



Monday, June 26, 2023

Consumer and Family Advisory Committee- Mecklenburg
3205 Freedom Drive, Charlotte, NC 28208
MECKLENBURG COUNTY MINUTES

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

BOARD MEMBERS PRESENT:

GUEST(S): ☑ Suzanne Thompson, NCDHHS-virtual

STAFF PRESENT: ☑ Aimee Izawa, Director Community & Member Engagement-virtual ☑ Lakeisha McCormick, Manager, Member Inclusion-virtual, ☑ Eileen Bennett Member Inclusion Specialist-virtual.

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)

[+1 213-204-2613,,196190616#](#)

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 Michael Flood at 5:08 pm		
2. Review of the Minutes – 5 min	The minutes from the May 22, 2023 meeting were reviewed; a motion was made by Lois Stickell and seconded by Alan McDonald to approve the minutes		
3. PUBLIC COMMENT- 5 min			
4. State Updates 10 min	Suzanne Thompson-noted that she didn't have very many updates but that she wanted to remind everyone that Wes Rider is retiring and there was an electronic card to sign and a virtual link for the get together. She noted that pretty much everything is		

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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	State CFAC is open to the Public and it is July the 12 th fro 9-3 and we have 9 new members. The State to Local call is the 4 th Wednesday of every month and is open to the public as well.		
5. Reports:- 20 min BOD,Steering Committee, State to Local,State CFAC, Conferences, Trainings, etc.	CFAC Event Recap -Linda noted that she thought the CFAC event went well and the consensus from the folks she had discussed with said they would like that the presenter not just “read” the slides off to the audience, but she did not that there was a great turn out and with the Q&A she felt like there was a lot of direction given to the families which was great. Lois noted that she did not receive any feedback from CMS but that there were only 2-3 parents in-person and that a virtual-only option seems to make sense. Linda noted that it does seem easier for families to attend virtually. Linda thanked Eileen and Lakeisha for helping with the technical issues. Eileen noted that for a first event there was great turnout and that the team worked together really well to make it a successful event. Eileen also noted that she was very thankful for the Deborah and Michelle for presenting on very difficult information. Lakeisha noted that she did share the feedback to the Executive Team at Alliance, and they had very positive feedback and she also said thank you to Suzanne Thompson for helping us acquire the speakers. Lakeisha noted that we had a big turnout, and she noted the only suggestion she would have is that we maybe have more planning time so that we can make sure what you want is what we execute on. She also noted that more time for the presentation perhaps 1.5 hours instead of 1 hour and that would allow a panel discussion. Michael noted that for throwing the event together in such a short time the event was a big success. He noted that there were some in person and for the last minute he was surprised that we had an in-person option was nice as the people in person seemed to appreciate having an Alliance staff there to help them. Lois noted that she underestimated how		

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	<p>long it would take to push things through at CMS and that more time would be beneficial. Linda noted that the team learned a lot about B-3 and learned a lot about event planning. Linda also mentioned that she learned that B-3 services do not have a waiting list. And, she noted that if they do have a panel, it's important everyone know their information well.</p> <p>i2i Conference-Lois provided her notes in an attachment and they have been included below.</p> <p>Unrecognized to Essential – Session on Direct Support Workers-Projection is there is a need for 1,000,000 new workers in the next ten years. Staffing shortages and high turnover. 40% of Direct Support Workers leave within 6 months. This is an enormous brain drain because of the time it takes to train workers. One solution—as workers gain skills they should earn more, also, they should be credentialed to make the field more professional. The speakers touched on how technology might be able to help with remote support, like telling someone to take their pills. Often, though, a person needs to be there with the client. The good news is that COVID lifted a veil and direct support workers are getting a lot of attention at the highest levels of government. North Carolina is a growing state with a much larger aging population. The federal government has come through with a grant to bring together aging and disability groups to look at the Direct Support Worker problem because it affects both the aging the disabilities population</p> <p>How to Overcome Workforce Challenges with Augmented Intelligence by Eleos Health-Ai—which was the reason I went to the session. Lois noted that she got an education because “Workforce” was not about the direct support workers. It was about clinicians and case managers. Essentially it was taping a session with a clinician and using AI to find key words and concepts and compress a 6,000-word session into 300 words, which reduces note taking</p>		

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	<p>time. There were 2 different levels. In the basic level, the tape is not retained so consent of the client was not required.</p> <p>Employing Family Members as Care Extenders</p> <ul style="list-style-type: none">-Care extenders are a new service definition which means they are a new class of positions in the Department of Health and Human Services. Care extenders are individuals with IDD or their family members working with a case manager in a paid position. It would require training.-Mental Health and Substance Use Disorder have peer supports but this is new to the IDD population. This is not a direct support worker.-This is one care manager working with 2 care extenders—ideally one is a person with lived experience and the other is a family member of a person with IDD. Parents would not be allowed to work with your own child.-The belief is that individuals living with a disability, or their family members can bring an understanding that professional staff may not have. I don't know when this is expected to launch. I know the presenters of this session also presented in May at the State CFAC Committee meeting, which is all of the CFACs across the state, not just the 6 counties in Alliance. <p>Ron asked about Peer Support initiatives. Aimee and Lois noted there are not any peer-support led initiatives at this time.</p> <p>Alan asked if this section included or excluded parents? Lois noted that the parents can not take care of their own children solely, but can care for others and their family member. Aimee did note there is a certification that Alliance offers for family members. Alan noted that parents do a lot for the care, but the stipulation is that you can work with your child but you have to work with other children/adults as well.</p> <p>Lakeisha noted that she put the link to WellCare in the chat.</p>		

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	<p>https://wellcare.com/North-Carolina</p> <p>Navigating the Tailored Plan – 6-person panel Sean Shriver spoke was a panelist from Alliance. DHHS person said the state already has strong services in behavioral health and are ready to take on a holistic approach of adding physical health. The Eastpointe person (Eastpointe is a managed care agency in eastern North Carolina) said their soft launch Dec 1 was bumpy. Many of the addresses they had to contact clients were wrong. She thinks having value added services like transportation will help greatly and pointed out that 80% of positive outcomes from outside treatment, like having a way to get to the doctors. Sean Shriver from Alliance said it is a culture change to try to understand the health care system. He acknowledged it will take a while to develop a delivery system. Alliance has partnered with Wellcare. He admitted they started out looking for a health partner to satisfy a requirement, but once they started working with Wellcare they “are so impressed.” Wellcare is a health care company that has a nurse on call. Lois noted that she was confused about this because it looks like Wellcare only works with the standard plan and not the tailored plan but that may be something that changes when the Tailored Plan launches. Sean also mentioned the soft launch of case management.</p> <p>Rumors from the hallway are that the tailored plan will probably be delayed again, possibly until January 2024</p> <p>BHSP-Michael/Alan-5 mins-Michael noted that the BHSP has been extended until August. The next meeting there will be a consultant coming in to do a gap-analysis and that will be incorporated in the plan. Alan noted that they do</p>		

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	<p>continue to find gaps at each meeting. Lois asked if the listening sessions were helpful? Michael noted that the listening sessions around the city were very helpful but were difficult to get people engaged. Linda asked if there was a push for more support within the substance abuse community and what are the timelines for the county. Michael noted there were a lot of stakeholders at the table invested in the idea of substance abuse support and that the turnaround for these programs be quick. Ron noted that the County is doing a lot for services for detained individuals. He noted the reentry program has several supports for that program. He noted that funding has increased for these types of programs and trying to educate the populations before release. Linda asked if there was a lower recidivism rate? Ron noted that it is having an impact but that he didn't know the exact numbers.</p> <p>Steering Committee-Lois Stickell provided notes from the Steering Committee. Those notes are included below.</p> <ul style="list-style-type: none">• Rob Robinson, CEO of Alliance Health gave a legislative update<ul style="list-style-type: none">○ There is talk about the Tailored Plan operating for only one year – LME/MCOs are working with Members of the House and the Senate to develop a long-term plan, a four-year contract. Right now, everything is up in the air and nothing is guaranteed until the legislation is approved.• State Budget Process – Current Negotiating Phase<ul style="list-style-type: none">○ Budget remains at conference Committee Stage with leaders from both House and Senate working on compromise budget. Not getting a budget passed by the end of June will delay Medicaid expansion for over 500,000 people. Update: Key legislators are now saying they don't expect to have a budget passed by the end of June. They expect it to go into July.		

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	<ul style="list-style-type: none">○ The secretary of Health and Human Services said, “just a few days slippage on the budget can mean months of slippages in the long tail.” <p>Other CFACs reported their activities.</p> <p>One is planning a Resource and Family Fun Day in September</p> <p>One had a Bed give a way for Veterans with Adjustable beds and frames given to Veterans in need.</p> <p>Lois Stickell announced our event-B3/I-Waiver services meeting @6:30 pm on Tuesday, June 6, 2023.</p> <ul style="list-style-type: none">• Annual Report -Dr. Aalece Pugh-Lilly completed the CFAC Annual report draft before her June 16 departure.• Membership Terms-12-month, majority vote – confirmed and accepted. This means CFAC members will have to sit out one year after serving 3 consecutive terms.• Traumatic Brain Injury (TBI) Waiver has been expanded for Mecklenburg and Orange Counties, effective this month. More information and training online. A marketing campaign is planned. Alliance is the only MCO that has a TBI waiver. Aimee noted we are focused right now on TBI education and awareness. Linda asked what qualifies for a TBI. Alan explained the differences to the group. Eileen noted that John G’s presentation did go over the qualification and that she would provide them with a copy of the presentation.		
6. MCO Updates- 10 min	<p>July Meeting-Eileen Bennett noted that the Steering committee would not be meeting in July and that she would like the Mecklenburg CFAC to have a discussion on the possibility of not having a meeting in July. Lois noted that she thinks we should not have the meeting. Lois made a motion and Ron seconded and the motion carried to cancel the July meeting.</p>		

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	<p>Annual Report-Eileen noted that the annual report has been released and Eileen will send it out to the group.</p> <p>Ombudsman meeting-Eileen gave a brief description of the monthly meeting and noted she will provide the webinar for them to review.</p> <p>Lakeisha noted to create awareness about the Annual Report for CFAC. She noted that we submit that report to the state so the state can see what our CFAC community has been working on. She also noted that the Steering Committee leadership will be changing. The ballots will be going to the steering committee members this week or early next week and voting will be in August.</p>		
9. Statutory Requirements and Recommendations: 15-30 min	<p>-Linda Campbell-noted that the housing initiatives for the IDD population is not there and she would like to have some more information about housing. She noted that the housing programs seemed more geared toward MH/SUD. Specific IDD housing doesn't have any traction. She asked if Alliance would sponsor/or build housing for IDD? She asked Michael and Ron what happens with the SUD population with housing? Aimee noted that we have TCLI which would be more 90 Day to 1-year supportive housing and then more permanent housing which would be more independent. For members who are in Broughton we do have bridge-housing who are discharging out of those state facilities. Aimee noted that we just opened a program with Carolina Outreach with transitional apartment living with staff on site and more structured. Aimee noted we also offer vouchers as well. Aimee noted we don't typically purchase homes or apartments for living. Jim asked is this for IDD only or is this also available for people with significant issues. Aimee noted that TCLI is specific to mental illness and there are a lot of resources around TCLI program and services. Jim asked if those services are things that Alliance helps their family access because he felt like Alliance "dumped" their family and didn't offer any help or support or services for MH. Linda noted that the housing were specifically targeting to members who are more stable</p>	-	

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	<p>and are transitioning. Aimee noted that it is Alliance's responsibility and that you can call the access line or reach out to Lakeisha and Eileen. She also noted that it is important that the member may be connected to a provider and that it is very important to have a provider in place to help with the transition and is there a community inclusion piece. Aimee offered her email as well. Aimee's email: aizawa@alliancehealthplan.org.</p> <p>Linda asked if the county manager could come and speak to the housing. And if the county is planning on building housing for the IDD population. Ron requested the Member and Recipient line. 1-800-510-9132- Member and Recipient Services line</p> <p>Alan asked where we can see Alliance Housing options? Eileen noted that a member can call the access line, you can go online. Alan specifically asked about the Matthews opportunity with Rainbow Express and Eileen noted that community outreach and that the access line has some community resources. Eileen also noted that the providers are supposed to have resources for you as well.</p>		
11 Announcements		N/A	N/A
12. Adjournment:	Linda Campbell motioned to adjourn the meeting and Alan McDonald seconded. The suggested next meeting will be August 28, 2023, at 5:30 p.m.		