

State CFAC Meeting Minutes – Approved

State Consumer & Family Advisory Committee

Wednesday, May 13, 2015

Location: **Dorothea Dix Campus**

805 Ruggles Drive, Haywood Gym
Conference Room 104, Raleigh, NC

Time: **9:00 a.m. – 3:00 p.m.**

Attendance: Marc Jacques, Sue Guy, Mark Long, Anna Cunningham, Bonnie Foster, Doug Wright, Dennis Parnell, Kurtis Taylor, Marie Britt, Kelli Carson, Ben Coggins, Bev Stone, Ron Rau Jr., & Brandon Tankersley

Staff: Stacey Harward, Eric Fox, Wes Rider, Suzanne Thompson, & Glenda Stokes

Guest: Dave Richard, Dan Orr, Amy Quinn

9:00 – 9:10 Welcome – Marc Jacques – Reviewed housekeeping issues.

9:10 – 9:20 Approval of Minutes.

Committee minutes approved with some changes misspelled name – Karen Jones to Karen Dunn, Curtis Taylor to Kurtis Taylor. The word Change to Charge.

Motion to except minutes with changes.

Motion

1st Doug Wright

2nd Ron Rau Jr.

Conference Call Minutes approved with the following changes and or additions.

Paul Russ – Eastpointe CFAC was on the call.

Motion to accept minutes with changes.

Motion

1st Sue Guy

2nd Bev Stone

9:20 – 10:00 SCFAC broke in to task teams to work on the Annual Report and Position Letter.

10:00 – 10:10 Break

10:10 – 11:00 Continued to work on the Annual Report and Position Letter.

- Discussion on addition of I/DD information in the position paper. Anna Cunningham to submit additional bullets to be added to the letter.
- Task teams submitted to Marc Jacques additions and changes to be made to the Annual report.
- Brandon Tankersley – Discussed the support for the Clubhouse model. Discussion occurred regarding whether the SCFAC should take a stand on the reimbursement rate for this model. It was decided that the SCFAC would endorse the model but would not take part in the discussion of payment, reimbursement rate.
- It was decided to add this into the position letter and to attach the letter from Suzie Deter regarding the Clubhouse model..

11:00 – 11:45 Nomination Committee – The 4 candidates provided their platform statements.

- Vice Chair – Ben Coggins and Anna Cunningham platform statement attachment.
- Chair – Marc Jacques and Kurtis Taylor – platform statement attachment.

11:45 – 1:00 Break and set up for Lunch

1:00 – 2:15 Dave Richard, Deputy Secretary for Behavioral Health and Developmental Disabilities Services.

Discussed many topics below is a brief outline of topics:

- Sale of Dorothea Dix to City of Raleigh for \$52 Million.
- Money to go into Mental Health Trust fund.
- House Budget should be coming out with in the week. Will be posted on WWW.ncleg.net/sessions/2015/bills/house/PDF/H97v3.PDF.
- Working on some language change concerning the MH Initiative and supportive employment to assist in eliminating stigma around Mental Health.
- Dennis Parnell – Can or will any of the money be placed in a trust fund or just spent down?
- Dave Richard – Spent down, we have a trust fund for about \$100,000 at this time.
- Dennis Parnell – Remains concerned about the lease for The Healing Place. Stated the lease will go through the City.
- Dave Richard – Not sure about how the lease for non-DHHS buildings will be handled. The State has a lease on certain buildings for upwards of 15 years.
- Brandon Tankersley – Will there be a Memorial to honor Dorothy Dix somewhere on the property?

- Dave Richard – There are discussions concerning a memorial. There is a cemetery on the campus and that might be a very good place for the memorial.
- Anna Cunningham – Will the Memorial Cemetery be held in historic trust?
- Dave Richard – Stated this is a question he will have to look into in greater detail.
- Budget: The proposed budget has more possible appropriations to MH/DD/SAS than in the past 9 years.
- All departments have been asked to give up things and cut costs - so that everyone is working on balancing the budget.
- All departments worked hard to comply with this request.
- The proposed budget does include funding for mh/dd/sas services.
- 3 way beds: 30 more proposed to open in community.
- Mental Health in Prisons: there has been a significant increase in mental health services in the prisons system.
- DHHS is working to improve the services and funding for individuals that need mental health services within the prison system in addition to working toward strategies to keep people out of the prison system.
- Crisis Peer Respite RFP is very close to being ready.
- There needs to be more training of First Responders, EMS staff, Police and families on how they should utilize Mobile Crisis.
- There are 2 issues that will be coming up for public comment and the SCFAC should look at these. One is the Innovations Waiver piece within the HCBS (Home and Community Based Supports) proposal. It will be available in about 3 weeks for a 30 day comment period. The second issue is to promote positive funding efforts within the proposed budget.

2:15 – 2:45 Discussion on upcoming topics that need to be addressed by the SCFAC.

- Ad-hoc Subcommittee members:
 - Bonnie Foster – Chair
 - Anna Cunningham
 - Marie Britt
 - Kurtis Taylor
 - Brandon Tankersley
 - Ben Coggins

To discuss the following topics:

- ❖ Medicaid Waiver (in particular the Innovations Waiver piece)
- ❖ Records Management and Documentation Manual for DHHS
- ❖ Governor’s Budget / House Budget / Senate Budget

2:45 – 3:00 Public Comment

Mr. Orr stated that \$400M was found in surplus within the budget. He stated that the funding could be used to fund the Consumer Advocacy Program as he has discussed previously. In addition, with the upcoming development of the State Plan he stated that the SCFAC should be part of the development from the inception and that it is part of the SCFAC's mandate. Mr. Orr also made comment that in the prior month's meeting minutes that some changes needed to be made. Mr. Orr. – Requested that some changes to what he had provided during public comment be made ex-girlfriend to individual and "court order" instead of according to (had a court order with him) and instead of successful treatment experience change to accurately diagnosed.

3:00 Close of meeting

*Next State CFAC Meeting will be June 10th, 2015.

Marc Jacques

NC SCFAC Platform Statement

April 21, 2015

To my friends and colleagues serving on the State of North Carolina Consumer and Family Advisory Committee.

This is my platform statement, which is just to make a few comments and observations why I think I would be a good choice for a second term. My first comment is an observation – which is that it takes time to understand the duties and limitations of the SCFAC chair. Some may seek this position thinking they have, in some way, power to enact an agenda will quickly find out that the best chair is but a good steward to the will of the SCFAC. Be wary of platforms that promises across-the-board change. There is also a process of learning the strengths of fellow SCFAC members to complete tasks and get work done. As incumbent my duties in this first year has given me valuable insight into of these concepts that a new person would have to acquire.

Over the past few years we have witnessed much change in the MH/DD/SA service system. It is exciting to understand that we as individuals have been able to influence and affect change by virtue of our appointment to the SCFAC. As a group we have done an excellent job at communicating the concerns of the people we represent to DHHS leadership. DHHS leadership has, in return, taken our comments and recommendations interweaving them into policy and practice. One of the reasons I am a good choice for chair is because it is my leadership style to effectively use this goodwill to meet our goals. Over this last year as SCFAC Chair I've been able to meet with DHHS leadership and reminded them of positions that SCFAC had adopted. I feel it has been very effective for us because we can see where the State has used our input.

There have been surprises - the biggest of which, I think, was that we had been told that there was no longer a State Plan only to learn from a guest during public comment that the State is still required to have one. Another reason I am a good choice for Chair is that I have been able to take the feedback from Public Comment and in a gentle way ask questions and stimulate action. As a result the State is now going through the process of rewriting a MH/DD/SA State Plan – The first part of my platform is that I'd like to continue to advocate that SCFAC be invited to the table in developing the State Plan to fulfill more deeply our first statutory obligation (1) Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services as the plan is being written.

We have done an outstanding job fulfilling some statutory obligations; there are others on which we could do better. The second part of my platform is that I'd like to insure that we are accomplishing all of our obligations and that we develop a process of self-assessing how well we are doing on each one. I challenge each of you as you read the list to think about which ones we have done well with and which ones we could have done better with:

- 2.) Identify service gaps and underserved populations.
- 3.) Make recommendations regarding the service array and monitor the development of additional services.
- 4.) Review and comment on the State budget for mental health, developmental disabilities, and substance abuse services.
- 5.) Participate in all quality improvement measures and performance indicators.
- 6.) Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services.
- 7.) Provide technical assistance to local CFACs in implementing their duties.

Thirdly, I'd like to see our SCFAC be more proactive instead of reactive. It should be worked out that the SCFAC have more of a presence at the Joint Legislative Oversight Committee on Health and Human Services. This could be done in a number of ways such as taking turns at attending or having the Chair attend or working it out that the SCFAC be invited, from time to time, to give our recommendations on issues that come before the LOC.

Finally, whatever happens, I want to thank you for allowing me to serve as Chair for this past year and perhaps with your vote of confidence to serve as chair for another year of success and progress.

SCFAC Leadership Platform

Anna Cunningham – I/DD Family Representative from Wake Alliance Region

April 22, 2015

Anna Cunningham General History Bio / Background Info.

Born in Panama and growing up as a dependent of a military officer, she has had to learn how to adapt to many cultures both abroad and domestically. With her roots in the remote mountainous regions of Western NC, East TN, and Southwest Virginia in what once was the State of Franklin (Frankland), Anna's heritage is steeped in American history from native Indian cultures long gone to runaway slaves finding refuge in the mountains to European explorers / expansionists. She comes from one of the few genetically tri-isolated cultures known in America with a name that once was derogatory but now is studied openly... the Melungeon people... the nonconformists and outcasts of history... she continues the journey onward today towards finding her destiny to reach the full definition of inclusion of diversity in the conscience of society.

She and her husband are parents to three adult daughters, ages from 29-21yrs with very broad range of abilities and challenges from Gifted/Talented to requiring 24/7 support care while also caring for her aging loved ones living elsewhere in this fast-paced modern world.

OVERALL

We are in a critical transition time in North Carolina across all disabilities. Our work continually grows in all directions while still needing to push in a focused way forward to meet not only our statutory requirements but the needs of those we represent, consumers and families across the state. This being my last year of my second term, I would like the opportunity to put into practice the lessons learned in the various hats I have had the privilege to wear in my tenure. In recent years, I have focused on increasing opportunities for communication between SCFAC and LCFAC, especially through the tighter collaboration between Datacom and the SCFAC to LCFAC Conference Call Teams. If I am given the opportunity to continue this work forward for my last year in stronger leadership role, I pledge to move steadily forward in the following strategic key areas:

1. consumer and family engagement in advocacy leadership,
2. technology – consumer and family access, training, and support; and
3. understanding/reassessing our roles and ways to be more effective through consumer and family advocacy in outcomes-based / data-driven system of care.

1 CONSUMER AND FAMILY ENGAGEMENT IN ADVOCACY LEADERSHIP

As we have seen through our system reform and mergers, the truth is that each of us now represent more consumers and families than ever before in our representative roles. This trend will continue through at least the upcoming several years. Though this has been a part of the changing landscape, we have not truly adjusted our understanding to match this increase in responsibility as a whole. In order to do so, we must increase engagement into our communities across the state more appropriately to encourage much greater participation by ALL consumers and families. There have been wonderful strides forward through listening sessions to hear from us across the state; however, we cannot rest there. Therefore, to increase this engagement, we must put forth a strategic plan with our local CFAC partners to appropriately do so. I pledge to give effort in any capacity towards this task in collaboration with all needed stakeholders as decided by SCFAC members.

2 TECHNOLOGY – CONSUMER AND FAMILY ACCESS, TRAINING, & SUPPORT

Knowing that the “Technology Divide” is ever widening, we must take a stand to ensure consumers and families are not drifting ever away from being able to participate and be engaged in decision-making processes. This focus will offer the opportunity for us to increase engagement with those we represent across this state by leveraging partnerships and offering needed trainings and locating resources in each area. These can be compiled and shared openly with all in various formats appropriately as well. Along with this needed work, we must remain vigilant in our decision-making to remove barriers to technology access in the areas of employment, education, and in fact all areas of life as the technology sector is ever-growing and NC is a leader in the industry (Triangle area is ranked #2 according to Forbes). We should match that designation in the lives of consumers and families affected by mental health, intellectual / developmental disabilities, and substance use, too. This is a focus area that we can increase engagement and partnerships throughout our state to better ensure we include ourselves in the fabric of technology life and increase accessibility to these needed tools for our population as well.

3 REASSESS OUR ROLES AND THE WAYS WE CAN ADVOCATE EFFECTIVELY IN AN OUTCOMES-BASED / DATA-DRIVEN SYSTEM OF CARE

To encourage movement forward in the system that includes consumers and families, we must take some time to reassess our roles in this new world system and adjust the ways we advocate to better adapt to meet our responsibilities to:

- the system change movement,
- all the team stakeholders at the table (including the taxpayers), and
- certainly to those we represent.

I would devote energy and time to finding ways we can improve our work forward by addressing this need through the development of targeted objectives around: long-term care needs, guardianship concerns, and empowerment models of care (recovery and self-determination). One example we could explore as the SCFAC Committee would be to set up webinar retreats for this purpose that would also encourage greater engagement with our various team stakeholders and could serve as New SCFAC / CFAC Member training resources perhaps as well. The system we depend on continually changes and we must find a way to more resiliently adapt proactively with it.

CONCLUSION

Thank you for this opportunity to share areas where I feel we could put energy and time through greater leadership role to help our state move forward by increasing inclusion of consumers and families affected by mental health, intellectual / developmental disabilities, and substance use issues in finding real solutions through use of models that break down silos and empower the individual and community levels, like peer to peer training, self-direction, use of WRAP across all disabilities, real outcome measures, etc. Each one of us has much to offer and altogether we can do more to increase participation of those we represent, too.

As always, feel free to email or call me with any questions / ideas / concerns you have.

arhams63@gmail.com

919-623-6863 (cell)

April 21, 2015

Platform Statement

Hello my friends! My name is Benjamin Coggins most of my friends call me Ben. I am interested in serving as your Vice-Chair of The North Carolina State Consumer and Family Advisory Committee (SCFAC). I was thrilled to learn recently in a letter from The North Carolina Council of Community Programs dated March 18, 2015 I was appointed to the SCFAC representing the Western Region. The term is for three years beginning 07/01/15 and ending 06/30/2018. My experiences and knowledge are what may qualify me for this position as well as the desire I have to continue with willingness and open-mindedness to further advocate for those who cannot advocate for themselves.

My life has been forever changed by my personal experiences with recovery in substance abuse, knowledge and participation in The NC Stakeholder Group and many years serving populations with disorders in Mental Health. My first meeting with SCFAC I felt welcomed and included as I served to the best of my ability. Serving on the State to Local Conference Call Task Team as both member and Chair has been an "on-the-job" training I categorize as "priceless". I like the feeling "we" are not alone! At my last meeting with PARTNER CFAC the question was asked, "Why do I serve?" The responses I heard were emotional and heart-felt and still resonate in my soul.

My work experience for the past eight years involves working as Facility Manager of a half-way house in Gastonia for five years with men eighteen and over with mental health, substance abuse and legal issues. I was fortunate to help furnish the Oxford House (three/quarter house) for men in Gastonia. The past two years my employment has been providing an opportunity for clients with driving while impaired (DWI) and license citations to receive treatment. The main requirements for my position are great communication skills, organization, client care, documentation, dignity and respect and most of all providing hope.

I am qualified to be your representative. I currently serve on my LME/MCO Board of Directors, local CFAC, participate in N. C. Stakeholder Engagement Group and am a member in good standing with recovery. I volunteer to do things others choose not to or cannot do and insist on having fun while taking care of myself to the best of my ability.

If you elect me I will work to make sure you know what is going on in SCFAC when and where it is happening and how it affects you and those we serve. It is my intention to represent SFAC with honesty, dignity and respect while listening closely to concerns and taking action when appropriate. I hope you will allow me the opportunity to serve as your next Vice-Chair of SFAC by choosing me as your SCFAC Vice-Chair. Thank you.

Respectfully,

Benjamin Coggins

Kurtis Taylor

April 20, 2015

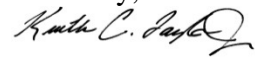
Platform Statement

Hello family, my name is Kurtis Taylor, and I am a person in long-term recovery. What this means for me is that I have not used alcohol or any other drug in over 12 years. I have experienced the horrors of drug addiction, and watched first-hand the destruction it causes. Now, I experience the wondrous miracles of recovery on a daily basis! Because of my experiences, I have dedicated my time and energy to helping people with disabilities overcome their challenges and live full and productive lives. I am an Outreach Coordinator for Oxford House, Inc. and I am also the Reentry Coordinator for Oxford House, Inc. as I help recovering men and women transition from incarceration into a safe and sober living environment. I am a dedicated advocate, and I am determined to be a voice for those who cannot speak for themselves. I currently serve as the chairperson of the NC Substance Use Disorder Federation; the chairman of the board of directors for the Alcohol and Drug Council of NC, member of the Alliance CFAC, member of the NC Stakeholders' Engagement Group, member of the Departmental Waiver Advisory Committee, board member of Pardoned by Christ Reentry Ministries, chair-elect of the NC SUD/MH/IDD Coalition, and member of the steering committee for the NC Works Reentry Council of Wake County.

I have been nominated to serve as chair of the NC SCFAC, and I would like to state my willingness to serve in this capacity. I believe in the work of our state CFAC. I also believe that there is much more work to be done. I commit myself to the challenge of leading this group as the future of Medicaid reform unfolds. I am extremely experienced with running an efficient meeting and keeping groups on task. I would like to revisit the role of our task groups and find ways for us to be more effective. I also believe in utilizing the talents and gifts of people around me. With the caliber of people around the table at our SCFAC, I see very bright days in our future. We must continue to be intentional about seeking diversity and representation from many populations across our great state. We must also be sure that persons with disabilities are represented at every meeting held about persons with disabilities. We must not allow the system to make decisions about us without us. We must attempt to reduce stigma and barriers at all times.

On May 2nd, I graduate from Wake Technical Community College with an associate's degree in human services and substance abuse counseling. I have maintained a 4.0 GPA throughout my school career, and I am so very grateful for every opportunity that God sends my way. I know that many people who have traveled some of the same paths that I have end up with very sad endings. I know how fortunate I am to live such a rewarding life. Because of the opportunities that I have been afforded, I am dedicated to making sure that recovery supports are in place for every individual that is in need of them. If someone like me can overcome addiction and all that goes along with it, then I sincerely believe that any person can overcome their challenges with the appropriate supports in place. I would like to make sure that those supports are available for every Kurtis Taylor that needs them. I humbly request your support as chair of the NC SCFAC and state my sincere willingness to serve. Thank you.

Sincerely,



Kurtis Taylor
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Marc Jacques
Chair

LaVern Oxendine
Vice-Chair

June, 2015

Honorable Senators and Representatives of the LOC
Secretary, Aldona Wos
Deputy Secretary, Dave Richard
DMH/DD/SAS Director, Courtney Cantrell

The North Carolina State Consumer and Family Advisory Committee (SCFAC) would like to take this opportunity to highlight several ongoing SCFAC recommendations with regard to the North Carolina mental health, intellectual/developmental disabilities, and substance use service system. These items are part of ongoing discussions between the leadership of the Department of Health and Human Services and the State Consumer and Family Advisory Committee. SCFAC is deeply appreciative of the intent of efforts of the Legislative leadership, DHHS Secretary Aldona Wos, Deputy Secretary Dave Richard, and DMH/DD/SAS Director Courtney Cantrell in response to these ongoing themes. The SCFAC respectfully recommends that DHHS leadership and the North Carolina General Assembly continue efforts and achieve the following:

- Become a Recovery Oriented System of Care (ROSC). Create and adopt North Carolina Recovery to Practice guidelines as suggested by the Federal Substance Abuse and Mental Health Services Agency (SAMHSA) including a community based system consisting of best practice and emerging best practices including peer supports and peer-run services.
- Develop, implement and publish a North Carolina overarching policy statement on recovery and self-determination that will represent North Carolina's commitment to the recovery and self-determination of its citizens experiencing mental health, intellectual and developmental disabilities, and/or substance use disorders. Twenty states have already created such policy statements which communicate optimism to service recipients and clear expectations to organizations providing services.
- Write mental health recovery and self-determination into NCGS Chapter 122C "*Mental Health, Developmental Disabilities, and Substance Abuse Act*", as well as strengthen existing language around substance use recovery.
- Fund and facilitate the second one day North Carolina Recovery Summit in which diverse stakeholders come together and strategize around recovery to practice implementation.

- In response to emerging crisis solutions alternatives, develop and fund a Peer Run Respite program pilot in North Carolina. Overcome current barriers to RFP and implementation.
- Deepen success of community based services, increase employment, reduce recidivism and have better outcomes for people receiving services by creating and initiating higher standards for Psychosocial Rehabilitation (PSR) by cultivating and promoting the International Clubhouse standards. Create a Clubhouse Medicaid reimbursement definition or build a tiered reimbursement for dually accredited PSR programs. Create funding that will help PSR programs through the Clubhouse accrediting process.
- Develop and implement peer run non-medical detox programs Sobering Up Centers (SUC) statewide as a response to the crisis in our emergency rooms. This effort is envisioned as a collaborative effort between Hospitals, EMS, Police and Sheriff Departments as well as local Governments. Possible legislative action (precedents in other states already exist) could permit first responders to transport directly to SUC's. In essence this could create a new portal of entry into the system at tremendous savings and increased overall efficiencies in service delivery. This model already exists in North Carolina at The Healing Place of Wake County.
- Recommendations specific to Service Members, Veterans, and their Families (SMVF)
 - Develop outcomes and measurements for the SMVF population for the purpose of a determination and report on the agencies, entities, and establishments who serve the behavioral, mental health and substance use/abuse of this population determine and report on the state's definition of veteran in the general statutes, especially MCO's.
 - A definition of veteran or family member of military or a veteran for purposes of certification as a peer support specialist in the state of North Carolina. - propose to reinstate the "V" addition to certified peer support specialists in North Carolina. (For example, CPSS-V for certified peers with purposes to serve this population).
- Recommendations specific to IDD population
 - Provide case management professional who would facilitate the numerous layered communication requirements that IDD consumers and families have in coordinating start-up and ongoing services (medical, professional, and community) to meet the intense needs of individuals with IDD.
 - Identify and encourage ways to stabilize the system's ability to provide quality staffing coverage for individuals with IDD. The current high staff turnover rate across the state and the system's inability to provide back-up coverage is a growing concern as it is causing great stress and increased potential for harmful situations for individuals with IDD and their families.

SCFAC fully realizes the complexities of a paradigm shift from a system of care designed on maintenance to a system of care designed to help people recover and live self-determined lives. It is imperative that mental health, IDD, and substance use disorder costs be controlled while at the same time create a system of care in which citizens of North Carolina can be supported in their community of choice in a manner that allows them to manage their illnesses and get better (recovery). Recovery systems of care can provide a cost savings of up to 35% in public dollars built on the simple premise - that as people do better they use less services.

Thank you for your time and attention on these recommendations as you apply full intention and resources needed to accomplish the best quality of care for the citizens of North Carolina.

Sincerely,

Marc Jacques
Chair, NC Consumer and Family Advisory Committee