



# Macon County

## Mental Health Task Force

November 17, 2015

### Minutes

**Members Present:** Commissioner Ronnie Beale, Kathy McGaha, Andy Shields, Jim Bruckner, Patrick Betancourt, Marty Wadewitz & Paula Ledford, Tammy Keezer

Absent: Mike Neidig & Robbie Holland

**Guests:** Sarah Altman & Kristi Gray w/Southwestern Community College, Francis Venticinque w/NAMI, Tabatha Brafford, Howard Dowdle, Lauren Garner, & Jason Strack w/ACS, Amy Seay, Amy Barnes & Nancy Chastain w/Smoky Mountain Center, Lisa Hilliard w/DSS, Dr. Jim Hartye w/Mission Health, Kevin Inabinet & Greta Metcalf w/Macon & Jackson County Psych, Joe Ferrara w/Meridian, Steve Stewart w/MCSO, & Lynn Baker w/Macon County Public Health & Kenn Champney - Veteran

Commissioner Beale welcomed everyone and asked them to go around the table and introduce themselves.

**Vote to add Board member:** Mr. Beale asked for a motion to add Patrick Betancourt to the Mental Health Task Force. A motion was made by Mr. Bruckner and seconded by Ms. McGaha to add Patrick Betancourt to the Mental Health Task Force board. The motion passed unanimously.

**Approval of Minutes:** – A motion was made by Ms. McGaha and seconded by Ms. Ledford to approve the minutes as submitted. The motion passed unanimously.

**Current Issues** – Commissioner Beale reminded members that he had asked them to do some homework. The Governor's Mental Health Task Force has an aggressive schedule. They are meeting this week and again in December. Group members include Judge Bruckner, Mr. Solomon, who is in charge of the Division of Prisons, and Sam Edward III who is a judge from Morganton. There are a number of psychologists, psychiatrists and providers from this area on the committee as well. Ms. Metcalf said she had some notes for Mr. Beale.

The Governor's task force has discussed three topics quite often.

1. Identifying what help is needed - specifically geriatric beds. The nursing homes have fewer patients in house than in the past two decades. The facilities are only allowed to house a certain number of mental health patients before they lose their federal funding.

2. Jail programs – tomorrow a group is going to the central prison. There are 320 beds for mental health patients and 120 beds for physically injured patients. We are 44<sup>th</sup> in the nation for the number of mental health beds. Mr. Beale asked the director at the jail whether or not more beds were needed. The question was never answered.

More of the people providing the services are in need of the services themselves. The providers are getting burned out. A lot of time they are hiring young people straight out of college and some are only lasting eight months.

3. Substance abuse patients are another topic that they are discussing. North Carolina is lower than the national average for substance abuse but higher than the national average for property crimes. There are two private programs in place now that give the individual a choice to go into a treatment program instead of to jail. Teen Challenge is the model that everyone is looking at. They have a 74% success rate. They provide a bed, a buddy and bucks (a job).

You will begin seeing local health departments becoming a place for assessments. This will be determined by whether the funding comes along with the program. This could be done in cooperation with providers. The task force is trying to change the process for individuals in crisis and allowing them to call 911. There are improvements being made in the training that is being provided for those who are on the front line with these patients. TRUVEN, a consulting company, has done a study for us to determine where the needs are. This is in order to obtain bids for these services. There is a meeting in Nash County this evening to discuss the TRUVEN report. If this is implemented it will eliminate the LMO's & ACO's.

There is a new procedure called screen meth that is becoming popular. There were 17 deaths attributed to overdoses from this combination of opium product and animal treatment powder. There were four overdoses reported in Macon County in the past few months. The Dobbins house is a seven day treatment center run by Smoky Mountain. We are pushing to get more beds at Balsum. Mr. Beale has a list from Balsum to give to the parents of the kids that need beds. This list has been disseminated around Macon County. The average detox is between four to five days. We are getting really good at getting patients Medicaid approved. This improves the level of treatment.

Commissioner Beale has created a report that he will be presenting at the Governor's task force meeting this week. Alcohol is still the leading intoxicant above all others. Ms. Metcalf noted that there is a lack of workforce in our area and in NC. If we could get the Licensed Professional Counselors (LPC) board enrolled to be able to bill for Medicaid that would help a great deal. She is meeting with the LPC advocate this week to discuss this and will then bring it to this task force. Mr. Beale indicated it is difficult to get anyone to come to the table from the federal level. If we could get the LPC's enrolled in the area then Meridian could get them signed up for Medicaid.

Ms. Metcalf noted that the juvenile justice leaders at the Department of Public Service are working on an integrated care plan. Ms. Hilliard with DSS is working with foster care to help serve the parents who have children with mental health needs. They are looking at the services that are lacking. They are looking at treating those patients that do not need the highest level of care first before they get worse. The state secretary has tasked them with giving recommendations for beds. The beds are being filled up with those who are a danger to the community and they are staying longer. They need to come up with a plan to take care of these individuals when they are released. There are a number of youth that they are doing free community services with. The schools won't take them because they are dangerous.

Macon Psych will be joining with Meridian very soon. Services have expanded to Transylvania County and the program being used is a replication of the school program. They are launching and beefing up the prison program model and hoping for some volunteers to help get these students reintegrated back into the community. When you look at the problems with both adults and children there is generally some kind of trauma that they have in their history. The hope is to become a trauma informed agency and to partner with other programs so they can all be trauma informed.

Mr. Inhibit noted that this fall has been extremely crisis oriented. We broke the record for suicide and threat assessments in Macon County. All of the providers are very in tune to trying to keep these kids safe. There is an upcoming workshop in Nantahala for school teachers to educate them on signs for possible suicide. Teachers

want more information and more training. NAMI will also be offering training for ninth graders. School based services continue to go well. Day treatments are going well with a full schedule. The biggest percentage of pro-bono services is at about 30-33% for day treatment. The biggest portion is for the children that are in crisis trying to avoid hospitalization.

Ms. Chastain indicated that Smoky Mountain is seeing younger kids needing to go into treatment. They are hearing from a lot of parents who are saying they don't want their kids in the home. The education for parents is very important. Smoky is also looking into the critical time intervention model to see if they can get funding. They are looking at updating the service definition to help the homeless. This is to help link individuals to services, help them get disability, and get them stabilized in a home. This is for people who may be wanting housing or coming out of jail. Most of the programs using this model are state funded.

Mr. Ferrara with Meridian stated they are completing paperwork to merge with Jackson Psych and position themselves for the future. They are going to have to get more comprehensive in scope. They have established a relationship with UNC Center for Excellence. They are meeting regularly with them to see how they can bring UNC's services to North Carolina. Also, one of the groups offers critical time intervention services. They have been discussing the time it takes to do the assessments which currently is about four hours. Based on a recent time study they are getting paid for about one third of the services they are providing.

Mr. Wadewitz with Mission noted the changes they implemented in the ER seem to be working well. However, they continue to have a steady flow of patients. Mr. Beale noted that the object is to keep these patients out of the ER's but it is now at an all-time high. When Wake Medical closed this caused a huge impact on other ER's.

Mr. Betancourt reported that DSS just underwent a child welfare review of performance. This review was to identify the challenges that Macon County faces. It is to help improve the services for child welfare. It focused on the child protection services side. The findings were not that unusual for the county. They are studying the impact of domestic violence and parental drug abuse on healthy brains of children. His staff sees these patients week in and week out. Mr. Beale noted that Lisa Hilliard with DSS has seen a lot of changes come and go in Macon County. He thanked her for her continued efforts.

Ms. Ledford with Macon County Schools stated that there has been some really good training for their guidance counselors both from NAMI and Macon Psych. The Autism Society also offered training working with Autistic children. NAMI has provided suicide training in some schools and they are scheduling it in others. They continue to try to get these kids the care that they need. The kids that are presenting are all ages. The kids are younger and more acute. These are children who have chemical imbalances and chronic problems in the home. The school system does not get to say no to the kids that may be dangerous. Mr. Beale noted that in some areas the hospitals have funded mental health programs in the schools through Medicaid.

Mr. Beale addressed Ms. McGaha and indicated a study she had done in the past for Healthy Carolinians that he referred back to recently. Some things have stayed the same but where we are missing in Macon County is with families. He sees more and more parents signing over their kids to the state.

Ms. Brafford indicated that things are going well with both mobile crisis and the Adult Recovery Unit. They are looking at expanding the number of beds. Mobile is working hard to eliminate the strain on the ER's by educating the community on calling mobile crisis instead of going to the ER. They are getting ready to pilot a program for interdepartmental training. This will include all of leadership from EMS, the ER, and first responders. Ms. Brafford noted that they had a meeting in Murphy with EMS, the sheriff, magistrates, etc. The goal is to focus on domestic abuse and substance abuse. We all believe law enforcement understands the problems with schizophrenic patients who have gone off their meds. However, they are seeing both children and adults that need to be removed from the home. In some instances the ER is initiating the involuntary commitments. Just having the magistrate in on the discussion helps to get these individuals the treatment they need sooner.

Dr. Hartye with Mission Health stated that this fall has been extremely busy. They had 43 mental health patients this morning at Mission in Asheville. All of the member hospitals are seeing higher volumes. There is an infection that IV drug users get in their heart valves and they generally have four a year. They have had 50 in the past year at Mission. They are also looking at support for their staff. Recruitment and retention is a crucial issue. The children are sick and are coming in but the parents are not in treatment. The kids go back in the trauma filled home. Having the resources to get the treatment for parents is a continued problem.

Mr. Betancourt noted that historically the numbers for child welfare cases generally decrease during November & December. However that is not the case this year.

Mr. Bruckner noted that the Community Health Assessment was done recently and they did include domestic violence as one of the priorities. Ms. Baker is the point person to contact if any members would like to be on the committee to discuss these issues. Economic development and heart disease are the other two priorities.

Mr. Stewart noted that they still have the priority of transporting the mental health patients to and from treatment. However, they no longer have to sit in the ER. They have interviewed two Southwestern students who may become their case managers for those inmates that are in programs like AA. If they have a projected release date for the inmate the case managers can be working on a plan for services and continuity of care once they are released. This has been in the planning stage for six months and hopefully will be putting these plans into action soon. The sheriff's office is reviewing the medical procedure in the jail and looking into hiring a company that may provide Telepsych. They continue to try to promote mental health treatment within the facility and communicating the proper contact information to the inmates for coordination of care after they are released is imperative.

Sarah Altman with Southwestern noted that the two students will be graduating and beginning to work as case managers with the jail to determine the needs of the inmates. They will be providing contacts for the inmates and following up with these individuals to continue and support them after release.

Mr. Venticinque with NAMI reported they have a meeting for families the first Tuesday of every month and every Thursday they have a meeting for peers. He has been helping with the jail program for approximately eight years. He is glad to hear that the planning is moving forward to help the inmates make the necessary contacts for treatment and continued care after release.

Ms. Brafford noted that Appalachian is working with the jail to get their program up and running. They serve the majority of parents that DSS has problems with. They continue to have a problem engaging the parents. They can't make the parent's want to parent. The outpatient program is doing well. They are seeing more DWI assessments coming in. Mr. Dowdle noted he was glad for the opportunity to work with Appalachian on the jail program. The continuum of care is much more available and a better service for the individuals. Ms. Brafford noted they are seeing the same trend that everyone else mentioned. They are seeing more children whose parents just don't want them anymore. They are adding several staff to the mobile crisis unit. They have also identified some peer eligible individuals for peer counseling.

Mr. Beale asked Ms. Brafford and Mr. Ferrera if the providers are getting help to support their staff that are on the front lines. The desire to help people is high when these individuals first come out of school but they are ill prepared. The level of supervision is not what it used to be. They used to have the ability to coddle these new students. They usually start with home visits and the stress can be intense. They see about a window of two years before the students decide to do something else.

Dr. Hartye noted they have the same burn out issues with staff in the ER. Their group of licensed clinicians is looking at how to provide more training. The support when there is a critical incident needs to be available. They are trying to build that up and are looking at resiliency training for treatment staff to replenish them. What

it comes down to is starting this support from the beginning. The state determines what training is required and the staff is required to attend. At the same time they have to get enough billable hours so they can't take a day off. We are a training ground for mental health services. New graduates start here, get their training, then they go somewhere else that pays better and has better benefits. The rural counties are the ones that are suffering.

Mr. Beale introduced Kenn Champney who is a Vietnam Vet and was invited by Mr. Beale to attend. Mr. Champney noted he is very aware there is a problem. He was a registered nurse in the military and went on to become an intensive care nurse. He has been dealing with PTSD for quite some time. He is hoping to offer his services as a volunteer. There is a new service being established in North Carolina for Veterans but they are having trouble staffing it.

Mr. Shields noted that he is still working in the community. We are still treating involuntary commitments as the last option for some of these children. This needs to be looked at by the state. The sheriff's office is changing the way the data is reported and the new report will be available to anyone wanting it.

Next meeting – January 14, 2016

Meeting adjourned at 10:40

Respectfully submitted,

Charlene Bellavance