



**Governor's Task Force on Mental Health and Substance Use
MEETING MINUTES**

Date: April 7, 2016

Time: 1:00-5:00pm

Location: McKimmon Center

MEETING CALLED BY		Governor's Task Force on Mental Health and Substance Use			
TYPE OF MEETING		Task Force meeting			
ATTENDEES: 107 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 type="checkbox"/>	Walt Caison, Ph.D.	Community Mental Health, NC DMHDDSAS	<input checked="" type="checkbox"/>
Sheriff Asa Buck III	Carteret County	<input type="checkbox"/>	Courtney Cantrell, MD	Director, NC DMHDDSAS	<input checked="" type="checkbox"/>
Chief District Judge Joseph Buckner	North Carolina District Court 15-B	<input checked="" type="checkbox"/>	Robin Carruthers	NC DHHS Office of Communications	<input checked="" type="checkbox"/>
Bruce Capehart, MD, Medical Director, OEF/OIF Program	Durham VAMC	<input type="checkbox"/>	Spencer Clark	Assistant Chief, NC DMHDDSAS	<input checked="" type="checkbox"/>
Lisa Cauley, Child Welfare Division Director	Wake County Department of Social Services	<input checked="" type="checkbox"/>	Brenda Davis	Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Karen Ellis, Director	Cleveland County Department of Social Services	<input type="checkbox"/>	Lisa DeCiantis	Community Mental Health, NC DMHDDSAS	<input checked="" type="checkbox"/>
Samuel Ervin, IV, Associate Justice	Supreme Court of North Carolina	<input checked="" type="checkbox"/>	Dan Guy	NC DHHS Office of Communications	<input checked="" type="checkbox"/>
Lorin Freeman, JD	Attorney	<input type="checkbox"/>	Angela Harper King	Transition Services, NC DMHDDSAS	<input checked="" type="checkbox"/>
Donald Hall, Chairman	Pender County ABC Board	<input type="checkbox"/>	Dr. Nancy Henley	Chief Medical Officer, NC Division of Medical Assistance	<input checked="" type="checkbox"/>
Brian Ingraham, CEO	Smoky Mountain LME/MCO	<input checked="" type="checkbox"/>	Jessica Herrmann	Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Dr. Mike Lancaster	SouthLight, Inc.	<input checked="" type="checkbox"/>	Tracey Jarrett	NC DHHS Office of Communications	<input checked="" type="checkbox"/>
William Lassiter, Deputy Commissioner for Juvenile Justice	North Carolina Department of Public Safety	<input checked="" type="checkbox"/>	Dawn Johnson	Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Rep. Susan Martin	8 th District	<input type="checkbox"/>	Rachel Johnson	Justice Systems Innovations, NC DMHDDSAS	<input checked="" type="checkbox"/>
Benjamin Matthews, PhD, Deputy CFO for Operations	North Carolina Department of Public Instruction	<input type="checkbox"/>	Jessica Keith	NC DHHS	<input checked="" type="checkbox"/>
Greta Metcalf, LPC, COO	Jackson County Psychological Services	<input checked="" type="checkbox"/>	Dr. Robert Kurtz	Justice Systems Innovations, NC DMHDDSAS	<input checked="" type="checkbox"/>
Al Mooney, MD	Family Medicine & Willingway Foundation	<input type="checkbox"/>	Brian Perkins	NC DHHS	<input checked="" type="checkbox"/>
Bryant Murphy, MD	UNC-Chapel Hill/NC Medical Society	<input type="checkbox"/>	Ken Schuesselin	Consumer Policy Advisor, Office of the Director, NC DMHDDSAS	<input checked="" type="checkbox"/>
Deborrah Newton, JD	Attorney	<input checked="" type="checkbox"/>	Starleen Scott Robbins	Substance Use Disorders, NC DMHDDSAS	<input checked="" type="checkbox"/>
David Passmore, Vice President of Residential Services	Boys and Girls Homes of North Carolina	<input checked="" type="checkbox"/>	Stacy Smith	Adult Mental Health, NC DMHDDSAS	<input checked="" type="checkbox"/>

Ashwin Patkar, MD, Medical Director, Duke Addictions Program	Duke University Medical Center	<input type="checkbox"/>	Flo Stein	Deputy Director, Community Policy Management, NC DMHDDSAS	<input checked="" type="checkbox"/>
Katherine Peppers, CPNP	Growing Child Pediatrics	<input checked="" type="checkbox"/>	McKinley Wooten	Deputy Secretary, NC Administrative Office of the Courts	<input checked="" type="checkbox"/>
Jack Register, MSW, Executive Director	National Alliance on Mental Illness – North Carolina	<input checked="" type="checkbox"/>			<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 type="checkbox"/>			
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 type="checkbox"/>			
GUEST				GUEST	
NAME	AFFILIATION		NAME	AFFILIATION	
Scott Allocco	Sellers-Dorsey		Lisa Lackmann	UNC School of Social Work	
Elizabeth Barber	Threshold		Charlene Lee	Club Nova Community, Inc.	
Vicky Bass	Monarch/Club Horizon		Jodi Lorenzo	Sanctuary House	
Melissa Bishop	Coastal Carolina Neuropsychiatric Center		Jennifer Mahan	Autism Society of NC	
Amanda Blue	Healing Transitions		Stephen Mangano	IPC Healthcare	
Worth Bolton	UNC School of Social Work Behavioral Health Resource Program		Carolyn Mayo	Crandell's Enterprises, Inc.	
Martha Brook	Alkermes		Donald McDonald	RCNC	
Chris Budnick	Healing Transitions		Dr. Sara McEwen	Governor's Institute on Substance Abuse	
Kathy Burkhardt	Alkermes		Anthony McLeod	Governor's Institute on Substance Abuse	
Sally Cameron	NC Psychological Association		Brian Mingia	Old Vineyard Behavioral Health	
Kay Castillo	NASW-NC		Steve Owen	NC General Assembly	
James Cioe	Governor's Institute on Substance Abuse		Susan Pollitt	Disability Rights, NC	
Mary Stewart Crane			Mary Powell	Alcohol and Drug Council of NC	
Karen Dunn	Club Nova Community, Inc.		Alissa Privette	NC State University	
Trisha Elliott	Targeted Persuasion		Patrice Roesler	NCACC	
Mark Ezzell	Addiction Professionals of NC		Hannah Rossi	NAMI-NC	
Wei Li Fang, Ph.D.	Governor's Institute on Substance Abuse		Lao Rupert	Justice Policy Center	
Grant Fitzgerald	Mako Medical		Anna Stein	Division of Public Health, NC DHHS	
John Golchin	Alliance Behavioral Healthcare		Marc Strange	UNC Horizons Program	
Bryan Gouin	IPC Healthcare		Ali Swiller	Threshold	
Gloria Harrison	NAMI-NC, Raleigh		Denise Thomas	NC General Assembly	
Kella Hatcher	NC Child Fatality Task Force		Cara Townsend	Office of Governor McCrory	
Jennifer Hillman	Legislative Research, NC General Assembly		Karen Troup-Galley	Monarch/Club Horizon	

Dr. Kristina Hobby	CCNC		Justine Tsao	Habitat for Humanity of Wake County
Robin Huffman	NC Psychiatric Association		Jim Van Hecke	Addiction Recovery Institute
Victoria Jackson	Eastpointe LME/MCO		Mike Vicario	NCHA
Beth Jaekle			Andrew Walsh	Partners Behavioral Health Management
Madeline Jaekle	NAMI-NC, Greensboro		Steven Warnock	Club Nova Community, Inc.
Victoria Johanningsmeier	Governor's Institute on Substance Abuse		Janice White	Neuro Community Care
Jeanette Jordan-Huffman	Eastpointe LME/MCO		Alexandra Willard	NC State University
Marcy Joyner	Gaston County Public Health		Nadia Williams	NC State University
Nicholle Karim	NAMI NC		Lucy Wilmer	NAMI-NC, Washington, NC
Julianne Kiesel	NC State University		Jeff Zarron	
Karen Kranbuehl	ACT for Recovery, NC			

1. Agenda topic: Mental Health Consumer Perspective

Presenter(s): Gloria Harrison, Madeline Jaekle, and Lucy Wilmer

Discussion	<ul style="list-style-type: none"> • Three women in recovery spoke of their experiences with the mental health system. One had a positive experience, one had both a positive and negative experience, and one had a negative experience. • Stigma was discussed as a reason for people not seeking help when they need it. • People with mental illness are still in the shadows, with too many being incarcerated or hospitalized. • The cost of necessary medications is high, and authorization can be challenging, especially for those experiencing an episode of mental illness. • The State needs to invest more funding for education and treatment in the mental health system. • Case management is critical yet there is no single funding source. This results in inconsistent case management from agency to agency. 						
Conclusions	<ul style="list-style-type: none"> • The public needs further education about mental illness. • People with mental illness need to receive the treatment services that they need. • Professionals need education on addressing the needs of individuals with mental illness and treating them with respect. • Community-based services and supports (e.g., emergency housing, significant others and friends helping during crises, peer support, drop-in centers) need to be well conceived, planned, and funded. 						
Action Items	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">Person(s) Responsible</th> <th style="width: 15%;">Deadline</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Align consumer testimony with Task Force recommendations. </td> <td>NC DHHS</td> <td>4/12/16</td> </tr> </tbody> </table>		Person(s) Responsible	Deadline	<ul style="list-style-type: none"> • Align consumer testimony with Task Force recommendations. 	NC DHHS	4/12/16
	Person(s) Responsible	Deadline					
<ul style="list-style-type: none"> • Align consumer testimony with Task Force recommendations. 	NC DHHS	4/12/16					

2. Agenda topic: TCLI-DOJ Settlement

Presenter: Jessica Keith

Discussion	<ul style="list-style-type: none"> • In 2010, a law suit filed by Disability Rights North Carolina (DRNC) with the US Department of Justice (DOJ) alleged that the State provided more opportunities for individuals with serious mental illness to live in adult care homes vs. small community settings in violation of the Americans with Disabilities Act (ADA) and the Olmstead Decision. • DOJ found that the State had violated ADA. NC signed a settlement agreement, in which 3,000 individuals would be provided with supportive housing by 2010; 2,500 individuals would receive supportive employment by 2019; and 50 Assertive Community Treatment teams would be serving 5,000 individuals by 2020 • Work of the Task Force related to housing, employment, and case management will mesh well with the DOJ Settlement. • The DOJ Settlement would like to see services and supports that support community integration; are provided in the least restrictive manner to meet an individual's needs; and allow persons with disabilities to interact fully with persons without disabilities. 						
Conclusions	<ul style="list-style-type: none"> • The Task Force will work to ensure that DOJ Settlement priorities are considered in final recommendations. 						
Action Items	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">Person(s) Responsible</th> <th style="width: 15%;">Deadline</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Align DOJ Settlement terms with Task Force recommendations. </td> <td>NC DHHS</td> <td>4/12/16</td> </tr> </tbody> </table>		Person(s) Responsible	Deadline	<ul style="list-style-type: none"> • Align DOJ Settlement terms with Task Force recommendations. 	NC DHHS	4/12/16
	Person(s) Responsible	Deadline					
<ul style="list-style-type: none"> • Align DOJ Settlement terms with Task Force recommendations. 	NC DHHS	4/12/16					

3. Agenda topic: Summary of Key Recommendations

Presenter: Dale Armstrong

Discussion	<ul style="list-style-type: none"> The Workgroup on Adults focused on three recommendations for the short session, with the remaining twelve priority considerations to be addressed in upcoming years. Two of the recommendations would directly improve consumers' lives: appropriate, affordable, and available housing and the expansion of case management/recovery services. The third recommendation addressed diversion to treatment from criminal justice whenever appropriate. The Workgroup on Opioid Abuse and Heroin Resurgence put forth five recommendations related to heightened awareness of dangers of prescription opioid misuse; heightened awareness of the effectiveness of medication assisted therapy; the evaluation of use of heroin, with results supporting prevention, treatment, and recovery; reviewing the state plan to reduce opioid drug use/misuse, resulting in recommendations; and judicial, legal, and court-related issues. The Workgroup on Children, Youth, and Families issued five recommendations related to standardization/accountability; access and workforce development; education/stigma reduction/primary prevention; data and technology; and trauma-informed state. In addition, the Workgroup would like the age of juvenile jurisdiction to be raised from 16 to 18 years. 		
Conclusions	<ul style="list-style-type: none"> Each workgroup has submitted its recommendations. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> Final recommendations will be presented to the Governor on 5/1. 	NC DHHS	5/1	

4. Agenda topic: DHHS Presentation on Recommendations, Timing, and Funding

Presenter: Dr. Courtney Cantrell

Discussion	<ul style="list-style-type: none"> Proposed funding recommendations were separated into annual support and one-time support. Annual support included emergency housing for adults; case management for children and adults; court-based and law enforcement diversion; opioid treatment; and prescription drug abuse strategies. Recommendations included: <ul style="list-style-type: none"> Emergency adult housing: master leasing agreements for adults diagnosed with primary SUD, SMI, or SPMI who are transitioning out of emergency departments, correctional facilities/institutions, or identified as part of the DOJ settlement priority population Adult case management: comprehensive case management for individuals living with multiple complex psychosocial needs and their families/close support systems. Supportive case management for individuals with discrete or less complex needs that can be addressed in the short term or consumers who require extra supports during times of transition (may be peers). Child case management for youth diagnosed with primary SUD, SMI/SPMI, SED or combination of those listed and currently placed in juvenile justice setting or out-of-home foster care placement; or children with I/DD with complex behavioral needs Criminal justice diversion: LEAD program to train law enforcement about diverting low-level drug offenders to services and treatment, not jail, and enhancement of therapeutic courts (mental health, recovery, Veteran courts). Opioid treatment: additional capacity for outpatient and residential treatment services (e.g., licensed opioid treatment programs, certified DATA 2000 office-based opioid treatment physician practices and clinics, correction facilities, and state and local institutions). Prescription drug abuse: prevention and public awareness; professional training and coordination education on CSRS, co-prescribing, and use of MAT; law enforcement education; and identification of core data to improve the functionality and analytic capacity of the CSRS. Prescription drug abuse (State strategic plan): mini-grants to counties with highest rates of prescription drug/heroin; training for safe prescribing, alternatives for pain management, and effective intervention with those using heroin; and training for law enforcement regarding Naloxone use, access to CSRS, and safe drug disposal strategies. Opportunities for one-time support included child facility-based crisis; Mental Health First Aid; psychiatric advanced directives; and local law enforcement partnerships. <ul style="list-style-type: none"> Expand adult and youth Mental Health First Aid: raise awareness and reduce stigma through public education campaigns emphasizing role of leadership in addressing MI and SU problems in the community; provide Youth MHFA to child-serving individuals/agencies (e.g., schools, recreation centers); and train more trainers and fund more trainings of MHFA Psychiatric advanced directives (PADs): public education campaign, including online educational video and other training materials and training program for families or peer supporters or crisis navigators; and training and education around PADs. Local Task Force development: promote leadership in behavioral health issues at all levels, including encouraging the development of local task forces to develop community blueprints; encouraging participating in Stepping Up Initiative; and encouraging use of Sequential Intercept model. 		
-------------------	--	--	--

	<ul style="list-style-type: none"> Child facility-based crisis (FBC): increase number of specialized MH treatment beds by reassigning underutilized acute care beds in rural hospitals; develop FBC capacity for children; develop cross-system collaboration; promote FBC collaboration with case managers and families; and provide services to children with behavioral health needs who have I/DD, problematic sexual behaviors, and who have experienced trauma. (See PowerPoint presentation for lists of additional one-time funding opportunities.) 						
Conclusions	<ul style="list-style-type: none"> Recommendations were sorted by annual support and one-time support. Annual support included emergency housing for adults; case management for children and adults; court-based and law enforcement diversion; opioid treatment; and prescription drug abuse strategies. One-time support included child facility-based crisis; Mental Health First Aid; psychiatric advanced directives; and local law enforcement partnerships. 						
Action Items	<table border="1"> <thead> <tr> <th></th> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Recommendations will be submitted to Governor McCrory. </td> <td>Sec. Brajer and Judge Martin</td> <td>5/1/16</td> </tr> </tbody> </table>		Person(s) Responsible	Deadline	<ul style="list-style-type: none"> Recommendations will be submitted to Governor McCrory. 	Sec. Brajer and Judge Martin	5/1/16
	Person(s) Responsible	Deadline					
<ul style="list-style-type: none"> Recommendations will be submitted to Governor McCrory. 	Sec. Brajer and Judge Martin	5/1/16					

5. Agenda topic: Discussion/finalize recommendations

Presenter: Secretary Rick Brajer

Discussion	<p>Secretary Brajer asked for comments from Task Force members:</p> <ul style="list-style-type: none"> Mr. Ingraham expressed his satisfaction with the commitment of funding as many of the developments are consistent with their community re-investment plan. Ms. Peppers emphasized the need for the integration of primary care and behavioral care. The private sector needs to be involved. Director Solomon spoke of the need for collaboratives to form and devote attention to as resources are scant. Judge Buckner observed that recovery is a lifelong process. What is needed is a model for building resilience through structured support. Ms. Cauley said that there needs to be consistency across counties. She would like to include services for DSS children in foster care. Judge Buckner said that stabilization for children in crisis is needed as soon as possible. Foster children need intensive MH services. Mr. Richard remarked on the need for timely assessment and placement. Parents often encounter difficulties in navigating the LME-MCO and social service system simultaneously. Judge Buckner noted that 80% of state is rural and that there should be “no wrong door” and that every person should be able to access the help that they need. Dr. Santopietro thought that case management will help consumers navigate the system as long as it is adequately funded. Mr. Register indicated that stigma is a reason for people not accessing MH care. Consumers should be able to get immediate care (e.g., immediate care for a broken bone). The first battle for the family is around stigma. He also noted the lack of appropriate and quality workforce. Mr. Ingraham thought access to care and care coordination are critical in a public system that is as complex as the State’s. He also emphasized the importance of mobile crisis and peer support. Ms. Wilmer complimented the peer support specialist handbook and praised the program. Dr. Lancaster thought that the public system suffered from issues related to communication as there are many community-based resources but people don’t know how to access them. Dr. Santopietro agreed that a good navigator is needed. Mr. Richard proposed that an assessment needs to be conducted to discriminate between Medicaid and State funding. Mobile crisis also needs to be linked with CIT and EMS. The management of Medicaid service dollars and a review of service definitions need to occur. When Judge Martin asked about 911 and 211 services, Ms. Peppers said that both are needed and that providers need to be encouraged to use 211. Secretary Brajer asked the Task Force how we can make these proposed changes happen. He stressed that we can’t think in terms of just the short session. Even if all the proposed funding happens, it is still not enough. What activities or investments need to happen so that we can anchor the gains and create change? We don’t want to stop at this level of change. We need to anticipate a long session of advocacy and hold our selves accountable. By keeping these relationships, we can build a broader coalition, which becomes an overwhelming voice. Mr. Register said that more consumer input is needed and that existing groups should be invited in order to expand the dialogue. One of the next steps is to identify who should be brought to the table. Secretary Brajer would like to keep the Task Force formally or in some combination. Mr. Ingraham supported accountability and noted that so much of this is a money problem. Individuals with Medicaid have access to services while those with no Medicaid are underserved. Dr. Santopietro felt that the Task Force had been a very positive experience and that it was important to keep the momentum going. While he was unsure how to accomplish this, he suggested that we engage some systems people in the Task Force.
-------------------	---

	<ul style="list-style-type: none"> • Ms. Newton seconded the suggestion of bringing in system people. What is needed is a way for people to access the system so they can get the services that they need. Currently, there is no list of services that is available across the State. • Ms. Metcalf reinforced the need for accountability and feedback. She also said that adequate funding was needed to build workforce capacity. • Mr. Lassiter would like to keep the conversation going. Agencies need to be held accountable so that juvenile justice consumers are satisfied with the services provided. • Dr. Lancaster noted that if consumers have Medicaid, then they have access to a rich array of services. This is not true of people with insurance—the State needs to extend services to everyone. • Mr. Richard stressed the importance of aligning the various systems (e.g., State, commercial payors) and the outcomes of these systems so that consumers can access the services that they need. The State needs to work with private insurance that often have a high deductible plan or charge a high co-pay so that more amenable contracts are negotiated with private insurance. • Ms. Stroud would like to see recovery courts expanded. Consumers should be diverted into treatment services. Both the quality of the data and the coordination of services need to improve. • Dr. Lancaster pointed out another limitation in that even though the uninsured are able to get treatment through IPRS funding, there is no payment mechanism for their primary care. Whole person care does not yet exist broadly. Southlight offers it but at a financial loss. It is tough to do without funding or a grant. Even though the State wants whole person care, it is only willing to pay for half of it. • Judge Ervin thought that was much consistency across the workgroups and that support staff did a great job consolidating the work of the three workgroups. If the Task Force is disbanded now, it sends the message that the Task Force is not serious and that this is just another report. • Judge Martin expressed his appreciation of everyone’s hard work and commitment. As far as the courts are concerned, he plan to continue working on these issues as does Mr. Wooten as the senior deputy director of the AOC. He emphasized that they will participate for the duration. He requested that in the future, the Task Force meet in other parts of the state to get regional feedback. He was encouraged by the progress made and felt that the proposed systemic changes would help people. He suggested that they stay connected as this is the work of a lifetime. 				
Conclusions	Secretary Brajer reiterated that the next step is to finalize the recommendations in concert with OSBM. The proposed numbers in Dr. Cantrell’s presentation will go into the Governor’s budget and then the General Assembly during short session. He will continue advocating through formal and informal relationships so that attention and funding are directed toward mental health and substance use issues.				
Action Items	<table border="1"> <thead> <tr> <th data-bbox="1096 1020 1312 1087">Person(s) Responsible</th> <th data-bbox="1312 1020 1549 1087">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1096 1087 1312 1148">Sec. Brajer and Judge Martin</td> <td data-bbox="1312 1087 1549 1148">5/1/16</td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	Sec. Brajer and Judge Martin	5/1/16
Person(s) Responsible	Deadline				
Sec. Brajer and Judge Martin	5/1/16				
<ul style="list-style-type: none"> • Recommendations will be submitted to Governor McCrory. 					

Meeting Adjourned: 5:00 pm
Next Meeting: to be determined