



STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

MEETING MINUTES

Date: Wednesday, July 8, 2020 **Time:** 9:00 am **Location:** Conference Call

MEETING CALLED BY	Mark Fuhrmann, Chair
TYPE OF MEETING	Public Meeting

ATTENDEES

COMMITTEE MEMBERS		GUESTS	
NAME	AFFILIATION/CATCHMENT AREA	NAME	AFFILIATION/CATCHMENT AREA
Mark Fuhrmann	Partners BH	Bob Crayton	Cardinal Innovations- Central
Jonathan Ellis	Trillium Health	Doug Wright	Alliance
Benita Purcell	Cardinal Innovations	Dave Curro	Alliance- Durham
Ricky Johnson	Trillium Health	Melissa Zenz	Youth Villages, Parent
April DeSelms	Eastpointe	Kathy Hotelling	Parent
Jean Andersen	Cardinal Innovations	King Jones	Cardinal Innovations
Lori Richardson	Sandhills Center	Dotty Foley	Parent, co-founder Hope
Patty Schaefer	Partners BH	Ginny Hall	Partners BH CFAC
Pat McGinnis	Vaya Health	Sarah Potter	Cardinal Innovations- Triad
Angelena Kearney-Dunlap	Cardinal Innovations	Mary Miller	Cardinal Innovations- Triad
Brandon Wilson	Vaya Health	Nancy Baker	Vaya Health
Kenneth Brown	Alliance- Johnson County	Adam Haines	One Month Services
		Ron Rau	Consumer
		Shirley Moore	Partners BH
ABSENT		STAFF	
Deb Page	Susan Stevens	NAME	AFFILIATION
Lorraine Washington	Ginger Booth	Kate Barrow	DMH/DD/SAS- CE&E
		Stacey Harward	DMH/DD/SAS- CE&E
		Angelia Lightfoot	DMH/DD/SAS- IDD
		Jennifer Bowman	DMH/DD/SAS- Quality Management

1. Consent Agenda & Approval of June Minutes

Discussion	Roll call was done at the start of the meeting. Mark Fuhrmann welcomes new members, Patty Schafer and Ricky Johnson. Each new member gave an introduction of themselves. State CFAC members gave a brief introduction of themselves. Minutes discussion. No additions or corrections. Brandon Wilson motioned. Jean Andersen seconded. Motion carried.
Conclusions	Emailed update on the minutes: During last month SCFAC meeting, questions were raised regarding the amount of funding spent on ADVP and the direction ADVP were are going. This concern has been escalated up, continues to be researched, and exploration of system change is occurring as well. A response will be forth coming soon.
Action Items	Person(s) Responsible Deadline



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2. Public Comment

Discussion	<p>No public from non-members comment was made.</p> <p>Mark Fuhrmann announced the CFAC Virtual Training System from the CE&E Team and a date change to the 4th Wednesday of every month for the State to Local Collaboration. This change will allow Local CFACs to have their meetings and get a more formal agenda for those meetings together.</p> <p>Mark asked if anyone from State CFAC or anyone from the public could assist in celebrating the 30th Anniversary of the ADA. Contact Mark or Dr. Laws. Jonathan Ellis (ADA Coordinator) will be serving. Jean Andersen also volunteered.</p> <p>Mark Fuhrmann reviewed a summary of the current legislation. He referred to SB 476 (School Based Mental Health), S808 (Medicaid Funding), SB 168 (DHS changes and vetoed); COVID Relief Updates. 488 (Professional Staffing issues, Direct Support Professionals).</p>	
Conclusions		
Action Items	Person(s) Responsible	Deadline

3. Committee Work

Discussion	<p>Mark Fuhrmann reviewed the current Subcommittees that are established and emphasized the necessary work of these subcommittees. In addition to the standing subcommittees, Mark recommended the establishment of three new ad hoc committees:</p> <ul style="list-style-type: none"> - Diversity, Equity and Inclusion - Medicaid Transformation - Strategic Planning <p>Subcommittee Reports</p> <p>Mark recommended that each SCFAC member join at least 1 standing committee, and 1 ad hoc committee. By next meeting in August, start to have individual/separate subcommittee meetings; committees can meet by telephone before the next meeting. The committees themselves elect their chairman. Reinstitute the Executive Committee, Chair, Vice-Chair and the Chair of the Subcommittees. Ricky Johnson asked for more information on the different subcommittees. Mark gave an overview of what each subcommittee does. Ricky volunteered for the Recovery and Self-Determination Subcommittee. Mark went down the roster of members for volunteering for Subcommittees.</p> <p>Annual Report</p> <p>Mark requested reports from the subcommittees by July 22nd with the goal to submit the report by August 1st.</p> <p>Mark Fuhrmann asked members of Local CFACs who is meeting in July. Cardinal CFACs will be meeting, with exception of Northern CFAC; Partners, Alliance, Vaya, and Sandhills will not meet until August, and some Trillium CFACs have met already.</p> <p>Mark noted that many people are probably feeling burned out. He briefly went over the plans for reopening schools and waiting on Governor Cooper for those plans.</p> <p>Mark Fuhrmann asked for any public comment.</p> <p>Melissa Zenz asked to make comment about the Direct Support Professional issues. She mentioned that one of her children has not had any schooling or services since COVID started. Her fiancé had to withdraw from college in order to provide care to children in the home. The COVID pandemic has highlighted the</p>
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	<p>DSP staffing shortage for families. Also involved in reopening schools, ensuring that needs of children with mental health and IDD issues are being met. Only do virtual, other benefits of being present in school. Kathy Hotelling- has a 26-year-old daughter with Fetal Alcohol Syndrome; overall those of us who have children with special needs feel forgotten in COVID19 pandemic. Appreciate what the governor and Secretary has done; the isolation of people with IDD is overwhelming. Adults with IDD already isolated, but it's worse with COVID19. Struggling to find DSPs and live in the Triangle. Believes this is a reflection of the level of pay.</p> <p>Jonathan Ellis- to go along with the last comment. There are a lot of people suffering from self-doubt. Very isolated but doing what need to do for health.</p> <p>2020-2021 Strategic Planning An ad hoc subcommittee was formed to work on and develop a Strategic Plan.</p>		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
Update roster with Subcommittee members	Mark Fuhrmann, Kate Barrow		

4. Quality Management Updates

Jennifer Bowman, *Quality Management Team Lead*
NCDHHS/DMH/DD/SAS

Discussion	<p>Jennifer Bowman, <i>Quality Management Team Lead</i>. Talk about the Perceptions of Care Survey. DMH/DD/SAS Perception of Care (satisfaction data) survey conducted in May by paper and pencil survey. In March, realized that would not work with COVID. LME/MCO use data for quality improvement and accreditation process; used multiple places to better system. Starting in March, started to meet with providers to decide what to do. Starting in August, survey will be distributed. Didn't want consumers and families to feel like they had to do the survey in-person; can be done via phone or virtual methods. Took out questions that weren't necessarily being used; added 6 questions related to COVID-19 and 4 questions related to telehealth services. The good news about this online survey, is that we will get the results much faster. When we had received the paper/pencil surveys, would have to scan the surveys and that takes months. Those who complete the survey online, will be able to analyze it much sooner. We will be able to make some decisions, training, and resources back into the community. This is kind of a pilot form, and we'll see how this goes. Hoping we won't have to go back to paper/pencil; can look at the future to see how this can be done.</p> <p>Mark Fuhrmann- is the information going to families and consumers solely from providers? How will families and consumers be notified?</p> <p>Jennifer Bowman: Provider number entered into the survey and consumer ID number. We don't share the consumer ID with LME/MCO or providers. We use that for matching and reporting at federal level.</p> <p>Mark Fuhrmann: How are the providers getting information to consumers and families:</p> <p>Jennifer Bowman: Phone call, or through anyone done face to face. It can be done through a telehealth discussion. We realize that not all of our consumers and families have internet resources.</p> <p>Mark: Could consumers do it themselves online?</p> <p>Jennifer: Yes, but they need the consumer ID and provider ID.</p> <p>Mark: I can just see the issue of transparency in responses.</p> <p>Jennifer: LME/MCO questions, COVID-19 questions.</p> <p>Jean: How are you in-taking information from folks who direct their own services?</p> <p>Jennifer: This is for MH and Substance Use.</p>
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<p>Jean: So, the survey covers MH and SUD. What about folks receiving services outside of their LME/MCO?</p> <p>Jennifer: IDD Survey is a National Core Indicators survey that comes out later in the year, in the planning process now. Only for those receiving services in the LME/MCO network.</p> <p>Benita: I know it's being computerized, and I know people are stuck at home, but if people are not comfortable sharing their responses with the provider, can they get a paper copy? Can SCFAC members get a copy of the survey? Who develops the survey?</p> <p>Jennifer: Most of the questions are developed at the federal level. 49 of the 50 states using the same survey questions. We added COVID telehealth specific questions. Absolutely, we can share it. It's a long survey. We don't want it to be a burden, but it is a long survey. All the LME/MCOs are using it locally.</p> <p>Jennifer: Anticipate an impact on sample size due to circumstances and changes in how it's completed. There's an adult survey, family survey, and youth survey.</p> <p>Mark: asked about the return rate of surveys.</p> <p>Jennifer: There is someone on the team who is a survey expert that has provided guidance on sample size.</p> <p>Jonathan: Any way to conduct the survey earlier next year so there is more time for people to complete the survey?</p> <p>Jennifer: Get really good return rate; will have to evaluate when to send out next year's survey in the fall. The state is interested in knowing "post COVID" is [telehealth] something we need to keep; looking at it at the federal level too.</p> <p>Jonathan: Looking at telehealth for over a year. Recommend that the state consider keeping it.</p> <p>Mark: Who is the point person at each LME/MCO?</p> <p>Jennifer: Perception of Care Survey Coordinator that DMH/DD/SAS works with. Work with provider community for over a month.</p> <p>Mark: Can we get a list of each [Perception of Care Survey Coordinator] from each LME/MCO to direct questions to?</p> <p>Jennifer: Not a problem; will send to Kate to send to State and Local CFAC members. Appreciate help getting questions to the right places.</p>		
Conclusions		
Action Items	Person(s) Responsible	Deadline
Send SCFAC members a copy of survey.	Jennifer Bowman/Kate Barrow	

5. Division Updates

Kody Kinsley, *Deputy Secretary for Behavioral Health and IDD*
NCDHHS/DMH/DD/SAS

Discussion	<p>Deputy Secretary Kinsley congratulated Mark Fuhrmann and April DeSelms on their new leadership roles, and the State CFAC for the work they do. SCFAC will always be at front of mind when it comes to consumer engagement for advising the Department, Division and GA.</p> <p><u>Legislative Updates+</u></p> <p>Legislative Updates: GA wrapped up bulk of work before July 4th weekend.</p> <p>Specific bills: S808- specific funding and policy elements around Medicaid. Let DS Richard discuss that.</p> <p>SB168- agency bill that we felt was non-controversial around reporting of deaths and became controversial. Had very important language about updating the language of developmental disabilities, language around IVC changes; vetoed because of the controversial language.</p> <p>Language around TBI representation.</p> <p>Reopening bills- takes away authority from Governor's ability to make decisions in emergency situations.</p> <p>Budget: across the country, people are worried about the lasting impact on the economy. Part of the reason GA is piece-mail together, trying to monitor funding; going into current FY with the same budget as</p>
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	<p>the last two years. Legislator comes back in fall, hoping for changes. Watching to see what will happen from federal government. Recognizing the impact of COVID-19 on prioritizes. Medicaid Expansion would help serve more people, would be transformational.</p> <p><u>Medicaid Transformation after S808</u></p> <p>DS Richard will address this in his presentation.</p> <p><u>Upcoming NC Budget adjustments for DHHS – Predictions?</u></p> <p><u>Diversity, Equality & Inclusion efforts</u></p> <p>DSK: Thanked folks for participating in conference calls, sharing voice and experience. Importance of crafting</p> <p><u>COVID19 efforts and how they dovetail with Hurricane season</u></p> <p>Questions</p> <p>Nancy Baker: When you all are considering issues around telehealth, consider whether or not there is access to devices in the group homes? Example, person who is blind and having to do medical appointments on a cell phone rather than computer.</p> <p>DSK: Resources for group homes (will check on that).</p> <p>Benita Purcell: Received a public policy update and there were a few bills concerned about, but they did not pass. HB488 (DSP staffing crisis), lots of work behind the scenes on that. The other one is “No patient left alone” and the other was on the congregate living- fight to get a COVID test done. Debbie Page had shared last month that the spread of COVID in her son’s group home.</p> <p>DSK: On DSP- focused on work on DSP workforce, the flexibility of Appendix K for waiver has been helpful. We know that DSP were already stretched. Had been advocating for as part of the budget. Pushed for that again, hope to see more funding for that group in the fall. GA are being cautious about cuts and funding. Will continue to advocate for that, approaches to policy approaches to that.</p> <p>No Patient Left Behind: Secretary Cohen moved by the need not to separate folks, it’s not a visitor, but an extension of the person. Bill is at odds with federal regulations. Testing doesn’t stop the spread; the prevention method is the best method to stop the spread. Tough balance we’ve been wrestling with.</p> <p>Testing is not going to stop the spread, especially in the group homes. Very much a continuum of limiting exposure is best method to protect folks. Work on increasing testing in facilities, working on getting more testing access; ramped up testing resources. If there are people in group homes having trouble getting access to testing, let DMH/DD/SAS know. A test confirms that you are positive; but there are no treatments, no cures. Looking at a congregate setting, might be moved to the COVID positive setting.</p> <p>Patty Schaefer: Questions about recommendations. Do we need to change some of the language with our recommendations if they’re not getting attention they need?</p> <p>DSK: Just to clarify, 808 did pass. The big thing in that bill is...money for behavioral health for uninsured services. What is important- I can’t council you on how to advocate- is that build as big of a group as possible saying the same thing over and over again. Priorities for DMH/DD/SAS- single stream funding.</p>		
Conclusions			
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6. SB808 Medicaid Transformation

Dave Richard, *Deputy Secretary for NC Medicaid*
NCDHHS, Division of Health Benefits



Discussion	<p>Deputy Secretary Richard provided an overview of SB808 Medicaid Transformation. He talked about the role of the Division of Health Benefits and NC Medicaid. DS Richard gave a background on Medicaid Transformation. He discussed the timeframe changes of Medicaid Transformation due to the budget stalemate. The Tailored Plan will go live 1 year after the Standard Plan goes live. During the short session there was a lot of negotiations around a restart for Managed Care. The original bill had set a go-live date of January 1; objected to that because of the issues around COVID. There was a provision about owing the 5 MCO if didn't meet deadline; not going to meet deadline due to COVID- objected to that as well. Several items changed at the federal level that impacted the changes. Lot of negotiations, SB808 included rebate money, changed the date to something more obtainable, removed penalties, and added additional money for agencies to implement MC. Added \$50 million of COVID money, \$20 million added for eligibility program. \$125 million for testing and tracing.</p> <p>More can be read about SB by visiting the website: https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S808v8.pdf</p> <p>Additional considerations:</p> <ul style="list-style-type: none"> - COVID lessons - Equity issues <p>July 2022 for Tailored Plan Launch but requires a lot of work. LME/MCOs meeting criteria, design issues. Continued conversations with Stakeholder group about what TP looks like and those not in TP with mild or moderate MH/DD/SUD and how they receive services in SP.</p> <p>DHHS moving to Granville county provision was also removed in SB808.</p>	
Conclusions		
Action Items	Person(s) Responsible	Deadline
Meeting Adjourned:	Next Meeting:	
<p>The meeting adjourned at 12:45. Benita Purcell motioned. Kenneth Brown seconded. Meeting adjourned.</p>	<p>August 12, 2020 https://tinyurl.com/SCFAC-August2020 CALL-IN #: +1 984-204-1487 ACCESS CODE: 250 067 771#</p>	