



# Macon County Mental Health Task Force

December 17, 2014

## Minutes

**Members Present:** Commissioner Ronnie Beale, Jim Bottomley, Tammy Keezer, Mike Neidig, Kathy McGaha & Paula Ledford

Absent: Jim Bruckner, Jane Kimsey, Major Andy Shields & Marty Wadewitz

**Guests:** Francis Venticinque & Donita Cline w/NAMI, George Edmonds w/Youth Villages, Duncan Sumpter, Tara Payne, Lauren Garner, & Melissa Hamm w/ACS, Carol Vanderwoude a licensed clinician, Amy Seay w/Smoky Mountain Center, Mike Lewis w/The Franklin Press, Kevin Inabinet w/Macon Psych, Derek Roland – Macon County Manager, Steve Stewart and Scott Marion w/Macon County Sheriff's office and Joe Ferrara w/Meridian.

Commissioner Beale welcomed everyone and wished them a Merry Christmas. He announced Derek Roland's first year anniversary as the County Manager. Mr. Roland mentioned that he and Major Shields have regular discussions regarding the budget in terms of transport costs and sitting costs. He thanked each of the committee members for their work and continuing support for the Sheriff's Department in trying to place these individuals.

Commissioner Beale updated the committee on the meetings he's had recently and the discussion of treating the whole person not just the mental health issue. We have several hospitals on board but the problem is how to get the hospitals paid for the services. Courtney Cantrel with the state will be attending one of our Mental Health Task Force meetings in the near future.

The state committee is concentrating on 43 hospitals from here to Rockingham County within the four LME's. They will be having another meeting in Moore County in the near future. It is hard to gauge whether we are making progress. The best measure we have is the reports from the jails regarding the number of inmates they are having to sit with or transport to get the services they need.

One of the main concerns is the youth that we have to involuntarily commit. If they are not placed in long-term treatment at a young age, they will end up with lifetime issues. There is a push to get the hospital in Broughton to allow adolescents beds in their facility.

Every hospital now has the database form to keep track of the ER visits that are mental health service related. Every sheriff's department also has the data collection tool that our Macon County Sheriff's office created to keep track of their costs. Ms. Patrice Ross who works at the association is collecting the data and we will hopefully have a dashboard report that will tell us where we stand financially.

The 915 waiver is complicated but this is how each member of the committee gets paid. In order to get the payment process changed it will take a change in the legislature. Commissioner Beale indicated that thanks to the providers we are making progress. The biggest battle that we face is the stigma related to mental health

diagnoses. Commissioner Beale asked if anyone had any questions. We have been getting good reception from Macon County schools.

Mr. Ferrara asked if there is still a split in the House and Senate regarding the mental health issue. Commissioner Beale admitted that the most recent meeting with the two senate representatives ended abruptly and Medicaid reform will affect the movement of mental health. The data indicated that some of the smaller counties in our state have up to 40% of the population on Medicaid. We are trying to build relationships with the new DHHS employees.

Donita Cline went to Franklin High School and gave a presentation to approximately 50 young girls and explained some of the mental health issues and discussed the stigma. They have been asked to give the same presentation to Nantahala and Highlands schools and will be following up with them after the first of the year. She noted that the NAMI North Carolina's 2015 CIT Crisis Intervention Conference would be in Raleigh at NC State University on Tuesday, February 10. Registration begins at 8:00 and the class ends at 4:45. Ms. Seay also mentioned that there would be a CIT training in Macon County in September of 2015 as well.

Commissioner Beale asked if anyone had any items that they would like to have added to the agenda. Ms. Keezer asked if she could have some time to discuss a grant opportunity. Commissioner Beale said that we would add that under other business.

Commissioner Beale informed the committee that Macon County has been re-designated a Tier 1 County from a Tier 2. This designation is evaluated annually but the NC Department of Commerce and is based on poverty level, population and economic well-being.

**Approval of Minutes:** – Commissioner Beale asked the committee members if they had any comments, etc. on the previous meeting notes. A motion was made by Paula Ledford and seconded by Kathy McGaha to approve the minutes as submitted. The motion passed unanimously.

**Current Issues and Discussion:** – Commissioner Beale asked for reports from the different providers. George Edmonds with Youth Villages reported that they provide a program called Intercept for youth that are at risk for placement in foster homes. They work with the patients and their family's to teach skills that will help keep the child in the home or reunite the family after a separation. They work to help with the transition process from a foster home back to the family home. This helps reduce out of home placement. Commissioner Beale asked if there was a standard age. Mr. Edmonds responded that 12 and under seems to be the average age. Commissioner Beale asked what the problems with the younger children are. Mr. Edmonds said there is a mix of aggression issues, suicidal thoughts, etc. They have to work with the parents to build their skills in dealing with these children. Youth Villages serves approximately 85 counties in the state. Macon County has really good collaboration due to this committee and the DSS and DHS employees that facilitate the services. Commissioner Beale asked how many parents are willing to sign over their parental rights and if it has increased. Mr. Edmonds indicated that in a lot of situations the parents are at a point that they feel they can no longer deal with the behavior. This doesn't seem to have increased however. There is more creative care transition programming to try to help these young adults.

Duncan Sumpter with Appalachian reported that they are hoping to offer some new services in collaboration with Smoky Mountain after the transition of the Balsam Center into a 24-hour care facility. This will eliminate the need for patients to go to the ER. They will instead go to Balsam for an assessment and hopefully within 15 minutes will know whether or not they need to be transported to the ER or can be admitted directly to the Balsam Center. They will have added security and crisis stabilization resources. Hopefully this will increase the disposition of the patients. They are also hoping to have a pharmacy within the facility and lab services on site. They are increasing capacity from 12 to 16 beds. Commissioner Beale indicated that if we could increase the availability of beds to 25 that would really help the community. They hope to have physicians on site so integrated care will be available as well. Commissioner Beale asked about the availability of juvenile beds that

are segregated from the adult population. Mr. Sumpter indicated that absolutely they should be able to offer that.

Mr. Sumpter said they are seeing a higher acuity patient and the needs are so much higher than they ever have been. This is mainly due to the fact that the community service funding has been stripped so the patients don't have access to services until they are in crisis. Appalachian Community Services is trying to involve peer support, increased staffing, mid-level providers, and the transportation funding is being increased. They are keeping detailed data in order to facilitate future funding based on need. He indicated that his agency is currently getting paid by their local funders for all services provided but, NC Tracks is still delaying payments and having issues processing payments. This seems to be a continuous problem for all providers. Appalachian Community Services is fully staffed in regard to contract Psychologists and Psychiatrists. This continued collaboration is extremely important to be able to continue patient care. We are fortunate that we have qualified staff that is willing to take on the caseload when they could go to a more rural area and not have to work as hard. Ms. Hamm added that November was the first month since April that the Mobile Crisis unit saw less than 200 people for services. Mr. Sumpter indicated that their staff turnover has stabilized and this helps the patient outcomes.

Lauren Garner reported that ACS has done a good job of implementing crisis intervention to keep adolescents from moving into crisis and trying to get parents and grandparents into group care. The number of kids that have had to be pulled and placed in foster care has been reduced. DSS has not had to remove as many adolescents from the homes because they are having more success with the crisis intervention program.

Mr. Neidig asked a question about how Telepsychiatry was working in the Emergency Rooms? Mr. Sumpter indicated that hospitals are struggling to get qualified staff to offer this service. This technology should allow us to be able to serve more people but without qualified staff the services cannot be made available. Mr. Neidig indicated that where it is working they are seeing great outcomes. Commissioner Beale indicated that it is working better in the metropolitan areas because they have more psychiatrists available.

Commissioner Beale asked what age is considered a juvenile. Mr. Edmonds responded that it is generally age 17. Mr. Sumpter indicated it depends on the funding source.

Kevin Inhibit stated that if we could figure out a way to take better care of the staff working with the patients it would make a huge impact on retention and resources. There is a difficult balance to keep employees who want to help make a difference but also need to make a living. Macon County Psychological Services have served approximately 1,100 kids in the 3 ½ years that they have been serving the community. It is unfortunate that the individuals who are the highest acuity cases will not get their services paid for. A large number of these have received pro-bono services. Retention is vital and turnover has not been an issue for them recently. In Haywood County they have more turnovers because Asheville is right next door and the salaries and back-up staff better. The people that Macon Psych has here want to live in Macon County.

Mr. Ferrara with Meridian said the salary is a retention issue for them as well. They lost two individuals lately due to a large gap in the pay.

Ms. Ledford reported that the schools have good structures in place to identify kids and families that need help. They have an interagency team meeting with providers, social workers, teachers, etc. to identify these issues and needs early. They have another interagency group that meets monthly to discuss those kids that are already in treatment and don't seem to be making any progress. In the past couple of years they have been making progress with these committees and discussions. There seems to be a number of families within the community that have run the gamut with all of the providers and have not been receptive to the help or they have not responded positively to having to attend counseling with providers. Commissioner Beale indicated that for those kids that have had issues with the law they should be encouraging them to seek help from NAMI for the families. Ms. Ledford indicated that there are certain students that don't belong in school because they are on

the verge of being in crisis. She would like to have more resources in the classes for these kids that are high acuity and are in crisis. She indicated that there is a lot of comfort in knowing who to call and that they will be available when she has to call.

Commissioner Beale complemented Ms. Ledford on her handling of these situations. Due to the provider network connections formed by this committee there have been positive outcomes.

Mike Neidig said that he is encouraged to hear that the providers are communicating and the technology available is phenomenal. The improvements in the drugs that are available have been positive as well. Commissioner Beale asked him why the 38-42% of repeat patients who require medication stops taking it. Is it because they don't like the way it makes them feel? Mr. Neidig indicated that this is a major reason, but in some cases the individuals who need the medication can't get it because they can't get in to see a psychiatrist. This is changing though primarily due to the hard work of the group of providers in this room. Mr. Neidig is very involved on the state level with NAMI. He commended the local providers for the progress that they are making and the hard work that will need to continue.

**Other Business:** – Ms. McGaha indicated she was excited about the grant opportunity that Ms. Keezer will be speaking about. Ms. Keezer reported that Kate B. Reynolds is offering grant funding for Tier 1 Counties that Macon now qualifies for. The grant opportunity focuses on developing or strengthening a Continuum of Care, encourages integrated care efforts that bring mental and primary health care providers together, implementation of prevention services for those most at-risk and, expansion evidence-based practices. The application is due by February 10<sup>th</sup> but requires a pre-application interview. Ms. Keezer indicated that MCPH would not be applying for the grant because they are not a front line provider for mental health services. There is a second grant application deadline date in the fall if providers are unable to meet the February deadline. Mr. Neidig indicated that the biggest problem in the community is that primary care physicians are not taking on the mentally ill patients. Commissioner Beale indicated that he would recommend discussion at the collaborative committee meeting following this meeting and encouraged the group that Macon County needs to take advantage of the opportunity.

**Sheriff's Report:** – Mr. Stewart indicated that the jail is a difficult place to be this time of year. For mentally ill people it is especially stressful. In the past they have not had to deal with state DUI convictions and now they will have these inmates. There are issues when you start holding people for extended periods of time. How do you take someone who has been in custody for two years and integrate them back into society? How do you take a woman who has been incarcerated for six months and gave birth to a child, who was taken from her, and reintegrate her into society without some type of mental health services? Mr. Stewart needed to let everyone here know that the jail would need to have access to more resources. Mr. Sumpter said they had received some funding for some counties and he could ask for some more funds for our jail. He said he would speak with Mr. Stewart after the meeting. Mr. Neidig indicated that it is more important that these individuals get treatment from providers when they are released. There needs to be a relationship built with a provider during the incarceration so that the inmate immediately starts a drug rehabilitation program. Otherwise, you lose the sobriety time they earned while in jail. There are a number of programs available that have had success.

Commissioner Beale asked what to do about a family that has given up. They have spent all their resources to try to help their mentally ill or drug addicted family member and they can't do it anymore. The patient is in jail and what happens when they are released? With no treatment resources they will begin using again and their sobriety will be lost as well as the progress they may have made.

Mr. Sumpter mentioned that they have a program that they are using in the jails. Mr. Stewart requested that they hook up the provider with Scott Marion at the jail to coordinate this care and plan for the inmate's release to continue care. A copy of the Sheriff's report was handed out at the meeting and is available upon request. How can we be responsible to continue treatment for these individuals? In November there were four broken commitments and 34 for the year. This is not necessarily a bad thing. Commissioner Beale recommended that

the providers continue to collaborate and ask for funding to help these patients in prison. They also need to work on a plan for continued care after they are discharged. He encouraged the providers to pursue whatever funding is available.

Mr. Ferrera indicated that without expanding Medicaid funding they will continue seeing the inability for providers to give services. He indicated that 50% of the people they serve are state funded. They will not be expanding Medicaid until it is reformed. Unfortunately reform means cuts not expansion.

Mr. Sumpter stated that unfortunately the people who need the services are not capable of advocating for themselves and if the providers pursue the funding there is a presumption that they are doing it strictly for the money.

Commissioner Beale advised the committee that Paregoric is making a comeback on the street. It is now a prescription drug. It is being combined with other drugs, like horse tranquilizers, and sold as a cheap street drug.

Mr. Bottomley spoke as the representative of the community in recovery. He indicated that due to some health issues he would be resigning his position on the board. He suggested that the providers find a way to transport these individuals instead of using the Sheriff's Department resources. He asked about detox procedures and what types of drugs are being used. He stated that those he has talked with that are on Suboxone, for example, cannot get off it. In actuality they are still an addict, they are just addicted to the detox drug. Ms. Hamm responded that they do use drugs like Suboxone for detox. Unfortunately, they don't always work.

Mr. Venticinque noted that he had retired from the provider's circle in May. He is still working in teams out in the field. He has helped transport people to and from Balsam, and sometimes from jail or the hospital.

**Schedule Next Meeting:** – Commissioner Beale stated that they would tentatively schedule the next meeting for February 11, 2015 at 8:30 here at the Health Department. He noted they would see how things go with the House and Senate and finalize this meeting in the near future.

A motion to adjourn was made at 10:54 a.m. All present were in agreement.

Respectfully submitted,

Charlene Bellavance

These minutes were approved on February 12, 2015 with a motion by Paula Ledford and seconded by Duncan Sumpter. The motion passed unanimously.