

North Carolina Mental Health Planning and Advisory Council (NCMHPAC)

Meeting Minutes of June 7, 2019 – FINAL Approved

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

Present: Jeff McCloud, Jermaine Brooks, Jennifer Olson (Gwen Belcredi), Lacy Flintall, Brooke Hanes Chambers, Kent Earnhardt, Sandy Mann (Dale Mann), Virginia Knowlton-Marcus, Vicki Smith, Paula Lahichi, Peg Morrison, Stacy Justiss, Diane Krisanda, Stacey Harward, Damie Jackson-Diop, June Freeman, Mary Edwards (Lisa Worth), Stacy Hurley (Lisa Worth), Victoria Jeffries, Cherene Caraco, Mary Ann Haskell, Jim Swain **Phone:** Nina Leger

Staff: Karen Feasel, Ken Edminster, Susan Robinson

Guests: Matt Herr

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>Approval of Minutes/ Review of Agenda Discussion: The agenda will be followed as is and minutes of 4/5/19 were reviewed for approval.</p>	<p>NCMHPAC Bylaws</p>	✓ Minutes of 4/5/19 were approved after a motion to approve by Peg Morrison, with a second by Stacy Justiss; the vote carried unanimously.
3	<p>Public Comments - Members of the public can address the Council. Limit of three minutes. Discussion: None</p>	<p>NCMHPAC Bylaws 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>	✓ None.

<p>4</p>	<p>DMHDDSAS Division Update – Matt Herr, Interim Assistant Director, System Performance Discussion: Mr. Herr shared Kathy Nichols’ regrets. He shared his experience, interest and passion for the work of the public DMHDDSAS system and future opportunities to obtain better consumer and system outcomes. Mr. Herr provided an overview and updates on DHHS innovations including public-private partnerships, engaging stakeholders in system changes; Medicaid transformation, i.e. LME/MCO contracts for the Tailored Plan (outcome focused measures vs. administrative); integrated health and behavioral health services, i.e. improving health status when connected to the right services at the right time; investing in non-medical services for improving health to reduce repeat ED visits (e.g. replace moldy carpets to reduce illness and improve health). Mr. Herr invited and encouraged the Council to continue to be engaged partners in shaping the system for best outcomes at the state/community levels.</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>	<ul style="list-style-type: none"> ✓ The Council thanked Mr. Herr for his report. ✓ Division reports remain a standing item on the Council agenda to inform data collected/reported for the MHBG plan and report process.
<p>4</p>	<p>DMH Quality Management (QM) Report – Perception of Care – Karen Feasel Discussion: Karen Feasel provided a summary an overview of the tools and process, the importance of trends over time in the perception of care of adults with SMI and children with SED and their</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):</p>	<ul style="list-style-type: none"> ✓ The Council noted 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

	<p>families if a child under 12. This information is key, to inform planning and benchmarks for populations and improve consumer driven services and supports for the state and by county or LME/MCO catchment areas.</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> <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 	<p>inform data collected/reported for the MHBG plan and report process.</p>
4	Working Lunch		
5	<p>By Laws Revision Recommendations – Committee Report Virginia Knowlton-Marcus led the Council through recommended changes proposed and questions the committee posed to the Council regarding suggestions for revisions.</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>	<p>✓ The Committee will incorporate edits and bring revisions to the Council for review prior to approval.</p>
6	<p>Committee Meetings – Adult and Child, Youth & Family Committees. Discussion: Jeff began reviewing with the Council the Council priorities set in August 2018*(see below); progress and related current relevance were discussed. The Council determined to not convene in</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,</p>	<p>✓ ✓ The Council will continue review of priorities in August. ✓ The Council determined to not convene in committees due to the lack of time remaining to adequately address topics.</p>

	committees due to the lack of time remaining to adequately address topics.	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.	✓ Council committee meetings remain a standing agenda item of future Council meetings.
		2019 Meeting Dates	
9	Meeting Adjourned: All were thanked for active engagement.	August 2, October 4, November 27 (TBD conference call), December 6 https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant	

*To be reviewed at the August Meeting:

2018 August NCMHPAC PRIORITIES / GOALS

SHORT-TERM

(6-12 months)

Develop member handbook and orientation manual

Utilize social media

Communicate with Department Secretary supporting plans for children to receive mental health services in state

LONG-TERM

(12 – 18 months)

Rethink guardianship

Remain current on Transition top Community Living Initiative (TCLI)

Review Medicaid expenditures as a new measure