

North Carolina Mental Health Planning and Advisory Council

August 30, 2017

Dr. Jason Vogler
Senior Director of MH/DD/SAS
3001 Mail Center
Raleigh, NC 27699-3001

Dear Dr. Vogler:

The NC Mental Health Planning and Advisory Council (NCMHPAC) reviews the current year and trends data and services provided to children with serious emotional disturbance and adults with serious mental illness for whom the Community Mental Health Services Block Grant is intended to serve. We believe it is essential to reinforce and strengthen the public safety net for those of all ages who are most in need of services and supports and who cannot access them through Medicaid or other third parties. We believe utilization of these federal block grant and state funds to support an effective responsive public safety net is essential.

We believe an effective, responsive system openly engages children, youth, adults, and families as peers and partners. We support an effective coordinated recovery oriented system of care of services and supports that builds resilience for children and youth with serious emotional disturbance and adults with serious mental illness delivered efficiently, using limited resources to meet the growing needs in our communities.

As a collective, we carefully consider the varied experiences and expertise we each bring to the Council; our work and life in communities is extensive. Many of us and those we represent are involved in statewide and community initiatives and in related advisory groups.

We reviewed plan components and identified priorities for the two-year SFY18-20 plan. Throughout the year, meetings focused on plan elements. Modifications to the measures, indicators and targets were made and are reflected in the plan. The Council's decisions and recommendations were based on the data reviewed, and the gaps and needs identified by the Local Management Entities-Managed Care Organizations (LME-MCOs) and provider networks that were reported to the Division and in turn reported to the Council. We pursued, reviewed and considered broad based stakeholder comments through a Council electronic survey and are drafting a new survey for the new plan year. We continue to seek public comment through various forums as a standing agenda item at each Council meeting.

This year, the Council established a committee to review the plan, endorse recommendations of the Council to the division, and in the future this committee will continue the ongoing review of the adequacy of block grant allocations, innovation and mechanisms for sustainability. By consensus, at the August 4th meeting the Council recommends the following priorities for all populations be considered:

- Expand and implement sustainable models for certified peer specialists, family partners, and youth/young adult peer partners and innovative ways in which peers, and peer-run services can be funded, embedded and sustained in communities to meet gaps and build on strengths. We can improve outcomes and explore sustainable solutions when we engage and promote synergy across our diverse consumers, youth and family partnerships. These partnerships offer possibilities for engaging in new opportunities (e.g., health coaching, case management skills, life skills management, health navigators, basic disease management, Healthy Ideas for suicide prevention) and other examples such as those outlined in *A Partnership for Culture Change A Report of the NCIOM Task Force on Patient and Family Engagement* (NCIOM, 2015) <http://www.nciom.org/wp-content/uploads/2015/07/PFE-Report-FINAL.pdf> and in the *Suicide Prevention and Intervention Plan: A Report of the NCIOM Task Force on Suicide Prevention and Intervention* (NCIOM, 2012) http://www.nciom.org/wp-content/uploads/2012/08/SuicidePrev-report_web.pdf.
- Spend mental health block grant funds on needs to meet public safety net, increase access, reduce behavioral health disparities, and monitor and document these expenditures and outcomes to demonstrate impact, to make adjustments as needed, and support sustainability.
- Create and sustain structures for meaningful consumer and family voice/input (i.e., advisory, leadership and decision-making forums) going forward in varied proposed local, health and behavioral health care administration and state levels.
- Create and sustain a process to build the capacity to fund innovation and incorporate sustainability including but not limited to: phasing in next steps/documenting implementation frameworks for scale up of models in other parts of the region and state, replicating, sharing expertise and providing technical assistance to replicate site.
- Embrace as the NCMHPAC embraces community inclusion (i.e., as outlined in *Well Together – A Blueprint for Community Inclusion: Fundamental Concepts, Theoretical Frameworks and Evidence*, Salzer & Baron, 2016) and growing a healthy well able North Carolina from the youngest infant, toddler and preschooler to the oldest individual; students; those parenting; vets and active military and their families and caregivers; those most serious and those most at risk in their life course. [https://media.wellways.org/inline-files/Well%20Together 2%20May%202016 Final Web 0.pdf](https://media.wellways.org/inline-files/Well%20Together%20May%202016%20Final%20Web%200.pdf).
- Embrace, create and sustain Community Resilience Model such that statewide mental health promotion and mental health recovery is both possible and the norm.
- Implement proactive and culturally responsive strategies to strengthen resilient communities and specifically lessen contacts with law enforcement and the legal and justice system as well as death disproportionately impacting health communities of color.
- Equip and strengthen community capacity for using tools for recovery, addressing health disparities and promoting natural supports, sufficiency especially in light of the current highly politically charged climate. Some examples include scaling up across the state the use of adaptable evidence-based wellness tools such as Wellness Recovery Action Plan (WRAP)

skills and other exceptional and accessible models to promote statewide mental health recovery action agenda.

The Mental Health Planning Council is a vital resource and available as the division implements different though related plans including: this two-year block grant plan, the DMHDDSAS annual strategic plan and as the DHHS strategic behavioral health plan for the community and facility-based service system is implemented beginning January 1, 2018. The Council is an invaluable resource related to access, navigating complex systems special populations, and integration of whole-person quality coordinated care. We know there is much to be done to meet the unmet needs in North Carolina. We look forward to opportunities to offer recommendations aimed at improving outcomes for consumers, youth and their families as this two-year plan is implemented and a public safety net is strengthened in future state reforms.

By this letter, we affirm our active role with the NC DMHDDSAS in planning for the priorities and strategies of the SFY18-20 plan. In so doing, we are mindful and extremely concerned for the significant proposed reduction in the mental health block grant funding to our state. We believe this reduction will significantly impact the state's public safety net and impede facilitating innovative person-centered and peer, youth and family driven service system that we collectively envision.

Sincerely on behalf of the NCMHPAC,



Damie Jackson-Diop, Chair