



**Name of Meeting**  
**MEETING MINUTES**

**Date:** May 10, 2017

**Time:** 9:00 – 3:00pm

**Location:** Dix Campus

<b>MEETING CALLED BY</b>			Kurtis Taylor		
<b>TYPE OF MEETING</b>			State CFAC		
<b>ATTENDEES</b>					
<b>COMMITTEE MEMBERS</b>			<b>STATE STAFF ATTENDEES</b>		
<b>NAME</b>	<b>AFFILIATION</b>	<b>PRESENT</b>	<b>NAME</b>	<b>AFFILIATION</b>	<b>PRESENT</b>
Kurtis Taylor	Chair	x	Stacey Harward	CE&E	x
Ben Coggins	Vice Chair	x	Eric Fox	CE&E	x
Bonnie Foster	Cardinal	x	Chris Lewis	CE&E	x
Mike Martin		x	Suzanne Thompson	Team supervisor for the CE&E team	x
Doug Wright	Alliance	x	Ken Schuesselin	Consumer Policy Advisor	x
Patty Schaeffer	Partners	x	Jason Vogler	Interim Senior Director NC DHHS MH/DD/SAS	x
Wayne Petteway	Trillium	x	Nicole Cole		x
Benita Purcell	Cardinal	x	Renee Rader	DMA	x
Denis Parnell		x			
Laverne Oxendine	Alliance	x			
Bev Stone		x			
			<b>GUEST</b>		
Mark Fuhrmann	Partners	x	<b>NAME</b>	<b>AFFILIATION</b>	
Jonathan Ellis		x	Bob Crayton		
Martha Brock	Alliance	x	George Bridges		
Ron Rau	Sandhill's	x	Juanita Jefferson	Cardinal	
Brandon Tankersley	Alliance	x	Evan Duncan		
Catreta Flowers	Trillium	x			
John Duncan		x			
Deb Page	Cardinal	x			
Pat McGinnis	VAYA	x			

**1. Agenda topic:** Welcome

**Presenter(s):** Kurtis Taylor

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Start of meeting 9:10</li> <li>Welcomed everyone</li> <li>Reviewed housekeeping information</li> <li>Agenda Approved by consensus</li> <li>Introduction of committee members and guest</li> <li>Approval of last month's minutes- Benita P – wanted to clarify #7 Bullet point –CABHA</li> <li><b>Public Comment-</b> no one signed up for public comment</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li></li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>Motion to approve Min with changes – Benita P. 2<sup>nd</sup> motion Brandon T.</li> </ul>			

**2. Agenda topic:** Report from the Nomination Committee

**Presenter(s):** Patty S

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Patty S. Several people nominated: Ben C and Brandon T for Chair, Benita, Wayne, and Jonathan E for Vice Chair.</li> <li>No one gave any additional nominees from the floor.</li> <li>The possibility of increasing the executive committee to contain a secretary or alternate secretary was discussed – there was no definition of this position, but it was discussed that it would be someone to assist the chair and vice chair with making sure that motions were followed up on, assist with collecting data and</li> </ul>
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formulating it into a manageable system for the chair and vice chair to be able to pen letters. Ad-hoc committee was formed (Benita, Debra, Bonnie); a committee to develop a working job description for the Secretary position.

- Discussion did occur that this position could assist a person in training for possibly moving up to the Vice chair or Chair position if need be.
- Brandon T. asked if the role would be to invite others to complete the applications for the SCFAC. Additional roles do not conflict with the by-laws.
- Bonnie F. believes that it is an excellent idea, but in the lines of a parliamentarian; feels that as new bills are introduced by the Legislature that this person could focus on legislation.
- Pat M. feels that a Secretary would work with the chair and vice chair as needed and/or in collaboration with the state. A parliamentarian would be some individual whose skills may include assistance with doing certain duties such as recording.
- Jonathan E. stated it is good that staff are doing duties, but since it is already in state statute, why not have a secretary.
- Motion – Pat M. made a motion for a secretary and a parliamentarian—and Bonnie F. 2<sup>nd</sup> the Motion.
- Mike M. wanted to know if they voted, would it replace what the state does?
- Kurtis T. indicated that it would not, but it would add an additional recorder.
- Bonnie F. discussed having a Facebook page that is kept up-to-date.
- Doug W. stated that they should discourage the secretary from recording as it would take them away from effective member duties.
- John D. stated he is hesitant to vote on something that is vaguely defined. He believes that the parliamentarian definition is different than what is being described and feels that it has some independent leadership.
- Patty S. stated that since roles of a Secretary have not been defined, that the committee holds off voting until the June meeting at which time they will have had time to think about the duties and if it is a position that they would like to have.
- Bonnie F. believes the secretary should be more P.R. and publicity, and the parliamentarian is more focused on laws and policy.
- Deb P. does not think it is a good move as it infringes on the government liaison.
- Kurtis stated that Mark F. has presented independent information regarding legislation to the group and he finds value in it.
- Pat made an amendment to her motion for just a secretary and not a parliamentarian. Benita 2<sup>nd</sup> the motion. Mark agreed with the motion – stated that he enjoys working on the legislative updates and does not feel he needs an official position or title
- Kurtis: All in favor to have a secretary - 4 in opposition.
- Benita: Motion to have a subcommittee define role of secretary. Deb P 2<sup>nd</sup>. Approved.
- Benita P, Deb P. and Bonnie F. will work on subcommittee for definition of CFAC secretary.
- Brandon slated for Chair: gave speech
- Ben slated for Chair: gave speech
- Vice chair nominees: Benita, Jonathan, and Wayne made statements and answered questions.

<b>Conclusions</b>	•		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
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**3. Agenda topic: Crisis Services**

**Presenter(s): Nicole Cole**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Pilot: 13 sites across the state, map on crisis service page that gives location of sites that EMS will work to divert individuals to appropriate care versus E.D.'s. House bill 536 and senate bill 424, 225,000 appropriated for expansion so E.D. diversion is available in these communities.</li> <li>• Development of 2 crisis centers/facility-based crisis centers, 2 million for one year. House Bill 536 and senate bill 424 - peer case management pilot program (Vaya catchment area; RHA and hospital)</li> <li>• Youth Villages and Kids Peace will head youth case management pilot program. FBCS and Behavioral Health Urgent Care centers/hubs in Cardinal and Eastpointe set to open later in the 2017 summer.</li> <li>• They will be utilized to help psychiatric advanced directives contract through NAMI, and they will work to decrease the overuse of hospital E.D. Hospitals will work to be more aware of psychiatric advanced directives.</li> <li>• Crisis solution coalition mtg: Agenda, PowerPoint, and minutes are available on website and handout. Martha wanted to know who was part of the Crisis Solutions and wanted to know if patients are a part of the Crisis Solutions. Nicole wants more feedback and more people involved with Crisis Solutions. Conference call options should be available pending approval and possibly a webinar.</li> <li>• Children with complex needs: Iris Green is with DRNC: Settlement agreement for dually diagnosed children with complex needs with an outlined planned to address the need for services and clear assessments.</li> <li>• Brandon T. had a question about peer run respite center. Nicole will research.</li> </ul>		
<b>Conclusions</b>	•		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

**4. Agenda topic: Division update**

**Presenter(s): Jason Vogler**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Senate budget dropped on 5/9/17. Special provision and committee report on nleg.org,</li> <li>• Children who have complex needs, the settlement for this is in place.</li> <li>• The DOJ settlement/TCLI is in place.</li> <li>• Single stream funding not present and 80+ million in year one, and 50+ million in year two. They specified how much each LME/MCO would be cut.</li> <li>• The House must do their budget and some type of compromise must occur.</li> <li>• Opioids were not set aside.</li> <li>• The Governor's budget had 1000 innovations slots, but the Senate's budget had 250 innovations slots. No rhyme or reason as to why the numbers are where they are.</li> <li>• The senate budget expanded pediatric and adult TBI.</li> <li>• Onslow county repurposing SU facility; 3.2 million to be used over the next few years.</li> <li>• Question: If Medicaid expands will there not be a need for state funds? What would happen to those waiting on an innovations waiver slot? Many people who are diagnosed with an SUD don't qualify for Medicaid and those who do may be limited on the services and medications that they can obtain. Medicaid transformation voicemail line 919.527.7099.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• Mental health block grant can pay for many services. Some of the Mental health block grant works as seed money for peer support groups and peer leadership academy.</li> <li>• The senate budget is not the final budget.</li> <li>• There is a grant that is targeting opioid prevention treatment across the state.</li> <li>• The Governor, Secretary and AG may do a roll out of those funds related to opioid treatment. Services need to be expanded to meet the need in areas that are underserved. A plan needs to be created on how to feel the gap. Public education and training of providers, purchases of Naloxone, etc. Hopeful for 2<sup>nd</sup> year funding. The 1<sup>st</sup> year funding is approved.</li> <li>• Dr. J. brought handouts with emergency contact number for veterans' services. She announced that Jeff Smith has joined DMH and is the Veteran's liaison for the department. She is requesting that Jeff Smith be placed on the agenda in the future to speak to SCFAC.</li> </ul>				
<b>Conclusions</b>	•				
<b>Action Items</b>	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>•</td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	•	
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**5. Agenda topic: DMA update**

**Presenter(s): Renee Rader**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Issues with completing IDD survey/assessments have been corrected.</li> <li>• Benita requested that next time an update or additional information be given to guardian/recipients as a heads up.</li> <li>• The 1915 B and C waiver will be opening as the previous waivers will end in July of 2018. There are listening sessions occurring across the state now and the forums are open through email, mail and in person.</li> <li>• Revisions and updates will begin for C waiver. The B waiver will primarily remain the same as it is more technical to how services operate.</li> <li>• B3 services will be revisited and feedback will be valued.</li> <li>• Supported employment will be revisited as there is confusion on its definition. It will not be removed.</li> <li>• Questions in regards to TCLI related to SEP.</li> <li>• Brandon wants to know how LME/MCO can override state definitions of SEP. There are guidelines within the contract, but they want to make sure that it is consistent across the state.</li> <li>• Psychosocial rehab feedback, SUD listening session completed recently. IMD. is an inpatient service that Medicaid was not approved to pay for after 15 days per month. Pat wanted to know what DMA was doing about human rights committee and IMD facilities. Renee will find out more information outside of the partnerships between agencies.</li> </ul>				
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**6. Agenda topic: Social Setting Detoxification Presenter(s): Chris Budnick, Director of Healing Solutions Place**

<b>Discussion</b>	<p>See Attachment of Power point</p> <ul style="list-style-type: none"> <li>• The advantage of a social setting detox is that you are not paying for doctor and nursing care.</li> <li>• Three primary focuses; scope, 24-hour residential facility without medical treatment facility hires participants as well as current participants.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Goal: How to link individuals to the appropriate resources?</li> <li>• Pairing with recovery centers. Expand beyond the concept of physical withdrawal.</li> <li>• Licensed for 22 male and 10 female beds.</li> <li>• LCAS individuals are required. Staff trained to assess for intoxication. They engage with an average 560 men per year and 200+ women.</li> <li>• Law enforcement averages over a 100 drop offs a year.</li> <li>• They admit people with .35 BAC, but .4 is the highest the BAC can go and they can't determine what a BAC may be. Low threshold of engagement.</li> <li>• Others places probably base decisions on liability.</li> <li>• Historically less than 10% go to a higher level of care.</li> <li>• This is not a state funded facility. Healing Solutions Place has a contract agreement with Trillium which they pay 45 dollars a day for 15 men's beds and 8 women's beds.</li> </ul>	
<b>Conclusions</b>	•	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Dr. Mike requested to invite staff from the NC Child XX in Oct. No objections. Seven days to return subcommittee reports.		

**Meeting Adjourned 3:00 pm**  
**Next Meeting: June 14<sup>th</sup> 2017**