

**Governor's Task Force for Mental Health and Substance Use
NC State University McKimmon Conference and Training Center
September 15, 2015**

Governor Pat McCrory introduced Rick Brajer, the new Secretary of Health and Human Services. He noted that a website, www.ncdhhs.gov/mhsu, has been developed for the Task Force. The Governor reiterated his support for behavioral health, in that he asked for increased capacity for mental health (MH) services and beds, crisis solutions, state hospitals, psychiatric assistance, DOJ settlement housing, MH assistance in prisons, and a substantial pay raise for prison guards at high security prisons in the current budget.

While MH and addiction are topics that are not often addressed, they affect the courts, prisons, emergency rooms, law enforcement, first responders, and society. He promoted the integration of all groups addressing this tremendous problem since it is destroying the fabric of our country—and our families. Governor McCrory intends for the Task Force to determine the vision, strategy, tools and resources needed, integration, and assessment for behavioral health. He would like to know who is doing what and if there is overlap, ineffectiveness, or gaps in services.

Governor McCrory related his recent visit to a college campus and was reminded of the frequency and generally wide acceptance of excessive drinking of beer and hard liquor, as acts accepted as rites of passage. But binge and excessive drinking have both short and long-term consequences, whether they are missed classes, accidents, fights, poor productivity, or addiction. He also noted the consumption of ecstasy by teens and the need to protect their minds and help them become productive citizens. He reiterated the importance of education and the need to develop strategies and solutions to prevent and respond to situations such as these. He called upon North Carolina to be a role model for the rest of the country in addressing the issues of mental health and substance use. He noted the Task Force's tight deadline of May 1 to provide their findings and recommendations. The Governor concluded by thanking Task Force members.

Chief Justice of the Supreme Court of North Carolina Mark Martin said that all three branches of state government will boldly confront a sensitive issue that touches the lives of our fellow North Carolinians and their families. He is humbled by the depth of knowledge and decades of expertise represented on the Task Force. The court system processes nearly 3 million cases per year, and a substantial number of cases are associated with substance use. Justice Martin wants to give voices to those who need help and to those who will help them. The Task Force needs to identify the most effective and efficient way of providing services for our state's most vulnerable citizens. The goal is to reduce crime and strengthen communities. How we address these issues will reflect our collective humanity.

Secretary Brajer thanked the Governor for his appointment and expressed his admiration for the Chief Justice. DHHS devotes significant time and resources to these issues. This Task Force represents the awesome opportunity to analyze the issues before us and develop systematic recommendations for children and families. It is a chance to reduce stigma,

break down siloes between government agencies and jurisdictions, provide evidence-based prevention and treatment, and appropriately utilize our justice system. All the right people are in the room to design an efficient strategy to deliver comprehensive services and supports.

Each of the Task Force members introduced themselves (see bios on the website). They represent both children and adults across multiple systems and recognize the importance of access to services and breaking down siloes to deliver integrated primary care and behavioral health in the community and in the judicial system.

Justice Martin then stated the duties of the Task Force, as articulated in Executive Order 76 (<http://governor.nc.gov/document/executive-order-no-76-governors-task-force-mental-health-and-substance-use>):

- Evaluate the linkages between agencies of state government and local government and create recommendations for the transfer of existing best practices across the state;
- Examine the role of mental health and specialty courts currently in North Carolina to determine how they can best be utilized to improve our efforts to address and reduce the extent to which individuals suffer from untreated mental health disorders and substance use problems;
- Examine successful efforts to heighten awareness and reduce stigma associated with mental health treatment in our state and recommendations on how to improve these efforts;
- Examine the ways the justice system can best handle cases of young people with mental illness and substance use disorders to provide them the best opportunity to reach their full potential as North Carolina citizens; and
- Examine the link between foster care and the need for mental health and substance use services to improve outcomes for teenagers when they leave the foster care system.

It was recommended by the co-chairs that the most effective way to analyze the issues is to incorporate the following workgroups; Workgroup on Children, Youth, and Families; Workgroup on Adults; and Workgroup on Prescription Opioid Use, The Resurgence of Heroin, and Other Specialty Topics. Each group has two co-chairs and will report in at subsequent Task Force meetings. Each workgroup will conduct individual meetings.

Kurtis Taylor spoke of the need to develop a recovery-oriented system of care. He promoted continued funding for local and regional Child and Family Advocacy Councils (CFACs), strong collaborations between providers, peer support programs, integrated care, education of health care providers, and funding for successful programs. What is not working is mass incarceration; lack of inpatient treatment for the uninsured; too much regulation; and the integration of peer support services into the recovery-oriented system of care (peer support does not replace treatment).

Chief Judge Joe Buckner wants to build the best mental health and substance use system in the country. The number one problem for the courts and emergency rooms is substance use.

George Solomon said that the total prison population during the past year was between 36,500 and 37,500; about 4,000 have a mental illness (MI) diagnosis. A recent change in the

screening tool has led to more with a MI diagnosis being identified (about 13%). What is needed is a better transition from prison to the community by working with DHHS and community corrections. Current initiatives include Crisis Intervention Training for prison staff, the use of multi-disciplinary teams, a treatment mall where inpatient services are provided, and developing restricted housing opportunities.

Jack Register, Director of NAMI, said that there are 74 affiliates in the State. They provide support, public awareness and advocacy. He proposed that the system isn't broken; it was never built to do what is really needed. Stigma is real and has terrifying consequences. Many people live with profound mental illness successfully. Individuals with MI have the same dreams and desires as everyone else. He identified the following strengths: LME/MCOs are beginning to function the way they were envisioned to be; NC has one of best CIT programs in the country; telepsychiatry; and clear, thoughtful and engaged dialogue by policymakers.

Dale Armstrong, NC DHHS, Deputy Secretary for Behavioral Health Developmental Disability Services, said that what is working are the following: transition to community living initiative; a more identifiable and viable recovery culture; a more robust system of care; funding to create recovery centers; the development of collegiate recovery communities; partnering and problem solving with the Department of Public Safety on creating safer schools; funding for facility-based crisis centers; and increased crisis stabilization in the community. He also mentioned the Crisis Solution Initiative, in which the Division partnered with EMS in de-escalating crises and implementing critical time intervention in four pilot sites and Mental Health First Aid training (MHFA). In less than 2 years, MHFA went from 43 trainers to more than 300 trainers and from 2,000 citizens trained to more than 10,000 trained. He identified goals for the Task Force as being: (1) seamless transitions, whether they are for adult or juvenile offenders, into or out of prisons or jails; (2) effective outpatient commitment; and (3) addressing the incapacity to proceed to trial (ITP).

Sometimes the elements of the system are complex and difficult to see. Linkages may be missing or connected incorrectly. The Task Force needs to identify whether linkages are working and whether gaps exist. Brian Ingraham emphasized that treatment works and to look at the barriers to treatment. A person's basic necessities need to be met (including transportation, child care, paying for food and bills, housing) and recovery supports need to be in place. Relapse and stigma need to be addressed. MH and SA are tightly intertwined and the root cause of many problems. Education and prevention are critical as is access to care. The issue of costs also needs to be considered. The levels of trauma that children experience has an impact not only on them and their families, but also on providers and the community at large.

There is also a tension between hope and despair, not only for the consumer but also for the provider. The workforce feels beleaguered—they are tuned into the suffering and feeling that they can't do anything.

Each workgroup will issue its own recommendations. These recommendations will be discussed with legislators.

Task Force members were then asked to give suggestions to each of the workgroups.

Suggestions to the children, youth, and families workgroup:

- 12 to 15 year old in school, undiagnosed, ADD/ADHD, abandoned any effort at schooling
- Military children: profound effects of deployments
- Early school-based intervention
- Early psychosis
- 18-21 transitional services (care coordination)
- Adolescent OTC meds misuse – also generational abuse
- Children in foster care

Suggestions to adult workgroup:

- Opioid (heroin epidemic)
- Housing
- Care coordination
- Transitional services for young adults (e.g., medical coverage)
- Frequent flyers
- IVC process and problem of insufficient number of beds
- Seniors

Suggestions to substance abuse workgroup:

- Prescription drug abuse is #1 issue in ERs
- Heroin
- Training in use of Naloxone – use youtube videos
- 9/23-24 – State of VA is having conference
- Suboxone

Three Task Force special advisors: Sherry Bradsher, McKinley Wooten, and Dale Armstrong

Staff support from DHHS:

- Rachel Johnson – Workgroup on Children, Youth, and Families
- Sonya Brown - Workgroup on Adults
- Flo Stein –Workgroup on Prescription Opioid Use, The Resurgence of Heroin, and Other Specialty Topics