

State CFAC Meeting Minutes

State Consumer & Family Advisory Committee

Wednesday June 10, 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: Bev Stone, Marie Britt PhD, Mark Long, LaVern Oxendine, Ben Coggins, Doug Wright, Marc Jacques, Sue Guy, Dr. Mike Martin, Ron Rau Jr., Bonnie Foster, and Dennis Parnell

DHHS and DMH DD SAS Staff present: Suzanne Thompson, Eric Fox, Stacey Harward, Glenda Stokes, Wes Rider, and Courtney Cantrell

Excused Absence: Anna Cunningham, Samuel Hargrove, Kelli Carson, Crystal Glenn, Nancy Carey, Brandon Tankersley and Kurtis Taylor

9:05 a.m. — Chairperson Marc Jacques called the meeting to order at 9:02. A quorum was not achieved so the committee postponed the review of the agenda and minutes.

Annual Report: The Chair asked that the committee review the Annual Report. The Chair remarked that in the future he felt that the Annual Report should be work in conjunction with the Data Com Task Team and that in the future the report should be more substantial and possibly include the gaps and needs report or at a minimum statements regarding each service category (MH/DD/SAS). He would like to work together to create a template so that the report could be expanded. He asked for feedback, several members agreed verbally.

The Chair pointed out there are some formatting issues with the report. LaVern Oxendine asked that as the State CFAC is charged with advising DHHS should they also make comments about the entire DHHS system and address not only each service category (MH/DD/SAS) but also concerns within other Divisions. A request was made that brief descriptions be provided explaining each Division's purview.

9:07 Quorum achieved

Agenda approval:

- The Chair asked the group to review the agenda.
- The following changes to the agenda were approved:
 - Dr. Martin - Cape Fear is investing 2.6 million dollars to address challenges that children are experiencing and asked for time on the agenda to discuss this further.
 - Stacey Harward asked that Roanna Newton of Cardinal Innovations be added to the agenda to discuss her new position as Advocacy and Outreach Coordinator at Cardinal Innovations.
 - Marie Britt PhD - Would like to add time to do a "Wrap Up" to discuss any actions items that came out of the meeting.

Motion: To approve the Agenda with changes.

1st Ron Rau Jr.
2nd Doug Wright

The agenda was approved by unanimous vote.

Review of minutes: May 13, 2015 - State CFAF minutes were reviewed.

Motion: The minutes be approved.

1st Doug Wright
2nd Bev Stone

Approved by unanimous vote.

- Bonnie Foster motioned to reopen the May 13th minutes, for a correction that she just found. Page 3 – Trust Fund was not part of the discussion that Courtney Cantrell spoke on what it should have read was Record Documentation Manual, this will go into effect July 1st.

Motion: Record Documentation Manual, this will go into effect July 1st.

1st Ben Coggins
2nd Sue Guy

- Approved with changes unanimous vote.
- The May 20th State and Local CFAC Teleconference minutes were reviewed motion made that the minutes be approved.

Motion: The minutes be approved

1st Ben Coggins
2nd Sue Guy

Approved by affirmative vote.

Annual Report

The committee reviewed the draft annual report. The Chair pointed out a formatting issue on page 4. Doug Wright urged the committee to consider moving the recommendations in the report to earlier in the document. After discussion the committee agreed by consensus to make the recommendation on the first page of page of the report (after the purpose of the committee but before the statutory authority section).

LaVern Oxendine - Stated that someone recently tried to verify to see if he was a member of the State CFAC. They could not find LaVern's name. He would like the website to be updated. At least the membership part of the webpage at a minimum. Doug Wright commented that if the Division cannot update the membership list then it should be removed from the website.

Doug Wright - Motioned that the Annual Report be approved with the changes discussed, Mark Long - Seconded the motion and the annual report was approved by affirmative vote.

Cape Fear Hospital

Dr. Mike Martin stated he recently attended a meeting where Mr. Doug Webster from Cape Fear Hospital spoke about efforts to address the needs of children in Cumberland County, specifically to build a facility to address the needs of adolescent youth for inpatient psychiatric care. Dr. Martin asked if Mr. Webster, Chief Administrator of the inpatient and outpatient clinics at Cape Fear Memorial Hospital could be invited to attend a State CFAC meeting and brief the committee on the needs identified. Dr. Martin made a motion to invite Doug Webster to brief the S-CFAC on the concept and need to build a children's crisis stabilization unit in Cumberland County. LaVern Oxendine seconded the motion. The motion was approved.

Public Comment:

Daniel Orr - "Last month Dave Richard said we need to celebrate the thousand things we do right and not focus on the one or two things we get wrong. That's a politician. Employees get a paycheck to do things right. Do it right and get paid. This committee has a job to do too. That job is clearly mandated by NCGS 122C-171. Among these is to focus on needs and gaps or more clearly the things that went wrong as to focus on them and make them right.

Self-governed and self-determined to make sure the job is done right and lawfully every time. Wake County DSS has an error on their website re the duty of the DSS Director after receiving a report". He referred the committee to NC statute 108 A-103. "The law empowers you to point out to the governor and the Legislature when the system array fails, when the law is not followed.

Renee Minor - Already addressed this, Adult Protective Services of Wake County claims in their updated website, that NCGS 108A says "meets criteria" but cannot do that without an evaluation and the law is clear. 108 A-103 states "shall make a prompt and thorough evaluation to determine whether the adult is in need. As far as I know your by-laws still say "State Directives" when the law says "State Plan".

The Chair thanked Mr. Orr for his comments.

Annual Report:

The Chair asked the committee to consider his earlier recommendation about moving the responsibility of the annual report to the Data Com Task Force.

Doug Wright - Made a motion that the Data Com committee be given the shared responsibility to produce the State CFAC Annual Report. Bev Stone seconded the motion. The motion was approved.

Ad Hoc Position Letter Committee:

Bonnie Foster - Stated that the Ad Hoc Committee had produced three letters. The letters were reviewed and the following changes were agreed upon. On the letter that Bonnie Foster wrote: Bonnie's signature should be removed and the Chair should sign the letters. The date should be removed and the letter should be addressed to DHHS not "to whom it may concern". Also the references to "I" should be replaced to say the State CFAC or for example. The section which references her daughter should be

revised to not identify her specifically but presented as an example. The Chair pointed out the style of each letter is very different and wondered if they should be sent separately or in one package. Dr. Britt recommended that if they were sent all together than a cover letter should be written introducing the letters. Doug Wright recommended that instead of using semi colons on one lengthy paragraph that these could be organized into a bulleted format to make it easier to read.

The two additional letters were reviewed. Bonnie moved that the letters be accepted with the revisions discussed. Sue Guy seconded the motion and the motion was passed. Suzanne Thompson recommended the letters be sent out separately and expediently in order to meet the public comment time period. The committee agreed that this be done as recommended by Ms. Thompson.

Guest Speaker:

The Chair introduced Shelley R. Carraway, Chief of Healthcare Planning and Certificate of Need Section, of the Division of Health Services Regulation. The DHSR State Plan is the Governor's plan for health care facilities. She passed out a PowerPoint presentation. She went over the mission statement of DHSR and went over the functions of the division including licensure and certification, health care planning and certificate of needs, etc. (see handout). DHHS is given the authority to develop the state plan and the Department delegated this task to DHSR. The 2015 Plan is on their website and they are working on the 2016 Plan. See handout with information shared on Certificates of Need (CONs). She urged people to read the actual laws cited in the handout regarding CONs.

Much discussion ensued during the presentation. LaVern Oxendine - Pointed out that as DHRS is a part of DHHS that the State CFAC has a statutory responsibility to advise DHHS.

Doug Wright - Brought up Adult Care Homes and Group homes and asked if DHRS had any authority to monitor these providers. There was much discussion about the quality of the residential service system and how issues are identified and addressed. Ms. Callaway was asked if there was a way for people to make complaints to DHSR. According to Ms. Callaway there is a complaint line that is staffed by DHSR.

Staff to client ratios were also brought up as an issue affecting quality. Mark Long asked, "Who do we go to, to let DHHS know about issues with quality"? Glenda Stokes stated that The Complaint Intake Line at DHSR should be informed if it is a regulatory issue. The LME/MCO should also be informed. For issues of quality, the LME/MCO should be notified and they will work with individuals to have their needs addressed. Glenda shared the phone numbers for the DHSR Complaint Intake Line. The numbers are: 800- 624-3004 and 919-855-4500.

Ms. Carraway - There will be six public hearings on the DHSR state plan, which will be posted on the DHSR website and public comment is accepted during the entire month of July.

LaVern Oxendine - Since we are an advisory committee to DHHS would it be possible to have someone talk to us about all of the teams and functions of DHHS? Possibly, a handout which lists the different sections and teams. Suzanne Thompson responded that she would work with the committee to identify a guest speaker from DHHS.

Dr. Martin - Suggested the committee decide how to process and address the information learned today.

The Chair agreed.

Guest Speaker:

The Chair introduced DMH/DD/SAS Director, Courtney Cantrell, PhD.

Ms. Cantrell - Provided the following information:

Burt's Law was signed into law. This law strengthens mandatory reporting of abuse and neglect. The State Budget should be finalized soon. She is confident that there will be more money put into the system.

Ms. Cantrell was asked about bridge funding and replied that the short term plan was for LME/MCOs to work with individuals affected by the lack of bridge funding. She stated that the long term plan is to work to develop more HUD homes for individuals.

Urgent Care - Smoky, Eastpointe, CenterPoint and Cardinal Innovations are all planning on opening theirs soon. DMH is working on regulations for these new facilities.

Community Paramedics. We had given out 11 grants to establish pilot projects. If we can show that these work we can pursue a waiver to fund these long term.

Critical Time Intervention will be expanded. Alliance and Cumberland County will establish CTI Teams to serve people recently released from jail.

CoastalCare's focus will be on people who frequently visit EDs and people affected by the Transition to Community Living program.

Cardinal Innovations will expand their program to Alamance, Caswell and Person counties.

Peer Hospital Diversion - DHHS has contracted with someone to get this up and running and have asked for some technical assistance from SAMHSA.

DHHS has suggested statutory changes for changes to the Involuntary Commitment (IVC) procedures. The statutes do not reflect real world needs.

The Division has recommended that anyone the counties contract with to provide transportation for people being involuntarily committed are trained appropriately.

Dave Richard is now the Deputy Secretary of Medical Assistance. Dale Armstrong has moved into Dave's previous position of Deputy Secretary for Behavioral Health and Developmental Disability Services.

The Chair asked if Dale Armstrong could come and speak with the State CFAC. Ms. Cantrell stated this could possibly happen in July.

Mark Long - What should we do when a client obviously needs ACTT services but has not been hospitalized? Ms. Cantrell replied, sometimes this has to do with the

authorization that you file, remember to make the argument that if we cannot serve the person, then the person may have to reenter the hospital.

Bonnie Foster - Stated she had read the Service manual and that the new version states that the consent for informed treatment should be included in the PCP (Person Centered Plan). She asked where in the PCP the consent treatment would be included. Ms. Cantrell said she would look into this and asked the members if they would give feedback on ways that the PCP process could be improved to ensure that the person being served was included in the planning. The Chair pointed out that we include a signature form now but that it really does not ensure that people were included in the planning. There needs to be a change in culture. Bonnie Foster stated that perhaps we could add this during the reauthorization process, also suggested the form be translated into Spanish so that people who only use Spanish will know what they are signing. Ben Coggins stated that if you go by the Medicaid standard this is much more stringent. There was much discussion.

The discussion turned to public comment on revisions to Medicaid Policy. Ms. Cantrell described the process and encouraged the members to make comment on proposed revisions or new policies on a regular basis.

LaVern Oxendine - Asked about three way hospital beds. Ms. Cantrell stated, we have to relook at how we are doing this. The Governor's and House's proposed budgets included increased funding for three way beds. We are hopeful they will be additional funding identified in the final budget. We have some discretionary funds to pay extra for hospital beds for people who may have special needs, (for example behavior issues) but we have not used much of this.

She was asked and clarified that the entities involved in the three way beds are the Hospitals, LME/MCOs and the State.

Mark Long - Would Medicaid be willing to pay for mindfulness training? Ms. Cantrell replied, Mindfulness is included in a lot of therapies that we are already funding such as DBT (Dialectical Behavioral Treatment). Sometimes it can be hard to find a therapist who is skilled in it but we hope more people will be trained.

Bev Stone - Our local CFAC brought up the situation at Eastpointe. People are asking. What is the chain of command that has oversight that can prevent this type of embezzlement? Ms. Cantrell replied, there was a state audit. About two years ago Eastpointe became aware that something was wrong. They contacted the State Auditor, the audit was conducted and the incident was reported to the SBI (State Bureau of Investigations). The State audit took about a year to be finalized. The LME/MCOs are monitored by us for state funds, DMH DD SAS for state funds and counties for county funds. Marc Jacques - What will be the Divisions response. DMH is going back and doing more intense auditing. We are going back to look at old audits as well to ensure there was no misuse of state funds.

Ron Rau Jr. - The Secretary has said that we as a State and Department will wait to make a decision to see what happens in terms of NC possibly expanding Medicaid under the ACA (Affordable Care Act). Ms. Cantrell stated, we are still waiting. There are implications either way the Supreme Court decides.

Dr. Martin - Asked for an update on LME/MCOs. Ms. Cantrell stated, that ECBH and CoastalCare are consolidating to form Trillium Healthcare and new legislation will require additional mergers. The NC Council of Community Programs recently published a map that they envision the regions will look like. Dave Richard could provide you more detailed information on where the entities are in the consolidation process.

Mark Long - Asked, with a limited number of slots under the DOJ settlement, how are people selected. Ms. Cantrell replied, it is supposed to be first come first served. Sometimes there are issue with landlords around renting to people with criminal histories or other issues. We have identified we have used a lot of our housing capacity to we are trying to work with HUD to have more housing units developed.

The Chair asked Ben Coggins to put together a brief overview for the local CFACs on what Shelly Carraway reported on.

Ron Rau Jr. - Informed Courtney that the State CFAC has formed a new committee to address the needs of veterans, active duty service personnel and dependents.

Ms. Cantrell - Shared that the Governor is focusing on hiring veterans. Flo Stein (with DMH/DD/SAS) grew up as a dependent and is the consultant to DMH on how to do this. DMH is identifying jobs in the state facilities that match well with veterans experience and they are assertively recruiting veterans. The Governor's Task Force on Veterans is addressing this and many other issues. Ms. Cantrell recommended that Flo Stein be invited to speak with the State CFAC. She mentioned the new veteran's resource booklet that the Division had developed. Members indicated they were aware of the booklet. There was much discussion about veteran's services including housing, mental health and substance use treatment both through the state and the VA System.

LaVern Oxendine - How are we doing with implementing integrated health care? Ms. Cantrell replied, there are bills in the House and the Senate which would help reform the system. Providers need to be trained and a culture developed and the sustainability needs to be established. There are some pilots in place that are promising but the system will need to be reformed to ensure sustainability of widespread reform.

Lunch:

Sue Guy - Was given a certificate of appreciation and recognized for her service as a State CFAC member and her work as the former Chairperson of the Committee.

Guest Speaker:

The Chair introduced Roanna Newton, Advocacy and Outreach Coordinator, of Cardinal Innovations.

Ms. Newton - Introduced herself and spoke about her new role at Cardinal Innovations. She has moved to the Charlotte area and is now the Advocacy and Outreach Coordinator for Cardinal Innovations. Her office is in Kannapolis. She would like to attend State CFAC meetings often. She passed out the Cardinal Innovations newsletter and mentioned she is the new program manager for the newsletter. Roanna will be a point of contact for grievances and concerns. They have these points of contacts in each local office but if people feel their concerns have not been addressed adequately

they can elevate their concerns to her. She is also charged with being the voice for people who are consumers and families in the catchment area. As a part of the outreach efforts she will be representing Cardinal Innovations at numerous community events and interacting with other agencies such as the schools, the jails and the faith based community in order to partner with them and educate people about how access services. She will also be the Liaison to the main Cardinal Innovations CFAC.

Election of Officers:

The Chairperson gave the floor to the Chair of the Nomination Committee Sue Guy. Ms. Guy reviewed the ballots for the election of new officers with the committee members and gave instructions for how to complete them.

The election results were as follows:

Chairperson: Kurtis Taylor

Vice Chair: Ben Coggins

The Chairperson asked members to report on the Gaps and Needs reports of the LME/MCO they were assigned.

Doug Wright - Reported on the community needs assessment of Alliance. He went over how the report was compiled including looking at reports on the gaps and needs identified, contract requirements such as the 30 miles 30 minutes rule etc. He referred people to the entire report located on the Alliance website. There were some questions about how are the more rural areas served. Doug stated that transportation, employment, and housing are always a challenge.

Bonnie Foster - Asked if she could present on quality of care issues identified in the Partners Gaps and Needs report today and present a "part two" at the next State CFAC meeting. The Chair agreed and Ms. Foster proceeded to share the quality of care issues identified in the Gaps and Needs Report.

Ron Rau Jr. - Sought guidance on what are the most important parts of the Gaps and Needs reports to share with the State CFAC. He is assigned to report on the Sandhills Center assessment. The Chair responded that there is a lot of latitude to what he reports to the State CFAC and stated that Doug's report is a good example of what can be included in the report to the State CFAC.

Dr. Martin - Asked how could the State CFAC look at the big picture as captured by these reports and manage the information. The Chair stated that perhaps they need to pick an area that they can be effective in. One way to triage the info is to have the information summarized by the CFAC members reporting on the assessments rather than try to tackle each of the reports in their entirety.

Stacey - Carol Potter, Quality Management Specialist with MH/DD/SAS, will be here on August 12 to present to the State CFAC regarding her review of the submitted Gaps and Needs Analyses from all of the LME/MCOs.

Eric Fox - Suggested that the State CFAC select targeted theme areas of greatest priority rather than attempt to tackle all of the issues included in the various 150+ page assessments.

Discussion continued.

Bonnie Foster - Recalled that Representative Burr had mentioned that his staff could provide the State CFAC with any data needs that the State CFAC has.

The Chair mentioned he has some concern with taking the work done by the LME/MCOs and regurgitating it back. He thought Mr. Fox had a great point about focusing on some major issues and investigating what is being done to address the gaps identified.

The Chair reviewed notes he had taken during the discussion with the committee. He asked all the members to give some thought on how to proceed in the future and recommended that they keep working on the issues identified including transportation, employment and housing and the differences in these issue in rural and urban areas. He asked if there were other gaps that members felt were important to address. Bev Stone suggested that communication is a gap and stated that the inability to get a copy of the Needs and Gaps report from CoastalCare was a good example of this.

Ron Rau Jr. - When Carol Potter presents on August 12, will she have done analysis of the various Gaps and Needs assessments? Stacey Harward stated that any questions they have for Carol Potter which they would like addressed when she presents in August, can be forwarded to her ahead of time. Any questions the State CFAC has of Ms. Potter can be provided to Stacey and she will forward them to her.

Next Local to State Conference Call will be held next week on Wednesday, June 17th from 7:00 p.m. to 8:30 p.m. The three topics that will be discussed during that call are Gaps and Needs, upcoming mergers, and LME/MCO reinvestment of service dollars.

LaVern Oxendine - Recommended the committee send a letter thanking the VR Director for letting the committee use the current meeting place.

Wrap Up:

Sue Guy - The Local to State CFAC calls have improved greatly over previous years.

Ben Coggins - It is very important that we keep the momentum with the phone calls going.

Dr. Martin - He is going to ask Anna Cunningham to develop a survey monkey to survey the local CFACs impression of the State to Local CFAC calls.

The Chair stated he really appreciate everyone's expertise. Everyone really is a knowledgeable advocate and he appreciates their presence at the table.

Ron Rau Jr. - Do we want to continue to prepare to brief the State CFAC on the Gaps and Needs or do we want to wait for Carol Potter? Chair stated he felt they should continue to hear reports of the Gaps and Needs Analysis from individual members as the committee had voted to do so in a previous meeting.

The meeting was adjourned at 2:45 p.m.