### Action

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCMHPC Role</td>
<td>Presentations/Introductory Remarks</td>
</tr>
<tr>
<td>Health Plan</td>
<td>Retreat &amp; active planning steps taken during the meeting. Welcome电脑上对各位领导的欢迎</td>
</tr>
</tbody>
</table>
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):

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

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

<table>
<thead>
<tr>
<th>MHBG Plan Applications SMHA (DMH) to SAMHSA</th>
<th>Date due to SAMHSA</th>
<th>MHPC meetings &amp; role</th>
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<tbody>
<tr>
<td>2-Year Plan (FFY 2018-2019)</td>
<td>September 1, 2017</td>
<td>Feb-April-June draft plan</td>
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<tr>
<td></td>
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<td>June-August review</td>
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<td></td>
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<td>MHPC letter</td>
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<tr>
<td>Mini application update (FFY2019)</td>
<td>September 1, 2018</td>
<td>August review/MHPC letter</td>
</tr>
<tr>
<td>MHBG Annual Report (FFY2018)</td>
<td>December 1, 2018</td>
<td>October/November/MHPC letter</td>
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<tr>
<td><strong>Strengths</strong></td>
<td><strong>Weaknesses</strong></td>
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<td>-------------------------------------------------------------------------------</td>
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<tr>
<td>Knowledge</td>
<td>Limited influence</td>
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<tr>
<td>Passion</td>
<td>Not enough funding</td>
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<tr>
<td>Creative</td>
<td>Keeping members active</td>
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<tr>
<td>Diversity</td>
<td>Member composition</td>
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<tr>
<td>Respect for opinions</td>
<td>Transparent Conflicts of interest</td>
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<tr>
<td>Humor</td>
<td>Diversity</td>
<td></td>
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<tr>
<td>Take roles seriously</td>
<td>Changing landscape and how the council fits and points of leverage (ability to make connections &amp; influence changes)</td>
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<td>Committed</td>
<td>Comprehensive understanding of how this fits into larger systems – a constant challenge as all the other parts of the big picture changes</td>
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<td>Responsibility</td>
<td>Lack of young adults (nina, victoria, lacy?)</td>
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<td>Willingness</td>
<td>Lack of understanding of the changing landscapes and role in the larger system</td>
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<td>Flexibility</td>
<td>Finding points of leverage to be effective</td>
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<td>Open mindedness</td>
<td>Understanding data infrastructure</td>
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<td>Empathy/ team work</td>
<td>Challenge of the lesser voice heard – know more about the 90% - what can be done to hear from the 10% (more energy in pursue ETH)</td>
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<td>Great leadership</td>
<td>What makes a difference in engagement</td>
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<tr>
<td>Courage of state leadership</td>
<td>Limitations of the data collected and how is reality reflected?</td>
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<td>Advocates</td>
<td>Understanding spheres of influence – missed opportunities to bring voices to the table and share info about the MHPC</td>
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<td>Patience</td>
<td>Participating long distance by phone is helpful though better in person</td>
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<tr>
<td>Persistence</td>
<td>Political environment</td>
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<tr>
<td>Inclusive</td>
<td>Stigma associated with mental health and violence</td>
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<tr>
<td>Supportive</td>
<td>Discrimination of mental health</td>
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<tr>
<td>Innovative approaches</td>
<td>New member orientation</td>
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<tr>
<td>Resilience</td>
<td>Acronyms</td>
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<tr>
<td>Good listeners</td>
<td>Lack of monitoring skills</td>
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<tr>
<td>Fearless</td>
<td>Membership development</td>
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<tr>
<td>Knowledge</td>
<td>To what extent is the council prepared to monitor or review the</td>
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<tr>
<td>Passion</td>
<td>Law allows looking at the whole system</td>
<td></td>
</tr>
<tr>
<td>Creative</td>
<td>Very challenging to do this</td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>Are we clear on what that means?</td>
<td></td>
</tr>
<tr>
<td>Respect for opinions</td>
<td>(solution - MHBG review committee established)</td>
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</tr>
<tr>
<td>Humor</td>
<td>Volume of information/information overload</td>
<td></td>
</tr>
<tr>
<td>Take roles seriously</td>
<td>Council authority</td>
<td></td>
</tr>
</tbody>
</table>

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

**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

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

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

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:

<table>
<thead>
<tr>
<th>ACTION PLAN FOR NCMHPC</th>
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<tbody>
<tr>
<td>GOAL</td>
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