# NC Mental Health Planning and Advisory Council
# Meeting Minutes ~ Final Approved
# March 2, 2012 from 10 a.m. - 3 p.m.
### Brown Building Rm #104, Dorothea Dix Campus, Raleigh, NC

**Present:** Marc Jacques, Mary Edwards, Kent Earnhardt, Tricia Hahn, Gwen Belcadi (for MaryReca Todd), Gina Price, Gail Cormier, Damie Diop-Jackson (phone), Terri Shelton (phone), Mary Lloyd (phone), Eva Eastwood, Bruce Spangler, Karen Murphy, Peter Bernadini (for Amelia Mahan), Lucy Dorsey, Dick Brunstetter, John Sullivan.

**Staff Present:** Maria Fernandez, Adult Planner, Susan E. Robinson, Child Planner, Terrie Qadura, Planner for the Substance Abuse Prevention & Treatment Block Grant

**Others Present:** Jennifer Rothman, Brenda Piper, Angela Harper, Julie Seibert, Walt Caison, Heather Mcallister, Emery Cowan, NC Youth MOVE Advisory Committee (phone – Elliott, Matthew, Brittany, Courtney, Nina, Andrew)

**Welcome, Introductions, Review Minutes & Agenda**

Marc Jacques, Chair, convened the Council meeting. Introductions were made and welcomes were extended. The handouts distributed included, the meeting agenda and prior meeting minutes for review and approval. Minutes reviewed and approved as reviewed. The agenda was reviewed with no amendments.

**Update on 1915 (b)/(c) Waiver Implementation**
Adolph was not able to attend, though provided an update for the Council's information on the NC legislative requirement for the NC DHHS implement the 1915 (b)/(c) waiver statewide. The Division's first quarterly progress report on waiver implementation that was submitted to the legislature was distributed and reviewed by Susan Robinson with Adolph's notes and emphasis provided.

Materials distributed the first quarterly progress report on waiver implementation and the NC map and phase-in schedule for LMEs/MCOs. For more information, this link on the division's web site is kept updated. http://www.ncdhhs.gov/mhddsas/providers/1915bcWaiver/index.htm )

Council members with direct experience with waiver implementation in the community provided updates and discussed challenges and progress in taking next steps. For some this includes the merger and transitions related to merger of LMEs prior to (Durham, Wake, Johnston as an example) or as the waiver is being implemented (Alamance-Caswell, Orange-Person-Chatham with PBH as example.)

Marc reported that Johnston & Cumberland merger effective January 2013. Wake and Durham LME staff are being shifted to other county jobs when possible. Marc also reported that Sandhills will have a Mercer visit and Lucy had indicated she was in the midst of preparations for this visit and could not participate in today's meeting.

Vicki stated that there are many confusing messages in the community about the mergers and the waiver implementation. DRNC reports call volume rises each time a merger is pending. In particular, re: the DD Innovations waiver. Five county consumers need clarification re: DD waiver, what exists, and what will not exist in the waiver. Changes and impact to consumers does not seem to be clear. Walt Caison, Best Practice Team Leader, indicated the Division was aware of these communication challenges and was working on them.

Though not able to be present in the meeting, Lucy Dorsey, Sandhills LME, sent questions and comments ahead and asked that the Council to consider how transitions and clarity around care coordination can be addressed as well.

Walt offered an analogy regarding how folks cook in the kitchen, one who cleans as they cook, one who cooks in a disarray until cooking done; the waiver implementation is occurring in a similar vein in that working together between divisions of Medical Assistance and MHDDSAS and with the LME/MCOs and communities as they merge and begin implementation may look and feel similar to that of being in a kitchen with various styles of practitioners and managers coming together with one goal, a better system of care for adults and children in need of services.

Vicki Smith stated that Beth Melcher, DHHS, and Kelly Crosbie, DMA, presented at the Legislative Oversight Committee recently. The presentation was very clear and offered a picture of the intention of the waiver implementation. It was noted that it is necessary to create channels of communication throughout this process. Vicki suggested specific questions need to be addressed. Despite the various communications and meetings and forums many questions remain. Vicki indicated that the analogy of cooking in a public kitchen vs. food poisoning from the cooking is more of concern. Questions remain in void of the communication necessary.

Marc cited a document that is out on waiver implementation and state plan amendment for Medicaid that indicates CFACs are supposed to be part of the merger process and waiver implementation process with the communications among consumers and stakeholders.

Council members noted that the current $300 M shortfall – leaves the specter of cutting optional behavioral health services and rate reductions (loss of providers with lesser rates).

Gail indicated that call volume through NC Families United also is up. Western Highlands as an example has no family partners included in the MCO now. At the NC Collaborative for Children, Youth, & Families has discussed concerns regarding

On Mondays, Mark O'Donnell, Hope Jones, Sandhills, Mecklenburg, Durham, SOC coordinators, PBH (Alamance,

Walt indicated that a small group of LME/MCOs and SOC Coordinators as well Best Practice Team Writing a white paper re: SOC in care coordination of the waiver.

As a part of each presentation, the Council identifies key elements related to each topic that will be included in the block grant plan for the next SFY2013 and in the report for SFY2012. The following items were identified during today's meeting. Concerns and questions:

- where is the SOC coordination and care coordination? Gail will share this with paper with Marc.
- example of Johnston & Cumberland and the LME functions & Durham & Wake county mergers – how does this impact the consistency of services and supports that were expected to be in the waiver implementation
  - Walt indicated the nature of NC is very locally based and choice is big part of this process.
  - Act similarly and invest with common intention of peer support.
  - Where are the carrots and sticks – what will be paid for is what is done?

The challenges noted:

- Messages are unclear, not timely,
- DMA and DMH need to get on the same page

- Take control of the mess
- Promote clearly what the transition in communities for services is supposed to look like
- Large confusion – voice of communication
- Consumer centric providing medically necessary services, needs to be local flexibility, though a public system and as a whole the state's responsibility is to assure quality policy services.
- This is about people's lives
- Quality –is what is deciding what is best for me.
- Challenges of interpretation and miscommunication in each community.
- From the DMA perspective as MCO does not match what community and consumers understand

Walt agreed to look into the communication so that DMH and DMA communications with public at large will be better coordinated among consumer empowerment, communications team and the CFACs, duly noted concerns.

<u>In response to the question, what would a policy on recovery supports include and what would the Council recommend the DHHS put in place in NC</u>?

- GS 122C revisions incorporating recovery language and definitions
- These revisions were submitted to the LOC – the LOC determined to not look at the GS122C in the short session
- At the least establish a definition for recovery-oriented system

<u>Marc asked the Council what statements can be made by the Council:</u>

- Restate p. 4 meeting minutes from 11-2011
- Improve communication, clear, direct and timely information
- Consumer empowerment team sits on the IMT (Internal Management Team) for each LME/MCO
- Consumer empowerment team has a liaison with each MCO
- Council member also referred to response and recommendations to be included in the Council's SFY 2013 Plan & SFY 2012 Report Implementation Report.

**Block Grant & Division Plan Updates** were provided by Terrie, Maria "Ging and Susan. Reviewed were the following:

- SFY Plan 2012 submission & approval pending
- SFY Plan 2012 - Maintenance of Effort (MOE) waiver submission
- SFY Report 2011 - submission & approval
- SFY Plan 2012 & Report 2011 – Substance Abuse Prevention & Treatment Block Grant

Terrie presented program information re: the SAPTBG. There are MOEs for 4 different areas. There was a reduction of $200,000 (decrease across the board percentage and reallocated based on that reduction.) There are proposed Congressional cuts to the funding as well up to 9% sequestered. The President's budget does support MH services and supports.

It was noted that the MHBG will require a more defined provider accounting for expenditures as does the SAPTBG does now.

Susan and Maria also highlighted results of the State Mental Health Agency Profiling Survey. Susan summarized updates on the NC Institute of Medicine – Mental Health Initiatives (early childhood, suicide prevention, health care.); and on the implementation progress of the SBIRT grant that the Council has

supported and been involved with on an advisory level – Screening Brief Intervention and Referral for Treatment.

**Agency Updates**
**Disability Rights NC**:
Vicki provided a review of her agency's responsibility and mission. SAMHSA funds DRNC for PAMI and our work together as recipients of federal funding thru SAMHSA in order to be more effective advocates and voices for individuals who experience mental illness and youth and their families.

Three main suits pending, two with DHHS, one with the higher threshold of requirements for receiving in-home care; the requirement is higher than; one with ECBH and one with provider rates being too low for ability to remain a provider without adequate reimbursement.

Children and youth with dual diagnosis released in January, highlighted four cases all involving significant MH and DD needs (out of state, lack of education in PRTFs-MOA under review, interstate compacts and equal standards of care between states.)

Gail stated most complaints are from western highlands; Vicki sees a lack of appropriate community based services is a challenge.

There are challenges for families when DPI says children don't have special education needs.

Discussion regarding nursing facilities – Medicaid and Medicare – med mgmt., supervision,
Adult care homes and challenges re: lack of skill acquisition,
IMD issue being addressed

**NC Youth MOVE: Sharing Agreement & More Damie Jackson-Diop, Youth Transition Coordinator** and seven youth/young adult leaders presented by phone, joining from their advisory committee meeting held in Greensboro today. The youth distributed a sharing agreement for review and endorsement by the Council as a way to inform youth who speak and the audiences to whom they speak that there is an agreement of confidentiality and discretion in the provision of personal/family information that may not be shared outside the forum of the specific meeting or discussion. An instance in which a youth shared information regarding their family led to law enforcement engagement with the family for an unrelated issue. As a result the youth's status and safety was compromised and reluctant to be an active leader in future forums. This agreement protects against this from happening or at the least, puts all on notice that the purpose of the youth speaking are to advance the systems' impact and performance for better outcomes for youth.

Additional comments provided on the Council's discussion: The Youth and young adults are concerned that the changes in waiver will change access to services and care. Information is needed to clearly help folks understand how services are accessed and what care coordination looks like.

The Council unanimously endorsed the sharing agreement as a good idea and worthy document for others to use. The Council invited the youth to participate in future Council meetings as they are able will seek a youth member when seats become available.

Marc led a discussion a Vision for Resiliency & Recovery Supports System in NC.

He led be stating a paraphrased quote from Dickens that there is "Great uncertainty, great hope, great adversity, great strides."

Council Discussion regarding what people need to know:

- Client rights and consumer rights
- Guardianships that aren't working out – folks don't know they can ask for a different guardian
- Assaults by facility care staff
- Disability advocacy education – DRNC training
- There is great hope in Beth Melcher as a leader who understands and is an expert in recovery; leaders who are willing to embrace recovery in DHHS is critical
- Best life for each
- Divergent policies re: recovery in MH vs. SA vs. DD – we must work to have common language and understanding that works for all; many have co-occurring needs.
- History tells us much regarding recovery since 1935 – national recovery efforts.
- Big strides in understanding that recovery is possible – used to not think this was the case
- Dual eligible grants – recommendations have recovery focus
- **Connecticut has a state policy 83** established in 2004 Thomas Kirk Advocacy Limited, Inc. is a resource and offers an example for NC to follow. It wasn't about providing services, but doing.
  - Exit services
  - No wrong door
  - Reduce risk
  - Learn from adversity – resiliency learning process -- e.g. placed in community w/o skills
  - How do we do this –need to have ongoing conversations, do some trainings and help get from skills
  - Hospital ED peer support specialist while folks are waiting in ED

- **The waiver is a way to pay for services, quality has been added, does not equate this for now.**
- **There is a role for care coordination in recovery supports. This must be a paid service; it won't get done if not paid service.**
- **Establish recovery policy in DMHDDSAS and in DHHS**
- Statewideness implementation is needed, not just here and there.
- Fee for service providers are only focused on what pays the bills.
- A document handed out thru Medical Services advisory group for Medicaid services was very clear and helpful.
- PBH –never had CABHAs; they had a look alike entity prior to CABHA being set up and defined by DMH.
- **How do we have discussions with folks to reshape understanding of healing and health (not dependency)**
- **Recovery trainings**
- **How do keep talking about building resilience so that we are then also talking about children, youth and families? Recovery leaves kids out of the discussion. Youth do not include themselves in this discussion when asked. It does not connect with our kids. Recovery is not inclusive; it creates a barrier for children and youth.**

- Famous people with MI with good results – ironic also with resources no better outcomes.
- Jargon and message is a problem – too foreign –
- **Nothing about without me**
- **Bringing recovery to scale** project – infrastructure building grant – recovery cost model savings was a grant submitted though the Council wasn't asked for a letter.
- Over 600 certified peer support specialists and no jobs – where can they work within all levels of the organization? **Folks are certified, though are they qualified. How do we measure this?**
- Cherry hospital – hired peer support specialists to work in the treatment model same as on the Dix campus.

What has made the difference?

- Recovery and advocacy – this has an effect on your life, does not define your life, model recovery – all gets strengthened…

- SAMHSA Recovery definition - life long --

- Educating Physicians and health care providers to understand the message of "– you will always be sick; you will not work—"is not acceptable.

Marc summarized the discussion and will plan to use some of this discussion in talking points about recovery and asked the Council to consider writing a white paper or fact sheets to promote recovery as a policy and a practice with the LME-MCOs.

**Meeting Adjourned:**
Marc thanked members for active participation today and the meeting was adjourned with the next meeting date on May 4 with a focus on: Consumer Perception of Care – Consumer involvement in satisfaction survey, the Plan SFY 2013 and August 17 and November 2.