

# Consumer Family Advisory Council (CFAC) Minutes

## Meeting

- The CFAC meeting was held on August 4, 2015 at 6:00pm at Green Oaks Hospital's conference room in the Three Forest Plaza building at 12221 Merit Drive, Suite 400, Dallas, TX. Green Oaks also provided dinner to seventeen (17) attendees. The meeting was co-chaired by Mary Ann Niles and Jeanine Hayes.

## Business

- Officer Elections. Mary Ann and Jeanine Hayes were unanimously elected to serve another term as the CFAC co-chairs.
- NorthSTAR Transitional Plan. The proposed NorthSTAR plan was reviewed with lots of discussion regarding legislated changes that will take effect January 1, 2017 to separate Medicaid services from indigent care. Although the member supported the document in concept, many comments and concerns were expressed which included:
  - Many indigent consumers are eligible for SSI or SSDI which would provide Medicaid coverage. However, they need assistance in filling out the paperwork. Advocacy groups are gearing up to transition efforts toward that type of assistance.
  - Training needs to be developed now for the uninsured population, to assist them in completed paperwork to get on Medicaid.
  - Integrated physical and behavioral healthcare is beginning to occur through the 1115 Waiver DSRIP projects and other means in the community as listed in the plan. However, this is a priority that requires much more funding and focus to expand throughout the system.
  - Wait lists or any transition to wait lists is inhumane in the same way taking a heart patient off of heart and blood pressure medicine would be unconscionable. It is not proper care!
  - Also, when some consumers (esp. those with a SA issue) finally decide to get treatment, they need access before they change their minds or go use again.
  - Many folks will self-medicate if they cannot get the treatment they need for mental illness.
  - Referrals from agencies throughout the community (e.g., Maggie's House) rely upon the open access system that allows their clients to immediately access MH, SA, and physical healthcare.
  - If services are reduced to meet the reduction in service dollars, will facilities reach maximum capacity? How will other agencies be able to keep clients safe if NorthSTAR services are not readily available.
  - Shelters, emergency rooms, jails, etc., will be "bloated" if people have no way of getting their behavioral healthcare needs meet immediately.
  - Choice of provider is vital and should be a guaranteed right of consumers who need to be able to confide in behavioral health professionals they trust and feel comfortable with. One consumer reported that she would feel suffocated if she was being controlled without the freedom to choose.
  - A competitive provider market gives consumers the best choice and highest quality services.

- It is important to keep provider contracts equitable, no big reimbursements to one provider but less to another for the same services so that all providers can continue to serve our consumers.
- The DSHS functions will move under the HHSC umbrella in 2019.
- Continued access to medication management and prescription drugs is essential. Consumers should not have to worry about how to pay for meds, but should focus on recovery.
- Competent staff must be retained in the new system.
- Evidence based practices should be used in a continuum of care.
- Look at things that extend mental health professionals (e.g., telemedicine, certified peer specialists for lived experience support, etc.)
- Case manager are essential to help consumers take the baby steps necessary to lay a foundation (e.g., get out of the house) so they may reach their goals to recovery.
- The basics are doctor visits, case management, medications.
- ACT team services must continue.
- Immediate access to crisis services must be a priority. An example was given regarding ACS staff being utilized beyond capacity on a recent holiday weekend, because SPN clinics were closed and consumers had no means of contacting staff there. In the new system, will doctors and other clinicians be on call to address these needs during holidays?
- On the other hand, the full continuum of care must provide enough support in community based services to prevent crises as much as possible.
- What agencies and services will survive the changes?
- If wraparound services are not available to help the homeless “in the trenches,” they will get lost in the system. Tracking, knowledge, transfer, support, experience, and transition with expertise intact must continue to follow these consumers.
- As crisis increases in the lives of consumers, the cost to the community (and life of the consumer) will escalate as well.
- Education (e.g., MHFA, NAMI F2F, CIT) should be made available to consumers, family members and community stakeholders such as law enforcement so they may provide peer and family support to those in need. The NAMI Family-to-Family class is especially important, because it brings lived experience to the support of others.

#### Announcements/Comments

- Rudy Villarreal, Director of Health Plan Management at HHSC will speak at the August 19<sup>th</sup> COMI meeting.