



2. Public Comment

Discussion	No public comment made.	
Conclusions		
Action Items	Person(s) Responsible	Deadline

3. Military and Veterans Affairs Program

Jeff Smith, *Military and Veterans Program Liaison*

Div. MH/DD/SAS, DHHS

Discussion	<p>Jeff gave an overview of the demographics of Military and Veterans who are receiving services. VA Suicide Prevention program. Expansion of PATH, Steven A Cohen Clinic for military families. Virtual reality program for Veterans to address PTSD. Ease the transition between serving overseas in combat situations to integrating into civilian life. This is done in the privacy and security of a therapist offices.</p> <p>What's next: Statewide campaign to ask the question: "Have you or a loved one ever served in the Armed Services?" Working with 211, working to ask the right question, the right way. Veterans Life Center in Butner. Mark Woodard, former contractor, will be program manager at Butner to manage programs. Need to have more conversations/trainings on maintaining benefits.</p> <ul style="list-style-type: none"> - Where are the 2/3 not receiving services getting services? - Pain management linked to SU? Military is linking pain management with SUD? VA Pain Management involved - Unequal access to VA services, discharge status - "Magic Number is 180 days of active service?" - Virtual Reality- expand into other areas? - Will they have to be 100% disability veterans? - Questions about eligibility? - Subcommittee: How well is NC doing capturing folks transitioning out of active duty before we lose them somewhere? Do you have a sense of how well we are doing? <i>Could do better.</i> Need the data. - Transition Classes: need to be revised to better prepare Veterans in transition. <p>Responses</p> <ul style="list-style-type: none"> o Overlap with pain management o VA source, military culture o Long-term cultural 	
Conclusions		
Action Items	Person(s) Responsible	Deadline
Connect SCFAC Members with centers and resources.	Jeff Smith	November 13, 2019

4. QM: Response to Annual Report

Jennifer Bowman, *Quality Management Team Lead*

Div. MH/DD/SAS, DHHS

Discussion	<p>Jennifer Bowman provided a response to the State CFAC Annual Report, recommendation number 5. DMH/DD/SUD has been providing a report on Veterans, receive data from LME/MCOs. Data is being pulled next week on October 14, 2019. Jennifer reviewed the data report provided in the power point. Most LME/MCOs post their Quality Improvement Projects on their websites.</p> <ul style="list-style-type: none"> - How to disseminate information on QIPs from LME/MCOs? <ul style="list-style-type: none"> o Formal QIPs submitted to the state; lots of information QIPs going on. Most post on their websites. Information is provided to LME/MCO boards and CFACs. Wise to ask LME/MCOs 	
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	<ul style="list-style-type: none"> - Particular way to present idea if LME/MCO not meeting QIPs? This is another way for consumer and family input to be brought to the LME/MCOs. <ul style="list-style-type: none"> o LME/MCO staff can help relay information to Quality Staff on QIPs. Need to hear about barriers. o Global Quality Management Committee of LME/MCO, board committee with CFAC representation. - Direct Service Providers- not enough in area? Missed services. <ul style="list-style-type: none"> o Not a requirement from state on those measures. Main issue is that it's not a requirement by the state.
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Conclusions		
Action Items	Person(s) Responsible	Deadline
Provide October 14, 2019 Data Report.	Jennifer Bowman	November 13, 2019
Send out weblinks to LME/MCO QIPs	Kate Barrow	November 13, 2019

5. Division Updates

Michelle Laws, PhD, MA, *AD of Consumer and Community Engagement*
Div. MH/DD/SAS, DHHS

Discussion	<p>Dr. Laws did a brief introduction of herself and the CE&E Team, and an overview of the charge of the team. She discussed that the CE&E Team will be providing more community-based trainings as part of the team's activities. Dr. McCoy will provide an update on 122-C. She discussed the concept of "Boundless Behavioral Health," how can we best utilize the input from CFACs. Committed to ensuring that CFACs are included. Team is working on streamlining</p> <p>New PHP under the Medicaid Managed Care, we have awarded Carolina Complete Health to serve as a PHP under Managed Care. Will also serve region 4. Joining the other PHPs. Feedback that providers are slow to enroll- have deadline to meet in November. Hoping they are in the system and available to people to access. New PHP will serve regions 3, 4 and 5.</p> <p>On October 16th there will be an Innovations Waiver update; send out link. Review the information on the July Innovations Renewal. Updates to Self-Advocates and family members on the waiver. Specific information on assistive technology, financial independence, housing, and community living.</p> <p>Peer Support Specialist Definition- went live August 1st. Has caused some anxiety. Several issues that have emerged is the number of units that can be billed- those numbers are unrealistic. LME/MCOs can use less restrictive or increase the number of units billed for Medical necessity. There is flexibility for LME/MCOs based on medical necessity. Requiring QPs to sign off on all service orders would stall the delivery of services and would affect the ability of people to provide services. The Division responded by meeting with Medicaid; they removed that requirement. Didn't want people to bill without quality oversight. No new curriculum for approval currently. Division is putting a quality control and accountability in place at UNC Curriculum to better protect people receiving Peer Support Services. No legal means to decertify someone, but looking at a few things to put stop gaps and address policy</p> <p>Technical Assistance Program- expanding beyond Recruitment and Systems Advocacy. Building our training, want to make sure we are meeting CFAC needs. One page survey what types of things CFACs want to know about. Suzanne will provide updates Tailored Plan across the state. Dr. Laws will provide updates on the Standard Plan.</p> <p>GA- no current updates. Impasse on budget. Still some technical corrections on DHHS budget. Everyone is watching the Medicaid Expansion bill. Without ME there are about 500k, HB 655 that will cover at least 450k people. Still coverage gap for about 50k. Not ecstatic about work requirement, will take it to get some of the other things that are included, including coverage for 450k.</p> <p>Mark Fuhrmann referenced the CE&E Team update and encouraged the State CFAC to look at that.</p>
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	<p>Dr. Laws encouraged members to reach out to her and CE&E staff not just on barriers, but to provide a vision for what the solution could look like. This is the time to bring bright and new ideas. Need things in writing.</p> <ul style="list-style-type: none"> - A lot more newspapers covering Medicaid Expansion. <ul style="list-style-type: none"> o That's coming from the Secretary's office. Not too favorable audit from Auditor's Office on Medicaid Transformation; two more audits coming down the pipeline. Staff will let SCFAC know. Need CFAC members to build responses to that. CFAC has an investment in the process; important to keep up communications and respond to - Criticism of LME/MCOs and DHHS oversight? - Mention that there is a new player for 3, 4, and 5? <ul style="list-style-type: none"> o Carolina Complete Health - Peer Support, trying to work with some thing to make sure that it's more monitored. Past, have had PSS move from other states, have to go through whole program over again? <ul style="list-style-type: none"> o Standards that exist in another state may not align with the standards in NC. We don't have the resources in place, need to make sure that PSS - You said something about TBI? Restrictive clinical definition. Looking more of a recovery model? Lot of people who think the recovery model would consider giving them a place on the team? <ul style="list-style-type: none"> o Sherine's group? Yes, they have funding. We work closely with them. They are not a state agency; not on our team per se, but they are part - Bringing on the TBI Council. Council for Community Inclusion? - Had a chance to bring this up to PHP's yesterday; what they envision for consumer engagement for SP? Poop-up week long community events, surveys at end of conversation. <ul style="list-style-type: none"> o Let's see what's really going on. Meeting with SP people on Medicaid side, where is Community Engagement really happening. - Community Advisory- very limited. Concern is that there are 4 or 5, if each one has their own advisory council- have enough trouble getting seats on CFAC filled. Concerned that if each PHP has it's own council, won't be effective. Think it should be regional. - Talking about the standard Plan: see very few consumers on TP being able to sit on CFAC. Request that the Division ensure there are supports in place for people. <ul style="list-style-type: none"> o CFAC Members need to make firm recommendations and feedback to ensure that consumers and family members are included in statute for both Tailored and Standard Plan. 	
Conclusions		
Action Items	Person(s) Responsible	Deadline

6. Employment First Initiative

Chris Egan, *Senior Director*

Kathie Trotter, *Director*

Div. Vocational Rehabilitation, DHHS

Discussion	<p>Chris Egan, Senior Director, NC DHHS, introduced Employment First- competitive wages and opportunities. Oversees Division for Services for the Blind, Deaf and Hard of Hearing, Determination, NC DD Council. Kathie Trotter, brief introduction. Committed to VR services for people with disabilities. DHHS will be the model employer. Low unemployment rate for general population, but high rate for people with disabilities. Part of our identity. Safety net, resources, monetary capital. Assist in enjoying the part of the community. Breaks down stereotypes related to disability. Chris provided an overview of the history of Employment First, including an overview of the Rehabilitation Act, ADA, IDEA, Olmstead and WIOA. 54% of</p>
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	<p>VR funds have to be targeted to schools for students for opportunities for employment. Expand on diversity in the workplace, successfully demonstrate that to businesses on why it's important to reflect community.</p> <p>Employment is a way of thinking that employment is the first and Not a token job; open door to competitive job. Helping to make people more competitive, diverse. How do we set the stage to increase diversity in our own workforce. Looking at state employment first as the largest employer to set the example.</p> <p>Share the success story. Elevate where the successes are, share where it was and where it is now. Training as part of the program that</p> <p>Windmills Training- offered from VR to employers in the community. HR will be providing training to VR staff, regional specialist, on applying for state jobs. Train the trainers model. Strengthen applications from people with disabilities. Ensuring inclusion and access in the planning. Message of diversity and inclusion; who can help maneuver this.</p> <p>Employment First Job Fairs. Want to ensure that state government is there, things are accessible, present and ready people with disability.</p> <p>Employment First Fellows Intern Program- internship opportunity for anyone to gain experience. Want to see the same results as the temporary agency contracted with. Is a paid internship, not all the same qualifications needed as</p> <p>Paid and unpaid internships.</p> <p>Increased social capital-</p> <p>How can SCFAC support the Employment First Initiative?</p> <ul style="list-style-type: none"> o Continued engagement; what's working, what's not; barriers happening in school system, or in a VR office. QIP/Training 				
Conclusions					
Action Items					
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7. Tailored Plan Topic: Governance and Impact on Local CFAC

Debra Farrington
Div. Health Benefits (Medicaid), DHHS
 Dr. Keith McCoy, *Senior Medical Advisor to the CMO*
 Suzanne Thompson, *Community Engagement & Empowerment Team Leader*
Div. MH/DD/SAS, DHHS

Discussion	<p>Dr. McCoy provided an overview on the CFAC Composition and Structure under the TP. He outlined the recommendations. At least two of the SCFAC composition from Secretary appointment should include at least two individuals with physical health co-morbidities, example: depression and diabetes.</p> <p>Local CFAC- will also add at least two individuals with physical health co-morbidities. More autonomy on how Local CFACs define their membership. Language specific to IDD/BH Tailored Plan.</p> <p>CE&E Field Team will go to Local CFACs to gather input on CFAC composition, how relationships are defined, from now until end of December. Encouragement of Standard Plans to have relationships with Local CFAC. Open to recommendations.</p> <p>Debra Farrington discussed the opportunity to provide feedback to the Department about the whole service system.</p> <p>Statutory requirements, aren't most accurate in Managed Care environment</p> <ul style="list-style-type: none"> - What about marginalized populations that tend not to have representation on local CFACs?
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	<ul style="list-style-type: none"> ○ Is mandated that CFAC reflect racial and ethnic composition of catchment area, how they do that is up to them on how to define. - TBI Representation? - Current proposal in HB 250 includes TBI and new appointing authority - Timeline? <ul style="list-style-type: none"> ○ Next session, short session ○ Standard Plan, proposed the design that [we] wanted, pending final legislation - I think CFACs should exist for both Standard Plans and Tailored Plan in the language. <ul style="list-style-type: none"> ○ Wanting the Standard Plans to create on own CFACs or wanting them to work with current CFACs? ○ Who would a Standard Plan CFAC report to? <i>Would have to create something</i> - Membership gap: nothing in the statute that says that those people have to leave the CFAC. - Should they advise on the business plan and QM on LME/MCO if they are receiving services from PHPs? <ul style="list-style-type: none"> - Membership Advisory - Any opposition to this structure? Relatively straight forward. - May be some specifics: do folks want legislature to be receiving services? Don't want to box ourselves in. - Continue to monitor HB 250 - Consumer Inclusion on all State Councils and Committees. - Recommend that same appointing bodies for SCFAC appoint members for SP Advisory Committee - Mailing packets for Standard Plan with new full
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Conclusions	
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Action Items	Person(s) Responsible	Deadline
Send out a copy of 122C-170	Kate Barrow	November 13, 2019
Set up a conference call for SCFAC to come up with recommendations for Tailored Plan.	Kate Barrow	In-progress

Meeting Adjourned:	Next Meeting:
The meeting adjourned at 3:00. Pat McGinnis motioned. Deb Page seconded. Meeting adjourned.	November 13, 2019