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 March 11, 2026, 9:00 AM – 3:00 PM

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

Agenda Topic: **Welcome/Roll Call/Approval of Agenda and Minutes**

- Meeting was called to order at 9:11 AM.
- Quorum was confirmed.
- Motion for approval of Agenda: occurred after the Division of Public Health update, kept here for consistency with standard agenda order
  - Motion: Johnnie Thomas
  - Second: Ashley Synder Miller
- Motion for approval of Minutes: occurred after the Division of Public Health update, kept here for consistency with standard agenda order
  - Motion: Johnnie Thomas
  - Second: Nathan Cartwright
- **Opening Comments**: Dr Michelle Laws, SCFAC Chair
  - NCDHHS Secretary Sangvai sends regrets for not being able to attend today’s meeting
  - A senior leadership reorganization occurred within the Department
  - DMHDDSUS Director Kelly Crosbie has been promoted but will continue serving as Division Director.
  - Dr Laws:
    - Attended the JLOC for Health and Human Services and the JLOC for Medicaid and felt Interim Deputy Secretary of NC Medicaid, Melanie Bush, did an excellent job explaining the $319 M Medicaid shortfall and the need for full Medicaid funding.
    - Encouraged listeners to pay attention to audit concerns, especially around substance use funds and RB-BHT funds (Medicaid service for people under 21 with autism spectrum disorder)

- Shared discussion on facility fees - large hospital systems buying private practitioners can add facility fees to hospital charges.

- Confirmed Sponsors for SCFAC Legislative Day are Rep. Potts, Rep. Crawford, Sen. Burgin, and Sen Hawkins

Agenda Topic:	Division of Mental Health, Developmental Disabilities, and Substance Use Services Update: Kelly Crosbie, Assistant Secretary for Mental Health, Developmental Disabilities, and Substance Use Services

- Assistant Secretary Kelly Crosbie will remain Division Director and, with her promotion, will also coordinate Housing efforts across the Department
- NC Rural Health Transformation Program (RHTP)
  - RHTP Funds will support some Certified Community Behavioral Health Clinics (BHCCs)
  - Significant access and workforce shortages exist in rural areas across MH, SU, IDD, and TBI.
  - NC received $213M in RHTP funds; the funds' focus primarily on expanding and integrating Behavioral Health and SUD services, though other initiatives also apply. Federal requirements dictated allowable focus areas; IDD and long-term care were not intentionally excluded. CMS has approved the state's budget revisions for these funds.
  - The RFP for Roots Hubs partners has been released; Hubs are not a replacement for LME/MCOs. More information:
  - MH/SU funds will continue flowing through LME/MCOs; physical health and chronic disease initiatives will flow through community Hubs.
  - Hubs are needed because many rural communities distrust traditional institutional systems; Hubs allow rural voices to be more directly involved. LME/MCOs may apply to be Hubs. Funds are one-time; Hubs should be existing providers (e.g., hospitals, FQHCs, health departments, LME/MCOs), strengthening rural crisis systems, and the Division is also rolling out enhanced crisis services funded by the General Assembly, with a focus on eastern NC.

Agenda Topic:	Division of Health Benefits (DHB) Update: Melanie Bush, Interim Deputy Secretary of NC Medicaid.

- Interim Deputy Secretary Bush described her background, including long-term involvement with Medicaid since 2005, joining NC Medicaid in 2011, and having family members who use Medicaid
- She is hoping the General Assembly will fully fund Medicaid for the remainder of the year but noted ongoing structural challenges between tax cuts and funding government. She emphasized in JLOC presentations that Medicaid supports seniors, people with disabilities, and children who need intensive health care.
- In response to Chair Laws' questions about upcoming issues, she expressed confidence about getting through this year but uncertainty about next year. She confirmed DHB will keep SCFAC informed and encouraged members to talk with legislators about the importance of fully funding Medicaid.
- When asked whether SCFAC should provide input on the current ABA therapy model or other topics, she said she would like SCFAC's feedback on clinical coverage and billing policies. Once DHB determines its direction, she will return with a formal presentation to gather input.

Agenda Topic:	Quarterly Annual Report Update: DHHS Staff: Dr. David Clapp, Deputy Director, Behavioral Health/ IDD NC Medicaid, DHB; Kayreen Gucciardo, Veterans & Disaster Response Lead, DMHDDSUS; Ginger Yarbrough, Chief Clinical Officer- IDD, TBI & Olmstead, DMHDDSUS; Robin Soderena, Human Services Program Consultant II, DMHDDSUS

SCFAC 2023-24 Recommendations:

- Recommendation 7: Traumatic Brain Injury: TBI Dashboard
  - NCDHHS Response: complete

    Dr. David Clapp - Dashboard is live; it will evolve
  - SCFAC recommended statewide TBI Waiver Expansion; DHB supports, but funding is unavailable.
  - SCFAC will follow up to request funding in the Governor's budget; the recommendation will mirror GA language and include LME/MCO input about provider capacity and slot sufficiency.
  - Dr. Clapp to determine needed slots and funding based on the white paper methodology, so this can be included in the SCFAC recommendation; LME/MCO input recommended for network adequacy as well (sufficient slots to sustain provider networks)

- Dashboard displays SFY 2024 data; SFY 2025 updates in April.
- Dashboard includes individuals with a TBI diagnosis receiving Medicaid or state-funded services (not only the TBI Waiver). Over 16,000 Medicaid members have TBI; numbers exclude people using private insurance or paying privately.
- DHB is discussing with CMS how to identify where individuals reside; this may raise HIPAA concerns.
- Comments/ Questions:
- Members see the dashboard as a valuable tool.
- Questions about high TBI numbers among ages 12-17 and mixed data on those meeting the statutory TBI definition; DHB included both for a fuller view and will drill down further. Individuals without TBI services are still counted if they receive any Medicaid service with a TBI diagnosis
- DHB is preparing a Waiver presentation for SCFAC and community use on how all the waivers fit together.
- Need for broader understanding of the TBI population
- Chair Laws reiterated the need to request additional slots and funding for Legislative Day talking points and for inclusion in the Annual Report; praised SCFAC's work.

- Recommendation 4: Veterans and Military Families: Enhance Supports Through Collaboration, such as NC Serves
  - Programs; NCDHHS Response: Complete
  - Kayreen Gucciardo: Both SCFAC asks are complete- enhanced collaborations (e.g., NCServes) and launch of ASKMeNC.org(11/7/2025).
  - Working with UNC Suicide Prevention Institute to pursue billboard campaign funding; outreach efforts to continue. Alabama Plans to adopt the model.
  - VA Suicide Report 2023: national rates slightly decreased; in 2022-23, the NC veteran suicide rate increased 10%. DMHDDSUS is collaborating with veteran-focused organizations that support veterans and families, including Black Box Dance Theater and the Veterans Life Center.

SCFAC 2024-25 Recommendations:

- Recommendation 6: Veterans and Military Families: Veterans Support Specialist (VSS) Training Curriculum; NCDHHS
  - Response: In-Progress
  - "Lite" curriculum available at no cost for those working with veterans; occasionally; question raised about pairing VSS specialty with PSS credential.
  - Chair Laws asked for recommended SCFAC actions regarding veterans. Gucciardo suggested focusing on suicide prevention and statewide institutionalization of AskMeNC through standardized military-service questions on state, medical, and education forms.

SCFAC 2023-24 Recommendations:

- Recommendation 9 (a), (b), (c): Intellectual/Developmental Disabilities. NCDHHS
  - Response: In-Progress
  - 9(a) Annual 2-hour Inter-personal Violence (IPV) training for frontline I/DD and providers.
  - 9(b) Accessible IPV prevention curriculum by providers for individuals with I/DD and families.
  - 9(c), I/DD providers to partner with at least one IPV service provider
  - Ginger Yarbrough: IPV subcommittees meet monthly; Core Competence (including IPV) advancing.
  - IPV Resource Hub is live on Inclusion Connects and being updated.
  - Training is not mandated; incentives are desirable but not funded; training itself is funded.

SCFAC 2025-26 Recommendations:

- Recommendation 2: I/DD – Annual COLAs or Cost of Living Adjustment to Medicaid Capitation Rates; NCDHHS
  - Response: Complete
  - Chair Laws asked Dr. Clapp to refine the recommendation to specify DSP-Focused increases, suggestions due to Crystal Foster, by the end of March.

- Suggestion: embed COLA/ inflation adjustments in the Department's budget requests rather than seeking GA approval annually.
- Recommendation must clearly state increased must go directly to DSP wages, not agency overhead; Members Lynn Martin and Annette Smith will assist. Many DSPs still earn $12-$15/hour.

SCFAC 2024-25 Recommendations:

- Recommendation 8: Mental Health Services- Expand Access to the Clubhouse Model; NCDHHS
  - Response: Complete
  - Ms. Robin Soderena: Eight existing Clubhouses award MHBG funding for accreditation, training, and dues.
  - State funds are allocated for modernization (vans, kitchen equipment, repairs).
  - Question raised about Clubhouse operating budgets; Clubhouses sustain themselves via Medicaid billing and fundraising; MHBG provides $30,00 each for training/accreditation
  - Chair Laws asked for potential SCFAC recommendations; suggestions include increasing Medicaid billing rates. MHBG Planning & Advisory Council to be consulted (meeting 4/10/26)
  - Need to track outcomes; number served, services billed; Ms. Soderena will collaborate with Lisa DeCiantis and report back.
- Recommendation 8 (continued): Clubhouse Expansion
  - NCDHHS Response: Complete
  - Contract with Clubhouse International excited; goal: 5-year initiative to expand/strengthen programs and develop 7-10 new Clubhouses.
  - Each Clubhouse has its own advisory board; Clubhouse International Coalition includes representation from all Clubhouses.
  - Brief discussion about replacing "severe" with "serious" in SPMI terminology; may require further DSM-5 consideration; noted distinction between recovery models and treatment models (e.g., PSR or Psychosocial Rehab program vs. Clubhouse).

Agenda Topic:	Public Comment (summarized)

- Carol Conway: Request that SCFAC recommend banning or at least making private equity ownership indicability services fully transparent. Suggesting DHSR licensing regulations be reinterpreted to allow more innovative housing models that align with Olmstead, enabling families to leave homes to adult children and form small consortia of lower-wealth families.
- Alicia Caldwell: Asks why it is so difficult to find family care homes for adults; sees many flyers for group homes or larger institutions instead. Resources noted: DHSR website for licensed facilities; unlicensed options would be AFL Homes, run by provider agencies under Innovations. Lack of adequate resources leads families to constantly chase services. A suggestion was made for each plan to list its offerings; Care Managers should be helping locate resources, which is a core role of LME/MCOs. If individuals are not receiving needed help, they should contact the Ombudsman
- Betty Gregory: Submitted comments and attended virtually; certified Older Adult Peer support specialist (COAPS) and paralegal with 47+ years of sobriety; seeking employment without success. Asks how to make information more accessible for older adults in recovery. With her permission, she will relate to Lisa Womack at DMHDDSUS, Older Adult Team Leader. The Division is working to expand outreach; older PSSs may be helpful in nursing homes, and Baby Boomers are a growing population.

Agenda Topic:	Tula (Trillium Ultimate Living Assistant) Tool and Data Brief: Trillium Health Resources Staff: Haley Sink, Senior Vice President of Strategy and Innovation; Megan Nelligan Director of the TULA Program; Brianna Young, Manager of TULA Remote Supports; Tiffany Cooper, Tula Remote Network Director

- SCFAC members shared that TULA helps her daughter with daily reminders; Trillium provides responsive technical support.
- TULA began as an IDD pilot and now serves all Trillium populations (Tailored Plan members, NC Medicaid Direct, State Funded recipients, Innovations Waiver)
- TULA:
  - Promotes autonomy and independence
  - Assists with medication adherence and accuracy

- Supports Chronic condition monitoring (diabetes, hypertension)
- Providers dependable, real-time support for daily activities and Health goals
- Helps close the digital divide for members without smartphones; offers video, audio, and written communication; builds digital literacy. Over 93% would recommend it; over 80% use it daily.
- TULA Technology Suite: Stationary customizable touchscreen; Bluetooth health devices and sensors; over 600 units deployed; average 51 touchscreen interactions per day; included a talk option for non-readers; screen is touch-activated (not voice-activated).
- Tailored Care Management clients are the largest user group; over 25% of users have reduced Emergency Department visits.
- Trillium hired an additional 8-person team to support TULA, partnering with a CIN or Clinically Integrated Network to expand use. Recent initiatives include:
  - Launch in an ICF
  - Adding Stationed and Med Minder Medication dispenser
  - TBI Pilot with wearable fall detection
  - Pediatric Pilot (ages 4-10 receiving RB-BHT) for asthma support, enabling remote Stationed MD access for inhaler refills
- Trillium shared a video demonstrating TULA's positive impact on a user's daily life.

Agenda Topic: SCFAC Work: Michelle Laws SCFAC Chair

- Alliance Health will present on their crisis system, including BHUCs, in April; CEO Rob Robinson will attend.
- Legislative Day: speakers are finalized; SCFAC must secure sponsors for a meeting room. Rep Crawford is primary sponsor; Rep Potts is also supporting. Draft talking points sent out, final edits due by the end of March. Local CFACs must submit their points by the month's end.
- Finalization in April.
- State funding for swag is uncertain; Jennifer Meade will check. The group discussed wearing green and using buttons.
- Flyer edits requested: Remove parentheses referencing stature topics near the bottom. Find a more4 disability inclusive background image. – Clarify this is Legislative Day, Not Advocacy Day. – Revised Flyer will be redistributed for review and vote before the next meeting
- Annual Report:
  - Draft being updated; Crystal Foster will follow up for clarity on discussion details.
  - Goal: complete rough drafts by the end of the month; volunteers will help finalize.
- Membership Updates
  - Pastor Gene McLendon resigned via official letter & will not be serving a second term. He represented substance use in the Eastern area vacancy, which is Senate – appointed; chair laws will notify the Senate Clark
  - Chairs of Community Collaborative Subcommittee (Ada Elizabeth Gil-Jimenez and Lynn Martin) resigned from leadership roles but remain SCFAC members. Chair Laws thanked them.
- Community Collaborative Subcommittee Discussion
- Concern: Local CFAC Feedback is often too high-level to determine root issues or frequency (e.g., transportation lacks details). Without the details being provided, it is challenging to know exactly what the real issues are, the root cause of the problems & determining how many people have the same problem. When this deeper drill-down does happen, it enables intentionality in how we create recommendations. After some discussion re: differences in how to get beyond the high-level responses & survey concerns, SCFAC Chair Laws called Point of Order. Per legal counsel, how LME/MCOs choose to submit reports to the SCFAC is up to them; however, whether to communicate the LME/MCO's lack of compliance by not submitting a report is at the discretion of the SCFAC. The issue may not be what we ask, but how we ask; asking differently may yield better results.
  - Subcommittee currently has no chair; volunteers asked to "huddle" and respond within 48 hours.
  - The State to Local CFAC structure is seen as valuable for statewide learning. The chair emphasized the need for collaboration with LME/MCOs to understand community needs.
  - Vaya staff noted System of Care Collaborative Meetings as a platform where SCFAC could share information and engage LME/MCO staff and community.
  - Statute requires local CFACs to report; members emphasized the importance of detailed local voices.
  - Survey efforts yielded 30+ recommendations; praise given to Gil-Jimenez and Martin for their work.

- Outstanding items from General Counsel (old business): Chair Laws asked Division Support Staff (Stacey Harward) to follow up.

Agenda Topic:	**Adjournment**

- The motion to adjourn the meeting was made by Annette Smith second by Johnnie Thomas

Action Items	**Responsible**	**Deadline**
• Ensure that the SCFA email list includes all members	Stacey Harward	April 1st
• Follow up with Debra Farrington on her RHTP presentation	Stacey Harward	Open – no timeframe specified
• Dr. Clapp to determine needed slots and funding based on the white paper methodology so this can be included in the SCFAC recommendation; LME/MCO input recommended for network adequacy as well (sufficient slots to sustain provided networks)	Dr David Clapp DHB	End of March/ First of April
• Dr. Clapp to refine recommendation to specify DSP – focused increases; suggestions due to Crystal Foster	Dr. David Clapp, DHB	End of March /first of April
• Follow- up re: Clubhouse outcomes: number served, services billed; Robin Soderena will collaborate with Lisa DeCiantis and report back	Robin Soderena, DMHDDSUS	ASAP
• Notify the appointing authorities of all open vacancies	SCFAC Chair and Support staff	ASAP
• Outstanding items from General Council (old business)	SCFAC / Support staff	Open - no timeframe specified