

Governor's Task Force on Mental Health and Substance Use



MAY 1, 2016



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Supreme Court
State of North Carolina
Raleigh

CHAMBERS OF
CHIEF JUSTICE MARK D. MARTIN

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Dear Governor McCrory:

It is with great pleasure that we share with you the final report of the Task Force on Mental Health and Substance Use. Serving as Co-Chair of this task force with Secretary Brajer has been a true honor.

This task force is comprised of a remarkable group of North Carolinians who have selflessly devoted their time, talents, and expertise to help ensure that fellow citizens affected by mental health and substance use issues are able to receive the assistance that they need to live full, productive lives. The task force has considered a wealth of information about these complex issues and openly challenged assumptions that too often prevent our society from effectively and efficiently meeting the needs of some of our most vulnerable citizens.

These are societal issues that require a societal response. Accordingly, this report contains recommendations that represent a roadmap for both short- and long-term solutions for each coordinate branch of state government. As Chief Justice, I know that these issues are having a dramatic effect on our courts. That is why improving mental health resources within our courts is one of the seven points in my comprehensive plan to strengthen our justice system. Serving as Co-Chair of this task force has only strengthened my resolve to do so.

On behalf of the Judicial Branch, we look forward to continuing to work to improve our approach to mental health and substance use issues.

Respectfully,



Mark Martin



RICHARD O. BRAJER
Secretary

Governor Pat McCrory,

In July of 2015, you charged Chief Justice Mark Martin and me to bring together experts from the justice system, legislators, related private sector professionals, the health care provider community, county leaders, non-governmental entities and private sector employers to assemble recommendations for improving the lives of North Carolinians with mental illness and substance use disorders. This task force is the first of its kind in our state to bring together high-level leadership from the community and from all three branches of government to produce actionable recommendations for the improvement of the mental health and substance use treatment system as it intersects with the criminal justice system.

It is with great pleasure and resolve that we present you with recommendations from the Task Force on Mental Health and Substance Use.

With this report, the task force presents a comprehensive look at what is needed to provide a system where people receive the care or treatment needed regardless of their entry point — courts, jails, hospitals or emergency medical services. These recommendations build on a foundation of investments and initiatives that have resulted from your unwavering commitment to serving individuals with mental illness and substance use disorders. This includes improvements in care for our veterans through the new cabinet-level Department of Military and Veterans Affairs and ongoing support of the Governor's Working Group on Veterans, Service Members, and their Families, the Governor's Safer Schools Task Force, the Crisis Solutions Initiative, Mental Health First Aid, the Transitions to Community Living Initiative, and Collegiate Wellness centers. Our hope is that the recommendations will benefit from the momentum of this commitment and will continue to receive the support of our government and our citizens.

Additionally, we had the opportunity to present a draft version of the recommendations to you while you were developing your 2016 budget proposal. Thank you for taking the task force priorities and committing \$30 million in recurring funds for case management, emergency housing, criminal justice diversion, and opioid/prescription drug treatment, as well as \$20 million in non-recurring funding (through the Dorothea Dix Property Fund) for one-time funding opportunities to further address additional recommendations.

At your direction, and with support of the General Assembly, this task force offers its commitment to see this through. We are prepared to stay connected with each other and implement changes throughout our systems of care, justice and corrections. We have more work to do with the additional recommendations, and we look forward to continuing this important work.

For this to be successful, ongoing support is crucial from all branches of government and from our partners in communities across the state if needed services and supports are to be available and sustainable in all 100 counties.

We recognize that these changes will require all of us working together, and that some of our recommended changes will take time to build. We have identified short-term goals, and long-term goals that will take years to ramp up. We believe that once implemented, our recommendations can result in significant benefits for individuals, families, communities and taxpayers of North Carolina.

On behalf of the task force, thank you for entrusting us with this important challenge, and we are honored to have had the opportunity to meet your call with this response.

Sincerely,

A handwritten signature in black ink that reads 'Richard O. Brajer'. The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Richard O. Brajer, Secretary
North Carolina Department of Health and Human Services



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Photographs within this report include Governor Pat McCrory signing Executive Order Number 76, establishing The Governor’s Task Force on Mental Health and Substance Use, a group photograph of task force members and the Governor, and others made during meetings of the full task force and invited guests that reflect the collaboration and participation throughout the process.





BACKGROUND

Created by an Executive Order signed by Governor McCrory on July 14, 2015, leaders from all three branches of government appointed a multidisciplinary task force to improve North Carolina's mental health and substance use treatment system and access to that system. The task force was charged with the development of recommendations by May 1, 2016, to reduce stigma and encourage people with mental health and substance use disorders to seek help before they end up in crisis, in an emergency department or in jail.

The recommendations focus on better use of existing resources, improved interagency collaboration and encouragement of public-private partnerships, to the benefit of our youth and adults with mental health and substance use disorders and their families.

In creating these recommendations, members of the task force were asked to:

- 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 other recovery 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 and substance use 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 with 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.

Given the scope of the charge, three workgroups were formed: the Workgroup on Adults; the Workgroup on Children, Youth and Families; and the Workgroup on Prescription Opioid Misuse and Heroin Resurgence. While the workgroups on Adults and Children, Youth and Families addressed both mental health and substance use, the workgroup on Prescription Opioid Misuse and Heroin Resurgence dealt primarily with prescription opioids and heroin.

The full task force, led by Supreme Court Chief Justice Mark Martin and Department of Health and Human Services (DHHS) Secretary Rick Brajer, convened five times (September 15, 2015, October 29, 2015, January 19, 2016, March 10, 2016 and April 7, 2016), with the workgroups convening separately between those sessions. Minutes, presentations and other resources are available on the task force webpage at www.ncdhhs.gov/mhsu.

PRINCIPLES, VALUES AND ASSUMPTIONS

The task force recommendations rest upon certain shared principles and values. These principles and values reflect beliefs about the purpose, role and function of our public mental health and substance use treatment system, and what it should do to improve the lives of our citizens. The task force believes that implementing these recommendations will enhance our system of services, enable North Carolina's government to function more effectively and efficiently, and improve the lives of the individuals we serve and their families.



Many of these recommendations build upon foundations already in place, such as the Crisis Solutions Initiative, initiatives to serve Veterans, the Transitions to Community Living Initiative (TCLI) and local recovery/specialty courts, and benefit from the momentum that has begun during the last three years. Implementing these recommendations will require resources, effort, commitment and the sustained focus of many dedicated public servants and private citizens. The state agencies and stakeholders involved are ready and willing to move forward to further improve our system.

North Carolina's treatment system needs to be stable and connected with other agencies and resources, while evolving into a better system for those we serve. Change must

be incremental, measured and determined to be well worth the implementation challenges. Those responsible for the system must be vigilant about minimizing disruptions and potential confusion. North Carolina must work from the base of a stable system of Local Management Entities-Managed Care Organizations (LME-MCOs) to implement improvements that will truly benefit consumers and be fiscally responsible.

North Carolina's public mental health and substance use disorder prevention, treatment and recovery system needs to support those we serve with services upon which they can rely. These services should be delivered by providers who are financially secure, educated and proficient in evidence-based practices and overseen by managing entities that are focused on managing systems of care.

The guiding principles and values of the Governor's task force, and the specific recommendations¹ for improving our mental health and substance use treatment system that they reflect, are presented below.

The highest priority recommendations needing funding were offered for potential inclusion in the Governor's 2016 budget proposal, as were additional recommendations that would benefit from one-time funding. The remainder of the recommendations, many of which do not require funding, are listed at the end of the report and will continue to be evaluated and developed for implementation with the help of task force members and other stakeholders.

Further implementation strategies, budgets and outcome measures for these recommendations will be developed and constitute next steps.



¹ In forming these recommendations, the task force consulted a variety of sources, resources, and internal and external experts, including reports from the North Carolina Institute of Medicine.

PRIORITY FINDINGS AND STRATEGIES FOR ONGOING FUNDING

The task force identified a number of broad recommendations for improvement and offered potential strategies for accomplishing these more general recommendations. The priority areas included:

- Case management for children, adolescents and adults;
- More access to treatment of opioid use disorders;
- Implementation of the North Carolina prescription drug abuse strategic plan;
- Diversion from criminal justice for those with mental illness and substance use disorders; and
- Appropriate, affordable, and supportive housing.

Drafts of these recommendations were presented to Governor McCrory as well as to the General Assembly's Joint Justice and Public Safety and Behavioral Health Subcommittee. The following clusters of recommendations and strategies were selected, according to priorities set by the task force, for implementation and potential funding. Additional recommendations follow that were also selected as one-time funding opportunities and others as future priority considerations.



Task Force Recommendations Set 1: Case Management



- **Provide case management/recovery navigation to consumers who need it.** A stand-alone, billable case management service with well-defined eligibility criteria, as well as “navigator” and “step-down” services for individuals needing less intense case management.
- **Systems should collaborate to benefit the children, youth and families they serve.** Mental health liaisons are needed in LME-MCOs to assist Juvenile Court Counselors in navigating the mental health and substance use treatment system.
- **Increase access and workforce development.** Youth with complex needs should have access to standardized care coordination services.

Implementation Strategy: Case Management

As the theme of the need for case management emerged, including more standardized, responsive coordination of care for adults and children, it was clear that North Carolina should revisit the establishment of case management services through both comprehensive and supportive models of case management.

Comprehensive Case Management (CCM) is a proactive, intensive and time-limited case management model for people living with multiple complex psychosocial needs and their families/close support systems.

This model of case management would be appropriate for adults who are:

1. Diagnosed with a primary substance use disorder, serious mental illness (SMI)/serious and persistent mental illness (SPMI), or a combination of substance use disorder and SMI/SPMI; and
2. Transitioning from one of the following:
 - An emergency department (ED) due to issues involving their primary substance use disorder, SMI/SPMI, or a combination of substance use disorder and SMI/SPMI; or
 - A correctional facility/institution.

A similar type of case management focused on the needs of children and adolescents and their families could be offered to youth who meet the following criteria:

1. Children diagnosed with intellectual/developmental disorder (I/DD) with complex behavioral needs; or
2. Diagnosed with a primary substance use disorder, serious mental illness/serious and persistent mental illness, serious emotional disorder, or combination of those listed; and are currently placed in a Juvenile Justice setting or an out-of-home foster care placement.

Supportive Case Management (SCM) is suitable for people 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. These case managers may be peers. SCM is appropriate for adults who are diagnosed with a primary substance use disorder and/or mental illness, or combination of substance use disorder and mental illness, 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.



Task Force Recommendations Set 2: Opioid and Prescription Drugs



- **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 coordinating education on the Controlled Substances Reporting System (CSRS), co-prescribing and use of Medication-Assisted Treatment (MAT). Law enforcement education, including enhanced drug disposal strategies. Identification of Core Data. Improve the functionality and analytic capacity of the CSRS.

Implementation Strategy: Prescription Drug Abuse

Consistent with the state's Strategic Plan, issue mini-grants to counties with the highest rates of prescription drug/heroin use to conduct needs assessments and develop prevention messages for youth and their 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 the use of the naloxone. Selected officers will be trained for access to the CSRS as well as safe drug disposal strategies.

- **Provide 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).** Multiple approaches must be taken to address the significant problem of opioid use and overdose. Community-wide education regarding proper use and risks of prescription drugs is essential, as is provider-targeted education programs for all providers licensed to prescribe opioids. North Carolina must continue to develop and advance the prescription drug monitoring program while also ensuring an array of treatment and recovery options are available (from mutual aid groups and faith-based organizations through MAT and inpatient detoxification and treatment).

Implementation Strategy: Opioid Treatment

Expand treatment capacity to allow more individuals with opioid use disorders to be served in licensed Opioid Treatment Programs (OTPs), certified DATA 2000 Office Based Opioid Treatment (OBOT) physician practices and clinics, correctional facilities, and other state and local institutions. Target the expansion to areas of highest level of need and underserved communities.

Task Force Recommendations Set 3: Diversion from Criminal Justice to Treatment



- **Consumers should not be shifted to, but diverted from the criminal justice system.** Develop and implement or expand pre-booking diversion programs to divert people to treatment at the time of their initial contact with law enforcement. This includes expansion of Crisis Intervention Teams (CIT) with convenient alternatives to jail and the Law Enforcement Assisted Diversion (LEAD) program. Enhance therapeutic courts (mental health, recovery and veteran courts).

Implementation Strategies: Diversion

Provide funding to support therapeutic courts (mental health, recovery and veteran courts) through assured, sustained funding of these courts and the associated treatment of individuals involved in these courts. Provide funding for law enforcement for three LEAD programs, a pre-booking jail diversion program that trains law enforcement officers to divert low-level drug offenders to services and treatment rather than jail.



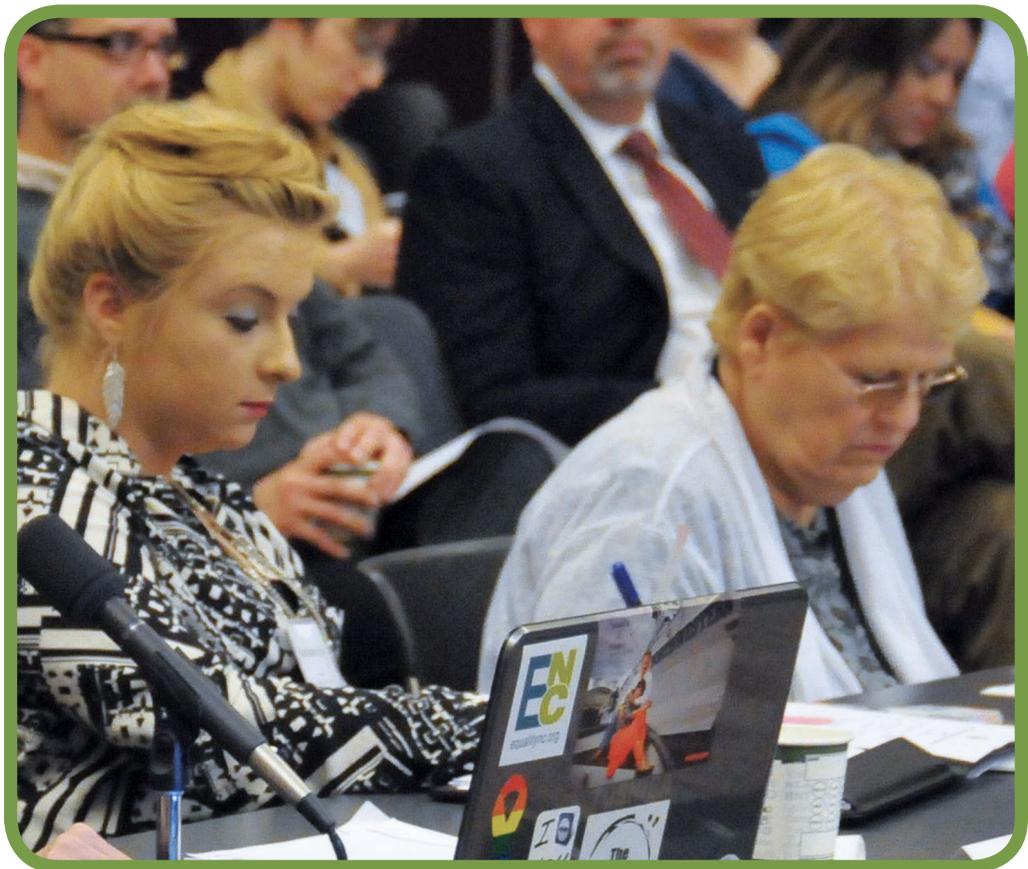
Task Force Recommendations Set 4: Housing



- **Housing for consumers should be appropriate, affordable and available.**
Develop a range of living options where individuals can develop a sense of community. The North Carolina Department of Health and Human Services should expand community-based supportive housing. Each LME-MCO should develop a housing plan for its geographic area, report quarterly on progress and update the plan annually.

Implementation Strategies: Housing

Provide funding for Master Leasing Agreements (emergency housing) for adults diagnosed with a primary substance use disorder, SMI/SPMI who are transitioning out of emergency departments, correctional facilities/institutions, or those identified as part of the Department of Justice (DOJ) Settlement priority population. Emergency housing helps move people out of inpatient and emergency settings more quickly (as clinically appropriate) and into the community where they will have a place to live while community treatment begins and more time is available to identify permanent community housing opportunities.



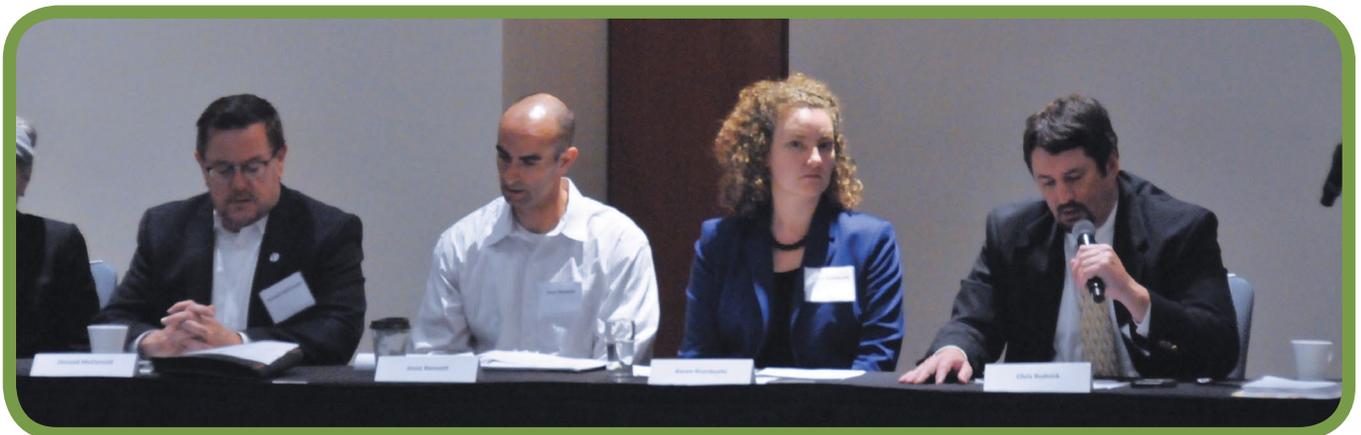
FINDINGS AND OPPORTUNITIES FOR ONE-TIME FUNDING

Recommendations to Address Stigma

- **Leadership on mental health and substance use disorders should be promoted at all levels.** Raise awareness and eliminate stigma through public education campaigns that emphasize the role of leaders in addressing mental illness and substance use disorders in the community (e.g., Mental Health First Aid).
- **Eliminate 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 and Adult Mental Health First Aid for target audiences to include: school personnel, child-serving individuals and entities that directly impact the lives of youth.
- **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.

Implementation Strategy: Stigma

Increase the availability of Youth Mental Health First Aid and Adult Mental Health First Aid by developing more trainers and offering funding for trainings. Trainers must offer three to six trainings per year to maintain certification, ensuring that for every trainer trained, a minimum number of individuals will be trained every year.





Recommendations to Increase the Use of Psychiatric Advanced Directives

- **Promote consumers' use of psychiatric advanced directives, similar to medical advanced directives.** Increase training, education and tracking of Psychiatric Advanced Directives (PADs).

Implementation Strategies: Psychiatric Advanced Directives

Provide funding to develop a promotional campaign to educate consumers and others about the advantages of PADs, and how to file them. Provide funds for an online educational video and other training materials that can assist consumers in completing a PAD. Develop a training program that helps families or peer supporters/recovery navigators learn how to facilitate PAD development. Investigate the cost of tracking PADs.



Recommendations to Promote Local Leadership on Mental Health and Substance Use Issues

- **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 the 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 Model to address the intersection of criminal justice and mental health and substance use disorders.

Implementation Strategy: Local Leadership

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 Stepping Up Initiative and the Sequential Intercept Model as the framework for planning the interface between the two health systems. Support them in developing targeted strategies that evolve over time to increase diversion from the justice system and linkage to community treatment.

Recommendations to Increase Specialty Psychiatric Bed Capacity and Access to Care

- **Develop sufficient numbers of inpatient beds for patients in crisis who need inpatient treatment.** Increase access and workforce development. Increase the number of specialized treatment beds by reassigning underutilized acute care beds to mental health beds in rural hospitals.

Implementation Strategies: Increased Inpatient Capacity

Develop additional Facility-Based Crisis (FBC) capacity for children through start-up funding for one or two new crisis centers. Child FBC will work closely with Juvenile Justice, the Department of Social Services, foster care, schools, local law enforcement and families.

Facilities will have the capacity to serve children with behavioral health and substance use disorder needs who have intellectual and other developmental disabilities or problematic sexual behaviors and children who have experienced trauma. The recommendation to use \$12 million of the Dorothea Dix Property Fund to convert rural hospital beds to psychiatric units or facility-based crisis centers set out in the April 1, 2016, legislative report would also support this recommendation.

- **Standardize service delivery system, for Deaf and Hard of Hearing to ensure similar services are available across the state.** Research and address the severe behavioral and emotional challenges in youth at Deaf and Hard of Hearing centers by reviewing the range of needs of the youth served within the centers and developing an array of services within the centers sufficient to meet the breadth of need among the children they serve and to avoid referrals to out-of-state facilities.

Implementation Strategy: Increased Workforce

Offer six, two-year masters-level scholarships for individuals proficient in American Sign Language who enter a program of study leading to licensure in the mental health and/or substance use disorder field in North Carolina. This will increase the workforce capacity and therefore overall access to these services for individuals who are Deaf or Hard of Hearing.

Recommendations to Serve Homeless Veterans

- **Provide veteran friendly supports, services and evidenced-based treatments that demonstrate good outcomes, collaborate with the Department of Veterans Affairs (VA) and better link veterans to services.** Continue efforts to educate clinicians about the unique risks of certain health care issues faced by veterans, as well as about resources available to assist veterans, including the Veterans Justice Outreach program to assist veterans with criminal justice involvement, homelessness services for veterans and vocational rehabilitation services offered through the VA.

Implementation Strategy: Housing Veterans

Provide start-up funding for 10 additional Rapid Re-Housing teams in the 10 counties with the largest number of veterans and conduct outreach for 100,000 additional veterans (N.C. has 800,000 veterans) who need to be connected to services through DHHS divisions, LME-MCOs and other providers. This would support the work already begun by some local communities.



FUTURE PRIORITY CONSIDERATIONS

Each workgroup of the task force developed a number of important recommendations and implementation strategies that varied in their need for funding, from strategies the state and community could implement with little or no cost, to major investments. The remaining recommendations are summarized below, categorized by the type of impact on the system.

Some of the recommendations are repeated from those already selected as priorities for funding because they are part of a larger array of strategies. More work is needed to further identify detailed implementation plans to strategically accomplish the recommended improvements, as well as to identify recommendations that are most in-line with the state's vision of offering people the most integrated living situation and treatment/recovery options of their choosing.

The task force is committed to continued engagement around these remaining recommendations in order to improve the care of North Carolinians with mental health and substance use disorders.

RECOMMENDATIONS THAT DIRECTLY IMPACT INDIVIDUALS' LIVES

Housing should be appropriate, affordable and available to people with disabilities:²

To maintain stability, people with mental illness and substance use disorders need safe and secure housing. Housing should be residential rather than institutional, integrated into the community as is consistent with the Transitions to Community Living Initiative (TCLI), and supported by trained individuals who coordinate with treatment and recovery support resources.

Future Priority Considerations:

- a. Conduct a comprehensive statewide housing needs assessment.
- b. Develop a range of living options where individuals can develop a sense of community.
- c. Expand community-based supportive housing. Each LME-MCO should develop a housing plan with area partners (e.g., N.C. Department of Military and Veterans Affairs, the U.S. Department of Housing and Urban Development (HUD), the North Carolina Balance of State Continuum of Care and N.C. Coalition to End Homelessness) for their geographic area, report quarterly on progress, and update the plan annually.
- d. Establish partnerships with builders to fund and construct cost-effective homes.
- e. Promote development of half-way houses that provide comprehensive services, including case management, drug testing and treatment, employment supports and social and recreational supports.
- f. Determine the number of therapeutic foster care and alternative family treatment homes needed.

Provide case management/recovery navigation to individuals who need it:³

In addition to a stand-alone case management service, enhanced services that include case management functions, such as Assertive Community Treatment Teams (ACTT) and Multisystemic Therapy (MST), should be readily available in all areas of the state.

Future Priority Considerations:

- a. Promote Assertive Community Treatment Teams:
 - Incentivize the establishment of ACTT where it does not currently exist by providing start-up funds.
 - Develop forensic ACTT (or FACTT), in areas of highest need, aimed at assisting individuals with mental illness who are at greatest risk of criminal recidivism.
 - Create a “step-down” lower intensity case management service definition for individuals who no longer need high intensity ACTT services, but need periodic ongoing support to prevent reoccurrence and hospitalization.
- b. Make Critical Time Intervention (CTI) available statewide for individuals who would benefit from this period of transition, including individuals discharged from a state hospital or released from incarceration.
- c. Establish case management certification programs in our community colleges to elevate case management to an entry-level career path in the human services field. Consider tuition reimbursement and loan repayment to promote this career path.
- d. Expand long-term recovery supports, such as recovery community centers, peer support, collegiate recovery programs, recovery coaches and recovery clubs in high schools.



² Partially addressed through Governor McCrory's funding for emergency housing in the 2016 budget proposal.

³ Partially addressed through Governor McCrory's funding for case management in the 2016 budget proposal.

Implement strategies to reduce prescription opioid misuse and increase treatment for opioid use disorders:⁴

Multiple approaches must be taken to address the significant problem of opioid use and overdose from every angle, consistent with the state's strategic plan addressing opioid and prescription drug misuse.

Future Priority Considerations:

- a. Continue to fund and expand risk reduction strategies for opioid users, such as naloxone distribution, medication drop box programs, drug “take back” events and other such prevention programs. Educate providers and users about naloxone. Provide support to participating agencies through grants or training.
- b. Amend NCGS 90-113.73 to include penalties for dispensers that do not submit or submit inaccurate controlled substance prescription information to the CSRS.
- c. Provide designated, trained local law enforcement officers the same access to the CSRS and pharmacy prescription drug profile information (NCGS 90-107) as state and federal officers.
- d. Encourage prescribers to provide patient education, particularly about the danger of mixing various classes of drugs (including alcohol) with other drugs.
- e. Train prescribers about controlled substance medications, especially opioids and benzodiazepines, and advise patients of the potential negative effects associated with controlled substance medications.
- f. Encourage and support local meetings and trainings regarding safe prescribing practices. Engage local law enforcement to provide prescribers with a “real picture” perspective.
- g. Conduct a statewide initiative for education on responsible opioid and controlled substance prescribing, including prescribing and monitoring of benzodiazepines and the treatment of benzodiazepine dependence. An educational requirement should be mandatory in terms of meeting licensing requirements of the North Carolina Medical Board.
- h. Explore limiting the first time prescription of opioids for pain to a maximum of seven (7) days with medical, nursing and pharmacy associations in light of the recent Centers for Disease Control guidelines that support initial use of non-opioid medications for non-cancer related pain.

⁴ Partially addressed through Governor McCrory's funding for prescription drug and opioid treatment in the 2016 budget proposal.

Eliminate the stigma of mental illness and substance use disorders and prevent problems by educating the public:⁵

Education about mental health and substance use disorders is needed to eclipse long standing myths, reduce misunderstandings, decrease fear and eliminate the stigma surrounding those with mental illness or substance use disorders. As stigma is eliminated, people will be more willing to access care and primary prevention efforts can be better supported by early identification and intervention.

Future Priority Considerations:

- a. Implement the state strategic plan for prevention of suicide.⁶
- b. Expand the Positive Parenting Program, or “Triple P,” an evidence-based parenting program in 33 counties that aims to strengthen families in the community. We recommend its implementation in the remaining 67 counties.
- c. Develop and produce public service announcements (PSAs) to air on radio and television stations across the state using recovery-focused language to empower individuals to seek help.
- d. Appoint and include people with lived experience and who are in recovery from substance use disorders and mental illness to workgroups and other service opportunities to bring about system improvements throughout the state.

Assist individuals with finding and maintaining employment:

Joining the workforce is a vital step toward recovery. Assisting people with lived experience to find and maintain employment will provide many benefits, not only to consumers and their families, but for the communities in which they live and the entire state.

Future Priority Considerations:

- a. The DHHS Division of Vocational Rehabilitation Services should implement “place and train” models of vocational rehabilitation for consumers, particularly the Individual Placement and Support (IPS) model of assisting consumers in reaching their vocational goals.
- b. The Department of Commerce should evaluate vocational programs and employment services for individuals with lived experience and report findings and recommendations to expand commerce-supported employment opportunities.
- c. Support programs that emphasize the use of peers for mutual support in employment-based relationships (e.g., Triangle Residential Options for Substance Abusers (TROSA), First Step Farm and FIRST at Blue Ridge models).
- d. Provide former inmates assistance in addressing legal histories as an impediment to job placement.⁷

⁵ Partially addressed through Governor McCrory’s funding for Mental Health First Aid in the 2016 budget proposal.

⁶ www.injuryfreenc.ncdhhs.gov/preventionResources/docs/2015-NC-SuicidePreventionPlan-2015-0505-FINAL.pdf

⁷ <http://ncequalaccesstojustice.org> and www.ncjustice.org

RECOMMENDATIONS TO IMPROVE CROSS-SYSTEMS COLLABORATION

Individuals with mental illness and substance use disorders should be diverted from the criminal justice system:⁸

Interventions can be put in place to prevent individuals with mental illness or substance use disorders from entering or penetrating deeper into the criminal justice system than others in the community. Diversion from the criminal justice system should occur at all intercept points — preventing initial involvement in the criminal justice system, decreasing admissions to jail, engaging individuals in treatment as soon as possible, minimizing time spent moving through the criminal justice system, linking individuals to community treatment upon release from incarceration and decreasing the rate of return to the criminal justice system.

Future Priority Considerations:

- a. Develop and implement pre-booking diversion programs to divert people to treatment at the time of their initial contact with law enforcement.
 - Expand CIT, the most widespread model of pre-booking jail diversion in North Carolina. Expansion of CIT should include DHHS working with community partners to encourage more CIT programs through technical assistance for implementation and resource identification.
 - To support CIT, provide additional resources that make it as convenient to take people in crisis to treatment as it is to take them to jail (such as Behavioral Health Urgent Care centers, more robust mobile crisis teams, in-home stabilization and increased consultation for emergency departments could have the ability to serve as the intercept CIT drop-off site).⁹
- b. Establish professional case managers and crisis “navigators,” including peers, assigned at crisis intercept points to assist officers, families and individuals with mental illness or substance use disorders in navigating the system to engage the individual with services.
- c. Where recovery courts are not feasible, judicial districts should consider the use of special dockets for managing the criminal cases of people with mental health and substance use disorders.
- d. Increase funding for Treatment for Effective Community Supervision (TECS), established under the Justice Reinvestment Act. Additional funding is needed to serve the statutorily defined priority population of offenders under community supervision who need substance use disorder treatment.
- e. Raise the age of juvenile jurisdiction from 16 to 18, expanding youth access to services in a rehabilitative, treatment-focused system that has authority to promote family involvement in needed services.

⁸ Partially addressed through Governor McCrory's funding for recovery courts and LEAD in the 2016 budget proposal.

⁹ www.ncdhhs.gov/mhddsas/services/crisisservices/index.htm

Take care of our Veterans:¹⁰

Provide veteran friendly supports, services and treatments that are evidence-based and demonstrate good outcomes, collaborate with the VA, and improve links for veteran services. Assure that the criminal justice system recognizes when veterans need help and provides that help.

Future Priority Considerations:

- a. Continue to encourage primary care clinicians, mental health and substance use disorder treatment providers, faith leaders and others serving veterans to complete a course on military culture.¹¹
- b. Continue to collaborate with North Carolina's new Department of Military and Veterans Affairs to identify, update and disseminate a listing of health care and socioeconomic resources for military veterans.¹²
- c. Establish quarterly meetings between the Secretaries of DHHS and the Department of Military and Veterans Affairs to ensure services are coordinated for the health needs of North Carolina veterans.
- d. Encourage all clinicians to ask their patients about current or prior military service (and service of family members) and any health concerns related to that service.
- e. Continue efforts to educate clinicians and LME-MCOs about the unique risks of certain health care issues faced by veterans, as well as resources available to assist veterans, including the Veterans Justice Outreach program to assist veterans with criminal justice involvement, homelessness services for veterans and vocational rehabilitation services offered through the VA.



¹⁰ Partially addressed through Governor McCrory's funding for veteran housing initiatives in the 2016 budget proposal.

¹¹ A course on military culture was developed with funding and input from the National Center for PTSD is sanctioned by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is available at no cost from <http://deploymentpsych.org/military-culture>.

¹² These resources include the county-based Veteran Service Officers and the Department of Military and Veterans Affairs resource guide, available online at www.nc4vets.com/blog.

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

Many children have a variety of physical, mental, social, emotional, educational and developmental needs. Providing effective help to children and their families requires sharing information across the many agencies and multiple systems that serve them.

Future Priority Considerations:

- a. Develop a Children’s Cabinet with membership consisting of executive leadership from state-level child-serving agencies, individuals served, family members and mental health and substance use treatment providers to address the issues of trauma, data sharing, cross-system collaboration at state and local levels and integrated care.
- b. Establish routine meetings between LME-MCO leadership and local and state DSS leadership.
- c. Establish routine meetings between LME-MCO leadership and state Juvenile Justice leadership.
- d. Determine the feasibility of consolidating case plans when serving children and families across systems.
- e. Provide liaisons in all LME-MCOs to assist juvenile court counselors in navigating the mental health and substance use service systems.
- f. Fund and develop Community Collaboratives in areas that do not have these partnerships using existing collaborative frameworks such as the Juvenile Justice Mental Health Substance Abuse Partnerships, Reclaiming Futures sites and the Juvenile Justice Treatment Continuum to develop and expand System of Care (SOC) Community Collaboratives. Focus collaboratives on promoting public awareness of mental health and substance use disorders, eliminating stigma and accessing effective treatment.
- g. Establish protocols that assure provider care reviews of children and youth with more complex treatment needs and challenging behaviors are more frequent and commensurate with their need.
- h. Educate providers on existing laws regarding the sharing of information in order to promote essential sharing and coordination of care.
- i. Support families who are raising a child with a mental health and/or substance use disorder by:
 - Developing a Medicaid service definition for Family Peer Support;
 - Including families in decision- and policy-making at state and local levels; and
 - Increasing access to training about family driven services.

Integrate mental health care, substance use disorder care and physical health care for children and adults:

Mental illness and substance use disorders are linked to poor physical health outcomes. By integrating the physical health care system with the mental health and substance use treatment system, we can improve the health and quality of life for consumers.

Future Priority Considerations:

- a. Screen individuals routinely in mental and substance use disorder health care settings for physical health conditions.
- b. Screen individuals, including children and youth, routinely in primary care settings for common mental health and substance use problems.
- c. Promote tobacco-free living as a part of recovery for people with mental illness and/or substance use problems through programs such as the 100 Pioneers Smoking Cessation Leadership Academy or similar programs for veterans with Post-Traumatic Stress Disorder (PTSD).
- d. Encourage mental health and substance use treatment providers to co-locate with physical health providers wherever possible. A few good models already exist in North Carolina.
- e. Establish “health homes” that address physical health, mental health and substance use treatment needs for individuals with complex, co-occurring challenges.
- f. Expand the role of county health departments to include screening, treating and referring individuals for mental health and substance use treatment, with greater coordination and collaboration with the LME-MCOs. Consider co-location of staff to help assure greater cooperation and coordination.
- g. Coordinate with the North Carolina Committee on Trauma, within the DHHS Office of Emergency Medical Services, to build relationships with the mental health and substance use treatment provider community.
- h. Address the needs of children and youth in particular by:
 - Increasing the number of Behavioral Specialists in primary care practices to provide Early Periodic Screening Diagnosis and Treatment (EPSDT);
 - Providing consultation via telemedicine in rural communities; and
 - Implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) in pediatric and family practice primary care settings.
- i. Allow for full scope practice authority for nurse practitioners (e.g., Pediatric Mental Health Specialist and Psychiatric Nurse Practitioner) to maximize the provision of services, especially in rural areas. Collaborate with North Carolina universities that provide preparation for these nationally certified programs and ensure the curricula is evidence-based. Consider partial loan forgiveness programs to encourage workforce development.

Collect and use data to guide our actions, including funding decisions:

Data should guide policy decisions and measure their impact. Changes to the mental health, substance use, juvenile justice and criminal justice systems should be the result of consistent quality improvement processes that identify problems before they become crises, enabling proactive solutions rather than reactive responses.

Finding effective solutions to cross-system problems requires data that show whether progress is being made. Current challenges include difficulties sharing data and a lack of data collection in some areas. The state has a fiduciary obligation to its taxpayers to fund only services that work and to provide services that are coordinated and effective to those it serves.¹³

Future Priority Considerations:

- a. Establish a high-level quality improvement workgroup with representation from the North Carolina Sheriffs' Association, the N.C. Administrative Office of the Courts, the N.C. Association of County Commissioners, DHHS, mental health and substance use disorder coalitions, individuals in recovery and others to assure that the necessary data are available to solve cross-system problems and to make recommendations for cross-system improvements based upon the data.
- b. Explore the creation of a statewide electronic medical record (EMR) system that would include the justice, state hospital and LME-MCO systems. Opportunities include the N.C. Health Information Exchange (HIE); the prison system's EMR; or open-source software systems; the ability to view both outpatient and inpatient activity across inpatient, outpatient, jail and state prisons; and the ability to create information sharing links (one-way or two-way) with other EMR systems (e.g., Department of Veterans Affairs; Department of Defense; large private health care providers).
- c. Encourage state agencies to contribute their data to the Government Data Analytics Center (GDAC)¹⁴ and to establish Memoranda of Understanding to allow cross-agency data sharing.
- d. Conduct analyses of outcomes of youth receiving various enhanced services, including the grant-funded N.C. Wraparound pilot for intensive care coordination and family peer support, to measure their effectiveness.

¹³ For a list of state-endorsed evidence-based practices, go to <http://ncpic.net/endorsed-practices>.

¹⁴ The GDAC is a resource that works with agencies to define their analytic needs, determine access to required data sources and scope the level of effort to support the analytics development <http://it.nc.gov/nc-gdac>.

Develop public/private partnerships that foster innovation, efficiency and transparency:

Creative solutions are needed to solve our mental health and substance use treatment system's problems. Establishing public/private partnerships may allow public entities to collaborate with private entities to the benefit of both. Private entities, with their greater flexibility, could develop innovations that would benefit people with mental illness and substance use disorders.

Future Priority Considerations:

- a. Partner with private hospitals, teaching hospitals and the N.C. Hospital Association to develop bed board registries to create greater efficiencies in the use of private and public psychiatric inpatient facilities.
- b. Partner with private agencies to provide tele-psychiatry in rural and other underserved areas in our state.
- c. Study the feasibility of partnerships with private nursing homes that have excess capacity to establish publicly funded therapeutic living situations.
- d. Engage with private trusts, foundations or endowments to provide seed funding to promote expansion of innovative practices by private providers that have demonstrated effectiveness and need funds to be brought to scale. Examples might include the construction of "tiny homes" (those that are 300 square feet or less) and the use of mobile clinics that "meet individuals where they are" and help overcome transportation barriers to available services in rural areas.¹⁵



¹⁵ <https://philnc.org/2015/08/10/tiny-homes-to-house-people-with-mental-illness>

RECOMMENDATIONS TO IMPROVE THE MENTAL HEALTH AND SUBSTANCE USE SYSTEM

Care should be easy to access; there should be “no wrong door”:

People with mental illness and/or substance use disorders and their loved ones in North Carolina should be educated about how to access high quality care, and access to this care should be easy and streamlined across systems. Individuals seeking assistance for mental health or substance use disorders must be quickly and efficiently linked to agencies that can provide them with that assistance.

Future Priority Considerations:

- a. Develop a “no wrong door” approach that requires that local agencies collaborate to assure that civilians and military-affiliated individuals in their community who are in need of help get assistance. Agencies may provide multiple services that can be accessed from one location or agencies may collaborate to use the same procedures, the same web-based resource directory, advertise the same phone number or route callers to the appropriate services while on the line.¹⁶
- b. Require each LME-MCO to submit a plan to assure that care is easy to access and that there is “no wrong door” to access services.
- c. Develop a “no wrong door” campaign that informs the public about how to access services.
- d. Expand existing public emergency and information systems, such as 911 and 211 lines, the CARE-LINE (800-662-7030) and the NC4VETS call center, to include information on accessing mental health and substance use disorder treatment services.
- e. Assure that children and youth in foster care or in custody of the DSS have access to mental health and/or substance use assessment services in order to increase opportunities for successful reunification and decrease time in DSS custody.
- f. Ensure parents of children in foster care have access to mental health and/or substance use assessments and services to include when children are placed in DSS custody to increase successful reunification and shorten time spent in DSS custody.
- g. Allow the Juvenile Justice section of the Division of Adult Correction and Juvenile Justice to contract for comprehensive clinical assessments, psychological assessments, substance use assessments and juvenile competency assessments.

¹⁶ <https://www.talkdesk.com/blog/new-feature-warm-transfers-2>

Develop North Carolina's mental health and substance use disorder treatment workforce:

Individuals with mental health and substance use disorder needs, including children, youth and their families, need help from professionals who are well-trained, knowledgeable and able to provide the assistance they need.

Future Priority Considerations:

- a. Develop a training infrastructure to support evidence-informed competencies, including training to support people with co-occurring mental health and substance use disorder treatment needs.
- b. Build cadres of peer support personnel to improve engagement and retention of patients in services.
- c. Increase data analytic positions to adequately staff research and evaluation sections in child-serving agencies.
- d. Increase the number of mental health and substance use treatment specialists in schools.
- e. Provide training on best practice models of treatment for youth exhibiting problematic sexual behaviors.
- f. Develop a certification process for highly qualified and trained licensed mental health practitioners to become independent providers of Comprehensive Behavioral Health Assessments for DSS-involved youth and parents.



Systems of care should be trauma-informed:

Evidence is emerging that investments in trauma-focused services and systems can be recouped through reduced health care costs in as little as one year. To heal from trauma, people need to feel safe, secure, understood and supported. Our systems of care need to provide treatment in a context that considers trauma. Care should be provided by people who understand and can recognize the impact of trauma, and know how to provide for the needs of those afflicted by trauma.¹⁷ Only then can people be empowered in their recovery. We need to make sure that our systems of care, including our justice system, are trauma-informed. Establishing a trauma-informed system requires not only training staff, but examining policies, procedures and structures to make certain they promote healing from trauma, and are not re-traumatizing.¹⁸

Future Priority Considerations:

- a. Establish residential programs for treatment of trauma in the state Division of Adult Correction and Juvenile Justice facilities.
- b. Train clinicians on evidence-based treatments known to be effective for treating PTSD.
- c. Develop a Trauma Advisory Council consisting of cross-agency staff, trauma experts, service providers, school personnel, trauma survivors and patients, and community stakeholders to:
 - Identify how each state human service and public safety agency will be involved in the initiative;
 - Collaborate across disciplines, state agencies and local interest groups;
 - Measure the impact of these efforts;
 - Educate and involve the community about trauma;
 - Inform the development of comprehensive, integrated, accessible trauma screenings, assessments, services and supports across agencies; and
 - Create state policies that address the needs of trauma survivors and support the provision of trauma-informed services, resources and training.

¹⁷ The U.S. Department of Veterans Affairs also offers practice guidelines for evidence-based care of mental health disorders, such as major depressive disorder, PTSD, substance use disorders, and suicide at www.healthquality.va.gov. These clinical practice guidelines promote evidence-based interventions with demonstrated clinical outcomes and provide specific interventions for psychotherapies and pharmacotherapy.

¹⁸ For a description of trauma-informed care and interventions, visit www.samhsa.gov/nctic/trauma-interventions.

Standardize the service delivery system to ensure that similar services are available throughout the state:¹⁹

We must reduce disparity in the availability of services from region to region across North Carolina. This is particularly a problem for youth involved in the foster care and juvenile justice systems. Youth responding well to needed treatment services in one LME-MCO catchment area may find that after placement in a foster home or facility in another part of the state, the same level of services may not be available with another LME-MCO. The service delivery system needs to be standardized to assure that individuals receive needed services wherever they live.

Future Priority Considerations:

- a. Ensure standardization and portability of services across LME-MCOs for vulnerable child populations, particularly foster care and juvenile justice.
- b. Mandate the continuation of previously authorized services for youth and families who move from one LME-MCO catchment area to another.
- c. Standardize service provider network contracts so that providers are not required to undergo duplicate processes by multiple LME-MCOs to promote a uniform continuum of care across catchment areas, improve access across the state and reduce the administrative burden.
- d. Revise service definitions for Intensive In-Home and Day Treatment to incorporate evidence-informed or evidence-based practices.
- e. Improve consistency of service availability across the state through reviews of local service arrays (performed by LME-MCOs, community collaborations and stakeholders) to identify service needs and prioritize development of the most needed services with the goal of developing a full array of services in each community. This full array should include services for children 0-5 years and their families, youth transitioning to adulthood, veterans ineligible for Veterans Affairs care, and those under- or uninsured.
- f. Provide enhanced rates for high-fidelity delivery of evidence-based interventions that deliver desired outcomes until performance-based contracting is operationalized.
- g. Improve care in Psychiatric Residential Treatment Facilities (PRTF) by enhancing family engagement, family treatment and involvement in discharge planning using a continuous quality improvement process.
- h. Research and address the severe behavioral and emotional challenges in youth at deaf and hard of hearing centers by:
 - Reviewing the range of needs of the youth served within the centers; and
 - Developing an array of services within the centers sufficient to meet the breadth of need among the children they serve and to avoid referrals to out-of-state facilities.
- i. Promote timely access to evidence-informed or evidence-based standardized screening, assessment, treatment and aftercare services.
- j. Ensure authorization for available and initiated services by one LME-MCO is honored by others in the state.

¹⁹ Partially addressed through Governor McCrory's funding for provider scholarships in the 2016 budget proposal.

Have sufficient numbers of inpatient beds for patients in crisis who need inpatient treatment:²⁰

North Carolina needs to develop a system that makes the best use of its current inventory of inpatient beds by assuring that individuals with the greatest psychiatric needs are admitted to state operated psychiatric hospitals. The state also needs to ensure that individuals who need a secure environment are placed in an adequate setting while ensuring that forensic patients who have been found incapable of proceeding to trial are able to receive the care needed.

Future Priority Considerations:

- a. Explore the provision of jail-based psychiatric care and capacity restoration services to ensure that people in our jails receive the services they need, while ensuring that state psychiatric hospital beds are reserved for those in greatest need of them, regardless of their legal status.
- b. Examine and modify policies to assure that jail detainees are not encouraged, through inadvertent incentives, to remain in state hospitals by delineating a process for referring patients who are at state hospitals back to jail when they have been determined to be malingering.
- c. Add DHHS to the collaboration formed between the North Carolina Hospital Association, the College of Emergency Physicians, the North Carolina Psychiatric Association and the North Carolina Nurses' Association to find solutions to the state's crisis in psychiatric bed capacity and ED boarding.



²⁰ Partially addressed through Governor McCrory's funding for facility-based crisis and conversion of rural hospital beds in the 2016 budget proposal.

Leadership on mental health and substance use issues should be promoted at all levels:²¹

Implementation of change will not occur without direct support and involvement of the executives and leaders within the state from the public and private sectors, as well as those with lived experience who can make these changes a priority and help promote recognition that “mental illness and substance use disorders are diseases like any other.” Local community leaders need to be aware of issues associated with mental illness and substance use disorders and be actively involved in addressing them.

Future Priority Considerations:

- a. Ask boards of education, county commissioners and others to include regular reports of activities related to improving services and supports to people with mental health and substance use disorders.
- b. Promote county participation in the Stepping Up Initiative, a national effort spearheaded by the National Association of Counties, to divert people with mental illness from jail to treatment in the community (<https://stepuptogether.org>).
- c. Encourage counties to use the Sequential Intercept Model to develop targeted strategies that evolve over time to increase diversion of people from the criminal justice system and to link them with community treatment and support services.

Reform our system of payment for treatment and recovery services:

Providers are still paid mostly on a fee-for-service basis and therefore have few incentives to provide the most efficient and effective care. While federal law requires health insurers to provide mental health and substance use disorder treatment benefits equal to physical health care benefits, enforcement challenges remain. Single stream funding makes it difficult to assure state funds are spent on services that are consistent with the state’s priorities, and this should be re-considered.

Future Priority Considerations:

- a. Place providers at risk through capitation contracts that incentivize the provision of care that is both cost and clinically effective, and reward creative solutions while assuring greater accountability for results.
- b. Partner with the Department of Insurance to study parity compliance of insurers and report back to the task force with recommended policy changes or legislation needed.
- c. Explore the automatic restoration of medical benefits for individuals released from hospitals, jail or prison.
- d. Consider establishing a funding mechanism within DHHS that enables the tracking of state funds to assure they are used for specific services, supports and populations that are consistent with the state’s priorities.

²¹ Partially addressed through Governor McCrory’s funding for local task forces in the 2016 budget proposal.

APPENDIX

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- Secretary Rick Brajer, North Carolina Department of Health and Human Services

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