



**Name of Meeting**  
**MEETING MINUTES**

**Date:** January 19, 2016

**Time:** 1:00-5:30pm

**Location:** McKimmon Conference Center, Raleigh

<b>MEETING CALLED BY</b>			Governor's Task Force on Mental Health and Substance Use		
<b>TYPE OF MEETING</b>			Task Force meeting		
<b>ATTENDEES:</b> 96 total					
<b>COMMITTEE MEMBERS</b>			<b>STATE STAFF ATTENDEES</b>		
<b>NAME</b>	<b>AFFILIATION</b>	<b>PRESENT</b>	<b>NAME</b>	<b>AFFILIATION</b>	<b>PRESENT</b>
Rep. Marilyn Avila	40 <sup>th</sup> District	<input checked="" type="checkbox"/>	Tara Alley, EBP Specialist	NC DMHDDSAS	<input checked="" type="checkbox"/>
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"/>	Lisa Corbett	NC DHHS	<input checked="" type="checkbox"/>
Bruce Capehart, MD, Medical Director, OEF/OIF Program	Durham VAMC	<input checked="" type="checkbox"/>	Brenda Davis	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"/>	Melissa DeHaven, EBP Specialist	NC DMHDDSAS	<input checked="" type="checkbox"/>
Karen Ellis, Director	Cleveland County Department of Social Services	<input checked="" type="checkbox"/>	Lt. Gov. Jim Gardner	DPS NCABC Commission	<input checked="" type="checkbox"/>
Samuel Ervin, IV, Associate Justice	Supreme Court of North Carolina	<input checked="" type="checkbox"/>	Dan Guy, Communications Manager	NC DHHS Office of Communications	<input checked="" type="checkbox"/>
Lorin Freeman, JD	Attorney	<input checked="" type="checkbox"/>	Eric Harbour	NC DMHDDSAS	<input checked="" type="checkbox"/>
Donald Hall, Chairman	Pender County ABC Board	<input checked="" type="checkbox"/>	Jessica Herrmann	NC DMHDDSAS	<input checked="" type="checkbox"/>
Brian Ingraham, CEO	Smoky Mountain LME/MCO	<input checked="" type="checkbox"/>	Dawn Johnson	Project Management, Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Dr. Mike Lancaster	SouthLight, Inc.	<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"/>	Kevin Kelley, Section Chief	Child Welfare, NC DSS	<input checked="" type="checkbox"/>
Rep. Susan Martin	8 <sup>th</sup> District	<input type="checkbox"/>	Robert Kurtz, PhD	NC DMHDDSAS	<input checked="" type="checkbox"/>
Benjamin Matthews, PhD, Deputy CFO for Operations	North Carolina Department of Public Instruction	<input checked="" type="checkbox"/>	Jeanne Preisler	NC DSS	<input checked="" type="checkbox"/>
Greta Metcalf, LPC, COO	Jackson County Psychological Services	<input type="checkbox"/>	Ken Schuesselin, Consumer Policy Advisor	Director's Office, NC DMHDDSAS	<input checked="" type="checkbox"/>
Al Mooney, MD	Family Medicine & Willingway Foundation	<input checked="" type="checkbox"/>	Jason Simmons	Office of the Governor	<input checked="" type="checkbox"/>
Bryant Murphy, MD	UNC-Chapel Hill/NC Medical Society	<input type="checkbox"/>	Luther Snyder	ABC Commission	<input checked="" type="checkbox"/>
Deborah Newton, JD	Attorney	<input checked="" type="checkbox"/>	Anna Stein,	NC DPH	<input checked="" type="checkbox"/>

			Legal Specialist		
David Passmore, Vice President of Residential Services	Boys and Girls Homes of North Carolina	<input checked="" type="checkbox"/>	Flo Stein, Deputy Director	Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Ashwin Patkar, MD, Medical Director, Duke Addictions Program	Duke University Medical Center	<input checked="" type="checkbox"/>			
Katherine Peppers, CPNP	Growing Child Pediatrics	<input checked="" type="checkbox"/>			
Jack Register, MSW, Executive Director	National Alliance on Mental Illness – North Carolina	<input checked="" type="checkbox"/>			
Dave Richard, Deputy Secretary	NC Department of Health and Human Services	<input checked="" type="checkbox"/>			
Dr. John Santopietro	Mecklenburg Co	<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"/>			
Gary Junker for George Solomon, Director of Prisons	NC Department of Public Safety	<input checked="" type="checkbox"/>			
Donna Stroud, Associate Judge	NC Court of Appeals	<input checked="" type="checkbox"/>			
Kurtis Taylor, Jr., Outreach/Re-entry Coordinator	Oxford House, Inc.	<input checked="" type="checkbox"/>			
<b>GUEST</b>			<b>GUEST</b>		
<b>NAME</b>	<b>AFFILIATION</b>		<b>NAME</b>	<b>AFFILIATION</b>	
Jesse Bennett	NCSU		Karen Kranbuehl, CEO	ACT for Recovery, NC	
Lynn Bonner	N&O		Sandra Kutkuhn	Craven County	
Shannon Brown	CareNet Counseling		Lisa Lackmann	UNC School of Social Work	
Karen Buck	DCC, NCDPS		Kym Martin	NCDPS	
Chris Budnick, VP of Programs	Healing Transitions		Donald McDonald	RCNC	
Barbara Burns, PhD	Duke University School of Medicine		Sara McEwen, MD, MPH	Governor's Institute on Substance Abuse	
Susan Byerly	CareNet Board		Anthony McLeod, Director of Operations	Governor's Institute on Substance Abuse	
Tad Clodfelter, CEO	SouthLight Healthcare		Tim Morris	Attorney	
Kathryn Daugherty	CareNet Counseling		David Mountcastle	Clean Slate	
Trisha Elliott			Rebecca Murdock, Attorney	NC Sentencing Commission	
Michael Englert, LPC	NCSU Community Counseling, Education, and Research Center		Julie O'Hare	Johnson & Johnson	
Paul Evans, Consultant	Cone Behavioral Health		Susan Pollitt	Disability Rights NC	
Wei Li Fang, Ph.D., Director for Research and Evaluation	Governor's Institute on Substance Abuse		Diana Rodriguez	Center for Safer Schools	
Kipp Gray, Business Development Manager	Johnson & Johnson		Lao Rubert, Director	Carolina Justice Policy Center	
Michelle Hall	Sentencing Commission		Bebe Smith	UNC School of Social Work	
Barbara Hallisey, Associate Clinical Director	Partners LME-MCO		Missy Stancil	CareNet Counseling	
Robin Huffman	NC Psychiatric Association		Margaret Stargell, President and CEO	Coastal Horizons Center	

Sam Huffstetler, Cooperation with Professionals Coordinator	Alcoholics Anonymous		Jeff Tippett	Governor's Institute on Substance Abuse
Ruth Hurst, PhD	Central Regional Hospital		Breque Tyson, PhD	Department of Defense
Debbie Insley	Government Underage		Mike Vicario	NCHA
Victoria Johanningsmeier	Governor's Institute on Substance Abuse		Janice White, Director of Project Development	Neuro Community Care
Nicholle Karim, Public Policy Coordinator/Lobbyist	NAMI NC		Laura Willing	UNC
Keith Kimbro, SA Call Responder	Alcohol and Drug Council of NC		Claretta Witherspoon, Family Centered Care Coordinator	UNCG

**1. Agenda topic:** ABC Commission

**Presenter(s):** Lt. Gov. Jim Gardner and Luther Snyder

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Emphasis on the Task Force on the ABC Commission is on underage drinking.</li> <li>Lt. Gov. showed a 7-minute video featuring 3 parents whose children had died from accidents as a result of drinking and an adolescent who was the only survivor of a car crash.</li> <li>Mr. Snyder discussed the <i>Start the Conversation, Stop Underage Drinking</i> campaign and the <a href="http://TalkItOutNC.org">http://TalkItOutNC.org</a> website.</li> <li>The ABC Commission is a \$5.5 billion industry, with 18,000 locations and 60,000 permits. One person dies per week from underage drinking accidents, which cost the State \$1M per year. A survey of middle schoolers and adults found that middle schoolers think underage drinking is more of a problem than adults do. Education is critical. In addition to education, the ABC Commission conducts training of individuals who have permits to sell alcohol and enforces laws. Alcohol cannot be sold to individuals under the age of 21 or to those who are intoxicated.</li> <li>Research on the effects of drinking on the developing brain is being conducted in four NC universities. The devastating effects are life long.</li> <li>Challenges include (1) parents who do not discuss drinking with their children; (2) peer pressure/societal demands; and (3) young people learning to take responsibility for their actions and making the right choices.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>Public education is critical so that parents can have a conversation about drinking with their children.</li> </ul>		
<b>Action Items</b>		<b>Person(s) Responsible</b>	<b>Deadline</b>
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**2. Agenda topic:** Legislative process for translating recommendations into legislation

**Presenter(s):** Sen. Tamara Barringer and Rep. Marilyn Avila

<b>Discussion</b>	<ul style="list-style-type: none"> <li>The short session starts on April 25.</li> <li>Sen. Barringer said the most effective ways to work with the legislature is (1) to develop a relationship with the legislator, including offering oneself as a resource and (2) keep the message focused, strong, and consistent. Task Force members should contact the legislative assistant to explain what the message is and ideally meet face-to-face, putting aside political differences as the issues are about children and families.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>The short session makes it infeasible to address all recommendations. Develop a phased plan after examining which recommendations would be most likely to succeed during the short session and in future years.</li> </ul>		
<b>Action Items</b>		<b>Person(s) Responsible</b>	<b>Deadline</b>
	<ul style="list-style-type: none"> <li>Identify the appropriate sub-committees in the General Assembly with which to work and forward to Dale Armstrong.</li> <li>Mr. Armstrong will identify which districts are represented by which legislators on the various committees.</li> </ul>	Sen. Barringer, Mr. Armstrong	

**3. Agenda topic:** Report: Workgroup on Adults

**Presenter(s):** Dr. John Santopietro

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Problem statement: number of North Carolinians with substance use disorders (SUDs) and serious mental illness (SMI) in 2012</li> </ul> <table border="1"> <thead> <tr> <th></th> <th>General Public</th> <th>Probation</th> <th>Parole</th> <th>State Prison</th> <th>Jail</th> </tr> </thead> <tbody> <tr> <td>SUD</td> <td>1,225,096</td> <td>35,870</td> <td>4440</td> <td>19,926</td> <td>12,430</td> </tr> <tr> <td>SMI</td> <td>413,470</td> <td>7,165</td> <td>9212</td> <td>6,015</td> <td>3,108</td> </tr> <tr> <td>Dual Diagnosis</td> <td>103,368</td> <td>3,511</td> <td>4514</td> <td>3,549</td> <td>2,238</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Current capacity: 3 state operated MH facilities; 3 state operated SUD facilities; 8 LME-MCOs; 382 addiction treatment centers; 23 maternal &amp; perinatal substance abuse programs; 307 licensed MH facilities; 10 licensed private psychiatric facilities; 412 licensed nursing facilities; 30 Assertive Community Treatment Teams; integration of behavioral health care and primary care in 14 Community Care of NC networks and county health departments; 8 family, 18 adult, 4 youth, 7 DWI, 6 MH, 4 Veterans, and 1 Tribal therapeutic courts; 203 halfway houses and 207 Oxford houses. NC is behind the national average in nearly all MH/SUD professions.</li> <li>Recommendations: <ul style="list-style-type: none"> <li>Changes that Directly Improve Consumers' Lives <ul style="list-style-type: none"> <li>Expand appropriate, affordable, and available housing</li> <li>Expand employment opportunities</li> <li>Expand case management/recovery navigation services</li> <li>Develop behavioral health workforce</li> </ul> </li> <li>Cross-systems <ul style="list-style-type: none"> <li>Routinize well-integrated behavioral and physical healthcare.</li> <li>Collect data and use to guide actions, including funding decisions.</li> <li>Develop public-private partnerships that foster efficiency, transparency, and innovation</li> <li>Divert consumers from criminal justice to treatment whenever possible.</li> </ul> </li> <li>MHSU System Improvements <ul style="list-style-type: none"> <li>Increase access, with <i>No Wrong Door</i>.</li> <li>Facilitate trauma-informed systems of care.</li> <li>Improve behavioral health payment system.</li> <li>Promote leadership on MH and SU issues at all levels.</li> </ul> </li> </ul> </li> </ul>		General Public	Probation	Parole	State Prison	Jail	SUD	1,225,096	35,870	4440	19,926	12,430	SMI	413,470	7,165	9212	6,015	3,108	Dual Diagnosis	103,368	3,511	4514	3,549	2,238
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<b>Conclusions</b>	The workgroup identified twelve recommendations for the Governor.																								
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>																							
<ul style="list-style-type: none"> <li>Prioritize recommendations, ending with top 3 to 5.</li> <li>Develop a legislative strategy.</li> <li>Determine a regulatory/payment strategy.</li> <li>Develop a communication strategy.</li> </ul>	Workgroup	March 10, 2016																							

**4. Agenda topic:** Governor's Perspective

**Presenter(s):** Gov. Pat McCrory

<b>Discussion</b>	<ul style="list-style-type: none"> <li>At the Education Cabinet meeting that he just attended, the skills gap was discussed, with two barriers identified: (1) the impact of mental health and substance use on students and (2) the impact of these disorders on the incarcerated.</li> <li>Gov. McCrory supports the need to engage families and parents in addressing the issue of underage drinking.</li> <li>Each workgroup was offered the opportunity to address the Governor: <ul style="list-style-type: none"> <li>Sheriff Buck said that the Task Force is in the process of paring down the number of recommendations so that meaningful legislation can be enacted that is pragmatic and outcome-focused.</li> <li>Mr. Lassiter's workgroup on children, youth, and families is presenting seven recommendations, which he listed (see topic #5 below). Ms. Peppers specifically addressed the need to develop the workforce by creating the behavioral health specialist and to integrate behavioral health with primary care.</li> <li>Dr. Santopietro's workgroup on adults is proposing twelve recommendations, with the top three priorities being housing, case management, and diversion. The reduction of stigma is also critical.</li> </ul> </li> <li>The Governor urged the three workgroups to have a rollout plan, to identify communication strategies, and to have a strategic plan to get the job done. The Task Force needs to figure out how to engage the public, particularly the next generation, and gain their support and involvement. It is a short session so it is important that the recommendations be meaningful</li> </ul>
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	and feasible. Budget implications should also be determined. A preliminary budget will be available in March, with a more extensive version in May.						
	<ul style="list-style-type: none"> <li>• Dr. Lancaster asked how more citizens could receive health coverage. Gov. McCrory differs with the President on how this can be achieved. The Governor also mentioned workforce needs in the State and the large prison population, which will need to be assisted in gaining employments and staying off alcohol and drugs. Perhaps the Task Force can figure out a pilot and rollout of a program.</li> </ul>						
<b>Conclusions</b>	Issues related to mental health and substance use affect all North Carolinians. The work of the Task Force is critical in moving the State forward and addressing the problems of its residents.						
<b>Action Items</b>	<table border="1"> <thead> <tr> <th></th> <th><b>Person(s) Responsible</b></th> <th><b>Deadline</b></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>• Develop a rollout plan, identify communication strategies, and create a strategic plan, which includes a proposed budget.</li> </ul> </td> <td>Task Force</td> <td>April 7, 2016</td> </tr> </tbody> </table>		<b>Person(s) Responsible</b>	<b>Deadline</b>	<ul style="list-style-type: none"> <li>• Develop a rollout plan, identify communication strategies, and create a strategic plan, which includes a proposed budget.</li> </ul>	Task Force	April 7, 2016
	<b>Person(s) Responsible</b>	<b>Deadline</b>					
<ul style="list-style-type: none"> <li>• Develop a rollout plan, identify communication strategies, and create a strategic plan, which includes a proposed budget.</li> </ul>	Task Force	April 7, 2016					

**5. Agenda topic:** Report: Workgroup on Children, Youth, and Families

**Presenter(s):** William Lassiter and Katharine Peppers

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Problem statement: <ul style="list-style-type: none"> <li>• 58,000 North Carolina adolescents reported a major depressive episode in 2013; only 34% retried treatment.</li> <li>• MH disorders among NC children: ADHD (13+%), anxiety (25%), depression (8%), PTSD (1%)</li> <li>• Autism: 17.3/1000</li> </ul> </li> <li>• Current capacity: <ul style="list-style-type: none"> <li>• Current education and stigma interventions lack a comprehensive, evidence-based, statewide approach for all disciplines.</li> <li>• Inadequate to nearly absent care coordination between primary and behavioral health care and among agencies providing services for cross-system-involved youth.</li> <li>• Inconsistent adherence to American Academy of Pediatric screening guidelines for MH disorders in pediatric primary care.</li> <li>• Inadequate provider education for behavioral health referral care providers and process for accessing and coordinating services.</li> <li>• Lack of integrated approach to the training of those in greatest contact with the State's children to recognize and screen for signs of trauma-related problems and in how to refer for services.</li> <li>• 2015 survey of DSS Child Welfare found that of the 35 counties that responded, 24% have access to trauma-focused cognitive behavioral therapy; 10% to parent-child interaction therapy; 9% to attachment and bio-behavioral catch-up; 7% to child-parent psychotherapy; and 6% functional family therapy.</li> <li>• Child-serving agencies have an insufficient number of evaluation staff to transform raw data into meaningful and useful information for decision making.</li> <li>• The NC Government Data Analytics Center (GDAC) manages the sharing of data for use by State leadership in making program investment decisions, managing resources, and improving financial programs, budgets, and results. Child-serving agencies currently warehouse very little data in the GDAC.</li> </ul> </li> <li>• Recommendations: <ul style="list-style-type: none"> <li>• Education/stigma reduction/primary prevention <ul style="list-style-type: none"> <li>• Mental Health First Aid</li> <li>• Triple P (Positive Parenting Program)</li> <li>• Task Community Collaboratives</li> <li>• Implement a statewide suicide prevention strategic plan.</li> <li>• Conduct comprehensive, coordinated annual prevention messaging.</li> <li>• Promote DPI's teacher modules on mental health.</li> <li>• Conduct improved training and education for criminal justice workforce.</li> <li>• Provide additional training and support for existing specialty courts and for districts that want to develop a local program.</li> </ul> </li> <li>• Increase access and workforce development. <ul style="list-style-type: none"> <li>• Conduct timely assessments and timely access to services.</li> <li>• Provide resources for the most difficult to serve juveniles.</li> <li>• Provide transportation/reimbursement for families visiting juveniles in detention centers.</li> <li>• Contract for specific MH services (e.g., clinical case consultations and MH liaison</li> </ul> </li> </ul> </li> </ul>
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	<p>assistance)</p> <ul style="list-style-type: none"> <li>• Increase specialized treatment beds for PRTF.</li> <li>• Establish contractual MH services for youth involved in the juvenile justice system.</li> <li>• Increase access to behavioral health services (e.g., number of behavioral health specialists; trauma-informed system of care training; collaboration with local MH providers) in schools.</li> <li>• Create more diversion and prevention programs to address SU in youth.</li> <li>• Investigate using underutilized camps to pilot SU reduction programs.</li> <li>• Consider telemedicine in rural areas.</li> <li>• Increase 211 utilization and enhance resources.</li> <li>• Improve funding/services for vulnerable populations (e.g., therapeutic foster care homes, intensive alternative family treatment homes, services for uninsured individuals)</li> <li>• Raise the age of juvenile jurisdiction from 16 to 18.</li> <li>• Implement legislation or rules to clarify state confidentiality statutes and regulations that block or slow information sharing among stakeholders serving individuals with SMI or SUDs.</li> <li>• Integrate behavioral healthcare in primary care.</li> <li>• Develop behavioral health specialists (e.g., tuition reimbursement and loan repayment plans; education and training of clinicians in evidence-based services).</li> <li>• Develop a Trauma Advisory Council to facilitate the development of a trauma-focused state. <ul style="list-style-type: none"> <li>• Identify involvement of state agencies.</li> <li>• Develop knowledgeable and skilled workforce.</li> <li>• Develop comprehensive, integrated, accessible system of trauma screenings, assessments, services, and support across agencies.</li> <li>• Create state policies that support individuals who have experienced trauma.</li> </ul> </li> <li>• System of care for and by families. <ul style="list-style-type: none"> <li>• Involve families and youth with lived experience across systems at all levels.</li> <li>• Increase collaboration and care coordination for individual children and families.</li> </ul> </li> <li>• Data and technology <ul style="list-style-type: none"> <li>• Develop a plan for evaluating the impact of these initiatives so that data drives decision making.</li> <li>• Select providers based on outcomes.</li> <li>• Establish a team of stakeholders to warehouse data through the GDAC.</li> </ul> </li> <li>• Standardization/accountability <ul style="list-style-type: none"> <li>• Ensure consistent access across LME/MCO catchment areas.</li> <li>• Ensure consistent credentialing across LME/MCOs.</li> <li>• Improve quality, consistency, and accessibility of all standardized evidence-based interventions across all counties through respective LME/MCOs.</li> <li>• Provide enhanced rates for evidence-based treatment or outcomes.</li> <li>• Mandate routine meetings at both the state and local levels among stakeholder agencies.</li> </ul> </li> <li>• Cross-system collaboration <ul style="list-style-type: none"> <li>• Develop a Trauma Advisory Council.</li> <li>• Develop an Integrated Care Transformation Council.</li> <li>• Develop a Data Investigative Council.</li> <li>• Designate a Statewide Initiative Coordinator to help ensure awareness, coordination, and collective impact where possible.</li> </ul> </li> </ul>
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<b>Conclusions</b>	The workgroup identified seven areas of recommendations for the Governor.
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Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>• Prioritize recommendations, ending with top 3 to 5.</li> <li>• Develop a legislative strategy.</li> <li>• Determine a regulatory/payment strategy.</li> <li>• Develop a communication strategy.</li> </ul>	Workgroup	March 10, 2016

**6. Agenda topic:** Report: Workgroup on Opioid Abuse, Heroin Resurgence, and Special Topics

**Presenter(s):** Sheriff Asa Buck, Brian Ingraham, Dr. Ashwin Patkar, and Kurtis Taylor

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Problem statement: <ul style="list-style-type: none"> <li>• 97 number of painkillers prescribed per 100 North Carolinians</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• 1,250 number of deaths from drug overdose (OD) in NC (83 number of deaths due to heroin)</li> <li>• In 2014, the number of drug OD was 1.5 times greater than the number killed in motor vehicle accidents.</li> <li>• 11,551 number of hospitalizations from drug OD (3,560 number of admissions due to heroin)</li> <li>• 20,981 number of ED visits from drug OD</li> <li>• While the number of deaths due to opioid prescription deaths has decreased from 669 in 2008 to 536 in 2013, the number of deaths related to heroin have increased from 63 in 2008 to 183 in 2013. 80% of heroin users start with prescription painkillers.</li> <li>• In 2011, NC had \$582,486,663 healthcare costs associated with opioid abuse.</li> <li>• Current capacity: <ul style="list-style-type: none"> <li>• 51 Opioid Treatment Programs (OTPs) in North Carolina</li> <li>• 432 physicians in the State can prescribe Buprenorphine</li> <li>• 1,990 community heroin OD reversals using Naloxone from August 1, 2013 to January 24, 2016. 43 NC law enforcement departments have set up Naloxone programs, with 33 rescues thus far. Nearly all the law enforcement departments began the program in 2015.</li> <li>• 27,457 cumulative registered dispensers and prescribers participating in NC Controlled Substance Reporting System as of November 9, 2015 (8,402 dispensers and 19,055 prescribers).</li> <li>• 6,809,298 opiate prescriptions dispensed from January 1 – September 30, 2015.</li> </ul> </li> <li>• Recommendations: <ul style="list-style-type: none"> <li>• Examine efforts to heighten awareness of the dangers of prescription opioid misuse and provide recommendations to improve these efforts.</li> <li>• Examine efforts to heighten awareness of Medication Assisted Therapy (M.A.T.) and reduce stigma.</li> <li>• Evaluate the use of heroin in NC and recommendations to support prevention, treatment, and recovery in NC.</li> <li>• DHHS recommendation: Review the state plan to reduce prescription drug use/misuse and provide recommendations.</li> <li>• Other: judicial, legal, and court-related issues.</li> </ul> </li> </ul>
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<b>Conclusions</b>	The workgroup identified five recommendations for the Governor.
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Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>• Prioritize recommendations, ending with top 3 to 5.</li> <li>• Develop a legislative strategy.</li> <li>• Determine a regulatory/payment strategy.</li> <li>• Develop a communication strategy.</li> </ul>	Workgroup	March 10, 2016

**7. Agenda topic:** Secretary's Perspective

**Presenter(s):** Secretary Rick Brajer

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Sec. Brajer emphasized that what the Task Force needs to do is develop influencing strategies for the next fiscal year and for the long term. He outlined 6 work streams: <ul style="list-style-type: none"> <li>• Each workgroup will develop an implementation plan that includes a prioritization and phasing of recommendations. Each workgroup should end with 3 to 5 recommendations.</li> <li>• At the next Task Force meeting, workgroup members will present the prioritized recommendations. DHHS staff support will identify common themes across the three workgroups.</li> <li>• Develop a legislative strategy. Identify the relevant legislative committees and determine which Task Force members should be assigned to which legislator. The DHHS liaisons as well as persons in recovery may play a role. Leverage the work of Commissioner Ronnie Beale's work with the President's Mental Health Engagement Task Force.</li> <li>• Determine a regulatory/payment strategy. Leverage existing funding streams and provide this information to Dave Richard at MHA and to other DHHS staff.</li> <li>• DHHS has an obligation to submit a waiver for Medicaid reform by June 1. The Task Force can build recommendations into the waiver design.</li> <li>• Develop a communication strategy. Work with DHHS staff to develop this strategy.</li> </ul> </li> <li>• Sec. Brajer proposed that the Task Force remain together for the future in order to keep the</li> </ul>
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	momentum and the quality of the thinking going forward. He also emphasized that the Task Force does want input from the broader community. To contact the Task Force with questions or to provide comments, email <a href="mailto:taskforce.mhsu@dhhs.nc.gov">taskforce.mhsu@dhhs.nc.gov</a> .		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>The workgroups need to pare down their recommendations and develop a plan for phasing in the recommendations.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>Prioritize recommendations, ending with top 3 to 5.</li> <li>Develop a legislative strategy.</li> <li>Determine a regulatory/payment strategy.</li> <li>Develop a communication strategy.</li> </ul>	Each workgroup	March 10, 2016	

**Meeting Adjourned: 5:30 pm**  
**Next Meeting: March 10, 2016**