

Triad Region Consumer & Family Advisory Committee Meeting Minutes

August 10, 2020 | Via WebEx

	Committee Members (in no prescribed order including County served and community area of focus)	Additional Context	Voting Member Present = P Absent = A
1	Matt Potter (Forsyth; IDD & MH)	Triad CFAC Chair - Meetings	P
2	Ricky Graves (Rockingham; MH)	Triad CFAC Chair – Policies & Procedures Lead	P
3	Tim Gallagher (Forsyth; IDD)	Triad CFAC Chair - Advocacy	P
4	Sarah Potter (Forsyth; IDD)		P
5	Julie Whittaker (Davie; MH/SU/IDD)		P
6	Dennis Lynch (Forsyth; MH/SU)	Chair - MH/SUD Advisory Committee	P
7	Pam Goodine (Forsyth; SU/MH)	Peer Support Specialist & Educator	P
8	Obi Johnson (Forsyth; SU)	Immediate Past Chair	P
9	Terry Cox (Forsyth; MH/SU)	Cardinal Board Member and Peer Support Specialist	P
10	Glenda Smith (Davie; MH)		P
11	Kelly Owens (Forsyth; MH/SU)		P
12	Lakisha Henderson (Forsyth; MH/SU)		P
13	Mary Miller (Forsyth; MH)	Immediate Past Vice Chair	P
14	Mary Anecelli (Forsyth; MH)		P
15	Gladys Christian (Forsyth; MH)		P
16	Abbi Jackson (Davidson; MH/SU)	Triad CFAC’s Representative on Bonnie Schell Co.	A
17	Sam Gavuine (Forsyth; MH)		A
Staff: Cardinal Innovations Healthcare			Non- Voting
A	Stacey Inman	Member Engagement Regional Manager	
B	Bob Scofield	Member Engagement Specialist	
Guests			Non-Voting
i	Joan Lynch		
	Stacey Harward	Community Engagement Specialist; Community Engagement & Empowerment Team at the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; NCDHHS <i>Lived Experience with TBI & Depression</i>	
ii	John Carrol	Peer Support Specialist (Forsyth)	

iii	Bob Crayton	Central CFAC, Chair	
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Meeting Highlights:

- We have a strong, vocal, motivated group and routinely demonstrate our passions via a healthy exchange of ideas and advocacy
- While the juices took a while to get flowing, we hit our stride and were running on all cylinders by the end
- Some CFAC members are consistently not receiving stipends and/or experiencing problems [this is a re-occurring issue that requires off line action and follow up]
- Sen. Joyce Kraweic is reading a member’s letter on unstaffed shifts as part of Tuesday’s Joint Legislative Oversight Committee on Health and Human Services Meeting; this relates to the gaps in services issue we have been working on together over the past several years
- Sarah Potter sent out 3 sperate emails containing additional material after the meeting was called at 10 minutes past 800pm
- The Zoom meeting platform appears to be working well and meeting our needs during this crazy time

MEETING MINUTES	
i.	<p>Moment of Silence – Matt joined a bit late after some technical difficulties and when he did he led us in a centering moment around why we are all here.</p> <p>Matt</p>
ii.	<p>Housekeeping Issues:</p> <ul style="list-style-type: none"> • Approval of last meeting’s minutes (July 13, 2020) [approved by voice vote with the inclusion of Ms. Julie’s suggestion below: <p>Regarding the section: “Steering Committee: Relational Agreement - The edit should strike the language, <u>“some path forward identified”</u> add: <i>A subcommittee was formed to create a document explaining Triad CFAC’s reasoning and proposal to amend the section of the RA including the statutory responsibilities to reflect the wording of the statute. Volunteers: Mary Miller, Sarah Potter and Julie Whittaker.</i></p> <p>NOTE: The document was prepared and submitted to the T-CFAC leadership for action July 17, 2020.</p> <ul style="list-style-type: none"> • The “CFAC Plan of Work” for Cardinal QA/QI was shared and discussed. It was suggested that that statutory requirements we are covering during each activity should be added to the workplan. There was agreement with this suggestion. • A lengthy discussion on Stipend Checks (when and how many were missing) ensued. Several members reported they had received their checks without issue. Others, specifically Kelly and LaKessiah, had not and run into an issue almost every month. Matt agreed to lead an offline discussion with King about this standing issue among others. The Triad CFAC agreed to stand together to see that each and every member is treated equitably.

1	<p>Public Comments: Ricky wrote in the chat the following for public consumption: <i>Rockingham County has an opioid task force composed of treatment providers, community leaders and law enforcement to promote awareness, prevention and treatment. A pilot program was launched called post-overdose response team. The team is comprised of peer support treatment providers and a plain clothes officer that is to follow up with the overdosed patients 48-72 hours after the incident to provide info and encourage addicts to pursue treatment. Reidsville Police Dept. launched the trail team July 1 and by last week they had made contact with four people. Jeff Pruitt is the RPD opioid safety coordinator. This is response to Rockingham County having 74 opioid overdoses as of July 15 (51 in 2019 Jan-Jun) and being classified as an opioid high risk county in 2019 study published by the journal of the American Medical Association. It's one of 41 counties with this classification. Our population is around 91,000.</i></p>
2	<p>New Business</p> <p>Steering Committee: Relational Agreement: after discussion there was an agreed upon process to draft a letter to the 3 other CFAC Chairs; form a small subcommittee to defend our position (J, S and MM) included Ricky; and forward to Triad CFAC Leadership team to be forwarded to the other CFAC Regional Chairs. Time being of an essence the decision was made to work outside the normally scheduled quarterly Steering Co. meetings and go directly to the chairs of each regional CFAC. The thought being that Triad CFAC were making things wait for everyone is hard to fathom and needed defending. The collaborate work was done incorrectly and the signatories just need to amend the documents w/o any involvement of the SC. Julie was heard as being correct in her line of thinking. It will need to go the route discussed and the CIH legal staff will likely need to review it again.</p> <p>The other CFAC representatives were identified as:</p> <p><u>Central CFAC</u> Chair: Bob Crayton leadinwiththepaws@hotmail.com Vice-Chair: Lea Ottinger leaottinger1971@gmail.com <i>Note: Central Region CFAC Vice-Chair Lea Ottinger submitted a Leave of Absence (LOA) at our August meeting last week for four months and Janet Sowers has stepped up as our Interim Vice-Chair until Lea's return. Janet's email is janetsingsow@embarqmail.com.</i></p> <p><u>Northern CFAC</u> Chair: Angelena Kearney-Dunlap AngelenaKDunlap@warrencountync.gov (work) Akdunlap54@yahoo.com (personal) Vice-Chair: Martha Green fennermartha@yahoo.com</p> <p><u>Southern CFAC</u> Chair: Beverly Morrow bevmorrow002@gmail.com Vice-Chair: Terri Clark terrnaz@gmail.com</p>

Bonnie Schell: additional committee appointments were requested; none were suggested. This will be a standing agenda item.

CFAC Annual Report: a plan for completing the necessary tasks was discussed. The annual report is for letting the board know what CFAC has done in the past year. The annual report is a document informing what has transpired for the previous year, i.e. goals met, challenges and statues met, gaps discovered and referred for coverage, etc.

If anyone has suggestions, they can send content to Tim for collection and consolidation. ^[P]_[SEP]

- 3 Gaps in Service – an update on our recent “consumer experience” was made including the reading of a letter which is going to be read by Se. Joyce Kraweic at Tuesday’s Joint Legislative Oversight Committee on Health and Human Services Meeting, on August 11th. We are grateful that this issue continues to advance. There is more work yet to do.

The text of the letter read:

In theory, theory and practice are the same. In practice they are different. The theory of unstaffed back up hours for families with adult children with Intellectual and Developmental Disabilities are quite a bit different than what we families face in practice each and every day. Thank you for letting me share for the record that way I see it.

***In theory,** no individual with IDD who has authorized hours under the Innovations Waiver program should ever be without. LME/MCOs can spend up to \$135,000 per person and even more under recent COVID waivers. LME/MCO policies mandate that contracted agencies provide staff. Back up staff are required for when direct service professionals call out sick, schedule a vacation, or even leave for greener pastures. In theory, a consumer and their family with authorized service hours should never go lacking.*

***In practice,** each and every family and consumer I have ever spoken with routinely faces staffing shortfalls. In these moments, families have to scramble to provide care for their loved ones. Their time is not compensated and it comes at the expense of paid employment outside the home and self-care. Remember these are the same people who are already providing the lion’s share of natural supports for the majority of the day. As of today, Tuesday August 11th, our family has covered for 18 shifts in 31 days. That means 58% of the time we are doing the agencies mandated work.*

Secretary Cohen recently presented on the COVID-19 response and took time to highlight how DHHS shifted their testing strategy once they identified that Latinx communities were over represented within the positive test results. Where is a similar data management framework that enables DHHS to respond to well-known, chronic conditions of unstaffed shifts?

DHHS contracts with Cardinal Innovations to ensure services are available in Forsyth County, the county where we reside. The Cardinal CFO is on public record saying that they have provided on average only 82% of the authorized services in the most recent period. 82% is

basically four out of five. How would you like it if the light switch only turned on your lights four out of five times? Or what about if your car didn't start every fifth time you went to start it. That's what families are dealing with in the best of situation.

Please note that 82% is just an average. Some families get better and some do not. Our family right now is at 42% fill rate over the last 30 days. Yet Cardinal retains the money when shifts go unfilled and the family does not event benefit from any kind of "rollover minutes." Once a shift is missed, it is missed. Why isn't a portion of the money that goes unspent being used to ensure no more shifts are missed? Showing up is a minimum acceptable standard and if providers can't do that they need to get out of business of saying they can.

Two things families like mine are asking for your help with today include:

1. Creating real consumer choice metrics for families. Families should know walking up to an agency whether they provide above, near, or below the average of authorized hours which currently pegged at 82%. Consumers will reward good performers and help weed out the suspect providers.
2. Adding real teeth to an IDD measurement and compliance framework during the upcoming transition to Tailored Plans. Only what gets measured gets managed. DHHS could easily mandate the timely and accurate collection that further enables consumer choice and reduces unstaffed hours.

Our daughter's current individual support plan (ISP) MANDATES agency back up staff. When I looked up the word in Webster's dictionary, mandatory is defined as "required or commanded by authority; obligator." I'd be happy to work with anyone to enforce these requirements. This is not a theoretical discussion to me. It's a Tuesday discussion about whether or not someone is showing up at our house later today to work a shift from 230pm to 700pm. We have state issued benefits along with the authorized hours to spend, yet neither the money nor the services are making it to our family.

Matt also reported he is working on a grant that addresses DSP workforce issues. There's a battle being waged. Keep up the god fight!

4 Old Business / Reports

1. State CFAC – an invitation to attend the next meeting later this week was made

5 Open Discussion of Members:

- Obie shared he will be presenting on a homeless panel on mental health needs in our community this month. If you have concerns or comments about Mental Health issues; please email me at Bohanna158@gmail.com before 8/17/20.
- Stacey Harvard shared information about a poll that is being circulated; it addresses the best times for scheduling training. They are open to changes and basing their times on what has typically worked best in the past.
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6	Adjourn: the meeting was adjourned at 8:10pm and additional notes followed by email. They are appended below.
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On Tuesday afternoon, August 11th, Sarah Potter shared a “CFAC - Part 2” follow up email:

I need to share a few things that we didn't have time to discuss at our CFAC meeting last night. Reid provided us with information about assistance getting cellphones for those in need. This is what he shared:

The cellphone availability was in partnership with ACTT (Assertive Community Treatment Team) adult services and intended to help support individuals, especially homeless members, with accessing needed care.

We did not have a chance to discuss Lakessiah's problem contacting Daymark after numerous attempts. I think Matt should include it in his list to King about issues our members are experiencing. Lakessiah, would you please update Matt or provide details about your situation before the Friday deadline?

There is a newly formed Olmstead committee, an important initiative. There is an extensive list of statewide listening sessions on different topics. Click on the link for the list at DRNC's website. Please note tomorrow, Aug 12 there is one on Housing from 3-5. It is important to give input as they are developing a report for the Legislature and DHHS. This will be a long-term project accompanied by a living document. They want your feedback with the issues you experience and suggestions for improvement. If you can't connect via Zoom, you can send your comments in. I have asked if these meetings will be archived to enable you to watch at a later date, but I haven't gotten a response yet. I will let you know.

<https://disabilityrightsn.org/general/nc-olmstead-plan-listening-sessions>

I would like to remind members to consider volunteering to assist Moji, the Arc, and the Enrichment Center with the Voter Registration Day on September 22 at the Forsyth Public Library. They want to teach about voting rights, civic duty, help with ID cards, and have an actual voting booth to familiarize people with IDD who would like to vote. If you or another group you know would like to help, please contact Tim Flavin, IDD Advisory Committee Chair, at tpflavin14@gmail.com.

A reminder: tomorrow Aug. 12 is SCFAC, 9-1:00. Contact me if you would like a copy of the agenda and call in information.

Also from Reid, valuable opportunity: Medicaid recipients are able to receive up to 200 free masks per month -- ALL Medicaid recipients, not just those with the Waiver.

In order to request masks for all members through Medicaid, please call them at: [866-544-8982](tel:866-544-8982), or visit their website at www.usmedexpress.net for more information. US MED Express will do an intake over the phone. They will then contact all members' Primary Care Physicians to request a prescription. Each member can receive up to 200 masks per month.

That does it for now. Thank you. – Sarah

On Tuesday evening Sarah followed up with a “CFAC - Part 3” email which read:

Please find the 2020 Perception of Care survey. The survey will take place August 1st - 31st and it is aimed at the mental health and substance use disorder populations. The I/DD survey is conducted at another time during the year.

Each MCO has a POC contact person. Please find the names attached in case you have a question for Cardinal's contact person.

Submitted By: Tim Gallagher