

North Carolina Mental Health Planning and Advisory Council (NCMHPAC)

Meeting Minutes of April 5, 2019 – Final Approved

Meeting location: 1121 Situs Court, 320, Raleigh, NC 27606 1-888-251-2909; 5814639#

Present: Jermaine Brooks, Gwen Belcredi, Jeff McCloud, Lacy Flintall, Brooke Hanes Chambers, Kent Earnhardt, Nina Leger, Megan Tarver, Paula Lahichi, Dale Mann, Virginia Knowlton-Marcus, Peg Morrison, Stacy Justiss, Sonia Hopkins, Diane Krisanda, Stacey Harward, MaryAnn Haskell, Damie Jackson-Diop, June Freeman, Cherene Caraco, Victoria Jeffries **Phone:** Lisa Worth,

Staff: Karen Feasel, Brenda Smith, Walt Caison, Susan Robinson

Guests: Michelle Holmes (phone), Melissa Payne, Kate Barrow, Cheryl Judd, Richard McClerkin, Karen Kranbuehl, Michael Schwartz, Suzanne Thompson

Mission: *The mission of NCMHPC is 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: *A mental health system that works for everyone.*

	Agenda Item/Presenter	MHBG Relevance	Action
	Discussion	Resources/Data Sources	
1	<p>Meeting Convened/Introductions The meeting was convened by Jeff McCloud, Chair; welcome and introductions were completed.</p>	<p>NCMHPAC Bylaws NCMHPAC Role: https://www.ncdhhs.gov/divisions/mhddsas/councils-commissions 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>	✓ None
2	<p>MHBG and PC Orientation: Susan Robinson, Child Planner, Council Staff</p>	<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>	✓ Council noted appreciation for thorough clear orientation and helpful dialogue; noted to be very relevant and informative for all members. Council will consider other topics for ongoing orientation.

3	<p>Approval of Minutes/ Review of Agenda</p> <p>Discussion: The agenda will be followed as is and minutes of 2/1/19 were reviewed for approval.</p>	<p>NCMHPAC Bylaws</p>	<p>✓ Minutes of 2/1/19 were approved after a motion to approve by Lisa Worth, with a second by Gwen Belcredi; the vote carried unanimously.</p>
4	<p>Public Comments - Members of the public can address the Council. Limit of three minutes. Member candidates reserved statements for member discussion.</p> <p>Discussion: Michelle Holmes, RN, Pediatrics “Hello, thank you for allowing me to speak to you today. I am honored for this opportunity. I am encouraged to know this Council exists. My name is Michelle Holmes. I am a current student at Chamberlain University studying for my masters in Family Nurse Practitioner. I also currently work as a pediatric nurse at CFV in Fayetteville NC. I have encountered several issues of depression and attempts of suicide in the youth, many of these young children are admitted on our unit awaiting placement into mental health facilities. As a graduate of a BA program in Psychology, and as a Registered Nurse; I have a keen interest and desire to address this issue. I am addressing this as part of research paper for my healthcare policy course. The issue of suicide in teenagers specifically in North Carolina is devastating to so many, and those who attempt suicide. There are effective strategies that can be implemented to prevent suicide deaths. I understand there isn’t just one solution to solve this very sensitive issue, however, I hope to enlighten and inspire the council to make decisions on behalf of what I have researched,</p>	<p>NCMHPAC Bylaws</p> <p>MHBG Requirement: The State Mental Health Agency (SMHA – Division of MHDDSAS) will seek and consider public comments on the Community Mental Health Services Block Grant (MHBG) Plan. https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant mhbg.comments@dhhs.nc.gov</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>	<p>✓ Jeff thanked Ms. Holmes for her participation. Comments were noted. Suicide prevention will continue to be a topic that is integrated into Council discussions and planning.</p>

	<p>learned, and experienced. I strongly encourage the council to support implementation of training to reduce stigma and to help each of us identify signs and symptoms of children and people at risk. Training such as Mental Health First Aid, Question, Persuade, Refer, and others as well as adequately trained hospital and community providers and information for families as well. Thank you for giving me time to speak today. I look forward to learning more as I participate by phone today. Hopefully one day in person.”</p>		
<p>4</p>	<p>DMH Quality Management (QM) Report – Prevalence and Penetration – Michael Schwartz Discussion: Michael Schwartz provided a summary of the importance of and how prevalence estimates of adults with SMI and children with SED and the penetration of services provided to this population . This information is key, to inform planning and benchmarks for populations by estimated need and services/supports in the state and by county or LME/MCO catchment areas.</p>	<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. 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> <hr/> <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 	<ul style="list-style-type: none"> ✓ The Council stated this information was helpful and will aid in reviewing associated data for the MHBG plan and report. ✓ QM reports remains a standing item on the Council agenda to inform data collected/reported for the MHBG plan and report process.

4	Working Lunch		
5	<p>MHBG Program Implementation Report – Wellness Recovery Action Planning (WRAP) – Cheryl Judd, Judd Consulting & Associates, LLC Discussion: Ms. Judd is among NC peer leaders with lived experience. Ms. Judd provided a thorough report of WRAP training provided, for WRAP train the trainer, for consumers, youth/young adults, families, and providers. Ms Judd reported that the MHBG funds have allowed her to leverage additional funding to support this work across the state. In addition, she reported she used her own funds to help NC advance as a leader in WRAP training through the Copeland Center in coordination with Temple University on Community Inclusion. This has placed NC on the cutting edge of consumer and peer engagement.</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"> ✓ The Council thanked Ms. Judd for informative report and acknowledged her intentional commitment and personal investment in advancing peer informed and led recovery services and supports for those most in need in NC. ✓ The Council requested continued updates on progress. WRAP planning is a foundation for and aligns with Advanced Directives and supports the array of prevention, treatment and recovery supports. ✓ The Council has interest in WRAP for Youth.
6	<p>MHBG Program Implementation Report – Leadership Fellows Academy – Richard Clerkin, NC State University; Karen Kranbuehl, Cherene Caraco Discussion: Dr. Clerkin provided an overview of and program update on the development and implementation of the Academy for Cohorts 1 and 2, stating progress over time, lessons learned, quality improvement, peer informed work, outcomes and next steps for Cohort 3 planned for SFY2020. Cohort 1 and 2 fellows, Karen Kranbuehl and Cherene Caraco, provided their perspectives on the academy’s impact on their capacity as leaders, organization and program developers and administrators as people with lived experience.</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"> ✓ The Council noted the unique position NC is in to support and grow peer led and peer driven organizations that can be sustained over time and remain healthy strong organizations. ✓ The Council requested continued updates on progress.

8	Committee Meetings – Adult and Child, Youth & Family Committees convened.	<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"> ✓ Adult MH Committee convened, established a chair, Peg Morrison; June Freeman, notetaker; discussed priority interests resulting from this meeting and for future meetings. ✓ Child, Youth & Family Committee convened, established a chair, Lacy Flintall; Megan Tarver, notetaker; discussed priority interests resulting from today and for future meetings.
		2019 Meeting Dates	
9	Meeting Adjourned: All were thanked for active engagement.	June 7, August 2, October 4, November 27 (TBD conference call), December 6 https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant	