

North Carolina Mental Health Planning and Advisory Council (NCMHPAC)

Meeting Minutes of April 7, 2017 - **Approved**

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

Present: Damie Jackson-Diop, Chair, Jennifer Overfield, Gwen Belcredi, Marcus Stevenson, Vicki Smith, Jim Swain, Dave Wickstrom, Tammy Theall, Lucy Dorsey, Gail Cormier, Wes Rider, Garron Rogers, Jeanne Preisler (for Kevin Kelley), Jason Vogler

Phone: Terri Shelton, Jean Steinberg, Bert Bennett, Mary Lloyd, Wes Rider

Staff: Walt Caison, Susan Robinson, Karen Feasel

Guests: Maria "Ging" Fernandez, Jennifer Bowman, Stacy Justiss, Angela Wilson, Mike McGrath, Terri Reichert, Ken Scheusselin, Joanne Scaturro, Iris Green,

- 1) **Welcome & Introductions:** Damie Jackson-Diop, Chair, convened the meeting. All were welcomed. Introductions were completed. The agenda was reviewed, minor time modifications were noted to accommodate speakers.
- 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 amended by Gwen Belcredi, second by Gail Cormier; no discussion, unanimously approved, no objections, no abstentions.
- 4) **LME Quality Improvement and Network Development Plans: Review of LME/MCO efforts to enhance service delivery- Jennifer Bowman**
Discussion:
 - Jennifer Bowman provided an overview of the Quality Improvement Plans and the Provider Network Development Plans and related efforts of the LME/MCO's in enhancing services and supports in communities and catchment areas.
 - Jennifer noted there is a noticeable trend related to when there is a state focus on measures and standards are set, improvements are noted across LME/MCOs in these areas. Jennifer noted this trend from 3 years ago when DMHDDSAS began to look at calls, response times, grievances and responses. These efforts are moving past self-reported data that we have relied on while NCTracks implementation has been taking place to data that is now collected and available for overall monitoring.
 - Jason noted that there is a current effort to implement value-based measures. He stated that Secretary Cohen, with discussions with LME/MCO leadership, is interested in setting standards and measures (3 measures would be identified in both DMA and DMH performance contract that may include for example, individuals with IDD/DD would have a medical visit within the year, evaluate 1st qtr., 2nd qtr. corrected, financial penalty levied in 3rd qtr.; a reduction in use of emergency depts. in # of crisis experienced an individual; and a reduction of substance use readmissions. To date, the LME/MCOs have been receptive to this component of contract development.
 - A series of opportunities to implement quality improvement plans is in place wherein the data is used to inform attempts to improve, a plan of action, if unsuccessful, a plan of correction to improve performance is implemented, ultimately quality of response and care, with a final

step entering into a formal quality improvement plan with the division. This has a high burden and significant impact on the LME/MCO to meet requirements and most try to address early on when low performance on measures is noticed.

- There is a joint meeting between DMA (Medicaid) and DMHDDSAS to Transition to Community Living measures to look at what is/is not working and how to jointly strengthen or address challenges.

Action: Damie indicated this information is for the Council to consider as it relates to current MHBG Plan implementation and the two-year MHBG Plan to be developed and related measures and grant plan narrative on the focus on organizational implementation and management, the required quality improvement plan, and the focus on quality of care through LME/MCO functions and provider networks for all eligible populations living with most serious mental health needs in communities.

- Future Meeting Follow-up on Quality Improvement re: performance contracting changes during SFY 17-18, effective July 1

The Council's Take-a-way points for the plan & important notes from this presentation:

- Performance contracts will include value-based measures as Jason noted effective July 1, 2017. This is something the Council has been interested in and supports by consensus.
- It is helpful to see the framework and learn what the process is for these plans, system implementation, the relationship of the division with the LME/MCOs (no statute to require/sanction LME/MCOs though a performance contract will be modified), and connects the dots related to the gaps/needs assessments that LME/MCOs must complete annually.
- Members were encouraged and have gained a better understanding of how each of us at the table, for example the Centers for Independent Living can gain access to data and possibly use common outcomes, e.g. the NCTOPPs will help these centers to be more effective and implement outcomes as a part of the data management system; how can we all open the door to look at outcomes and reporting data that demonstrates impact.
- Challenges remain regarding transportation that is a variable for employment, housing and access to health, including behavioral health care.
- There is a common vision, common measures, common outcomes of those in common with whom we work.

5) FEP 10% Set Aside: Update on SAMHSA's nationwide effort- Mary Ellen Anderson

Discussion: A brief summary update was provided.

Action: Damie deferred further discussion to a later meeting due to time and presenter schedules for today. This is a topic that will be part of the new plan as it is in the current plan.

6) Networking Lunch and Member Updates – Members shared updates from their agencies.

7) Chair's Report

- **Review NCMHPAC Survey results** – Damie distributed a full report and a brief summary of the survey results prior to the meeting for member review. Acknowledgement of the contributing work of council members, Barb Maier and Vicki Smith as well as UNC School of Public Health students who helped compile the results. She provided an overview of the survey created for collecting public comment and broader stakeholder input into the work of the council and in shaping the MHBG plan priorities.

Discussion: Survey suggestions for the next survey:

- Seek peer to peer information.

- Use as an opportunity to identify a few questions that might be included in next SFY perception of care survey, then add a related question to perception of care survey.
- Add an older adult and aging lens to questions.
- Understand that the data collected from such a survey provides some information very generally about those who responded, the responses may be duplicated, though the data is not statistically significant, it does provide a point in time story.

Actions:

- Volunteers offered to prepare a new survey for seeking public comment and provide education regarding the MHBG and the Council:
 - Jen Overfield, Chair and convene group by phone.
 - Ging Fernandez
 - Karen Feasel
 - Jeanne Preisler and a DSS has a data team member
 - DMH staff will provide toll free call-in number.
 - Damie will ask a NC Collaborative for Children, Youth and Family representative
 The group will determine contents, format, and timeframes for draft review and final implementation and reporting process and provide updates to the Council.

- **SAMSHA MHPAC Leadership Academy** – NC’s MHPAC is one of eight states participating in monthly state to state peer calls and a monthly coaching call specific to the needs of each state. Ted Johnson is the NC coach working. Damie has participated on each of the calls to date and others who indicated interest, include Jack Register. DMH staff participate as well.

Discussion: Damie sought feedback from Council on topics of interest for Technical Assistance. The only meeting option for this would be a separate meeting set later in August or September or at the August meeting which is already full in order to prepare final stages of the new plan. No suggestions were offered.

Actions: Priorities for projects considered as a participant in the leadership academy include:

- Establish an orientation process for council members that can be sustained overtime;
 - Engage authentic youth and young adults in this advisory capacity with and/or to the Council (in collaboration with the NC Collaborative for Children, Youth and Families); and
 - Effective recruitment of diverse Council membership and broader stakeholder input.
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- **Annual By-Laws Review** –
Action: Damie asked members to review the current by-laws (last updated in January 2016) for revisions to be discussed in June. The by-laws require an annual review to keep them current and group’s work effective.

8) SOC Grant Implementation & Data Report: High Fidelity Wraparound implemented through the SOC Expansion Pilot Sites and related SOC Coordination- Terri Reichert and Maria Fernandez

Discussion: Terri Reichert with one of the five pilot sites from Eastpointe LME/MCO and provider team: Mike McGrath, Angela Wilson, and Stacy Justiss presented information on the background of the grant, the process for site selection and implementation. Basic information on High Fidelity Wraparound (a 4 member team including clinical staff, a family partner and a youth/young adult partner) was distributed and reviewed. The Wraparound model was initially developed and the term coined in NC and then further developed and implemented in Alaska, Colorado, and other states with outcome studies demonstrating positive effect for individual children, youth and families as well as systems where complex needs requiring multi-agencies to coordinate services and supports and funds to be blended. The Eastpointe team offered real life testimonies of an eligible youth and family; read a statement from a youth with permission and by the youth’s aunt. Other youth statements were read demonstrating evidence of positive effect and life-

saving impact. An alternative school principal offered a statement as well. To date, 22 families and youth have been served. The length of stay in services is on average 9-14 months. Unique in this model of practice and among other state's SOC expansion grants is the role of families and youth/young adults.

Maria Fernandez provided a summary of the very preliminary data and evaluation process for the pilot implementation. The LME/MCO and provider outline of cost-effectiveness and return on investment in the mental health and other system cost impact were discussed.

Actions:

- Grant implementation report will be provided to the Council in the next 3 months or in December.
- DMH staff will share data and cost-benefit analysis to summarize this effort (tell the story of youth through the data).
- DMH staff will share the 20 questions in the high fidelity wraparound tool that informs what works.
- The Council take-a ways from this presentation and practice model for the MHBG Plan:
 - Need more information on effectiveness and information on outcomes from the other sites and the demonstration as a whole.
 - Consider ways in which policy makers become educated based on the outcome data on this practice model and its' value-based return on investment.
 - Consider the process and potential for other communities to demonstrate readiness and interest in implementing this service given the significant demonstrable outcomes.
 - Review data on recidivism, transitions often vary beyond 6 months, e.g. may not be in the hospital though may be homeless.
 - Need to better understand what natural supports worked for the youth, what did these look like, did they work, and how youth were engaged with these supports.
 - Important to know what sustains and empowers the youth to be empowered through this model.
 - Interest in learning more from the families periodically and status of youth or now young adults.
 - Interest in learning about the transition readiness scale – 8 dimensions to sustain after graduation (Eastpointe referenced.) Consider ways to include outcomes in other tools DMH uses.
 - Consider measuring the impact on siblings. E.g. DPS and DSS often see impact on siblings with family interventions.

9) MHBG Vendor Report: NAMI contract, including SOW, deliverables, outcomes- Jack Register

Discussion: None

Action: Damie indicated Jack communicated his inability to be present and provide information. This item will be deferred to the June 2 meeting.

10) Community Inclusion – Well Together – Walt Caison

<https://www.wellways.org/about-us/well-together-blueprint-community-inclusion>

[https://media.wellways.org/inline-files/Well%20Together 2%20May%202016 Final Web 0.pdf](https://media.wellways.org/inline-files/Well%20Together%20May%202016%20Final%20Web%200.pdf)

The report sets forth fundamental concepts, theoretical frameworks and evidence for community inclusion. It is explicitly intended, in the new NDIS environment, to provide practice principles to guide our work with people experiencing a range of disabilities.

Discussion: Walt invited the Council to consider with DMHDDSAS the role of the Council and the MHBG Plan in embracing community inclusion in the building and effective coordinated system of care for children, youth, families and adults. Prior to the meeting, a document on Community

Inclusion, Well Together, was distributed for Council reference to read more depth at a later time. A brief passionate discussion ensued regarding the opportunities that exist and the strengths and challenges of taking steps in embracing and creating inclusive person-first communities in the work and recommendations of the Council.

Action: Take a-ways and next steps to consider include:

- Sponsor or co-sponsor a family and youth organization (with adult allies) summit – help find common ground for family voices and youth/young adult voices.
- Sponsor or co-sponsor a youth and young adult leadership forum with a focus on self-advocacy and making connections with leadership opportunities as follow-up.
- Consider ways to embed common definition and successful outcomes of community inclusion.
- Consider the necessary connections and ways to sustain these for successful outcomes.
- There is a sense of urgency to speak the same language, build strong voices and make room at tables for finding common ground and unifying passion for sustaining progress and change.
- The NC Practice Improvement Collaborative (NC PIC) may be able to co-host with the Council a community summit and bring in guest speaker and expert in this field, Mark Salzer, Ph.D., from Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, a research and training center funded by the National Institute on Disability and Rehabilitation Research.
- Consider how work together with the TBI and DD Councils may help achieve common outcomes.
- Council member participation in the upcoming Temple University conference on
- Volunteers to begin work by phone on possible next steps include:
 - Gail Cormier, Chair and convene group by phone prior to June 30
 - Jennifer Overfield
 - Wes Rider
 - Garron Rogers
 - Terri Shelton
 - Dave Wickstrom
 - Marcus Stevenson
 - Joanne Scaturro, willing to help co-facilitate

11) Adjourn – Damie adjourned the meeting at 3:12 p.m., all were thanked for their enthusiastic participation. Future meetings dates were highlighted. Travel reimbursement requests need to be submitted to Ken Edminster.

2017 Meeting Dates

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