



NORTH CAROLINA GENERAL ASSEMBLY

**JOINT LEGISLATIVE OVERSIGHT
COMMITTEE ON
HEALTH AND HUMAN SERVICES**

&

**JOINT LEGISLATIVE OVERSIGHT
COMMITTEE ON
JUSTICE AND PUBLIC SAFETY**

**JOINT STUDY OF JUSTICE AND PUBLIC
SAFETY AND BEHAVIORAL HEALTH
SUBCOMMITTEE**

Co-chairs:

**Representative Marilyn Avila
Representative Pat Hurley
Senator Shirley Randleman
Senator Tommy Tucker**

**FINAL REPORT
TO EACH
FULL COMMITTEE**

FEBRUARY 25, 2016

TRANSMITTAL LETTER

February 25, 2016

To Members of the Joint Legislative Oversight Committee on Health and Human Services and Members of the Joint Legislative Oversight Committee on Justice and Public Safety:

The Joint Study on Justice and Public Safety and Behavioral Health Subcommittee, respectfully submits the following final report in accordance with the joint study conducted pursuant to S.L. 2015-241, Section 12F.10.

Representative Marilyn Avila
Co-Chair

Senator Tommy Tucker
Co-Chair

Representative Pat Hurley
Co-Chair

Senator Shirley Randleman
Co-Chair

SUBCOMMITTEE MEMBERSHIP

S.L. 2015-241, Section 12F.10 required the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety to each appoint a subcommittee to study the intersection of Justice and Public Safety and behavioral health and report findings and recommendations to their respective Committees. Below are the members of the Subcommittee representing each of the Oversight Committees.

Subcommittee Members from the Joint Legislative Oversight Committee on Health and Human Services

Senate Members	House Members
Senator Tommy Tucker, Co-Chair	Representative Marilyn Avila, Co-Chair
Senator Tamara Barringer	Representative Dan Bishop
Senator Jeff Tarte	Representative Susan Martin
Senator Mike Woodard	Representative William Brisson

Committee Staff:	
Joey Stansbury, Senate Clerk	Susan Lewis, House Clerk
Denise Thomas, Fiscal Research	Steve Owen, Fiscal Research
Susan Jacobs, Fiscal Research	Joyce Jones, Legislative Drafting
Theresa Matula, Legislative Analysis	Gus Willis, Legislative Analysis

Subcommittee Members from the Joint Legislative Oversight Committee on Justice and Public Safety

Senate Members	House Members
Senator Shirley Randleman, Co-Chair	Representative Pat Hurley, Co-Chair
Senator Angela Bryant	Representative Justin Burr
Senator Michael Lee	Representative Charles Graham
Senator Andy Wells	Representative George Graham

Committee Staff:	
Jeb Kelly, Senate Clerk	Deborah Holder, House Clerk
Lisa Fox, Fiscal Research	John Poteat, Fiscal Research
Jan Paul, Legislative Analysis	

SUBCOMMITTEE PROCEEDINGS

The Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Health and Human Services, Subcommittee on Justice and Public Safety and Behavioral Health, was created pursuant to S.L. 2015-241, Section 12F.10 which directs each Oversight Committee to appoint a subcommittee to study the intersection of Justice and Public Safety and behavioral health and report their findings and recommendations to their respective Committees. The subcommittees were required to meet jointly to study and report on the issues outlined below.

S.L. 2015-241, Section F.10: JOINT STUDY OF JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH

SECTION 12F.10. The Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety shall each appoint a subcommittee to study the intersection of Justice and Public Safety and behavioral health and report their findings and recommendations to their respective Committees. The subcommittees shall meet jointly to study and report on the following issues:

- (1) The impact of the Justice Reinvestment Act on the State's behavioral health system, including the following:
 - a. The impact of the Justice Reinvestment Act on the demand for community-based behavioral health services available through local management entities/managed care organizations (LME/MCOs).
 - b. The change in the number of criminal offenders referred to the Treatment Accountability for Safer Communities (TASC) program since 2010 and other demands on the TASC program that have arisen since that time.
 - c. The sources and amounts of funding available to serve this population, as well as any other support or resources that are provided by the Department of Public Safety to the Department of Health and Human Services or the LME/MCOs.
 - d. An analysis of the supply and demand for behavioral health providers who serve this population.
- (2) The impact of mental illness and substance abuse on county law enforcement agencies, including the following:
 - a. The number of people with mental illness and substance abuse issues held in county jails.
 - b. The impact on local law enforcement agencies, particularly with respect to their budgets and personnel.
- (3) The impact of judicial decisions on the State's behavioral health and social services system, including the following:
 - a. The role and impact of family court decisions on the demand for and delivery of county social services.
 - b. The role and impact of decisions by drug treatment courts, veterans' mental health courts, and driving while impaired courts.

- c. The impact of judicial decisions on the availability of beds in State-operated psychiatric facilities as a result of involuntary commitment orders and incapacity to proceed decisions.

(4) Any other relevant issues the subcommittees jointly deem appropriate.

The Joint Justice and Public Safety and Behavioral Health Subcommittee met on February 25, 2016. Due to the brevity of the 2015-16 interim, the Subcommittee Chairs elected to focus on the proceedings and recommendations of the Governor's Task Force on Mental Health and Substance Use, established by Executive Order on July 14, 2015. There is significant overlap between the mission of the Justice and Public Safety and Behavioral Health Subcommittee and the Task Force. The Task Force is required to develop and submit recommendations to improve the lives of North Carolina children and adults with mental illness and substance use disorders and their families.

This section of the report provides a brief overview of the topics and presenters. Detailed minutes and copies of handouts from each meeting are on file in the legislative library. Handouts from the meetings are also available at the websites for each Oversight Committee.

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=144&sFolderName=\\HHS Subcommittees by Interim\\2015-16 HHS Subcommittees>

<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=149&sFolderName=\\2015-16 Interim\\Subcommittees>

Overview of Topics and Presenters

February 25, 2016

Governor's Task Force on Mental Health and Substance Abuse Work Group on Adults:
Findings and Recommendations

Presenter: Dr. John Santopietro, Chief Clinical Officer of Behavioral Health, Carolina's HealthCare System

Governor's Task Force on Mental Health and Substance Abuse Work Group on Opioid and Heroin Resurgence: Findings and Recommendations

Presenter: Kurtis Taylor, Executive Director, Oxford House

Governor's Task Force on Mental Health and Substance Abuse Work Group on Children, Youth, and Family

Presenter: William Lassiter, Deputy Commissioner of Juvenile Justice, NC Department of Public Safety

The subcommittee was charged with exploring a number of issues including the impact of the Justice Reinvestment Act (S.L. 2011-192, as amended) on the demand for community-based behavioral health services available through local management entities/managed care organizations (LME/MCOs); the impact of mental illness and substance abuse on county law enforcement agencies and the impact of judicial decisions on the State's behavioral health and social services system. Given the brevity of the interim, the subcommittee turned to the recent work of the Governor's Task Force on Mental Health and Substance Use.

The Task Force was comprised of three workgroups: Workgroup on Adults; Workgroup on Children, Youth and Families; and Workgroup on Prescription Opioid Abuse, Heroin Resurgence and Special Topics.

The [Workgroup on Adults presentation](#) to the Governor's Task Force provided information on the proportion of adults with substance use disorder:

16% General Public, 40-35% Probation & Parole, 53% State Prison, and 68% Jail.

The proportion of adults with serious mental health disorders:

5.4% General Public, 7-9% Probation & Parole, 16% State Prison, 17% Jail.

The presentation included information on the current capacity to treat mental health and substance use disorders and recommendations that fall into three broad categories: changes that directly improve consumers lives, cross-systems, and mental health substance use system improvements.

The Governor's Task Force, Workgroup on Adults, recommends the following:

- Changes that Directly Improve Consumers Lives
 - Appropriate, affordable and available housing
 - Expand employment opportunities
 - Expand case management/recovery navigation services
 - Develop behavioral health workforce.
- Cross Systems
 - Well integrated behavioral and physical health care
 - Collect data and use to guide actions, including funding decisions
 - Develop public-private partnerships that foster efficiency, transparency and innovation
 - Consumers should be diverted from criminal justice to treatment wherever possible
- Mental Health Substance Use System Improvements
 - Care should be easy to access – “No Wrong Door”
 - Trauma informed systems of care
 - Improve behavioral health payment system
 - Promote leadership on MH and SU issues at all level

The [Workgroup on Children, Youth and Families presentation](#) provided a problem statement, current capacity and recommendations on a number of issues. Worldwide, 450 million people suffer with mental illness: one in every two Americans. Stigma is one of the top three reasons people do not seek treatment – people with mental illness are viewed as dangerous, reckless, socially inappropriate and self-inflicted. 58,000 North Carolina adolescents reported a major depressive episode in 2013, but only 34% received treatment. Mental disorders among children include: Attention Deficit Hyperactivity Disorder (8.5% in US, over 13% in NC); Anxiety (25% in US); Depression (11% in US, 8% in NC); Post Traumatic Stress Disorder (4% in US, 1% in NC) and Autism (1:42 males and 1:189 females in the US, 1:37 males and 1:179 females in NC). The Workgroup’s recommendations are in the following areas:

- Stigma, Education and Primary Prevention
- Increase Access and Workforce Development
- Trauma-Focused and Informed State
- System of Care/Family-Youth Involvement and Care Coordination
- Data and Technology
- Standardization and Accountability
- Cross System Collaboration

The [Workgroup on Opioid Abuse, Heroin Resurgence and Special Topics presentation](#) indicated that in 2014, the number of drug overdoses was 1.5 times greater than the number killed in motor vehicle accidents. The presentation noted progress toward reducing opioid prescription deaths, but lost ground on deaths related to heroin. Local Management Entities/Managed Care Organizations (LME/MCOs) reported that the number of individuals receiving treatment services for heroin in 2013 (3,560) is nearly double the number from 1997 (1,816). Information provided indicates that in 2011, North Carolina health care costs associated with opioid abuse was \$582,486,663. The presentation highlighted current treatment capacity and recommendations that fall into the following broad categories: examines efforts to heighten awareness of the dangers of prescription opioid misuse and provided recommendations to improve these efforts (law enforcement and prescribers and the public); examine efforts to heighten awareness of Medication Assisted Therapy (M.A.T.) and reduce stigma; evaluate the use of heroin in NC and offer recommendations to support prevention, treatment, and recovery in NC. DHHS recommendations included a review the state plan to reduce prescription drug use/misuse and other recommendations related to judicial, legal and court-related issues.

The Task Force recommendations are in the following area:

- Heighten awareness of the dangers of prescription opioid misuse and Medication Assisted Therapy
- Evaluate use of heroin in NC and recommendations to support prevention, treatment and recovery

- Evaluate state plan to reduce prescription drug use/misuse and provide recommendations
- Judicial, legal and court related issues

The Subcommittee heard a final presentation from Lori Penatzer, Pharm.D., National Director, Medical Science Addiction of Alkermes, Inc. on the use of Vivitrol, a monthly extended-release injectable formulation of naltrexone approved by the U.S. Food and Drug Administration for treatment of opioid and alcohol dependence following detoxification. Vivitrol is currently used as part of alcohol and substance abuse case management services in local and state-wide programs around the country.

SUBCOMMITTEE FINDINGS AND RECOMMENDATIONS

The Subcommittee makes the findings and recommendations below.

FINDING 1:

THE JOINT STUDY OF JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH SUBCOMMITTEE IS A JOINT STUDY EFFORT OF THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON JUSTICE AND PUBLIC SAFETY. ON FEBRUARY 25, 2016, THE SUBCOMMITTEE HEARD PRESENTATIONS ON THE PROGRESS MADE BY THE GOVERNOR'S TASK FORCE ON MENTAL HEALTH AND SUBSTANCE ABUSE. THE SUBCOMMITTEE APPRECIATES THE WORK OF THE TASK FORCE MEMBERS AND ENCOURAGES THEIR CONTINUED EFFORTS.

RECOMMENDATION 1:

THE JOINT STUDY OF JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH SUBCOMMITTEE RECOMMENDS THAT THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON JUSTICE AND PUBLIC SAFETY ENCOURAGE THE GOVERNOR'S TASK FORCE ON MENTAL HEALTH AND SUBSTANCE ABUSE TO CONTINUE TO STUDY AND MAKE RECOMMENDATIONS IN THE AREAS OF ADULTS, CHILDREN/YOUTH, AND FAMILIES AND OPIOID ABUSE AND HEROIN RESURGENCE.

FINDING 2:

THE JOINT STUDY OF JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH SUBCOMMITTEE IS A JOINT STUDY OF THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON JUSTICE AND PUBLIC SAFETY. ON FEBRUARY 25, 2016, THE SUBCOMMITTEE HEARD PRESENTATIONS ON THE USE OF VIVITROL. THE SUBCOMMITTEE LEARNED THAT WHEN USED AS PART OF A COMPREHENSIVE MANAGEMENT PROGRAM, VIVITROL CAN BE AN EFFECTIVE TREATMENT TO PREVENT THE RELAPSE OF OPIOID AND ALCOHOL USE IN PATIENTS WHO HAVE UNDERGONE SUCCESSFUL DETOXIFICATION TREATMENT.

RECOMMENDATION 2:

THE JOINT STUDY OF JUSTICE AND PUBLIC SAFETY AND BEHAVIORAL HEALTH SUBCOMMITTEE RECOMMENDS THAT THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON JUSTICE AND PUBLIC SAFETY ENCOURAGE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE DEPARTMENT OF PUBLIC SAFETY TO INVESTIGATE THE USE OF VIVITROL AS PART OF THE STATE-FUNDED ALCOHOL AND OPIOID ABUSE TREATMENT SERVICES OFFERED BY THESE AGENCIES.

PROPOSED LEGISLATION

No legislation is proposed.

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APPENDIX

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