

**North Carolina Mental Health Planning and Advisory Council (NCMHPAC)
Meeting Minutes of February 3, 2017 - Approved**

Meeting location: 3724 National Drive, Suite 100, Raleigh, NC 1-888-273-3658; 2490768#

Present: Damie Jackson-Diop, Co-Chair, Amy Batel, Co-Chair, Mary Edwards, Barbara Maier, Jennifer Overfield, Gwen Belcredi, Marcus Stevenson, Vicki Smith, Jean Steinberg, Jim Swain, Chris Rogers (for Dave Wickstrom), Tammy Theall, Lucy Dorsey, Gail Cormier, Wes Rider, Jack Register, Garron Rogers

Phone: Jeanne Preisler (for Kevin Kelley), Bert Bennett, Mary Lloyd, Jason Vogler

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

Guests: Ken Scheusselin, Michael Schwartz, Patsy Coleman

1) **Welcome & Introductions:** Amy Batel, Co-Chair, convened the meeting. All were welcomed. Introductions were completed.

2) **Public Comments. Members of the public can address the Council. Limit of three minutes.**

Action: None

3) **Approval of Minutes/Review of Agenda:**

Action: Motion to approve the minutes as written by Gail Cormier, second by Mary Edwards; no discussion, unanimously approved, no objections, no abstentions.

4) **UCR (Unit Cost Reimbursement)/Non-UCR Expenditures – Walt Caison, MH Section & Patsy Coleman, QM Section**

Discussion:

- Walt Caison summarized the basic criteria and assumptions for use of the MHBG funds – may not be used for inpatient services or paid to private for profit providers, and is intended for community-based services and innovation that is evidence informed in accordance with federal requirements.
- Walt provided an overview of the use of MHBG funds through Non-UCR, outlining the purpose of funding and vendors that is submitted in the annual MHBG report.
- Patsy Coleman provided an overview of the process and qualifications of providers/vendors with whom LME/MCOs contract with, how provider networks are defined, and the process of data reporting and collection through NCTracks.
- The Council discussed observations and concerns including:
 - The uncertain future of community based services if block granting changes or is dissolved or if federal agencies are dissolved;
 - The federal possible changes directing how states can use the block grant and the ability for the Council to make recommendations for use of funds in next two year plan (consider the pie charts on page 8 and 9);

- There are issues with shifting funds from child to adult and reducing funds spent on children; services and supports through non-UCR are not evident in the data (individuals served) e.g. support groups are funded through non-UCR – child benefit plan includes a broad set of illnesses and with adults there are fewer;
- Based on this data, how do we implement the recommendations of the NCIOM task force on older adults and adolescents – e.g. lack of providers who don't take Medicare;
- It appears that it is easier to draw down UCR funds than the non-UCR funds.
- at a recent Transition summit, the NC Center for Health and Wellness, stated that by 2018 the aging population will be larger than the 0-17 year old population – clearly service enhancements to meet population needs;
- Based on this data, 5% of UCR total funds are spent on adults and 10% of UCR total funds are spent on children;
- DMH state funds through the LME side and DMA through the MCO side implement benefit packages that include eligibility criteria for a broad array of service definitions, the local LME/MCOs can define their own;
- The lack of a predictable service there array from Murphy or Manteo;
- How closely do we direct the funds and expenditures and how can the local CFACs and Community Collaboratives to inform and advocate accordingly to set priorities of expenditures;
- How LME/MCOs are spending their UCR funds by paid claims (all state and BGs);
- All LMEs, except for Trillium, the largest share of funds go to SUD;
- The performance contract at this point in time does not specify all services will be provided, the core services noted in GS122C are limited and GS122C does not name DMH authority through contract with the LME/MCOs;
- When new funds are available, are there more RFPs for provider networks to meet gaps and needs reviewed at the December meeting;
- Who decides at the LME/MCO where the money goes – how do the CFACs and the community stakeholders help identify needs and gaps and set priorities accordingly
- How do the LME/MCO Boards and executive leadership use recommendations and make decisions on fund use;
- Vocational (supported employment) left off of the list of services for children –may have been less than \$10,000 so would have been left off. IPS is not defined for youth at this point, though would be valuable for youth and young adults;
- Is the LME/MCO doing a better job of ensuring folks who are eligible for Medicaid are getting what they need and that use of MHBG funds is reserved for those without insurance or under-insured?
- Is there a template for DMHDDSAS and LME/MCO performance contract for SFY 2017-18? An Initial performance contract began in 2012 that has been amended and renewed over time without any new elements added;
- What is the process for making changes when needed or desired? Is it a slow process from idea to innovation to policy to practice to reimbursement?
- How do we know if what we are funding or how we are supporting scaling up

5) Working Lunch – Discussion: Comments on morning expenditure information.

Damie referred the Council to the meeting calendar and focus intentionally planned to provide information over the course of the year on key components of the MHBG plan and report development. Damie reviewed the primary role of the NCMHPAC. These presentations and review of data help provide the Council with a picture of how funds are currently being spent and link to outcomes. Council members stated the following regarding the morning presentation and discussion.

Members stated this expenditure information is very helpful data. The presentation of the data, especially the graphics, helps to see the concrete information. It is very helpful to see services across categories and where funds are expended across the state. This information helped de-mystify the funding process and how funds are spent to meet population needs in communities. The non-UCR obligations are enlightening and encouraging to see what we are investing in over time. An example of looking at expenditures for services, when we now are paying for ACT services according to those who maintain model fidelity to the practice. The Council would like an opportunity to look at the scope of work for project implementation for Critical Time Intervention, for Facility Based Crisis, for the Center of Excellence, for NAMI and others who get funding to better understand investment and outcomes and how such services or supports are sustained if effective and implemented to scale. As an example, NC Families United has had the same level funding since 2007. has made significant progress and increased youth and family engagement and support statewide. Council would like to consider how the state's capacity to expand and further develop youth and family supports and leadership in the next two year plan. Council were interested in connections between the CFACs and how NAMI affiliates could work in concert together.

Actions:

- Council will request vendors funded by the MHBG, to present to the Council.
- Additions were made to the meeting calendar topics and presenters of those receiving non-UCR funding. The vendors receiving MHBG funds will be asked to review their scope of work (SOW), how funds are used, performance measures, outcomes on services delivered, quantity and quality and plans for sustaining implementation and/or taking services to scale across the state.
- Jack, NAMI NC, volunteered to do the first presentations in April.
- Damie and Susan will update the calendar to be disseminated in the next 2 weeks, well in advance of future meetings.
- The summary of questions and format for each vendor presentation to the Council will be drafted with the items as discussed. Damie will send this out to the Council and the vendor a month in advance, by March 1. Include these questions in vendor reports:
 - Methods -what is the scope of work, what are the priorities each are tasked with, what are activities that staff are funded and involved with
 - What are the outcomes and how measured
 - Sustainability (support innovation)
 - Leveraging additional funds
 - who have benefited from work, include those with lived experience and vendors
 - How long have you been receiving funds, is it meeting needs
 - If other source, what would that be?

- If meeting #s expectations – what would sustainability plan
- What is sustainability of efforts regardless of this funding
- Complete a pie graph – a visual of how funds are spent
- Performance measurements and performance standards

6) Prevalence/Treated Prevalence – Michael Schwartz

Discussion:

Michael Schwartz presented information on the prevalence of Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) and the treated prevalence or penetration rates of those receiving public sector services. Definitions for terms, the process and the most current sources used in determining the rates were defined.

Packets of the data were reviewed. Each of the charts and NC maps of the 100 counties as well. Populations and prevalence rates by age ranges, counties, and LME/MCO regions were provided.

References to tables discussed this morning related to services provided and treated prevalence were connected for ease of use and reference for Council members in considering expenditures and level of services in counties and LME/MCO regions.

Council members were extremely appreciative of this information. It is making sense and very helpful. Members are looking forward to using and sharing this information as we consider those in need of services, the use of the funds, how it is currently obligated and how services can be started and sustained in line with state and MHBG priorities.

Additional discussion included:

- Interest in health disparities among populations.
- Interest in looking at this data in comparison with the LME/MCO gaps and needs reviewed in December (most are posted on each LME/MCO website) and community health assessments that are completed by local divisions of public health every three years.
- Interest in addressing population needs regardless of payer sources, e.g. Mobile Crisis Management.
- For some, it is difficult to note a real trend – it is a scatter plot. These are useful at the local level.
- This data used to be published on a quarterly basis, due to the lapse in data with NCTracks and LME/MCO reporting snags, new reports are not available at this time.
- Do these data tell us about what does access to look like?
- What does this data tell us when the numbers are low? Are services being denied, not accessed, or areas where free care is offered or perhaps receiving services through primary care or may not have received services at all?
- Percentages are low for both populations who received at least one service.
- There is no predictable way on how LME/MCOs engage in the community.
- This population data supports public health approach.
- Significant numbers not getting any services; this is not okay.
- This sort of data is helpful for Centers for independent living who support self-advocates for independent living. Things that are considered would include:
 - How do we know that we reaching people with physical disabilities?
 - How accessible are these resources available and accessible for people with physical disabilities?
 - Do we look at co-occurring needs?
 - Transportation needs?

7) Chairperson's Report

Damie and Amy – SAMHSA TA – In December, an application was completed and submitted to the SAMHSA for TA Leadership Academy for MH Planning and Advisory Councils. At the core of the TA, Councils are seen as Communities. Some of the activities will focus on an assessment of behavioral health integrated councils (NC is not one), effective meetings, council culture and diversity, council and state agency relationships, and across states, state to state experiences.

Damie solicited interested members to participate in the monthly TA calls. Jack Register volunteered to participate on the team. Others from the Council are welcome to participate on the team. Members can contact Damie to do so. 3-4 on each Monthly coaching calls will help build essential leadership skills. NC Coach is Ted Nelson.

8) Council Member Updates

Jeanne Preisler– DSS program improvement plan has been approved by the federal Administration on Children and Families (ACF)

Lucy Dorsey – Sandhills Center will begin developing more crisis services and are implementing the prevention grant, working with Sarah Potter and her team. They have received some excellent training.

Jack Register – Crisis Intervention Team (CIT) Conference is on Tuesday, Feb 7 at the McKimmon Center.

Garron Rogers– NC Youth MOVE is sponsoring peer support training in Burlington for 18-32 yr. olds; youth leadership will begin March 10 for a series of 8 Saturdays in Graham; Jadda Jeffries is planning this series.

Amy Batel– NC Housing Finance Agency just started disaster recovery program, taking on 5 counties at a time, worst ones first, then rolling out to others. The Green Chair project – a warehouse furniture project (Mary Rea Todd is volunteering there now in her retirement.). Red Cross has been helping with MH triage.

9) Adjourn – Meeting was adjourned. All were thanked for rich discussion and participation.

2017 Meeting Dates

April 7th ~ June 2nd ~ August 4th ~ October 6th ~ December 1st