

# **State CFAC Meeting Minutes – Approved**

State Consumer & Family Advisory Committee

**Wednesday, April 8, 2015**

Location: **Dorothea Dix Campus**  
805 Ruggles Drive, Haywood Gym  
Conference Room104, Raleigh, NC

Time: **9:00 a.m. – 3:00 p.m.**

**Attendance:** Marc Jacques, LaVern Oxendine, Marie Britt, Ron Rau, Dennis Parnell, Bev Stone, Sam Hargrove, Mark Long, Ben Coggins, Mike Martin, Bonnie Foster, Doug Wright, Brandon Tankersley, Kurtis Taylor, Anna Cunningham, Kelli Carson, & Crystal Glenn

**DMH/DD/SAS Staff:** Suzanne Thompson, Eric Fox, Stacey Harward, Glenda Stokes, Wes Rider, & Roanna Newton

**Visitors:** Mr. Daniel Orr, Dr. Kent Earnhardt, & Estelle Singletary

**Presenters:** Karen Dunn, Susie Deter, Matthew Cox, and Kelly Crosbie

**Excused Absence:** Sue Guy, & Nancy Carey

**9:05 a.m.** Marc Jacques called the meeting to order.

He announced that the next four meetings will be here in Conference Room 104 of the Haywood Gymnasium building on Dorothea Dix Campus.

Starting in July, members will be emailed the packets and asked to print their own packets.

## **Review of Agenda:**

Motion that the agenda be approved.

### Motion

1<sup>st</sup> Dr. Samuel Hargrove

2<sup>nd</sup> Mark Long

The agenda was accepted as presented by a unanimous affirmative vote.

## **Review of minutes:**

The Chairperson asked all members to review the March meeting minutes. Motion Minutes be approved. Minutes were approved with no revisions by unanimous affirmative vote.

### Motion

1<sup>st</sup> Ron Rau

2<sup>nd</sup> Dr. Samuel Hargrove

Members were then asked to review the March 18<sup>th</sup> State and Local CFAC Conference Call minutes. Motion Minutes be approved. During discussion, the Chairperson pointed out that the date of the meeting should be changed on the minutes from March 15<sup>th</sup> to March 18<sup>th</sup>. A vote was held and the minutes were approved with the revision of the date of the meeting.

Motion

- 1<sup>st</sup> Ben Coggins
- 2<sup>nd</sup> Bonnie Foster

**Approval of changes to By-laws:**

The Chairperson asked the members to review draft changes to Article 8 of the State CFAC bylaws. This revision had been suggested last month. LaVern suggested that the statement be revised to place a period after the word “apply” and capitalize the first letter (A) of the subsequent sentence. A vote was held and the motion passed.

Motion was made to approve the change to the State CFAC meeting by-laws. The “meetings” section was revised to include a statement delineating an inclement weather policy for the State CFAC.

Motion

- 1<sup>st</sup> Dr. Samuel Hargrove
- 2<sup>nd</sup> Bonnie Foster

**State CFAC Annual Report**

The Chairperson asked the committee to look at the State CFAC annual report. The report had not been sent out prior to today’s meeting.

The Chairperson pointed out the report does not list the representative from the Dept. of Aging that had presented to the State CFAC and add Deb Gouda and Janet Breeding titles to the report. Marc asked the members to write out any committees that they serve on (both on the State CFAC and in their communities) and provide that to him by the end of the meeting.

The Chairperson asked to the members to take a look at the continuing recommendation section and make suggestions for additions to the list of recommendations.

The Chairperson asked for suggestions on how to improve the report. He pointed out that the document they were looking at is only a draft. Discussion turned to the two vacant seats listed in the report. Suzanne Thompson pointed out that one of the seats had been filled by Crystal Glenn from Murphy, NC. Crystal was asked to introduce herself to the group. She did so and then each State CFAC member introduced themselves.

In the report, under presentations the Chairperson asked Stacey Harward to look into the name of the presenter from the Dept. of Aging. Ben Coggins stated that that person’s name is Suzanne Merrill.

Dr. Samuel Hargrove - Pointed out that there had been a presentation on tele-health, by Dr. Ureh Lekwauwa and Art Eccleston of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS).

The Chairperson tabled the report and asked members to review the draft and bring back recommendations. Dr. Mike Martin stated he felt that the number of people who had presented during public comment time also be listed.

LaVern Oxendine - Suggested the report include a recommendation that if legislation is passed that does away with the CFACs, that formal consumer and family voice be included in some other formal manner.

### **Public Input**

Dr. Mike Martin - Stated he felt that citizens should be given more opportunity to provide public comment during the LOC [Legislative Oversight Committee] meetings. There was some discussion that perhaps the State CFAC could publicize the LOC meetings and also the opportunity to provide public comment at State CFAC meetings in order to inform community members of these opportunities and encourage local CFACs to publicize the opportunity on their communities for public comment at their meetings.

The Chairperson suggested that to begin with they could remind people during the State and Local CFAC Conference calls of the opportunity to provide public comment at State CFAC meetings. There was some discussion about Alliance LME/MCO's recent media campaign to inform the community of their existence and mission.

Dr. Samuel Hargrove - Asked if there was anyone at the Division who is a subject matter expert in the use of social media. Suzanne Thompson replied that at this time there is no one designated as such at this time.

Bonnie Foster - Asked if there was a way to partner with the LME/MCO's so that when a person entered services they were informed with a flyer or brochure about the existence of CFAC's. Bonnie suggested that a brochure be developed. The Chairperson recommended that an Ad-Hoc committee be formed to develop a draft. Suzanne Thompson stated if they would come up with a draft she would work with DHHS Public Affairs to finalize the brochure. Some discussion whether an Ad Hoc committee was needed or if the brochure draft should be taken on by the Data Com subcommittee. This will be discussed in greater depth at the next meeting.

### **Service Members Veterans and their Families**

Dr. Samuel Hargrove - Made a motion to start a new Task Team titled Service Members, Veterans and their Families Task Team (SMVFTT) in order for the State CFAC to be better able to inform the Division on these issues. Dr. Mike Martin seconded the motion. Dr. Marie Britt asked what the goal of the group would be. Dr. Samuel Hargrove stated that he is aware of gaps in services for veterans and service members and their families in part due to stigma. Some discussion, two members suggested that Dr. Hargrove chair the new Task Team. Dr. Hargrove suggested that they pass a sign-up sheet around for members interested in serving on the new Task Team to indicate their willingness to serve. The motion to start a new Task Team on Service Members, Veterans and their Families was passed by affirmative vote.

## **Public Comment**

Dr. K. E. - Suggested that copies of the committee packets be available for guest so as to improve public attendee's ability to follow what is being discussed during the meeting. He mentioned the idea of Maximum Feasible Participation as a concept committed to encouraging public involvement.

Dr. Marie Britt thanked him for his comments.

D.O. - Gave an update on a consumer who according to him (had a copy of a court order) had recently been ordered into treatment. He shared some statistics regarding people diagnosed with Borderline Personality Disorder which showed it took an average of six treatments for people to be accurately diagnosed.

Anna Cunningham (committee member) - We need more enforcement of existing firearm laws. She would like the State CFAC to research this issue and comment on it.

## **Presentation on Community Care of North Carolina (CCNC)**

The Marc Jacques - Introduced Kelly Crosbie. Ms. Crosbie stated she is a NC Licensed Clinical Social Worker and the Vice President for Strategic Projects of CCNC. Ms. Crosbie commended the State CFAC for their ongoing work and stated she had presented to the committee in her former role with the Division of Medical Assistance.

According to Ms. Crosbie she is currently working on strategic projects to address Health Care for people with mental health issues, intellectual and developmental disabilities and physical disabilities. CCNCs job is to provide medical homes for people with Medicaid. They oversee how General Primary Care is delivered to people with Medicaid in NC. CCNC provides Medical Homes and Care Management.

Medical Homes: Most Medicaid recipients are automatically enrolled with a primary care physician's office. There is choice but they would like people to enroll in a CCNC Medical Home. They want to make sure people are receiving preventative care, age appropriate tests. CCNC provides oversight and technical assistance to ensure people receive the best primary care they can. They produce report cards which report on 30 Quality Indicators and provide technical assistance to providers. They look at chronic conditions. They also have specialty medical homes for children and women who are pregnant. They have a Foster Care initiative in partnership with county DSS offices with the goal of improving health outcomes. If a child is in Foster Care they are immediately flagged and assigned a Care Manager.

CCNC is one statewide organization with 14 local branches. They started in rural counties. All of the health departments are enrolled with CCNC. 90% of the primary care offices (who accept Medicaid) in NC are enrolled with CCNC. They must agree to participate in quality improvement projects and meet certain standards.

North Carolina is a pioneer in the establishment of medical homes. Medical Homes ensure that care is coordinated and people receive whatever kind of referrals to specialists they need and that the care is coordinated. CCNC believes that primary care should be the center of care for all treatment. The majority of people with specialty care issues do not go to specialists but rather present to primary care physicians. Statistics show that the majority of people with mental health needs present to their primary care physician.

Care Management - CCNC serves 1.3 million people not all of whom receive Care Coordination. We have at least 500 Care managers across the state. Every day the Care Managers get a lot of people flagged for Care Management. There are a variety of ways that people get flagged for Care Management. People who go through the Emergency Department frequently. Often this is due to some kind of basic need that is not being met.

Physician Referral - LME/MCO referrals. Algorithms to find patients for example, someone with diabetes who is not picking up their medication the pharmacy data alerts CCNC that they may benefit from Care Management. They look at people in Foster Care and recently began looking at people with I/DD. A lot of what they do is medication reconciliation for people. They look at all a person's meds, talk to all a person's doctors etc. A nurse can help people to organize and receive their meds in a much easier way. They have a chronic pain component, people can be flagged if they have multiple prescriptions for opiates, and they can be referred to pain management or SA treatment. Kelly offered to have someone from another Division who would be better able to present on this with greater detail.

Anna Cunningham - After hospitalization people are not armed with good information. She wants to make sure that CCNC is addressing this issue with people at the point of discharge, before it gets out of hand. Anna is also concerned about the use of or overuse of medications for people with I/DD. Due to the numbers of meds it is difficult to manage. She wants CCNC to be aware of this and also that as people age, their medication needs change.

The Chairperson asked what have we learned about the devastating effects of some of these medications? The side effects just keep adding up. If we took a step back and looked at the long term side effects we would see that it costs a great amount in the end. Why won't Medicaid pay for some of these naturopathic treatments?

Ms. Crosbie - Just getting someone's meds under control can show great improvements in people's lives. CCNC is trying to figure out how to train primary care physicians.

Can CCNC serve people with Medicare? No, but we would love to.

State CFAC member - Drug manufacturing is big business in NC. There is a machine there we need to address in some way and get that machine working with us in our favor. Is there anything that can be done to address this?

Ms. Crosbie - We could get someone who is knowledgeable about that here to talk to you about this but she agrees it is a complicated discussion.

State CFAC member - Do DSS offices always refer people in foster care to CCNC network providers?

Ms. Crosbie - No.

Dr. Mike Martin - It would be great if there could be a mandate to this effect. Also the theory is that a Medicaid card will have the child's CCNC provider listed so that mental health providers can coordinate care with them. Often this space is blank or an old provider in the county the child used to live in is listed so coordination of care becomes more difficult. Would like to see CCNC streamline the process so that the info is updated more quickly.

Ms. Crosbie - Shared some statistics on people served in NC by CCNC. She urged people to look at the statistics more closely on the PowerPoint and then went over some questions that are currently being asked at CCNC outlined in the PowerPoint.

Dr. Marie Britt – Does the public have access to the individual practices report cards? Kelly does not think these are being shared publicly. We do share some stats regarding how CCNC is performing.

Are standards contractual? Yes. In order to be a Medicaid provider they have a contract with DMA with required standards. Then to sign up with CCNC they must agree to participate in quality improvement practices.

Substance use treatment is sometimes difficult because data is scrubbed by the state due to confidentiality rules. It makes it difficult to coordinate care and address the substance use. We would like to start substance use screening in the primary care offices.

State CFAC member - If North Carolina ever expands Medicaid eligibility through the ACA, would CCNC be ready for the influx of Medicaid recipients?

Ms. Crosbie - Yes.

Dr. Courtney Cantrell, Director, of the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services was scheduled to present however was unable to attend.

### **Report from member Brandon Tankersley**

Brandon Tankersley - Presented information on proposed legislation that would change the MH/DD/SAS system. He stated that even though he works as a professional in the MH/DD/SAS field, he wanted to talk today as a consumer. He shared he has a hard time swallowing due to his head injury. His PCP [Person Centered Plan] sent him to a neurologist who sent him to an ENT who sent him to the Rex Center, had some tests done including a barium swallow and then was sent to another specialist at Duke. Duke had to run their own tests including another barium test. After spending thousands of dollars he was informed that the problem could not be fixed. This led him to question, "Are doctors getting paid by how many tests they run or are they being paid for solving people's problems"? He read a quote from Rep. Dollar that if NC adopted Accountable Care Organizations (ACOs) they would be on the cutting edge. Brandon would like to hear about what ACOs are at a subsequent State CFAC meeting. There was some discussion about whether ACO's would replace LME/MCOs or work in conjunction with the LME/MCO's.

Ron Rau - An aspect of the ACA [Affordable Care Act] is the idea of ACO's and it is supposed to break the current mold, providers would be paid for outcomes rather than tests. Anna Cunningham pointed out that sometimes people could have benefitted from tests that were not administered.

There was some discussion about the need for the State CFAC to be aware of what the legislation has been proposed regarding MH/DD/SAS. Suzanne Thompson reminded the members they could invite Representative Burr to come back and present again.

Representative Burr is the Chair of the MH/DD/SAS Legislative Oversight Committee. She made mention that there are currently 34 bills on the floor with the word Medicaid in their titles.

The committee decided to try to find someone who could speak on ACO's and someone to speak on proposed legislation. Anna Cunningham suggested the State CFAC could also invite experts in treatment fields to present on their filed of specialty.

LaVern Oxendine - Shared that some services such as Supported Employment are currently being paid for outcomes.

Mr. Brandon Tankersley - Commented on LME/MCO accountability. He stated that at the last State CFAC meeting, someone commented that some providers have gone out of business due to not being paid and also that some LME/MCO's have received payments for unpaid claims. Doug Wright clarified that the money LME/MCOs recently received was not for unpaid claims but actually for recipient lives that had to be covered but had not been paid for. He pointed out that these are Medicaid dollars so must be spent in certain ways.

Mr. Tankersley - Asked, "Are providers being denied access because they are not providing adequate services"? He feels that his agency is not able to provide adequate services because they are not being paid enough to do so. He asked Anna Cunningham if this was her concern last month. Anna clarified that she felt the State CFAC needs a better understanding of what services are available and where those services are located. Doug Wright pointed out the each LME/MCO just turned in their Gaps and Needs report to the State which addresses these issues.

Brandon Tankersley and Bonnie Foster - Brought up at the last meeting she was aware of a provider who closed their doors due to not being paid in a timely manner. He asked her if she had learned more about this issue. Bonnie, this is still be her understanding was that when Cardinal Innovations took over managing services in Mecklenburg County there were changes in requirements which were not communicated clearly.

Marc Jacques - Is there some way to get legislative reports on a more regular basis? Perhaps a dashboard item of legislative updates? Anna pointed out that the DMH Consumer Empowerment Team sends out legislative updates on a regular basis, she feels the thing missing is for the State CFAC to find a way to manage the info and craft position statements. If we had a steady system of what info to look at and a method to put that info. together in a concise way, that would have more impact.

### **Task Team Reports**

**State CFAC Officer Nominating Committee** — Doug Wright, Bonnie Foster, and Laverne Oxendine - Have interviewed everyone who had expressed interest in being a State CFAC officer. The committee will ask each member to write up a short bio and do a three minute presentation on why they want to serve as an officer. LaVern Oxendine will ask each person to send that to him within two weeks. Sue Guy was approved as the Chair of the nominating committee given that LaVern Oxendine resigned due to other obligations, but LaVern will continue to serve on the committee. Dr. Samuel Hargrove was approved as a new member of the nominating committee. The nominating committee members are now Sue Guy as Chair, LaVern Oxendine, Bonnie Foster, Dr. Samuel Hargrove, and Doug Wright.

**Recovery and Self Determination Task Team** — Marc Jacques - Reported the Task Team would like to begin to receive regular updates from the Division on progress being made on ensuring services are Recovery and Self Determination oriented. Also, they would like to receive more legislative updates. The Task Team also talked about ideas they had in the past that they had wanted to communicate to the Division however did not get written, mostly because the Division or Dept. had already moved forward on the issues ex peer respite. Marc will be meeting with Dennis Parnell to write a position paper on the need for more Social Setting Detoxes. The Task Team also talked about IEPs [Individualized Education Plans] and the need to teach children vocational skills and how Vocational Rehab has been invited to IEP meetings in the Murphy area with great results.

**State and Local CFAC Calls Task Team** — Ben Coggins - Reported that the calls continue to evolve. We have changed the agenda. Some of the topics have not been well received for example the topic of suicide. He got calls from two different CFAC members stating they felt uncomfortable discussing suicide. We talked about the inclement weather policy and how it might cover much more than ice and snow. Communication is paramount. He starts working on the next calls agenda right after this meeting in order to give Division staff time to produce the materials for the meeting. There was an extra call for the CFAC Chairpersons held on April 1<sup>st</sup>. Not all the Chairpersons participated but there was representation from across the state. The next Chairperson call will be Monday April 20<sup>th</sup> at 4:30. We are hearing what they are interested in and he is starting to communicate what the State CFAC is doing.

**Data-Com Task Team** — Anna Cunningham - Reported that they have established a feedback loop with State and Local CFAC teleconference calls. Anything that comes up during these calls we collect info on and we act on it right away. It is a great way to engage the CET and also educate ourselves on these issues. One thing that has come out as a real need is to identify what info needs to be collected and looked at, for example, budgets or gaps and needs, geo mapping etc. We would like to have Dave Richard or Courtney Cantrell listen in on these calls. Stats show that the majority of people with mental health needs present to their primary care physician. Mergers of LME/MCOs has come up on these calls. We want to put forward a position on current and future mergers urging the system to learn from past mergers. Including having a LME/MCO liaison for consumer and families, inclusion on the interdepartmental teams, how will they be included on websites in various ways, hosting public forums etc.? Anna read the draft of the position statement and said she would email the draft out to members for their input.

Regarding the Annual Report, the Data-Com Task Team received input on possible changes. The last conference call resulted in further suggestions, mostly the need to advocate within the report for the increased use of technological advances in meeting service/support needs.

**Budget, State Plan and Services Task Force** — Did not have a report. All the other committee members were involved in other Task Teams meetings. Suggested that individual members download the Gaps and Needs Report from their LME/MCO website and be prepared to brief the State CFAC at the next meeting. The following members will be responsible for presenting on the following gaps and needs reports.

Ron Rau - Sandhills, Bonnie Foster - Partners, Sam Hargrove - Cardinal, Doug Wright - Alliance, Bev Stone - CoastalCare, Kurtis Taylor - ECBH, Mark Long - Centerpoint, Crystal Glenn – Smoky.

LaVern Oxendine - Asked if there was an update on the Governors proposed budget. Suzanne stated that the House and Senate have not released their budgets yet.

### **Public Comment**

Estelle Singletary - Was invited by Dr. Mike Martin to make public comment. According to Ms. Singletary, her advocacy is to design a model which will more personalize planning for people in the school system with special needs. “Diagnosis do make a difference, Nadia loves princesses, she loves to read, and although she is non-verbal she does communicate by gaze and knows some sign language. She loves school. Some of the things we have experienced; imagine you are paying for your child’s education, you get the first report card and your child has all zeros. You go to a meeting and they are still giving your child all zeroes. Nadia recently using an augmentative device that she is lonely. She was not allowed to go to school at first. She is not allowed out of her wheelchair, she is only allowed to go to the bathroom twice a day. The law says least restrictive environment. But that does not count for children like Nadia with significant physical disabilities. No child deserves a zero. We have tried everything, the National Inclusion Project, Disability Rights, etc. Where is the money going? I saved the state money by revoking services but she did not get anymore. She may never walk or talk but if they would listen, she communicated that she felt alone because she does not get to sit with her class during lunch.

The Chairperson thanked Ms. Singletary for her comments. He stated that her presentation troubled him and asked if the presenter could possibly work with the S-CFAC to develop some recommendations. Mark would like the S-CFAC to be able to advocate on these issues. There was some discussion as to who the S-CFAC could present their points to whether they could provide commentary to DPI [Department of Public Instruction] or if they could only advise the Division and the Legislature.

Estelle Singletary - The current law does not protect people, they had an IEP but it failed them that is why they revoked it. That is why we need “Nadia’s Law”. The Chair asked if she could provide a copy of the proposed law. They are spending more money on lawsuits than they would if they just gave people the services.

Crystal Glenn - We need to advocate that that current laws be enforced. Anna Cunningham not just that but gaps as well. Anna encouraged Estelle to read From Emotions to Advocacy on the Rights Law website.

Bonnie Foster, Crystal Glenn, and Anna Cunningham - Will form a committee and work closely with Ms. Singletary to address these issues.

Ben Coggins - Invited Ms. Singletary to speak during the April State and Local Conference call.

## **Presentation on the Clubhouse Model**

Karen Kincaid Dunn, Susie Deter, and Matthew Cox presented:

Karen Dunn - Thanked the State CFAC for their advocacy and the Chairperson for inviting them to present today. According to Ms. Dunn, a Clubhouse is a local international community and center that offers hope and opportunity to people. There are 330 clubhouses in 30 countries. The Clubhouse model is a SAMHSA designated Evidence Based Practice. In the late 80's the International Clubhouse Standards were established.

Matthew Cox - Talked about his experience as a member and a faculty of a Clubhouse.

Susie Deter - Went over accreditation practices and standards of Clubhouses.

The Chairperson, asked for more info on the standards and accommodations, as he would like the State CFAC to consider producing some advisory product on the topic of PSRs [Psychosocial Rehab] and accreditation.

The Chairperson asked about Transitional Employment Programs (TEPs). The presenters provided an overview of how the TEPs work .

Anna Cunningham – Asked if they were aware of anyone who had done anything similar for people with I/DD. No response was noted.

One of the presenters stated, “We have to raise a third of our budget just to stay open. You can either run a program or raise a third of your budget”.

## **Additional Discussion**

Dr. Martin noted that some LME MCOs charge for private providers to attend trainings and that some do not. He stated he would like the State CFAC to look into this issue.

## **Meeting Adjournment**

The Chairperson adjourned the meeting at 3:05 PM.