



**TASK FORCE ON MENTAL HEALTH AND SUBSTANCE ABUSE**

**NORTH CAROLINA INSTITUTE OF MEDICINE  
630 DAVIS DRIVE, SUITE 100  
MORRISVILLE, NC 27560**

**JUNE 5, 2015  
10:00 am - 3:00 pm**

**Task Force members in attendance:** Lee Atherton, Bert Bennett, Brandy Bynum, Tony Caprio, Andrew Clendenin, Cathy DeMason, Rep. Beverly Earle, Mary Edwards, Sonia Eldridge, Vern Eleazer, Tana Hartman Thorn, Brian Harris, Jessica Herrmann, Mary Hooper, Alice Hunt, Trish Hussey, Sheila Hutchinson, Brandy Lineberger, Eva Meekins, Beth Melcher, Adrienne Mims, Karen Oldham, Marilyn Pearson, Theodore Pikoulas, Mary Lynn Piven, Sy Sayeed, Luke Smith, Jemi Sneed, Chad Stevens, Lisa Taylor, Noel Thomas-Lester, Chris Townsend, Dianne Walker, Bert Wood Jr.

**Co-Chairs in attendance:** Sen. Angela Bryant, Courtney Cantrell, John Santopietro

**Steering Committee members in attendance:** Cathy Hudgins, Ellen Schneider, Starleen Scott Robbins, Flo Stein

**Guests/Speakers in attendance:** Stephanie Daniel, Marcia Garcia, Michael Howard, Eric Harbour, Erica Richman, Jean Steinberg, Debbie Webster

**NCIOM staff in attendance:** Berkeley Yorkery, Michelle Ries, Rose Kerber, Diana Dayal

**NOTE:** PDF copies of all presentations available online at <http://www.nciom.org/events/?task-force-on-mental-health-and-substance-abuse>

**10:00 - 10:15 INTRODUCTION AND WELCOME TO THE TASK FORCE**

*Our Task Force co-chairs will bring the meeting to order and facilitate member introductions. We ask that each Task Force member introduce him/herself with name, title, and organization.*

**Senator Angela Bryant**  
North Carolina General Assembly

**Courtney Cantrell, PhD**  
Director  
Division of Mental Health, Developmental Disabilities, and  
Substance Abuse Services  
North Carolina Department of Health and Human Services

**John Santopietro, MD, FAPA**  
Chief Clinical Officer of Behavioral Health  
Carolinas Health System

**10:15 – 10:35**

**OVERVIEW AND CHARGE OF THE TASK FORCE ON MENTAL  
HEALTH AND SUBSTANCE ABUSE**

*Ms. Yorkery will outline the NCIOM Task Force process and lay out the focus and expected product of the Task Force.*

**Berkeley Yorkery, MPP**  
Project Director  
North Carolina Institute of Medicine

Ms. Yorkery introduced NCIOM. She gave an overview of the Substance Abuse and Mental Health Task Force, which is charged with formulating a set of recommendations on the needs of older adults, adolescents and cross-cutting services. The task force operates in partnership with the Department of Mental Health, Developmental Disabilities, and Substance Abuse Services and is funded by the Kate B. Reynolds Trust. Ms. Yorkery provided an overview of the Task Force organization and meeting schedule.

**10:35 – 11:00**

**MENTAL HEALTH AND SUBSTANCE ABUSE WORKFORCE**

*What does the workforce look like; geographic distribution of workforce; current efforts to increase workforce; challenges*

**Erica Richman, PhD, MSW**

Research Analyst  
Sheps Center for Health Services Research  
University of North Carolina at Chapel Hill

Dr. Richman gave an overview of the distribution of mental health workers in North Carolina using the Health Professions Data System database housed at the Sheps Center. North Carolina trails the rest of the country in the number of active mental health workers per population. While the number of physicians per capita has increased, the number of physicians specializing in psychiatry has remained stable. Eastern North Carolina suffers from a particular deficit of mental health workers.

**Flo Stein, MPH**

Deputy Director  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
North Carolina Department of Health and Human Services

Ms. Stein discussed the work of the Substance Abuse Professional Practice Board, a body that licenses addiction specialists in NC. The board licenses qualified clinical supervisors, prevention specialists, substance abuse counselors, facility directors and partners with area universities to allow students to earn a license. North Carolina is a leader in having a licensed addiction treatment workforce. Most states have no licensed addiction professionals, which is a problem for insurance billing and Medicaid reimbursement.

**11:00 – 11:30**

**TELEBEHAVIORAL HEALTH**

*What is telebehavioral health; what's happening currently; funding options; geographical impact so far; challenges*

**Andrew Clendenin, MSW, LCAS**

Behavioral Health Program Manager  
Community Care of the Sandhills

Mr. Clendenin addressed telebehavioral health care. New payment

models under the ACA, technological advancements, and emerging energy around the virtual delivery of health care have made telebehavioral health an increasingly attractive form of treatment. Telebehavioral medicine allows one psychiatrist to serve multiple locations, improving access to care and cost efficiency. There is strong patient demand for telebehavioral medicine and more providers are adopting telebehavioral models. In North Carolina, there are obstacles to reimbursement. Medicaid and BCBS are currently the primary payers for telebehavioral treatment in North Carolina.

**11:30 – 12:00**

**INTEGRATED CARE**

*What is the issue; what's happening currently; funding options; geographical impact so far; challenges*

**Cathy M. Hudgins, Ph.D., LMFT, LPC**

Director

Center of Excellence for Integrated Care

A program of the N.C. Foundation for Advanced Health Programs

Dr. Hudgins spoke about integrated care, which focuses on whole-person care and recognizes the connection between mental health and medical needs as well as spiritual health. Integrated care is person-centered and team-based, and relies on coordinated care systems, evidence-based practices, and information sharing. Integrated care also requires recognition that each patient has needs that are longitudinal and evolving. Dr. Hudgins called for better integration of behavioral health into primary care, more family engagement, better data and more flexible reimbursement models.

**12:00 – 12:30**

**LUNCH**

**12:30 – 1:15**

**CURRENT STATE OF THE STATE: OLDER ADULTS**

*Size of population, general needs of population, who serves the population, % of population being served, what the array of services should look like*

**Debbie A. Webster, MS**

Mental Health Program Manager

Division of Mental Health, Developmental Disabilities &  
Substance Abuse Services

North Carolina Department of Health and Human Services

Ms. Webster discussed the mental health needs of North Carolina's rapidly aging older adult population. In 2025, 90 of NC's 100 counties are projected to have an over 60 population that outnumbers the under 18 population. She brought attention to the problem of depression among older adults, especially those in nursing homes, and highlighted the need for more awareness of substance abuse and suicide in older adults.

**Mary Lynn Piven, PhD, PMHCNS/NP-BC**

Associate Professor

School of Nursing

University of North Carolina at Chapel Hill

Dr. Piven highlighted the major obstacles and opportunities for the behavioral health of older adults. As obstacles, she noted a lack of understanding and training among physicians and mental health professionals around the mental health of older adults. To achieve better care and collaboration, she recommended friendly caller programs and improvements to home care, transport systems and caregiver counseling.

**1:15 – 2:00**

**CURRENT STATE OF THE STATE: ADOLESCENTS**

*Size of population, general needs of population, who serves the population, % of population being served, systems challenges that the Task Force will address*

**Eric Harbour, MSW, LCSW**

Division of Mental Health, Developmental Disabilities &  
Substance Abuse Services

North Carolina Department of Health and Human Services

Mr. Harbour provided an overview of adolescent mental health

needs in North Carolina. Half of mental health problems that afflict adults start by age 14 and  $\frac{3}{4}$  start by age 24. Adolescents in the child welfare or juvenile justice systems or those who do not attend school are particularly vulnerable to mental health problems. Mr. Harbour reviewed the current array of adolescent mental health services and drew attention to several pilot programs and grants in North Carolina that are aimed at improving mental health services for adolescents.

**Stephanie Daniel, PhD**

Deputy Director and Research Associate Professor  
Center for Youth, Family and Community Partnerships  
University of North Carolina at Greensboro

Dr. Daniel discussed the importance of identification, coordination, funding and effective services in addressing adolescent mental health needs. She prioritized screening, especially at key transition years, but noted that screening is only useful if treatment follows. She emphasized the need for care coordination both within and across systems.

**2:00 – 2:50**

**SMALL GROUP DISCUSSION**

*Task force members will divide into the three workgroups. Each workgroup will be asked to reflect on their topic as presented. Task Force members will identify the critical topics their workgroup must address.*

**2:50– 3:00**

**WRAP-UP AND NEXT STEPS**