



Monday, May 08, 2023

Consumer and Family Advisory Committee- Durham
Held Via Video Conference

MEMBERS PRESENT: ☒ Vandna Munshi, ☒ Victoria Chibuogu Nneji, ☒ Tammy Shaw, ☐ Latasha Jordan, ☒ Dave Curro,
☒ Brenda Solomon, ☐ Chris Dale, ☒ Pinkey Dunston, ☒ Regina Mays, ☒ Charlitta Burruss

BOARD MEMBERS PRESENT:

GUEST(S): ☐ Suzanne Thompson, DHHS, ☐ Herb Trippert, Trosa, ☒ Senator Mike Woodard, ☒ Nancy Johns – CFAC Wake, ☒ Annette – CFAC wake

STAFF PRESENT: ☒ Aimee Izawa, Director Community & Member Engagement ☒ Ramona Branch, Manager, Member Inclusion & Outreach, ☒ Victoria Mosey, Member Inclusion & Outreach Specialist, ☒ Ann Oshel, Senior VP of Community Health and Well-Being ☒ Brian Perkins, SVP of Strategy and Government Relations ☒ Sandhya Gopel, Senior Director of Government Relations

Microsoft Teams meeting

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Meeting ID: 227 772 040 09

Phone Conference ID: 343 043 434#

AGENDA ITEMS:	DISCUSSION:	NEXT STEPS:	TIME FRAME:
1. Welcome and Introductions- 5 min	The meeting was called to order by Charlitta at 5:30 pm		
2. Review of the Minutes – 5 min	The minutes from the April 10, 2023 meeting were reviewed; a motion was made by Dave and seconded by Pinkey to approve the minutes		
3. Speaker: 1 hour	Senator Mike Woodard Status update of legislation and Medicaid funding: The cross-over deadline for this year's legislative session passed last week. He noted that any bill in the		

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	<p>chamber needs to be voted by one chamber and cross over to the other chamber to be eligible. This was done the last week. Budget chairs are finishing the senate budget this week. They are a little ahead of the budget preparation compared to the other year. It alternates between senate and house each year to approve budget. 1) Governor approves his budget, 2) Chair of the house approves their budget, using the governor budget as guide, 3) Work on senate budget, which will likely be prepared next week. There are 5 or 6 people from each chamber that will join the budget committee and negotiate the budget between house and senate. The budget will hopefully be done by June 1st-mid June, ahead of recent years.</p> <p>Awhile back, NC government approved Medicaid expansion. It's unclear why the bill was in stasis for so long. Although it was recently approved, the budget has to be approved first before enacted – it puts pressure on governor to sign budget – and if governor vetos it, the senate might likely override veto and have it become law anyway. There will be an influx of hundreds of millions of dollars.</p> <p>They started an I/DD caucus this year, which would be a caucus of legislators to work on I/DD issues, and he will be co-chair, with Senator Krawiec, Rep. Hawkins and Bradchair (last name pending confirmation). Senator Woodard is also on the Life Sciences caucus. It's identified that caucuses meet throughout the year to discuss related issues.</p> <p>Budget update – They are aware of the significant concern re: the backlog of Innovations Waivers, and are seeking to approve 1,000 waivers this year. They have funds for it, and it would not get as far as they would like, noting there are still 13,000-14,000 individuals on the waitlist. Alliance staff clarified there are 16,000. It's reported that 1,000 individuals tend to join each year. He is open to pushing for more based on constituent response. He reported that community members should let Senator Burgin and Speaker Moore know about this significant community concern.</p> <p>Medicaid expansion features – The Federal government will be providing 1.8 billion dollars to states who haven't yet expanded Medicaid. NC is one of the 12</p>		

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	<p>states left. NC will receive these funds after the budget is approved. The Governor has asked that the funds go to behavioral health. He expects it will be close to around that number for behavioral health funding in this budget. Once the budget is adopted, Sen. Woodard reports that he is happy to come back and speak about specifics – he is currently only aware of requests and focuses desired.</p> <p>Victoria Nneji – She had a question about waivers, and noted concern the Senator mentioned regarding NC having funding for it, but a lack of political will – what does that mean? The senator clarified there is enough to fund the 1,000. He noted that there are also current reserve funds – \$8 billion – which can be used for various needs – if the government agrees to tap into this amount, it could take care of remaining Innovations Waivers. However there is concern this would be one time funding, and would not cover ongoing commitment or new waivers. Another thought would be about putting funds in a trust fund account to protect this. However, need political will to do this.</p> <p>Dave Curro spoke with the Senator several years ago around the Registry of Unmet Needs, and they had a discussion about maybe breaking up innovations waiver (create a tiered waver) since not everyone needs all those services, and he expressed concern regarding the Samantha R. ruling and requirement to fulfill all waivers within 10 years. Senator acknowledged the Samantha R. ruling and orders, and reviewed that DHHS appealed the ruling and felt it was too prescriptive and that the state would not be able to meet all the requirements. DHHS and Disability Rights of NC are in negotiations to develop another set of orders for judge to review and determine new orders. Senator identified that although government members seem comfortable with 1,000 Innovations Waivers a year, he is uncomfortable with it. He reports this needs further govt supports. If the number could increase to 1,600-2,000 a year, NC could likely meet the ruling, but govt needs to be on board. He reports there is a history of their government formerly ignoring rulings. There is a concern regarding ongoing individuals being added to Registry of Unmet Needs, which may not make much of a dent on the waitlist as a result.</p>		

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	<p>Vandna noted that she had to wait 13 years for her son to get waiver slot. She also noted there is a significant shortage of direct service professionals – so now when a person gets a waiver, there is no one to service it. There is also a concern regarding a significant lack of transportation, even with Medicaid transportation, also noting concern that people may need to get services out of county, which is more difficult. Is the government working to address this? The Senator acknowledged that staff positions have not increased with the economy, which makes other jobs in the community more appealing and lucrative. He acknowledged that government will need to have discussions about increasing those rates for employees. Beyond salaries, there is an overall shortage of workers. He reports that they will need to have discussions on how to increase the amount of workers to address the shortage of workers, and noting that appropriate training is part of the concern, and they are trying to explore strategies.</p> <p>Charlitta expressed concern regarding her experience with faith-based communities, and that she has noticed communities don't have enough knowledge of how to handle community issues. She wanted to know how to engage the government (including Governor) more involved in talking with community members. She wanted a discussion regarding how we can improve engagement with the community, as she is feeling various communities are left out. The Senator encouraged that this is the reason CFAC exists, encouraging the community voice be used here. He identified that community members should try to elect people that agree with you more, people with the same goals, reviewing that it's then easier to vote desired outcomes into govt (such as increase in waivers each year). Again, needing the political will to do this, reviewing that Senator Bergin and Speaker Moore – leadership need to be willing to step up to address these requests. He reports the healthcare committees are working on these and advocating hard as more involved with these communities. He reports that he would encourage people to meet with elected officials. Once speaking more about logistics like reimbursement rates, government can lose sight of the people behind it. He noted there are not in</p>		

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	<p>sessions on Mondays and Fridays – he reported that people should be inviting neighbors represented by republicans, encourage them to come out to visit and talk with the community to become aware of community challenges.</p> <p>Annette – She believes it takes bills to change stuff, reviewing that she is trying to follow more important bills being in the committee. She is concerned about Bill 425 – the Medicaid Agency Omnibus bill. It's saying that it's removing LME authority and that it hands it over to the Secretary of DHHS, including capability to shut down LME's, how to spend state money, and possibly over private insurance companies (like Standard Plan). She noted concern as family members, as it's taken 10-12 years to be comfortable with LME, LME's have improved, and they are familiar with her family and her needs. She noted that concern that CFACs go away with private insurance companies, they don't work the same way, and won't have a voice. She had a question regarding his position. The Senator requested Alliance assistance regarding this bill. Brian from Government Relations with Alliance reviewed that the Medicaid Agency Omnibus Bill passed last week. It was identified that requests are made from the department to the chamber, and that there was some impetus to get it crossed over in time, but it is widely acknowledged Medicaid tweaks need to happen, and that the Senate put it through to get to House to be worked on. It does increase the Secretary's authority to take actions regarding LME's. They have been in discussions with govt, the Senate believes in the LME system, and there are ongoing discussions regarding what's needed for Tailored Plan go-live. He identified that Alliance is seeking to put some guardrails on the extent of that authority. He reviewed that the intent is not to change the public system, but to preserve public system. Alliance interested in guardrails being put into the components – making sure that they system that can't be changed in a way that's made arbitrary. This will be worked on in the House. The Senator has no interest in changing/getting rid of the LME/MCO system. He identified the government has worked hard (the past 11 years) to get this system to work – they do want some tweaks, but acknowledge it has a lot of moving parts to consider and attend to. He feels it's important for CFACs retain</p>		

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	<p>rights. They are comfortable with the system, and don't want to change it. He reported that bills called agency bills – any department, each legislative session, work with subject matter committees, and work on things needed for that department, money and policy. It is a bill one of the agencies has requested. Brian identified the Secretary has been involved – and there is a challenge in ensuring appropriate wording in bill, noting that cross-over created an environment that bills were rushed through to make it to the house. The Senator identified that he will work with the healthcare committee in the house to fine tune the bill. Even after house works on the bill, if senate agrees with house changes, they will do concurrence vote. If they disagree, the bill goes to a conference committee. The current bill is complicated, and will probably put in conference committee to negotiate out.</p> <p>Tammy identified that some of the legal information can go above her head. She noted that she believes that Peer Support could be hired for transportation, noting a lot of CPSS could use jobs. She reports the clients she worked with on ACTT, she frequently assisted with taking individuals to doctor appointments, pharmacy, etc. If they are already providing transportation to individuals, she is unclear why this could not extend to the I/DD community. The Senator reports that he doesn't have an answer for the issue, reviewing that there could be conversation around it, and he's willing to talk with her offline about it.</p> <p>Regina noted the Senator brought up population growth in Durham, and with him only governing this one county, she is wondering if there have been any conversations with other representatives that Alliance might service, to ensure appropriate resources in each community, reviewing a lot of people will move into Durham for that purpose. The Senator noted that people tend to move as family need changes, being satisfied with Alliance MCO, and he's unclear if there's any solution to this. He noted that he's not aware that people are doing this. He referred to Brian for clarification – who noted Wake is the fastest growing county in the US for over a million people, Mecklenberg is the 4th, and Durham is the 56th. He reinforced the importance of Medicaid expansion,</p>		

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	<p>noting as more people coming in, more will require Medicaid, and this could increase service needs in each county, noting some of the nonprofits structure, agencies, triangle resources. He reinforced that which county they live in would determine eligible MCO. The Senator noted government are aware of when a MCO/LME begins to slide, and they will increase government oversight to ensure they are being held responsible for duties. There are other factors like economy, community resources, etc. There is corresponding concern that rural counties are decreasing, which creates challenges to LME/MCO, state, agencies.</p> <p>Annette – House Bill 855 – strengthening care for families and children bill, summary sounded like asking LME’s to do something extraordinary, but not providing funding. She noted she feels protective of LME’s as they are direct connection to access to services. She noted there is an extraordinary amount of money for MH, some for SUD, but none for I/DD. She reports that how money was to be spent, LME/MCO was excluded. She is seeking clarity if this is common. The Senator reports that anyone can file a bill. Per three of the health committee chairs, the money is in there. He reports that in asking for 1 billion dollars, it breaks out expenditure of money from federal govt. Rep. Lambeth – senior health chair, is to allocate remaining ARPA bills. Senator acknowledges it’s happened often where bills require things, but not providing any funds to do it, noting that he feels like this has happened for several decades, and it’s why current environment is a struggle for behavioral health, and why the community is struggling since they were not given the reimbursement to support the populations, even including considerations around enough housing and housing supports in the community. Families are living the consequences of government negligence of provision of funds backing bills. This bill should not do that since it includes breakdown of funding, such as foster care, 988, new behavioral health, mobile crisis teams, etc. The bill is likely to go through heavy negotiation. As he is the Senate democrat healthcare in senate, he’s likely to be pulled into the negotiations.</p>		

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	Victoria Nneji– She wanted to discuss the reserve funds and innovations waiver, wanted to share about her experience, and feels like it’s missing from the conversation of the state’s lost revenue from individuals not receiving their services. She noted that in becoming the primary caregiver of her sibling after their mother passed away, it shifted her career goals, she had to reduce her work hours after the pandemic to support sister and essentially provide day supports for her. She is trying to get her back engaged with employment and other community supports. The lack of staff has created struggle, reviewing income tax is a loss due to her sister not having supports to work and create income tax for state to gather, as well as her decreased salary/work hours from caregiver as a result. She wanted clarity if this is part of discussions around Innovations Waivers and funding. The Senator acknowledges when providing family care, there is a loss of education and capability to further community knowledge and expertise. He reviewed that government should hear this message – the community point of view and personal stories. He noted that this is a good example of when a “free market” is being let down, which other politicians try to purport will cover everything. Victoria reported concern on how the I/DD caucus collaborates with community to determine focus and brainstorming process. The Senator identified that the caucus is just getting started – the first meeting was two weeks ago, they are still unsure of approach, and still working through what that looks like. Mike will keep providing updates. He is open to direct contact from community regarding what it should look like, what could be worked on, etc. He indicated that the primary goal is to work together collaboratively in a bi-partisan bi-cameral way to advocate for legislation and allocations in budget to support families working with I/DD.		
4. State Updates 10 min	No DHHS staff present.		
5. Reports: - 15 min BOD, Steering Committee,	Dave – Board Update – He identified that the last board meeting was last week, where they discussed the budget. It’s noted that the Board will review it and vote on it in June meeting. The fiscal year restarts July 1. This is the main focus of the Board at this time.		

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State to Local, State CFAC, Conferences, Trainings, etc.	Regina – Steering Committee update – Sara Wilson visited the meeting, doing listening session to hear about challenges in the communities that Alliance serves, and answered questions to address how Alliance is working to address them. There was also a discussion of reviewing changes of CFAC application draft. Charlitta – MH Awareness Month Kick-Off event rescheduled due to threat of inclement weather. MIOS Victoria clarified event was not rescheduled to June 3 rd as initially though, but was instead moved to June 30 th . Chalitta encouraged CFAC members to share any ideas they have about the event to Ashley Bass-Mitchell.		
6. MCO Updates- 10 min	<ul style="list-style-type: none">- REMINDER: NAMI Walks Saturday, May 20, 2023 9:00 AM-1:00 PM- Perimeter Park 3015 Carrington Mill Blvd Morrisville, NC- Ramona Branch- Aimee/Ramona – Aimee reports changes in CFAC application is sent to Meg (internal staff that reviews Health Literacy) to ensure language is member friendly, will get it approved, and sent to the state for review and approval. She noted that it mirrored the state application, but didn't ask as many questions. Ramona reports that they are waiting on response from Meg re: her review, and next step would involve submission.		
7. PUBLIC COMMENT: 10 min	N/A		
8. Statutory Requirements and Recommendations: 15-30 min	IF TIME ALLOWS: (1) Review, comment on, and monitor the implementation of the contract deliverables between area authorities and the Department of Health and Human Services. (2) Identify service gaps and underserved populations. (3) Make recommendations regarding the service array and monitor the development of additional services. (4) Review and comment on the area authority budget. (5) Develop a collaborative and working relationship with the area authority's member advisory committees to obtain input related to service delivery and system change issues. (6) Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury services, including Statewide issues.		

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9. Announcements			
10. Adjournment:	Dave moved to adjourn and it was seconded by Tammy. The suggested next meeting will be June 12, 2023 , at 5:30 p.m.		