**Adult Services Committee Meeting**

**June 10, 2020**

**Co-chairs:** Angela Ellis, John Carroll, Clint Lewis and Felissa Ferrell

**Attendees:**

Cindy Potter Burke County

Glenda Stokes NC DHHS

Mary Mehan Craven County

Adrian Black Cumberland County

Wes Stewart Pender County

Julia Port Burke County

Tamica Lyons Cumberland County

Heather Skeens Guilford County

Crystal Black Cumberland County

Preston Craddock Greene County

Steve Yost Iredell County

LaPorscha McCullough Alamance County

Amanda Vanderoef Henderson County

Jenise Horton Guilford County

Barbette Colvin New Hanover County

Susan Thigpen ??

Diane Hayden Guilford County

Christy Jones Duplin County

Chris Carr Cumberland County

Sean Dwyer New Hanover County

Carol Larkins Lenoir County

Anthony Hodges Cabarrus County

Kailee Morrow-Jennings Alamance County

Anne Cooper Pasquotank County

Debbie McGuire Rockingham County

Barbara Jones Avery County

Chiquita Gooding-Register New Hanover County

Tameka Riggsbee NC DHHS

Brandy Mann Tyrell County

Karen Harrington Catawba County

Megan Lamphere NCDHHS

Julie Sebastion Alexander County

Marlana Riley Yadkin County

Tammy Bare Cabarrus County

Pamela Nelms Franklin County

Kimberly McGuire Wayne County

Becky Wise Harnett County

Susie Branch Surry County

Jimmy Treires NC DHHS

Ann Roberts Forsyth County

Rodney Franklin Catawba County

Daina Frederick Rowan County

Peg Argent Gaston County

April Black NC DHHS

Jennifer Teague Buncombe County

Karey Perez NC DHHS

Lori Hall Rutherford County

Patricia Baker Davidson County

Denyse Leake NC DHHS

Jerricke Fontenette Johnston County

Amy Pridgen-Hamlett Nash County

Kathi Graham NC DHHS

Debbie Green Pamlico County

Lori Leggett Beaufort County

Sarah Maness-Smith NC DHHS

Latawnya Hall Alamance County

Melanie Corpew Beaufort County

Nina Stout Davidson County

Jerri McFalls Henderson County

Stacy Smith NC DHHS

Angela Wall Cumberland County

Lisa Jackson NC DHHS

Amanda Tanner-McGee Cherokee County

Janella Lee New Hanover County

Bunny Critcher Moore County

Francine Hines Washington County

Clifton Hardison Washington County

Edwin Bass Harnett County

Melinda Lane Columbus County

Pam Stewart Carteret County

Toni Welch Randolph County

Tammy Schrenker Moore County

Sobeida Adolphus Forsyth County

Tammy Chaney Hoke County

Angie Phillips NC DHHS

Cim Brailer Chatham County

Tami Hefner Catawba County

Carla Mebane Currituck County

Laurie Potter Hyde County

Angela Ellis Greene County

Kenya Leach Forsyth County

Joann Windley NC DHHS

Vickie Miller Davidson County

Felissa Ferrell Rockingham County

Shea Neal Nash County

Jane Dudley ??

April Snead Scotland County

Dean Bethea Lincoln County

Adrian Daye Alamance County

Renae Minor Chatham County

Robert Lee Guilford County

Anna Davis Perry Edgecombe County

Nina Williams Wayne County

Lynn Fields Sampson County

Mary Rubright New Hanover County

Tina Lewis Forsyth County

Angi Polito Guilford County

Donza McLean Stanly County

Teresa Hargett Robeson County

Valerie Phelps Tyrell County

Korey Fisher-Wellman Burke County

Linda Clements Alexander County

Jessica Edwards Jones County

Charles Lycett Dare County

Cathy Murray Rockingham County

Katie McCarron Dare County

**Presentation**: State-Funded Adult Mental Health Service Array

**Presenters**: Stacy Smith and Jimmy Treires from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**Community Mental Health:**

1. Assertive Community Treatment—vocational/educational goals, increased adherence to treatment goals, reduce inpatient level of support, improve physical health, increase use of community living and supports, wellness self-management tools and recovery. There are currently 80 teams in NC. TCLI - starting to do fidelity evaluations - we have a reliable tool and actually measure how the team is actually aligning their services. The LME/MCOs can only have those ACT teams that score a 3 or higher. It needs to align with best treatment.
2. Integrated Dual Disorders Treatment (IDDT) – to work individuals who have mental health and substance use disorders; Motivational interviewing, CBT and harm reduction methods.
3. Community Support Team (CST) - QP/AP/paraprofessional, certified peer support, clinician; they work to help increase the ability to function in major life domains, reduce symptoms, reduce crisis episodes, increase ability to be independent, increase function in community participation, self-management, increase coping skills and social skills. Strong focus on housing first practices; helping adults achieve rehabilitative and recovery goals.
4. Critical Time Intervention (CTI) 9-month intensive service case management model with mental illness who are going through critical transitions and who have functional impairments. Must transition within 45 days from the start of services. Reduce incarceration, hospitalizations, etc. This is not a statewide service; it is only a State funded service with certain LME/MCOS. Partners and Alliance offer this service right now. Partners has 1 - 2 CTI teams; Alliance is starting a CTI team to work with folks coming out of the Justice system. May be expanding it to Foster Care transition for those youth transitioning 18 - 21 year olds; need to find an LME/MCO that would be willing to do that service (access to the dollars).
5. Individual Placement Support and Support Employment - person centered, behavioral health service with a focus on employment that provides assistance in choosing, acquiring and maintain competitive paid employment in the community. The individual will find competitive employment and maintain it; credits to educational programs and increases their average pay and hours worked in a week. We have roughly 34 teams across the state. 44 - 45% outcome rate throughout the State. It is offered by all the LME/MCOs in the State. There are some pockets where it may not be readily available.
6. Transition Management Services (TMS) - A rehabilitative service, through TCLI - focuses on life domains. Achieve the recovery goals in the PCP, continue community accessibility, improve personal, social and community living skills, improve functional roles. It is only available to the TCLI right now. It is only State funded.
7. Peer Support Services (CPSS)-persons who are certified and self-identifies as a person in recovery from mental health or substance use disorder. Helps to promote recovery, self-determination, self-advocacy, engagement in self-care, etc. Increased engagement in self-directed recovery process, higher levels of empowerment and hopefulness in record, improved life skills; reduce hospitalizations. No time limit - must meet criteria.
8. Psychosocial Rehabilitation PSR - focused for individuals with psychiatric disabilities; help them be successful in their environments. Addressed the functional problems associated with complex or complicated conditions to mental illness. Help them improve the beneficiaries daily living, financial management and maintain stability. PSR cannot be combined with ACT; they want ACT to help find the person find their community, then transition to PSR.

State funding questions:

If we request a state funded service, such as Transition management services, and it is denied due to the lack of funding, can it be appealed? Yes, but the person has to be part of TCLI. They are focused on tenancy supports and tenancy skills.

Also, try to reach out to the LME/MCOs if you have a concern or a grievance; they all have phone lines to discuss concerns.

919-715-3197 - Contact Glenda Stokes or her team if you have a question or concern once you have spoken with the LME/MCO.

**Crisis Programs:**

1. Mobile Crisis Management (MCM) - available 24 hours per day, 7 days a week and 365 days a year. Provides an immediate evaluation, triage and access to acute mental health, IDD or SAS. MCM cannot provide services if the individual is receiving ACT or CST. Crisis response that provides an immediate evaluation, triage and access to acute mental health, IDD, or SUS to refer to treatment, support symptom reduction, harm reduction.
2. Facility Based Crisis (FBC) - an alternative to hospitalization for adults who have a mental illness or SUD. A 24-hour residential facility with 16 beds or less. This is a non-hospital setting for beneficiaries in crisis. They do take IVC papers at Child FBC - Charlotte (Monarch) and Asheville - (RHA).
3. Behavioral Health Urgent Care (BHUC) – cross-age, MH, IDD or SUD diagnosis. 4 years and older; they will triage and do a risk assessment. They can do some med bridging, etc. If they need a higher level of care, it is up to the BHUC to get them to the higher level of care. The person is not supposed to go over the 24-hour threshold; it is an alternative but not a replacement, to a community hospital Emergency Room. Tier III - 12 hours per day, 7 days a week; Tier IV - is open 24 hours a day, 7 days a week, 365 days a year. The can see first evaluations for IVC, Crisis/Risk Assessment, referrals and case management. Inclusion of family and natural supports. A list of the FBC and BHUCS should be forthcoming.

**Housing:**

1. Family Living low and moderate - provides family style supervision and monitoring of daily activities, professional staff provide support and education to both the individual and the staff. Covers costs related to the placement only - rent, subsidy to the family, etc.
2. Group living low, moderate or high - State funded services, not Medicaid. 24-hour service, room and board. Home like environment, up to five individuals. Supervision, therapeutic interventions, home living skills and leisure time activities. Designed so individuals can remain in the community instead of an institution.

**Pilot Projects:**

1. Resources Intensive Comprehensive Case Management (RICCM) - Under Gov. McCory -assembled a group concerning systemic issues to improve service quality and access for individuals across the state. An innovative partnership between Vaya, FHA, and Mission Hospital; have been continuously operating since July 2, 2017 and has submitted 10 quarters of data. RICCM has offered 1,800 individuals; 42% accepted, 9% worked with Peers and 49% declined the service. This is a State funded service. RICCM does not work with folks with IDD, but focuses with folks who have mental health or co-occurring SUD. For those who accepted the services, it showed a decrease in individuals utilizing EM and inpatient services.
2. Peer Operated Respite (PORS) - it is 100% run by Peers; it is a wellness program. Provides temporary services for 3-4 days to support persons served in emotional distress or urgent crisis. They are trained in Intentional Peer Support Model; it is a diversion to a stricter setting or higher level of care; most appreciate the less restrictive environment along with it being community based and consumer run. Sunrise Community and Wellness in Asheville, NC. This is a mental health block grant funded pilot.
3. Promoting Integration of Primary and Behavioral healthcare (PIPBHC) - it is a SAMHSA grant that NC received. They work with adults with MH and SUD disorders - 3 sites; one site for child/adolescent programs. Focuses on primary and specialty care services along with mental health and substance use services and prevention. Focusing on integrated care, with a focus on wellness activities and retaining participants in treatment.

**COVID-19 Response:**

1. Calendared for a later meeting due to time.

**Partner Reports:**

* 1. DAAS Karey Perez:

1. Funding HB1043 25 million for a one-time payment to those who qualify for SA Medicaid. That initial run will fund over $19 million for over 14,000 individuals. Any new SA Medicaid recipients would be
   * 1. HB 1043-section 3337-APS/CPS funds - working on a funding formula.
     2. APS data: Today we will be sending out Adult Services results for FY 18-19; we will gather the information in a similar way next year. We have been collecting APS numbers - We feel there are a lot of unreported cases right now when compared to same time period in 2019 -April 19.8% decrease; May 24.7% decrease. We will be watching this closely.
     3. Training calendar will be coming out; webinars that have been recently released.
     4. Recognizing Elder Abuse Awareness Month - from Mother’s Day to Father’s Day. Thank you for the work you do to protect older and vulnerable adults.
   1. DMH/DD/SAS Lisa Jackson:
2. Our Division is interviewing for a new disaster mitigation manager - will help coordinate disaster preparedness, mitigation and responsiveness.
3. DAAS and DMH - working on a playbook for DSS staff basic information, containing information on LME/MCOs, general information, their links to their member handbooks, etc.
4. Continue to check the department website.
   1. DHSR-ACLS-Tameka Riggsbee: \* SENT BY EMAIL AFTER THE MEETING
5. NCDHHS, in coordination with North Carolina Emergency Management and the National Guard will be distributing packs of Personal Protective Equipment to long-term care facilities across the state to help ensure they can meet the guidance regarding infection prevention in their facilities. Each pack includes 14-days worth of face shields, procedure masks, gloves and shoe covers. This information has also been shared with DSS Directors, Supervisors and AHS to make sure their ACHs/FCHs are aware of the distribution dates/times.
6. Emergency Preparedness information was sent to providers, Administrators and shared on the ACLS News Listserv June 1st to encourage a review of facilities emergency preparedness plans for the upcoming hurricane season.
7. Please let us know if there are personnel changes so we can update our email listservs. We have also added a listserv for Program Managers to help with good communication.  Let me know if you are not receiving our emails if you are a Director, Adult Services Supervisor, Program Manager or AHS.
8. The Department has been working on drafting guidance for easing restrictions in long-term care and congregate living settings. The first guidance document will be published soon for small residential facilities, including supervised living group homes and family care homes (and some others). Guidance for larger facilities is still being developed. At this time, all recommendations for restrictions on visitation, communal dining and group activities remain in place.
9. This is the end of the fiscal year. Fourth Quarter Oversight reports are due by July 15th. If any staff needs to complete training before this date, please let me know.