

CFAC Meeting Minutes

March 19, 2009

Present: Steve, Heather, Benita, Marcus, Leslie, Pam, Linda, Edward, Shira, Bradley, Vicente, Virginia, Suzanne, and Michael

Guests: Deby Dihoff (NAMI-NC), Peggy Yonushot (OPC), Katherine Hudson (OPC)

Minutes: The minutes of the February meeting were approved.

REPORTS:

Update from CFAC Chair: Steve yielded his time to Heather (who was sitting in for the Vice-Chair). Heather shared that Club Nova was experiencing financial difficulties. She placed a letter in the Pass Around Folder that provides further details and outlines steps Club Nova is trying to take to deal with the shortfall.

Update from OPC CFAC Liaison: Michael reported that the OPC Area Board and OPC management expressed their gratitude at CFAC's willingness to return up to \$5,000 from their budget to be used to help provide services to people in need. The Board Chair specifically asked Michael to relay their appreciation that CFAC agreed to take an active role in addressing this problem. He also told members that the reports from local CFACs to the State CFAC would be done online this year, and would be due in June. The online report format is not yet available. Michael let members know that Disability Rights North Carolina (DRNC) had requested contact information from local CFAC members to include them in their e-mail listings. Michael will forward the request via e-mail, and any interested members can send a message to DRNC to get added to their e-mail address list.

Update from State CFAC Liaison: Suzanne offered to present her information following the presentation from Deby Dihoff.

NEW BUSINESS:

NAMI-NC Peer Support Initiatives

Deby Dihoff presented some background information on NAMI-North Carolina. She noted that NAMI's mission is to support education and advocacy. NAMI is also interested in partnering with LME's and other groups to make various programs available throughout the state. These programs include:

- Family-to-Family, which is noted by SAMHSA to be an evidence-based practice. However, in N.C., it is not considered a reimbursable service. This program provides education on brain disorders, medications, and coping skills. In addition, Family-to-Family offers support to family members of persons living with mental illness, and people who have attended described it as "life changing." This program is a model of peer support, since the trainers are themselves family members. It is offered in Chapel Hill and Durham, as well as other areas around the state.
- NAMI Connection, which is modeled after AA. This program provides Recovery Support Groups for adults with mental illness. The groups are free and open to anyone with a mental illness, regardless of diagnosis. Meetings are held every week, and are confidential. The groups are led by trained individuals who are in recovery from mental illness themselves.
- Peer-to-Peer, which is a 9 week educational program that combines lecture, interactive exercises, and structured group processes. The courses are free to participants, and are taught by teams of 3 people who have experience living well with a mental illness. At the end of the program, participants will have developed a crisis plan. The course also

- teaches participants about Advanced Directives, which can empower people with a mental illness to specify while they are well what kind of help they want if they become ill.
- Young Family Program & NAMI Basics are programs that focus on families and include classes for people in the school system.
 - In Our Own Voice is an interactive, multi-media program designed to help fight stigma. Research shows that the most effective way to battle stigma is to help others get to know the *people* behind whatever "label" is assigned to them. So this program was developed to enrich the audience's understanding of how people cope with mental illness and reclaim productive lives. NAMI provides training to presenters, who are then paid a small stipend to share their stories at organized public events.

Michael pointed out that materials on each of the programs above had been included with members meeting packets this evening. Some members expressed interest in getting trained to lead the Peer-to-Peer groups.

Following Deby's presentation on these peer support initiatives, she shared a video presentation of *In Our Own Voices* and discussed some of NAMI-NC's current priorities. One of these is to develop "Centers of Excellence" around the state that will train and motivate providers to do evidence-based and emerging best practice services. Deby added that NAMI recently met with Rep. Verla Insko about this issue. A second priority for NAMI-NC is to ensure that Peer Support be included in the service mix available around the state. Related to that, NAMI would like to have all LMEs required to have in their provider network a "baseline" of comprehensive services. Finally, NAMI-NC has priorities regarding the interface between the mental health and criminal justice system. NAMI wants to abolish the death penalty for persons with mental illness. And they are advocating for more Crisis Intervention Training (CIT), which provides law enforcement officers with tools on responding appropriately to situations that involve persons with mental illness.

Virginia asked whether it was likely that N.C. would have a reimbursable service definition for Peer Support anytime in the near future. Deby did not think it was likely to happen within the year due to all of the steps involved (which include obtaining approval at the federal level).

Finally, Deby announced that NAMI Walks, which is a fundraiser for both NAMI-NC and for local chapters, was scheduled for Saturday, May 2nd. She encouraged CFAC members to consider walking or sponsoring a walker. Heather noted that Club Nova has participated in the past, and would do so again this year.

Update from State CFAC Liaison:

Suzanne provided some information on the history behind Rockingham County's decision to leave ACR LME and merge with CenterPoint. She noted that the merger between Rockingham and Alamance-Caswell had been a forced merger several years ago. Rockingham had remained a provider agency while Alamance-Caswell served in the role of the LME. Suzanne noted that Alamance-Caswell has requested a waiver, which would allow them to remain an LME with only two counties. If this request is not approved, they will have to merge with another LME or go out of business.

She also informed CFAC members that next year's budget proposal includes a \$50 million cut, which is significant. She encouraged CFAC members to review the budget (included in the Pass Around Folder) and contact their legislators with any concerns or comments.

IPRS Benefit Package

Katherine Hudson presented information on changes OPC has made to the IPRS benefit package for the current fiscal year. Due to budget cuts OPC has had to absorb during the current fiscal year, IPRS service dollars will not be sufficient to last through the end of June without a reduction in the amount of services authorized. Written information was included in CFAC meeting packets, and Katherine reviewed some of the items:

- individual therapy will be authorized for no more than one session/month;
- group therapy can be authorized twice monthly; and

- certain services (such as community support, psychosocial rehabilitation, ACTT and group living) will not be made available to new consumers *except* for those who have been discharged from a state psychiatric facility.

Katherine also let CFAC know that the \$5,000 they agreed to return from their budget had been combined with other county money to fund a hospital discharge transition team. OPC is excited to launch this new service initiative, which Therapeutic Alternatives has contracted to provide. Katherine also extended OPC's gratitude for CFAC's generosity.

Accessibility Questionnaire

Michael pointed out that each member had a copy of an Accessibility Questionnaire in their packet. The Questionnaire was developed by OPC's Medical Director as part of the preparation for CARF accreditation. Members agreed that it would be most efficient to discuss the questionnaire and present a single CFAC response, rather than take up the time for each member to complete one on their own. Overall, CFAC members did not identify any major barriers to accessibility. But members did point out that while the Europa Center is on a bus line, there are challenges getting here or getting back home after evening meetings for people who depend on public transportation. The difficulties are compounded when UNC is not in session and the buses are on a reduced schedule. In addition, CFAC members noted that many people they encounter in the community don't know what OPC is, what OPC does, or where OPC is located. Michael recorded CFAC responses and will forward them to Dr. Prather.

AQIC Quarterly Report

This agenda item was tabled until April due to previous items running over the time allotted in the agenda.

DRNC Recommendations for CFAC Changes

Michael let members know that Disability Rights North Carolina (DRNC) was working with Verla Insko on revising legislation that governs CFAC. Much of the content of the proposed revision is unchanged from what was included in HB 2077. However, there are a few significant changes that impact how CFACs operate. One provision would not allow CFAC members to be appointed to the LME's Area Board, and vice versa. Members were particularly concerned with this proposal, since they agreed it gave a strong voice to CFAC for one of their members to be a voting member of the governing Board. Additional changes included requirements to make reports to the LOC and Boards of County Commissioners, and to participate in the LME's monitoring function for local providers. The latter presented concerns for some CFAC members, who would not be available to make the kind of time commitment involved in monitoring providers and who thought there would be a significant amount of rules and laws to learn in order to participate in this role in a meaningful way. Members asked why DRNC had decided the statute needed to be revised, but neither Michael nor Suzanne had an answer. Suzanne said that the revised bill should be published online within 48 hours. Once it has been posted, members should contact Rep. Insko with any feedback they might have. Since she represents part of the OPC catchment area, this CFAC's input would be very valuable. Michael will be on vacation beginning tomorrow and will be out until the middle of next week, but he offered to compile feedback when he returns if members want to respond as a group.

OLD BUSINESS:

No plans were made for social activities during this evening's meeting.

COMMITTEE REPORTS:

AQIC

Pam was unable to attend the last meeting of AQIC.

Provider Community/Quality Management Committee

Leslie noted that this committee discussed the results of the Division monitoring of OPC. Overall, OPC did well. There were no serious problems identified. They also discussed accreditation of CAP-MR/DD providers, and so far, all of OPC's providers are on target for accreditation. Next month the 3 Board Committees will hold a joint meeting.

Service Management Committee

No report was available.

Public Awareness and Advocacy Committee

No report was available

PSW (Peer Support Workshop)

This Committee met earlier this evening and decided that the focus of this year's workshop would be on networking. The format will be essentially the same, and committee members divided up a list of potential presenters, whom they will contact before the April meeting.

PSC (Peer Support Center)

This Committee will meet next week, prior to the Board meeting. Trish Hussey from Freedom House will join the committee meeting, since she has offered to make space available for starting a peer support center. The space will not be available every day, but it will be a place to start.

OPC Area Board

Virginia was unable to attend due to scheduling conflicts with Wednesday nights. The Board will meet again March 25th, and plans to find a different night for meetings since Wednesdays do not work for several members.

Proposed Agenda for April Meeting:

- Presentation from Donna Cotter on RecoveryNC