

North Carolina Mental Health Planning and Advisory Council (NCMHPPAC)

Meeting Minutes of August 3, 2018 - DRAFT

Meeting location: 3724 National Drive, Suite 100, Raleigh, NC 1-888-251-2909; 5814639#

Present: Damie Jackson-Diop, Chair, Dave Wickstrom, Vice Chair, Mary Edwards, Gwen Belcredi, Terri Shelton, Lucy Dorsey, Vicki Smith, Deby Dinoff, Nina Leger, Tammy Deppe, Barbara Maier, Marcus Wilson-Stevenson, Victoria Jefferies, Paula Lachichi

Phone: Bert Bennett, Jim Swain, Juan Santos, Jeff McCloud

Staff: Ken Edminster, Karen Feasel, Walt Caison

Guests: Kathy Nichols, Ted Johnson (phone), Julie Walker, Suzannah Kratz (phone), Kody Kinsley, Martha Knisley, Patricia McNear, Peg Morrison, Lisa Worth

Agenda Item/Presenter	MHBG Relevance Resources/Data Sources	Action
<p>1 Meeting Convened/Introductions</p> <p>Damie Jackson-Diop, Chair, convened the meeting, welcome and introductions were completed. New members and guests were welcomed.</p> <p>Mary Edwards, Division of Aging and Adults, introduced Lisa Worth, who will become their agency's representative to the council. Mary stated though she is not retiring yet, this would be her last meeting as a member of the council.</p>	<p>NCMHPPAC Bylaws</p> <p>NCMHPPAC Role: https://www.ncdhs.gov/divisions/mhddsas/councils-commissions</p> <p>Meet and review the MHBG Plan not less than once each year; make recommendations to the state mental health agency (SMHA - NC Division of MHDDSAS); advocate for priority populations and others with emotional and mental health needs.</p>	<p>✓ Lisa Worth was welcomed as the new Division of Aging and Adults representative.</p> <p>✓ Mary Edwards was thanked for her years of service and leadership of the council and advocacy for older adults.</p>
<p>2 Approval of Minutes/ Review of Agenda</p> <p>Discussion: Agenda was reviewed with minor modifications to time.</p>	<p>NCMHPPAC Bylaws</p>	<p>✓ The agenda was adjusted for time.</p> <p>✓ Minutes of 6/1/18 were unanimously approved after a motion to approve for posting by Mary Edwards, second by Terri Shelton.</p>

3	<p>Public Comments - Members of the public can address the Council. Limit of three minutes.</p> <p>Discussion: None; no comments.</p>	<p>NCMHPAC Bylaws</p> <p>MHBG Requirement: The State Mental Health Agency (SMHA – Division of MHDDAS) will seek and consider public comments on the Community Mental Health Services Block Grant (MHBG) Plan. https://www.ncdhhs.gov/divisions/mhddasas/grants/mental-health-block-grant mhbg.comments@dohs.nc.gov</p> <p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMS):</p> <p>Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural & linguistic needs; for impact to the MHBG requirements and criteria on access, comprehensive system, and Council priorities of adult, family and youth peer supports, non-traditional services and supports.</p>	<p>✓ None; No comments.</p>
4	<p>DMHDDASAS Division Updates – Kathy Nichols, Assistant Director</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Dr. Carrie Brown is the new Medical Director; she has vast community based and inpatient treatment experience and expertise to offer. ▪ Tailored Plan – children with complex needs & TCLL will 'default' to tailored plans; 	<p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMS):</p> <ul style="list-style-type: none"> ▪ Access to crisis services & supports ▪ Consumer and Family Services ▪ Support and promote access to services - especially recovery supports & post-vention interventions ▪ Sustain successful engagement ▪ Provide information to those who work with consumers and families. 	<p>✓ For the retreat & future – review the proposed Tailored Plan--Identify how you will want to feed into planning for the tailored plan. Because there is so many groups with different focus, purpose, wide response, narrow and deep, find a place to engage as a stakeholder.</p>

<ul style="list-style-type: none"> ▪ Medicaid transformation: A lot of planning work still to be done. Allows for 5 to 7 plans. Standard plans RFP will be coming out shortly. LME-MCO will lose some of their moderate folks. List of criteria for populations is still being sorted through to say how we will identify people as we do not have a central database to collect this information and identify those folks. Enrollment broker with counseling around the plans ▪ Procedures proposed: must meet criteria to be enrolled; independent assessments for those who have 2 or more ED visits 	<ul style="list-style-type: none"> ▪ Reduction in suicide deaths, attempts, hospitalizations ▪ Reduction in health disparities. <p>Resources/Data Sources: https://www.ncdhhs.gov/assistance/medicaid-transformation https://www.ncdhhs.gov/assistance/medicaid-transformation/proposed-program-design/policy-papers</p>	<ul style="list-style-type: none"> ✓ Ask Bert Bennett to discuss SUD continuum of services ✓ Consider coordinating a meeting with MH and SU Federation re: both block grants
<p>5</p> <p>DMHDDSAS Director's Update Kody Kinsley, Interim Senior Director & DHHS Director of Behavioral Health & Intellectual/Developmental Disabilities</p> <p>Discussion:</p> <p>Kody summarized the following:</p> <ul style="list-style-type: none"> ▪ Kody's focus since coming to the division has been on observation of what works well and what needs improvement, improve system functions, coordination, better not more collaboration, centralize functions where possible re: budget functions and structures. ▪ Strategic planning is encouraged to map out anticipated gaps/needs where possible. Better prepared with legislative 	<p>DMHDDSAS is the State MH Authority (SMHA) - organizational responsibilities, comprehensive system for MH services & supports; MHPC adviser to DMH on the implementation of the MHBG plan.</p> <p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMs): Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural & linguistic needs; for impact to the MHBG requirements and criteria on access, comprehensive system, and Council priorities of adult, family and youth peer supports, non-traditional services and supports.</p>	<ul style="list-style-type: none"> ✓ DMHDDSAS leadership will continue to provide a Division update as a standing item on the Council agenda. ✓ Review and know proposed plans and become active stakeholders in developing the Tailored Plans a

<p>discussions and with private payers in transformation.</p> <ul style="list-style-type: none"> Medicaid expansion & closing the coverage gap is important for next steps as we look at eligibility and extending services to size the need. 	<p>DHHS Concept and Policy Papers https://www.ncdhhs.gov/policy-papers</p>	
<p>6 NC Olmstead Settlement Agreement: Marti Knisley</p> <p>Discussion: Marti Knisley reviewed the history and current status of the DOJ Settlement Agreement that is to end in 2021; currently NC is in its' 5th year of implementing required strategies to develop and implement effective measures to prevent inappropriate institutionalization and provide public services and supports and meet 6 Major requirements: Pre-screening and Diversion, Discharge Planning and Transition, Supported housing, Services, Supported Employment, Quality Assurance and Performance Improvement</p>	<p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMs): Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural & linguistic needs; for impact to the MHBG requirements and criteria on access, comprehensive system, and Council priorities of adult, family and youth peer supports, non-traditional services and supports. Understand Olmstead Act and ADA</p>	<p>✓ The Council is interested in learning more about the "Rethinking Guardianship Program" and emphasizing the Olmstead requirements</p> <p>✓ The Council will continue to learn more about the Quality Management – LME-MCO quality assurance and performance management systems</p>
<p>7 Children with Complex Needs Update – Iris Green, DRNC</p> <p>Discussion: Iris provided an overview of settlement agreement (2016-present) addressing the complex needs of children, ages 5-20 living in an institution or is at risk,</p>	<p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMs): Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural & linguistic needs; for impact to the MHBG</p>	<p>✓ The Council will seek an update in the future through the DMHDDSAS lead staff, Rachel Johnson. Council members are encouraged to review the</p>

<p>has both I/DD and MH needs and has Medicaid. Key components include: NC START: North Carolina Systemic, Therapeutic, Assessment, Resources and Treatment; EPSDT: Early and Periodic Screening, Diagnostic and Treatment.</p>	<p>requirements and criteria on access, comprehensive system, and Council priorities of adult, family and youth peer supports, non-traditional services and supports. https://www.disabilityrightsnc.org/2016/10/new-agreement-will-secure-services-for-nc-children-with-complex-behavioral-health-needs/</p>	<p>materials shared and video link.</p>
<p>8</p>	<p>Networking Lunch/Information Exchange</p>	
<p>9</p> <p>Overview of Strategic Planning -Council Vision, Mission, SWOT Facilitation (Strengths, Weaknesses, Opportunities, Threats) – MHPAC Technical Assistance (TA) Coach, Ted Johnson, Suzanne, joined the Council by phone and led the Council through finalizing a vision and a mission based on the AdHoc committee’s 8-1-18 draft. The plan for the 2-day retreat was reviewed.</p>	<p>NCMHPAC Bylaws DMHDDSAS is the State MH Authority (SMHA) - organizational responsibilities, comprehensive system for MH services & supports; MHPAC adviser to DMH on the implementation of the MHBG plan. SFY18-19 Plan is posted on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant MHPAC TA Resources: MHPAC 101 and MHPAC Strategic Planning presentations</p>	<p>✓ Strategic Planning Retreat is scheduled for August 30 9-4, August 31 9-12. Ken will confirm final details by email. ✓ The attached draft of vision, mission and values was prepared for use at the retreat on 8/30-31.</p>
<p>10</p> <p>Chairperson’s Report Discussion: Logistics and final plans for August schedule for the 2-day planning retreat was reviewed. Details will be forthcoming for travel arrangements. Meeting will be held at the Governor’s Institute in Raleigh.</p>	<p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMs): Council membership, representatives, role Resources/Data Sources: NCMHPAC Bylaws</p>	<p>✓ Members are asked to bring strengths, weaknesses, opportunities and threats as well as review in preparation for fruitful planning meeting on August 30-31.</p>

<p>MHBG Plan Review Committee – Dave reported that the Committee has not met recently. Victoria Jeffries is working on this data collection and survey draft.</p>	<p>SFY18-19 Plan is posted on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant</p> <p>NCMHPAC candidate nomination form member application form can be found on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant</p>	
<p>11 Adjourn: The meeting was adjourned with gratitude to participants for attention to the presenters and active discussions.</p>	<p>MHBG/MHPC References</p> <p>Future Items: pre-retreat planning, QM reports on NCTOPPs, DMHDDSAS initiative updates</p> <p>Resources/Data Sources: SFY18-19 Plan is posted on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant</p>	<p>✓ Meeting was adjourned</p>
<p style="text-align: center;">2018 Meeting Dates August 30-31 – October 5 – November 30 11 am call - December 7 Planning Retreat August 30-31 https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant</p>		

NC Mental Health Planning and Advisory Council – 8/3/18

Mission: The statement defines who we are and what we do. To advise and make recommendations on the *State Behavioral Health Plan(s)* for services and programs for children and adults with serious mental health needs and their families-

Vision: The statement defines what we (desired system) aspire to be. A responsive mental health system in which everyone with mental health needs has access to effective, holistic, and integrated systems of care.

Values statements (from the NCMHPAC Bylaws Preamble)
We believe in:

- an effective responsive system that openly engaging children, youth, adults, and families as peers and partners
- an effective coordinated recovery orientated system of care of services and supports that build resilience for children and youth with serious emotional disturbances and adults with serious mental illness
- services and supports are delivered efficiently
- limited resources are used to meet the growing needs in communities statewide
- outcomes improve when consumers, youth, and families are engaged as full partners
- intentional inclusion of adults, youth and family partners is critical to ensure peer run services are innovative and embedded, and sustained in communities

Values (key values from the NCMHPA Bylaws):

Effective	Good stewards of limited resources
Responsive	Adequate capacity to meet growing needs
Openly engaging	Informed
Coordinated	Outcomes driven
Recovery-oriented	Improvements
Systems of Care	Successful
Resilience	Intentional
Efficient	Inclusive
Sustaining impact	Peer and family run services
Engaged Partners	Innovative

Planning Process Notes:

- Using mission and values statements as a yardstick throughout the planning process keeps the planning activities focused.
- Mission and values statements can be effective tools to educate the public; state and local government officials; state government agencies; provider agencies; and service recipients as to what the NCMHPAC does.

NC MHPAC Reference Info: - MHBG Plan Domain Criteria, Priority Areas & Populations

Community Mental Health Services Block Grant Domain Criteria & Priority Areas

- Community Integration
- Recovery Support Services
- Primary & Behavioral Health Integrated Care
- Mental Health & Substance Use Services for the Military & Their Families
- Services to Juveniles with SED & Adults with SMI Involved with the Juvenile and Criminal Justice System
- Trauma Informed Care and Other Evidence Based Services
- Reduction in Health Disparities

Community Mental Health Services Block Grant Priority Populations

- Children with Serious Emotional Disturbance (SED) – Birth thru 17 years
- Children & Young Adults Experiencing First Episode Psychosis (FEP) and Early Serious Mental Illness (ESMI) - 16-30 years)
- Adults with Serious Mental Illness (SMI) - 18 years and up

Community Mental Health Services Block Grant 2018 Site Visit Areas of Priority

- State Mental Health Agency Leadership Perspectives
- Services, Accessibility, Coordination and Continuity of Care – Adults
- Services, Accessibility, Coordination and Continuity of Care – Children
- Performance Monitoring, Data, Quality Improvement and Decision Support
- Consumer and Family Services and Perceptions
- Mental Health Planning Council

Block Grant Plan and Report Timelines

https://files.nc.gov/ncdhs/MHBG%20Plan%20FY18-19_0.pdf

MHBG Plan Applications SMA (DMH) to SAMHSA	Date due to SAMHSA	MHPAC meetings & role
2 -Year Plan (FFY 2018-2019)	September 1, 2017	Feb-April-June draft plan June-August review MHPAC letter
Mini application update (FFY2019)	September 1, 2018	August review/MHPAC letter
MHBG Annual Report (FFY2018)	December 1, 2018	October/November/MHPAC letter
MHBG Annual Report (FFY2019)	December 1, 2019	October/November/MHPAC letter
2 – Year Plan (FFY2020-2021)	September 1, 2019	Feb-April-June draft plan June-August review MHPA letter
Mini application update (FFY2019)	September 1, 2018	August review/MHPAC letter
MHBG Annual Report (FFY2018)	December 1, 2018	October/November/MHPAC letter
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Division of MH/DD/SAS Leadership Staff Update June-August 2018:

Kody H. Kinsley serves as the **DMHDD/SAS Interim Senior Director**. He initially joined the DMH/DD/SAS as Deputy Director. In this role Kody reported to the DMH/DD/SAS Senior Director with oversight for budget & finance, quality & operations, and division affairs.

Mr. Kinsley was the Assistant Secretary for Management (ASM) for the United States Department of the Treasury. He was the principal advisor to the Secretary and the Deputy Secretary on organizational, management, and operational disciplines, including strategic planning, performance improvement and innovation, financial management and oversight, technology, government-wide shared services, acquisition, and human capital management. He is responsible for the formulation of the Department's \$15.5 billion budget as well as the formulation and execution of the Treasury headquarters budget of over \$300 million. As the Performance Improvement Officer, Kody developed the Department's strategic plan which sets organizational goals and drives accountability through data-driven quarterly reviews of policy and operational units with departmental leaders. Prior to his appointment, Mr. Kinsley served in several roles within Treasury. He also worked as a Policy Analyst with the White House Domestic Policy Council and as the Director of Policy and Program Support at the District of Columbia Department of Human Services. Mr. Kinsley's previous work in private and public sectors focused on healthcare management and health IT implementation at the federal, state, and local levels. Mr. Kinsley earned his bachelor's degree from Brevard College and a Master of Public Policy from the Goldman School at the University of California at Berkeley.

Carrie L. Brown, MD, MPH has joined **DMH/DD/SAS** as our **Chief Medical Officer**. Dr. Brown is a board-certified psychiatrist, dedicated to the treatment of serious mental illness and public mental health. A graduate of Princeton University, she received her medical degree from Duke University's School of Medicine, a Master's in Public Health from the UNC Gillings School of Global Public Health and trained in Psychiatry at Duke University Hospital. (Which makes her very confused, I think, when it comes to Basketball).

She joins the Division of MHD/SAS with substantive experience in the North Carolina state psychiatric hospital and prison systems and with various evidence-based community treatment models, such as Assertive Community Treatment (ACT) and integrated behavioral health/primary care programs. She has been actively involved in teaching medical students and residents at both UNC and Duke. Dr. Brown has published health services research on various topics, such as de-escalating aggressive behavior and quality measures in serious mental illness. She helped create the high-fidelity UNC Wake ACT Team within the UNC Center for Excellence in Community Mental Health and served as a co-investigator on a NIDDK funded study examining pharmacotherapy strategies for obesity in schizophrenia. She is an Associate Professor of Psychiatry at UNC, a Consulting Assistant Professor of Psychiatry at Duke, and a Research Fellow with the Cecil G. Sheps Center for Health Services Research at UNC.