Alliance Consumer and Family Advisory Committee

FY2021 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.

MEMBERS

Vicki Bass  Ellen Gibson  Regina Mays
Dorothy Best  Tracey Glenn-Thomas  Dr. Michael McGuire
Jackie Blue  Wanda (Faye) Griffin  Karen McKinnon
Charlitta Burriss  Briana Harris  Felisha McPherson
Helen Castillo  Sharon Harris  Trula Jean Miles
Andrea Clementi  James Henry  Diane Morris
Dave Curro  Steve Hill  Carrie Morrissey
Christopher Dale  Connie King Jerome  Anthony Navarro
Albert Dixon, Jr.  Dorothy M. Johnson  Israel Pattison
Bobby Dixon  Latasha Jordan  Jason Phipps
Elena (Marie) Dodson  Jessica Larrison  Gregory Edward Schweizer
Jerry Dodson  Carson Lloyd  Annette Smith
Pinkey Dunston  Renee Lloyd  Ben Smith
Shirley Francis  Tekeyyon Lloyd  Brenda Soloman
Bradley Gavriluk  Marilyn Lundin  Alejandro Vasquez
Leanna George  Megan Mason  Cassandra Williams-Herbert
EXECUTIVE SUMMARY
Jason Phipps, Alliance CFAC Chair

The Alliance Health Consumer and Family Advisory Committee started the Fiscal Year 2021 with change in executive leadership.

We would like to thank Dave Curro for all of his hard work with CFAC and the communities we represent and for his continued dedication as he continues to serve on the Alliance Board of Governing Directors. Thank you Dave.

Like so many in our communities across the state, nation and globally, CFAC too has experienced the loss of friends and family members to the COVID-19 virus. Our Durham CFAC loss one of its members, Dan Shaw – a longtime advocate in the behavioral health community and dear friend to all who knew him. We were saddened to hear of Dan’s passing, as each loss to this virus, and grieve with those who are left behind. Hopefully the treasured memories of those friends and loved ones bring comfort and with time healing to all.

CFAC has continued to meet via video conferencing and have received updates from the NC DHHS Community Engagement and Empowerment Team members on the State’s move to a managed care environment for Medicaid beneficiaries Standard Plans and Behavioral Health/IDD Tailored Plans.

Our members have had the opportunity to participate in various virtual meetings to provide feedback on the process of moving to Standard and Tailored plans. We expressed our concerns that the move as a whole was confusing to Medicaid beneficiaries and needed improved communication.

We continue to voice our concerns about the length of time people are spending on the NC Innovations waiver’s Registry of Unmet Needs, an average of seven years. We urge the State legislature to make the needed budget accommodations to improve the situation.

Our Wake county CFAC’s Direct Support Professionals (DSP) initiative is going strong and reaching across the state in an effort to address the DSP staffing support crisis. Hopefully this can be achieved by ensuring that DSP workers are paid fairly and members are able to get the consistent support needed to live well in their community.

CFAC penned a letter of support to NC DHHS for Alliance Health and its application to NC DHHS to serve as a Behavioral Health/IDD Tailored Plan.

With the potential of county realignments with Alliance Health, we reviewed and updated our new member packets to include steps for effective advocacy, both individual and systemic, as well as contact

(continued on next page)
STATE STATUE CHARGES CFAC WITH THE FOLLOWING

• Review, comment on and monitor the implementation of the local business plan
• Identify service gaps and underserved populations
• Make recommendations regarding the service array and monitor the development of additional services
• Review and comment on the Alliance budget
• Participate in all quality improvement measures and performance indicators
• Submit findings and recommendations to the State Consumer and Family Advisory Committee regarding ways to improve the delivery of mental health, intellectual/developmental disabilities and substance use/addiction services

Although we have struggled this year with the COVID-19 virus, we are working through the issues and are looking forward to when we can meet again face-to-face soon to engage our communities without the concerns brought about by the pandemic.

In closing, I would like to thank the Alliance Health Board of Directors and Alliance Health’s CEO and staff for their continued support and inclusion of the Consumer and Family Advisory Committee. It means a lot to the people they serve to have their opinions heard and valued.

This report is dedicated to the memory of Dan Shaw, longtime CFAC member and passionate advocate.

This picture of Dan comes from a commercial that is part of Alliance’s Re-Think campaign.
**CFAC ACHIEVEMENTS**

- Multiple community events in each county
- Listened to our community members
- Recruited and educated new members
- Advocate effectively at the state level
- Provided consistent advice to the Alliance Board consistently through monthly reports and our annual report
- Advised the Alliance Board and staff on gaps and needs, and budget priorities
- Participated on Board Global Quality Management Committee
- Provided feedback on Medicaid transformation and its many moving parts
- Developed an advocacy toolkit
- Developed a direct care worker crisis white paper

**MAJOR CONCERNS**

- Funding – Cuts to services to the uninsured population, inevitably will cost more down the road due to needs not being met and challenges becoming more substantial
- Child Facility Based Crisis in Fuquay Varina
- Direct Care Worker crisis – members go without services authorized and needed because there is no one to offer them
- Innovations waitlist – continues to grow (over 14,000 statewide)
- Address the Direct Care worker crisis

**MH/SUD WISH LIST**

- Peer Run SUD Recovery Community Centers.
- Expansion of MH Peer Services (less expensive, farther upstream, effective)
- Prevention (Peer Respite, Drop In Centers, Life Skills)
- Increase Peer Support programs for MH/SUD

**IDD WISH LIST**

- Baseline of services for members on the Registry of Unmet Needs
- Increased Innovations Waiver slots
- Other waiver options
While this past year has been very unpredictable, led by Chair Steve Hill and Vice-Chair Charlitta Burriss the Durham County CFAC subcommittee persevered and were able to get some items taken care of as we are meeting on Zoom to keep our committee moving forward along with staying connected with the group.

We discussed the COVID-19 virus and checked in on each other, and members shared their thoughts and concerns about the ongoing pandemic. Several members continue to be impacted by these unprecedented times.

A few members of the Durham CFAC also participated with Steering Committee on a regular basis.

One of our highlights of the year was the opportunity we had to meet with Senator Mike Woodard and the Durham delegates, Senator Natalie Murdoch, House Representatives Vernetta Alston, Zach Hawkins and Marcia Morey in January to follow up on the following questions:

- Can you tell us about the funding for elementary school children to be screened for mental health issues that is supposed to go into effect in 2021?
- How are we addressing the issue of safe, affordable housing for individuals with developmental disabilities and severe persistent mental health issues?

In March we lost one of our members when Dan Shaw passed away. Dan was a long-standing member and a fierce advocate, he was a great man and will be missed by us and his community.

The Durham Committee also came up with some trainings/presentations that we are interested in having during our monthly meetings, including the following:

- Depression and helping others
- Coping skills
- Advocacy
- Addressing services to minors
- Child Protective Services
- Domestic violence
- Trauma-informed care
- Adverse Childhood Experience
- Seasonal Affective Disorder
- Effective communication
- Treatment trends and new services

Alliance staff liaison Ramona Branch will work to coordinate and incorporate some of these future trainings.
Chaired by Annette Smith, the Wake CFAC sub-committee has attempted to keep both members and interested consumers abreast of COVID policy changes and ways to keep everyone engaged during this period where we are unable to meet face-to-face. We have been in communication with other county CFACs and have taken advantage of some of their trainings and presentations, including tips on guardianship and advocacy.

We continue to be active with both the NC DSP Workforce as well as the SL2/3 Collaborative and the Olmstead Group. Each group has a definite need for qualified consistent direct support staff which allows us to share our information and action items to meet more goals. The DSP taskforce has been active promoting and educating many groups, including members of the General Assembly, on why increases in Innovation DSP wages is needed now. Annette Smith and her son Ben spoke at a press conference supporting HB914 to bring all DSPs up to $15 per hour to meet what State facilities pay their DSP staff.

This year our State received ARPA funds which would equate to $300 million earmarked for HCBS-only actions. Our goal is to education the Senate and House Budget conferees that this money could best be used to solve the Innovation DSP wage crisis for the first 2¼ years while the General Assembly establishes a full wage and staff study for future budgets.

We have also been busy educating consumers on the differences between the Standard and Tailored Plans, and we broadcast all DHHS seminars and webinars to ensure that those who have questions get answers.

Our membership increased from 12 to 14 to allow those who have been active but not allowed to join to be able to formally join, and we have a slot open for a TBI member. We continue to meet via Zoom and always have a quorum. It has been a challenge to meet our community outreach goals but we are fulfilling that responsibility as best we can.

We continue to attend State CFAC meetings and have begun to engage with other LME members on common issues that we want to address. We do this by hearing how they address the problem and sharing our action items and solutions.

In July 2021 Vicky Bass was elected Chair and Annette Smith Co-chair with the hope of allowing others to bring fresh ideas and perspectives to the group. We look forward to representing all consumers of Alliance services and look forward to being able to be more active in the community.
While this year has been challenging, under the leadership of Chair Felishia McPherson and Vice-Chair Renee Lloyd, the Cumberland Subcommittee has worked to be as impactful in the community as possible, continuing its commitment to be a voice for the community. They have been spreading awareness in the outlying areas of Cumberland County as well as the metropolitan area by educating the community about CFAC, Alliance, and changes that may affect the public. They have also taken part in educating the inner city of Fayetteville by collaborating with Cumberland County Community Collaborative and delivering a forum on the changes surrounding the direction of Medicaid transformation and other transitions that were affecting the community.

They continue to collaborate with the Cumberland Community Collaborative and other community organizations, never passing up an opportunity to have a face-to-face conversation about CFAC and Alliance. This has proven challenging while making sure that their personal health and wellness and that of their loved ones remained a priority. I am proud to report as a community CFAC and Alliance actually demonstrated daily how much stronger they are together in such a time of uncertainty and transition.

We are currently at maximum capacity for membership, and continues to encourage individuals to participate in public meetings to spread awareness which has proven to be quite inclusive. The committee stays dedicated and focused by keeping up attendance via the subcommittee meetings and having representation at the Steering Committee meetings via Zoom and telephone. An elected member from the Cumberland subcommittee sits on the Steering Committee.

Needs and gaps continue to be part of the discussion and the group submitted its ideas and concerns. Our members are always brainstorming ways to bridge the gap of information and resources for those in need, and will continue to support the community and each other by participating in other events such as NAMI-HCL, CIT, Minority Mental Health Awareness Activities and spreading vital information to the public. We continue express concern for the impact state cuts and Medication transformation is having and will have on their community.

Our members represented CFAC at a number of area events including State CFAC meetings, i2i and One Community in Recovery conferences, a Virtual Medicaid Transformation Forum, and NAMI and ADA meetings at the state and local levels. We listen to the Governor’s meetings each week and receive daily emails from Alliance, DHHS and the CDC.
The Johnston CFAC subcommittee is led by Chair Marie Dodson and Vice-Chair Cassandra Williams-Herbert. As well as serving on the Johnston CFAC, our members continue to serve, often representing CFAC, on other advocacy and community agencies, including Johnston Collaborative For Families, Youth and Children, Johnston County Recovery Collaborative, Johnston County Housing collaborative, the Council on Educational Services for Exceptional Children, the Autism Society of NC, NAMI of Johnston County, the local chapters of AL-ANON and the Council on Aging.

In May, Johnston CFAC and Alliance Health staff hosted a County Alternatives to Guardianship forum held via Zoom and co-hosted by Linda Kendall Fields, M.ED of the NC Rethinking Guardianship Initiative. The committee contacted the Clerk of Superior Court to coordinate a live demonstration of the guardianship process. It was recorded to be provided at a later date.

JOHNSON COUNTY CFAC SUMMARY

Johnston CFAC continues to receive updates on Medicaid Transformation from the NC DHHS Community Engagement Team. Updates from Alliance Health management and staff on how Alliance and its providers are preparing for the changes ahead are received as well. Our questions, feedback and suggestions are sought, welcomed and considered.

This year has been one of transition as we all have been preparing for the roll out of the state Tailored and Standard Plans and communicating information about Medicaid Transformation has been a focus of our community outreach events.

The COVID pandemic has eliminated in person meetings and has greatly impacted our ability to participate in events to expand our membership. We are in need of a prospective member representing the TBI community. Looking forward, our goal is to correct this problem when COVID imposed restrictions are relaxed.

We are also looking for ways to keep our members that are in self-quarantine and have limited technological resources available engaged with CFAC. We continue to be the voice of our communities around the decision-making table to ensure their needs are being met and voices are being heard.

Johnston subcommittee members continue to play important roles with the Alliance Steering Committee and Alliance Board committees. Jason Phipps was elected Chair of the CFAC Steering Committee, while Marie Dodson represents Johnston County on the Global Quality Management and Human Rights committees.