

Alliance Consumer and Family Advisory Committee

FY2023 Annual Report



OUR VISION

Alliance CFAC promotes a community-based support system that seeks to have each person reach his or her full potential. This committee of individuals and family members gives voice to the interests and opinions of persons with needs related to mental health, developmental disabilities, and substance use.

It embraces the dignity of all residents in our communities so that each person may achieve his or her highest level of responsibility in the community.

It promotes the empowerment of individuals and the active involvement of family members.



STATE STATUTE CHARGES CFAC WITH THE FOLLOWING RESPONSIBILITIES:

- Review, comment on, and monitor the implementation of the contract deliverables between area authorities and NCDHHS
- Identify service gaps and underserved populations
- Make recommendations regarding the service array and monitor the development of additional services
- Review and comment on the area authority budget
- Develop a collaborative and working relationship with the area authorities member advisory committees to obtain input related to service delivery and system change issues
- 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



EXECUTIVE SUMMARY

Dr. Michael McGuire

Alliance CFAC Chair

The Alliance Consumer and Family Advisory Committee and its six local county subcommittees met throughout FY2023 with a hybrid format providing options for in-person or virtual attendance. The subcommittees in Mecklenburg and Orange counties met for the full fiscal year, their first with Alliance.

I was pleased to serve as CFAC Steering Committee chair during FY23, and Marie Dodson served as co-chair. Dave Curro continued to serve as the CFAC representative on the Alliance Board of Directors.

In September CFAC held a well-attended annual retreat at Alliance's home office. Most members participated in-person, although a handful opted for virtual attendance.

Topics of discussion included an overview of CFAC requirements and responsibilities by a state representative, an overview of Robert's Rules of Order, and an update on Tailored Plan (TP) preparedness. Time was also devoted to development of goals and strategies for the year ahead. A key focus throughout the year was keeping CFAC members informed

about TP operations, preparedness, and launch.

In November Alliance held in-person town hall meetings in each of its six counties as well as a virtual town hall. CFAC co-facilitated these meetings along with Alliance's executive leadership team. Overall, the meetings were well-attended.

Alliance also invited CFAC to be part of internal workgroups related to TP operations, including a new integrated care workgroup around development of training materials for members on management of behavioral health and physical health conditions. Two members of CFAC volunteered to join this workgroup. Members also served on other internal committees, including in the areas of quality management and the member experience.

CEO Rob Robinson and members of his leadership team attended Steering Committee meetings frequently to provide updates regarding the TP and to answer questions and address concerns. The executive leadership team will continue to prioritize attendance at Steering Committee

meetings to provide updates as the TP launch was delayed to FY24.

Members of Alliance's Provider Network team also began providing regular updates at Steering Committee meetings regarding new services and new facilities opening in Alliance counties.

CFAC members continued to attend conferences pertinent to their roles as advocates. During the year CFAC received system updates from our state partners at the Division of MH/DD/SAS, Community Engagement and Empowerment team, and provided feedback as appropriate.

Alliance CFAC has gone through some "growing pains," expected given shifts related to NC Medicaid Transformation, addition of new counties, efforts to adhere to CFAC statutory requirements, and changes in leadership.

What remains clear is CFAC members' unwavering commitment to serve as advocates for members and recipients whose services are managed and coordinated by Alliance Health.

Cumberland County CFAC Summary



The Cumberland CFAC subcommittee worked this year to be as impactful as possible despite the challenges of COVID and safety issues. However, the group remained committed to being a voice for the community and pushing forward into the new day-to-day life in the community.

We spread awareness in the outlying areas of Cumberland County as well as the metropolitan area via individual members and provided education in the community about CFAC. We were able to share information with various other organizations that members belong to about CFAC, Alliance, and changes that may affect the public. We helped educate the inner city of Fayetteville by collaborating with Cumberland County Community Collaborative and other community organizations to fulfil our goal and statutory requirements.

This has continued to be somewhat challenging as many CFAC members are continuing to acclimate themselves to in-person events, while making sure that our personal health and wellness and that of our loved ones remained a priority. However, the committee has continued to foster relationships within the community and with each other in the committee.

As FY23 ends the committee anticipates open seats as some members have reached the end of their terms, and we issued a call to recruitment for the Cumberland CFAC. We remained dedicated and focused by keeping up attendance via the subcommittee meetings and virtual representation at Steering Committee meetings. Local members Dr. Michael McGuire and Shirley Francis were elected chair and secretary respectively of the Steering Committee.

Needs and gaps continued to be a part of the discussion and the subcommittee submitted our ideas and concerns. Members were always brainstorming ways to bridge the gap of needed information and resources for those in need. A goal was identifying resources for therapeutic foster youth in the population we serve as well as supporting them in decreasing trauma and the amount of moves with the community.

We continued to express our concerns about the impact state cuts and Medicaid transformation is and will have on the community, and will continue to show our support for the community and each other by participating in other organizations' events, spreading their vital information to the public.

Chair Felishia McPherson received the NAMI-NC Advocacy of the Year Award and was elected NAMI PLC chair. She attended NAMICON 23, the One Community In Recovery Conference, and the Cumberland County Homeless and Hunger Stand Down.

Co-chair Ellen Gibson attended the Homeless and Hunger Stand Down and participated in the Community Clothes Giveaway, the Women in Conversation Memorial Walk, the Mental Health Walk, and the One in Recovery conference.

Other committee members participated in Steering Committee meetings and in a variety of events, including:

- NAMIWalks
- State CFAC meetings
- Cumberland Med Assist
- i2i conferences
- Homeless and Hunger Stand Down
- Feeding the Homeless
- NAMICHL Annual
- Community Diversity and Inclusion Event

Durham County CFAC Summary



Throughout the year, the Durham CFAC subcommittee discussed adjustments to the Tailored Plan and Medicaid expansion. Alliance staff joined Durham CFAC meetings to discuss pharmacy benefits, Crisis Intervention Training, System of Care (SOC), Durham Network of Care, the Durham Community Collaborative, and community inclusion planning meetings.

To improve internal functions, the Durham subcommittee reviewed its by-laws and charter, engaged in ongoing discussion about a transition to in-person or hybrid meetings, added two new members, and encouraged more members to join the State CFAC and Alliance CFAC Steering Committee meetings.

Concerns were raised about the increase in gun violence in the community and the importance of supporting youth, and discussions were held around the development of a Youth Advisory Committee.

Regina Mays and Charlitta Burruss attended the i2i conference, and CFAC participated in the State Legislative Day and state legislative breakfast. Tammy Shaw attended the One Community in Recovery Conference.

Various CFAC members attended the Durham NC Med Assist event and NAMI Walk.

Durham CFAC hosted a variety of speakers to provide education to pass onto the community. Speakers included NC Senator Mike Woodard, and representatives from the Autism Society of NC and UNC Advocacy and Inclusion with UNC Medicine (I/DD and Neurodevelopmental Disorders).





Johnston County CFAC Summary

FY23 was a year of challenges and triumphs. We were coming out of a global pandemic, hindering our ability to get out in the community and hold in-person meetings, but we eventually came out of that cocoon of human isolation, put our doubts aside, and got back to work.

Forced isolation had the benefit of making one learn how to communicate virtually and our members quickly grasped the concept. We learned new communication skills and drew on the strength of our group of dedicated CFAC members.

Several members attended the two-day Spring i2i Conference in June where we learned about the plans of the Department of Health and Human Services (DHSS) to organize a Tailored Plan to combine physical and mental health services. It was interesting to see specific data and how it will be implemented.

We visited some interesting workshops, especially for those of us who are Certified Peer Support Specialists. The Medical Director from Baptist Hospital in Winston-Salem described their triage program in the emergency department for those suffering with a mental health crisis. He told us it was staffed by

Peer Support Specialists who were able to direct people to mobile care and local providers, greatly reducing inpatient hospitalization and saving the hospital the expense of treating indigent people. There was a workshop on medications for opioid use disorder (MOUD) and the use of Narcan during an overdose. We were able to secure a case of Narcan to bring back to the county to distribute.

The Tailored Plan and its impact on our population was discussed during all subcommittee meetings. For the most part, our membership believed The Tailored Plan concept is a sound one but we had concerns about the ongoing lack of providers in Johnston County, a rural area except for the western part of the county that attracts commuters working, shopping, and seeing doctors in the Raleigh-Durham area.

Several of us met regularly with our County Board of Commissioners, who express the same concern. They have stated our county is not economically attractive for the larger provider groups to relocate or open an office within our borders. We all hope with Johnston County being the fastest growing county in the state, this situation will eventually change for the better.

Our members participated in a number of community events, including:

School Health Advisory Council (SHAC) Backpack Buddies, where back packs were loaded with school supplies and sanitary items

Johnston County Education Appreciation event cohosted by SHAC

Volunteer fair sponsored by UNC Johnston Health

Fall vaccine festival

NC Medicaid behavioral health stakeholder engagement webinar hosted by DHHS

Sponsor of awards and recognition breakfast as a May Mental Health Awareness project

One Community in Recovery Conference in Greensboro, which has evolved to focus less on substance use and to include all kinds of recovery from chronic mental health conditions

State CFAC Legislative Day

NC Disability Rights Conference

A showing of *Unmet*, a documentary portraying the lives of several people with intellectual and developmental disabilities

Smithfield Ham and Yam Festival, which we plan to make an annual occurrence

Mecklenburg County CFAC Summary



The Mecklenburg subcommittee experienced many exciting changes in FY23. The beginning of the year focused on recruitment and organizing the group in our first full year as Alliance Mecklenburg CFAC. We currently have 12 members who bring a wealth of knowledge and understanding about our members and their needs. Linda Campbell was elected chair and Michael Flood co-chair, and we thank our outgoing chair Ruth Reynolds and co-chair Randy Sperling for helping start our local CFAC.

This was an important year to spread awareness about the Tailored Plan and the launch dates and for understanding the gaps and needs of our community and specific ways to advocate.

Our members represented CFAC at monthly State CFAC meetings, i2i and One Community in Recovery conferences, the Alliance Human Rights Committee, the Mecklenburg County Crisis Collaborative, NAMI, and Poder y Esperanza. We received updates from the NCDHHS Community Engagement Team on important legislative dates, community meetings, and advocacy opportunities, and received regular updates from Alliance Health's management and staff on changes to Tailored Plan launch dates, provider updates, and changes in services. Alan McDonald and Michael Flood

participated in the monthly meetings for the Mecklenburg County Behavioral Health Strategic Plan (BHSP) to solicit input from both service providers and the community at-large. The purpose of this engagement is to assess the behavioral health needs of the community to enhance the impact, coordination and alignment of Mecklenburg County's behavioral health services and contracts. Linda Campbell and Lois Stickell also participated in the BHSP Community Meetings as advocates for their family members.

In June, Mecklenburg CFAC hosted an event at Charlotte Mecklenburg Schools to discuss B3 services and upcoming 1915i waiver services. Participants learned about B3 services, how their children are eligible, and the pending transition from the 1915(b)(3) waiver to the 1915(i) waiver. Speakers included representatives from NCDHHS, and over 30 parents and community stakeholders participated.

Mecklenburg CFAC identified several gaps and needs and took the initiative to work with NCDHHS to create an informational flyer for an identified gap, the Registry of Unmet Needs.





Orange County CFAC Summary

The Orange County CFAC subcommittee (OC-CFAC) is now in its second year as part of the Alliance Health service area. The group continued its endeavors to implement systems advocacy planning to support, assist, and advocate for those within their communities.

OC-CFAC has taken a proactive approach toward advocacy by networking and collaborating with stakeholders and service providers across Orange County. With many members and recipients needing assistance and support, OC-CFAC identified specific areas where service gaps are present as they relate to the Hispanic population, including a lack of trained bi-lingual care staff and translators throughout behavioral and physical health, and in the judicial system.

OC-CFAC also recognized and identified service gaps within the IDD/behavioral health population related to employment and housing. We recognized the many challenges marginalized individuals face in their communities. OC-CFAC has a unique and experiential perspective when implementing advocacy efforts, and an understanding that positive change is a process, sometimes slow and painful, but a process nonetheless.

FY23 included advocacy efforts that were specific, measurable, achievable, relevant, and timely, following the (SMART) planning method.

Among our accomplishments:

- CFAC members attended a Justice United community event to learn more about their advocacy efforts for the marginalized populations in Orange County.
- CFAC members heard from a representative of El Futuro of Durham County representative, who shared and answered questions pertaining to the service gaps identified in the Hispanic population and their plan to return to the Orange County community again.
- OC-CFAC chair Carol Conway worked tirelessly with many organizations, stakeholders, and Alliance Health to plan an event targeting IDD community members, supporters, and allies for October 2023 with numerous well-known leaders within the community. State officials will speak and take part in panel discussions at the event.
- We networked and collaborated with the Orange County System of Care committee to support and co-sponsor our Be Well community event in May.
- We have added at least four new members to the committee this year.

Scope of Influence

Ongoing advocacy and support for members and recipients on the register of unmet needs (RUN), NAMI-Extraordinary Ventures, Trauma Resource Network, and Club Nova

Our Goals

Address increasing housing and employment options for members and recipients who are going through transitional phases, from crisis to stabilization to maintenance, with specific focus on the IDD/behavioral health populations

As the Orange County CFAC subcommittee continues to grow and build its membership, make a positive difference and change in our community, accomplished with continued advocacy and support through networking and collaboration with the various stakeholders and service providers in the community

Wake County CFAC Summary



Wake CFAC subcommittee members attended several events throughout the year. Chair Alicia Jones and co-chair Nancy Johns participated in the NAMI conference in October, and several members attended the NC One in Recovery Conference in March.

For Legislative Day, Ben Smith represented Wake CFAC and participated in the day's events.

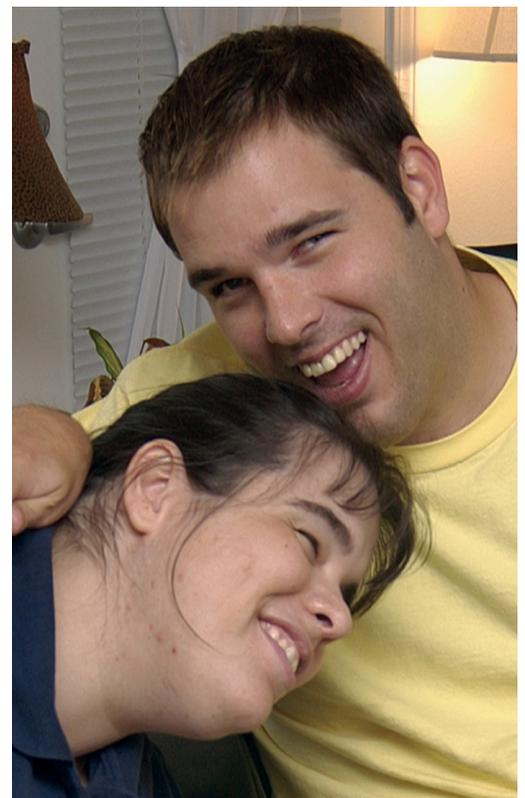
In April, the group supported Brooks Avenue Church's Spring Carnival for special needs children and their families, and provided CFAC information to all the attendees of the event.

In June, several members attended the i2i Conference in Raleigh.

Annette Smith continues her advocacy work by focusing on the need for direct support professionals and changes to ensure continuity of care. She also began serving on the State CFAC on July 1, 2023.

Nancy Johns keeps the group updated on NAMI initiatives and events and continues her advocacy by participating on the new asthma education planning committee.

The group also received trainings throughout the year during their monthly subcommittee meetings. These trainings included the Wake County Opioid Settlement, provided by Denise Foreman, Wake Assistant County Manager, and a joint training with Johnston CFAC led by Anna Ward that included information and education on the Carolina Institute for Developmental Disabilities' Mission. Also, the group received a training on the Duke University Thriving in Transition program.





A MESSAGE FROM DAVE CURRO

Alliance Health Board Member

CFAC Liaison, Durham County

As part of the Consumer and Family Advisory Committee, I feel my concerns are heard and acted upon by the Alliance Health leadership.

CFAC is where you don't just ask questions, but have a conversation about services for you or your loved ones. It gives you a sense that you are contributing in a meaningful way while learning about the lived experiences of

people with mental illness, intellectual/developmental disabilities, substance use disorder, and traumatic brain injury.

It is a place of learning and discovery. A place to give back to the community we all live in.

