

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

**Meeting Minutes of February 1, 2019 – Final Approved**

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

**Present:** Gwen Belcredi, Jeff McCloud, Jermaine Brooks, Brooke Hanes Chambers, Kent Earnhardt, Lisa Worth, Nina Leger, Megan Travers, Paula Lahichi, Lacy Flintall, Virginia Knowlton-Marcus, Peg Morrison, Dale Mann, Stacy Justiss, Sonia Hopkins, Vicki Smith, Diane Krisanda, Jean Steinberg, June Freeman **Phone:** Stacey Harward, MaryAnn Haskell

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

**Guests:** Jennifer Olson, Kathy Nichols, Jennifer Bowmen

**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><b>Meeting Convened/Introductions</b> The meeting was convened by Jeff McCloud, Chair; welcome 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 12/7/18 were reviewed for approval.</p>	<p><b>NCMHPAC Bylaws</b></p>	✓ Minutes of 12/7/18 were approved after a motion to approve by Lisa Worth, with a second by Gwen Belcredi; 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; no comments.</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> <b>MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</b> Understand Implications for the MHBG Priority</p>	✓ None; No comments.

		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.	
4	<p><b>DMH Director Updates- Kathy Nichols, Assistant Director – Discussion:</b> Kathy provided an update on Medicaid changes for health and behavioral health and transformation activities to date and pending. These included: definitions and new policies to be implemented once reviewed, including peer support and family peer supports; tailored plan considerations for edibility and covered services; child mental health residential redesign; DHHS Early Childhood Action Plan for children Birth to 3<sup>rd</sup> grade/8 years was released; various concept papers and webinars will be available to learn more and continue to provide input.</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.</b></p> <p><b>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>✓ Council members were encouraged to keep up and look at the transformation documents and concept papers and provide comments and inform plans; DMH/DMA/DHHS are seeking assistance. Important to do so as advocates to ensure the system works to meet serious behavioral health needs.</li> <li>✓ Kathy will join the Council in April for DMH Updates</li> </ul>
5	<p><b>Chair Report:</b> Jeff McLoud, Chair, discussed the following with the Council: <b>Bylaws</b> – Council process and procedures need to be considered during the annual review of the Bylaws in 2019. As written, require an annual review. In December and October 2018 minutes reflected suggested areas to review in the Bylaws.</p> <p><b>Meeting Structure</b> - Jeff discussed possible addition to the structure of Council meetings and effective use of time together. Adult and Child Committees, Chairs established, increased</p>	<p><b>NCMHPAC Bylaws</b></p>	<ul style="list-style-type: none"> <li>✓ Lacy Flintall motioned, with Virginia second to the motion; Council vote carried to establish a committee to review the Bylaws and provide recommendations to the Council at the April meeting.</li> <li>✓ Each member will review the bylaws for the April meeting.</li> <li>✓ Adult and Child Committees were established, will begin meeting with the first tasks: establish Chairs, list priorities.</li> </ul>

	<p>capacity for members to be involved and grow leadership among the council.                  Plan to continue to convene an Executive Committee who will work with the DMH staff to plan meetings, agenda, and frame the functions of the Council throughout the year.  <b>Meeting Topics of interest:</b> Jeff asked members to identify Information or presentations of interest in focusing on this year. Jean Steinberg – Raise the Age and decision-making and impact on BH services, number of youth new to the system, needed service array, 8,673 new youth with approximately half needing MH/SUD services, and half of those will need services, half will be engaged in services...challenges re: hard to engage youth, adequate providers and youth engagement and solicit input from the Council</p>		<ul style="list-style-type: none"> <li>✓ The Executive Committee will be comprised of the Chair, Co-chairs, and Chairs of the Adult and Child Committees. Plans to meet in March will be confirmed to plan April agenda and confirm meeting prior to the next Council meeting.</li> <li>✓ Members will consider topics to be included in the meetings during the year.</li> </ul>
6	<b>Networking Lunch/Information Exchange</b>		
7	<p><b>DMH Quality Management (QM) Report – NCTOPPS – North Carolina Treatment Outcomes and Program Performance System - Jennifer Bowman</b>  <b>Discussion:</b> Jennifer Bowman Provided a summary of the one of the QM tools and measures. The NCTOPPS is a web-based program that gathers outcome and performance data on behalf of mental health and substance abuse consumers in North Carolina’s public system of services. The NC-TOPPS system provides reliable information that is used to measure the impact of treatment and to improve service and manage quality</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.</b>  <b>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</p>	<ul style="list-style-type: none"> <li>✓ The Council would like to see what indicators and measures providers are held accountable to by the LME-MCOs.</li> <li>✓ Lucy Dorsey will share the standard contract template with the Council as discussed in December meeting.</li> <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>

	<p>throughout the service system. It is named as an LME-MCO and provider contract requirement. NCTOPPS must be completed as part of the treatment planning process. Corrective action if not completed when noted during a review</p> <ul style="list-style-type: none"> <li>▪ Providers can include NCTOPPS as part of treatment services. Provider and consumer benefits – a tool for planning and looking at progress – consumers and families can ask for NCTOPPS report and help look at this</li> <li>▪ Can inform authorization management and service authorization</li> <li>▪ DPS/DJJ uses NC TOPPS outcomes</li> <li>▪ Can be used to speak to and with system partners and providers. Tool offers value added. This tool can be used by individuals (or parents with their children/youth) in seeing progress over time to inform treatment with their provider.</li> </ul>	<p>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> <hr/> <p><b>NCTOPPS</b> <a href="https://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system">https://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system</a></p>	
8	<p>Committee Meetings – the first committees established earlier in the meeting were convened.</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.</b></p> <p><b>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>✓ Adult MH Committee convened, established a chair, Peg Morrison; a notetaker; discussed priority interests for future meetings.</li> <li>✓ Child, Youth &amp; Family Committee convened, established a chair, Megan Travers; a notetaker; ;discussed priority interests for future meetings.</li> </ul>
<b>2019 Meeting Dates</b>			
9	<p><b>Meeting Adjourned:</b> All were thanked for active engagement.</p>	<p><b>April 5, June 7, August 2, October 4, November 27 (TBD conference call), December 6</b>  <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></p>	