



Name of Meeting
MEETING MINUTES

Date: October 29, 2015

Time: 1:00-5:00pm

Location: McKimmon Conference Center, Raleigh

MEETING CALLED BY	Governor's Task Force on Mental Health and Substance Use
TYPE OF MEETING	Task Force meeting

ATTENDEES: 75 total

COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Richard Brajer	Secretary of Health and Human Services	<input checked="" type="checkbox"/>	Dale Armstrong, MBA, FACHE, Deputy Secretary	NC Behavioral Health and Developmental Disability Services	<input checked="" type="checkbox"/>
Chief Justice Mark Martin	Supreme Court of North Carolina	<input checked="" type="checkbox"/>	Sonya Brown, Team Leader	Justice Systems Innovations, NC DMHDDSAS	<input checked="" type="checkbox"/>
Commissioner Ronald Beale	Macon County	<input checked="" type="checkbox"/>	Walt Caison, Ph.D., Section Chief	Community Mental Health, Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Sheriff Asa Buck III	Carteret County	<input checked="" type="checkbox"/>	Courtney Cantrell, Ph.D., Director	NC DMHDDSAS	<input checked="" type="checkbox"/>
Chief District Judge Joseph Buckner	North Carolina District Court 15-B	<input checked="" type="checkbox"/>	Terri Catlett	NC DPS	<input checked="" type="checkbox"/>
Bruce Capehart, MD, Medical Director, OEF/OIF Program	Durham VAMC	<input checked="" type="checkbox"/>	Spencer Clark, Assistant Chief	Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Lisa Cauley, Child Welfare Division Director	Wake County Department of Social Services	<input checked="" type="checkbox"/>	Scott Coleman	NC DHHS	<input checked="" type="checkbox"/>
Karen Ellis, Director	Cleveland County Department of Social Services	<input checked="" type="checkbox"/>	Nancy Henley	NC DMA	<input checked="" type="checkbox"/>
Samuel Ervin, IV, Associate Justice	Supreme Court of North Carolina	<input checked="" type="checkbox"/>	Margaret Herring, Mental Health Program Manager I	Community Mental Health, Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Donald Hall, Chairman	Pender County ABC Board	<input checked="" type="checkbox"/>	Dawn Johnson	Project Management, Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Brian Ingraham, CEO	Smoky Mountain LME/MCO	<input checked="" type="checkbox"/>	Rachel Johnson	Justice Systems Innovations, Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
William Lassiter, Deputy Commissioner for Juvenile Justice	North Carolina Department of Public Safety	<input checked="" type="checkbox"/>	Gary Junker	NC DPS	<input checked="" type="checkbox"/>
Benjamin Matthews, PhD, Deputy CFO for Operations	North Carolina Department of Public Instruction	<input checked="" type="checkbox"/>	Kevin Kelley, Section Chief	Child Welfare, NC DSS	<input checked="" type="checkbox"/>
Greta Metcalf, LPC, COO	Jackson County Psychological Services	<input checked="" type="checkbox"/>	Kristin O'Connor	NC DSS	<input checked="" type="checkbox"/>
Deborrah Newton, JD	Attorney	<input checked="" type="checkbox"/>	Anne Precythe, Assistant Director	Community Corrections, NC DPS	<input checked="" type="checkbox"/>
David Passmore, Vice President of Residential Services	Boys and Girls Homes of North Carolina	<input checked="" type="checkbox"/>	Jeanne Preisler	NC DSS	<input checked="" type="checkbox"/>
Ashwin Patkar, MD, Medical Director, Duke Addictions Program	Duke University Medical Center	<input checked="" type="checkbox"/>	Ken Schuesselin, Consumer Policy Advisor	Director's Office, NC DMHDDSAS	<input checked="" type="checkbox"/>

Katherine Peppers, CPNP	Growing Child Pediatrics	<input checked="" type="checkbox"/>	Jason Simmons	NC DHHS	<input checked="" type="checkbox"/>
Jack Register, MSW, Executive Director	National Alliance on Mental Illness – North Carolina	<input checked="" type="checkbox"/>	Stacy Smith, Team Leader	Adult Mental Health, Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Dave Richard, Deputy Secretary	NC Department of Health and Human Services	<input checked="" type="checkbox"/>	Anna Stein	NC DPH	<input checked="" type="checkbox"/>
Steven Scoggin, MDiv, PsyD, LPC, Assistant Vice President of Faith and Health and Behavioral Health	Wake Forest Baptist Medical Center	<input checked="" type="checkbox"/>	Flo Stein, Deputy Director	Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
George Solomon, Director of Prisons	NC Department of Public Safety	<input checked="" type="checkbox"/>	Karen Steinour	NC DPS	<input checked="" type="checkbox"/>
Donna Stroud, Associate Judge	NC Court of Appeals	<input checked="" type="checkbox"/>	Hope Walker	DPS NCABC Commission	<input checked="" type="checkbox"/>
Kurtis Taylor, Jr., Outreach/Re-entry Coordinator	Oxford House, Inc.	<input checked="" type="checkbox"/>	Laura White, Team Leader	NC State Operated Facilities	<input checked="" type="checkbox"/>
Gloria Whitehead for Senator Tamara Barringer		<input checked="" type="checkbox"/>			
Lorin Freeman, JD	Attorney	<input type="checkbox"/>			
Dr. Mike Lancaster	SouthLight, Inc.	<input type="checkbox"/>			
Rep. Susan Martin		<input type="checkbox"/>			
Dr. John Santopietro	Mecklenburg Co	<input type="checkbox"/>			
			GUEST		
			NAME	AFFILIATION	
			Secretary William Hazel, Jr., MD	Virginia Department of Health and Human Services	
			Joel Bartz, Intern	NAMI - NC	
			Michael Basse for Rep. Martin	NC General Assembly	
			Chris Baucom	NC ACC	
			Emily Biggs	Welwynn	
			Andrew Brown	Supreme Court of NC	
			Michael Bullock, National Director of Managed Markets	BioDelivery Sciences International, Inc.	
			Karen Chapple, Executive VP of Operations	Coastal Horizons	
			Wei Li Fang, Ph.D., Director for Research and Evaluation	Governor's Institute on Substance Abuse	
			Lewis Finch, CEO/President	Welwynn Outpatient Center	
			Kipp Gray, Business Development Manager	Johnson & Johnson	
			Connie Hess		
			Sam Huffstetler, Cooperation with Professionals Coordinator	Alcoholics Anonymous	
			Leon Inman	NC ACC	
			Lisa Lackmann	UNC School of Social Work	
			Kevin Leonard	NC ACC	
			Sara McEwen, MD, MPH	Governor's Institute on Substance Abuse	
			Julie O'Hare		
			Ashley Orlovich,	Holly Hill Hospital	

			Community Liaison	
			Susan Pollitt	Disability Rights NC
			Patrice Roesler	NC ACC
			Lao Rubert, Director	Carolina Justice Policy Center
			Khalil Tanas, MD, Medical Director	Alliance Behavioral Healthcare
			Jeff Tippett	Governor's Institute on Substance Abuse
			John Wagnitz, MD, President	John G. Wagnitz MD PA
			Adam Zolotor	NC Institute of Medicine

1. Agenda topic: Similar Task Forces in Virginia

Presenter(s): Secretary William Hazel, Jr., MD

Discussion	<ul style="list-style-type: none"> Virginia Governor's Task Force for Improving Mental Health Services and Crisis Response: Transformation Team Recommendations (http://dbhds.virginia.gov/library/commissioner/cmsr-teamrecs-spring2015.pdf) <ul style="list-style-type: none"> (1) expand access (2) strengthen administration (3) improve quality Governor McAuliffe Directive Establishing Center for Behavioral Health and Justice (http://dbhds.virginia.gov/about-dbhds/news-and-press-releases/news/2015/03/24/09/50/mcauliffe-signs-directive) Heroin Summit in October 2014 (http://www.dcj.virginia.gov/trainingEvents/cple/heroinSummit2014/) (http://www.dhp.virginia.gov/taskforce/default.htm) Governor's Task Force on Prescription Drug and Heroin Abuse (http://www.dhp.virginia.gov/taskforce/default.htm) Recommendations of the Governor's Task Force on Prescription Drug and Heroin Abuse (http://www.dhp.virginia.gov/taskforce/minutes/20150630/TaskForceImplementationPlan.pdf) Appalachian Opium Summit of six states (VA, NC, KY, TN, WV, MD) (http://www.uvawise.edu/2015/09/23/appalachian-opioid-summit-held-at-uva-wise/) 		
Conclusions	<ul style="list-style-type: none"> Task Forces in VA are similar to the one in NC. NC can benefit from what VA learned, accomplished, and recommended. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> Task Force members will review recommendations that resulted from the VA Task Forces. 	Task Force members	1/19/16	

2. Agenda topic: Update by Workgroup on Children, Youth, and Families

Presenter(s): Bill Lassiter and Katherine Peppers

Discussion	<ul style="list-style-type: none"> Increase community and provider awareness about mental health issues to combat stigma through NAMI initiatives such as the No Stigma campaign (can sign pledge at http://www.nami.org/Get-Involved/Raise-Awareness/stigmaFree-Pledge) and the wearing of the lime green ribbon (https://www.facebook.com/GOLIME4mentalhealthawareness). Offer MHFA training to school personnel. Improve integrated care so that children ages 3 to 17 are screened for mental illness in primary care clinics. Refer children to appropriate community-based services that are adequately funded. 		
Conclusions	<ul style="list-style-type: none"> 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> Develop recommendations for the workgroup. 	Workgroup members.	1/19/16	

3. Agenda topic: Update by Workgroup on Adults

Presenter(s): George Solomon

Discussion	<ul style="list-style-type: none"> In their last meeting, they discussed stigma, evaluating linkages, specialty courts, involuntary commitment, diversion programs, care coordination, stable transitions back to the community, workforce development and training, and the appropriate role of peer support. Every individual deserves a "bed, buddy, and bucks". Use technology to enhance care. Increase consistency of behavioral health policies and services across the State. 		
Conclusions	<ul style="list-style-type: none"> 		

Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Develop recommendations for the workgroup. 	Workgroup members.	1/19/16

4. Agenda topic: Update by Workgroup on Opioid Abuse, Heroin Resurgence, and Special Topics

Presenter(s): Brian Ingraham and Sheriff Asa Buck

Discussion	<p><u>Priorities:</u></p> <ul style="list-style-type: none"> Efforts to heighten awareness of dangers of Rx opioid misuse/abuse and provide recommendations. Efforts to heighten awareness regarding the efficacy of and reduce stigma related to medication-assisted treatment and provide recommendations. Evaluate the use of heroin in NC and provide recommendations on best practices for prevention, treatment, and recovery. DHHS recommendation: review the State Plan to Reduce Prescription Drug Abuse and provide recommendations.
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Conclusions	<ul style="list-style-type: none">
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Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Develop recommendations for the workgroup. 	Workgroup members.	1/19/16

5. Agenda topic: President's Mental Health Engagement Task Force

Presenter(s): Commissioner Ronnie Beale

Discussion	<p><u>Recommendations of Task Force:</u></p> <ul style="list-style-type: none"> Strengthen Boards of Commissioners relationships with their LMEs/MCOs. Designate a staff person from every county to act as a liaison between the county manager and the LME/MCO. No wrong door in the counties for entry into the behavioral health care system. Implement Crisis Intervention Training in every county for Law Enforcement Officers and EMS workers, and System of Care coordination of services to children and their families (also in schools). Focus attention on prevention services at the county level.
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Conclusions	<ul style="list-style-type: none">
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Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> Develop a toolkit. Connect 911 to LME/MCO crisis hotlines by requesting 911 funds from the legislature. Increase the number of beds for seniors. Conduct training for magistrates on mental health including their role in the IVC process. Improve wraparound services. 	County commissioners.	

6. Agenda topic: Panel on Service Array

Presenter(s): Courtney Cantrell, Ph.D., Moderator

Discussion	<ul style="list-style-type: none"> Laura White, DHHS State Operated Facilities: <ol style="list-style-type: none"> 14 state operated facilities do not have the capacity to address current needs A significant number of individuals with substance use disorders (SUDs) have co-occurring mental illness. ADATCs serve medically monitored patients (detox and shorter term treatment while hospitals serve individuals needing longer term treatment. Patients with co-occurring disorders need a longer length of stay. A significant increase in the number of patients entering hospitals are incapable to proceed (ITP), which mean a longer length of stay. ITPs take precedence over those waiting in the emergency department so there is a backlog of patients, which affects patients and their families, local law enforcement, and behavioral healthcare providers. In addition, most ITPs are male (186), yet half of the 557 beds are allocated to women. Anne Precythe, DPS: <ol style="list-style-type: none"> Wake and Sampson Counties are conducting a pilot in which parole officers are being trained on mental health issues, and positive changes in the culture are occurring. There is a link between high risk individuals and mental illness.
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	<p>(2) Another grant will expand the pilot to six additional counties.</p> <ul style="list-style-type: none"> • Kevin Kelley, DSS: <ol style="list-style-type: none"> (1) Safety, permanency, and well-being of children is key as county Departments of Social Services provide child protective, foster care, and adoption services. (2) In 2011, DSS received a five-year grant to train social workers in trauma focused-cognitive behavioral therapy. (3) Children with behavioral health needs would benefit from therapeutic foster care. (4) In recent years, the number of children in foster care has risen to 10,000, with children staying longer and being harder to place. Parents also do not have access to community-based effective services, which leads to longer stays in the system. (5) The General Assembly has increased the age that children leave the foster care system, from 18 to 21. • Flo Stein, DMHDDSAS: <ol style="list-style-type: none"> (1) DMH has identified evidence-based practices for providers but has had difficulty bringing them to scale. The Diagnostic and Statistical Manual (DSM) is used for mental health while SUDs uses American Society of Addiction Medicine (ASAM) criteria. (2) The distribution of services varies across the State but DMH is trying to get continuity and consistency of services. (3) Prevention has only one source of funding—the SAMHSA block grant. • George Solomon, DPS: <ol style="list-style-type: none"> (1) Of the 36,700 inmates, 5,000 receive mental health treatment. This places a high burden on prison personnel. (2) They are trying to merge the mental health side with the chemical dependency side as the two are linked. (3) K2 is issue inside the prison. Synthetic drugs are causing problems in that the negative side effects are unknown. • William Lassiter, DPS: <ol style="list-style-type: none"> (1) Juvenile Crime Prevention Councils (JCPC) fund about 600 juvenile justice programs across the State. Psychological services are currently not available in every county. The DPS would like for the GAIN Short Screener to be administered to assess mental health and substance use by all participating youth and to improve access to appropriate evidence-based services based on the results. (2) Once a youth is committed, s/he is no longer eligible for behavioral health or DSS services through the family although court staff can work with the family. These youth need both mental health and substance abuse treatment while they are committed. (3) Undocumented children are not eligible for Medicaid yet they still need services. The court mandates services, but there is no money for them. (4) Half of those youth in residential treatment are in facilities outside the state. However, they are still under the supervision of the Division of Juvenile Justice (DJJ). It is costly to send staff out of state. Additionally, families are cut off from their children because of distance/transportation. (5) There are no sex offender services in NC. 		
Conclusions	<p>The following priorities were identified:</p> <ul style="list-style-type: none"> • Flexibility to push dollars where services are needed • Community services at front end • ITP plugging up system • Shortage of psychiatrists • Shortage of beds • Crisis array • Untreated SMI in jails • Lack of case management, which leads to worker burnout and turnover • Violence as underlying root problem • Parents have multiple unmet needs • Uninsured or underinsured • Siloed agencies 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Develop talking points and a marketing strategy to address General Assembly during the short session. 		Task Force members	1/19/16

Meeting Adjourned: 5:00 pm
Next Meeting: January 19, 2016