North Carolina Mental Health Planning and Advisory Council (NCMHPAC)
Meeting Minutes of June 1, 2018 - Approved
Meeting location: 3724 National Drive, Suite 100, Raleigh, NC 1-888-251-2909; 5814639#

Present: Dave Wickstrom, Vice Chair, Vicki Smith, Mary Edwards, Tammy Theall Deppe, Stacy Justiss (for Gail Cormier), Deby Dihoff, Janice Shirley, Wes Rider, Gwen Belcredi, Nina Leger, Victoria Jeffries, Vicki Smith, Jim Swain, Kristin O'Connor, Marcus Wilson-Stevenson, Jean Steinberg, Bert Bennett
Phone: Mary Lloyd, Terri Shelton, Wes Ryder, Damie Jackson-Diop, Chair
Staff: Ken Edminster, Susan Robinson, Karen Feasel, Walt Caison
Guests: Kathy Nichols, Ted Johnson, Jeff Smith, Lacy Flintall, Jeff McLoud

	Agenda Item/Presenter Discussion	MHBG Relevance Resources/Data Sources	Action
1	**Meeting Convened/Introductions** Dave Wickstrom, Vice Chair, convened the meeting, welcome and introductions were completed. Damie Jackson-Diop will join by phone. New member candidates were welcomed.	**NCMHPAC Bylaws** **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.	✓ New candidates were welcomed including: ○ Jeff McLoud ○ Lacy Flintall
2	**Approval of Minutes/ Review of Agenda** **Discussion:** members like the new meeting minute format. The agenda was reviewed with minor adjustments for time; Dave added Suicide Prevention Lifeline funding was added to agenda following public comments.	NCMHPAC Bylaws	✓ The agenda was adjusted for time and items added, ✓ Minutes of 4/6/18 were unanimously approved after a motion to approve for posting by Bert Bennett, second by Gwen Belcredi.
3	**Public Comments -** Members of the public can address the Council. Limit of three minutes. **Discussion:** None; no comments.	**NCMHPAC Bylaws** **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; No comments.

		https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant mhbg.comments@dhhs.nc.gov **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.	
4	**Suicide Prevention Lifeline funding status –** s **Discussion:** State funds ($348,558) are required to fund the NC Call Center affiliated with the National Suicide Prevention Lifeline. SAMHSA/CMHS notified DMHDDSAS that the suicide prevention lifeline and MH First Aid activities were not eligible for MHBG funds due to the universality of access, not targeted use for only those with serious emotional disturbance (SED) and serious mental illness (SMI). Congress had asked the US Government Accountability Office (GAO) to audit use of the MHBG based on federal	**MHBG Domain Criteria, Priority Areas & Outcomes (NOMs):** ▪ Access to crisis services & supports ▪ Consumer and Family Services ▪ Support and promote access to services - especially recovery supports & post-vention interventions ▪ Sustain successful engagement ▪ Provide information to those who work with consumers and families. ▪ Reduction in suicide deaths, attempts, hospitalizations ▪ Reduction in health disparities. **Resources/Data Sources:** 1-800-273-8255 Press 1, for Veterans, Military, Guard members & families https://suicidepreventionlifeline.org/	▪ Dave and Damie plan to follow-up with legislators who may need more information on the importance of the Lifeline state funding. $348,558 needed annually to fully fund. ▪ Dave and Damie asked permission of the Council to write letter re: continued support for the Lifeline and MH First Aid. The letters and communications will be shared with the Council. Council consensus; vote did not occur.

	statutes, resulting in such notices to states, including to NC. **Discussion:** Dave noted that the Governor included funding for the Lifeline in his budget to the legislature. He has been assured that the omission was an oversight and will be addressed in a technical amendment. Concern for MH First Aid that remains unfunded. Dave provided personal experience and affirmed the need for the suicide prevention lifeline, stating most who call are in serious mental health crises and need the immediate assistance. It takes minutes to save a life and that's what the Lifeline does. Susan provided utilization numbers for the Lifeline.		
5	**DMHDDSAS Director's Update** **Kathy Nichols, Assistant Director** **Discussion:** **Kathy summarized the following:** **1) Change in division staff –** ▪ DHHS, appointed a new division interim senior director, Kody Kinsley. He has a business management background. **2) Legislation -** Budget bill impacts proposed: ▪ $15M single stream funding cuts across the board to LME-MCOs; includes mechanism for continuity of care for	**DMHDDSAS is the State MH Authority (SMHA) -** organizational responsibilities, comprehensive system for MH services & supports**; MHPC adviser to DMH on the implementation of the MHBG plan.** **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,	▪ Ken & Walt will send information Kody Kinsley to the Council. ▪ DMHDDSAS leadership will continue to provide a Division update as a standing item on the Council agenda.

	those receiving MAT (medically assisted treatment for SUD), among other services who are not Medicaid eligible, in addition to other populations. ▪ Tailored plans -clarifies LME-MCO role ▪ In the event of budget cuts, Kathy welcomes the Council's recommendations for priority use of the MHBG expansion funds; we will know more by the August meeting. **3) Medicaid transformation – up to 10-12 PLEs and LME/MCOs stay in place –** ▪ Tailored plans are specific to the SED/SMI population ▪ Included in the tailored plans will be the MHBG and SAPTBG plan eligible populations; would need to have a BH home will be less medically focused, will still be light touch care coordination; will not be an issue who holds the plan; be able to link Health/Behavioral Health. ▪ Kathy noted that the term TCLI (Transition to Community Living Initiative) is narrower than the broader intent. ▪ The Division learned a lot in mapping out the Comprehensive Community Based Health Center (CCBHC) federal application, even though it was not funded. The CCBHC grant provides information – a provider that holds the treatment plan – holds whole plan across providers & primary care, ensures coordination and continuity of care.	comprehensive system, and Council priorities of adult, family and youth peer supports, non-traditional services and supports. **DHHS Concept and Policy Papers** https://www.ncdhhs.gov/policy-papers	

	▪ School Safety bills unfortunately associate school violence with mental health needs providing an opportunity for DMH to educate others on the limited resources for targeted child populations. Susan noted that the legislation provides an opportunity for DPI's School MH Initiative facilitated by the Exceptional Children's Division & Healthy Schools team to promote prevention in the public schools.		
6	**Perception of Care Survey Data & Trends** – Karen Feasel **Discussion:** Karen Feasel, Quality Management Team, DMHDDSAS, provided an overview of the perception of care survey, the process for administration, analysis, annual report, survey tools were disseminated, data results and trends over time were reviewed. Karen has presented the perception of care survey results to the Council for 5 years. Trends over time were reviewed. 5th yr. presenting data with Council which informed changes based on Council feedback. Approximately 5% of those served completed surveys, of those responding, there is an increase in those who self-identify as mullti-racial. Limitations of the data include: survey data does not allow causal analysis (important use of data, i.e. starting with one idea - where	**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. Understand consumer and child/family perception of care and how viewed nationally, state to state comparisons on same items surveyed, trends over time to inform future planning. **Survey reports are posted at** https://www.ncdhhs.gov/divisions/mhddsas/reports/consumer-perceptions-care	✓ Quality Management staff, Michael, Jennifer and Karen will continue to provide updates and engage the Council in reviews and plans as available. ✓ Continue to use perception of care measures in MHBG plan and report of outcomes for system/individual improvements. ✓ LME/MCOs use this data to develop QI plans – Request Jennifer Bowman present at a future meeting. ✓ LME/MCOs & providers use of NCTOPPs data. Request QM staff present, Carol Potter. ✓ Make suggestions to SAMHSA in setting standards for states that can be compared. ✓ Standards need to be informed by data – these are data that

	does NC need to improve?); consumer response biases; consumer perception of own outcomes (national MHSIP national items that allow use of data is for both federal and state analysis.) The following were highlighted for Council consideration. The basis of consumer general satisfaction is most related to access to provider, treatment planning, quality of care/involvement; not about the outcomes, progress, result of treatment – more related to LME-MCO functions and responsibilities of provider network management. Of the 21 survey domains, there is little difference among the LME-MCOs; transportation and the cost of medications are identified as barriers. Trends over time differences by age groups include: Child – more positive regarding providers; Adult – were in the middle; Youth – less so regarding providers. The lowest rating is in social connectedness – correlates with need for community inclusion; child surveys rated lower than national average on involvement in treatment planning.		help inform looking at one or two items to see system/individual improvements
7	**Networking Lunch/Information Exchange**		
8	**Membership** – **Discussion:** Dave reviewed the membership and designated positions outlined in the bylaws and federal requirements. Ken stated	**NCMHPAC Bylaws**	✓ Council reviewed member candidates with a motion to approve recommendations made by Mary Edwards, a

	per the federal requirements, the Council is in compliance with positions filled and more than 51% membership who are consumers, family members, advocates, all non-state agency. Dave asked the Council to consider new member candidates.		second by Deby Dihoff; unanimous approval, no abstentions. ✓ Members approved for recommendation to the Secretary for final approval are: Jeff McLoud, Lacy Flintall, Paula Lachichi, Billie Deppe. ✓
9	**Overview of Strategic Planning -Council Vision, Mission, SWOT Facilitation** (Strengths, Weaknesses, Opportunities, Threats) – MHPAC Technical Assistance (TA) Coach, Ted Johnson, joined the Council by phone and led the Council through shaping a vision and a mission. Council referred to existing vision and mission statements in the bylaws and other state council's examples.	**NCMHPAC Bylaws** **DMHDDSAS is the State MH Authority (SMHA) -** organizational responsibilities, comprehensive system for MH services & supports; MHPC adviser to DMH on the implementation of the MHBG plan. **MHPAC TA Resources:** MHPAC 101 and MHPAC Strategic Planning presentations	✓ AdHoc committee volunteered to finalize draft vision, mission and values for Council review and approval as part of pre-planning for the 2-day strategic planning ✓ Strategic Planning Retreat is scheduled for August 30 9-4, August 31 9-12. Ken will confirm details by email.
10	**Chairperson's Report** ▪ Community Inclusion: DMH will convene through the NC Practice Improvement Collaborative, the second Community Inclusion planning institute on June 20. Additional work is continuing with Dr. Mark Salzer. ▪ Future meeting agenda: would like to include an update on the DOJ Settlement by Marty Knisley. ▪ August schedule for the 2-day planning retreat was reviewed. Details will be forthcoming for travel arrangements.	**MHBG Domain Criteria, Priority Areas & Outcomes (NOMs):** Council membership, representatives, role **Resources/Data Sources:** NCMHPAC Bylaws SFY18-19 Plan is posted on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant	✓ Members voted unanimously to approve the by-law revisions as outlined; Mary Edwards' motion with second by Jim Swain. ✓ 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. Agenda items

	▪ Meeting space: New location is being explored Raleigh to better accommodate the number of Council and others who attend. ▪ Appreciation and recognition was given to Vicki Smith, for her leadership with Disability Rights NC and best wished in her upcoming retirement ▪ MHBG Plan Review Committee – Dave reported that the Committee has not met recently, a meeting will be planned, and a plan developed for the review. Victoria Jeffries is working on this.	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	will directly relate to the MHBG. ✓ Council members will contact Damie of interest in the NC TA team that will meet every other month by phone for the next year. ✓ Staff will send member any new candidate nomination forms to Council for consideration; email voting process will be implemented until all positions are filled.
11	**Adjourn:** The meeting was adjourned and thanked all participants for attention to the presenters and active discussions.	MHBG/MHPC References Future Items: pre-retreat planning, QM reports on NCTOPPs, DMHDDSAS initiative updates **Resources/Data Sources:**	✓ Meeting was adjourned with Gwen Belcredi's motion to adjourn, Tammi Deppe's second to the motion; hearing no discussion, no dissensions, no abstentions, motion carried.

2018 Meeting Dates
August 3 – October 5 – November 30 11 am call - December 7
Planning Retreat August 30-31
https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant