

# Cardinal Innovations Healthcare Consumer and Family Advisory Committee Annual Report June 2018 – July 2019

## OUR VISION

Collaborate with Cardinal Innovations Healthcare to provide advice and consultation regarding the development of additional service in our communities, and to explore new ideas and proven practices. Embrace the dignity of all members in our communities who receive services so that each person achieves their highest level of potential. Educate our members, families and communities to know what services are available and how to access them. To adhere to the state mandated statues and participate in the quality improvement process. Cardinal CFAC is indebted to serve.

## HOW WE SERVE

The Cardinal CFAC this fiscal year was represented by six (6) regional areas, Piedmont (Cabarrus, Davidson, Rowan, Stanly, Union), Triad (Davie, Forsyth, Rockingham, Stokes), Alamance-Caswell (AC), Orange-Person-Chatham (OPC), Five County (Franklin, Granville, Halifax, Vance, Warren), and Mecklenburg. We are the voices for individuals and families in the Mental Health, Intellectual/Developmental Disabilities and the Substance Use arenas. We strive to be informed about issues affecting persons in our catchment areas, i.e. gaps in services, exploring new ideas, monitoring and advising on the budget and business plan.

## EXECUTIVE SUMMARY

Beverly M. Morrow, Cardinal Executive CFAC Interim Chair

The Cardinal CFAC (six (6) local areas) came together at The Empowered Voices Summit in October 2018. It was a very productive summit where many changes to Cardinal's existing CFAC structure was explored and recommended for restructure.

The following was proposed and by consensus agreement to be implemented by Executive CFAC with a target date of July 2019:

- The local Mecklenburg and Piedmont CFACs would dissolve and form a new Southern Region CFAC (excluding Davidson County)
- The local OPC and Alamance-Caswell CFACs would dissolve and form a new Central region CFAC
- The local Triad CFAC would expand to include Davidson County, with no name change
- The local Five County CFAC would be renamed as Northern Region CFAC
- There will be four (4) Regional CFACs instead of six (6) Local CFACs
- The Cardinal's Executive CFAC would dissolve
- A Steering Committee to be formed with representation from each disability group for each new region.
- A by-laws committee was formed to revamp the existing by-laws that would guide the implementation of this new CFAC regional alignment.

The final by-laws were completed, voted for by the Executive CFAC membership and signed by the Executive CFAC chair; the Rules of Procedure and the Code of Conduct were voted to be an addendum to the by-laws.

## ACCOMPLISHMENTS

- Cardinal CFAC has diligently made an effort to constructively and purposely to work to make a difference in the six (6) local catchment areas.
- Cardinal CFAC continued to work to increase CFAC membership and to insure all counties and disability groups were represented
- Participated in multiple community events
- Advocated at the state level
- Participated in various conferences

## CONCERNS

- Transportation
- Cuts in Single Stream Funding
- Bonnie Schell Scholarship guidelines and application process
- Medicaid Transformation – Transition to Managed Care
- Outreach in rural communities
- Services available to inmates after incarceration
- Shortage of Direct Care staff

Submitted by Beverly M Morrow – CFAC Steering Committee Chair

## NARRITIVES SUBMITTED BY CFAC CHAIRS

Five County – Angelena Kearney-Dunlap

Piedmont – Beverly M. Morrow

Triad – Obie Johnson/Tim Gallagher

Alamance-Caswell – Bob Crayton

OPC – Bob Crayton

Mecklenburg – FY19 Meeting Minutes

## STATE STATUE CHARGES CFAC WITH THE FOLLOWING RESPONSIBILITIES:

- 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 Cardinal 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

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# NORTHERN REGION CFAC ANNUAL REPORT

July 2018 – June 2019

**COUNTIES REPRESENTED:** Franklin, Granville, Halifax, Vance, Warren

## **Cardinal Staff:**

- Presented Vance County Drugs Uncovered program being held on 01/17/19 with the Poe Health Center. The presentation serves to educate parents and teens on drug prevention methods. Local providers will be onsite at the event with informational displays.
- Introduced the CI Learning Center website, pointing out the CFAC specific hub. Staff will email the link to CFAC members. Members were given a “virtual tour” of the site, including how to login and explore available training modules.
- Continues to work on jail diversion pilot programs, and funds to support them. Local county representatives are assisting with the process. Cardinal is also working closely with the new Franklin Regional hospital mental health inpatient facility. MPH may also contract with Cardinal in the future for behavioral health services in Franklin County.
- Provider Council is still looking for a CFAC representative to serve on their council.
- Announced upcoming trainings and provided information for events to interested members.
- Proposed to discuss adding peer support services to local hospitals. Elliot discussed the available “peer bridging” services currently in place in Franklin and Halifax counties.
- Member Engagement displayed a presentation which detailed Cardinal’s current structure, as well as the proposed new Community Governance structure. CFAC members were allowed the opportunity to pose questions regarding the presentation, and the proposed changes. Copies of the presentation will be made available to members who were in attendance.
- Announced CFAC summit on Oct 12 and 13 at Cardinal Innovations Kannapolis office. Members were urged to register to attend. An open letter on Medicaid reform from Kody Kinsley and David Richard that was shared at the August State CFAC meeting was distributed and briefly discussed. Medicaid reform is expected to begin its first phase in July 2019, per Elliot Clark. The first phase will introduce the Standard plans for Medicaid reform.
- Inquired if FC CFAC would like to participate by setting up a display table. Lakeisha and Angelena agreed to attend. Guest Martha Green also volunteered. CFAC has also been invited to participate in the FC Community Partners meeting on November 27th at the CI Five County office.
- Presented the CFAC summit evaluation results to the committee.
- FY 19-20 Budget presented and copies of the approved budget will be sent to members.

## **State CFAC, Community Board, and/or Corporate CFAC Updates:**

- CFAC Chair explained the schedules for State, Corporate, and Executive CFAC committees.
- Presented a survey to local CFAC members. Idea was presented to discuss the use of social media for CFAC in the future.
- Questions were raised regarding the rollout of Medicaid reform. Chairperson and liaisons advised that there is a timeline for reform rollout, yet no final plans have been communicated to providers/MCOs.
- Selected a representative to serve on Provider Community Council
- Tailored Plans were discussed. CMA 1100 has been approved. A new DHHS employee will be taking over the CFAC DHHS business. State CFAC meeting will take place on November 14. State to Local CFAC has been moved to November 28; open discussion will be allowed at this meeting. The dial in number and access code for the State and State to Local CFAC meetings was provided. (1-888-273-3658 for members to dial in). NC Health newsletter was discussed. On November 17, there will be a Suicide Prevention walk. DHHS budget was highlighted. NC has been

awarded \$27million to be used to combat statewide opioid misuse. There is an upcoming webinar on November 15 for community inclusions initiatives.

- Report on All CFAC Retreat: Rosemary, Shirley, Bertha, Barbara, and Angelena: A committee to reform bylaws was formed. Shirley and Angelena are on that committee. There have been mergers planned within the CFAC committees, so there will now be only 4 local CFAC groups. FC CFAC will not merge. Rosemary discussed the need to balance CFAC so that each county involved is equally represented.
- Wellness Center discussion was held. It was advised that although there is no CI wellness center in the FC area, we are still able to provide wellness education and activities in the area, making use of the resources that are currently available.
- Reviewed recently adopted CFAC Bylaws; highlights and updates were made. All members received hard copies of the bylaws for independent review. Highlights included Rules of Procedure, Code of Conduct, committee member terms and limits.

#### **Recommendations to Board:**

- Warren Co. schools will hold a special session with DSS to discuss SUD in schools. CFAC members have been invited. Date and time will be announced later.
- Meeting attendees were provided the opportunity to submit written requests for services that they feel are either not being provided or are lacking in their local areas.
- One concern that was brought up was the difficulty in getting information about available resources to clients. CI staff advised committee members on how to access a list of resources via the CI external website, also explained the referral process for Member Engagement.
- There is a need for programs geared toward IDD children of working parents who do not qualify for Medicaid/ State funded programs.
- There is a need for services in Granville for domestic violence survivors. There are limited resources available for youth.
- Kerr-Tarr Regional Council of Govt. has a program available for supporting grandparents who are raising their grandchildren.
- There is a need for more efficient/effective recovery centers.
- School/home engagement programs for coping skills.
- More support is needed for foster parents.
- Service Gap- increase peer support in hospitals. Budget- CFAC wants more information on budget distribution. Change meeting cadence from 6x/year to 12x/year. Assisted living facilities need changes to the FL2 form process- move from Doctor focused to member focused.
- Questions were raised regarding access to psychiatrists in the local service areas. Suzanne recommended that this service gap be communicated to the state CFAC board.
- The need for additional CFAC funding was discussed to provide more training, etc.
- Grief training is needed
- Train CFAC members/Peer Support specialists to work with Medicaid brokers during Tailored Plan transformation.

#### **CFAC Presentations:**

1. Angelena introduced the function of CFAC to meeting guests, and discussed the importance of the committee in the five counties. Copies of the power point presentation were made available to all meeting attendees. It was announced that FC CFAC is currently in need of 3 representatives from Granville Co., as well as additional representatives from Franklin and Vance counties.
2. Angelena discussed the CFAC online trainings now available in the Cardinal Innovations Learning Center.

#### **Recruitment and Membership Efforts/New Member Appointment/Considerations:**

- Members are needed to represent Granville and Franklin counties
- Martha Green from Halifax Co has applied for membership and was appointed
- Shirley Robinson-Flood was appointed
- Vice Chair Appointed – Martha Green
- Request was made to publish CFAC announcements and make them accessible to the community
- Cardinal CFAC Steering Committee Member Appointments (3) – Shirley and Dianna are interested in becoming members of the Steering Committee, along with CFAC Chair
- Suggestion was made to collaborate with other regional CFACs for 2020 May Mental Health Awareness Day. September IDD Awareness Event will be re-scheduled. Be more effective in reaching under-served populations.

**Community Involvement Updates – Trainings/Conferences/Events:**

- IDD month (March) – table setup at the IDD event in Vance County talent show
- May (MH Awareness month) – community event in Halifax on May 17
- Participate in Sept/Oct – IDD talent show
- 1 CFAC member attended September 28 OPC CFAC Peer Support Workshop
- CFAC sponsored 1 committee member to attend Pinehurst Conference
- CFAC sponsored 1 committee member to attend NC TIDE
- 1 CFAC member attended CFAC Advocacy Day in Roanoke Rapids in May 2019
- Halifax Night Out August 6

**New Business & Action Plan/Budget Review:**

- Committee reviewed the FC CFAC budget – starting amount, expenditures to date, and current balance
- Highlights of the Q3 local business plan were presented, discussing areas in which goals were not completely met
- Tailored Plan introductory meeting to be held in Burlington this week
- Discussed recent Cardinal Town Hall meetings

**Public Comment:**

- Gaps in service: Outreach is needed for patients/potential members in rural populations that are not aware of available services, or may not have access to services in their areas. Guest discussed the need for more organization in dividing funds/services among counties/rural areas.
- Role of MCOs in managing coverage gaps, especially in rural areas. Elliot advised that the ability of MCOs to use both reserve funds and contracted provider resources to serve members. Concerns were raised as to how to leverage federal and county funds to serve members, and the process was explained by Elliot.
- Opening a facility for SUD patients in rural Halifax Co. who do not have insurance coverage/do not have access to facilities. She expressed an interest in investing her own resources to open the aforementioned facility. Angelena suggested approving Martha as a representative to attend the October Provider council meeting. Motioned by Shirley Robinson-Flood; seconded by Bertha Hargrove. All in favor.
- Discussion was held regarding services available to inmates upon their release from incarceration.
- Suggested outreach to local Senior Centers.

**Action Steps: 6 Statutory tasks were discussed. Proposed timeline to review tasks:**

- January 2019 – Review budget
- March 2019 – Review LBP
- May 2019 – Review service gaps/make recommendations
- July 2019 – Report on new services/service array/Overview of CI website
- Ongoing – Participate in QM measures

# PIEDMONT REGION CFAC ANNUAL REPORT

July 2018 – June 2019

**COUNTIES REPRESENTED:** Cabarrus, Davidson, Rowan, Stanly, Union

## FROM THE CHAIR

Piedmont CFAC had a great year focusing on the required statutes. Beverly M. Morrow continued throughout the fiscal year to reiterate the importance and obligation of members to be involved not only at meetings but also in the communities they represent. Also to comply with what is required to be an active CFAC member. Piedmont's budget was submitted and approved by Cardinal. In past years Piedmont only met six (6) times per year; by consensus and vote Piedmont will meet ten (10) months this fiscal year except for July and December. Beverly continuously reiterates the importance of continued education for members by attending conferences and forums. A considerable effort has been put forth to Mecklenburg CFAC in regards to combining Mecklenburg CFAC with Piedmont. An invitation was sent to each Mecklenburg CFAC member to join Piedmont for dinner and a meet and mingle in June. Piedmont received only one response; that individual was unable to attend.

## MEMBERSHIP

- Piedmont began the fiscal year with eleven (11) members
- A main focus of Piedmont this fiscal year was recruitment; increasing membership efforts so that all counties and all disability groups were represented.
- Vice Chair appointment - Terri Clark
- Three (3) new members were added; representing Stanley County (IDD), Union County representing IDD, and Union County representing (MH).
- During this fiscal year we lost two (2) members due to Davidson County no longer being a part of Piedmont CFAC, one (1) member due to lack of attendance and participation and one (1) member due to personal reasons.
- Piedmont gained an additional member which made our final membership count of eight (8) members.

## MEMBER COMMITTEE PARTICIPATION

- GCQI – Michelle Joshua
- Jean Andersen – Community Board
- Beverly M Morrow & Jean Andersen – Executive CFAC
- Beverly M Morrow – Innovations Stakeholder Group
- Jean Andersen – State CFAC
- Terri Clark, LaRhonda Watkins and Hezekiah Anderson – By-laws Committee
- Beverly M Morrow & Jean Andersen – Directors of Cardinal's Board of Directors
- Jean Andersen – CQI

**Note:** Andrea Stevenson served on the Network Provider Council representing Piedmont CFAC; she was not a CFAC member. Andrea has a vast amount of experience and served on CFAC for many years. She has experience where it comes to Providers and served Piedmont CFAC well.

## CONTINUING EDUCATION

- The membership was very interested in how monies are used and distributed in Cardinal's catchment area, Reid Thornburg educated our membership and shared a report. He explained to the members the purpose of the report

and how the funds are assigned and utilized in the different counties. There were many questions; at the end of the presentation all members were better informed about the distribution of funds.

- Chad Allan gave a presentation by request on Transition to Community Living(TCL) he explained through a Power Point presentation what TCL is, who is served and what services are received by recipients.
- Suzanne B. Thompson DHHS-Community and Empowerment Team gave a presentation by request on Medicaid Transformation; she gave in-depth information of the Standard and the Tailored Plans and the combining of physical health and behavioral health.
- All Piedmont CFAC members attended the “Empowered Voices Summit on October 12th and 13th 2018
- LaRhonda Watkins & Terri Clark – attended NC Tides Conference
- Beverly M Morrow & Jean Andersen – attended the i to i Center for Integrative Health Pinehurst Conference 2018.
- It was suggested by the chair that all members take the Orientation to CFAC and to also choose another subject from Cardinal’s On-line Learning Center and share what they learned; most members complied.

**Piedmont Members agreed to the following:**

- Agreed to merging Mecklenburg CFAC and Piedmont CFAC.
- Davidson County to no longer be a part of Piedmont CFAC when restructure is official.
- Piedmont CFAC to be known as Southern CFAC when restructure is official.

**ADVOCACY**

- It was determined that many people in the community are not aware of Cardinal Innovations and the Consumers and Family Advisory Committee. A campaign was initiated to focus on this gap in the community. Members were given CFAC brochures, information on b3 services, Peer Support, Where to turn to and who to contact, etc. for distribution in the communities we serve; this is an on-going endeavor.
- Advocacy Day Raleigh – Jean Andersen and Beverly M Morrow visited legislators and discussed cuts in single stream funding and other areas of concern.
- A secret shopper endeavor was accomplished by calling providers to see if b3 services listed are provided; it was determined that some services listed were not provided and visa-versa. Piedmont continues to look into Transition to Community Living and has requested 10 example scenarios and outcomes of individuals who have transitioned to community living.

**CONCERNS**

- Transition to Community Living – Individuals taken out of assisted living facilities and nursing homes who are not capable of living on their own. Also the assessment of physical health, not just mental health of a member after they’ve transitioned from the aforementioned.
- Step down from Peer Support: barriers occur when there are not enough solid community nor natural resources available to maintain health and safety, independence, and continuity of care.
- Gaps in resources for Substance Use and how the crisis with the opioid epidemic is being handled.
- Peer Supports have too many restrictions to what they can or cannot do.
- Ongoing concerns about delivery/access to b3 services

# TRIAD REGION CFAC ANNUAL REPORT

July 2018 – June 2019

**COUNTIES REPRESENTED:** Davie, Forsyth, Rockingham, Stokes

## **Triad CFAC Members:**

Mary Anecelli  
Gladys Christian  
Terry Cox  
Tim Gallagher  
Sammual Gavurin  
Pamela Goodine  
Ricky Graves  
Lakessiah Henderson  
Obie Johnson, Chair  
Dennis Lynch  
Mary Miller  
Kelly Owens  
Matt Potter  
Sarah Potter  
Glenda Smith  
Michael Thompson  
Julie Wittaker

## **Cardinal CFAC Support Staff:**

Bob Scofield  
Rhonda Blair  
Emily S. Bridge

## **NC Department of Health and Human Services/Division of Mental Health, Developmental Disabilities and Substance Abuse Services:**

Stacey Harward

## **TRIAD CFAC: Achievements**

- Submitted a letter to Secretary Cohen and SCFAC about authorized unstaffed hours, data collection, and DSP/Nurse shortages being at crisis level. SCFAC, in turn, made it one of 4 talking points for the NC CFAC Legislative Day on May 16, 2019
- Supported singular community efforts like:
  - The Field of Dreams on March 30, 2019
  - the grand opening of Moji Coffee
- Continued to support initiatives such as:
  - Buddy Walk,
  - Next Chapter Book Club, and
  - Peer Support Trainings
- Attended/participated in conferences, trainings, and meetings:

- NC Tide,
- Recovery Rides and other activities,
- Cardinal CFAC Summit (October 2018),
- Statewide CFAC (April 2019),
- Cross-System Advisory,
- Cardinal Town Hall,
- Community Partners,
- Provider Council,
- Wellness Centers (both openings and trainings)
- Advocated for CFAC representation on Clients Rights Committee
- Called into SCFAC and MCAC meetings, Medicaid Transformation Webinars, and advocated for local presentations by Maximus, Medicaid Enrollment Broker
- Focused on SDOH, importance of integrated care, network adequacy, including a possible regional SDOH pilot (Healthy Opportunities) being organized by the Piedmont Triad Regional Council
- Offered input on NCDHHS white papers covering the Medicaid Standard and Tailored Plan development
- Continue to advocate for addressing the waiting list for services including the Registry of Unmet Needs
- In regard to statutory requirements, we have given input on budget (sent letter to legislators about cuts to single stream funding and impact on Cardinal in particular), asked for and attended presentation on budget, participated in Needs Assessment to help determine gaps in service, held special meeting at Forsyth library on Local Business Plan, submitted suggestions for Cardinal’s annual report on Quality Improvement Measures and Performance Indicators

#### **TRIAD CFAC: Areas of Concern**

- Lack of progress being made on known issues
- Lack of initiative by leaders who are advocating for extremely vulnerable IDD, MH, and SU populations
- On-going and sustainable inclusion efforts for the populations we represent
- Equity that provides families and consumers with services equal to authorized benefits and extends benefits to all qualified recipients on waitlists
- NC Medicaid enrollment processes allowed for specialized populations to be considered “opt out” rather than “opt in” as was recommended
- The NC Enrollment broker has no materials on Tailored plans and its Choice Counseling will not accommodate “opt out” processing efforts
- LME/MCOs are being unfairly targeted for NC state budgetary savings via single stream funding cuts
- CFAC volunteers are being worn down by process issues while glaring program deficiencies remain
- Our populations have unmet needs in the areas of housing, transportation, food and interpersonal violence just like other vulnerable populations
- All the changes underway concerns us that vulnerable populations will be adversely impacted
- Meeting the needs of people who are eligible should be priority one and in front of expansion
- Meeting our statutory requirements helps the State but does not produce the types of tangible progress that we as consumers and families are expecting.

**Key to addressing issues is data.** States, health plans, and providers all need access to accurate workforce data, and the ability to use that data effectively to project direct care workforce need, assess the quality of that workforce, and develop reimbursement strategies that support workforce adequacy without significantly increasing state Medicaid budgets.

## **CFAC Support: Executive Summary**

The Triad Consumer and Family Advisory Council (Triad CFAC) continued to experience huge changes this past fiscal year. With the merger of Center Pointe and well publicized failings of previous leaders at Cardinal Innovations barely in our rearview mirror, we faced a dazzling array of potential disruptions. Several major sources of our anxiety this year are identified below.

- Executive CFAC (ECFAC) Overhaul
- 4 Local Regions Instead of 6
- Big Changes Among Cardinal Staff
- Medicaid Transformation

## **CFAC Support: Finding Solutions for Known Challenges**

### **Network Adequacy**

- Workforce Issues
  - Network adequacy
  - Rates and Reimbursement
  - Quality
  - Worker No Shows
    - LME/MCOs are the ones who set the number of authorized hours in annual care plans; and
    - Agencies are informed of weekly authorized service hours and ensure services do not exceed limits

## **CFAC Support: Community Gatherings and Events**

Our Triad CFAC supported numerous community organized events including the Buddy Walk, Next Chapter Book Club, and Peer Support Trainings. We want to provide a special shout out to the Cardinal Innovations Wellness Centers in our region and acknowledge that CFAC members attend trainings and use those facilities. They are important resources in our communities. One particular event of note, Field of Dreams Fest, was held in the spring and designed as a day of inclusion to support and celebrate COMMUNITY, DIVERSITY and EQUITY for individuals with intellectual and developmental disabilities (IDD).

## **CFAC Support: Mental Health Events**

Our CFAC representatives supported Juneteenth, Mental Health Court, Forsyth Mental Health Collaborative and various local National Alliance on Mental Health Illness (NAMI) events.

## **CFAC Support: Peer Support**

Peer Support must be delivered by individuals who have the life experience of being diagnosed with a serious mental illness or substance use disorder and must be North Carolina Certified Peer Support Specialists. Our CFAC is fortunate to have several certified peer support specialists as members. In attempting to explain the role and value of Peer Support, our CFAC investigated the various questions around how best to advance the use of peer supports.

Over the coming year we hope to better understand how and why these sorts of employment arrangements exist. Obviously, we are justifiably concerned that these type of employment arrangements are not ideal and do not set up the

appropriate professional dynamic for the best possible outcomes. We are committed to promoting the benefits of peer support where and when it makes sense.

### **SOCIAL DETERMINANTS OF HEALTH**

Our CFAC is active within the current push to appropriately identify and work to remediate social determinants of health (SDOH) for our member populations, especially in the areas around the lack of transportation, lack of housing, and employment opportunities. CFAC members are active with the local efforts to locate a regional SDOH pilot within our region. Local Cardinal Innovations liaisons and management level staff have been invited to participate from the earliest of stages and representatives have consistently attended the community gatherings.

## CENTRAL REGION CFAC ANNUAL REPORT

July 2018 – June 2019

**COUNTIES REPRESENTED:** Alamance-Caswell, Orange, Person, Chatham

### OUR VISION

Cardinal Innovations Healthcare CFACs promote 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

Darlene Cooper  
Stanley Cotton  
Bob Crayton  
Alan Dittmer  
Steve Furman  
Paula Harrington  
Candle Hughes  
Tim Jeffers  
Lea Ottinger  
Jeanette Williamson  
Ellen Perry  
Janet Sowers

*In memory of OPC CFAC member*

Shira Clare Belovicz

April 4, 1971 - December 24, 2018

### EXECUTIVE SUMMARY

It is said that “the only constant is change.” Medicaid transformation in North Carolina is changing the way health care is delivered to the Medicaid and uninsured/under insured populations. Cardinal Innovations Healthcare is tasked with implementing these changes in its catchment area. As NC transforms Medicaid delivery into whole health Standard and Tailored Plans, CFAC maintains their important role of advising the Cardinal Innovations Healthcare Board of Directors and senior staff of the concerns of their members who need these services.

Central Region CFAC maintains its statutory requirements of monitoring and advising on the budget and business plan and has increased its role in reaching out to the Cardinal members who are impacted by Medicaid transformation. Each of our five counties in the Central Region – Alamance, Caswell, Chatham, Orange and Person – is now fully integrated to

provide MH/IDD/SUD advisory for members served by Cardinal Innovations Healthcare. Central Region has a strong CFAC organization who continually seek interaction with their communities.

Central Region CFAC members again participated in the State CFAC Legislative Day activities in Raleigh. We had several members talk to State Senators and Representatives about the behavioral health budget cuts. Although the NC Legislature cut the LME/MCO budgets again this year, we will continue to advocate for our MH/IDD/SUD populations.

The CFAC Annual Retreats featured Trey Suttan, Chief Executive Officer. Trey was very informative and spent extra time addressing our concerns. We were also able to connect with other CFAC members that we seldom see in person.

Central Region CFAC enjoys outstanding support from the Board of Directors and the Senior Leadership. Cardinal fully supports and encourages our outreach programs and provides all the logistical and financial resources necessary to train and educate CFAC members in support of our mission. We feel our open, honest, and frank discussions with Cardinal Innovations Healthcare leads to a better relationship and a more responsive organization.

As we confront the uncertainty of the changing behavioral healthcare environment, CFAC is a willing partner to ensure our communities are served to the best of our abilities.

CFAC continues to receive updates on Medicaid transformation from Cardinal management and staff and the NCDHHS Community Engagement & Empowerment Team, and continues to provide its feedback.

#### **ACHIEVEMENTS**

- Participated in multiple community events in each county
- Listened to our community members
- Recruited and educated new members
- Advocated effectively at the state level
- Advised the Board respectively and consistently through monthly reports
- Advised the Board and staff on budget priorities, gaps and needs
- Provided feedback on Medicaid transformation as well as on Cardinal's Community Reinvestment Initiatives
- Participated in several conferences throughout the year

#### **CONCERNS**

- Medicaid transformation
- Members falling through the gaps
- State funding for uninsured population
- Unmet social needs
- Sustainability of Tailored Plans
- Stigma
- Integrated care – electronic health records delays
- Opioid crisis/substance use
- Direct care staffing crisis for providers
- Transition services for youth
- Growing unserved populations and Medicaid expansion
- School MH services

**During the year members of Central Region CFAC received a comprehensive array of training:**

- Adverse Childhood Experiences

- Peer Support
- Healthy Opportunity Pilots
- House Bill 403
- \Medicaid Transformation 101
- Naloxone Treatment
- NC Medicaid Managed Care Enrollment Broker
- NC Medicaid Care Management Strategy
- Proposed Community-Based Governance Structure
- Psychiatric Advance Directives
- Recovery, Self-Determination and Stigma
- Suicide Prevention and Depression
- Tailored Plan Eligibility and Enrollment

**Scope of Influence Members of Central Region CFAC serve on and/or attend a variety of additional allied groups and organizations:**

- Advocacy In Action, Inc.
- Alcohol Drug Council of NC
- ARC of the Triangle
- Assoc. of People Supporting Employment First (APSE)
- Cardinal Innovations Board of Directors
- Exceptional Children Advisory Council
- NC Families United
- NC Collaborative for Families, Youth and Children
- Alamance County Community Collaborative
- Person County Community Partners
- NAMI Alamance-Caswell-Rockingham
- NAMI Orange
- NAMI North Carolina
- NAMI NC Peer Leadership Council
- NC Council on Developmental Disabilities
- People First of NC, Inc.
- Real Advocates Now Emerging (RANE)
- Special Olympics of Alamance
- Town of Carrboro

**ALAMANCE-CASWELL CFAC SUMMARY**

The Alamance-Caswell CFAC, chaired by Jeanette Williamson, has steadily been on the move this year. We have been pushing our outreach and membership drive. Recently, two members have joined our CFAC, which continues to focus on the strengths and challenges along with needs and gaps to help with improvements in the system. AC CFAC has been making efforts to be as impactful in the community as they can this year.

- We have spent time learning more about the Cardinal Innovations Healthcare Proposed Community-Based Governance Structure and the impact it will have on ourselves, our families, and our communities.
- In March 2018 CFAC member attended the CFAC Summit “Clear & Constructive Voices” held in Burlington
- In September 2018 we celebrated Recovery Month where we hosted “Talk it Out” with people about CFAC and the challenges we are facing in our community.

- AC CFAC member attended a community screening of the movie Resilience, “the biology of stress and the science of hope,” in Burlington, followed by questions and answers with an expert panel of who provided an opportunity for participants to determine their ACE (Adverse Childhood Experiences) scores.
- In October 2018 AC CFAC members attended the Annual CFAC Retreat “Empowered Voices” in Kannapolis to restructure the Local CFACs.
- Jeanette attended the Opioids event in Kernersville, NC at the Kernersville Hospital (NOVANT).
- Bob participated in the Annual Shoppers day for students sponsored by the Alamance County Mayors’ Committee for Persons with Disabilities.
- Bob attended the Raise the Age Forum in Raleigh, NC held by Wake County JCPC, the Ground Water Approach workshop held by Racial Equity Insitute in Hillsborough, NC and the Legislative Breakfast at the Friday Center in Chapel Hill, NC.
- Cardinal Innovations Healthcare Impact report (65-pages) was presented.
- Diane Walker and Linda Turner gave a presentation on what services are provided by Little Gerald Services.
- In April, AC CFAC members Jeanette Williamson, Lea Ottinger and Tim Jeffers attended the NC TIDE Conference in Wilmington.
- Bob Crayton and Lea Ottinger attended Community Inclusion Workshop in Morganton.
- Bob attended the Faith Connections on Mental Illness Conference in Chapel Hill on Suicide Awareness.
- Jeanette attended the Alternatives Conference in Washington, DC regarding Transforming our Future.
- Jeanette and Bob attended the Statewide CFAC event in Greensboro hosted by Sandhills.
- In May, Lea and Jeanette participated in the State CFAC Legislative Day activities in Raleigh.
- Also, Bob participated in NAMI NC’s MayDay and NCACC’s General Assembly Day.
- Bob participated in NAMI Walks and Alamance County Special Olympics where we continue our outreach efforts.
- Jeanette attended the Opioid & Heroin Community Forum at the Cleveland County Public Health Center in Shelby, NC.
- Alamance-Caswell CFAC member continues to attend the State CFAC meetings and State-to-Local CFAC conference calls every month.

## **ORANGE-PERSON-CHATHAM CFAC SUMMARY**

In memory of our member Shira Belovicz that passed away in December 2018

The OPC CFAC, chaired by Steve Furman, has embraced Medicaid transformation while empowering our communities. Each member of our committee has been active supporting our community with education, outreach, and purpose. With a steadfast membership drive we have welcomed two new members each with a high level of willingness and diversity ensuring the community needs and gaps are equally represented.

- In March 2018 OPC CFAC members attended the CFAC Summit “Clear & Constructive Voices” held in Burlington
- In September 2018 OPC CFAC members hosted an Annual Peer Support Workshop at Camp New Hope in Hillsborough.
- CIT Training was held for 36 first responders in Person County, as well as 6 law enforcement officers.
- Town hall meeting in Roxboro on October 9th and House Bill 403 included on the agenda.
- In October 2018 OPC CFAC members attended the Annual CFAC Retreat “Empowered Voices” in Kannapolis to restructure the Local CFACs.
- In April, Janet Sowers attended the NC TIDE Conference in Wilmington.
- OPC CFAC have spent time learning more about the Cardinal Innovations Healthcare Proposed Community-Based Governance Structure
- In May, Janet Sowers participated in the State CFAC Legislative Day activities in Raleigh.

- In June Dede Severino gave a presentation on Opioid Epidemic Overview affecting individuals with behavioral health disorders and intellectual and developmental disabilities in North Carolina.
- Paula Harrington gave a presentation on Oxford House

## MECKLENBURG REGION CFAC ANNUAL REPORT

July 2018 – June 2019

6 CFAC Statutory Tasks	Mecklenburg CFAC Deliverables
Review, comment on, and monitor the implementation of the local business plan.	As reflected in meeting minutes, no documented efforts were made in regards to reviewing, commenting on, and monitoring the implementation of the Local Business Plan during FY19.
Review and comment on the area authority or county program budget.	<ul style="list-style-type: none"> <li>➤ July 19<sup>th</sup>, 2018, Senior Community Executive, Laurie Whitson, provided the Mecklenburg County dashboard review of services for discussion.</li> <li>➤ March 21<sup>st</sup>, 2019, Senior Community Executive, Laurie Whitson, provided the Mecklenburg County dashboard review of services for discussion.</li> <li>➤ June 7<sup>th</sup> 2019, Cardinal Chief Financial Officer (CFO), Mary Hamilton, provided the FY20 Operational Budget Overview to Cardinal CFAC.</li> </ul>
Identify service gaps and underserved populations.	July 19 <sup>th</sup> , 2018, Senior Community Executive, Laurie Whitson, presented the County Dash Board Report. The members had questions concerning the information presented. Concerns were addressed in the meeting. A number of members requested additional information. The CFAC Liaison, Ron Clark, agreed to forward the following to the members: Data regarding B3 Services and Clinical Initiatives.
Make recommendations regarding the service array and monitor development of additional services.	Based on community gaps, CFAC held a Mental Health Awareness Event on May 31 <sup>st</sup> , 2019.
Participate in all quality improvement measures and performance indicators.	March 21 <sup>st</sup> , 2019, Mecklenburg QM Manager, Dana Frakes, provided quarterly QM dashboard report for review and feedback.
Submit to the State CFAC findings and recommendations regarding ways to improve the delivery of MH/IDD/SA services.	To Cardinal’s knowledge, no formal recommendations regarding ways to improve the service delivery of MH/IDD/SA services were submitted to State CFAC from Mecklenburg CFAC during FY19.