

# State CFAC Meeting Minutes – Approved

State Consumer & Family Advisory Committee

**Wednesday, August 12, 2015**

Location: **Dorothea Dix Campus**

Division of Vocational Rehabilitation Services (DVRS)

805 Ruggles Drive, Haywood Gym

Conference Room 104, Raleigh, NC

Time: **9:00 a.m. – 3:00 p.m.**

## **Attendance:**

| <u>Present</u>     | <u>Excused Absent</u> |
|--------------------|-----------------------|
| Kurtis Taylor      | Anna Cunningham       |
| Ben Coggins        | John Duncan           |
| Mark Long          |                       |
| Nancy Carey        |                       |
| Dennis Parnell     |                       |
| Bonnie Foster      |                       |
| Mike Martin        |                       |
| Marie Britt        |                       |
| Doug Wright        |                       |
| LaVern Oxendine    |                       |
| Brandon Tankersley |                       |
| Sam Hargrove       |                       |
| Deborah Page       |                       |
| Johnny Johnson     |                       |
| Ron Rau Jr.        |                       |
| Catreta Flowers    |                       |
| Wayne Petteway     |                       |
| Bev Stone          |                       |

| <u>DMH/DD/SAS Staff Present</u> |
|---------------------------------|
| Stacey Harward                  |
| Wes Rider                       |
| Glenda Stokes                   |
| Suzanne Thompson                |
| Eric S. Fox                     |
| Ken Scheusselin Jr.             |

| <u>Guests</u> |
|---------------|
| Daniel Orr    |
| Bob Carey     |
| Roanna Newton |
| Laurie Coker  |
| Kathy Dority  |
| Cheryl Judd   |

**9:02** — Meeting called to order by the Chairperson, Kurtis Taylor.

- Welcomed everyone and the two newest members (Catreta Flowers and Wayne Petteway) to the committee.
- Reviewed housekeeping items and collected stipend and mileage forms.
- It was announced that direct deposit is now available.

**9:18** — Approval of last month's State CFAC meeting minutes from July 8, 2015.

- Changes that need to be made to the minutes.
- Anna Cunningham – “Stated that section was ...” (Had been removed). As per consensus of the State CFAC it was decided that it be omitted from the minutes as Anna was absent from the meeting to offer detail and/or context.
- Nancy Carey – Page 3 – an extra (if) was removed from her comment.

**Motion** — Made to approve minutes with corrections (approved unanimously.)

1<sup>st</sup> Sam Hargrove  
2<sup>nd</sup> Deb Page

**9:20** — Approval of last month's State to Local CFAC Conference call minutes from July 15, 2015. (Approved unanimously.)

**Motion**

1<sup>st</sup> Bev Stone  
2<sup>nd</sup> Ron Rau

- Ben Coggins – Announced that the next State to Local CFAC conference call would be Wednesday, August 19 from 7:00 – 8:30pm. The following CFACs are scheduled to make reports:
  - Sandhills CFAC / Azell Reeves
  - Alliance CFAC / Caroline Ambrose
  - Eastpointe CFAC / Paul Russ
- The goal is to hear from 2 to 3 local CFACs at a time so that information can be shared on a quarterly basis.
- Ben Coggins – Presented the group with a suggestion box for any and all new ideas.

**9:30** — **Task Team Discussion / Kurtis Taylor**

- Kurtis Taylor – Provided the group with an overview of the 5 existing task teams which are as follows:
  - Services & Budget
  - Veterans and their Families
  - State to Local CFAC conference call
  - DATA-COM
  - Recovery & Self-Determination
- There is an existing document regarding the explanation of the groups within the State CFAC annual report. This may serve to be very helpful for new members.
- Doug Wright – Commented that the task teams really haven't accomplished many actual tasks. We have reviewed the state budget, gaps and needs reports, and we have commented on the State Plan.
- Marie Britt – Stated that she has been involved with the State to Local conference call but would like to become involved with the Veterans and their Families group and will step back from the conference call.
- Mike Martin – Said that the groups operate more like subcommittees rather than task teams. Our initial thinking was that we were in more of a sprint mode. The

reality is we are running a marathon. The operational tempo of each of these groups changes frequently and each group needs to have a strong and dedicated leader.

- Brandon Tankersley – Commented that both Dennis and Mark will be working with him on the Recovery & Self-Determination subcommittee and that until Medicaid’s fate is decided upon, we are kind of at a standstill and that it is difficult to make recommendations at this time.
- Sam Hargrove – Stated that the Veterans and their Families subcommittee is newly formed and that it needs to identify where it fits into the landscape of MH/DD/SAS. Gaps and needs assessment is just one element of a broad scope of work. Sam expressed the desire for a co-leader of this group.
- Bonnie Foster – Added that what is needed is a clearer direction for which all these groups are going in. We need purpose, goals, and vision. Work for these subcommittees would be best served by accomplishing it outside of these meetings. Bonnie suggested the use of conference calls be used to help the subcommittees function at an optimal level.
- The DATA-COM subcommittee was discussed. Anna Cunningham has been the leader of this group and she is absent today. There were questions about Anna’s recent availability and as to whether she would like to continue in the leadership role. The goal of the group is to establish user-friendly communications and access to all information. IT items need to be set up and there are some potential un-named cost barriers. Full utilization has not yet occurred as things have not yet been fully implemented.
- Kurtis Taylor – Focused the conversation by stating that going forward the term (subcommittees) should be used. He asked that each group have a Chairperson and that they formulate a charter and mission statement for each one. He agreed with Mike Martin that the operational tempo of each one will change over the course of time. Clarification was made that the leaders will be referred to as Chairs not leads.
- Nancy Carey – Asked as to whether there were any specific laws or guidelines that State CFAC must follow with regard to subcommittees. Suzanne Thompson replied that the answer was no and that guiding documents state the existence of standing committees and ad-hoc committees. Suzanne provided additional clarification stating that the State CFAC Chair appoints the leaders of these various committees.
- Appointments of the following subcommittees were made as follows:

|                       |               |
|-----------------------|---------------|
| Services and Budget   | Bonnie Foster |
| Veterans and Families | Sam Hargrove  |

|                               |                    |
|-------------------------------|--------------------|
| State to Local CFAC           | Ben Coggins        |
| Recovery & Self-determination | Brandon Tankersley |
| DATA - COM                    | Anna Cunningham    |

- Sam Hargrove – Made mention that 6 lines in Cardinal Innovations Gaps & Needs reports addressed Veterans issues and that is not enough. Ben Coggins added his appreciation for the heightened awareness of Veterans issues and concerns.
- Kurtis Taylor – Wrapped up this topic by passing out sheets of paper with the title of the subcommittees and Chairs listed on each and asked that all State CFAC members become involved in a subcommittee. Kurtis then charged the group with the assignment of Chairs contacting their new members and working together to develop a charter, purpose, and function for each subcommittee and bring a product to the next meeting.

**10:00 — Consumer Policy Advisor / Ken Scheusselin Jr.**

- Ken Scheusselin – Stated that it was an honor to be here. He introduced himself as a consumer with lived experience and over 25 years of Substance Use Disorder recovery. He comes to us from Wooster, Ohio. His concerns entail people with disabilities ending up in jails, prisons, and entering depression. Stigma is something that is of utmost priority to be addressed. Ken made mention that he has 2-3 years of experience with people with I/DD in community settings. He offered that he was diagnosed with hearing loss at the age of 5 and always wanted full inclusion for his school experience. He concluded by stating that the State CFACs voice needs to be strong at the local, regional, and statewide levels. Ken then opened the floor for questions.
- Brandon Tankersley – Asked, “What is your policy agenda?” Ken responded by saying that anti-stigma campaigns were currently at the top of his list. Peer support initiatives need to become more developed and that various gaps and needs across the state need to be filled effectively.
- Sam Hargrove – Asked how the state CFAC will interface with Ken. Ken replied by saying that he anticipates there will be a close relationship and that this will evolve over time. He stated that he would like to get out on the ground level and see for himself what is taking place across the state.
- Ben Coggins – Asked as to whether bullying would be a target area. Ken said that from personal experience as a child this was an issue and had an impact on his life. He responded that this issue is definitely on the table.
- Mark Long – Asked as to whether jail diversion would be part of his mission. Ken replied by saying yes and that the Crisis Solutions Initiative is currently examining that issue.
- Both Nancy Carey and Bonnie Foster – Extended positive welcomes and offered to have Ken attend at any time.

- Kurtis Taylor – Concluded this discussion with a “Welcome to Mayberry” greeting to Ken. The magnitude and scope of all three disability areas can be daunting. Kurtis added that any State CFAC is welcome to contact Ken and that they should go through either the Chair or Vice-Chair with questions and concerns.

#### **10:15 — Dave Richard / Deputy Secretary of DMA**

- Dave Richard – Greeted the group and expressed his enthusiasm for having Ken Scheusselin join the team as the new Consumer Policy Advisor. He stated that he would provide a 10-15 minute overview and then take questions.
  - DHHS is the Medicaid state agency. DHHS receives \$2.5 billion in Medicaid funds and approximately \$500 million in State funds. We publicly manage all of the Medicaid dollars. DSS is where Medicaid eligibility is determined. DVR is also a key component for employment. In order to keep things in sync it is important to have Medicaid remain within DHHS.
  - There is talk of a separate Department for Medicaid. The Senate does not protect the existing LME/MCO system. Within one year they are looking to have it integrated into new managed care. Our current system has been up and running for 3 years and it still needs more time to develop and mature. Centers for Medicare and Medicaid Services (CMS) will take its time to decide. The Senate’s plan eliminates Community Care of North Carolina (CCNC) come May of 2016. CCNC is a great integrated model and is currently saving the state money.
  - Dave – Stated that there needs to be progress within the General Assembly. The Conference committee will need to find something that we can all live with. Active engagement from all stakeholders is expected.
  - A cross-jurisdictions Governor’s Recovery Task Force is being created. The Secretary and Chief Justice Martin are forming this group by each selecting 12 members to participate. DHHS, the court systems, the Secretary, legislative branch, and DPI (Department of Public Instruction) all have a stake in this. What has been learned in the Crisis Solutions Initiatives group is that this issue is truly cross jurisdictions. Dale Armstrong will serve as a link to the Recovery Task Force. They are still in the process of vetting participants and will soon move forward.
  - Secretary Aldona Wos will serve her last day on Friday, August 14, 2015. Secretary Rick Brajer will begin as the new Secretary of DHHS on Monday, August 17, 2015. He comes to us from the business sector. This concluded Dave’s report. He then proceeded to take questions from the group.
- 1) Mark Long – Asked about whether current legislative actions will adversely impact ACT teams or other evidence based practices.
- Dave – Stated that nobody exactly knows. He stated that MH and SA were mentioned intensely during a 45 minute press conference and that the Governor demonstrates a high level of commitment to MH/DD/SAS and views it as the most important health issue. We are striving for increased flexibility for the LME/MCOs.

- 2) Nancy Carey expressed a need for consumer voice on the Recovery Task Force which means more than just one person with lived experience as a member.
  - Dave's response was that we will have to see. Nothing has been announced as of yet. Consumer voice is always important.
- 3) Sam Hargrove – Offered a recommendation that somebody from the Veteran population also serve as a member of the Recovery Task Force.
- 4) Ben Coggins – Requested more information and clarity on the use of b(3) services across the state.
  - Dave – Commented that this has been greatly under-utilized by the LME/MCOs. They are not an entitlement and they can run out of funding. This topic does need more attention. The point is to attempt to help people that we generally do not reach. Sometimes these B(3) services are experimental and should not be viewed as a total solution. He made mention that Cardinal Innovations is doing well with these services.
- 5) Brandon Tankersley – Asked about the Recovery Task Force stating that he himself wants to be a member of it.
  - Dave stated that we are past that time. At this point we are just waiting upon final approvals.
- 6) Nancy Carey – Stated that she wanted to hear more about Secretary Rick Brajer.
  - Dave responded by saying that he was a CEO of a Raleigh based medical supplies company. He possesses high levels of experience in the operations of large organizations. He has the expertise of sound business principles.
- 7) Marie Britt – Stated that business and administrative skills of new leadership is heard repeatedly. At the local level there is concern with the changes in leadership and as to whether these people are really conscious of consumers' needs at the grassroots level. We do not want to leave our consumers behind in their level of understanding.
  - Dave spoke about how there are now four (4) Deputy Secretaries within DHHS:
    - Dale Armstrong for Behavioral Health and I/DD services.
    - Sherry Bradsher over DSS, DMV, and Aging Services.
    - Dave Richard for DMA.
    - Randall Williams for Public Health and Rural Health.

He stated that he himself came from 25+ years of advocacy work with various Arc organizations. Sherri Bradsher has an extensive grassroots background. In addition, Randall Williams has interest and involvement with Veteran Affairs.

- 8) Mike Martin – Stated that lots of information flows to the State CFAC. We want to provide feedback back to these individuals.
  - Dave stated that direct communications such as this dialogue are always beneficial. He also made mention that through the Crisis Solutions Initiative there

have been many wonderful recommendation made by numerous public stakeholders.

- 9) Ron Rau – Expressed his appreciation for the reported savings of \$131M on the heels of numerous cuts. When do we begin to reinvest into the system?
  - Dave responded by saying that we need to show it and then do it. What do the saving actually mean? Basically, the General Assembly over budgeted their \$4B appropriation and that \$131M was left over. Forecasting needs to be better. We are growing in the sophistication of our systems which will help the General Assembly appropriate the correct amount of money. We want to be as close to zero as possible. Reinvestment is happening slowly.
- 10) Doug Wright – Made the point that LME/MCO State dollars go away with the Senate’s proposed approach.
  - Dave responded by saying that this is not the right approach. Some LME/MCOs have saved way too much and their fund balances are out of control. They will need to begin to provide additional services. 85% utilization is the bottom threshold floor for funding.
- 11) Laurie Coker – Guest, was allowed by the Chair to ask Dave a question. While managing the money we need to place more of a focus upon the quality of services that are purchased. How can we more appropriately serve people? A person with an IQ one point too high to be considered developmentally disabled spent five weeks in a jail.
  - Dave stated that we need to monitor this. It is taking time and the proposal of new service definitions is not happening fast enough. Mobile crisis needs to be looked at more closely and we need to become more innovative. Some LME/MCOs are more progressive than others in moving forward. We really need to know the structure of the system so that we can proceed successfully.
- 12) Kurtis Taylor – Commented that with \$131M in savings why aren’t the politicians recognizing this as a good thing? Other than big political agendas, this does not make any sense. It feels as though the Senate is against us. Yes, the Governor has stated repeatedly that MH/SA concerns are the most important health issues facing NC.
  - Dave commented by saying that there are always higher level politics at work. The Governor is highly committed to MH/SA and recovery. He added that with the Innovations Waiver there was extended time offered for public comment. Resource allocation will be beneficial in order to better predict costs. Comments have been gathered. Without question, more slots are needed.
- 13) LaVern Oxendine – Asked about the Senate’s stance on 3 way child psychiatric beds.
  - Dave responded that under that plan, if state dollars go away, LME/MCOs must back fill this with existing fund balance dollars.
- 14) Deborah Page – Commented that I/DD appears to take a back seat to all of the recovery initiatives that are being launched.
  - Dave said that the c Waiver (Innovations) is too restrictive and not flexible enough to meet peoples’ needs. An individualized budget system will allow for broader flexibility and the clear need to better determine predictability. The resource allocation model will assist in doing this. Innovations savings do not open new slots.

- 15) Kurtis Taylor – Ended the question and answer session with Dave Richard and added that State CFAC members need to work together to ensure that the LME/MCO model continues and that increased flexibility for consumers continues as well. We need to build on momentum and leave the current structure in place.

**11:30 — Period for Public Comment:**

- Laurie Coker – Expressed her belief that the majority of the Board members at the CenterPoint LME/MCO do not know what CFAC is, despite the fact that three (3) CFAC members serve on the Board. She stated that access and quality of care are the two primary concerns for the public. LME/MCOs need to become more responsive to the consumer and adopt a partnering model of interaction. All quality measures are driven at the state level and could use more grassroots level input. Laurie also stated that State CFAC is supposed to provide technical assistance to the Local CFACs and beyond the monthly conference calls help them to perform their duties. Suzanne Thompson asked that Laurie contact her directly so that a meeting time could be identified for them to meet along with Ken Scheusselin, the new Consumer Policy Advisor.
  
- Dan Orr – Spoke regarding the following issues:
  - Where is the availability of the State CFAC annual report?
  - The State CFAC’s membership list is more than two years old online and still has Sue Guy listed as the Chair.
  - He presented his view that Wake County Adult Protective Services’ website still erroneously cites law and promotes an illegal agenda and discriminates against mental illness, especially personality disorders.
  - He stated that since the system lacks a governmental grievance process that there should be a part of the State Plan that states that both local and state CFAC be advertised in all waiting rooms providing care for MH/DD/SA.
  - Dan asked as to whether the State CFAC by-laws have been brought back into accordance with the law, changing “division directives” back to “State Plan”.
  - Dan – Stated that the State CFAC needs to write a letter requesting that the General Assembly fund Section 2 of the 122C law so that a grievance system created in 1985 can become active.

**11:55 — Discussion of State CFAC Recommendations:**

- Kurtis Taylor – Brought attention to a letter he received from exiting Secretary Aldona Wos. It valued the State CFAC’s input.

{ATTACHMENT 1}





**North Carolina Department of Health and Human Services**

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

August 4, 2015

North Carolina State Consumer & Family Advisory Committee  
c/o Consumer Empowerment Team  
3001 Mail Service Center  
Raleigh, NC 27699-3001

Dear Mr. Taylor and State CFAC Members:

Thank you for developing the State Consumer and Family Advisory Committee Annual Report for FY 2014-2015 with recommendations.

The detailed report, as well as the recommendations that you made throughout the year, have been essential to our efforts to continuously improve the mental health, substance use, and intellectual and other developmental disabilities systems. In light of the fact that your report addresses a number of issues presently being considered by the General Assembly, I would encourage you and State CFAC Members to immediately contact key legislators and your Senators and Representatives to share your stance on these important issues.

We value your input and will continue to listen to and evaluate your recommendations, as well as respond to your concerns, and actively find ways to implement strategies for better treatment, recovery and support. Please continue to provide recommendations in writing and also verbally. In order for us to effect positive change, input from your group is critical.

As we move into the new fiscal year, your input on Medicaid reform, technological supports, NC TOPPS outcomes, Peer Support, and detailed recommendations for furthering a Recovery-Oriented System of Care would be most helpful and appreciated. In addition, strengthening an alliance with the Local Consumer and Family Advisory Committee to present a consistent message to the Legislature will increase the impact of your voice.

I encourage you to continue to work with us to identify areas for improvement and innovation. Your continued support and input is greatly appreciated.

Thank you for your ongoing advocacy.

Sincerely,

Aldona Wos, M.D.  
Secretary

cc: Dale Armstrong, Deputy Secretary, Behavioral Health and Developmental Disabilities Services  
Dave Richard, Deputy Secretary of Medical Assistance  
Courtney Cantrell, Director, DMH/DD/SAS  
Suzanne Thompson, Team Leader, Consumer Empowerment Team

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- Kurtis Taylor – Stated that there is a desire for more involvement and communications with the Local CFACs. Ben Coggins did outreach with Cardinal Innovations Mecklenburg CFAC. These opportunities are win-win situations.
- Johnny Johnson – Stated that recommendations that are made by the State CFAC are rarely seen by the Local CFACs and that they too should see what feedback

and input are being offered and to whom. There needs to be a better system for a steady stream of communications.

- Suzanne Thompson – Stated that once a letter is finalized it can be immediately distributed to all State CFAC members and the Local CFAC members as well. She also made mention that work is being done on the current website and that progress has been slow. We are working to get information back on there. Through the division website click on Councils and Commissions to reach the correct page.

**12:00 — Lunch till 1:00pm**

**1:00 — The Future of NCI (North Carolina Interventions) / Mary Tripp:**

(ATTACHMENT 2) outline

The Future of NCI  
August 2015

Re-Assignment of NCI to the Accountability Section Policy Team

NCI → Shifting Gears -- only pilot tested @ Timber Ridge

Moratorium instituted in 2011 – NCI Instructors and approving new curriculas

Assessment of the NCI Program

~ 600 NCI Instructors

47 Instructor Trainers

~ 28 Different curriculums which have not been looked @ since they were originally approved - not up to date with the latest interventions for dealing with challenging behavior – trauma-informed care, etc.

Advisory Committee developed checklist – has been crosswalked to rule

Waivers:

- NCI Instructors – provisions for agencies and facilities – not individuals; application must be signed by the agency/facility director
- Process for review of new/updated curriculums

Where Do We Go From Here?

- Divestiture – preliminary discussions with AG
- Impact of divestiture
- Discontinue NCI – allow providers to choose another curriculum
- Lack of staff resources


Future Role of the State – its responsibility is not obviated

Feedback

**1:30 — Mental Health Block Grant overview / Susan Robinson:**

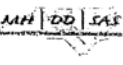
(ATTACHMENT 3) PowerPoint

**DMH/DD/SAS**



**An Overview of the SAMHSA  
Block Grants  
Substance Abuse & Mental  
Health Services Administration**

Ken Edminster  
Community Mental Health  
Susan E. Robinson  
Community Wellness, Prevention & Health Integration



August 2015

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N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

SAMHSA  
Substance Abuse & Mental Health Services Administration

- Federal legislation
  - 45 CFR, Part 96 of the Public Health Services Act
  - Title XIX, Part B, Subpart I, Section 1914 of the Public Health Services Act and is required under federal legislation P.L. 102-321 as amended
- Substance Abuse Prevention & Treatment Block Grant (SAPTBG)
- Community Mental Health Services Block Grant (CMHSBG)




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N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

SAMHSA's Key Messages

- Behavioral health is essential to health.
- Prevention works.
- Treatment is effective.
- People recover.

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 **N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES**


### SAMHSA's Direction

→ **Mission:** To reduce the impact of substance abuse and mental illness on America's communities.

→ **Roles:**

- Voice and Leadership
- Funding-Service Capacity Development
- Information and Communications
- Regulation and Standard Setting
- Improve Practice

→ **6 Strategic Initiatives**




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 **N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### SAMHSA's Strategic Initiatives

1. Prevention of Substance Abuse and Mental Illness
2. Health Care & Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

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 **N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### SAMHSA Principles


→ **People**

- *Stay focused on the goal*




→ **Partnership**

- *Cannot do it alone*



→ **Performance**

- *Make a measurable difference*




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\* Substance Abuse Prevention & Treatment Block Grant (SAPTBG)

**Funding Priorities – services & populations**

- Treatment services
- Prevention set aside (20%)
- HIV set aside (approx. 5%) – NC designated high risk state
- Pregnant women who use intravenous drugs
- Women who are pregnant and using other substances
- Individuals who use intravenous drugs
- Individuals who are in substance abuse treatment
  - TB screening those in treatment
  - HIV and early intervention services




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\* Community Mental Health Services Block Grant (CMHSBG)

**Funding Priorities – services & populations**

- Children with Serious Emotional Disturbance (SED) 0-17
- Adults with Serious Mental Illness (SMI) –18+
- Block Grant Criteria – (main criteria with sub criteria under each):
  - Community based system
  - Data & Epidemiology
  - Children's Services
  - Rural & Homeless
  - Management Systems
- First Episode Psychosis 5% Set Aside (16-25 years)




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\* Block Grant Outcome Measures (sample format)

State-Required NOMs – National Outcome Measures

Domain: Access/Capacity (example)

Outcome Measures:

- Numbers served by age, race, and ethnicity through individual-based programs and strategies
- Numbers served by age, race, and ethnicity through population-based programs and strategies
- Numbers served by intervention type (universal-direct, universal-indirect, selective, indicated, treatment)

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**North Carolina**  
**Block Grant Priorities**

- ✓ Community Based Recovery Oriented System of Care
- ✓ Recovery Support
- ✓ Health Care & Health System Integration
- ✓ Mental Health & Substance Use Disorder Services for the Military & their Families
- ✓ Services to Juveniles with Serious Emotional Disturbance (SED) and Adults with Serious Mental Illness (SMI) who are involved with the Juvenile & Criminal Justice System
- ✓ Trauma-Informed Care & Other Evidence-based Practices
- ✓ Health Disparities

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**North Carolina Block Grant Priorities\***  
 \* Request for public comment:

- Recommendations for each priority:
  - Goals
  - Strategies
  - Performance Indicators
- Comments *Together We Can*

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*Please send comments to:*  
**Susan.robinson@dhhs.nc.gov**

*For more information... ~ Thank you*  
 Please see Block Grants <http://www.ncdhhs.gov/mhddas/>  
 Contact:  
 Substance Abuse Prevention & Treatment Block Grant:  
 DeDe Severino@dhhs.nc.gov or 919-733-0696

Community Mental Health Services Block Grant:  
 Walt Caison@dhhs.nc.gov or 919-715-2774  
 Ken Edminster@dhhs.nc.gov or 919-715-2774  
 Susan.Robinson@dhhs.nc.gov or call 919-715-2262

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**2:15 — Quality Management presentation on Gaps & Needs MH/SA / Carol Potter:**

Preliminary draft not official, a request for I/DD information was made.

**3:00 — Meeting adjourned**

**[Next State CFAC meeting will be Wednesday, September 9<sup>th</sup> from 9am – 3pm]**