



## State Consumer and Family Advisory Committee

Meeting Minutes | December 10,2025

Committee Members' Attendance:					Total Attendance:		
Name	In-Person	Virtual	Absent	Name	In-Person	Virtual	Absent
Jessica Aguilar		x		Gene McLendon			x
Amie Brendle		x		Ashley Snyder Miller	x		
Nathan Cartwright	x			Lilly Parker	x		
Bob Crayton		x		Patty Schaeffer	x		
Crystal Foster		x		Annette Smith	x		
Ada Elizabeth Gil Jimenez		x		Flo Stein		x	
Domenica "Mamie" Hutnik	x			Johnnie Thomas	x		
Jeannie Irby			x	Lorraine Washington	x		
Heather Johnson		x					
Dr. Michelle Laws	x						
Lynn Martin		x					

Attendance:					Total Attendance:		
Name	Staff	Guest	Affiliation	Name	Staff	Guest	Affiliation
Jennifer Meade	x		DMH/DD/SUS	Stacey Harward	x		DMH/DD/SUS
Badia Henderson	x		DMH/DD/SUS	Crystal Dorsey	x		DMH/DD/SUS
Ann Marie Webb	x		DMH/DD/SUS	Lisa Jackson	x		DMH/DD/SUS
Shannon Kuper	x		DMH/DD/SUS				

## **Mission: Nothing About Us. Without Us**

## **Vision: A public mental health system that works for everyone.**

Agenda Topic/Presenter:	Meeting Minutes:	Action Needed:
1. <b>Welcome/ Roll Call</b> Dr Michelle Laws SCFAC Chair	<ul style="list-style-type: none"> <li>Meeting called to order 9:07</li> <li>Motioned to approve November Minutes 1<sup>st</sup> Mamie Hutnik 2<sup>nd</sup> Annette Smith</li> <li>Motion to approve Agenda 1<sup>st</sup> Lilly Parker 2<sup>nd</sup> Patty Schaeffer</li> <li>CEO Rob Robinson (Alliance) provided opening remarks               <ul style="list-style-type: none"> <li>Announced that the Governor will be announcing reversal on provider cuts.</li> <li>Full funding by the General Assembly is still needed; Federal Legislation (Big Beautiful Bill) will result in significant financial losses for NC.</li> </ul> </li> </ul>	SCFAC – Draft letter thanking the Governor for his decision, while emphasizing the need for a fully funded Medicaid

	<p><b>SCFAC Quarterly Report Out</b></p> <p>NCDHHS Staff</p>	<p><a href="#">SCFAC Annual Report Recommendations SFY 2023-2024</a></p> <p><b>Recommendation 7: Traumatic Brain Injury (TBI) Dashboard:</b></p> <ul style="list-style-type: none"> <li>• Dashboard Status: Currently under review by DHB for approval. Several concerns have been identified, including the sharing of maps containing sensitive information and potential HIPAA compliance issues.</li> <li>• Resolution Efforts: The Department's Privacy Officer and the Office of Program Integrity are actively working to address these concerns.</li> <li>• Next Steps: A report on the Dashboard will be provided during the next quarterly update. It is anticipated that the Dashboard will be live by that time. (Greg Daniels, DHB)</li> </ul> <p><b>Recommendation 4: Veterans: Veterans Care Coordination Department Integration:</b></p> <ul style="list-style-type: none"> <li>• Outreach Activities: Actively engaged in multiple outreach projects, highlighting several initiatives the Department has participated in.</li> <li>• AskMeNC.org Website: Launched on November 7. While it's too early to report usage data, initial feedback has been positive. A detailed update will be provided in the coming months.</li> <li>• Tailored Plans (TPs) &amp; Prepaid Health Plans (PHPs): Questions have arisen regarding alignment of AskMeNC screening questions. Currently, TPs and PHPs are not required to ask about their services. Meetings are underway with TPs and PHPs to share program progress. (Kayreen Gucciardo)</li> </ul> <p><b>Recommendation 9(b): I\DD: Availability of an Accessible Curriculum for Interpersonal Violence Prevention (IPV):</b></p> <ul style="list-style-type: none"> <li>• IPV Subcommittee: Meets monthly and is focused on developing core competencies and selecting the most suitable host site. <ul style="list-style-type: none"> <li>○ Recently launched the IPV Hub on the Inclusion Connects website for individuals with IDD and TBI. The Hub provides resource links, statistics, informational content, and training materials. (Ginger Yarbrough, DMHDDSUS)</li> </ul> </li> <li>• Innovations Waiver Waitlist (WL) Overview. <ul style="list-style-type: none"> <li>• Features: Offers both detailed and statewide views, including demographics, diagnoses, and county-level data.</li> </ul> </li> </ul>	<p>A request was made by a SFAC member to receive the formula used by DHB for slot assignment; Ginger Yarbrough will request this from DHB.</p> <p>Greg Daniels indicated he would follow up on the missing Private Duty Nursing Dashboard; this falls under LTSS (Long Term Services and Supports). SCFAC hopes to receive the information prior to their next meeting.</p> <p>SCFAC needs to turn in their initial responses on gaps and needs by 12/15; reviewing three recommendations-#2 (Increase in Direct Support Professional or DSP wages across health services sectors), #3a (Sustain and strengthen Healthy Opportunities Pilots {HOPs}), and #3b (Expand the HOP Program statewide with scalable infrastructure). Goals should be supported by citations.</p>
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	<ul style="list-style-type: none"> <li>• Focus Mode: Enables deeper data analysis and breakout.</li> <li>• Key Stats: 81% of individuals on the WL have Medicaid.</li> <li>• Average of 2 services per person.</li> <li>• Individuals in ICF IDD settings may qualify for Money Follows the Person (MFP) and potentially Innovations Waiver slots.</li> <li>• General Discussion: <ul style="list-style-type: none"> <li>• Individuals who refuse a slot remain on the WL; process is under review for standardization.</li> <li>• Goal: Accelerate placement when appropriate.</li> <li>• Median WL Time: 5.7 years (skewed by recent additions).</li> <li>• Key Metric: Time before slot offer.</li> </ul> </li> </ul> <p><b>Action Items:</b></p> <ul style="list-style-type: none"> <li>• Slot Assignment Formula: SCFAC members requested DHB's formula for slot distribution. Ginger Yarbrough will follow up; Greg Daniels will coordinate with DHB to share the formula. Slot assignment is partly population-based</li> <li>• Advisory Group: Composed of families, providers, TP staff, and individuals with lived experience; working on changes to waitlist (WL) management. IDD Team collaborates with DHB and TPs to ensure needs are met.</li> </ul> <p><b>Recommendation: Traumatic Brain Injury:</b></p> <ul style="list-style-type: none"> <li>• TBI Services Expansion: Once the General Assembly allocates additional slots for TBI, the process to expand TBI services can begin.</li> <li>• PDN Dashboard: A question was raised regarding the availability of the Private Duty Nursing (PDN) Dashboard. It went live 2–3 months ago but disappeared in September. Information is requested on when it will return. (Greg Daniels to follow up.)</li> <li>• The dashboard falls under LTSS (Long-Term Services and Supports).</li> </ul> <p><b>SCFAC Report Recommendations- SFY 2024-2025</b></p> <p><b>Recommendation 6: Veterans and Military Families: Enhancing the Veterans Support Specialist (VSS) Training Curriculum</b></p> <ul style="list-style-type: none"> <li>• Launch: Spring 2026</li> <li>• Training: Free: no attendance criteria</li> </ul>	
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3.	<p><b>DMH/DD/SUS Update</b> Kelly Crosbie, Director</p>	<p>Licensed Workforce Loan Repayment Program</p> <ul style="list-style-type: none"> <li>GA allocated \$20M to recruit/retain licensed professionals in rural/underserved areas.</li> <li>Benefit: Up to \$50K loan repayment for 3-year service commitment.</li> <li>Eligible professions: LCSWs, LCMHCs, LCASs, LMFTs, Psychologists, Psychological Associates.</li> <li>Impact: 100 applications in first 10 days.</li> <li>Requirement: 40% of clients must be Medicaid, uninsured, or underinsured.</li> </ul> <p>Funding Losses</p> <ul style="list-style-type: none"> <li>\$32M one-time cuts; \$42M recurring cuts; \$18M state impact cuts.</li> <li>\$15M loss for uninsured psychiatric beds; \$10M recurring loss for justice system support.</li> <li>Lost PATH funds (covered by alternative funding).</li> </ul> <p>Systems &amp; Initiatives</p> <ul style="list-style-type: none"> <li>Incident Reporting: DMH/DD/SUS partnering with SimpliGov to replace IRIS by end of 2026.</li> <li>Project Spark: Supports IDD in competitive employment; 10 new locations launching in 2026.</li> <li>Opioid Response: DHHS using SOR grant funds for naloxone, fentanyl, and xylazine test strips.</li> </ul> <p>Workforce Development</p> <ul style="list-style-type: none"> <li>Advanced DSP training offered at AB Tech, Stanley CC, Forsyth Tech.</li> <li>DHHS seeking input on 7 proposed state-funded SUD service definitions (deadline: 12/29/25).</li> <li>RFA open for specialty courses for Peer Support Specialists (Justice-involved &amp; Crisis Response) – deadline 12/15/25.</li> <li><a href="#">Brain Injury Advisory Council (BIAC)</a> is seeking new subcommittee members (lived experience, families, providers, advocates).</li> </ul>	<p>Director Crosbie will review Dr. Laws' email and ensure she responds to all the questions</p>
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4.	<b>Public Comment</b>	<ul style="list-style-type: none"> <li>• Request for SCFAC to limit use of “Behavioral Health” as it excludes I/DD and TBI and causes confusion.</li> <li>• IDD often left out of MH/SU funding; question on increasing program funding. <ul style="list-style-type: none"> <li>a. Response: Most IDD funding comes from Medicaid, which is currently strained nationwide.</li> <li>b. SCFAC Annual Report (2022–2025): <ul style="list-style-type: none"> <li>i. 30.8% recommendations on IDD</li> </ul> </li> </ul> </li> </ul>	SCFAC to contact the North Carolina Sheriffs’ Association for discussion re: need for medications to be provided during incarceration

		<ul style="list-style-type: none"> <li>ii. 19.2% on MH</li> <li>iii. 3.8% on SU</li> <li>iv. 34% on TBI</li> </ul> <ul style="list-style-type: none"> <li>• County Jail Staff denied an incarcerated individual continuation of their MOUD (Medication for Opioid Use Disorder) despite over three months of prior use, causing involuntary withdrawal. <ul style="list-style-type: none"> <li>a. Response: Jails operate differently; suggested contacting their local CFAC. A good contact is the Orange County Sheriff, who is the Chairman of the Sheriffs' Association.</li> </ul> </li> <li>• Families are losing Tailored Care Management (TCM) without notification; questions on frequency, notification process, and impact on service access.</li> <li>• Question on performance of Child and Family Specialty Plan (CFSP) which began Dec 1; too early for performance data.</li> <li>• Upcoming Event: House Select Committee on Involuntary Commitment (IVC) and Public Safety – Dec 17 at 9:30 AM (link on GA website).</li> </ul>	
5.	<b>Division of Health Benefits (DHB) Update</b> Jay Ludlam, Deputy Secretary for NC Medicaid	<p>Provider Rate Update:</p> <ul style="list-style-type: none"> <li>• Governor and Secretary announced provider rates will return to Sept 30 levels.</li> <li>• Previous cuts and rollback of GLP-1 weight loss benefits were due to GA underfunding Medicaid by \$319M (state share), creating a \$1.1B shortfall.</li> <li>• Cost-saving measures failed to achieve expected savings; decision reverses cuts but funding challenges remain due to rising healthcare costs and declining state revenue.</li> <li>• Current priority: Restoring provider payments.</li> </ul> <p>Discussion with SCFAC:</p> <ul style="list-style-type: none"> <li>• Multiple areas of concern discussed regarding funding and managed care efficiency.</li> </ul> <p><b>Action Items:</b></p>	SCFAC Chair asked the Deputy Secretary if he could return in January or February.  SCFAC has some remaining questions and those will be sent to the Deputy Secretary; some of those deal with continuing to increase managed care efficiency assumptions through managed care capitation rate setting.

		<ul style="list-style-type: none"> <li>• SCFAC Chair requested Deputy Secretary return in Jan or Feb; SCFAC will send questions in advance.</li> <li>• SCFAC to submit remaining questions on increasing managed care efficiency assumptions through capitation rate setting.</li> </ul>	
6.	<p><b>Tailored Plan (TP) Panel</b></p> <p>Joy Futrell – Chief Executive Officer, Trillium Health Resources (THR)</p> <p>Tracy Hayes – Area Director &amp; Chief Executive Officer, Vaya Health (VH)</p> <p>Rachel Porter – Deputy Chief Executive Officer, Partners Health Management (PHM)</p> <p>Brian Perkins – Senior Vice President of Strategy &amp; Government Relations (representing Rob Robinson, CEO), Alliance Health (AH)</p>	<p>Full Recording: Available on <a href="#">SCFAC webpage</a>.</p> <p>Panel Q&amp;A: Chair asked pre-submitted questions; all four panelists responded.</p> <p><b>Regional Structure &amp; Representation</b></p> <ul style="list-style-type: none"> <li>• Reviewed LCFAC and Board structures.</li> </ul> <p><b>Key Activities &amp; Impact</b></p> <ul style="list-style-type: none"> <li>• Improved provider search tool usability.</li> <li>• Developed care management training.</li> <li>• Addressed denials for physical health services (e.g., private duty nursing).</li> <li>• Provided CFAC updates on initiatives and state policy issues.</li> </ul> <p><b>How are you evaluating network adequacy?</b></p> <ul style="list-style-type: none"> <li>• Based on contract rules/regulations.</li> <li>• Challenges: provider loss, recruitment, rates.</li> <li>• Focus on continuity of care, physical health treatments, complex cases.</li> <li>• Address stigma; monitor network size.</li> </ul> <p><b>What are the challenges you are facing?</b></p> <ul style="list-style-type: none"> <li>• Aligning data and identifying gaps.</li> <li>• Scope of Tailored Case Management.</li> <li>• Workforce shortages.</li> </ul> <p><b>What are the flashing lights that you are seeing in your system?</b></p> <ul style="list-style-type: none"> <li>• Weak clinical coverage policies.</li> <li>• 1915(b)(c) waiver expanded statewide due to cost overruns.</li> <li>• Open network influx of low-quality providers.</li> </ul> <p><b>Discussion Topics:</b></p> <ul style="list-style-type: none"> <li>• <b>ABA Therapy:</b></li> </ul>	<p>In what counties does VH offer the workforce advisory council mentioned in CEO Tracy Hayes' comments (Tracy Hayes was not sure but said she would get that information and respond).</p>

- Question on 40–60 hours/week requirement; now part of State Plan.

- Reviewing each child individually; concerns about ABA services

**With Medicaid's clinical coverage policies and whole person care, can TP exceed the limit allowed**

- TP can be flexible than what is in clinical policies but not more restrictive.
- Families encouraged to track provider visits for billing/service needs.

**How are you monitoring whether utilization management (UM) decisions are contributing to delays in care, service reduction, or barriers to accessing services?**

- Need standardization and better education for providers/members.
- Closed networks easier to manage than open networks.

**What is the relationship between Standard Plans (SP) and Tailored Plans (TP); barriers involving prior authorizations?**

- SP partners for nurse line; some physical health work.

**AI Concerns:**

- Big concerns
- Privacy, over-reliance, ethical use.

**Person-centered plan:**

- Often misused; correct use can reduce denials.

**What conversations are you having with your providers about costs?**

- Rising costs due to inflation.
- DSP wage increases: GA requiring certification funds reach DSPs.
- Need better communication across agencies and leadership.
- CEOs of 4 MCOs meet weekly to address concerns and policy implementation.

7. **Adjournment**

Meeting ended at 3:19pm

**2026 Meeting Dates: Second Wednesday of Every Month**

<b>January 21, 2026</b>		
<b>February 11, 2026</b>		<b>March 11, 2026</b>

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

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