

North Carolina State Consumer and Family Advisory Committee

# Annual Report and Recommendations

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Fiscal Year 2022-2023

Submitted June 14<sup>th</sup>, 2023



*Nothing About Us, Without Us.*



**NC Department of Health and Human Services**

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

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## Foreword

This report is respectfully submitted by the North Carolina State Consumer and Family Advisory Committee, in order to appropriately advise both General Assembly and Department of Health and Human Services per our legislative requirements; this committee is hopeful that these recommendations will impact action from General Assembly and support initiatives by the Secretary of the NC Department of Health and Human Services. Members of this committee worked many hours to ensure specific tasks were completed. In addition to traveling to Raleigh monthly or meeting virtually as required by state guidance, the committee worked diligently from attending MH Town Halls, participating in local CFAC meetings and advocating with General Assembly on Legislative Day. This continued work will ensure the citizens we represent have a voice and that their voice is heard. The findings and research conducted, as well as the voices of the consumers of MH/IDD/SU/TBI in North Carolina directly impacted these recommendations outlined in this report. It is with great confidence that these recommendations will support the Department, LME/MCOs, providers and communities with the identified gaps with practical solutions.


We look forward to the feedback of these recommendations as a 'Concur' or 'Non-Concur', with additional responses for each of our recommendations.

Respectfully Submitted

Chairman  
Ms. April DeSelms 

Mr. Brandon Wilson 

Ms. Jean Andersen 

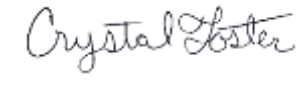
Ms. Susan Monroe 


Mr. Kenneth Brown 

Ms. Janet Breeding 

Ms. Lorraine Washington 


Vice Chairman  
Mr. Bob Crayton 

Ms. Crystal Foster 

Ms. Patty Schaeffer 

Ms. Jessica Aguilar 

Mr. Johnnie Thomas 

Mr. Ricky Johnson 

Ms. Heather Johnson 

Dear Secretary Kinsley,

Please find attached the Annual Report of the NC State Consumer and Family Advisory Committee (SCFAC) for the period July 1, 2022 to June 30, 2023. Members of SCFAC have worked diligently with members of your staff as well as members of the General Assembly on many issues throughout the year, most significantly to ensure that changes to the North Carolina Medicaid System are being communicated effectively and accessible to everyone, as well as supporting a livable wage for direct services professionals and certified peer support specialists, expanding the TBI waiver and addressing disparities that exist throughout the state.

As the fiscal year began in July 2022, SCFAC continued to be concerned with Medicaid Transformation and rollout of Tailored Plans. This is the largest transformation the state has taken that directly affects services for North Carolinians who experience mental health, substance use, intellectual and developmental disabilities and traumatic brain injury. We continue to be concerned with the operational and implementation of this project moving forward and ask that monitoring and communication continue at the highest levels. In addition, SCFAC continued to support the livable wage for Direct Service Personnel and Peer Support Specialists and expanding the TBI waiver. Although the primary focus of SCFAC has been these significant issues, we continue our commitment to uphold our mandated responsibilities which include advising the Department of Health and Human Services (DHHS) and the General Assembly (GA) on the planning and management of all aspects of the state's public mental health, developmental disabilities and substance use services.

We would like to thank you for your continued commitment to both State and Local Consumer and Family Advisory Committees throughout the state. Under your leadership SCFAC has received critical information and training from various DHHS personnel and has been provided numerous items for our review and input prior to being released and are hopeful to continue to provide valuable feedback in the coming year. We greatly appreciate the tremendous efforts and consistent support from you and members of your staff. Lastly, we are excited about Medicaid Expansion and applaud the efforts of those involved to improve the health and well-being of all North Carolinians. You remain to have an open invitation to attend SCFAC meetings as your schedule permits and as you feel necessary.

Respectfully submitted,



Chairman SCFAC  
Ms. April DeSelms

## **North Carolina General Statute**

§ 122C-171. State Consumer and Family Advisory Committee.

(a) There is established the State Consumer and Family Advisory Committee (State CFAC). The State CFAC shall be a self-governing and self-directed organization that advises the Department and the General Assembly on the planning and management of the State's public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services system.

(b) The State CFAC shall be composed of 21 members. The members shall be composed exclusively of adult consumers of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services and family members of consumers of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services. The terms of members shall be three years, and no member may serve more than two consecutive terms. Vacancies shall be filled by the appointing authority.

# **State CFAC: Mission & Purpose**

## **Mission**

The mission of the State CFAC is to:

- Support the development of consumer services by identifying needs and gaps in services and promoting services that are effective and meet high quality standards.
- Support CFAC growth and development at state and local level.
- Support individual consumer and family participation at state and local level.

## **Purpose**

The State CFAC shall be a self-governing and self-directed organization that advises the Department and the General Assembly on the planning and management of the State's public mental health, developmental disabilities, and substance abuse services system.

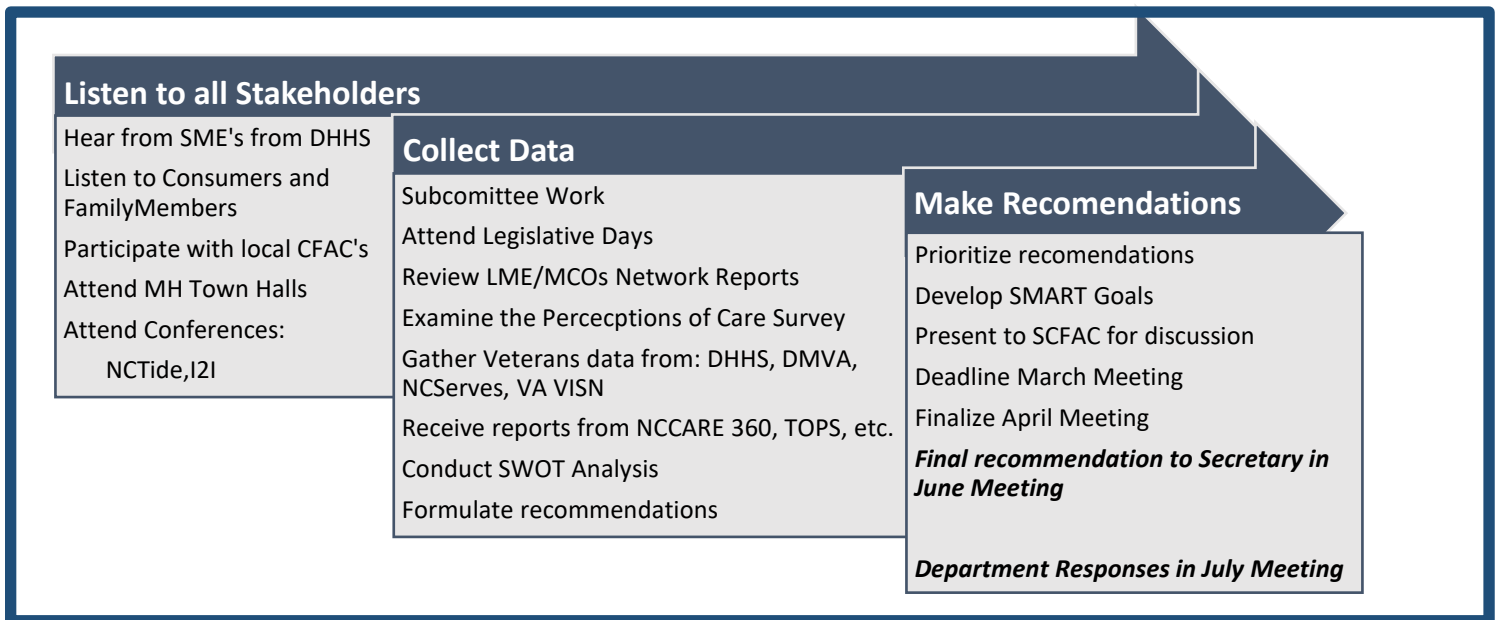
The State CFAC shall undertake all the following:

- (1) Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.
- (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, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services.
- (5) Review and comment on contract deliverables and the process and outcomes of prepaid health plans in meeting these contract deliverables.
- (6) Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including statewide issues.
- (7) Develop a collaborative and working relationship with the prepaid health plan member advisory committees to obtain input related to service delivery and system change issues.

## Background of Annual Report

The SCFAC committee continues to recruit strong members that possess both leadership and advocacy attributes that can identify challenges and barriers while remaining solution focused for the Department. This annual report is derived from each of our subcommittees, our members and are the voice of North Carolina consumers and families of services. Throughout the year the committee compiles information from an array of sources. Including but not limited to Network Adequacy Reports, Consumer Surveys, LME/MCO data, data from the NCDMHDDSAS Quality Management Team, Speakers and presentations during the meetings, local CFAC calls and meeting minutes and most importantly direct communication from North Carolinians receiving services for mental health, substance use disorders, traumatic brain injury and intellectual and developmental disabilities. This information is reviewed in depth by the Service Gaps and Needs/Veterans Committee and helps identify areas where services are in deficit.

This year the four standing committees included the Recovery and Self-Determination, Legislative, Service Gaps and Needs/Veterans, and the State to Local CFAC Collaboration. These subcommittees worked to ensure we covered all the areas we are mandated to cover in GS-122 C-171. Each subcommittee works independently and at times with non SCFAC members who may possess deep subject matter expertise or can contribute in a meaningful way as each recommendation is constructed in the SMART format. We utilize this SMART (Specific, Measurable, Attainable, Relevant and Timely) format when drafting our recommendations. This model supports strong and clear language that leads to clearly articulated recommendations that is consistent with the committees charge. These recommendations are discussed and voted on to make formal recommendations included in the Annual Report.



## **Summary of Accomplishments 2022-2023**

In 2022-2023 State CFAC, and all North Carolinians, continued to be met with challenges from COVID-19 and political and social unrest. Despite these challenges, SCFAC and Local CFACs were able to meet both in person (where applicable) and virtually. We have experienced the department go through many leadership changes during this past year and have worked with each new team member in order to create a solid partnership, founded on transparency and trust. We have worked hard to improve communication with the Department at large, as well as with our Legislators.

With the assistance of DHHS staff, we were able to provide relevant, useful information to our members by presentations from numerous DHHS leaders and those directly involved with the development and implementation of programs directly affecting our citizens receiving mental health, traumatic brain injury, developmental disability, and substance use disorder services.

Some of the major efforts of SCFAC this past year has been on continued Medicaid Transformation, Medicaid expansion, access to services, livable wages for Direct Services Personnel and Peer Support Specialists, the lack of resources available to individuals with TBI and the shortage of staff that provide the needed services to the people of NC. At each meeting we have addressed issues and concerns related to these challenges. During meetings, SCFAC received updates from state leaders. These presentations added significantly to NC SCFAC's ongoing commitment to providing advice to members of the North Carolina General Assembly and the development of this year's Annual Report.

The four standing subcommittees accomplished many things over the last year, each subcommittee worked together in coordination to ensure we covered all the areas mandated in GS-122 C-171. The subcommittees are as follows and their accomplishments are listed below - Legislative Committee, Recovery and Self-Determination Committee, State to Local Collaboration Committee, and Service Gaps and Needs/Veterans Committee.





## Legislative Committee

The Legislative Committee attended two separate Legislative events during this fiscal year. These events supported one of the many ways that SCFAC meets our legislative obligations while making recommendations to members of the North Carolina General Assembly. We were also committed to using these events to ensure people became more familiar with SCFAC, the work we do and the advocacy needed for our members.

### Annual Legislative Breakfast on Mental Health - February 4, 2023

SCFAC members were present at the Annual Legislative Breakfast on Mental Health this year. Both State and Local CFAC members attended the Legislative Breakfast to represent members of the community. SCFAC communicated throughout the year with many members of the North Carolina General Assembly specifically addressing the state of mental health in NC. Here are several examples:



- 1. In August of 2022, we sent a letter addressing the multiple vacancies to ask that leadership ensures the candidates are truly subject matter experts specifically that they are familiar with and committed to persons receiving supports and services within the MHDDSAS system. We have been very pleased with the department's selection of individuals and feel that we have worked to establish great relationships with these new staff members.*
- 2. Communicated ongoing support and recommendations surrounding a livable wage for Direct Service Professionals and Certified Peer Support Specialists.*
- 3. Reviewed and made recommendations on the Olmstead Plan.*
- 4. Were deeply involved in the 988 coalition, as three SCFAC members contributed valuable insights and made formal recommendations to the 988 coalition.*
- 5. In January of 2023, State CFAC sent a letter expressing concerns about the information that was being sent out in regards to the Tailored Plans and asked that the department consider looking at how information is communicated. As a result of this letter, a plain language campaign was looked into and the state is currently in negotiations for a contract with an outside agency to assist with this.*
- 6. In September of 2022, State CFAC sent a letter to the department to bring to light the confusion that individuals were experiencing with Medicaid transformation.*
- 7. In November of 2022, state CFAC sent a letter concerning the Samantha R. ruling and expressed our concerns with the ruling.*

## SCFAC Legislative Day - March 7<sup>th</sup>, 2023

In addition the SCFAC participated on March 7, 2023 with Legislative Day. SCFAC, LCFAC and other stakeholders were in Raleigh and reached out to members of the General Assembly via in person meetings, email, Facebook, Twitter, phone calls, etc. Each member of the General Assembly received emails and written copies with the talking points of SCFAC. The talking points and themes that SCFAC members carried and emphasized on this day were the following:

### *Medicaid Expansion*

- *Medicaid expansion must be a priority for the NCGA. There have been 40 states have expanded Medicaid.*

### *Direct Service Professionals Workforce Crisis*

- *There is a substantial DSP workforce shortage and increased DSP pay rates are necessary to ensure an adequate workforce.*

### *Access to care*

- *The IDD waitlist is over 16,000. There will need to be an increased number of waivers to meet this need.*
- *The TBI waiver needs to be expanded.*
- *There is a serious lack of services and supports that represent a continuum of care for those with TBI who have been discharged from the hospital (families call it "falling off the cliff") to appropriate therapies and community experiences that assist survivors in regaining lost skills that would enable their reengaging with their new selves in as normal an environment as is possible. This continuum of care should include supports in employment and in independent living also.*
- *A lack of understanding and education in appropriate therapies that work for those with a brain injury.*
- *Funding mechanisms to take these opportunities across our state for improved accessibility.*
- *To assist our LME/MCOs in understanding the few programs that are available to brain injury survivor. This is especially important with the approach of launching the Tailored Plans.*

### *Foster Care Plan*

- *NC Child and family improvement initiative. To collaboratively improve care for children, youth and families served by the child welfare system. We believe that all youth in foster care, and people close to them would best be served by Tailored Plans.*
- *The LME/MCOs have joined together to implement a statewide model to ensure seamless access to quality care for these children and families regardless of where they live and strongly support this model.*
- *Building on a 50 year legacy of established local partnerships and the strengths of NC's public managed care system for mental health, substance use disorder, intellectual/developmental disability and traumatic brain injury.*

Many SCFAC members received follow up responses from NCGA members via phone calls and meetings after the event. This was a highly successful event as both SCFAC members, local CFAC members, consumers and families were consistent in advocacy, sharing recommendations throughout the year with members of General Assembly, Division of Mental Health leadership and the Secretary Kinsley.



## **Recovery and Self-Determination Subcommittee**

This Subcommittee believes that Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique paths towards their individual goals. This past year the subcommittee focused on three objectives that **were** braided into all SCFAC focus areas and subcommittees. The objectives help guide our recommendations as diversity and inclusion along with self-determination were consistently at the forefront of all conversations and inquires.

Objective 1: Meaningful participation (i.e. subcommittee, Local CFACs, and other local organizations) with consumers in meetings, on boards, councils, committees, and client rights committees (especially as there are very few consumers on these). Also, full participation with consumers actively looking for leadership and advocacy opportunities. The goal is to strengthen the awareness for the committee and break down associated stigmas in order for more consumers to take part of both SFCAC and Local CFAC's. Motivating and inspiring them that their voices are not only important but paramount for enhance care and systemic changes.

Objective 2: Providing full inclusion to include the American Disabilities Act (ADA), Civil Rights, and all disciplines of behavioral health by looking at the grants/funding opportunities to help pay for integrated services. Examples include language barriers, deaf, blind, interpreter services, and other consumer supports to help aid in the participants understanding of the meetings. A primary area of focus is to provide everyone with a basic knowledge of what full inclusion looks like and encourage them to help/support others when they come to the meetings.

Objective 3: To consider an internal education effort at the State CFAC level that would pair up with the CE&E team to help with input on what trainings are needed in the community. This would include: orientation training, consumer driven training, and potentially new trainings based on community needs. The incorporation of this mindset and effort would create an additional and much needed level of transparency at SCFAC and LCFAC's meetings as well as guide questions being asked. Cultivating increased areas of learning has promoted education and awareness within the committee at large, and now can better advocate and understand both what is needed and when it is needed.

### **State to Local CFAC Collaboration Subcommittee**

SCFAC members regularly attended local CFAC committees in addition to facilitating a state to local monthly virtual call in order to maintain transparency at the local level. These calls provided a strong foundation for learning and receiving specific issues and challenges that consumers and families struggle with at the local level and with local LME/MCOs. In addition, it provided the opportunity for SCFAC members to discuss updates from the Division. This committee has worked hard to make improvements to the State to Local call each month. There have been many changes made to the phone call to help improve communication between state and local CFACs. This has led to positive feedback regarding these changes and these meetings have been both educational and informative. During the last fiscal year this call happened every month and included representation from all LME/MCOs. Furthermore this also afforded the opportunity for local CFAC committee members from across the state to participate in both legislative events in collaboration with SCFAC, bringing a unified front for advocacy. The committee remains committed to working closely with local CFACs and listening and responding to their emergent needs.

### **Gaps and Needs/Veterans Subcommittee**

The purpose of the Services Gaps & Needs/Veterans Subcommittee of the SCFAC is to identify significant gaps in service array and delivery of state funded services and plans. Throughout the year the committee compiled information from an array of sources. Including but not limited to Network Adequacy Reports, Consumer Surveys, LME/MCO data, data from the NCDMHDDSAS Quality Management Team, Speakers and presentations during the meetings, local CFAC calls and meeting minutes and most importantly direct communication from North Carolinians receiving services for mental health, substance use disorders, traumatic brain injury and intellectual and developmental disabilities. This information helps guide our inquiries and ultimately our goals for the year. This group meets monthly and often drives the agendas for upcoming meetings with the guidance from the Chairperson. This subcommittee remains an integral part of how the Annual Report and formal recommendations are crafted and presented to the committee at large. The focus areas this past years are in direct alignment (not always) with the formal recommendations and focus areas for this year's report.

The committee would like to acknowledge and thank several community members for assistance in addition to their participation with this year's report as both advocates and subject matter experts in their respected fields: Mr. Ray Hemachandra, Mr. Tim Driscoll, Mr. Jeff B. Smith, and Ms. Christina Dupuch.

## **Focus Areas**

As we entered into the post pandemic year, North Carolinians experienced rising needs across many social drivers of health including employment and mental health, while still facing housing instabilities statewide. These challenges coupled with the ever changing landscape of Medicaid transformation and the once again delayed launch of Tailored Plan has created an atmosphere of confusion, misinformation and unknowns for many who are marginalized and in need of critical services. While there are many areas of improvement and in need of attention the committee fixated on specific focus areas that were in alignment and driven primarily by our Gaps and Needs/Veterans subcommittee as well as consumers and families.

These focus areas included:

- 1.) Accessible Communication
- 2.) Peer Support Services
- 3.) Traumatic Brain Injury Services
- 4.) Intellectual and Developmental Disabilities
- 5.) Veterans and Military Families
- 6.) Comprehensive Reporting

In addition to these focus areas, SCFAC looked back four years and re-visited the 2019 recommendations. This look back outlined some of this committee's impact and highlighted some areas where the Department made some vital changes for the good. However, there are strategies from the 2019 report that remain relevant and should be explored and re-examined in order to make improvements to systems of care, processes and overall care. The subcommittee recognizes the strain that COVID -19 has put on the Department and the Division and appreciates the efforts and specific advances accomplished. Nevertheless, we also wish to re-visit several of these recommendations and continue our advocacy for explicit changes that we feel can improve the ecosystem of care while creating enhanced transparency statewide. These recommendations from 2019 are included in the focus areas of Veterans and Military Families and Comprehensive Reporting.

## **Recommendation 1 – Accessible Communication**

### **Develop and Implement an Enhanced Communication Strategy**

Since the onset of North Carolina’s Medicaid Transformation and the rollout of the Managed Care Plans and the repeatedly delayed Tailored Plans (most recently delayed to October 1, 2023), consumers of services have not received adequate communications on the many variables that this complex system of care will provide and how to navigate them. This subcommittee has identified major gaps and deficiencies in communications as outlined at many local CFAC meetings and through individual conversations with consumers and families, all only accentuated by the lack of providers in certain geographies. We understand that the COVID-19 pandemic has hindered in-person work in how we communicate with our communities, but that change makes the accessibility and actionability of formal communications all the more important.

Letters have been sent to both consumers and providers where even CFAC members and professionals within agencies found the information unclear or unintelligible. There have been instances where the letters had incorrect information or even incorrect numbers to call for help or as the needed action step, having been sent without proper quality-control measures. These communication deficits have highlighted a broader concern about Departmental communication accessibility and effectiveness in letters, presentations, and other materials: Many communications are written and organized from the perspective of what information the Department wants to send or deliver, as if checking a required box, rather than considering and measuring the accessibility and actionability of information provided from a consumer perspective or a provider perspective. These letters do not use clear, accessible language written at a third-grade reading level. They do not convey information efficiently using accessible graphics or graphic symbols like pictograms. These letters sometimes run on for multiple pages with information poorly prioritized, rather than being clear and direct about what consumers or providers need to know and need to do.

**We recommend the Department create and implement a robust, accessible, and testable communications strategy that addresses language barriers across the continuum when providing information to consumers and to providers. This strategy will increase the overall clarity, quality, accessibility, and effectiveness of information provided or action steps needed in letters, surveys, online, and in other materials. This strategy means that, as a matter of policy, Departmental and Medicaid written information be tested with a representative sample of consumers to measure the intelligibility, accessibility, and actionability of the information provided; that is, after engaging the communication consumers know what they are supposed to know and what they are supposed to do to a minimum percentage the Department establishes – we recommend 70 percent—with a phone number prominently provided for those who don’t understand or have questions about next steps. All communications from the Department should demonstrate their effectiveness with a demographically representative sample before being sent to the full population.**

**This strategy should include robust and universal Spanish-language translation done professionally and with excellence and accuracy, and also make prominent and clear the availability of information in all languages. In its awareness, sensibility, and intent, this strategy should extend to all Departmental meetings, presentations, and phone capabilities, and it should also extend to all communications with providers. We believe this strategy will greatly improve the overall transition for Tailored Plan, future Medicaid or state plan services from the Department, and all communications from the Department going forward.**

**We believe that this recommendation can be established by August 1, 2023, with the addition of a new and enhanced communications standard and plan to be published December 31, 2023.**



## **Recommendation 2(a) – Peer Support Services**

### **Increase Capacity for Peer Support Services at the community level**

It's no secret that the COVID-19 pandemic has exacerbated our state's surging mental health crisis and contributed the challenges for those experiencing homelessness and substance use disorder. We believe that this recommendation will help those struggling with mental health challenges build a strong support network and receive the treatment they need to lead healthy and fulfilling lives. In addition, by building a larger capacity for providers to include non-profit agencies we will be protecting and supporting the most vulnerable North Carolinians.

Specific Peer model pilots have yielded some amazing outcomes that directly impact both quality of care and coordination of MH and SU services. One pilot initiative to combat North Carolina's opioid crisis was completed in 2020 by the NC Healthcare Foundation and included six NC hospitals that embedded Peer Support Specialists within their emergency departments. This pilot program aimed to connect patients presenting with opioid overdose or substance use disorder to treatment, recovery, resources, and harm reduction supports and was funded by the Department. At the conclusion of the pilot program, peers across sites served a total of 5,213 patients with a substance use disorder (SUD). Peers made a total of 2,182 referrals, which involved discussions of treatment, recovery, and harm reduction supports in the community. Among patient participants, total ED visits decreased by 40%, hospitalizations decreased by 56%, and 30-day readmissions decreased by 34%.

This full report can be found at [\\*NC HealthCare Foundation Building the Case 2020 report.](#)

**To increase capacity in localized and rural community based peer support services that address individuals that are experiencing homelessness with co-occurring mental health or SU challenges. We feel that this should be a 10-20% increase in funding, resources and/or programs statewide.**

**We feel that the Department can complete this recommendation by August 1, 2023.**

\* [https://www.ncha.org/wpcontent/uploads/2020/12/ED\\_Peer\\_Support\\_Program\\_Guide\\_2020.pdf](https://www.ncha.org/wpcontent/uploads/2020/12/ED_Peer_Support_Program_Guide_2020.pdf)

## **Recommendation 2(b) – Peer Support Services**

### **Re-Open applications for the NC Peer Support Program Course**

As North Carolina continues to invest in the Peer Support structure across all deltas of care and as more organizations adopt this model, there has been an increased need for certified trainers. In September 2019 the Peer Support Certification Training Curriculum was paused and according to the North Carolina Certified Peer Support Specialist Program [website](#) there are only 14 approved courses to receive the PSS curriculum across North Carolina with some not operational. As we build on formal recommendation 2(a) this supports capacity building in addition to creating a larger synergy around breaking stigma and positively impacts economic impact.

**We recommend that the Department work with the UNC School of Social Work and the North Carolina Certified Peer Support Specialist Program to re-open applications for eligible organizations to apply and receive accreditation to facilitate PSS trainings. This will create more opportunities for those in recovery to obtain certifications, receive gainful employment and leverage their own lived experiences to improve the overall landscape healthcare.**

**We feel that the Department can re-open application and this recommendation can be completed by August 1, 2023.**

[\\*https://pss.unc.edu/](https://pss.unc.edu/)

## **Recommendation 3 –Traumatic Brain Injury Services**

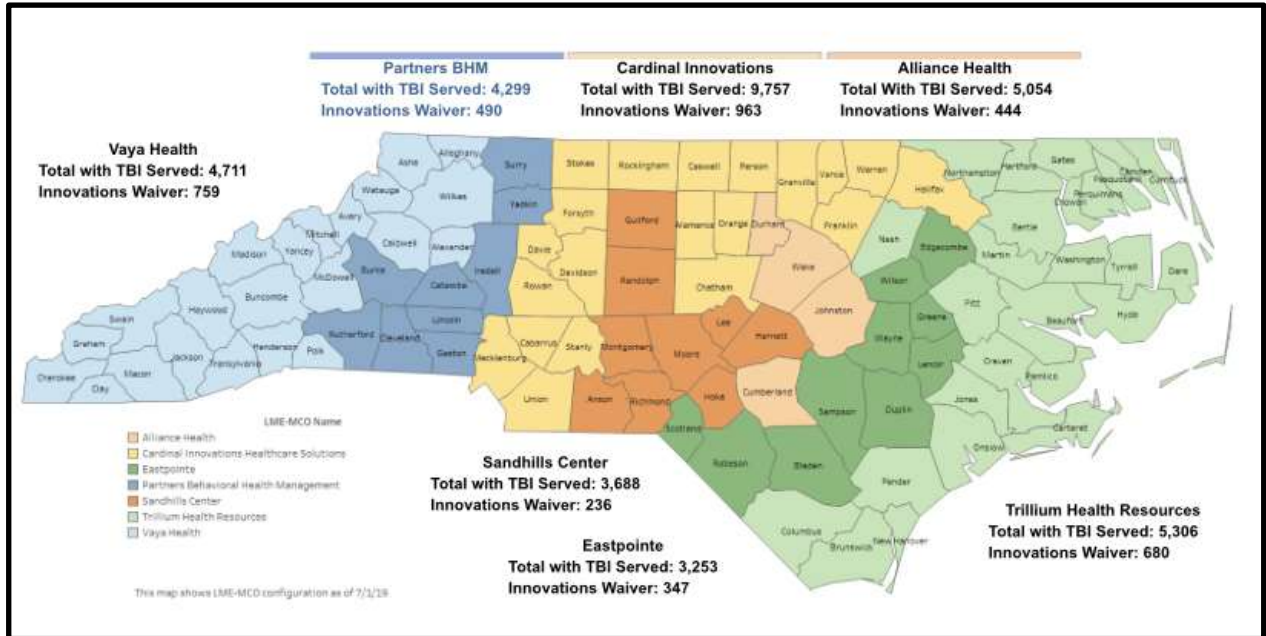
### **Expand Traumatic Brain Injury State Plan Services**

As the subcommittee looked into this critical need for enhanced and accessible care for North Carolinians with Traumatic Brain Injury (TBI), we could not put it more clearly than from the Disability Rights of NC article [‘Shamefully Inadequate: NC’s Service System for People with TBI’s](#) written September 2, 2021 The following is directly pulled from this article and report and best describes and supports our recommendation in perpetuity:

*Traumatic Brain Injury is a major issue for a large number of individuals in our nation and across North Carolina. TBI’s are a common cause of Emergency Department (ED) visits every year in NC. The service system needs to expand the needs of individuals with TBI and their families. For example, the Centers for Medicare and Medicaid Services (CMS) has encouraged states to use more Medicaid funds to keep elderly and physically/mentally disabled beneficiaries at home and in community –based settings as opposed to skilled nursing facilities (SNF), when feasible. Some NC children and adults with TBIs are unable to reach optimal physical, cognitive, and psychological functioning following a traumatic brain injury because of the lack of resources in smaller provider networks due to a shortages in necessary and appropriate therapeutic services. A misdiagnosis can lead to ineffective medical treatment and lack of these vital resources including treatment and rehabilitative care. As a result of these challenges, survivors often don’t get referrals to specialized treatment, which leads to individuals being placed in inappropriate institutional settings (ie., nursing homes, psychiatric in-patient hospitals) or are being sent to out of state for residential programs.*

*This paragraph is an urgent call for action to address many serious concerns regarding the wellbeing and rights of people with TBI in North Carolina. However, a similar paragraph was in the state’s 2017 action plan for people with TBI. This sad and frustrating fact is clear evidence of the lack of progress North Carolina has made in creating a system of care and supports for people with TBI.*

*North Carolina has taken one important step forward—the creation of a TBI Medicaid waiver pilot program. But the pilot serves only 4 of the state’s 100 counties, and North Carolina’s historical failure to track people with TBI and its continued lack of investment in the development of an adequate provider network have significantly hampered the effectiveness of the waiver program. As a result, only a handful of the thousands of people with TBI in North Carolina receive services specific to their needs.*



**The Subcommittee recommends adding Extended State Plan Allied Health Services to the Innovation waiver, so those with TBI can receive ongoing therapies. Through this expansion TBI consumers will receive needed rehabilitative therapies to maximize recovery and independence. This will also be beneficial for the IDD population.**

**We believe that this recommendation can be fully implemented by July 1, 2024, which is the new renewal date, where this is an allowable change.**

<https://disabilityrightsnc.org/community-living-and-equal-access/traumatic-brain-injury-tbi/shamefully-inadequate-north-carolinas-service-system-for-people-with-traumatic-brain-injuries/>

## **Recommendation 4 – Intellectual and Developmental Disabilities**

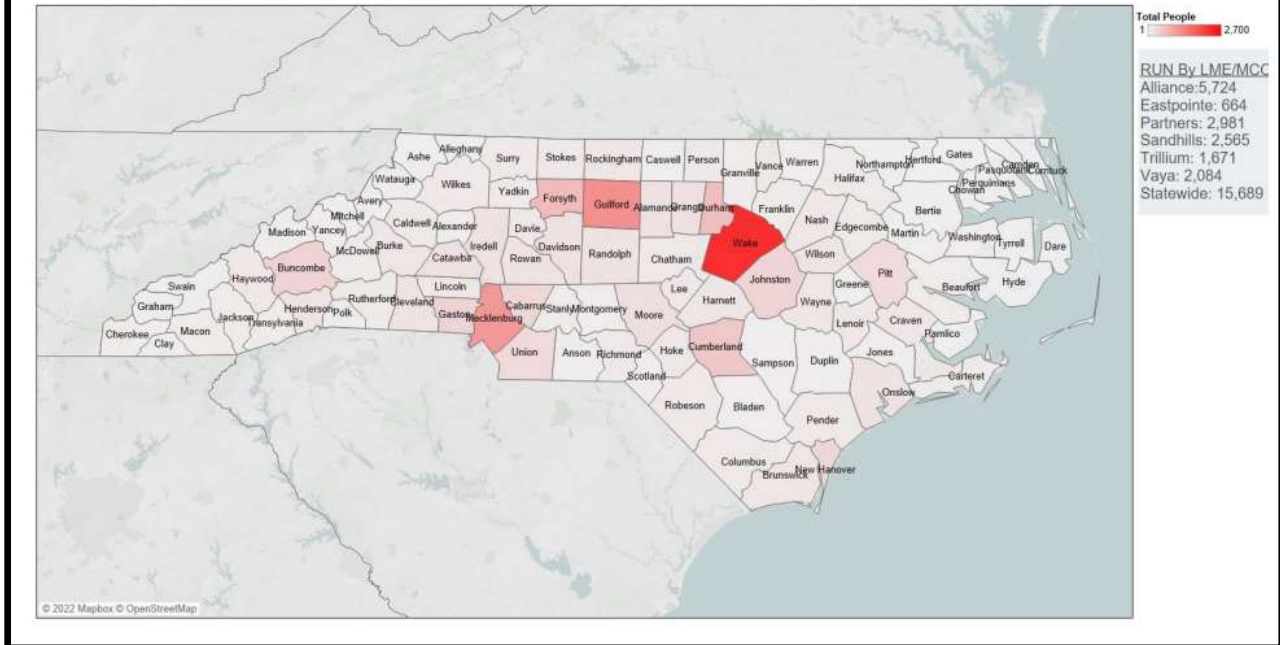
### **Develop a strategic plan to end the Innovations Waiver Registry of Unmet Needs with a specific end-date intention declared by the Department**

Over the past decade, despite the good intentions of everyone, the Registry of Unmet Needs (RUN) has only continued to grow. It now includes more than 16,000 people who meet the requirements for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care; live in an ICF-IID or are at risk of being placed in an ICF-IID; and want to use NC Innovations Waiver services instead of living in an ICF-IID. As detailed in the Sept. 30, 2021 report “Research Findings and Policy Solutions to Address the North Carolina Registry of Unmet Needs” by CCR Strategic Research and Consultation funded by the North Carolina Council on Developmental Disabilities, there also may be sociodemographic and other inequities in the delivery of Innovations Waiver services and in the makeup of the RUN. [CCR Full Report](#). Wait times for the Waiver frequently exceed 10-12 years. Having interviewed a wide swath of stakeholder groups, the report recommended the state address the Waiver waiting list, Waiver awareness, and accessibility inequities in order to meet its Olmstead obligations. Ending the waitlist does not necessarily mean every individual on the RUN receives an Innovations Waiver. Individual needs might be appropriately met through other funding streams, possibly including 1915(i). An analysis of the needs of people currently on the RUN is needed, as well as an inventory of what funding and services some of those people are currently receiving. Because of North Carolina’s biennial budget cycle, funding by the Legislature of new Innovations Waiver slots necessarily happens piecemeal. The way the state has approached the Waiver hasn’t been working, because the waitlist continues to grow. We believe what North Carolina has lacked and requires is a detailed strategic plan and framework from the Department for reducing and ending the Innovations Waiver waitlist with a declared end target date.

**We recommend that the Department set a specific end-date for the Innovations Waiver Registry of Unmet Needs waitlist—a date when there will no longer be a waitlist for people with significant IDD to receive appropriate services in North Carolina—and develop a comprehensive strategic plan to meet the stated goal. This plan should outline a timeline for intermediate goals, including ensuring quality of care and strengthening the service array with increased DSP pay and professionalization, and include both concrete funding estimates and the integration of changes such as Medicaid expansion and the impact of 1915(i).**

**We believe that the end-date recommendation and goal can be established by August 1, 2023, with the strategic plan published by November 29, 2023.**

## Innovations Waiver Registry of Unmet Needs Data as of 6/30/22



*\*Research Findings and policy solutions to address the North Carolina Registry of Unmet Needs, CCR, North Carolina Council on Developmental Disabilities; September 30, 2021. Presented March 10<sup>th</sup>, 2021 to State CFAC*

## **Recommendation 5(a) – Veterans and Military Families Elevate the NCServes program and model of care within Statewide Initiatives**

In the most recent [Department of Veterans Affairs Geographic Distribution of VA Expenditures Report \(GDX\) 2021](#); North Carolina is home to over 685,000 Veterans that results in over \$9.5 billion in economic impact, with over \$3.3 billion in medical care offered from the Veterans Administration (VA). However, only 37% of our Veterans population are accessing healthcare through the VA; indicating that many (63%) Veterans may be struggling with receiving adequate healthcare.

The North Carolina Department of Health and Human Services continues to support our Military connected communities across North Carolina. This has been evident over the last decade; through substantial support such as the investment made for the NC4VETS resource guide established in 2015, the grass roots involvement and creation for the North Carolina's Governors Working Group for Veterans, and the investment into the NCServes (launched 2015) platform in 2017, which led to the statewide program NC Care360 in 2019. With the merger of NCServes and NC Care 360 in 2021, North Carolina now has the nation's first true statewide coordinated network of care that harnesses both provider to provider and coordination center referrals that will ensure SDOH's are met in a timely manner. The fact that NC is the 4<sup>th</sup> largest Veteran populated state in the country and is home to Camp Lejeune and Ft. Bragg, caring for our Veterans and their families must continue to be a priority for the Department. By remaining steadfast and committed to this work we as a community can leverage the lessons learned and innovative projects from the NCServes programs that have solidified networks of care, improved accessibility and timeliness of service delivery and currently leveraging data to create strategies at the local and state levels.

In addition to support both at fiscal and advocacy fronts, we believe that regular participation at the Governor Working Group creates a better sense of transparency in the Veterans space and will assist in the identify opportunities within the established NCServes network where the Department can become more effective and in alignment with Veterans initiatives.

**This committee recommends the Department to continue to elevate and support the NCServes initiative through continued funding, promotion and integration with NC Care 360, and Department participation at the NC Governors Working Group for Veterans.**

**We believe that all facets of this recommendation can be met and be established by December 31, 2023.**

*[\\*2021 Geographic Distribution of VA Expenditures, North Carolina  
https://www.va.gov/vetdata/expenditures.asp](https://www.va.gov/vetdata/expenditures.asp)*



## **Recommendation 5(b) – Veterans and Military Families**

### **Incorporate the ‘Ask the Question’ campaign with NCServes/NC Care 360**

In 2011 [North Carolina Session Law 2011-185, Senate Bill 597](#), was passed which included an act to ensure that the behavioral health needs of members of the military, Veterans, and their families are met. In 2019 and at the formal recommendation from this committee an effort was established in keeping with this directive as the Department and the Division of Mental Health launched the ‘Ask the Question’ campaign. This committee applauds this effort and recognizes that this effort has greatly impacted many Veterans and families across NC and connected them to vital services that otherwise would remain potentially undiscovered or inaccessible. By advancing this campaign in an improved and renewed spirit - with actionable steps - taking into consideration with the question (the promotion of NCServes from recommendation 5(a)) we feel strongly that this will create healthier outcomes and leverage federal benefits, ensuring that Senate Bill 597 lives. Working to incorporate the question (*Have you or a family member ever serve in the Active Military, Guard or Reserve?*) into assessments while also encouraging providers to take action for those individuals who answer “yes” by leveraging and sending referrals to the NCServes provider in the NC Care 360 platform will better support our Military Connected communities.

It is also the expectation of this committee that by integrating this question into all state plans and government intake systems that we will be able to leverage other federal benefits (Veterans Administration) which will also impact Medicaid beneficiaries; resulting in maximizing resources and benefits that will both effect the individual Veteran and create desired outcomes at a systems level.

**We recommend that the Department take measures to advance the ‘Ask the Question’ campaign, in order to reach more military members, Veterans and their families. This includes integrating this question into all State funded programs and embedding into State plan assessments. This strategy should also include a deeper encouragement of the utilization of NC Care 360 with an emphasis on NCserves. This plan includes asking the right question in all areas where applicable, as well as be tracked and included in basic reporting mandates. This question should read, “*Have you or a family member ever serve in the active military, Guard or Reserve?*”**

**We believe that this recommendation should be explored and a feasibility study can be established by October 1, 2023**

*\*North Carolina Session Law 2011-185, Senate Bill 597*  
[www.ncleg.gov/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2011-185.pdf](http://www.ncleg.gov/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2011-185.pdf)



## **Recommendation 6 – Comprehensive Reporting**

### **Provide an Annual Statewide Comprehensive Gaps and Needs Report**

In 2019 the state CFAC committee presented this recommendation to the Department, in order to align LME/MCO reporting and survey results that were outlined in their ‘Network Adequacy Reports. In the last two years the LME/MCOs have failed to provide their Gaps and Needs or Network Adequacy Reports in a timely manner. This shortfall has created windfall effect for this committee to review critical reports, thus handcuffing our ability to provide strong recommendations and fulfill our charge. Unfortunately, there has been no major movement or change since this recommendation in 2019; and it is our strong belief that we are making this strategy a priority moving forward. We strongly believe that the Department can work to create some common language and require (or even mandate) these reports to be completed in a more consistent manner. By producing an annual statewide comprehensive gaps and needs report that includes the LME/MCO Network Adequacy reports it will create a broader sense of transparency across the continuum, which will impact providers, consumers, advocates and lawmakers. This will also ensure that as a state we are accurately measuring reported gaps in services, which will help create strategies and viable solutions. This report should also include other data sources: NC Care 360 data, Healthy Opportunities Pilot data, NC-TOPPS to name a few.

**We recommend that the Department provide an annual Statewide Comprehensive Gaps and Needs Report from the NC Quality Improvement Team, which encompasses all Tailored Care Plan Providers (LME’s). This report should be published by January 1 succeeding the Fiscal Year. *\*This formal recommendation was previously submitted by State CFAC in 2019.***

**We believe that this recommendation can be established by August 1, 2023, while producing the first comprehensive report by January 2025.**

## **Letters to Department Leadership 2022-2023**

Over the last several years this committee has worked to increase the overall communication between Department leadership and staff with both the committee and consumer voices. A strategy to submit formal letters from the committee to Department Leadership was welcomed and we feel has yielded some significant outcomes. In the last year, this committee submitted five letters that voiced concerns, identified potential challenges, and supported the Department's stance on various issues; ranging from operational to strategic. It is always important that this committee not only help to identify challenges and issues at an operational level but to provide viable responses and ideas to assist in systemic solutions. The foundation for these letters is often discussed as a committee at-large during our monthly meetings; however some have emerged from urgency and necessity, contingent on the matter at hand, such as the Samantha R. case.

We are grateful that the Department is open to these letters and hopeful that these can assist and support decisions that need to be made throughout the year. You may find that some of our formal recommendations were derived from the content of these letters previously communicated. In order to continue levels of clarity we are providing the five letters submitted during the FY in the following pages of this report.

### Formal Letters to Department Leadership

1. SCFAC letter dated May 24<sup>th</sup>, 2023  
Addressed to Secretary Kody Kinsley
2. SCFAC letter dated January 18<sup>th</sup>, 2022  
Addressed to Deputy Secretary Dave Richard and Director Kelly Crosbie
3. SCFAC letter dated November 18<sup>th</sup>, 2022  
Addressed to Secretary Kody Kinsley
4. SCFAC letter dated September 28<sup>th</sup>, 2022  
Addressed to Secretary Kody Kinsley
5. SCFAC letter dated August 3<sup>rd</sup>, 2022  
Addressed to Deputy Secretary Mark Benton



## State CFAC Members

2022-2023

5/24/2023

**April DeSelms, *Chair***  
**Bob Crayton, *Vice-Chair***

**Brandon Wilson**

**Crystal Foster**

**Heather Johnson**

**Janet Breeding**

**Jean Andersen**

**Jessica Aguilar**

**Johnnie Thomas**

**Kenneth Brown**

**Lorraine Washington**

**Patty Schaeffer**

**Ricky Johnson**

**Susan Monroe**

Dear Secretary Kinsley,

The State Consumer Family Advisory Committee (SCFAC) members have concerns regarding the SCFAC Legislation § 122C-171 in particular Subsections C (1-7) and subsection D.

The SCFAC members understand that there has been a high turnover rate in the last few years at the Department and throughout the State of North Carolina.

The SCFAC is not receiving adequate assistance to fulfill its duties as required by statute. Inquiries are often not responded to in a timely manner, if at all. An example of this includes the committee requesting information on members who receive TBI services and not receiving accurate data in this area. Another example is not receiving Network Adequacy reports from LME/MCOs, in a timely manner or note even at all for a Fiscal Year. We have received several different reports with no clarity on our inquiry. It has also been a concern that SCFAC is not being informed of the formation of committees/workgroups or included. If they are being included, it is after seeking out the meetings and requesting to be involved.

We are requesting information on how you feel the State of North Carolina Department will be able to meet its Statutory obligation in ensuring that we are able to perform our mandated duties. Specifically, providing feedback on plans, disability inclusion through SCFAC members on committees and workgroups to provide feedback for the State, being informed of Budgets and each concern with them, data, and so on.

Please refer to our statute that lists our mandated duties.

(c) The State CFAC shall undertake all of the following:

- (1) Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services
- (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, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services.
- (5) Review and comment on contract deliverables and the process and outcomes of prepaid health plans in meeting these contract deliverables.
- (6) Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including Statewide issues.

(7) Develop a collaborative and working relationship with the prepaid health plan member advisory committees to obtain input related to service delivery and system change issues.

(d)The Secretary shall provide sufficient staff to assist the State CFAC in implementing its duties under subsection (c) of this section. The assistance shall include data for the identification of service gaps and underserved populations, training to review and comment on the State Plan and departmental budget, procedures to allow participation in quality monitoring and technical advice on rules of procedure and applicable laws.

We appreciate your efforts into looking at this matter and look forward to your feedback about moving forward.

Sincerely,  
State CFAC Members



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April DeSelms, Chair



Bob Crayton, Vice-Chair



**State CFAC Members**

**2022-2023**

To: Kelly Crosbie, Director DMHDDSAS  
Dave Richard, Deputy Secretary NC Medicaid

**April DeSelms, Chair**  
**Bob Crayton, Vice-Chair**  
**Brandon Wilson**

First, Happy New Year. We hope this year brings us all joy and peace. We are truly grateful for your continued support and willingness to hear from both the consumers of services and from this committee.

**Crystal Foster**  
**Dreama Wilson**  
**Heather Johnson**

We are writing this letter to advocate for an identified challenge regarding the Tailored Plans rollout and to offer some solutions to support this challenge. There seems to still be a major issue with communication regarding the elements of the Tailored Plans for consumers. We understand that letters will be mailed to consumers of the Tailored Plans in February 2023, however we believe that excessive communication to our communities is necessary to help understand the complexities of both the plan and the rollout.

**Janet Breeding**  
**Jean Andersen**  
**Jessica Aguilar**  
**Johnnie Thomas**  
**Kenneth Brown**  
**Lorraine Washington**

This committee would like to recommend that the Division develop an enhanced communications campaign that must be clear, concise as well as understood at a 6<sup>th</sup> grade reading level. This initiative must include options to readily address language barriers. Some of these solutions include:

**Patty Schaeffer**  
**Ricky Johnson**  
**Susan Monroe**

- The utilization of social media (Facebook, Instagram, LinkedIn, etc.)
- Written communication to include posters, flyers and brochures that can be disseminated in strategic locations to include social services, non-profits, churches, schools, shelters, etc.
- Communication elements should include both a local point of contact as well as a state contact to address macro level questions and individual specific questions at the local level. All communications should be uniform and consistent across North Carolina.
- In addition, and if applicable sharing the timeline that outlines major health providers enrollment and milestones of the rollout is also advisable.

We believe that by enhancing the communications for the Tailored Plans roll out will help address the many challenges and barriers consumers have already been experiencing. This committee is humbled to be the voice of our community as we enter into these new plans. We are hopeful and confident that the Department will take this recommendation into consideration.

Nothing about us, without us.

Respectfully, on behalf of the members of the State Consumer and Family Advisory Committee,

April DeSelms. Chair

CC:  
Kody Kinsley, Secretary, NC DHHS  
Mark Benton, Deputy Secretary of Health  
Rene Rader, Deputy Director, DMHDDSAS



## North Carolina State Consumer and Family Advisory Committee

C/O Community Engagement and Empowerment Team

3001 Mail Service Center | Raleigh, NC 27699-3001

Phone: 984-236-5000 | Fax: (919) 733-4962

### State CFAC Members 2022-2023

**April DeSelms, Chair**  
**Bob Crayton, Vice-Chair**

**Jessica Aguilar**  
**Jean Andersen**  
**Janet Breeding**  
**Kenneth Brown**  
**Crystal Foster**  
**Heather Johnson**  
**Ricky Johnson**  
**Susan Monroe**  
**Johnnie Thomas**  
**Patty Schaeffer**  
**Lorraine Washington**  
**Brandon Wilson**  
**Dreama Wilson**

November 18, 2022

Dear Secretary Kinsley:

First, we begin with a thank you to each of you individually and collectively for your service to our great State. Regardless of party affiliation or position, we are all North Carolinians and share a true passion for its citizens, particularly those with the greatest vulnerabilities.

The primary responsibility of the State Consumer and Family Advisory Committee (SCFAC) is to advise the Department as well as the General Assembly on the planning and the management of the State's public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services system. The recent order in *Samantha R., et al. v North Carolina and the NC Department of Health and Human Services* establishes measurable targets for the State of North Carolina. Overall as a State CFAC we **strongly** support Judge Baddour's landmark ruling, but as importantly we are seriously concerned about the potential impact of the language, in the *order*, as stated below:

- The state must divert or transition 3000 people who want to leave or avoid institutional settings over the next 8 years, and cease new admissions after 6 years, except for respite or short-term stabilization. The Order sets an annual benchmark which the state can meet by employing programs and processes it has used in other contexts, such as in-reach and diversion programs.

Specific concerns are as follows:

- The high probability of unintended negative consequences that will further weaken an already fragile system;
- With "closure of the front door for ICF/IIDs" (Intermediate Care Facilities/Individuals with Intellectual Disabilities) it endangers the service for the individuals that remain as providers cannot feasibly operate with 4 or less beds (how the service was created under the Social Security Act) – thus provider networks across the state will be destabilized, and individuals will be forced to leave a service they chose;
- While ICF/IID's are, by design, somewhat more restrictive it remains a community choice/option that should not be eliminated as families/guardians, through the years, have made an informed choices for this service;
- We are a fully diverse population and need to be recognized as such – the available choices need to be as diverse as we are;
- If there is closure of the ICF/IIDs, what will be the service options for some of the most vulnerable people receiving supports/services? The Innovations waiver as it stands now is not robust enough to meet the needs of many of these individuals;

- With regard to the current timeframe in the order, what has truly changed that will ensure other service options will be available with no gap or notable change in service for individuals requiring the highest level of care in our present system;
- Most importantly, although referred to as institutions, the core of the community ICF/IID service is not an institution as CMS recognized the need to update the regulations and took major strides to do so to ensure people had more control over the lives they chose and were truly an integral part of their home community.

We ask that community-based settings (licensed as 10 NCAC 27G.5600C that are certified as ICF/IID's) remain a viable service option while NCDHHS works to create a more robust community-based service system to support people who opt to live in a community of their choosing.

We would be remiss to not include our continued concerns around TBI services across our State, as we move forward what impact does this ruling have for those individuals. We are able to see limited data on individuals with TBI thus can we even begin to know how negative this may adversely impact them?

We would appreciate any and all timely feedback on the State's decision to appeal any part of Judge Baddour's order.

As always, we are available for further conversation, and would welcome this opportunity to share our thoughts, concerns, and lived experiences.

Respectfully, on behalf of the State Consumer and Family Advisor Committee.



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April DeSelms, Chair

Cc:

Dave Richard, Deputy Secretary for NC Medicaid  
Mark Benton, Deputy Secretary for Health





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**Jean Andersen**  
**Janet Breeding**  
**Kenneth Brown**  
**Jason Burke**  
**Orion Christy**  
**Crystal Foster**  
**Heather Johnson**  
**Ricky Johnson**  
**Robin Jordan**  
**Susan Monroe**  
**Lori Richardson**  
**Johnnie Thomas**  
**Patty Schaeffer**  
**Brandon Wilson**  
**Dreama Wilson**

September 28, 2022

Dear Secretary Kinsley:

First of all, thank you for all that you are doing to ensure that the Tailored Plans roll out is successful. With that being said, we would like to provide some feedback for DHHS' consideration and ask that an update be shared with beneficiaries. There is expressed confusion regarding the information and we would strongly recommend that the following be clarified:

- If the individual is currently on the Innovations Waiver, they will remain on the Innovations Waiver;
- Clarify that when Standard Plans rolled out, if the beneficiary received the Innovations Waiver he/she remained in Medicaid Direct and that unless he/she chooses to dis-enroll nothing will change for him/her when the new Tailored Plans roll out;
- The lack of providers that are in the system is astounding and is very scary for an individual to learn when using the available search tools. Ensure that individuals understand that most doctors that currently accept Medicaid will continue to do so. If there are questions, beneficiaries should contact their doctor's office and ask if they are aware of the new roll out and if they are going to continue to accept Medicaid;
- Clarify the process of choosing a Tailored Care Management provider;
- When using the word provider it becomes confusing to most individuals as we are used to calling providers agencies such as ARC, Monarch, Maxim, etc. because they are the ones who provide in home services. It needs to be clarified that all medical practices are called providers as well;
- Please clarify who needs to be contacted for information. There needs to be a clearer explanation of the roll of the NC Medicaid Enrollment Broker versus calling your LME/MCO;
- Please re-visit the Spanish translations of these letters as there is confusion in those letters about who to exactly contact for help;
- Please ensure that any future communications are written so that beneficiaries can understand and take note of not using so much Medicaid jargon (or at least ensure there is a corresponding person first version as we recognize there are legal requirements with regard to communications);
- Explain in a more clear manner what happens if a beneficiary chooses to enroll in a Standard Plan over a Tailored Plan.
- For individuals that have not yet received communication from the Enrollment Broker what is to be expected moving forward and what are the timelines?.

We appreciate your taking the time to consider our recommendations.

Respectfully, on behalf of the State Consumer and Family Advisory Committee,

April DeSelms, Chair





## North Carolina State Consumer and Family Advisory Committee

C/O Community Engagement and Empowerment Team

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**Orion Christy**  
**Crystal Foster**  
**Heather Johnson**  
**Ricky Johnson**  
**Robin Jordan**  
**Susan Monroe**  
**Lori Richardson**  
**Johnnie Thomas**  
**Patty Schaeffer**  
**Brandon Wilson**  
**Dreama Wilson**

August 3, 2022

Dear Secretary Benton:

First, we begin with a thank you to each of you individually and collectively for your service to our great State. Regardless of party affiliation or position, we are all North Carolinians and share a true passion for its citizens, particularly those with the greatest vulnerabilities.

The primary responsibility of the State Consumer and Family Advisory Committee is to advise the Department as well as the General Assembly on the planning and the management of the State's public mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services system.

Upon receiving correspondence from the Department of Deepa's rapid and unexpected departure as an Advisory Committee we had to pause for a moment and consider the disruption to DMHDDSAS and the system as a whole in very unprecedented times.

We are all familiar with the "wall of Directors" that has been proudly displayed dating back to the first Director, yet it is very unsettling and quite saddening to see the trajectory of the past 8 – 10 years. Speaking only to the last two Directors admittedly their focus was more focused to one specific disability and their skill set in managing a state system was somewhat limited. The appearance whether real or perceived is that of the Director position being a "steppingstone" particularly if you consider their abbreviated tenure. While we respect and appreciate Dave Richard it is almost unfathomable to consider his ability to oversee both DHB and DMHDDSAS even on an interim basis – from our view as individuals, families and advocates – what impact does this have on his physical and mental health – truly we are concerned for his well-being.

In addition to the Director there are other critical vacancies (Deputy Director and COO, IDD Consultant and IDD Team Lead) that significantly impacts the day-to-day operation and most importantly the bandwidth of the Division staff (further stressing an already fragile system). The level of turnover and loss of institutional knowledge in the past few years is staggering and must be overwhelming to the committed staff that remain.

After careful review of the following job posting:

Director:

[https://www.governmentjobs.com/careers/northcarolina/jobs/3639356/division-director-mental-health-developmental-disabilities-and-substance-abus?location\[0\]=wake&department\[0\]=Dept%20of%20Health%20and%20Human%20Services&sort=Salary%7CDescending&pagetype=jobOpportunitiesJobs](https://www.governmentjobs.com/careers/northcarolina/jobs/3639356/division-director-mental-health-developmental-disabilities-and-substance-abus?location[0]=wake&department[0]=Dept%20of%20Health%20and%20Human%20Services&sort=Salary%7CDescending&pagetype=jobOpportunitiesJobs),

our request, as the search to fill vacancies is ongoing, is that Leadership ensures the candidates are truly subject matter experts specifically that they are familiar with and committed to persons receiving supports and services within the MHDDSAS system.

Furthermore, it is imperative that they understand how to formulate policy that is consistent with North Carolina's mission. As importantly, these individuals, especially the Director, must be "sold out" to moving North Carolina forward, and there must be some assurance that there will be stability for a reasonable period of time. Truly, this is our expectation – if this cannot be achieved our system is at a risk greater than any other time in our history (a "tipping point" if you will) which for members of the SCAC is terrifying. Our system is unique, and we want to preserve it as appropriate, yet move forward as a fully integrated system.

We would appreciate any and all feedback, but some specific asks include:

- We are requesting, at a minimum, a monthly update on the number of qualified applicants for the core positions;
- We would appreciate a better understanding of Dave's oversight regarding day-to-day operations – as previously stated we have a very strong trust relationship with Dave, but this task, even for him, is a bit daunting;
- Many of the LME-MCOs have included CFAC participation in the interview process, and this has clearly demonstrated the value of one of the most important bodies representing individuals and families with MH/SU/IDD and TBI – is this a consideration for DHHS?;
- With one of the most significant changes occurring in 5 months, and the focus being primarily on Medicaid beneficiaries – the noise in the communities is what about State funded and uninsured – any feedback concerning the most vulnerable individuals is requested.

As always, we are available and welcome the opportunity to interface with both members of the General Assembly and DHHS Leadership to share our thoughts, concerns as well as our stories and life experiences.

Respectfully, on behalf of the State Consumer and Family Advisory Committee,



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April DeSelms, Chair

Cc:

Kody Kinsley, Secretary, NC DHHS  
Dave Richard, Deputy Secretary for NC Medicaid  
The Honorable Senator Joyce Krawiec  
The Honorable Senator Jim Burgin  
The Honorable Representative Donnie Lambeth  
The Honorable Representative Kristin Baker, MD  
The Honorable Representative Donna McDowell White

## **Appendix**

North Carolina State Consumer and Family Advisory Committee GS  
[NC General Statute § 122C-171 \(2014\).pdf](#)

2019 State CFAC Recommendations  
[2018-2019 State CFAC Annual Report](#)

NC HealthCare Foundation Building the Case 2020 report  
[Building the Case for Emergency Department Peer Support, Implementation Guide, NC HealthCare Foundation, 06/2020.pdf](#)

North Carolina Certified Peer Support Specialist Program Website  
<https://pss.unc.edu>

Shamefully Inadequate: NC's Service System for People with TBI's  
<https://disabilityrightsn.org/community-living-and-equal-access/traumatic-brain-injury-tbi/shamefully-inadequate-north-carolinas-service-system-for-people-with-traumatic-brain-injuries/>

CCR Full Report  
[North Carolina Council on Developmental Disabilities Research Findings and Policy Solutions to Address the NC registry of unmet needs 9/30/2021.pdf](#)

Veterans Affairs Geographic Distribution of VA Expenditures Report (GDX) 2021  
[2021 VA GDX Report.xls](#)

NCGS Session Law 2011-185  
<https://www.ncleg.gov/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2011-185.pdf>

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## Department Responses

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<b>Recommendation 1 – Accessible Communication</b> <b>Develop and Implement an Enhanced Communication Strategy</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	



## Department Responses

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<b>Recommendation 2(a) – Peer Support Services Increase Capacity for Peer Support Services at the community level</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	



## Department Responses

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<b>Recommendation 2(b) – Peer Support Services</b> <b>Re-Open applications for the NC Peer Support Program Course</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	



## Department Responses

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<b>Recommendation 3 –Traumatic Brain Injury Services</b> <b>Expand Traumatic Brain Injury State Plan Services</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	





## Department Responses

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<b>Recommendation 4 – Intellectual and Developmental Disabilities</b> <b>Develop a strategic plan to end the Innovations Waiver Registry of Unmet Needs with a specific end-date intention declared by the Department</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	



## Department Responses

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<b>Recommendation 5(a) – Veterans and Military Families Elevate the NCServes program and model of care within Statewide Initiatives</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	



## Department Responses

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<b>Recommendation 5(b) – Veterans and Military Families Incorporate the ‘Ask the Question’ campaign with NCServes/NC Care 360</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	



## Department Responses

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<b>Recommendation 6 – Comprehensive Reporting</b> <b>Provide an Annual Statewide Comprehensive Gaps and Needs Report</b>	<b>Concur or Non-Concur</b> <i>(circle)</i>
<u><b>Explanation</b></u>	