Mental Health Advisory Board March 21, 2018 6:00 P.M.

The Cabarrus County Mental Health Advisory Board held their quarterly Meeting in the Multipurpose Room at the Cabarrus County Governmental Center in Concord, North Carolina on Wednesday, March 21, 2018, at 6:00 p.m.

Steve Morris, Board of Commissioners Chairman, called the meeting to order at 6:12 p.m.

Those present were: Ashlie Shanlie, William Hamby, Jay White, Mitzi Quinn, Brad Riley, Gary Gacek, William Dusch, Lloyd Payne, Steve Sciascia, Darrell Hinnant, Amy Jewell, Reid Thornburg, Marcella Beam, Karen Calhoun, Rebecca True, Tri Tang, Dr. Roderick Lilly, Jon McKinsey, Georgia Lozier, Alan Thompson, Gwen Bartley, Sonja Bohannon-Thacker, Dr. Russ Suda, Tasha McLean, Steve Morris, Mike Downs, Jodi Ramirez, Marc Nesbit Kathy Rogers and Sheila Bruce.

WELCOME

Steve Morris, Board of Commissioners Chair, welcomed all attendees. Introductions were made by all.

Mental Health Task Force Reports

Access to Resources and Care

Gwen Bartley reported the task force group is currently working on a comprehensive report to provide detailed information regarding all mental health resources available for all ages, birth to adulthood.

Ms. Bartley also reported on education and training available to the community regarding e-cigarettes and vaping.

Lastly, Ms. Bartley provided an update regarding the youth that members of the Mental Health Advisory Board have been assisting to obtain treatment (his father spoke at a previous meeting). The youth began participating in therapy and was transferred to a group home. He continues to participate in therapy as well as the parents. He continues to make good progress and is attending school in the local community.

Public Awareness

Marcella Beam advised a 2018 mental health first aid training calendar has been created. Trainers to facilitate training has been included. Additionally, for this year, mental health first aid training for adults and youth will alternate months as well as locations between Concord, Kannapolis and Harrisburg.

The Public Awareness Task Force had a table set up at the Senior Health and Wellness Day to encourage sign up for Mental Health First Aid Training. They also plan to have a booth at the Cabarrus County Fair.

As part of addressing public awareness, Channel 22 has been showing Mental Health America PSAs for some time.

Lastly, the group has been focused on and is working on hosting a faith leader conversation and training.

Crisis Response Team

Sonja Bohannon-Thacker reported the task force has been reviewing the crisis response protocol. After much collection and review of data, it has been determined that Cabarrus County has a great crisis response plan. Patients in crisis are getting to the correct facilities for an evaluation and an appropriate referral for treatment. It was identified the challenge occurs after the referral, is the person's ability to access the treatment. Further identified was the need for enhanced treatment opportunities. The group is looking for ways to improve access through enhanced opportunities.

A brief discussion ensued.

Sun Project

Dr. Russ Suda stated in the year 2000, the Primary Care Home model was developed. This concept centered the primary physician care with all other physician care surrounding it. In 2011, the idea of prenatal care using the same concept became the focus in the medical field. In particular, patient care management for pregnant patients with substance abuse issues. After many years of work, Cabarrus Health Alliance plans to open the Sun Project Clinic on September 1, 2018, which is a substance abuse network clinic. The idea is to provide, for those patients with an obstetrician, prenatal care with supportive psychiatric, methadone, clinical addiction specialty, pediatrician (if needed) and social services, which have shown to be an effective treatment method. Treatment would not only be the goal through the pregnancy, but for six to eight months after birth. The program is to end the substance abuse cycle for the mother and produce a healthy baby.

A discussion ensued among the members. Connected topics discussed included: deferred prosecution, birth control and family planning services.

CHS - Emergency Department

Tri Tang provided data regarding behavioral health visits seen in the Emergency Department (ED) at CMC-NorthEast. Data shows an increase in years 2017-2018 (first two months of 2018) from 2015-2016. Trends show at the current pace, if it continues, a six percent decrease can be expected for 2018. The data also shows most of the visits are due to behavioral health; only 10 percent is due to substance abuse. Mr. Tang reported that due to the navigation program, more patients are going home after discharge rather than a psychiatric facility.

Lastly, CMC-NorthEast is submitting a grant through the North Carolina Hospital Association for a Peer Support Specialist in the ED to support opioid patients.

A discussion ensued. Mr. Tang responded to questions.

Cardinal

Reid Thornburg, reported there are changes at Cardinal, one being a new 21 member Governing Bboard. The board members are made up of a variety of different expertise and community agencies including social services, health departments, medical providers and consumer family services, which were

appointed by the Boards of County Commissioners from the 20 counties included in this area. The Governing Board's primary tasks are: business forecasting, compliance, financial health and policy. Within the Board, there are four committees: Executive, Finance, Performance and Evaluation and Governance.

Also, Cardinal is collaborating with all the counties and agencies to work on initiatives and develop programs for the quality of life for residents. One such program was the Talent Show this year; it is hoped that it will continue and grow.

Finally, Cardinal is planning another Naloxone kit distribution in April.

A brief discussion ensued.

EMS - CBD/Oils/Vaping Crisis

Alan Thompson reported Emergency Medical Services (EMS) responds to all mental health and substance abuse calls. He stated that if a patient refuses help, EMS provides them with a brochure listing resources and contact information should the patient choose to seek assistance.

Mr. Thompson reported since the news release regarding the CBD oils (synthetic) overdoses in the schools, only 2 students have been transported. He further stated follow-ups with the schools were not available at first, but an avenue has since opened to allow follow-ups.

Gary Gacek further reported undercover investigations of vape shops in Concord, led to arrests of two individuals who owned vape shops selling the CBD oils containing the potentially lethal synthetic substance. Other investigations continue. A discussion ensued.

DAYMARK

Rebecca True reported on the number of patients served by Daymark.

** Please see attachment at end of Minutes **

A discussion ensued. Ms. True responded to questions. During discussion, it was learned the reasons for denied admittance at Daymark are medically unstable or a lack of bed availability. In case of the latter, a referral is made.

STEPPING UP

Tasha McClean advised the Stepping Up Program began January 2, 2018. She further provided statistical information for the program thus far as follows:

Stepping Up Program

Cabarrus County Detention Center

January 2, 2018- February 28, 2018

- 1. Total number of individuals processed into Cabarrus County Detention:
 - a. January: 513
 - b. February: 521
- Total number of individuals Medically Screen by Detention Officers: (Medically Screen is a person who is asked a series of Medical questions. Ex: "Are you a diabetic?" to "Does the inmate use drugs? If so, what?" Every inmate is asked the same questions.)
 - a. January: 504
 - b. February: 513
- Total number of individuals classified as a "Positive Screen": (Positive Screen: is an inmate who answered YES to certain questions on the Medical Screen.)
 - a. January:
 - i. Cabarrus Resident: 145
 - ii. Out of County Resident: 77
 - b. February:
 - i. Cabarrus Resident: 164
 - ii. Out of County Resident: 75
- 4. Total numbers of individuals with Questionnaires done: (The Questionnaires is a series of questions the Stepping Up Coordinator will ask the inmate, one-on-one. This helps the coordinator figure out what type resources this person may need. This is done with inmates who have a "Positive Screen.")
 - a. January:
 - i. Cabarrus Resident: 57
 - ii. Out of County Resident: 41
 - b. February:
 - i. Cabarrus Resident: 42
 - ii. Out of County Resident: 27
- 5. Total numbers of individuals, who left with a Transition Plan:
 - a. January:
 - i. Cabarrus Resident: 8
 - ii. Out of County Resident: 8
 - b. February:
 - i. Cabarrus Resident: 6
 - ii. Out of County Resident:
- Barriers:
 - Individuals leaving before an appointment date can be given to the client on their Transition Plan. (example: Made bond or transported to another or Dept. of Corrections)
 - o Individuals being released by court and leaving without their Transition Plan.
- A lengthy discussion ensued. Ms. McClean responded to questions.

SUBSTANCE USE TASK FORCE/Opiate Forum Follow Up

Marcella Beam reported the following:

- The Drop Box Collection program is going good. Due to the success, two additional drop boxes have been purchased. The sites for the additional drop boxes will be Harrisburg Hometown Pharmacy and Moose Pharmacy in Mt. Pleasant
- Leadership Cabarrus will be hosting a medicine drop off in May
- National DEA Take Back Day is April 28, 2018
- Cabarrus Health Alliance is partnering with CHS NorthEast to host a Subscriber Training on May 9, 2018 at Hotel Concord
- Syringe exchange continues. It is held weekly on Monday, Wednesday and Friday. There are currently 45 participants. So far 7,500 syringes have been distributed and over 8,000 have been collected.
- Naloxone kits are distributed twice a month. From the approximately 720 kits distributed, there have been 100 reversals
- Choices program is coming up May 15 and will be offered once a month thereafter
- UNC School of Government will be applying for a grant for local governments to form a team and develop strategies to address the opioid epidemic

LEGISLATIVE UPDATE

Kathy Rogers provided a legislative update.

** Please see attachment at end of Minutes **

CLOSING

Mike Downs commented on the progress made since the formation of the Mental Health Advisory Board approximately a year ago. Additionally, he reviewed areas of progress, which included the following:

- Regularly scheduled First Aid Training
- Crisis response by community paramedics
- Stepping Up program
- Dr. Suda's SUN Project to provide substance use management for pregnant women
- Navigation System
- Public notice of CBD oils

Adjourn

The meeting adjourned at 7:36 p.m.

Daymark Recovery Services Inc.

People who walked in to the outpatient Cabarrus Center requesting an evaluation for services

Servic	e	SA pop	MH pop served	Both SA/MH	Total	IC/00C
Total		130	223	82	435	349/86
C/A O	nly	6	41	8	55	
	<u>Dec</u>	36	72	22	130	110/20
C/A		2	20	2	24	
			2			
	<u>Jan</u>	48	67	23	138	103/35
C/A		2	6	0	8	
	<u>Feb</u>	46	84	37	167	136/31
C/A		2	15	6	23	

December 2017 through February 2018

C/A = Child and Adolescents IC = Cabarrus County Resident

OOC = Out of County Resident

Facility Based Crisis

Jan-18

Monthly Census Summary

This report includes ALL CLIENTS FOR THE MONTH, even carryovers from prior month See the "Monthly Stats and Tracking Report" for New Admits for the month only. The last column shows the actual number of NEW ADMITS ONLY

This Process changed July 2010 to include day of discharge in the counts

	Total Clients per month	Beds full out of 16 per month	Average beds used per day	Avg Nights per client	% to full
July-17	95	547	17.65	5.76	110.3%
August-17	101	553	17.84	5.48	111.5%
September-17	80	534	17.23	6.68	107.7%
October-17	111	637	20.55	5.74	128.4%
November-17	93	537	17.32	5.77	108.3%
December-17	95	585	18.87	6.16	117.9%
January-18	104	585	18.87	5.63	117.9%
February-18			0.00	#DIV/0!	0.0%
March-18			0.00	#DIV/0!	0.0%
April-18			0.00	#DIV/0!	0.0%
May-18		8	0.00	#DIV/0!	0.0%
June-18			0.00	#DIV/0!	0.0%

January Admissions by County

- Davidson 2
- Mecklenburg 20
- Chatham 1
- Cabarrus 30
- Rowan 21
- Stanley 7
- Union 3

Total Cabarrus Admission July 2017- January 2018 - 337

	VV	alk-ins	
Date	Number	Disposition	Assessment Done by:
1/1/2018	1	1 denied	1 fbc
1/2/2018	5	1 admitted 1 denied 3 left	5 fbc
1/3/2018	2	1 admitted 1 denied	2 fbc
1/4/2018	6	6 admitted	6 fbc
1/5/2018	4	2 admitted 2 left	4 fbc
1/6/2018	0	0 admitted	0 fbc
1/7/2018	1	1 admitted	1 fbc
1/8/2018	6	3 admitted 3 left	6 fbc
1/9/2018	7	3 admitted 4 left	7 fbc
1/10/2018	10	7 admitted 3 left	10 fbc
1/11/2018	9	2 admited 1 fbc-u 6 left	9 fbc
1/12/2018	0	0 admitted	0 fbc
1/13/2018	3	2 admitte 1 left	3 fbc
1/14/2018	5	3 admitted 1 denied 1 left	5 fbc
1/15/2018	5	2 admitted 3 left	5 fbc
1/16/2018	9	7 admitted 2 left	10 fbc
1/17/2018	2	2 admitted	2 fbc
1/18/2018	3	3 admitted	3 fbc
1/19/2018	4	2 admitted 2 left	4 fbc
1/20/2018	3	3 admitted	3 fbc
1/21/2018	2	1 admitted 1 left	2 fbc
1/22/2018	5	5 admitted	5 fbc
1/23/2018	5	4 admitted 1 left	5 fbc
1/24/2018	4	3 admitted 1 left	4 fbc

1/25/2018	3	3 denied	3 fbc	
1/26/2018	2	2 admitted	2 fbc	
1/27/2018	7	7 admitted	7 fbc]
1/28/2018	2	2 admitted	2 fbc	1
1/29/2018		3 admitted		
1/29/2018	8	5 left	8 fbc	
1/30/2018		5 admitted]
1/30/2018	6	1 left	5 fbc	
1/31/2018	2	2 admitted	2 fbc	

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Facility Based Crisis Center

Feb-18

Monthly Census Summary

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	Total Clients per month	Beds full out of 16 per month	Average beds used per day	Avg Nights per client	% to full
July-17	95	547	17.65	5.76	110.3%
August-17	101	553	17.84	5.48	111.5%
September-17	80	534	17.23	6.68	107.7%
October-17	111	637	20.55	5.74	128.4%
November-17	93	537	17.32	5.77	108.3%
December-17	95	585	18.87	6.16	117.9%
January-18	104	585	18.87	5.63	117.9%
February-18	75	484	17.29	6.45	108.0%
March-18			0.00	#DIV/0!	0.0%
April-18			0.00	#DIV/0!	0.0%
May-18			0.00	#DIV/0!	0.0%
June-18			0.00	#DIV/0!	0.0%

This Process changed July 2010 to include day of discharge in the counts

February admissions by county

- Davidson 3
- Mecklenburg 8
- Cabarrus 32
- Rowan 16
- Stanley 5
- Union 8

Total Cabarrus County residents served from July 2017- February 2018- 370

	W	alk-ins	
Date	Number	Disposition	Assessment Done by:
2/1/2018	5	2 admitted 1 denied 2 left	5 fbc
2/2/2018	2	1 admitted 1 left	2 fbc
2/3/2018	4	3 admitted 1 denied 4 fbc	
2/4/2018	2	2 admitted	2 fbc
2/5/2018	3 2 admitted 1 denied 3 fbc		3 fbc
2/6/2018	6	5 admitted 1 denied	6 fbc
2/7/2018	2	2 admitted	2 fbc
2/8/2018	5	3 admitted 2 left	5 fbc
2/9/2018	1	1 admitted	1 fbc
2/10/2018	3	3 admitted	3 fbc
2/11/2018	3	3 admitted	3 fbc
2/12/2018	3	2 admitted 1 denied	3 fbc
2/13/2018	8	8 admitted	8 fbc
2/14/2018	4	1 admitted 3 left	4 fbc
2/15/2018	5	3 admitted 2 left	5 fbc
2/16/2018	6	2 admitted 4 left	6 fbc
2/17/2018	4	2 admitted 2 left	4 fbc
2/18/2018	1	1 admitted	1 fbc
2/19/2018	6	5 admitted 1 left	6 fbc
2/20/2018	5	2 admitted 3 left	5fbc
2/21/2018	4	2 admitted 2 left	4 fbc
2/22/2018	2	1 admitted 1 left	2 fbc
2/23/2018	4	4 admitted	4 fbc
2/24/2018	2	1 admitted 1 fbc-Lex	2 fbc
2/25/2018	7	5 admitted 2 left	7 fbc

I I		1 admitted	1	1	
2/26/2018		1 denied 3			*
2,20,2010	4	left	4 fbc		
2/27/2018	3	3 admitted	3 fbc	7	
2/28/2018	3	3 left	3 fbc	1	



LEGISLATIVE UPDATES MENTAL HEALTH ADVISORY BOARD

The NC Legislature will be in short session beginning on May 16.

Medicaid Transformation:

Sometime in the coming two years, NC's Medicaid Program will go being a fee-for-service plan that it's been for more than 50 years to being run by large managed care companies. This is why the DHHS was ordered by the legislature in 2016 to prepare a strategic plan. In late February, state health officials presented their draft plan to lawmakers. Here are some highlights from the report:

Unmet Needs: State health officials estimate about 227,000 people in NC have a substance abuse problem. Another half million adults and quarter million children have a serious mental health need. While many are on Medicaid, there are a significant number of people who lack insurance altogether and receive services through state-only dollars directed at NC's seven local managed care organizations. Approximately 600,000 needed mental health, substance abuse or I/DD services, but were unable to access them.

Too Few Providers: The committee also discussed with the legislature the lack of mental health specialists throughout NC. In 2016, a third of NC counties lacked a psychiatrist and two-thirds of counties had no child psychiatrist. It was noted that these numbers are likely to worsen as fewer physicians nationwide have chosen to specialize in mental health specialties. Use of telemedicine and telepsychiatry may alleviate some shortages in rural areas.

Input from Consumers Needed: Several advocates and consumers at the meeting asked about 'access to quality services' but no indicators are included to show that services are of sufficient quality for the dollars we're using on them. "We need to have people who use the system help identify what are the outcomes we are measuring," said one person at the meeting.

STAY TUNED!

Three Opportunities for NC legislators from the 2018 Child Health Report Card (ncchild.org)

Suicide Prevention: Children's mental health stands out as one of the most sobering points in the 2018 Child Health Report Card. Last year, nearly 1 in 10 NC high school students reported attempting suicide. Between 2011 and 2015, suicide was the 2nd leading cause of death for NC youth age 15 to 17. Legislators can address this problem directly by requiring all school personnel in grades 6-12 regularly complete high-quality suicide awareness and prevention training. Additional Funding for School Nurses: School nurses are on the front lines of protecting our children's physical and mental health, and play a key role in ensuring students are well enough to thrive in the classroom. NC currently has a shortage of approximately 654 school nurses. This means school nurses frequently serve between 2 and 6 schools, and may only be in a given school for on-half day each week. Legislators can address this shortage by increasing funding for school nurses.

Closing the Health Care Coverage Gap: NC's health insurance rate for children has hit an all-time high with 96 percent insured. However, a child's health is determined by more than his or her own access to affordable health insurance; parental health, family well-being, and financial security also play a major role. More than 100,000 parents in NC don't have insurance because they earn too much to qualify for Medicaid, but too little to purchase private health insurance. Legislators should pursue policy options to use available federal funding to expand health care to uninsured adults.

By the Numbers: Incarcerating Mental Illness and Addiction (North Carolina Health News)

The NC legislature recently asked a task force to look at the problem of people with drug addiction and mental illnesses in county jails and state prisons. They held their first meeting at the General Assembly on March 6. Rep. Craig Horn (R-Weddington) noted that incarcerating people for drug use is "neither a deterrent nor a solution." Judge Marion Warren, director of the NC Administrative Office of the Courts, advocated for drug treatment courts.

Also noted by the task force is that the number of incarcerated people with serious mental illness is almost four times greater than the general population. Robert Kurtz, program manager for DHHS, noted that about 25,000 people with serious mental conditions enter NC's jails each year. He also noted that many also have substance abuse issues. The intangible costs for someone with a mental illness going through incarceration are also difficult to overcome...people lose their jobs, homes and sometimes their lives. "Suicide is the most significant cause of death in jail.

Advocating for intervention can make a difference. Kurtz added, "Doing nothing can be very expensive."