## North Carolina Mental Health Planning and Advisory Council (NCMHPAC) Meeting Minutes of October 5, 2018 – Final approved

Meeting location: 1121 Situs Court, 320, Raleigh, NC 27606 1-888-251-2909; 5814639#

Present: Dave Wickstrom, Vice Chair, Mary Edwards, Tammy Theall Deppe, Gail Cormier, Damie Jackson-Diop, Chair, Gwen Belcredi, Nina Leger, Victoria Jeffries, Jeff McLoud, Lisa Worth, Billie Deppe, Mary Lloyd, Bert Bennett. Lucy Dorsey, Paula Lahichi, Lacy Flintall, Virginia Knowles-Marcus
 Phone: Terri Shelton, Wes Ryder, Peg Morrison, Staff: Ken Edminster, Walt Caison, Susan Robinson
 Guests: Kathy Nichols (phone), Dr. Carrie Brown (phone), Vicki Smith

	Agenda Item/Presenter	MHBG Relevance	Action
	Discussion	Resources/Data Sources	
1	Meeting Convened/Introductions The meeting was convened; welcome and introductions were completed.	NCMHPAC BylawsNCMHPAC Role:https://www.ncdhhs.gov/divisions/mhddsas/councils- commissionsMeet 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.	✓ None
2	Approval of Minutes/ Review of Agenda Discussion: The agenda was reviewed with adjustments for time.	NCMHPAC Bylaws	<ul> <li>The agenda was adjusted for time.</li> <li>Minutes of 8/3/18 and 8/30-31/18 were approved after a motion to approve with minor edits for posting by Jeff McLoud, second by Terri Shelton; the vote carried unanimously.</li> </ul>
3	<ul> <li>Public Comments - Members of the public can address the Council. Limit of three minutes.</li> <li>Discussion: None; no comments.</li> </ul>	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/grant s/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	Hurricane Florence Impact and Response Discussion: -Dave provided a summary of his agency's volunteer efforts during Florence disaster response with individuals in shelters in Wake county and vicinity. -Gwen and her agency is working with Back@Home, a Governor's initiative funded that provides \$12M to help transition for rehoming, offering rental assistance, supplies with flexibility to assist. -The Governor also approved 40 hours of community service leave for state staff to assist in shelters. -Ken and Susan worked as part of the State Emergency Management Team (SERT) at the	<ul> <li>MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</li> <li>Access to crisis services &amp; supports</li> <li>Consumer and Family Services</li> <li>Support and promote access to services - especially recovery supports &amp; post-vention interventions</li> <li>Sustain successful engagement</li> <li>Provide information to those who work with consumers and families.</li> <li>Reduction in suicide deaths, attempts, hospitalizations</li> <li>Reduction in health disparities.</li> <li>Resources/Data Sources: https://www.ncdhhs.gov/assistance/hurricane- florence https://governor.nc.gov/donate-florence-recovery</li> </ul>	<ul> <li>None for Council.</li> <li>Dave will share after action report when completed.</li> <li>Request report from Lisa Haire in crisis and emergency services.</li> </ul>

Emergency Operations Center (EOC) throughout Florence and in the aftermath. -Shelters were initially opened in many communities by DSS as well as Red Cross; gradually the operation of all shelters transition from DSS to Red Cross as part of the NC Emergency Management plan. Disaster Recovery Centers are opening as shelters are closing to assist survivors. -Significant concern was expressed regarding special needs shelters, adequate supports for those with SMI and I/DD; concern for some that access was denied to larger shelters. There are reports that ACT was not being provided to those are part of TCLI whose home destroyed. A federal complaint will be filed regarding these concerns. An afteraction report will be submitted regarding choice and access. DRNC as the P & A authority were not allowed to approach individuals in a Lumberton shelter. Federal court intervention reversed Red Cross local shelter position under an MOU with Red Cross supporting all P&As would be allowed access in the shelters to do monitoring and debrief in shelters after monitoring. - Training by was provided for use of Narcan in shelters in the event of an overdose. -It was agreed that the impact and response were pervasive across NC counties. Recovery will be long term and impact extensive to many who had not recovered or just recovered from Hurricane Matthew.

	- LME-MCOs less affected have rallied to assist in impacted areas and especially the LME-MCOs and providers/networks. Susan shared this example <u>https://youtu.be/bgbMGLOplig</u>			
5	<ul> <li>DMHDDSAS Director's Update</li> <li>Kathy Nichols, Assistant Director</li> <li>Discussion:</li> <li>Kathy introduced the Council to Dr. Carrie</li> <li>Brown summarized the following:         <ul> <li>Change in division staff –</li> <li>Carrie Brown provided an overview of her</li> <li>perience, including with all ages, integrated</li> <li>e, inpatient, and community ACT services.</li> <li>Disaster response – Dr. Brown clarified</li> <li>staff deployment to shelters, the PASSR</li> <li>process and level 1 and level 2 screenings</li> <li>with the aim of preventing people from being</li> <li>institutionalized. DHHS Assistant Secretary,</li> <li>Michael Becketts determined DHHS/DSS staff</li> <li>assignments during the disaster and response</li> <li>in shelters.</li> <li>A lot that went well during the storm and in</li> <li>the aftermath, far better than Matthew.</li> </ul> </li> <li>DMH update – Dr. Carrie Brown's strong</li> <li>background in integrated care and working</li> <li>relationship with DPS &amp; justice systems is</li> <li>advancing DHHS priorities for those with SMI</li> <li>and SED and co-occurring disorders. She is</li> <li>Engaging LME-MCO Medical Directors on a</li> <li>monthly basis and supervising other retail</li> <li>processes. The DHHS Secretary had foresight</li> </ul>	<ul> <li>DMHDDSAS is the State MH Authority (SMHA) - organizational responsibilities, comprehensive system for MH services &amp; supports; MHPC adviser to DMH on the implementation of the MHBG plan.</li> <li>MHBG Domain Criteria, Priority Areas &amp; Outcomes (NOMs):</li> <li>Understand Implications for the MHBG Priority Populations, especially those who are uninsured, underinsured, non-Medicaid eligible, diverse ethnic, cultural &amp; 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.</li> <li>DHHS Concept and Policy Papers <a href="https://www.ncdhhs.gov/policy-papers">https://www.ncdhhs.gov/policy-papers</a></li> </ul>	✓ ✓	Dr. Brown requests that any communication be directed to Lisa Haire, DMH Disaster Coordinator, and copy to Dr. Brown. Ken & Walt will follow-up on use of Cherry during Florence. DMHDDSAS leadership will continue to provide a Division update as a standing item on the Council agenda.

	to appoint DHHS Deputy Secretary for BH and		
	I/DD with oversight of DSOF and DMHDDSAS		
	to look at the system as a whole.		
	Kathy stated that:		
	-Public discussions have been convened		
	reviewing the adult peer support definition;		
	there is a webinar next week. She encourages		
	the Council to participate and provide public		
	comments on the definition. The family peer		
	support definition will have 4 regional public		
	review sessions to be convened in the next		
	few weeks as well. The Council is urged to		
	review and provide comments.		
	-Stakeholder engagement and		
	communication plan are being finalized for		
	the Tailored Plan.		
	Legislative reports and updates will be		
	forthcoming. Staff have been updated for		
	consistent messaging. Stakeholder forums		
	will be convened, with plan to track &		
	document response even though with		
	thousands of comments this is hard to do		
	DHHS-DMH/DMA does reply to public		
	comments as possible. Holly Riddle is tasked		
	with developing easy to understand talking		
	points and replies.		
6		Networking Lunch/Information Exchange	
	Membership and Nominations for Vice Chair	NCMHPAC Bylaws	<ul> <li>✓ Council reviewed member list,</li> </ul>
7	Discussion: Ken reviewed the membership	NCMHPAC Bylaws	terms, positions represented
	and designated positions outlined in the		both those required by the
	bylaws and federal requirements. Ken stated		MHBG and the by-laws.

	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. Ken indicated that there are at least 5 members whose terms are ending: Terri Shelton, Lucy Dorsey, Mary Lloyd, Gail Cormier, Damie Jackson-Diop. -Damie's term as Chair expires; Dave will move from Vice Chair to Chair per the by- laws in December. -Nominations were submitted for Vice Chair. -Recruitment for new members has begun. -Ken reported letter notifications of terms and 'thank you for your service' are forthcoming.	SFY18-19 Plan is posted on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/me ntal-health-block-grant NCMHPAC candidate nomination form member application form can be found on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/me ntal-health-block-grant	<ul> <li>✓</li> <li>✓</li> </ul>	Vice Chair nominations received included Nina Leger (by Mary Lloyd) and Lacy Flintall (by Billie Deppe). Each will provide a brief bio and statement of interest to Ken that will be shared with the Council prior to December's meeting at which time a vote will be taken. The Council voted in support of Damie remaining a member of the Council to December 2019, with motion by Mary Lloyd and second by Gwen Belcredi. Member candidate form will be disseminated seeking interested individuals.
			$\checkmark$	
8	Agenda Modification The following items will not be covered as scheduled. Team building exercise Member stories Retreat Review		<ul> <li>✓</li> </ul>	Agenda items removed from the agenda.
9	<b>By-Laws Discussion:</b> -Dave opened the discussion stating the Council should not let fear dictate threat of loss. There are so many talented individuals who are on the Council and will be inspired to be leaders of this group. Growing new leaders will help the future of the Council remain stable and strong.	NCMHPAC Bylaws SFY18-19 Plan is posted on the NCMHPAC web page: <u>https://www.ncdhhs.gov/divisions/mhddsas/grants/me</u> <u>ntal-health-block-grant</u>	<ul> <li>✓</li> </ul>	Council will review by-laws at least annually as required in the by-laws and consider revisions discussed. Council will develop handbook that includes the by-laws & procedures.

	-Future consideration regarding by law revisions that may be needed: Add procedural process for notification of terms ending 6 months prior to the end of the term to allow the Council time to recruit and recommend new members so that seats do not remain vacant. Add procedural process to alternate leadership for chair (adult) and vice chair (child) Consider a standing committee -executive committee that meet with staff in planning meeting calendar, agenda and meetings. Reflect by laws & process in the orientation handbook; suggest DMH letter – thank you for your service & welcome new member stating terms, meeting schedule and expectations to engage actively, send regrets, etc. Address health of organization, opportunity to develop new leadership, officer terms, e.g. serves one 2-year term, of a total of 3-year membership.	NCMHPAC candidate nomination form member application form can be found on the NCMHPAC web page: https://www.ncdhhs.gov/divisions/mhddsas/grants/me ntal-health-block-grant	
10	Member Updates: <u>Lucy Dorsey</u> – Sandhills is opening a Facility Based Crisis service for adults – 16 beds and are working on one for children/youth; very exciting and long awaited to meet gap in crisis array. <u>Jeff McLoud</u> – will graduate with his MBA in December from ECU and is <u>Peg Morrison</u> – NAMI NC annual conference in Greensboro https://naminc.org/get-	MHBG Domain Criteria, Priority Areas &         Outcomes (NOMs): Council membership,         representatives, role         Resources/Data Sources:         Collaborative partnerships         Agency web sites	✓ None.

11	involved/nami-north-carolina-events/2018- nami-nc-annual-conference/ <u>Victoria Jeffries</u> is working on an article regarding suicidality and higher education. <u>Wes Rider</u> – is reviewing peer support curricula. <u>Lacy Flintall –</u> developing new youth leadership series <u>Lisa Worth</u> – is working with home repair agency and meals on wheels, secured Home Depot grants to aid in building ramps and accommodations. <b>Adjourn:</b> The meeting was adjourned, and all were thanked for their participation.	MHBG/MHPC References Future Items: MHBG annual report review; 2019 calendar planning; QM reports on NCTOPPs, DMHDDSAS initiative updates Resources/Data Sources:	<ul> <li>✓</li> </ul>	Next meeting November 30, 2018, 1:00 pm conference call to review MHBG annual report prior to submission. Meeting was adjourned with Lucy Dorsey's motion to adjourn, Nina's second, motion carried.		
2018 Meeting Dates November 30 1:00 pm call - December 7 https://www.ncdhhs.gov/divisions/mhddsas/grants/mental-health-block-grant						