



STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

MEETING MINUTES

Date: Wednesday, August 8, 2019 **Time:** 9:00 am

Location: Dorothea Dix Campus, Ashby Building
1987 Umstead Drive, Raleigh, NC 27603

MEETING CALLED BY	Benita Purcell, Chair
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TYPE OF MEETING	Public Meeting
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ATTENDEES

COMMITTEE MEMBERS			GUESTS		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Jean Andersen	Cardinal Innovations	<input checked="" type="checkbox"/>	Bob Crayton	Cardinal Innovations	<input checked="" type="checkbox"/>
Kenneth Brown	Alliance	<input checked="" type="checkbox"/>	Doug Wright	Alliance Health	<input checked="" type="checkbox"/>
April DeSelms	Eastpointe	<input checked="" type="checkbox"/>	Courtney Cantrell	WellCare Health Plans	<input checked="" type="checkbox"/>
Jonathan Ellis	Trillium	<input checked="" type="checkbox"/>	Barb Matthews	AmeriHealth Caritas	<input checked="" type="checkbox"/>
Angelena Kearney-Dunlap	Cardinal Innovations	<input checked="" type="checkbox"/>	Pamela Perry	Carolina Complete Health	<input checked="" type="checkbox"/>
Benita Purcell, <i>Chair</i>	Cardinal Innovations	<input checked="" type="checkbox"/>	Elizabeth Peterson-Vita	United Healthcare Community Plan	<input checked="" type="checkbox"/>
Lori Richardson	Sandhills Center	<input checked="" type="checkbox"/>	GUESTS CONFERENCE CALL PARTICIPANTS		
Lorraine Washington	Eastpointe	<input checked="" type="checkbox"/>	Diane Krisanda	Partners	<input checked="" type="checkbox"/>
COMMITTEE MEMBERS: Conference Call			Sarah Potter	Cardinal Innovations	<input checked="" type="checkbox"/>
Catreta Flowers	Trillium	<input checked="" type="checkbox"/>			
Mark Fuhrmann, <i>Vice Chair</i>	Partners BHM	<input checked="" type="checkbox"/>			
Pat McGinnis	Vaya	<input checked="" type="checkbox"/>			
Deborah Page	Cardinal Innovations	<input checked="" type="checkbox"/>			
Ron Rau	Sandhills	<input checked="" type="checkbox"/>			
ABSENT			STAFF		
Ben Coggins	Partners BH		NAME	AFFILIATION	
Wayne Petteway	Trillium		Kate Barrow	DMH/DD/SAS- CE&E Team	
Susan Stevens	Cardinal Innovations		Matt Herr	DMH/DD/SAS- AD, QM	
Brandon Tankersley	Alliance		Dawn Johnson	DMH/DD/SAS- QM	
Brandon Wilson	Vaya		Krista Ragan	DMH/DD/SAS- QM	
			Lisa DeCiantis	DMH/DD/SAS- AMH	
			Stacy Smith (<i>phone</i>)	DMH/DD/SAS- AMH	

1. Consent Agenda & Approval of MONTH Minutes

Discussion	There were no additions or corrections to the minutes.	
Conclusions	Jonathan Ellis motioned to approve the minutes. Lori Richardson seconded.	
Action Items	Person(s) Responsible	Deadline
Distribute approved minutes to all lists and post to website	Kate Barrow	August 15, 2019



2. Public Comment/Committee Work

Discussion	<p>No guest signed up for public comment from the floor.</p> <p>Benita Purcell discussed her concerns about issues that impacted attendance of members at this meeting:</p> <ul style="list-style-type: none"> - PHP/BH mandatory meeting called after SCFAC meeting agenda published - Original meeting space pulled due to safety hazard - Call of MCAC after SCFAC meeting scheduled <p>Pat McGinnis discussed her experience and support of Vaya LME/MCO for Vaya CFAC members. She reiterated that the Vaya CFAC members are well supported. She also discussed a negative experience she had attending the NCIL Conference in Washington D.C that was racially divisive. The State CFAC members had a brief discussion about this experience and decided to informally monitor these issues as a group.</p> <p>Jonathan Ellis discussed the need to do ADA Training for the group and the community and that the Self-Determination and Recovery Subcommittee had been reestablished to help address some of the issues raised during the conversation.</p> <p>Benita discussed the invitation made to DSS on attending the State CFAC meetings to find out how the eligibility process for roll out of the Standard Plan. The group discussed ensuring Local CFACs reach out to their DSS offices. Mark Fuhrmann discussed having this topic mentioned on the State to Local Conference Call next week.</p>	
Conclusions	Follow up with Mark Fuhrmann on the State to Local Conference Call.	
Action Items	Person(s) Responsible	Deadline
Schedule strategic planning meeting for September.	Kate Barrow	September 11, 2019

1. Peer Navigation Pilot Program/Emergency Preparedness Initiative

Matt Herr, *Assistant Director QM*

DHHS, Div. MH/DD/SAS

Discussion	<p>Matt Herr gave an overview of the Peer Navigation Pilot Program, as a primer on the Peer Supports definition in the afternoon, and new Emergency Preparedness Initiative in building more infrastructure in how to respond to disasters.</p> <p>Peer Supports Pilot: run from Recovery Innovations and New Hanover Medical Regional. What would happen if we had something like peer supports for people who are high utilizers of emergency rooms. Had some beginning operational barriers but had some excellent results/outcomes. Engage with high utilizers to see if they would like peer supports; most people declined. 20% wanted to engage with the team. Of those who the team connected with, would do a clinical assessment and work with consumers with resources in the community. Included transportation when needed. How they measured success in this case- did a data poll over time: 1st engagement point, 6 months after engagement. How many times you were in the emergency department before interacting with team and how many times after.</p> <p>Results overview:</p> <ul style="list-style-type: none"> - Program made face to face contact with 446 individuals at the hospital; 61 of those individuals served by Peer Navigation Team - 49 of the 61 persons served linked to one or more behavioral health and integrated care providers and local support organizations - Most of the people served were between the ages of 19 and 68; 43% were females and 57% were males - The Payor source of the 61 individuals served: Private Insurance (3); State-funded (43); Medicaid (15) - Project was able to track 52 of the 61 individuals served 	
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- Visited Emergency Department (ED) a total of 192 times before engagement with the Peer Navigation Team and 154 times after engagement
- Same 52 individuals admitted 57 times to inpatient unit before engagement with the team and 45 times after

SCFAC Questions:

What was the primary diagnosis? Did the team use a certain engagement strategy? It seems common sense that this worked, but I'm curious about the people who didn't want to engage.

- Matt: that's a good question. This was used for the building blocks for developing the PSS definition. We need to ask this type of question, look at "does this work for everyone? Are there populations this doesn't work as well for? Do we need to tweak?"
- Need to look at outliers at the bottom and top of data to find out what works and what doesn't
- Decrease in cost for admission

Want to make sure that what we are delivering is what is needed by the population.

Will this project continue?

- Goal is to have policy and data collection gears of the division work together. Should we be adopting these models from the pilots; get meaningful information from the pilot to influence policy and monitor through the data cycle. Be proactive in monitoring and development of policy and programs. This specific pilot may not continue, but this type of pilot does contribute to data development and collection.
- When can we get a copy of the draft report?
 - This report is due to GA in October. It can be shared more widely then.

Disaster Preparedness

Lots of work being done in this space right now. Noticed during timeframe leading up to Florence that there was room for building up response efforts. The department has a lot of resources to support emergency response. Matt gave a review of what the emergency response looks like currently. Put some waivers in place- fill medications early to ride out storm, displacement issues. Move away from current model to be inclusive of behavioral health needs as part of operational structure to responding to a disaster.

Members from the eastern region of the state talked about the experience during Hurricane Florence and how those services were lacking.

Matt discussed the work group he is working with to address some of the operational issues related to behavioral health in disaster situations. Biggest question is how to pay for it. Allocation letter to LME/MCO- you can use single stream funds to assist behavioral health individuals in shelters, operational process to track those services, go to GA to give additional funds to single stream fund pot- not have to dump a lot of resources in staffing shelters. Leverage funds without creating gaps in the system. Recruiting and retaining providers that could stay in the shelters. Modifying Red Cross (RC) core training for volunteers that want to contribute to efforts.

Is RC ok with that?

- Working directly with RC to develop that. This could be a model that RC could adopt across the country for Emergency Response

Are you working local emergency management teams?

- Yes, working with local EM to prevent power struggle. Trying to craft new infrastructure on current infrastructure. Counties can and should be asking for this service. Should be standard operating procedure to ask for BH supports. Heavy lift is going to culture change at the county level.
- Staff resources for BH needs in shelters. Shelters in general are a stressful place. These aren't folks who

Working on shelters- heard a lot of complaints about people with I/DD and MH people seeking shelter being turned away. This applies to DV as well.



	Impact of SSF now if storm happens now? - With budget that had been vetoed, potential net of single stream dollars that will be added. Ask GA to fund for LME/MCO to staff BH for staffing shelters- ask for more single stream funding.	
Conclusions	The State CFAC would like more information and communication; on-going updates on development of infrastructure especially under managed care. Keep SCFAC informed of push back from the community. PSS- who is engaging individuals and diagnoses of individuals who didn't engage, why they didn't engage.	
Action Items	Person(s) Responsible	Deadline
Identify the subject matter expert on domestic violence shelters to provide presentation to SCFAC.	Kate Barrow	October Meeting

2. The NC Behavioral Health Crisis Referral System (BH-CRSys)

Krista Ragan, MA, *BH-CRSys Program Manager*
 DHHS, Div. MH/DD/SAS

Discussion	<p>Krista Ragan provided a presentation on the NC BH-CRSys. She gave an overview of the background for BH-CRSys related to long wait times for individuals with BH crisis. GA asked to create psychiatric bed county across the state; researched systems across the country. Worked with people with lived experience and providers to develop a system. Having information upfront to help provide supports for the individual. She reviewed the data and key components of the new referral system. She provided a snapshot of what the profile looks like. This type of database is the first of its kind. Psychiatric Advance Directives piece; working with Health Care Systems to connect on EMR. More people are using it; continue to do outreach on this data system.</p> <p>Since is this voluntary, why wouldn't people choose to do this? - Most facilities are using for referral piece; lots is resistance to change, need to build trust. Diane (phone) expressed gratitude for mentioning the PAD.</p>	
Conclusions	SCFAC would like more data and information; number of people being helped in the system. Decrease in cost? Would like to see 100% voluntary participation. Follow up presentation.	
Action Items	Person(s) Responsible	Deadline

3. Division Updates

Kody Kinsley, *Deputy Secretary*
 DHHS, Div. MH/DD/SAS

Discussion	<p>Kody Kinsley provided an update to the State CFAC. Open enrollment for regional enrollment- as of 8/7/2019 Dashboard numbers Less than 11,000 who had enrolled; 20k calls for EB, 60k chats/app session; 99% of calls answered within 3 minutes Had a blip a couple weeks ago with hold time of 20 minutes; should be fixed now. If you hear through community connections that this is happening, let people know that has been fixed. Continuing to stay on track with meetings with SP- meet roughly every 2 weeks. Get networks established. Focused on building networks. Comment: Mark and benita shared that very pleased that Maximus had people in local DSS offices- very positive. Out of the 200,500 enrollment packages that went out, is that the total number of people that need the SP? Some of those individuals should have been in the TP.</p> <ul style="list-style-type: none"> ○ Kody responded that he doesn't have an exact number of people who've used the raise your hand form. Kate will distribute a dashboard from DHHS. DHHS will likely start to see some 	
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	<p>additional trends; will depend on diagnosis. Will work through issues and proactively reach out. Have some people using Raise Your Hand not realizing that the services that they need are in SP.</p> <ul style="list-style-type: none"> ○ 205k received enrollment package for SP; more people than that received a letter about going into TP or Fee for Service Plan. <ul style="list-style-type: none"> - How are you ensuring people are getting information? <ul style="list-style-type: none"> ○ Several mailings are being done. - How to have a broker go to Rutherford County to get information out there. <ul style="list-style-type: none"> ○ Kody will follow up on Rutherford County. Best thing to call the local DSS office - PSS and CFAC could assist those who need to enroll? <ul style="list-style-type: none"> ○ Haven't contemplated leveraging peers to do this work. Already paying EB to do the work. Have a webinar upcoming for consumer communities. Community Engagement team has a technical assistance program for CFACs. CFAC members are the people connected within the community. - Also been brought up with State Collaborative and Community Partners. <ul style="list-style-type: none"> ○ Working with major providers on care for individuals with IDD due to address issues. - One-person office advisor; what communication is there for small providers. Not aware of paperwork involved? <ul style="list-style-type: none"> ○ Messages through NCTracks, working on targeted communications that need to enroll. Noted the provider playbook. Worried that providers will undersell themselves and not negotiate appropriately - Questions related to updated multi address changes. - Incarcerated: MH and multiple diagnosis. <ul style="list-style-type: none"> ○ Medicaid goes on hold, when he comes out, he will need to go to County DSS to get his Medicaid reestablished - Budget Update? <ul style="list-style-type: none"> ○ A letter from the Democrats was issued, but not much movement on approving the budget had been made after that. ○ Currently no counter proposal ○ Policy perspective: fight worth fighting - Tailored Plan Design <ul style="list-style-type: none"> ○ Topic Discussion schedule will change from time to time as Core Team continues to work through the design elements in real-time; working through the data strategy as well as the quality strategy- move back and forth between the two ○ Being detailed in the design
Conclusions	The Division will provide additional information on enrollment and eligibility for Standard Plan.
Action Items	Person(s) Responsible Deadline
Updates on enrollment and eligibility for SP.	Kate Barrow/Division September 11, 2019

4. PHP Panel

Courtney Cantrell, WellCare Health Plans; Elizabeth Peterson-Vita, United Healthcare Community Plan; Barb Matthews, AmeriHealth Caritas; Pamela Perry, Carolina Complete Health

Discussion	The PHP representatives discussed their available services and their individual companies. Four of the 5 PHPs in attendance provided handouts, which had previously been distributed to the committee.
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	<p>Prior to the meeting the panelists were sent several questions: Panel Overview Questions</p> <ul style="list-style-type: none"> • What services their plan offers? • What is their grievance process? • How do they get feedback from their members? • What is different about their plan as compared to other options? <p>During the panelist time, they each addressed the questions submitted to them prior to the meeting. Each panelist spoke about the integrated care model- including behavioral and physical health, social determinants of health as well. Each panelist mentioned that there is “no wrong door” to the grievance process. Each PHP will have regional presence, including welcome centers where people can meet in-person with a PHP staff member. Membership Advisory Committees will be established, as well as provider committees to see what’s working well, what could be improved.</p>	
Conclusions	The State CFAC members asked for a standing update from the PHP. Feedback from State and Local Feedback loop.	
Action Items	Person(s) Responsible	Deadline
Send out the handouts from the panelist.		

5. Peer Support Services Discussion

Lisa DeCiantis, Stacy Smith, Adult Mental Health Team
 DHHS, Div. MH/DD/SAS

Discussion	<p>Lisa DeCiantis and Stacy Smith gave an update on the Peer Support Services programs and services definition. Stacy Smith discussed that there shouldn’t be any issue with the certification process; no expectations for the recertification process to be more restrictive. The group discussed the state funded service definition. There was concern about the number of hours of Peer Support Services not able to be accessed.</p> <p>One SCFAC member mentioned the work that Trillium has been development for a Peer Supports service definition for the IDD population, called a Family Navigator, will this current service definition affect the work Trillium is doing? Stacy responded that the current definition for Peer Support Specialist is only for MH/SUD populations. Trillium could develop an alternative for their providers to serve the IDD population however that would be managed by the IDD team.</p> <p>What about adults with I/DD and co-occurring MH/SUD?</p> <ul style="list-style-type: none"> - MH/SUD would have to be primary diagnosis; under the AMH benefit plan <p>A family organization has developed a family partner peer supports definition, how does it fit into the big picture?</p> <ul style="list-style-type: none"> - The Child Mental health team is looking at a definition for peer supports for families, focus on family component as part of the model. Good question to ask Eric Harbour about <p>Stacy discussed the certification process, and where the IDD/TBI staff is on defining certification process for PS for these two populations. Adult Mental Health has the infrastructure to begin rolling out definition first.</p>	
Conclusion		
Action Items	Person(s) Responsible	Deadline
Contact Eric Harbour about PSS for CMH.	Kate Barrow	
Meeting Adjourned:	Next Meeting:	
The meeting adjourned at 3:00 pm. Kenneth Brown motioned. Angelena Kearney-Dunlap seconded. Meeting adjourned.	September 11, 2019	