

**Dear Secretary Cohen:**

FY16/17 has been an impactful year for the NC State Consumer & Family Advisory Committee (NC SCFAC). We have navigated the waters of a constantly changing service system, established relationships with new state leadership, and added even more new acronyms to our vocabulary. This past year, we have had service providers and state legislators attend our meetings. Numerous CEO's of our state's LME/MCO's have attended our meetings as well.

Our committee has established the same close working relationship with Dr. Jason Vogler, as the interim, and now Director, Division of Mental Health/Developmental Disabilities/Substance Abuse Services that we had maintained with Dr. Courtney Cantrell, former director. We are thankful for the leadership of former Secretary Rick Brajer and have now established a great rapport with you, Secretary Mandy Cohen. The NC SCFAC has written a letter of thanks to former Governor Pat McCrory for establishing the *Governor's Task Force on Mental Health & Substance Use*, and we have also welcomed our new Governor, Mr. Roy Cooper.

We want to give special thanks to Suzanne Thompson, Team Leader of the Community Engagement & Empowerment Team, as she has provided excellent technical assistance to our committee. We also thank Stacey Harward, Eric Fox, Wes Rider, and Chris J. Lewis, integral members of Suzanne's team. The SCFAC acknowledges that the citizens of our state are fortunate to have Ken Schuesselin as an incredible advocate in his role as the State Consumer Policy Advisor. This has been a very busy year for our committee and as Chair, I would like to express my appreciation for the selfless service given by every member of the NC SCFAC. It has been my pleasure to work with such a dedicated group of individuals as we give advisement to state leadership and advocate on behalf of citizens challenged with mental health, intellectual /developmental disabilities, and substance use disorders.

*The following is a summary of this past year's accomplishments of the NC SCFAC:*

### **The State to Local CFAC Subcommittee**

This committee is a vital part of communication & transparency between the State CFAC and local CFAC's. Two calls per month allow the exchange of information, education, and collection of benchmarks and outcomes. We have coordinated directly with the Data-Com subcommittee. The last Monday of each month serves as meeting time for ELT (Executive Leadership Team), which consists of CFAC chairpersons or vice-chairpersons from each LME/MCO catchment area across North Carolina. Participants call in on a designated line and the state CFAC conference call committee chair facilitates the meeting to discuss and develop agenda topics for the monthly state-to-local conference calls, which happen every third Wednesday of each month. The agenda establishes different presenters from around the state, both (LME/MCO) CFAC representatives and/or outside presenters who report on various subjects. Topics include: gaps in services and/or budgets, trends or patterns in the service system, innovations and evidence-based practices, programs that are working, collaborative efforts, recruitment for advisory committee vacancies, transportation needs, veteran's issues, community outreach, homelessness, supportive employment, and how local CFACs interact between their constituent client base. Phone lines are reserved for these two monthly calls through the *Community Engagement and Empowerment Team*, and we appreciate Suzanne Thompson and her committed staff tremendously! In summary:

- Local consumer and family advisory committees (local CFAC) and the NC State Consumer and Family Advisory Committee (NC SCFAC) are separate entities that serve the legislatively-mandated purpose of promoting participation of clients/consumers receiving services and their families in an advisory capacity to the state-wide LME/MCOs, the Department of Health and Human Services, and the state legislature (122c-171). Policy makers and all NC citizens benefit directly from shared life experiences and the exchange of information. The *State to Local CFAC Subcommittee* brings together North Carolina constituents from the mountains to the coast, and everywhere in between.
- The *State CFAC to Local CFAC Subcommittee* continues to grow in participation and enhances the flow of information and education throughout the state. The subcommittee also provides technical assistance to all local CFACs.
- Frequency of calls helps with inclusion of everyone from the state-to-local CFAC's. Meeting minutes are archived in our notebook to document the subject matter of each monthly call.

### **Recovery & Self-Determination Subcommittee Activities**

- Initial Telemedicine letter to Dave Richard 10/2016
- Follow-up Telemedicine letter to Dave Richard 4/2017
- Letter in support of Brandon Wilson, VAYA, Veteran Affairs 4/2017
- Letter to state legislators concerning the need to maintain adequate funding to LME/MCO's
- Letter outlining SCFAC legislative priorities for 2016 and 2017
- Letter to NCGA legislative oversight committee regarding § 122C revisions
- Letter thanking Jason Vogler for his service to DHHS
- Letter thanking Secretary Mandy Cohen for speaking at SCFAC meeting
- Letter written concerning the reduction of "stigma" for the MH/IDD/SUD community

- Letter welcoming new NC Governor, Roy Cooper
- Letter advocating against the privatization of the LME/MCO system and for the establishment of robust LME/MCO reinvestment plans
- Letter regarding restrictions on LME/MCO CEO compensation packages
- Letter advocating the *Mental Health Block Grant* provide for peer-operated support/resource centers
- Letter asking for the reduction of the Innovations Waiver waitlist and other unmet needs in the IDD community
- Letter outlining the need for additional drop-in centers throughout the state
- Letter advocating for increased MH/IDD/SUD services in hospitals and jails
- Letter thanking Secretary Richard Brajer for his service
- The committee instigated a presentation to SCFAC by *Recovery Communities of North Carolina (RCNC)* on July 13, 2016 about the SAMHSA funded *Access to Recovery Grant*.
- The committee sponsored a presentation done by Jeanette Kelly, Program Manager of Community Partnerships, during the October 2016 SCFAC meeting about “Community Guide” service. Due to the elimination of Targeted Case Management and the gap caused, the *Recovery and Self-Determination Subcommittee* of the SCFAC would like to recommend the enhancement of the “Community Guide” service for IDD by eliminating time limitations, providing the ability to link to paid services, and consider a leveled service dependent on needs. As a result of this presentation, a letter addressing the importance of and the ways to establish community guides in NC was sent to NC state legislatures
- The committee developed a presentation by Brian Ingraham, CEO of Vaya LME/MCO

The SCFAC RSD subcommittee regularly scheduled teleconference meeting is held the first Thursday of each month from 11:00 AM to 12:00 noon.

## **Veterans’ Subcommittee Activities**

- Subcommittee members attended two (one in Raleigh and one via teleconference) meetings of the *Governor’s Task Force for Service Members, Veterans, and Their Families*.
- Members attended four to five meetings of the *Triad Veterans Coalition* in Greensboro.
- Members joined four veterans’ service organizations including *American Legion, Marine Corps League, American Veterans (Am Vets)*, and *Disabled American Veterans*. We regularly reviewed emails and periodicals with an eye out for service gaps and needs.
- Members subscribed to Medscape list-serves that publish regular veteran’s medical updates such as the TBI, PTSD, Opioid, Anxiety, and Depression list-serves.
- Members joined the *Triad Community Veterans Empowerment Board* and attended two meetings, one in Salisbury and the second in High Point, to better understand current service needs in the VA system.
- Members subscribed to VA Region-6 newsletter and a myriad of other VA list-serves to keep up with veterans’ issues.
- The result of all the aforementioned legwork identified two potential service gaps and needs: lack of adequate peer-support services and the lack of adequate services to treat opioid addiction in the veteran population, especially in the areas of Jacksonville and Fayetteville.

- Subcommittee members were assigned to either peer support or opioid work groups in January 2017 to conduct further research.
- Made calls to VA medical centers, community-based outpatient centers, etc. in Greenville, Jacksonville, and Asheville to learn more about peer-support services.
- Made calls to VA medical centers, community-based outpatient centers, etc. in Greenville, Jacksonville, Morehead City, Kernersville, and Salisbury to learn more about opioid treatment services currently available to veterans.
- Invited Brandon Wilson, Veteran's Affairs Specialist from Vaya Health, to speak with the SCFAC in April 2017.
- Invited producers of film "Veteran Farmer" to preview film at SCFAC in March 2017.
- Two members viewed the *Clothesline Project* at the Asheville VA Medical Center

## **Services and Budget Subcommittee Activities**

**Budget:** Committee members reviewed the state budget and made recommendations to include:

- Utilizing Alert System of Legislation impacting the State Budget and Funding
- Staying abreast of various legislation being introduced in the General Assembly
- Making recommendations through letter writing

**State Plan:** Committee Members participated in the SCFAC Conference Calls regarding the State Plan and made recommendations to include:

- Utilizing an Alert System of Legislation (GA Bills) impacting the State Budget, Funding, and Health Care System
- Staying abreast of various legislations being introduced in the General Assembly
- Making recommendations through Letter Writing

**Quality Improvement:** The chair sent a letter to Department of Health and Human Services addressing areas where improvement was needed.

**Services and Budget Committee State Wide Conference Call:** The committee hosted a state-wide conference call with all local CFACS. Each local CFAC was requested to discuss and send in a written report of identified 'Gaps of Services and Needs' in their geographical region.

**Legislation and Recommendations:** The subcommittee sent out legislative links, legislation, policy changes, and kept the committee abreast of legislation that will be impacting MH/IDD/SA services. The committee reviewed laws and policies and made recommendations.

**Collaborative and Technical Assistance Efforts:** The subcommittee members facilitated independent work toward gathering, researching, reviewing, and disseminating information to assist with recommendations.

## **Services & Budget Legislative Priorities 2017-2018**

**We support preserving the public management of Medicaid Behavioral Healthcare Services by defining the role of LME/MCOs for the future.**

- The current system has been in constant reform since 2001, solidifying our commitment to a publicly-managed system by clearly defining the roles of and how many LME/MCOs will continue to exist (consumers, families, communities, and staff deserve to know.)
- Public management is critical to effective person-centered care because it enables local community oversight and direction of services.

- LME/MCO management is directly accountable to their local consumers and boards.
- This relationship fosters innovative partnerships between providers, communities, and the local LME/MCO.

**We support state single-stream funding that effectively meets mental health, intellectual and developmental disabilities, and substance use disorder service needs.**

- Restore LME/MCO single-stream funding to at least the 2015 level for mental health, developmental disabilities and substance abuse services, without further reductions.
- Allow LME/MCOs to continue to utilize their savings to reinvest in enhanced and innovative services in their local communities rather than mandating that such funds be used to replace previously reduced state funding.
- Budget reductions over the past 2 years have had a substantial impact and further reductions will restrict improving or expanding services and jeopardize already limited services to uninsured and underinsured citizens.

**We support the coordination of physical, behavioral health and intellectual and developmental disability services.**

**We support efforts to reduce the use of emergency departments by people with behavioral health challenges.**

**We support increasing the availability of stable and affordable supportive housing.**

**We support adding slots to the NC Innovations Waiver for people with intellectual and developmental disabilities.**

**We support an expanded Medicaid Telemedicine policy.**

Sincerely,



Kurtis Taylor  
Chair – SCFAC  
(919) 247-7831  
Kurtis.taylor@oxfordhouse.org

cc: Secretary, Dr. Mandy Cohen, North Carolina Department of Health and Human Services  
Dave Richard, Deputy Secretary for Medical Assistance  
Dale Armstrong, Deputy Secretary of Behavioral Health and Developmental Disability Services  
Ken Schuesselin, Consumer Policy Advisor, Program Development Coordinator  
Dawn Johnson, Project Manager, DHHS