North Carolina Mental Health Planning and Advisory Council (NCMHPAC)
Meeting Minutes of August 30-31, 2018 – Approved 10-5-18

Meeting location: Governor's Institute, 1121 Situs Court Suite 320, Raleigh, NC 27606, 1-888-251-2909; 5814639#

August 30 and August 31:

Present: Damie Jackson-Diop, Chair, Dave Wickstrom, Vice Chair, Gwen Belcredi, Terri Shelton, Lucy Dorsey, Deby Dihoff, Nina Leger, Lisa Worth, Tammy Deppe, Barbara Maier, Mary Lloyd, Victoria Jefferies, Bert Bennett, Jim Swain, Jeff McLoud, Gail Cormier, Lacy Flintall, Billie Deppe, Wes Rider

Staff: Ken Edminster, Walt Caison, Susan Robinson

Guests: Sam Hedrick, Jennifer Olson, Katie Withers, TA Consultants & Retreat Facilitators - Ted Johnson, Suzannah Kratz

	Agenda Item/Presenter Discussion	MHBG Relevance Resources/Data Sources	Action
1	**Meeting Convened/Introductions** Damie Jackson-Diop, Chair, convened the meeting, welcome and introductions were completed. SAMHSA consultants were welcomed, Ted Johnson and Suzanne	**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.	✓ Strategic Plan – review draft plan, priorities, steps for implementation. ✓ Refer to Consultants report sent separately by email (attached)
11	**Adjourn:** The meeting was adjourned with gratitude to participants for attention to the facilitators and active planning steps taken during the retreat.	**MHBG/MHPC References** Future Items: Follow-up on retreat planning. **Resources/Data Sources:** NCMHPAC candidate nomination form member application form found on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant SFY18-19 Plan is posted on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant	✓ Meeting was adjourned

2018 Meeting Dates **October 5 – November 29 1 pm call - December 7**

https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant

NC Mental Health Planning and Advisory Council – 8/30/18

Mission: The statement defines who we are and what we do.
To advise and make recommendations on the *State Behavioral Health Plan(s)* for services and programs for children and adults with serious mental health needs and their families.

Vision: The statement defines what we (desired system) aspire to be
A mental health system that works for everyone.

Values statements (from the NCMHPAC Bylaws Preamble)
We believe in:

- an effective responsive system that openly engaging children, youth, adults, and families as peers and partners
- ***an effective coordinated responsive, inclusive, recovery orientated system of care of services and supports that build resilience for children and youth with serious emotional disturbances and adults with serious mental illnesses***
- services and supports are delivered efficiently
- limited resources are used to meet the growing needs in communities statewide
- outcomes improve when consumers, youth, and families are engaged as full partners
- intentional inclusion of adults, youth and family partners is critical to ensure
- peer run services are innovative and embedded, and sustained in communities

Values (key values from the NCMHPA Bylaws):

Effective	Good stewards of limited resources
Responsive	Adequate capacity to meet growing needs
Openly engaging	Informed
Coordinated	Outcomes driven
Recovery-oriented	Improvements
Systems of Care	Successful
Resilience	Intentional
Efficient	Inclusive
Sustaining impact	Peer and family run services
Engaged Partners	Innovative
Consumer Choices	Self-directed
Equity	Self-led, peer led
Inclusive	

Planning Process Notes:

- Using mission and values statements as a yardstick throughout the planning process keeps the planning activities focused.
- Mission and values statements can be effective tools to educate the public; state and local government officials; state government agencies; provider agencies; and service recipients as to what the NMHPAC does.

NC MHPAC Reference Info: - MHBG Plan Domain Criteria, Priority Areas & Populations

Community Mental Health Services Block Grant Domain Criteria & Priority Areas

- Community Integration
- Recovery Support Services
- Primary & Behavioral Health Integrated Care
- Mental Health & Substance Use Services for the Military & Their Families
- Services to Juveniles with SED & Adults with SMI Involved with the Juvenile and Criminal Justice System
- Trauma Informed Care and Other Evidence Based Services
- Reduction in Health Disparities

Community Mental Health Services Block Grant Priority Populations

- Children with Serious Emotional Disturbance (SED) – Birth thru 17 years
- Children & Young Adults Experiencing First Episode Psychosis (FEP) and Early Serious Mental Illness (ESMI) - 16-30 years)
- Adults with Serious Mental Illness (SMI) - 18 years and up

Community Mental Health Services Block Grant 2018 Site Visit Areas of Priority

- State Mental Health Agency Leadership Perspectives
- Services, Accessibility, Coordination and Continuity of Care – Adults
- Services, Accessibility, Coordination and Continuity of Care – Children
- Performance Monitoring, Data, Quality Improvement and Decision Support
- Consumer and Family Services and Perceptions
- Mental Health Planning Council

Block Grant Plan and Report Timelines

MHBG Plan Applications SMHA (DMH) to SAMHSA	Date due to SAMHSA	MHPC meetings & role
2 -Year Plan (FFY 2018-2019)	September 1, 2017	Feb-April-June draft plan June-August review MHPC letter
Mini application update (FFY2019)	September 1, 2018	August review/MHPC letter
MHBG Annual Report (FFY2018)	December 1, 2018	October/November/MHPC letter
MHBG Annual Report (FFY2019)	December 1, 2019	October/November/MHPC letter
2 – Year Plan (FFY2020-2021)	September 1, 2019	Feb-April-June draft plan June-August review MHPA letter
Mini application update (FFY2019)	September 1, 2018	August review/MHPC letter
MHBG Annual Report (FFY2018)	December 1, 2018	October/November/MHPC letter
MHBG Annual Report (FFY2019)	December 1, 2019	October/November/MHPC letter

Strengths	Weaknesses
Knowledge	Limited influence
Passion	Not enough funding
Creative	Keeping members active
Diversity	Member composition
Respect for opinions	Transparent Conflicts of interest
Humor	Diversity
Take roles seriously	Changing landscape and how the council fits and points of leverage (ability to make connections & influence changes)
Committed	Comprehensive understanding of how this fits into larger systems – a constant challenge as all the other parts of the big picture changes
Responsibility	Lack of young adults (nina, victoria, lacy?)
Willingness	Lack of understanding of the changing landscapes and role in the larger system
Flexibility	Finding points of leverage to be effective
Open mindedness	Understanding data infrastructure
Empathy/ team work	Challenge of the lesser voice heard – know more about the 90% - what can be done to hear from the 10% (more energy in pursue
Great leadership	What makes a difference in engagement
Courage of state leadership	Limitations of the data collected and how is reality reflected?
Advocates	Understanding spheres of influence – missed opportunities to bring voices to the table and share info about the MHPC
Patience	Participating long distance by phone is helpful though better in person
Persistence	Political environment
Inclusive	Stigma associated with mental health and violence
Supportive	Discrimination of mental health
Innovative approaches	New member orientation
Resilience	Acronyms
Good listeners	Lack of monitoring skills
Fearless	Membership development
Knowledge	To what extent is the council prepared to monitor or review the
Passion	Law allows looking at the whole system
Creative	Very challenging to do this
Diversity	Are we clear on what that means?
Respect for opinions	. (solution - MHBG review committee established)
Humor	Volume of information/information overload
Take roles seriously	Council authority

Strengths

- Knowledge
- Passion
- Creative
- Diversity
- Respect for opinions

- Humor
- Take roles seriously
- Committed
- Responsibility
- Willingness
- Flexibility
- Open mindedness
- Empathy/ team work
- Great leadership
- Courage of state leadership
- Advocates
- Patience
- Persistence
- Inclusive
- Supportive
- Innovative approaches
- Resilience
- Good listeners
- Fearless

Weaknesses

Limited influence
Not enough funding
Keeping members active
Member composition
Transparent Conflicts of interest
Diversity
Changing landscape and how the council fits and points of leverage (ability to make connections & influence changes)
Comprehensive understanding of how this fits into larger systems – a constant challenge as all the other parts of the big picture changes
Lack of young adults (nina, victoria, lacy?)
Lack of understanding of the changing landscapes and role in the larger system
Finding points of leverage to be effective
Understanding data infrastructure
Challenge of the lesser voice heard – know more about the 90% - what can be done to hear from the 10% (more energy in pursue
    What makes a difference in engagement
Limitations of the data collected and how is reality reflected?
Understanding spheres of influence – missed opportunities to bring voices to the table and share info about the MHPC
Participating long distance by phone is helpful though better in person
Political environment
Stigma associated with mental health and violence
Discrimination of mental health
New member orientation
    Acronyms
    Lack of monitoring skills
    Membership development
    To what extent is the council prepared to monitor or review the
    Law allows looking at the whole system
    Very challenging to do this
    Are we clear on what that means?

Volume of information/information overload
Council authority
(solution - MHBG review committee established)

Opportunities	Threats
Voice in the state Transformation BH Plan	Reduced funding
Acknowledge and share member stories	Personnel changes
Voice in the Raise the Age work with Juvenile Justice	Loss of institutional knowledge
Voice in the Child Welfare system	Political climate
Knowing the skill sets of members to build bridges with other members and members' spheres of influences	MH stigma associated with violence and victimization
Networking	Lost access to knowledge of EBPs – loss of NREPP
Legislative updates at meetings	Changes in philosophical viewpoints
Develop leadership roles of members in	Fear of retaliation of speaking freely
Orientation process and handbook	Future membership and sustaining and growing diversity – equity, racism, all abilities
Add the vision & mission & values to the meeting agenda (council letters and materials)	Deaf and hard of hearing and blind/visual impaired
Active engaged articulate adults, families, young adults	Loss of emphasis and attention to children's services and funding of services and supports
Start with strengths – share successes & lessons learned– make the connections with legislative or policy wins	Discrimination in accessing & sustaining
Use changes to support growth -	Ineffective jail diversion for those with mental illness and substance use
Bring in substance use interests	Child behaviors trigger students to be sent through JJ system instead of getting appropriate services
Bring in co-occurring challenges	Lack of transitional programs for successful re-integration and reduction of recidivism
Children with complex needs, Olmstead, co-occurring	Lack of Medicaid expansion
More opportunities in public health	Lack of coordinated comprehensive private insurance plans for BH services & supports
Voice in the state Transformation BH Plan	Burn out
Acknowledge and share member stories	Lack of adequate state funding for uncovered individuals & non-Medicaid services/suppports
Community inclusion model	
Veterans' initiatives	
Early childhood initiatives and focus	
Growing workforce	

Opportunities:

Voice in the state Transformation BH Plan
Acknowledge and share member stories
Voice in the Raise the Age work with Juvenile Justice
Voice in the Child Welfare system
Knowing the skill sets of members to build bridges with other members and members' spheres of influences
Networking
Legislative updates at meetings
Develop leadership roles of members in
Orientation process and handbook
Add the vision & mission & values to the meeting agenda (council letters and materials)
Start with strengths – share successes & lessons learned– make the connections with legislative or policy wins
Use changes to support growth -
Bring in substance use interests
Bring in co-occurring challenges
Children with complex needs, Olmstead, co-occurring

More opportunities in public health
Membership succession plan

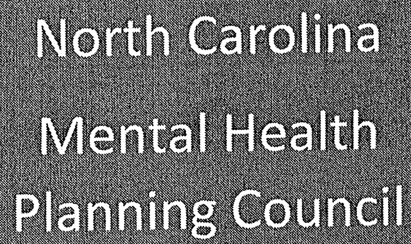
Threats:

Reduced funding
Personnel changes
Loss of institutional knowledge
Political climate
MH stigma associated with violence and victimization
Lost access to knowledge of EBPs – loss of NREPP
Changes in philosophical viewpoints
Fear of retaliation of speaking freely
Future membership and sustaining and growing diversity – equity, racism, all abilities
Deaf and hard of hearing and blind/visual impaired
Discrimination in accessing & sustaining
Ineffective jail diversion for those with mental illness and substance use
Child behaviors trigger students to be sent through JJ system instead of getting appropriate services
Lack of transitional programs for successful re-integration and reduction of recidivism
Lack of mentoring system for council members and leadership

External positives	External negatives
Community inclusion model	Movies – social media perpetuating stigma MH related violence
Veterans' initiatives	Low wages
Early childhood action plan initiatives and focus	Voting redistricting and restrictions
Growing workforce	Apathy -media overload
ADA Senior Advisor	Low wages
DPS Raise the Age	Lack of communication across advisory groups to promote synergy
Child Welfare reform	Using outdated minted services
403 Medicaid Transformation	
School MH initiatives	
NC Collaborative for Children, Youth & Families	
Adult Inclusion collaboratives	
Movies – Resilience, Ripple Effect,	
Community collaboratives and communication	

DRAFT

STRATEGIC PLAN



PROCESS

A team representing the North Carolina Mental Health Planning Council (NCMHPC) met for several months with Ted Johnson, Senior Consultant with Advocates for Human Potential (AHP) to discuss initial elements of a strategic plan for the NCMHPC. AHP is contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance to mental health or behavioral health planning and advisory councils.

The North Carolina Team included Damie Jackson-Diop, Dave Wickstrom, Garron Rogers, Ken Edminster, Susan Robinson, Walt Caison, and Lacy Flintall. Team meetings were held via conference call, focusing on process to develop a strategic plan.

Suzannah Kratz, Project Coordinator with AHP and Ted Johnson, AHP Senior Consultant met with the NCMHPC via teleconference to discuss the Council's proposed Mission and Vision. The results of that discussion were recorded and circulated to the Team members.

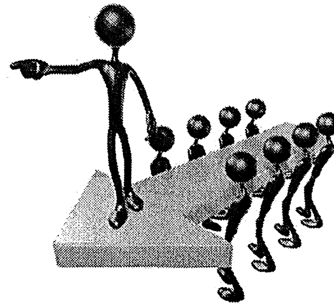
Kratz and Johnson met with the NCMHPC August 30 and 31, 2018 to confirm the Mission and Vision, identify Values of the Council, explore Council strengths, weaknesses, opportunities, and threats and identify positive and negative environmental factors. Council members then identified three short-term and three long-term priorities to address in the coming months. The leadership of the Council will assign specific tasks to committees to address the priorities.

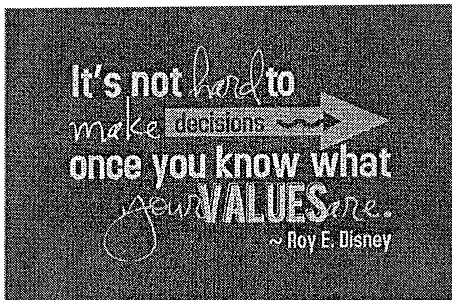
NCMHPC MISSION

The mission of NCMHPC is to advise and make recommendations on the *State Behavioral Health Plan(s)* for services and programs for children and adults with serious mental health needs and their families.

NCMHPC VISION

A mental health system that works for everyone.





NCMHPC VALUES

An effective coordinated responsive, inclusive, recovery orientated system of care of services and supports that build resilience for children and youth with serious emotional disturbances and adults with serious mental illnesses

NCMHPC STRENGTHS

Knowledge
Passion
Creative
Diversity
Respect for opinions
Humor
Take roles seriously
Committed
Responsibility
Willingness
Flexibility
Open Mindedness
Empathy / team work
Great leadership
Courage of state leadership
Advocates
Patience
Persistence
Inclusive
Supportive
Innovative approaches
Resilience
Good listeners
Fearless

NCMHPC WEAKNESSES

Limited influence
Not enough funding
Keeping members active
Member composition
Transparent conflicts of interest
Diversity
Changing landscape and how the Council fits
Points of leverage
Comprehensive understanding of how this fits into larger systems
Lack of young adults
Lack of understanding of changing landscapes
Finding points of leverage
Understanding data infrastructure
Challenge of the lesser voice heard
What makes a difference in engagement
Limitations of the data collected and how reality is reflected
Understanding spheres of influence
Participating is better in person
Political environment
Stigma associated with mental health and violence
Discrimination of mental illness
New member orientation
Acronyms
Lack of monitoring skills
Membership development
Law allows looking at the whole system
Very challenging to do this
MHBG review committee established
Volume of information / information overload
Council authority

OPPORTUNITIES

Voice in the state Transition BH Plan
Acknowledge and share member stories
Voice in the Raise the Age work (Juvenile Justice)
Knowing the skill sets of members to build bridges
Networking
Legislative updates at meetings
Develop leadership roles of members
Orientation process and handbook
Add the vision, mission, and values to the agenda
Engaged articulate adults, families, young adults
Use changes to support growth
Bring in substance abuse interests
Bring in co-occurring challenges
Children with complex needs, Olmstead, co-occurring
More opportunities in public health
Community inclusion model
Veterans' initiatives
Early childhood initiatives and focus
Growing workforce

THREATS

Reduced funding
Personnel changes
Loss of institutional knowledge
Political climate
Stigma associated with violence/victimization
Lost access to knowledge of EBPs – loss of NREPP
Changes in philosophical viewpoints
Fear of retaliation of speaking freely
Future membership and sustaining and growing diversity – equity, racism, all abilities
Deaf and hard of hearing and blind/visual impaired
Loss of emphasis and attention to children's services and supports
Discrimination in accessing and sustaining
Ineffective jail diversion for people with mental illness and substance use
Students sent through Juvenile Justice system instead of getting appropriate services
Lack of transitional programs
Lack of Medicaid expansion
Lack of plans for BH services and supports
Burn out
Lack of adequate state funding for uncovered individuals and non-Medicaid services and supports

ENVIRONMENTAL SCAN

EXTERNAL POSITIVES

Community inclusion model
Veterans' initiatives
Early childhood action plan initiatives and focus
Growing workforce
ADA Senior Advisor
DPS Raise the Age
Child Welfare reform
403 Medicaid Transformation
School mental health initiatives
NC Collaborative for Children, Youth and Families
Adult inclusion collaboratives
Movies – Resilience, Ripple Effect
Community collaboratives and communication

EXTERNAL NEGATIVES

Movies and social media perpetuating stigma
Low wages
Voting redistricting and restrictions
Apathy – media overload
Low wages
Lack of communication across advisory groups
Using outdated minted services

IDEAS FROM OTHER PLANNING COUNCILS

Consultant Johnson provided brief description of activities other Planning Councils were undertaking or planning.

MONITORING / EVALUATING

At least one Planning Council is conferring with the State Behavioral Health Authority to consider conducting a consumer survey online instead of face-to-face.

Instead of attempting to evaluate an entire mental health or behavioral health system, a particular service (such as crisis services) might be evaluated. It is possible to evaluate using data, but more information can be gathered through a "Secret Shopper" process.

Planning Council committees can study provider data, including comparing providers.

Many Planning Councils include providers as members and use the opportunity for mutual education.

Planning Councils can monitor accomplishment of specific goals included in the Block Grant application.

COMMENTING ON BLOCK GRANT APPLICATIONS AND REPORTS

Planning Councils provide time for Council members to be oriented to the elements in SAMHSA's Guidance for Block Grants.

Orientation to the Block Grant Guidance can include identifying measures which may lead to a behavioral health system emphasizing the values of the Planning Council.

Many Planning Councils have created a special committee to review Block Grant applications and reports to report to the full Council. Some Planning Council committees are included in drafting applications and reports.

ACHIEVING WIDER RECOGNITION FOR THE PLANNING COUNCIL

Many Planning Councils partner with other organizations representing or advocating for individuals with disabilities.

Planning Councils can learn from other Planning Councils through formal or informal networks or by surfing the Web for Planning Council websites.

Some Planning Councils use social media to promote their message. At least one Planning Council has a weekly radio show discussing relevant issues.

ADVOCATING

Planning Councils create clear objectives for advocating. For example, "targets" for advocating are chosen: perhaps more treatment slots, increased housing opportunities, employment opportunities, or keeping the family together.

Planning Councils decide what arena they will advocate: state government agency or agencies, the legislature, local government agencies, or the general public.

IMPROVING INTERNAL AND EXTERNAL COMMUNICATION

Planning Councils invite representatives of other, related organizations to present with written and oral reports: NAMI, Mental Health America, Federation of Families, DBSA, or recovery organizations. State agencies represented on the Planning Council often report items of interest. Presenting a recovery story to begin each meeting is another tool.

Planning Council committees often meet between Council meetings, typically through teleconference.

Another method to improve internal and external communication is by including non-members of the Planning Council on Council committees.

Internal and external communication can be improved if the Executive Committee sets the agenda for Council meetings.

SETTING PRIORITIES

Council members broke into three small groups to discuss their ideas for goals or priorities. They were asked to recommend three priorities or goals they believed could be addressed and accomplished in 6 – 12 months and three for accomplishment in 12 – 18 months.

The priorities were listed and members voted for the top three in each category. The following table displays the results of the voting.

PRIORITIES / GOALS	
SHORT-TERM (6-12 months)	LONG-TERM (12 – 18 months)
Develop member handbook and orientation manual	Rethink guardianship
Utilize social media	Remain current on Transition top Community Living Initiative (TCLI)
Communicate with Department Secretary supporting plans for children to receive mental health services in state	Review Medicaid expenditures as a new measure

NEXT STEPS

Leadership of the NCMHPC will utilize the material produced to create plan to achieve the priorities or goals. It was suggested this grid might be a way to display that plan:

ACTION PLAN FOR NCMHPC			
GOAL	**METHOD(S)**	**TIMELINE**	**WHO / COMMITTEE**