

April 15, 2024

North Carolina State Consumer and Family Advisory Committee celebrated 20 years.



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Advocacy and Customer Services
Tel 919-715-3197 • Fax 919-733-4962

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Mosley, Director

April 15, 2004

TO: All Concerned

FROM: Carmen Hooker Odom, Secretary
Department of Health and Human Services

RE: State Consumer and Family Advisory Committee (CFAC) Appointments

I am pleased to announce the appointments for the State Consumer and Family Advisory Committee (S-CFAC). The committee is comprised of the following members: Jere W. Annis, III, Carl Britton-Watkins, Derl Bruce, George (Pete) Clay, Zachariah (Zac) Commander, Sandra DuPuy, Ronald Huber, Kathleen Herr, Ed Masters, Doug Michaels, Ellen Perry, Barbara Ann Richards, Katie Chambers Sawyer, Betty Stanberry, Amelia Thorpe, Alejandro Vazquez and Paula Wagner. As outlined in the 2003 State Plan, membership will consist of twenty (20) members who are representative of each of the four disability groups, i.e., mental health, developmental disabilities, substance abuse and co-occurring disorders, of which a minimum of sixteen (16) shall be local CFAC members, but with no more than 1 member from the same local CFAC. An additional member has also been appointed to the committee for voting purposes, which will bring the total representation to twenty-one (21) members. Currently, there are four vacancies for adolescents in each of the four disability groups. The Consumer Empowerment Team will continue to recruit and take applications for these vacant member positions for the state CFAC.

The State CFAC, in conjunction with the Division's Executive Leadership Team (ELT) will provide input and conduct oversight of the Division of Mental Health, Development Disabilities and Substance Abuse Services operations and efforts to accomplish the strategic outcomes of the State Plan. Although the State CFAC works directly with the ELT, they may, at any time, report specific concerns directly to me. The State CFAC will receive support through the Division's Advocacy and Customer Services Consumer Empowerment Team.

The initial meeting location for the State CFAC will in the Haywood Room at the Holiday Inn in North Raleigh on May 5, 2004 from 9:00 a.m. - 4 p.m., where they will begin to develop a work-plan and arrange for future meetings. During this meeting, members will also meet with the new Division Director, Mike Mosley, Chris Phillips, Chief of the Advocacy and Customer Services Section and Ann Remington, Consumer Empowerment Team Leader.

Please join me in congratulating these individuals on their appointments! These individuals have accepted the challenge to assist in the reform efforts by representing their regions and respective disabilities. They need our support to continue the efforts of the reform process.

cc: Lanier Cansler
James Bernstein
DMH/DD/SAS Executive Leadership Team
Carol Duncan-Clayton
Robin Huffman
Fred Waddle
Patrice Roesler
CFACs



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Accomplishments from last Year

- Medicaid Expansion Passed
- Collaborated on DHHS Strategic Plan
- Launched of the NC Peer Warm Line
- Appendix K extension and flexibilities
- Participated on Legislative Day 2024
- Increased SCFAC member participation 20%
- Hosted Historic Panels with both LME/MCO and PHP Leadership
- Submitted 11 letters to DHHS and General Assembly on pressing issues
- SCFAC Members represented on over 40 different local, state and national committees and boards
- Joined forces with Local CFAC's to address changes to 12CC, delaying sections 170 and 171





***Recommendation 1: Traumatic Brain Injury**

Expand Traumatic Brain Injury Services

Note: Recommendation from last year with partial concur:

DHHS Response from last year's recommendation: DHHS has determined that a comprehensive analysis of this request can be completed by the end of July 2024.

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 recommendation's plan should include a phased implementation approach. (This will also be beneficial for the IDD population.)

SCFAC remains resilient with this recommendation as the committee feels that with the rollout with the statewide TBI waiver, a more comprehensive understanding paralleled with extending these services will greatly enhance the overall care for this population.

Since the Department did not fully concur with this recommendation last year and only partially concurred, we are making this recommendation again, hopeful that the comprehensive analysis completed in July 2024 can lead to a phased implementation that will begin October 2024.

2

***Recommendation 2: Comprehensive Reporting**

Provide an Annual Statewide Comprehensive Gaps and Needs Report

Note: Recommendation from last year with Full concur from Department:

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's new deadline is September 1, 2024, while producing the first comprehensive report by January 2025.

3

Recommendation 3: Substance Use Disorder and Opioid Use

Additional Funding

We recommend the Department provide additional funding to the LME/MCO's and/or community-based organizations to develop and sustain new and existing substance abuse programs. This should also include funding to expand access to residential treatment options through targeted halfway house funding, and access to recovery level options at all levels of SAMSHA's recovery housing spectrum; including halfway to long term residential treatment. Furthermore, allowing flexibilities with this additional funding that can pilot new treatment models like the Sobriety Treatment and Recovery Teams (START), UNC Horizons, and evidence based child welfare service delivery model for families that is aimed at keeping children safely with their parent(s) whenever possible. This funding also supports programs for youth and young adults in recovery.

SCFAC believes that this recommendation can be accomplished within the scope of the Department's existing budget by prioritizing this need ahead of others with less consequence. We believe that this can be explored and that additional funding allocated to the LME/MCO's and or Community based organizations by January 1st, 2025 if not earlier.

4

Recommendation 4: Veterans and Military Families

Veterans Care Coordination Department Integration

We recommend the Department take deliberate steps to enhance support for Veterans and their families by fostering closer collaboration with DHHS staff and programs through the intentional alignment with the NCServes Program. This alignment includes integrating resources on the NCDHHS website. This proposal involves leveraging the Department’s backing of the NCServes program by assigning dedicated division staff to utilize the platform via NCCARE360. This will enhance the exchange of referrals, ensuring Veterans and their families receive timely assistance tailored to their specific needs. Furthermore, we advocate for the inclusion of direct links on the Department’s website, facilitating easy access for Veterans to resources such as the NCserves website and Assistance Page.

SCFAC believes that this recommendation can be adopted and established as early as November 11th, 2025 – Veterans Day.

5

Recommendation 5: Peer Support Services

Standardize a Universal Peer Support Certification Program

SCFAC recommends the Department develop a standardized Peer Support Specialist Curriculum. By establishing a statewide curriculum under the Department's management, we can enhance training consistency and ensure a cohesive approach to the Peer Support Model of Care across the state. This curriculum shall include a hybrid delivery system, strong oversight on continuing education requirements, and an ethics board to address issues with clients, providers and peers.

We believe that with recent efforts within this system of care that the Department can execute this recommendation by January 1st, 2025.



Recommendation 6 :
Private Duty Nursing (PDN)
(2 parts)



Recommendation 6 (a): Private Duty Nursing (PDN) Increase in PDN Reimbursement Rates

We propose the Department increase private duty nursing rates. This adjustment is based on an analysis of current economic trends, cost of living adjustments, and comparison with rates in similar regions. Additionally we propose that the Department also implement a procedural policy that would ensure PDN nurses receive the appropriate portion of the reimbursement rate. This rate increase needs to be equivalent to other PDN payer sources in NC (such as Veterans Administration). This policy would also include the oversight of providers to safeguard the quality of services rendered and appropriate pay occurred to safeguard this system of care.

A Department committee and policy can be established and implemented by January 1, 2025.



Recommendation 6 (b): Private Duty Nursing (PDN) PDN Dashboard

We recommend that the Department develop a PDN dashboard to track specific data from Medicaid Direct, Tailored Plans, and Standard Plans. This data should include availability of PDN Providers per county, service types, and average reimbursement paid. Number of individuals receiving PDN pediatric/adult, number of authorized hour's pediatric/adult, number of staffed hours pediatric/adult.

We believe this dashboard can be built and operational by January 1, 2025.



Recommendation 7: Traumatic Brain Injury (TBI)

TBI Dashboard

A statewide Traumatic Brain Injury (TBI) dashboard in North Carolina is critical for enhancing Medicaid and state services for individuals affected by TBIs. Therefore, SCFAC recommends that the Department develop a TBI dashboard to track specific data from Medicaid Direct, Tailored Plans, and Standard Plans. This dashboard should include information on race, gender, ethnicity, age, and the following metrics:

- Number of individuals with TBI receiving Medicaid**
- Number of individuals with TBI enrolled in CAP/C, CAP/DA, Innovation, or TBI waiver programs**
- Number of individuals with TBI receiving Private Duty Nursing**
- Number of individuals accessing TBI state funds and TBI state funding programming**
- Breakdown of TBI state funds for each MCO and the Brain Injury Association of NC, including:**
 - Number of individuals served**
 - Specific services funded**

We believe this dashboard can be developed and operational by January 1, 2025.



Recommendation 8: CAP Waivers

Relative as provider option

We recommend that the Department include the option of “Relative as Provider” under the CAP Waivers. This addition will provide essential services to help individuals remain in their homes, thereby reducing the need for institutionalization. It will also ensure that all relatives serving as providers receive a fair hourly rate for their services under this waiver provision. It is imperative that added language be included in the CAP Waivers Clinical Coverage Policies to ensure the Coordination of Waiver services and state plan Medicaid services are met. Such language currently exists in the Innovations Waiver Clinical Coverage Policy 8P.

Given the nature of this recommendation, we propose a phased approach to assess feasibility, as consultation from CMS may be required.

The implementation of this recommendation can be established by October 1, 2025.

9

Recommendation 9:

Interpersonal Violence and Intellectual and Developmental Disability

Implement a comprehensive plan to reduce IPV in the IDD population

(3 parts)

9

(a)

Recommendation 9(a): Interpersonal Violence and Intellectual and Developmental Disability

Mandatory annual training on IPV prevention and healthy relationships

We recommend the Department require all frontline IDD service providers (including DSPs/ care workers, Qualified Professionals [QPs], care managers, care-manager extenders, and care coordinators) to complete an annual minimum 2-hour training that includes:

- **Understanding healthy relationships and sexual health;**
- **Understanding the forms and dynamics of IPV and the cycles of abuse;**
- **Identifying the signs and symptoms of IPV, including abuse by caregivers and/or staff;**
- **Learning trauma-responsive practices to support survivors appropriately;**
- **Learning how to make an effective referral to IPV resources and supports**

This recommendation can be employed by implementing mandatory training within the scope of services outlined in contracts with organizations providing services.

This recommendation can be completed by January 1st, 2025.

9

(b)

Recommendation 9(b): Interpersonal Violence and Intellectual and Developmental Disability

Availability of an accessible curriculum for IPV prevention

We recommend the Department require that all IDD providers offer consumers and family members or guardians an accessible IPV prevention curriculum, including information addressing healthy relationship dynamics, communication, and sexual health. We endorse the curriculum be made available in multiple formats (including easy-to-read text, audio recording, and visual aids/picture-assisted, as well as in Spanish language) to cater to diverse communication and learning needs and styles. We trust that the Department can identify a course, whether customizing a new curriculum, modifying a present or simply employing an existing program.

SCFAC believes that this recommendation can be completed by June 30th, 2025 and statewide implementation begin July 1st, 2025.

9

(c)

Recommendation 9(c): Interpersonal Violence and Intellectual and Developmental Disability

Requiring Collaborative Engagement

We recommend the Department require that all IDD providers establish a reciprocal partnership with at least one IPV service provider to ensure effective responses to IPV referrals from IDD provider agencies; to help IPV organizations develop curriculum, resources, and programming that are accessible, tailored for people with IDD, and responsive to individual needs; and to ensure IPV-organization staff training is IDD-informed—all ensuring a coordinated, comprehensive approach to IPV prevention and response.

The committee believes this recommendation be implemented in its entirety by May 1, 2025.

Next Steps

In alignment with last year, SCFAC requests a formal written response to these recommendations, which will be presented during our September 2024 meeting. Please respond using the definitions below, (also outlined in Page 4 of the formal report) and provide quarterly updates on the 'Concur' and 'Partially Concur' responses.

Concur

Definition: Full agreement with the proposal, or recommendation.

Partially Concur

Definition: Partial agreement with the proposal, or recommendation.

Non Concur

Definition: Full disagreement with the proposal, or recommendation.



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

'Nothing About Us, Without Us.'

Nothing About Us, Without Us.





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Mental Health,
Developmental Disabilities and
Substance Use Services

SCFAC Update

Kelly Crosbie, MSW, LCSW

Director

NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

July 10, 2024

Agenda:

1. MH/SU/IDD/TBI System Announcements and Updates
2. Accessible Communications Campaign Update
3. Mental Health Block Grant: Priorities & Funding Updates

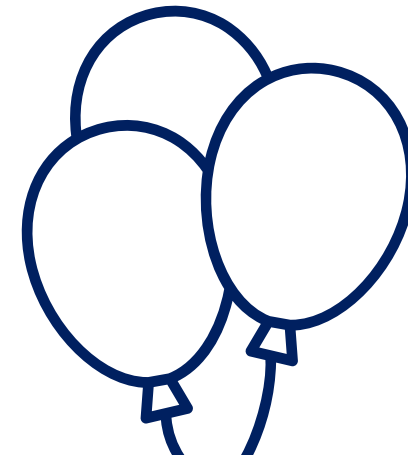
MH/SU/IDD/TBI System Announcements & Updates

Thank you for 20 Years of SCFAC!



Celebrating returning members: *Brandon Wilson (Chair), Dr. Michelle Laws (Vice Chair), Angela-Christine Rainear, Annette Smith, April DeSelms, Ashley Snyder-Miller, Bob Crayton, Crystal Foster, Heather Johnson, Jean Andersen, Jeannie Irby, Jessica Aguilar, Johnnie Thomas, Lilly Parker, Lorraine Washington, Mamie Hutnick, Nathan Cartwright, Patty Schaeffer, R. Gene McLendon*

Celebrating new members: Amie Brendle, Flo Stein



July is **DISABILITY PRIDE MONTH**

Dedicated to honoring the history, achievements, experiences, and struggles of the disability community.

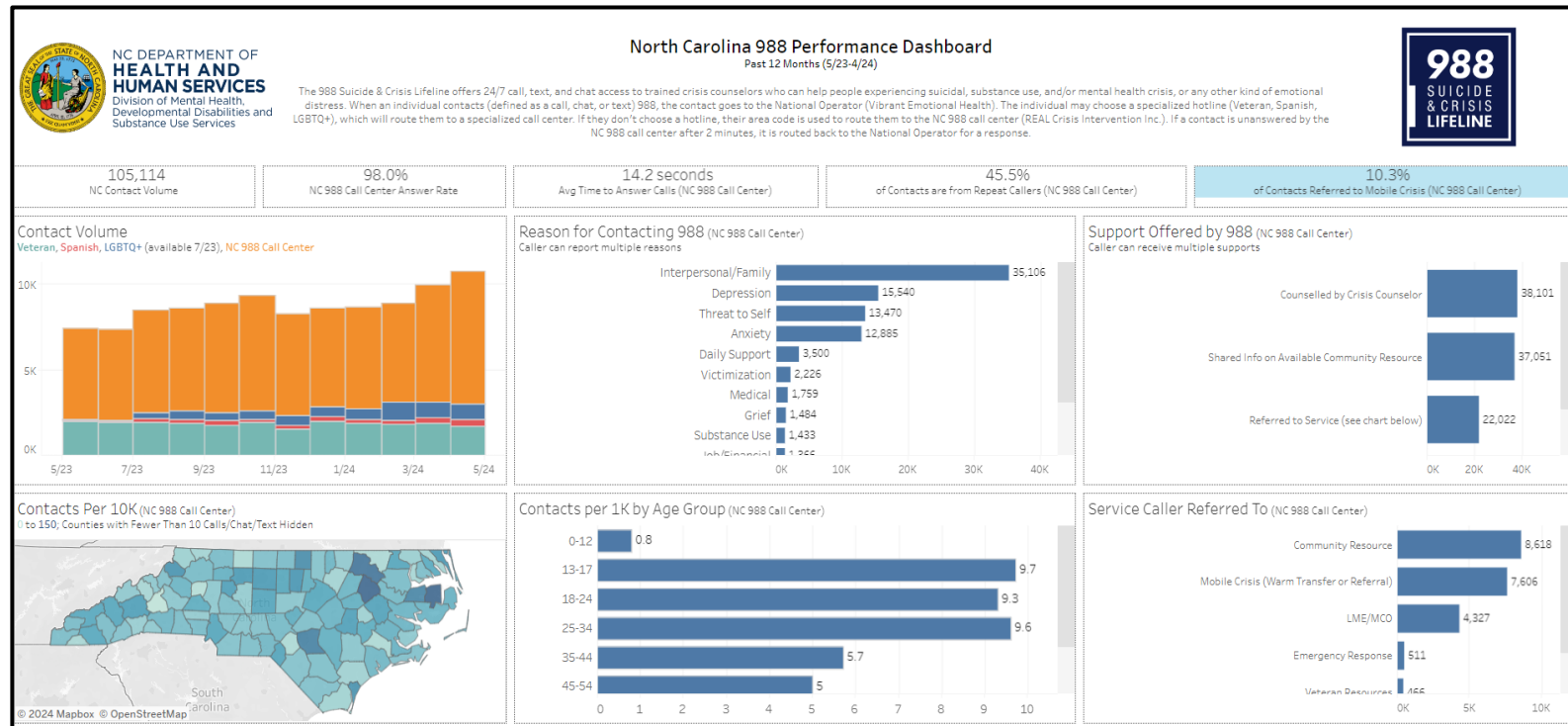
People with disabilities are the largest and most diverse minority group within the population. At least 1-in-4 adults in the United States has some type of disability.

Each color of the Disability Pride Flag represents a different type of disability: physical (red), cognitive and intellectual (yellow), invisible and undiagnosed (white), psychosocial (blue), and sensory (green)



July 16th Marks the 2-Year Anniversary of 988!

- Over **111,402** callers since July 2022!
- Average time to answer calls is **14.2** seconds compared to national average of 33 seconds
- **98%** NC 988 call center answer rate compared to 90% national average



You can access the 988 [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website

Minority Mental Health Awareness Month Transgenerational Trauma Webinar

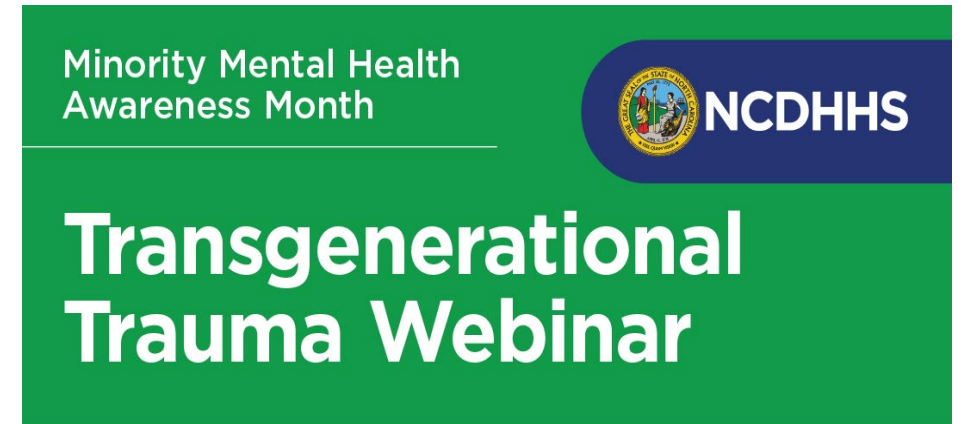
JOIN US!

DMH/DD/SUS is hosting a webinar to increase awareness and address how transgenerational trauma affects minority communities.

Title: Minority Mental Health Awareness Month – Transgenerational Trauma Webinar

Date/Time: Tuesday, July 23, 2024, 11:30 – 1:00 p.m

Join Link: https://www.zoomgov.com/meeting/register/vJltfuqvrz8rElAa5NY1c9DjER1yOk5Q_EE



**Tuesday, July 23, 2024
11:30 a.m. – 1:00 p.m.**



Regional Approach to Sustainable Diversion and Reentry Programs: Request for Applications (RFA) Webinar

Date/Time: Thursday, August 1, 2024
9:00-10:00 a.m.

Description: Join DMH/DD/SUS to learn more about an upcoming **funding opportunity** to support capacity building for diversion and re-entry programs.

This webinar will explore the rationale and vision for improving the lives of North Carolinians through this initiative and provide details on next steps.

Registration Link:

https://www.zoomgov.com/meeting/register/vJltceuhpjsog0Af45E_2fZpXZ-9ZKfhSaY

The **Draft DMH/DD/SUS Strategic Plan for 2024-2029** was posted for public comment!

Use the QR code to read the plan and submit your feedback ***through July 23!***

SCAN ME!



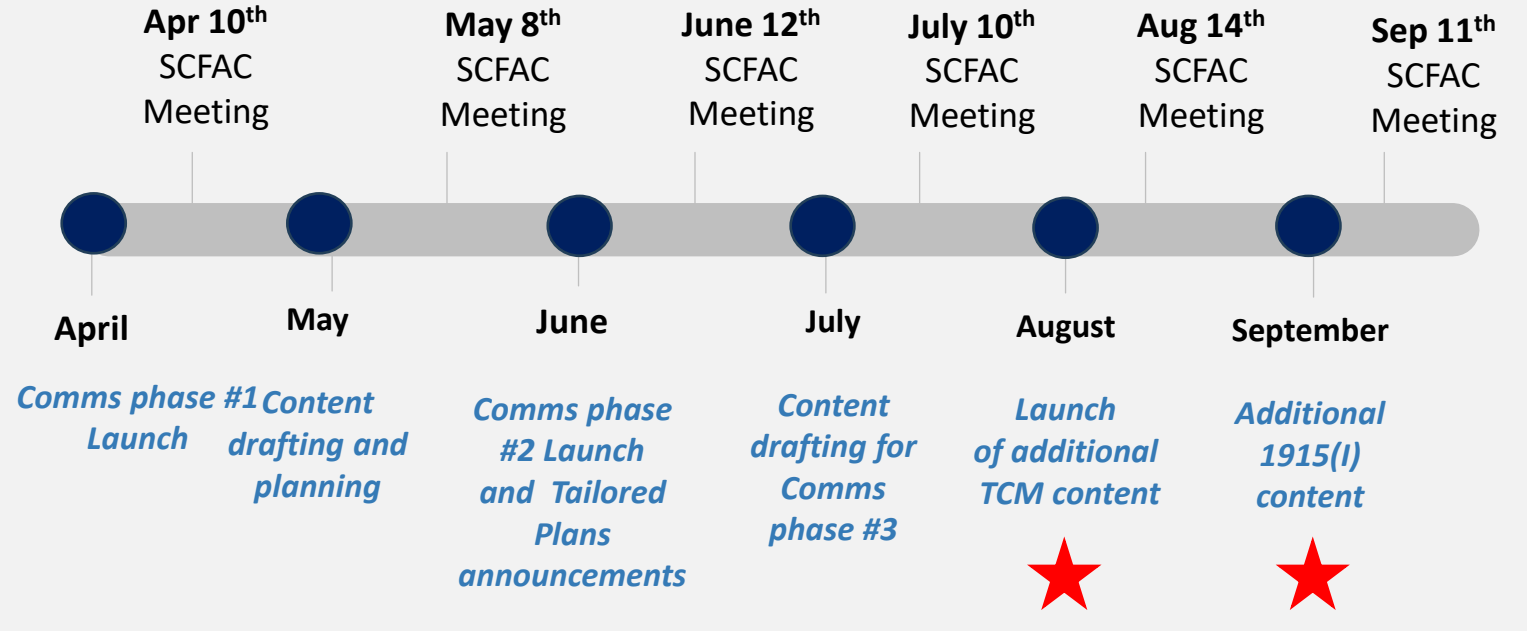
Accessible Communications Campaign Update

Accessible Communications Campaign Updates

The focus of this campaign is the development of accessible resources to help members with serious mental health, substance issues, traumatic brain injury, or intellectual/developmental disabilities better understand:

- ✓ Tailored Plans
- ✓ Tailored Care Management
- ✓ and 1915(I) services

Communications Timeline



What's Next?

- Creating and reviewing additional Toolkit materials & website updates for Comms Phase #3 launching in mid-August!
- User testing on TCM materials to improve readability and accessibility
- Focus group with SCFAC members on new content

Toolkit: New Tailored Plan Materials Ready for Download

The Tailored Plan toolkit page was updated with new materials to inform members about benefits and services available. These resources are:

- ✓ **Bilingual:** All items are available in English and Spanish
- ✓ **Accessible:** Improved readability of text and visuals.
- ✓ **User-tested** with our audiences
- ✓ **New web content:** we also launched new pages to explain 1915(i) services, non-emergency medical transportation, and what to do if your providers are not covered

[Medicaid.nc.gov/Tailored-Plans/Toolkit](https://www.Medicaid.nc.gov/Tailored-Plans/Toolkit)



Additional Bilingual Toolkit Materials Available for Download:

Essentials Presentation
Updated Dates/Services



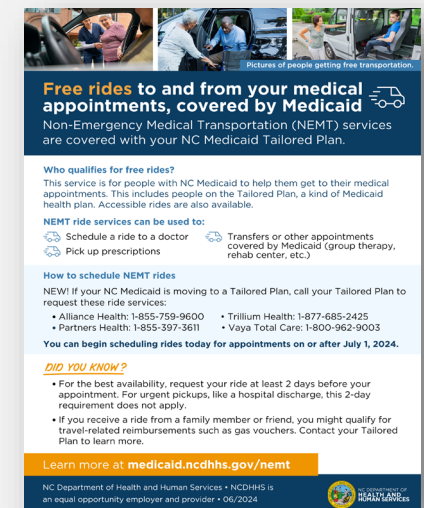
New! Social Media
Posts & Graphics



New! Email templates
for members and partners to
download the toolkit



New! One-Page Flyers
NEMT, provider coverage and
1915(i) services



Help Improve Tailored Care Management (TCM) Materials

You are invited to review early drafts of Tailored Care Management materials and give feedback.

Sign up for our online focus group.

Space is limited.

- **Date:** Thursday, July 11th
- **Time:** From 3 – 4 pm EST
- **Signup link:** If you are interested in participating, [please fill out this brief form](#)

Register for the Online Focus Group



SCAN ME

Thanks for considering participating!

Mental Health Block Grant: Priorities and Funding Updates

Mental Health Block Grant FY25

TIME FRAME: 07/01/24 – 06/30/25
Category
First Episode Psychosis
Crisis System
Mental Health Treatment and Programs

First Episode Psychosis

Project/Initiative
NEW: Provision of funding to LME-MCOs for the creation of blended ACT/FEP teams for rural counties to promote access and services (e.g., Vaya has done this in one region successfully)
Continuation of funding for UNC-CH for required model fidelity oversight, evaluation and training including: <ul style="list-style-type: none"> Developing a plan for a service definition to create more sustainability Complete work on adapting the model for marginalized populations
Continuation of funding for 5 implementation sites

Crisis System

Project/Initiative
NEW: Peer Respite/Peer Living Room Regional Centers: RFA (up to 4 and then pulling in crisis investments for start-up costs and MHBG funding for operational costs)
Peer Respite: Sunrise; Sunrise Expansion to the West; Green Tree; No Wrong Door; Promise Resource Network (continued)
Peer Warmline (continuation)
BSCA: Co-Responder Expansion
Hope4NC (continuation, potential Expansion)

Mental Health Treatment and Programs

Projects

Reduce Stigma/Increase Access

NEW: Anti-stigma campaign, Network of Care Directory (FindCare.com; FindSupport.com)

Family and Care Giver Supports

Expanded: NAMI (Campus, Law Enforcement, Family/Sib Groups)

NEW: Family/Sibling Support Organization RFA

Peers

Peer Warmline and Peer Respite and Peer Living Room Models, Peer Certification (BH Sprinboard)

NEW: Peer Certification Scholarships

Veterans

Veterans Life Center, Stephen A. Cohen: Hope4Warriors, Stephen A. Cohen: Centerstone, ABCCM (HOPE & NC SERVE) (allocation),

NEW: AVISO: Ask the Question

Specialty Populations

LGBTQIA+, Faith-Based Communities, Immigrants/ESL, Older Adults

NEW: Older Adults,

Continue: Deaf & Hard of Hearing & DeafBlind, Voices of Afrilachia

Upcoming Funding Opportunities for FY 2025

TIME FRAME: 09/01/24 – 06/30/25

RFA Title	Budgeted Amount
Family / Caregiver Support Services	\$500,000
Peer Respite Services: Peer Living Room Model	\$2,000,000
Community Based Behavioral Health Initiatives - LGBTQAI+, English as Second Language, Faith Based Organizations, and Older Adults	\$2,000,000



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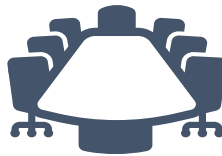
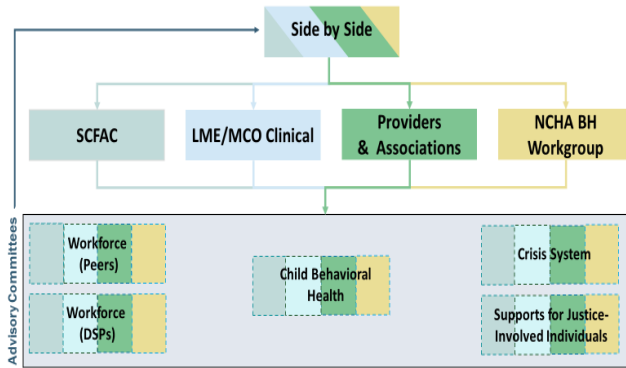
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Community Collaboration



- [Join our Advisory Committees](#)



- [Join our Mailing List](#)



Q&A



Questions and feedback are welcome at
BHIDD.HelpCenter@dhhs.nc.gov.

Quarterly Update IDD & TBI

Ginger Yarbrough
Director –IDD, TBI & Olmstead

IDD & TBI

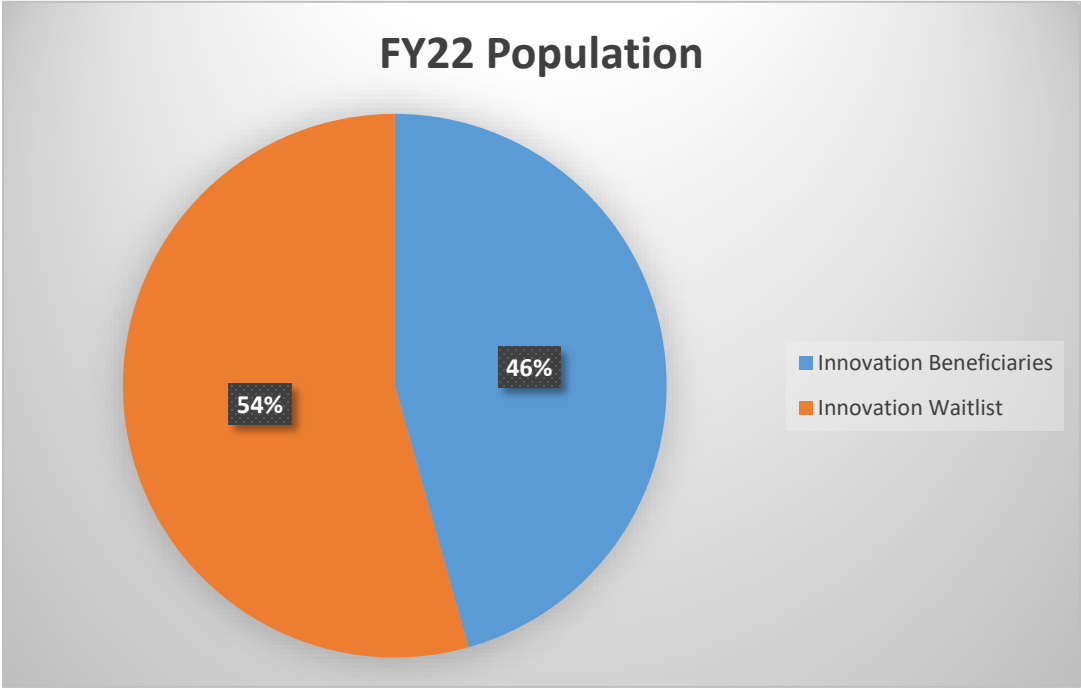
SCFAC Ask: Add extended State Plan Allied Health Services to the Innovation Waiver.

DMH/DD/SUS Response: Complete a comprehensive analysis of individuals on Innovations and the Waitlist receiving allied health services.

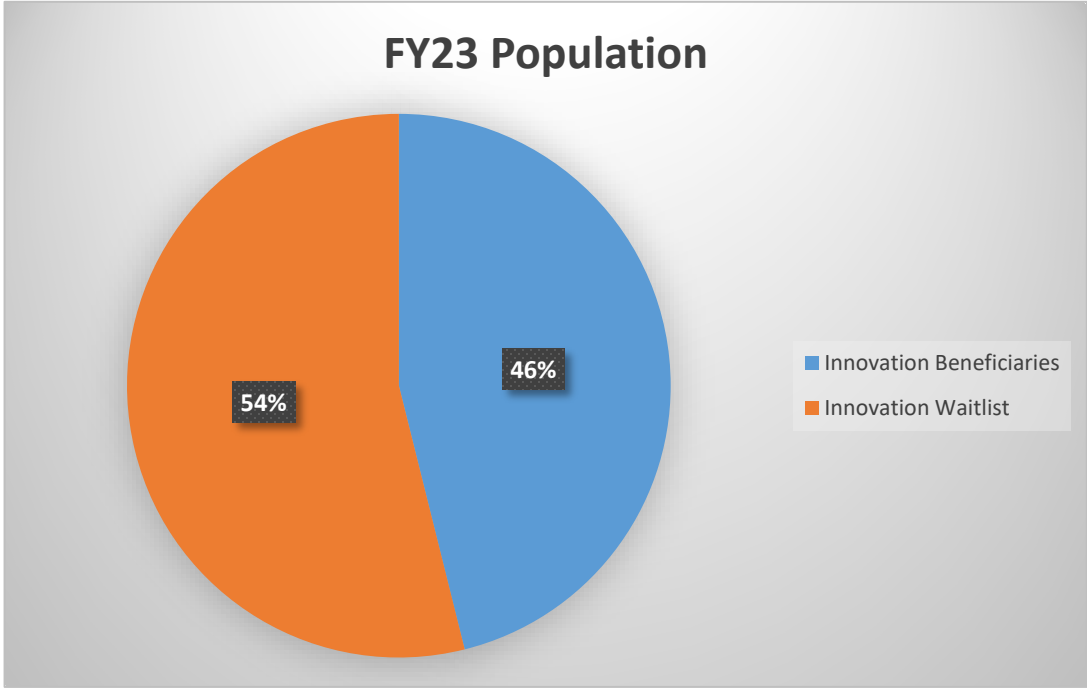
Analysis Status Update

- DMHDDSUS and DHB have partnered with Quality Management to define parameters and pull data.
 - Defined “allied health” as
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Limitations
 - Only includes those with Medicaid
 - Does not capture those receiving services through private insurance
 - Currently unable to capture those may need allied health services, but not currently accessing.
-

Populations



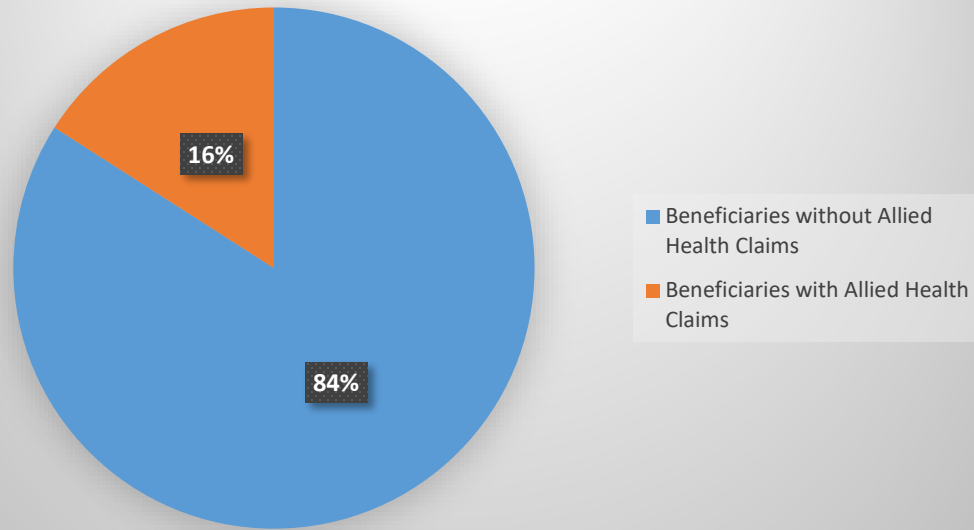
Innovations Waiver	Innovations Waitlist	Total
13,824	16,473	30,297



Innovations Waiver	Innovations Waitlist	Total
14,623	17,092	31,715

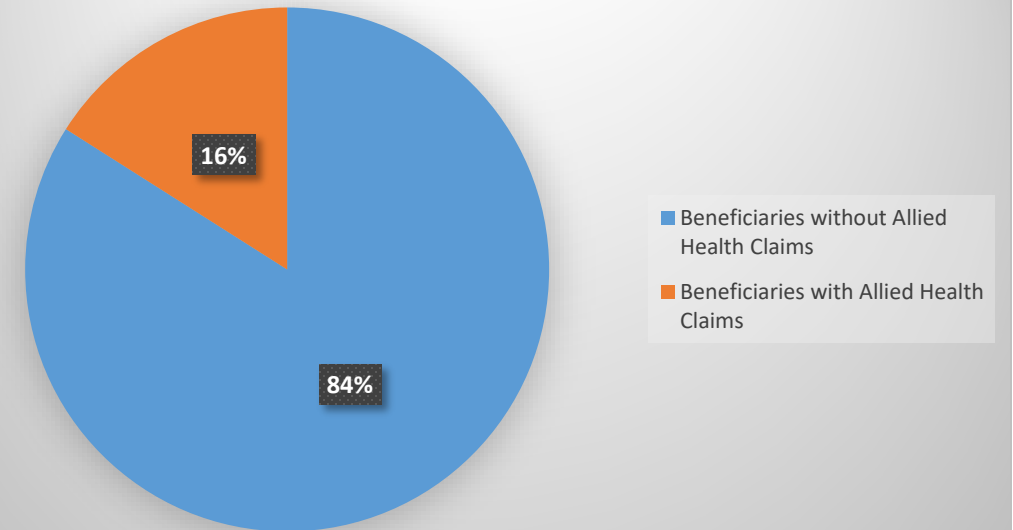
Innovations Waiver

Innovations Beneficiaries FY22



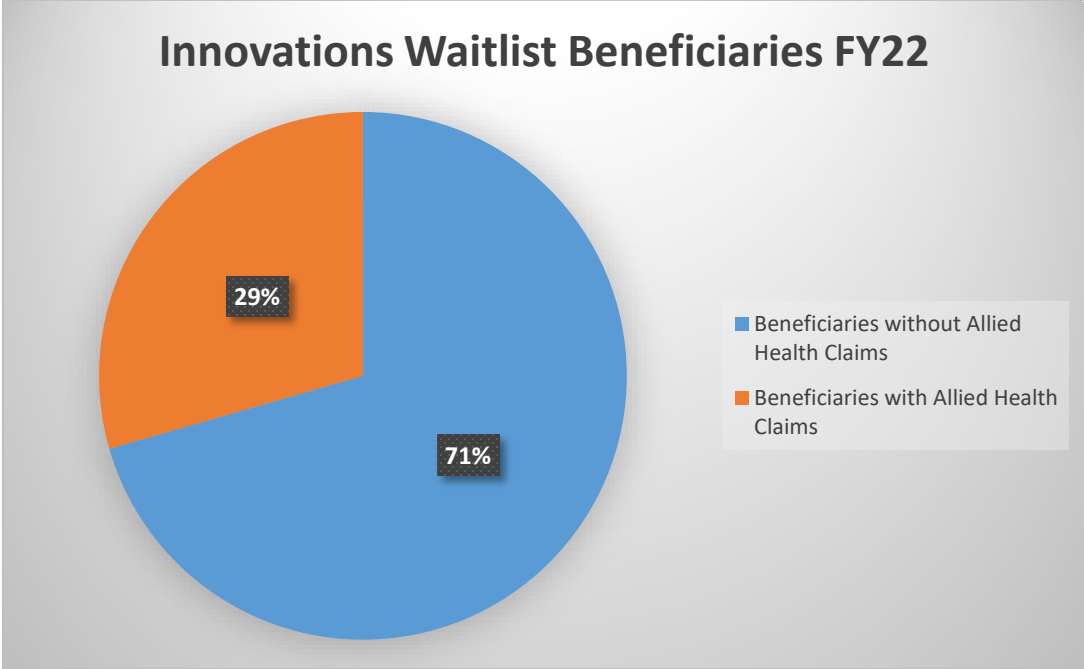
Total Population	Members with Allied Health Services
13,824	2,203

Innovations Beneficiaries FY23

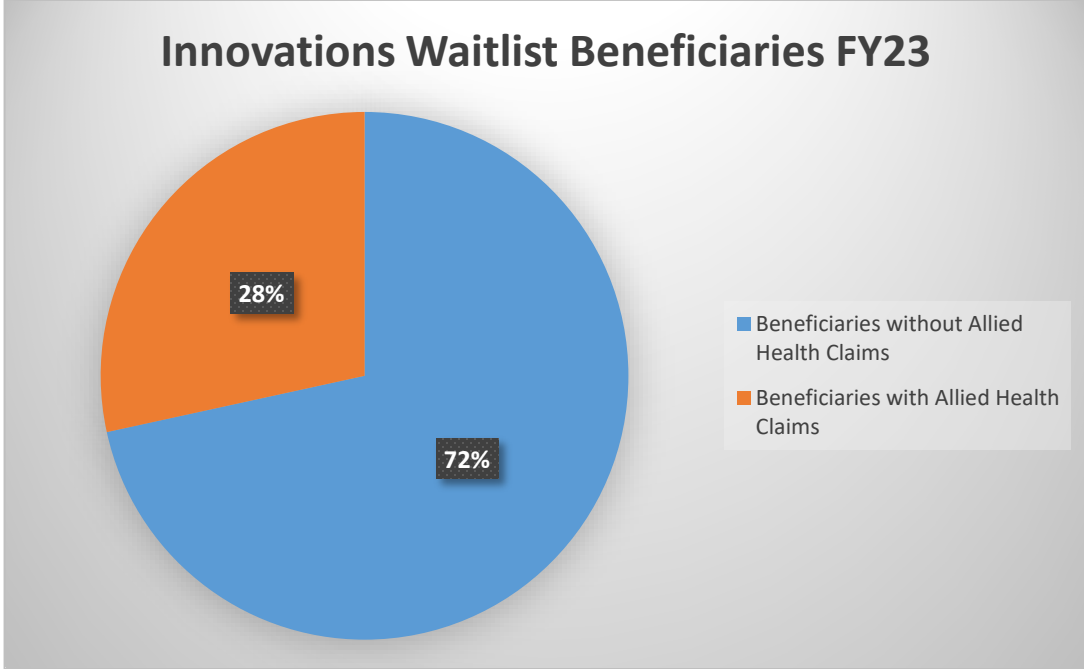


Total Population	Members with Allied Health Services
14,623	2,340

Innovations Waiver Waitlist



Total Population	Members with Allied Health Services
16,473	4,853



Total Population	Members with Allied Health Services
17,092	4,858

Next Steps

- Present Findings to SCFAC
 - Present Findings to BIAC
 - Continued exploration on the needs of those individuals currently on the Innovations Waitlist
 - Standardize Waitlist Data
 - Understand needs of individuals on the Waitlist
 - Understand service utilization and access, including barriers to services
 - Address barriers and increase access to 1915i and state-funded services
 - TBI White Paper under development
 - Determination of if Allied Health Services are to be included on Waiver Amendment. And if so, which ones.
-