Consumer & Family Advisory Committees
(CFAC)
Annual Report
FY 2017 – 2018

Narratives Submitted by Local CFACs

Compiled by Jane G. Clark, MPA, CSAPC, Member Engagement Director
Final Edits by Beverly Corpening, ECFAC Chair
Alamance / Caswell CFAC  
Counties Represented: Alamance, Caswell  
Submitted by: Jeanette Williamson, Chairperson  

Membership  
The Alamance-Caswell Consumer and Family Advisory Committee (A/C CFAC) currently has five members representing, I/DD, MH and SUD. The AC CFAC strongly believes in serving consumers and family members. Alamance-Caswell CFAC membership is improving and growing and we continue to seek members from Caswell. At the last Alamance-Caswell CFAC meeting there were two people present from Caswell that we hope to join our CFAC.

The A/C CFAC has very active members. Currently there are two members serving on the Executive CFAC, one member serving on the Central Community. CFAC members continue to participate on both local and community level committees in order to provide input from a CFAC perspective. Our CFAC members do community outreach to gain perspective and information in order to represent the consumer and family voices.

The Alamance-Caswell CFAC will be working diligently on the LBP and will continue following the six statutory tasks and utilizing comment forms when needed. Alamance-Caswell CFAC Chair has completed their budget for FY 2018-2019 and are looking forward to meeting monthly and gaining more members in order to have a full committee.

Outreach & Events  
Our A/C CFAC continues to work in partnership with community agencies and churches to participate in local events. We were the first CFAC to be showcased in the new Cardinal Innovations Community Newsletter, focusing around CFAC Chair, Jeanette Williamson and her recovery story.

Alamance-Caswell CFAC hosted a meeting/event in September 2017 for Recovery month with Ron Osborne, Director of Residential Treatment Services of Alamance as a guest speaker. Several outside agencies, including Ebenezer United Church of Christ (EUCC) Recovery Home for Men attended. Also in attendance was the previous Director of Alamance Coalition Against Drug Abuse (ACADA), as well as the founder of Renewal of the Mind, a Substance Use Support Group. Our CFAC emphasizes the importance to provide time for questions and discussion and this was provided during this event. Our CFAC Chair also made and provided CFAC coffee mugs and provided attendees with wrist bands and gift bags, containing information about recovery, including Recovery Bibles and information about CFAC. In addition, the bags also contained blankets and other personal hygiene items such as toiletries.

In the month of March 2018 our Alamance-Caswell CFAC hosted a meeting/event for awareness of I/DD and TBI. The guest speaker was Mollissie Peterson, Advocate and Program Director for Alamance Academy LLC and Jeannie Irby educating everyone about traumatic brain injury advocacy. Our CFAC members made posters for this event in order to promote awareness.

CFAC Member Advocacy & Continuing Education  
 Two members attended the Statewide CFAC Conference in Statesville, NC.  
 One member attended the Pinehurst Conference, December 7th-8th.
Two members completed WRAP trainings, one including Veteran WRAP.
One member attended the Clear and Constructive Voices Summit on March 3, 2018.
Two members attended the Executive CFAC Retreat in December 2017.
Three members attended the NC TIDE Conference in Wilmington, April 22nd-25th 2018.
One member attended the State CFAC Advocacy Day on May 22nd, 2018.

Goals for the New Fiscal Year

The following are some of the goals that the A/C CFAC is working towards in FY 2018-2019:

1. Our CFAC wants to meet monthly, upon a vote by the full committee.
2. Our CFAC continues to collaborate with others in our communities in order to brainstorm ideas and view problems from all possible areas. We believe that more can be accomplished when we strive together for collective advocacy.
3. Our CFAC hopes to establish concrete, measurable goals, in order to do this we will develop a SMART plan of action. (Specific, Measurable, Action Oriented, Realistic, Time Bound)
4. Our CFAC plans on adding subcommittees that represent MH, SU and I/DD,
5. Our CFAC continues on showing up and speaking up more often within the Community.

We as the Alamance-Caswell CFAC serving two Counties Alamance and Caswell Counties are committed to serve as the voice for mental health, intellectual/developmental disability and substance use disorder services.
Five County CFAC  
Counties Represented: Franklin, Granville, Halifax, Vance, Warren  
Submitted by: Angelena Kearney-Dunlap, Chairperson

Membership
Our CFAC members serve on the following committees/teams:
- Regional CFAC
- FC COC Community Oversight Board
- Warren County MH Awareness Planning Committee
- RJ Blackley Center Quality Assurance Committee
- CFAC Chairperson has applied to serve on several state level committees.

Outreach & Events
CFAC’s community involvement during the past year included:
- Collaborating with providers to ascertain what the viable options are in the 5 county area;
- Encouraged members to attend Community events in the five (5) county area and distribute CFAC flyers at each event;
- Received information how Peer Support is assisting those in need with transitions into community.
- Becoming more aware regarding peer support and advocacy to the elderly & disabled as it relates to doctor and clinic visits;
- Distributed power point presentation on CFAC to members and in the community.

CFAC Advocacy & Continuing Education
During the past year CFAC members attended the following conferences/trainings:
- Five County Stepping Up Joint Committee
- Five County Mental Health Awareness Public Forum – May 2017
- The following presentations were made at our CFAC meetings over the past year:
  - Elliott Clark Regular MCO/LME Updates
  - Shirley R-Flood - Budget Reports & PSS updates (bi-monthly) and Home & Community Based Services (HCBS)
  - FC COC QM Staff - Dashboard Reports (quarterly)
  - FC Staff General updates – Jennifer Munch

CFAC made comments to the Governing Board on an ongoing basis. The following represents some of the comments made during the past year:
- Increase in budget for trainings and conferences
- Transportation needs in the FC area for consumers to get to medical appointments
- Meaningful supported employment opportunities in rural area are needed
- Questions concerning deaths associated with one provider from dashboard
- Student suicide attempt – stayed at MPH for 7 days and was sent home.
- High suicide rate in the area
- Increase in consumer injuries according to Dash Board presentation
- Duplicates in reporting; each agency reports the same incident that causes report to be inflated
Projects that CFAC is Currently Working On

- Recruitment in Franklin County (2 visitors)
- Recruitment in Halifax County (4 new members)
- Attempting to send CFAC representative to various community events in the 5 county area, especially Halifax and Franklin Counties.
**Mecklenburg CFAC**

**Counties Represented:** Mecklenburg  
**Submitted by:** Beverly Corpening, Chairperson

**Responsibilities**
The CFACs were established by the North Carolina Legislature to ensure that persons with substance abuse disorders, mental health issues, intellectual disabilities, and their families could advocate on behalf of consumer needs. The Responsibility of the CFACs was mandated in statute as follows:

1) Review and comment on the local business plan  
   a. Mecklenburg CFAC members have fulfilled this statutory requirement for the year.

2) Identify service gaps and underserved populations  
   a. Mecklenburg CFAC members have fulfilled this statutory requirement for the year.

3) Comment on the Service Array and the Development of Additional Services  
   a. Mecklenburg CFAC members have fulfilled this statutory requirement for the year.

4) Review and comment on the Program Budget  
   a. Mecklenburg CFAC members have fulfilled this statutory requirement for the year.

5) Participate in all quality improvement measures and performance indicators  
   a. Mecklenburg CFAC members have fulfilled this statutory requirement for the year.

6) Submit findings and recommendations regarding ways to improve the Delivery of IDD, MH, and SUD Services  
   a. Mecklenburg county comments to state and local entities.

**Summary**
Mecklenburg County is the most populated of the CFACs under the CI catchment area and, like all CFACs, is self-directed and self-governing. The committee added one new member this year.

Mecklenburg CFAC has adjusted well to the 6 monthly meetings per year. In addition to internal committee meetings, Mecklenburg CFAC members attend various conferences, trainings, and external meetings throughout the year to hone skills and keep abreast of emerging topics in the fields of mental health, intellectual disability, and substance use. Mecklenburg CFAC representatives attend meetings to the Mecklenburg Provider Network Council, the Community Board, the Crisis Roundtable, and the Cardinal Innovations Board of Directors, the Executive CFAC, the Global Continuum Quality Improvement Board, and Mecklenburg County community programs. Cardinal and Mecklenburg will host the statewide CFAC meeting.

Going forward, The Mecklenburg team has elected to focus more on community advocacy. The committee’s strategic plan includes developing partnerships with other stakeholders and community organizations to gather support and help turn plans into action in the community. The committee is taking a step toward this goal this year by hosting a community forum.
In the future, Mecklenburg CFAC would like to see more training and conference information distributed by DHHS staff to the CFAC members. As such, the Mecklenburg CFAC Chair has proposed that the State Legislature be made available for more one-on-one contact with local CFACs. Likewise, the Chair has also proposed that all information be distributed to all local CFAC members when distributed to Executive CFAC members.

Though Mecklenburg CFAC already has many original programs in place for residents, the committee plans to take a more hands on approach in the future. Mecklenburg CFAC is committed to turning the tide for a more positive and gainful life experience for those in need in the Queen City.
Membership & Responsibilities

The OPC CFAC is currently made up of seven members. We are actively seeking new members to fill out the three health categories (IDD/MH/SUD). As a group we make planning and management recommendations about Mental Health, Developmental Disabilities, and Substance Use Disorder services and are mandated to the following tasks:

7) Review and comment on the local business plan – We have spent a lot of time in discussions about meeting once a month instead of every other month, which would entail an extra stipend. We have explored the different avenues available to us in which we could spend the budget money including learning seminars or classes.

8) Identify service gaps and underserved populations – We have discussed the possibility of more cognitive therapy groups being available such as DBT. We also have discussed issues with Group Home availability.

9) Comment on the Service Array and the Development of Additional Services – There are a multitude of services available that we as CFAC Members have not taken advantage of, such as the various learning classes I discussed earlier. We feel transportation services could be improved especially for the members from Siler City and Roxboro.

10) Review and comment on the Program Budget – We spend a lot of time discussing money spent on stipends and workshops, and the changes economically due to new political and legislative policies. We have budget sheets that show us where the money is spent and how much money we are allotted in the fiscal year.

11) Participate in all quality improvement measures and performance indicators – We have appointed two members, one to the Local Provider Network Council and another to the Local Community Oversight Board.

12) Submit to State CFAC Findings and Recommendations regarding ways to improve the Delivery of IDD, MH, and SUD Service – We have submitted a number of findings including information on Housing, Transportation, Group Homes, Stigma, and advice about all of these and more. Suzanne Thompson (State liaison) has been a strong advocate in regards to who we need to communicate with.
Piedmont CFAC

Counties Represented: Cabarrus, Davidson, Rowan, Stanly, Union
Submitted by: Beverly M. Morrow, Chairperson

Membership
The Piedmont Consumer and Family Advisory Committee (Piedmont CFAC) currently have eight (8) members representing I/DD, MH, and SUD. This committee anticipates two (2) new members who will represent MH, I/DD and MH respectively; they have attended one meeting and have committed to attend a second meeting in May where they will be voted in and included in our roster.

The present chairperson, Beverly M. Morrow, was officially voted in as chair in March 2018. Because of her short tenure as the new chair (one full meeting in March) many of the required statutes mandated by General Stature 122C-170 have not been accomplished. Unfortunately the past chair did not carry through the mandated statutes as there were complications.

Some of our members are very active, one (1) serving on Cardinal’s Executive Board of Directors, three (3) serving on the Executive CFAC, one (1) serving on the Innovations Waiver Stakeholder Group, and one (1) serving on the GQCI Committee.

Outreach
Beverly M. Morrow, Piedmont’s chair, is working diligently to bring the CFAC up to where it should be. The following has been accomplished to date:

1. A presentation was presented by Beverly at the November meeting, Building a Collaborative Effort – Solving a Problem in the Community. Guidelines were given on how to create a strategic plan. Out of this effort Piedmont CFAC has determined that people in their communities do not know what CFAC is, or what they do, also lots of people have not heard of Cardinal Innovation Healthcare. We are presently making an effort to constructively and purposely to make a difference in this five (5) county wide problem. Members have come up with ideas and are presently carrying out this endeavor.

2. In regards to Cardinal’s Local Business plan we are working to comment and review specifically on their endeavor to carry out the DOJ’s Transition to Community Living: how it was and how it is now.

3. In regards to participating in all quality improvement measures and performances we are looking at Cardinal’s Annual Quality Strategy &Performance Improvement Plan. We are looking forward to the many questions we have and have discussed to be answered by Jill Queen, Regional Quality Manager at our May 2018 meeting.

Advocacy & Continuing Education

The good news is that this CFAC is moving forward collaboratively and in a cohesive manner.

- A few members attended the Statewide CFAC Conference in 2017.
- Two (2) members attended the NC Council of Community Programs Spring Policy Forum (June 5-6 2017).
- Two members attended the NC Council of Community Programs Emerging Horizons (December 6-8 2017) in Pinehurst, NC.
- The members who attended the aforementioned conferences shared with the Piedmont CFAC membership the interesting facets of the conferences and what they had learned.
Piedmont’s members attended the Clear and Constructive Voices Summit in March 2018 which all CFAC members in Cardinal Innovations catchment area were invited. This was a very productive summit where CFAC members’ voices were heard. Several committees were formed and a plan of action was created. We left the summit with high hopes that the CFACs’ will work to assure that they are functioning as we want and that the quality of life of the individuals we serve will be better.

We as the Piedmont CFAC serving five (5) counties Cabarrus, Rowan, Union, Davidson and Stanley Counties are indebted to serve.
Triad CFAC

Counties Represented: Davie, Forsyth, Rockingham, Stokes
Submitted by: Triad CFAC members

Membership

Triad CFAC is at full 15 members; however, we need more representation from Stokes, Rockingham and Davie Counties. Triad feels a need to expand our membership to 18 (although current CFAC bylaws limit the number of members to fifteen.)

Triad commends DHHS for restoring three CFAC members to the Cardinal Corporate Board. Triad is pleased to have one of our CFAC members on the Board as well as good local representation on this Board. Triad’s letter to the new Board, stating the need for a more bottoms-up policy for decision making that includes consumer and family member voices, was well received. There will be more communication from Triad to the Corporate Board on this.

Updates

This year has been one of opportunity and one of continued challenges for Triad CFAC. As many of you know our first year of merger (FY 2016-17) with Cardinal Innovations Health Care was disappointing. However, thanks to new leadership at Cardinal, hardworking local Cardinal employees, and the Forsyth County Commissioners, Triad has experienced progress and hope for the future.

Forsyth County funding has restored our Mental Health/Substance Use Disorder Advisory Committee and our Intellectual/Developmental Disabilities Advisory Committee. The increased funding has allowed Triad to not only support old friends, but to add new smaller providers to funding. We also now have a voice in selection of local providers through our Community Board.

The Highland Avenue center is now being referred to as the Highland Avenue Partnership; however all advocacy input was silenced at merger and significant changes and delays were all kept secret. We regret the long delay in opening and the loss of the 16 beds; however, we are pleased with Cardinal’s current efforts to be transparent. At the end of April, we will have the Cardinal Wellness Center opened for a month. It will offer afterhours trainings as needed. At the end of April Daymark will be in the center and open 24/7, offering 23 hour chair service for crisis intervention. At the end of summer we should have an integrated system of care in place, offering primary care done by Wake Forest and Novant Health.

Our local staff has done an excellent job in providing us with Dashboards for our four counties on county funding and explanations on services. Our support staff has accommodated our needs to the best of their ability. We have a good working relationship with local staff.

Recommendations

- We would like more information on Cardinal’s funding of services to our area.
- Triad CFAC finds that Cardinal staff and local Cardinal CFACs together with DHHS, needs to plan a more effective way to address state statutes.
Triad believes it would be more user-friendly to have the conference/training grant (the Bonnie Schell Scholarship) for registration and hotel/mileage grants for these same conferences/trainings to be handled together instead of going to Executive CFAC for one and local CFAC for the other with separate approvals and processing. (Note: These payments are currently handled separately because the Bonnie Schell Scholarship funds come from the Member Engagement departmental budget and the scholarship is designated specifically for training costs. The Executive CFAC set the expectation that the review process must go to the Executive CFAC for approval, and once approved it goes through Cardinal for payment. Local CFACs have the option to vote to approve payment of hotel and mileage from their local CFAC budget, and once approved it goes through Cardinal for payment.)

Triad finds that having an Executive CFAC has not been an effective plan to address both statutes and advisory to the Corporate Board.

Triad finds that communication with Executive CFAC has been unsatisfactory.

Triad finds that we must meet twelve times annually and since we will be conducting Cardinal business, we would like support for all meetings.

Triad CFAC, along with the two advisory committees would like to be included in planning services/programs at the new Forsyth Wellness Center.

Triad is pleased that CFAC corporate board members will be involved in the selection process of awarding grants for the reinvestment plan.

Triad CFAC believes the Forsyth County registry waitlist problem for IDD services needs to be addressed and some better solution needs to be found. Waiting over twenty five years for a full array of services is simply not acceptable.

Triad believes that Cardinal should change its current policy of no CFAC members on the Client Rights Committee.

Much progress is planned with subcommittees formed at the CFAC summit, but more work needs to be done on involving CFAC members in the initial planning of events. There remains the culture of top down and not bottoms up in planning. Triad CFAC is committed to working with the new leadership staff and new corporate board and local staff to help Cardinal reach its full potential.
Executive CFAC
6 Local Regional CFACs Represented: AC, FC, Meck, OPC, Piedmont, and Triad
Submitted by: Bob Crayton, Chair-Elect for ECFAC

Our Vision
Cardinal Innovations Healthcare CFACs promotes a community-based support system that seeks to have each person reach his or her full potential. These committees of consumer and family members gives voice to the interests and opinions of persons with needs related to mental illness, intellectual/developmental disabilities, substance use disorders and traumatic brain injuries.

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

Promoting the empowerment of consumers and the active involvement of family members.

Membership
Our Executive CFAC members serve from the following local Regional CFACs/teams:

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Intellectual/Developmental Disabilities</th>
<th>Substance Use Disorders</th>
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</thead>
<tbody>
<tr>
<td>Beverly Corpening (Meck)</td>
<td>Shira Belovics (Orange)</td>
<td>Russell Andrews (Meck)</td>
</tr>
<tr>
<td>Terry Cox (Forsyth)</td>
<td>Brad Donohue (Union)</td>
<td>George Bridges (Granville)</td>
</tr>
<tr>
<td>Bob Crayton (Alamance)</td>
<td>Angelena Kearney-Dunlap (Warren)</td>
<td>John Hufton (Davidson)</td>
</tr>
<tr>
<td>Beverly Morrow (Cabarrus)</td>
<td>Matt Potter (Forsyth)</td>
<td>Obie Johnson (Forsyth)</td>
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<tr>
<td>Rosemary Lewis (Vance)</td>
<td>Gloria Tiller (Meck)</td>
<td>Leslie Matthews (Chatham)</td>
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<tr>
<td>Janet Sowers (Person)</td>
<td>Jeanette Williamson (Alamance)</td>
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Executive Summary
If there is one thing that is consistent each year in the mental health, substance use, and intellectual and developmental disability system, it is that we again have a new Secretary and a new vision. While we believe that most people serving in these political roles have the right motives, it is not easy on individuals and families when the system is in constant turmoil and debate.

We have had to learn more about advocacy this year both at the local and state levels than ever before. We have written letters, visited our representatives, and taken part in rallies over the last year. State cuts are having an impact on what reinvestments are made in our communities, which we find to be unfair and just not right.

We value and appreciate our relationship with the new Board of Directors and the management of Cardinal Innovations Healthcare and believe that they want our input and take it with genuine consideration. Our CFAC Representatives attends each Cardinal Board meeting, reporting out on our activities and making mention of our concerns.

We have made a genuine effort to get out into our communities and hear the voices of the people we represent by our local Regional CFAC meetings and participating in community events. Many of us have
been trained in Mental Health First Aid, QPR, and WRAP and believe in the effort to train as many people as possible in our communities.

We are not sure what the future holds for this system yet we plan to be vocal and to be involved in the continued transformation. This year closes on a positive and proactive note, for several reasons, has been one of opportunity and one of continued challenges and our report includes updates about each of our local Regional CFACs and things they have accomplished over the last year.

How Cardinal Innovations’ CFACs Operate:
The focus for the Executive CFAC is to meet the six statutory requirements as well as represent to the company’s Board of Directors the needs of the members and their families from all represented counties within the Cardinal Innovations Healthcare (CIH) catchment. This group uses comment forms to provide information and feedback to the Board of Directors. Also, as of January 27, 2018, CIH’s Board of Directors includes 3 CFAC members from across our catchment areas.

The focus for the local Regional CFACs is to highlight local issues related to the six statutory requirements and balance those needs in conjunction with overall State priorities (as learned through the State CFAC). These groups use comment forms to provide information and feedback to the Executive CFAC. They can also communicate directly with the CFAC representative who serves on CIH’s Board of Directors.

State of the Union for Cardinal Innovations Healthcare CFACs:

Achieving our 6 Statutory Obligations and how Cardinal assists with the Tasks

- Review, comment on, and monitor the implementation of the local business plan; *Community Operations/Member Engagement facilitated quarterly discussions of LBP, providing the document, CFAC members added their feedback to the internal report.*
- Identify service gaps and underserved populations; *Community Engagement to provide overview of the Community Needs Assessment results to supplement CFAC members’ local information.*
- Make recommendations regarding the service array and monitor the development of additional services; *Can use the Community Needs Assessment results which helps identify local gaps and needs, while adding our local knowledge/expertise. One local Regional CFAC now has a voice in selection of local providers through their Community Board. CFACs would like to be more included in planning of services/programs.*
- Review and comment on the LME/MCO budget; *Community Relations/CFO/CAO presented to the Executive CFAC, as well as Member Engagement/local Regional CFAC Liaisons to local Regional CFACs. We would like more information on Cardinal’s funding of services to our area.*
- Participate in all quality improvement measures and performance indicators; and *Regional QM Manager provided QA/QI summary report. QI/QM staff provided a dashboard review of quarterly and year end data.*
- Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, intellectual/developmental disability and substance abuse services.
Executive CFAC Chair provided quarterly updates on the State CFAC-to-Local CFAC Conference calls. Member Engagement Director, Jane Clark has done an excellent job in providing us with Director’s updates on funding and explanations on services. Support staff has accommodated our needs to the best of their ability. Member Engagement Director also assisted with developing/providing CFACs an annual timeline/action plan to support meeting our 6 statutory tasks.

Concerns

- Medicaid Transformation
- Continued budget cuts from the State
- Limited service plans utilizing State dollars
- Political uncertainty
- Transportation and housing needs
- The need for well-trained direct care workers
- Consumer-operated service providers such as, respite, warm lines and transportation
- MH stigma awareness / Community inclusion
- Registry waitlist problem for I/DD services with better solution needs to be addressed

Goals

- Finish Clear & Constructive Voices Summit subcommittees Plans of Action
- Increase local activities and presence
- Increase advocacy efforts at the State level
- Increase the number of outreach activities, asking each member to participate in at least one outreach opportunity
- Increase membership and participation and do a better job of orienting new members
- Encourage local advocacy by CFAC members and other community members through education and information
- Increase awareness of Bonnie Schell Scholarship funds available to Cardinal Innovations’ members
- Be heard by utilizing all resources available