

State CFAC Meeting Minutes - Approved

State Consumer & Family Advisory Committee

Wednesday, October 14, 2015

Location: **Dorothea Dix Campus**

Brown Building, Conference Room 104, Raleigh, NC

Time: **9:00 a.m. – 3:00 p.m.**

Attendance:

<u>Present</u>	<u>Excused Absent</u>
Kurtis Taylor / Chair	Mark Long
Ben Coggins / Vice Chair	Johnny Johnson
Dennis Parnell	Deborah Page
Bonnie Foster	LaVern Oxendine
Mike Martin	Nancy Carey
Marie Britt	
Doug Wright	
Anna Cunningham	
Samuel Hargrove	
Brandon Tankersley	
Ron Rau Jr.	
Catreta Flowers	
Wayne Petteway	
Bev Stone	
John Duncan	

<u>DMH/DD/SAS Staff Present</u>
Stacey Harward
Wes Rider
Glenda Stokes
Suzanne Thompson
Eric S. Fox
Ken Schuesselin Jr.
C J Lewis

<u>Guests</u>
Master McGuire
Lotta Fisher
Laurie Stickney
Jeanette Kelly
Cristina Phillips
Kelly Friedlander

Chairperson Kurtis Taylor opened the meeting at 9:06 a.m. The Chair welcomed everyone and asked them to introduce themselves and share what service category(s) they represent. CJ Lewis was introduced as a new staff member with the Division whose responsibilities are across both teams, Customer Service/Client Rights and the Consumer Empowerment Team.

Approval of Agenda: The agenda was approved by consensus.

The following presenters were included on the agenda.

Flo Stein, DMH/DD/SAS Deputy Director

Laurie Stickney, Chief Operations Officer, Community Partnerships Inc.

Jeanette Kelly, Program Manager, Community Partnerships Inc.

Cristina Phillips, Community Guide Professional, Community Partnerships Inc.

Kelly Friedlander, Facilitator, NC Stakeholder Engagement Group

Review of September State CFAC minutes: The September SCFAC minutes were approved.

Brandon Tankersley made a motion which was seconded by Ron Rau Jr. The minutes were unanimously approved.

Presentation regarding Community Guide by Community Partnerships:

Community Partnerships has its roots in Wake County since the 1970's. In 1994 it came forth as a result of the merger between Specialized Services for Children and Employment Opportunities. They have expanded their array of services to include early intervention, supported employment with fidelity for the MH/SA population, TBI services, community guide and community connections to name a few.

Community Guide is a relatively new service to NC. Its inception was in February of 2013 with the ending of Targeted Case Management. Community Guide is available to individuals with I/DD ages 3 and up with Medicaid and/or Innovations. It is generally a 6 month, periodic, as needed, short term service. It is not an intensive service.

Kristina stated that people come to her with either very few natural supports or a great many natural supports. Assistance is provided in navigating life circumstances such as the process of a divorce, transitioning out of school to young adulthood, navigating the service array, school advocacy and the IEP process, looking for summer camp programs and other linkages into the community. It is not case management.

Marie Britt made the statement that it would be best if the Community Guide and the Care Coordinator could work collaboratively with one another. It was also mentioned that there are challenges in servicing the dually diagnosed population who have co-occurring I/DD and MH and/or SA diagnoses. Our system continues to be highly siloed.

This service will be called Community Navigator come April 1, 2016 with the approval of the Innovations Waiver updates. This rebranding of the service will hopefully increase awareness and utilization of the service.

Ron Rau Jr. asked the speakers as to how the service is evaluated. How do you measure success? The response provided was that they ask as to whether their clients are meeting their goals. Also, satisfaction surveys are provided and an important indicator is the question asking as to whether the individual feels more empowered.

This service does meet a need as it orients the person and/or his or her family to the available resources within their local community. It provides a varied and person-centered level of assistance. Community Guide is a billable service with an intake and a service plan. This agency believes that the work requires the skills of a QP (Qualified Professional) although the service allows for workers who report directly to a QP.

Individuals need supports. The service can last from 3 months to 2 years based upon the individual's level of need. Individuals can come in and out of service and they encounter several repeat consumers who have experienced new transitions within their lives. UM (Utilization Management) approves quickly if need is clearly established. The service is rarely ever denied and if so is usually passed onto Care Coordination.

Mike Martin asked as to whether this service is in anyway similar to CST (Community Support Team). It was stated that the Community Guide service is for individuals with I/DD although individuals with dual diagnoses are also welcomed to partake in this service.

Kurtis Taylor asked as to whether Kristina was the only one providing the service. Kristina responded that at this time she currently is the only person providing this service at her agency and that her caseload is close to 100 individuals.

It was asked as to how this service differs from Community Connections. Community Connections is a much more intensive service. It allows the individual to become stabilized within 3 to 6 months. In the past it was Wake County funded and was definitely viewed as filling a gap. Transportation is not a part of service but staff is able to link you up with transportation.

Ron Rau Jr. made mention of the I/DD listening sessions with Dave Richard a while back and stated that many new people to the system are stressed with gaining access into the system as well as learning the language of this complicated system.

Mike Martin offered that educating providers about this service could be facilitated through provider network councils. Kurtis Taylor added that cross agency meetings at the LME/MCOs would also be beneficial in spreading the word. Bonnie Foster also added that it is imperative to provide more education to the entire provider network across the state.

Rate increases for this service would be desirable. Within other agencies it is heard that staff go through a revolving door. With individuals waiting 8 to 10 years on the Registry of Unmet Needs this is a service that would be available to Medicaid recipients who are not yet on the Innovations Waiver.

Ben Coggins concluded this section of the meeting by asking the question as to how many people have been served by their agency over the years. The response was that a few hundred individuals have benefitted from this service over the past 2.5 years. Currently, the caseload for one person is about 75 to 80 people.

10:05 – Flo Stein, Deputy Director of MH/DD/SAS

Flo made mention that Courtney Cantrell was not feeling well and that she would be providing both the Division updates along with leading a discussion regarding Veterans Affairs.

DHHS will be introducing a new Division of Health Benefits. The time frame allows for one year to staff this. A board will be appointed that will report directly to the Secretary. The Medicaid reform plan allows for up to 3 commercial privatized companies and up to 10 PLEs (Provider Lead Entities) to compete for the medical/physical/surgical side of Medicaid. LME/MCOs will have an additional 4 years beyond the signing of the first contract before being integrated into the new Medicaid landscape. It is very possible that administration will change as we are coming up on an election year. For physical health there will be private care companies and PLEs (a hybrid model) and on the behavioral health side LME/MCOs will continue for an additional 4 years passed the signing of the first contract. The new 1115 waiver needs to be drafted by June 30, 2016. It is expected that CMS may take up to 2 years in order to approve it. With that said, and implementation time, the LME/MCO system appears to have at least an additional 7 to 8 years as it stands right now.

Anna Cunningham asked a general question about impending legal issues. Flo responded by stating that we really do not know what everything will eventually look like but that more legal staff is being brought on as we know we will be moving to more complex contracts. Flo impressed upon the group the future role of the CFACs and stated that consumers and family members need to demand to be at the decision making tables as we move forward. They will also need to help their peers in order to help them navigate what is going on in the system.

Master McGuire (Cumberland CFAC) stated that the new resource allocation model within the Innovations waiver should result in some positive changes and new dynamics.

Bonnie Foster asked for more clarification regarding the PLEs. Flo stated that these will be Physician Lead Entities comprised of doctors and hospitals. Mission Hospital in Asheville, NC is going to be a pilot as an ACO (Accountable Care Organization). The difference between a PLE and an ACO is that with the PLE the organization itself is responsible for all risk. With an ACO, the risk is still under the purview of the State. Big in managed care is good as it spreads the risk. Behavioral Health is an area of higher than average risk.

ADATCs (Adult Drug and Alcohol Treatment Centers) / Money is being provided to the LME/MCOs who in turn have to use 100% of these funds for the ADATCs in year 1. Each year for 9 years past that, the LME/MCO can reduce this amount by 10%. So 90% in year 2, 80% in year 3, and so forth. Going forward the LME/MCOs can enter into contract with other entities to provide the needed services. Flo made mention that NC is one of very few states who have an ADATC system. It provides a huge safety net for counties with no available services.

Flo stated that 15% of the GNP (Gross National Product) falls under healthcare. The current system cannot be sustained. It is way too expensive and Americans are not very healthy. That is why nationally we will see a push for consolidation and managed care.

Brandon Tankersley stated that Case Management is now gone. Managed care has become the new case management and it looks and feels very different from what we were used to.

Flo made mention that within the DOJ settlement (now referred to as TCLI – Transition to Community Living Initiative) that we are currently not meeting benchmarks for consumer involvement. Concerted efforts will be needed to improve upon this.

Flo talked about the \$110 million reduction in state funds for year 1. Fund balances are not equally distributed among the 8 current LME/MCOs. The legislature does have the authority to take the state funds portion however, when it comes to federal Medicaid dollars there are legal issues involved. Advocacy will occur in order to lessen the blow of the \$153M slated for year 2. There is a specific complex formula that has been handed down by the legislature as to how the \$110 M will be divided up among the 8 LME/MCOs.

The Governor's Task Force for MH/SA was talked about. Kurtis Taylor and Jack Register are members of the 24 person group that represent the consumer voice. This group will target the intersections between various systems as it pertains to the criminal justice system.

10:45 / Flo Stein - MH/SUD (Substance Use Disorder) Veterans

Military is frequently generational. The National Guard exists in all 100 counties. There continues to be a great deal of unawareness regarding TBI injuries.

With regards to veterans, the VA likes to keep veterans within their own system. They want to maintain control of treatment in order to keep them in services. Top areas of focus that were mentioned are as follows: prescription drug abuse, pain management, issues with sexual trauma, and PTSD to name a few. Bad conduct discharges – now there is the ability to get them changed. LME/MCOs can assist with the coordination of resources. They do not provide the actual services themselves.

It was stated that there is a 27% unemployment rate for members of the National Guard.

Samuel Hargrove stated that he was pleased to see the interest in a new justice focus. Jail diversion and Veterans treatment court are among Chief Justice Martin's top interests. It is a positive thing to see attention being brought to these areas of concern.

Kurtis Taylor asked as to whether consolidation down to 4 LME/MCOs was still the plan. Flo responded that that is the current expectation but that things do rapidly change.

It was mentioned that both Nash County and CenterPoint LME/MCO are interested in joining with Cardinal Innovations. These potential mergers need to be approved by Secretary Brajer. Bigger is better while at the same time local presence is essential.

As things go forward with the development of the 1115 waiver, CMS approval must occur to go forward. Nationally CMS is the approving body and the average is that it will take about 2 years in order to approve. CMS might use some leveraging with NC and possibly come back at NC with we will approve as long as you expand Medicaid. This is just speculation, but honestly, you never know what is going to happen when it comes to CMS.

11:35a – Ben Coggins / State to Local CFAC conference call update:

- Read and approved the minutes of the 9/16/15 conference call.
- ELT (Executive Leadership Team) is the last Monday of the month at 5:30 p.m.
- There is a growing sense of fear among the local CFAC as to the future of the CFACs.
- The local CFACs want to know what they can do in order to advocate for positive changes.
- There was ongoing discussion regarding stipends. Stipends that go in excess of \$600 per year must be reported to the IRS as earned income.
- There was discussion regarding recruitment within rural areas.
- ELT had 9 or 10 people on the call. 4 CFAC chairs were present on the call in order to establish topics and the upcoming agenda.
- It was noted that sharing of information and overall communication is imperative during this time of rapid change.
- It was reported that some local CFACs need to approach their LME/MCOs in order to get additional support when it comes to Veteran issues.
- There is a desire for more cross training across all of the disability areas.

Wes Rider from the Consumer Empowerment Team stated that CET staff can provide training regarding effective means of recruitment for new CFAC members as well as provide information regarding marketing of the CFACs purpose. Anna Cunningham stated that it would be beneficial for the Consumer Empowerment Team to make mention of any and all

Training modules during the next State to Local conference call on Wednesday, October 21st from 7:00 p.m. to 8:30 p.m.

Ron Rau stated that he recently went and visited the Sandhills Center CFAC. Ron Rau made a motion to approve the minutes from the 9/16/15 conference call. Anna Cunningham seconded the motion. The minutes were unanimously approved.

By-Laws discussion and vote on change:

The change that was introduced at the last meeting of changing "State Initiatives" back to the original wording of "State Plan" was first motioned to be accepted by Anna Cunningham and

then seconded by Bev Stone. The motion was voted upon and was approved unanimously. It is expected that a draft version of the State Plan be made available to all State CFAC members for their December 9, 2015 meeting. This change in by-laws aligns with how the statute 122C-171 is written.

Public Comment:

Master McGuire (Chair of the Cumberland subcommittee of Alliance CFAC) spoke. He stated that there will be a Homeless Veterans Outreach day in Fayetteville, NC on November 7th beginning at 1:00 p.m. He will send all details of the event to Wes Rider for distribution to the group.

Kurtis Taylor made mention that thank you letters went out to all three legislators that have had interactions with the State CFAC.

Lunch Break: 12:00 noon to 1:00 p.m.

1:05 p.m. - Kelly Friedlander SEG (Stakeholder Engagement Group)

The Journey to Medicaid Privatization:

Handouts were provided. The impact of the passing of HB 372 was fully discussed. The 7 year timeline was addressed: The draft of the 1115 waiver is due June 30, 2016. CMS will likely take about 2 years to approve. Once a contract is signed with a physical side Medicaid entity the clock starts for 4 more years for the current LME/MCO structure.

2:00 – 2:30 p.m. / Subcommittee workgroups - work time

2:35 p.m. – Regrouping to collect input from all sub-committees:

- I. Veterans:
 - Met on October 9th via phone call / opportunity to get to know one another.
 - Ron Rau Jr. will be serving as Vice Chair for this subcommittee.
 - In the process of gathering various point people together.
 - Still in the identification and collaborating process / no recommendations at this time.

- II. Recovery & Self Determination:
 - Continue to develop community partnerships.
 - There is a big list of recommendations / need to prioritize and whittle these down.
 - Expand community guides and community connections services – find out how many people receive these services statewide?

- III. State to Local CFAC conference call:
 - Attempt to invite local government officials onto the call.
 - Track participation of all CFACs on the call / all should participate.
 - Address issues of recruitment and retention as a theme to address on a future call.

- Look at orientation and mentoring of new members to get them up to speed regarding changes in the current system.

IV. DATA-COM:

- Facilitate communications / synthesize the flow of information.
- Facilitate communication on calls.
- Encourage dialogue between the different sub-committees.
- Work to prioritize topics that are common among all sub-committees.
- Work with CET members regarding trainings about anti-stigma, access to services, integration of data.
- Suzanne Thompson made mention that trainings are elements of CET members work plans for this year. Each staff member will be responsible for conducting two trainings between January and June of 2016.

V. Services & Budget:

- Continue to look at identifying service gaps / what are consistent themes?
- Go to joint legislative oversight committee.
- Comment on the state budget.
- Review the draft of the State Plan during the December 9th meeting.
- Continue to invite in Quality Management Team members from MH/DD/SAS.
- Organize a meet and greet with new officers of providers and healthcare agencies.

Eric Fox, Consumer Empowerment Team member, addressed members of the State CFAC stating that most of the report outs from the sub-committees involved action items and to do lists. He restated that what their Chair, Kurtis Taylor, had requested was for actual recommendations to take with him to the MH/SA Governor's Task Force. The group exists in order to provide advisement. Comments, suggestions, recommendations, and advice - the voice of the consumer and family collective needs to be heard. Formal recommendations need to be developed.

The meeting was adjourned at 3:09 p.m.