

State Consumer and Family Advisory Committee

Meeting Minutes | June 18, 2025

Hybrid Meeting

Committee Members Attenda	nce:				Total Attenda	nce:	
Name	In-Person	Virtual	Absent	Name	In-Person	Virtual	Absent
Jessica Aguilar		х		Gene McLendon	х		
Jean Andersen	Х			Ashley Snyder Miller	х		
Amie Brendle		х		Lilly Parker	х		
Nathan Cartwright		х		Angela- Christine Rainear		х	
Bob Crayton	х	х		Patty Schaeffer		х	
April DeSelms	Х			Annette Smith	х		
Crystal Foster		х		Flo Stein	X		
Domenica "Mamie " Hutnik	Х			Johnnie Thomas		х	
Jeannie Irby		х		Lorrine Washingon	X		
Heather Johnson		х		Brandon Wilson	X		
Dr. Michelle Laws	х						
Attendance:				Total Attendance:			
Name	Staff	Guest	Affiliation	Name	Staff	Guest	Affiliation
Jennifer Meade	Х		DMH/DD/SUS	Stacey Harward	Х		DMH/DD/SUS
Badia Henderson			DMH/DD/SUS	Crystal Dorsey	V		DMH/DD/SUS
Ann Marie Webb			DMH/DD/SUS				
Mission: Nothing About Us, Without Us Vision: A public mental health system that works for everyone.					or everyone.		
Agenda Item/Presenter Main Topic/Goals: Action Needed: Discussion:							
1. Meeting Convened-Roll Call Completed	 Agenda Motion I Motion I Minutes S 	 Agenda approved minor changes Motion made to approve the agenda Motion to approve May's Minutes Minutes approved with changes to the by-laws. 			Minutes and PowerPoint posted on the SCFAC Web Page		

Public Comment

- Speaker highlights a critical gap in mental health services within their area, specifically the lack of access to transcranial magnetic stimulation (TMS) for individuals on North Carolina Medicaid. TMS is a noninvasive, FDAapproved treatment for treatment-resistant major depressive disorder, with response rates of 58% and remission rates around 37%. Despite its potential to be life-saving, NC Medicaid does not cover TMS, unlike the Medicaid programs in 16 other states. The high out-ofpocket cost (~\$15,000) makes it inaccessible to many, including the speaker, who has not found relief through traditional treatments like medication and ECT. The speaker urges the committee to address this service gap to improve access to effective mental health care.
- Coordinator for North Carolina Siblings (NCSibs), thanks the NC State Consumer and Family Advisory Council for the opportunity to speak. NCSibs is the state chapter of the Sibling Leadership Network and supports adult siblings of individuals with disabilities, who often face challenges similar to parents—such as isolation, guilt, caregiving stress, and lack of resources—but are frequently overlooked by service agencies. Siblings often play the longest-lasting role in the lives of their family members with disabilities.
 - NCSibs aims to build community, share information, offer educational sessions, and promote sibling advocacy. Jennifer calls on the council and broader community to support their efforts by:

Public Comment Link:

https://forms.office.com/g/NLzm1gckt

		 Helping identify and welcome adult siblings, Mapping sibling programs and resources, 	
		 Connecting experts to educate siblings, and 	
		 Supporting outreach and learning initiatives. 	
3.	SCFAC Annual Quarterly Update from the State	The state provided an update on the progress that they have made concerning the recommendations from the annual report 23-24. Innovation Waiver & Allied Health Services Recommendation to add extended state plan allied health services to the innovation waiver not supported by current data. In 2024, nearly 15,000 innovation waiver slots; only 6.2% (2,357 beneficiaries) used allied health services. 97 individuals with TBI accessed allied health services. Ongoing collaboration with allied health unit and tailored plans to assess potential expansion. TBI Dashboard demo completed; under leadership review. Launch delayed beyond July 1 — now expected August or September 2025. Veterans & Military Families Current report lacks data on veterans/military families — future reports will include this information. NCSERVs initiatives in progress: Revitalization of the Governor's Working Group. Collaboration with federal, state, and local agencies. "Ask the Question" campaign adapted for NC: "Ask Me and See".	Annual Report posted on the SCFAC Web Page

- NC Institute of Medicine launched 2-year task force to improve veteran healthcare.
- o Kickoff event held; site visits start next quarter.
- Governor's Workgroup updated mission and vision for the first time since 2006.
- NCSERVs 10-year report (2014–2024) now available.

Peer Support & Training

- New standardized peer support curriculum. Online launch in July; in-person in September.
- Trainer applications opened late June/early July. Current courses phase out by 2029.
- Peer Support Specialist recovery time increased to 18 months.
- Policy updates include:
 - o New code of ethics
 - Updated trainer eligibility requirements.
 - Future topics: hospital peer support, LGBTQ+ competency, supervisor training, enhanced ethics/boundaries
 - Peer mentorship program launched for people with IDD or TBI — supplements but does not replace DSPs
 - o Certification requirements
- New online training for peer support specialists in development.

Private Duty Nursing (PDN) & Long-Term Services and Supports (LTSS)

• NC Medicaid LTSS dashboard now live; updates monthly on the 15th.

•	PDN eligibility requires medical necessity; accessible
	through innovations waiver if qualified.
•	PDN numbers remain very low (~1,000 recipients).
•	PDN policy update (6.3) issued on May 15, 2024 —
	aims to reduce admin burden and duplicate forms.

- Quarterly updates required until all are addressed.
 - Committee ensures accountability
 - Recommendations remain open until resolved or sufficiently explained.
 - Non-concurred items must be explained; committee may reissue as needed.

DMH Update Director Kelly Crosbie Department of MH/SUS/DD

DMH/DD/SUS Update

- Crisis Response System prioritizes triage by clinicians, behavioral health professionals, or peers, alongside police/EMTs.
- Public Service Announcements (PSAs) and website updates aim to increase public knowledge of crisis services.
- Crisis providers instructed to update Google profiles for better online search visibility.
- Each LME/MCO is required to a walk-in clinic; efforts underway to build an accurate county-level list.
- 988 Life-Line will include referrals to walk-in centers and help identify service gaps.
- Exploring telehealth services via 988 as a bridge to local providers — contingent on block grant funding.
- 43% of users found the Peer Warmline through internet searches.

<u>SCFAC Web</u> page- for additional information

Dashboards | NC Medicaid

5.	Black Youth Suicide	Black Youth Suicide Prevention Action Plan	SCFAC Web page for additional
J.	Prevention Action Plan	 NCDHHS developed its first-ever Black Youth Suicide Prevention Action Plan, targeting ages 10–24, in response to rising suicide rates among Black youth—who now face the highest increase among all youth groups. The plan, currently under public comment review, was informed by NC's participation in SAMHSA's 2024 Black Suicide Prevention Policy Academy, alongside eight other states. Key components include a Youth Advisory Board (92 members from 32 counties), a Community of Practice (134 cross-sector members), non-clinical training, and an annual conference ("Changing Rhythms of Emotion" on Sept. 20 in Rocky Mount). Data identified 17 high-risk counties with ≥25% Black populations and elevated suicide rates or 988 call volumes; these areas will be prioritized for interventions. The plan emphasizes community engagement, cross-sector collaboration, and ongoing evaluation, with finalization pending integration of public feedback. 	information
6.	Jonathan Kappler	Mr. Kappler introduced himself and conveyed the	
	Deputy Secretary for External Affairs/ Chief of Staff •	Secretary's apology for not attending in person.	
		zeadersing transition between secretaries occurred	
		smoothly with continuity maintained.	
		r dom B chance. Bes due to reactar ramanily reductions and	
		Medicaid reform proposals.	
		 State legislature entered a rapid budget reduction cycle; new fiscal year budget still unresolved. 	

		 Strategic investments made in: Behavioral health Crisis services Substance use treatment Workforce development Integrated care Emphasized proactive communication with legislators on fund usage and impact. Congressional proposals may reduce Medicaid and SNAP funding, increasing financial pressure on states. 	
7.	DHB Update Jay Ludlum	 DHHS uses indirect communication via media and stakeholders to influence public narrative. State budget timeline remains uncertain; funding may be inconsistent for weeks or months. A federal deadline in early August requires ongoing monitoring and action. Funding proposals include: Reallocating \$560 million/month from sports betting revenue. Considering a sales tax to support Medicaid. Emphasis on need for greater transparency and improved public communication regarding DHHS advocacy and funding efforts. 	
8.	Voting for Chair and Vice Chair/ Presenting of Certificate of Appreciation Brandon Wilson - Chair	 Certificates of Appreciation presented by Brandon Wilson to Jean Andersen and April DeSelms for their service on the committee. 	Discussion included need for further review and action on Kratom legislation and LTSS service gaps

	 Brandon Wilson received a Certificate of Appreciation from Michelle Laws. Lorian Washington introduced nomination committee's candidates: Chair: Michelle Laws Vice Chair: Ashley Snyder Miller Floor nominations:
Adjournment of meeting	 Motion made to end meeting at 2:45pm – all agreed
Brandon Wilson	SCFAC web page link: <u>State Consumer and Family Advisory Committee NCDHHS</u>

2025 Meeting Dates: Second Wednesday of Every Month

August 13, 2025	September 10, 2025	
October 8, 2025	November 12, 2025	

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

Participants must register for the meeting before the meeting.