

**North Carolina Mental Health Planning and Advisory Council (NCMHPAC)**

**Meeting Minutes of August 2, 2019 – DRAFT**

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, Nina Leger, Brooke Hanes Chambers, Kent Earnhardt, Dale Mann, Virginia Knowlton-Marcus, Vicki Smith, Paula Lahichi, Peg Morrison, Stacy Justiss, Diane Krisanda, Stacey Harward, June Freeman, Megan Taarver, Stacy Hurley, Lisa Worth, Mary Ann Haskell, Jim Swain **Phone:** Diane, Krisanda, Damie Jackson-Diop, Cherene Caraco, Barbara Maier

**Staff:** Karen Feasel, Ken Edminster, Susan Robinson

**Guests:** Krista Ragan, Marti Knisley, Jennifer Olson

**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 Plan Relevance	Action
	Discussion	Resources/Data Sources	
1	<p><b>Meeting Convened/Introductions</b> The meeting was convened by Peg Morrison, Chair, Adult Committee. Jeff McCloud, Chair, welcomed all and introductions were completed.</p>	<p><b>NCMHPAC Bylaws</b> <b>NCMHPAC Role:</b> <a href="https://www.ncdhhs.gov/divisions/mhddsas/councils-commissions">https://www.ncdhhs.gov/divisions/mhddsas/councils-commissions</a> 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><b>Approval of Minutes/ Review of Agenda</b> <b>Discussion:</b> The agenda will be followed as is and minutes of 6/7/19 were reviewed for approval.</p>	<p><b>NCMHPAC Bylaws</b></p>	✓ Minutes of 6/7/19 were approved after a motion to approve by Peg Morrison, with a second by MaryAnn Haskell; the vote carried unanimously.
3	<p><b>Public Comments -</b> Members of the public can address the Council. Limit of three minutes. Member candidates reserved statements for member discussion. <b>Discussion:</b> None</p>	<p><b>NCMHPAC Bylaws</b> <b>MHBG Requirement:</b> 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. <a href="https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant">https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant</a>  <a href="mailto:mhbg.comments@dhhs.nc.gov">mhbg.comments@dhhs.nc.gov</a></p>	✓ None

<p>4</p>	<p><b>Chair Report – Jeff McCloud, Chair</b></p> <ul style="list-style-type: none"> <li>▪ Jeff provided a review of the 2019 Council goals*(noted below) developed. Review began at the June meeting and updates with the Executive Committee.</li> <li>▪ Jeff reported that the By Laws committee has incorporated edits and continued their work since June. These will be distributed to the Council and reviewed during the October meeting.</li> </ul> <p>Future meeting topics to incorporate into 2020 meeting calendar planning were identified to include:</p> <ul style="list-style-type: none"> <li>▪ Housing services and program updates</li> <li>▪ Guardianship</li> <li>▪ Medicaid Transformation – physical health, Standard Plan, Tailored Plan, Healthy Opportunity pilots; LME/MCOs and providers roles, integrated care</li> <li>▪ Psychiatric Residential Treatment Facility (PRTF) &amp; all children’s residential services updates and practice improvements – who are the children, how safe and appropriate are services, practice improvements, outcomes for children &amp; youth to date, expected, measures and targets</li> <li>▪ Hear perspective from people of all ages with lived experience who are recipients of services and innovations the MHBG funds</li> <li>▪ Recovery and Resiliency programs</li> </ul>		<ul style="list-style-type: none"> <li>✓ The Council identified progress and plan to address goals. This is included below*.</li> <li>✓ The Council will review By Law revisions at the October meeting; the committee will distribute to the Council prior. Areas such as conflict of interest will be addressed.</li> <li>✓ The Council will explore ways to include youth, family and adult peer voices during each meeting as a standing agenda item with the goal to gain perspective from people with lived experience who are recipients of services and innovations the MHBG funds.</li> <li>✓ The Council will explore ways to build internal ongoing knowledge and repertoire of best and promising practices on programs that are trauma informed, build resilience and promote recovery.</li> </ul>
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<p>5</p>	<p><b>DMHDDSAS Division Update –</b> Kathy Nichols sent regrets; she is unable to attend today.</p>	<p><b>DMHDDSAS is the State MH Authority (SMHA)</b> - organizational responsibilities, comprehensive system for MH services &amp; supports;  <b>MHPC adviser to DMH on the implementation of the MHBG plan. MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</b> Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural &amp; 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>✓ Division reports remain a standing item on the Council agenda to inform data collected/reported for the MHBG plan and report process.</p>
<p>6</p>	<p><b>DMH Quality Management (QM) Report – Behavioral Health Crisis Referral System – Krista Ragan</b>  <b>Discussion:</b> Krista Ragan provided an overview of a newly developed system to assist in finding timely appropriate treatment settings (facility based, inpatient) for individuals with serious behavioral health, often complex, treatment needs. The system development included recipients of services, though it was noted that young adults and transition age youth were not represented and will be included in future system design, use and reporting components. The Council discussion included better understanding of the following: how recipients were and will be included in system design, use and reporting; the interface with primary care as in Wake county; will data reported include gaps, needs, etc. by tracking discharge data of needs met/not/why and</p>	<p><b>DMHDDSAS is the State MH Authority (SMHA)</b> - organizational responsibilities, comprehensive system for MH services &amp; supports;  <b>MHPC adviser to DMH on the implementation of the MHBG plan. MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</b>                  Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural &amp; 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><b>MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</b></p> <ul style="list-style-type: none"> <li>▪ Access to crisis services &amp; supports</li> <li>▪ Consumer and Family Services</li> <li>▪ Support and promote access to services - especially recovery supports &amp; post-vention interventions</li> <li>▪ Sustain successful engagement</li> </ul>	<p>✓ The Council noted this information was helpful and will aid in reviewing associated data for the MHBG plan and report.</p> <p>✓ Susan reminded the Council that MHBG funds cannot be used for inpatient treatment services, however this system does help address MHBG goals and priorities related to access to care and continuum of services, including transition in and out of more intensive treatment as needed.</p> <p>✓ The Council requested the following updates on these in the future: 1) how recipients, especially, young adults and transition age youth with serious BH needs are included in future system design, use and reporting components; 2) interfacing primary care with this system in the future (e.g. Wake county</p>

	<p>use in planning adequacy of capacity; accountability and incentives to use the system; homeless and those with housing instability and the ability to access treatment facilities through this system; including and honoring Psychiatric Advanced Directives (PAD) in this system in planning; and ensuring the system includes trauma informed tools and principles in working with individuals accessing services (<a href="https://store.samhsa.gov/system/files/sma14-4884.pdf">https://store.samhsa.gov/system/files/sma14-4884.pdf</a> ; <a href="https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816">https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816</a> )</p>		<p>seems to be further along in making this connection); 3) data report on discharge status of needs/met/gaps and use in determining adequacy of capacity from gaps/needs especially as transformation continues; 4) accountability for use of the system – currently it is voluntary; including referral linkage for those who are homeless or with housing instability; and implementing a trauma informed system.</p> <ul style="list-style-type: none"> <li>✓ QM reports remains a standing item on the Council agenda to inform data collected/reported for the MHBG plan and report process.</li> </ul>
7	<b>Working Lunch</b>		
8	<p><b>Olmstead Compliance – Marti Knisley</b>  <b>Discussion:</b> Marti Knisley introduced her history and experience in mental health with the first inception of the community mental health block grant, roles in state and community service and administration, now her current role with NC’s compliance in addressing the Transition to Community Living (TCL) in response to the DOJ Settlement. Ms. Knisley provided an overview of the process and the preliminary recommendations to the state in meeting compliance and reducing barriers to community living for those with lived experience. She indicated the state has made strides to meet goals and continues to intentionally advance effective strategies such as Rethinking Guardianship is an emphasis this year; following</p>	<p><b>MHPC adviser to DMH on the implementation of the MHBG plan. MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</b>                  Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural &amp; 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><b>MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</b></p> <ul style="list-style-type: none"> <li>▪ Access to crisis services &amp; supports</li> <li>▪ Consumer and Family Services</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Council thanked Ms. Knisley for the update on recommendations provided.</li> <li>✓ The Council will plan to learn more from DMH regarding gaps and needs assessment when the updated tool is implemented this year that will help inform sufficiency of services to consumer outcomes.</li> <li>✓ Susan commended the report for Council review included in meeting documents submitted from Sam Hedrick, DHHS Olmstead Office. Ms. Hedrick was not able to be present today,</li> </ul>

	<p>federal provisions to add new and additional supportive housing units, more than 160 units in addition and supportive housing funds; crisis respite alternatives and bridge to housing; modified community support team definition that includes illness &amp; recovery management and tenancy supports; and peer to peer learning.</p> <p>Fidelity reviews are helpful though measuring performance is vital. The next steps to address gaps analysis and choice is to inventory capacity and geographic distribution of providers and services to meet saturation rate of services.</p> <p>Also noted, were efforts nationally to increase access to housing vouchers for people with disabilities through the housing authorities who must apply which requires local advocacy; address base pay for peer support market rate, in NC it is especially low; and testing an IPS-SE business model for in another state.</p>	<ul style="list-style-type: none"> <li>▪ Support and promote access to services - especially recovery supports &amp; post-vention interventions</li> <li>▪ Sustain successful engagement</li> </ul>	<p>though shared the DHHS perspective on TCLI performance progress.</p>
<p>9</p>	<p><b>Draft MHBG Plan Review</b> – Jeff and staff reviewed the plan disseminated prior and available to members during the meeting. Ken reviewed the adult sections and Susan reviewed the child sections and where focus is across ages and overlapping areas.</p>	<p><b>DMHDDSAS is the State MH Authority (SMHA)</b> - organizational responsibilities, comprehensive system for MH services &amp; supports; <b>MHPC adviser to DMH on the implementation of the MHBG plan. MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</b>                  Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural &amp; 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"> <li>✓ Jeff reminded the Council that each of the meetings is structured around the priority populations, key criteria and domains of the MHBG requirements with the minutes noting these areas.</li> <li>✓ Jeff asked the Council members to review the draft plan and provide edits and comments to send to both Ken and Susan DMH for consideration by Friday 8/9/19.</li> </ul>

10	<b>Committee Meetings – Adult and Child, Youth &amp; Family Committees.</b> <b>Discussion:</b> Committees not convened in order to review the plan together.		✓ Council committee meetings remain a standing agenda item of future Council meetings.
<b>2019 Meeting Dates</b>			
11	<b>Meeting Adjourned:</b> All were thanked for active participation.	October 4, November 27 (TBD conference call), December 6 <a href="https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant">https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant</a>	

* NCMHPAC Action Plan 2019-20 – last update on August 2, 2019			
GOAL	METHOD	TIMELINE	WHO/SUBJECT MATTER RESOURCES
Develop member handbook and orientation manual	Ad Hoc Task Group formed to complete task with consultation for DMH staff.	August thru December 2019 Develop outline of table of contents by October 1, 2019	Jeff, Peg, Kent, Damie Jeff will chair & convene the group DMH staff will support with call-in #s etc.
Utilize social media			
Communicate with Department Secretary supporting plans for children to receive mental health services in state			Child, Youth & Family Committee will draft letter for Jeff to review & send.
Rethink guardianship	Include in future meeting topic focus	Include topic focus in future meeting agenda: October or December 2019	Executive Committee will plan meeting agenda with DMH Staff
Remain current on Transition top Community Living Initiative (TCLI)			
Review Medicaid expenditures as a new measure	Actions: Revised goal to: Develop better understanding of Medicaid Transformation and Impact on Adults with SMI and Children/Youth with SED and FEP Include in future meeting topic focus	Include topic focus in future meeting agenda: October 2019, December 2019 & February 2020	Executive Committee will plan meeting agenda with DMH Staff