

North Carolina Mental Health Planning and Advisory Council (NCMHPAC)

Meeting Minutes of February 2, 2018 - DRAFT

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

Present: Dave Wickstrom, Vice Chair, Gwen Belcredi, Vicki Smith, Garron Rogers, Mary Edwards, Jean Steinberg, Tammie Theall, Gail Cormier, Barbara Maier, Nicholle Karim, Seth Maid

Phone: Joe Simmons, Mary Lloyd, Bert Bennett, Barb Maier

Staff: Ken Edminster, Susan Robinson, Karen Feasel

Guests: Juan Santos, Sandra Robinson (phone), Nina Leger, Jessica Hermann (phone), Jeff Smith

	Agenda Item/Presenter	MHBG Relevance	Action
	Discussion	Resources/Data Sources	
1	<p>Meeting Convened/Introductions Dave Wickstrom, Vice Chair, convened the meeting in the Chair's absence, welcome and introductions were completed.</p>	<p>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 was reviewed with minor modifications and an item added: the <i>DHHS Strategic Plan for Improvement of Behavioral Health</i> released on 2/1/18 was added to the agenda.</p>	NCMHPAC Bylaws	<ul style="list-style-type: none"> ✓ The agenda was modified. ✓ Minutes of 12/1/17 were unanimously approved with minor revisions after a motion to approve for posting by Bert Bennett, second by Jean Steinberg.
3	<p>DHHS Strategic Plan for Improvement of Behavioral Health Discussion: Dave provided an overview of the plan just released, the core content is contained in 15 pages. Council comments included: positive- aims to address lack of community based services, names system of care, trauma informed system and services; is hopeful and encouraging. Concerns identified included lack</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"> ✓ Council agreed by consensus to send a letter with comments on this plan, submitted online, copied to Dr. Vogler, DMHDDSAS, and Dave Richard, DMA. Dave indicated the committee had too many other tasks

	of emphasis on peer supports, family peer partners, youth peer partners, community inclusion, and less emphasis on children and youth.	<p>Resources/Data Sources <i>DHHS Strategic Plan for Improvement of Behavioral Health Strategic</i> https://www.ncdhhs.gov/news/press-releases/dhhs-releases-vision-future-behavioral-health</p> <p>Session Law 2016-94, Section 12F.10.(a-d) Session Law 2017-57, Section 11F.6.(a-b) https://files.nc.gov/ncdhhs/documents/files/SL%202016-94%2C%20Sect.%2012F.10%20and%20SL%202017-57%20Sect.%2011F.6%20Strategic%20Plan%20for%20Improvement%20of%20Behavioral%20Health%20Services%20.pdf?4SjY_N4YP3KadXXEuEOhGa0xQzXdBJwd</p>	to complete. Gail Cormier volunteered to draft for submission. ✓
4	Public Comments - Members of the public can address the Council. Limit of three minutes.	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.	None
5	<p>NAMI NC Update & Scope of Work (SOW): Nicole Karim, Seth Maid, NAMI NC</p> <p>Discussion: Nicolle Karim and Seth Maid provided an overview of NAMI NC, current organizational priorities; scope of work priorities supported by the Division of MHDDSAS contract through MHBG funding; past progress to date; and leadership transition.</p>	<p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMs):</p> <ul style="list-style-type: none"> ▪ Recovery Supports ▪ Consumer and Family Services ▪ Support and promote access to services ▪ Sustain successful engagement ▪ Provide information to those who work with consumers and families. ▪ Reduction in health disparities. <p>Resources/Data Sources: NAMI NC https://naminc.org/ NAMI Annual Report https://naminc.org/about-us/annual-report/</p>	✓ NAMI NC agreed to continue to provide updates on a regular basis.

<p>Council Member Updates</p> <ul style="list-style-type: none"> ▪ Mary Edwards, NC Division of Aging and Older Adults, DAOA) – Suzanne Merrill, Director, is retiring. A number of key positions are open in the agency. ▪ Jean Steinberg, NC Department of Public Safety (DPS) – Jean requested help in developing a comprehensive directory of providers, services and supports that can be accessed in counties across the state, especially for youth involved in DPS/JJ. This is the final part of a federal grant on community re-entry and change systems. This directory will launch with user interface, i.e. a provider or support in the community can enter updates as well as access information. ▪ Gail Cormier, NC Families United - offered gratitude to Jean re: DPS/JJ involvement and engagement with families and youth during the last year; such work together advances best practice and improves outcomes through a more coordinated system of care. ▪ Gwen Belcredi, NC Housing & Finance Agency (NCHFA) – is working on integrated supportive housing program that include key partnerships with LME/MCOs and the developer to set aside 20% of the housing available for those living with SMI. Tax credit developer sites multi-family companies have to set aside 10%, this would go beyond this. Applications are due in April, a few have expressed interest. 	<p>MHPC Collaboration/Resources/Data Sources:</p>	<ul style="list-style-type: none"> ✓ Members will send Jean Steinberg information to expand & develop comprehensive directory. jean.steinberg@ncdps.gov ✓

	<ul style="list-style-type: none"> ▪ Vicki Smith, Disability Rights NC (DRNC) - New rules for jails, specifically re: suicide prevention in jails, additionally addressing protocols with those living with SUD and SMI. Suicides have decreased, though vulnerability ▪ Dave Wickstrom, Alliance for Disability Advocates – partnering with Temple University to create a community inclusion plan for Wake and Durham counties. NC PIC will focus on community inclusion on 2/20 in Raleigh. On 2/22 – Dave will convene a Community Inclusion round table in Raleigh. 		
6	Networking Lunch /Information Exchange		
7	<p>Veteran’s & Military Member’s Mental Health: Jeff Smith, NC DMHDDSAS Military Liaison</p> <p>Discussion: Jeff Smith, provided an overview and brief history of addressing the mental health needs of Veterans, Military and National Guard members and their families nationally and in NC. In NC, living in all 100 counties, there are 740,000 Veterans and their plus ones, 100,000 active military, and National Guard members and their families. This population comprises over 30% of the voters in NC elections. Over 40% of the US military operations originate from NC. At least \$1-2M of the health care costs incurred by NC are spent on the lower level priority Veterans for whom VA benefits do not reach or are inadequate.</p> <p>NC began addressing gaps in services 12 yrs. ago after the US was 4 yrs. into war at that time. 8 years ago the National Guard, developed own</p>	<p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMs):</p> <ul style="list-style-type: none"> ▪ Mental Health Services & Substance Use Services for the Military & Their Families ▪ NOM: Number of Veterans served with Mental Illness <hr/> <p>Resources/Data Sources: Governor’s Working Group (GWG) http://www.ncveteransworkinggroup.org/ Participate 4th Thursday monthly 2-4 pm. Call in 919/212-5747 and watch Facebook Live https://www.facebook.com/GovInst/ Newsletter: http://ncgwg.org/newsletter/</p> <p>NC Strives 4 regional conferences-April http://ncgwg.org/ncstrive-regional-conference-dates-registration/</p> <p>Women’s MilVets Summit May 2 http://ncgwg.org/?s=women+milvets+conference</p>	<ul style="list-style-type: none"> ✓ Members are invited to share information and participate in the monthly Governor’s Working Group (GWG) meetings in Raleigh or on Facebook live and NC Strives regional events. ✓ Members made connections regarding self-advocacy, ADA and needed employment and/or education accommodations to succeed. Opportunities to promote can occur at local coffees, regional summits, and ✓ Council will provide to Jeff Smith, topic/speaker

<p>resources because of the clusters of suicide deaths occurring.</p> <p>In NC, 5 Veterans die by suicide every week – 3 of the 5 are Vietnam Vets; even more attempts. More Vietnam vets have died by suicide than in combat.</p> <p>NC DMHDDSAS in partnership with other key leaders, the VA, and private-public partnerships, such as with public television, WUNC-TV, among others. Example: November 7, 2018 – NC Practice Improvement Collaborative (NCPIC) was funded by MHBG. https://ncpic.net/2017/5-veteran-suicide/</p>	<p>SitRep will air on WUNC, Saturday mornings, including resource information & Mental Health minute each week for 13 weeks in the Spring and in the Fall.</p> <p>NC SERVES modules http://ncgwg.org/nc-serves/</p> <p>Sandra Robinson, Executive Director, Combat Female Veterans Families (CFVF) United Serving North Carolina Female Combatants www.cfvf.com</p> <p>NC Institute of Medicine (NCIOM, 2012) http://nciom.org/wp-content/uploads/2017/07/SuicidePrev-report_web.pdf</p> <p>NC Suicide Prevention Plan (DHHS, 2015) https://www.sprc.org/sites/default/files/2015-NC-SuicidePreventionPlan-2015-0505-FINAL.pdf</p> <p>National Suicide Prevention Lifeline 1-800-273-8255 Press 1 for Vets https://suicidepreventionlifeline.org/</p>	<p>ideas for weekly SitRep & mental health minutes for the fall 2018.</p> <p>✓ Council requested staff provide update on any changes to SAMHSA’s directive to restrict MHBG fund use for MH First Aid training and the National Suicide Prevention Lifeline NC Call Center for all 100 counties.</p>
<p>8 Chairperson’s Report</p> <p>In Damie’s absence, Dave provided the chair report that Damie prepared.</p> <ul style="list-style-type: none"> ▪ Meeting format & logistics - Based on surveying members the overall quality of the meetings was favorable. Suggestions included: adding a break in the morning, no working lunch, and as much as possible, send documents out in advance. Today a break was added and a shorter lunch for information exchange, not an agenda item. Agenda and Minute format will have additional information related to MHBG Plan relevance for context and reference. 	<p>MHBG Domain Criteria, Priority Areas & Outcomes (NOMs): Council membership, representatives, role</p> <hr/> <p>Resources/Data Sources:</p> <p>NCMHPAC Bylaws</p>	<p>✓ Leadership prior planning will continue between Council chair, vice chair and DMH staff to plan agenda, calendar and additional TA that extends the Learning Community conference calls among other state MHPACs.</p> <p>✓ In setting the meeting agenda, by consensus members agreed that agenda items should</p>

<ul style="list-style-type: none"> ▪ <u>Bylaws</u> - The bylaws were sent out; written edits were requested; plan to vote on the bylaws at the next meeting. ▪ <u>Council membership</u> - For a variety of reasons, positions are vacant, people's roles have shifted from the positions they were initially filling, folks have moved or can no longer participate; active consistent positions include 9 active state and 9 active with lived experience or family members of adults with SMI or children/youth with SED. To date, five individuals have expressed interest and submitted candidate nomination forms. Timely travel reimbursement would be helpful. Meeting space with more cyber connection capacity to include those from western and eastern counties or move meetings to other parts of the state may be helpful. ▪ SAMHSA TA – NC is one of 8 state planning council who were accepted in the MHPAC leadership learning community. NCMHPAC team goals include developing: 1) an orientation process that can be sustained over time; 2) youth advisory capacity to the Council; and 3) effective recruitment of diverse membership and active participation of membership. ▪ MHBG Plan Review Committee – the Committee Dave will coordinate MHBG Plan Review committee meeting before 2/28 to set up implementation plan. ▪ DMHDDSAS Director's report – standing agenda item. 	<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>directly relate to the MHBG.</p> <ul style="list-style-type: none"> ✓ Council members will consider interest in participating in the NC TA team that will meet every other month by phone for the next year. ✓ Staff will modify bylaws tracking any additional written edits proposed and disseminate prior to the next meeting. A vote will be taken on 4/6/18. ✓ Staff will send member candidate nomination forms to Council for consideration and email voting process. ✓ Council thanked staff for the support offered in preparation for, during and after the meetings to help each meeting go smoothly and support member participation. ✓ Committee minutes and report to the Council will be provided in writing after each meeting. ✓ Staff will confirm with Dr. Vogler, if it is possible for him to provide a Division Director's report for each meeting.
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9	<p>Adjourn: Dave adjourned the meeting and thanked all participants for active discussions.</p>	<p>MHBG/MHPC References</p> <p>Future item: Council plan to write letter to Dr. Vogler in support of sustaining and expanding implementation of MH First Aid and Suicide Prevention Lifeline.</p> <hr/> <p>Resources/Data Sources:</p>	<p>✓ Meeting was adjourned with Mary Edward’s motion to adjourn, Gail Cormier’s second to the motion; hearing no discussion, no dissensions, no abstentions, motion carried.</p>

2018 Meeting Dates
February 2 – April 6 – June 1 – August 3 – October 5 – November 30 11 am call - December 7
<https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant>