



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

Date: November 30, 2016

Time: 1:00-5:00pm

Location: Royal Banquet & Conference Center

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"/>	Keith Acree	NC Department of Public Safety	<input checked="" 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"/>
Gloria Whitehead for Senator Tamara Barringer	Wake County	<input checked="" type="checkbox"/>	Andrew Brown	NC Administrative Office of the Courts	<input checked="" type="checkbox"/>
Commissioner Ronald Beale	Macon County	<input type="checkbox"/>	Sonya Brown	Team Leader, Justice Systems Innovations, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Sheriff Asa Buck III	Carteret County	<input checked="" type="checkbox"/>	Brenda Davis	Community Policy Management, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Chief District Judge Joseph Buckner	North Carolina District Court 15-B, Orange County	<input type="checkbox"/>	Lisa DeCiantis	Community Mental Health, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Bruce Capehart, MD, Medical Director, OEF/OIF Program	Durham VAMC, Durham County	<input type="checkbox"/>	Karen Fairley	NC Department of Public Safety, Center for Safer Schools	<input checked="" type="checkbox"/>
Lisa Cauley, Child Welfare Division Director	Wake County Department of Social Services	<input checked="" type="checkbox"/>	Kendra Gerlach	NC DHHS Office of Communications	<input type="checkbox"/>
Karen Ellis, Director	Cleveland County Department of Social Services	<input checked="" type="checkbox"/>	Commissioner David Guice	NC Department of Public Safety	<input checked="" type="checkbox"/>
Samuel Ervin, IV, Associate Justice	Supreme Court of North Carolina, Burke County	<input checked="" type="checkbox"/>	Dan Guy	NC DHHS Office of Communications	<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 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"/>	Dr. Gary Junker	NC Department of Public Safety, Division of Prisons	<input checked="" type="checkbox"/>
Martez Hill	State Board of Education	<input type="checkbox"/>	Diana Kees	NC Department of Public Safety	<input checked="" type="checkbox"/>
Brian Ingraham, CEO	Smoky Mountain LME/MCO, Buncombe County	<input type="checkbox"/>	Kym Martin	NC Department of Public Safety, Center for Safer Schools	<input checked="" type="checkbox"/>
Dr. Mike Lancaster	SouthLight, Inc., Orange County	<input type="checkbox"/>	Byron Mason	NC DHHS	<input checked="" type="checkbox"/>
William Lassiter, Deputy Commissioner for Juvenile Justice	North Carolina Department of Public Safety, Wake County	<input checked="" type="checkbox"/>	Tim Moose	NC Department of Public Safety	<input checked="" type="checkbox"/>
Rep. Susan Martin	8 th District, Wilson County	<input checked="" type="checkbox"/>	Tom Murry	NC Administrative Office of the Courts	<input checked="" type="checkbox"/>
Benjamin Matthews, PhD, Deputy CFO for Operations	North Carolina Department of Public Instruction, Wake County	<input checked="" type="checkbox"/>	Gwen Norville	NC Department of Public Safety	<input checked="" type="checkbox"/>
Commissioner Fred McClure	NC Association of County Commissioners	<input checked="" type="checkbox"/>	Brian Perkins	NC DHHS	<input checked="" type="checkbox"/>
Al Mooney, MD	Family Medicine & Willingway Foundation	<input checked="" type="checkbox"/>	Joe Prazer	NC Department of Public Safety	<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"/>
Deborah Newton, JD	Attorney, Wake County	<input checked="" type="checkbox"/>	DeDe Severino	NCDMHDDSAS, DHHS	<input checked="" type="checkbox"/>
David Passmore, Vice President of Residential Services	Boys and Girls Homes of North Carolina, Columbus County	<input type="checkbox"/>	Stacy Smith	NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Ashwin Patkar, MD, Medical Director, Duke Addictions Program	Duke University Medical Center, Wake County	<input type="checkbox"/>	Flo Stein	Deputy Director, Community Policy Management, NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Katherine Peppers, CPNP	Growing Child Pediatrics, Wake County	<input type="checkbox"/>	Dr. Karen Steinour	NC Department of Public Safety	<input checked="" type="checkbox"/>
Jack Register, MSW, Executive Director	National Alliance on Mental Illness – North Carolina, Guilford County	<input checked="" type="checkbox"/>	Dr. Jason Vogler	NC DMHDDSAS, DHHS	<input checked="" type="checkbox"/>
Dave Richard, Deputy Secretary	NC Department of Health and Human Services, Wake County	<input checked="" type="checkbox"/>	Pamela Walker	NC Department of Public Safety	<input checked="" type="checkbox"/>
Patrice Roesler	NC Association of County Commissioners	<input checked="" type="checkbox"/>	McKinley Wooten	Deputy Secretary, NC Administrative Office of the Courts	<input checked="" type="checkbox"/>
Dr. John Santopietro	Mecklenburg County	<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"/>			
George Solomon, Director of Prisons	NC Department of Public Safety, Wake County	<input checked="" type="checkbox"/>			
Donna Stroud, Associate Judge	NC Court of Appeals, Wake County	<input checked="" type="checkbox"/>			
Kurtis Taylor, Jr., Outreach/Re-entry Coordinator	Oxford House, Inc.	<input checked="" type="checkbox"/>			
GUEST			GUEST		
NAME	AFFILIATION		NAME	AFFILIATION	
Roxana Ballinger	Dare County Health and Human Services		Nicholle Karim	NAMI NC	
Shaquita Basemore	Governor's Institute on Substance Abuse		Jason King	NC Association of County Commissioners	
Jesse Battle	TROSA		Nana Knowles	Army OneSource	
Chris Baucom	NCACC		Karen Kranbuehl	ACT for Recovery, NC	
Trish Blackmon	ACT, LLC		Donald McDonald	Recovery Communities of NC	
Chris Budnick	Healing Transitions		Dr. Sara McEwen	Governor's Institute on Substance Abuse	
Corye Donn	Disability Rights NC		Anthony McLeod	Governor's Institute on Substance Abuse	
Victoria Eichorn	Governor's Institute on Substance Abuse		Greta Metcalf, LPC, COO	Jackson County Psychological Services	
Wei Li Fang, Ph.D.	Governor's Institute on Substance Abuse		Don Mrdjjenovic	Carteret Counseling Services	
Crystal Farrow	Wake County Human Services		Elliot Palmer, Jr.	NC A&T State University	
Don Genovich	Carteret County		Susan Pollitt	Disability Rights, NC	
Dr. Gary Gunderson	Wake Forest Baptist Medical Center		Chris Shriver	IBM	
			Dr. Adam Zolotor	NC Institute of Medicine	

1. Agenda topic: Opening Remarks

Presenters: Judge Mark Martin and Secretary Rick Brajer

Discussion	<ul style="list-style-type: none"> Judge Martin expressed his appreciation for outpouring of volunteerism and hard work by Task Force members. He emphasized that it was an indication that all three branches can cooperate, collaborate, and coordinate the delivery of resources. When the Task Force was created in July 2015, he saw two goals: a critical look at treatment courts and the encouragement and promotion of public/private partnerships in the justice system. He felt that
-------------------	---

	<p>progress has been made on both fronts. For example, a Veterans Treatment Court (VTC) is being established in Forsyth County and represents the fourth VTC in the State. He also noted the progress in raising the juvenile age on the basis of statistics that the Task Force identified—that the recidivism rate is higher when juveniles are processed in the adult system and that an age change would result in significant cost savings due to the reduced recidivism.</p> <ul style="list-style-type: none"> • Judge Martin also highlighted that the work is not complete in that implementation of the pilot program still needs to occur, with an evaluation of outcome measures and a delineation of what works and what does not. We cannot let public/private partnerships end with this effort but continue to share knowledge to build safer and stronger communities. • Secretary Brajer reiterated that the challenge is so big that it takes all of us working together and expressed his gratitude to Task Force members. He noted that the executive order that established the Task Force had an end date of October 1, 2016 but they were able to get the Governor's approval to have this meeting. He hopes that this initiative will continue. Its importance was demonstrated through the creation of four workgroups in the last two years—NC Association of County Commissioners President's Mental Health Engagement Task Force, Governor's Task Force on Mental Health and Substance Use, NC Institute on Medicine (IOM) Task Force on Mental Health and Substance Use, and the NC Hospital Association Behavioral Health Workgroup. What has been reassuring has been the consistency of results across these groups. Recently, legislators have established a joint subcommittee focused on behavioral health services. • As a result of the work of the Task Force, the General Assembly allocated \$20M for pilot programs. Funding opportunities for these pilot programs are located at: http://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities.
Conclusions	The first year of the Task Force resulted in great progress. Collaboration across the three branches of government was key to the effort. Staff of the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MHDDSAS) is currently reviewing applications for pilot programs that will be funded through an allocation from the General Assembly.

2. Agenda topic: Pilot programs

Presenter: Jason Vogler, Ph.D.

Discussion	Dr. Vogler presented an update on the funding of the pilot programs. The pilots will facilitate service delivery to individuals with mental health and substance use disorders. On November 14, the Division closed the submissions on child case management and has tentatively identified a grantee. The adult case management pilot program closed on November 23; the Division is currently reviewing applications. – decision next week. The Division is also in the process of working to identify potential LEAD program sites. A pilot for facility-based crisis services for children and adolescents will close on December 7. A request for application for rural psychiatric or substance use bed conversion or construction is due on February 3.		
Conclusions	Pilot programs are currently being reviewed for funding by the Division of MHDDSAS.		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> ○ Review submissions for pilot programs. ○ Announce awards. 		DMH/DD/SAS	Scheduled

3. Agenda topic: Raise the Juvenile Age

Presenter: Billy Lassiter

Discussion	Mr. Lassiter provided an update on raising the age limit for juveniles, which was one of the recommendations from the youth subcommittee. The youth committee also promoted case management so they are very excited about the upcoming pilot program. He then provided research and statistics as to why the age limit should be increased and how the juvenile system differs from the adult one. In the juvenile system, parent engagement is emphasized and offenders are confined to a youth facility. The majority of crimes are misdemeanors (80.4%), followed by non-violent felonies (16.3%) and violent felonies (3.3). For many, it is their first interaction with the justice system. Research has indicated that impulsivity, sensation-seeking, and risk perceptions decline with age; preferences for risk peak in mid-adolescence; future orientation increases with age; and individuals become more resistant to peer influence as they get older. Surveys have shown that most parents and youth think the age of jurisdiction is 18, not 16. Schools are responsible for 45% of all complaints, with the number 1 offense being disorderly conduct. Schools don't have the resources to address these behaviors. What is needed is a strong diversion program.		
Conclusions	Raising the juvenile age is aligned with the research.		
Action Items	Person(s) Responsible	Deadline	
○ Follow-up on legislation related to raising the juvenile age.	Mr. Lassiter		

4. Agenda topic: Behavioral Health Services in Justice System

Presenter: Commissioner David Guice

Discussion	Commissioner Guice introduced his team: Deputy Commissioner Billy Lassiter, Deputy Commissioner Tim Moose, Executive Officer Gwen Norville, Deputy Commissioner Joe Prater, Dr. Karen Steinhour, Dr. Gary Junker, and George Solomon, Director of Prisons. He discussed the connectivity and intersection between behavioral health and the criminal justice system. His department is responsible for over 100,000 individuals under community supervision across the State as well as 36,180 in prison. Many of these people have behavioral health issues. In order to ensure that individuals get the help they need, a risk needs assessment is administered. The General Assembly has allocated funds for 8 new therapeutic diversion units, staffed with a behavioral health team so they can get the assistance that they need. These units are necessary because release from close custody into the community may be fraught with challenges if they need to take medications, need housing, etc. this was psych beds across the country, just delete There are about 36,000 admissions per year, with 23,000 released each year. Most individuals are released within 5-7 years. Many have substance use disorders or co-occurring mental health issues. They currently have six mental health probation pilots. What is critical is evaluation, to determine what is working and what is not and what the cost savings are. Collaboration is key, with DPS partnering with DHHS, DPI, and advocacy groups. All are interested in making a positive change.		
Conclusions	It is critical to address behavioral health issues during incarceration.		
Action Items		Person(s) Responsible	Deadline
o	Work with General Assembly to allocate additional funding for substance use and mental health treatment.	Commissioner Guice	

4. Agenda topic: Initiative of the NC Association of County Commissioners

Presenter: Commissioner Fred McClure

Discussion	<ul style="list-style-type: none"> o Commissioner McClure, president of the NC Association of County Commissioners (NCACC), thanked Patrice Roesler for her assistance on the mental health and substance use Initiative. This initiative focused on 4 areas: (1) helping address the opioid crisis in NC, (2) reducing the number of mentally ill in jails, (3) spreading information about the Youth Mental Health First Aid program; and (4) educating county commissioners and managers about the MH/IDD/SA system in North Carolina. These issues pose challenges in the community, and local communities are where the NCACC wants to make a difference and engage citizens in developing and implementing solutions. Community leaders are deeply concerned about opioid use, and death. Commissioner McClure said that beginning in the spring and summer of 2017, they will be asking each county to host a forum on opioid use as part of the County Leadership Forum on Opioid Crisis. They want the forums to include municipal officials, law enforcement, school board members, etc. so that they understand the extent of the problem in their community and how to access solutions/strategies/resources. Local public health directors have agreed to help as well as the NC Council of Community Programs and the NCSU School of Family and Consumer Services. The NCACC will help them develop the appropriate resources and support for these discussions based on a pilot forum in Davidson County in March. Each county manager and board chair will be provided a "meeting in a box" with the necessary materials and supplies to conduct the forum on the opioid crisis. The NCACC is working with the Division of MHDDSAS to identify the extent of the problem in each county. They also plan to document work products that come out of each community as well as the breadth of community involvement (e.g., physicians, elected officials, NAMI, Recovery NC). o Area 2 is the Stepping Up Initiative, in which 23 NC counties are participating. On December 6, the NCACC, NC Psychiatric Association, NC DMHDDSAS, and Governor's Institute are hosting a pre-conference session at the annual meeting of the NC Council of Community Programs. Conference. On May 9, these same partners will conduct a full-day Stepping Up Summit. The goal for commissioners is to learn about successful jail diversion programs and to adopt model practices. o Area 3 is the Youth MHFA initiative. The NCACC plans to promote this ongoing program among the general public and school boards. DMHDDSAS has developed some short videos that are on the NCACC website (http://ncacc.org). o Area 4 focuses on educating county commissioners and managers about behavioral health. They have three regional standalone seminars scheduled, with goals, dates, and measures. Commissioner McClure has personally challenged commissioners across the State to put their efforts into these 4 areas and is committed to helping in any way. o Several Task Force members then asked how they could help in their counties. Commissioner McClure reiterated that it is important for citizens to be involved in interventions of the school board, city council, etc. and to volunteer to make a difference. Mr. Register said that NAMI is involved in the Stepping Up initiative and the importance of people being a part of advocacy and education efforts in their communities. One of NAMI's goals is to make NC a stigma-free State. Another question was how to best incentivize consumers. 		
Conclusions	The NC Association of County Commissioners is asking each county to host a forum on the opioid crisis and will develop a "meeting in a box" with the necessary materials and supplies to conduct the forum.		
Action Items		Person(s) Responsible	Deadline
o	NCACC and NC MHDDSAS will develop the meeting in a box to ensure that county-specific statistics and materials are included.	Commissioner McClure and Dr. Vogler	

4. Agenda topic: IBM Watson Health

Presenter: Christopher Shriver

Discussion	<ul style="list-style-type: none"> • Secretary Brajer noted how difficult it is to access resources. IBM has developed Watson Health, which can aid families in locating services. Mr. Shriver noted that in 2015, IBM began developing projects with a societal impact in order to improve lives and reduce costs of health care. Watson is a cognitive system built on understanding, reasoning, and learning. For example, they worked with the genomics tumor board of the UNC Cancer Institute to see how Watson would fare in reviewing patients' cases. In 99% of the cases, Watson's results aligned with those of the tumor board. For three out of ten patients, Watson came up with recommendation that the tumor board had not identified. What Watson does is link information and serve as a coach. IBM is currently developing a smartphone app based on what a call center does so that consumers can access services. They are working with DHHS and plan to launch the app on January 1. • Questions that resulted included the following: <ul style="list-style-type: none"> ○ What happens when there are no services in the area? ○ Is there a way to capture the gaps and analyze the results? (yes) ○ What is the best way to publicize the app to consumers? The marketing campaign should be paired with an anti-stigma campaign. ○ Not all consumers are comfortable with technology, but it is an important means to engage some consumers and their families. (Watson can also "sense" if a consumer needs to be referred to a live person and can also provide a geo location.) ○ How will providers be vetted for inclusion in the network? Will for-profit providers be included? ○ How would navigators be integrated with this system? ○ What if a person is in crisis? Should 211 be used instead? • Mr. Shriver offered to schedule an open house so that Task Force members could see a demonstration of Watson.
Conclusions	IBM is developing Watson Health, a smartphone app that can be used by consumers to identify services.

4. Agenda topic: Recommendations from the NCIOM Task Force on MH and SU

Presenters: Dr. Adam Zolotor

Discussion	<p>The NC Institute of Medicine (IOM) was created by the General Assembly in 1983 to study health issues that affect NC. Funded by the Kate B Reynolds Charitable Trust in collaboration with NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the NCIOM Task Force on Mental Health and Substance Use was appointed just prior to the Governor's, and it has tried to keep abreast through Dr. Santopietro since he is a member of both. The NCIOM Task Force tried to map out a different space although they also tried to be in alignment and to support the Governor's Task Force. Comprised of three working groups, the Task Force presented its recommendations to the General Assembly, NC Department of Health and Human Services, and provider organizations. The NCIOM Task Force focused on outpatient and community-based services as they felt that more balance was needed and that existing funding needed to be stabilized and that additional funds needed to be allocated in order to right the current imbalance. They saw a significant shortfall in the availability of funds for community-based prevention, treatment, and recovery services. While inpatient beds are important, there is a need for community-based services as the system moves toward financially solvent integrated care. A copy of the issue brief and full report can be downloaded from http://www.nciom.org/publications/?transforming-north-carolinans-mental-health-and-substance-use-systems-a-report-from-the-nciom-task-force-on-mental-health-and-substance-use.</p>
Conclusions	The recommendations of the NCIOM Task Force were in alignment and supported the recommendations of the Governor's Task Force on Mental Health and Substance Use.

4. Agenda topic: Role of the Faith Community

Presenters: Steve Scoggin and Dr. Gary Gunderson

Discussion	<ul style="list-style-type: none"> ○ An asset that has been in great abundance but grossly underutilized is the faith community, which can be empowered to improve health. The Memphis model has inspired conferences and health care systems. For the past 44 years, faith communities have offered counseling through a statewide network—CareNet—which is part of the Wake Forest Baptist Medical Center. CareNet covers 85 counties and through licensed practitioners, it provides access to quality care that are spiritually sensitive. ○ Secretary Brajer asked whether the faith community has embraced MHFA, which they have. Perhaps CareNet could be instrumental in training more people. Hospital chaplains, visiting clergy, and trained volunteers play a role and are developing a learning community. Their first training was on MHFA. ○ Judge Martin asked whether the faith community has developed a single portal model. While NC has not yet accomplished this, Memphis has. They found that African Americans wanted to go to another church's trusted portal but not their own because of stigma. 		
Conclusions	The faith community offers counseling and other support services in hospitals and clinics.		
Action Items		Person(s) Responsible	Deadline
	○ Explore ways in which the faith community can collaborate with behavioral health providers.	Mr. Scoggin and Dr. Vogler	

4. Agenda topic: Input from Task Force Members and Audience

Presenters: Dr. Jason Vogler and audience

Discussion	• Dr. Vogler discussed the legislated strategic plan for the improvement of behavioral health. Actions
-------------------	--

	<p>include (1) set timeline for planning stages; (2) draft plan for stakeholder input; (3) conduct stakeholder meetings; (4) prepare any changes resulting from stakeholder feedback and/or any changes in federal policy, and (5) prepare the legislative report, which is due January 2018. The plan will integrate all Task Force recommendations.</p> <ul style="list-style-type: none"> • Task Force members and the public were provided with an opportunity to speak. <ul style="list-style-type: none"> ○ Ms. Newton noted that single stream funding is running out during the fiscal year and that don't know what this means, we shouldn't quote her speaking on behalf of Southlight ○ Ms. Metcalf, member of the Safer Schools Task Force, said that the recommendations of the Task Force align with what they are doing. ○ Mr. McDonald offered that the recovery community has messaging training, which emphasizes stigma reduction and thus discrimination. what? ○ Ms. Kranbuehl indicated that the Recovery Community of NC is happy to be a stakeholder. She emphasized the importance of reaching those in rural communities and workforce development: opportunities to integrate technology. Infrastructure needs to be considered. ○ Dr. Santopietro is interested in technology, including the use of telemedicine and telepsychiatry. There are currently more than 600 apps for mental health, and it is difficult to know which ones to use. ○ Mr. Register said he is still trying to figure out how to use technology appropriately and effectively. Not everyone has smartphones or uses computers so it is not prudent to move solely to a technology platform as communication is important. ○ Dr. Vogler noted that the means of communicating has changed dramatically in recent years and is changing more rapidly than systems can keep up with. Issues such as privacy and how the information will be used and shared need to be considered. ○ Mr. Richard said that one of the greatest opportunities is to use technology as a support to live independently. However, payment streams are currently not amenable to this. ○ Sheriff Buck lauded the concept of working with county commissioners and county managers to tackle community issues. One of the challenges has been locating beds for cases of involuntary commitment. • Judge Martin applauded the work of the Task Force, which will result in better outcomes for individuals and for the entire state. He was encouraged by what the NCACC, NC IOM, and MHSU TF have done and hopes that the work will continue.
Conclusions	Dr. Vogler will spearhead the development of a strategic plan to improve behavioral health in the State.

Meeting Adjourned: 5:00 pm

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