NC Mental Health Planning and Advisory Council
Meeting Minutes
November 4, 2011 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, 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, Adolph Simmons, Walt Caison, Heather Mcallister

Welcome, Introductions, Review Minutes & Agenda

Mary Edwards, Co-Chair of the Adult Committee, convened the Council meeting and presided over the beginning of the agenda. Sheila Wall Hill, Chair, was unable to participate due to attending a national family partner certification development forum. Marc Jacques, Vice Chair, requested Mary Edwards, Co-Chair of the Adult Committee, convene the beginning of the 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 and amended with the addition of SBIRT grant revision as an item to be discussed with the Council by Maria (Ging) Fernandez.

Update on 1915 (b)/(c) Waiver Implementation

Quality Management Team members, Julie Seibert and Adolph Simmons reported on the NC legislative requirement for the NC Department of Health and Human Services to implement the 1915 (b)/(c) waivers statewide. They provided an overview of the current status of the waiver implementation, the mergers among LMEs planned and components of the waiver. Council discussed ways in which consumers and families could have a voice and play an active role in better understanding the waiver and promoting what can work well in communities as a result. It was noted that more community education among all community partners and stakeholders, most especially, consumers, youth and families. The Council asked for continuing updates be given at each of the future meetings. Council members serve on the local CFACs as well as have been participating in advisory groups both at the community and state levels. Members expressed mixed experiences during this time of significant transition. Materials distributed included the presentation. For more information, this link on the division's web site is kept updated. http://www.ncdhhs.gov/mhddsas/providers/1915bcWaiver/index.htm)

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.

- How will recovery supports and prevention services and supports be implemented through the waiver?

- How will community education will be handled in such a way that stakeholders can understand the waiver process, implications for how services and supports will be provided, the impact or burden experienced among all partners to be sure continuity of care occurs?
- What provisions are there for training providers in best practices; services that work and are evidenced informed, not just evidenced based be provided?
- Consider ways that consumers and family organizations can be involved with the MCO requirements for quality improvement and customer satisfaction surveys. It was noted that there is a firewall in place to ensure no conflict of interest or bias, in that those groups/consumers who can participate, cannot be recipients of any funding that limits objectivity in their participation.
- Consider writing a fact sheet by the Council that identifies why it is important to invest in recovery supports, what these are, how they impact cost-benefit and are essential to waiver success. Pay now and pay less for poor outcomes or pay later and pay more for better outcomes for more individuals.
- How will the integrated primary care practices through CCNC "fit" with the MCO and provider networks, and across MCO areas as the primary health/medical home?
- What is part of the contract and merger negotiations? It all seems complicated; is there a way to provide input regarding recovery supports for adults and promoting resiliency for children and youth? PBH had peer support in place, and then stopped providing it; status is not known now.
- How will alternative services under the waiver the "(b) 3 waiver services" be defined and prioritized?
- What do the community needs assessments look like and how can consumers and families and other stakeholders be a part of this annual requirement?
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Update and Request for Assistance for SBIRT (Screening, Brief Intervention and Referral for Treatment) grant revision – A new agenda item added.
Ging shared good news with the Council regarding the SAMHSA grant that the Council supported the Division in applying for last spring. NC was awarded the SBIRT grant!!

The Council was asked to help shape a grant revision for the scope of work, to include peer support specialists in the integrated care setting with the primary health care provider and the behavioral health/substance abuse specialist. Council suggested that the mechanism to get peer support specialists engaged is to provide financial support to the LMEs through the grant funds along with the substance abuse specialists they are employing/contracting with to work with primary care. Discussion also focused on training, certification process, and ongoing coaching and mentoring of those trained as they practice being a peer support specialist. Ging will review the recommendations with Flo Stein, Principal Investigator, and draft the amendment for the grant revision. This will be submitted to SAMHSA for review and approval.

Members were excited about the potential opportunity to promote the effectiveness and positive impact of certified peer support specialists in SBIRT and any other funding sought by the Division or its' partners.

GS 122 C Statute review and revisions – A new agenda item related to LME functions and waiver implementation. Marc stated that a group of consumers and advocates have come together to review are reviewing GS 122C. In particular, the group looking at the statutes and identifying areas in which recovery language can be inserted vs. habilitation and rehabilitation medical language as well as updating these statutes. Marc reported that Mike Watson DHHS presented information at the last LOC meeting. At

that time, the legislature indicated the statutes required significant changes that would be considered for the long session, and briefer edits in the short session.

Marc asked the Council to consider 1) reviewing the statutory language that promotes and endorses recovery; and 2) endorse these language changes and intent. Marc encouraged the Council to consider this as an opportunity to be architects of our future and our future for our families and family members in NC. The Council is a partner in recovery in NC. Kent stated longer term changes are needed in that there are extreme contradictions from one sentence to another; it will serve us well to change this language and clean it up.

The Council worked as they ate lunch. Member updates included:

- Dick provided an update on the Medicaid Advisory Committee meeting that he attended this morning. He stated that the group has taken a good deal of the first 5-6 meetings to better understand Medicaid and Medicare and CMS requirements.

- Tricia indicated DOC rewrote formulary and using more of the older medications. Kent indicated this was important work which presents challenges for knowing what works well, whether new or old medications.

- Gwen indicated that MaryReca is in Mount Airy (partnering with the ARC) and Concord (partnering with the community from what MHA had begun) with openings for two new housing properties. The new application will be out soon to engage communities in new housing projects.

Update on SAMHSA CMHS MH and SA Block Grant Unified Application for -FFY2012 Plan Ging, Susan and Terrie Qadura, SAPTBG Planner provided updates on the block grant applications and processes. The SFY 2011-2013 plan was submitted successfully through the on-line web-based system. Terrie reported that there were new requirements for the SAPTBG that were sent to states late and changes had to be made. These have been completed and re-submitted meeting the project officer requirements.

Susan reviewed the SFY2012 Plan Priorities located in the Plan in Step 4/Table 3. This was also distributed. Council members were asked to review this in preparation for setting Council's focus in the coming year during meetings. In addition members had requested an accounting of allocated block grant funds and this was reviewed and distributed. It is also information contained in both the plan and the report each year. Handouts included: SFY2012 Plan Needs Assessment Section (Section 4, Table 3) and the LME Allocation of MHBG funds to LMEs for Child & Adult Services.

Terrie and Ging reported on their participation in the SAMHSA National Summit on Trauma & Restraints and Seclusions. They reviewed some of the information learned from expert presentations. Walt Caison also attended and stated he felt like he just beginning to learn some of this information and get his feet wet. He appreciated being present to listen to the Council's perspective. The Council agreed that more information on the subject of trauma and treatment was important for a future meeting topic, especially as it relates to the military, guard, VA and all the disasters folks have experienced in NC.

SFY 2011 Report - The council completed drafting and reviewing the SFY 2011 Implementation Report. This included a review of the narrative text, the expenditures reported and the

data tables. The Council reviewed the system progress and outcomes for the 2011 Implementation Report.

Data source clarification was provided as the Council reviewed the data. The **CDW - Client data warehouse** contains data that the LMEs report to the Division. It provides the demographic information required by the CMHS thru the Unified Reporting System (URS) federal requirements (a part of the Report.) **Medicaid paid claims data** contains the consumer identifier without demographic information, the LME and the directly enrolled provider claims (includes a large amount of outpatient treatment providers.)

The Council reviewed data trends toward targets and indicators/measures for the 2011 Implementation Report and established reporting requirements, modifications and rationale for each when there were substantial changes noted. After careful review, the Council identified the following to be included in the Council's letter of endorsement and review of the report findings.

As part of the data review, the questions the Council raised that need to be considered include:

- Has the money per child been spent on fewer children in more intensive treatment facilities?
- Are fewer services and fewer children served, due to a loss of infrastructure for admin/TCM (targeted case management) for children in communities?
- How is data for the PRTFs (psychiatric residential treatment facility) reported? The LMEs do not authorize use of residential treatment because these providers are directly enrolled with Medicaid.
- Competitive employment vs. supportive employment – What is this trend and how do we impact this?
- Mary reported we were one of the state's who has made the least improvement and this is relative to where NC starts among other states (our baseline was lower than others to begin with.)
- Susan indicated that this web link www.nri.org provides NC data comparison with other states. Much of this is based on the national survey each state completes each year.

Council Letter for the SFY 2011 Report. This letter is to affirm their review of the report indicators, findings and recommendations, and progress toward meeting SFY2011 Plan goals.

The Council reviewed the outcomes described in the SFY 2010-11 Mental Health Block Grant Report. The Council reviewed the accomplishments that were made last year. The following is a summary of what was highlighted in this past year's Report.

We do, however, wish to make one position very clear in our review. We strongly recommend that the Division recognize and fully establish Peer Support Services, Family Partners and Youth Leaders/Peer Mentors in every community LME, MCO under the 1915 b/c waiver as the key to improving recovery outcomes for adults, children and youth who experience serious mental health challenges. Investment in these services now, not later, is critical to the success of the waivers and the public mental health system in North Carolina statewide. Consumer, child, youth and family voices are the strength of North Carolina's system and a vital part of the solution.

During SFY 2010-2011, there were a number of key accomplishments to improve services for **children with serious emotional disturbance and their families**. Some items of interest in reviewing the outcomes were:

- Families of children and youth report being actively engaged in Child and Family Team planning for treatment services received.
- Families of children and youth report their child improved level of functioning and reduced symptoms while in treatment services.
- More children and youth received treatment services delivered in their home community, as a result, fewer residential treatment services in the form of group homes exist for children and youth.
- More than 225 Family Partners were trained and provided family to family support and advocacy services statewide.
- Youth MOVE NC (youth component of NC Families United) was adopted as the statewide chapter of the National Youth MOVE organization in August 2010.
- The number of evidenced based practices implemented in services delivered has increased.
- Concerted organization and planning by NAMI in NC and NC Families United resulted in an expanded outreach and engagement of more than 38 communities statewide in celebrating Child Mental Health Awareness Day/Week in May 2010. An NC youth representing Youth MOVE shared his personal experience of growing up with mental health challenges and how the services and supports he received helped build his resiliency during the Children's Mental Health Awareness briefing at Capitol Hill, Washington, DC.
- Several federal grants were written and funded to improve the outcomes of children and youth with complex treatment needs, especially those experiencing trauma, and to promote health, including mental health and reduce suicides.
- The NC Legislature established a NC Institute of Medicine Task Force focusing on the early emotional, social and behavioral development and needs of children ages birth to five years of age and their families. The NCIOM Task Force report will be completed in SFY 2012 (June).
- Of import for very young children whose mothers experience serious mental illness, the nation's first inpatient women's psychiatric mood disorders was developed and will open in SFY 2012 (September).

During SFY 2010-2011, the Adult Mental Health services supported collaborative efforts that led to several accomplishments assisting **adults with serious mental illness**. Accomplishments and the Council's concern for more reliable data per indicator are as follows:

- More adults received treatment services.
- More adults in rural areas received needed treatment services.
- The number of evidenced based practices implemented in services delivered has increased.
- There was an increase in the availability of Assertive Community Treatment Teams (ACTT) throughout the state.
- Fewer adults returned to the hospital as a readmission.
- Peer support services were defined and considered for implementation through the Medicaid state plan under fee for services. Though, not adopted due to budget restrictions in order to pay an adequate rate for the service, these services may be defined and provided under the 1915 b/c waiver implementation plan.
- There is continuing support for the Recovery Concept, both via the training of staff and consumers. The report needs to reflect actual numbers of those Local Management Entities and

CABHAs who are applying this concept. In addition, a review of all the service definitions to ensure that recovery supports are an integral part of the treatment services provided.

- Twenty geriatric specialty mental health teams provide both community based services and consultation to staff of long-term care facilities.
- There was increased support to local communities in the development of housing opportunities and facilitation of partnerships. The report needs to reflect actual numbers that demonstrate an increase in housing opportunities.
- The report needs to reflect data supporting sustained employment and increase in employment by individuals who have a serious mental illness.
- The report needs to reflect actual numbers of individuals not returning to jail who are receiving mental health supports as opposed to those who are not.
- The report needs too provide more service information about those individuals who are indigent but who do not qualify for Medicaid.

The Council understands the fiscal dilemma faced by our state, but at the same time, **as advocates for people with mental illness and children and youth with serious emotional disturbance and their families**, we continue to ask for prioritization of programming for certain populations. They are as follows:

1. **Recognize and implement Peer Support Services, Family Partners and Youth Leaders/Peer Mentors in every community LME, MCO under the 1915 b/c waiver as the key to improving recovery outcomes for adults, children and youth who experience serious mental health challenges.** Investment in these services now, not later, is critical to the success of the waivers and public mental health system in North Carolina. Consumer, child, youth and family voices are the strength of North Carolina's system and a vital part of the solution.

2. Continue to prioritize **effective community based service deve**lopment so that children and youth will not have to be placed in out of home residential treatment placements.

3. Continue efforts to **expand programs that promote more affordable housing and rental assistance for our poorest citizens.** If it is the policy of the State to serve persons with disabilities in their communities, then we must remove unnecessary barriers to affordable housing development and housing supports, as well as long term supportive employment.

4. Expansion of funding necessary to ensure **follow-up of the mental health needs of people released from prison with mental health, developmental disability, or substance abuse issues.** We are aware that a growing number of people in prison are receiving mh/dd/sa services. In order to properly equip these individuals and ensure their quality of life when they return to the community, we continue to believe it is important to have a comprehensive follow-up system at the local level.

5. Further policy development is needed to address the **mental health service needs of children with serious emotional disturbance approaching adulthood (age 18).** This is a particularly difficult transition period in terms of obtaining resources that are needed for education, employment, housing, and emergency treatment.

6. The **very young and the older populations in our state have growing serious mental health needs that go under identified and untreated.**

The Council voted to include in the Council letter for this SFY2011 report. Staff will complete this task with the Chair prior to the report submission.

The Council also stated interest in watching how state/federal BG and county dollars are going to be spent and how the priorities of the Council and the federal BG funding requirements are maintained and met through the waiver implementation environment. In specific, the Council wants to attend to the funds set aside or established for housing supports, supported employment.

Council Meeting Dates for 2012

The meeting dates were set and reviewed as listed with each meeting being held on the first Friday from 10-3 in Raleigh: March 2, May4, August 3 (may need to move to Aug 10), and November 2. The meeting topics for March 2 include the SFY 2012 Report; Plan SFY 2013 Council Priorities

Marc adjourned the meeting, thanking all for a lively meeting full of active discussion and good work in completing the report.