**MEETING MINUTES**

**Date:** January 19, 2016  
**Time:** 1:00-5:30pm  
**Location:** McKimmon Conference Center, Raleigh

**MEETING CALLED BY**  
Governor’s Task Force on Mental Health and Substance Use

**TYPE OF MEETING**  
Task Force meeting

**ATTENDEES:** 96 total

<table>
<thead>
<tr>
<th>COMMITTEE MEMBERS</th>
<th>STATE STAFF ATTENDEES</th>
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<tbody>
<tr>
<td><strong>NAME</strong></td>
<td><strong>AFFILIATION</strong></td>
</tr>
<tr>
<td>Rep. Marilyn Avila</td>
<td>40th District</td>
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<tr>
<td>Richard Brajer</td>
<td>Secretary of Health and Human Services</td>
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<tr>
<td>Chief Justice Mark Martin</td>
<td>Supreme Court of North Carolina</td>
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<td>Commissioner Ronald Beale</td>
<td>Macon County</td>
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<tr>
<td>Sheriff Asa Buck III</td>
<td>Carteret County</td>
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<tr>
<td>Chief District Judge Joseph Buckner</td>
<td>North Carolina District Court 15-B</td>
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<tr>
<td>Bruce Capehart, MD, Medical Director, OEF/OIF Program</td>
<td>Durham VAMC</td>
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<tr>
<td>Lisa Cauley, Child Welfare Division Director</td>
<td>Wake County Department of Social Services</td>
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<tr>
<td>Karen Ellis, Director</td>
<td>Cleveland County Department of Social Services</td>
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<tr>
<td>Samuel Ervin, IV, Associate Justice</td>
<td>Supreme Court of North Carolina</td>
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<tr>
<td>Lorrin Freeman, JD</td>
<td>Attorney</td>
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<tr>
<td>Donald Hall, Chairman</td>
<td>Pender County ABC Board</td>
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<tr>
<td>Brian Ingraham, CEO</td>
<td>Smoky Mountain LME/MCO</td>
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<tr>
<td>Dr. Mike Lancaster</td>
<td>SouthLight, Inc.</td>
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<tr>
<td>William Lassiter, Deputy Commissioner for Juvenile Justice</td>
<td>North Carolina Department of Public Safety</td>
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<tr>
<td>Rep. Susan Martin</td>
<td>8th District</td>
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<tr>
<td>Benjamin Matthews, PhD, Deputy CFO for Operations</td>
<td>North Carolina Department of Public Instruction</td>
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<tr>
<td>Greta Metcalf, LPC, COO</td>
<td>Jackson County Psychological Services</td>
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<tr>
<td>Al Mooney, MD</td>
<td>Family Medicine &amp; Willingway Foundation</td>
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<tr>
<td>Bryant Murphy, MD</td>
<td>UNC-Chapel Hill/NC Medical Society</td>
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<tr>
<td>Deborrah Newton, JD</td>
<td>Attorney</td>
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<tr>
<td>Name</td>
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<tr>
<td>Jesse Bennett</td>
<td>NCSU</td>
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<td>Lynn Bonner</td>
<td>N&amp;O</td>
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<tr>
<td>Shannon Brown</td>
<td>CareNet Counseling</td>
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<td>Karen Buck</td>
<td>DCC, NCDPS</td>
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<td>Chris Budnick, VP of Programs</td>
<td>Healing Transitions</td>
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<tr>
<td>Barbara Burns, PhD</td>
<td>Duke University School of Medicine</td>
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<tr>
<td>Susan Byerly</td>
<td>CareNet Board</td>
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<tr>
<td>Tad Clodfelter, CEO</td>
<td>SouthLight Healthcare</td>
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<tr>
<td>Kathryn Daugherty</td>
<td>CareNet Counseling</td>
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<td>Trisha Elliott</td>
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<tr>
<td>Michael Englert, LPC</td>
<td>NCSU Community Counseling, Education, and Research Center</td>
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<tr>
<td>Paul Evans, Consultant</td>
<td>Cone Behavioral Health</td>
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<tr>
<td>Wei Li Fang, Ph.D., Director for Research and Evaluation</td>
<td>Governor’s Institute on Substance Abuse</td>
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<tr>
<td>Kipp Gray, Business Development Manager</td>
<td>Johnson &amp; Johnson</td>
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<tr>
<td>Michelle Hall</td>
<td>Sentencing Commission</td>
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<tr>
<td>Barbara Hallisey, Associate Clinical Director</td>
<td>Partners LME-MCO</td>
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<tr>
<td>Robin Huffman</td>
<td>NC Psychiatric Association</td>
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1. **Agenda topic:** ABC Commission  
**Presenter(s):** Lt. Gov. Jim Gardner and Luther Snyder

**Discussion**
- Emphasis on the Task Force on the ABC Commission is on underage drinking.
- Lt. Gov. showed a 7-minute video featuring 3 parents whose children had died from accidents as a result of drinking and an adolescent who was the only survivor of a car crash.
- Mr. Snyder discussed the *Start the Conversation, Stop Underage Drinking* campaign and the [http://TalkItOutNC.org](http://TalkItOutNC.org) website.
- The ABC Commission is a $5.5 billion industry, with 18,000 locations and 60,000 permits. One person dies per week from underage drinking accidents, which cost the State $1M per year. A survey of middle schoolers and adults found that middle schoolers think underage drinking is more of a problem than adults do. Education is critical. In addition to education, the ABC Commission conducts training of individuals who have permits to sell alcohol and enforces laws. Alcohol cannot be sold to individuals under the age of 21 or to those who are intoxicated.
- Research on the effects of drinking on the developing brain is being conducted in four NC universities. The devastating effects are life long.
- Challenges include (1) parents who do not discuss drinking with their children; (2) peer pressure/societal demands; and (3) young people learning to take responsibility for their actions and making the right choices.

**Conclusions**
- Public education is critical so that parents can have a conversation about drinking with their children.

**Action Items**

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2. **Agenda topic:** Legislative process for translating recommendations into legislation  
**Presenter(s):** Sen. Tamara Barringer and Rep. Marilyn Avila

**Discussion**
- The short session starts on April 25.
- Sen. Barringer said the most effective ways to work with the legislature is (1) to develop a relationship with the legislator, including offering oneself as a resource and (2) keep the message focused, strong, and consistent. Task Force members should contact the legislative assistant to explain what the message is and ideally meet face-to-face, putting aside political differences as the issues are about children and families.

**Conclusions**
- The short session makes it infeasible to address all recommendations. Develop a phased plan after examining which recommendations would be most likely to succeed during the short session and in future years.

**Action Items**

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<th>Person(s) Responsible</th>
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<tr>
<td>Sen. Barringer, Mr. Armstrong</td>
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3. **Agenda topic:** Report: Workgroup on Adults  
**Presenter(s):** Dr. John Santopietro

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<th>Name</th>
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<tbody>
<tr>
<td>Sam Huffstetler, Cooperation with Professionals Coordinator</td>
<td>Alcoholics Anonymous</td>
<td>Jeff Tippett</td>
<td>Governor's Institute on Substance Abuse</td>
</tr>
<tr>
<td>Ruth Hurst, PhD</td>
<td>Central Regional Hospital</td>
<td>Breque Tyson, PhD</td>
<td>Department of Defense</td>
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<tr>
<td>Debbie Insley</td>
<td>Government Underage</td>
<td>Mike Vicario</td>
<td>NCHA</td>
</tr>
<tr>
<td>Victoria Johanningsmeier</td>
<td>Governor's Institute on Substance Abuse</td>
<td>Janice White, Director of Project Development</td>
<td>Neuro Community Care</td>
</tr>
<tr>
<td>Nicholle Karim, Public Policy Coordinator/Lobbyist</td>
<td>NAMI NC</td>
<td>Laura Willing</td>
<td>UNC</td>
</tr>
<tr>
<td>Keith Kimbro, SA Call Responder</td>
<td>Alcohol and Drug Council of NC</td>
<td>Claretta Witherspoon, Family Centered Care Coordinator</td>
<td>UNCG</td>
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### Discussion

- **Problem statement:** number of North Carolinians with substance use disorders (SUDs) and serious mental illness (SMI) in 2012

<table>
<thead>
<tr>
<th></th>
<th>General Public</th>
<th>Probation</th>
<th>Parole</th>
<th>State Prison</th>
<th>Jail</th>
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<td>SUD</td>
<td>1,225,096</td>
<td>35,870</td>
<td>4440</td>
<td>19,926</td>
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<td>SMI</td>
<td>413,470</td>
<td>7,165</td>
<td>9212</td>
<td>6,015</td>
<td>3,108</td>
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<tr>
<td>Dual Diagnosis</td>
<td>103,368</td>
<td>3,511</td>
<td>4514</td>
<td>3,549</td>
<td>2,238</td>
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- **Current capacity:** 3 state operated MH facilities; 3 state operated SUD facilities; 8 LME-MCOs; 382 addiction treatment centers; 23 maternal & perinatal substance abuse programs; 307 licensed MH facilities; 10 licensed private psychiatric facilities; 412 licensed nursing facilities; 30 Assertive Community Treatment Teams; integration of behavioral health care and primary care in 14 Community Care of NC networks and county health departments; 8 family, 18 adult, 4 youth, 7 DWI, 6 MH, 4 Veterans, and 1 Tribal therapeutic courts; 203 halfway houses and 207 Oxford houses. NC is behind the national average in nearly all MH/SUD professions.

- **Recommendations:**
  - Changes that Directly Improve Consumers’ Lives
    - Expand appropriate, affordable, and available housing
    - Expand employment opportunities
    - Expand case management/recovery navigation services
    - Develop behavioral health workforce
  - Cross-systems
    - Routinize well-integrated behavioral and physical healthcare.
    - Collect data and use to guide actions, including funding decisions.
    - Develop public-private partnerships that foster efficiency, transparency, and innovation
    - Divert consumers from criminal justice to treatment whenever possible.
  - MHSU System Improvements
    - Increase access, with No Wrong Door.
    - Facilitate trauma-informed systems of care.
    - Improve behavioral health payment system.
    - Promote leadership on MH and SU issues at all levels.

### Conclusions

The workgroup identified twelve recommendations for the Governor.

### Action Items

<table>
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<tr>
<th>Person(s) Responsible</th>
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<td>Workgroup</td>
<td>March 10, 2016</td>
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- Prioritize recommendations, ending with top 3 to 5.
- Develop a legislative strategy.
- Determine a regulatory/payment strategy.
- Develop a communication strategy.

### 4. Agenda topic: Governor’s Perspective

**Presenter(s):** Gov. Pat McCrory

- **Discussion**
  - At the Education Cabinet meeting that he just attended, the skills gap was discussed, with two barriers identified: (1) the impact of mental health and substance use on students and (2) the impact of these disorders on the incarcerated.
  - Gov. McCrory supports the need to engage families and parents in addressing the issue of underage drinking.
  - Each workgroup was offered the opportunity to address the Governor:
    - Sheriff Buck said that the Task Force is in the process of paring down the number of recommendations so that meaningful legislation can be enacted that is pragmatic and outcome-focused.
    - Mr. Lassiter’s workgroup on children, youth, and families is presenting seven recommendations, which he listed (see topic #5 below). Ms. Peppers specifically addressed the need to develop the workforce by creating the behavioral health specialist and to integrate behavioral health with primary care.
    - Dr. Santopietro’s workgroup on adults is proposing twelve recommendations, with the top three priorities being housing, case management, and diversion. The reduction of stigma is also critical.
  - The Governor urged the three workgroups to have a rollout plan, to identify communication strategies, and to have a strategic plan to get the job done. The Task Force needs to figure out how to engage the public, particularly the next generation, and gain their support and involvement. It is a short session so it is important that the recommendations be meaningful
and feasible. Budget implications should also be determined. A preliminary budget will be available in March, with a more extensive version in May.

- Dr. Lancaster asked how more citizens could receive health coverage. Gov. McCrory differs with the President on how this can be achieved. The Governor also mentioned workforce needs in the State and the large prison population, which will need to be assisted in gaining employments and staying off alcohol and drugs. Perhaps the Task Force can figure out a pilot and rollout of a program.

Conclusions
Issues related to mental health and substance use affect all North Carolinians. The work of the Task Force is critical in moving the State forward and addressing the problems of its residents.

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<th>Action Items</th>
<th>Person(s) Responsible</th>
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<tr>
<td>• Develop a rollout plan, identify communication strategies, and create a strategic plan, which includes a proposed budget.</td>
<td>Task Force</td>
<td>April 7, 2016</td>
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5. **Agenda topic:** Report: Workgroup on Children, Youth, and Families

**Presenter(s):** William Lassiter and Katharine Peppers

**Discussion**

- **Problem statement:**
  - 58,000 North Carolina adolescents reported a major depressive episode in 2013; only 34% retried treatment.
  - MH disorders among NC children: ADHD (13%), anxiety (25%), depression (8%), PTSD (1%)
  - Autism: 17.3/1000

- **Current capacity:**
  - Current education and stigma interventions lack a comprehensive, evidence-based, statewide approach for all disciplines.
  - Inadequate to nearly absent care coordination between primary and behavioral health care and among agencies providing services for cross-system-involved youth.
  - Inconsistent adherence to American Academy of Pediatric screening guidelines for MH disorders in pediatric primary care.
  - Inadequate provider education for behavioral health referral care providers and process for accessing and coordinating services.
  - Lack of integrated approach to the training of those in greatest contact with the State’s children to recognize and screen for signs of trauma-related problems and in how to refer for services.
  - 2015 survey of DSS Child Welfare found that of the 35 counties that responded, 24% have access to trauma-focused cognitive behavioral therapy; 10% to parent-child interaction therapy; 9% to attachment and bio-behavioral catch-up; 7% to child-parent psychotherapy; and 6% functional family therapy.
  - Child-serving agencies have an insufficient number of evaluation staff to transform raw data into meaningful and useful information for decision making.
  - The NC Government Data Analytics Center (GDAC) manages the sharing of data for use by State leadership in making program investment decisions, managing resources, and improving financial programs, budgets, and results. Child-serving agencies currently warehouse very little data in the GDAC.

- **Recommendations:**
  - Education/stigma reduction/primary prevention
    - Mental Health First Aid
    - Triple P (Positive Parenting Program)
    - Task Community Collaboratives
    - Implement a statewide suicide prevention strategic plan.
    - Conduct comprehensive, coordinated annual prevention messaging.
    - Promote DPI’s teacher modules on mental health.
    - Conduct improved training and education for criminal justice workforce.
    - Provide additional training and support for existing specialty courts and for districts that want to develop a local program.
  - Increase access and workforce development.
    - Conduct timely assessments and timely access to services.
    - Provide resources for the most difficult to serve juveniles.
    - Provide transportation/reimbursement for families visiting juveniles in detention centers.
    - Contract for specific MH services (e.g., clinical case consultations and MH liaison
assistance)

- Increase specialized treatment beds for PRTF.
- Establish contractual MH services for youth involved in the juvenile justice system.
- Increase access to behavioral health services (e.g., number of behavioral health specialists; trauma-informed system of care training; collaboration with local MH providers) in schools.
- Create more diversion and prevention programs to address SU in youth.
- Investigate using underutilized camps to pilot SU reduction programs.
- Consider telemedicine in rural areas.
- Increase 211 utilization and enhance resources.
- Improve funding/services for vulnerable populations (e.g., therapeutic foster care homes, intensive alternative family treatment homes, services for uninsured individuals)
- Raise the age of juvenile jurisdiction from 16 to 18.
- Implement legislation or rules to clarify state confidentiality statutes and regulations that block or slow information sharing among stakeholders serving individuals with SMI or SUDs.
- Integrate behavioral healthcare in primary care.
- Develop behavioral health specialists (e.g., tuition reimbursement and loan repayment plans; education and training of clinicians in evidence-based services).
- Develop a Trauma Advisory Council to facilitate the development of a trauma-focused state.
- Identify involvement of state agencies.
- Develop knowledgeable and skilled workforce.
- Develop comprehensive, integrated, accessible system of trauma screenings, assessments, services, and support across agencies.
- Create state policies that support individuals who have experienced trauma.
- System of care for and by families.
- Involve families and youth with lived experience across systems at all levels.
- Increase collaboration and care coordination for individual children and families.
- Data and technology
  - Develop a plan for evaluating the impact of these initiatives so that data drives decision making.
  - Select providers based on outcomes.
  - Establish a team of stakeholders to warehouse data through the GDAC.
- Standardization/accountability
  - Ensure consistent access across LME/MCO catchment areas.
  - Ensure consistent credentialing across LME/MCOs.
  - Improve quality, consistency, and accessibility of all standardized evidence-based interventions across all counties through respective LME/MCOs.
  - Provide enhanced rates for evidence-based treatment or outcomes.
  - Mandate routine meetings at both the state and local levels among stakeholder agencies.
- Cross-system collaboration
  - Develop a Trauma Advisory Council.
  - Develop an Integrated Care Transformation Council.
  - Develop a Data Investigative Council.
  - Designate a Statewide Initiative Coordinator to help ensure awareness, coordination, and collective impact where possible.

### Conclusions

The workgroup identified seven areas of recommendations for the Governor.

### Action Items

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<tr>
<th>Action Items</th>
<th>Person(s) Responsible</th>
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<tr>
<td>• Prioritize recommendations, ending with top 3 to 5.</td>
<td>Workgroup</td>
<td>March 10, 2016</td>
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<tr>
<td>• Develop a legislative strategy.</td>
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<td>• Determine a regulatory/payment strategy.</td>
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<td>• Develop a communication strategy.</td>
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### Discussion

- **Problem statement:**
  - 97 number of painkillers prescribed per 100 North Carolinians
• 1,250 number of deaths from drug overdose (OD) in NC (83 number of deaths due to heroin)
• In 2014, the number of drug OD was 1.5 times greater than the number killed in motor vehicle accidents.
• 11,551 number of hospitalizations from drug OD (3,560 number of admissions due to heroin)
• 20,981 number of ED visits from drug OD
• While the number of deaths due to opioid prescription deaths has decreased from 669 in 2008 to 536 in 2013, the number of deaths related to heroin have increased from 63 in 2008 to 183 in 2013. 80% of heroin users start with prescription painkillers.
• In 2011, NC had $582,486,663 healthcare costs associated with opioid abuse.

Current capacity:
• 51 Opioid Treatment Programs (OTPs) in North Carolina
• 432 physicians in the State can prescribe Buprenorphine
• 1,990 community heroin OD reversals using Naloxone from August 1, 2013 to January 24, 2016. 43 NC law enforcement departments have set up Naloxone programs, with 33 rescues thus far. Nearly all the law enforcement departments began the program in 2015.
• 27,457 cumulative registered dispensers and prescribers participating in NC Controlled Substance Reporting System as of November 9, 2015 (8,402 dispensers and 19,055 prescribers).
• 6,809,298 opiate prescriptions dispensed from January 1 – September 30, 2015.

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

Conclusions
The workgroup identified five recommendations for the Governor.

Action Items | Person(s) Responsible | Deadline
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• Prioritize recommendations, ending with top 3 to 5. | Workgroup | March 10, 2016
• Develop a legislative strategy. |  |  
• Determine a regulatory/payment strategy. |  |  
• Develop a communication strategy. |  |  

7. **Agenda topic:** Secretary’s Perspective

**Presenter(s):** Secretary Rick Brajer

**Discussion**

• Sec. Brajer emphasized that what the Task Force needs to do is develop influencing strategies for the next fiscal year and for the long term. He outlined 6 work streams:
  • Each workgroup will develop an implementation plan that includes a prioritization and phasing of recommendations. Each workgroup should end with 3 to 5 recommendations.
  • At the next Task Force meeting, workgroup members will present the prioritized recommendations. DHHS staff support will identify common themes across the three workgroups.
  • Develop a legislative strategy. Identify the relevant legislative committees and determine which Task Force members should be assigned to which legislator. The DHHS liaisons as well as persons in recovery may play a role. Leverage the work of Commissioner Ronnie Beale’s work with the President’s Mental Health Engagement Task Force.
  • Determine a regulatory/payment strategy. Leverage existing funding streams and provide this information to Dave Richard at MHA and to other DHHS staff.
  • DHHS has an obligation to submit a waiver for Medicaid reform by June 1. The Task Force can build recommendations into the waiver design.
  • Develop a communication strategy. Work with DHHS staff to develop this strategy.
• Sec. Brajer proposed that the Task Force remain together for the future in order to keep the
momentum and the quality of the thinking going forward. He also emphasized that the Task Force does want input from the broader community. To contact the Task Force with questions or to provide comments, email taskforce.mhsu@dhhs.nc.gov.

Conclusions

- The workgroups need to pare down their recommendations and develop a plan for phasing in the recommendations.

Action Items

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<tr>
<td>Each workgroup</td>
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</table>

- Prioritize recommendations, ending with top 3 to 5.
- Develop a legislative strategy.
- Determine a regulatory/payment strategy.
- Develop a communication strategy.

Meeting Adjourned: 5:30 pm
Next Meeting: March 10, 2016