

Monday, March 27, 2023



MINUTES

Consumer and Family Advisory Committee- Mecklenburg
3205 Freedom Drive, Charlotte, NC 28208
Held Via Video Conference/In-Person

MEMBERS PRESENT: Ron Clark-in person , Linda Campbell-in person, Ruth Reynolds-in-person, Randy Sperling, Beverly Corpening-virtual, Shagun Gaur-virtual, Melida Baldera-virtual Alan McDonald-in-person, Michael Flood-in-person, Lois Stickell-in-person, Shari Phillips-Stratton-in-person, Jocie Cremisi, Jim Sonda-virtual.

BOARD MEMBERS PRESENT:

GUEST(S): Suzanne Thompson, NCDHHS

STAFF PRESENT: Dr. Aalece Pugh-Lilly, Sr Director of Community Health & Well Being-in-person-, Aimee Izawa, Director Community & Member Engagement Lakeisha McCormick, Manager, Member Inclusion-in-person, Eileen Bennett Member Inclusion Specialist-in-person.

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 215 845 061 715

Or call in (audio only)

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Phone Conference ID: 196 190 616#

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 10 min	The meeting was called to order by Linda Campbell at 5:25 pm		
2. Review of the Minutes – 5 min	The minutes from the February 27, 2023 meeting was reviewed; Lois noted a mistake in a word within the minutes. A motion was made by Alan McDonald to approve the minutes as corrected and seconded by Ruth Reynolds to approve the minutes		

Draft minutes may be submitted with the monthly Board packet. Minutes will be approved by this Committee at a later date; minutes approved on [Click or tap to enter a date..](#)

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<p>3. PUBLIC COMMENT- 10 min</p>	<p>Linda asked what the public comment time was about, and Ron noted that this time gives the public an opportunity to comment and ask questions. Ruth Reynolds noted that she had gone to Wingate to watch UNMET, a movie about families living with a child with IDD and the processes and struggles they are going through. She said that there was a good attendance and told a story of several different families and their struggles. She said that she would email the document out to everyone so perhaps they can attend the next viewing which will be in April. Linda asked if there were folks other than those involved in the IDD community at the event so that we weren't just "preaching to the choir." Ruth wasn't sure but the April 17th viewing has been advertised and the buzz may bring in more people. Linda noted the next viewing was in Union County and sometimes it's difficult to get there from Charlotte but that she was glad there was another showing. Judy Lewis noted that there will be a virtual viewing and that that she will send out more info regarding event as soon as she hears more. Michael asked if Judy Lewis had more she would like to share. Judy noted that the Governor did sign Medicaid expansion today and that was a great thing. She also noted that as things come across her desk, she does forward it on to Eileen and Linda to distribute.</p>		
<p>4. Speaker: 15-30 min</p>	<p>Noel Thomas-Lester-Linda asked Noel what position she holds. Noel explained that her position was a System of Care Coordinator. She noted that a lot of what we work on is collaboration and knowing who is in your community. Noel requested that everyone do an introduction. The CFAC members went around and introduced themselves. Noel noted that traditionally the services that helped our members, like physical, mental, community services were very siloed. Part of her position is to bring the different pieces that help service our members together in collaboration and to wrap our members in coordinated services. Noel noted that the concept of SOC sprung from the William lawsuit-the notion of helping our members within the community where they are. Providing our members services from a holistic</p>	<p>Eileen will share Noel's email to the group for questions.</p>	

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	<p>perspective. Looking at all our systems within our community and coming together instead of having different plans because it was too overwhelming. Noel provided an example of taking her children to Dr. Appt's and how important it is to have 1 appt for both children. How does the entire community work to wrap services around. The SOC began in the early 1990's with grant funding. SOC is a national concept and statewide. It is grounded in three core values. 1- Lifting youth and family voice, 2-how do we do that with community-based perspective and finally 3-how are our systems making policies and procedures creating services that support our members. Noel noted that CFAC is an example of SOC-using community voices to lift concerns and gaps within the system. Ruth asked a question regarding the UNMET viewing. Ruth asked about the rural areas and how difficult it is to get services and if it is possible to help rural communities. Noel noted that the further you are from a bigger city the fewer and fewer resource you see and especially after COVID. Noel noted that many times parents know many services and supports so well. Noel highlighted the State Collaborative, and she encouraged the CFAC members to attend if they like. She noted that there were so many resources and community events that are so important. Noel noted that she would share the link. Noel also noted that the Meck County SOC collaborative also meets monthly. She noted that right now the focus is helping schools with more social emotional learning. Linda asked if the SOC Meck County interacts with CMS. She gave an example of the deaf community and the impact of changing the location of their classes and the impact it had on the children. Noel noted that they have a CMS partnership and a relationship with them. Most of her focus is with the student wellness department. Dr. Pugh-Lilly also interacts with CMS as well. Noel noted that looking at the curriculums and understanding what social emotional learning the children are receiving. Shagun noted that she works with CMS a lot and she was wondering how the plans that the MCO and the CMS work together. Alliance and CMS have their own policies and</p>		

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	<p>procedures so how do they work together? Noel noted that we partner often with CMS with trainings. For instance, this next month they are doing a series of trainings with the social work/case manager team. Noel noted the trainings are focused on what the community is seeing and giving some feedback around that. Noel noted that they partner with Parent Voice with MHA. Lois asked about the different IEP and ISP and how Alliance and CMS don't speak about the similarities between the two and if there was a way in which the two groups could bring those together or streamline? Noel noted that we are trying to do some higher-level communication and training for the parents and the schools. Noel continued to discuss Flex Funds with the group. Flex Funds are funds that are used for items that are not covered by Medicaid but can enhance their overall recovery. She gave an example of a person living with depression, offering them a subscription to the YMCA or a class at the YMCA is an example of how flex funds can be used. Noel noted we can spend up to \$250 that is tied to their treatment plan. Linda asked if folks on the Registry of Unmet Needs can have access to the flex funds? Noel noted that she would ask and follow up on that question but that you must be an Alliance member to receive the Flex Funds. Michael asked if the member must be denied services first before they receive the flex funds. Noel noted that they should try other sources before they request the Flex Funds, but she noted that tying to the treatment plan makes it easier to approve. Linda asked if the amount was \$250 per year. Shagun asked who approves funds and Noel noted it was her who would approve the flex funds. Alan asked if the other MCO's offer this? Alan also mentioned the silver sneakers option with Medicaid Advantage. Alan mentioned the Behavioral Health Strategic Plan Meetings being run through Meck County and noted that Noel may want to be a part of those.</p>		
<p>5. State Updates 10 min</p>	<p>Suzanne Thompson-not present</p>		

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<p>6. Reports:- 15 min BOD,Steering Committee, State to Local,State CFAC, Conferences, Trainings, etc.</p>	<p>Michael and Alan discussed the BHSP-Alan noted that a handout was provided via email discussing the meeting and the ideas that the group was coming up with. Michael noted the group is drilling down on the topics that the county should focus on. He noted that the System of Care (SOC) concept was not understood by many of the different stakeholders at the meeting, so they were going to devote some more time to that at the next meeting. He also noted that the items being put out for Meck County should be communicated at a 5th grade level. Alan noted that the service providers need to understand system of care so they can communicate better to the members. Alan noted that there is a very big cross section of topics and ideas to narrow it down was very hard. Ron asked if the service providers were not clear on what the system of care was? Michael noted that additional time needed to happen for next months meeting so that everyone is on the same page on what SOC and Service Array. Michael noted that he did not know enough about SOC. Ron noted that from his personal experience SOC is communicated more so in the MCO world and less in the Provider/Service community. He noted many Providers use the term "Continuum of Care." Linda noted that Michael had mentioned the gaps within the AA care that is being given during the prison systems and staffing issues. Perhaps the SOC would have benefitted if we had talked about the issues surrounding the prison system. Ron requested we make a separate agenda item regarding the prison issues. Noel noted that SOC is an approach and partnership, core values and collaboration. Continuum of Care is looking closely at services and how they effect the member. Noel noted it has been in Meck County since around 1998 and the county used to have a SOC department at the Watkins Center. The concept of flex funds was started at the Watkins Center. Alan wanted to thank Shagun for her slides and especially the team-based care slides. Jim Sonda discussed the Crisis Collaborative. There was a lot of discussion that month about the new Behavioral Health Urgent Care. How the process</p>		

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	<p>works for a member to be admitted as well as children in the foster care. Linda asked which beds at the Behavioral Health Urgent Care. Jim noted there are only two beds, and they are only for children in foster care. They do have reclining chairs for a short-term basis. Lakeisha noted that the Urgent Care is temporary so there are no beds. Shagun asked if most PCP know about the Urgent Care and how to let their members know how to utilize the services. Jim noted that question was not asked during the meeting. Lois asked is it strictly for adults with Mental Illness. Jim noted that who was eligible for services at the BHUC. Linda asked how this is different from Billingsley? Eileen noted that you can stay at the Billingsley overnight and longer term. Linda asked if the meetings are monthly, and they are open to the public. Linda asked where the BHUC is located. Eileen noted it is behind the BoJangles Coliseum. Noel noted that it is close to a pond.</p> <p>Steering Committee-Lois Steering Committee handout was given to everyone. They announced that the Tailored Plan was delayed, and the Alliance team noted the reason for pushing back was because many members would have lost their Primary Care Physicians, so Alliance is going use this time to hopefully procure Atrium onto their network. The State noted they will send out a new note regarding the delay. Lois noted Medicaid expansion had passed. Lois noted the local CFACs may receive a newsletter from the Steering Committee. From the State to local meeting, Lois mentioned Kelly Crosby, new Director of NC Div mental health, substance abuse, developmental disabilities for DHHS spoke. She mentioned the new Medicaid expansion and the Healthy Opportunities Pilot Program-it is a Federal Test Program-running it in 3 sections in NC. The Healthy Opportunities Pilot program will pay for non-medical services, like nutrition, meal delivery, home modifications, transportation. DHHS is using the program to prove to the Fed Gov't that these services make a difference in peoples lives. DHHS is looking to hire a communications company to help facilitate communications to families more</p>		

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	<p>clearly. HB 440 to raise the pay of direct care workers was also discussed during the meeting but she did note raises of \$6.50 over a two-year period. NC One Recovery Conference-Shagun noted that she sent her notes out to the group. She said spending that 1-1 energy and talking outside the box she noted it was very humbling and helpful to hear other people's perspective. Shagun said it was a great learning experience. Autism Conference-Shagun noted that the conference was very informative, and she said some topics covered were fairness, and acceptance. Linda noted that she attended the Saturday focused on mental health (depression, anxiety) within the autistic community. Alan said what struck him is that even though it was Autism, the information could be used in different areas not just Autism.</p>		
<p>7. MCO Updates- 10 min</p>	<p>State Questions-The local CFAC were requested to answer a series of questions for the State CFAC. Here is a list of some of Meck</p> <ol style="list-style-type: none">1-the need to move people of the Registry of Unmet Needs. Lois noted that Aalece noted there may be more slots with Medicaid Expansion.2-Finding Quality Caregivers and Finding Housing Needs.3- Mental Health Issues on the rise. We need more providers, need more testing/diagnosis resources. Ron noted CCA's are at a very long wait list as well. The need is dire. Michael noted there were several people who could not get the CCA as well and had to go home.4-Access to care around housing and acceptance within the Substance Abuse community.5-The effective rollout of our Medicaid expansion.6-More transparency in communications with the MCO's and the state. Communication is NOT clear.		

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	7-Long term living-more opportunities and availability for all catchments. Staff that has ongoing training so they can be better and better with the IDD community. 8-More information on requirements for the Innovations Waiver/Registry of Unmet Needs. 9-Linda noted the Latino community within the IDD world is not receiving communications/information effectively. 10-Long term care with aging parents and how do aging parents find a place for their children to be cared for by?		
9. Statutory Requirements and Recommendations: 15-30 min	Eileen noted that we still must come up with 1 community activity as per our charter. Eileen brought up the Registry of Unmet needs idea that had been floated around. Eileen noted the fiscal year ends on June 30 so that we need to come to some decisions. Lakeisha noted that many other CFAC's will have a community event in support of their specific community needs. Lakeisha noted the purpose of the CFAC event is to advertise CFAC and help the public understand what CFAC is and what they do. Eileen noted that Suzanne has the registry of unmet needs handout that is out for review with the State.	Eileen will follow up with Suzanne in regards to the Registry of Unmet Needs Handout.	
11 Announcements	Eileen also noted that April 29, 2023 Alliance will be involved in Best Buddy Walk. We will have a table and she invited the CFAC members to come and meet members of the community.	Eileen will send CFAC members the Best Buddy Information.	N/A
12. Adjournment:	Ruth Reynolds moved to adjourn and it was seconded by Michael Flood. The suggested next meeting will be May 22, 2023, at 5:30 p.m.		