

## North Carolina Mental Health Planning and Advisory Council (NCMHPAC)

### Meeting Minutes of June 2, 2017 - Approved

Meeting location: 3724 National Drive, Suite 100, Raleigh, NC 1-888-273-3658; 2490768#

**Present:** Damie Jackson-Diop, Chair, Jim Swain, Gwen Belcredi, Vicki Smith, Jim Swain, Dave Wickstrom, Lucy Dorsey, Gail Cormier, Wes Rider, Garron Rogers, Mary Edwards, Lucy Dorsey, Jack Register, Jean Steinberg

**Phone:** Bert Bennett, Tammy Theall, Mary Lloyd, Wes Rider, Jeanne Preisler (for Kevin Kelley) Marcus Stevenson, Jason Vogler

**Staff:** Walt Caison, Susan Robinson, Karen Feasel, Ken Edminster

**Guests:** Ken Scheusselin, Lorna Moser, Stacy Smith, NC Youth MOVE leadership: Kyle Reece-President, Logan Washington-Vice President, Latasha Harris-Secretary, Caderrick Lindsey-Sergeant at Arms

**1) Welcome & Introductions:** Damie Jackson-Diop, Chair, convened the meeting. All were welcomed. Introductions were completed.

**2) Review of Agenda:**

**Discussion:**

Damie indicated the agenda is formulated and information during this meeting is for the Council to consider as it relates to current MHBG Plan implementation and the two-year MHBG Plan to be developed and related measures and grant plan narrative.

**Action:** The agenda was reviewed with minor time modifications. By consensus, the Council followed Chair's recommendation to adjust time on the agenda for NC Families United and NC Youth MOVE, who are MHBG sub-recipients who were asked to prepare a report to the Council, though were omitted from the agenda. Time was modified accordingly in order for the Council to receive their reports.

**3) Approval of Minutes**

**Action:** A motion to approve the minutes as amended was presented by Jean Steinberg, a second by Gail Cormier; no discussion, unanimously approved, no objections, no abstentions.

**4) Public Comments. Members of the public can address the Council. Limit of three minutes.**

**Action:** None

**5) MHBG Sub-recipient Vendor Overview & Reports – NC Youth MOVE & NC Families United and NAMI NC**

**Discussion:**

**NC Youth MOVE** – Garron Rogers, NC Families United Transition Coordinator and NC Youth MOVE Coordinator, introduced the panel of young people and provided an overview of NC Youth MOVE. NC Youth MOVE representatives included the following: Kyle Reece-President, Logan Washington-Vice President, Latasha Harris-Secretary, and Caderrick Lindsey-Sgt at Arms. Each of the youth leaders provided

a component of the PowerPoint presentation and offered their personal perspective and/or their story in offering examples of outcomes demonstrated from the MHBG funds invested in 14-26 year old youth/young adults who are living with mental illness and/or substance use disorder and/or their siblings.

Garron Rogers and Kyle, President, NC Youth MOVE, provided an overview of NC Youth MOVE, current state organization, local chapters, and activities, such as youth leadership series with a goal to help youth tell their stories and promote youth voice and effective youth engagement locally and at the state level. "Youth are not in a special box, we gain skills to say it is hard to do the right thing, it easy to do the wrong thing. We all represent different cultures, we all have same focus and purpose, help younger generations."

Strategic planning goals developed by the NC Youth MOVE were reviewed. Some of these include to: be more visible in communities; provide peer support for youth; continue to implement RENEW (An evidence based practice that teaches youth to be more goal oriented, self-reliant in staying in/succeeding in school and life skills through a youth led team and plan.); and seek ways to sustain youth leadership in communities across the state, especially in those communities in which Youth MOVE is developing (5 different communities) in order to help next generation to be strong self-advocates and advocates for others. Youth leadership series is held annually, this year eighteen youth participated over 7 weeks, to aid in regional development of youth leaders and NC Youth MOVE chapters. Joint leadership discussions have been occurring across youth/young adult leadership groups such as SAYSO, and interested others. Monthly, at least on average, an interagency opportunities to educate and inform groups about the strengths and needs of youth/young adults living with mental illness and/or substance use.

**NC Families United** – Gail Cormier provided an overview of the current funding initiatives and scope of work of NC Families United through the MHBG funding of \$140,000 this SFY. Among the activities and positions funded are: NC Youth MOVE activities and Garron Rogers' position, part of the Executive Director's position, a bookkeeper/office manager and Family Partners who work with the state DMHDDSAS and LME/MCO System of Care (SOC) Coordinators on behalf of families with children experiencing serious emotional disturbance (SED). Family and youth leaders regularly support the work among 64 different local, regional and state level interagency groups. Initial funding in 2008, helped the DMHDDSAS expand focus and grow the SOC work of family leadership development, Sustained and growing scope of work has expanded from beginning with 6 family members to 350 strong currently, from 32 new Family Partners, 3 new Family driven care trainings, 2 Family Partner 101 trainings, Child MH Awareness activities in May now strong across the state and more developed in more than 42 counties, Based on a recent SAMHSA SOC Expansion grant site visit, NC has the strongest statewide family and youth behavioral health network that is well-trained and actively engaged family and youth in the nation. Grant outcomes directly relate to the strength of peers, families and youth, engaged in direct services and related transition supports.

Damie, provided full disclosure that she serves on the National Youth MOVE Board of Directors.

#### **Council Discussion Recommendations:**

- Increase coordination with the Centers for Independent Living (CIL). Dave will follow-up with Garron and Kyle. E.g. present info on NC Youth MOVE to all of the CIL directors across the state; tap into pre-employment funds through VR (must find providers in order to access funds).
- Stabilize and grow family and youth peer support across the state and defined as part of the service array.
- Begin Youth MOVE in other communities across the state; at least in one community in each of the LME/MCO catchment areas.
- Continue to work across agencies, e.g. Raise the Age as Garron and Kyle mentioned, and help providers understand competencies for working with youth and young people, e.g. diversity and competencies are not just about race and ethnicity, it is about engaging in good responsive person/gender sensitive clinical practice with the youth, not at or to the youth or as a number
- Consider ways to pay youth to work on each of the program elements.
- Consider sustainability strategies and ways to leverage additional funding.

**NAMI NC** – Jack Register provided an overview of National Alliance on Mental Illness in NC. Jack distributed the 2013-2014 annual report, a national program flyer and brochure. Jack referred the Council to information contained in the report distributed regarding the scope of work NAMI NC implements within a 12 month period. Jack stated NAMI is a “membership organization.” Jack stated there are 30 affiliates across the state, however “the state is not directly connected to the affiliates.” Jack stated he represents the voice of my affiliates; my local folks then become the voice; my board wants to know who will have access to information shared with the Council. NAMI is an advocate organization, not a direct service provider organization – the only direct services is the Helpline, a balance is needed. Most affiliates are completely volunteer. The State office is the only place where full time staff are located, in NC there are 12 employees. A Helpline runs 8-5 and is staffed by an adult certified peer specialist; the line responds to about 1,000 calls a year, less than past years. NAMI national promotes peer to peer and family to family programs, in our own voice and related NAMI national promoted educational programs addressing destigmatizing and decriminalizing those living with mental illness. NAMI at the local level supports and promotes implementing CIT – Crisis Intervention Training for law enforcement teams which is informed by people with lived experience. There are 20 NAMI on Campus efforts being implemented; locations cannot be provided at this time. Jack stated that there is a tension nationally and in NC; NAMI state offices need to shrink and local offices need to grow. NAMI NC was one of the first in the nation to be chartered. Jack announced he was leaving NAMI NC. Niccole Karim will serve as interim director. The Board will be conducting a search for a new executive director.

#### **Council Discussion Recommendations to the Division of MHDDSAS:**

- Consider requiring a sustainability plan as part of standard contract initiation and a set goal/outcome of the contracts and funded. For MHBG funds this will give opportunity for a percentage of funding allotted for innovation.
- Suggest implementing NAMI’s Family to Family on military bases and with Veterans units/centers; this will save lives – 5 Vets die every week in NC.

#### **Overall Actions:**

Vicki Smith made a motion for the Council to discuss the need (scope of work related to population priorities) and sustainability of programs funded under the MHBG in future meetings due to the

concern for loss of and reduced federal funds. Terri Shelton offered a second; no further discussion, no objections, no abstentions, motion unanimously passed.

Dave Wickstrom requested that NAMI NC provide current scope of work and budget contained in the current contract as part of public records and the outcomes achieved during the last SFY and in the current SFY for Council review and that in the future, sub-recipients provide the information requested by the Council. Damie indicated this was drafted by the Council and distributed in March, 30 days prior to the first sub-recipient reports requested in April. At that time NAMI NC was scheduled to provide a report to the Council.

#### **6) Perception of Care: Summary and review of survey- Karen Feasel (11:15-12:00)**

**Discussion:** Karen reviewed the summary of the perception of care survey results following the PowerPoint provided. Karen explained the charts, tables and trends and referred to questions as they appear on the different surveys for children & youth and adults served during the point in time of the surveys implementation.

##### **Council Take-away notes for further study, priorities & planning:**

- Interface of Gaps & Needs & Perception of Care - Consider looking at a combined analysis of gaps and needs and perception of care (to see a better snapshot)
- Youth treatment planning - Children and Youth involvement continues to decline now for the second year. This trend is concerning.
- Transportation - 11% and 15% reported transportation is interfering in people accessing services and adults report cost of medication
- Disproportionality – this persists as an issue; consider further – issues persist with non-Medicaid eligibility and under insured/uninsured.
- Disparities – geographic, ethnic & racial health/behavioral health disparities, rural and urban trends, provider competencies and responsiveness for engagement

**7) Networking Lunch-(12:00-12:30) –** Mary Edwards provided a brief summary of the beginning work on developing a DHHS Behavioral Health Strategic Plan required by the legislature and due to January 1, 2018.

#### **8) MHBG Sub-recipient Overview and Report: UNC- Chapel Hill Presentation: Institute of Best Practices and TA Center for Excellence for ACT- Lorna Moser (12:30- 2:00)**

**Discussion:** Lorna Moser, Ph.D., is Psychologist and the Director of Institute for Best Practices and Center for Excellence within the UNC-CH Department of Psychiatry. **Focus of the scope of work:** A key focus of implementing best practices is the “goal to thrive not just survive.” An example of practice changes that make sense and would positively impact service recipients of ACT, is to include Occupational Therapy as an included service as it is critical for life skills. Other countries include this in the covered service components. On average, it takes up to 17 years to research efficacy and outcomes that support an effective service for field implementation. The center is trying to close the gap on implementation and dissemination science.

**Practice Model Fidelity:** As a basic example on the practice of model fidelity, Lorna Moser, offered the following example: The internet’s “best chocolate cookie” recipe – that rated 5 stars by all

reviewers - ALL stated they modified the recipe. It was not the original recipe that was the 'best' and each reviewer modified the recipe differently. This is not model fidelity.

Over the past 5 years, the Center has been part of the national work in revising the fidelity scales DACT and TMACT used to assess provider practice to model fidelity and support corrective action plans. The TMACT scales are now used across the state of NC and in 15 states and 3 countries.

The Institute was created in order to assist in the state's Transition to Community Living Settlement and establishing necessary community based services such as High Fidelity ACT. North Carolina has an ACT Coalition of providers that aims to sharpen practice and advocate for support of best practice, approximately 95% of active operating teams in NC. The Center grew out of the Institute's work and has branched out into work with the courts and justice systems. There are online trainings and more to launch in the coming year. Fidelity monitoring is ongoing. There is a need to integrate evaluation and outcomes in real time (NCTOPPS? or other?). New York State has a good example of transparent connected data.

#### **Council Take A-ways:**

- Additional information is needed to better understand how and the amount of MHBG funds are used for this contract and its relation to total funding. It is not clear how sustainability is being addressed.
- Outcomes from the center's training and model fidelity imply that higher fidelity teams have a higher level of participation in the coalition to improve best practice and that ACT recipients are engaged in employment and demonstrate better outcomes. Consider disparities and geographic distribution across the state and depth of services to the population in need.
- Consider raising the bottom floor of team performance for ACT and IPS to improve higher standards of care as benchmarks are met.
- Fidelity practice has improved, the challenge still remains with LME/MCO & providers e.g. Person centered planning.
- Better understand what sustainable services/resulting outcomes look like and need e.g. stable and multi-stream funding.
- There is a perfect fit and opportunity for implementing IPS with Transition age youth services – and IPS ++.

**Action:** Damie indicated this information is for the Council to consider as it relates to current MHBG Plan implementation and the two-year MHBG Plan developed and related measures.

#### **9) Chairperson's Report( 2:00-2:45)**

- **Vice Co-Chair** – candidates are being asked to send a brief 4-6 sentence bio and statement of interest and experience for the serving in a Council leadership position to Damie for Council consideration. These will be reviewed at the next meeting.
- **Leadership Academy Update** – Monthly TA calls with other states and with NC team have provided information helpful to Damie as Chair considering ways to increase engagement, diversity of representation, and member preparation and support as well as mechanisms for facilitating sustainable strong leadership and Council membership over time. An opportunity to pursue additional TA is an option; Damie obtained consensus to pursue.
- **Review of By-Laws** – An annual review of the By-laws is required.

- **Action:** Damie asked members to review the current by-laws (last updated in January 2016) for revisions to be discussed in June. The by-laws require an annual review to keep them current and group's work effective.
  - Members were asked to share Disclose conflicts of interest statement, Disclose funding statements samples for consideration for council membership.
- **Draft of Meeting Survey – comments to date have included the following:**
  - Meeting format – possibly pursue training from the Institute of Government meeting rules for small organizations or the NC State Center on Non-Profits
  - Appreciate the structure for the meeting format
  - Orientation packet or handbook would be helpful
  - Very packed agenda – would prefer more time to discuss information
  - Prefer no more working lunches
  - Strengthen phone participation – the meeting room and phone system make it difficult.
  - Pursue using adobe connect
  - Need to modify the survey to get better information from stakeholders

**10) Council Member Updates (2:45- 3:00) – None due to time.**

**10) Adjourn** – Damie adjourned the meeting at 3:15 p.m., all were thanked for their enthusiastic participation. Future meetings dates were highlighted. Travel reimbursement requests need to be submitted to Ken Edminster.

**2017 Meeting Dates**

**August 4<sup>th</sup> ~ October 6<sup>th</sup> ~ December 1<sup>st</sup>**