

| Council Members | Voting Member Present = P Absent = A |
|--|---|
| Marcelle Smith, Chair | P |
| Dan Brummitt, Vice-Chair | P |
| Elliot Clark, Secretary | P |
| Lisa Gilbert | A |
| Sharon Long | P |
| Nicki Perry | A |
| Shirley Robinson-Flood | P |
| Michael Tane | P |
| Tom Lane | P |
| Karen Terry | A |
| Regina Dickens | A |
| Sandra Davis | A |
| Danny Wright | A |
| Kathleen Flaherty | A |
| Staff | Non- Voting |
| King Jones, Director, Member Engagement, Community Ops. | P |
| Bronwyn Dolan, Director, Business Operations, Community Ops. | P |
| Terrell Alston, Specialist, Member Engagement, Community Ops. | P |
| Amy Rudisill, Specialist, Community Engagement, Community Ops. | P |
| Guests | Non-Voting |
| Stacey Harward, DHHS | P |

1. Call to Order

Dan Brummitt called the meeting to order at 6:11 p.m.

2. Opening Remarks – no opening remarks

3. Meeting Attendance

We did not have a quorum; we did not take a vote on the minutes.

4. Public Comments – no public comments

5. 2021 – Committee Refresh and Level Set

- a. Renewed terms. Initially, terms were selected of either one year or two years and the Board has reviewed and approved – King will send list to group for them to review their term listing.
- b. This group is tasked with driving the regional health plan for the central region. We will discuss the process made and the framework that we all agree to move forward.
- c. We will discuss our Health Improvement Plan efforts to date.
- d. Introduce “Opportunity Statement” plan framework; refine or discuss alternatives
- e. Determine next steps. Assign actions as appropriate.

6. Regional Health Plans: An Evolutionary Process:

- a. Regional Health Councils were created to improve Behavioral Health member services by:
 - Advising Cardinal and information Cardinal-led plans
 - Member/community-led, targeted action plans against highest regional priorities
- b. Current State –
 - Regional Health Councils in early stage formation. Clear priorities: work needed to build-out action plans.
- c. Target State –
 - Align Assessment (timing & enhanced integrated analysis)

7. Regional Health Improvement Plan Key Themes were listed and reviewed

The 4 Regional Health Councils, coupled with the 20 county-level Community Advisory Councils set the scope of the first annual Regional Health Improvement Plan(s)

King outlined the timeline as follows:

CACs to submit tactics to RHC in April; RHC decides initiatives and tactics for RFP in April; RFP posted in May; Present compilation of RFP responses in June and RHC vote for initiatives to be funded in June.

Over-arching opportunity statement – Health Disparity:

An individual with Medicaid or limited/no insurance is likely also facing other risk factors, including health disparities, that made it more difficult for them to overcome mental health, IDD, substance use disorder challenges. Additionally, the COVID-19 Pandemic has exacerbated these disparities increasing the demand for services and requiring additional collaboration and creativity to address.

- Behavior Health (Mental Health; substance Abuse, IDD Services)
- Physical Health/Wellness (Wellness Centers and Prevention, Maternal, infant health, senior services)
- Access to Services (Having services in rural areas, minorities, transportation/internet access)
- Social Determinants of Health (Housing, education, Income/economy)
- Advocacy (Insurance, leveraging existing groups for additional advocacy; educating members and families to advocate for themselves)

8. Opportunity Statements Discussion around the 2021 Plan Summary

Each of the six opportunity statements were reviewed in detail and members were asked to give input.

- **Opportunity Statement #1: People who live in disparate locations, including rural or off-main transport lines cannot easily or consistently access services. (Northern Specific): Cardinal members in the Northern Region need options for telehealth and integrated options in their home community, and tailored resources for transportation.**

- Telehealth expansion; Increase broadband access
- Expand Community Paramedicine
- 911 Behavioral Health 'warm line transfer' to Cardinal Access Call Center
- Increased Senior Services
- Dual Eligible Pilots

Member Discussion/Comments

- a. Suggested that we work with seniors within the Hispanic community

- **Opportunity Statement #2: While there are insufficient affordable housing options in North Carolina overall, the RHC has specifically identified acute gaps for individuals living with an IDD or SPMI diagnosis or who cannot qualify for HUD 811 vouchers.**

- Emergency/Crisis Residential Services.
- IDD Residential
- Residential services post-detox/Emergency Department
- Housing options for individuals with bad histories (credit, substance abuse, criminal, etc.)
- Increase safe and affordable housing options

Member Discussion/Comments

- a. Due to COVID we have had problems with our homeless population once they test positive, they do not have housing available to them. Another area of need is housing for our veterans.
- b. Housing for members that have had disasters, such as fires, etc.

- **Opportunity Statement #3: Substance abuse is prevalent in all our communities. Prevention efforts overall must be improved, with aggressive efforts toward opioid abuse and crisis services.**

- Community Paramedicine, Outpatient Commitment Care Coordination Support, Magistrate training around access to services, Understanding the use of FBCs and BHUCs, Employment, Violence and food insecurity, Provider program for collecting and tracking ACES Data
- Increase the availability and capacity of crisis substance services for youth and adults, including residential options.
- Determine the extent that families are no longer eligible for Medicaid services when their children enter DSS custody.
- Emergency/Crisis Residential Services
- Establish a halfway house for women

- Establish a residential service for individuals post-release from the Emergency Department or detox
- Extended Residential Services, especially for women

Member Discussion/Comments

- After meeting with Granville, they suggest that we make a modification to statement #3, bullet #3. They wanted to make sure that services included other programs than just preventive efforts. They need to have other programs available to them.
- Bullet #2 – we need more local options, within our catchment areas.

➤ **Opportunity Statement #4: Physical health issues, such as chronic disease and obesity, can contribute to and/or exacerbate behavioral health diagnoses. Integrated health centers and increased collaboration between agencies will be required to reduce negative health outcomes. (Northern Specific): Cardinal Innovations members in the Northern Region need an enhanced bridge for holistic/ integrated services in their home community from point of discharge from ED and Inpatient levels of care, as well as release from incarceration/ detention.**

- Explore integrated care collaboration models and/or co-located services
- Community Health Grants
- Senior Services
 - Supports for caregivers; transportation options; having a listening ear for senior citizens
 - Access to food, especially in light of COVID-19.
- Wellness Centers and Prevention
 - Establish a fully integrated care (physical and behavioral health) wellness center.
- Maternal, infant health
 - Develop programming and supports for expecting and post-partum mothers/families, including in-person and telephonic/telehealth options.

Cardinal Initiatives in-flight:

- TCLI partnership with CCNC, which includes but not limited to:
 - Ensure member is linked to PCP and specialist
 - Verify member has needed medications
 - Provide education on chronic/acute diagnoses and comorbidities
 - Assessing pharmacy needs

Member Discussion/Comments:

- a. How can we channel resources to our members, regarding healthy foods? What type of support/resources would be helpful to our members, when it comes to them being able to access healthier foods?

➤ **Opportunity Statement #5: There is a shortage of IDD caregivers due to higher levels of turnover, driven by worker fatigue and low wages, resulting in families without sufficient back-up staff support of their loved ones.**

- Increase education and supports for individuals seeking services for IDD and/or TBI
- Identify specific needs and availability of services for IDD and TBI in the Northern Region
- Residential services
- Ensure services/structures/processes are easy to understand

Cardinal Initiatives in-flight:

- EVV – tracking services

Member Discussion/Comments:

- a. Granville members wanted to make sure that there will be wage/rate increases at the state level for our direct support professionals.
- b. We need to screen and set some higher standards for our direct support professionals.
- c. We need to monitor our local impact and the educational efforts around our direct support professionals. Maybe look at certifications from our local colleges to help us develop programs and offer salaries while they are in training.
- d. Maybe look to have the program that is offered in the Triad area through Horizon, available in other catchments. It consists of ensuring that families have all the tools that they need when it comes to them taking care of their family members with IDD. It was discussed that maybe we can look to have this program expanded.
- e. Are trainings still available for families that had some TBI trainings that were provided within the community for support?
- f. Are there areas available to assist families with TBI trainings?

➤ **Opportunity Statement #6: Crisis mental health services are needed, especially for complex individuals (i.e. dual diagnosed, children in foster care, complex trauma, etc.) and to prevent death by suicide.**

- Establish a crisis residential service provider for adults in Granville County
- Increase capacity for adult mental health crisis care
- Establish a shelter for children coming into DSS custody to have assessments completed and create a stable placement prior to their foster placement

- Establish a maintenance service to meet the needs of individuals with SPMI
- Extended Residential services

Cardinal Initiatives in-flight:

- Child Welfare Model – staff located at DSS offices by end of March
- ED, transition of care and specifically for engagement for patients within and ED
- Cardinal partnering with social workers directly

Member Discussion/Comments:

- The group talked with Warren county about a plan of action in regard to the child network build and how to establish more foster care homes. Within Warren county there is a low response to people wanting to become foster care parents. We have seen that once they apply, go through the process, they are not meeting the standards, or not quite up to par. Can we try to promote and improve the quality of training and figure out how to work with DSS to help solve some of these issues?
- Ensuring housing for Veterans

9. Closing Remarks

- Opportunity statements and ideas will need to be identify by the end of this month. King will send a copy of the recording, get a compiled listing of the overall presentation sent to this group by Friday. King will ask the group to review and decide if further discussions are needed.
- It was requested that a review of the roster be performed, ensuring that all members are on the invitation list as well as ensuring that meetings are on their schedule.

Next meeting will be April 26, 2021.

10. Adjournment

Marcelle Smith, Chair, motioned to adjourn the meeting at 7:32 p.m.

Submitted by Darlene Russell, Business Operations Administrator