



STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

MEETING MINUTES

Date: Wednesday, April 10, 2019 **Time:** 9:00 am **Location:** Dorothea Dix Campus, Ashby Campus
1987 Umstead Drive, Raleigh, NC 27603

MEETING CALLED BY	Benita Purcell
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TYPE OF MEETING	State Consumer and Family Advisory Committee
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ATTENDEES

COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Jean Andersen	Cardinal Innovations	<input checked="" type="checkbox"/>	Kate Barrow	CE & E Team	<input checked="" type="checkbox"/>
Kenneth Brown	Alliance Health	<input checked="" type="checkbox"/>	Dr. Carrie Brown	CMO BH & IDD	<input checked="" type="checkbox"/>
Ben Coggins	Partners BH	<input type="checkbox"/>	Stacey Harward	CE & E Team	<input checked="" type="checkbox"/>
April DeSelms	Eastpointe	<input checked="" type="checkbox"/>	Kody Kinsley	Deputy Secretary	<input checked="" type="checkbox"/>
John Duncan	Cardinal Innovations	<input checked="" type="checkbox"/>	Kathy Nichols	Policy and Program Management Team	<input checked="" type="checkbox"/>
Jonathan Ellis	Trillium Health	<input checked="" type="checkbox"/>	Christopher Revelle	CSCR Team	<input checked="" type="checkbox"/>
Catreta Flowers- <i>via phone</i>	Trillium Health	<input checked="" type="checkbox"/>	Laurael Robichaud	PASSR Team Supervisor	<input checked="" type="checkbox"/>
Mark Fuhrmann- <i>Vice Chair</i>	Partners BH	<input checked="" type="checkbox"/>	John Sullivan	CSCR Team	<input checked="" type="checkbox"/>
Angelena Kearney-Dunlap	Cardinal Innovations	<input type="checkbox"/>	Ken Schuesselin	CE & E Team	<input checked="" type="checkbox"/>
Pat McGinnis	Vaya Health	<input checked="" type="checkbox"/>	Michael Schwartz	Quality Management Team	<input checked="" type="checkbox"/>
Deborah Page	Cardinal Innovations	<input checked="" type="checkbox"/>	Glenda Stokes	CSCR Team	<input checked="" type="checkbox"/>
Wayne Petteway	Trillium health	<input checked="" type="checkbox"/>	GUESTS		
Benita Purcell- <i>Chair</i>	Cardinal Innovations	<input checked="" type="checkbox"/>	NAME	AFFILIATION	
Ron Rau	Sandhills Center	<input checked="" type="checkbox"/>	Martha Brock - <i>via phone</i>	Alliance Health	
Lori Richardson	Sandhills Center	<input checked="" type="checkbox"/>	Bob Crayton	Cardinal Innovations- Alamance	
Patty Schaeffer	Partners BH	<input type="checkbox"/>	Doug Wright	Alliance Health	
Susan Stevens- <i>via phone</i>	Cardinal Innovations	<input checked="" type="checkbox"/>	Susan Jenkins	Vaya Health	
Brandon Tankersley	Alliance Health	<input type="checkbox"/>	Sarah Potter - <i>via phone</i>	Cardinal Innovations – Phone	
Brandon Wilson	Vaya Health	<input type="checkbox"/>			



1. Consent Agenda & Approval of November Minutes

Discussion	Benita Purcell opened the meeting with a brief welcome and asked for introductions. The State CFAC members, staff, and attendees did introductions. State CFAC members were asked to send DHHS staff responses to March minutes prior to the meeting. No additions or corrections were made to the March minutes prior to or during the meeting.		
Action Items	Person(s) Responsible	Deadline	
Benita asked for a motion to approve the minutes. Ron Rau motioned to approve the March minutes. Jean Andersen seconded. Motion carried.	Kate Barrow to send out approved minutes.	April 10, 2019	

2. Public Comment

Discussion	<p>Martha Brock provided an explanation for her resignation from State CFAC in January. She discussed two grants awarded from SAMSHA to consumer run organizations and expressed hope that people with mental health diagnosis will have better representation in the state, emphasizing the need to move towards and focus on recovery. Martha discussed the need to address other important issues, such as institutionalization of people with mental health through involuntary commitment, and who lose their rights through IVC. She discussed her requests state statute 122c regarding the SCFAC be reworked. She asked that her story of involuntary institutionalization be shared via her blog. She provided the web address for her story for those who would like to read it. https://www.madinamerica.com/author/mbrock/</p> <p>Catreta Flowers – discussed the fact that she was very upset after speaking to one of her Government officials who informed her he had been receiving emails from a non-member and stated that SCFAC is under scrutiny and possibly could be dismantled (her opinion). Catreta suggested that the committee try and figure out what/who is doing this and try and resolve the issue with the person and do damage control with those who have been contacted.</p>		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
No action needed.			

3. IVC Health Screening

Dr Carrie Brown, Chief Medical Officer Behavioral Health & IDD
 DHHS, Div.MH/DD/SAS

Discussion	<p>Dr. Carrie Brown provided an overview of the IVC (Involuntary Commitment) Health Screening form. She discussed the changes under SB 630 (as of October 1, 2018) that opens the IVC health screening to professionals other than Physicians, including LCSWs, NPs, PAs, Substance Use Counselors, etc. Staff is in the process of revamping the training, so that health care providers understand the consequences of IVC and the reduction of rights a person experience. She mentioned that some changes include LCSWs, RN and other medical staff being present to make sure the health screening is done in addition to MH evaluation during initial evaluation. Dr. Brown mentioned that conducting a health screening during the evaluation is important so as not to miss an underlying medical condition that could be related to the mental health symptoms presented, so that crisis plans are developed by the LME/MCO from their area, and they are not missing a possible medical issue that could be causing the MH crisis. She provided the example of : UTI or dehydration in the elderly can cause increase confusion. IDD person may exhibit confusion or combative behavior and their only problem maybe constipation.</p>		
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	The group discussed the terminology in the form and identified topics of concern, they discussed processes for evaluation of medical needs and interventions to be included, as well as evaluations for MH/SU. Members discuss the stigma associated with certain words used in the medical field and stigma against people with mental health when receiving medical care.	
Conclusions	Members of State CFAC submitted recommendations using the form developed by DHHS staff to collect feedback and input.	
Action Items	Person(s) Responsible	Deadline
<ol style="list-style-type: none"> 1. Send out the link to the presentation on SB 630. 2. Collate submitted feedback and send out to SCFAC. 	Kate Barrow	ASAP

4. Committee Work

Discussion	Legislative Subcommittee The group focused on the Legislative Subcommittee work in preparation for the Legislative Event on May 16 th . The group worked together and discussed the primary talking points for the event. Legislative committee will have another conference call to finalize plans for Legislative day.	
Conclusions	The State CFAC decided it was important to agree on the proposed regions for the Tailored Plan. After discussion, it was decided to recommend to the County Commissioners to keep the current LME/MCO regions as they are to prevent consumer disruption and maintain continuity of coordinated services.	
Action Items	Person(s) Responsible	Deadline
Benita asked for a motion to keep the regions as they are, unless they can show a how and why changes will benefit the consumer and evidence to support the changes. Lori Richardson motioned. Pat McGinnis seconded. Motion carried. Draft a letter of recommendation to County Commissioners and type talking points for Legislative Event.	Benita Purcell	

5. Prevalence and Penetration

Michael Schwartz, Quality Management Consultant
N.C. DHHS, DMH/DD/SAS, Quality Management Section

Discussion	Michael Schwartz provided a presentation on "Prevalence and Penetration." Prevalence is the percentage of the population that has (or had) a particular condition (e.g. MH, I/DD, SUD) in a given time period. He gave an overview of how data is collected and measured for prevalence; DMH/DD/SAS uses "during the past year." The definition of penetration is "the percentage of a population that has received a service for a covered condition (e.g. MH, I/DD, SUD) in a given time period; it can be measured over different time periods. DMH/DD/SAS compares annual penetration to annual prevalence estimates. This information helps DHHS monitor access to care, identify service gaps and needs. Data is then calculated to determine the percentage of people enrolled in Medicaid 1915 b/c waiver and those receiving services using State/Federal Block Grant funding. In his power point presentation, Mr. Schwartz provided a map that shows data for adults as well as children who are estimated to have a particular condition (prevalence) and who are receiving services (penetration). He reviewed how the data is helpful as well as what its limitations are; for example, the data does not provide information about what services or amount of services consumers received or the appropriateness of those services. Questions can be submitted to Michael Schwartz via email at Michael.schwartz@dhhs.nc.gov or by phone at 919-715-2279.
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Conclusions		
Action Items	Person(s) Responsible	Deadline

6. Division Updates

Kody Kinsley, Deputy Secretary
 N.C. DHHS, DMH/DD/SAS

Discussion	<p>Kody Kinsley provided updates from the Division of Mental Health/Developmental Disabilities/Substance Abuse Services.</p> <ul style="list-style-type: none"> - Medicaid Transformation: go live in 2 regions in Nov 2019, letters will go out concerning enrollment. Beneficiaries have started to receive letters about enrollment process to happen starting in June (Standard Plan only). - Who is in the Standard Plan VS Tailored plan, Medicaid staff have put together a list and worked closely with the LME/MCO's to and make sure that coordinating services for beneficiaries. - Budget Report to the General Assembly was put on DHHS website Tuesday night discussing the forecast for the next 7 years. Advice that most likely there would not be any savings in the first year, but Medicaid Transformation will produce savings in the long run. DHHS are still able to operate the Medicaid system within budget and will produce savings. - No final report concerning appeals: there are numerous steps in the process of appeals. Only thing that could possible stop Medicaid Transformation would be a court order or a 2nd ruling on a ruling that has already been giving and the ruling is different than the first. - Long Session: Senate has passed their date for their Bills to be in. House has a few more days to submit theirs. Budget will probably not get addressed until June - SB 361: filed and discussion; not voted on. It requests 1000 more slots, total repeal of Certificate of Need; this could possibly cause a rapid build up of level of institutional care not community build up of care. (the division is for the 1000 slots but not for the repeal of Certificate of need.) - Governor made NC an Employment First state: If we want NC to lead by example, we must make sure that the division is meeting the needs of its workers. There are some changes that will need to be made, but DHHS is committed to this plan. - HB 250 concerns TBI the Definition is being update and working with the Brain Advisory Council (BAC). BAC would like to have representation on the SCFAC; the SCFAC has voted on this and approved of this addition and the Division is supportive of the changes. - Our Governor has received some push back on the Governor Appointing Authority. Currently DHHS is in a Governor appointing vs. Legislation appointing holding pattern. - 122c : changes have to be done at the same time as the development of the Tailored plan. Not sure that much will happen in this session. The committee that has been developed to decide how the regions of the state should be. The committee is made up of county commissioners and SCFAC members. The county commissioners we site will have a list of committee members names. 	
Conclusions		
Action Items	Person(s) Responsible	Deadline



7. CSCR Team Presentation: Fact Sheets
 Glenda Stokes, Christopher Revelle, John Sullivan
 DHHS, Div.MH/DD/SAS

Discussion	<p>Glenda Stokes, Christopher Revelle and John Sullivan from the DMH/DD/SAS Customer Service and Community Rights Team presented three fact sheets, including “Abuse and neglect,” “Guardianships and Alternatives to Guardianships,” and “Prevention of Substance Misuse,” as well as the CSCR Team flyer. The group discussed each fact sheet, language used, and asked for clarification on some of the information. At the end of the presentation, members submitted their comments and questions in writing to DHHS staff to make necessary changes and updates to the fact sheets.</p> <ul style="list-style-type: none"> - Abuse, Neglect and Exploitation: discussion on what language needed to be changed added and explained better. Discussed the grade level that this is written on. - Guardianship and Alternatives to Guardianship: discussion on the confusion this causes in the community, to the families and in the school districts. Discussed the need for better education to all who are involved in this. - Customer Service and Community Rights Team CSCR Flyer: working to make this information in a flyer that can be available to the community, also working on a brochure so that staff can take information out into the community so that the community will be able to contact the team as needed for information and assistance in solving issues. No suggestions made. - Prevention of Substance Misuse Fact Sheet: discussion concerning not mentioning any other illegal drugs other than marijuana. Feel there should be mention of substances, such as fentanyl and heroin. 		
Conclusions	<p>Suggestions will be taken back discussed with team changes made and material will be brought back next month for final approval</p>		
Action Items	Person(s) Responsible	Deadline	
Collate submitted feedback and send out to SCFAC.	Kate Barrow	ASAP	

8. Services Provided in the Tailored Plan
 Kathy Nichols, Associate Director, Policy & Program Management
 DHHS, Div. MH/DD/SAS

Discussion	<p>Kathy Nichols provided a presentation on the “Services Provided in the Tailored Plan.” She reviewed the guiding principles, recapped the eligibility criteria, and enrollment process. She answered questions from State CFAC members and encouraged them to provide feedback during the meeting and through Medicaid’s website. Kathy reiterated that DHHS values input and feedback from the stakeholders and will make sure stakeholders have the opportunity to connect through a number of venues and activities – regular updates on – https://www.ncdhhs.gov/assistance/medicaid-transformation. DHHS will continue to engage with stakeholders to collect input on Medicaid Transformation. A Care Management white paper will be out in May for comments. Care Management is a health home, working on the design of this and be housed in the providers – responsible for a total plan of care.</p>		
Conclusions	<p>State CFAC members reviewed the information provided, completed comment forms and returned them to DHHS staff.</p>		
Action Items	Person(s) Responsible	Deadline	
Collate submitted feedback and send out to SCFAC.	Kate Barrow	ASAP	

Meeting Adjourned:	Next Meeting:
Benita Purcell called for a motion to adjourn the meeting. Jonathan Ellis motioned. Debra Page seconded. Meeting adjourned at 2:56 pm.	May 8, 2019