



**SCFAC
MEETING MINUTES**

Date: August 9, 2017 **Time:** 9-3pm **Location:** Dix Grill

MEETING CALLED BY			Ben Coggins		
TYPE OF MEETING			SCFAC		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Ben Coggins	Chair of SCFAC-Partners CFAC	x	Stacey Harward	CE&E Team	X
Benita Purcell	Vice Chair – Cardinal	x	Eric fox	CE&E Team	x
Martha Brock	Alliance	x	CJ Lewis	CE&E Team	x
Lori Richardson	Sandhill's	x	Ken Schuesselin	Consumer Policy Advisor	x
Bev Stone	Trillium	X	Brandon Rollings	Special Projects Manager	x
Wayne Pettaway	Trillium	X			
Kenneth Brown	Alliance	x			
Pat McGinnis	VAYA	X			
Deb Page	Cardinals	X			
John Duncan	Cardinal	x			
Catreta Flowers	Trillium	x	GUEST		
Ron Rau	Sandhill's	x	NAME	AFFILIATION	
Brandon Tankersley	Alliance	x	Doug Wright		
Kurtis Taylor	Alliance	x	Bob Crayton		
Patty Schaeffer	Partners	x	Melissa R,		
Laverne Oxendine	Alliance	x	Ken Edmister		
		<input type="checkbox"/>	Lucy P		
		<input type="checkbox"/>	Juanita J,		
		<input type="checkbox"/>	Marie Britt		
			Leza Wainwright		
			Edward T		
			Tom Pittman		

1. Agenda topic: Welcome **Presenter(s):** Ben Coggins

Discussion	<ul style="list-style-type: none"> • Welcome, reviewed some housekeeping issues. • Discussed the importance of communication notifying the chair if you are not planning to attend the meeting. • Reviewed the agenda and made necessary adjustments. • Minutes review and approved. • Received a proclamation from Governor Cooper per Martha B. and Mark F. • Martha B - Minutes: Triad is misspelled several times on the phone call minutes, page 3 of the Cardinal update. HB 192 is the house bill. • Pat stated they are VAYA and not Smoky Mountain, as of Oct 5. • Bev made the motion and Catreta 2nd the motion. Minutes approved. • Discussion on having the governor come to SCFAC. Letter previously written asking for the governor to share his vision. Brandon and group would like to have Q & A with governor on opioid crisis, Medicaid, and other topics TBD.
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	<ul style="list-style-type: none"> • Laverne has been appointed to the Dix campus remodel group by the city mayor and he is a published author. • Ben discussed ground rules agreement located in packet for SCFAC to review. (<i>Attachment 1</i>). • SCFAC ground rules: Brandon suggested a ground rule; for a member to be on a least one subcommittee and a better attendance ground rule. Group suggested those will be covered by by-laws. Wayne made motion to accept ground rules and Pat 2nd the ground rules. • Patty S: presented information on <i>The Jayson Foundation</i>: suicide prevention and awareness (<i>Attachment 2</i>). The Jayson Foundation website provides additional information. Teachers have to have at least 2 hours of suicide prevention training. NC not involved yet. Patty wants SCFAC to get behind this movement for 2018. • Laverne: question about The Jayson Foundation; wants to know if anyone has connections with the teacher association. Mark F. may. • Draft on CFAC annual report: corrections, spell names correct, Martha listed oversight on MH service needs and gaps. Trafficking, 1st paragraph should be broken up, take out 1st section under _____. Group encouraged to speak to legislatures with at least an additional person. 				
Conclusions	<ul style="list-style-type: none"> • 				
Action Items	<table border="1"> <thead> <tr> <th data-bbox="1101 877 1317 951">Person(s) Responsible</th> <th data-bbox="1317 877 1546 951">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1101 951 1317 1098"> <ul style="list-style-type: none"> ○ Bev S. made a motion to except the minutes. Catreta F. 2nd the motion. Minutes approved ○ Ben C and Benita P to send Governor and open invitation to the SCFAC ○ Ground rules approved and signed by SCFAC members – Wayne P. made a motion to accept Ground rules- Pat M. 2nd the motion. </td> <td data-bbox="1317 951 1546 1098"></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	<ul style="list-style-type: none"> ○ Bev S. made a motion to except the minutes. Catreta F. 2nd the motion. Minutes approved ○ Ben C and Benita P to send Governor and open invitation to the SCFAC ○ Ground rules approved and signed by SCFAC members – Wayne P. made a motion to accept Ground rules- Pat M. 2nd the motion. 	
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2. Agenda topic: Trillium update

Presenter(s): Leza Wainwright – CEO (*Attachment 3*)

Discussion	<ul style="list-style-type: none"> • Brandon T. asked for the structure of Trillium; 25% of the board are CFAC members. • Block grants will not be increasing (<i>Attachment 4</i>). To use the block grant differently surely can be done, but in doing so something else previously funded would no longer be supported. • The expansion of Medicaid with help substance use disorder services. No male Medicaid service category at this time. 462,747,019 total budget for the year, Medicaid 82.1%, state funds, 13.05%, county funds 1.27%, Fund Balance 3.29%, all other less than .5% • 2017-19 Community Services funding changes 17-18 (73,554,923) 18-19 (68,884,120) • Comments on funding that is sitting in a reserve that Trillium cannot touch, but it is earning interest. • Trillium cash by funding source, cash funds being reduced because of the elimination of state and streamline funds. • Ms. Wainwright believes in managed care, but disagrees with services being cut because general assembly members view the required savings as money they should be utilizing. Martha B. concerned over MH services, not seen as needing
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	<p>continuous care such as an individual receiving IDD services, specifically with the DOJ settlement</p> <ul style="list-style-type: none"> • Reduction for this current year (Trillium) is almost 9 million dollars. They asked to see the reduction form the general assembly uses, but they were not allowed to see it. • Impact on Services: Section 11F.2 (b) must maintain services on a 15 level, IDD does not have a block grant. • Community Living and Supports, 5 Levels • Trillium Reinvestments, Ben C. asked is there an internal auditor. Ms. Wainwright stated there is a compliance dept. • Martha B. wanted to know about psycho social services, updates? • Status of Reinvestment Projects. • Questions: Benita-information presented can be shared. - PowerPoint will be distributed (<i>Attachment 3</i>). Brandon: take advantage of B3 services. "Would it be worth it to hire a peer versus a therapist?" L. Wainwright stated they strongly encourage peer services. Under TCLI, they are hiring a coordinator and in-reach personnel. Contract with RI International. PSS can continue to work with transitioning person under a different funding stream. 		
Conclusions	•		
Action Items		Person(s) Responsible	Deadline
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3. Agenda topic:

Presenter(s): Kent Edminster and Walt Carlson

Discussion	<ul style="list-style-type: none"> • Kent Edminster: Why is there not an electronic link like other places, states? Took a MHFA course previously and can't find any PSS trainings in this area that are affordable. We are advocating for those trainings in all areas of NC. • Brandon stated that Cardinal is revamping their curriculum and they will start getting those trainings out there in the next month. • Pat stated that Vaya has been criticized for making trainings so low that others can't compete with them. \$30 for trainings. • Patty stated there are multiple PSS trainings available and a range of prices. Her group is able to go out and provide trainings in other areas if there is a venue available with veteran discounts. • Bob C. stated that cardinal is holding several PSS trainings in the month for approximately \$200 dollars. 		
Conclusions	•		
Action Items		Person(s) Responsible	Deadline

4. Agenda topic: By laws

Presenter(s): Ben Coggins

Discussion	<ul style="list-style-type: none"> • Ben C. opened the floor to bylaws. • Brandon T. suggested attendance standards and subcommittee standards.
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	<ul style="list-style-type: none"> • Benita P. suggested group follow up with current by-laws and wording. • Martha B. asked about wording- understanding in regards to three absences and what that means - Stacey H. stated it was for excused or unexcused absences. • Ron R. asked if this was for the year or term. Kurtis stated it was for the year. Group asked that it be clarified especially for new members. • Martha made motion, Kurtis 2nd the motion that established the SCFAC subcommittees and definitions responsibilities and chairs would make up the SCFAC executive committee and all definitions would be added to the by-laws. • SCFAC shall elect standing committees. Each committee will appoint their chair and vice chair for each committee. • Ben C called a vote, motion carried. • Kurtis: develop a document that names and describes tasks and existence for subcommittee; 2nd by Patty. Brandon wants to know who's going to develop the description. They want to make it where every group has a descriptive document. 		
Conclusions	•		
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5. Agenda topic: Medicaid Transformation

Presenter(s): Lisa Haire and Walker Wilson

Discussion	<p>Link to <i>North Carolina's Proposed Program Design for Medicaid Managed Care</i> - https://www.ncdhhs.gov/nc-medicaid-transformation</p> <ul style="list-style-type: none"> • Community para medicine, wants EMS to be recognized and reimbursed for other services that they provide such as transport to a crisis facility. • TBI services and program staff are meeting weekly with Alliance and others about TBI waiver activities. The programs must be compliant with requirements from day one. Online training modules • Target behavioral health disparities in communities • Peer operated RFA was posted and closed June 23rd. A group has been selected and going through approval phase. • Division received a crisis counselling service program through SAMSHA for counties severely affected by hurricane. • Benita P- keywords like "individual", "family(ies)", "consumer" not observed in the proposed Medicaid managed care. Lisa stated the conversations have been focused on those terms. • Brandon T- went to a listening session and would like to know what they heard and learned during the listening sessions and will it make any impact on the strategic plan. Lisa stated that it would be updated with information that has been received from the listening sessions. Walker stated there is a 2-pager that focuses more on the member. • Martha - page 29-30, high functioning manage care services. Tailored vs standard plans. • Patty S – "Will the 2-pager be oriented more towards the PHP?" Walker stated yes, Medicaid and providers. Walker stated that she will try to get this out. It's on the DHHS page.
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	<ul style="list-style-type: none"> • Martha B. stated that grievance and appeals are important and that they differ from LME/MCO to LME/MCO. What will happen in regards to human rights. Lisa stated that it is important and that it is a focus by the Secretary not to interrupt services and human rights themselves. • Lisa stated that the opioid epidemic is an important topic; 15 million total, 9 million goes out in the next 10 days to the LME/MCO's. • Walker W: The current state and the future state on closing funding gaps. Strategic plan is due January 31st. Medicaid MH/DD/SAS, public and rural health and other groups are at the table. Wants report to include actionable information. 				
Conclusions	•				
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6. Agenda topic: DMA update

Presenter(s): Renee Rader

Discussion	<ul style="list-style-type: none"> • Waiver stakeholder committee is meeting again; next meeting is August 18th, and every other Friday - Dix campus, open meeting. • External quality reviews are coming in completed. • Carolina center for excellence. Copies can be obtained through a public records request. - Renee will check to see if she can send it out to SCFAC. • Updates to B3 services: Renee has handed out the definitions. The B3 services are part of the B waiver. Offered just to individuals enrolled in the B waiver. They are funded through state manage care savings. • B3 services can be covered for many different things that may not be covered under other things, i.e. Medicaid or the innovations waiver. They cannot duplicate other services. B3 services are the last stop. LME/MCO's are encouraged to use B3 service's funding. It is possible now that funding could run out for a B3 service. • LME/MCO do write their own service definitions but those definitions must fit the contract/waiver. They come to DMA for approval. • Feedback wanted for updating B3 services. No extra money to spend or add services without legislative momentum. 				
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Meeting Adjourned 3:00 PM

Next Meeting: 9-13-17 (cancelled per hurricane weather forecast)

State CFAC Meeting Nev
August 9, 2017

SCFAC Ground Rules – Signed agreement for meeting conduct

During the December meeting, with the assistance of Barb Kuntz, the committee developed a list of items that you concur will benefit the running of a smoother meeting. With the development of this list the committee in turn developed a working agreement that can be updated as time goes on.

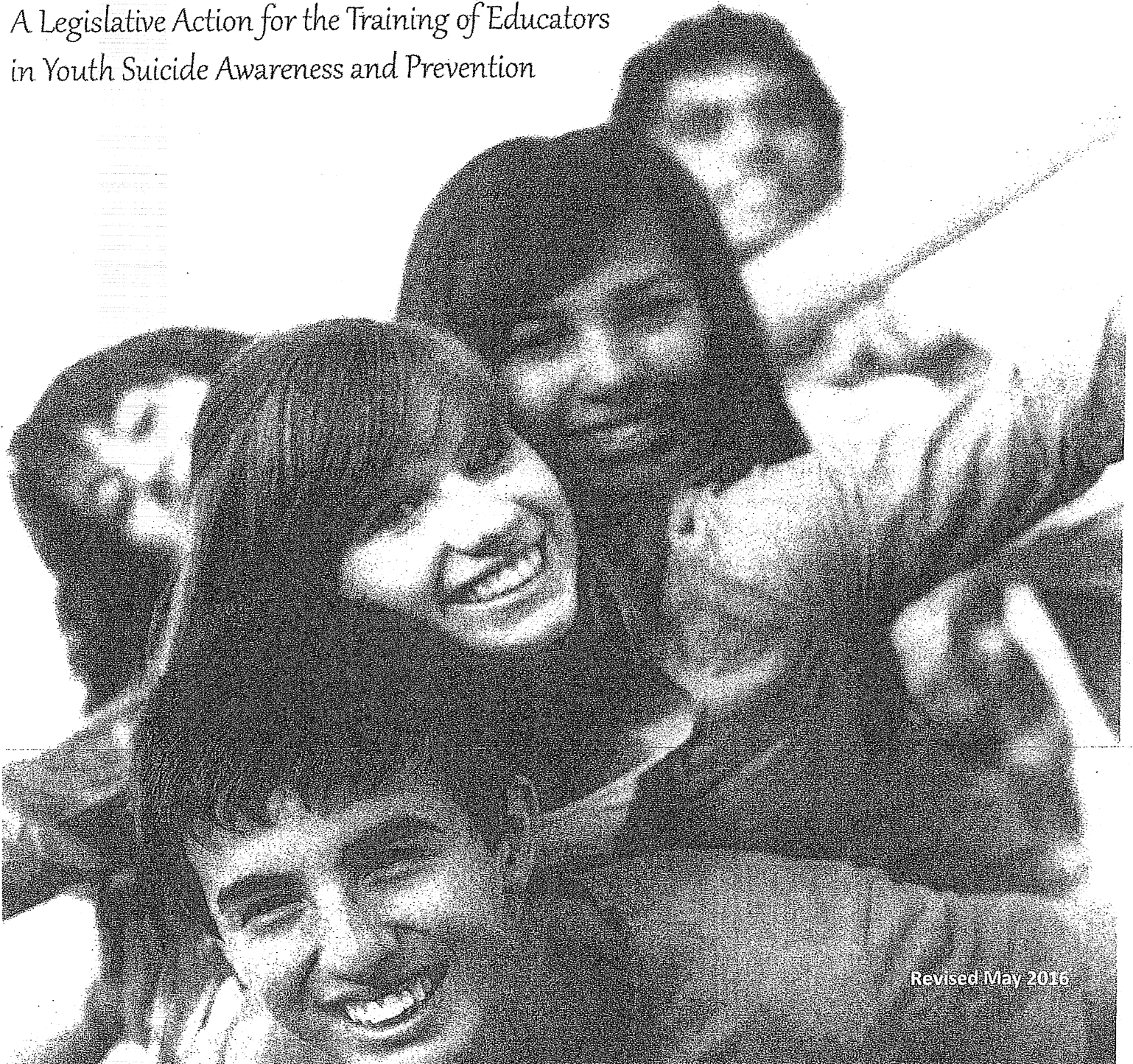
1. One person talks at a time – when speaking
2. Ask clarifying questions
3. Respect in general
4. Respect other points of view – challenge ideas not people
5. All have a voice and need to use it
6. Share the responsibility- encourage those who are quiet to speak and share their ideas.
7. Focus on common interests not your own agenda (begin with an end in mind)
8. Proactive comments / proactive versus reactive
9. Commit to follow through
10. Equity among MH/IDD/SAS – avail oneself to cross train in the other disability areas
11. Share information in a concise manner
12. Provide monitoring by the Chair or designee to maintain order and timely adherence to the agenda
13. Documentation – subcommittee notebooks need to have a clear purpose- How it goes about its business / a simple standard operating procedure
14. Date Setting for timeframes for letters, projects, and feedback- be accountable , recognize achievements
15. Be prepared for the meetings--- Review the Agenda and Minutes
16. Be informed
17. For all letters, set timelines and document the process via email.
18. Consensus – all contribute / majority rules
19. Respond to emails – text – all request should have a date to respond by
20. When communicating try to put intellect over emotions.

X

if The **Jason Foundation**

**THE HISTORY OF THE
JASON FLATT ACT**

*A Legislative Action for the Training of Educators
in Youth Suicide Awareness and Prevention*





"A letter from the President of The Jason Foundation and Jason's Dad"

On July 16, 1997, I lost my youngest son – Jason, age 16 – to a “Silent Epidemic” that grips our nation even stronger today. It is a “Silent Epidemic” that is now the 2nd leading cause of death for our nation’s youth ages 10-24 only surpassed by “unintentional injuries.” Today, we are losing 100 young people each week to this “Silent Epidemic”...this “Silent Epidemic” is youth suicide.

Suicide is not only a leading cause of death for our youth today, it has been declared by SAMHSA / US Department of Health and Human Services as a leading cause of “*preventable*” death. The foundation for prevention is awareness and education.

The Jason Foundation, Inc. (JFI), founded in 1997, is considered a national leader in youth suicide awareness and prevention. JFI is also one of the largest and oldest non-profits in our nation that’s sole purpose is providing awareness programs, training and educational programs addressing youth suicide. To find out more about The Jason Foundation, visit our website www.jasonfoundation.com .

The idea for The Jason Flatt Act began in 2004, but it was 2007 before it was introduced in the format that it is presented today. When passed in Tennessee in 2007, it became the most comprehensive and aggressive legislation concerning the training of educators in youth suicide awareness and prevention. Since 2007, The Jason Flatt Act has been passed in more states than any other legislative bill addressing the training of educators in suicide prevention – as of the publishing of this report (May 2016) – 19 states (38% of the nation’s states) have passed The Jason Flatt Act.

Although not the only action a state should take to address youth suicide, I believe passing legislation that requires all educators to receive training within their Personal Development / In-Service / or Certification state’s process is the #1 action that can make immediate and positive impact in preventing suicide attempts and suicides...bottom line, saving lives!

Sincerely,

Clark Flatt

Clark Flatt, President
“Jason’s Dad”–

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Total Teachers and Students Impacted by The Jason Flatt Act in Nineteen States..... **Error! Bookmark not defined.**



An Introduction

The Jason Flatt Act

A project lead by The Jason Foundation, Inc.

A legislative action that impacts the training received by educators in youth suicide awareness and prevention. This legislation is not to make our educators into counselors, but rather to better equip them with information, tools and resources to better identify, respond to and assist in getting possible at-risk youth for suicide help within their school's protocol...to save lives!

Suicide is the 2nd leading cause of death in our nation for young people ages 10-24...only surpassed by the group "unintentional injuries." Each week in our nation, we are losing 100+ young people to this "Silent Epidemic" of youth suicide. Suicide is not only one of the leading causes of death for our youth, it is one leading causes of *preventable* death for our youth.

Due to their daily exposure to young people, educators are in a unique position to help identify and / or respond to at-risk youth. They are actually already required by law as "First Responders" within most state's Child Abuse Laws (state is one) to report such behavior such as suicidal ideation; however, they just have not been trained.

The Jason Flatt Act **does not** make our educators into counselors, rather it provides training to be better able to identify and assist at-risk youth and helps provide the information, tools and resources to better fulfill their requirements as "first responders."

Passed first in Tennessee in 2007, **eighteen (18)** additional states have passed their version of The Jason Flatt Act. In all the states except California (the state law in CA does not allow a passing of a mandated regulation without a fiscal note), The Jason Flatt Act has been passed and maintained **without a fiscal note**.

The Jason Foundation Inc. (JFI) in 2007 set a goal of fifteen (15) states passing The Jason Flatt Act without a fiscal note. This is possible by providing access to all state educators / schools to The Jason Foundation's In-Service On-Line Library...not as the specified program to be utilized, but rather as a fail-safe resource that assures compliance to the law without any cost to the educator, school, district or state. JFI surpassed its goal by one (1) state in May of 2015. The provision / maintenance of such a robust technological resource of JFI's In-Service On-Line Library was one of the factors limiting the goal to only fifteen (15) states. Due to advancement of technology (efficiency and cost) since 2007, JFI will expand its goal by ten (10) more states starting June 2015.

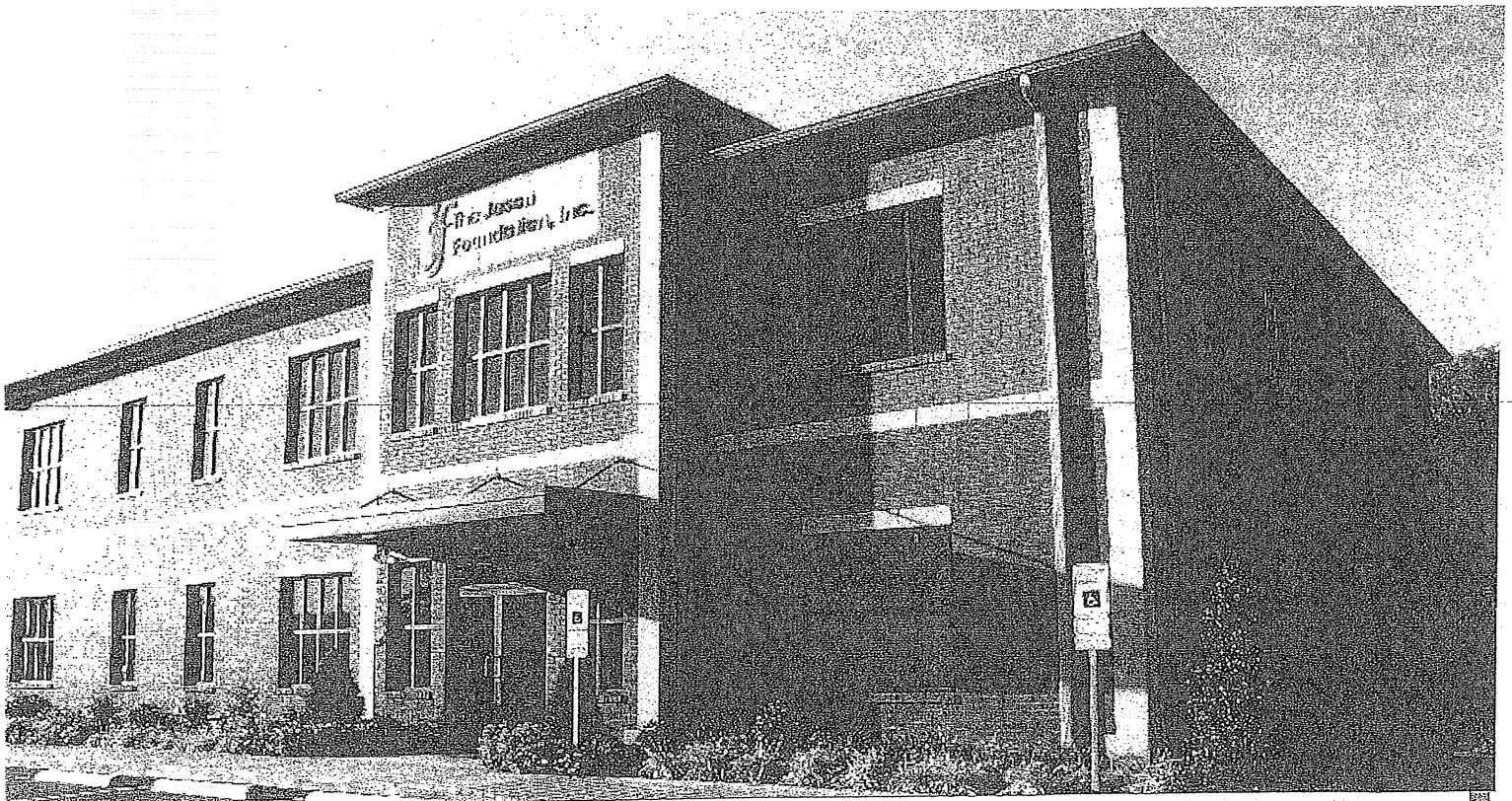
JFI believes a State should embrace passing The Jason Flatt Act for three major reasons:

- 1) ***First and foremost, because it is the right thing to do.*** Providing educators with training on how to identify and assist at-risk youth for suicide is listed as a priority on the National Suicide Prevention Plan. By equipping our educators with the information, tools and resources to help identify and assist at-risk youth, we will save lives! Again, the purpose is NOT to make educators “counselors”...but just the opposite – educators with training and protocol on helping at-risk youth get the help they need.
- 2) ***Legality and Legal responsibility.*** Lawsuits are increasing yearly against educators, schools and school districts concerning suicides / suicide attempts of students. In past decades, we have seen such lawsuits regularly dismissed as “no-duty” existed by the teacher or school district. We are now seeing that veil beginning to change with several “sealed” out of court settlements and increasing scrutiny as to the definition of “duty” especially in connection with the Child Abuse Laws and educators being named as required “first responders.” When lawsuits are mentioned, one of the first questions raised is have the educators been trained on how to recognize and properly respond to an at-risk student for suicide.
- 3) ***If legislation is passed as The Jason Flatt Act, it can be done without a fiscal note if within the next ten states.*** 38%+ of the states passed The Jason Flatt Act with the under-lying reasoning that it not only helps to save lives but helps answer legal and “first responders” questions about training of personnel.

For More Information Contact:

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History

In 2004, at a reception for a newly opened a JFI affiliate office in New Jersey, a legislator asked what he could do to help prevent this “Silent Epidemic” of youth suicide from the youth in New Jersey. From that question, we began to explore how legislation could be a tool and/or a resource in awareness and prevention. Out of this conversation came the idea for legislation, within a state’s professional development or in-service training (continuing education), to require teachers to have suicide awareness and prevention training in order to renew their teaching license and how we could do this without a fiscal note.

In a national survey conducted by The Jason Foundation, the number one person that a student would turn to for helping a friend who may be suicidal was a “teacher.” It is imperative when our youth (our sons, daughters, grandsons, granddaughters, nieces, or nephews) turn to the educators for assistance, that teachers have the necessary training, tools and resources to respond.

That idea, born that night in 2004, resulted in passing legislation in New Jersey concerning training in youth suicide awareness and prevention for educators. This model was then replicated to fit the state laws / guidelines in Colorado and introduced into the legislative process. Aided by JFI’s Attorney General Ambassador, General John Suthers, legislation was also passed by the Colorado Legislators dealing with training teachers in youth suicide awareness and prevention.

Since this model legislation had passed in both New Jersey and Colorado, JFI wanted to pursue this same-type action in Tennessee. The Jason Foundation launched “The Jason Flatt Act,” which would later become the template for youth suicide awareness and prevention legislative action within already required teacher in-service training. In the Tennessee legislative session of 2007, SB 57 – The Jason Flatt Act was introduced in the Senate by Senator Diane Black and Representative Les Winningham introduced the companion bill in the House. We are happy to report that The Jason Flatt Act passed without a single “nay” vote through both the Senate and the House and their respective committees. It also passed without a fiscal note attached. When signed into law on April 26, 2007 by Tennessee Governor, Phil Bredesen, The Jason Flatt Act became one of the most comprehensive laws dealing with youth suicide awareness and prevention training in the nation.

In Tennessee, the Jason Flatt Act requires that every educator in the State receive two hours of training annually in suicide awareness and prevention in order to be certified to teach in Tennessee. The Tennessee legislation now serves as the model to introduce The Jason Flatt Act in other states. Since 2007, **eighteen (18)** other states have adopted The Jason Flatt Act in their respective states, making a total of **nineteen (19)** states (38% of the States) with this very important legislation enacted:

Tennessee 2007	Illinois 2010	South Carolina 2012	Wyoming 2014
Louisiana 2008	Arkansas 2011	Alaska 2012	Montana 2015
California 2008	West Virginia 2012	Ohio 2012	Georgia 2015
Mississippi 2009	Utah 2012	North Dakota 2013	Texas 2015
South Dakota 2015	Alabama 2016	Kansas 2016	

Are we Making a Difference in Suicide Prevention?

The Training of Educators

Does training our educators / teachers to be better able to recognize possible suicidal ideation or be better able to respond to a student who expresses thoughts of suicide make a difference? Even more basic, is JFI's or anyone else's efforts proven to reduce suicides? If yes, how can it be judged?

First, let's look at some basics that are important as we consider this question. For decades, there has been, and regrettably still does to some extent, a stigma around mental health issues and especially suicide. We just don't like to talk about it and that is part of the problem. To be able to "judge" whether a program or effort is "making a difference" in addressing suicide, you cannot make this judgment based on how many did not attempt or die by suicide because of your efforts / programs. You cannot utilize state the number of suicides as a gauge (increase or decrease) because you cannot tell what it would have been without your program / effort (i.e.: after a program for suicide prevention rates might increase in a state by 4% for example and therefore could lead someone to say a program is not effective. However, one does not know with any certainty if without the effects of the program suicide might have increased 8%-10% or more). You cannot also rely upon personal testimony – because of the stigma mentioned above, many if not most are reluctant to talk about their struggle with suicidal ideation...so you will never know the true number of people who "did not commit suicide" because of a program or effort in prevention.

What can be measured and reported is the success of a program or effort of conveying information, tools and resources proven to be preventative in nature to a target group – such as youth / teachers or youth workers / and parents – adult communities. Simply said, taking information such as what are the warning signs, elevated risk factors, do's and don'ts in helping someone who may be struggling with thoughts of suicide and all importantly what resources are available to refer for professional help – to take this information and successfully convey this to your target group is SUCCESS in suicide prevention. We have to assume that an individual, once armed with such information, can and will make a difference within the circle of community they interact.

One tool JFI utilizes to measure success on conveying such preventative information is our Teacher In-Service Survey done each year. The sample group of educators comes from all grade levels, in several areas of the nation and consists of anywhere from 800 to 1,500 surveys annually. Our latest Survey (2015) follows:

2015 Calendar Year In-Service Training Evaluation

1200+ Surveys were collected from educators/administrators who had utilized The Jason Foundation's On-Line In-Service Training Library from January 1, 2015 to December 31, 2015 (JFI's Fiscal Year). They represent responses from multiple states and the aggregate average of all modules within the On-Line Library.

Questions:

Agree / Strongly Agree

1	"I have significantly increased my knowledge of youth suicide."	77.25%
2	"I can better now recognize the warning signs and elevated risk factors for suicidal ideation."	81.45%
3	"I am more confident in my ability to recognize and approach students who may be struggling with suicidal thoughts."	76.19%
4	"If a student approaches me, I feel more confident in my abilities to assist in getting appropriate help."	81.84%

Presentation:

5	Was the information presented in a clear and concise manner?	92.50%
6	Was the information beneficial to your role as a teacher, counselor, coach, youth worker, etc.?	87.99%
7	Was the training easy to access?	88.63%
8	Would you use The Jason Foundation staff development training modules again?	82.32%
9	Would you recommend these training modules to another teacher, coach, youth worker, etc.?	82.76%
10	Overall, how do you rate the quality of the training modules? (Good to Excellent)	94.75%

Comments:

"The training module points out signs that I had not thought about, that was very eye opening."

"The training was easily accessible and user friendly."

"It was so informative and a very needed subject."

"I liked the ease at which this subject was discussed in the videos...I completed this training seven years in a row, and I still find helpful."

No Fiscal Note

The Jason Flatt Act has been passed in sixteen (19) states since 2007. Eighteen (18) of the nineteen (19) states have passed the legislation without a fiscal note – the only one to add a fiscal note was California, who explained that by state law the California legislature had to add a fiscal note to any legislation passed that had a mandate. It is important here to note that the eighteen (18) states who have passed this legislation under The Jason Flatt Act model – the earliest in 2007 (9yrs) – have all been able to implement and continue The Jason Flatt Act as passed without a fiscal note.

So, how does the required training get done without additional funding or fiscal note? If passed as modeled, The Jason Flatt Act provides required training can be done in the following ways

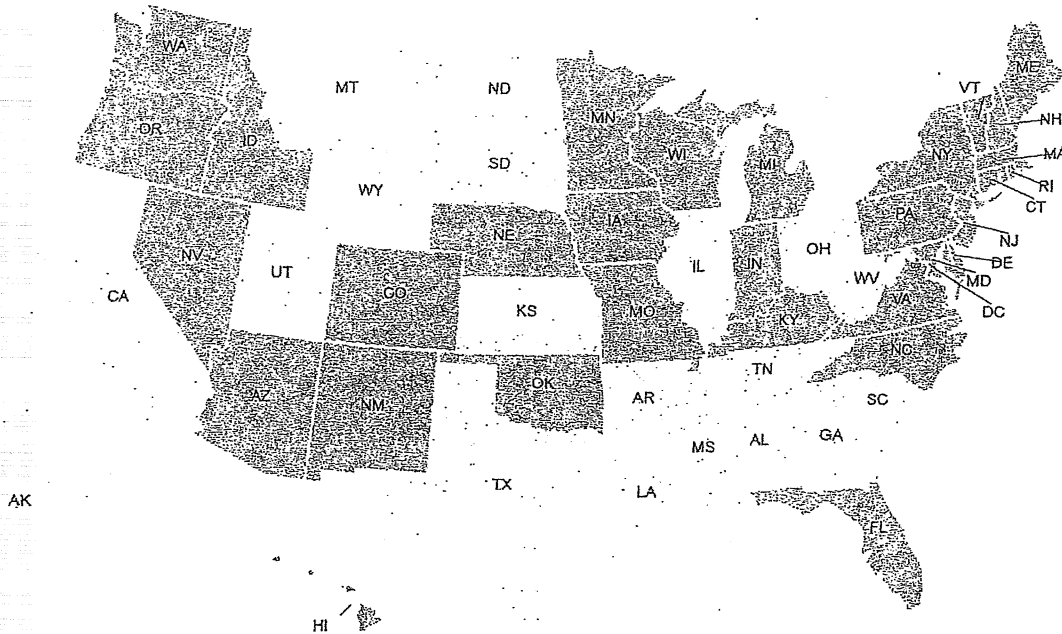
- 1) First, the State Department of Education can approve any program/resource to provide training. This legislation does not identify any specific program to be utilized.
- 2) As outlined in the legislation, training (s) could be accomplished in the following manners
 - a. A school's/school district own counseling department can develop their own training for their schools(s) or such department can utilize and present programs that have been approved by the DOE.
 - b. Non-profits such as National Alliance on Mental Illness (NAMI), Mental Health America, The Jason Foundation (JFI), American Foundation for Suicide Prevention (AFSP), and others already provide educations training at no-charge and would embrace the opportunity to supply such trainings. We have seen this develop in all states that have passed The Jason Flatt Act.
 - c. We have seen in states with suicide prevention coalitions, such as Georgia has, that these coalitions have programs readily available for such training – or will develop – programs that they will provide at no-charge, as part of their mission.
 - d. Some states agencies, such as Department of Education, Department of Health, or Department of Mental Health have or will develop their own programs to provide training for educators at no-charge to schools/school districts. Many times grants (federal) are available to help state agencies who desired to develop training programs.
 - e. And finally as a “faith safe” resource – The Jason Flatt Act model allows such required training can be done by “self-review”/“self-taught” programs approved by DOE and available online. If passed as The Jason Flatt Act template, The Jason Foundation will provide its On-Line Library at no-charge to that state’s educators which will provide this “self-review” process.

The Jason Flatt Act

If a state passes “The Jason Flatt Act Model” as approved by The Jason Foundation, Inc., The Jason Foundation agrees to provide and maintain an “On-Line Library” of training modules that will satisfy the requirement for an educator’s training under The Jason Flatt Act. This insures that any teacher/school or school district can satisfy the required training without any cost - thus no fiscal note needed or cost incurred. This is especially an important aspect / resource for rural areas of a state where sometimes resources can be slim. This provision by The Jason Foundation **is not** to make its program / training modules a “preferred” program for training– but to provide a “Fail-Safe” resource for delivery of training. To date, others organizations such as AFSP are also developing such online training modules for educators that will satisfy required training at no-charge.

This model has held strong for 9 years of providing required training and allowing a state to maintain the no fiscal note for training.

Since 2007, Nineteen (19) States have passed The Jason Flatt Act, representing over 38% of the nation’s states:
 TN / LA / CA / MS / IL / AR / WV / UT / AK / SC / OH / WY / ND / MT / GA / TX / SD / AL / KS



* Updated May 2016

States That Have Passed The Jason Flatt Act

Child Abuse and Neglect Laws

Educators as First Responders

When introducing The Jason Flatt Act, we have heard the comment “we don’t want to put more on our teachers than they already have to do.” Certainly anyone who knows how hard our educators work would agree with this sentiment. However, it is important to be aware of each state’s Child Abuse and Neglect Laws when teachers are listed as “First Responders” which places a legal responsibility on teachers to report certain situations. When we first hear “Child Abuse Laws,” our minds quickly turn to physical abuse. It is true that this is one of the most reported types of abuse in our nation, but also many states include “emotional harm / mental injury” as a required reportable situation. An example of defined Child Abuse Law:

Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm ()*

Emotional Abuse

Almost all States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands include emotional maltreatment as part of their definitions of abuse or neglect. Approximately 33 States, the District of Columbia, the Northern Mariana Islands, and Puerto Rico provide specific definitions of emotional abuse or mental injury to a child. Typical language used in these definitions is “injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition” and injury as evidenced by “anxiety, depression, withdrawal, or aggressive behavior.”(*)...many of the same signs of suicidal ideation and in our opinion under this category would include the mandate to report “warning / signs of concern” for suicidal ideation.

Mandatory Reporters (**)

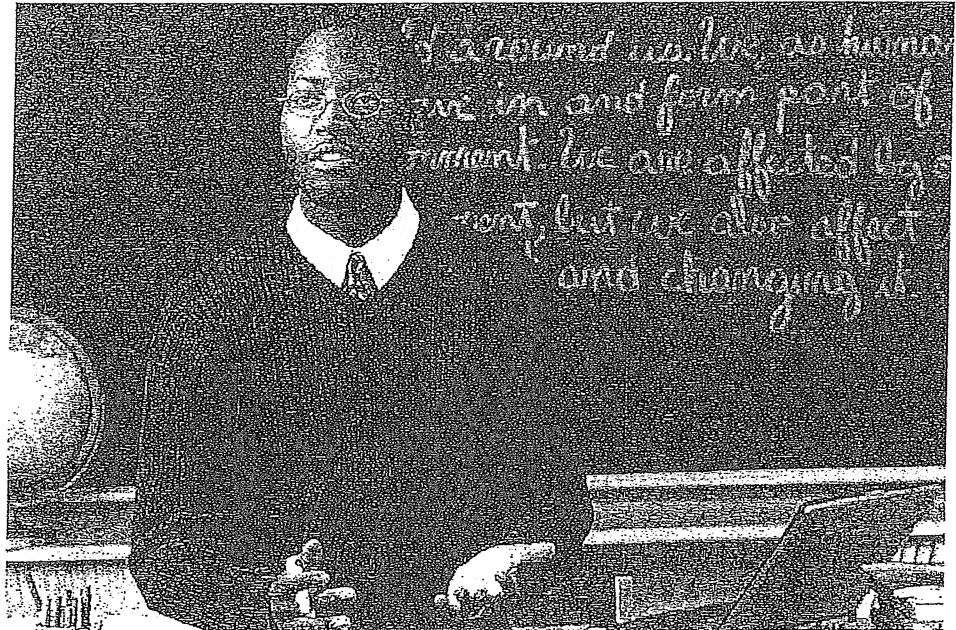
In most states, professions that engage in regular contact with children are listed as mandatory reporters. However, in at least 18 states, there are no listed mandatory reporters – anyone and everyone who knows or suspects that child abuse has occurred is required by law to make a report. In states with a defined mandatory reporter lists, however, the following professions are frequently listed: Day care workers / Dental assistants and hygienists / Doctors' office staff persons / Emergency medical technicians / Family practitioners / Foster care workers / Hospital personnel / Medical examiners / Nurse practitioners / Police officers / Practical nurses / Psychiatrists and psychologists / Registered nurses / **School administrators, advisors, and paraprofessionals** / Social workers / **Teachers and teachers' aides** - See more at: <http://family.findlaw.com/child-abuse/checklist-are-you-a-mandatory-reporter-of-child-abuse.html#sthash.kjp3QqAS.dpuf>

Penalties for Failure to Report

Approximately 48 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands impose penalties on mandatory reporters who knowingly or willfully fail to make a report when they suspect that a child is being abused or neglected.² In Florida, a mandatory reporter who fails to report as required by law can be charged with a felony. Failure to report is classified as a misdemeanor or a similar charge in 39 States and American Samoa, Guam, and the Virgin Islands.³ In Arizona and Minnesota, misdemeanors are upgraded to felonies for failure to report more serious situations, while in Illinois, Kentucky, and Guam, second or subsequent violations are classified as felonies.

Twenty (20) States and the District of Columbia, Guam, the Northern Mariana Islands, and the Virgin Islands specify in the reporting laws the penalties for failure to report. Upon conviction, a mandated reporter who fails to report can face jail terms ranging from 30 days to 5 years, fines ranging from \$300 to \$10,000, or both jail terms and fines. In six (6) States, harsher penalties may be imposed under certain circumstances. In seven (7) States and American Samoa, in addition to any criminal penalties, the reporter may be civilly liable for any damages caused by the failure to report. (*)

Educators / teachers are not only in a unique position to help identify and assist a young person who is struggling with suicidal ideation, but educators as “First Responders” have we believe a legal obligation to report such “emotional abuse / mental injury.”



It is important here to note again that the purpose of passing The Jason Flatt Act and training our educators in youth suicide awareness and prevention IS NOT to make them counselors or place that responsibility of being a counselor role as part of their job. It is to provide them the information, tools and resources to be better able to recognize and respond responsibly to a student who may be struggling with suicidal ideation. The result will be lives will be saved!

In Summary

We believe educators / teachers should be trained in being better able to recognize “warning signs/signs of concern” of suicidal ideation **first** because it is the right thing to do! The National Strategy on Suicide Prevention notes teacher training as important in suicide prevention and most state suicide prevention plans include the training of teachers as a major goal. Teachers are in a unique position to recognize a student who is struggling with issues that surround suicidal ideation, we just need to train them on the signs to watch for and how to responsibly respond within their school’s protocol. **Secondly**, we believe educators / teachers have a “duty” as a “First Responder” which places a legal responsibility upon educators to be trained to recognize and respond to “emotional abuse / mental injury” as defined in many states Child Abuse Laws.

As of May 2016, **nineteen (19)** states have agreed and have passed The Jason Flatt Act to provide training for educators in youth suicide awareness and prevention. With over 38% of our nation’s states passing The Jason

Flatt Act, it has become the leading model for legislation concerning training educators in youth suicide awareness and prevention. Additionally, this can be passed without attaching a fiscal note if done in collaboration with The Jason Foundation and utilizes the model's language as suggested by The Jason Foundation. To date, eighteen (18) of the nineteen (19) states who have passed The Jason Flatt Act has done so without a fiscal note (California is the only exception due to state law).

To find statute information for a particular state go to
https://www.childwelfare.gov/systemwide/laws_policies/state/ (*)

References:

(*) Child Welfare Information Gateway

<https://www.childwelfare.gov>

(**) FindLaw - <http://family.findlaw.com/child-abuse/checklist-are-you-a-mandatory-reporter-of-child-abuse.html>

To find out more about The Jason Flatt Act and how your state can begin the process contact our national corporate office:

The Jason Foundation, Inc.

18 Volunteer Drive

Hendersonville, TN 37075

Phone: (615) 264-2323

Email: contact@jasonfoundation.com

www.jasonfoundation.com

State Summaries of The Jason Flatt Act

Tennessee:

The Jason Flatt Act was introduced and passed during the 2007 legislative session without a fiscal note attached. The Jason Flatt Act, SB0057/HB0101, became effective on July 1, 2007. Tennessee was the first state to pass The Jason Flatt Act – one of the most comprehensive laws dealing with youth suicide awareness and prevention training in the Nation. This legislation requires two (2) hours of suicide awareness and prevention training annually for all teachers and principals in order to maintain their teaching license. This education may be accomplished through self-review of suitable materials. Signed by Governor Phil Bredesen on April 24, 2007, this legislation has the potential to impact 66,406 teachers and 993,496 students in Tennessee every year.*

Louisiana:

Louisiana became the second state to pass The Jason Flatt Act (also passed without a fiscal note attached). Introduced by Representative Thomas Carmody, Jr. in March 2008, The Jason Flatt Act (HB719) was passed and became law when Governor Bobby Jindal signed the bill on June 16, 2008. The Louisiana Jason Flatt Act requires two (2) hours of in-service training in suicide prevention for all public school teachers, school counselors, and principals, and as determined by the Board, other school administrators for whom training is deemed beneficial. This mandatory training is required annually and began with the 2008-2009 school year. The training may be accomplished through self-review of suitable materials. This legislation has the potential to impact 46,493 teachers and 710,903 Louisiana students.*

California:

In the summer of 2007, Senator Bob Dutton approached The Jason Foundation about the possibility of sponsoring this legislation for California. Working with Senator Dutton, The Jason Flatt Act (SB1378) was introduced and passed through both the Senate and the House without a single “nay” vote. Governor Arnold Schwarzenegger signed the Act on July 18, 2008. In California, The Jason Flatt Act provides that two (2) hours of suicide prevention training may be offered to all teachers and grade levels, provided development block grants are received. California is a little different in that all mandated legislation must have a fiscal note attached, so this bill authorizes school districts that receive professional development block grants to use a portion of the block money to provide suicide prevention training for their teachers. This legislation has the potential to impact 266,255 teachers and 6,299,451 students.*

Mississippi:

In 2009, The Jason Foundation and Mississippi Attorney General Jim Hood worked together to get The Jason Flatt Act introduced. SB 2270, The Jason Flatt Act, was passed without a fiscal note. Governor Haley Barbour signed the legislation into law on April 13, 2009 with an effective date of July 1, 2009. The Jason Flatt Act in Mississippi requires two (2) hours of youth suicide prevention training annually for all licensed teachers and principals, beginning with the 2009-2010 school year. This education may be accomplished through self-review of suitable materials and has the potential to impact 32,613 teachers and 493,650 students.*

Illinois:

HB4672, The Jason Flatt Act, was introduced in the House by Representative Greg Harris and Senator Heather Steans served as the Senate sponsor and was passed without a fiscal note. Governor Pat Quinn signed the legislation on June 26, 2010 and with his signature, Illinois became the fifth state to enact The Jason Flatt Act. The Jason Flatt Act in Illinois requires that all teachers, guidance counselors, school social workers and other school personnel who work with students in grades 7-12 be trained to identify warning signs of suicidal behaviors in adolescents and teens. It further provides that the suicide awareness and prevention training must be completed during a teacher's license renewal cycle (every 5 years for a standard teaching certificate). The training shall be provided within the existing framework of programs offered by the Board and can also be offered as part of the required professional development activities. This legislation has the potential to impact 135,701 teachers and 2,072,880 students.*

Arkansas:

On March 30, 2011, Arkansas Governor Mike Beebe signed HB 1778, The Jason Flatt Act, into law. The Jason Flatt Act was passed without a fiscal note. This important legislation requires mandatory suicide awareness and prevention training for all licensed personnel beginning with the 2012-13 school year. The training will count toward the satisfaction of requirements for professional development and for licensure requirements for licensed personnel. Two (2) hours of in-service suicide awareness and prevention training are required once in every five (5) years. This training may be accomplished through self-review of appropriate materials approved by the Department of Education. This requirement has the potential to impact 34,131 teachers and 486,157 students.*

West Virginia:

During the 2012 legislative session, SB 221, The Jason Flatt Act, was passed without a fiscal note and sent to the Governor for signature. On March 12, 2012, Governor Earl Ray Tomblin signed this legislation into law with an effective date of July 1, 2012. The Jason Flatt Act in West Virginia requires mandatory youth suicide awareness and prevention training for all professional educators, including principals and administrators and those service personnel having direct contact with students, teachers and principals. Two (2) hours of youth suicide awareness and prevention education is required each school year in order to maintain or renew their teaching license. This education may be accomplished through self-review of suicide prevention materials and resources approved by the State Board. This legislation has the potential to impact 20,101 teachers and 283,044 students.*

Utah:

The Jason Flatt Act of Utah – HB 0501 – was signed by Governor Gary R. Herbert on March 26, 2012 with an effective date of July 1, 2012. The Jason Flatt Act was introduced in the House by Representative Erik Hutchings and in the Senate by Senator Karen Mayne and was passed without a fiscal note. This Act requires each licensed employee to complete two (2) hours of professional development on youth suicide prevention within their license cycle in accordance with Section 53A-6-104. The Utah Board of Education will develop or adopt sample materials to be used for the training. This legislation has the potential to impact 26,610 teachers and 613,279 students.*

Alaska:

Senate bill 137, The Jason Flatt Act, was passed by the Alaska House and concurred in the Senate on April 15, 2012; thus, becoming the 9th State to pass this important legislation. It was also passed without a fiscal note. On May 23, 2012, Governor Sean Parnell signed The Jason Flatt Act into law with an effective date of August 21, 2012. This legislation requires two (2) hours of youth suicide awareness and prevention training annually for each teacher, administrator, counselor and specialist who provides services to public school students in grades 7-12. This education may be accomplished through self-review of suitable suicide prevention material. This legislation has the potential to impact 7,682 teachers and 131,489 students in grades 7-12.*

South Carolina:

South Carolina became the 10th state to pass the Jason Flatt Act when HB 4690 passed the Senate on April 19, 2012, having previously passed the House on February 23, 2012. Again, the legislation was passed without a fiscal note. Governor Nikki Haley signed The Jason Flatt Act on May 14, 2012. HB 4690 mandates two (2) hours of suicide awareness and prevention training as a requirement for the renewal of credentials of all licensed individuals employed in a middle school or high school. These two (2) hours of required training will count toward the 120 renewal credits needed every five (5) years as specified by the Department of Education regulations for renewal of credentials. Potentially, this legislation will impact 48,072 teachers and 735,998 students.*

Ohio:

When HB543, The Jason Flatt Act, was passed on December 12, 2012, Ohio became the 11th state overall to pass the Jason Flatt Act, and the fifth (5th) state to pass this important legislation in 2012. HB 543 also passed without a fiscal note. Governor John Kasich signed the bill into law on December 20, 2012 with an effective date of March 22, 2013. Pursuant to this legislation, suicide prevention education is required for each person employed by a school district or service center to work as a nurse, teacher, counselor, school psychologist, or administrator and any other personnel the board determines appropriate. Suicide awareness and prevention training will be incorporated by each board into the in-service training already established. Ohio Section 3319.073(A) states "shall complete at least four (4) hours of the in-service training every five (5) years. This education may be accomplished through self-review of suitable suicide prevention material. This legislation has the potential to impact 106,000 teachers and 1,729,916 students.*

North Dakota:

The Jason Flatt Act, SB2306, was introduced early in the 2013 North Dakota legislative session and passed without a fiscal note on April 3, 2013. Governor Jack Dalrymple signed this important legislation on April 11, 2013 with an effective date of August 1, 2013; thus, North Dakota became the 12th state to pass The Jason Flatt Act. Pursuant to this bill, youth suicide awareness and prevention training is mandatory for teachers and administrators in middle schools and high schools. At least two (2) hours of professional development relating to youth suicide risk indicators, appropriate staff responses and referral sources must be provided once every two (2) years. The legislation further states that the Superintendent of Public Instruction in collaboration with the North Dakota Department of Health will obtain and disseminate information and training materials, at no cost, and that these materials include the programs available through The Jason Foundation. This bill has the potential to impact 8,677 teachers and 101,111 students.*

Wyoming:

During the 2014 legislative session, SF 0078, The Jason Flatt Act, was passed without a fiscal note and sent to the Governor for signature. On March 7, 2014, Governor Matthew H. Mead signed this legislation into law with an effective date of July 1, 2014. The Jason Flatt Act in Wyoming requires mandatory youth suicide awareness and prevention training for all professional educators, including principals and administrators. Eight (8) hours of youth suicide awareness and prevention education every four (4) school years is required in order to maintain or renew their teaching license. This education may be accomplished through self-review of suicide prevention materials and resources approved by the State Board. This legislation has the potential to impact 7,350 teachers, and 91,533 students.*

Montana:

In the state with the worst suicide rate in the nation, Montana now has a law aimed at helping to curb suicide among young people. The bill, sponsored by Rep. Edie McCafferty of Butte, requires the Office of Public Instruction to develop a suicide awareness and prevention training curriculum for faculty and staff. Employees will be encouraged to complete two hours of training every five years. This legislation has the potential to impact 10,200 teachers and 142,908 students.*

Georgia:

On 5 May 2015, Governor Nathan Deal (R - Georgia) signed House Bill 198 --the Jason Flatt Act-- into law. The new law, which passed both houses of the General Assembly requires teachers, counselors and other certified public school personnel to have yearly suicide prevention training. The law also requires each school district to adopt a policy on suicide prevention. We would also like to thank the lead sponsor, Rep. Katie Dempsey, Senate sponsor, Sen. Renee Unterman, and the other bill sponsors (Reps. Tom Dickson, Sharon Cooper, Joyce Chandler, Brooks Coleman, and Pat Gardner) for their leadership and continued support. This legislation has the potential to impact 109,365 teachers and 1,703,332 students.* This would not have been possible without our colleagues at "The Trevor Project, Georgia Psychiatric Physicians Association, Georgia Psychological Association, Mental Health America, and SPAN-Georgia."

Texas:

On June 19, 2015 Governor Greg Abbott signed The Jason Flatt Act in memory of Jonathan Childers (HB2186) into law, making Texas the 16th state to pass The Jason Flatt Act since 2007. The Jason Flatt Act in Texas was passed in honor of Jonathan Childers, a 15 year old student from Fairfield ISD who took his life. "The Jason Flatt Act honoring Jonathan Childers would not have been possible without Jonathan's family, friends, and the Fairfield Independent School District. Texas has 327,357 educators that will be now better trained to recognize students who may be struggling with thoughts of suicide and 5,077,659 students.*

South Dakota:

Governor Dennis Daugaard signed The Jason Flatt Act – South Dakota (SB129) into law on March 14, 2016. The Bill was sponsored in the Senate by Senator Jenna Haggard and in the House by Representative Lynne DiSanto. The South Dakota Board of Education shall promulgate rules, pursuant to chapter 1-26, to include a minimum of one hour of suicide awareness and prevention training as a requirement that an applicant must meet in order to be issued an initial certificate and a renewal certificate as a teacher, administrator, or other educational professional. The board shall, after consultation with suicide prevention or counseling experts, identify evidence-based resources that will fulfill the suicide awareness and prevention training requirement and shall make the list of the resources available to school districts. The training required may be accomplished through self-review of suicide prevention materials that meet the guidelines developed by the board. The requirement for suicide awareness and prevention training for initial certification or to renew a certificate begins after

July 1, 2017. South Dakota has 9,510 educators that will be now better trained to recognize students who may be struggling with thoughts of suicide and 130,890 students.*

Alabama:

On 5/3/2016 Senator Gerald Allen delivered SB11 (An Act, To establish the Jason Flatt Act, relating to student health in grades K-12 public school systems; to amend Section 16-28B-8, Code of Alabama 1975; to provide for annual suicide prevention education training for certificated school system personnel) to the Governor's office for signature. SB11 provides annual training for all certificated school employees in suicide awareness and prevention. This training may be provided within the framework of existing in-service training programs or as a part of required professional development offered by the local school system. Alabama has 47,162 educators that will be now better trained to recognize students who may be struggling with thoughts of suicide and 746,204 students.*

Kansas:

On June 01, 2016 Senator Greg Smith presented SB323 to the Governor for signature. (SB323) The Jason Flatt Act requires the board of education of each school district to provide suicide awareness and prevention programming to all school staff. The bill requires such programming to include at least one hour of training each calendar year based on programs approved by the Kansas State Board of Education (Board), which could be satisfied through independent self-review of suicide prevention training materials and a building crisis plan developed for each school building, including steps for recognizing suicide ideation, appropriate methods of



interventions, and a crisis recovery plan. The bill also requires each school district to notify parents or legal guardians of students enrolled in such district that the training materials provided under such programming are available. The bill requires the Board to adopt rules and regulations necessary to implement the Jason Flatt Act by January 1, 2017. Kansas has 38,153 educators that will be now better trained to recognize students who may be struggling with thoughts of suicide and 496,440 students.*

*Number of teachers and students is based on the most recent public school (private school teachers / students are not included) enrollment records from the National Center for Educational Statistics for the 2012-2013 school year. <https://nces.ed.gov/>

Next Page – Number of educators and students impacted by The Jason Flatt Act



Total Teachers and Students Impacted by The Jason Flatt Act in Nineteen States

State	Total Teachers*	Total Students*
Tennessee	65,847	993,556
Louisiana	46,437	711,491
California	259,506	6,312,623
Mississippi	32,292	492,586
Illinois	136,355	2,066,990
Arkansas	34,933	489,979
West Virginia	19,978	280,958
Utah	27,247	625,461
Alaska	7,898	130,944
South Carolina	48,151	745,657
Ohio	106,010	1,724,111
North Dakota	8,805	103,947
Wyoming	7,555	92,732
Montana	10,310	144,129
Georgia	109,441	1,723,909
Texas	334,580	5,153,702
South Dakota	9,510	130,890
Alabama	47,162	746,204
Kansas	38,153	496,440
Grand Totals	1,350,170	23,166,309

*Data from National Center for Educational Statistics <http://nces.ed.gov/>

PRESENTATION TO THE STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

LEZA WAINWRIGHT, CEO

AUGUST 8, 2017

Transforming Lives



Current Statistics - Members Served

- Serve roughly 52,500 people each year
 - Breakdown by disability:
 - 77% with mental health needs
 - 17% with substance use disorders
 - 6% with intellectual and developmental disabilities
 - Expenditures by disability:
 - 58.3% - I/DD
 - 34.5% - Mental Health
 - 7.2% - Substance Use
 - Breakdown by funding source:
 - 70% Medicaid Only
 - 25% State funds only
 - 5% receiving both Medicaid and State funded services
 - Persons served by care coordination annually:
 - MH/SU:
 - ▲ 1200 youth
 - ▲ 2225 adults
 - I/DD - 1500 children and adults

Budget

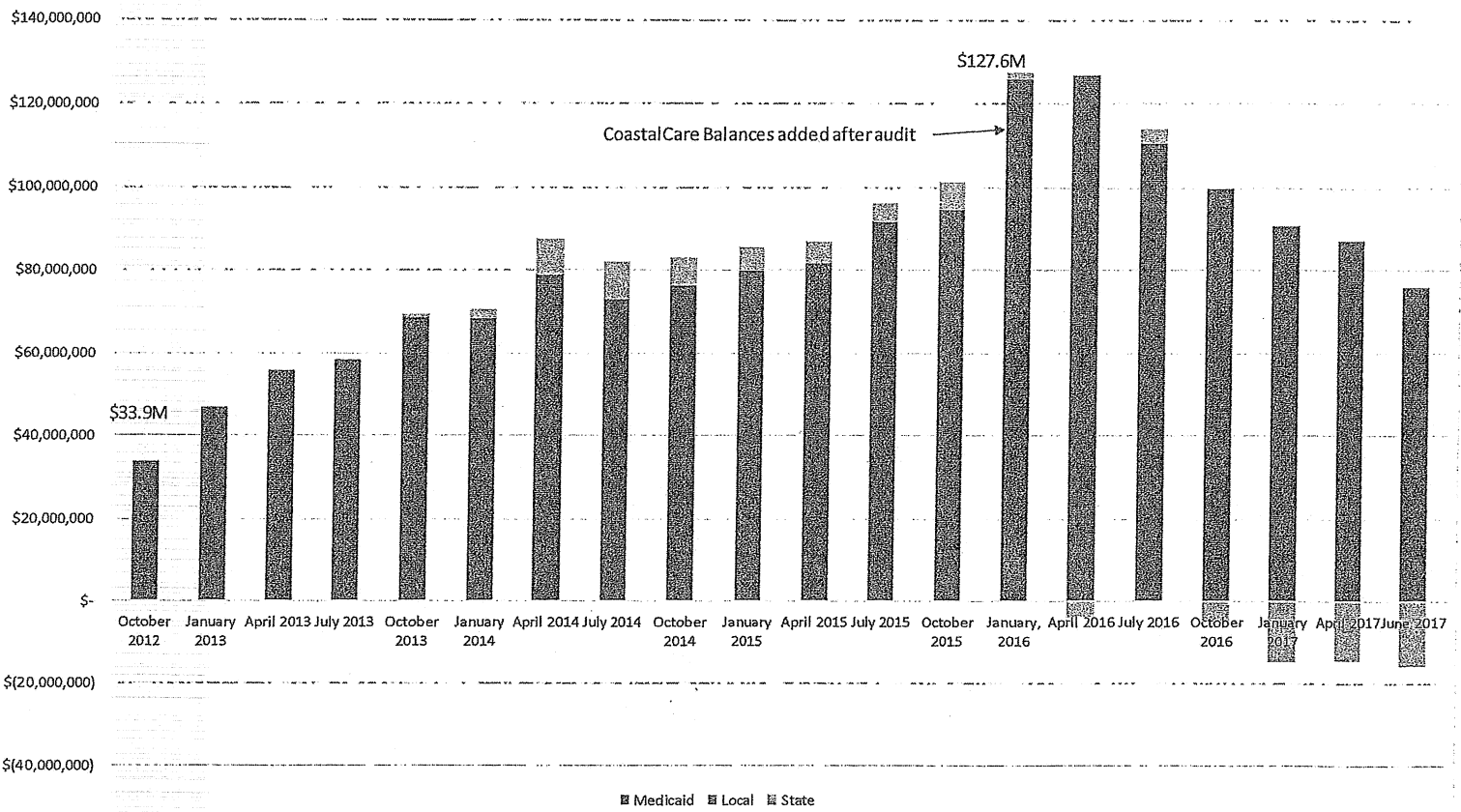
- Total Budget = \$462,747,019
 - Funding Sources:
 - Medicaid = 82.10%
 - State funds (including State-allocated Block Grants) = 13.05%
 - County funds = 1.27%
 - Fund Balance = 3.29%
 - All other = <.5%
 - Use of funds:
 - 92% direct services to contracted providers
 - 8% Trillium expenditures, including activities that directly touch members such as care coordination and call center and quality activities

2017-2019 Community Services Funding Changes

Item	Conference Committee			
	2017-2018		2018-2019	
DOJ Settlement	8,889,975	R	17,036,022	R
TROSA, from SAPTBG (plus \$1.625 from competitive grant \$)	1,600,000	NR	1,600,000	NR
Single Stream Reduction (\$86.9 M Year 1, \$90.6 M Year 2)	(31,487,366)	R	(36,002,854)	R
	(55,454,923)	NR	(54,605,823)	NR
3-Way Beds	2,500,000	NR	2,500,000	NR
Naloxone	100,000	R	100,000	R
Navigation Pilot in New Hanover (RI)	250,000	NR	250,000	NR
LME/MCO Intergovernmental Transer	(17,736,485)	R	(18,028,217)	R
Innovations Waiver Slots - 400 eff. 1/1/18	4,133,876	R	8,266,752	R
Group Home Funding	5,000,000	NR	5,000,000	NR
SUD Services	5,000,000	NR	5,000,000	NR
Case Management	2,000,000	NR		
Carolinas Healthcare Education on SUD	150,000	NR		
Bridge to Recovery (Stanly County)	100,000	NR		
Guilford County Opioid Rapid Response Team	250,000	NR		
ReNu Life	500,000	NR		
Sanctuary House (Greensboro)	100,000	NR		
Alexander Youth Network	50,000	NR		
Enrichment Center (Winston-Salem)	100,000	NR		
Gigi's Playhouse (Raleigh)	400,000	NR		
Total	(73,554,923)		(68,884,120)	
Recurring Reduction to Community System			(28,628,297)	

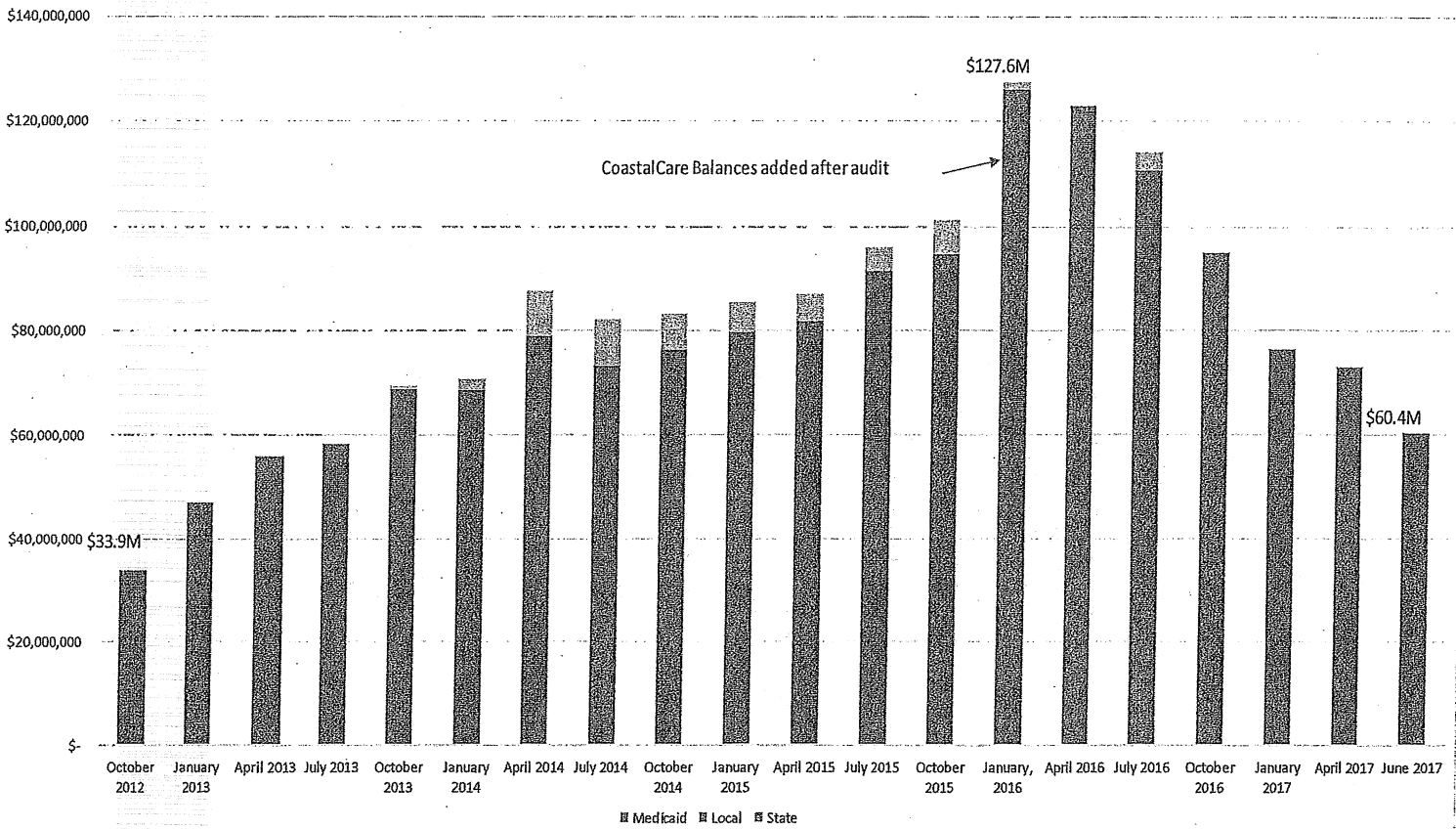
Trillium Cash by Funding Source

Trillium Cash Position by Funding Source since Waiver Implementation



Trillium Cash Net of Negative Balances

Trillium Cash Position by Funding Source, Net of Negative Balances, Since Waiver Implementation



What does this mean?

Trillium Cash on Hand at June 30, 2017	\$	60,452,099
Less Pending Claims		(17,298,934)
Single Stream Reduction 2017-2018		(8,991,181)
IGT 2017-2018		(2,457,426)
Net that can be spent	\$	31,704,558
Annual Budget	\$	462,747,019
30 Days Cash on Hand for Cash Flow	\$	15,424,901
Net that can be spent less cash flow	\$	16,279,657
Outstanding Balance of Reinvestment Projects	\$	25,051,958
Doesn't count 2018-2018 Reductions		
Single Stream		(3,160,355)
IGT		(2,497,755)
Total		(5,658,110)

Impact on services

- **Legislative language: Section 11F.2(b)**
 - During each year of the 2017-2019 fiscal biennium, each LME/MCO shall offer at least the same level of service utilization as during the 2014-2015 fiscal year across the LME/MCO's catchment area. This requirement shall not be construed to require LME/MCOs to authorize or maintain the same level of services for any specific individual whose services were paid for with single-stream funding. Further, this requirement shall not be construed to create a private right of action for any person or entity against the State of North Carolina or the Department of Health and Human Services or any of its divisions, agents, or contractors and shall not be used as authority in any contested case brought pursuant to Chapter 108C or 108D of the General Statutes.
- Due to “maintenance of effort” requirements for the federal Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant, Trillium expects to receive full funding for those services.
- Have taken nearly \$40 million in reductions over past 2 years, resulting in \$0 State funding for I/DD services or Trillium non-Medicaid administrative costs. We anticipate the same will be true for next two years. So, our focus has been on I/DD Services:
 - Ensuring that all Medicaid eligible members receive a Medicaid funded service, if at all possible. Using (b)(3) services to help achieve that goal.
 - Received approval from DMA to create an “in lieu of” definition for I/DD

Community Living Facilities and Supports

- “In lieu of” ICF/IDD
 - Person must meet level of care for ICF/IDD and be Medicaid eligible
- Promotes residential community inclusion with home and community based principles with personal direction
- Provides service options for persons who are eligible for Innovation waiver slots but face lengthy wait for slot availability.
- Allows for individuals to live in their own homes, family owned homes or have leases in the community;
- Provides for an option for individuals to move from state or community ICF-IDD placements
- Allows choice of agencies for residential and meaningful day activities.
- Offers a sustainable funding source for services
- Can be provided in licensed facility, AFL, members own home or family home
- Must include meaningful day activity to meet “active treatment” requirements of ICF/ICC

5 Levels of CLFS







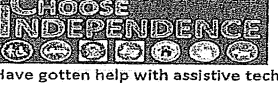





Level 5	Level 4	Level 3	Level 2	Level 1
<p>Group Living (group homes with 4 or less people with overnight staffing or virtual monitoring; homes up to 6 beds "grandfathered") and Day Services or Supported Employment up to 6 hours per day with different staff. Member has lease their name.</p>	<p>Supervised Living (3 or less people, no overnight staffing required but may include virtual monitoring) and Day Service or Supported Employment up to 6 hours a day with different staff. Member has lease in their name.</p>	<p>Companion Living (paid roommate or alternative family) and Day Service or Supported Employment up to 6 hours a day with different staff. Member has lease in their name.</p>	<p>Independent Living (living in one's own apartment; no overnight staff but may include virtual monitoring) and Day Service or Supported Employment up to 6 hours per day. Member has lease in their name.</p>	<p>Home Living (living at home with family or no supports) and attend a Day Service to maintain and develop skills of active treatment.</p>

Implementation of CLFS

- Will be paid in a bundled, daily rate to a single provider.
 - If two providers share service, e.g. group home and day program, payment will be made to group home who must pay day program.
 - Single daily note required
- Phase I: September 1, 2017
 - Providers who deliver both components for people living in residential setting
 - Day program only for people living at home unsupported
- Phase II: October 1, 2017
 - Separate provider for day program and residential
 - Trillium will offer contractual templates, but two providers will have to negotiate arrangement
 - Trillium also plans to introduce an ASO option to assist with these relationships
- Expect implementation to be completed for all existing Medicaid eligible members by November 1, 2017

Trillium Reinvestments

Trillium Reinvestment At-A-Glance- Transforming the Landscape of Eastern NC

 <p>646 children served 73 staff trained Duke Endowment grant awarded for ongoing statewide development</p> <p>\$6,872,888</p>	 <p>Wilmington Wellness City 256 people supported 167 Recovery classes provided</p> <p>\$37,101</p>	 <p>857 Direct Support Staff Enrolled 110 Staff completed all course work 12 Agencies are on board for better care</p> <p>\$763,131</p>
 <p>53 people supported for sober living 9 homes opened (2 for women & children) 2 in process</p> <p>Addressing Opioid Crisis in Eastern NC</p> <p>\$178,341</p>	 <p>203 Summer Day Camp-11 camps 164 Afterschool -7 programs</p> <p>After School Program Courage-Encouragement-Respect</p> <p>\$2,435,615</p>	 <p>23 inclusive playgrounds opened</p> <p>Communities are more inclusive!</p> <p>\$8,132,786</p>
 <p>80 people Have gotten help with assistive technology, vehicle modifications or home modifications</p> <p>\$359,467</p>	 <p>117 Referrals admitted Building 300 beds to address the <u>Opioid Crisis</u> in NC</p> <p>\$1,043,194</p>	 <p>167 elementary schools Over 76,000 children participated in Youth Suicide Prevention events</p> <p>\$2,205,305</p>
 <p>3,269 Naloxone kits distributed 857 Overdose reversals reported</p> <p>\$48,333</p>	 <p>1757 Total screenings 10 kiosks</p> <p>\$138,713</p>	 <p>Smart Home Ground Breaking Coming Soon!</p> <p>\$28,103</p>

Trillium Health Resources

Total Investment \$22,242,977

July 1, 2015-January 31, 2017

Status of Reinvestment Projects

- Child First - basically done, should be sustainable under fee for service
- Wellness City Wilmington - complete
- Direct Course Workforce Development - first round of training complete
- Child I/DD Summer Camp and Afterschool - 11 programs operational
- Playgrounds - complete except for Nash
- Healing Place - own land in Wilmington, long-term lease with county for land in Greenville, architectural plans complete, construction manager under contract
- Oxford House - ahead of schedule
- Smart Home Demonstration - PCC ready to begin construction
- Naloxone kits - 2 years remaining in commitment to NC Harm Reduction Coalition

Challenging Decisions for Trillium Board!

QUESTIONS?

Transforming Lives



State of North Carolina Community Mental Health Services Block Grant Award Summary

The State of North Carolina submits a bi-annual application to the Substance Abuse and Mental Health Services Administration (SAMHSA) for Community Mental Health Services Block Grant (MHBG) funding. The MHBG program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services.

The MHBG program targets two specific populations:

Adults with serious mental illness- Persons age 18 and older who have a diagnosable mental condition that substantially interferes with one or more life activities, such as:

- Basic living (i.e. eating, dressing)
- Instrumental living (i.e. taking prescribed medications, getting around community)
- Participating in a family, school, or workplace

Children with serious emotional disturbances- Person up to the age of 18 who have a diagnosable mental issue that substantially interferes with a child's role or functioning in family, school, or community activities.

Grantees use the MHBG for prevention, treatment, recovery support, and other services to supplement Medicare, Medicaid, and private insurance. MHBG funds are used for the following purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by other types of payment/insurance.
- Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

The MHBG is a noncompetitive formula grant process. For purpose of allocation, SAMHSA bases its allotment to the State of North Carolina on a Weighted Population-at-Risk Index. States with a larger population typically see larger MHBG awards.

SAMHSA requires each grantee to set aside 10% of its award amount to support evidence based programs that address the needs of individuals with a first episode psychosis as directed by Congress through its FY 2016 Omnibus bill, Public Law 114-113.

SAMHSA does not allow MHBG funding to be used for payment of inpatient hospitalization.

