



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

Date: September 13, 2016

Time: 1:00-5:00pm

Location: Raleigh Convention 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, NC DMHDDSAS, DHHS	<input type="checkbox"/>
Chief Justice Mark Martin	Supreme Court of North Carolina, Wake County	<input checked="" type="checkbox"/>	Sherry Bradsher	NC DSS, DHHS	<input type="checkbox"/>
Superintendent June Atkinson	NC Department of Public Instruction	<input checked="" type="checkbox"/>	Andrew Brown	NC Administrative Office of the Courts	<input checked="" type="checkbox"/>
Senator Tamara Barringer	Wake County	<input checked="" type="checkbox"/>	Sonya Brown	Team Leader, Justice Systems Innovations, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Commissioner Ronald Beale	Macon County	<input type="checkbox"/>	Brenda Davis	Community Policy Management, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Sheriff Asa Buck III	Carteret County	<input checked="" type="checkbox"/>	Lisa DeCiantis	Community Mental Health, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Chief District Judge Joseph Buckner	North Carolina District Court 15-B, Orange County	<input checked="" type="checkbox"/>	Kendra Gerlach	NC DHHS Office of Communications	<input checked="" type="checkbox"/>
Bruce Capehart, MD, Medical Director, OEF/OIF Program	Durham VAMC, Durham County	<input checked="" type="checkbox"/>	Dan Guy	NC DHHS Office of Communications	<input checked="" type="checkbox"/>
Lisa Cauley, Child Welfare Division Director	Wake County Department of Social Services	<input checked="" type="checkbox"/>	Lisa Haire	NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Karen Ellis, Director	Cleveland County Department of Social Services	<input type="checkbox"/>	Angela Harper King	Transition Services, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Samuel Ervin, IV, Associate Justice	Supreme Court of North Carolina, Burke County	<input checked="" type="checkbox"/>	Margaret Herring	NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Lorin Freeman, JD	Attorney	<input checked="" type="checkbox"/>	Dawn Johnson	Community Policy Management, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Lt. Gov. Jim Gardner	ABC Commission	<input checked="" type="checkbox"/>	Rachel Johnson	Justice Systems Innovations, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Donald Hall, Chairman	Pender County ABC Commission	<input checked="" type="checkbox"/>	Kevin Kelley	NC DSS, DHHS	<input checked="" type="checkbox"/>
Martez Hill	State Board of Education	<input checked="" type="checkbox"/>	Matthew McKillip	Office of the Governor	<input checked="" type="checkbox"/>
Brian Ingraham, CEO	Smoky Mountain LME/MCO, Buncombe County	<input checked="" type="checkbox"/>	Brian Perkins	NC DHHS	<input checked="" type="checkbox"/>
Dr. Mike Lancaster	SouthLight, Inc., Orange County	<input checked="" type="checkbox"/>	Jeanne Preisler	NC DSS, DHHS	<input checked="" type="checkbox"/>
William Lassiter, Deputy Commissioner for Juvenile Justice	North Carolina Department of Public Safety, Wake County	<input type="checkbox"/>	Ken Schuesselin	Consumer Policy Advisor, Office of the Director, NC DMHDDSAS	<input checked="" type="checkbox"/>
Kevin Leonard	NC Association of County Commissioners	<input checked="" type="checkbox"/>	Janie Shivar	NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Rep. Susan Martin	8 th District, Wilson County	<input checked="" type="checkbox"/>	Stacy Smith	NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Benjamin Matthews, PhD, Deputy CFO for Operations	North Carolina Department of Public Instruction, Wake County	<input type="checkbox"/>	Anna Stein	Division of Public Health, NC DHHS	<input checked="" type="checkbox"/>
Commissioner Fred McClure	NC Association of County Commissioners	<input checked="" type="checkbox"/>	Flo Stein	Deputy Director, Community Policy Management, NC	<input checked="" type="checkbox"/>

			COO	
Mike Cannon	Keller Williams		Jerry Monday	Recovery Communities of NC
Tessie Castillo	NC Harm Reduction Coalition		Regina Penna	Coastal Horizons Center
Karen Chapple	Coastal Horizons Center		Susan Pollitt	Disability Rights, NC
Dr. Tad Clodfelter	SouthLight Healthcare		Dr. Patricia Porter	Office of Representative Nelson Dollar
Judith Collins	Smoky Mountain MCO		Jeanne Preisler	NC DSS, NC DHHS
Charlotte Craver	Beacon Health Options		Tiffany Purdy	Eastpointe MCO
Rep. Josh Dobson	NC General Assembly		Melissa Reese	Eastpointe MCO
Karen Kincaid Dunn	Club Nova Community, Inc.		Tom Roman	Recovery Forever
Victoria Eichorn	Governor's Institute on Substance Abuse		Amanda Sanders	Agape Wellness, Inc.
Mark Ezzell	Addiction Professionals of NC		Kelly Scaggs	Fellowship Hall, Inc.
Wei Li Fang, Ph.D.	Governor's Institute on Substance Abuse		John Shuford	LPCANC
Melvin Finch	Welwynn Outpatient Center		Nicole Singletary	Wake County
Michael Forrester	Partners Behavioral Health Management		Bebe Smith	Private practice
Dr. Sonja Frison	UNCG		Luther Snyder	ABC Commission
John Golchin	NAMI NC		Joey Stansbury	Office of Senator Tommy Tucker
Deeanna Hale-Holland	Coastal Horizons Center		Catherine Stephenson	Alliance Behavioral Healthcare
Barbara Hallisey	Partners Behavioral Health Management		Brenda Thacker	Dare County Detention Center
La-Lisa Hewett-Robinson	Southern Regional AHEC		Catherine Truitt	Office of the Governor
Kenny House	Coastal Horizons Center		Dr. Breque Tyson	US Department of the Army
Bill Hussey	NC Department of Public Instruction		Kolt Ulm	Health Policy Staff in Senate President Pro Tem's Office
Debbie Insley	DPI/ABC		Donnie Varnell	NC Harm Reduction Coalition
Darnell Johnson	Starlight Counseling		Julia Wacker	NC Hospital Association
			Mike Yow	Fellowship Hall, Inc.

1. Agenda topic: Opening Remarks

Presenters: Judge Mark Martin and Secretary Rick Brajer

Discussion	<ul style="list-style-type: none"> • Judge Martin thanked the Co-Chair and Task Force members, saying that the Task Force report resulted in \$40 million for behavioral health initiatives from the General Assembly. • Results of the research-based pilot programs will be used to improve what communities offer to their residents, with the intent of replicating effective programs in other parts of the State. • Secretary Brajer noted that the Task Force will be working toward identifying legislative and budget priorities to submit for the long session of the General Assembly that begins in January. Secretary Brajer recognized three newcomers who can assist in support and implementation on initiatives: Lt. Gov. Jim Gardner; Superintendent June Atkinson; and Fred McClure, President, NC Association of County Commissioners. He also recognized Senator Tamara Barringer and Representative Susan Martin for their commitment to this initiative. • Accomplishments of the 2015-16 Task Force included the following: <ul style="list-style-type: none"> - \$20 million committed to implementing three pilots to demonstrate Governor's task force recommendations - \$20 million for increased rural crisis bed capacity for adults (\$18 million) and children (\$2 million) - Partnership with DPI on Mental Health First Aid - Naloxone state-wide order signed into law - Needle exchange programs authorized and signed into law - New Cherry Hospital facility adds Medical Psych unit and 116 new inpatient beds at full capacity - Improvements to the Controlled Substance Reporting System
Conclusions	<ul style="list-style-type: none"> • The first year of the Task Force resulted in great progress. Collaboration was key to the effort.

2. Agenda topic: Pilot programs **Presenters:** Jason Vogler, Ph.D., Sonya Brown, Donnie Varnell, and Rachel Johnson

Discussion	<ul style="list-style-type: none"> • Three pilot programs have been identified: (1) juvenile justice diversion and reunification/placement; (2) improve psychiatric bed capacity and reduce repeat admissions; and (3) local opioid response strategies. Case management is a consistent theme that is woven into the three pilots. • <u>Juvenile Justice Diversion and Reunification:</u> The Task Force has indicated interest in raising the age of juvenile jurisdiction so 16 and 17 year olds are not treated as adults. It is time to increase the emphasis on diversion to give kids the opportunity to make changes and live a productive life. A three-tiered case management was proposed so that staff within the Division of Social Services and the Juvenile Justice can connect youth and their families to case management services if behavioral health issues are present. It takes multiple partners to engage with youth and to ensure that the family is engaged. Diversionary interventions need to be in the schools, not courts. There is a need to build trust across systems, view these programs as providing treatment, and provide wraparound services that
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work. Parents also need to be able to navigate the system so that they can get treatment for their child. Schools need to review their rules about suspension and expulsion.

- **Improve Psychiatric Bed Capacity and Reduce Repeat Admissions.** There is an over-reliance on crisis services such as the ER and psychiatric beds for adults. Comprehensive case management, re-engagement, and follow-up with the provider will enable them to return to the community, access needed services, and reduce the risk for going back into crisis once they leave. It is best if case management is available in the hospital, offered face to face, and available 365/7/24. Questions regarding insurance, reimbursement, recovery, and ancillary services were raised. It is critical to demonstrate that the pilot is effective. Senator Barringer pointed out that the recovery community is an underused resource and needs to be engaged in this initiative. When 13% in state are military and Veterans, Dr. Capehart said that peers need training and an understanding about the needs of military members and their families. Mr. Register suggested that language be examined since it is both limited and powerful. During the 2016 short session, the legislature allocated \$18 million for facility-based crisis beds for adults and \$2 million for facility-based crisis beds for children. The focus is on targeting specific rural areas of the State where there are gaps. Crisis beds are currently situated in the west (Broughton), central (Central Regional), and east (Cherry).
- **Local Opioid Response Strategies.** A stronger focus on the opioid crisis is needed. Again, there is the desire to divert opioid users from the legal system and correctional facilities. Sonya Brown said that this pilot has the support of the NC Harm Reduction Coalition and Project LEAD. The availability of medication-assisted treatment (MAT) is essential to the success of the pilot. It is possible that the Federally Qualified Health Centers (FQHCs) may be interested. DMHDDSAS recently received a grant from SAMHSA to provide MAT in Wilkes and Iredell counties for people under community correction supervision.
- Donnie Varnell, coordinator of Law Enforcement Assisted Diversion (LEAD), has an implementation grant to divert drug offenders into treatment in Fayetteville. In addition, they have an accidental stick syringe program (exchange program), which has can lead to a decrease in the number of cases of hepatitis. LEAD works with Alliance Behavioral Health Care, the district attorney, and law enforcement. Case managers do the assessments. One of the outcomes of LEAD programs in other states is that recidivism and the crime rates have both decreased.
- Rachel Johnson, DMH/DD/SAS, reported on Mental Health First Aid (MHFA). NC Department of Public Instruction is the newest partner is teaching MHFA courses. MHFA has been widely disseminated and efforts are underway to make it sustainable. Superintendent Atkinson would like to meet the needs of schools, with courses for counselors and social workers embedded in school systems. Trained staff would be able to recognize signs and symptoms of mental illness in children and refer them and to educate parents. Over 27,000 people trained have been trained to date in NC.
- Timeline for bringing the pilot projects on line:
 - August 24: Initial draft of Request for Information (RFI) to DMH/DD/SAS Leadership
 - September 7: Final draft to Department of Health and Human Services and Office of State Management and Budget
 - September 30: Release RFI
 - October 21: Responses from providers due
 - November 1: Award announced
 - January 2, 2017: Implementation

It is expected that pilots will be awarded in areas where there is critical mass and that respondents will build on strengths and use limited resources wisely. For juvenile justice diversion and facility-based crisis beds, the focus will first be on a single judicial district, with expansion later.

Conclusions • A Request for Information process is underway to fund pilot programs in the three identified areas.

Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Release Request for Information for pilot programs • Review submissions • Announce awards 	DMH/DD/SAS	September 30 October 31 November 1

3. Agenda topic: Naloxone and Medication-Assisted Treatment

Presenter: Brian Ingraham

<p>Discussion</p>	<ul style="list-style-type: none"> • Mr. Ingraham reported on initiatives of Smoky Mountain LME/MCO to combat opioid addiction. The LME/MCO invests in community projects such as the booklet and one-page handout. This past spring the LME/MCO spent \$100,000 on Naloxone kits. They are also partnering with the NC Harm Reduction Coalition and have seen a number of people saved. The LME/MCO supports providers that offer medication-assisted treatment. Not everyone who needs treatment are eligible for Medicaid, and it is sometimes difficult for everyone who needs treatment to access it. Recently, he hired Brandon Wilson, a disabled combat Veteran with lived experience, who is their dedicated staff for all Veteran-related services. In addition, the LME/MCO is committed to creating competence in their providers. • Challenges to implementing Naloxone were identified: resistance of law enforcement to administer Naloxone; lack of training time and resources; lack of funding to purchase Naloxone kits; stigma related to people asking for treatment for their opioid use; lack of access to treatment; resistance of law enforcement to developing crisis intervention teams; lack of follow-up with persons who have been saved; and lack of education to promote treatment and recovery. 	
<p>Conclusions</p>	<ul style="list-style-type: none"> • Naloxone saves people's lives, but services need to be implemented to follow-up to connect people to treatment services. • Law enforcement has not wholeheartedly endorsed crisis intervention teams. • Youth diversion remains a controversial topic with differing perspectives. • Stigma continues to exist and serve as a barrier for people accessing treatment. • Community education is needed to promote treatment and recovery and to decrease stigma. 	
<p>Action Items</p>	<p>Person(s) Responsible</p>	<p>Deadline</p>
<ul style="list-style-type: none"> • 		

4. Agenda topic: Opioid Addiction

Presenter: Kenny House

Discussion	<ul style="list-style-type: none"> Kenny House, Clinical Director, Coastal Horizons presented on opioid addiction and how difficult it is to treat in an environment that is continually changing in terms of the drugs and their derivatives; the partnerships that are needed to prevent, educate, treat, and combat it; treatment strategies; medication-assisted treatments and counseling strategies; monitoring; and legislation. We need all the tools in the toolbox, whether it is enlisting the recovery community, forming new partnerships with law enforcement, developing ways to destigmatize addiction, figuring out new drug treatments, and learning support each other. Physicians must be educated about the risks of prescribing opioids and learn about alternate therapies such as behavioral therapy and physical therapy. Currently, there are 46 opioid treatment programs in NC, and there is no accountability for treatment. Medication-assisted therapy must be combined with behavioral therapy and be monitored. <u>Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs</u>, SAMHSA's TIP 43 (http://store.samhsa.gov/shin/content/SMA12-4214/SMA12-4214.pdf), must become the standard. While there are existing prevention and treatment programs in place, we need assurance that they will remain. 				
Conclusions	<ul style="list-style-type: none"> The opioid crisis calls for collaboration across agencies and systems at all levels and integrated care with a person-centered approach. We need to keep existing prevention and treatment programs in place and to make TIP 43 the standard in Medication-Assisted Treatment. 				
Action Items	<table border="1"> <thead> <tr> <th data-bbox="1096 632 1312 688">Person(s) Responsible</th> <th data-bbox="1312 632 1542 688">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1096 688 1312 732">•</td> <td data-bbox="1312 688 1542 732"></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	•	
Person(s) Responsible	Deadline				
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4. Agenda topic: Input from Task Force Members and Audience

Presenters: Anyone present

Discussion	<ul style="list-style-type: none"> The implementation of pilot programs calls for evaluation to determine their outcomes and cost effectiveness. It also calls for a review of current programs to determine their effectiveness and how they are being funded and whether the programs are aligned with our priorities and the outcomes that we have identified. Funding is needed to coordinate community-based services (e.g., NC Serves). Secretary Brajer proposed that we work together to educate our potential allies about our strategic plan and its performance-based goals, as developed by Dr. Vogler and his team at DMH/DD/SAS. He suggested that we attend meetings open to the public prior to the convening of the long session on January 11: <ul style="list-style-type: none"> Justice and Public Safety JLOC (Thu, September 15th @ 1:00 PM) North Carolina Courts Commission (Fri, September 16th @ 10:00 AM) DHHS JLOC (Tue, September 27th @ 8:30 AM) DHHS JLOC (Tue, October 11th @ 8:30 AM) Medicaid & NC Health Choice JLOC (Tue, October 11th @ 1:00 PM) Mr. Register iterated that persons with mental illness want to be seen as citizens first. The government has a responsibility to provide care to all its residents. There must be absolute commitment when a person is having a crisis. He wants to see legislative commitment to every family in NC. John Shuford wants the Task Force to take a serious look at suicide and conduct a study, which examines at existing services (e.g., pre-commitment process, involuntary commitment process) and treatment for those who have tried. A recent pilot study found that 42 counties don't have a first evaluator. First evaluators are responsible for assessing potential harm to self. Veterans, youth, and older white males are at higher risk. Dr. Mooney said a tandem study would look at mortality. Mr. Shuford also supported more funding for the behavioral health treatment provided by the NC Prisons. Charlene Lee supported the clubhouse model, a day program that provides its members with various services. The clubhouses work with consumers with serious persistent mental illness and serve a valuable role. However, not all counties have the resources to support clubhouses. Mr. Register said that NAMI is supportive of clubhouses and would love to see more become internationally certified. Chris Budnick stated that the use of language is important. He suggested the use of peer support specialists or peer coaches to engage consumers in recovery. Donald McDonald reiterated what Mr. House said about the value of peer support services. It is critical to connect consumers to peers in recovery. Karen Kincaid Dunn also supported clubhouses, which keep people with serious mental illness from dying from suicide, going to jail, and becoming homeless. Without clubhouses, there would be a higher societal cost. Bebe Smith highlighted the UNC OASIS treatment program for people with schizophrenia. Their model has case management, promotes early intervention, and considers family involvement to be crucial. Carolyn Mann asked that the Task Force consider training for residential group home providers and peer support providers who work in group homes. Mr. Scoggin noted that North Carolina needs to conduct asset mapping on best practices throughout
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	<p>the state. It is important current funding is limited and has to be parceled out among many agencies. Integration is key to healthcare across multiple agencies.</p> <ul style="list-style-type: none"> • Judge Martin said that he felt encouraged and cautiously optimistic. He reiterated that it is imperative to speak with one voice in order to make incremental progress. We are in it for the long haul. He looks forward to continuing dialogue and taking effective action. 						
Conclusions	<ul style="list-style-type: none"> • We must work together and speak as one voice. 						
Action Items	<table border="1"> <thead> <tr> <th></th> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>•</td> <td></td> <td></td> </tr> </tbody> </table>		Person(s) Responsible	Deadline	•		
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Meeting Adjourned: 5:00 pm

Next Meeting: November 30, 2016, 1:00-5:00 pm