSP) and Peer Mentors are not duplicative; both can be billed separately.

Agenda Topic:	**DMHDDSUS Update**
Presenter:	**Kelly Crosbie, Division Director**

MH/SUD/IDD/TBI Plan:

- Statutorily required; community-driven; inclusive of TPs, providers, agencies, consumers, families
- Strategic Plan Goals & Year 1 Highlights
    - Priority 1: Improve Access to Care
        - 65% increase in CCBHC use (60% Medicaid-funded; remainder from Block Grants, State, TP funding).
        - More NAMI chapters; integrated care via NCPAL (NC Psychiatric Access Line).
        - Five new ACT Teams have been established.
    - Priority 2: Increase Access to Quality I/DD & TBI Services
        - Innovations Waitlist Dashboard published.
        - Progress in expanding 1915(i) option services.
        - Growth in Community Living Support for choice and engagement.
    - Priority 3: Prevent Substance Misuse & Overdose
        - Two new mobile OTPs opened; six more coming; one truck serves 145 clients.
        - Emphasis on evidence-based care models.
    - Priority 4: Build Workforce
        - Partnerships with community colleges for career pathways.
        - Improve Peer & DSP workforce; retain licensed professionals; support unlicensed workforce.
    - Priority 5: Strengthen Crisis System
        - Nine new MORES Teams in place; focus on effectiveness.
        - Improve Mobile Crisis response times.
    - Priority 6: Expand Justice System Services
        - Strengthened juvenile justice services.
        - Increase diversion and quality re-entry programs.
        - Three operational capacity restoration programs.
    - Priority 7: Amplify Recovery & Community-Based Services
        - Focus on early detection/intervention (e.g., FEP programs); support children in residential care.
        - Support peer-led organizations (clubhouses); reduce restraint/seclusion in PRTFs

Funding:

- Federally Qualified Health Centers (FQHCs):
    - Paid a specific daily rate per patient visit, regardless of whether one or multiple services are provided.
    - Different from Tailored Plans (TPs), which are paid a capitation rate to manage care.
- Certified Community Behavioral Health Clinics (CCBHCs):
    - Federally funded clinics.

- Must provide a set of core mental health services as part of their certification.

Emergency Planning:

- States need contingency plans if funding stops; the General Assembly (GA) is restructuring the waitlist by need
- Recommendations are sent to the Governor, seeking innovative ideas

SCFAC Requests & Questions:

- Data on children/youth in Psychiatric Residential Treatment Facilities (PRTFs)
  - Future presentation by Yvonne Copeland, Director, DCFW
- Interest in gaps in step-down services for hospital/PRTF discharges
- Need culturally & linguistically appropriate provider networks
- Rural Health Transformation: criteria for "rural" counties
  - Request Deputy Secretary for Health Debra Farrington to present on this topic
- Will SUN Bucks be used for school lunches?
- Is there a version of Healthy Opportunities-type programs included in the Rural Transformation Initiative?
- How are care managers going to be trained for IDD/TBI?

Questions will be sent to appropriate staff.

Agenda Topic:	**Public Comment**

- An individual, related to Johnnie Thomas, requested whether it was possible to reduce Applied Behavior Analysis (ABA) hours from 10 to 5 for a high-functioning youth.
  - Dr. Laws confirmed that Research-Based Behavioral Health Treatment (RB-BHT) services have no set minimum hours and expressed interest in an ABA presentation.
- Kimberly Masuca submitted a comment (read by Dr. Laws) about gaps in incident reporting from providers to LME/MCOs and NCDHHS; no response after the comment was read.
- Carol Conway emphasized a severe shortage of permanent housing for adults with significant intellectual disabilities, especially those needing IC-level care or one-on-one support. Current options (AFLs, PRTFs, crisis centers, and state facilities) are inadequate, leaving families in crisis. She urged data collection and expanding IC capacity.
- Gayla Privett thanked SCAC for their service and expressed interest in advocacy.
  - Dr. Laws requested that staff share SCFAC contact information in the chat and noted the need for new members as current terms end.

Agenda Topic:	**Division of Health Benefits (DHB) Update**
Presenter:	**David Clapp, Deputy Director, Behavioral Health/IDD, NC Medicaid**

RB-BHT Policy Paper

- Released in October 2025; feedback period closed Nov. 17
  - Goal: Improve the quality and reach of RB-BHT and ABA
  - Emphasized individualized treatment planning and caregiver goals
  - No mandated minimum hours for ABA under RB-BHT
  - Agencies may be overbilling; monitoring needed
- Dr. Clapp will still accept SCFAC input on Ensuring Person-Centered Care for Children with Autism Spectrum Disorder in NC.
  - Revised policy will be reviewed.
  - Dr. Clapp requested 1-2 reviewers (Johnnie Thomas volunteered)

Additional Updates

- **TBI Waiver Expansion:** Submitted to CMS in October 2026; effective April 2027 (Policy – Clinical Coverage 8Q)
- **Cap Programs:** CAP/ DA has a waitlist; CAP/C has none.
- **TBI Dashboard:** Pending DHB governance approval for public posting. Ensuring Person-Centered Care for Children with Autism Spectrum Disorder in the NC.

- **1915(i) Services:** Few TBI individuals accessing; need better hospital-to-Tailored Plan connections. Service gaps remain.
- **Waiver Overview:** DHB is preparing a comprehensive waiver overview; SCFAC will review it before public release.
    - Language Consistency: Question raised on aligning terminology across waivers; an internal workgroup may be needed.
- **TBI & Substance Use:** No Specialized programs for individuals with TBI from substance use; funding requests to the legislature were denied. Providers need broader TBI training across disciplines.
- **Budget Update:** Still pending in the legislature; contingency planning unknown. Voting is emphasized as critical.

genda Topic: **resenter:**	**Overview of Complaints Submitted to Customer Service and Community Rights (CSCR) Team** **Glenda Stokes, CSCR Team Lead, DMHDDSUS**

Goals

- Assist families & individuals in accessing public health system services/supports, including community resources
- Protect individuals' rights in the community
- Respond to complaints/concerns regarding MH/IDD/TBI/SU services
- Monitor community rights protection systems & customer service for quality
- Provide information about the DMH/DD/SUS service system
- Provide technical assistance to local & state customer service representatives

Role of CSCR Team

- Helps people take next steps (e.g., moving to NC and seeking services, crisis situations)
- Handles non-Medicaid appeals, education, and process support
- Assists with incident reporting (focus today: complaints)

Types of Complaints

- Information & Referral
- Crisis
- MH/DD/SUS/TBI system and/or treatment concerns
- Non-Medicaid Appeals
- IRIS Technical Assistance
- Received via calls, letters, and emails from internal/external sources

Complaint Sources & Flow

- May escalate to licensure agencies, Medicaid investigations, or SSA
- From consumers, family members, providers, community members, others
- Issues range from service quality, payment, or unrelated agency complaints

Key Complaint Trends

- **Top issues**
    - Access-related
    - Current services: not receiving the requested/authorized service

New to the system: seeking services

- Mostly involve adults; females are slightly higher than males
- Filed mainly by community members (formerly "citizens"), then guardians/family/associates
- MH services complaints are more than double compared to the number of IDD complaints
- Main funding source for complaints is Medicaid & most complaints are made by phone
- Outcomes: primarily referred to the health plan, with the second highest outcome being referred to the appropriate agency
- Alliance catchment area had the most complaints (30%), but this doesn't mean that the complaints were all about Alliance; it just means that the people reaching out to the CSCR Team lived in the Alliance catchment area.

Additional Notes

- Jennifer Meade praised Ms. Stokes and the CSCR Team for frontline work; noted the broad definition of complaints and suggested future reporting to distinguish complaints vs. questions.
- The Medicaid Ombudsman number is still active (1-877-201-3750) per this link: https://medicaid.ncdhhs.gov/about-nc-medicaid/nc-medicaid-ombudsman
- **Service Concerns:** Physical health issues referred to the health plan and PCP
- **ServiceNow Tickets:** Question on main contact for complex cases: submitter tracks ticket; automated Medicaid responded possible; members encouraged to contact health plan/case manager.
- **Consumer Handbook:** Not updated; info now included in health plan handbooks.
- **Access Issues:** SPs are hard to locate online; maps/links suggested for easier navigation.
- **Dual Eligibles:** Interest in learning more about complaints for Medicaid + Medicare members.
- **Follow-up:** One SCFAC member to discuss concerns offline with Ms. Stokes.
- Another question involved the use of the Service Now (SNOW) ticketing system when dealing with a complex situation; if there are multiple parties involved in responding, who is the main contact person for it? Medicaid may send automated responses. The person who submitted the ticket follows it. People are encouraged to discuss their health plan/case manager with them.

Follow-Up on Complaints

- CSCR Team works with callers/writers for individual case resolution
- CSCR Team provides information to DMHDDSUS, DHB/Medicaid, and other DHHS Teams on policy, service definitions, & clinical policies regarding systemic concerns & any patterns/trends in which improvements to the MH/IDD/TBI/SU service system are needed
- CSCR Team participates in committees/collaborations for future planning

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

Annual Report:

- Deadline for recommendations was in December; draft to be compiled and reviewed.
- Submit recommendations early with citations to avoid a last-minute rush.
- New recommendations may require letters or deeper research; talking points can be added for Legislative Day
- SCFAC Chair stated decisions on what stays or goes will be made by vote.
- Recommendations submitted before the deadline go into draft; each will be voted on.

Gaps & Needs:

- Top five responses were received from all TPs except Partners; deadline was 1/16.
- **Innovations Waiver Slots:** Discussion on slot distribution, waitlist management, and the State authority; algorithm explained in LME/MCO Bulletin #J450 (03/30/2023).
    - DHB has not finalized changes; Dr. Laws asked Dr. Pat Porter to follow up.
- **State to Local CFAC Annual Report:** Need input from Local CFAC chairs/co-chairs on issues, concerns, and solutions per GS 122C-170(c) (6); presentations may help.
- **Advocacy/Legislative Day:** Rescheduled to May 12 (was May 14) due to Senator Burgin's availability.
    - Motion by Bob Crayton; second by Annette Smith
- **Funding:** SCFAC raised the possibility of raising money for SCFAC but advised against such an action.
- **Per Diem:** Approved by majority vote to add SCFAC per diem to General Statutes.
- **Meeting Locations:** Motion to hold one SCFAC meeting annually in eastern NC and one in western NC for Local CFAC/public attendance.
    - First motion by Ashley Snyder Miller, seconded by Mamie Hutnik.

Adjournment:

- The motion to adjourn the meeting was made by Johnnie Thomas, with a second motion made by Nathan Cartwright.
- Meeting adjourned at 2:54 PM.

Action Items	Responsible	Deadline
• Patient numbers requested for Developmental Centers & Neuro-Medical Treatment Centers • Additional information requested for state facility funding	DSOHF Deputy Secretary Karen Burkes	Before the next SCFAC Meeting (2/11/26)
• Will Sun Bucks be used for school lunches? • Is there an iteration of Healthy Opportunities-type programs under Rural Transformation? • How are care managers going to be trained for IDD/TBI?	DMHDDSUS Division Director Kelly Crosby	Before the next SCFAC Meeting
• Interest in more information regarding complaints about the Dual Eligibles: population receiving Medicaid and Medicare	Advocacy and Empowerment Team Leader Glenda Stokes	Future SCFAC Meeting