



Approved

State Consumer and Family Advisory Committee (SCFAC)
MEETING MINUTES

Date: September 14, 2016

Time: 9:00 a.m. – 3:00 p.m.

Location: Dix Campus - Grill

MEETING CALLED BY	Kurtis Taylor
TYPE OF MEETING	State Consumer and Family Advisory Committee (SCFAC)
ATTENDEES	

COMMITTEE MEMBERS

STATE STAFF ATTENDEES

NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Kurtis Taylor	Chair - Alliance	<input checked="" type="checkbox"/>	Stacey Harward	CE&E Team	<input checked="" type="checkbox"/>
Ben Coggins	Vice-Chair - Partners	<input checked="" type="checkbox"/>	Eric Fox	CE&E Team	<input checked="" type="checkbox"/>
Bonnie Foster	Cardinal	<input checked="" type="checkbox"/>	CJ Lewis	CE&E Team	<input checked="" type="checkbox"/>
Mike Martin	Alliance	<input checked="" type="checkbox"/>	Suzanne Thompson	CE&E Team Supervisor	<input checked="" type="checkbox"/>
Doug Wright	Alliance	<input checked="" type="checkbox"/>	Glenda Stokes	Team Leader	<input checked="" type="checkbox"/>
Patty Schaeffer	Partners	Excused	Ken Schuesselin	Consumer Policy Advisor	<input checked="" type="checkbox"/>
Wayne Petteway	Trillium	<input checked="" type="checkbox"/>	Brian Perkins	DHHS	<input checked="" type="checkbox"/>
Benita Purcell	Cardinal	<input checked="" type="checkbox"/>	Jennifer Bowman	Dir. Quality Management	<input checked="" type="checkbox"/>
Dennis Parnell	Alliance	<input checked="" type="checkbox"/>	Dave Richard	Deputy Secretary for Medical Assistance	<input checked="" type="checkbox"/>
LaVern Oxendine	Alliance	<input checked="" type="checkbox"/>	Jason Vogler	Interim Senior Director MH/DD/SAS	<input checked="" type="checkbox"/>
Marie Britt	Eastpointe	Excused	Deb Goda	I/DD Manager	<input checked="" type="checkbox"/>
Bev Stone	Trillium	<input checked="" type="checkbox"/>	Janet Breeding	LME – MCO Liaison	<input checked="" type="checkbox"/>
Ron Rau	Sandhills	<input checked="" type="checkbox"/>	Dan Guy	Communications Manager	<input checked="" type="checkbox"/>
Brandon Tankersley	Alliance	<input checked="" type="checkbox"/>	GUEST		
Catreta Flowers	Trillium	Excused	NAME	AFFILIATION	
John Duncan	Cardinal	<input checked="" type="checkbox"/>	Richard Topping	CEO of Cardinal	
Martha Brock	State CFAC Member	<input checked="" type="checkbox"/>	Wendy Kimball	MAP Network Development Professional	
Pat McGinnis	Smoky Mt. Center	Excused	Senator Mike Woodard	N.C. Senator	
Mark Fuhrmann	Partners	<input checked="" type="checkbox"/>	Rep. Graig Meyer	N.C. Representative	
Deborah Page	Cardinal	<input checked="" type="checkbox"/>	Rep. Verla Insko	N.C. Representative	
			Bob Crayton		
			Joel Petteway		
			David Forsythe		
			Juanita Jefferson		
			Obie Johnson		
			Jane Clark		
			Anne Redwine		
			Laurie Coker		

1. Agenda topic: Start of Meeting

Presenter(s): Kurtis Taylor

Discussion	<ul style="list-style-type: none"> • 9:03 a.m. meeting called to order. • Introductions of guest and members. • Approval of minutes – approved Brandon Tankersley 1st and Wayne Petteway 2nd motion of approval. • Agenda reviewed and slight adjustments were made to it. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	

2. Agenda topic: Public Comment

Presenter(s): Kurtis Taylor

Discussion	<ul style="list-style-type: none"> • Martha Brock – Spoke on Laurie Coker 1.) Maintenance of CFAC's going forward 2.) NCMHCO is being closed, what is being done in other states? SAMSHA has a consumer network grant 3.) Peer support services LME/MCO and or the State need to start supporting and backing these services. There needs to be a general definition for this service so that it is approved by Medicaid, also for all ACT teams to have a Peer support on them full time. 4.) MH Recovery there needs to be more focus on this. Program to look at would be how Tennessee does their program. • Rep. Insko – What is the follow up concerning Peer support services and the needs? Kurtis Taylor – Will ask the questions to the CE&E team and DMA. • Martha Brock – Peer Support is only being used for ACTT teams, Peer Respite, Peer support Centers. There should be more activities related to NC Suicide rates for prevention, this is a higher rate than homicides. • Brandon Tankersley – Peer Run Recovery Centers have to be operated by volunteers only and need to be able to bill LME/MCOs regarding clinical assessments. • Bonnie Foster – Is ACT reimbursements? • Rep. Insko – Stressed the importance of SCFAC – advised them to go to the MH Oversight Committee, Need to fix Peer Support Concerns, Peer run centers could assist with the transition for people coming out of the prison system/ many have MH issues. • Ben Coggins – Prison system provides inmates with detox, while in prison they get their meds and at times get stuck in the system. When released there is a gap and they are not set up with services to assist them in the transition. • Mike Martin – As a provider we have petition the pharmaceutical company ex. Merck and advocate for continuation of the meds, this has never been unsuccessful it does take time and effort. • Rep. Insko – LME/MCO needs to pick this up and make the connections. This is incentive to never go back – 60 prisons in NC. • Laurie Coker – Emergency response need is growing. <ul style="list-style-type: none"> — We need to see more visible measurable outcomes. — Need to be efficient with our money. — Need to expand the use of Peer Support Specialists. — Utilize money from the sale of Dix campus. — MH block grants Federal funds – CFAC needs to write a letter to LOC or MH planning Council on innovative ways to use the Block Grant to be used as seed money for innovations. • Obie Johnson – Adopt a position regarding action to reduce the I/DD waiting list – review the prevalence statistics and take action. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> • Bonnie is working with Obie concerning the reduction of I/DD waiting list. 	Bonnie Foster		

3. Agenda topic: CEO of Cardinal

Presenter(s): Richard Topping

Discussion	<ul style="list-style-type: none"> • Provided a Power point of Cardinal – where they have been, where they are now and where they are going. – Cardinal is 30 times bigger then when it started and provides services to 1 million people, within 7 years Cardinal Innovations will be replaced with who knows by what. Comes down to Choice, NC is the last big state to change. Different plans will offer different 		
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	<p>services, Medicaid Reform is about choice. What would you like in your plan? See attachment 1.</p> <ul style="list-style-type: none"> • Questions – Benita Purcell – Are you saying that Cardinal is going away? Answer – Reinvestment plan: there is around \$750 Million between all the LME/MCO's, Cardinal has heard all the schemes about other LME/MCO's with their reinvestment plans, LME/MCO's do not offer choices, Cardinal is going to provide choice. You can look at it as Blockbuster vs Netflix: future is what you want when and where you want it. LME/MCO's going Public – at this time they are owned by the State of NC – this Month is not Cardinals Money. • Benita Purcell – Where is the Money? \$200 million (risk reserve) is Cardinals share are you thinking of spending it on B3 services or housing? Answer – in 3-7 years the funds will runout, Cardinal is not planning on spending \$ until our owners tell us what to do (owners = State of NC and the people). • Kurtis Taylor – \$300 million is the actual figure after fund reserves are deducted. Richard Topping – that money is ultimately yours. • Trillium and Smoky are using the money for a reason why is Cardinal saving it? Cardinal is looking down the road the \$1-\$3 million will be matched with Federal funds which will increase the funds and then Cardinal will look at options. • Rep. Insko – Would you like to see the money go? Genera Medicaid or Specifically to MH/DD/SAS. • Rep. Meyer – People need assistance NOW!! The money should be spent on building Level 2's now. • Richard Topping – If we spend it now and it will be gone in 3-7 years No there will be time to develop a plan in order to sustain additional programs. • Sen. Woodard – \$ for \$ (now) vs. \$1 matched by \$3 in federal funds later that is the choice. • Richard Topping – It is a one-time opportunity to leverage these funds. • Kurtis Taylor – Had to end the conversation due to time issues.
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Conclusions		
Action Items	Person(s) Responsible	Deadline

4. Agenda topic: Update from Deputy Secretary of Medical Assistance **Presenter(s):** Dave Richard

Discussion	<ul style="list-style-type: none"> • I do not always agree with vision that was presented. • There is an enormous pressure to integrate LME/MCO's in to integrated healthcare. Many questions concerning Medicaid reform. – Will providers remain land locked with LME/MCO'S? We will have conversations about what is "carve outs" Reform – we will continue to change. • Working on Medicaid reform – 1115 waiver is at CMS – CMS is overloaded at this time, 2nd public comment period we received 1900 comments. • 1.) Why are we doing this? • 2.) Great amount of talk about expansion (out of our control in Legislative). • Person Centered health communities – trying to introduce an emphasis on prevention "Reach out and Read" (example of reinforcement) – if by 4th grade you are behind grade level you will never catch up. • Clinical integration – Monies can be separate – Physical health & behavioral health. • LME/MCO's should be reinvesting their money (savings), they cannot use Medicaid Monies to serve the uninsured not worried about LME/MCO failing, they are meeting solvency standards. • Still an LME/MCO system – people are not Medicaid eligible (LME Part) this is an expectation. • Medicaid package is for those that are entitled to MH & SA populations I/DD Innovations • Is not an entitlement program. • Emergency Dept. are back logged. – NC does not have enough community based services. • At this time we are working on – Tenancy Supports definition, supported Employment for MH, Mobile Crisis improvements. • IDD and Traumatic Brain Injury – there are 250 additional Innovations slots. –TBI wavier is still at CMS 250 people on initial waiver. • Brandon Tankersley – LME/MCO's will they still exist? Going forward there will be 4 – answer LME/MCO's will exist 4 years after go live date of 1115 waiver we do not know what will happen. • Mark Fuhrmann – More specifics of low – level waiver \$17,500 threshold 1000 people on it. Only \$6000 is our match with the Feds this will assist with reducing the I/DD wait list. It will take \$500 Million needed to eliminate the list. This is a large return on investment if we back this initiative even \$10,000 will help immensely.
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	<ul style="list-style-type: none"> • Brandon Tankersley – With the elections coming up will things change the direction or course on expansion Answer: the conversation will continue. • Laurie Coker – Alarming statement by Richard Topping – Should be taken with a grain of salt because we do not know his agenda for his stance Answer: Topping's crystal ball is no better than anybody else's crystal ball. • Rep. Meyers – Cardinal will spend the money based upon what community says, why do they not ask the community? Answer: high expectation to utilize the money, can't tell them what to do with it need to propose legislation going forward. Our priorities are TCIL/ Need housing Emergency Dept. diversion a priority. • Rep Meyers – “Enforce our contracts and executive authority. • Rep Insko – Pressure to go to fully integrated system – lobbyist from corporate world need to hear from the public, SCFAC should focus on legislators that do not know these areas. • Benita Purcell – Reinvestment plans are they supposed to be public. – Yes they are public information. • Bonnie Foster – History of closing sown network providers with Meck Link Merger – choice at this time is there is no choice – Are they going to work with providers during the transition for continuum of care. Answer – If integrated care the contract language would provide a grace period. • Kuris Taylor – We feel (SCFAC) is highly valued – at this time we have gifts for you – letters position paper on Maintaining CFAC and CFAC presence on Boards as all LME/MCO will exceed the 1.25 million threshold.
Conclusions	
Action Items	
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5. Agenda topic: Up-date from Division

Presenter(s): Jason Vogler

Discussion	<ul style="list-style-type: none"> • There is confusion in the community about where things are heading. • Division is in disagreement with Richard Topping. Feels that the system is heading. • Overall we will still have uninsured and underinsured. • Medicare will not pay for Assertive Comm. Treatment. ACT. • There is still discussion on the benefit plan not everyone to be covered, this will be a function of the LME's. We continue to need a system for those who do not qualify. • 122C Local CFAC's to be involved in the Meaningful review of the local business plans of the LME/MCO's. • There continues to be “A Great Deal of Interpretation” – appropriate funding, appropriate staffing, what is meaningful engagement with consumers and family members? • October 31st – concept of Reinvestment plans are do. Public records request – presentation at the joint leg oversight committee should be happening and some of them take local level feedback. • Discussed the positive impact that C3356 is having on the community in the Ashville area. (Smoky). • Accessible playgrounds is occurring in the Trillium area. • We continue to deal with changes in the Federal policy this always causes stress and challenges. • TCLI under the DOJ settlement – we agree with the settlement but at this time the capacity is not there – the time frame and paces is way too rapid, Stigma is still a major barrier. There are major ADA issues, need housing options available. • LME/MCO's need to broaden their provider network – geo mapping for ACT teams by county that way they are able to see where their hot spots, dry areas are located at so that LME/MCO are able to enhance rates to get the best people. • Individualized IPS supported employment – need to increase job opportunities especially in the rural areas. • Continue to work on enhancing the role of Peer support specialist. • Legislation – short session priorities get these underway prior to the long session – MH/SA Task Force – Controlled Substance reports, rural bed expansion (budget has just been certified last week). • IDD – HCBS has some big changes. <ul style="list-style-type: none"> — Integration and self-direction. — Challenges NC to do business in a new way – NC is very intuitionally based. — The Federal Government will push us to get there.
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	<ul style="list-style-type: none"> • Workforce Innovations Opportunity Act (WIOA). <ul style="list-style-type: none"> — I/DD population. — Changes to the sub-minimum wage rule. — 2019 we should be in full compliance with HCBS. <ul style="list-style-type: none"> ■ We are planning accordingly to get things completed to meet this goal. • Government Task force on MH/SA. <ul style="list-style-type: none"> — 1) \$10 million recurring / \$10 million non-recurring. — Case management – what should it look like? With the non-recurring funds going away so will the service. — Case Management for children with Juvenile Justice Involvement. – LME/MCO will collaborate with DJJ to insure that services are provided. • Fixing Medicaid County of Origin issues – Division is looking at hiring a person to work on this issue. • Adult with SPMI and / or SA. <ul style="list-style-type: none"> — Community ED or Psychiatric Beds. — Same aspects in TCLT settlement – need to get connected with a provider upon departure to prevent re-cycling through the system. — Place Case Management within the hospital system – 24/7 365 days a year so that there would be warm transfers. • Law Enforcement Assisted Diversion (LEAD). <ul style="list-style-type: none"> — LEAD programs development. — Permits a diversion, reduces criminalization of Minor offences. — The status of these monies going forward is unknown. — Keeping the focus narrow on these projects so that they are done well is very important prior to expanding. This decrease scrutiny from Legislators over new initiatives. • \$3.2 Million in cuts to contracts – some groups have been dependent on these funds. • Brandon Tankersley – How can we ensure that LME/MCO's are spending the money appropriately? – A: public records request are underway. 	
Conclusions		
Action Items		
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6. Agenda topic: DMA up-date

Presenter(s): Deb Goda

Discussion	<ul style="list-style-type: none"> • HCBS (Home and Community based Services) <ul style="list-style-type: none"> — Submit a transition plan on how to do this. — Will be reposted for more public comment. • My Individual Experience survey: (random selection). <ul style="list-style-type: none"> — Adult Day Health – Cap D/A. — Day Supports. — Supported Employment. — Residential Supports. • There is no analysis as of yet – Oct 7th is the closing date – can ask for paper surveys everybody has the right to answer there are prompts to clarify certain responses. • Benita Purcell – May the QP assist the person in filling it out, can it come from through the Case Coordinator NOT your provider agency? • Mike Martin – Surveys come out but need more precis instructions, providers should not be in this position of having to assist in completing. 	
Conclusions		
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7. Agenda topic: MAP Network Development Professional

Presenter(s): Wendy Kimball

Discussion	<ul style="list-style-type: none"> • Company based in Austin Texas. • It is a software platform for tele - health portal which is live recovery support tool. • This is a program that is very SA oriented. • Indicators for relapse events – opportunity for aggregate data Post – treatment. • Determines the efficiency by population. • Map stand for – Monitoring and accountability platform.
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	<ul style="list-style-type: none"> We contract with various types of payers – LME/MCO could benefit from this would assist in tracking the individuals. Cost done by Volume – 1 year lease to private facility is around \$15,000 annual fee – 5 licensed people can work simultaneously. 				
Conclusions					
Action Items					
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8. Agenda topic: Open Discussion

Presenter(s): Kurtis Taylor and Committee

Discussion	<ul style="list-style-type: none"> Is there a bill for Tele-medicine in NC? <ul style="list-style-type: none"> Bonnie Foster – Motion – Write Legislators to recommend the inclusion of tele-health options for substance use services to be allowed as billable and peer support services. 2nd Motion – LaVern Oxendine – unanimous approval – committee to work on letter Bonnie Foster, Brandon Tankersley, and Kurtis Taylor. October 2nd Music in the park at Dix campus. Letter from Central Trillium No I/DD transition service in their catchment area Beaufort County Schools – Mark Fuhrmann – Has been trying to follow-up but at this time has not been able to reach the contact person. Bonnie Foster & Mark Fuhrmann – Request for information from other Counties: not enough funding or Money for laundering programs for transitions services. VR has people asking for more funding and has been denied. Linkage between school systems and LME/MCO's – there is nothing to link them to. Benita Purcell – This will also impact those that are within the sheltered workshop. Doug Wright – Senator Woodard led charge to repeal HB2. Mark Fuhrmann – Oct 10th Partners to address local Business plan. September 21st – Trillium (all 3) and Smoky Mountain discussed business plan. 				
Conclusions					
Action Items	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Bonnie Foster, Brandon Tankersley, & Kurtis Taylor</td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Bonnie Foster, Brandon Tankersley, & Kurtis Taylor	
Person(s) Responsible	Deadline				
Bonnie Foster, Brandon Tankersley, & Kurtis Taylor					
<ul style="list-style-type: none"> Letter to be written recommending the inclusion of tele-health. 					

Meeting Adjourned: 2:45 p.m.

Next Meeting: October 12th 2016