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NORTH CAROLINA

Governor's Task Force on Mental Health and Substance Use
April 7, 2016

Policy Implications of Olmstead, ADA and the Department of Justice Settlement

Jessica Keith

Background of Settlement Agreement

July 2010 Disability Rights North Carolina (DRNC) filed a complaint with the United States Department of Justice (DOJ).

State provides more opportunity for individuals with serious mental illness to live in Adult Care Homes than in small Community Settings.

Beginning in November 2010, US DOJ assessed N.C. compliance with the Americans with Disabilities Act (ADA) and the Olmstead Decision.

Complaint letter and DOJ findings

- The states prioritized investment in congregate settings at the expense of community-based settings.
- Many individuals with mental illnesses have not been provided choices of where they live.
- The state did not provide individuals with disabilities services in the most integrated setting appropriate to their needs.

On August 23, 2012, N.C. signed a settlement agreement with the US DOJ to settle claims that the state had violated the ADA.

Transitions to Community Living Initiative

While there are 103 provisions of the settlement for which the state is evaluated, there are three areas of primary of focus:

- **Supportive Housing** – 3,000 individuals/slots by 2020
- **Supportive Employment** – 2,500 individuals served by fidelity provider by 2019
- **Assertive Community Treatment** – 50 teams serving 5,000 individuals by 2020

Mutual Goals for Success

Mental Health Task Force recommendations include:

- Housing for consumers should be appropriate, affordable and available.
- The state should help consumers find and maintain employment.
- The state should provide case management / recovery navigation to consumers who need it.

Mutual Considerations

INTEGRATED/LEAST RESTRICTIVE

- Renting up to 20 percent of apartments scattered in an apartment complex.
- Making sure individuals with disabilities are given options to live without other individuals with disabilities.
- Developing tiny houses for workforce households with a set aside of 20% for individuals with disabilities.
- Designing services to support individuals where they live with a choice of provider separate from their landlord.

CONCENTRATED/POTENTIALLY RESTRICIVE

- Renting a complex completely for individuals with Serious Mental Illness (SMI).
- Developing a sense of community where all individuals have SMI in a neighborhood.
- Developing tiny houses in a row for individuals with disabilities.
- Designing services where the provider is landlord and all individuals live in the same area .

Utilizing Lessons Learned

As we move forward with final recommendations in support of the goals and priorities of the Mental Health Task Force, remember lessons learned from settlement findings.

Services and supports should be developed in a way that:

- Supports community integration;
- Provides services in the least restrictive manner to meet an individual's needs; and
- Allows for persons with disabilities to interact fully with persons without disabilities.

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Summary of Key Recommendations
Dale Armstrong

Next steps

March-April 2016

- March 10 Task Force meeting
- Develop financial estimates
- Finalize recommendations

May 1, 2016

Present final recommendations to Governor

Workgroup on Adults: current priority considerations

Changes that Directly Improve Consumer's Lives

1. **Appropriate, Affordable & Available Housing**
2. **Expand Case Management / Recovery Services**
3. Expand Employment Opportunities
4. Develop Behavioral Health Workforce
5. Psychiatric Advanced Directives
6. Coordination of Care for Veterans
7. Better Use of Inpatient Care & Alternatives

Cross-Systems

8. **Diversion to Treatment from Criminal Justice whenever appropriate**
9. Well-integrated Behavioral & Physical Healthcare
10. Collect Data & Use to Guide Actions, including Funding Decisions
11. Develop Public-Private Partnerships that foster Efficiency, Transparency & Innovation

MHSU System Improvements

12. Care should be Easy to Access; "No Wrong Door"
13. Trauma-informed Systems of Care
14. Improve Behavioral Health Payment System
15. Promote Leadership on MH & SU Issues at all Levels

Workgroup on Adults

Current priority considerations

1. **Appropriate, Affordable & Available Housing**
   a. Develop therapeutic housing where individuals can develop a sense of community
   b. Conduct a statewide needs assessment
   c. Expand community based supportive housing; Each LME-MCO should develop a housing plan for their geographic area, report quarterly on progress, and update the plan annually
   d. Establish partnerships with builders
   e. Explore promotion of development of half-way houses that can provide comprehensive services

Workgroup on Adults

Current priority considerations

2. Expand Case Management / Recovery Services

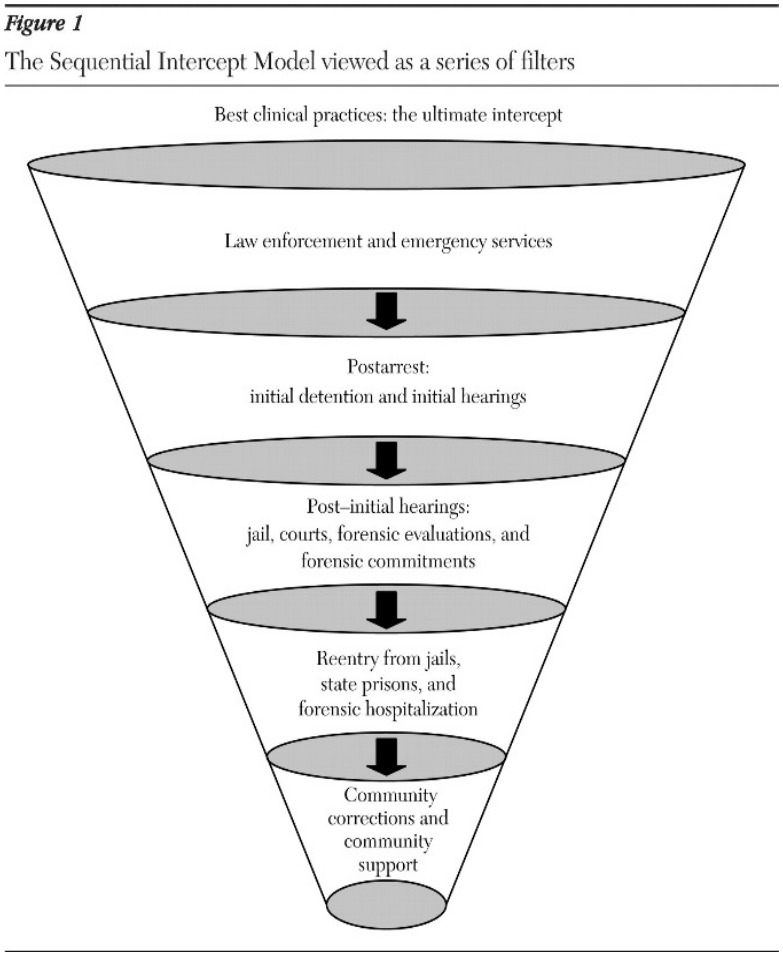
a. Independent, Stand-alone Case Management Service Definition
b. Promote Assertive Community Treatment Teams (ACTT):
c. Incentivize ACTT where it does not exist with start-up funds
d. Develop forensic ACTT (or FACT) in areas of highest need
e. Create “step-down” lower intensity case management service definition for periodic ongoing support to prevent decompensation
f. Critical Time Intervention statewide for consumers who would benefit from this time-limited, intensive service (e.g., discharge from state hospital, release from incarceration)
g. Develop case management service to assist consumers less disabled by MI &/or SUDs but need occasional assistance
h. Case management certification programs offered through community colleges to professionalize case management as an entry-level career path for behavioral health professionals

Workgroup on Adults

Current priority considerations

3. Diversion to treatment from criminal justice system whenever appropriate.

- Sequential Intercept Model
  - Intercept 1: Law enforcement & emergency services
  - Intercept 2: Post-arrest - initial hearings & initial detention
  - Intercept 3: Post-initial hearings - jails, courts, forensic evaluations & commitments
  - Intercept 4: Reentry from jails, state prisons & forensic hospitalization
  - Intercept 5: Community corrections & community support
- Best Clinical Practices at all points is the ultimate intercept



Workgroup on Adults

Current priority considerations

4. Consumers should be diverted from the criminal justice system to treatment whenever appropriate (continued)

- DHHS should continue to educate police chiefs, sheriffs, LME-MCOs, fire & rescue, EMS, dispatchers, & other local entities about CIT & provide technical assistance
- Effective CIT requires additional resources for Behavioral Health Urgent Care Centers that can provide law enforcement a quick hand off; Rural communities may require other options (e.g., more robust mobile crisis, in home stabilization, increased consultation for EDs serving as the intercept CIT drop-off site)
- Other solutions may include crisis "navigators" – including peers – assigned at crisis/intercept points to assist officers, families and the consumer navigate the system in order to get the individual engaged in services.
- DHHS should continue to support Mental Health First Aid; Special emphasis should be made to train criminal justice professionals
- Enhance therapeutic courts (mental health, recovery, veterans)
  - Identify goals to include in therapeutic courts that reduce recidivism
  - Where recovery courts are not feasible, judicial districts should consider using special dockets

Workgroup on Opioid Abuse and Heroin Resurgence

Workgroup on Opioid Abuse and Heroin Resurgence

Current priority considerations

1. Examine efforts to heighten awareness of the dangers of prescription opioid misuse and provide considerations to improve these efforts.
2. Examine efforts to heighten awareness of Medication Assisted Therapy (M.A.T.) and reduce stigma.
3. Evaluate the use of heroin in NC and recommendations to support prevention, treatment, and recovery in NC.
4. DHHS consideration: Review the state plan to reduce prescription drug use / misuse and provide recommendations.
5. Other: Judicial, legal and court-related issues

Workgroup on Opioid Abuse and Heroin Resurgence

Current priority considerations

1. Examine efforts to heighten awareness of the dangers of prescription opioid misuse and provide recommendations to improve these efforts. (Law Enforcement and Prescribers)
   a. Significantly increase prescriber utilization of the Controlled Substance Reporting System (CSRS).
   b. Provide designated, trained law enforcement agents the same access to the CSRS and pharmacy prescription drug profile information as state and federal agents.
   c. Encourage and support local meetings and trainings regarding safe prescribing practices. Engage local law enforcement to provide prescribers with a “real picture” perspective.
   d. Develop and fund a comprehensive public awareness campaign to address the dangers of prescription drug/misuse and the importance of safe storage and disposal of controlled substance medication.

Workgroup on Opioid Abuse and Heroin Resurgence

Current priority considerations

2. Examine efforts to heighten awareness of Medication Assisted Therapy (M.A.T.) and reduce stigma.
   a. Conduct both professional and public education sessions where medical professionals, individuals with lived experience, and practitioners together use science-based evidence that demonstrates the efficacy and effectiveness of M.A.T. coupled with evidence-based psychotherapy. Use powerful stories of success around M.A.T.
   b. Increase availability of Naloxone throughout the state.
   c. Provide long-term recovery supports like recovery community centers, Peer Support, collegiate recovery programs, recovery coaches and recovery clubs in high schools.
   d. Appoint / include people with lived experience and in recovery from substance use disorders (SUDs), including Opioids, on work groups throughout the state and invite them to participate.

Workgroup on Opioid Abuse and Heroin Resurgence

Current priority considerations

3. Evaluate the use of heroin in NC and offer considerations to support prevention, treatment, and recovery in NC.
   a. Require continuing education for prescribing opioids for physicians and other health personnel. This is consistent with Board requirements.
   b. Expand access to Medication Assisted Treatment (M.A.T.) for Opioid addiction in the community to include approved medications and behavioral treatment with appropriate monitoring.
   c. Develop Opioid Overdose Prevention Plans that include increasing access to Naloxone availability in the community to reduce overdose deaths.
   d. Expand prevention and early intervention programs targeted to high risk populations (i.e., adolescents, individuals with mental illness, and those with injury and chronic pain).

Workgroup on Opioid Abuse and Heroin Resurgence

Current priority considerations

4. Review the state plan to reduce prescription drug use / misuse and provide recommendations.

Support the Prescription & Illicit Drug Use Prevention and Treatment Advisory Committee to implement & monitor the State Strategic Plan as per S.L. 2015-241, Section 12F.16.(m-p)

Workgroup on Children, Youth and Families

Workgroup on Children, Youth and Families

Current priority considerations

1. Standardization / Accountability
2. Increase access and workforce development
3. Education/Stigma Reduction/Primary Prevention
4. Data and Technology
5. Trauma-Informed State

Workgroup on Children, Youth and Families

Current priority considerations

1. Standardization and Accountability

a. Standardization and portability of services among LME-MCOs for children in vulnerable populations for foster care and Juvenile Justice across multiple catchment areas

b. Review and revise service definition for Intensive In-Home services and Day Treatment and ensuring use of high-fidelity, evidence-based and outcome-oriented programs in the Medicaid State plan.

c. Performance of clinical assessments by an independent party contracted with the LME/MCO.

d. Continue to spread programs that train clinicians in high-fidelity and evidence-based intervention

e. Ensure consistency of agency and provider credentialing across LME/MCOs

Workgroup on Children, Youth and Families

Current priority considerations

2. Increase access

a. Allow parents to obtain treatment when their child enters foster care.

b. Development of an Integrated Care Transformation Council (FHNC, CCCN, Hospitals, MCOs, Medication Oversight, DMA, DSS, DMH/DD/SAS)

Workgroup on Children, Youth and Families

Current priority considerations

3. Stigma, Education and Primary Prevention

Mental Health First Aid

a. Evidence-based, train-the-trainer, comprehensive mental health education program for youth and adults.

b. Training targets include:
   - School personnel: teachers, coaches, bus drivers, counselors, administrators/assistants, driver's education instructors and county employees
   - College and university faculty and staff
   - Primary care providers and staff
   - Faith-based communities, sports leagues, and social/community clubs.

Workgroup on Children, Youth and Families

Current priority considerations

4. Data and technology

a. Support the investment by child-serving agencies in adequately staffed research and evaluation sections and in the infrastructure (e.g., visual reporting platforms) needed to inform optimal data-driven management at the agency level.

b. Data Investigative Council (MOUs regarding data sharing)

- Child-serving agencies report that they have an insufficient number of staff assigned to transform raw data into meaningful and useful information that can be used to enable more effective strategic and operational insights and decision-making. This leads to the under-utilization of available data.
- There is a great opportunity within the state for sharing data across agencies. In 2008, the General Assembly established the North Carolina Government Data Analytics Center (GDAC) to serve as an information utility for use by state leadership in making program investment decisions, managing resources, and improving financial programs, budgets, and results.
- At present, there is very limited data warehoused via the GDAC by child-serving agencies.

Workgroup on Children, Youth and Families

Current priority considerations

5. Trauma-informed state

Develop a Trauma Advisory Council consisting of cross-agency staff, trauma experts, service providers, trauma survivors and service consumers, and community stakeholders to:

a. Identify how each state human service or public safety agency shall be involved in the initiative, likely through the convening of an expert panel;

b. Develop a workforce that is knowledgeable and skilled in the recognition, assessment, treatment, and support of persons traumatized by childhood and/or current sexual and physical abuse, and other traumatic experience;

c. Develop a comprehensive, integrated, accessible system of trauma screenings, assessments, services, and support across agencies;

d. Create state policies which address the needs of trauma survivors, eliminate practices which traumatize or re-traumatize those with histories of trauma, and support the provision of trauma-informed services, resources and training; and

e. Develop a plan for evaluating the impact of these efforts.

Workgroup on Children, Youth and Families

Current priority considerations

- Develop plan to raise the age of juvenile jurisdiction from 16 to 18 years old would increase access to age-appropriate treatments that are available in the juvenile justice system that are not available in the adult system.
- North Carolina is the only state in the nation that considers all 16- and 17-year-olds adults.
- Recidivism rates among 16-and 17-year-olds handled by the adult criminal justice system are significantly higher than those handled by the juvenile justice system.
- The juvenile system can order parents to be more involved in the juvenile's treatment.

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Recommendations, Timing and Funding
Dr. Courtney Cantrell

Overview of proposed funding recommendations

Annual Support

- Emergency Housing for Adults
- Case Management for Children and Adults
- Court-Based and Law Enforcement Diversion
- Opioid Treatment
- Prescription Drug Abuse Strategies

Overview of proposed funding recommendations

One-Time Support

- Child Facility-Based Crisis
- Mental Health First Aid
- Psychiatric Advanced Directives
- Local Law Enforcement Partnerships

Priority Recommendations

Recommendation: Adult Housing

Housing for our consumers should be appropriate, affordable, and available:

- Develop a range of living options where individuals can develop a sense of community.
- DHHS should expand community-based supportive housing. Each LME-MCO should develop a housing plan for their geographic area, report quarterly on progress and update the plan annually.

Emergency Adult Housing

- Master Leasing Agreements (emergency housing) for Adults diagnosed with a primary substance use disorder, serious mental illness/serious and persistent mental illness who are transitioning out of emergency departments, correctional facilities/institutions, or those identified as part of the Department of Justice (DOJ) settlement priority population.

Recommendation: Adult and Child Case Management

We should help consumers find and maintain employment.

- Support programs that emphasize use of peers for mutual support in employment-based relationships.

We should provide case management/recovery navigation to consumers who need it.

- Create a “step-down” lower intensity case management service definition for consumers who need periodic ongoing support.
- Develop a “navigator” case management service aimed at assisting consumers who are less disabled, but nonetheless need occasional case management. These navigator case managers might be specially-trained peers.
- Establish a stand-alone, billable, case management service with well-defined eligibility criteria.

Recommendation: Adult and Child Case Management

Systems should collaborate to benefit the children, youth and families they serve:

- Provide mental health liaisons in all MCOs to assist Juvenile Court Counselors in navigating the mental health and substance use service system.

Increase Access & workforce development

- Standardize and expand access to care coordination services for youth with complex needs.

Adult Case Management

Comprehensive Case Management (CCM): proactive intensive case management model for persons living with multiple complex psychosocial needs and their families/close support systems.

Adults who are:

1. Diagnosed with a primary substance use disorder, serious mental illness/serious and persistent mental illness, or combination of; AND

2. Transitioning from one of the following:
   - An emergency department due to issues involving their primary substance use disorder, serious mental illness/serious and persistent mental illness, or combination of; OR
   - A correctional facility/institution.

Supportive Case Management

Supportive Case Management is suitable for persons with discrete needs 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).

Adults who are:

Diagnosed with a primary substance use disorder and/or mental illness, or combination of; AND have needs which:

- Do not require a more intensive level of service or case management; OR
- Require time limited support during a time of transition among service delivery systems or living environments.

Child Case Management

Youth who are:

1. Diagnosed with a primary substance use disorder, serious mental illness/serious and persistent mental illness, serious emotional disorder, intellectual/developmental disorder with complex behavioral needs, or combination of those listed; AND

2. Are currently placed in one of the following:
   - A Juvenile Justice setting; OR An out-of-home foster care placement.

Recommendation: Court-Based Diversion

Our consumers should not be shifted to, but diverted from the criminal justice system.

- For example, the Law Enforcement Assisted Diversion (LEAD) program pioneered in Seattle, trains law enforcement officers to divert low level drug offenders to services and treatment, rather than to jail.
- Enhance therapeutic courts (mental health, recovery, veteran courts).

Court-Based Diversion

Diversion – Treatment Courts

- Support therapeutic courts (mental health, recovery, veteran courts). Assure sustained funding of these courts and their associated treatment.

Diversion – LEAD (Law Enforcement Assisted Diversion)

- LEAD is a pre-booking jail diversion program that trains law enforcement officers to divert low-level drug offenders to services and treatment, rather than jail.

Recommendation: Opioid Treatment

Additional capacity for outpatient and residential opioid treatment services, including treatment medications, (e.g. Buprenorphine, Naltrexone, and Naloxone), and all indicated behavioral health methodologies, overdose prevention, and recovery supports.

Opioid Treatment

Expand Capacity

- New opioid addicted individuals will be served annually in licensed Opioid Treatment Programs, certified DATA 2000 Office Based Opioid Treatment physician practices and clinics, and correction facilities, and other state and local institutions. Targeted statewide to areas of highest level of need in underserved communities.

Recommendation: Prescription Drug Abuse

Implementation of the Strategic Plan to Reduce Prescription Drug Abuse

- Prevention and Public Awareness - Develop a community education campaign based on regional needs assessments conducted by local prevention coalitions.
- Professional training and Coordination education on CSRS, co-prescribing, and use of MAT.
- Law enforcement education including enhanced drug disposal strategies.
- Identification of Core Data Improve the functionality and analytic capacity of the CSRS.

Prescription Drug Abuse – State Strategic Plan

- Mini-grants to counties with the highest rates of prescription drug/heroin to conduct needs assessments and develop prevention messages for youth and parents.
- Develop and conduct training regarding safe prescribing, alternatives for pain management and effective intervention with those using heroin.
- Training for law enforcement agencies about use of naloxone. Selected officers will be trained for access to the CSRS well as safe drug disposal strategies.

Recommendation: Mental Health First Aid

Our consumers should not be shifted to, but diverted from the criminal justice system.

- Continue to ensure access to training in Mental Health First Aid. Special emphasis on criminal justice professionals, including: judges, district attorneys, defense attorneys, magistrates, and probation and parole officers.

Leadership on mental health and substance use issues should be promoted at all levels:

- Raise awareness and reduce stigma through public education campaigns that emphasize the role of leaders in addressing mental illness and substance use problems in the community (e.g. Mental Health First Aid).

Mental Health First Aid Cont.

We should reduce the stigma of mental illness and increase the primary prevention of behavioral health disorders through education (child):

- Provide increased funding to support Youth Mental Health First Aid for target audiences to include: School personnel, child serving individuals and/or entities that directly impact the lives of youth.

Mental Health First Aid Cont.

Increase the availability of Mental Health First Aid for youth and adults by training more trainers and offering funding for trainings.

Recommendation: Psychiatric Advanced Directives

We should promote consumer's use of psychiatric advanced directives (PAD).

- Develop a promotional campaign to educate consumers and others about the advantages of PADs, and how to file them.
  - Provide funds for an on-line educational video and other training materials that might assist consumers in completing a PAD.
  - Develop a training program that helps families or peer supporters/crisis navigators to learn how to facilitate PAD development.

Psychiatric Advanced Directives

- Increase training and education around PADs, and depending on cost, develop a tracking mechanism.

Recommendation: Local Task Force Development

Leadership on mental health and substance use issues should be promoted at all levels:

- Encourage establishment of local task forces to develop community blueprints for necessary services, and assess existing community services to determine what needs to be created or developed to meet local needs.
- Encourage counties to participate in the Stepping Up Initiative - to divert people with mental illness from jail to treatment in the community.
- Encourage counties to use the Sequential Intercept.

Local Task Force Development

- Provide planning and start-up funds to support and encourage local community behavioral health and justice system leaders to collaborate to address the community health and safety needs using the “Stepping Up” initiative and Sequential Intercept Model as the framework for planning the interface between the justice and behavioral health systems.
- Develop targeted strategies that evolve over time to increase diversion from the justice system and linkage to community treatment.

Recommendation: Child Facility-Based Crisis

Increase Access & workforce development

- Increase the number of specialized treatment beds by reassigning underutilized acute care beds to mental health beds in rural hospitals.

DHHS Crisis Solutions Initiative: Child Facility – Based Crisis

- Develop additional Facility-based Crisis (FBC) capacity for children.
- Child FBC will be expected to work closely with Juvenile Justice, DSS (foster care), schools and local law enforcement.
- The FBC will be expected to work with case managers and families.
- Facilities will have capacity to serve children with behavioral health and substance use disorder needs who have intellectual and other developmental disabilities, problematic sexual behaviors and who have experienced trauma.

Additional One-Time Opportunities

Adults:

- Implement other risk reduction strategies, such as Naloxone distribution, needle exchange and medication drop box programs that may save the lives of people with behavioral health disorders.
- Take care of our vets.
- Partner with private agencies to provide tele-psychiatry in rural or other underserved areas in our state.
- Provide training for clinicians on the evidence-based treatments known to be effective for treating PTSD.

Additional One-Time Opportunities

Children/Youth/Families:

- Determine best practice models of treatment for problematic sexual behavior and provide training throughout the state.
- Expand the Positive Parenting Program (Triple P) to strengthen families in the community.
- Develop behavioral health specialist certification.
- Develop a training infrastructure to support evidence-informed competencies (similar to or in partnership with the North Carolina Child Treatment Program).

Additional One-Time Opportunities

Children/Youth/Families (cont.):

- Research and address the severe behavioral and emotional challenges in youth at deaf and hard of hearing centers.
- Develop provider training and services to address the needs of children and youth with mental health/substance use challenges and developmental disabilities.
- Develop Community Collaboratives in areas that do not have these partnerships.

Additional One-Time Opportunities

Substance Use:

- Develop and fund a comprehensive public awareness campaign to address the dangers of prescription drug misuse/abuse and the importance of safe storage of medication.
- Produce public service announcements that will air on networks across the state, using recovery-focused language that empowers individuals to seek help when they need it.
- Educate prescribers and users about the availability of Naloxone and advocate for greater availability in the community to reduce overdose death.

Q&A and Discussion