Attachment: NCMHPAC Meeting Minutes August 4, 2017 - Approved

DRAFT --- MHPC Priorities SFY18-19,19-20				
Priority Populations	**need**	**strategy**	**Outcome/ measures**	**opportunities**
Children& Youth with SED B-18 (3-18-DMH)				
	Keep children with MH/SUD needs in school Involved in school/stay in school LME/MCO role with children & youth Trained school personnel in Youth MHFA & suicide prevention	DPI – SMHI NC Collaborative – coordinated info DPS – diversion contracts Court counselors ? SRO role - ? Schools establishing MH services DPI working with DMA to provide MH services to students in schools # of schools have MOAs or contracts with providers	DMH NCTOPPS – # of referrals to schools vs. JJ (JJ seen as best chance for services) # of suspensions/expulsions SMHI annual report	School MH Services - State plan - DPI working with DMA -
	Access to MST in all regions in NC Access to FFT (modify Intensive In-Home Service definition)	DPS explore changing criteria & protocol	DMH NCTOPPS – involved in justice DPS – JJ community programs data – case/program level data from contractors (Sept)	School Justice Partnerships – court counselors in schools

	Comprehensive assessments			October mtg (Cindy Porterfield/Jean S) DPS doesn't refer to MST bkz of CCA required
				ECMH – young children with mental health needs
				Trauma informed systems and
	Family and Peer to peer			SOC High Fidelity Wraparound Teams
	Youth leadership & peer to peer	Building capacity across the state Sustainability VR funding for peer to peer &		NC Youth MOVE
Priority population	**need**	**strategies**	**Outcomes/measures**	**opportunities**
Adults with SMI (including young adults 18-25, working age adults, older adults)	Peer to peer IPS peers & family advocates	VR funding for peer to peer & Consider: embed requirement for community outreach, training, marketing, promotion related to		

	Older adults – SUD, suicide prevention Co-occurring /SUD Co-occurring Increase primary care for older adults with MH/SUD – Medicare/Medicaid # adults entering guardianship – in adequate funding or services for assessment (Medicaid doesn't see as a deemed medically necessary service to be covered)	strengthen, grow service components NCIOM TF recommendations Community re-entry, assessments & treatment -provider education -self-advocacy with older -NC Medical Society - A role for consumer/family advocates in this training - Tool kit DSS provide overview of issue and #s referred, evaluated, outcomes of	Trainings provided # trained, behaviors changed	

		those evaluations; funding levels - ??over utilization vs CM navigating MH system		
Priority Population	**need**	**strategies**	**Outcome/measures**	**opportunities**
Children/youth 16-25 yr old with ESMI/FEP	Large need Sustain TTA – hospitials, primary care/ community pscyh, high schools, community colleges, higher ed			
Across populations	**need**	**strategies**	**Outcome/measures**	**opportunities**
	Structures for meaningful consumer & family voice/input (advisory, leadership) going forward in a different proposed local, health/BH care administration and state levels	May be: Local CFAC Existing local structures? Build consensus and implement strategies and measure those outcomes of this (feedback loops) e.g. NCPIC – community inclusion (broad-based) plan effective	e.g. degree to which consumer family voice is engaged across all levels in decision-making bodies/advisory committees DMH and/or DMA contracts with Work with county commissioners??	

		what would it look like to be inclusive and responsive to youth, families, adult consumers as a routine part of doing business? NCIOM patient consumer involvement in health care – lessons learned & recommendations		
Innovation of services & supports	Peer supports	Create innovative funding cycles for MHBG -initial funding for 2-3 years -facilitate - what would we lose if not funded, state's role in sustainability, alternative funding overtime, Peers and family/youth partners are part of the solution – creating new opportunities (health coaching, CM, skills mgmt., etc Veteran's court – diversion		

State and BG $ are essential for public safety net for children, youth and families and adult living with MH/SUD **# referred, seen, denied, treated**	Unmet needs Public sector			
Ensure how MHBG funds are spent	Meet needs Monitor expenditures Meet MOE in next 2 years (not met MOE for SFY17)	DMH quarterly calls with LME/MCOs for expendtures and populations served, unmet needs		

Primary Criterion	Children & Youth	Adults
Criterion 1 – Comprehensive Community-Based Mental Health Service System		
Criterion 2 – Mental Health System Data Epidemiology		
Criterion 3 – Children's Services		
Criterion 4 – Targeted Services for Rural and Homeless Populations and to Older Adults		
Criterion 5 - Management Systems		

Transportation – higher for adults

Access to care

Access to community inclusion activities

Cost of medication

Culture of MH providers and cultural responsiveness

Substance Use Disorders & Co-occurring & Complex Needs

EBP –

Letter of endorsement

Key messages

- Spend MHBG on needs to meet public safety net and monitor and document expenditures and outcomes to demonstrate this
- Structures for meaningful consumer & family voice/input (advisory, leadership) going forward in a different proposed local, health/BH care administration and state levels
- Create a process to have the capacity to fund innovation and incorporate sustainability which can take a lot of forms – phase in next steps, expand in other parts of the region and state, replicate, share expertise and provide technical assistance to replicate sites

✓ MHPC is committed to seek ways to highlight innovation that are evidence informed or practice based evidence outside traditional funding streams
✓ MHPC is committed to seek and Promote innovation and practice exchanges
✓ MHPC is a resource and eager in future planning and implementation phases with DHHS/DMDHDDSAS and other departments

MHPC embraces community inclusion (refer to Well Together) and growing a healthy well able NC from the youngest to the oldest individual, students, those parenting, vets and active military

MHPC sees an exciting and rich opportunity to lead the way in integrating Peers and family partners and youth/young adult partners are part of the solution – creating new opportunities (health coaching, CM, skills mgmt., etc (as outlined in NCIOM Patient Mgmt) – health navigators, basic disease mgmt, e.g. Healthy Ideas) peer support, health navigators,

Key populations youngest to oldest, those parenting, those individuals

Key strategies

Establish review committee to continue with ongoing review of the adequacy, allocation, mechanisms of sustainability

Addressed to Jason

Cc to LME/MCOs

Process letter of endorsement – committee cc to council