2009-2010

HOUSE MENTAL HEALTH REFORM

MINUTES

Mental Health Reform
2009-2010 SESSION

Representative
Beverly Earle
Chair

Representative
William Brisson
Chair

Representative
Martha Alexander
Vice Chair

Representative
Jeff Barnhart
Vice Chair

Representative
Curtis Blackwood

Representative
Van Braxton

Representative
James Crawford

Representative
Bob England, M.D.

Representative
Rick Glazier

Representative
Pat Hurley

Representative
Verla Insko

Representative
Carolyn Justus

Representative
James Langdon

Representative
William "Bill" McGee

Representative Marion
McLawhorn

Representative
Earline Parmon

Representative
Shirley Randleman

Representative
Laura Wiley

Representative
Wil Neumann

Representative
Pearl Burris-Floyd

Representative
Jean Farmer-Butterfield

General Assembly of North Carolina

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PRINTABLE VERSION

Mental Health Reform

House Standing Committee

Details

- Meets Wednesdays at 2:00 pm in 424 LOB
- Meeting notices via email

Members

Chairman	Rep. Brisson
Chairman	Rep. Earle
Vice Chairman	Rep. M. Alexander
Vice Chairman	Rep. Barnhart
Members	Rep. Blackwood, Rep. Braxton, Rep. Burris-Floyd, Rep. Crawford, Rep. England, Rep. Farmer-Butterfield, Rep. Glazier, Rep. Hurley, Rep. Insko, Rep. Justus, Rep. Langdon, Rep. McGee, Rep. McLawhorn, Rep. Neumann, Rep. Parmon, Rep. Randleman, Rep. Wiley

North Carolina General Assembly * Legislative Building * 16 West Jones Street * Raleigh, NC 27601 * 919-733-7928

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Member Look Up

Select a member...

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Session: 2009

enter bill # (e.g., S253

Search Bill Text

Session: 2009

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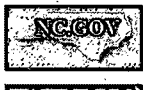
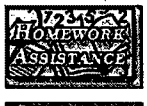
Who Represents Me?

zip+4 (e.g., 27603-59

Find your full 9 digit zip code





Mental Health Reform

2009-2010 Legislative Session

Members List

Member	Legislative Assistant	Phone	Room
Rep. Beverly Earle, Chair	Ann Raeford	5-2530	634
Rep. William Brisson, Chair	Caroline Stirling	3-5772	1325
Rep. Martha Alexander	Ann Faust	3-5807	2208
Rep. Jeff Barnhart	Pamela Ahlin	5-2009	608
Rep. Curtis Blackwood	Mizie Finke	3-2406	1317
Rep. Van Braxton	Ada Finch	5-3017	2219
Rep. Pearl Burris-Floyd	Elizabeth Dyar	5-2002	1319
Rep. Jim Crawford	Linda Winstead	3-5824	1326
Rep. Bob England	Lisa Brown	3-5749	303
Rep. Farmer-Butterfield	Ruth Merkle	3-5898	528
Rep. Rick Glazier	Carin Savel	3-5601	2215
Rep. Pat Hurley	Marilyn Holder	3-5865	607
Rep. Verla Insko	Gina Insko	3-7208	307B1
Rep. Carolyn Justus	Jo Hinton	3-5956	1023
Rep. James Langdon	Jackson Stancil	3-5849	610
Rep. William "Bill" McGee	Jayne Nelson	3-5747	531
Rep. Marion McLawhorn	Susan Burleson	3-5757	1217
Rep. Wil Neumann	Brenda Oils	3-5868	510
Rep. Earline Parmon	Pat Christmas	3-5829	541
Rep. Shirley Randleman	Ellen Picket	3-5935	1025
Rep. Laura Wiley	Edna Pearce	3-5877	513

Staff

Shawn Parker
Legislative Analyst-Research Division
919.733.2578 shawnp@ncleg.net

Barbara Riley
Legislative Analyst-Research Division
919.733.2578 barbarar@ncleg.net

Susan Barham
Legislative Analyst-Research Division
919.733.2578 susanb@ncleg.net

MENTAL HEALTH REFORM

2009-2010

ATTENDANCE REPORT

DATES	2/25/09	3/04/09	3/11/09	3/18/09	3/25/09	4/01/09	4/08/09	4/15/09	4/22/09	4/29/09	5/06/09	5/12/09	5/13/09	7/14/09	
Rep. Beverly Earle Co-Chair	X	X	X	X	X		X	X	X	X	X	X	X		
Rep. William Brisson Co-Chair	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rep. Martha Alexander Vice Chair	X	X	X	X	X	X	X	X	E A	E A		E A			
Rep. Jeff Barnhart Vice Chair	X	X	X	X	X		X	X	X		X	X			
Rep. Curtis Blackwood	X	X	X	X		X	X	X	X	X			X		
Rep. R.Van Braxton	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rep. Pearl Burris-Floyd Joined Committee 4/22/09									X	X	X	X	X		
Rep. Jean Butterfield Joined Committee 4/22/09									X	X	X	X	X	X	
Rep. Jim Crawford	X	X	X	X	X										
Rep. Bob England	X	X	X		X	X	X	X	X		X	X	X	X	
Rep. Rick Glazier		X			X	X	X				X				
Rep. Pat Hurley	X	X	X		X	X	X	X	X	X	X	X			
Rep. Verla Insko	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rep. Carolyn Justus	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rep. James Langdon	X	X	X	X	X	X	X				X	X	X		
Rep. William "Bill" McGee	X	X	X	X	X	X	X	X	X	X		X			
Rep. Marion McLawhorn	X	X	X	X	X	X	X		X			X	X	X	
Rep. Wil Neumann	X	X		X	X		X	X	X	X	X				
Rep. Earline Parmon	X	X		X			X		X	X	X			X	
Rep. Shirley Randleman	X	X	X	X	X	X	X	X	X	X	X				
Rep. Laura Wiley	X	X	X	X	X	X	X	X	X	X	X		X		

STAFF															
Shawn Parker	X	X	X	X		X	X	X	X	X	X	X	X	X	
Barbara Riley	X	X	X	X		X	X	X	X	X	X		X		
Susan Barham	X	X	X	X		X	X	X	X	X	X		X		

Mental Health Reform

AGENDA

February 25, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs	Representative Beverly Earle Representative William Brisson
Introduction of Committee	Committee Members
Staff Introductions **Fiscal Research**	Committee Chairs
Introductory Remarks	Secretary Lanier Cansler Department of Health and Human Services
Committee Discussion	Committee Members
Closing Remarks	Co-Chairs

MENTAL HEALTH REFORM

MINUTES
FEBRUARY 25, 2009
ROOM 424
2:00 PM

The meeting was called to order by Representative Beverly Earle at 2:00 pm in Room 424 of the Legislative Office Building. Representative Earle asked the Co-Chair of the committee Representative William Brisson to give opening remarks also. She stated that this meeting is our orientation meeting, to introduce and discuss topics to interests. At this time all members of the committee were asked to give a brief introduction of themselves, she also asked them to be thinking of issues they would like to address during our meetings. Fiscal Staff introduced themselves also. Committee Clerks, were introduced by Representative Beverly Earle. Pages were introduced.

The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Van Braxton
Representative Jim Crawford
Representative Bob England
Representative Rick Glazier
Representative Pat Hurley
Representative Verla Insko
Representative Carolyn Justus
Representative James Langdon
Representative Bill McGee
Representative Marion McLawhorn
Representative Wil Neumann
Representative Earline Parmon
Representative Shirley Randleman
Representative Laura Wiley

Secretary Lanier Cansler was introduced by Representative Earle. Secretary Cansler is the Secretary for the Department of Health and Human Services. He asked his staff to introduce themselves to the committee. He stated that we need to build our mental health system. Mental health reform is over. His first priority is to earn the trust of providers and clients. Trust will be at the top of our list. He went on to give the department's agenda, their plans for mental health.

Again, Representative Earle was all members to be thinking about issues of interest they would like to discuss over the next few months.

The meeting was adjourned.

Representative Beverly Earle, Presiding Chair
Representative William Brisson, Co-Chair

Ann Raeford, Committee Clerk

Attachments

Attachment I — Agenda
Attachment II — Visitor's Sheet
Attachment III — Page Sheet

VISITOR REGISTRATION SHEET

Mental Health Reform — 2-25-09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Mark Brown	MHA Services Inc.
John Bowdish	AstraZeneca
Jud Born	Born & Asso.
David Boaz	MWC
Dolly Whiteside	Judicial Branch - Indigent Defense Services
Annalicse Dolph	DRNC
Erin McLaughlin	MHANC
Chris Fitzsimon	NC Policy Watch
DAVID BARNES	Poyner Spruill
Tracy Kimbrell	Parker Poe
Julia Leggett	The Arc of NC

VISITOR REGISTRATION SHEET

Mental Health Reform — 2-25-09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Janet Schaffner	Indigo Innovation
Tanya Wiley	NC Health Care Providers Alliance
John Tote	NHA-NC
Gill Hinton Keel	
Don Trabaugh	Treenbu
Flo Stein	DMH/DD/SAS
Lyza Sanmiguel	~~DHHS-DMA~~ DMH/DD/SAS
Jana Larson	DMA - DHHS
Shannon Ram	DHHS

House Pages

Mental Health Reform
Name Of Committee: _____ Date: 2.25.2009

1. Name: Ethan Roper
   County: Cleveland
   Sponsor: Moore
2. Name: Aaron Edge
   County: Cumberland
   Sponsor: Brison
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: Reggie Sills
2. Name: Carlton Cedams
3. Name: Trey Raley
4. Name: _____

MENTAL HEALTH REFORM

MINUTES
MARCH 4, 2009
ROOM 424
2:00 PM

The meeting was called to order by Representative Brisson at 2:00 pm in Room 424 of the Legislative Office Building. Representative Brisson stated this meeting would be an Organization Meeting. He started by introducing himself, the Fiscal Staff, Sergeant of Arms and committee pages.

The following members were present:

Representative William Brisson, Co-Chair
Representative Beverly Earle, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Curtis Blackwood
Representative R. Van Braxton
Representative Jim Crawford
Representative Rick Glazier
Representative Pat Hurley
Representative Verla Insko
Representative Carolyn Justus
Representative James Langdon
Representative Bill McGee
Representative Marion McLawhorn
Representative Earline Parmon
Representative Shirley Randleman
Representative Laura Wiley
Representative Wil Newman

Legislative Staff that was present:

Shawn Parker
Barbara Riley
Susan Barham

Shawn Parker, Legislative Analyst – Research Division was introduced by Representative Brisson. Mr. Parker discussed Local Management Entities. The Sergeants at Arms distributed for Mr. Parker three handouts to members and visitors. They were: A list of each committee member's LME's with their contact information, Local Management Entities explaining their role and function and a map of North Carolina with the LME Districts shown. Members had question dealing with these handouts.

In closing, Representative Brisson said that we would continue to talk about this at the next meeting. He encouraged all of the members to talk to their local LME's. He thanked Mr. Parker for the presentation.

The meeting was adjourned.

Representative William Brisson, Presiding Chair
Representative Beverly Earle, Co-Chair

Caroline Stirling, Committee Clerk

Attachments
Attachment I
Attachment II
Attachment III

Meeting Notice
Agenda
Visitor's Sign In Sheet
Page Sign In Sheet

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, March 4, 2009
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS: Organizational Meeting

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **5** o'clock on **March 02, 2009**.

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

March 4, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs: Representative William Brisson
Representative Beverly Earle

Opening Remarks: Representative William Brisson

Agenda:

Shawn Parker, Legislative Analyst – Research Division
- Local Management Entities

Closing Remarks: Representative William Brisson

VISITOR REGISTRATION SHEET

Mental Health Reform — March 4, 2009

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Annaliese Dolph	DRNC
Kristi Hulff	NCHCFA
Chip Baggett	NCMS
Julia Leggett	The Arc of NC
Lizzie Sandifer	NC BLC
Dan Rudd	The Arc
Bill Wilson	AARP
Pam McLeod	CFST - NC

VISITOR REGISTRATION SHEET

Mental Health Reform Committee — 3-4-2009

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Gail Boswell	NC MHCO/ P.O. Box 7416 Wilson, NC 27895
Jennifer Hancock	MHA Wilson P.O. Box 652 Wilson, NC 27894
Dolly Whitehead	Intelligent Defense Services
[illegible]	[illegible]
John Bowdesh	AstraZeneca
Lennie Cohen	Advocate, Commission MHDDSA Advisory & Rules Committee
Pat Ponder	Consultant NC Gen. Assembly
Sheyna Alterovitz	AARP
Flo Stein	DMH/DD/SAS
John Tote	NC MHA
Mabel McGlothlen	DMH/DD/SAS

VISITOR REGISTRATION SHEET

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
JARA Larson	DMA/DHHS
Janet Schanzenbach	Indigo Consulting
Jennifer Mahan	MHANC
Jamal Jones	NCHA
Mark Benson	MHM Services Inc.
David Rey	MWC
Joe Donovan	NC ight
Eddie CALDWELL	NC Sheriffs' Assn.

(1)

Member/Counties

Brisson	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Bladen	Southeastern Regional Sharen Prevatte-(910) 212-7301	Cape Fear Valley-Bladen County Hospital Kevin Jackson, (910) 862-5179	Steve W. Bunn (910) 862-6960	Central Regional	Yes
Cumberland	Cumberland MH Center Hank Debnam (910) 323-0601	Cape Fear Valley Medical Center Michael Nigowski, (910) 609-4000 Highsmith-Rainey Specialty Hospital Michael Nagowski, (910) 609-4000	Earl R. Butler (910) 677-5400	Central Regional	Yes

Earle	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Mecklenburg	Mecklenburg Grayce Crockett- (704) 336-2023	Carolinas Medical Center Mercy/Pineville Phyllis Wingate-Jones, (704) 304-5000 Carolinas Medical Center Mercy/Pineville Phyllis Wingate-Jones, (704) 304-5000 Carolinas Medical Center-University W. Spencer Lilly, (704) 863-6000 *Carolinas Medical Center/Center for Mental Health* Suzanne H. Freeman, (704) 355-2000 Presbyterian Hospital Mark Billings, (704) 384-4000 Presbyterian Hospital Huntersville Jeffery T. Lindsay, (704) 316-4010 Presbyterian Hospital Matthews Mark Billings, (704) 384-6370	Daniel E. Bailey, Jr. (704) 336-2543	Broughton	Yes

M. Alexander	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Mecklenburg	Mecklenburg Grayce Crockett- (704) 336-2023	see above	Daniel E. Bailey, Jr. (704) 336-2543	Broughton	Y

Barnhart	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Cabarrus	Piedmont Behavioral Health Dan Coughlin (704) 721-7000	Carolinas Medical Center-NorthEast Mark S. Nantz, (704) 783-3000	Brad Riley (704) 920-3001	Broughton	Y

Blackwood	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Union	Piedmont Behavioral Health Dan Coughlin (704) 721-7000	Carolinas Medical Center-Union Michael Lutes, (704) 283-3100	Eddie Cathey (704) 292-2613	Broughton	Y

Braxton	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Greene	The Beacon Center Karen Salacki (252) 937-8141	N/A	Lemmie Smith (252) 747-3411	Cherry	?
Lenoir	Eastpointe Ken Jones (919) 731-1133	Lenoir Memorial Hospital, Inc. Gary E. Black, (252) 522-7797	W.E. Smith (252) 559-6100	Cherry	Y
Wayne	Eastpointe Ken Jones (919) 731-1133	Wayne Memorial Hospital, Inc. J. William Paugh, (919) 736-1110	Carey Winders (919) 731-1444	Cherry	Y

Crawford	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Granville	Five County Valerie Hennike (252) 430-1330	Granville Health System L. L. Isley, (919) 690-3000	David T. Smith (919) 693-3213	Central Regional	Y
Vance	Five County	Maria Parham Medical Center Robert G. Singletary, (252) 436-1100	Peter White (252) 738-2200	Central Regional	Y

England	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Cleveland	Pathways Rhett Melton (704) 884-2501	Cleveland Regional Medical Center John E. Young, (980) 487-3245 Crawley Memorial Hospital, Inc. Jeff Barber, (704) 434-9466 Kings Mountain Hospital John E. Young, (704) 739-3601	Raymond C. Hamrick (704) 484-4817	Broughton	Y
Rutherford	Western Highlands Arthur Carder (828) 225-2800	Rutherford Hospital, Inc. David M. Bixler, (828) 286-5000	Jack Conner (828) 287-6247	Broughton	Y

Glazier	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Cumberland	Cumberland MH Center Hank Debnam (910) 323-0601	Cape Fear Valley Medical Center Michael Nigowski, (910) 609-4000 Highsmith-Rainey Specialty Hospital Michael Nagowski, (910) 609-4000	Earl R. Butler (910) 677-5400	Central Regional	Y

Hurley	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Randolph	Sandhills Center Michael Watson (910) 673-9111	Randolph Hospital, Inc. Robert E. Morrison, (336) 625-5151	Maynard Reid, Jr., (336) 318-6699	Central Regional	Y

Insko	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Orange	Orange Person Chatham (OPC) Judy Truitt (919) 913-4000	University of North Carolina Hospitals Gary L. Park, (919) 966-4131	Lindy Pendergrass, (919) 644-3050	Central Regional	Y

Justus	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Henderson	Western Highlands Arthur Carder (828) 225-2800	Margaret R. Pardee Memorial Hospital Kristopher Hoce, (828) 696-1000 Park Ridge Hospital Jimmy Bunch, (828) 684-8501	Rick Davis, (828) 697-4596	Broughton	Y

Langdon	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Johnston	Johnston County Janis Nutt (919) 989-5500	Johnston Memorial Hospital Kevin Rogols, (919) 934-8171	Steve Bizzell, (919) 989-5015	Central Regional	Y
Sampson	Eastpointe Ken Jones (919) 731-1133	Sampson Regional Medical Center David J. Masterson, (910) 592-8511	Jimmy Thorton (910) 592-4141	Cherry	Y

McGee	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Forsythe	CenterPoint Human Services Betty Taylor (336) 714-9100	Forsyth Memorial Hospital Gregory J. Beier, (336) 718-5000	William Schatzman (336) 917-7001	Central Regional	Y

McLawhorn	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Pitt	East Carolina Behavioral Health Roy Wilson (252) 636-1510	Pitt County Memorial Hospital Steve Lawler, (252) 847-4451	Mac Manning, (252) 902-2800	Cherry	Y

Parmon	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Forsythe	CenterPoint Human Services Betty Taylor (336) 714-9100	Forsyth Memorial Hospital Gregory J. Beier, (336) 718-5000 Medical Park Hospital, Inc. Timothy S. Shelton, Sr., (336) 718-0600 North Carolina Baptist Hospital Donny C. Lambeth, (336) 716-4750 Select Specialty Hospital - Winston Salem Marion Reef, (336) 718-6500	William Schatzman (336) 917-7001	Central Regional	Y

Randleman	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Wilkes	Smoky Mtn. Center Don Suggs (828) 586-5501	Wilkes Regional Medical Center Ted Chapin, (336) 651-8100	Dane Mastin, (336) 903-7600	Broughton	Y

Wiley	*LME*	*Community Hospital*	*Sheriff*	*SPH*	*Mobile Crisis*
Guilford	Guilford Center Billie Pierce (336) 641-4981	High Point Regional Health System Jeffery S. Miller, (336) 878-6000 Kindred Hospital - Greensboro David Polunas, (336) 271-2800 Moses Cone Health System R. Timothy Rice, (336) 832-7000 Margaret R. Pardee Memorial Hospital Kristopher Hoce, (828) 696-1000	B.J. Barnes, (336) 641-3694	Central Regional	Y

16 of 24 LMEs represented

House Mental Health Reform

Local Management Entities
(LMEs)

Current Map

- 24 LMEs as of July 1, 2008
- G.S. 122C -115
  - Minimum of 6 counties or
  - Population over 200,000

Mergers and Consolidation

- Session Law 2001-437, Sec. 3.(a)(8):
- "Develop a catchment area consolidation plan...The consolidation plan shall provide for ***consolidation target of no more than 20 area authorities and county programs***...The Secretary, in consultation with county commissioners and area authorities, shall complete the consolidation plan...and shall submit it...to the Joint LOC on MH/DD/SAS...***The total number*** of area authorities and county programs ***shall be reduced to no more than a target of 20*** by January 1, 2007."

Mergers and Consolidation

- S.L. 2008-107
- Direct that the Secretary shall not take any action prior to January 1, 2010 that would result in a merger or consolidation of LMEs including establishing consortia or regional arrangements.
- LMEs that did not meet catchment area requirements as of January 1, 2008 (Foothils, Johnston)
- Proposed administration service agreement under development as of March 1, 2008 (Guilford, Smoky Mountain, Mecklenburg).

Role of LME

- Policy of the State- An area authority or county progam is the locus of coordination among public services for clients of its catchment area
- Administration-An area director or program diector shall (i) manage the public mental health, developmental disabilities, and substance abuse system for the area authority or county program according to the local business plan and (ii) enforce applicable State laws, rules of the Commission, and rules of the Secretary.
- The area authority or county program shall monitor the provision of mental health, developmental disabilities, and substance abuse services for compliance with the law, which monitoring and management shall not supersede or duplicate the regulatory authority or functions of agencies of the Department.

Functions of LME

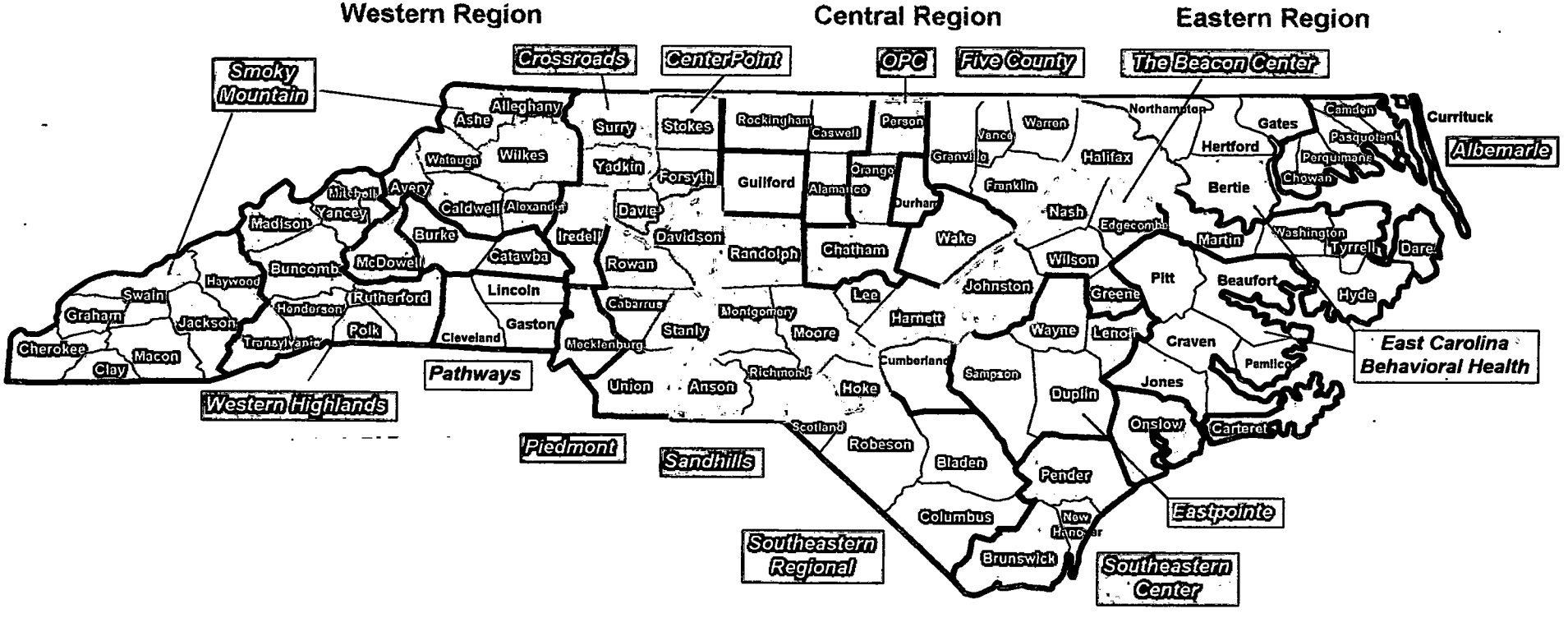
1. Core Services, 24/7 STR and uniform portal entry into care.
2. Provider endorsement , monitoring, technical assistance, capacity development, quality control.
3. Utilization Management, utilization review, and determination of appropriate level and intensity of services.
4. Authorization of the utilization of State psychiatric hospitals and other State facilities. Authorization of eligibility determination requests for recipients under CAP-MR/DD.
5. Care coordination and quality management
6. Community collaboration and consumer affairs
7. Financial management and accountability of State and local funds

Oversight

- Business plan
- State assumption of Control
  - Imminent danger of financial failure
  - Failure to provide minimally adequate services
- Data Collection and Review
  - Quarterly report
  - Mercer Report- http://www.ncdhhs.gov/mhddsas/statspublications/reports/mercer-lme/index.htm

(3)

Local Management Entities (LMEs) and their Member Counties
As of July 1, 2008



Unless otherwise indicated, the LME name is the county name(s).

Reflects LMEs and Regions planned forJuly 2008

MENTAL HEALTH REFORM

MINUTES
March 11, 2009
ROOM 424
2:00 PM

The meeting was opened by Representative Beverly Earle at 2:00 pm in Room 424 of the Legislative Office Building. She thanked everyone for coming and the first presented was introduced.

The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Curtis Blackwood
Representative Van Braxton
Representative Jim Crawford
Representative Shirley Randleman
Representative Laura Wiley
Representative Pat Hurley
Representative Verla Insko
Representative Carolyn Justus
Representative James Langdon
Representative "Bill McGee
Representative M. McLawhorn
Representative Bob England

Presenters

Denise Ahab, Fiscal Research Division presented to the committee a handout entitled: Fiscal Briefing: Division of Mental Health, Developmental Disabilities and Substance Abuse Services. (See Attachment II) She begins with the division overview of the budget. The 3rd largest DHHS budget, behind Medical Assistance and Social Services. 2nd largest State appropriation in DHHS, behind Medical Assistance, and 64% of DHHS employees work for the Department of Mental Health, Developmental Disabilities and Substance Abuse Services. The department was previously, organized by service are,

separate sections for Mental Health, DD, and Substance Abuse. It is now currently organized into cross-area sections:

- State-Operated Services
- Community Policy
- Resource and Regulatory Management, and Personnel
- Operations Support
- Advocacy and Consumer Services

The Secretary of the department, Secretary Lanier Cansler is planning organizational changes. She stated that the LME's oversee many, not all,

private services. Substantial Medicaid expenditures for MH/DD/SAS services are not reflected in DMHDDSAS's budget. In addition to DMHDDSAS's budget, the Division of Medical Assistance spending in FY 2007-08 included the following:

- $823 million in Community Support Services
- $428 million in CAP-MR/DD
- $244 million in Private ICFs-MR
- $233 million in Ste ICFs-MR (ie, Developmental Centers)

An outside vendor (Value Options) manages usage of Medicaid-funded services. 2008 legislation began to reverse this decision. State service dollar allocations to LMEs vary, even on a per-capita basis.

STATE OPERATED SERVICES

The State Operates 14 Institutions

Three Psychiatric Hospitals

Broughton Hospital

Central Hospital

Comprised of the new Central Regional Hospital, the former Dix Campus, and the former John Umstead Hospital

Cherry Hospital

Three Developmental Centers

Three Alcohol and Drug Abuse Treatment Centers

Three Nursing Care Facilities

Two Residential Facilities for Children

COMMUNITY-BASED SERVICES

Private provider network is fragile. Care quality and access vary substantially across the state. Rural areas still lack private services providers particularly psychiatrists. The services are not uniformly available statewide. And the lack of community services contributes to inappropriate hospital usage. The budget does include items funded for a partial year that would need full funding to continue. (See Attachment II)

Leza Wainwright, Division of Mental Health, Developmental Disabilities and Substance Abuse Services presented to the committee. Ms. Wainwright gave out handouts of the Crisis Regional Map with the LME Contracted Community Hospital Beds. (See Attachment III). She explained the number of hospital for all regions. There are a total of 174 New/Expanded Beds.

Question and Answer session.

The meeting was adjourned.

Representative Beverly Earle, Co-Chair, Presiding

Ann Raeford, Committee Clerk

Attachments

Attachment I	Agenda
Attachment II	Fiscal Briefing: Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Attachment III	Crisis Regional Map
Attachment IV	Visitor's Sheet

Mental Health Reform

AGENDA

March 11, 2009
Legislative Office Building
Room 415
2:00 pm

Committee Chairs	**Representative Beverly Earle** **Representative William Brisson**
Presentations	**Denise Ahab** Fiscal Research Division
	Leza Wainwright Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Committee Discussion	Committee Members
Closing Remarks	Co-Chairs

Fiscal Briefing: Division of Mental Health, Developmental Disabilities and Substance Abuse Services

March 11, 2009

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

Agenda

- Division Overview and Budget
- System Administration
- State-Operated Services
- Community-Based Services

Division Overview

- 3rd largest DHHS budget, behind Medical Assistance and Social Svcs.
- 2nd largest State appropriation in DHHS, behind Medical Assistance.
- 64% of DHHS employees work for DMHDDSAS.

Division (FY08-09 certified)	State Appropriation	%	Total Expenditures	%	FTEs	%
Aging and Adult Svcs	38,245,179	0.8%	87,451,843	0.5%	57.00	0.3%
Central Management	52,782,212	1.1%	148,868,146	0.9%	718.25	3.8%
Child Development	304,881,785	6.2%	638,387,370	3.8%	297.75	1.6%
Disability Divisions	94,582,405	1.9%	209,029,108	1.3%	2,031.00	10.8%
Health Choice	69,448,019	1.4%	270,549,259	1.6%	1.00	0.0%
Health Service Reg.	21,478,256	0.4%	54,868,813	0.3%	505.00	2.7%
Medical Assistance	3,179,171,463	64.7%	11,740,011,999	70.6%	392.25	2.1%
MHDDSAS	742,987,556	15.1%	1,262,464,793	7.6%	12,019.08	63.7%
Public Health	188,968,247	3.8%	716,050,781	4.3%	2,060.97	10.9%
Social Services	222,371,820	4.5%	1,507,319,558	9.1%	772.00	4.1%
TOTAL	**$ 4,914,916,942**	**100%**	**$16,635,001,670**	**100%**	**18,854**	**100%**

Division Overview: Organization

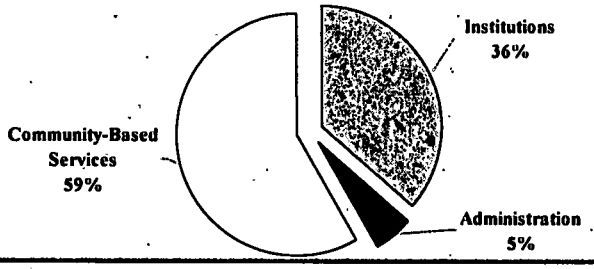
- Previously, organized by service area; separate sections for Mental Health, DD, and Substance Abuse
- Currently organized into cross-area sections:
  - State-Operated Services
  - Community Policy
  - Resource and Regulatory Management, and Personnel
  - Operations Support
  - Advocacy and Consumer Services
- Secretary Cansler planning organizational changes

Division Overview: Budget

Budget Summary	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Certified*
Requirements	1,311,200,118	1,364,580,070	1,476,987,761	1,262,464,793
Revenues	699,556,370	692,871,015	760,524,864	519,477,237
Appropriations	$611,643,748	$671,709,055	$716,462,897	$742,987,556
Positions	11,591	11,653	11,756	12,019

* FY 2008-09 Requirements & Revenues do not include federal DSH funds

FY 2008-09 State Appropriation



System Administration

Administration Issues: Diffuse Responsibility

- Multiple parties play a role
  - DMHDDSAS
  - Local Management Entities (LMEs)
  - Private service providers
  - Division of Medical Assistance
- System relies on partnerships and cooperation
  - No one is completely in charge
  - Can't hold any one entity responsible for all problems

Administration Issues: Diffuse Responsibility

- LMEs oversee many, not all, private services
- Substantial Medicaid expenditures for MH/DD/SA services are not reflected in DMHDDSAS's budget.
- In addition to DMHDDSAS's budget, Division of Medical Asst. spending in FY 2007-08 included:
  - $823 m: Community Support services
  - $428 m: CAP-MR/DD
  - $244 m: Private ICFs-MR
  - $233 m: State ICFs-MR (i.e., Developmental Centers)

System Administration Issues: LMEs

- 24 LMEs Statewide (reform goal: 20 LMEs)
- Manage State and non-Medicaid federal dollars
  - Most LMEs formerly provided direct services
  - LME management skills vary
    - DMH managing finances for 2 LMEs. Takes valuable DMH staff resources away from broader issues.

System Administration Issues: LMEs

- An outside vendor (Value Options) manages usage of Medicaid-funded services. 2008 legislation began to reverse this decision.
- State service dollar allocations to LMEs vary, even on a per-capita basis

State-Operated Services

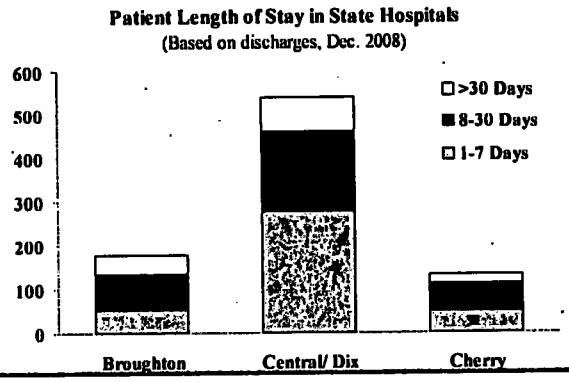
FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

State-Operated Service Issues: Hospitals

- The State Operates 14 Institutions
  - Three Psychiatric Hospitals
    - Broughton Hospital
    - Central Hospital
      - Comprised of the new Central Regional Hospital, the former Dix campus, and the former John Umstead Hospital
    - Cherry Hospital
  - Three Developmental Centers
  - Three Alcohol and Drug Abuse Treatment Centers
  - Three Nursing Care Facilities
  - Two Residential Facilities for Children

State-Operated Services: Hospital Usage

- State hospitals intended for long-term patients who cannot be safely served in community
- Significant short-term admissions continue



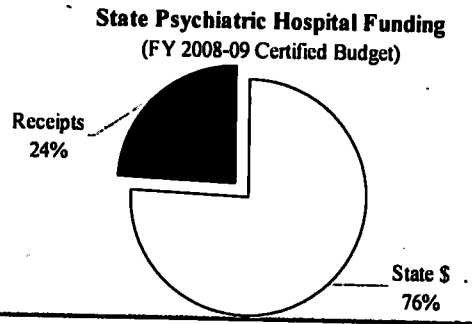
State-Operated Services: Hospital Quality

- Centers for Medicare & Medicaid Services (CMS) Certification: Necessary to bill Medicaid and Medicare
- Joint Commission Accreditation: Necessary to bill private insurance
- Both are quality indicators & affect public perception

	CMS Certification	JCAHO Accreditation
Broughton	[De-certified Aug. 07 to June 08]	**No:** DHHS plans to re-apply in February
Central	**Yes:** <u>But</u> inspectors visited last week with concerns	[Each campus accredited separately]
Cherry	**No**	**Yes**

Hospital Quality: Financial Impact

- Lost Certification costs the State
  - Broughton de-certification cost $12.5m in lost Medicaid receipts
  - Even for certified psychiatric hospitals, Medicaid provides limited funding



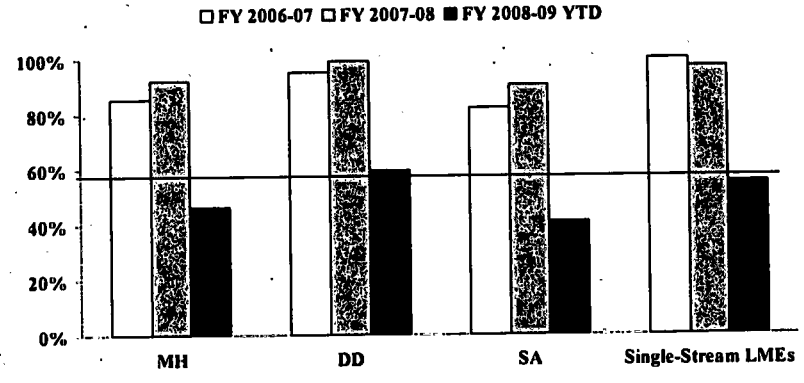
Community-Based Services

Community Svc. Issues: Private Providers

- Private provider network is fragile
  - Care quality and access vary substantially across State
  - Rural areas still lack private service providers, particularly psychiatrists
  - Services not uniformly available Statewide
  - Providers hurt by economic crisis
- Lack of community services contributes to inappropriate hospital usage

Community Svc. Issues: Spending Service $

- LMEs underspend State service dollars despite unmet need



Community-Based Services: CAP-MR/DD Medicaid Waiver

- Medicaid reimburses for care in Intermediate Care Facility for Mentally Retarded (ICF-MR)
- Care for DD consumers has favored ICFs-MR (State Developmental Centers and private ICFs-MR)
- CAP-MR/DD waiver program changing that preference by funding home-based care
- Nov. 08: DHHS began tiered CAP-MR/DD waiver program

Community-Based Services: Budget Issues

- Budget includes items funded for a partial year that would need full funding to continue:
  - CAP-MR/DD Tier 1 Slots:
    - Full-year cost is $10m; funded $6.7 m
    - These funds frozen by Gov. Perdue due to budget shortfall
  - Participation in Money Follows the Person Grant, which helps transition consumers into the community
    - Funded 2 FTEs; cut budget due to associated service savings
    - FY 2009-10 cost was estimated at $100,000

2008 Session: Community-Based Services

- Budget includes items funded for a partial year that would need full funding to continue:
  - Mobil Crisis: Cost $6.8 m; funded $5.8 m; balance: $1 m
  - Local Inpatient Capacity: Cost $12.6 m; funded $8.1 m; balance $4.5 m
  - START model: Cost $3.4 m; funded $1.9 m; balance $1.5 m
  - DD Respite: Cost $2.3 m; funded $1.1 m; balance $1.2 m
- Costs are based on last year's expansion requests; the Division may have updated its cost estimates

Questions?

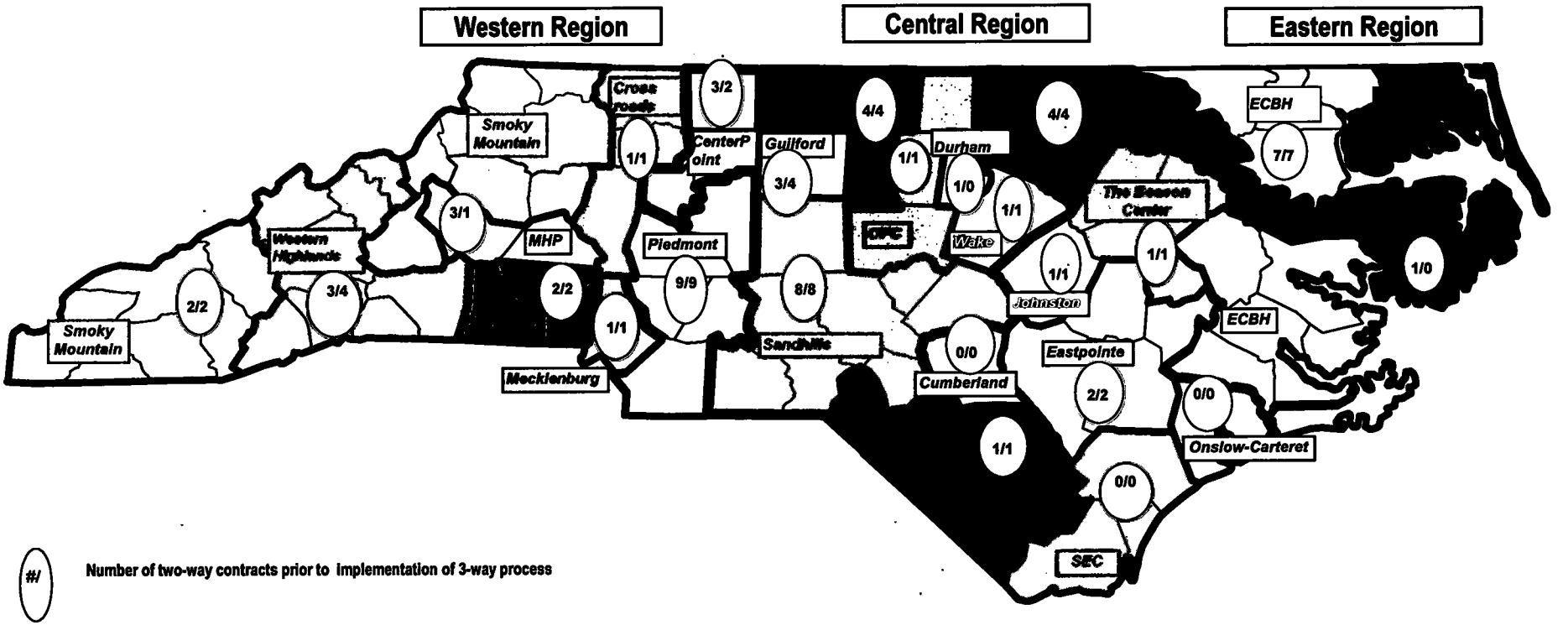
Fiscal Research Division

Room 619, LOB

919-733-4910

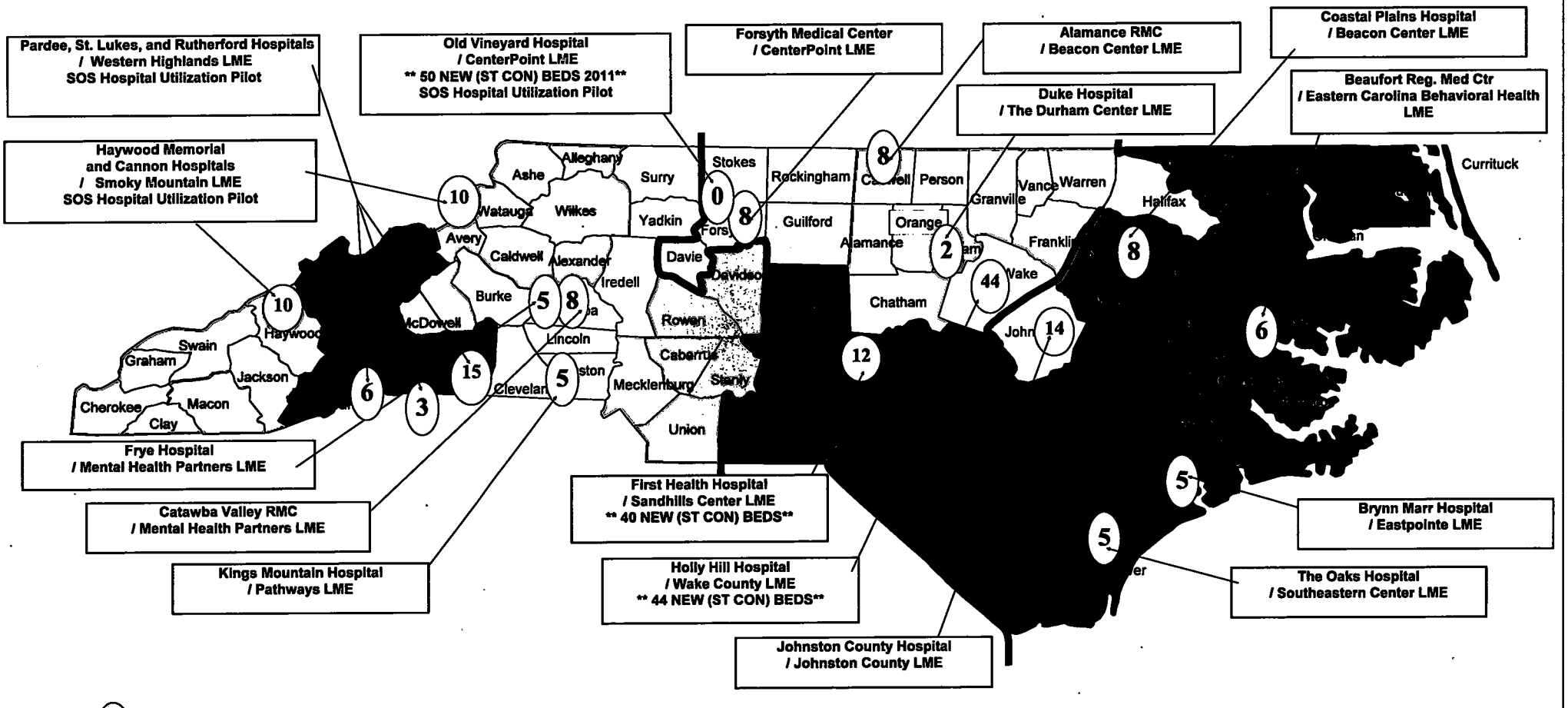
www.ncleg.net/fiscalresearch/

Number of Two-Way Contracts Prior to and Post Implementation of Three-Way Process



CRISIS REGIONAL MAP

LME Contracted Community Hospital Beds



1 -- Contracts in Development

3 -- SOS Hospital Pilot Projects

Hospital Contracts
LME / Community Hospital / DMH
Total of 174 New / Expanded Beds

12 -- 3 Way Contracts in place

VISITOR REGISTRATION SHEET

Name of Committee _____ Date _____

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Betty MacMichael	First In Families of NC
Fred Wadell	Eastern Seals UCP NC
John Bowdish	AstraZeneca
Kerry M. Calloway	Cabarrus Co. Home School Assoc.
Barbara Bossage + 4	students Poli. Sci. class

VISITOR REGISTRATION SHEET

Mental Health Reform 3/11/09

Name of Committee Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
PEYTON MAYNARD	
HUGH TILSON	NCMA
Julia Leggett	The Arc of NC
Annaliese Dolph	DRNC
ERIC S. BINDEWALD, MD	PARK RIDGE MED. ASSOC. / HENDERSONVILLE
John Tote	NHA-NC
PAULA COX FISHMAN	Volunteer Advocate - Sister/guardian of DD adult
Louise G. Fisher	" " - for Mentally Ill
	NHMA
Colleen Kochanek	NCCEP/NCACP

VISITOR REGISTRATION SHEET

Mental Health Reform 3/11/09

Name of Committee Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Lyza Wainwright	DHHS - DMH/DD/SAS
Flo Stein	DMH/DD/SAS
Ken Marsh	DMH/DD/SAS
Sally Cameron	NC Psychological Assoc
[illegible]	MHM Services Inc.
Kim Schmidt	NC MHCO - Raleigh
Gail Boswell	NC MHCO - Raleigh Wilson MH Consumers in Action
Sheyna Altercovitz	AARP
Dean A. Smith	FCMHA, Nami, consumer
David Boney	MNC
[illegible]	NAMI NC

VISITOR REGISTRATION SHEET

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Joanne Stevens	Nursing
Matthew McConnell	Carolinas HealthCare Sys.
Brittany Rinehardt	CCHA
Bob Fitzgerald	WakeMed
Michelle Frazier	MFS
Jane Grant	BMS
Hugh Blanchard	Burke Co.

State and County Funds by LME

LME	Total Catchment Area Population	SFY 09 Budgeted County Funds	SFY 09 Budgeted County $ Per Capita	SFY 09 Final Allocation State Service $ *see note*	SFY 09 Final Allocation LME Admin $	Total State $	Total State $ Per capita
Alamance-Caswell-Rock.	260,275	1,793,750	6.89	10,105,458	4,830,886	14,936,344	57.39
Albemarle	184,913	216,808	1.17	9,337,331	4,441,158	13,778,489	74.51
Beacon Center	244,963	999,411	4.08	7,155,843	4,823,964	11,979,807	48.90
CenterPoint	432,059	6,887,144	15.94	13,586,257	5,856,506	19,442,763	45.00
Crossroads	266,886	933,777	3.50	8,687,641	4,787,558	13,475,199	50.49
Cumberland	314,471	4,456,053	14.17	7,337,839	5,120,273	12,458,112	39.62
Durham	259,426	5,621,543	21.67	9,783,108	4,775,765	14,558,873	56.12
Eastpointe	292,095	1,931,494	6.61	9,389,399	5,091,713	14,481,112	49.58
ECBH	398,990	1,436,378	3.60	17,040,274	5,878,867	22,919,141	57.44
Five County	232,628	848,552	3.65	10,397,984	4,750,635	15,148,619	65.12
Guilford	468,850	16,944,158	36.14	12,738,502	6,043,709	18,782,211	40.06
Johnston	162,609	1,700,000	10.45	3,680,958	3,310,536	6,991,494	43.00
Mecklenburg	892,606	53,271,514	59.68	18,673,003	8,518,271	27,191,274	30.46
Mental Heath Partners	243,939	1,479,548	6.07	9,195,146	4,695,224	13,890,370	56.94
Onslow-Carteret	235,096	698,000	2.97	3,668,804	4,749,329	8,418,133	35.81
OPC	227,556	2,229,789	9.80	11,257,271	4,594,197	15,851,468	69.66
Pathways	375,714	2,189,627	5.83	17,440,497	5,489,831	22,930,328	61.03
Piedmont	717,569	2,388,924	3.33			33,458,493	46.63
Sandhills	536,597	2,372,385	4.42	19,314,097	6,779,025	26,093,122	48.63
Smoky Mountain	518,781	1,797,650	3.47	21,082,085	7,573,506	28,655,591	55.24
Southeastern	350,816	2,867,654	8.17	9,180,864	5,476,810	14,657,674	41.78
Southeastern Reg.	254,133	310,645	1.22	10,289,906	4,823,790	15,113,696	59.47
Wake	867,228	24,283,594	28.00	17,973,217	8,282,984	26,256,201	30.28
Western Highlands	502,089	1,478,822	2.95	22,240,081	6,373,644	28,613,725	56.99
GRAND TOTAL	**9,240,289**	**139,137,220**	**15.06**				

* State Service $ include: Total funds by disability group; Non-UCR other; Crisis; and Crisis UCR as applicable

** State $ are from the following website: http://www.ncdhhs.gov/mhddsas/budget/index.htm

MENTAL HEALTH REFORM

MINUTES
MARCH 18, 2009
ROOM 424
2:00 PM

The meeting was called to order by Representative Brisson at 2:05 pm in Room 424 of the Legislative Office Building. Representative Brisson welcomed everyone to the meeting. He introduced the Sergeants at Arms, the pages and the legislative staff. He made a special introduction to a group of Nurses from his own District of Bladen County. Representative Earle introduced Victoria Soltis-Jarrett, PHD, PMHCNS-BC from the NC Nurses Association.

The following members were present:

Representative William Brisson, Co-Chair
Representative Beverly Earle, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Curtis Blackwood
Representative R. Van Braxton
Representative Jim Crawford
Representative Laura Wiley
Representative Wil Newman
Representative Verla Insko
Representative Carolyn Justus
Representative James Langdon
Representative Bill McGee
Representative Marion McLawhorn
Representative Earline Parmon
Representative Shirley Randleman

Legislative Staff that was present:
Shawn Parker
Barbara Riley
Susan Barham

Two bills were on the agenda to be discussed and voted on. The bills were:

BILL NO.	SHORT TITLE	SPONSOR
HB 25	Clarify SCFAC Appointments	Representative Insko
HB 243	Mental Health/Law Enforcement Custody	Representative Insko

Representative Brisson started the meeting by having the pages distribute to the members and visitors a handout titled Children and Family Services Association – NC, Leadership * Accountability * Quality. He spoke on Saving Critical Services by Eliminating Wasteful Spending.
Representative Earle, introduced Dr. Victoria Soltis-Jarrett, PHD, PMHCNS-BC to give us a brief overview of her association. After her presentation their was a brief question and answer period from the committee. Shawn Parker of the NC General Assembly staff continue to go over the handouts from March 11th, 2009 committee meeting.

Time expired before House Bills
HB 25, Clarify SCFAC appointments and
HB 243, Mental Health/Law Enforcement Custody could be presented and heard. Will placed on future agenda.

Representative Brisson adjourned the meeting at 2:45pm

Representative William Brisson, Presiding Chair
Representative Beverly Earle, Co-Chair

Caroline Stirling, Committee Clerk

Attachments

Attachment I
Attachment II
Attachment III
Attachment IV
Attachment V
Attachment VI
Attachment VII

Agenda
Meeting Notice
HB 25
HB 243
House Pages Sheet
Visitor's Sheet

Caroline Stirling (Rep. Brisson)

From: Caroline Stirling (Rep. Brisson)
Sent: Thursday, March 12, 2009 3:27 PM
Subject: Mental Health Committee Notice 3.18.09.doc

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, March 18, 2009
TIME: 2:00 pm
LOCATION: 415 LOB
COMMENTS:

The following bills will be considered:

HB 25	Clarify SCFAC Appointments
HB 243	Mental Health/Law Enforcement Custody

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **15** o'clock on March **12, 2009**.

X Principal Clerk
X Reading Clerk – House Chamber

Caroline Stirling, (Committee Assistant)
Ann Raeford, (Committee Assistant)

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

ROOM CHANGE

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, March 18, 2009
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
HB 25	Clarify SCFAC Appointments	Representative Insko
HB 243	Mental Health/Law Enforcement Custody	Representative Insko

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **15** o'clock on March **12, 2009**.

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling, (Committee Assistant)
Ann Raeford, (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

March 18, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs: Representative William Brisson
Representative Beverly Earle

Opening Remarks: Representative William Brisson

Welcoming Committee:

Introduction of Sergeant at Arms: Reggie Sills
Trey Raley
Carlton Adams

Introduction of Pages: Madison Ayers, of Mecklenburg County
DiQuan McGill, of Wake County

Introduction of Staff: Shawn Parker, Leg. Analyst –Research
Barbara Riley, Leg. Staff Attorney
Susan Barham, Research Analyst

Agenda:

Rep. William Brisson -

- Save Critical Services by Eliminating Wasteful Spending - see handout

Rep. Beverly Earle –

- Introduction of the Nurses

Closing Remarks: Representative William Brisson

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

HOUSE BILL 25

Short Title:	Clarify SCFAC Appointments.	(Public)
Sponsors:	Representative Insko.	
Referred to:	Rules, Calendar, and Operations of the House.	

February 2, 2009

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THE PROCESS FOR APPOINTMENTS TO THE STATE CONSUMER AND FAMILY ADVISORY COMMITTEE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-171(b) reads as rewritten:

"**§ 122C-171. State Consumer and Family Advisory Committee.**

...

(b) The State CFAC shall be composed of 21 members. The members shall be composed exclusively of adult consumers of mental health, developmental disabilities, and substance abuse services; and family members of consumers of mental health, developmental disabilities, and substance abuse services. The terms of members shall be three years, and no member may serve more than two consecutive terms. Vacancies shall be filled by the appointing authority. The members shall be appointed as follows:

(1) Nine by the Secretary. The Secretary's appointments shall reflect each of the disability groups. The terms shall be staggered so that terms of three of the appointees expire each year.

(2) Three by the ~~General Assembly upon the recommendations of the~~ President Pro Tempore of the Senate, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

(3) Three by the ~~General Assembly upon the recommendations of the~~ Speaker of the House of Representatives, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

(4) Three by the Council of Community Programs, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

(5) Three by the North Carolina Association of County Commissioners, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

...."

SECTION 2. This act becomes effective January 1, 2006.

HOUSE BILL 243

Short Title:	Mental Health/Law Enforcement Custody.	(Public)
Sponsors:	Representatives Insko, Steen, Barnhart (Primary Sponsors); M. Alexander, Hughes, Lucas, McGee, and Wainwright.	
Referred to:	Mental Health Reform, if favorable, Judiciary I.	

February 23, 2009

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THE TRANSPORTATION AND CUSTODY REQUIREMENTS WHEN LAW ENFORCEMENT OFFICERS TRANSPORT AN INDIVIDUAL PURSUANT TO INVOLUNTARY COMMITMENT PROCEEDINGS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-251 reads as rewritten:

"**§ 122C-251. ~~Transportation.~~Transportation and custody.**

(a) Except as provided in subsections (f) and (g), transportation of a respondent within a county under the involuntary commitment proceedings of this Article, including admission and discharge, shall be provided by the city or county. The city has the duty to provide transportation of a respondent who is a resident of the city or who is taken into custody in the city limits. The county has the duty to provide transportation for a respondent who resides in the county outside city limits or who is taken into custody outside of city limits. However, cities and counties may contract with each other to provide transportation.

(b) Except as provided in subsections (f) and (g) or in G.S. 122C-408(b), transportation between counties under the involuntary commitment proceedings of this Article for admission to a 24-hour facility shall be provided by the county where the respondent is taken into custody. Transportation between counties under the involuntary commitment proceedings of this Article for respondents held in 24-hour facilities who have requested a change of venue for the district court hearing shall be provided by the county where the petition for involuntary commitment was initiated. Transportation between counties under the involuntary commitment proceedings of this Article for discharge of a respondent from a 24-hour facility shall be provided by the county of residence of the respondent. However, a respondent being discharged from a facility may use his own transportation at his own expense.

(c) Transportation of a respondent may be by city- or county-owned vehicles or by private vehicle by contract with the city or county. To the extent feasible, law enforcement officers transporting respondents shall dress in plain clothes and shall travel in unmarked vehicles. Further, law enforcement officers, to the extent possible, shall advise respondents when taking them into custody that they are not under arrest and have not committed a crime, but are being taken into custody and transported to receive treatment and for their own safety and that of others.

(d) In providing transportation of a respondent, a city or county shall provide a driver or attendant who is the same sex as the respondent, unless the law-enforcement officer allows a family member of the respondent to accompany the respondent in lieu of an attendant of the same sex as the respondent.

(e) In providing the transportation and custody required by this section, the law-enforcement officer may use reasonable force to restrain the respondent if it appears necessary to protect himself, the respondent, or others. No law-enforcement officer may be held criminally or civilly liable for assault, false imprisonment, or other torts or crimes on account of reasonable measures taken under the authority of this Article.

(f) Notwithstanding the provisions of subsections (a), (b), and (c) of this section, a clerk, a magistrate, or a district court judge, where applicable, may authorize the family or immediate friends of the respondent, if they so request, to transport the respondent in accordance with the procedures of this Article. This authorization shall only be granted in cases where the danger to the public, the family or friends of the respondent, or the respondent himself is not substantial. The family or immediate friends of the respondent shall bear the costs of providing this transportation.

(g) The governing body of a city or county may adopt a plan for the transportation and custody of respondents in involuntary commitment proceedings in this Article. Law-enforcement personnel, volunteers, or other public or private agency personnel may be designated to provide all or parts of the transportation and custody required by involuntary commitment proceedings. Persons so designated shall be trained and the plan shall assure adequate safety and protections for both the public and the respondent. Law enforcement, other affected agencies, and the area authority shall participate in the planning. If any person other than a law-enforcement agency is designated by a city or county, the person so designated shall provide the transportation and follow the procedures in this Article. References in this Article to a law-enforcement officer apply to this person.

(h) The cost and expenses of transporting a respondent to or from a 24-hour facility is the responsibility of the county of residence of the respondent. The State (when providing transportation under G.S. 122C-408(b)), a city, or a county is entitled to recover the reasonable cost of transportation from the county of residence of the respondent. The county of residence of the respondent shall reimburse the State, another county, or a city the reasonable transportation costs incurred as authorized by this subsection. The county of residence of the respondent is entitled to recover the reasonable cost of transportation it has paid to the State, a city, or a county. Provided that the county of residence provides the respondent or other individual liable for the respondent's support a reasonable notice and opportunity to object to the reimbursement, the county of residence of the respondent may recover that cost from:

(1) The respondent, if the respondent is not indigent;
(2) Any person or entity that is legally liable for the resident's support and maintenance provided there is sufficient property to pay the cost;
(3) Any person or entity that is contractually responsible for the cost; or
(4) Any person or entity that otherwise is liable under federal, State, or local law for the cost."

SECTION 2. G.S. 122C-263(d) reads as rewritten:

"**§ 122C-263. Duties of law-enforcement officer; first examination by physician or eligible psychologist.**

...

(d) After the conclusion of the examination the physician or eligible psychologist shall make the following determinations:

(1) If the physician or eligible psychologist finds that:
a. The respondent is mentally ill;
b. The respondent is capable of surviving safely in the community with available supervision from family, friends, or others;
c. Based on the respondent's psychiatric history, the respondent is in need of treatment in order to prevent further disability or

deterioration that would predictably result in dangerousness as defined by G.S. 122C-3(11); and

d. The respondent's current mental status or the nature of the respondent's illness limits or negates the respondent's ability to make an informed decision to seek voluntarily or comply with recommended treatment.

The physician or eligible psychologist shall so show on the examination report and shall recommend outpatient commitment. In addition the examining physician or eligible psychologist shall show the name, address, and telephone number of the proposed outpatient treatment physician or center. The person designated in the order to provide transportation shall return the respondent to the respondent's regular residence or, with the respondent's consent, to the home of a consenting individual located in the originating county, and the respondent shall be released from custody.

(2) If the physician or eligible psychologist finds that the respondent is mentally ill and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as defined in G.S. 122C-3(11)b., the physician or eligible psychologist shall recommend inpatient commitment, and shall so show on the examination report. If, in addition to mental illness and dangerousness, the physician or eligible psychologist also finds that the respondent is known or reasonably believed to be mentally retarded, this finding shall be shown on the report. The law enforcement officer or other designated person shall take the respondent to a 24-hour facility described in G.S. 122C-252 pending a district court hearing. If there is no area 24-hour facility and if the respondent is indigent and unable to pay for care at a private 24-hour facility, the law enforcement officer or other designated person shall take the respondent to a State facility for the mentally ill designated by the Commission in accordance with G.S. 143B-147(a)(1)a. for custody, observation, and treatment and immediately notify the clerk of superior court of this action.

In the event an individual known or reasonably believed to be mentally retarded is transported to a State facility for the mentally ill, in no event shall that individual be admitted to that facility except as follows:

a. Persons described in G.S. 122C-266(b);

b. Persons admitted pursuant to.G.S. 15A-1321;

c. Respondents who are so extremely dangerous as to pose a serious threat to the community and to other patients committed to non-State hospital psychiatric inpatient units, as determined by the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services or his designee; and

d. Respondents who are so gravely disabled by both multiple disorders and medical fragility or multiple disorders and deafness that alternative care is inappropriate, as determined by the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services or his designee.

Individuals transported to a State facility for the mentally ill who are not admitted by the facility may be transported by law enforcement officers or designated staff of the State facility in State-owned vehicles to an appropriate 24-hour facility that provides psychiatric inpatient care.

No later than 24 hours after the transfer, the responsible professional at the original facility shall notify the petitioner, the clerk of court, and, if

(1)

Children and Family Services Association – NC

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CFSA-NC is a consortium of nationally accredited private providers from across North Carolina who provides quality care to North Carolina's most vulnerable children and families. Our non-profit member agencies fundraised over $72 million dollars in 2008 that supplemented and enhanced the NC child welfare and mental health system. Our consortium serves over 39,000 children annually and employees almost 6,000 citizens.

Save Critical Services by Eliminating Wasteful Spending

Throughout its history, North Carolina's greatest successes as a state have been closely tied to its investments in public services. We have created and protected these assets over many years because they are the engine that drives our prosperity. North Carolina is currently faced with new economic pressures from the global economy and absent assertive action, we risk losing much of what we have gained. Below are recommendations that encourage strong actions to maintain critical mental health services by eliminating unnecessary bureaucracy and wasteful spending.

Maintain State-Wide Utilization Management/Utilization Review (UM/UR)

Currently UM/UR is managed in a centralized state-wide system. Transferring this function to multiple LMEs increases the cost of this function and destabilizes the current fragile system.

- $400,000 - The State upfront IT costs to move UM/UR to multiple LMEs
- $30,000 - State annual increase in IT costs to maintain multiple UM/UR sites
- $1.8 million - Estimated start up UM/UR costs for four LMEs
- $2.23 million – Estimated total first year increase in cost to decentralize UR/UM to four LMEs
- Moving UM/UR to the LMEs will destabilize the system at a critical time when providers are already struggling to weather the economic storm. Millions of dollars in unpaid claims were lost during the first UM/UR transition in 2006 and this transition could create repeat the disaster, resulting in the demise of quality, longstanding agencies.

Save Essential Service Dollars - Reduce Unnecessary Administrative Expenses

Public funding must be focused on quality care that improves outcomes for consumers, not wasted on unnecessary administration or redundant oversight processes.

- **Increase Efficiency of LMEs as recommended in the 2008 Mercer Report**
  - $48.5 million savings – Estimated annual savings by consolidating smaller LMEs into RMEs (Regional Management Entities)
  - $29.5 million savings - capping administration at 15% for all LMEs, instead of the current average of 19.02%.
- **Eliminate Redundant Oversight and Monitoring**
  - State and legislative actions intended to improve safety and quality of care have resulted in multiple, redundant reviews by various State and local agencies. This duplicative bureaucracy has led to wasted resources on the part of the monitoring agencies and the service provider, along with interrupted services to the consumer.
- **Offer Deemed Status for Nationally Accredited Agencies**
  - The State's requirement that providers achieve national accreditation is an important step in assuring quality of care. Hospitals are able to request that their national accreditation review include Center for Medicaid/Medicare Services (CMS) participation requirements. Once this is successfully completed, the hospital receives deemed status and no further reviews are required. This approach saves significant administration money for the State and the provider, and should be offered to nationally accredited mental health providers to save critical service dollars.

Children and Family Services Association-NC

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CFSA-NC
Forget Me Not

Children and Family Services Association – NC
Leadership • Accountability • Quality

Discussion with Rep. Beverly Earle, Chairman, House Mental Health Reform Committee
March 16, 2009

Children & Family Services Association-North Carolina represents high quality, nationally accredited nonprofit agencies, many of which have been providing services to children and their families for over 100 years. We are committed to supporting mental health reform so that North Carolina will have a statewide compliment of high quality services for its citizens that is both effective and efficient.

Following are some key areas of concern for our members. We believe our suggestions will help the State to develop a better system that is also less costly—a critical consideration in these very challenging economic times.

Keep Utilization Review/Utilization Management (UR/UM) State-Wide

- We recognize and agree with the LOC's desire for more local control over the mental health system. However, UR/UM is not the best vehicle for achieving this—it is a very complicated and financially risky function that is best done by statewide experts.
- Having multiple UM/UR managers in the state increases the cost of this function at a time when the State is facing significant budget cuts that will affect services.
- Most LMEs lack the expertise and information management capacity to carry out this vital function. Instead, they are best suited to perform the kinds of vital functions described in the Mercer report as those of a "Core Service Agency". They focus on ensuring that: provider network capacity is adequate to meet local needs, services fit the community, and systems of care are in place and functioning. These are tasks that are essential to the system and clearly within the core competence of LMEs.
- The move to a centralized UR/UM vendor in 2006 was very difficult for everyone, but the system has since stabilized and is now working to ensure a consistent state-wide approach to this important clinical/financial function. Moving UR/UM to the LMEs will destabilize the system at a critical time and put the state at risk of failing to provide the state-wide consistency required by the federal government.
- CFSA members, along with many other providers, lost millions of dollars in unpaid claims during the 2006 transition. The proposed move of UR/UM back to the LMEs could create a repeat of this disaster, resulting in the demise of good, longstanding agencies.

Save Essential Service Dollars by Reducing Unnecessary Administrative Expenses

In this severe recession, public funding must be focused on quality care that improves outcomes for consumers, not wasted on unnecessary administration or redundant oversight processes. Following are three suggestions:

- Increase Efficiency of LMEs – We encourage the Committee to seriously consider the recommendations in the 2008 Mercer report, and specifically the "Cost-Savings Supplement", in light of the current budget crisis. It said: "If administration is capped at 15% for all LMEs, instead of the current average of 19.02 percent, $29.5 million could be reallocated to direct

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Study Committee to Support Children Aging Out of Foster Care

Recent child and adolescent developmental research makes clear that the active agent in the shaping of growing brains is the nature of children's relationships with the important adults in their lives. From birth through college-age, all children and youth need continual positive interactions with steady, supportive adults in stable environments to create sturdy foundations for academic achievement, job productivity and responsible citizenship.

Comprehensive, effective support that transitions foster youth into adulthood is crucial to their success of becoming healthy and productive citizens. Other states have aggressively addressed this issue and have positively changed the outcomes for thousands of children aging out of care.

Why is this Study so important?

National statistics on youths aging out of foster care clearly show the impact from a lack of comprehensive, effective support services. A few examples include:

Homelessness: over 50% have multiple homeless experiences

Victimization: 36% fell victim to a violent crime; 16% of which were sexual crimes

Crime: 30% had been arrested, 15% will be convicted, 29% will be incarcerated

Pregnancy: 71% of the females were pregnant, 38% of the males impregnated a female

Health: 50% had no insurance; for those who do 70% had Medicaid

Employment*: 50% are unemployed; those working are paid approximately $8/hour

Economic Means*: Over 25% were viewed as having very low food security (USDA measure)

Mental Health: 28% have received treatment of a mental health or substance abuse issue

Government Dependent: at least 75% of the females and 1/3 of males received support from one or more need based government program. For females with at least one child in the home, that percentage rose to 96%.

North Carolina's youths aging out of care want opportunities to succeed and be productive adults. Through the work of the Study Committee, we can effectively identify the supports needed to ensure these opportunities for the youths aging out of the state's custody.

Enact a Legislative Study Commission
Supporting Successful Transition for Youth Leaving Foster Care

Children and Family Services Association-NC

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Children and Family Services Association - NC

Since 1977, CFSA-NC has advocated on behalf of North Carolina's most vulnerable children and families and the agencies that serve them. CFSA-NC serves as a voice for our nationally accredited member agencies in enhancing the well-being of children and families through advocacy work with state agencies and the NC General Assembly. For more information, visit our website at www.cfsa-nc.org.

Alexander Youth Network
American Children's Home
Appalachian Family Innovations
Baptist Children's Home
Barium Springs Home
Boys and Girls Home
Caring for Children
Catawba County DSS
Children's Home Society of NC
Children's Homes of Cleveland
Children's Homes of Iredell
Church of God Children's Home
Concern of Durham
Crossnore School
Easter Seals UCP
Eliada Homes
Elon Homes for Children
Falcon Children's Home
Family Preservation Community
Family Service of the Piedmont
Florence Crittenton
Free Will Baptist Children's
Grandfather Home
Haven House
Lutheran Family Services
Masonic Home for Children
Methodist Home for Children
Mountain Youth Resources
Nazareth Children's Home
Neighbor to Family
Omni Community
Presbyterian Home
Rainbow Center
Sipe's Orchard
Southmountain Children & Family
The Children's Center of Surry
The Children's Home
Thompson Child & Family
Youth Focus
Youth Homes
Youth Unlimited
Youth Villages

services." "Consolidation of smaller LMEs into RMEs (Regional Management Entities) could result in estimated savings of $48.5 million." These are funds desperately needed to avoid cuts to services.

- Eliminate Redundant Oversight and Monitoring – Recent legislative actions intended to improve safety and quality of care have resulted in multiple, redundant reviews by various State and local agencies. The only result is wasted resources on the part of the monitoring agencies and the service provider, along with interrupted services to the consumer. The Divisions of Health Services Regulation, Mental Health/DD/SAS, Medical Assistance, as well the Health Care Personnel Registry, local Departments of Social Services, and LMEs can, and do, all review a single incident!
- Offer Deemed Status – The State's requirement that providers must achieve national accreditation is a good move and should be made mandatory for all provider immediately. Hospitals are able to request that their national accreditation (Joint Commission) review include CMS participation requirements. Once this is successfully completed, the hospital receives deemed status and no further reviews are required. This approach saves money for the State and the provider, and should be offered to nationally accredited mental health providers.

Administrative improvements like the above can allow for re-allocated direct service dollars. In the developing system, we cannot forget that an emphasis on quality care with documented client outcomes is essential.

Let CFSA Members Help to Improve the System

- CFSA members are ethical, high quality providers whose shared primary interest is providing the best possible services to children and families. We have often been left out of the debate on the critical issues of mental health reform. We once again offer our assistance in developing a system that works for the people of North Carolina.
- We propose that nationally accredited providers be engaged in all discussions related to mental health reform, with all groups to consist of 1/3 consumers, 1/3 providers, and 1/3 public system representatives.
- Providers are the service delivery system for mental health in North Carolina. We need to be involved in decision-making, and we are committed to carrying out this responsibility with strong ethics and a desire to provide the best for the consumer.

Sub-Comm

Advanced Practice Registered Nurses (APRNs) in Psychiatric Mental Health are ONE solution to our mental health crisis in North Carolina

2:00 PM MENTAL HEALTH REFORM (House) 424 LOB

Chairman	Rep. Brisson
Chairman	Rep. Earle
Vice Chairman	Rep. M. Alexander
Vice Chairman	Rep. Barnhart

Members: Rep. Blackwood, Rep. Braxton, Rep. Crawford, Rep. England, Rep. Glazier, Rep. Hurley, Rep. Insko, Rep. Justus, Rep. Langdon, Rep. McGee, Rep. McLawhorn, Rep. Neumann, Rep. Parmon, Rep. Randleman, Rep. Wiley

Thank you:

Chairs and Vice Chairs, Representatives: Brisson, Earle, Alexander and Barnhart. Members of the Mental Health Reform Committee:

- I stand before you wearing many hats for this great state of NC.
- For the purpose of this meeting today, I wear the hat of an APRN in PMHN. I am the Chair of the NCNA PMHN in AP Council and I am also a faculty member (Associate Professor and the Director of the MSN Program in PMHN at UNC-CH).
- Advanced Practice nurses are ONE solution to the mental health crisis in NC
- APNs can provide ACCESS, BEST PRACTICES, COLLABORATION with Psychiatrists and DIRECT CARE for our citizens in NC who are suffering from mental health problems and severe and persistent psychiatric illness.
- Advanced Practice nurses are educated at a master's degree level (or above) and have the ability to diagnose, prescribe medications, promote health and well being, educate patients and families and implement therapy for individuals, groups and families.

- We require NO additional funds from Medicare, Medicaid or Private Insurers as we are able to bill for our services
- We only ask that you remember that we are visible in NC (and growing in great numbers through the educational program at UNC-CH)
- We ask that you remember that we are ONE example of a solution to filling the workforce that can help in the mental health reform.

Thank you.

Victoria Soltis-Jarrett, PhD, PMHCNS/NP

Associate Professor and Coordinator of the MSN Program in PMHN

UNC-CH School of Nursing

Chair: NCNA Council of PMHN in Advanced Practice

DHHS - DMH/DD/SAS
Non-State Hospitals with Inpatient Psychiatric Beds

4

LME	Hospital	Location County	Licensed Beds - July 1, 2008	Operational Beds - July 1, 2008	New Beds Created by 3-Way Contract	New Beds Created by Hospital Pilot	New Beds Created by Other Initiatives	Total Beds - March 13, 2009
ACR	Alamance RMC	Alamance	44	36	8			44
n	Wilson*	Wilson	23					0
n	Nash General	Nash	44	34	8			42
	Beacon Total		*67*	*34*	*8*	*0*	*0*	*42*
CenterPoint	Forsyth RMC	Forsyth	80	43	8			51
CenterPoint	WFU NC Baptist Hospital	Forsyth	44	38				38
	CenterPoint Total		*124*	*81*	*8*	*0*	*0*	*89*
Crossroads	Davis Regional*	Iredell	16	16				16
Cumberland	Cape Fear Valley MC	Cumberland	28	26				26
Durham	Duke University MC	Durham	19	14	2			16
Durham	Durham Regional	Durham	23	9				9
	Durham Total		*42*	*23*	*2*	*0*	*0*	*25*
Eastpointe	Duplin General	Duplin	20	20				20
Eastpointe	Wayne Memorial*	Wayne	61	28				28
	Eastpointe Total		*81*	*48*	*0*	*0*	*0*	*48*
ECBH	Beaufort Co. Hospital	Beaufort	22	16	6			22
ECBH	Craven Regional*	Craven	23	23				23
ECBH	Pitt	Pitt	52	52				52
ECBH	Roanoke-Chowan	Hertford	28	28				28
	ECBH Total		*125*	*119*	*6*	*0*	*0*	*125*
Five County	Halifax Regional	Halifax	20	20				20
Guilford	High Point Regional	Guilford	24	24				24
Guilford	Moses Cone	Guilford	80	80				80
	Guilford Total		*104*	*104*	*0*	*0*	*0*	*104*
Johnston	Johnston Memorial	Johnston	20	6	14			20
Mecklenburg	Carolinas Medical Center	Mecklenburg	66	66				66
Mecklenburg	Presbyterian	Mecklenburg	60	54				54
	Mecklenburg Total		*126*	*120*	*0*	*0*	*0*	*120*
rtners	Catawba RMC	Catawba	38	30	8			38
MH Partners	Frye RMC	Catawba	84	64	5			69
MH Partners	Grace*	Burke	22	22				22
	MH Partners Total		*144*	*116*	*13*	*0*	*0*	*129*
OCBHS	Bryn Marr	Onslow	87	82	5			87
OPC	UNC	Orange	76	73				73
Pathways	Gaston RMC	Gaston	63	31				31
Pathways	Kings Mountain	Cleveland	14	9	5			14
	Pathways Total		*77*	*40*	*5*	*0*	*0*	*45*
PBH	Carolinas Northeast*	Cabarrus	10	10				10
PBH	Rowan Regional*	Rowan	20	20				20
PBH	Stanley Memorial*	Stanly	12	12				12
PBH	Thomasville	Davidson	26	26				26
	PBH Total		*68*	*68*	*0*	*0*	*0*	*68*
Sandhills	Central Carolina*	Lee	9	0				0
Sandhills	FirstHealth Moore	Moore	36	24	6			30
Sandhills	Sandhills	Richmond	10	10				10
	Sandhills Total		*55*	*34*	*6*	*0*	*0*	*40*
Smoky Mountain	Haywood Regional	Haywood				16		16
Smoky Mountain	Charles Cannon	Avery				10		10
	Smoky Mountain Total		*0*	*0*	*0*	*26*	*0*	*26*
SER	Southeastern Regional	Robeson	33	33				33
Southeastern	New Hanover RMC	New Hanover	62	30	5			35
Wake	Holly Hill	Wake	108	108			44	152
WHN	Margaret R. Pardee	Henderson	21	15		6		21
	Mission	Buncombe	57	57				57
	Park Ridge	Henderson	41	36				36
	Rutherford	Rutherford	14	14				14
WHN	St. Lukes	Polk	10	7		3		10
	WHN Total		*143*	*129*	*0*	*9*	*0*	*138*
Grand Total			**1,650**	**1,346**	**80**	**35**	**44**	**1,605**

* Not designated to accept involuntarily commited patients. Total beds = 206; operational beds = 158

Introduced 3/11/09

(10)

Fiscal Briefing: Division of Mental Health, Developmental Disabilities and Substance Abuse Services

March 11, 2009

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

Agenda

- Division Overview and Budget
- System Administration
- State-Operated Services
- Community-Based Services

Division Overview

- 3rd largest DHHS budget, behind Medical Assistance and Social Svcs.
- 2nd largest State appropriation in DHHS, behind Medical Assistance.
- 64% of DHHS employees work for DMHDDSAS.

Division (FY08-09 certified)	State Appropriation	%	Total Expenditures	%	FTEs	%
Aging and Adult Svcs	38,245,179	0.8%	87,451,843	0.5%	57.00	0.3%
Central Management	52,782,212	1.1%	148,868,146	0.9%	718.25	3.8%
Child Development	304,881,785	6.2%	638,387,370	3.8%	297.75	1.6%
Disability Divisions	94,582,405	1.9%	209,029,108	1.3%	2,031.00	10.8%
Health Choice	69,448,019	1.4%	270,549,259	1.6%	1.00	0.0%
Health Service Reg.	21,478,256	0.4%	54,868,813	0.3%	505.00	2.7%
Medical Assistance	3,179,171,463	64.7%	11,740,011,999	70.6%	392.25	2.1%
MHDDSAS	742,987,556	15.1%	1,262,464,793	7.6%	12,019.08	63.7%
Public Health	188,968,247	3.8%	716,050,781	4.3%	2,060.97	10.9%
Social Services	222,371,820	4.5%	1,507,319,558	9.1%	772.00	4.1%
TOTAL	**$ 4,914,916,942**	**100%**	**$16,635,001,670**	**100%**	**18,854**	**100%**

Division Overview: Organization

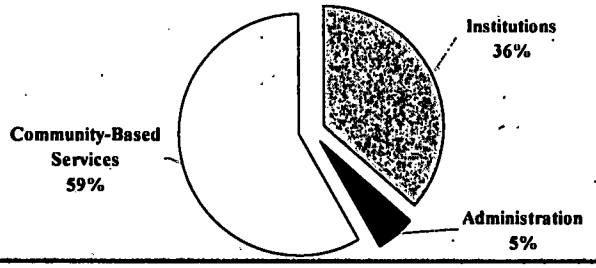
- Previously, organized by service area; separate sections for Mental Health, DD, and Substance Abuse
- Currently organized into cross-area sections:
  - State-Operated Services
  - Community Policy
  - Resource and Regulatory Management, and Personnel
  - Operations Support
  - Advocacy and Consumer Services
- Secretary Cansler planning organizational changes

Division Overview: Budget

Budget Summary	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Certified*
Requirements	1,311,200,118	1,364,580,070	1,476,987,761	1,262,464,793
Revenues	699,556,370	692,871,015	760,524,864	519,477,237
Appropriations	$611,643,748	$671,709,055	$716,462,897	$742,987,556
Positions	11,591	11,653	11,756	12,019

* FY 2008-09 Requirements & Revenues do not include federal DSH funds

FY 2008-09 State Appropriation



System Administration

Administration Issues: Diffuse Responsibility

- Multiple parties play a role
  - DMHDDSAS
  - Local Management Entities (LMEs)
  - Private service providers
  - Division of Medical Assistance
- System relies on partnerships and cooperation
  - No one is completely in charge
  - Can't hold any one entity responsible for all problems

Administration Issues: Diffuse Responsibility

- LMEs oversee many, not all, private services
- Substantial Medicaid expenditures for MH/DD/SA services are not reflected in DMHDDSAS's budget.
- In addition to DMHDDSAS's budget, Division of Medical Asst. spending in FY 2007-08 included:
  - $823 m: Community Support services
  - $428 m: CAP-MR/DD
  - $244 m: Private ICFs-MR
  - $233 m: State ICFs-MR (i.e., Developmental Centers)

System Administration Issues: LMEs

- 24 LMEs Statewide (reform goal: 20 LMEs)
- Manage State and non-Medicaid federal dollars
  - Most LMEs formerly provided direct services
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    - DMH managing finances for 2 LMEs. Takes valuable DMH staff resources away from broader issues.

System Administration Issues: LMEs

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- State service dollar allocations to LMEs vary, even on a per-capita basis

State-Operated Services

FISCAL RESEARCH DIVISION
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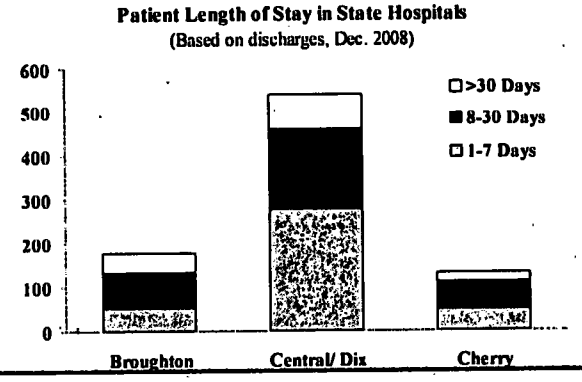
State-Operated Service Issues: Hospitals

- The State Operates 14 Institutions
  - Three Psychiatric Hospitals
    - Broughton Hospital
    - Central Hospital
      - Comprised of the new Central Regional Hospital, the former Dix campus, and the former John Umstead Hospital
    - Cherry Hospital
  - Three Developmental Centers
  - Three Alcohol and Drug Abuse Treatment Centers
  - Three Nursing Care Facilities
  - Two Residential Facilities for Children

State-Operated Services: Hospital Usage

- State hospitals intended for long-term patients who cannot be safely served in community
- Significant short-term admissions continue



State-Operated Services: Hospital Quality

- Centers for Medicare & Medicaid Services (CMS) Certification: Necessary to bill Medicaid and Medicare
- Joint Commission Accreditation: Necessary to bill private insurance
- Both are quality indicators & affect public perception

	CMS Certification	JCAHO Accreditation
Broughton	[De-certified Aug. 07 to June 08]	**No:** DHHS plans to re-apply in February
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Cherry	**No**	**Yes**

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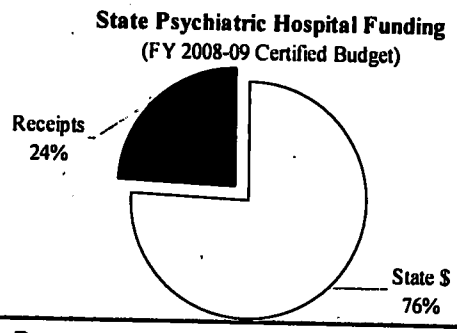


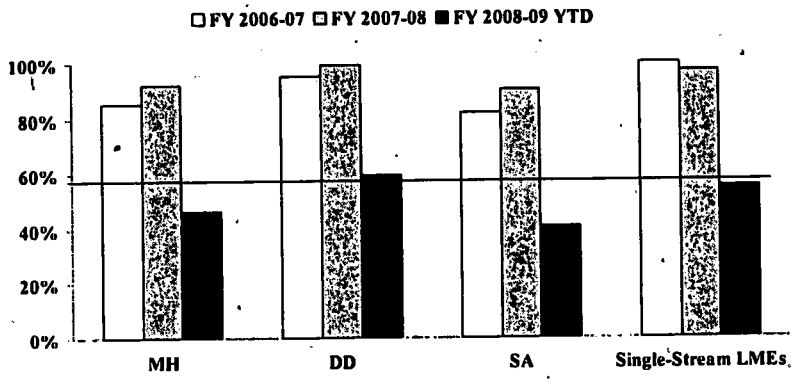
Community-Based Services

Community Svc. Issues: Private Providers

- Private provider network is fragile
  - Care quality and access vary substantially across State
  - Rural areas still lack private service providers, particularly psychiatrists
  - Services not uniformly available Statewide
  - Providers hurt by economic crisis
- Lack of community services contributes to inappropriate hospital usage

Community Svc. Issues: Spending Service $

- LMEs underspend State service dollars despite unmet need



Community-Based Services: CAP-MR/DD Medicaid Waiver

- Medicaid reimburses for care in Intermediate Care Facility for Mentally Retarded (ICF-MR)
- Care for DD consumers has favored ICFs-MR (State Developmental Centers and private ICFs-MR)
- CAP-MR/DD waiver program changing that preference by funding home-based care
- Nov. 08: DHHS began tiered CAP-MR/DD waiver program

Community-Based Services: Budget Issues

- Budget includes items funded for a partial year that would need full funding to continue:
  - CAP-MR/DD Tier 1 Slots:
    - Full-year cost is $10m; funded $6.7 m
    - These funds frozen by Gov. Perdue due to budget shortfall
  - Participation in Money Follows the Person Grant, which helps transition consumers into the community
    - Funded 2 FTEs; cut budget due to associated service savings
    - FY 2009-10 cost was estimated at $100,000

2008 Session: Community-Based Services

- Budget includes items funded for a partial year that would need full funding to continue:
  - Mobil Crisis: Cost $6.8 m; funded $5.8 m; balance: $1 m
  - Local Inpatient Capacity: Cost $12.6 m; funded $8.1 m; balance $4.5 m
  - START model: Cost $3.4 m; funded $1.9 m; balance $1.5 m
  - DD Respite: Cost $2.3 m; funded $1.1 m; balance $1.2 m
- Costs are based on last year's expansion requests; the Division may have updated its cost estimates

Questions?

Fiscal Research Division
Room 619, LOB
919-733-4910
www.ncleg.net/fiscalresearch/

ELLI

introduced 3/11/09

Briefing: Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Joint Health and Human Services Appropriations Subcommittees

March 10, 2009

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

Agenda

- Division Overview and Budget
- System Administration: Current Issues and 2008 Session Actions
- State-Operated Services: Current Issues and 2008 Session Actions
- Community-Based Services: Current Issues and 2008 Session Actions

Division Overview

- 3rd largest DHHS budget, behind Medical Assistance and Social Svcs.
- 2nd largest State appropriation in DHHS, behind Medical Assistance.
- 64% of DHHS employees work for DMHDDSAS.

Division (FY08-09 certified)	State Appropriation	%	Total Expenditures	%	FTEs	%
Aging and Adult Svcs	38,245,179	0.8%	87,451,843	0.5%	57.00	0.3%
Central Management	52,782,212	1.1%	148,868,146	0.9%	718.25	3.8%
Child Development	304,881,785	6.2%	638,387,370	3.8%	297.75	1.6%
Disability Divisions	94,582,405	1.9%	209,029,108	1.3%	2,031.00	10.8%
Health Choice	69,448,019	1.4%	270,549,259	1.6%	1.00	0.0%
Health Service Reg.	21,478,256	0.4%	54,868,813	0.3%	505.00	2.7%
Medical Assistance	3,179,171,463	64.7%	11,740,011,999	70.6%	392.25	2.1%
MHDDSAS	742,987,556	15.1%	1,262,464,793	7.6%	12,019.08	63.7%
Public Health	188,968,247	3.8%	716,050,781	4.3%	2,060.97	10.9%
Social Services	222,371,820	4.5%	1,507,319,558	9.1%	772.00	4.1%
TOTAL	$ 4,914,916,942	100%	$16,635,001,670	100%	18,854	100%

Division Overview: Organization

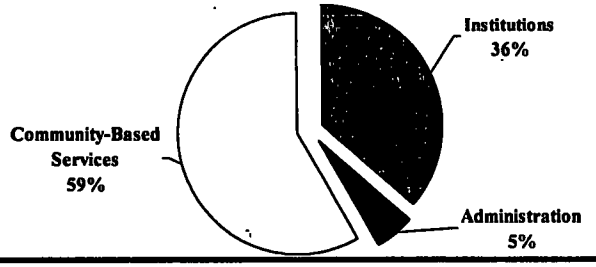
- Previously, organized by service area; separate sections for Mental Health, DD, and Substance Abuse
- Currently organized into cross-area sections:
  - State-Operated Services
  - Community Policy
  - Resource and Regulatory Management, and Personnel
  - Operations Support
  - Advocacy and Consumer Services
- Secretary Cansler planning organizational changes

Division Overview: Budget

Budget Summary	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Certified*
Requirements	1,311,200,118	1,364,580,070	1,476,987,761	1,262,464,793
Revenues	699,556,370	692,871,015	760,524,864	519,477,237
Appropriations	$611,643,748	$671,709,055	$716,462,897	$742,987,556
Positions	11,591	11,653	11,756	12,019

* FY 2008-09 Requirements & Revenues do not include federal DSH funds

FY 2008-09 State Appropriation



System Administration

System Administration Issues

- Responsibility for the system is diffuse
- LMEs struggle to find stability and identity and to successfully carry out responsibilities

Administration Issues: Diffuse Responsibility

- Multiple parties play a role
  - DMHDDSAS
  - Local Management Entities (LMEs)
  - Private service providers
  - Division of Medical Assistance
- System relies on partnerships and cooperation
  - No one is completely in charge
  - Can't hold any one entity responsible for all problems

Administration Issues: Diffuse Responsibility

- LMEs oversee many, not all, private services
- Substantial Medicaid expenditures for MH/DD/SA services are not reflected in DMHDDSAS's budget.
- In addition to DMHDDSAS's budget, Division of Medical Asst. spending in FY 2007-08 included:
  - $244 m: Private ICFs-MR
  - $233 m: State ICFs-MR (i.e., Developmental Centers)
  - $428 m: CAP-MR/DD

System Administration Issues: LMEs

- 24 LMEs Statewide (reform goal: 20 LMEs)
  - LMEs have a % of administrative funds withheld if not representing 5+ counties or 200,000+ citizens.
  - LMEs continue to morph as the system settles
    - At least one possible LME "break-up" on horizon; the member counties may join other existing LMEs. Could yield 23 LMEs.
- Manage State and non-Medicaid federal dollars
  - Most LMEs formerly provided direct services
  - LME management skills vary
    - DMH managing finances for 2 LMEs. Takes valuable DMH staff resources away from broader issues.

System Administration Issues: LMEs

- DHHS has undermined LMEs by removing statutorily-defined "core functions"
  - Outside vendor (Value Options) manages usage of Medicaid-funded services. 2008 legislation began to reverse this decision.
- State service dollar allocations to LMEs vary, even on a per-capita basis
- Individual LMEs pilot successful ideas that are never scaled up or shared across State.

2008 Session: System Administration

- Required DHHS to return "service authorization" function (currently performed by Value Options) to some LMEs.
- Prohibited DHHS from forcing LME mergers.

State-Operated Services

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State-Operated Services Issues

- Quality-of-care problems in psychiatric hospitals
- Unnecessary usage of State hospitals

- Both have financial impact

State-Operated Service Issues: Hospitals

- The State Operates 14 Institutions
  - Three Psychiatric Hospitals
    - Broughton
    - Central (considered "one hospital with two campuses")
    - Cherry
  - Three Developmental Centers
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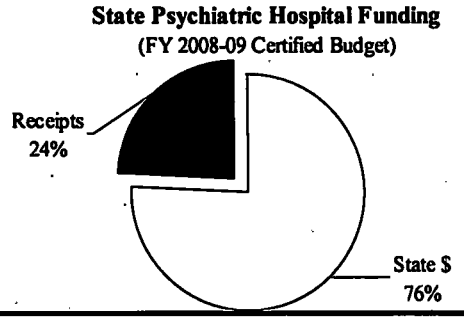

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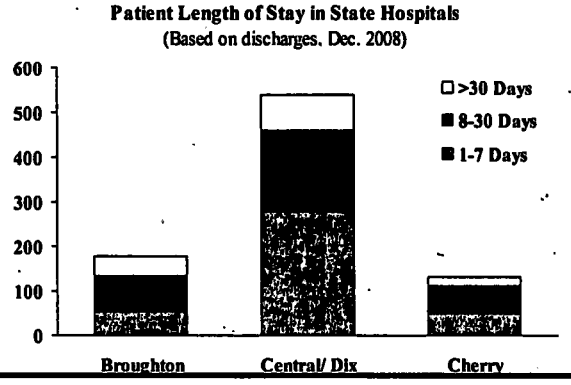
- Significant short-term admissions continue



2008 Session: State-Operated Services

- Delayed Central Regional Hospital opening
- Delayed moving patients from Dix Hospital
- Authorized temporary 60-bed unit on the Dix campus, partially funded by Wake County
- Required DHHS to help LMEs transition consumers out of developmental disability centers

Community-Based Services

Community-Based Services Issues

- Private provider network fragile and patchy
- LMEs struggle to spend service dollars on private services
- Community Support spending has slowed
- CAP-MR/DD Medicaid waiver program

provider level of care

Community Svc. Issues: Private Providers

- Private provider network is fragile and patchy
- Care quality and access vary substantially across State
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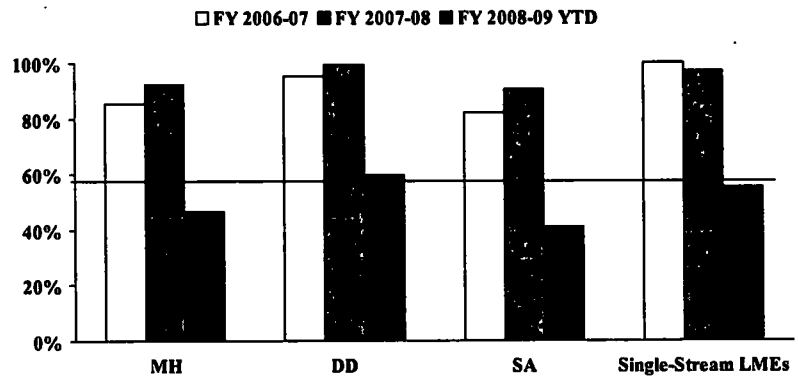
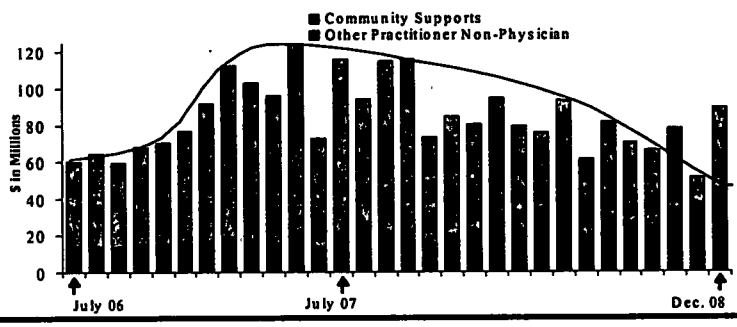


Community-Based Services
Community Support Services

- Replaced other services in March 2006; spending far exceeded expected costs
- General Assembly acted in '07 & '08 to slow spending



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- CAP-MR/DD waiver program changing that preference by funding home-based care
- Nov. 08: DHHS began tiered CAP-MR/DD waiver program

2008 Session: Community-Based Services

- Directed DHHS to study service dollars under-spending
- Required DHHS to replace Community Support "one rate for all providers" with tiered rates
- Allowed DHHS to require national accreditation for some services
- Created temporary appeals processes for providers and consumers
- Required DHHS to help LMEs ensure that only qualified providers are authorized to provide services

2008 Session: Community-Based Services

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IV troduced 3/11/09

State and County Funds by LME

LME	Total Catchment Area Population	SFY 09 Budgeted County Funds	SFY 09 Budgeted County $ Per Capita	SFY 09 Final Allocation State Service $ *see note*	SFY 09 Final Allocation LME Admin $	Total State $	Total State $ Per capita
Alamance-Caswell-Rock.	260,275	1,793,750	6.89	10,105,458	4,830,886	14,936,344	57.39
Albemarle	184,913	216,808	1.17	9,337,331	4,441,158	13,778,489	74.51
Beacon Center	244,963	999,411	4.08	7,155,843	4,823,964	11,979,807	48.90
CenterPoint	432,059	6,887,144	15.94	13,586,257	5,856,506	19,442,763	45.00
Crossroads	266,886	933,777	3.50	8,687,641	4,787,558	13,475,199	50.49
Cumberland	314,471	4,456,053	14.17	7,337,839	5,120,273	12,458,112	39.62
Durham	259,426	5,621,543	21.67	9,783,108	4,775,765	14,558,873	56.12
Eastpointe	292,095	1,931,494	6.61	9,389,399	5,091,713	14,481,112	49.58
ECBH	398,990	1,436,378	3.60	17,040,274	5,878,867	22,919,141	57.44
Five County	232,628	848,552	3.65	10,397,984	4,750,635	15,148,619	65.12
Guilford	468,850	16,944,158	36.14	12,738,502	6,043,709	18,782,211	40.06
Johnston	162,609	1,700,000	10.45	3,680,958	3,310,536	6,991,494	43.00
Mecklenburg	892,606	53,271,514	59.68	18,673,003	8,518,271	27,191,274	30.46
Mental Heath Partners	243,939	1,479,548	6.07	9,195,146	4,695,224	13,890,370	56.94
Onslow-Carteret	235,096	698,000	2.97	3,668,804	4,749,329	8,418,133	35.81
OPC	227,556	2,229,789	9.80	11,257,271	4,594,197	15,851,468	69.66
Pathways	375,714	2,189,627	5.83	17,440,497	5,489,831	22,930,328	61.03
Piedmont	717,569	2,388,924	3.33			33,458,493	46.63
Sandhills	536,597	2,372,385	4.42	19,314,097	6,779,025	26,093,122	48.63
Smoky Mountain	518,781	1,797,650	3.47	21,082,085	7,573,506	28,655,591	55.24
Southeastern	350,816	2,867,654	8.17	9,180,864	5,476,810	14,657,674	41.78
Southeastern Reg.	254,133	310,645	1.22	10,289,906	4,823,790	15,113,696	59.47
Wake	867,228	24,283,594	28.00	17,973,217	8,282,984	26,256,201	30.28
Western Highlands	502,089	1,478,822	2.95	22,240,081	6,373,644	28,613,725	56.99
GRAND TOTAL	**9,240,289**	**139,137,220**	**15.06**				

* State Service $ include: Total funds by disability group; Non-UCR other; Crisis; and Crisis UCR as applicable

** State $ are from the following website: http://www.ncdhhs.gov/mhddsas/budget/index.htm

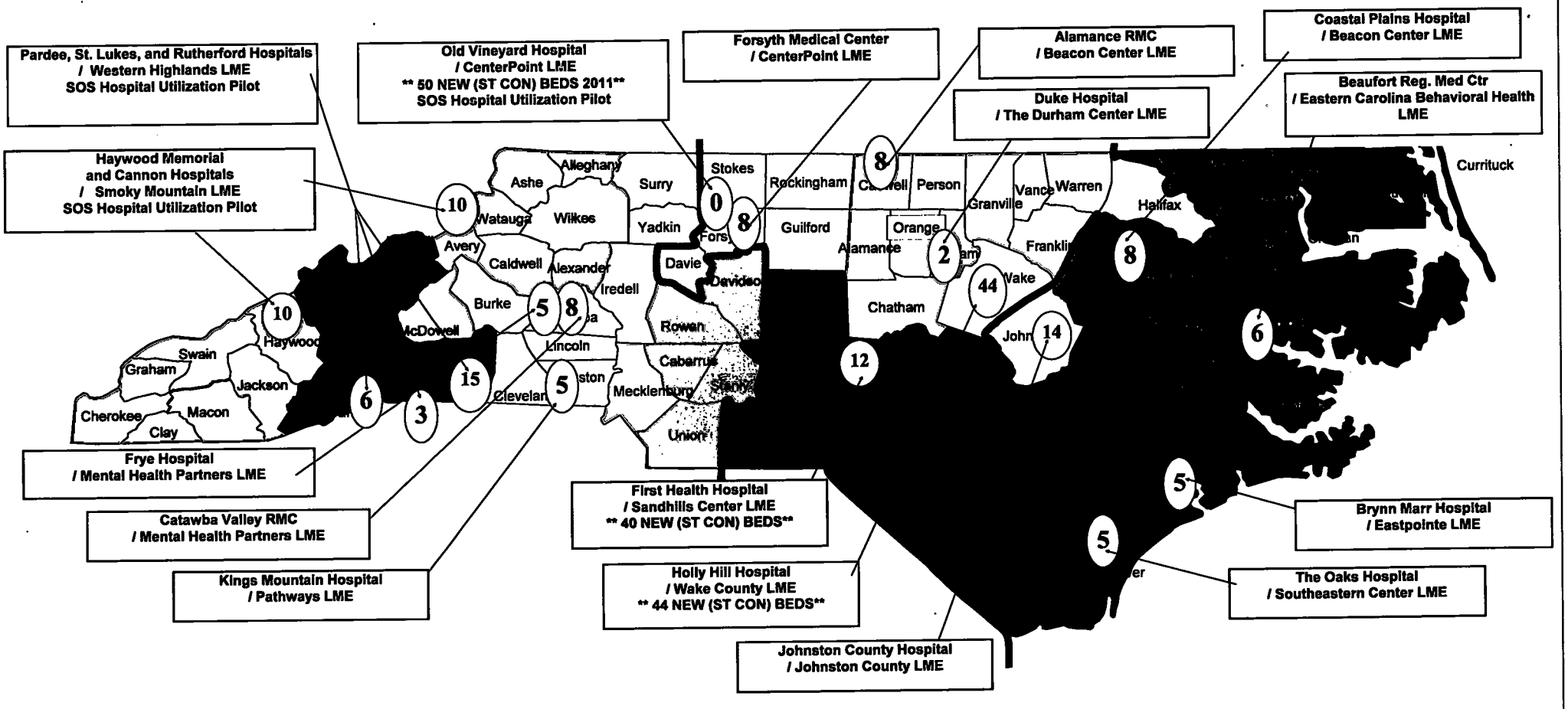
DHHS - DMH/DD/SAS
Psychiatric Hospital Inpatient Beds by Region

	Western	Central	Eastern	Total
Total Population	3,509,401	3,420,913	2,270,837	9,201,151
Total State Hospital Beds	271	567	249	1,087
Total Operational Community Hospital Beds - IVC	460	575	376	1,411
Total Operational Community Hospital Beds - Non-IVC	90	9	68	167
Total Psychiatric Inpatient Beds	821	1,151	693	2,665
State Hospital Beds Per 100,000	7.722	16.575	10.965	11.814
Community Hospital IVC Beds Per 100,000	13.108	16.808	16.558	15.335
Community Hospital Non-IVC Beds Per 100,000	2.565	0.263	2.994	1.815
Total Psychiatric Inpatient Beds Per 100,000	23.394	33.646	30.517	28.964

V introduced
3/11/09

CRISIS REGIONAL MAP

LME Contracted Community Hospital Beds



1 -- Contracts in Development

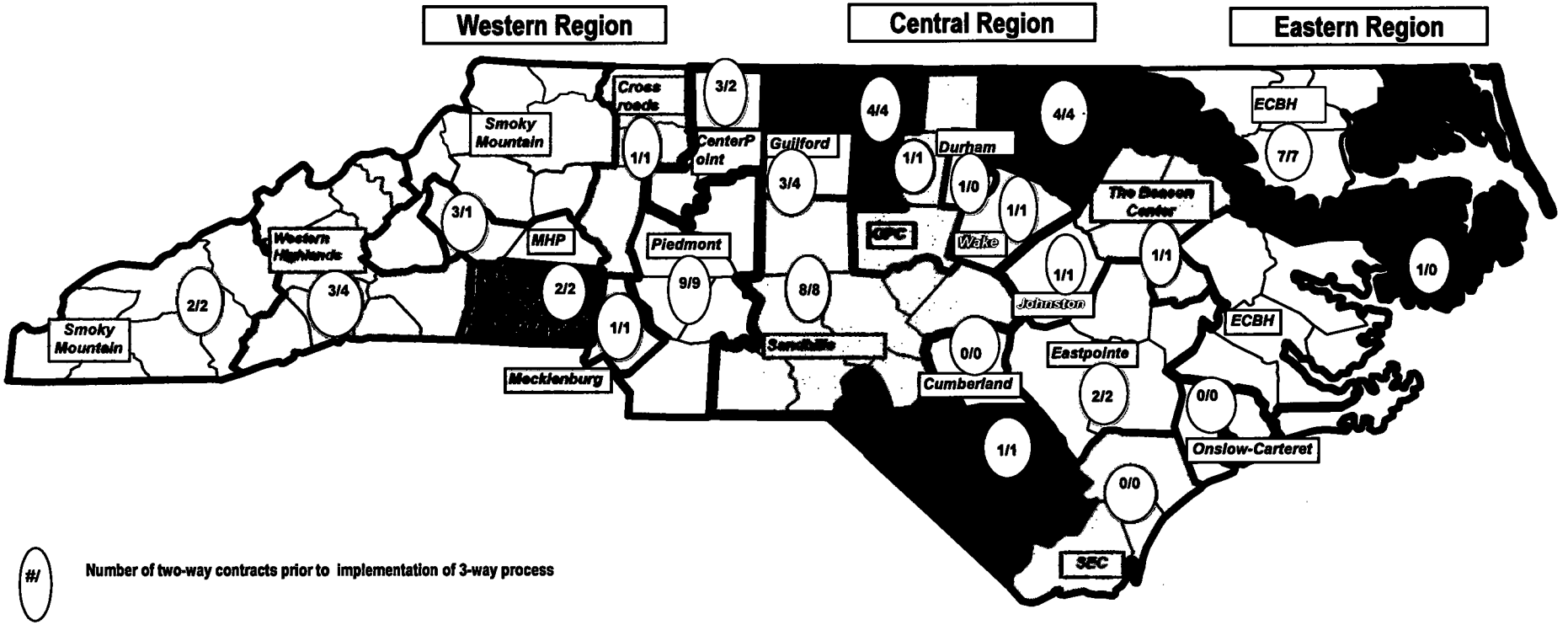
3 -- SOS Hospital Pilot Projects

Hospital Contracts
LME / Community Hospital / DMH
Total of 174 New / Expanded Beds

12 -- 3 Way Contracts in place

VI introduced 3/11/09

Number of Two-Way Contracts Prior to and Post Implementation of Three-Way Process

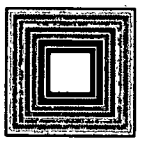


VII introduced 3/4/09

Medicaid Overview

MELANIE BUSH
FISCAL RESEARCH DIVISION

March 11, 2009



FISCAL RESEARCH DIVISION
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Overview

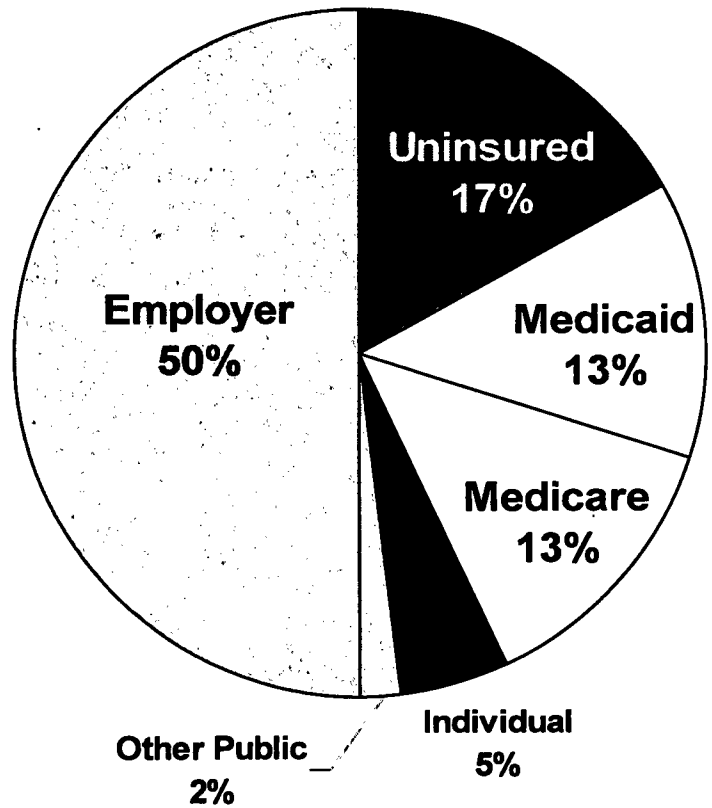
- Brief program overview
- Budget impact
- Economic stimulus
- Cost Containment Options

What is Medicaid?

- Health insurance for low-income North Carolinians
- Long-term care for the elderly
- Services for people with disabilities

What is Medicaid?

NC INSURANCE STATUS, 2006-07



Source: Kaiser Family Foundation, statehealthfacts.org

What is Medicaid?

Medicaid

Who:

- Low-income families, children, seniors, and people with disabilities

How:

- Federal, State, and county funds
- Eligibility determined by income, assets, age, and disability

Medicare

Who:

- People over 65 and people with disabilities who receive SSDI

How:

- Financed by employee contributions to SS Trust Fund

What is Medicaid?

- Within broad federal guidelines, each state:

1. Establishes its own eligibility standards
2. Determines the covered services
3. Sets the payment rate for services
4. Administers its own program

Who Receives Medicaid?

MANDATORY

- Aged, blind, disabled on Supplemental Security Income (SSI)
- Certain Medicare recipients
- Low-income pregnant women and infants ≤ 133% poverty
- Low-income children through age 18
- Low-income families with children who meet 1996 income restrictions
- Foster and adoptive children

Who Receives Medicaid?

OPTIONAL

- Aged, blind, disabled not on SSI ≤ 100% poverty
- Medically needy
- Pregnant women ≤ 185% poverty
- Children 0 - 5 between ≤ 200% poverty
- Children ages 19 and 20 ≤ 100% poverty
- Certain foster and adoptive children not otherwise eligible
- Women in the NC Breast and Cervical Cancer Control Program
- Family planning for adults up to 185% poverty

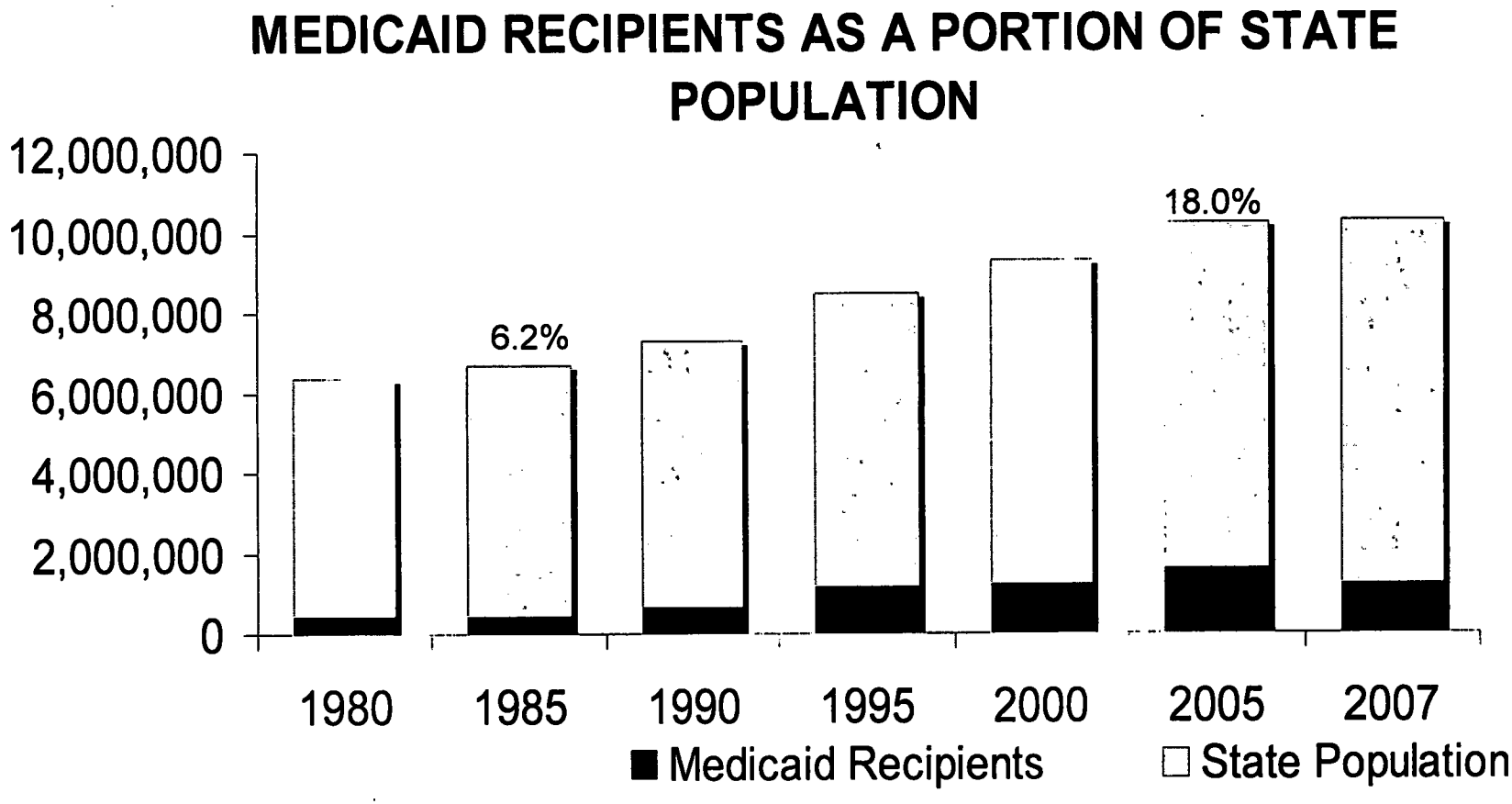
Who Receives Medicaid?

INCOME LIMITS

Seniors, 65+	**100% Poverty**	**Low-Income Parents**	**45% of Poverty**
	1 - $ 851/month		2 - $362/month
	2 -$1,141/month		4 - $594/month
Blind/Disabled	**100% of Poverty**	**Children < 6**	**200% of Poverty**
	1 - $ 851/month		2 - $2,334/month
	2 -$1,141/month		4 - $3,534/month
Pregnant women	**185% of Poverty**	**Children 6 – 18**	**100% of Poverty**
	1 - $1,575/month		2 - $1,141/month
	2 - $2,111/month		4 - $3,184/month

Source: DHHS, DMA Medicaid Annual Report, SFY 2007

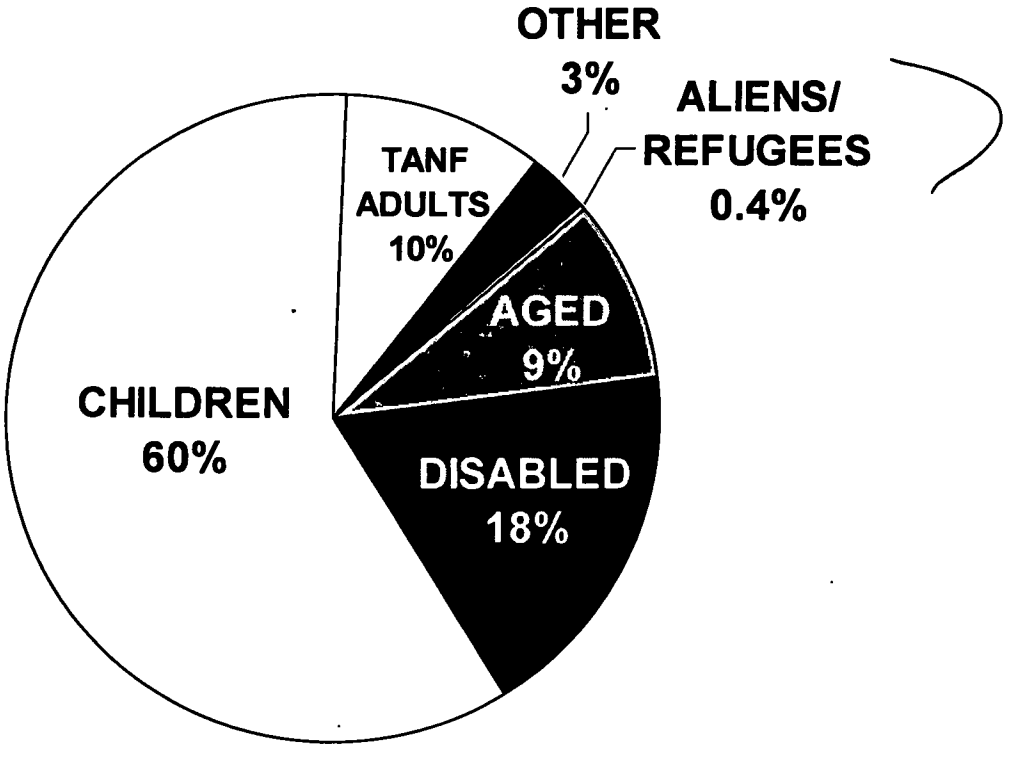
Who Receives Medicaid?



Source: NC State Data Center, OSBM; DHHS, DMA

Who Receives Medicaid?

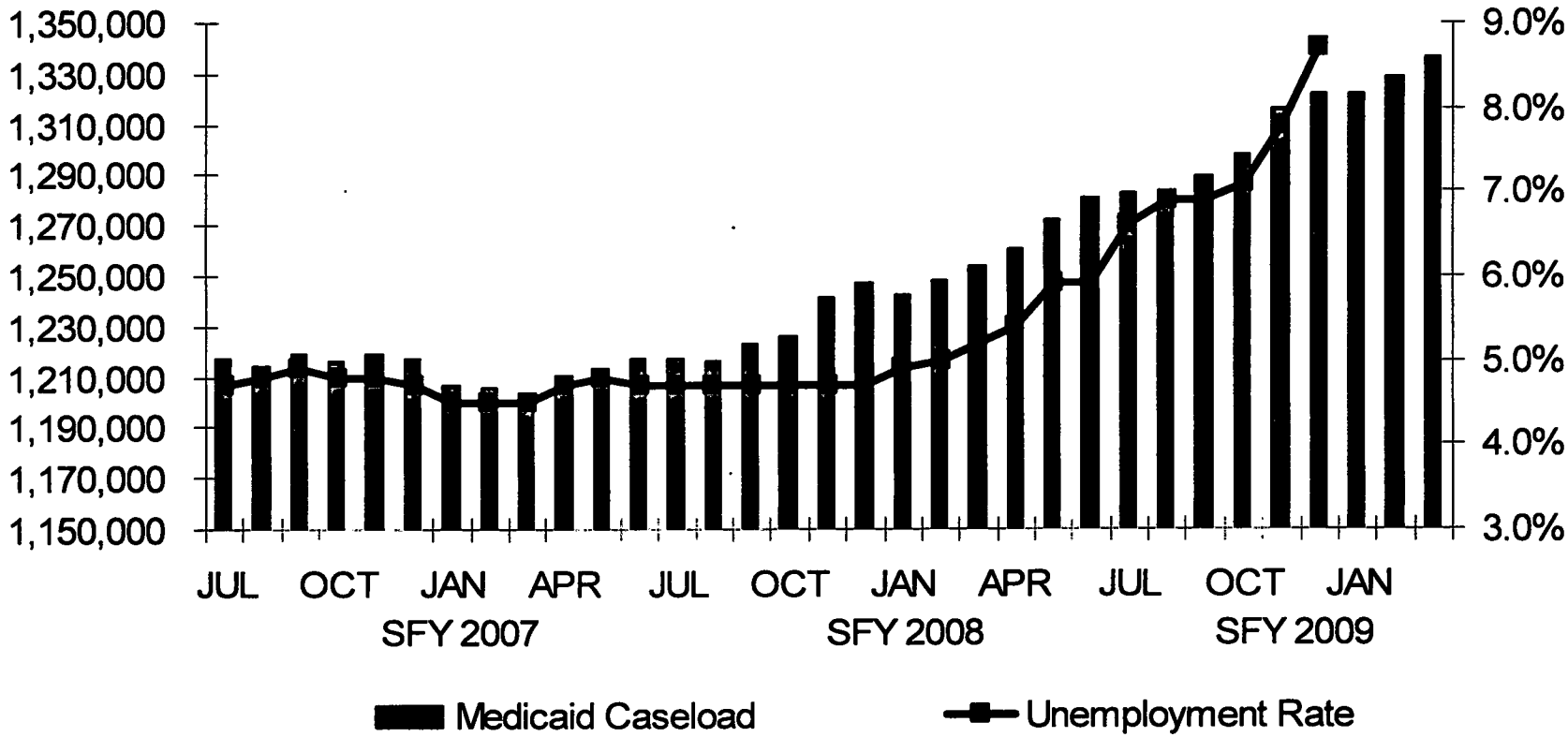
FY 2008 NC MEDICAID CASELOAD:
1.25 MILLION



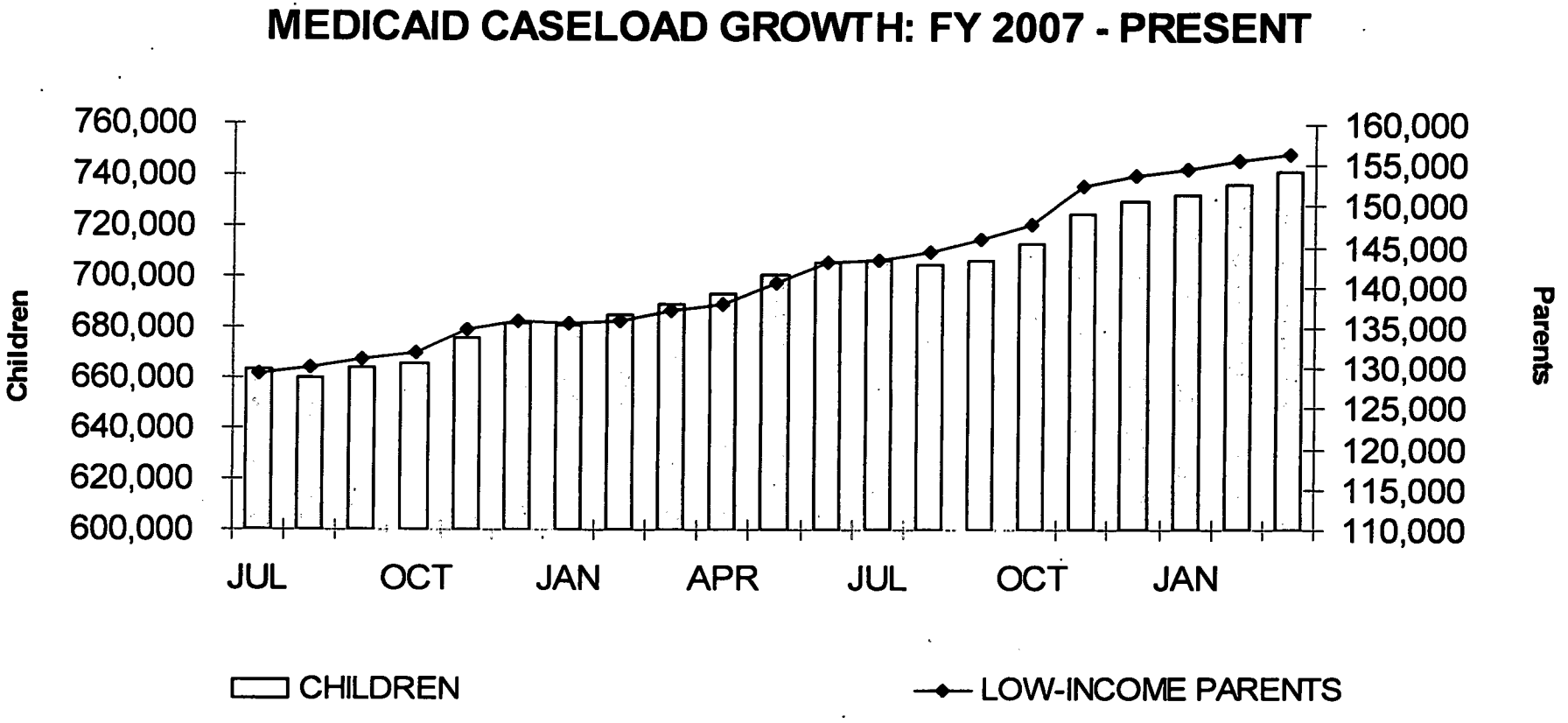
Source: DHHS, DMA Program Expenditure Report, June 2008

Who Receives Medicaid?

MEDICAID CASELOAD AND UNEMPLOYMENT:
FY 2007 - PRESENT



Who Receives Medicaid?



Source: DHHS, DMA Monthly Eligibles Report

What is Paid by Medicaid?

MANDATORY SERVICES

- Ambulance
- Durable Medical Equipment
- Family Planning
- Federally Qualified Health Centers (FQHCs)
- Health Check (EPSDT)
- Hearing Aids (children)
- Home Health
- Hospital Inpatient/Outpatient
- Nurse Midwife/Nurse Practitioner
- Nursing Facility
- Labs and X-rays
- Physician
- Psychiatric Residential Treatment and Residential Services
- Routine eye exams and visual aids (children)

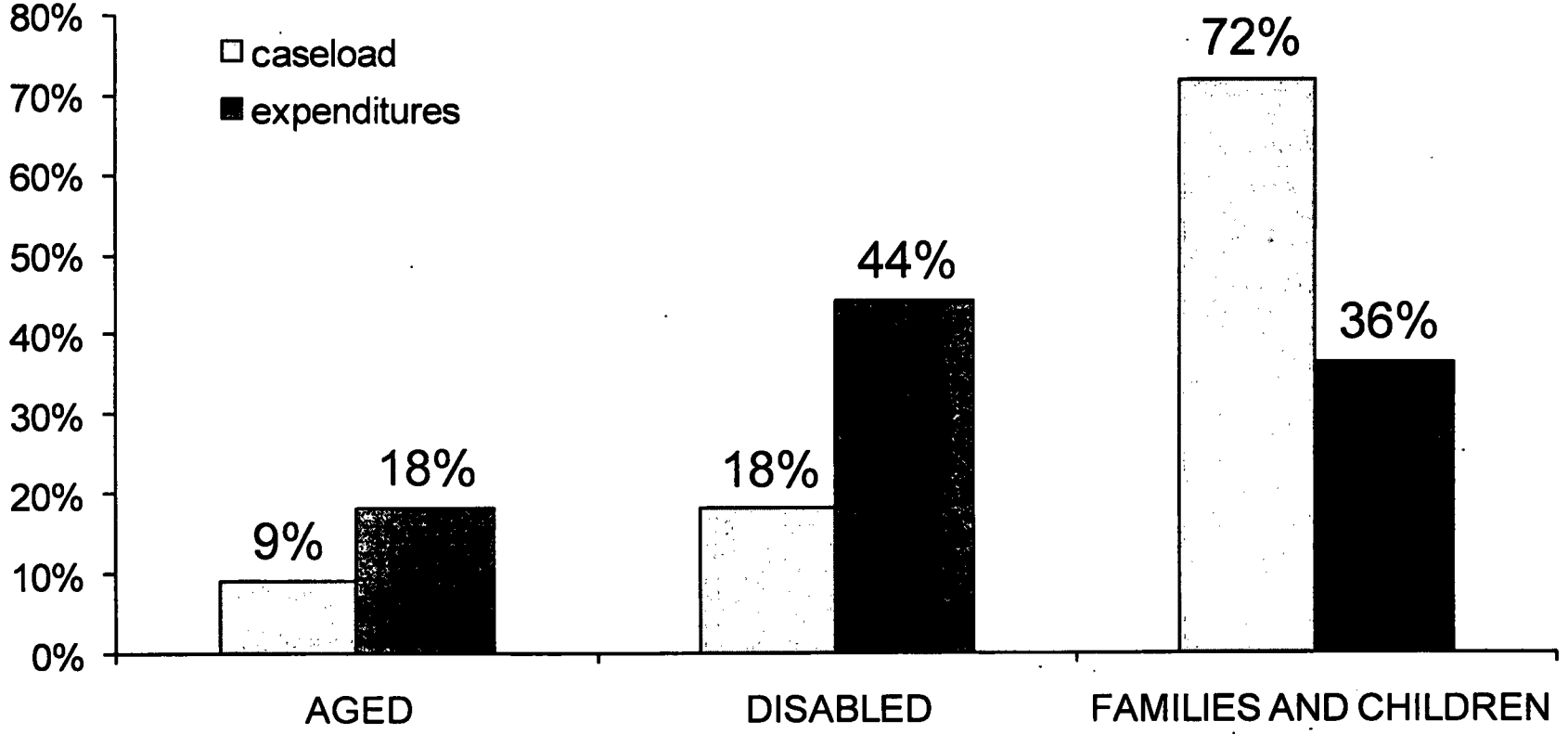
What is Paid by Medicaid?

OPTIONAL SERVICES

- Case management
- Chiropractor
- Community Alternatives Programs (CAP)
- Dental and dentures
- Eye care
- Home infusion therapy
- Hospice
- Intermediate care facilities for the mentally retarded (ICF-MRs)
- Mental health services
- Orthotics and prosthetics
- Personal care services
- Physical, occupational, and speech therapies
- Podiatrist
- Prescription drugs
- Preventive care
- Private duty nursing
- Rehabilitative services
- Transportation

What is Paid by Medicaid?

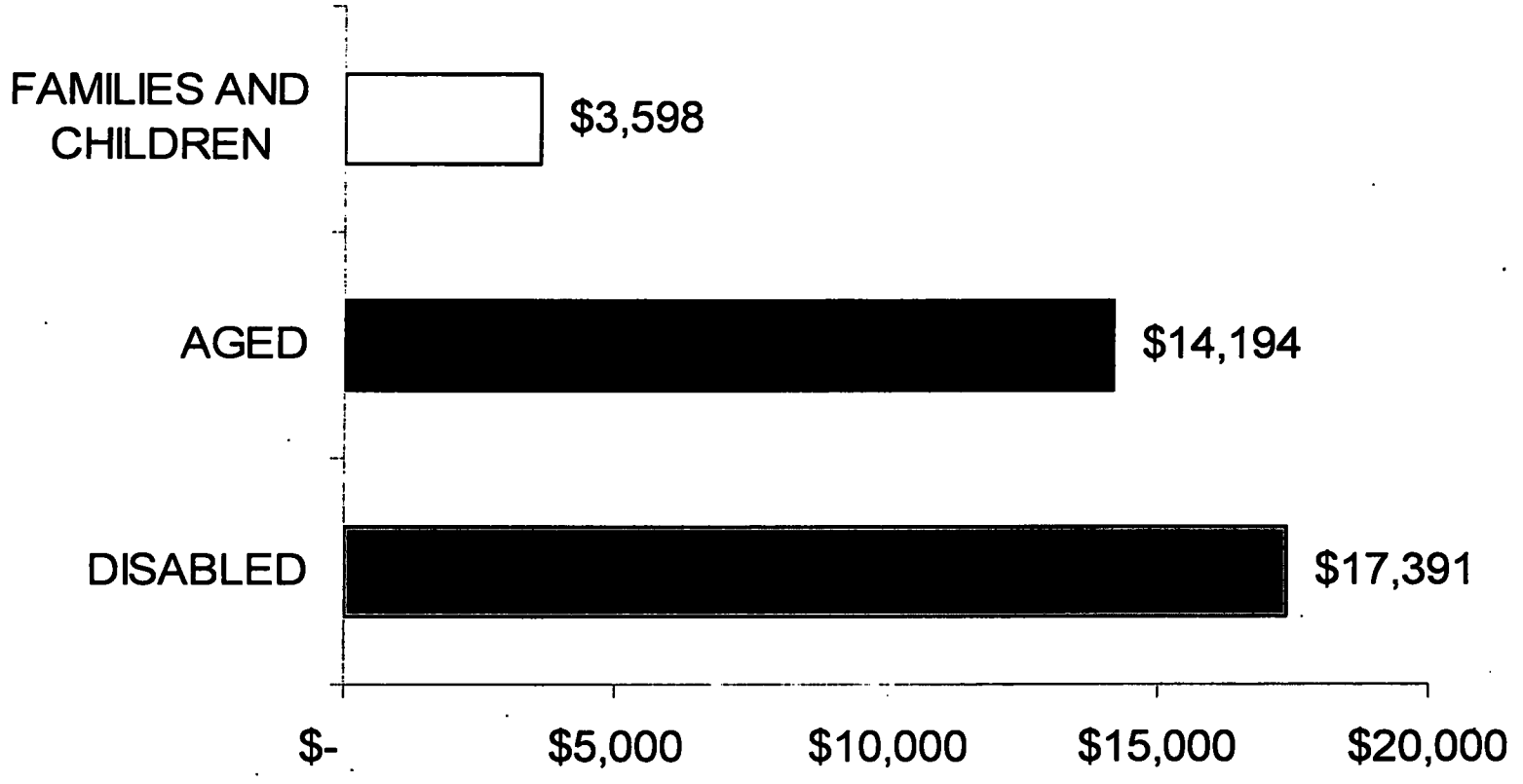
FY 2008 MEDICAID CASELOAD AND EXPENDITURES



Source: DHHS, DMA Program Expenditure Report, June 2008

What is Paid by Medicaid?

FY 2008 AVERAGE PAID PER RECIPIENT



Source: DHHS, DMA Program Expenditure Report, June 2008

What is Paid by Medicaid?

TOP 15 MOST EXPENSIVE SERVICES	FY 2008	% TOTAL EXPENDITURES
1 HOSPITAL INPATIENT	$ 1,013,427,058	11.3%
2 PRACTITIONER-NON PHYSICIAN	999,990,508	11.1%
3 PRESCRIBED DRUGS	922,219,826	10.2%
4 PHYSICIAN	853,358,974	9.5%
5 NURSING FACILITIES	831,829,853	9.2%
6 HOSPITAL OUTPATIENT	396,011,598	4.4%
7 CAP-MENTALLY RETARDED	376,114,378	4.2%
8 PERSONAL CARE	299,741,176	3.3%
9 CAP-DISABLED	256,895,512	2.9%
10 DENTAL	239,997,938	2.7%
11 ICF-MRC, STATE-OWNED	225,820,988	2.5%
12 PART B BUY-IN MEDICARE DUAL	218,833,357	2.4%
13 ICF-MR, NON STATE-OWNED	216,515,478	2.4%
14 EMERGENCY ROOM	214,508,708	2.4%
15 HIGH RISK INTERVENTION	143,758,944	1.6%
TOTAL	$ 7,209,024,296	80.1%

Source: DHHS, DMA Top 15 Categories of Service; BD 701

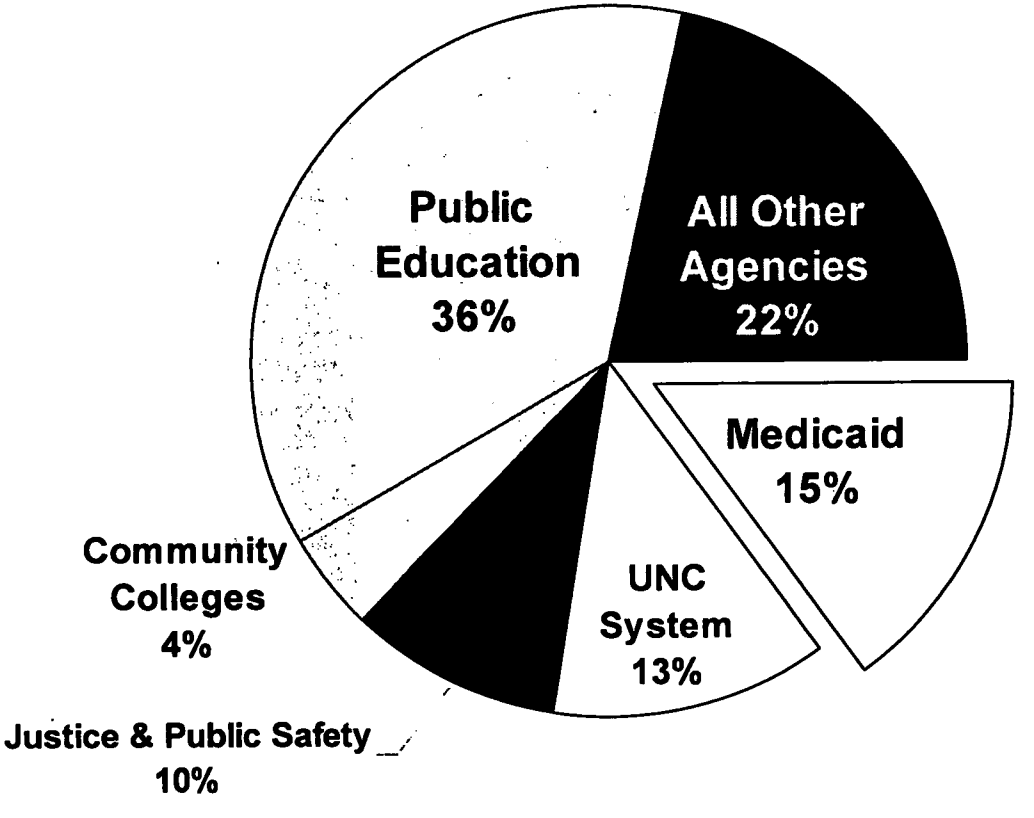
Budget Impact

FEDERAL ENTITLEMENT PROGRAM

- If eligible, cannot legally be denied service
- If State must pay for Medicaid regardless of revenue or appropriations shortfalls

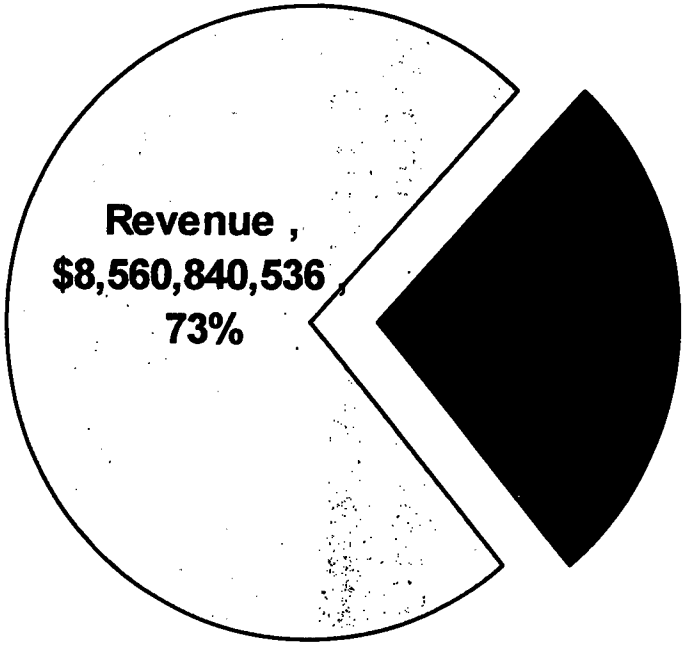
Budget Impact

FY 2008-09 NC NET GENERAL FUND APPROPRIATION
$21.4 billion



Budget Impact

FY 2008-09 MEDICAID CERTIFIED BUDGET
$11,740,011,999



Budget Impact

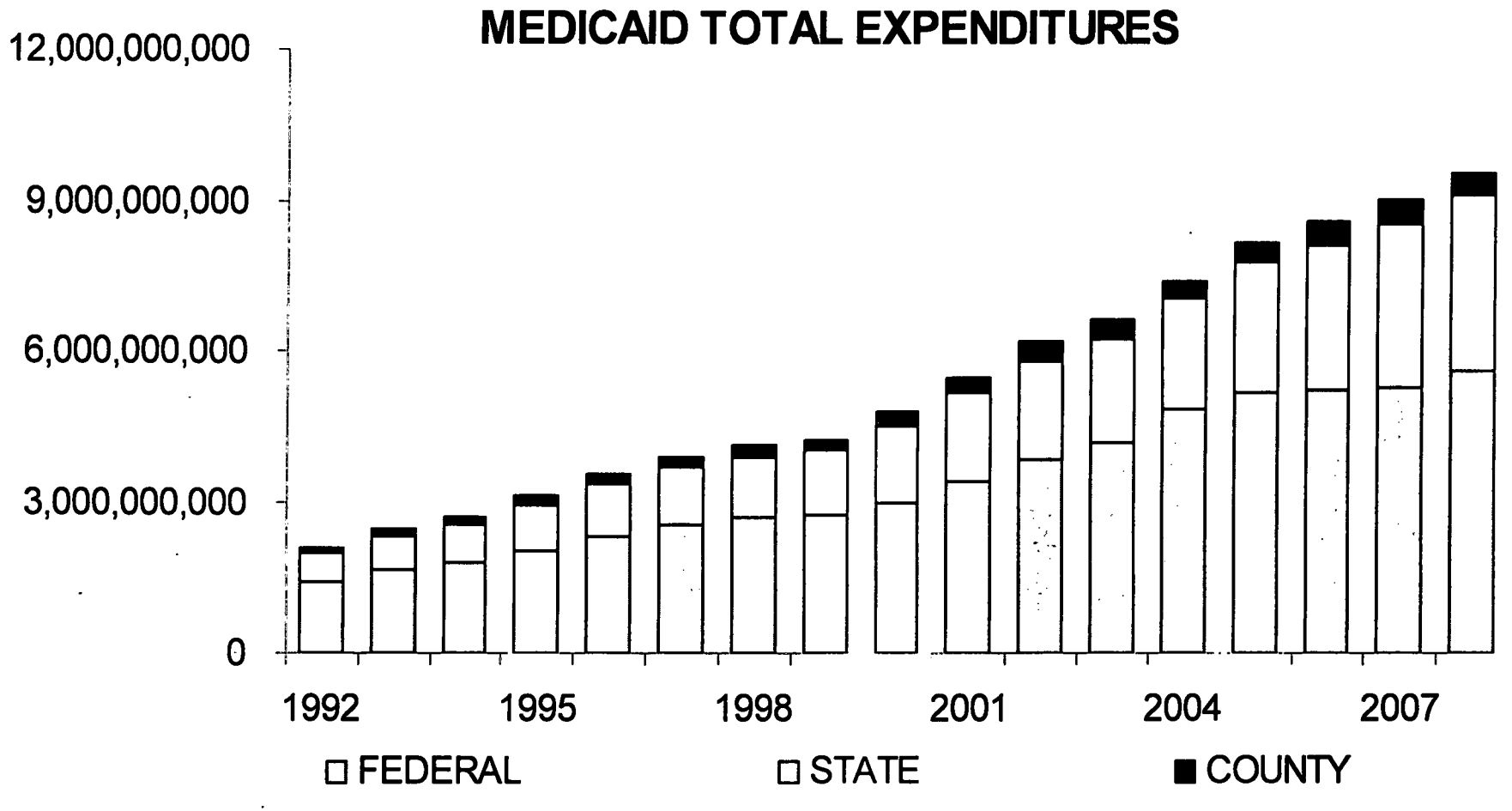
FINANCIAL RESPONSIBILITY

- SFY 2008-09 costs split between federal, State, and county governments

Federal (FMAP):	**64.46%**
State (SMAP):	**30.46%**
County:	**2.67%**

- S.L. 2007-323: NCGA began phase out of county share over 3 years
- SFY 2009-10 State assumes 100% county share = $592 million

Budget Impact



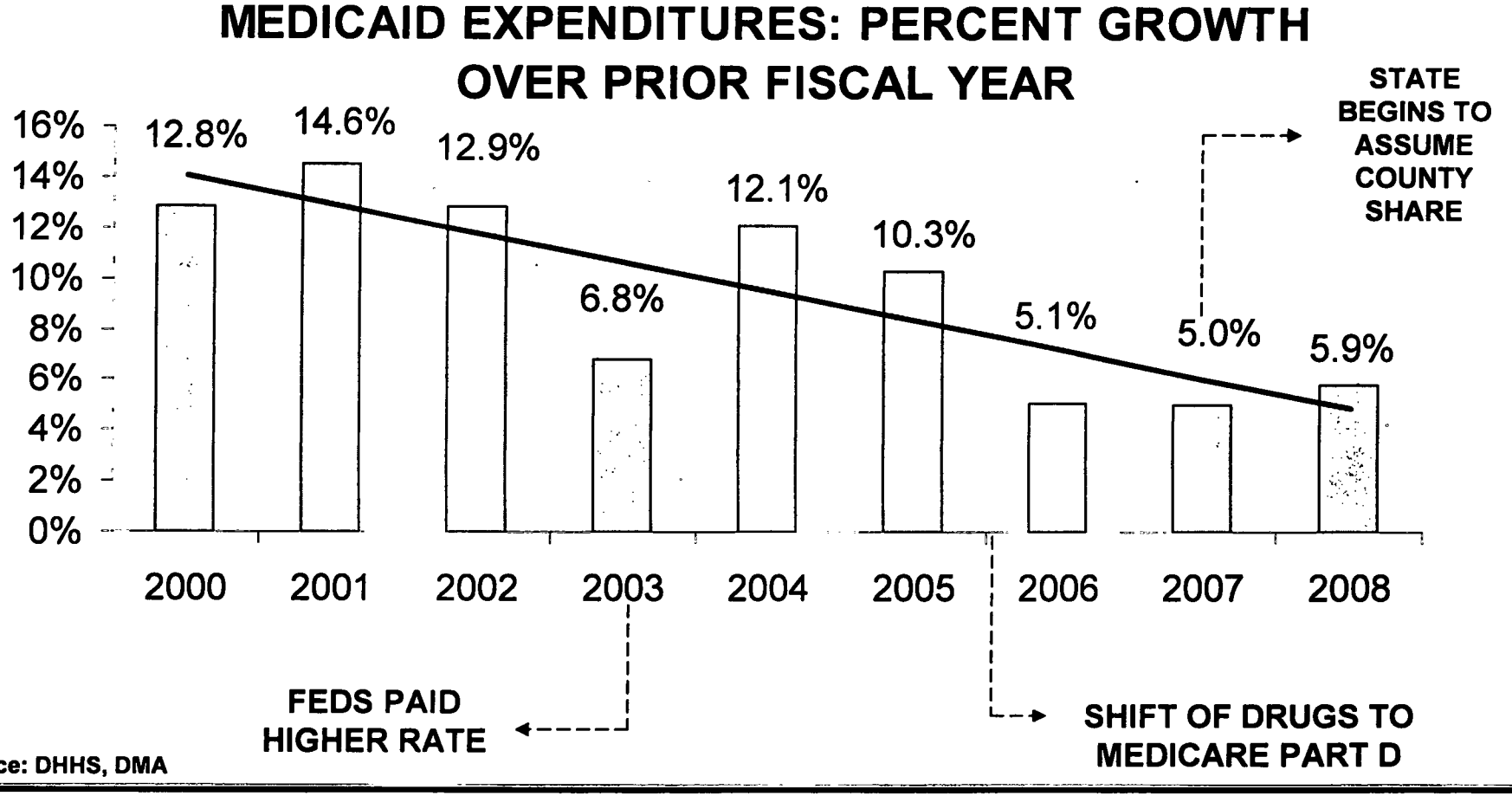
Source: DHHS, DMA

Budget Impact

PAST COST CONTAINMENT EFFORTS (FY 2001-2008)

- Limits on prescription drugs
- Changes for Medicaid providers
- Changes for Medicaid recipients
- Changes to Medicaid services
- Managed care initiative: Community Care of NC (CCNC)
- Shift of prescription drug coverage to Medicare Part D for dually eligible recipients

Budget Impact



Source: DHHS, DMA

Budget Impact

CURRENT RECESSION

- Latest data shows FY 2008-09 Medicaid expenditures about even with last year's spending
- Latest caseload data shows similar growth as last year
- Unemployment continues to rise

Budget Impact

- For 1% increase in unemployment in NC ~

  + 17,000 children on Medicaid/SCHIP: $17 million

  + 11,000 adults on Medicaid: $24 million

  $41 million GF for every 1% increase in unemployment

- December 2008 NC unemployment: 8.1%

Source: Kaiser Commission on the Uninsured (http://www.kff.org/uninsured/upload/7850.pdf); State Data Center; DMA; BLS

Economic Stimulus

FINAL BILL

- Increases amount federal government pays for Medicaid by:
  - + 6.2% points for all states
  - + percentage points for state-specific unemployment increases

- Effective for claims paid October 2008 through December 2010

Economic Stimulus

FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP)

	OLD		NEW
SFY 2008-09	64.60%	=	74.51%
SFY 2009-10	65.16%	=	74.98%
SFY 2010-11	65.56%	=	75.36%

Economic Stimulus

ESTIMATED FEDERAL ASSISTANCE

FY 2008-09:	$670.5 million
FY 2009-10:	$1.05 billion
FY 2010-11:	$535 million
TOTAL:	$2.255 billion

Source: FFIS estimates, February 24, 2009

Economic Stimulus

FINAL BILL

- Cannot decrease eligibility
- Must comply with Medicaid "prompt pay" provisions
- Prohibits moving any savings directly or indirectly into any reserve or rainy day fund

Economic Stimulus

CONSIDERATIONS

– Stimulus funds are time-limited

– Caseloads will likely increase

– Currently facing significant revenue shortfall

Cost Containment Options

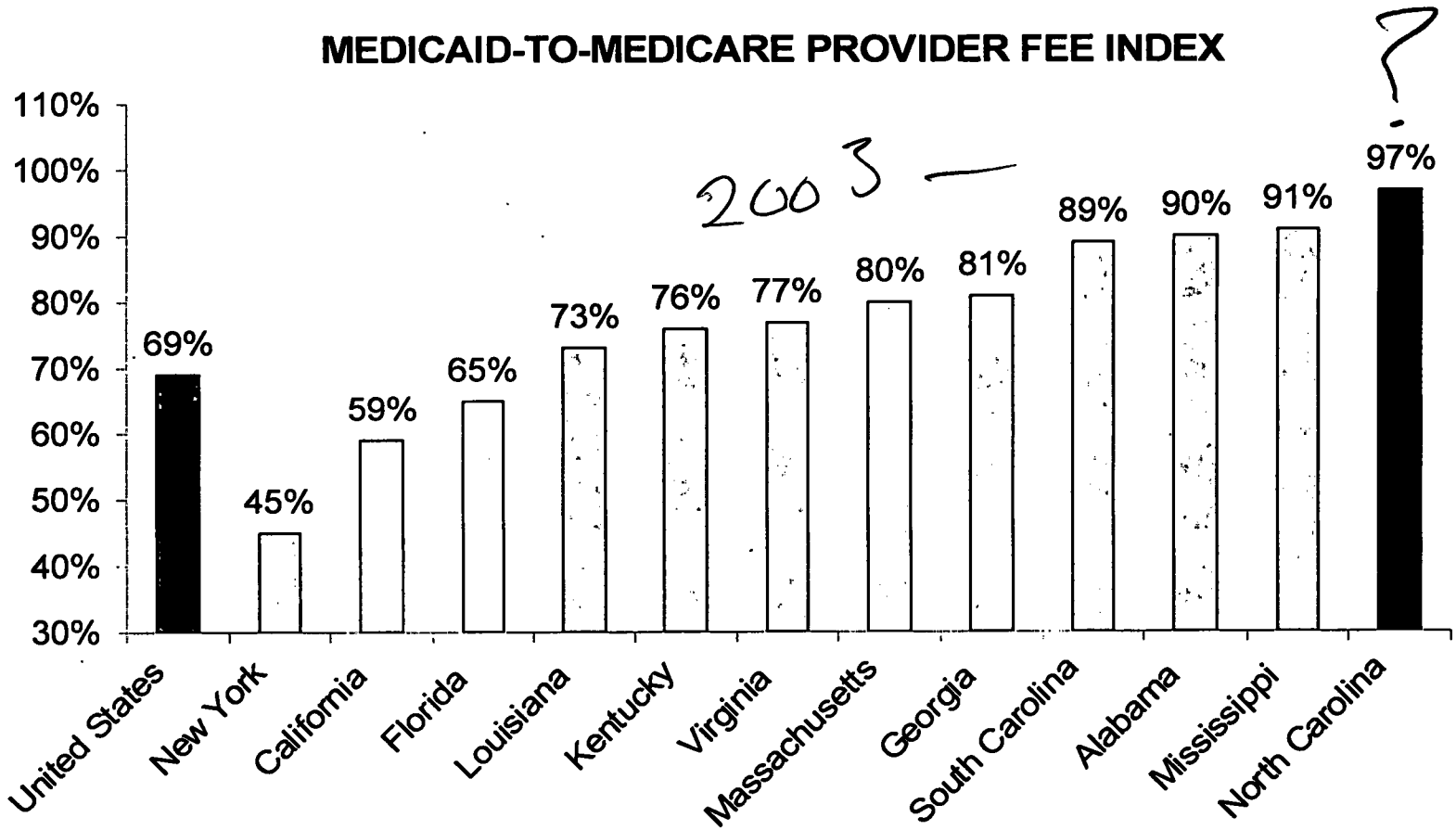
CONSIDERATIONS

– Provider rates

– Prescription drugs

– Optional services

Cost Containment Options



Source: Kaiser Family Foundation (2003): http://www.statehealthfacts.org/comparetable.jsp?ind=196&cat=4

Cost Containment Options

PRESCRIPTION DRUG PRICING

	Per Script	Supplemental Rebate Program?
North Carolina	**AWP – 10%**	**No**
Alabama	AWP – 10%	Yes
Virginia	AWP – 10.25%	Yes
South Carolina	AWP – 10.5%	Yes
Georgia	AWP – 11%	Yes
Mississippi	AWP – 12 - 25%	Yes
Louisiana	AWP – 13.5 -15%	Yes
Kentucky	AWP – 14 -15%	Yes
Tennessee	AWP – 13 -16%	Yes
Florida	AWP – 16.4%	Yes
West Virginia	AWP – 15 - 30%	Yes

Source: Centers for Medicare and Medicaid Services. AWP = Average Wholesale Price

Cost Containment Options

SERVICES

- Can limit amount of service provided for adults
- Can better manage utilization of services
- Can look at optional services
  - NC covers all but 2 optional services allowed by Medicaid

Questions

Fiscal Research Division

Room 619, LOB

919-733-4910

www.ncleg.net/fiscalresearch/

House Pages

Mental Health Reform

Name Of Committee: _____ Date: 3/18/19

1. Name: Madison Ayers
   County: Mecklenburg
   Sponsor: Representative Killeen
2. Name: DiQuan McGill
   County: Wake
   Sponsor: Blue
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: Reggie Sills
2. Name: Carlton Adams
3. Name: Joey Raley
4. Name: _____
5. Name: _____

VISITOR REGISTRATION SHEET

MENTAL HEALTH REFORM — 3-18-09

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Michael Lancaster MD	DMH/DD/SAS
Sarah Baker	Rape Crisis Center, Catawba County Social Worker NASW
Beverly Taylor	SRMC Lumberton NC
Ethel Piggott	SRMC Lumberton NC
April Smith	RN - SRMC Lumberton, NC
Regina Mainor, MSW	Smartseeds, Inc. Fayetteville, NC
Deb M. Jolly MSW, PLCSW	Cardinal Clinic, Fayetteville, NC
Dolly Whiteside	Judicial Branch - IDS
Sonya Williams-Joseph MSN, RN	PMHNP - NCNA
Sarah Emory	NCNA ~~EMO~~
Dana Fennell	North Carolina Nurses Association

VISITOR REGISTRATION SHEET

Name of Committee _____ Date _____

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Patricia Porter	NCGA Research
Tracy Kimbrell	Parker Poe
Takeila Stringfield	UNC Gillings School of Global Public Health
Rebecca Viverette	Wright School, Durham, NC
Sandra Tilson-Crann	Nurse Care of North Carolina Durham, NC
Christine Main	Eckerd Youth Alternatives - E-TIK-ETV 1086 Susie Sandhill Rd Elizabethtown, NC 28337
Katherine Hunt	SRMC Lumberton, NC 28359
Eugenia Bishop, RCCRN Nursing Student	SRMC Lumberton NC 28359
Mary Marshall Mattocks	Pitt Community College Greenville, NC
Deann Roberson	PCC School of Nursing " "
Joyce Woder RN	SRMC Lumberton NC 28359

VISITOR REGISTRATION SHEET

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Saundra B Means BSW CHPA	Southeastern Reg Medical Center Hospital Assoc - 1102 Pine Run Lumberton NC 28358
Catherine Pellizzari, BSW MSW candidate	UNC-Chapel Hill School of Social Work NASW
T. Jason Hill, BSW MSW candidate	UNC-Chapel Hill School of social work NASW-NC
Kaara DeFreitas-Kidder	UNC-Chapel Hill, School of Social work.
Hayley McPhail, BSW MSW candidate	UNC Chapel Hill, School of Social Work NASW-NC
Erin Bethej, BSW, msw candidate	UNC-CH, School of social work social worker NASW-NC
Crystal Bush, MSW	NASW-NC 88 Wheaton Dr Youngsville Franklin Co - Private Provider 27596

VISITOR REGISTRATION SHEET

Name of Committee _____ Date _____

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Victoria Prevatte	NCNA Southeastern Regional Medical Center
Cynthia Carlyle	Southeastern Regional Med Cntr
[illegible]	[illegible]
Julia Wilmer	NASW-NC
Erin Bear	NASW-NC
Liza Gellerstedt	NASW-NC
Jessica Parker BSW, AP	NASW-NC
[illegible]	MWC
Victoria Kotis-Jarrett	UNC-CH
DR. Ann Newman, RN	UNC - Charlotte
Patricia Young	Campbell University
Bob Fitzgerald	InterMed
Megan Pearsall	NASW-NC
[illegible]	NASW-NC, WCU
Jennifer Turner-Lynn	NASW-NC WCU
Courtney Palmer	NASW-NC WCU
Annie Chalmers	NASW-NC WCU.
Hollie McCall	Southeastern Regional Medical Center
Retha D. Floyd-Lee	Southeastern Regional Med Center
Kim Schmidt	NC MHCO - Raleigh
Gail Boswell / MH consumer	NC MHCO - OFFICE RALEIGH / EM - WILSON COUNTY
Gracie Stephens RN	Southeastern Regional Medical Center Lumberton Robeson Co
Penny Griffin	School of Gov.
Leslie Kellenberger	CFSA-NC
Karen McLeod	CFSA-NC
Jud Wadsworth	Eastern Seals UCP NC
Dave Richmond	Retired

MENTAL HEALTH REFORM

AGENDA

March 25, 2009
Legislative Office Building
Room 643
2:00 pm

Committee Chairs — **Representative Beverly Earle**, **Representative William Brisson**

The following bills are being considered:

BILL NO.	*SHORT TITLE*	*SPONSOR*
HB 522	START Crisis Services/MH/DD/SAS/Funds	Representative England
HB 576	Allow LMEs To Inspect MH/DD/SA Facilities	Representative Braxton
HB 672	Accountability for State Funding MH/DD/SA	Representative Earle
HB 673	Support for Developmental Disab. Services	Representative Earle

Committee Discussion — **Committee Members**

Closing Remarks — **Co-Chairs**

MENTAL HEALTH REFORM

MINUTES
March 25, 2009
ROOM 424
2:00 PM

The meeting opened at 2:05 pm by Representative Beverly Earle in Room 424 of the Legislative Office Building. She thanked everyone for coming and at this time introduced Pages and Sergeant-At-Arms.

The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Van Braxton
Representative Jim Crawford
Representative Bob England
Representative Rick Glazier
Representative Shirley Randleman
Representative Carolyn Justus
Representative James Langdon
Representative "Bill" McGee
Representative M. McLawhorn
Representative Wil Neumann
Representative Laura Wiley
Representative Verla Insko
Representative Pat Hurley

Four bills were on the agenda to be discussed and voted on. The bills were:

BILL NO.	***SHORT TITLE***	***SPONSOR***
HB 522	START Crisis Services/MH/DD/SAS Funds	Rep. England
HB 576	Allow LMEs To Inspect MH/DD/SAS Facilities	Rep. Braxton
HB 672	Accountability for State Funding MH/DD/SAS	Rep. Earle
HB 673	Support for Developmental Disab. Services	Rep. Earle

HB 522
AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, FOR START CRISIS SERVICES

Representative England explained that there is a sum in the amount of $2,050,000 in 2009-2010 fiscal year and $2,050,000 for 2010-2011 fiscal year, and that these funds should be used to provide Systemic, Therapeutic, Assessment, Respite, Treatment Team. There was no opposition to bill. A motion was made to give the bill a favorable report by Rep. Braxton. The motion was second, and the bill passed with a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations. (See Attachment III & IV).

HB 576
AN ACT TO EMPOWER AUTHORIZED REPRESENTATIVES OF LOCAL MANAGEMENT ENTITIES TO INSPECT LICENSED FACILITIES THAT PROVIDE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

Representative Van Braxton gave a brief explanation of the bill. The informed the committee of an incident that happened in his district. The LMEs were not allowed to enter into the facility, to investigate a complaint. This bill will allow them to do so. The bill came to the committee as a PCS (Proposed Committee Substitute). After a lengthy discussion, the bill received a favorable to the PCS, unfavorable to the original and re-referred to Finance.

Time expired and the other bills to be discussed were postponed until the next meeting.

Representative William Brisson gave closing remarks and the meeting was adjourned.

Representative Beverly Earle, Co-Chair, Presiding
Representative William Brisson, Co-Chair

Ann Raeford, Committee Clerk

Attachments

Attachment I	Agenda
Attachment II	HB 522
Attachment III	HB 576 and Summary
Attachment IV	HB 672
Attachment VI	HB 673
Attachment VII	Visitor's Sheet

HOUSE BILL 522*

Short Title:	START Crisis Services/MH/DD/SAS/Funds.	(Public)
Sponsors:	Representatives England, Farmer-Butterfield (Primary Sponsors); M. Alexander, Hughes, Hurley, Jones, Lucas, McLawhorn, Tarleton, and Womble.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 11, 2009

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, FOR START CRISIS SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of two million fifty thousand dollars ($2,050,000) for the 2009-2010 fiscal year and the sum of two million fifty thousand dollars ($2,050,000) for the 2010-2011 fiscal year. These funds shall be used to provide Systemic, Therapeutic, Assessment, Respite, Treatment Team (START) crisis prevention and intervention services to individuals with intellectual or developmental disabilities and behavioral health care needs in all regions of the State.

SECTION 2. This act becomes effective July 1, 2009.

HOUSE BILL 522:
START Crisis Services/MH/DD/SAS/Funds

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	March 24, 2009
Introduced by:	Reps. England, Farmer-Butterfield	**Prepared by:**	Shawn Parker
Analysis of:	First Edition		Legislative Analyst

SUMMARY: House Bill 522 appropriates $2,050,000 to provide Systemic, Therapeutic, Assessment, Respite, Treatment Team (START) crisis prevention services to individuals with intellectual or developmental disabilities and behavioral health care needs.

[As introduced, this bill was identical to S291, as introduced by Sen. Purcell, which is currently in Senate Appropriations/Base Budget.]

CURRENT LAW: Session Law 2008-107 (Appropriations Act of 2008) provided of funds appropriated to DHHS, $1,876,243 must be allocated for the START crisis model for developmental disability services; the funds must be distributed to LMEs to support six crisis teams; and the new crisis teams must be distributed across the State according to need as determined by the Department.

BILL ANALYSIS: The bill appropriates from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services two million fifty thousand dollars ($2,050,000) for SFY 2009-2010 and two million fifty thousand dollars ($2,050,000) for SFY 2010-2011 to provide START crisis prevention and intervention services in all regions of the State.

EFFECTIVE DATE: This act becomes effective July 1, 2009.

BACKGROUND: From Implementation Update #51, dated 12/1/08

START Teams and Crisis Respite Beds

Each of the three regions of the state now has two START teams. In September 2008, the DMH/DD/SAS awarded funds to a lead LME in each region to establish two clinical START teams and one four-bed crisis respite facility.

Region	LME	Providers
Eastern	East Carolina Behavioral Health	RHA, Inc.
Central	The Durham Center	Easter Seals/UCP
Western	Western Highlands Network	RHA, Inc.

What Is START?

A Systemic/Therapeutic/Assessment/Respite/Treatment team, better known as **START,** is a national model of crisis prevention and intervention supports and services. START is designed for individuals with intellectual and/or developmental disabilities and behavioral healthcare needs. START is designed to help prevent unnecessary hospitalizations, promotes transitions to the community from state developmental centers, and keeps individuals in their communities.

START teams help families and providers twenty-four hours a day, seven days a week. At the request of a provider or family, and often working with a mobile crisis team, a START team evaluates a person in crisis.

The START team provides immediate crisis care and arranges clinical and emergency meetings to plan ongoing treatment. START teams consult with and train community providers and others such as hospital staff. The teams help develop collaboration across disciplines and coordinate services for high risk individuals.

Who Staffs a START Team?
The START teams consist of a team leader and two masters or bachelor level qualified professional team members. The teams have access to ongoing psychology and psychiatry consultation.

How Does Crisis Respite Help?
Crisis respite provides direct intervention and clinical services to a person at a location usually away from the person's home. Respite care also provides relief for the family or primary caregiver. A master's level respite director oversees respite staff and ensures 24 hour awake staff. Two beds are reserved for planned respite (up to
72 hours) and two are for crisis respite (up to 30 days). The START team is actively involved during all respite
stays.

H522-SMSQ-17(e1) v1

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 522 A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, FOR START CRISIS SERVICES.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 576
PROPOSED COMMITTEE SUBSTITUTE H576-CSSQ-9 [v.3]

3/25/2009 1:42:54 PM

Short Title: Remove Endorsement for Denied Access LME. (Public)

Sponsors:

Referred to:

March 16, 2009

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE LOCAL MANAGEMENT ENTITIES TO REMOVE A PROVIDER'S ENDORSEMENT FOR FAILING TO ALLOW ACCESS FOR MONITORING PURPOSES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) reads as rewritten:

"**§ 122C-115.4. Functions of local management entities.**

...

(b) The primary functions of an LME are designated in this subsection and shall not be conducted by any other entity unless an LME voluntarily enters into a contract with that entity under subsection (c) of this section. The primary functions include all of the following:

(1) Access for all citizens to the core services and administrative functions described in G.S. 122C-2. In particular, this shall include the implementation of a 24-hour a day, seven-day a week screening, triage, and referral process and a uniform portal of entry into care.

(2) Provider endorsement, monitoring, technical assistance, capacity development, and quality control. An LME may remove a provider's endorsement if a ~~provider fails to meet defined quality criteria, fails to adequately document the provision of services, fails to provide required staff training, or fails to provide required data to the LME.~~provider:

a. Fails to meet defined quality criteria.

b. Fails to adequately document the provision of services.

c. Fails to provide required staff training.

d. Fails to provide required data to the LME.

e. Fails to allow the LME access to client records.

f. Fails to allow the LME access for monitoring in accordance with rules established under G.S. 143B-139.1.

If at anytime the LME suspects a violation of licensure rules the LME shall make a referral to the Division of Health Service Regulation. If at anytime the LME suspects abuse, neglect, or exploitation of a client the LME shall make a referral to the local Department of Social Services, Child Protective Services Program or Adult Protective Services Program.

(3) Utilization management, utilization review, and determination of the appropriate level and intensity of services. An LME may participate in the

development of person centered plans for any consumer and shall monitor the implementation of person centered plans. An LME shall review and approve person centered plans for consumers who receive State-funded services and shall conduct concurrent reviews of person centered plans for consumers in the LME's catchment area who receive Medicaid funded services.

(4) Authorization of the utilization of State psychiatric hospitals and other State facilities. Authorization of eligibility determination requests for recipients under a CAP-MR/DD waiver.

(5) Care coordination and quality management. This function involves individual client care decisions at critical treatment junctures to assure clients' care is coordinated, received when needed, likely to produce good outcomes, and is neither too little nor too much service to achieve the desired results. Care coordination is sometimes referred to as "care management." Care coordination shall be provided by clinically trained professionals with the authority and skills necessary to determine appropriate diagnosis and treatment, approve treatment and service plans, when necessary to link clients to higher levels of care quickly and efficiently, to facilitate the resolution of disagreements between providers and clinicians, and to consult with providers, clinicians, case managers, and utilization reviewers. Care coordination activities for high-risk/high-cost consumers or consumers at a critical treatment juncture include the following:

a. Assisting with the development of a single care plan for individual clients, including participating in child and family teams around the development of plans for children and adolescents.
b. Addressing difficult situations for clients or providers.
c. Consulting with providers regarding difficult or unusual care situations.
d. Ensuring that consumers are linked to primary care providers to address the consumer's physical health needs.
e. Coordinating client transitions from one service to another.
f. Conducting customer service interventions.
g. Assuring clients are given additional, fewer, or different services as client needs increase, lessen, or change.
h. Interfacing with utilization reviewers and case managers.
i. Providing leadership on the development and use of communication protocols.
j. Participating in the development of discharge plans for consumers being discharged from a State facility or other inpatient setting who have not been previously served in the community.

(6) Community collaboration and consumer affairs including a process to protect consumer rights, an appeals process, and support of an effective consumer and family advisory committee.

(7) Financial management and accountability for the use of State and local funds and information management for the delivery of publicly funded services.

Subject to all applicable State and federal laws and rules established by the Secretary and the Commission, nothing in this subsection shall be construed to preempt or supersede the regulatory or licensing authority of other State or local departments or divisions.

SECTION 2. This act is effective when it becomes law.

HOUSE BILL 576

Short Title:	Allow LMEs To Inspect MH/DD/SA Facilities.	(Public)
Sponsors:	Representatives Braxton, Brisson (Primary Sponsors); M. Alexander, Bryant, Dollar, Insko, Lucas, McLawhorn, Randleman, E. Warren, and R. Warren.	
Referred to:	Mental Health Reform, if favorable, Finance.	

March 16, 2009

A BILL TO BE ENTITLED

AN ACT TO EMPOWER AUTHORIZED REPRESENTATIVES OF LOCAL MANAGEMENT ENTITIES TO INSPECT LICENSED FACILITIES THAT PROVIDE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-22(b) reads as rewritten:

"(b) The Commission may adopt rules establishing a procedure whereby a licensable facility certified by a nationally recognized agency, such as the Joint Commission on Accreditation of Hospitals, may be deemed licensed under this Article by the Secretary. Any facility licensed under the provisions of this subsection shall continue to be subject to inspection by the Secretary and authorized representatives of local management entities. For the purposes of this Article, 'authorized representatives of local management entities' means individuals who are authorized by area directors, as defined in G.S. 122C-3, to represent local management entities for inspection purposes."

SECTION 2. G.S. 122C-24.1(e) reads as rewritten:

"(e) The Department shall impose a civil penalty on any facility which refuses to allow an authorized representative of the Department or an authorized representative of a local management entity within the same catchment area as the facility to inspect the premises and records of the facility."

SECTION 3. G.S. 122C-25 reads as rewritten:

"**§ 122C-25. Inspections; confidentiality.**

(a) The Secretary shall make or cause to be made inspections that the Secretary considers necessary. ~~Facilities~~ Each facility licensed under this Article shall be subject to inspection at all times by the Secretary and by an authorized representative of the local management entity within the same catchment area as the facility. All residential facilities as defined in G.S. 122C-3(14)e. shall be inspected on an annual basis.

(b) Notwithstanding G.S. 8-53, G.S. 8-53.3 or any other law relating to confidentiality of communications involving a patient or client, in the course of an inspection conducted under this section, representatives of the Secretary and authorized representatives of local management entities may review any writing or other record concerning the admission, discharge, medication, treatment, medical condition, or history of any individual who is or has been a patient, resident, or client of a licensable facility and the personnel records of those individuals employed by the licensable facility.

A licensable facility, its employees, and any other individual interviewed in the course of an inspection are immune from liability for damages resulting from disclosure of any information to the Secretary or an authorized representative of a local management entity.

Except as required by law, it is unlawful for the Secretary or an employee of the Department or an authorized representative of a local management entity to disclose the following information to someone not authorized to receive the information:

(1) Any confidential or privileged information obtained under this section unless the client or ~~his~~ the client's legally responsible person authorizes disclosure in writing; or

(2) The name of anyone who has furnished information concerning a licensable facility without the individual's consent.

Violation of this subsection is a Class 3 misdemeanor punishable only by a fine, not to exceed five hundred dollars ($500.00).

All confidential or privileged information obtained under this section and the names of persons providing this information are exempt from Chapter 132 of the General Statutes.

(c) The Secretary shall adopt rules regarding inspections by employees of the Department or by authorized representatives of local management entities, that, at a minimum, provide for:

(1) A general administrative schedule for inspections; and

(2) An unscheduled inspection without notice, if there is a complaint alleging the violation of any licensing rule adopted under this Article.

(d) All residential facilities, as defined in G.S. 122C-3(14)e., shall ensure that the Division of Health Service Regulation complaint hotline number is posted conspicuously in a public place in the facility."

SECTION 4. This act is effective when it becomes law.

House Pages

Mental Health Reform

Name Of Committee: _____ Date: 3/25/09

1. Name: Woody Horton
   County: Bladen
   Sponsor: Brisson
2. Name: Hope McPherson
   County: Robeson
   Sponsor: Pierce
3. Name: Demetrius Tyson
   County: Moore County
   Sponsor: Will Neumann
4. Name: Jessica Williford
   County: Wake
   Sponsor: Rep. Paul Stam
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: Reggie Sills
2. Name: Irey Raley
3. Name: Carlton Adams
4. Name: Charles Coker
5. Name: Dusty Rhodes

VISITOR REGISTRATION SHEET

Mental Health 3-25-09

Name of Committee Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Laura Foster	Advocate for Mentally Ill
Annaliese Dolph	DRNC
Jennifer O'Brien	MHANC
Tony Moore	PO Box 1384 Winterville NC 28590
Bob Fitzgerald	[illegible]
Ellen Holliman	Durham Center
[illegible]	NC Council
[illegible]	MHA-NC
[illegible]	MHM Services Inc
Lynn Harris	[illegible]
[illegible]	NAMI NC

VISITOR REGISTRATION SHEET

Mental Health — 3-25-09

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Kay Parsay	National Association of Social Workers. NC Chapter; BSW Intern
Matt Prentice	Easter Seals UCP NC
Jud Woodall	Eastern Seals UCP NC
Tracy Kimbrell	Parker Poe
Steve Metts	RHA
Hugh Tilson	NCHA
Josh Maynard	GTM & Assoc
David Barnes	Poyner Spruill
Anni Culver	Johnston Health
Josh Calasser	CCNC
Chip Boyles	NCMS

VISITOR REGISTRATION SHEET

Mental Health 3-25-09

Name of Committee Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
[signature]	DHHS
Shemeaeh Hennyton	DHHS

VISITOR REGISTRATION SHEET

March 25, 2009 — Name of Committee
Mental Health Reform — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
GENE Rodgers	NC Providers Council
Ken Melvin	CFSA-NC
Bob Ofredrich	NCPC
Peggy Baucom	Jaguar Group
Leonard Cruz MD	932 Hendersonville Rd #101 Asheville, NC 28803
[illegible]	The Arc
Julia Leggett	The Arc of NC
Jill Hrabankeel	
Jack Reguste	National Association of Social Workers - NC Chapter
Colleen Kochanek	SMC
Zech Sygethell	National Association of Social Workers - NC Chapter

VISITOR REGISTRATION SHEET

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
CL. Cochran	ESUCP

HOUSE BILL 673

Short Title:	Support for Developmental Disab. Services.	(Public)
Sponsors:	Representatives Earle, Brisson, Barnhart, Hurley (Primary Sponsors); M. Alexander, Bell, Bordsen, Carney, Coates, Dollar, England, Faison, Farmer-Butterfield, Goforth, Harrison, Howard, Hughes, Justus, Lucas, Luebke, Mackey, McCormick, Parmon, Pierce, Randleman, Starnes, Tarleton, Wainwright, and Wiley.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) is amended by adding the following new subdivision to read:

"(b) The primary functions of an LME are designated in this subsection and shall not be conducted by any other entity unless an LME voluntarily enters into a contract with that entity under subsection (c) of this section. The primary functions include all of the following:

...

(8) Each LME shall develop a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. The LME shall develop the list using standardized criteria developed by the Department to ensure that waiting list data are collected consistently across LMEs. Data collected should include numbers of persons that are:

a. Waiting for residential services.

b. Potentially eligible for CAP-MRDD.

c. In need of other State-funded services and supports.

The LME shall annually report the data maintained to the Department."

SECTION 2. G.S. 122C-112.1(a) is amended by adding the following new subdivisions to read:

"**§ 122C-112.1. Powers and duties of the Secretary.**

(a) The Secretary shall do all of the following:

...

(35) Develop a statewide data system containing waiting list information obtained annually from each LME as required under G.S. 122C-115.4(b)(8). The Department shall also develop standardized criteria to be used by LMEs to ensure that the waiting list data are consistent across LMEs. The Department shall use data collected from LMEs under G.S. 122C-115.4(b)(8) for statewide planning and needs projects. The Department shall report annually to the Joint Legislative Oversight

Commission on Mental Health, Developmental Disabilities, and Substance Abuse Services its recommendations based on data obtained annually from each LME. The report shall indicate the services that are most in need throughout the State, plans to address unmet needs, and any cost projects to provide needed services.

(36) The Department shall ensure that State-funded developmental disability services are authorized on an annual basis unless a change in the individual's person-centered plan indicates a different authorization frequency.

(37) The Department shall develop developmental disability service definitions that allow for funding a person-centered plan."

SECTION 3. This act becomes effective July 1, 2009.

HOUSE BILL 673:
Support for Developmental Disab. Services

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	March 24, 2009
Introduced by:	Reps. Earle, Brisson, Barnhart, Hurley	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	First Edition		

SUMMARY: ***House bill 673 directs LME's to develop waiting lists of persons with developmental disabilities who are waiting for specific services. The list is to be developed according to standard criteria to be developed by the Department of Health and Human Services. The Department is to develop a statewide data system using the waiting list information gathered from the LME's and use the data for statewide planning and needs projects. The Department is also directed to ensure that State funded developmental disability services are funded on an annual basis, unless changes in and individual's personal plan indicates a different authorization frequency and to develop disability service definitions that allow for funding a person centered plan.***

CURRENT LAW: G.S. 122C-115.4 sets forth the functions of local management entities. LME's may participate in the development of person centered plans, shall monitor their implementation, and shall review and approve person centered plans for consumers who receive State funded services. G.S. 122C-112.1 delineates the powers and duties of the Secretary of Health and Human Services.

BILL ANALYSIS:

Section 1 of the bill amends the functions of LME's to include the development of a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. The list shall be developed using standardized criteria to ensure that the waiting list data is collected consistently across the LME's. DHHS is to develop the standardized criteria. The data is to include numbers of persons who are:

- Waiting for residential services.
- Potentially eligible for CAP-MRDD.
- In need of other State funded services and supports.

The data is to be annually reported to DHHS.

Section 2 of the bill amends the powers and duties of the Secretary of HHS and directs the Secretary to develop a statewide data system containing the LME waiting list information. The Department is to create the standardized criteria for LME's collecting the data and to use the data for statewide planning and needs projects. DHHS is to report annually to the Joint Legislative Oversight Commission on Mental Health, Developmental Disabilities, and Substance Abuse Services. The report shall indicate the services that are most in need throughout the State, plans to address unmet needs, and cost projects to provide needed services.

DHHS is also directed to ensure that State funded developmental disability services are authorized on an annual basis unless a change in an individual's person centered plan indicates a different time frame. The Department shall also develop developmental disability service definitions that will allow for funding a person centered plan.

EFFECTIVE DATE: The act becomes effective July 1, 2009.

HOUSE BILL 672

Short Title:	Accountability for State Funding/MHDDSA. (Public)
Sponsors:	Representatives Earle, Brisson, Hurley, Hughes (Primary Sponsors); M. Alexander, Bell, Bordsen, Carney, Coates, Faison, Farmer-Butterfield, Goforth, Harrison, Howard, Justus, Lucas, Luebke, Mackey, Parmon, Pierce, Randleman, Wainwright, and Wray.
Referred to:	Mental Health Reform, if favorable, Appropriations.

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT LOCAL MANAGEMENT ENTITIES TO TAKE CERTAIN STEPS BEFORE REDUCING OR MOVING STATE FUNDS FOR DEVELOPMENTAL DISABILITY SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-117 is amended by adding the following new subdivisions to read:

"**§ 122C-117. Powers and duties of the area authority.**

(a) The area authority shall do all of the following:

...

(15) Before an LME that utilizes single stream funding may move funding from one broad disability category to another, the LME must:

a. Meet Departmental benchmarks for service penetration, and

b. Hold a public hearing at an open LME board meeting to receive comment on the change in funding.

(16) Before an LME proposes to reduce State funding to HUD group homes and HUD apartments below the original appropriation State funds, the LME must:

a. Receive approval of the reduction in funding from the Department, and

b. Hold a public hearing at an open LME board meeting to receive comment on the reduction in funding."

SECTION 2. This act becomes effective July 1, 2009.

HOUSE BILL 672:
Accountability for State Funding/MHDDSA

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	March 25, 2009
Introduced by:	Reps. Earle, Brisson, Hurley, Hughes	**Prepared by:**	Shawn Parker
Analysis of:	First Edition		Legislative Analyst

SUMMARY: House Bill 672 requires Local Management Entities (LMEs) that utilize single stream funding to meet certain requirements before moving funding from one broad disability category to another. The bill further requires all LMEs to meet certain requirements prior to proposing a reduction in State funding from the original appropriation to HUD group homes and HUD apartments.

CURRENT LAW: An area authority is local political subdivision of the State except that a single county area authority is considered a department of the county in which it is located for local government finance purposes.[1] An area authority or county program is the locus of coordination among public services for clients of its catchment area.[2] G.S. 122C-117 provides the powers and duties of the area authority.

BILL ANALYSIS: House bill 672 amends G.S. 122C-117 by adding two new subdivisions which require the LMEs which utilize single stream funding prior to moving funds from one broad disability category to:

- Meet Departmental benchmarks for service penetration
- Hold a public hearing at a LME board meeting and receive comment on the change in funding.

and requires all LMES prior to proposing a reduction in State funding to HUD group homes and HUD apartments from the original appropriation of State funds to:

- Receive approval from the Department
- Hold a public hearing at a LME board meeting and receive comment on the reduction in funding.

EFFECTIVE DATE: This act becomes effective July 1, 2009.

BACKGROUND:

As of July 2008, 13 LMEs had converted or were converting to single stream funding:

CenterPoint; Crossroads; Durham; East Carolina Behavioral Health; Five County; Guilford ; Mecklenburg; Pathways; Piedmont Behavioral Health; Sandhills; Smoky Mountain; Southeastern Regional; Western Highlands Network.

H672-SMSQ-18(e1) v1

[1] G.S. 122C-116
[2] G.S. 122C-101

MENTAL HEALTH REFORM

AGENDA

May 13, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs — **Representative Beverly Earle**
Representative William Brisson

The following bills are being considered:

BILL NO.	*SHORT TITLE*	*SPONSOR*
HB 602	Mental Health Services Funds	Representative Insko
HB 656	MH Proceedings/No Restraint	Representative Earle

Committee Discussion — **Committee Members**

Closing Remarks — **Co-Chairs**

MENTAL HEALTH REFORM

MINUTES
April 1, 2009
ROOM 424
2:00 PM

The meeting was called to order by Representative Brisson at 2:04 pm in Room 424 of the Legislative Office Building. Representative Brisson welcomed everyone to the meeting; he announced that it would be a very short meeting today. He introduced the Sergeants at Arms, the pages and the legislative staff.

The following members were present:

Representative William Brisson, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Marion McLawhorn
Representative Carolyn Justus
Representative Bob England
Representative Shirley Randleman
Representative James Langdon
Representative Bill McGee
Representative Curtis Blackwood
Representative Marion McLawhorn
Rep Representative R. Van Braxton
Representative Pat Hurley
Representative Laura Wiley
Representative Verla Insko
Representative Rick Glazier

Legislative Staff that was present:
Shawn Parker
Susan Barham

Two bills were on the agenda to be discussed and voted on. The bills were:

BILL NO.	SHORT TITLE	SPONSOR
HB 576	Allows LMES to Inspect MH/DD/SA Facilities	Rep. Braxton
HB 672	Accountability for State Funding MH/DDSA	Rep. Earle
HB 673	Support for DD Services	Rep. Earle

Representative Brisson brought Representative Braxton to continue from last week HB 576.

HB 576

AN ACT TO EMPOWER AUTHORIZED REPRESENTATIVES OF LOCAL MANAGEMENT ENTITIES TO INSPECT LICENSED FACILITIES THAT PROVIDE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

After discussion, Representative Braxton asked for a favorable vote. Representative McLawhorn moved for a favorable report to move to finance to the PCS, unfavorable to the original and referred to finance.

Meeting was adjourned at 2:30 pm

HB 672	Accountability for State Funding MH/DDSA	Rep. Earle
HB 673	Support for DD Services	Rep. Earle

Was not heard and will be placed on future agenda.

William Brisson

Representative William Brisson, Presiding Chair
Representative Beverly Earle, Co-Chair

Caroline Stirling

Caroline Stirling, Committee Clerk

Meeting notice
Agenda
HB 576
HB 672
HB 673
Committee Report on HB 576
Visitor's List

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, April 1, 2009
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
HB 576	**Allow LMES to Inspect MH/DD/SA Facilities**	**Braxton**
HB 672	**Accountability for State Funding MH/DDSA**	**Earle**
HB 673	**Support for DD Services**	**Earle**

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at 17 o'clock on **March 30, 2009.**

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)
Ann Raeford (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

April 1, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs: Representative William Brisson
Representative Beverly Earle

Opening Remarks: Representative William Brisson

Agenda:

BILL NO.	SHORT TITLE	SPONSOR
HB 576	Allow LMES to Inspect MH/DD/SA Facilities	Braxton
HB 672	Accountability for State Funding MH/DDSA	Earle
HB 673	Support for DD Services	Earle

Closing Remarks: Representative William Brisson

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 576
PROPOSED COMMITTEE SUBSTITUTE H576-PCS80233-SQ-9

Short Title: Remove Endorsement for Denied Access LME. (Public)

Sponsors:

Referred to:

March 16, 2009

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE LOCAL MANAGEMENT ENTITIES TO REMOVE A PROVIDER'S ENDORSEMENT FOR FAILING TO ALLOW ACCESS FOR MONITORING PURPOSES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) reads as rewritten:

"(b) The primary functions of an LME are designated in this subsection and shall not be conducted by any other entity unless an LME voluntarily enters into a contract with that entity under subsection (c) of this section. The primary functions include all of the following:

(1) Access for all citizens to the core services and administrative functions described in G.S. 122C-2. In particular, this shall include the implementation of a 24-hour a day, seven-day a week screening, triage, and referral process and a uniform portal of entry into care.

(2) Provider endorsement, monitoring, technical assistance, capacity development, and quality control. An LME may remove a provider's endorsement if a ~~provider fails to meet defined quality criteria, fails to adequately document the provision of services, fails to provide required staff training, or fails to provide required data to the LME.~~provider:

a. Fails to meet defined quality criteria.

b. Fails to adequately document the provision of services.

c. Fails to provide required staff training.

d. Fails to provide required data to the LME.

e. Fails to allow the LME access for monitoring in accordance with rules established under G.S. 143B-139.1.

If at anytime the LME has reasonable cause to believe a violation of licensure rules has occurred, the LME shall make a referral to the Division of Health Service Regulation. If at anytime the LME has reasonable cause to believe the abuse, neglect, or exploitation of a client has occurred, the LME shall make a referral to the local Department of Social Services, Child Protective Services Program, or Adult Protective Services Program.

(3) Utilization management, utilization review, and determination of the appropriate level and intensity of services. An LME may participate in the development of person centered plans for any consumer and shall monitor the implementation of person centered plans. An LME shall review and

approve person centered plans for consumers who receive State-funded services and shall conduct concurrent reviews of person centered plans for consumers in the LME's catchment area who receive Medicaid funded services.

(4) Authorization of the utilization of State psychiatric hospitals and other State facilities. Authorization of eligibility determination requests for recipients under a CAP-MR/DD waiver.

(5) Care coordination and quality management. This function involves individual client care decisions at critical treatment junctures to assure clients' care is coordinated, received when needed, likely to produce good outcomes, and is neither too little nor too much service to achieve the desired results. Care coordination is sometimes referred to as "care management." Care coordination shall be provided by clinically trained professionals with the authority and skills necessary to determine appropriate diagnosis and treatment, approve treatment and service plans, when necessary to link clients to higher levels of care quickly and efficiently, to facilitate the resolution of disagreements between providers and clinicians, and to consult with providers, clinicians, case managers, and utilization reviewers. Care coordination activities for high-risk/high-cost consumers or consumers at a critical treatment juncture include the following:

a. Assisting with the development of a single care plan for individual clients, including participating in child and family teams around the development of plans for children and adolescents.
b. Addressing difficult situations for clients or providers.
c. Consulting with providers regarding difficult or unusual care situations.
d. Ensuring that consumers are linked to primary care providers to address the consumer's physical health needs.
e. Coordinating client transitions from one service to another.
f. Conducting customer service interventions.
g. Assuring clients are given additional, fewer, or different services as client needs increase, lessen, or change.
h. Interfacing with utilization reviewers and case managers.
i. Providing leadership on the development and use of communication protocols.
j. Participating in the development of discharge plans for consumers being discharged from a State facility or other inpatient setting who have not been previously served in the community.

(6) Community collaboration and consumer affairs including a process to protect consumer rights, an appeals process, and support of an effective consumer and family advisory committee.

(7) Financial management and accountability for the use of State and local funds and information management for the delivery of publicly funded services.

Subject to all applicable State and federal laws and rules established by the Secretary and the Commission, nothing in this subsection shall be construed to preempt or supersede the regulatory or licensing authority of other State or local departments or divisions."

SECTION 2. This act is effective when it becomes law.

HOUSE BILL 576:
Allow LMEs To Inspect MH/DD/SA Facilities

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Finance	**Date:**	March 31, 2009
Introduced by:	Reps. Braxton, Brisson	**Prepared by:**	Shawn Parker Legislative Analyst
Analysis of:	PCS to First Edition H576-CSSQ-9		

SUMMARY: ***The Proposed Committee Substitute (PCS) authorizes Local Management Entities to remove a provider's endorsement for failing to allow the LME access for monitoring purposes. The PCS also directs the LME to make a referral to the Division of Health Service Regulation when there is reasonable cause to believe a facility is in violation of licensure rules and to make a referral to the local Division of Social Services when there is reasonable cause to believe abuse, neglect, or exploitation of a client has occurred.***

CURRENT LAW:

Currently an LME may remove a mental health, developmental disability, or substance abuse service provider's endorsement for failing to meet defined quality criteria; fails to adequately document the provision of services; fails to provide required staff training; fails to provide required data to LME.

(Please see the Department of Health and Human Services-Policy and Procedures for Endorsement of Provider of Medicaid Reimbursable MH/DD/SA Services handout.)

BILL ANALYSIS: House Bill 576 re-codifies subdivision (2) of subsection (b) of G.S.122C-115.4 and adds to the LME's endorsement removal authority by providing an LME may remove endorsement when a service provider fails to allow the LME access for monitoring in accordance with current rules.

The bill also directs the LME to make a referral to the Division of Health Service Regulation when there is reasonable cause to believe a facility is in violation of licensure rules and to make a referral to the local Division of Social Services when there is reasonable cause to believe abuse, neglect, or exploitation of a client has occurred.

EFFECTIVE DATE: This act is effective when it becomes law.

H576-SMSQ-24(CSSQ-9) v2

Mins.

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representatives Earle and Brisson (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 576 A BILL TO BE ENTITLED AN ACT TO EMPOWER AUTHORIZED REPRESENTATIVES OF LOCAL MANAGEMENT ENTITIES TO INSPECT LICENSED FACILITIES THAT PROVIDE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

☒ With a favorable report as to the committee substitute bill, which changes the title, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on FINANCE.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

HOUSE BILL 672

Short Title:	Accountability for State Funding/MHDDSA.	(Public)
Sponsors:	Representatives Earle, Brisson, Hurley, Hughes (Primary Sponsors); M. Alexander, Bell, Bordsen, Carney, Coates, Faison, Farmer-Butterfield, Goforth, Harrison, Howard, Justus, Lucas, Luebke, Mackey, Parmon, Pierce, Randleman, Wainwright, and Wray.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT LOCAL MANAGEMENT ENTITIES TO TAKE CERTAIN STEPS BEFORE REDUCING OR MOVING STATE FUNDS FOR DEVELOPMENTAL DISABILITY SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-117 is amended by adding the following new subdivisions to read:

"**§ 122C-117. Powers and duties of the area authority.**

(a) The area authority shall do all of the following:

...

(15) Before an LME that utilizes single stream funding may move funding from one broad disability category to another, the LME must:

a. Meet Departmental benchmarks for service penetration, and

b. Hold a public hearing at an open LME board meeting to receive comment on the change in funding.

(16) Before an LME proposes to reduce State funding to HUD group homes and HUD apartments below the original appropriation State funds, the LME must:

a. Receive approval of the reduction in funding from the Department, and

b. Hold a public hearing at an open LME board meeting to receive comment on the reduction in funding."

SECTION 2. This act becomes effective July 1, 2009.

HOUSE BILL 673

Short Title:	Support for Developmental Disab. Services.	(Public)
Sponsors:	Representatives Earle, Brisson, Barnhart, Hurley (Primary Sponsors); M. Alexander, Bell, Bordsen, Carney, Coates, Dollar, England, Faison, Farmer-Butterfield, Goforth, Harrison, Howard, Hughes, Justus, Lucas, Luebke, Mackey, McCormick, Parmon, Pierce, Randleman, Starnes, Tarleton, Wainwright, and Wiley.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) is amended by adding the following new subdivision to read:

"(b) The primary functions of an LME are designated in this subsection and shall not be conducted by any other entity unless an LME voluntarily enters into a contract with that entity under subsection (c) of this section. The primary functions include all of the following:

...

(8) Each LME shall develop a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. The LME shall develop the list using standardized criteria developed by the Department to ensure that waiting list data are collected consistently across LMEs. Data collected should include numbers of persons that are:

a. Waiting for residential services.

b. Potentially eligible for CAP-MRDD.

c. In need of other State-funded services and supports.

The LME shall annually report the data maintained to the Department."

SECTION 2. G.S. 122C-112.1(a) is amended by adding the following new subdivisions to read:

"**§ 122C-112.1. Powers and duties of the Secretary.**

(a) The Secretary shall do all of the following:

...

(35) Develop a statewide data system containing waiting list information obtained annually from each LME as required under G.S. 122C-115.4(b)(8). The Department shall also develop standardized criteria to be used by LMEs to ensure that the waiting list data are consistent across LMEs. The Department shall use data collected from LMEs under G.S. 122C-115.4(b)(8) for statewide planning and needs projects. The Department shall report annually to the Joint Legislative Oversight

Commission on Mental Health, Developmental Disabilities, and Substance Abuse Services its recommendations based on data obtained annually from each LME. The report shall indicate the services that are most in need throughout the State, plans to address unmet needs, and any cost projects to provide needed services.

(36) The Department shall ensure that State-funded developmental disability services are authorized on an annual basis unless a change in the individual's person-centered plan indicates a different authorization frequency.

(37) The Department shall develop developmental disability service definitions that allow for funding a person-centered plan."

SECTION 3. This act becomes effective July 1, 2009.

House Pages

Mental Health Reform

Name Of Committee: _____ Date: 4/1/09

1. Name: Mollyt Hall
   County: Cumberland
   Sponsor: Rep. Brisson
2. Name: Charnelle McClellan
   County: Robeson
   Sponsor: Rep. Pierce
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: Reggie Sills
2. Name: Trey Baley
3. Name: Michael Martin
4. Name: _____

VISITOR REGISTRATION SHEET

Mental Health Reform — 4/1/09

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Bob Schofield	NCPE
Jim Garland	DMH/DD/SAS
Don Trobaugh	MH/DD/SAS
Tom Thompson MD	NHA
[illegible]	NHA
Janet Schenck	Indy
Annaliese Dotson	DRNC
[illegible]	[illegible]
Jim Wadell	Eastern Seals UCP NC
Bob Fitzgerald	WakeMed
Michelle Frazier	MFS
Barbara Canada	BSCOR

VISITOR REGISTRATION SHEET

Mental Health Reform — 4/1/09

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Tracy Kimbrell	Parker Poe
Kristi Huff	NCHCFA
DAVID BARNES	Poyner Spruill
David Boaz	MWC

VISITOR REGISTRATION SHEET

Mental Health Reform — 4/1/09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Mike Lancaster	DMH/DD/SAS
Flo Stein	DMH/DD/SAS
Sherreiah Harrington	HHS
[illegible]	DHHS
Louise G Fisher	Volunteer Advocate for the Mentally Ill
Bert Fisher	Community Partnerships, Inc.
Robin Huffman	NC Psychiatric Assoc / The Coalition
Ken McCord	CFSA-NC
Ellen Holliman	The Durham Center
Jennifer Mahan	MHANC
Jesse Goodman	DHHS/DBR

VISITOR REGISTRATION SHEET

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Wayne Williams	OSBM
Julia Leggett	The Arc of NC

MENTAL HEALTH REFORM

MINUTES
April 8, 2009
Room 424
2:00 PM

The meeting was called to order by Representative Brisson at 2:05 pm in Room 424 of the Legislative Office Building. Representative Brisson welcomed everyone to the meeting; He introduced the Sergeants at Arms, the pages and the legislative staff.

The following members were present:

Representative William Brisson, Co-Chair
Representative Beverly Earle, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Curtis Blackwood
Representative R. Van Braxton
Representative Bob England
Representative Marion McLawhorn
Representative Bob England
Representative Shirley Randleman
Representative Pat Hurley
Representative Verla Insko
Representative Rick Glazier
Representative Bill McGee
Representative Wil Neumann
Representative Earline Parmon
Representative Laura Wiley
Representative Carolyn Justus
Representative James Langdon

Staff:
Shawn Parker
Barbara Riley
Susan Barham

There were bills to be discussed and voted on. They are as followed:

BILL #:	SHORT TITLE:	SPONSOR:
HB 672	Accountability for State Funding MH/DDSA	Earle
HB 673	Support for DD Services	Earle
HB 666	Clarify Status of DWI Treatment Courts	Alexander

HB 672
AN ACT TO DIRECT LOCAL MANAGEGEMENT ENTITIES TO TAKE CERTAIN STEPS BEFORE REDUCING OR MOVING STATE FUNDS FOR DEVELOPMENTAL DISABILITY SERVICES.

Representative Beverly Earle explained the bill. Several committee members had questions to ask Representative Earle. Representative Van Braxton asked "who would set the funding? Does the LME set their own funding". Representative Neumann, Representative Barnhart, Representative Alexander, Representative Insko and Representative Glazier had several questions on this bill. Flo Stein from DMH/DD/SAS tried to help answer some of the committee's question. It was determined that more time was needed to study this bill. That the department (MHDDSA) needs more time to get feedback from the LME's.

HB 673
AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

Representative Beverly Earle explained the bill and then opened for questions from the floor. Several committee members had questions Representative Blackwood, Representative Glacier, Representative Insko, Representative Justice. - Grayee Crockett, a LME from Mecklenburg county helped answer some of the questions asked. Dave Richards from The Arc as well as Flo Stein from DMH/DD/SAS asked and answered questions.

A motion was made by Laura Wiley with a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendation that the committee substitute bill re-referred to the Committee on APPROPRIATIONS. The motion was carried.

HB 666
AN ACT TO CLARIFY THAT DWI TREATMENT COURTS ARE A TYPE OF DRUG TREATMENT COURT UNDER THE DRUG TREATMENT COURT ACT.

Representative Martha Alexander explained the bill and then opened the floor for questions. Representative Bill McGee had a question. Mr. Toss Nuccio from the Trial Court Administration of Mecklenburg county commented on this bill.

Representative Bill McGee moved for HB 666 for a favorable report and recommendation that the bill be re-referred to the Committee on Judiciary 1.

The meeting was adjourned at 2:45 pm.

Representative William Brisson, Co-Chair, Presiding
Representative Beverly Earle, Co-Chair

Caroline Stirling, Committee Clerk

Attachments
Notice
Agenda
HB 672
HB 673
Committee Report for HB 673
HB 666
Committee Report for HB 666
Visitor Registration Sheets
House Page Sheet

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, April 8, 2009
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
HB 672	**Accountability for State Funding MH/DDSA**	**Earle**
HB 673	**Support for DD Services**	**Earle**
HB 666	**Clarify Status of DWI Treatment Courts**	**Alexander**

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **12** o'clock on **April 02, 2009**.

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)
Ann Raeford (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

April 8, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs: Representative William Brisson
Representative Beverly Earle

Opening Remarks: Representative William Brisson

Agenda:

BILL NO.	SHORT TITLE	SPONSOR
HB 672	Accountability for State Funding MH/DDSA	Earle
HB 673	Support for DD Services	Earle
HB 666	Clarify Status of DWI Treatment Courts	Alexander

Closing Remarks: Representative William Brisson

HOUSE BILL 672

Short Title:	Accountability for State Funding/MHDDSA.	(Public)
Sponsors:	Representatives Earle, Brisson, Hurley, Hughes (Primary Sponsors); M. Alexander, Bell, Bordsen, Carney, Coates, Faison, Farmer-Butterfield, Goforth, Harrison, Howard, Justus, Lucas, Luebke, Mackey, Parmon, Pierce, Randleman, Wainwright, and Wray.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT LOCAL MANAGEMENT ENTITIES TO TAKE CERTAIN STEPS BEFORE REDUCING OR MOVING STATE FUNDS FOR DEVELOPMENTAL DISABILITY SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-117 is amended by adding the following new subdivisions to read:

"**§ 122C-117. Powers and duties of the area authority.**

(a) The area authority shall do all of the following:

...

(15) Before an LME that utilizes single stream funding may move funding from one broad disability category to another, the LME must:

a. Meet Departmental benchmarks for service penetration, and

b. Hold a public hearing at an open LME board meeting to receive comment on the change in funding.

(16) Before an LME proposes to reduce State funding to HUD group homes and HUD apartments below the original appropriation State funds, the LME must:

a. Receive approval of the reduction in funding from the Department, and

b. Hold a public hearing at an open LME board meeting to receive comment on the reduction in funding."

SECTION 2. This act becomes effective July 1, 2009.

HOUSE BILL 673

Short Title:	Support for Developmental Disab. Services.	(Public)
Sponsors:	Representatives Earle, Brisson, Barnhart, Hurley (Primary Sponsors); M. Alexander, Bell, Bordsen, Carney, Coates, Dollar, England, Faison, Farmer-Butterfield, Goforth, Harrison, Howard, Hughes, Justus, Lucas, Luebke, Mackey, McCormick, Parmon, Pierce, Randleman, Starnes, Tarleton, Wainwright, and Wiley.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) is amended by adding the following new subdivision to read:

"(b) The primary functions of an LME are designated in this subsection and shall not be conducted by any other entity unless an LME voluntarily enters into a contract with that entity under subsection (c) of this section. The primary functions include all of the following:

...

(8) Each LME shall develop a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. The LME shall develop the list using standardized criteria developed by the Department to ensure that waiting list data are collected consistently across LMEs. Data collected should include numbers of persons that are:

a. Waiting for residential services.

b. Potentially eligible for CAP-MRDD.

c. In need of other State-funded services and supports.

The LME shall annually report the data maintained to the Department."

SECTION 2. G.S. 122C-112.1(a) is amended by adding the following new subdivisions to read:

"**§ 122C-112.1. Powers and duties of the Secretary.**

(a) The Secretary shall do all of the following:

...

(35) Develop a statewide data system containing waiting list information obtained annually from each LME as required under G.S. 122C-115.4(b)(8). The Department shall also develop standardized criteria to be used by LMEs to ensure that the waiting list data are consistent across LMEs. The Department shall use data collected from LMEs under G.S. 122C-115.4(b)(8) for statewide planning and needs projects. The Department shall report annually to the Joint Legislative Oversight

Commission on Mental Health, Developmental Disabilities, and Substance Abuse Services its recommendations based on data obtained annually from each LME. The report shall indicate the services that are most in need throughout the State, plans to address unmet needs, and any cost projects to provide needed services.

(36) The Department shall ensure that State-funded developmental disability services are authorized on an annual basis unless a change in the individual's person-centered plan indicates a different authorization frequency.

(37) The Department shall develop developmental disability service definitions that allow for funding a person-centered plan."

SECTION 3. This act becomes effective July 1, 2009.

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 673 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

☒ With a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

H

HOUSE BILL 666*

Short Title:	Clarify Status of DWI Treatment Courts.	(Public)
Sponsors:	Representatives M. Alexander, Farmer-Butterfield (Primary Sponsors); Earle, Harrison, and Lucas.	
Referred to:	Mental Health Reform, if favorable, Judiciary III.	

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THAT DWI TREATMENT COURTS ARE A TYPE OF DRUG TREATMENT COURT UNDER THE DRUG TREATMENT COURT ACT.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 7A-791 reads as rewritten:

"**§ 7A-791. Purpose.**

The General Assembly recognizes that a critical need exists in this State for judicial programs that will reduce the incidence of alcohol and other drug abuse or dependence and crimes, including the offense of driving while impaired, delinquent acts, and child abuse and neglect committed as a result of alcohol and other drug abuse or dependence, and child abuse and neglect where alcohol and other drug abuse or dependence are significant factors in the child abuse and neglect. It is the intent of the General Assembly by this Article to create a program to facilitate the creation of local drug treatment court ~~programs.~~ programs and driving while impaired (DWI) treatment court programs."

SECTION 2. This act is effective when it becomes law.

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 666 A BILL TO BE ENTITLED AN ACT TO CLARIFY THAT DWI TREATMENT COURTS ARE A TYPE OF DRUG TREATMENT COURT UNDER THE DRUG TREATMENT COURT ACT..

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on JUDICIARY I.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

VISITOR REGISTRATION SHEET

Mental Health Reform — 4/8/09

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Flo Stein	DMH/DD/SAS
[signature]	~~DHHS~~
Louise Fisher	Volunteer Advocate for M.I.
Tom Nuccio	TRIAL COURT ADMINISTRATOR
Hank Debnam	Cumberland County MH/DD/SAS
Dave Richard	[illegible]
Bob Hedrick	NCPC
Annaliese Dolph	DRNC
Julia Leggett	The Arc of NC
Mark Mason	MHM Services Inc
Sam Pittman	Holly Hill Hospital
Kelley Neuff	NAMI NC

VISITOR REGISTRATION SHEET

Mental Health Reform — 4/8/09

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
	H&M. Brown
Barbara Canales	BBCOR
Kristi Huff	NCHCFA
	Brown & Asso.
Sally Camera	NC Psychological
Jill Hinton Keel	
Jempsey Mahan	MHANC
Valerie Hennicke	Five Co. Mental Health A
M. Watson	CAMC Willy
Ellen Hollimon	Durham LME
Grayce Crockett	Mecklenburg LME

VISITOR REGISTRATION SHEET

Mental Health Reform — 4/8/09

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Bea Fisher	Community Partnerships, Inc.
Peg Thompson	
Maureen Merrell	ASNC
Kathy Baker	Southeastern Regional LME 450 Country Club Road Lumberton, NC 28360
VICKI EVANS	"
Rosemary Weaver	State Consumer & Family Advisory Com

House Pages

Name Of Committee: MENTAL HEALTH REFORM Date: 4-8-09

1. Name: Miller Snyder
   County: Mecklenburg
   Sponsor: M. Alexander
2. Name: Logan Brantley
   County: WAKE
   Sponsor: Efton Sager
3. Name: Carson Allen
   County: person
   Sponsor: Wilkins
4. Name: Kristin Regan
   County: Person
   Sponsor: Wilkins
5. Name: Landon Hodges
   County: Surry
   Sponsor: Sarah Stevens

Sgt-At-Arms

1. Name: Reggie Sims
2. Name: Trey Raley
3. Name: Rod Finger
4. Name:

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

CORRECTED NOTICE

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, April 15, 2009
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
HB 672	**Accountability for State Funding MH/DDSA**	**Earle**
HB 738	**IOM Study Mental Health Services for Veterans**	**Martin**
HB 1188	**Improve LME Accountability – AB**	**Insko**

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **14** o'clock on **April 14, 2009.**

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)
Ann Radford (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

April 15, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs — **Representative Beverly Earle**
Representative William Brisson

The following bills are being considered:

BILL NO.	*SHORT TITLE*	*SPONSOR*
HB 672	Accountability for State Funding MH/DD/SA	Representative Earle
HB 738	IOM Study Mental Health Services for Veterans	Representative Martin
HB 1188	Improve LME Accountability – AB	Representative Insko

Committee Discussion — **Committee Members**

Closing Remarks — **Co-Chairs**

MENTAL HEALTH REFORM

MINUTES
April 15, 2009
ROOM 424
2:00 PM

The meeting was opened by Representative Beverly Earle at 2:00 pm in Room 424 of the Legislative Office Building. She thanked all the members for attending and also thanked the Pages for joining us this afternoon.

The following members were present:
The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Van Braxton
Representative Jim Crawford
Representative Bob England
Representative Shirley Randleman
Representative Carolyn Justus
Representative James Langdon
Representative "Bill" McGee
Representative Pat Hurley
Representative Wil Neumann
Representative Laura Wiley
Representative Verla Insko

There were three bills to be discussed on voted on. They are as followed:

BILL NO.	***SHORT TITLE***	***SPONSOR***
HB 672	Accountability for State Funding MH/DD/SA	Rep. Beverly Earle
HB 738	IOM Study Mental Health Services for Veterans	Rep. Grier Martin
HB 1188	Improve LM Accountability – AB	Rep. Verla Insko

HB 738
AN ACT TO DIRECT THE INSTITUTE OF MEDICINE TO CONVENE A TASK FORCE TO STUDY THE PROVISION OF STTE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO CURRENT AND FORMER MEMBERS OF THE ARMED FORCES OF THE UNITED STATES AND NORTH CAROLINA NATIONAL GUARD AND THEIR FAMILIES, AS RECOMMENDED BY THE JOINT SUTDY COMMITTEE ON MILITARY AND VETERANS; AFFAIRS AND BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICE.

Representative Grier Martin explained the bill directs the Department of Human Services to cooperate with NCIOM and provide the data necessary for the task force to conduct the study and that the membership of the task force will include members of the General Assembly. Senate members are to be appointed by the President Pro Tem and House members are to be appointed by the Speaker. He also stated that the NCIOM has to report its finding to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before the convening of the 2011 Regular Session of the General Assembly.

A motion was made by Representative Bob England to give the bill a favorable report. The bill received a favorable report as to the committee substitute bill, which changes the title, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on HOMELAND SECURITY, MILITARY, AND VETERANS AFFAIRS.

HB 672
AN ACT RELATING TO LOCAL MANAGEMENT INTITIES USE OF STATE FUNDS FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITY, AND SUBSTANCE ABUSE SERVICES.

The bill was presented by Rep. Beverly Earle. She explained that an LME that utilizes single stream funding shall on a bi annual basis, report on the allocation of services dollars and allow for public comment at a regularly scheduled LME Board of Directors meeting. Before a LME proposes to reduce state funding to HUD group homes and HUD apartments below the original appropriation state funds, and LME must receive approval of the reduction in funding from the Department, and hold a public hearing at an open LME board meeting to receive comment on the reduction in funding.

A motion was made by Representative Verla Insko for a favorable report. The motion was seconded. The bill received a favorable report as to the committee substitute bill, which changes the title, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on Appropriations.

HB1188
AN ACT PERTAINING TO THE APPOINTMENT OF AREA AUTHORITY AND COUNTY PROGRAM DIRECTORS AND MEMBERSHIP ON A LOCAL MANAGEMENT ENTITY BOARD OF DIRECTORS.

Representative Verla Insko explained the bill to the committee. There was much discussion on this bill and a lot of questions to be answered. Leza Wainwright from the Department of Health and Human Services, answered all questions, but the committee decided to have this bill displaced for a future date.

Committee Discussion at the time.

The meeting was adjourned.

Beverly Earle

Representative Beverly Earle, Co-Chair, Presiding
Representative William Brisson, Co-Chair

Ann Raeford

Ann Raeford, Committee Clerk

Attachment

Attachment I	Agenda
Attachment II	HB 738
Attachment III	HB 738 Bill Summary
Attachment IV	Bill Reporting Form
Attachment VI	HB 672
Attachment VII	Bill Reporting Form
Attachment VIII	HB 1188
Attachment IX	HB 1188 Bill Summary
Attachment XI	Visitor's Sheet

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 738
PROPOSED COMMITTEE SUBSTITUTE H738-CSRF-22 [v.4]

4/15/2009 11:48:07 AM

Short Title: IOM Study Mental Health Services for Veterans. (Public)

Sponsors:

Referred to:

March 24, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE INSTITUTE OF MEDICINE TO CONVENE A TASK FORCE TO STUDY THE PROVISION OF STATE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO CURRENT AND FORMER MEMBERS OF THE ARMED FORCES OF THE UNITED STATES AND NORTH CAROLINA NATIONAL GUARD AND THEIR FAMILIES, AS RECOMMENDED BY THE JOINT STUDY COMMITTEE ON MILITARY AND VETERANS' AFFAIRS AND BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. The North Carolina Institute of Medicine (NCIOM) shall convene a Task Force to study the adequacy of mental health, developmental disabilities, and substance abuse services funded with Medicaid funds and with State funds that are currently available to active, reserve, and National Guard members of the military, veterans of the military, and their families, and the need for increased State services to these individuals.

SECTION 2. The Department of Health and Human Services shall cooperate with NCIOM and the Task Force and provide the data necessary for the Task Force to conduct its study.

SECTION 3. The membership of the Task Force shall include members of the North Carolina General Assembly. Senate members shall be appointed by the President Pro Tempore of the Senate. House members shall be appointed by the Speaker of the House of Representatives. Members of the General Assembly serving on the Task Force shall be entitled to receive per diem, subsistence, and travel allowances as provided by G.S. 120-3.1.

SECTION 4. NCIOM shall report its findings and recommendations to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before the convening of the 2010 Regular Session of the 2009 General Assembly.

SECTION 5. This act is effective when it becomes law.

HOUSE BILL 738:
IOM Study Mental Health Services for Veterans

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Homeland Security, Military, and Veterans Affairs	**Date:**	April 14, 2009
Introduced by:	Reps. Martin, Insko	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	PCS to First Edition H738-CSRF-22		

SUMMARY: ***House Bill 738 directs the North Carolina Institute of Medicine (NCIOM) to convene a task force to study the adequacy of mental health, developmental disabilities, and substance abuse services available to active, reserve, and veteran members of the military and National Guard, and the need for increased services to these individuals. The bill was recommended by the Joint Study Committee on Military and Veterans' Affairs and by the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services.***

BILL ANALYSIS: Section 1 of House Bill 738 provides for the NCIOM to convene a task force to study the adequacy of mental health, developmental disabilities, and substance abuse services available to active, reserve, and veteran members of the military and National Guard and their families and the need for increased services to these individuals.

Section 2 of the bill directs the Department of Health and Human Services to cooperate with NCIOM and provide the data necessary for the task force to conduct the study.

Section 3 provides that the membership of the task force will include members of the General Assembly. Senate members are to be appointed by the President Pro Tem and House members are to be appointed by the Speaker. Members of the General Assembly serving on the task force shall be entitled to per diem, subsistence and travel allowance as provided in G.S. 120-3.1.

Section 4 requires NCIOM to report its findings to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before the convening of the 2011 Regular Session of the General Assembly.

EFFECTIVE DATE: The act is effective when it becomes law.

H738-SMRF-47(CSRF-22) v2

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 738 A BILL TO BE ENTITLED AN ACT TO DIRECT THE INSTITUTE OF MEDICINE TO STUDY THE PROVISION OF STATE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO CURRENT AND FORMER MEMBERS OF THE ARMED FORCES OF THE UNITED STATES AND NORTH CAROLINA NATIONAL GUARD AND THEIR FAMILIES, AS RECOMMENDED BY THE JOINT STUDY COMMITTEE ON MILITARY AND VETERANS' AFFAIRS AND BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

☒ With a favorable report as to the committee substitute bill, which changes the title, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on HOMELAND SECURITY, MILITARY, AND VETERANS AFFAIRS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 672
PROPOSED COMMITTEE SUBSTITUTE H672-CSSQ-19 [v.2]

4/15/2009 1:03:55 PM

Short Title: Accountability for State Funding/MHDDSA. (Public)

Sponsors:

Referred to:

March 19, 2009

A BILL TO BE ENTITLED

AN ACT RELATING TO LOCAL MANAGEMENT ENTITIES USE OF STATE FUNDS FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITY, AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-117 is amended by adding the following new subdivisions to read:

"**§ 122C-117. Powers and duties of the area authority.**

(a) The area authority shall do all of the following:

...

(15) An LME that utilizes single stream funding shall, on a biannual basis, report on the allocation of service dollars and allow for public comment at a regularly scheduled LME Board of Directors meeting.

(16) Before a LME proposes to reduce State funding to HUD group homes and HUD apartments below the original appropriation State funds, the LME must:

a. Receive approval of the reduction in funding from the Department, and

b. Hold a public hearing at an open LME board meeting to receive comment on the reduction in funding."

SECTION 2. The Department of Health and Human Services shall analyze the effectiveness of single stream funding in the expenditure of State funds and review the allocation of service dollars to specific disabilities of LMEs that utilize single stream funding for a year or more and report its findings to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division by June 1, 2010.

SECTION 3. This act becomes effective July 1, 2009.

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 672 A BILL TO BE ENTITLED AN ACT TO DIRECT LOCAL MANAGEMENT ENTITIES TO TAKE CERTAIN STEPS BEFORE REDUCING OR MOVING STATE FUNDS FOR DEVELOPMENTAL DISABILITY SERVICES.

☒ With a favorable report as to the committee substitute bill, which changes the title, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 1188
PROPOSED COMMITTEE SUBSTITUTE H1188-CSRF-23 [v.1]

4/14/2009 7:53:58 PM

Short Title: Improve LME Accountability.-AB (Public)

Sponsors:

Referred to:

April 8, 2009

A BILL TO BE ENTITLED

AN ACT PERTAINING TO THE APPOINTMENT OF AREA AUTHORITY AND COUNTY PROGRAM DIRECTORS AND MEMBERSHIP ON A LOCAL MANAGEMENT ENTITY BOARD OF DIRECTORS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-112.1(a) reads as rewritten:

"(a) The Secretary shall do all of the following:

...

~~(25) Adopt rules for determining minimally adequate services for purposes of G.S. 122C-124.1 and G.S. 122C-125.~~

...

(35) Approve the selection of the Area Authority or County Program director."

SECTION 2. G.S. 122C-115.1(f) reads as rewritten:

"(f) In a single-county program, the program director shall be appointed by the county ~~manager.~~manager, subject to approval by the Secretary. In a multicounty program, the program director shall be appointed in accordance with the terms of the interlocal ~~agreement.~~agreement, subject to approval by the Secretary.

Except when specifically waived by the Secretary, the program director in a single county program shall meet all the following minimum qualifications:

(1) Masters degree.
(2) Related experience.
(3) Management experience.
(4) Any other qualifications required under G.S. 122C-120.1."

SECTION 3. G.S. 122C-117(a)(7) reads as rewritten:

"(7) Appoint an area director in accordance with G.S. 122C-121(d). The appointment is subject to the approval of the Secretary and the board of county commissioners except that one or more boards of county commissioners may waive its authority to approve the appointment. The appointment shall be based on a selection by a search committee of the area authority board. The search committee shall include consumer board members, a county manager, and one or more county commissioners. The Secretary shall have the option to appoint one member to the search committee."

SECTION 4. G.S. 122C-118.1 reads as rewritten:

"§ 122C-118.1. Structure of area board.

(a) An area board shall have no fewer than 11 and no more than 25 members. However, the area board for a multicounty area authority consisting of eight or more counties may have up to 30 members. The Governor shall appoint one-third of the members of the area board. In a single-county area authority, the remaining members shall be appointed by the board of county commissioners. Except as otherwise provided, in areas consisting of more than one county, each board of county commissioners within the area shall appoint one commissioner as a member of the area board. These members shall appoint the ~~other~~ remaining members. The boards of county commissioners within the multicounty area shall have the option to appoint the members of the area board in a manner other than as required under this section by adopting a resolution to that effect. The boards of county commissioners in a multicounty area authority shall indicate in the business plan each board's method of appointment of the area board members in accordance with G.S. 122C-115.2(b). These appointments shall take into account sufficient citizen participation, representation of the disability groups, and equitable representation of participating counties. Individuals appointed to the board shall include two individuals with financial expertise, an individual with expertise in management or business, and an individual representing the interests of children. A member of the board may be removed with or without cause by the initial appointing authority. Vacancies on the board shall be filled by the initial appointing authority before the end of the term of the vacated seat or within 90 days of the vacancy, whichever occurs first, and the appointments shall be for the remainder of the unexpired term.

(b) Except as otherwise provided in this subsection, not more than fifty percent (50%) of the members of the area board shall represent the following:

(1) A physician licensed under Chapter 90 of the General Statutes to practice medicine in North Carolina who, when possible, is certified as having completed a residency in psychiatry.

(2) A clinical professional from the fields of mental health, developmental disabilities, or substance abuse.

(3) At least one family member or individual from a citizens' organization composed primarily of consumers or their family members, representing the interests of individuals:

a. With mental illness;

b. In recovery from addiction; or

c. With developmental disabilities.

(4) At least one openly declared consumer:

a. With mental illness;

b. With developmental disabilities; or

c. In recovery from addiction.

An individual that contracts with a local management entity (LME) for the delivery of mental health, developmental disabilities, and substance abuse services may not serve on the board of the LME for the period during which the contract for services is in effect.

(c) The Governor or the board of county commissioners may elect to appoint a member of the area authority board to fill concurrently no more than two categories of membership if the member has the qualifications or attributes of the two categories of membership.

(d) Any member of an area board who is a county commissioner serves on the board in an ex officio capacity. The terms of county commissioners on an area board are concurrent with their terms as county commissioners. The terms of the other members on the area board shall be for three years, except that upon the initial formation of an area board one-third shall be appointed for one year, one-third for two years, and all remaining members for three years. Members shall not be appointed for more than two consecutive terms. Board members serving as of July 1, 2006, may remain on the board for one additional term. As vacancies occur on

boards following July 1, 2009, the Governor shall make all appointments until the Governor's appointees represent one-third of the board.

(e) Upon request, the board shall provide information pertaining to the membership of the board that is a public record under Chapter 132 of the General Statutes."

SECTION 5. This act becomes effective July 1, 2009.

HOUSE BILL 1188:
Improve LME Accountability.-AB

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, State Government/State Personnel	**Date:**	April 15, 2009
Introduced by:	Reps. Insko, Earle, M. Alexander, England	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	PCS to First Edition H1188-CSRF-23		

SUMMARY: ***House Bill 1138 provides that the Secretary of Health and Human Services shall approve the selection of an area authority or county program director. The bill also provides that the Governor shall appoint one third of the members of the board for an area authority***

The proposed committee substitute corrects a date on page 3 of the bill.

CURRENT LAW: G.S. 122C-112.1 sets forth the duties of the Secretary of Health and Human Services in the development and implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.

G.S. 122C-115.1 provides for the county governance and operation of a county program for mental health, developmental disabilities, and substance abuse services. Currently, in a single county program, the program director is appointed by the county manager. Multi county programs appoint program directors as provided in the terms of the interlocal agreement.

G.S. 122C-117 sets forth the powers and duties of an area authority. An area authority may appoint an area director in accordance with 122C-121(d), and the appointment is subject to the approval of the county commissioners.

G.S. 122C-118.1 establishes the structure of an area authority board. An area board shall have no less than 11 and no more than 25 members, provided that a multicounty authority consisting of 8 or more counties may have up to 30 members. Members of an area authority board consisting of a single county are appointed by the county commissioners. In multi county Area Authorities, the county commissioners of each county shall each appoint one member and the members shall appoint the remaining members. This manner of appointment may be varied by the adoption of a resolution by the boards of county commissioners.

BILL ANALYSIS: Section 1 of House Bill 738 amends the duties of the Secretary by (1) deleting the requirement that the Secretary adopt rules for determining minimally adequate services for Area Authorities or county programs that are not providing minimally adequate services or an area authority that is in danger of financial failure, and (2) by adding the requirement that the Secretary approve the selection of the area authority or county program director.

Sections 2 and 3 of the bill amend G.S. 122C-115.1 and G.S. 122C-117, respectively, to add the requirement that the selection of a director is subject to the approval of the Secretary.

Section 4 of the bill amends G.S. 122C-118.1 to provide that the Governor shall appoint 1/3 of the members of an area authority board... In order to meet this requirement, any vacancy occurring after July 1, 2009 shall be filled with an appointee of the Governor until those appointees represent 1/3 of the board.

EFFECTIVE DATE: The act becomes effective July 1, 2009.

VISITOR REGISTRATION SHEET

Mental Health Reform — 4.15.2009

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
[illegible]	DMHDD
[illegible]	NMHA
Jerry Norman	Southeastern Center for MH/DD/SA
Bob Feduccia	NCPC
Yvonne Copeland	NCCCP
Rebecca Troutman	NCACC
Julia Leggett	The Arc of NC
Pat Ponton	NC General Assembly - Senate
Louise Fisher	Volunteer Advocate M.I.
David Swann	Crossroads BHC
Karen Salacka	The Beacon Center

VISITOR REGISTRATION SHEET

Mental Health + Reform — April 15 2009

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Peyton Maynard	
Jennifer Mahan	MHANC
Elizabeth Cloud	NC Psych Assoc
Lynn Horne	RHG/NCCTP
Jeanette Jordan-Hufft	Southeastern Reg LME
Shirley Townsend	Southeastern Regional LME
Sharon Prevatte	SE Reg LME
Annaliese Dolph	DRNC
Jim Mitchell	Eastern Seals UCP NC
Kim Mahan	CFST-NC
Fl Stein	DMH/DD/SAS
Lyza Schmieger	DMH/DD/SAS

VISITOR REGISTRATION SHEET

Mental Health Reform — 4.15.2009

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Valerie Hannike	Five Co. Mental Health Auth.
John Hardy	Mental Health Partners
Maureen Harrell	Alliance Mental Health of NC

VISITOR REGISTRATION SHEET

Mental Health + Reform — April 15 2009

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Mary Shuroff	NAMI NC
Richard G. Ch	R. Clark + Assoc.

MENTAL HEALTH REFORM

AGENDA

April 22, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs — **Representative Beverly Earle**
Representative William Brisson

The following bills are being considered:

BILL NO.	*SHORT TITLE*	*SPONSOR*
HB 458	Recommendations MH/DD/SAS	Representative Insko
HB 1087	MH/DD/SAS Clients Rights/Provider Entities	Representative Braxton

Committee Discussion — **Committee Members**

Closing Remarks — **Co-Chairs**

MENTAL HEALTH REFORM

MINUTES
April 22, 2009
ROOM 424
2:00 PM

The meeting was opened by Representative Beverly Earle at 2:00 pm in room 424 of the Legislative Office Building. She thanked everyone for coming and introduced the Pages and Sergeant-At-Arms.

The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Jean Farmer-Butterfield
Representative Jeff Barnhart, Vice Chair
Representative Van Braxton
Representative Pearl Burris-Floyd
Representative Bob England
Representative Earline Parmon
Representative Shirley Randleman
Representative Carolyn Justus
Representative Curtis Blackwood
Representative "Bill" McGee
Representative M. McLawhorn
Representative Wil Neumann
Representative Laura Wiley
Representative Verla Insko
Representative Pat Hurley

The following bills were on the agenda to be discussed.

BILL NO.	***SHORT TITLE***	***SPONSOR***
HB 458	Recommendations MH/DD/SAS	Representative Insko
HB 1087	MH/DD/SAS clients Rights/Provider Entities	Representative Braxton

HB 1087
AN ACT TO APPLY CLIENT RIGHTS AND HUMAN RIGHTS COMMITTEE REQUIREMENTS FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES FACILITIES, AND LOCAL MANAGEMENT ENTITES, TO PROVEDER ENTITES.

Representative Braxton explained to the committee that the bill currently provides for the establishment of human rights committees responsible for the protection of the rights of clients, at each State facility, and each are authority and county program. He stated this bill will amends G.S. 122C-64 by extending the requirement to establish human rights committees to provider entities. The bill also expands the name of "human rights committees" to "clients and human rights committees". There on opposition to the bill. Representative Parmon made a motion to give the bill a favorable report. The motion was seconded. The bill received a favorable report and referred to Health.

HB 458
AN ACT TO ENACT VARIOUS LAWS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

Representative Insko explained that this bill would implement recommendations of the Joint Legislative Oversight committee on Mental Health, Developmental Disabilities, and Substance Abuse Services by enacting various laws affecting the Department of Health and Human Services (Department), Local Management Entities (LMEs), and the North Carolina Institute of Medicine (NCIOM). The PCS amends the original bill draft to reflect changes approved by the Joint Legislative Oversight Committee on MH/DD/SAS on February 17, 2009.

The committee decided they needed more time on this bill. There needed to be more discussion. An amendment was offered by Representative Insko. The amendment moves to amend the bill on page 2 lines 25 by rewriting the line to read:
"2010. The commission for Mental Health, Developmental Disabilities and Substance Abuse Services shall develop licensing rules for facilities engaged in the treatment, care and habilitation of individuals with traumatic brain injury".

The bill was displaced.

Committee Discussion.

The meeting was adjourned.

Representative Beverly Earle, Co-Chair, Presiding

Ann Raeford, Committee Clerk

Attachments

Attachment I	Agenda
Attachment II	HB 1087
Attachment III	Summary of HB 1087
Attachment IV	HB 458
Attachment VI	Amendment of HB 458
Attachment VII	Visitor's Registration

HOUSE BILL 1087

Short Title:	MHDDSA Client Rights/Provider Entities.	(Public)
Sponsors:	Representatives Braxton; Farmer-Butterfield, Harrison, Insko, and Parmon.	
Referred to:	Mental Health Reform, if favorable, Health.	

April 7, 2009

A BILL TO BE ENTITLED

AN ACT TO APPLY CLIENT RIGHTS AND HUMAN RIGHTS COMMITTEE REQUIREMENTS FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES FACILITIES, AND LOCAL MANAGEMENT ENTITIES, TO PROVIDER ENTITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-64 reads as rewritten:

"**§ 122C-64. Client rights and Human rights committees.**

Human rights committees responsible for protecting the rights of clients shall be established at each State ~~facility and for each area authority and county program.~~facility, for each local management entity, and provider entities. The Commission shall adopt rules for the establishment, composition, and duties of the committees and procedures for appointment and coordination with the State and Local Consumer Advocacy programs. In multicounty area authorities and multicounty programs, the membership of the client rights and human rights committee shall include a representative from each of the participating counties."

SECTION 2. This act is effective when it becomes law.

HOUSE BILL 1087:
MHDDSA Client Rights/Provider Entities

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Health	**Date:**	April 22, 2009
Introduced by:	Rep. Braxton	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	First Edition		

SUMMARY: ***House Bill 1087 would apply client rights and human rights committee requirements for mental health, developmental disabilities, and substance abuse services facilities and local management entities to provider entities.***

CURRENT LAW: G.S. 122C-64 currently provides for the establishment of human rights committees responsible for the protection of the rights of clients, at each State facility, and each area authority and county program.

BILL ANALYSIS: House Bill 1087 amends G.S. 122C-64 by extending the requirement to establish human rights committees to provider entities. The bill also expands the name of "human rights committees" to "client rights and human rights committees".

EFFECTIVE DATE: The act is effective when it becomes law.

H1087-SMRF-61(e1) v1

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 458
PROPOSED COMMITTEE SUBSTITUTE H458-CSSQ-22 [v.1]

4/21/2009 5:30:16 PM

Short Title: Recommendations of MH/DD/SA Oversight Comm. (Public)

Sponsors:

Referred to:

March 9, 2009

A BILL TO BE ENTITLED

AN ACT TO ENACT VARIOUS LAWS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. Merger or Consolidation of LMEs. –

(1) The Secretary of the Department of Health and Human Services shall not take any action prior to June 1, 2010, that would result in the merger or consolidation of local management entities (LMEs), or that would establish consortia or regional arrangements for the same purpose.

(2) Notwithstanding the provisions of subdivision (1) of this section, contiguous LMEs may implement a merger or consolidation if at least one of the following criteria is satisfied:

a. At least one of the LMEs does not meet the catchment area requirements of G.S. 122C-115 and the merger or consolidation is to overcome noncompliance with G.S. 122C-115; or

b. Each board of county commissioners within the multicounty area comprising each of the LMEs involved in the proposed merger or consolidation has approved the merger or consolidation.

(3) Contracts between LMEs for service authorization, utilization review, and utilization management functions do not constitute a merger or consolidation as addressed in this section.

SECTION 2. LME Peer Training. – Beginning July 1, 2009, the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, in consultation with the Mental Health Leadership Academy, shall hold at least one meeting each calendar quarter to facilitate peer training and peer sharing among LMEs with respect to best practices and innovations in management and coordination of mental health, developmental disabilities, and substance abuse services.

SECTION 3. Medicaid Waivers. –

(1) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, may develop and apply to the Centers for Medicare and Medicaid Services (CMS) for

additional 1915(b) and 1915(c) Medicaid waivers in order to increase the flexibility of LMEs with respect to management and coordination of mental health, developmental disabilities, and substance abuse services. If approved, the Department shall not implement any waiver except as authorized by an act of the General Assembly appropriating funds for this purpose. The Department shall report on the status of any waiver developed or applied for pursuant to this subdivision to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Fiscal Research Division not later than March 1, 2010.

(2) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall apply to the Centers for Medicare and Medicaid Services for a 1915(c) waiver to permit individuals who sustain traumatic brain injury after age 22 to access home and community-based Medicaid services. If approved, the Department shall not implement the waiver except as authorized by an act of the General Assembly appropriating funds for this purpose. The Department shall report on the status of the waiver to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division not later than March 1, 2010.

(3) Not later than six months after the effective date of this act, the Department of Health and Human Services, Division of Medical Assistance, in conjunction with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall submit a written report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services summarizing its implementation of Tiers 1 and 4 of the CAP-MR/DD program and future plans for implementation of Tiers 2 and 3 of the CAP-MR/DD program. The summary shall include an explanation of (i) the planned array and intensity level of services to be made available under each of the four tiers, (ii) the range of costs for the planned array and intensity level of services to be made available under each of the four tiers, (iii) how the relative intensity of need for each CAP eligible individual will be reliably determined, and (iv) how the determination will be used to assign individuals appropriately into one of the four tiers. The Department shall not develop or submit an application to the Centers for Medicare and Medicaid Services for additional Medicaid waivers for Tiers 2 and 3 of the CAP-MR/DD program until it has submitted the report required by this subdivision.

SECTION 4. State/County Special Assistance Residency Requirements. – G.S. 108A-41(b) reads as rewritten:

"(b) Assistance shall be granted to any person who:

(1) Is 65 years of age and older, or is between the ages of 18 and 65 and is permanently and totally disabled; and

(2) Has insufficient income or other resources to provide a reasonable subsistence compatible with decency and health as determined by the rules and regulations of the Social Services Commission; and

(3) Is one of the following:

a. A resident of North Carolina for at least ~~90~~180 days immediately prior to receiving this assistance;

b. A person coming to North Carolina to join a close relative who has resided in North Carolina for at least 180 consecutive days immediately prior to the person's application. The close relative shall furnish verification of his or her residency to the local department of social services at the time the applicant applies for special assistance. As used in this sub-subdivision, a close relative is the person's parent, grandparent, brother, sister, spouse, or child; or

c. A person discharged from a State facility who was a patient in the facility as a result of an interstate mental health compact. As used in this sub-subdivision the term State facility is a facility listed under G.S. 122C-181."

The Department shall study issues relating to consumers with mental illness residing in adult care homes and report its findings and any recommendations to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services by March 1, 2010.

SECTION 5. Billing Changes. –

(1) The Department of Health and Human Services shall create an "incurred but not reported" category of expenditures such that services are paid based on the actual date of services rather than the date when the invoice is received. The Department may only implement this change with the approval of the Office of State Budget and Management.

(2) The Department of Health and Human Services may require that providers of mental health, developmental disabilities, and substance abuse services submit bills to the LME for State-funded services within 60 days of the date the services were provided.

SECTION 6. Service Dollar Reallocations. – The Department of Health and Human Services may create a midyear process by which it can reallocate State service dollars away from LMEs that do not appear to be on track to spend the LMEs' full appropriation and towards LMEs that appear able to spend the additional funds.

SECTION 7. Screening Tool/Individuals with Developmental Disabilities. –

(1) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall identify a screening tool to assess level and intensity of need of all individuals with developmental disabilities receiving publicly funded services.

(2) Not later than March 1, 2010, the Department of Health and Human Services shall report on the identification of the screening tool to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.

SECTION 8. Death Reporting in Facilities Providing MH/DD/SA Services. –

(1) The Department of Health and Human Services shall establish and maintain a database of all deaths occurring in facilities subject to regulation under Chapter 122C of the General Statutes. The database shall include the name and location of the facility, the time and date of death, and the cause of death, as well as all details surrounding the death. All facilities regulated under Chapter 122C of the General Statutes, and all facilities required by

law to report death occurring in the facility to the State Medical Examiner, shall report the information to the database within 10 days of the date of the death.

(2) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall provide training on death reporting to administrative and direct care employees that are employed in State facilities subject to regulation under G.S. 122C-181.

SECTION 9. Service Authorization, Utilization Review, and Utilization Management. –

(1) The Department of Health and Human Services shall continue to implement its plan to return the service authorization, utilization review, and utilization management functions to LMEs for all clients. Not later than January 1, 2011, the Department shall return utilization review, utilization management, and service authorization for publicly funded mental health, developmental disabilities, and substance abuse services to LMEs representing in total at least sixty percent (60%) of the State's population. An LME must be accredited for national accreditation under behavioral health care standards by a national accrediting entity approved by the Secretary and must demonstrate readiness to meet all requirements of the existing vendor contract with the Department for such services in order to provide service authorization, utilization review, and utilization management to Medicaid recipients in the LME catchment area. Not later than July 1, 2010, the Department shall designate those LMEs that will be performing utilization review, utilization management, and service authorization on and after January 1, 2011, in accordance with this section.

(2) The Department shall not contract with an outside vendor for service authorization, utilization review, or utilization management functions, or otherwise obligate the State for these functions beyond September 30, 2010. The Department shall require LMEs to include in their service authorization, utilization management, and utilization review a review of assessments, as well as person-centered plans and random or triggered audits of services and assessments.

SECTION 10. The North Carolina Institute of Medicine (NCIOM) shall conduct a study of mental health, developmental disabilities, and substance abuse services that are funded with Medicaid funds and with State funds. The purpose of the study is to determine what services are currently available to active, reserve, and veteran members of the military and National Guard and the need for increased State services to these individuals. The NCIOM shall report its findings and recommendations to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before the convening of the 2010 Regular Session of the 2009 General Assembly.

SECTION 11. This act is effective when it becomes law.

HOUSE BILL 458: Recommendations of MH/DD/SA Oversight Comm

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	April 21, 2009
Introduced by:	Reps. Insko, England, Farmer-Butterfield, Braxton	**Prepared by:**	Shawn Parker Legislative Analyst
Analysis of:	PCS to First Edition H458-CSSQ-22		

SUMMARY: House Bill 458 would implement recommendations of the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services by enacting various laws affecting the Department of Health and Human Services (Department), Local Management Entities (LMEs), and the North Carolina Institute of Medicine (NCIOM).

The Proposed Committee Substitute amends the original bill draft to reflect changes approved by the Joint Legislative Oversight Committee on MH/DD/SAS on February 17, 2009.

BILL ANALYSIS:

Section 1 extends a prohibition on LME mergers and consolidation until June 1, 2010 with an exception for mergers initiated by **contiguous** LMEs which either do not meet catchment area requirements of G.S. 122C-115 or have approval from each board of county commissioners within the multi-county area comprising each LME. The section further provides that contracts between LMEs for service authorization, utilization review, and utilization management functions are not considered mergers or consolidations.

Section 2 directs the Department, beginning July 1, 2009, to hold meetings at least quarterly to facilitate peer training and peer sharing among LMES.

Section 3 provides a number of directions to the Department relating to the application of Medicaid waivers:

- authorizes the Department to apply for 1915(b) and (c) Medicaid waivers to provide LME flexibility in management functions;
- directs the Department to apply to the Centers for Medicare and Medicaid Services for a 1915(c) waiver to permit individuals who sustain a Traumatic Brain Injury after age 22 to access home and community-based Medicaid-funded services, and
- directs the Department to submit a report summarizing the implementation of Tiers 1 and 4 and the future plans for implementing Tiers 2 and 3 of the CAP-MR/DD waiver program to the Joint Legislative Oversight on MH/DD/SAS within six months of this provision's enactment.

Section 4 changes the residency requirement for eligibility for special assistance from 90 days to 180 days and directs the Department to study and report to the Joint legislative Oversight Committee on MH/DD/SAS by March 10, 2010 on issues relating to adult care home residents with mental illness.

Sections 5 and 6 provide directions to the Department to implement recommendations for increasing expenditures of funds appropriated to LMEs for direct services:

- directs the Department upon approval of the Office of State Budget and Management to create an "Incurred but Not Reported" category of expenditures such that services are paid based on the actual date of service rather than the date when the invoice is received;
- authorizes the Department to require providers to bill LMEs for state-funded services within 60 days of the date that the service was provided, and
- authorizes the Department to create a formal mid-year process by which to reallocate State service dollars among LMEs.

Section 7 directs the Department to identify a screening tool to assess level and intensity of need of all individuals with developmental disabilities receiving publicly-funded services and report its findings by March 1, 2010.

Section 8 directs the Department to create and maintain a database of all deaths that occur in facilities governed by Chapter 122C of the North Carolina General Statutes. The section further directs the Department to provide training to administrative and direct care staff on the death reporting requirements of facilities operated in accordance with G.S. 122C-181.

Section 9 directs the Department to continue to implement its plan to return the service authorization, utilization review, and utilization management functions to LMEs by increasing the number of LMEs performing these functions to encompass at least sixty percent (60%) of the State's population by January 1, 2011. The section provides the Department must designate by July 1, 2010, which LMEs will be authorized to perform these functions on or after January 1, 2011 and extends the date that the Department may contract with an outside vendor for service authorization, utilization review, or utilization management functions, or otherwise obligate the State for these functions from September 30, 2009 to September 30, 2010.

Section 10 directs the North Carolina Institute of Medicine (NCIOM) to study and report on issues relating to State-funded and Medicaid-funded mental health, developmental disability and substance abuse services currently available to active, reserve and veteran members of the military and National Guard.

EFFECTIVE DATE: This act is effective when it becomes law.

H458-SMSQ-45(CSSQ-22) v1

72467 SHIELDS BUSINESS FORMS, RALEIGH, NC 27605

PLEASE PRESS HARD - 5 COPIES

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. 458 DATE _____

S. B. No. _____ Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE ✓

Rep.) Sen.) Insko

1 moves to amend the bill on page 2, line 25
2 ( ) WHICH CHANGES THE TITLE
3 by rewriting the line to read:
4 " 2010. The Commission for Mental Health
5 Developmental Disabilities and Substance Abuse
6 Services shall develop licensing rules for facilities
7 engaged in the treatment, care and habilitation
8 of individuals with traumatic brain injury. "
9
10
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19

SIGNED Verla Insko

ADOPTED _____ FAILED _____ TABLED _____

72467 SHIELDS BUSINESS FORMS, RALEIGH, NC 27605

PLEASE PRESS HARD - 5 COPIES

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

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(Rep.) Sen.) Insko

moves to amend the bill on page 2, line 25

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by rewriting the line to read:

"2010. The Commission for Mental Health, Developmental Disabilities and Substance Abuse Services shall develop licensing rules for facilities engaged in the treatment, care and habilitation of individuals with traumatic brain injury."

SIGNED Verla Insko

ADOPTED _____ FAILED _____ TABLED _____

VISITOR REGISTRATION SHEET

MENTAL HEALTH REFORM — APRIL 22, 2009

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Peggy Ball	The Sagaras Grp.
Jim Tate	MHA
Louise G Fisher	Volunteer Advocate for Mr. I.
EUGENE BARUFKIN	NC-HAT
Janet Schaufler	Design Consulting
Dave Mc	NC Mc
Bob Hedrick	NCPC
Mary Bethel	AARP NC
Annaliese Dolph	DRNC
Kim Mc	CFSA-NC
Shenkeriah Wilson	DHHS

VISITOR REGISTRATION SHEET

MENTAL HEALTH REFORM — APRIL 22, 2009

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
PAULA COXFISHMAN	Volenteer advocate for my sister who has MR/DD and resides in a State facility
Pat Porter	General Assembly - Research
Debbie Lancaster	DMH/DD/SAS
Jim Farrar	DMH/DD/SAS
J. Kahan	Oak Island Peds. P.A.
	None
Pam P. Andrews	New River Behavioral Healthcare
Ken Richardson	Alleghany Co. Commissioner
Sally Cameron	NC Psychological Assoc
	MHM
	MWC

VISITOR REGISTRATION SHEET

MENTAL HEALTH REFORM — APRIL 22, 2009

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Tracy Kimbrell	Parker Poe
DAVID BARNES	Payne Spruill
Ashley H Bell	American Cancer Society

MENTAL HEALTH REFORM

AGENDA

May 6, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs — **Representative Beverly Earle**
Representative William Brisson

The following bills are being considered:

BILL NO.	*SHORT TITLE*	*SPONSOR*
HB 243	Mental Health/Law Enforcement Custody	Representative Insko
HB 457	Recommended Approp. MH/DD/SAS	Representative Insko
HB 458	Recommendations MH/DD/SAS	Representative Insko
HB 600	Mental Health Services for Children/Kids' Care	Representative Insko
HB 1189	DHHS/Tracking Outpatient Commitments.AB	Representative Insko

Committee Discussion — **Committee Members**

Closing Remarks — **Co-Chairs**

MENTAL HEALTH REFORM

MINUTES
April 29, 2009
Room 424
2:00 PM

The meeting was called to order by Representative Brisson at 2:05 pm in Room 424 of the Legislative Office Building. Representative Brisson welcomed everyone to the meeting; He introduced the Sergeants at Arms, the pages and the legislative staff.

The following members were present:

Representative William Brisson, Co-Chair
Representative Beverly Earle, Co-Chair
Representative Curtis Blackwood
Representative R. Van Braxton
Representative Pat Hurley
Representative Verla Insko
Representative Carolyn Justus
Representative Laura Wiley
Representative Earline Parmon
Representative Pearl Burris-Floyd
Representative Jean Farmer-Butterfield
Representative Shirley Randleman\
Representative Wil Neumann
Representative Bill McGee

Staff:
Shawn Parker
Barbara Riley
Susan Barham

There were bills to be discussed and voted on. They are as followed:

BILL #:	SHORT TITLE:	SPONSOR:
HB 25	Clarify SCFAC Appointments	Insko
HB 718	Study IVC	Brisson
HB 1088	DHHS/Procurement Methods	Braxton

HB 25
AN ACT TO CLARIFY THE PROCESS FOR APPOINTMENTS TO THE STATE CONSUMER AND FAMILY ADVISTORY COMMITTEE.

Representative Brisson recognized Representative Insko to explain the bill. Representative Langdon proposed a favorable report for HB 25, Representative Braxton so moved and the motion carried for a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on RULE, CALENDAR, and AND OPERATIONS OF THE HOUSE.

HB 1088
AN ACT TO EXEMPT FROM THE PURCHASES AND CONTRACTS LAW PURCHASES BY CERTAIN MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES FACILITIES.

Representative Brisson introduced Representative Braxton to explain the bill. Representative Farmer-Butterfield made a motion to give the bill a favorable report and a recommendation that the bill be re-referred to the Committee on STATE GOVERNMENT/STATE PERSONNEL. The motion carried.

HOUSE JOINT RESOLUTION 718
A JOINT RESOLUTION TO AUTHORIZE THE LEGISLATIVE RESEARCH COMMISSION TO STUDY CERTAIN MENTAL HEALTH COMMITMENT STATUTES.

Representative Brisson introduced Representative Justus to explain the bill. Representative Burris-Floyd introduced a motion for a favorable report and recommendation that the bill be referred to the Committee on RULES, CALENDAR, and OPERATIONS OF THE HOUSE. The motion carried

The meeting was adjourned.

Representative William Brisson, Co-Chair, Presiding
Representative Beverly Earle, Co-Chair

Caroline Stirling, Committee Clerk

Meeting Notice
Corrected Meeting Notice
Agenda
HB 25
Summary of HB 25
Committee Report of HB 25
HB 1088
Summary of HB 1088
Committee Report of HB 1088
House Joint Resolution 718
Summary of House Joint Resolution 718
Committee Report of HJR 718
Visitor Registration Sheets
House Page Registration Sheet

-

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, April 29, 2009
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
HB 25	**Clarify SCFAC Appointments**	**Insko**
HB 718	**Study IVC**	**Brisson**

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **18** o'clock on **April 27, 2009**.

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)
Ann Radford, (Committee Assistant)

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

CORRECTED NOTICE
ADD
HB 1088

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, April 29, 2009
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
HB 25	**Clarify SCFAC Appointments**	**Insko**
HB 718	**Study IVC**	**Brisson**
HB 1088	**DHHS/Procurement Methods**	**Braxton**

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **18** o'clock on **April 27, 2009.**

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)
Ann Radford, (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

April 29, 2009
Legislative Office Building
Room 424
2:00 pm

Committee Chairs: Representative William Brisson
Representative Beverly Earle

Opening Remarks: Representative William Brisson

Agenda:

BILL NO.	SHORT TITLE	SPONSOR
HB 25	Clarify SCFAC Appointments	Insko
HB 718	Study IVC	Brisson
HB 1088	DHHS/Procurement Methods	Braxton

Closing Remarks: Representative William Brisson

H

HOUSE BILL 25

Short Title:	Clarify SCFAC Appointments.	(Public)
Sponsors:	Representative Insko.	
Referred to:	Rules, Calendar, and Operations of the House.	

February 2, 2009

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THE PROCESS FOR APPOINTMENTS TO THE STATE CONSUMER AND FAMILY ADVISORY COMMITTEE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-171(b) reads as rewritten:

"**§ 122C-171. State Consumer and Family Advisory Committee.**

...

(b) The State CFAC shall be composed of 21 members. The members shall be composed exclusively of adult consumers of mental health, developmental disabilities, and substance abuse services; and family members of consumers of mental health, developmental disabilities, and substance abuse services. The terms of members shall be three years, and no member may serve more than two consecutive terms. Vacancies shall be filled by the appointing authority. The members shall be appointed as follows:

(1) Nine by the Secretary. The Secretary's appointments shall reflect each of the disability groups. The terms shall be staggered so that terms of three of the appointees expire each year.

(2) Three by the ~~General Assembly upon the recommendations of the~~ President Pro Tempore of the Senate, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

(3) Three by the ~~General Assembly upon the recommendations of the~~ Speaker of the House of Representatives, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

(4) Three by the Council of Community Programs, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

(5) Three by the North Carolina Association of County Commissioners, one each of whom shall come from the three State regions for institutional services (Eastern Region, Central Region, and Western Region). The terms of the appointees shall be staggered so that the term of one appointee expires every year.

...."

SECTION 2. This act becomes effective January 1, 2006.

HOUSE BILL 25:
Clarify SCFAC Appointments

2009-2010 General Assembly

Committee:	Mental Health Reform, if favorable, Rules, Calendar, and Operations of the House	**Date:**	March 17, 2009
Introduced by:	Rep. Insko	**Prepared by:**	Shawn Parker Legislative Analyst
Analysis of:	First Edition		

SUMMARY: ***House Bill 25 changes the appointment process to the State Consumer and Family Advisory Committee (CFAC) for appointees currently governed by Article 16 of Chapter 120 of the General Statutes.***

CURRENT LAW: G.S. 120-121(a) provides in any case where the General Assembly is called upon by law to appoint a member to any board or commission, that appointment shall be made by enactment of a bill.

BILL ANALYSIS: House bill 25 amends G.S. 122C-171(b) to remove the provisions of Article 16 of Chapter 120 of the North Carolina General Statutes for the appointments to the State CFAC made by the Senate President Pro Tempore and the Speaker of the House of Representatives.

EFFECTIVE DATE: This act becomes effective January 1, 2009.

BACKGROUND:

SL 2006-142 established within the General Statutes the State Consumer and Family Advisory Committee as a self governing and self directed organization that advise the Department of Health and Human Services and the General Assembly on the planning and management of the State's public mental health, developmental disabilities, and substance abuse services system. The State CFAC is composed of 21 members who are parents of consumers or adult consumers of mental health, developmental disabilities, and substance abuse services. The Secretary, the General Assembly, the Council of Community Programs, and the North Carolina Association of County Commissioners have specific appointing authority.

The State CFAC is responsible for:

- Reviewing and monitoring the State Plan for MH-DD-SAS
- Identifying service gaps and underserved populations
- Making recommendations regarding service array
- Reviewing the State budget for MH-DD-SAS
- Participating in quality improvement measures
- Receiving findings from the local Consumer and Family Advisor Committee
- Provide Technical Assistance to local CFACS in implementing their duties

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 25 A BILL TO BE ENTITLED AN ACT TO CLARIFY THE PROCESS FOR APPOINTMENTS TO THE STATE CONSUMER AND FAMILY ADVISORY COMMITTEE.

☒ With a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on RULES, CALENDAR, AND OPERATIONS OF THE HOUSE.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

HOUSE BILL 1088

Short Title:	DHHS/Procurement Methods.	(Public)
Sponsors:	Representatives Braxton; Harrison, Jones, and Parmon.	
Referred to:	Mental Health Reform, if favorable, State Government/State Personnel.	

April 7, 2009

A BILL TO BE ENTITLED

AN ACT TO EXEMPT FROM THE PURCHASES AND CONTRACTS LAW PURCHASES BY CERTAIN MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES FACILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 143-56 reads as rewritten:

"**§ 143-56. Certain purchases excepted from provisions of Article.**

Unless as may otherwise be ordered by the Secretary of Administration, the purchase of supplies, materials and equipment through the Secretary of Administration shall be mandatory in the following cases:

(1) Published books, manuscripts, maps, pamphlets and periodicals.

(2) Perishable articles such as fresh vegetables, fresh fish, fresh meat, eggs, and others as may be classified by the Secretary of Administration.

Purchase through the Secretary of Administration shall not be mandatory for information technology purchased in accordance with Article 3D of Chapter 147 of the General Statutes, for a purchase of supplies, materials or equipment for the General Assembly if the total expenditures is less than the expenditure benchmark established under the provisions of G.S. 143-53.1, for group purchases made by ~~hospitals~~ hospitals, developmental centers, neuromedical treatment centers, and alcohol and drug abuse treatment centers through a competitive bidding purchasing program, as defined in G.S. 143-129, by the University of North Carolina Health Care System pursuant to G.S. 116-37(h), by the University of North Carolina Hospitals at Chapel Hill pursuant to G.S. 116-37(a) (4), by the University of North Carolina at Chapel Hill on behalf of the clinical patient care programs of the School of Medicine of the University of North Carolina at Chapel Hill pursuant to G.S. 116-37(a) (4), or by East Carolina University on behalf of the Medical Faculty Practice Plan pursuant to G.S. 116-40.6(c).

All purchases of the above articles made directly by the departments, institutions and agencies of the State government shall, whenever possible, be based on competitive bids. Whenever an order is placed or contract awarded for such articles by any of the departments, institutions and agencies of the State government, a copy of such order or contract shall be forwarded to the Secretary of Administration and a record of the competitive bids upon which it was based shall be retained for inspection and review."

SECTION 2. This act is effective when it becomes law and applies to purchases made on and after that date.

HOUSE BILL 1088:
DHHS/Procurement Methods

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, State Government/State Personnel	**Date:**	April 28, 2009
Introduced by:	Rep. Braxton	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	First Edition		

SUMMARY: ***House Bill 1088 amends the State purchase and contract laws to exempt group purchases made by developmental centers, neuromedical treatment centers, and alcohol and drug abuse treatment centers through a competitive bidding purchasing program.***

CURRENT LAW: G.S. 143-56 provides for exemptions from the requirements of Article 3 of Chapter 143, Purchases and Contracts. Currently there are exemptions from the requirement of purchase through the Secretary of Administration for information technology, the purchase of supplies by the General Assembly if the total is under the benchmark set by G.S. 143-53.1, and for group purchases made by hospitals through a competitive bidding purchasing program, and by the UNC Health Care System and others. All purchases of exempted articles made directly by the departments or institutions are to be based on competitive bids whenever possible. If an order is placed, or a contract awarded by the departments or institutions directly, a copy of the order or contract is to be forwarded to the Secretary and a record of the competitive bids retained for inspection and review.

G.S. 143-1299e)(3) defines a competitive bidding group purchasing program as a formally organized program that offers competitively obtained purchasing services at discount prices to two or more public agencies.

BILL ANALYSIS: House Bill 1088 adds developmental centers, neuromedical treatment centers, and alcohol and drug abuse treatment centers to the list of institutions that may make group purchases of supplies, materials, and equipment directly through a competitive bidding purchasing program as defined in G.S. 143-129.

EFFECTIVE DATE: The act is effective when it becomes law and applies to purchases made on and after that date.

H1088-SMRF-66(e1) v2

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Earle (Chair) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 1088 A BILL TO BE ENTITLED AN ACT TO EXEMPT FROM THE PURCHASES AND CONTRACTS LAW PURCHASES BY CERTAIN MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES FACILITIES.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on STATE GOVERNMENT/STATE PERSONNEL.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

HOUSE JOINT RESOLUTION 718

Sponsors:	Representatives Brisson, Justus (Primary Sponsors); England, E. Floyd, Johnson, and Lucas.
Referred to:	Mental Health Reform, if favorable, Rules, Calendar, and Operations of the House.

March 23, 2009

A JOINT RESOLUTION TO AUTHORIZE THE LEGISLATIVE RESEARCH COMMISSION TO STUDY CERTAIN MENTAL HEALTH COMMITMENT STATUTES.

Be it resolved by the House of Representatives, the Senate concurring:

SECTION 1.(a) The Legislative Research Commission may study the involuntary commitment statutes in Chapter 122C of the General Statutes, in particular G.S. 122C-263(a), to determine if an individual lawfully ordered to undergo an examination by a physician or eligible psychologist is being appropriately supervised to protect the health and safety of the individual and others during the period of the individual's examination.

SECTION 1.(b) The Legislative Research Commission may make an interim report to the 2010 Regular Session of the 2009 General Assembly and shall make its final report to the 2011 General Assembly.

SECTION 2. The Legislative Services Officer shall allocate funds appropriated to the General Assembly for the expenditures of the Legislative Services Commission in conducting this study.

SECTION 3. This resolution is effective upon ratification.

HOUSE JOINT RESOLUTION 718: Study IVC

2009-2010 General Assembly

Committee:	Mental Health Reform, if favorable, Rules, Calendar, and Operations of the House	**Date:**	April 27, 2009
Introduced by:	Reps. Brisson, Justus	**Prepared by:**	Shawn Parker Committee Staff
Analysis of:	First Edition		

SUMMARY: ***The House Joint Resolution authorizes the Legislative Research Commission to study the involuntary commitment statutes of Chapter 122C of the General Statutes.***

BILL ANALYSIS: The resolution authorizes the Legislative Research Commission to study the involuntary commitment statutes in Chapter 122C of the General Statutes, in particular G.S. 122C-263(a), to determine if an individual lawfully ordered to undergo an examination by a physician or eligible psychologist is being appropriately supervised to protect the health and safety of the individual and others during the period of the individual's examination.

The resolution further directs the Legislative Service Officer to direct funds appropriated to the Legislative Services Commission to carryout this study.

EFFECTIVE DATE: This resolution is effective upon ratification.

BACKGROUND:

North Carolina statutes on involuntary commitments of individuals to psychiatric facilities provide for transportation to the physician or eligible psychologist for the examination required by law. G.S. 122C-261, et seq.

Interpretations of current law, G.S. 122C-263(a), permit law enforcement officers who transport the individual to the appropriate facility to discontinue supervision of the individual once the officers have delivered the individual to the facility so long as there is adequate supervision at the facility. This situation raises issues of detention of an individual by the facility when the individual has neither been arrested nor committed to a State hospital by court order. Also involved is the question of using limited law enforcement resources to continue supervision of the individual pending the required examination.

H718-SMSQ-48(e1) v2

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Earle (Chair) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HJR 718 A JOINT RESOLUTION TO AUTHORIZE THE LEGISLATIVE RESEARCH COMMISSION TO STUDY CERTAIN MENTAL HEALTH COMMITMENT STATUTES.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on RULES, CALENDAR, AND OPERATIONS OF THE HOUSE.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

VISITOR REGISTRATION SHEET

Mental Health Reform 4/29/09

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Barbara Carsley	BSCN
John Bowdish	AstraZeneca
	MHM Services
Erin McLaughlin	MHANC
Jennifer Mahan	MHANC
Janet Schaengold	Strategic Consulting
	NAMI NC
Paula Cox Fishman	Volunteer advocate MR/DD/ID
Louise Fisher	" advocate for M.I.
	DHHS

VISITOR REGISTRATION SHEET

Mental Health Reform — 4/29/09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
DAVID WOMBLE	DHHS
Pat Porter	General Assembly - Research
Flo Stein	DMHDDSAS

House Pages

Name of Committee: Mental Health Reform Date: 4/29/09

1. Name: Abraham Barron
   County: Yadkin
   Sponsor: Jim Gulley
2. Name: Joseph Vaughan
   County: Gaston
   Sponsor: Rep William A. Current Sr.
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: David Shearon
2. Name: Judy Turner
3. Name: _____
4. Name: _____

MENTAL HEALTH REFORM

MINUTES
May 6, 2009
ROOM 424
2:00 PM

The meeting was opened by Representative Beverly Earle at 2:00 pm of the Legislative Office Building in Room 424. She thanked everyone for coming and introduced the Pages and Sergeant-At-Arms.

The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Van Braxton
Representative Jim Crawford
Representative Bob England
Representative Rick Glazier
Representative Shirley Randleman
Representative Carolyn Justus
Representative James Langdon
Representative "Bill" McGee
Representative M. McLawhorn
Representative Wil Neumann
Representative Laura Wiley
Representative Verla Insko
Representative Pat Hurley

The following bills are being considered:

BILL NO.	***SHORT TITLE***	***SPONSOR***
HB 243	Mental Health/Law Enforcement Custody	Representative Insko
HB 457	Recommended Approp. MH/DD/SAS	Representative Insko
HB 458	Recommendations MH/DD/SAS	Representative Insko
HB 600	Mental Health Services for Children/Kids' Care	Representative Insko
HB 1189	DHHS/Tracking Outpatient Commitments. AB	Representative Insko

HB 1189
AN ACT REQUIRING PHYSICIANS OR ELEIBIBLE PSYCHOLOGIST CONDUCTING EXAMINATIONS TO INFORM THE LOCAL MANAGEMENT ENTITY THAT AN INDIVIDUAL HAS EEN SCHEDULED FOR AN APPOINTMENT WITH AN OUTPATIENT TREATMENT PHYSICIAN OR CENTER.

Representative Insko gave a brief summary of the bill by stating this bill requires a physician or eligible psychologist to contact the LME serving the county where a respondent resides or the LME that coordinated services for the outpatient treatment center. The bill also would provide for first examinations to be conducted by telemedicine and provides for special police to be designated to provide a security force for the Long Leaf Neuro-Medical Treatment Center and the Eastern North Carolina School for the Deaf in Wilson County. No opposition on the bill. Representative Randleman made a motion to give the bill a favorable report and be re-referred to Health. The motion was seconded.

HB 243
AN ACT TO CLARIFY THE AUTHORITY OF NONLAW ENFORCEMENT PERSONNEL DESIGNATED BY A CITY OR COUNTY TO PROVIDE TRANSPORTATION OR CUSTODY UNDER INVOLUNTARY COMMITMENT PROCEEDINGS; TO TERMINATE THE INPATIENT COMMITMENT PROCEEDINGS IN APPROPRIATE CIRCUMSTANCES WHEN A TWENTY-FOUR-HOUR FACILITY IS NOT AVAILABLE.

Representative Insko stated this bill clarifies the authority of personnel designated by local government to provide transportation and custody for respondents in involuntary commitment proceedings and provides authority for the facility providing the first commitment examination to temporarily detain the respondent at that facility or to terminate the inpatient commitment proceedings in appropriate circumstances where a 24hour facility is unavailable.

Many comments were made about this bill. Explanations were presented to the committee by UNC Government, Barbara Riley, Research Division and Eddie Caldwell, Sheriff Assocaition. An amendment was offered by Rep. Glazier. The amendment moves to amen the bill on page 2, line 14 by adding after period: "Nothing in this subsection shall be construed to change the existing liability for the cost of examination and treatment. A

motion was made by Rep. Wiley to accept the amendment. The amendment passed. Another amendment was offered by later withdrawn.

At this time Rep. Rick Glazier made a motion to give this a favorable report to the PCS, rolled to new committee substitute and re-referred to Judiciary I. The motion was seconded.

As time expired, the other bills were not considered.

The meeting was adjourned.

Representative Beverly Earle, Co-Chair, Presiding
Representative William Brisson, Co-Chair

Ann Raeford, Committee Clerk

Attachments

Attachment I	Agenda
Attachment II	HB 1189
Attachment III	Summary of HB 1189
Attachment IV	HB 243
Attachment V	Summary of HB 243
Attachment VI	Amendment
Attachment VII	Visitor's Registration

HOUSE BILL 1189

Short Title:	DHHS/Tracking Outpatient Commitments.-AB	(Public)
Sponsors:	Representatives Insko, Earle, M. Alexander, England (Primary Sponsors); Brisson, Glazier, Hughes, and Lucas.	
Referred to:	Mental Health Reform, if favorable, Health.	

April 8, 2009

A BILL TO BE ENTITLED

AN ACT REQUIRING PHYSICIANS OR ELIGIBLE PSYCHOLOGISTS CONDUCTING EXAMINATIONS TO INFORM THE LOCAL MANAGEMENT ENTITY THAT AN INDIVIDUAL HAS BEEN SCHEDULED FOR AN APPOINTMENT WITH AN OUTPATIENT TREATMENT PHYSICIAN OR CENTER.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-261(d) reads as rewritten:

"(d) If the affiant is a physician or eligible psychologist, the affiant may execute the affidavit before any official authorized to administer oaths. This affiant is not required to appear before the clerk or magistrate for this purpose. This affiant shall file the affidavit with the clerk or magistrate by delivering to the clerk or magistrate the original affidavit or a copy in paper form that is printed through the facsimile transmission of the affidavit. If the affidavit is filed through facsimile transmission, the affiant shall mail the original affidavit no later than five days after the facsimile transmission of the affidavit to the clerk or magistrate to be filed by the clerk or magistrate with the facsimile copy of the affidavit. This affiant's examination shall comply with the requirements of the initial examination as provided in G.S. 122C-263(c). If the physician or eligible psychologist recommends outpatient commitment and the clerk or magistrate finds probable cause to believe that the respondent meets the criteria for outpatient commitment, the clerk or magistrate shall issue an order that a hearing before a district court judge be held to determine whether the respondent will be involuntarily committed. The physician or eligible psychologist shall provide the respondent with written notice of any scheduled appointment and the name, address, and telephone number of the proposed outpatient treatment physician or center. The physician or eligible psychologist shall contact the local management entity that serves the county where the respondent resides or the local management entity that coordinated services for the respondent to inform the local management entity that the respondent has been scheduled for an appointment with an outpatient treatment physician or center. If the physician or eligible psychologist recommends inpatient commitment and the clerk or magistrate finds probable cause to believe that the respondent meets the criteria for inpatient commitment, the clerk or magistrate shall issue an order for transportation to or custody at a 24-hour facility described in G.S. 122C-252. However, if the clerk or magistrate finds probable cause to believe that the respondent, in addition to being mentally ill, is also mentally retarded, the clerk or magistrate shall contact the area authority before issuing the order and the area authority shall designate the facility to which the respondent is to be transported. If a physician or eligible psychologist executes an affidavit for inpatient commitment of a respondent, a second physician shall be required to perform the examination required by G.S. 122C-266."

SECTION 2. This act is effective when it becomes law.

HOUSE BILL 1189:
DHHS/Tracking Outpatient Commitments.-AB

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Health	**Date:**	May 5, 2009
Introduced by:	Reps. Insko, Earle, M. Alexander, England	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	First Edition		

SUMMARY: ***House Bill 1189 requires a physician or eligible psychologist to contact the LME serving the county where a respondent resides or the LME that coordinated services for the respondent to inform the LME that the respondent has been scheduled for an appointment with an outpatient treatment center. The bill also would provide for first examinations to be conducted by telemedicine and provides for special police to be designated to provide a security force for the Long Leaf Neuro-Medical Treatment Center and the Eastern North Carolina School for the Deaf in Wilson County.***

CURRENT LAW: Subsection (d) of G.S. 122C-261 provides, in pertinent part, that if the person filing the affidavit is a physician or eligible psychologist, then their examination complies with the requirement for a first examination. If the physician recommends outpatient treatment, and the clerk or magistrate finds reasonable cause to believe the respondent meets the criteria for outpatient commitment, the magistrate or clerk shall issue an order for a hearing to determine whether the respondent should be involuntarily committed. The physician or psychologist is required to provide the respondent with written notice of any scheduled appointment and name address, and telephone number of the proposed outpatient treatment center or physician.

G.S. 122C-263(c) requires that a respondent's first examination shall occur within 24 hours after the respondent is presented for examination.

BILL ANALYSIS: Section 1 of House Bill 1189 requires a physician or eligible psychologist recommending outpatient commitment after performing a first examination to contact the LME serving the county where a respondent resides or the LME that coordinated services for the respondent to inform the LME that the respondent has been scheduled for an appointment with an outpatient treatment center.

Section 2 of the bill allows the first examination of a respondent to be done using telemedicine. "Telemedicine" is defined as the use of 2 way real time interactive audio and video between places of greater and lesser medical capability or expertise to provide support health care when the participants are in different geographical locations. The physician using telemedicine must be satisfied that the determinations that are made would not be different if the exam were done face to face. If not satisfied, the respondent must be taken for a face to face evaluation.

Section 3 allows the Secretary of DHHS to designate one or more special police officers to constitute a joint security force enforce NC law and any ordinance or regulation adopted by DHHS for State owned institutions under DHHS jurisdiction, including traffic rules and regulations for the use of buildings and grounds, on the territory of the Long Leaf Neuro-Medical Treatment Center and the Eastern North Carolina School for the Deaf in Wilson County. The special police will have arrest authority outside the territory in cases where the offense was committed within their territory and the arrest is made in hot pursuit of the offender.

EFFECTIVE DATE: The act is effective when it becomes law.

H1189-SMRF-83(e1) v1

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 1189 A BILL TO BE ENTITLED AN ACT REQUIRING PHYSICIANS OR ELIGIBLE PSYCHOLOGISTS CONDUCTING EXAMINATIONS TO INFORM THE LOCAL MANAGEMENT ENTITY THAT AN INDIVIDUAL HAS BEEN SCHEDULED FOR AN APPOINTMENT WITH AN OUTPATIENT TREATMENT PHYSICIAN OR CENTER.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on HEALTH.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 243
PROPOSED COMMITTEE SUBSTITUTE H243-PCS50601-LN-15

Short Title: Mental Health/Law Enforcement Custody. (Public)

Sponsors:

Referred to:

February 23, 2009

A BILL TO BE ENTITLED

AN ACT TO CLARIFY THE AUTHORITY OF NONLAW ENFORCEMENT PERSONNEL DESIGNATED BY A CITY OR COUNTY TO PROVIDE TRANSPORTATION OR CUSTODY UNDER INVOLUNTARY COMMITMENT PROCEEDINGS; TO AUTHORIZE THE FACILITY OF FIRST COMMITMENT EXAMINATION TO TERMINATE THE INPATIENT COMMITMENT PROCEEDINGS IN APPROPRIATE CIRCUMSTANCES WHEN A TWENTY-FOUR-HOUR FACILITY IS NOT AVAILABLE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-251 reads as rewritten:

"**§ 122C-251. ~~Transportation.~~Transportation and custody.**

...

(e) In providing the transportation and custody required by this section, the law-enforcement officer may use reasonable force to restrain the respondent if it appears necessary to protect himself, the respondent, or others. No law-enforcement officer may be held criminally or civilly liable for assault, false imprisonment, or other torts or crimes on account of reasonable measures taken under the authority of this Article.

...

(g) The governing body of a city or county may adopt a plan for the transportation and custody of respondents in involuntary commitment proceedings in this Article. Law-enforcement personnel, volunteers, or other public or private agency personnel may be designated to provide all or parts of the transportation and custody required by involuntary commitment proceedings. Persons so designated shall be trained and the plan shall assure adequate safety and protections for both the public and the respondent. Law enforcement, other affected agencies, and the area authority shall participate in the planning. If any person other than a law-enforcement agency is designated by a city or county, the person so designated shall provide the transportation and custody and follow the procedures in this Article. References in this Article to a law-enforcement officer apply to this person.

(h) The cost and expenses of transporting a respondent to or from a 24-hour facility is the responsibility of the county of residence of the respondent. The State (when providing transportation under G.S. 122C-408(b)), a city, or a county is entitled to recover the reasonable cost of transportation from the county of residence of the respondent. The county of residence of the respondent shall reimburse the State, another county, or a city the reasonable transportation costs incurred as authorized by this subsection. The county of residence of the

respondent is entitled to recover the reasonable cost of transportation it has paid to the State, a city, or a county. Provided that the county of residence provides the respondent or other individual liable for the respondent's support a reasonable notice and opportunity to object to the reimbursement, the county of residence of the respondent may recover that cost from:

(1) The respondent, if the respondent is not indigent;

(2) Any person or entity that is legally liable for the resident's support and maintenance provided there is sufficient property to pay the cost;

(3) Any person or entity that is contractually responsible for the cost; or

(4) Any person or entity that otherwise is liable under federal, State, or local law for the cost.

(i) Responsibility for transportation and custody under this section shall not be construed to mean that law enforcement or other designated personnel providing all or parts of the transportation and custody under this section are responsible or liable for the cost of examination or treatment provided to a respondent."

SECTION 2. G.S. 122C-261(d) reads as rewritten:

"(d) If the affiant is a physician or eligible psychologist, the affiant may execute the affidavit before any official authorized to administer oaths. This affiant is not required to appear before the clerk or magistrate for this purpose. This affiant shall file the affidavit with the clerk or magistrate by delivering to the clerk or magistrate the original affidavit or a copy in paper form that is printed through the facsimile transmission of the affidavit. If the affidavit is filed through facsimile transmission, the affiant shall mail the original affidavit no later than five days after the facsimile transmission of the affidavit to the clerk or magistrate to be filed by the clerk or magistrate with the facsimile copy of the affidavit. This affiant's examination shall comply with the requirements of the initial examination as provided in G.S. 122C-263(c). If the physician or eligible psychologist recommends outpatient commitment and the clerk or magistrate finds probable cause to believe that the respondent meets the criteria for outpatient commitment, the clerk or magistrate shall issue an order that a hearing before a district court judge be held to determine whether the respondent will be involuntarily committed. The physician or eligible psychologist shall provide the respondent with written notice of any scheduled appointment and the name, address, and telephone number of the proposed outpatient treatment physician or center. If the physician or eligible psychologist recommends inpatient commitment and the clerk or magistrate finds probable cause to believe that the respondent meets the criteria for inpatient commitment, the clerk or magistrate shall issue an order for transportation to or custody at a 24-hour facility described in G.S. ~~122C-252.~~122C-252, provided that if a 24-hour facility is not immediately available or appropriate to the respondent's medical condition, the respondent may be temporarily detained under appropriate supervision and, upon further examination, released in accordance with G.S. 122C-263(d)(2). ~~However, if~~ If the clerk or magistrate finds probable cause to believe that the respondent, in addition to being mentally ill, is also mentally retarded, the clerk or magistrate shall contact the area authority before issuing the order and the area authority shall designate the facility to which the respondent is to be transported. If a physician or eligible psychologist executes an affidavit for inpatient commitment of a respondent, a second physician shall be required to perform the examination required by G.S. 122C-266."

SECTION 3. G.S. 122C-263(d) reads as rewritten:

"**§ 122C-263. Duties of law-enforcement officer; first examination by physician or eligible psychologist.**

...

(d) After the conclusion of the examination the physician or eligible psychologist shall make the following determinations:

(1) If the physician or eligible psychologist finds that:

a. The respondent is mentally ill;

b. The respondent is capable of surviving safely in the community with available supervision from family, friends, or others;

c. Based on the respondent's psychiatric history, the respondent is in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness as defined by G.S. 122C-3(11); and

d. The respondent's current mental status or the nature of the respondent's illness limits or negates the respondent's ability to make an informed decision to seek voluntarily or comply with recommended treatment.

The physician or eligible psychologist shall so show on the examination report and shall recommend outpatient commitment. In addition the examining physician or eligible psychologist shall show the name, address, and telephone number of the proposed outpatient treatment physician or center. The person designated in the order to provide transportation shall return the respondent to the respondent's regular residence or, with the respondent's consent, to the home of a consenting individual located in the originating county, and the respondent shall be released from custody.

(2) If the physician or eligible psychologist finds that the respondent is mentally ill and is dangerous to self, as defined in G.S. 122C-3(11)a., or others, as defined in G.S. 122C-3(11)b., the physician or eligible psychologist shall recommend inpatient commitment, and shall so show on the examination report. If, in addition to mental illness and dangerousness, the physician or eligible psychologist also finds that the respondent is known or reasonably believed to be mentally retarded, this finding shall be shown on the report. The law enforcement officer or other designated person shall take the respondent to a 24-hour facility described in G.S. 122C-252 pending a district court hearing. If there is no area 24-hour facility and if the respondent is indigent and unable to pay for care at a private 24-hour facility, the law enforcement officer or other designated person shall take the respondent to a State facility for the mentally ill designated by the Commission in accordance with G.S. 143B-147(a)(1)a. for custody, observation, and treatment and immediately notify the clerk of superior court of this action. If a 24-hour facility is not immediately available or appropriate to the respondent's medical condition, the respondent may be temporarily detained under appropriate supervision at the site of the first examination, and the custody order remains in effect, provided that at anytime that a physician or eligible psychologist determines that the respondent is no longer in need of inpatient commitment the proceedings shall be terminated and the respondent transported and released in accordance with subdivision (3) of this subsection. However, if the physician or eligible psychologist determines that the respondent meets the criteria for outpatient commitment, as defined in subdivision (1) of this subsection, the physician or eligible psychologist may recommend outpatient commitment, and the respondent shall be transported and released in accordance with subdivision (1) of this subsection. Any decision to terminate the proceedings or to recommend outpatient commitment after an initial recommendation of inpatient commitment shall be documented and reported to the clerk of superior court in accordance with subsection (e) of this section. If the respondent continues to meet the criteria for inpatient commitment but a 24-hour facility is not available or medically appropriate seven days after the

issuance of the custody order, a physician or psychologist shall report this fact to the clerk of superior court, and the proceedings shall be terminated.

In the event an individual known or reasonably believed to be mentally retarded is transported to a State facility for the mentally ill, in no event shall that individual be admitted to that facility except as follows:

a. Persons described in G.S. 122C-266(b);

b. Persons admitted pursuant to G.S. 15A-1321;

c. Respondents who are so extremely dangerous as to pose a serious threat to the community and to other patients committed to non-State hospital psychiatric inpatient units, as determined by the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services or his designee; and

d. Respondents who are so gravely disabled by both multiple disorders and medical fragility or multiple disorders and deafness that alternative care is inappropriate, as determined by the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services or his designee.

Individuals transported to a State facility for the mentally ill who are not admitted by the facility may be transported by law enforcement officers or designated staff of the State facility in State-owned vehicles to an appropriate 24-hour facility that provides psychiatric inpatient care.

No later than 24 hours after the transfer, the responsible professional at the original facility shall notify the petitioner, the clerk of court, and, if consent is granted by the respondent, the next of kin, that the transfer has been completed.

(3) If the physician or eligible psychologist finds that neither condition described in subdivisions (1) or (2) of this subsection exists, the proceedings shall be terminated. The person designated in the order to provide transportation shall return the respondent to the respondent's regular residence or, with the respondent's consent, to the home of a consenting individual located in the originating county and the respondent shall be released from custody."

SECTION 4. Section 1(5) of S.L. 2003-178, as amended by Section 10.27 of S.L. 2006-66, and as further amended by Section 1.1(a)(5) of S.L. 2007-504, reads as rewritten:

"(5) The Secretary may grant a waiver under this section to up to ~~10~~ 15 LMEs."

SECTION 5. Section 4 of this act becomes effective July 1, 2009. The remainder of this act becomes effective October 1, 2009.

HOUSE BILL 243:
Mental Health/Law Enforcement Custody

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Judiciary I	**Date:**	May 5, 2009
Introduced by:	Reps. Insko, Steen, Barnhart	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	PCS to First Edition H243-CSLN-15		

SUMMARY: ***House Bill 243 clarifies the authority of personnel designated by local government to provide transportation and custody for respondents in involuntary commitment proceedings and provides authority for the facility providing the first commitment examination to temporarily detain the respondent at that facility or to terminate the inpatient commitment proceedings in appropriate circumstances where a 24hour facility is unavailable.***

CURRENT LAW: G.S. 122C-251 governs the provision of transportation of a person subject to involuntary commitment proceedings by a city or county. Subdivision (e) allows for the use of reasonable force in restraining the person being transported if necessary to protect the officer, the person being transported or others. Subdivision (g) allows a city or county to plan for the transportation of respondents in involuntary commitment proceedings. Law enforcement personnel, volunteers, or public or private agency personnel may be designated to provide the necessary transportation. Subdivision (h) covers responsibility for the costs of such transportation. The costs and expenses are the responsibility of the county of residence of the respondent. Costs may be recovered from a respondent if the respondent is not indigent, the person liable for the respondent's support if there is sufficient property to pay the costs, any person or entity that is responsible for the cost or is otherwise liable for the costs.

G.S. 122C-261 provides for the affidavit and petition to the magistrate, or clerk or deputy clerk of superior court, by anyone with knowledge that a person is mentally ill, and either dangerous to self or others, or in need of treatment in order to prevent further deterioration that would result in dangerousness. A magistrate or clerk finding reasonable grounds to believe that the allegations are true shall order the person taken into custody for examination.. Subsection (d) of G.S. 122C-261 provides, in pertinent part, that if the person filing the affidavit is a physician, the physician's examination complies with the requirement for a first examination. If the physician recommends inpatient treatment, and the clerk or magistrate finds reasonable cause to believe the respondent meets the criteria for inpatient commitment, an order for transportation to a 24 hour facility shall be ordered.

G.S. 122C-263 governs the first examination of a respondent by a physician or eligible psychologist. Subsection (d) sets forth the determinations that a physician is to make at the end of the examination – for either outpatient treatment, inpatient commitment, or neither. If inpatient commitment is determined to be necessary, a law enforcement officer or other person shall take the respondent to an area 24 hour facility. If no area facility is available, the respondent is to be taken to a State facility.

BILL ANALYSIS: **Section 1** of House Bill 243 amends G.S. 122C-251 (e) to allow for the use of reasonable force in restraining a person in custody as during transportation. Subsection (g) is amended to allow a city or county to plan for the custody of respondents in involuntary commitment proceedings as well as for their transportation. Section 1 also adds a new subsection (i) that provides that the responsibility for transportation and custody shall not be construed to include the cost of examination or treatment of a respondent.

Section 2 of the bill amends G.S. 122C-261(d) to provide that if a physician recommends inpatient treatment, but a 24 hour facility is not immediately available or appropriate for the respondents medical condition, the respondent may be temporarily detained under supervision, and on further examination, released in accordance with G.S. 122C-263(d)(2).

Section 3 of the bill amends G.S. 122C-263(d) to provide that if a physician upon first examination determines that inpatient treatment is warranted, and a 24 hour facility is not immediately available or appropriate, the respondent may be detained at the site of the first examination and the custody order remains in effect. If at anytime the physician determines that the respondent is no longer in need of inpatient commitment, then proceedings shall be either terminated and the respondent transported and released, or, the physician may recommend outpatient commitment. Decisions to terminate inpatient proceedings shall be documented and reported to the clerk of superior court. If a respondent continues to meet the criteria for inpatient commitment but a 24 hour facility is not available 7 days after the issuance of the custody order, the proceedings shall be terminated and the matter reported to the clerk.

Section 4 of the bill amends the Session Laws providing for a temporary waiver of the requirements for involuntary commitment of persons who are mentally ill or who are substance abusers for up to 10 LME's. The amendment would increase the number of LME's that may be granted waivers to 15.

EFFECTIVE DATE: Section 4 of the act becomes effective July 1, 2009. The remainder of the act becomes effective October 1, 2009

H243-SMRF-82(CSLN-15) v1

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. 243 DATE _____

S. B. No. _____ Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE _____

Rep.) Glazier
Sen.)

moves to amend the bill on page 2, line 14

( ) WHICH CHANGES THE TITLE

by by adding after period:

"Nothing in this subsection shall be construed to change the existing liability for the cost of examination and treatment."

SIGNED _____

ADOPTED _____ FAILED _____ TABLED _____

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

Earle

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 243 A BILL TO BE ENTITLED AN ACT TO CLARIFY THE TRANSPORTATION AND CUSTODY REQUIREMENTS WHEN LAW ENFORCEMENT OFFICERS TRANSPORT AN INDIVIDUAL PURSUANT TO INVOLUNTARY COMMITMENT PROCEEDINGS.

☒ With a favorable report as to the committee substitute bill, which changes the title, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on JUDICIARY I.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

VISITOR REGISTRATION SHEET

Mental Health — 5/6/09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Fred Wedell	Earth Seal LLC
Julia Leggett	The Arc of NC
Randolph G. Lee	D. Cloud & Assoc.
Steve Metcalf	RHA
Hugh Blackwell	NC House
David Brady	MWC
Karen McLeod	CFSA-NC
[illegible]	DMH/DD/SA
[illegible]	MHM
Eddie Caldwell	NC Sheriffs' Assn
Annette Newkirk	Governor's Office

VISITOR REGISTRATION SHEET

Mental Health — 5/6/09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Meghan Jones	DRNC
Annaliese Dolph	DRNC
John Tuttle	NAMI
Louise Fisher	Volunteer Advocate for M.I.
Yvonne Copeland	NCCCP
Janet Shanahan	Shanahan Consulting
Rebecca Troutman	NCACC
Annaliese Dolph	DRNC
Gregory Pettigrew	DHHS
Gardner Payne	NWC
[illegible] Foster	General Assembly - research

VISITOR REGISTRATION SHEET

Mental Health Reform — 5.6.2009

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Lisa H. Corbett	NCDOT
Leslie Arnold	SOG - Daily Bulletin
Maureen Merrill	Autism Society of NC
John Bowdish	Astra Zeneca
Barbara Conklin	BSCR
Lyn Wilson	NCALTCF
Erin Schmeltzer	UNC
Jo Stein	DMH/DD/SAS
Lyza Wannemacher	—

VISITOR REGISTRATION SHEET

Mental Health — 5/6/09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
[signature]	NAMI, NC
John McMillan	MFOS
Robin Huffman	NC Psychiatric Assoc
Jennifer Mahan	MHANC
Mandy Ahrendinger	Action for Children NC

MENTAL HEALTH REFORM

MINUTES
May 12, 2009
Room 424
10:00 AM

The meeting was called to order by Representative Brisson at 10:05 am in Room 424 of the Legislative Office Building. Representative Brisson welcomed everyone to the meeting; He introduced the Sergeants at Arms, the pages and the legislative staff.

The following members were present:

Representative William Brisson, Co-Chair
Representative Beverly Earle, Co-Chair
Representative Jeff Barnhart, Vice Chair
Representative R. Van Braxton
Representative Pat Hurley
Representative Verla Insko
Representative Bob England
Representative Pearl Burris-Floyd
Representative Jean Farmer-Butterfield
Representative Marion McLawhorn
Representative Bill McGee
Representative Carolyn Justus

Staff:
Shawn Parker

There were six bills to be discussed and voted on. They are as followed:

BILL #:	SHORT TITLE:	SPONSOR:
HB 0457	Recommend Approp. MH/DD/SAS Oversight Comm.	Rep. Insko
HB 0458	Reommendations of MH/DD/SA Oversight Comm.	Rep. Insko
HB 0600	Mental Health Services for Children/Kids' Care	Rep. Insko
HB 1188	Improve LME Accountability – AB	Rep. Insko
HB 1309	Residential Treatment Facilities	Rep. Insko
HB 1086	Guardianship/Incompetency	Rep. Burris-Floyd

HB 457
AN ACT TO APPROPRIATE FUNDS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUSTANCE ABUSE SERVICES.

Representative Insko was recognized to explain the bill. Representative Farmer-Butterfield moved for a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on Appropriations. Motion carried.

HB 458
AN ACT TO ENACT VARIOUS LAWS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

Representative Brisson asked staff to explain the changes to this bill. Mr. Shawn Parker from the research department explained the changes. Mr. Parker there was an amendment to remove section #2, because it might not be able to be funded. It would be deleting lines 25 through 40. Representative Brisson asked staff to read the amendment. Several committee members had numerous questions about this bill. Mr. Parker, Representative Insko and Liza Wainwright from DHHS tried to answer them. Several Motions were made to delete lines in various sections. After the committee agreeing on certain changes, a motion for a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendations that the committee substitute bill be re-referred to the Committee of APPROPRIATIONS.

HB 600
AN ACT TO ENSURE THAT ALL CHILDREN IN NORTH CAROLINA ELIGIBLE FOR HEALTH SERVICES UNDER NC HEALTH CHOICE OR NC KIDS' CARE RECEIVE MENTAL HEALTH SERVICES, AS RECOMMENDED BY THE LEGISLATIVE STUDY COMMISSION ON CHILDREN AND YOUTH.

Representative Insko said that this was a very simple bill to explain. After several questions from the committee, Representative Braxton moved for a favorable report and recommendations that the bill be re-referred to the Committee on APPROPRIATIONS. The motion was carried.

HB 1188
AN ACT PERTAINING TO THE APPOINTMENT OF AREA AUTHORITY AND COUNTY PROGRAM DIRECTORS AND MEMBERSHIP ON A LOCAL MANAGEMENT ENTITY BOARD OF DIRECTORS.

Representative Insko explained the bill. After Representative Insko explained the bill, the bill was pulled.

HB 1309
AN ACT TO DIRECT THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES TO ADOPT RULES PROVIDING FOR THE LICENSURE AND ACCREDITATION OF RESIDENTIAL TREATMENT FACILITIES FOR PERSONS WITH TRAUMATIC BRAIN INJURY.

Representative Insko explained the bill and answered a question from Representative McGee. Representative Justus moved for a favorable report and recommendation that the bill be re-referred to the Committee on Health and Human Services. The motion was carried.

HB 1086
AN ACT TO AMEND THE PROCEDURES FOR DETERMINING INCOMPETENCY UNDER THE LAWS RELATING TO GUARDIANSHIP AS RECOMMENDED BGY THE HOUSE STUDY COMMITTEE ON STATE GUARDIANSHIP LAWS.

Representative Brisson recognized Representative Burris-Floyd to speak on the bill. Representative McGee had a question about line 30 through 32. Representative Farmer-Butterfield says that she could address Representative McGee question. She answers his question, but Representative McGee still had questions. Chairman Brisson asked Shawn Parker of the GA Research staff to address question about lines 30 through 32. An agreement was agreed upon and Representative England made a motion for a favorable report and recommendations that the bill be re-referred to the Committee on Judiciary III

There was no further business to discussed, the meeting was adjourned.

Meeting Notice
Meeting Agenda
HB 457, with Summary and Committee Report
HB 458, with Summary, Amendment and Committee Report
HB 600, with Summary and Committee Report
HB 1188, with Summary
HB 1309, with Summary and Committee Report
HB 1086, with Summary and Committee Report

Representative William Brisson, Co-Chair., Presiding
Representative Beverly Earle, Co-Chair.

Caroline Stirling, Committee Clerk

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Tuesday, May 12, 2009
TIME: 10:00 am
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
HB 0457	Recommend Approp. MH/DD/SAS Oversight Comm.	Representative Insko
HB 0458	Recommendations of MH/DD/SA Oversight Comm.	Representative Insko
HB 0600	Mental Health Services for Children/Kids' Care	Representative Insko
HB 1188	Improve LME Accountability - AB	Representative Insko
HB 1309	Residential Treatment Facilities	Representative Insko
HB 1086	Guardianship/Incompetency	Representative Burris-Floyd

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **12** o'clock on **May 07, 2009.**

X☐ Principal Clerk
X☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)
Ann Radford (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

May 12, 2009
Legislative Office Building
Room 424
10:00 am

Committee Chairs: Representative William Brisson
Representative Beverly Earle

Opening Remarks: Representative William Brisson

Agenda:

BILL NO.	SHORT TITLE	SPONSOR
HB 0457	Recommend Approp. MH/DD/SAS Oversight Comm.	Representative Insko
HB 0458	Recommendations of MH/DD/SA Oversight Comm.	Representative Insko
HB 0600	Mental Health Services for Children/Kids' Care	Representative Insko
HB 1188	Improve LME Accountability - AB	Representative Insko
HB 1309	Residential Treatment Facilities	Representative Insko
HB 1086	Guardianship/Incompetency	Representative Burris-Floyd

Closing Remarks: Representative William Brisson

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 457
PROPOSED COMMITTEE SUBSTITUTE H457-PCS50689-SQ-36

Short Title: Recommended Approp. MH/DD/SA Oversight Comm. (Public)

Sponsors:

Referred to:

March 9, 2009

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. Leadership Academy Funds. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of five hundred thousand dollars ($500,000) for the 2009-2010 fiscal year and the sum of five hundred thousand dollars ($500,000) for the 2010-2011 fiscal year. These funds shall be allocated to local management entities (LMEs) for LME staff participation in the Mental Health Leadership Academy at the University of North Carolina Kenan-Flagler Business School.

SECTION 2. Child Treatment Program Funds. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of two million dollars ($2,000,000) for the 2009-2010 fiscal year and the sum of two million dollars ($2,000,000) in recurring funds for the 2010-2011 fiscal year for the North Carolina Child Treatment Program. The North Carolina Child Treatment Program shall use these funds to provide (i) training and ongoing support to clinicians who provide treatment under the program and (ii) evidence-based mental health treatment to children and adolescents residing in this State who have experienced serious psychological trauma and their families.

SECTION 3. Fully Fund Implementation of Tier 1 of CAP/MR-DD Program. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Medical Assistance, the sum of three million three hundred thirty-three thousand three hundred thirty-three dollars ($3,333,333) for the 2009-2010 fiscal year and the sum of three million three hundred thirty-three thousand three hundred thirty-three dollars ($3,333,333) in recurring funds for the 2010-2011 fiscal year. These funds shall be used to fully fund implementation of Tier 1 of the CAP/MR-DD Program.

SECTION 4. Housing Initiative Funds to Reduce Long-Term Need for State Psychiatric Hospitals. – There is appropriated from the General Fund to the Housing Trust Fund the sum of ten million dollars ($10,000,000) for the 2009-2010 fiscal year for the Housing Initiative in order to reduce the need for State psychiatric hospitals in the long term.

SECTION 5. MH/DD/SA Funds for Housing Initiative Units. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of two million five hundred thousand dollars ($2,500,000) for the 2009-2010 fiscal year and the sum of two million five hundred thousand dollars ($2,500,000) for the 2010-2011 fiscal year to continue operating support for an estimated 500 units of the Housing Initiative in order to reduce the need for State psychiatric hospitals in the long term.

SECTION 6. Funds for Regionally Hosted Substance Abuse Services. – Of the funds appropriated to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services for the 2009-2010 fiscal year for substance abuse services, the Department shall allocate not less than eight million dollars ($8,000,000) and may allocate up to ten million dollars ($10,000,000) for the 2009-2010 fiscal year to support regionally hosted substance abuse services. These funds shall be allocated to continue or expand Cross Area Service Programs (CASP) and other substance abuse treatment and prevention initiatives.

SECTION 7. Money-Follows-the-Person Demonstration Grant. – There is appropriated from the General Fund to the Department of Health and Human Services the sum of one hundred thousand two hundred forty-seven dollars ($100,247) for the 2009-2010 fiscal year. These funds shall be used to supplement a federally supported grant for the transition of consumers out of nursing facilities, State psychiatric hospitals, and Intermediate Care Facilities for the Mentally Retarded (ICF/MR) to more appropriate levels of care.

SECTION 8. NCIOM Substance Abuse Task Force Recommendations. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of ten million dollars ($10,000,000) for the 2009-2010 fiscal year. These funds shall be used to implement one or more of the North Carolina Institute of Management (NCIOM) Substance Abuse Task Force's priority recommendations, which include:

(1) Development of a comprehensive substance abuse prevention plan for use at the State and local levels.

(2) Providing funding for the establishment of six pilot projects to implement county or multicounty comprehensive prevention plans.

(3) Supporting efforts to reduce high-risk drinking on college campuses.

(4) Development of a pilot program to provide chronic disease management services to substance abuse clients and former clients. The purpose of the pilot is to decrease the number of short-term hospital admissions and to provide discharge planning and follow-up to reduce substance abuse client recidivism.

(5) Educating and encouraging health care professionals to use the screening, brief intervention, and referral to treatment (SBIRT) model promoted by the federal government.

SECTION 9. Workforce Development Funds. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of fifty thousand dollars ($50,000) for the 2009-2010 fiscal year and the sum of fifty thousand dollars ($50,000) for the 2010-2011 fiscal year. These funds shall be used to establish a workforce development specialist position in the Division.

SECTION 10. Local Crisis Capacity Funding. – There is appropriated to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of twenty-four million three hundred twenty-four thousand four hundred thirty-two dollars ($24,324,432) for the 2009-2010 fiscal year. These funds shall be allocated as follows:

(1) $8,227,932 to fully fund local crisis initiatives that were partially funded in the 2008-2009 fiscal year, and

(2) $16,096,500 to purchase 150 additional local inpatient psychiatric beds or bed days.

The 150 additional beds or bed days funded under subdivision (2) of this subsection shall be distributed across the State according to need as determined by the Department. The Department shall enter into contracts with the LMEs and community hospitals for the management of beds or bed days funded under this subsection. Local inpatient psychiatric beds or bed days shall be managed and controlled by the LME, including the determination of which local or State hospital the individual should be admitted to pursuant to an involuntary commitment order. Funds shall not be allocated to LMEs but shall be held in a statewide reserve at the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to pay for services authorized by the LMEs and billed by the hospitals through the LMEs. LMEs shall remit claims for payment to the Division within 15 working days of receipt of a clean claim from the hospital and shall pay the hospital within 10 working days of receipt of payment from the Division. If the Department determines (i) that an LME is not effectively managing the beds or bed days for which it has responsibility, as evidenced by beds or bed days in the local hospital not being utilized while demand for services at the State psychiatric hospitals has not reduced, or (ii) the LME has failed to comply with the prompt payment provisions of this subsection, the Department may contract with another LME to manage the beds or bed days, or, notwithstanding any other provision of law to the contrary, may pay the hospital directly. The Department shall develop reporting requirements for LMEs regarding the utilization of the beds or bed days. Funds appropriated in this section for the purchase of local inpatient psychiatric beds or bed days shall be used to purchase additional beds or bed days not currently funded by or through LMEs and shall not be used to supplant other funds available or otherwise appropriated for the purchase of psychiatric inpatient services under contract with community hospitals, including beds or bed days being purchased through Hospital Pilot funds appropriated in S.L. 2007-323. Not later than March 1, 2010, the Department shall report to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate, the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Fiscal Research Division on a uniform system for beds or bed days purchased (i) with local funds, (ii) from existing State appropriations, (iii) under the Hospital Utilization Pilot, and (iv) purchased using funds appropriated under this subsection.

SECTION 11. BART Step-Down Unit Funds. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of one million eight hundred thousand dollars ($1,800,000) for the 2009-2010 fiscal year and the sum of three hundred thousand dollars ($300,000) for the 2010-2011 fiscal year. These funds shall be used to develop a behaviorally advanced residential treatment (BART) step-down unit.that would be operated by the Murdoch Center. These funds include private provider training and technical assistance to facilitate replication through the State.

SECTION 12. Funds to Increase Staffing and Salary Ranges at DHHS and the State Psychiatric Hospitals. – There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of five hundred thousand dollars ($500,000) for the 2009-2010 fiscal year and the sum of five hundred thousand dollars ($500,000) for the 2010-2011 fiscal year. These funds shall be used to increase staff and raise salary ranges for Division and State psychiatric hospital personnel.

SECTION 13. This act becomes effective July 1, 2009.

HOUSE BILL 457: Recommended Approp. MH/DD/SA Oversight Comm

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	May 11, 2009
Introduced by:	Reps. Insko, M. Alexander, Earle, Brisson	**Prepared by:**	Shawn Parker Legislative Analyst
Analysis of:	PCS to First Edition H457-CSSQ-36		

SUMMARY: House Bill 457 would appropriate funds to implement recommendations of the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services.

The Proposed Committee Substitute removes an appropriation and direction to develop a pilot program to track out patient commitments for persons leaving the State Psychiatric Hospitals.

[As introduced, this bill was identical to S408, as introduced by Sen. Nesbitt, which is currently in Senate Appropriations/Base Budget.]

BILL ANALYSIS:

Section 1 appropriates $500,000 (to recur in the 2010-2011 fiscal year) from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (Department) to be allocated to Local Management Entities (LME) for staff participation in the Mental Health Leadership Academy.

Section 2 appropriates $2,000,000 (to recur in the 2010-2011 fiscal year) from the General Fund to the Department for the North Carolina Child Treatment Program. The section provides these funds are to be used to provide training to clinicians currently providing treatment under the program and to provide evidence based mental health treatment to children and their families who have experienced serious psychological trauma and are residents of the State.

Section 3 appropriates $3,333,333 (to recur in the 2010-2011 fiscal year) from the General Fund to the Department of Health and Human Services, Division of Medical Assistance (DMA) to fully fund the implementation of Tier 1 of the CAP/MR-DD program.

Section 4 appropriates $10,000,000 from the General Fund to the Housing Trust Fund.

Section 5 appropriates $2,500,000 (to recur in the 2010-2011 fiscal year) from the General Fund to the Department to be used to continue operating support for an estimated 500 units of the Housing Initiative.

Section 6 provides of funds appropriated to the Department for substance abuse services, at least $8,000,000 but not more than $10,000,000 shall be used to support regionally hosted substance abuse services such as CASP (Cross Area Service Program) and other substance abuse treatment and prevention initiatives.

Section 7 appropriates $100,247 from the General Fund to the Department of Health and Human Services to be used to supplement a federally supported grant for the transition of consumers out of nursing facilities, State psychiatric hospitals, and ICF-MRs.

Section 8 appropriates $10,000,000 from the General Fund to the Department to implement one or more of the North Carolina Institute of Medicine's Substance Abuse Task Force's priority recommendations.

Section 9 appropriates $50,000 (to recur in the 2010-2011 fiscal year) from the General Fund to the Department to establish a workforce development specialist position in the Division.

Section 10 appropriates $24,324,432 from the General Fund to the Department to be allocated as follows: (1) $8,227,932 to fully fund local crisis initiatives that were partially funded in 2008-09 and (2) $16,096,500 to purchase 150 additional local inpatient psychiatric beds or bed days to be distributed across the State. The section provides that the Department shall enter into contracts with LMEs and community hospitals for the management of beds or bed days and requires that local inpatient psychiatric beds or bed days are managed and controlled by the LME. The section provides these fund are not to be allocated to LMEs but will be held in a statewide reserve controlled by the Division. Funds used are not to supplant other funds available or otherwise appropriated for the purchase of psychiatric inpatient services under contract with community hospitals, including beds or bed days being purchased through Hospital Pilot funds appropriated in SL 2007-323. The section directs the Department to report, by March 1, 2010, to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate, the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Fiscal Research Division on a uniform system for beds or bed days purchased (i) with local funds, (ii) from existing State appropriations, (iii) under the Hospital Utilization Pilot, and (iv) purchased using funds appropriated under this provision.

Section 11 appropriates $1,800,000 for the 2009-2010 fiscal year and $300,000 for the 2010-2011 fiscal year from the General Fund to the Department to be used to develop a behavioral advanced residential treatment step down unit to be operated by the Murdoch Center.

Section 12 appropriates $500,000 (to recur in the 2010-2011 fiscal year) from the General Fund to the Department to increase staff and raise salary ranges fro Division and State Psychiatric Hospital personnel.

EFFECTIVE DATE: This act becomes effective July 1, 2009.

H457-SMSQ-73(CSSQ-36) v1

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 457 A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

☒ With a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 458
PROPOSED COMMITTEE SUBSTITUTE H458-CSSQ-22 [v.1]

4/21/2009 5:31:48 PM

Short Title: Recommendations of MH/DD/SA Oversight Comm. (Public)

Sponsors:

Referred to:

March 9, 2009

A BILL TO BE ENTITLED

AN ACT TO ENACT VARIOUS LAWS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. Merger or Consolidation of LMEs. –

(1) The Secretary of the Department of Health and Human Services shall not take any action prior to June 1, 2010, that would result in the merger or consolidation of local management entities (LMEs), or that would establish consortia or regional arrangements for the same purpose.

(2) Notwithstanding the provisions of subdivision (1) of this section, contiguous LMEs may implement a merger or consolidation if at least one of the following criteria is satisfied:

a. At least one of the LMEs does not meet the catchment area requirements of G.S. 122C-115 and the merger or consolidation is to overcome noncompliance with G.S. 122C-115; or

b. Each board of county commissioners within the multicounty area comprising each of the LMEs involved in the proposed merger or consolidation has approved the merger or consolidation.

(3) Contracts between LMEs for service authorization, utilization review, and utilization management functions do not constitute a merger or consolidation as addressed in this section.

SECTION 2. LME Peer Training. – Beginning July 1, 2009, the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, in consultation with the Mental Health Leadership Academy, shall hold at least one meeting each calendar quarter to facilitate peer training and peer sharing among LMEs with respect to best practices and innovations in management and coordination of mental health, developmental disabilities, and substance abuse services.

SECTION 3. Medicaid Waivers. –

(1) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, may develop and apply to the Centers for Medicare and Medicaid Services (CMS) for

additional 1915(b) and 1915(c) Medicaid waivers in order to increase the flexibility of LMEs with respect to management and coordination of mental health, developmental disabilities, and substance abuse services. If approved, the Department shall not implement any waiver except as authorized by an act of the General Assembly appropriating funds for this purpose. The Department shall report on the status of any waiver developed or applied for pursuant to this subdivision to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Fiscal Research Division not later than March 1, 2010.

(2) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall apply to the Centers for Medicare and Medicaid Services for a 1915(c) waiver to permit individuals who sustain traumatic brain injury after age 22 to access home and community-based Medicaid services. If approved, the Department shall not implement the waiver except as authorized by an act of the General Assembly appropriating funds for this purpose. The Department shall report on the status of the waiver to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division not later than March 1, 2010.

(3) Not later than six months after the effective date of this act, the Department of Health and Human Services, Division of Medical Assistance, in conjunction with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall submit a written report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services summarizing its implementation of Tiers 1 and 4 of the CAP-MR/DD program and future plans for implementation of Tiers 2 and 3 of the CAP-MR/DD program. The summary shall include an explanation of (i) the planned array and intensity level of services to be made available under each of the four tiers, (ii) the range of costs for the planned array and intensity level of services to be made available under each of the four tiers, (iii) how the relative intensity of need for each CAP eligible individual will be reliably determined, and (iv) how the determination will be used to assign individuals appropriately into one of the four tiers. The Department shall not develop or submit an application to the Centers for Medicare and Medicaid Services for additional Medicaid waivers for Tiers 2 and 3 of the CAP-MR/DD program until it has submitted the report required by this subdivision.

SECTION 4. State/County Special Assistance Residency Requirements. – G.S. 108A-41(b) reads as rewritten:

"(b) Assistance shall be granted to any person who:

(1) Is 65 years of age and older, or is between the ages of 18 and 65 and is permanently and totally disabled; and

(2) Has insufficient income or other resources to provide a reasonable subsistence compatible with decency and health as determined by the rules and regulations of the Social Services Commission; and

(3) Is one of the following:

a. A resident of North Carolina for at least ~~90~~180 days immediately prior to receiving this assistance;

b. A person coming to North Carolina to join a close relative who has resided in North Carolina for at least 180 consecutive days immediately prior to the person's application. The close relative shall furnish verification of his or her residency to the local department of social services at the time the applicant applies for special assistance. As used in this sub-subdivision, a close relative is the person's parent, grandparent, brother, sister, spouse, or child; or

c. A person discharged from a State facility who was a patient in the facility as a result of an interstate mental health compact. As used in this sub-subdivision the term State facility is a facility listed under G.S. 122C-181."

The Department shall study issues relating to consumers with mental illness residing in adult care homes and report its findings and any recommendations to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services by March 1, 2010.

SECTION 5. Billing Changes. –

(1) The Department of Health and Human Services shall create an "incurred but not reported" category of expenditures such that services are paid based on the actual date of services rather than the date when the invoice is received. The Department may only implement this change with the approval of the Office of State Budget and Management.

(2) The Department of Health and Human Services may require that providers of mental health, developmental disabilities, and substance abuse services submit bills to the LME for State-funded services within 60 days of the date the services were provided.

SECTION 6. Service Dollar Reallocations. – The Department of Health and Human Services may create a midyear process by which it can reallocate State service dollars away from LMEs that do not appear to be on track to spend the LMEs' full appropriation and towards LMEs that appear able to spend the additional funds.

SECTION 7. Screening Tool/Individuals with Developmental Disabilities. –

(1) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall identify a screening tool to assess level and intensity of need of all individuals with developmental disabilities receiving publicly funded services.

(2) Not later than March 1, 2010, the Department of Health and Human Services shall report on the identification of the screening tool to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.

SECTION 8. Death Reporting in Facilities Providing MH/DD/SA Services. –

(1) The Department of Health and Human Services shall establish and maintain a database of all deaths occurring in facilities subject to regulation under Chapter 122C of the General Statutes. The database shall include the name and location of the facility, the time and date of death, and the cause of death, as well as all details surrounding the death. All facilities regulated under Chapter 122C of the General Statutes, and all facilities required by

law to report death occurring in the facility to the State Medical Examiner, shall report the information to the database within 10 days of the date of the death.

(2) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall provide training on death reporting to administrative and direct care employees that are employed in State facilities subject to regulation under G.S. 122C-181.

SECTION 9. Service Authorization, Utilization Review, and Utilization Management. –

(1) The Department of Health and Human Services shall continue to implement its plan to return the service authorization, utilization review, and utilization management functions to LMEs for all clients. Not later than January 1, 2011, the Department shall return utilization review, utilization management, and service authorization for publicly funded mental health, developmental disabilities, and substance abuse services to LMEs representing in total at least sixty percent (60%) of the State's population. An LME must be accredited for national accreditation under behavioral health care standards by a national accrediting entity approved by the Secretary and must demonstrate readiness to meet all requirements of the existing vendor contract with the Department for such services in order to provide service authorization, utilization review, and utilization management to Medicaid recipients in the LME catchment area. Not later than July 1, 2010, the Department shall designate those LMEs that will be performing utilization review, utilization management, and service authorization on and after January 1, 2011, in accordance with this section.

(2) The Department shall not contract with an outside vendor for service authorization, utilization review, or utilization management functions, or otherwise obligate the State for these functions beyond September 30, 2010. The Department shall require LMEs to include in their service authorization, utilization management, and utilization review a review of assessments, as well as person-centered plans and random or triggered audits of services and assessments.

SECTION 10. The North Carolina Institute of Medicine (NCIOM) shall conduct a study of mental health, developmental disabilities, and substance abuse services that are funded with Medicaid funds and with State funds. The purpose of the study is to determine what services are currently available to active, reserve, and veteran members of the military and National Guard and the need for increased State services to these individuals. The NCIOM shall report its findings and recommendations to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before the convening of the 2010 Regular Session of the 2009 General Assembly.

SECTION 11. This act is effective when it becomes law.

HOUSE BILL 458: Recommendations of MH/DD/SA Oversight Comm

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	April 21, 2009
Introduced by:	Reps. Insko, England, Farmer-Butterfield, Braxton	**Prepared by:**	Shawn Parker Legislative Analyst
Analysis of:	PCS to First Edition H458-CSSQ-22		

SUMMARY: ***House Bill 458 would implement recommendations of the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services by enacting various laws affecting the Department of Health and Human Services (Department), Local Management Entities (LMEs), and the North Carolina Institute of Medicine (NCIOM).***

The Proposed Committee Substitute amends the original bill draft to reflect changes approved by the Joint Legislative Oversight Committee on MH/DD/SAS on February 17, 2009.

BILL ANALYSIS:

Section 1 extends a prohibition on LME mergers and consolidation until June 1, 2010 with an exception for mergers initiated by **contiguous** LMEs which either do not meet catchment area requirements of G.S. 122C-115 or have approval from each board of county commissioners within the multi-county area comprising each LME. The section further provides that contracts between LMEs for service authorization, utilization review, and utilization management functions are not considered mergers or consolidations.

Section 2 directs the Department, beginning July 1, 2009, to hold meetings at least quarterly to facilitate peer training and peer sharing among LMES.

Section 3 provides a number of directions to the Department relating to the application of Medicaid waivers:

- authorizes the Department to apply for 1915(b) and (c) Medicaid waivers to provide LME flexibility in management functions;
- directs the Department to apply to the Centers for Medicare and Medicaid Services for a 1915(c) waiver to permit individuals who sustain a Traumatic Brain Injury after age 22 to access home and community-based Medicaid-funded services, and
- directs the Department to submit a report summarizing the implementation of Tiers 1 and 4 and the future plans for implementing Tiers 2 and 3 of the CAP-MR/DD waiver program to the Joint Legislative Oversight on MH/DD/SAS within six months of this provision's enactment.

Section 4 changes the residency requirement for eligibility for special assistance from 90 days to 180 days and directs the Department to study and report to the Joint legislative Oversight Committee on MH/DD/SAS by March 10, 2010 on issues relating to adult care home residents with mental illness.

Sections 5 and 6 provide directions to the Department to implement recommendations for increasing expenditures of funds appropriated to LMEs for direct services:

- directs the Department upon approval of the Office of State Budget and Management to create an "Incurred but Not Reported" category of expenditures such that services are paid based on the actual date of service rather than the date when the invoice is received;
- authorizes the Department to require providers to bill LMEs for state-funded services within 60 days of the date that the service was provided, and
- authorizes the Department to create a formal mid-year process by which to reallocate State service dollars among LMEs.

Section 7 directs the Department to identify a screening tool to assess level and intensity of need of all individuals with developmental disabilities receiving publicly-funded services and report its findings by March 1, 2010.

Section 8 directs the Department to create and maintain a database of all deaths that occur in facilities governed by Chapter 122C of the North Carolina General Statutes. The section further directs the Department to provide training to administrative and direct care staff on the death reporting requirements of facilities operated in accordance with G.S. 122C-181.

Section 9 directs the Department to continue to implement its plan to return the service authorization, utilization review, and utilization management functions to LMEs by increasing the number of LMEs performing these functions to encompass at least sixty percent (60%) of the State's population by January 1, 2011. The section provides the Department must designate by July 1, 2010, which LMEs will be authorized to perform these functions on or after January 1, 2011 and extends the date that the Department may contract with an outside vendor for service authorization, utilization review, or utilization management functions, or otherwise obligate the State for these functions from September 30, 2009 to September 30, 2010.

Section 10 directs the North Carolina Institute of Medicine (NCIOM) to study and report on issues relating to State-funded and Medicaid-funded mental health, developmental disability and substance abuse services currently available to active, reserve and veteran members of the military and National Guard.

EFFECTIVE DATE: This act is effective when it becomes law.

H458-SMSQ-45(CSSQ-22) v2

implementation of the current Supports Intensity Scale (SIS) assessment tool pilot project if the pilot project has demonstrated that the SIS tool:

a. Is effective in identifying the appropriate array and intensity of services, including residential supports or placement, for individuals assessed.

b. Is valid for determining intensity of support related to resource allocation for CAP-MR/DD, public and private ICF-MR facilities, developmental disability group homes, and other State or federally funded services.

c. Is used by an assessor that does not have a pecuniary interest in the determinations resulting from the assessment.

d. Determines the level of intensity and type of services needed from developmental disability service providers.

(2) The Department shall report on the progress of the pilot project by May 1, 2010. The Department shall submit the report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the House of Representative Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division. The report shall include the following:

a. The infrastructure that will be needed to assure that the administration of the assessment tool is independent from service delivery, the qualifications of assessors, training and management of data, and test-retest accountability.

b. The cost to: (i) purchase the tool, (ii) implement the tool, (iii) provide training, and (iv) provide for future expansion of the tool statewide."; and

further moves to amend the proposed committee substitute on page 4, line 16, by deleting "sixty percent (60%)" and substituting "thirty percent (30%)".

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____

NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
House Bill 458

AMENDMENT NO._____
(to be filled in by
Principal Clerk)

H458-ALN-76 [v.8]

Comm. Sub. [YES]
Amends Title [NO]
H458-CSSQ-22[v.1]

Date _____,2009

Representative Insko

moves to amend the proposed committee substitute on page 1, line 28, by deleting "peer training and peer sharing" and substituting "collaboration"; and

further moves to amend the bill on page 2, lines 26 through 43, by rewriting the lines to read:

"(3) For the purposes of improving efficiency in the expenditure of available funds and effectively identifying and meeting the needs of CAP-MR/DD eligible individuals, on or before January 1, 2010, the Department of Health and Human Services, Division of Medical Assistance, in conjunction with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall submit a Plan for the implementation of Tiers 1 through 4 of the CAP/MR-DD program. The Plan shall describe the implementation of Tiers 1 and 4 and the proposed implementation of Tiers 2 and 3, and revisions of Tier 4, and shall include detail on the following:

a. the array and intensity level of services that will be available under each of the four Tiers;

b. the range of costs for the array and intensity level of services under each of the four Tiers;

c. How the relative intensity of need for each current and future CAP/MR-DD eligible individual will be reliably determined; and

d. How the determination of intensity of need will be used to assign individuals appropriately into one of the four Tiers.

The Department may develop but shall not submit an application to the Centers for Medicare and Medicaid services for additional Medicaid waivers for Tiers 2 and 3 of the CAP/MR-DD program until after it has submitted the Plan required under this subdivision. Nothing in this subdivision obligates the General Assembly to appropriate additional funds for the CAP-MR/DD waiver."; and

further moves to amend the proposed committee substitute on page 3, lines 33 through 44, by rewriting the lines to read:

"**SECTION 7. Assessment Tool/Individuals with Developmental Disabilities. –**

(1) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall continue

NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
House Bill 458

AMENDMENT NO._____
(to be filled in by
Principal Clerk)

H458-ALN-76 [v.8]

Comm. Sub. [YES]
Amends Title [NO]
H458-CSSQ-22[v.1]

Date _____,2009

Representative Insko

moves to amend the proposed committee substitute on page 1, line 28, by deleting "peer training and peer sharing" and substituting "collaboration"; and

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"(3) For the purposes of improving efficiency in the expenditure of available funds and effectively identifying and meeting the needs of CAP-MR/DD eligible individuals, on or before January 1, 2010, the Department of Health and Human Services, Division of Medical Assistance, in conjunction with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall submit a Plan for the implementation of Tiers 1 through 4 of the CAP/MR-DD program. The Plan shall describe the implementation of Tiers 1 and 4 and the proposed implementation of Tiers 2 and 3, and revisions of Tier 4, and shall include detail on the following:

a. the array and intensity level of services that will be available under each of the four Tiers;

b. the range of costs for the array and intensity level of services under each of the four Tiers;

c. How the relative intensity of need for each current and future CAP/MR-DD eligible individual will be reliably determined; and

d. How the determination of intensity of need will be used to assign individuals appropriately into one of the four Tiers.

The Department may develop but shall not submit an application to the Centers for Medicare and Medicaid services for additional Medicaid waivers for Tiers 2 and 3 of the CAP/MR-DD program until after it has submitted the Plan required under this subdivision. Nothing in this subdivision obligates the General Assembly to appropriate additional funds for the CAP-MR/DD waiver."; and

further moves to amend the proposed committee substitute on page 3, lines 33 through 44, by rewriting the lines to read:

"**SECTION 7. Assessment Tool/Individuals with Developmental Disabilities.** –

(1) The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall continue

implementation of the current Supports Intensity Scale (SIS) assessment tool pilot project if the pilot project has demonstrated that the SIS tool:

a. Is effective in identifying the appropriate array and intensity of services, including residential supports or placement, for individuals assessed.

b. Is valid for determining intensity of support related to resource allocation for CAP-MR/DD, public and private ICF-MR facilities, developmental disability group homes, and other State or federally funded services.

c. Is used by an assessor that does not have a pecuniary interest in the determinations resulting from the assessment.

d. Determines the level of intensity and type of services needed from developmental disability service providers.

(2) The Department shall report on the progress of the pilot project by May 1, 2010. The Department shall submit the report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, the House of Representative Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division. The report shall include the following:

a. The infrastructure that will be needed to assure that the administration of the assessment tool is independent from service delivery, the qualifications of assessors, training and management of data, and test-retest accountability.

b. The cost to: (i) purchase the tool, (ii) implement the tool, (iii) provide training, and (iv) provide for future expansion of the tool statewide."; and

further moves to amend the proposed committee substitute on page 4, line 16, by deleting "sixty percent (60%)" and substituting "thirty percent (30%)".

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 458 A BILL TO BE ENTITLED AN ACT TO ENACT VARIOUS LAWS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

☒ With a favorable report as to the committee substitute bill, unfavorable as to the original bill, and recommendation that the committee substitute bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

H 1

HOUSE BILL 600

Short Title:	Mental Hlth Services for Children/Kids' Care.	(Public)
Sponsors:	Representatives Insko, Bordsen, M. Alexander, Earle (Primary Sponsors); Bryant, Crawford, Farmer-Butterfield, Harrison, Hughes, Lucas, McLawhorn, Pierce, Rapp, Tarleton, and Wainwright.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 16, 2009

A BILL TO BE ENTITLED

AN ACT TO ENSURE THAT ALL CHILDREN IN NORTH CAROLINA ELIGIBLE FOR HEALTH SERVICES UNDER NC HEALTH CHOICE OR NC KIDS' CARE RECEIVE MENTAL HEALTH SERVICES, AS RECOMMENDED BY THE LEGISLATIVE STUDY COMMISSION ON CHILDREN AND YOUTH.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall, upon receiving funds to implement NC Kids' Care, ensure that mental health services are provided under NC Kids' Care to the same extent as is provided under NC Health Choice in accordance with federal law.

SECTION 2. This act becomes effective July 1, 2009.

HOUSE BILL 600:
Mental Hlth Services for Children/Kids' Care

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	May 6, 2009
Introduced by:	Reps. Insko, Bordsen, M. Alexander, Earle	**Prepared by:**	Shawn Parker Legislative Analyst
Analysis of:	First Edition		

SUMMARY: House Bill 600 directs the Department of Health and Human Services to ensure mental health services provided under NC Kid's Care are substantially equivalent to the mental health services provided under NC Health Choice.

BILL ANALYSIS: Contingent upon receiving funds to implement NC Kid's Care, the Department shall ensure the mental health services provided under this program are equivalent to mental health services provided under the North Carolina Health Choice program.

EFFECTIVE DATE: This act becomes effective July 1, 2009.

BACKGROUND:

NC Kids' Care was established as a publicly-subsidized insurance product for children up to age 18 who live in families earning 201 to 300 percent of the federal poverty level (FPL). Because the program intends to rely on federal matching funds, the eligibility rules will meet Medicaid or SCHIP standards (depending on the eventual funding stream), including immigration requirements.

The program was originally planned for implementation on July 1, 2008. However, the state is revisiting the implementation of the program as a result of funding limitations and new federal restrictions placed on states to use federal funds to provide coverage to children with family income above 250 percent of the FPL. In 2008, the state enacted revised legislation limiting the expansion to 250% of the FPL. Implementation is set for July 1, 2009.

Some of the known details of NC Kids' Care include:

- Families will share in the cost of the program. Cost sharing will range according to family income, and will include premiums, co-payments and deductibles. Co-payments will not be required for preventive care services and overall out-of-pocket expenses are not to exceed 5 percent of family income. The average enrollee premium is expected to be approximately $65.50 per month.

- Seamless and simple program administration. The same agency that administers Medicaid and Health Choice, the Division of Medical Assistance, will administer NC Kids' Care. Families will be able to apply to the program via the same application.

- Benefit package similar to either Health Choice or Medicaid. While the specific benefit package has not been determined, the benefits available to children in NC Kids' Care will be similar to either those available through Health Choice or Medicaid. A notable exception is that the new program will have no dental benefit.

- Case management to address access to care. Children enrolled in NC Kids' Care will also be included in the state's primary care case management program called Community Care of North

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 600 A BILL TO BE ENTITLED AN ACT TO ENSURE THAT ALL CHILDREN IN NORTH CAROLINA ELIGIBLE FOR HEALTH SERVICES UNDER NC HEALTH CHOICE OR NC KIDS' CARE RECEIVE MENTAL HEALTH SERVICES, AS RECOMMENDED BY THE LEGISLATIVE STUDY COMMISSION ON CHILDREN AND YOUTH.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 1188
PROPOSED COMMITTEE SUBSTITUTE H1188-CSRF-23 [v.1]

4/14/2009 7:53:58 PM

Short Title: Improve LME Accountability.-AB (Public)

Sponsors:

Referred to:

April 8, 2009

A BILL TO BE ENTITLED

AN ACT PERTAINING TO THE APPOINTMENT OF AREA AUTHORITY AND COUNTY PROGRAM DIRECTORS AND MEMBERSHIP ON A LOCAL MANAGEMENT ENTITY BOARD OF DIRECTORS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-112.1(a) reads as rewritten:

"(a) The Secretary shall do all of the following:

...

~~(25) Adopt rules for determining minimally adequate services for purposes of G.S. 122C-124.1 and G.S. 122C-125.~~

...

(35) Approve the selection of the Area Authority or County Program director."

SECTION 2. G.S. 122C-115.1(f) reads as rewritten:

"(f) In a single-county program, the program director shall be appointed by the county ~~manager.~~manager, subject to approval by the Secretary. In a multicounty program, the program director shall be appointed in accordance with the terms of the interlocal ~~agreement.~~agreement, subject to approval by the Secretary.

Except when specifically waived by the Secretary, the program director in a single county program shall meet all the following minimum qualifications:

(1) Masters degree.
(2) Related experience.
(3) Management experience.
(4) Any other qualifications required under G.S. 122C-120.1."

SECTION 3. G.S. 122C-117(a)(7) reads as rewritten:

"(7) Appoint an area director in accordance with G.S. 122C-121(d). The appointment is subject to the approval of the Secretary and the board of county commissioners except that one or more boards of county commissioners may waive its authority to approve the appointment. The appointment shall be based on a selection by a search committee of the area authority board. The search committee shall include consumer board members, a county manager, and one or more county commissioners. The Secretary shall have the option to appoint one member to the search committee."

SECTION 4. G.S. 122C-118.1 reads as rewritten:

"§ 122C-118.1. Structure of area board.

(a) An area board shall have no fewer than 11 and no more than 25 members. However, the area board for a multicounty area authority consisting of eight or more counties may have up to 30 members. The Governor shall appoint one-third of the members of the area board. In a single-county area authority, the remaining members shall be appointed by the board of county commissioners. Except as otherwise provided, in areas consisting of more than one county, each board of county commissioners within the area shall appoint one commissioner as a member of the area board. These members shall appoint the ~~other~~ remaining members. The boards of county commissioners within the multicounty area shall have the option to appoint the members of the area board in a manner other than as required under this section by adopting a resolution to that effect. The boards of county commissioners in a multicounty area authority shall indicate in the business plan each board's method of appointment of the area board members in accordance with G.S. 122C-115.2(b). These appointments shall take into account sufficient citizen participation, representation of the disability groups, and equitable representation of participating counties. Individuals appointed to the board shall include two individuals with financial expertise, an individual with expertise in management or business, and an individual representing the interests of children. A member of the board may be removed with or without cause by the initial appointing authority. Vacancies on the board shall be filled by the initial appointing authority before the end of the term of the vacated seat or within 90 days of the vacancy, whichever occurs first, and the appointments shall be for the remainder of the unexpired term.

(b) Except as otherwise provided in this subsection, not more than fifty percent (50%) of the members of the area board shall represent the following:

(1) A physician licensed under Chapter 90 of the General Statutes to practice medicine in North Carolina who, when possible, is certified as having completed a residency in psychiatry.

(2) A clinical professional from the fields of mental health, developmental disabilities, or substance abuse.

(3) At least one family member or individual from a citizens' organization composed primarily of consumers or their family members, representing the interests of individuals:

a. With mental illness;

b. In recovery from addiction; or

c. With developmental disabilities.

(4) At least one openly declared consumer:

a. With mental illness;

b. With developmental disabilities; or

c. In recovery from addiction.

An individual that contracts with a local management entity (LME) for the delivery of mental health, developmental disabilities, and substance abuse services may not serve on the board of the LME for the period during which the contract for services is in effect.

(c) The Governor or the board of county commissioners may elect to appoint a member of the area authority board to fill concurrently no more than two categories of membership if the member has the qualifications or attributes of the two categories of membership.

(d) Any member of an area board who is a county commissioner serves on the board in an ex officio capacity. The terms of county commissioners on an area board are concurrent with their terms as county commissioners. The terms of the other members on the area board shall be for three years, except that upon the initial formation of an area board one-third shall be appointed for one year, one-third for two years, and all remaining members for three years. Members shall not be appointed for more than two consecutive terms. Board members serving as of July 1, 2006, may remain on the board for one additional term. As vacancies occur on

boards following July 1, 2009, the Governor shall make all appointments until the Governor's appointees represent one-third of the board.

(e) Upon request, the board shall provide information pertaining to the membership of the board that is a public record under Chapter 132 of the General Statutes."

SECTION 5. This act becomes effective July 1, 2009.

HOUSE BILL 1188:
Improve LME Accountability.-AB

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, State Government/State Personnel	**Date:**	April 15, 2009
Introduced by:	Reps. Insko, Earle, M. Alexander, England	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	PCS to First Edition H1188-CSRF-23		

SUMMARY: ***House Bill 1138 provides that the Secretary of Health and Human Services shall approve the selection of an area authority or county program director. The bill also provides that the Governor shall appoint one third of the members of the board for an area authority***

The proposed committee substitute corrects a date on page 3 of the bill.

CURRENT LAW: G.S. 122C-112.1 sets forth the duties of the Secretary of Health and Human Services in the development and implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.

G.S. 122C-115.1 provides for the county governance and operation of a county program for mental health, developmental disabilities, and substance abuse services. Currently, in a single county program, the program director is appointed by the county manager. Multi county programs appoint program directors as provided in the terms of the interlocal agreement.

G.S. 122C-117 sets forth the powers and duties of an area authority. An area authority may appoint an area director in accordance with 122C-121(d), and the appointment is subject to the approval of the county commissioners.

G.S. 122C-118.1 establishes the structure of an area authority board. An area board shall have no less than 11 and no more than 25 members, provided that a multicounty authority consisting of 8 or more counties may have up to 30 members. Members of an area authority board consisting of a single county are appointed by the county commissioners. In multi county Area Authorities, the county commissioners of each county shall each appoint one member and the members shall appoint the remaining members. This manner of appointment may be varied by the adoption of a resolution by the boards of county commissioners.

BILL ANALYSIS: Section 1 of House Bill 738 amends the duties of the Secretary by (1) deleting the requirement that the Secretary adopt rules for determining minimally adequate services for Area Authorities or county programs that are not providing minimally adequate services or an area authority that is in danger of financial failure, and (2) by adding the requirement that the Secretary approve the selection of the area authority or county program director.

Sections 2 and 3 of the bill amend G.S. 122C-115.1 and G.S. 122C-117, respectively, to add the requirement that the selection of a director is subject to the approval of the Secretary.

Section 4 of the bill amends G.S. 122C-118.1 to provide that the Governor shall appoint 1/3 of the members of an area authority board... In order to meet this requirement, any vacancy occurring after July 1, 2009 shall be filled with an appointee of the Governor until those appointees represent 1/3 of the board.

EFFECTIVE DATE: The act becomes effective July 1, 2009.

HOUSE BILL 1309

Short Title:	Residential Treatment Facil./TBI.	(Public)
Sponsors:	Representatives Insko; Dickson, Faison, Glazier, and Parmon.	
Referred to:	Mental Health Reform, if favorable, Health.	

April 9, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO ADOPT RULES PROVIDING FOR THE LICENSURE AND ACCREDITATION OF RESIDENTIAL TREATMENT FACILITIES FOR PERSONS WITH TRAUMATIC BRAIN INJURY.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-26 reads as rewritten:

"**§ 122C-26. Powers of the Commission.**

In addition to other powers and duties, the Commission shall exercise the following powers and duties:

(1) Adopt, amend, and repeal rules consistent with the laws of this State and the laws and regulations of the federal government to implement the provisions and purposes of this Article;

(2) Issue declaratory rulings needed to implement the provisions and purposes of this Article;

(3) Adopt rules governing appeals of decisions to approve or deny licensure under this Article;

(4) Adopt rules for the waiver of rules adopted under this Article; and

(5) Adopt rules applicable to facilities licensed under this Article:

a. Establishing personnel requirements of staff employed in facilities;

b. Establishing qualifications of facility administrators or directors;

c. Establishing requirements for death reporting including confidentiality provisions related to death reporting;

d. Establishing requirements for patient advocates; and

e. Requiring facility personnel who refer clients to provider agencies to disclose any pecuniary interest the referring person has in the provider agency, or other interest that may give rise to the appearance of impropriety.

(6) Adopt rules providing for the licensure and accreditation of residential treatment facilities that provide services to persons with traumatic brain injury."

SECTION 2. This act is effective when it becomes law. The Commission may adopt temporary rules to carry out the provisions of this act.

HOUSE BILL 1309:
Residential Treatment Facil./TBI

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Health	**Date:**	May 11, 2009
Introduced by:	Rep. Insko	**Prepared by:**	Shawn Parker Legislative Analyst
Analysis of:	First Edition		

SUMMARY: ***House Bill 1309 authorizes the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services to adopt rules for the licensure and accreditation of residential treatment facilities that provide services for persons with traumatic brain injury.***

CURRENT LAW:

The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services (Commission) has the authority to adopt rules for the licensing of facilities governed by Article 2 of Chapter 122C.

BILL ANALYSIS: House Bill 1309 amends G.S. 122C-26 (Powers of the Commission) to provide the Commission with the authority to adopt rules for the licensure and accreditation of residential treatment facilities that provide services to person with traumatic brain injury. The bill authorizes the Commission to adopt temporary rules to carry out the provisions of the act.

EFFECTIVE DATE: This act is effective when it becomes law.

H1309-SMSQ-69(e1) v1

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 1309 A BILL TO BE ENTITLED AN ACT TO DIRECT THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO ADOPT RULES PROVIDING FOR THE LICENSURE AND ACCREDITATION OF RESIDENTIAL TREATMENT FACILITIES FOR PERSONS WITH TRAUMATIC BRAIN INJURY.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on HEALTH.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

HOUSE BILL 1086*

Short Title:	Guardianship/Incompetency.	(Public)
Sponsors:	Representatives Burris-Floyd, Bordsen, Goodwin, Randleman (Primary Sponsors); Bell, Blue, Bryant, Cleveland, Cotham, Current, Earle, Harrison, Hughes, Jones, Killian, Lucas, Mackey, McCormick, McElraft, McGee, Moore, Neumann, and Samuelson.	
Referred to:	Mental Health Reform, if favorable, Judiciary III.	

April 7, 2009

A BILL TO BE ENTITLED

AN ACT TO AMEND THE PROCEDURES FOR DETERMINING INCOMPETENCY UNDER THE LAWS RELATING TO GUARDIANSHIP AS RECOMMENDED BY THE HOUSE STUDY COMMITTEE ON STATE GUARDIANSHIP LAWS.

The General Assembly of North Carolina enacts:

SECTION 1. The Revisor of Statutes shall substitute in Chapter 35A of the General Statutes, wherever they occur, the terms "incompetent", "incompetency", "competency", and "competent", respectively, with the terms "incapacitated", "incapacity", "legal capacity", and "not capacitated", respectively, unless the terms are otherwise amended by this act.

SECTION 2. G.S. 35A-1101 reads as rewritten:

"**§ 35A-1101. Definitions.**

When used in this Subchapter:

~~(1) "Autism" means a physical disorder of the brain which causes disturbances in the developmental rate of physical, social, and language skills; abnormal responses to sensations; absence of or delay in speech or language; or abnormal ways of relating to people, objects, and events. Autism occurs sometimes by itself and sometimes in conjunction with other brain functioning disorders.~~

~~(2) "Cerebral palsy" means a muscle dysfunction, characterized by impairment of movement, often combined with speech impairment, and caused by abnormality of or damage to the brain.~~

(3) "Clerk" means the clerk of superior court.

(4) "Designated agency" means the State or local human services agency designated by the clerk in the clerk's order to prepare, cause to be prepared, or assemble a multidisciplinary evaluation and to perform other functions as the clerk may order. A designated agency includes, without limitation, State, local, regional, or area mental health, mental retardation, vocational rehabilitation, public health, social service, and developmental disabilities agencies, and diagnostic evaluation centers.

~~(5) "Epilepsy" means a group of neurological conditions characterized by abnormal electrical chemical discharge in the brain. This discharge is manifested in various forms of physical activity called seizures, which range from momentary lapses of consciousness to convulsive movements.~~

(6) "Guardian ad litem" means a guardian appointed pursuant to G.S. 1A-1, Rule 17, Rules of Civil Procedure.

(7) ~~"Incompetent adult"~~"Incapacitated adult' means an adult or emancipated minor who ~~lacks sufficient capacity to manage the adult's own affairs or to make or communicate important decisions concerning the adult's person, family, or property whether the lack of capacity is due to mental illness, mental retardation, epilepsy, cerebral palsy, autism, inebriety, senility, disease, injury, or similar cause or condition.~~is unable to receive and evaluate information or make or communicate decisions to such an extent that the individual lacks the ability, even with the use of appropriate technological assistance, to meet essential requirements for physical health, safety, or self-care or manage the individual's property or business affairs.

(8) ~~"Incompetent child"~~"Incapacitated minor' means a minor who is at least 17 1/2 years of age and ~~who, other than by reason of minority, lacks sufficient capacity to make or communicate important decisions concerning the child's person, family, or property whether the lack of capacity is due to mental illness, mental retardation, epilepsy, cerebral palsy, autism, inebriety, disease, injury, or similar cause or condition.~~who is unable to receive and evaluate information or make or communicate decisions to such an extent that the individual lacks the ability, even with the use of appropriate technological assistance, to meet essential requirements for physical health, safety, or self-care or manage the individual's property or business affairs.

(9) "Indigent" means unable to pay for legal representation and other necessary expenses of a proceeding brought under this Subchapter.

~~(10) "Inebriety" means the habitual use of alcohol or drugs rendering a person incompetent to transact ordinary business concerning the person's estate, dangerous to person or property, cruel and intolerable to family, or unable to provide for family.~~

(11) "Interim guardian" means a guardian, appointed prior to adjudication of incompetence and for a temporary period, for a person who requires immediate intervention to address conditions that constitute imminent or foreseeable risk of harm to the person's physical well-being or to the person's estate.

~~(12) "Mental illness" means an illness that so lessens the capacity of a person to use self-control, judgment, and discretion in the conduct of the person's affairs and social relations as to make it necessary or advisable for the person to be under treatment, care, supervision, guidance, or control. The term "mental illness" encompasses "mental disease", "mental disorder", "lunacy", "unsoundness of mind", and "insanity".~~

~~(13) "Mental retardation" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before age 22.~~

~~(14) "Multidisciplinary evaluation" means an evaluation that contains current medical, psychological, and social work evaluations as directed by the clerk and that may include current evaluations by professionals in other disciplines, including without limitation education, vocational rehabilitation, occupational therapy, vocational therapy, psychiatry, speech and hearing, and communications disorders. The evaluation is current if made not more than one year from the date on which it is presented to or considered by the court. The evaluation shall set forth the nature and extent of the disability and recommend a guardianship plan and program.~~

(15) "Respondent" means a person who is alleged to be incompetent in a proceeding under this Subchapter.

(16) "Treatment facility" has the same meaning as "facility" in G.S. 122C-3(14), and includes group homes, halfway houses, and other community-based residential facilities.

(17) "Ward" means a person who has been adjudicated incompetent or an adult or minor for whom a guardian has been appointed by a court of competent jurisdiction."

SECTION 3. G.S. 35A-1108 reads as rewritten:

"**§ 35A-1108. Issuance of notice.**

(a) Within five days after filing of the petition, the clerk shall issue a written notice of the date, time, and place for a hearing on the petition, which shall be held not less than 10 days nor more than 30 days after service of the notice and petition on the respondent, unless the clerk extends the time for good cause, for preparation of a ~~multidisciplinary~~ professional ~~evaluation as provided in G.S. 35A-1111,~~evaluation, or for the completion of a mediation.

(b) If a ~~multidisciplinary~~ professional evaluation or mediation is ordered after a notice of hearing has been issued, the clerk may extend the time for hearing and issue a notice to the parties that the hearing has been continued, the reason therefor, and the date, time, and place of the new hearing, which shall not be less than 10 days nor more than 30 days after service of such notice on the respondent.

(c) Subsequent notices to the parties shall be served as provided by G.S. 1A-1, Rule 5, Rules of Civil Procedure, unless the clerk orders otherwise."

SECTION 4. G.S. 35A-1111 reads as rewritten:

"**§ 35A-1111. ~~Multidisciplinary~~ Professional evaluation.**

(a) To assist in determining the nature and extent of a respondent's ~~disability,~~incapacity, or to assist in developing an appropriate guardianship plan and program, the ~~clerk, on his own motion or the motion of any party,~~clerk may order that a ~~multidisciplinary~~ professional evaluation of the respondent be performed. ~~A request for a multidisciplinary evaluation shall be made in writing and filed with the clerk within 10 days after service of the petition on the respondent.~~The clerk shall order a professional evaluation upon the request of the respondent or the respondent's counsel or guardian ad litem. The clerk may order that the respondent attend a professional evaluation for the purpose of being evaluated.

(b) If a ~~multidisciplinary~~ professional evaluation is ordered, ~~the clerk shall name a designated agency and order it to prepare, cause to be prepared, or assemble a current multidisciplinary evaluation of the respondent.~~a designated agency, physician, psychologist, or other professional who is qualified to evaluate the respondent's alleged incapacity shall examine the respondent. The ~~agency shall file the~~ evaluation shall be filed with the clerk not later than 30 days after ~~the agency receives~~ the clerk's order. ~~The multidisciplinary evaluation shall be filed in the proceeding for adjudication of incompetence, in the proceeding for appointment of a guardian under Subchapter II of this Chapter, or both. Unless otherwise ordered by the clerk, the agency shall send copies~~The agency shall provide copies of the evaluation to the petitioner and ~~the counsel or guardian ad litem for the respondent not later than 30 days after the agency receives the clerk's order. The evaluation shall be kept under such conditions as directed by the clerk and its contents revealed only as directed by the clerk.~~to the respondent or the respondent's counsel or guardian ad litem. The evaluation shall not be a public record and shall not be released except by order of the clerk.

(c) ~~If a multidisciplinary evaluation does not contain medical, psychological, or social work evaluations ordered by the clerk, the designated agency nevertheless shall file the evaluation with the clerk and send copies as required by subsection (b). In a transmittal letter, the agency shall explain why the evaluation does not contain such medical, psychological, or social work evaluations.~~Unless otherwise directed by the clerk, the evaluation shall contain: (i)

a description of the nature, type, and extent of the respondent's specific cognitive and functional limitations; (ii) an evaluation of the respondent's mental and physical condition and, if appropriate, educational potential, adaptive behavior, and social skills; (iii) a prognosis for improvement and a recommendation as to the appropriate treatment or habilitation plan; and (iv) the date of any assessment or examination upon which the report is based.

~~(d) The clerk may order that the respondent attend a multidisciplinary evaluation for the purpose of being evaluated.~~

(e) ~~The multidisciplinary~~ If otherwise admissible, the professional evaluation may be considered at the hearing for adjudication of ~~incompetence,~~incapacity, the hearing for appointment of a guardian under Subchapter II of this Chapter, or both."

SECTION 5. G.S. 35A-1112 reads as rewritten:

"**§ 35A-1112. Hearing on petition; adjudication order.**

(a) The hearing on the petition shall be at the date, time, and place set forth in the final notice of hearing and shall be open to the public unless the respondent or his counsel or guardian ad litem requests otherwise, in which event the clerk shall exclude all persons other than those directly involved in or testifying at the hearing.

(b) The petitioner and the respondent are entitled to present testimony and documentary evidence, to subpoena witnesses and the production of documents, and to examine and cross-examine witnesses.

(c) The clerk shall dismiss the proceeding if the finder of fact, whether the clerk or a jury, does not find the respondent to be incompetent.

(d) If the finder of fact, whether the clerk or the jury, finds by clear, cogent, and convincing evidence that the respondent is ~~incompetent,~~incapacitated, the clerk shall enter an order adjudicating the respondent ~~incompetent.~~incapacitated. ~~The~~ If the clerk is the finder of fact, the clerk ~~may~~ shall include in the order findings on the nature and extent of the ward's ~~incompetence.~~incapacity.

(e) Following an adjudication of ~~incompetence,~~incapacity, the clerk shall ~~either appoint~~consider appointing a guardian pursuant to Subchapter II of this Chapter or, for good cause shown, transfer the proceeding for the appointment of a guardian to any county identified in G.S. 35A-1103. The transferring clerk shall enter a written order authorizing the transfer. The clerk in the transferring county shall transfer all original papers and documents, including the ~~multidisciplinary~~ professional evaluation, if any, to the transferee county and close his file with a copy of the adjudication order and transfer order.

(f) If the adjudication occurs in any county other than the county of the respondent's residence, a certified copy of the adjudication order shall be sent to the clerk in the county of the ward's legal residence, to be filed and indexed as in a special proceeding of that county.

(g) Except as provided in G.S. 35A-1114(f), a proceeding filed under this Article may be voluntarily dismissed as provided in G.S. 1A-1, Rule 41, Rules of Civil Procedure."

SECTION 6. G.S. 35A-1116(b) reads as rewritten:

"(b) The cost of a ~~multidisciplinary~~ professional evaluation order ~~pursuant to G.S. 35A-1111~~ shall be assessed as follows:

(1) If the respondent is ~~adjudicated incompetent~~ adjudged incapacitated and is not indigent, the cost shall be assessed against the respondent;

(2) If the respondent is ~~adjudicated incompetent~~ adjudged incapacitated and is indigent, the cost shall be borne by the Department of Health and Human Services;

(3) If the respondent is not ~~adjudicated incompetent,~~adjudged incapacitated, the cost may be taxed against either party, apportioned among the parties, or borne by the Department of Health and Human Services, in the discretion of the court."

SECTION 7. G.S. 35A-1120 reads as rewritten:

"**§ 35A-1120. Appointment of guardian.**

If the respondent is ~~adjudicated incompetent,~~adjudged incapacitated, a guardian or guardians ~~shall~~ may be appointed in the manner provided for in Subchapter II of this Chapter."

SECTION 8. G.S. 35A-1130(c) reads as rewritten:

"(c) At the hearing on the motion, the ward shall be entitled to be represented by counsel or guardian ad litem, and a guardian ad litem shall be appointed in accordance with rules adopted by the Office of Indigent Defense Services if the ward is indigent and not represented by counsel. ~~Upon motion of any party or the clerk's own motion, the~~The clerk may order a ~~multidisciplinary evaluation.~~professional evaluation of the respondent pursuant to G.S. 35A-1111 upon motion of the respondent or the respondent's counsel or guardian ad litem. The ward has a right, upon request by ~~him, his counsel, or his~~ the ward or the ward's counsel or guardian ad litem to trial by jury. Failure to request a trial by jury shall constitute a waiver of the right. The clerk may nevertheless require trial by jury in accordance with G.S. 1A-1, Rule 39(b), Rules of Civil Procedure, by entering an order for trial by jury on ~~his~~ the clerk's own motion. ~~Provided, if~~ If there is a jury in a proceeding for restoration to ~~competency,~~capacity, it shall be a jury of six persons selected in accordance with the provisions of Chapter 9 of the General Statutes."

SECTION 9. G.S. 35A-1202(13) is repealed.

SECTION 10. G.S. 35A-1210 reads as rewritten:

"**§ 35A-1210. Application before clerk.**

Any individual, corporation, or disinterested public agent may file an application for the appointment of a guardian for an ~~incompetent~~ incapacitated person by filing the same with the clerk. The application may be joined with or filed subsequent to a petition for the adjudication of ~~incompetence~~ incapacity under Subchapter I of this Chapter. The application shall set forth, to the extent known and to the extent such information is not already a matter of record in the case:

(1) The name, age, address, and county of residence of the ward or respondent;

(2) The name, address, and county of residence of the applicant, ~~his~~ the applicant's relationship if any to the respondent or ward, and ~~his~~ the applicant's interest in the proceeding;

(3) The name, address, and county of residence of the respondent's next of kin and other persons known to have an interest in the proceeding;

(4) A general statement of the ward's or respondent's assets and liabilities with an estimate of the value of any property, including any income and receivables to which ~~he~~ the ward or respondent is entitled; ~~and~~

(4a) If a plenary guardianship is requested, the reasons why a limited guardianship is inappropriate;

(4b) If a limited guardianship is requested, the powers that should be granted to the guardian and the rights that should be retained by the ward; and

(5) Whether the applicant seeks the appointment of a guardian of the person, a guardian of the estate, or a general guardian, and whom the applicant recommends or seeks to have appointed as such guardian or guardians."

SECTION 11. G.S. 35A-1212 reads as rewritten:

"**§ 35A-1212. Hearing before clerk on appointment of guardian.**

(a) The clerk shall make such inquiry and receive such evidence as the clerk deems necessary to determine:

(1) The nature and extent of the ~~needed guardianship;~~ward's need for a guardian;

(1a) Whether the ward's needs can be met by means other than the appointment of a guardian;

(2) The assets, liabilities, and needs of the ward; and

(3) Who, in the clerk's discretion, can most suitably serve as the guardian or guardians.

If the clerk determines that the nature and extent of the ward's capacity justifies ordering a limited guardianship, the clerk ~~may~~ shall do so.

(b) ~~If a current multidisciplinary evaluation is not available and the clerk determines that one is necessary, the clerk, on his own motion or the motion of any party, may order that such an evaluation be performed pursuant to G.S. 35A-1111. The provisions of that section shall apply to such an order for a multidisciplinary evaluation following an adjudication of incompetence.~~ If a professional evaluation has not been performed, the clerk may order that a professional evaluation of the respondent be performed pursuant to G.S. 35A-1111 upon the request of the respondent or the respondent's counsel or guardian ad litem.

(c) The clerk may require a report prepared by a designated agency to evaluate the suitability of a prospective guardian, to include a recommendation as to an appropriate party or parties to serve as guardian, or both, based on the nature and extent of the needed guardianship and the ward's assets, liabilities, and needs.

(d) If a designated agency has not been named pursuant to G.S. 35A-1111, the clerk may, at any time he finds that the best interest of the ward would be served thereby, name a designated agency."

SECTION 12. G.S. 35A-1215 reads as rewritten:

"**§ 35A-1215. Clerk's order; issuance of letters of appointment.**

(a) When appointing a guardian, the clerk shall enter an order setting forth:

(1) The nature of the guardianship or guardianships to be created and the name of the person or entity appointed to fill each guardianship; and

(2) The powers and duties of the guardian or guardians, which shall include, unless the clerk orders otherwise, (i) with respect to a guardian of the person and general guardian, the powers and duties provided under G.S. 35A, Article 8, and (ii) with respect to a guardian of the estate and general guardian, the powers, and duties provided under G.S. 35A, Article 9 and Subchapter III; and

(3) The identity of the designated agency if there is one.

(a1) The clerk may not enter an order appointing a guardian for an incapacitated person unless the clerk finds that the ward's identified needs cannot be met adequately by means other than appointment of a guardian.

(a2) The clerk shall grant to a guardian only those powers necessitated by the ward's limitations and demonstrated needs and make appointive or other orders that encourage the development of the ward's maximum self-reliance and independence.

(b) If the clerk orders a limited guardianship as authorized by G.S. 35A-1212(a), the clerk may order that the ward retain certain legal rights and privileges to which the ward was entitled before the ward was adjudged ~~incompetent~~ incapacitated. Any order of limited guardianship shall include findings as to the nature and extent of the ward's ~~incompetence~~ incapacity as it relates to the ward's need for a guardian or guardians.

(c) The clerk shall issue the guardian or guardians letters of appointment as provided in G.S. 35A-1206."

SECTION 13. This act becomes effective October 1, 2009, and applies to proceedings filed or pending on or after that date.

HOUSE BILL 1086: Guardianship/Incompetency

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Judiciary III	**Date:**	May 11, 2009
Introduced by:	Reps. Burris-Floyd, Bordsen, Goodwin, Randleman	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	First Edition		

SUMMARY: ***House Bill 1086 amends the laws governing proceedings to determine incompetency and appoint guardians.***

[As introduced, this bill was identical to S932, as introduced by Sen. Clary, which is currently in Senate Judiciary I.]

CURRENT LAW: Subchapter 1 of Chapter 35A of the General Statutes sets forth the procedures to determine incompetency and to appoint guardians for persons adjudged incompetent. Parts of those laws relevant to House Bill 1086 are summarized briefly below.

Current law uses the terms 'incompetent adult" to mean those persons who lack sufficient capacity to manage their own affairs or communicate important decisions because of mental illness, or other illness or condition. "Incompetent minor" means a minor who is at least 171/2 years old and, for reasons other than minority, lacks capacity to make or communicate important decisions due to mental illness, or other illness or condition. G.S. 35A-1101.

When a petition is filed with the Clerk of Superior Court for the adjudication of incompetence, the Clerk issues a written notice of hearing on the petition, unless the Clerk extends the time for the preparation of a multidisciplinary evaluation of the respondent. G.S. 35A-1108. A multidisciplinary evaluation is defined as an evaluation that contains current medical, psychological, and social work evaluations and may include other current evaluations by professionals in other disciplines such as vocational rehabilitation and speech, hearing and communications disorders. G.S. 35A-1101.

Requests for multidisciplinary evaluations may be made by the Clerk or any party to the action within 10 days of the service of the petition on the respondent. The Clerk names a designated agency to prepare or cause the evaluation to be prepared. The evaluation is due back to the Clerk within 30 days. If the evaluation does not contain medical, psychological or social work evaluations, the designated agency must explain why. The clerk may order the respondent to attend the evaluation. G.S. 35A-1111.

At the hearing if the finder of fact, either the Clerk or a jury, finds the respondent to be incompetent, the Clerk shall enter an order adjudicating the respondent incompetent and may include in the order finding on the nature and extent of the persons incapacity. The Clerk either appoints a guardian or transfers the proceeding for the appointment of a guardian to another county. G.S. 35A-1112. If a respondent is adjudicated incompetent, a guardian shall be appointed as provided for in Subchapter II of Chapter 35A.

Applications for the appointment of a guardian shall contain the name, age, address and county of residence of the respondent/ward, the applicant, and next of kin as well as a statement of the respondent/ward's assets and liabilities, and whether the applicant seeks a guardian of the person, of the estate, or a general guardian, and whom the applicant recommends to be appointed. G.S. 35A-1210.

At the hearing before the Clerk on the appointment of a guardian, the Clerk shall take evidence necessary to determine the nature and extent of the needed guardianship, assets, liabilities and needs of the ward, and who would best serve as guardian. If the Clerk determines that a limited guardianship will

suffice, the Clerk may so order. The Clerk may also order a multidisciplinary evaluation if warranted. G.S. 35A-1212.

The order appointing a guardian shall set forth the nature of the guardianship, the powers and duties of the guardian, and the identity of the designated agency, if there is one. If the guardianship is limited, the Clerk may order the retention of certain legal rights to which the ward was entitled before being adjudged incompetent. G.S. 35A-1215.

BILL ANALYSIS: Section 1 of House Bill 1086 provides that the terms "incompetent" "incompetency", "competency", and "competent" be replaced with the terms "incapacitated". "incapacity", "legal capacity" and "not capacitated" respectively, throughout Chapter 35A.

Section 2 of the bill amends the definitional section of the Chapter, G.S. 35A-1101. It changes the term "incompetent adult" to "incapacitated adult" and defines the new term to mean an adult who is unable to receive and evaluate information or make or communicate decisions such that the person lacks the ability, even with technological assistance, to meet essential requirements for health, safety, self care or manage the person's property or business affairs. "Incompetent minor" is changed to "incapacitated minor" and defined to mean a minor who is at least 171/2 years old who is unable to receive and evaluate information or make or communicate decisions such that the person lacks the ability, even with technological assistance, to meet essential requirements for health, safety, self care or manage the person's property or business affairs. Definitions of specific illness and of "multidisciplinary evaluation" are deleted as they are no longer necessary.

Section 3 amends G.S. 35A-1108 to provide for the preparation of a 'professional examination" instead of a "multidisciplinary evaluation". The contents of a professional evaluation is set out in Section 4 of the bill.

Section 4 of the bill amends G.S. 35A-1111 regarding professional evaluation of the respondent. The amendments:

- Delete the provision that the Clerk may order an evaluation on the Clerk's own motion.
- Delete the requirement that a request for an evaluation be made in writing and filed with the Clerk within 10 days after service of the petition and provide that the Clerk may order the evaluation at the request of the respondent or the respondent's counsel or guardian ad litem.
- Provide that the respondent may be ordered to attend the evaluation.
- Provide that the entity performing the evaluation examine the respondent.
- Delete the requirement that the evaluation be filed in the proceeding for appointment of a guardian as well as for adjudication of incapacity.
- Delete the requirement that the copies shall be kept under conditions as directed by the Clerk and the contents revealed only as directed by the Clerk and provide that copies of the evaluation are to be given to the petitioner, respondent, and respondent's counsel or guardian ad litem.
- Provide that a professional evaluation shall include a description of the nature, type, and extent of the respondent's cognitive and functional limits, the respondent's mental and physical condition, and, if appropriate, educational potential, adaptive behavior and social skills, a prognosis for improvement, and a recommendation for appropriate treatment or habilitation.

Section 5 of the bill amends G.S. 35A-1112 regarding the hearing on the petition to provide that if the Clerk is the finder of fact, the Clerk shall include findings on the nature and extent of the respondent's incapacity (was may).

Section 6 amends G.S. 35A-1116 to reference professional evaluations instead of multidisciplinary evaluations.

Section 7 amends G.S. 35A-1120 to provide that if a respondent is found incapacitated, a guardian may be appointed as provided for in Subchapter II of Chapter 35A (was shall).

Section 8 amends G.S. 35A-1130 relating to the restoration of competency. The amendment deletes the provision that the Clerk on its own motion may order a professional evaluation and places the burden to request that evaluation on the respondent's legal counsel or guardian at litem.

Section 9 amends G.S. 35A-1202 to delete the definition of "multidisciplinary evaluation" consistent with the other provisions of the bill.

Section 10 amends G.S. 35A-1210 regarding the application for the appointment of a guardian. The application shall also include (1) a statement of why a limited guardianship is inappropriate in cases where a plenary guardianship is sought, and (2) where a limited guardianship is sought, the powers that should be granted to the guardian and the rights to be retained by the ward.

Section 11 amends G.S. 35A-1212 to provide that at the hearing on appointment of a guardian, the Clerk shall make inquiry and receive evidence on whether the respondent's needs can be met by other means than the appointment of a guardian. The Clerk shall order a limited guardianship if the evidence of the respondent's capacity so warrants (was may). Section 11 also deletes the provisions allowing the Clerk to order a multidisciplinary evaluation on the Clerk's own motion and provides that if not already performed, the Clerk may order a professional evaluation on the request of the respondent, respondent's counsel or guardian ad litem.

Section 12 amends G.S. 35A-1215 regarding the Clerk's order and issuance of letters of guardianship to provide (1) that the Clerk may not enter an order appointing a guardian unless the Clerk finds that the ward's needs cannot be met adequately by other means and (2) that the Clerk shall only grant those powers necessitated by the ward's limitations and demonstrated needs and shall make other orders that encourage the development of the ward's maximum self reliance and independence.

EFFECTIVE DATE: October 1, 2009. Applies to proceedings filed or pending on or after that date.

H1086-SMRF-96(e1) v1

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☐ Committee Substitute for

HB 1086 A BILL TO BE ENTITLED AN ACT TO AMEND THE PROCEDURES FOR DETERMINING INCOMPETENCY UNDER THE LAWS RELATING TO GUARDIANSHIP AS RECOMMENDED BY THE HOUSE STUDY COMMITTEE ON STATE GUARDIANSHIP LAWS.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on JUDICIARY III.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

VISITOR REGISTRATION SHEET

Mental Health Reform 5/12/09

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Odessa Speight	Nash Co. CHC
Iona Solomon	Wilson Co. CAC
Arneta Caley	Upper Coastal Plain COG Wilson, N.C.
Vickie Turner	NW Piedmont COG LTC Ombudsman Winston-Salem, NC
Debi L. Lee	Centralina Council of Government Charlotte, NC Ombudsman
Jean Harris	Edge Co adult Care Home CAC PO Box 53 Conetoe NC 27819
Rochelle Cobbs	Edge Co Adult Care Home CAC PO Box 25 Pinetops, NC 27864
Heather Armstrong	Centralina Council of Govt - Clt, NC Ombudsman
Hillary Kaylor	Centralina Area Agency on Aging - Charlotte NC
Patricia Whitten	Centralina Area Agency on Aging Charlotte NC
Annette Eubanks	Mid-East Commission Area Agency on Aging 1385 John Small Avenue Washington, NC 27889

VISITOR REGISTRATION SHEET

Mental Health Reform 5/12/09

~~House Commerce, Small Business, and Entrepreneurship May 11, 2009~~

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Dennis Nadley	AARP – 407 Livingstone Dr Cary, NC 27513
Bob Fitzgerald	Wake Med
Karen McLeod	CFSA-NC
Jennifer Mahan	MHANC
Michelle Wibler-Baker	DAAS
Marian Lipps	AARP 251 Jones Cove Rd Asheville 28805
Teresa Johnson	NC Adult Day Services Assn

VISITOR REGISTRATION SHEET

Mental Health Reform 5-12-09

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Sally Cameron	NC Psychological Assoc
Patti Sacchetti	Area Agency on Aging Wilm NC
[illegible]	Bom. Assn.
John L Crawford	AARP
Dorothy R. Crawford	AARP, STHL, Smoky Center LME Board PO Box 149, Franklin, N.C. 28744-0149
Mallory Hatcher	MWC
Rhett Melton	Pathways LME
Tina Gordon	NC Nurses Association
[illegible]	

VISITOR REGISTRATION SHEET

Mental Health Reform 5/13/09

~~House Commerce, Small Business, and Entrepreneurship May 11, 2009~~

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jesse Goodman	DHHS
Jim Farrase	DMH/DD/SAS
Flo Stein	DMH/DD/SAS
Lyza Wannamaker	
Rich Slipsky	DOT
Pat Porter	Gen. Assembly Research
Laurie Lopez	Volunteer Advocate for M.I.
Don Medford	NCAR
Jim Hall	NCHA
Bob Hedrick	NC Providers Council
Jud Wardell	Eastern Seals UCP NC

VISITOR REGISTRATION SHEET

Mental Health Reform 5-12-09

~~House Commerce, Small Business, and Entrepreneurship May 11, 2009~~

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Julia Leggett	The Arc of NC
Yvonne Copeland	NC Council of Community Programs
Janet Shangraw	Judge
Rebecca Trimble	NCACC
Libby Hoffman	NAMI Alliance on Mental Illness NC
DELORIS J. THOMAS	WILSON COUNTY ADULT CARE COMMUNITY ADVISORY COMMITTEE
Betty L. Boykins	Wilson County Adult Care Community Advisory Committee
Kathy Baker	Southeastern Regional MH/DD/SAS
Catherine Dove	Carolinas HealthCare System
Michael Lancaster	DMH/DD/SAS
Robin Hoffman	NC Psychiatric Association

House Pages

Name of Committee: MENTAL HEALTH REFORM Date: 5-12-09

1. Name: PATRICK PAUL
   County: Nassau, Bahamas
   Sponsor: SPECIAL HOOKEY
2. Name: _____
   County: _____
   Sponsor: _____
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: MARTHA GADISON
2. Name: YOUNG BAE
3. Name: BOB ROSSI

MENTAL HEALTH REFORM

MINUTES
May 13, 2009
ROOM 424
2:00 PM

The meeting was opened by Representative William Brisson at 2:00 pm in Room 424 of the Legislative Office Building. She thanked everyone for coming and asked to Pages to introduce themselves. At this time the Sergeant-At-Arms were introduced by Representative Beverly Earle.

The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Pearl Burris-Floyd
Representative Curtis Blackwood
Representative Van Braxton
Representative Jean Farmer-Butterfield
Representative Bob England
Representative Carolyn Justus
Representative James Langdon
Representative "Bill" McGee
Representative M. McLawhorn
Representative Verla Insko
Representative Laura Wiley

The following bills will be considered at the meeting.

BILL NO.	***SHORT TITLE***	***SPONSOR***
HB 602	Mental Health Services Funds	Representative Insko
HB 656	MH/ Proceedings/No Restraint	Representative Earle

HB 602

AN ACT OT APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, FOR EXPANSION OF SERVICES AND SUPPORT OFR PERSON WITH MENTAL HEALTH, DEVELOPMENTAL DISABILITIES,AND ADDICTIVE DISEASES, AS RECOMMENDED BY THE COALITION (FORMERLY COALITION 2001).

Representative Verla Insko briefly gave an explanation of the bill by stating that the bill appropriates three million dollars ($3,000,000) to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services to expand services and supports for person with mental illness, developmental disabilities, and addiction disease. This bill was identical to SB517, as introduced by Sen. Goss, which is currently in Senate Appropriations/Base Budget. $1,000,000 will be used for individuals with mental illness who are also deaf. &1,000,000 for peer support positions in drop-in centers, to help people find housing, to help with readjustments after jail, prison, or time spent as an inpatient and in recovery centers. $500,000 to establish a pilot for Center for Excellence in conjunction with the University and community college systems to promote evidence-based best practice models and methods of mental health/mental illness treatment across the State. And $500,000 for jail diversion programs for individuals with mental illness.

A motion was made by Rep. Shirley Randleman to give the bill a favorable report. The motion was seconded. The bill was reported out "With a favorable report".

HB 656
AN ACT OT PROHIBIT RESTRAINT OF INDUVIDUALS WHO ARE MINORS BEING TRANSPORTED TO OR DURING HEARINGS PURSUANT TO INVOLUNTARY COMMITMENT PROCEEDINGS, EXCEPT UNDER CERTAIN CIRCUMSTANCES.

Representative Earle explained that the bill would prohibit the use of restraints on minor being transported to or from involuntary commitment proceedings and hiring such hearings in which the minor is the respondent unless a district court judge finds that the restraints are reasonably necessary to (1) maintain order, (2) prevent the respondent-minor's escape, or (3) provide for the safety of the respondent-minor.

There was opposition to the bill. Representative Earle asked members from the audience and lobbyist to help explain the bill. Members from the Department of Health and Human Services also help. Committee members decided the bill needed more research. The bill was displaced until a later meeting.

The Committee also decided to have a meeting around the desk of Representative after many of the questions were answered.. No action was taken on the bill.

The meeting was adjourned.

Beverly Earle

Representative Beverly Earle, Co-Chair, Presiding

Ann Raeford

Ann Raeford, Committee Clerk

Attachments

Attachment I	Agenda
Attachment II	HB 602
Attachment III	Summary of HB 602
Attachment IV	HB 656
Attachment V	Summary of HB 656
Attachment VI	Committee Report on HB 656

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H

HOUSE BILL 602

Short Title:	Mental Health Services Funds.	(Public)
Sponsors:	Representatives Insko, M. Alexander, Bordsen (Primary Sponsors); Crawford, Farmer-Butterfield, Harrison, Hughes, McLawhorn, Pierce, Tarleton, and Wainwright.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

March 16, 2009

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, FOR EXPANSION OF SERVICES AND SUPPORT FOR PERSONS WITH MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND ADDICTIVE DISEASES, AS RECOMMENDED BY THE COALITION (FORMERLY COALITION 2001).

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of three million dollars ($3,000,000) for the 2009-2010 fiscal year. These funds shall be allocated as follows:

(1) $1,000,000 for individuals with mental illness who are also deaf. Of these funds:
   a. $200,000 shall be allocated for increasing the availability of interpreting services;
   b. $480,000 shall be allocated for sign language instruction, prevention materials, staff training, and broadband connections for video relay services; and
   c. $320,000 shall be allocated for a six-bed group home to serve deaf adults in Wake County as a step down from the inpatient unit at Broughton Hospital.

(2) $1,000,000 for peer support positions in drop-in centers, to help people find housing, to help with readjustments after jail, prison, or time spent as an inpatient and in recovery centers.

(3) $500,000 to establish a pilot for Center for Excellence in conjunction with the University and Community College systems to promote evidence-based/best practice models and methods of mental health/mental illness treatment across the State.

(4) $500,000 for jail diversion programs for individuals with mental illness. These funds would expand model Jail Diversion programs that keep individuals with mental illness out of the criminal justice system and in community-based treatment programs.

SECTION 2. This act becomes effective July 1, 2009.

HOUSE BILL 602:
Mental Health Services Funds

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	May 13, 2009
Introduced by:	Reps. Insko, M. Alexander, Bordsen, Farmer-Butterfield	**Prepared by:**	Shawn Parker Committee Staff
Analysis of:	First Edition		

SUMMARY: ***House Bill 602 appropriates three million dollars ($3,000,000) to the Department of Health and Human Services, Division of Mental health, Developmental Disabilities and Substance Abuse Services to expand services and supports for persons with mental illness, developmental disabilities, and addiction diseases.***

[As introduced, this bill was identical to S517, as introduced by Sen. Goss, which is currently in Senate Appropriations/Base Budget.]

BILL ANALYSIS: House Bill appropriates for the 2009-2010 fiscal year $3,000,000 from the General Fund to the Department to be allocated as follows:

- $1,000,000 for individuals with mental illness who are also deaf:
    - $200,000 for increasing the availability of interpreting services;
    - $480,000 for sign language instruction, prevention materials, staff training, and broadband connections for video relay services; and
    - $320,000 for a six-bed group home to serve deaf adults in Wake County as a step down from the inpatient unit at Broughton Hospital.
- $1,000,000 for peer support positions in drop-in centers, to help people find housing, to help with readjustments after jail, prison, or time spent as an inpatient and in recovery centers.
- $500,000 to establish a pilot for Center for Excellence in conjunction with the University and Community College systems to promote evidence-based/best practice models and methods of mental health/mental illness treatment across the State.
- $500,000 for jail diversion programs for individuals with mental illness.

EFFECTIVE DATE: This act becomes effective July 1, 2009.

BACKGROUND: This bill is based on recommendations of the Coalition (formerly known as Coalition 2001).

H602-SMSQ-77(e1) v1

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H D

HOUSE BILL 656
PROPOSED COMMITTEE SUBSTITUTE H656-PCS10941-LN-27

Short Title: MH Proceedings/No Restraint. (Public)

Sponsors:

Referred to:

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO PROHIBIT RESTRAINT OF INDIVIDUALS WHO ARE MINORS BEING TRANSPORTED TO OR DURING HEARINGS PURSUANT TO INVOLUNTARY COMMITMENT PROCEEDINGS, EXCEPT UNDER CERTAIN CIRCUMSTANCES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-251(e) reads as rewritten:

"(e) ~~In~~ Except as otherwise provided in this subsection pertaining to respondents who are minors, in providing transportation to or from involuntary commitment hearings and proceedings as required by this section, the law-enforcement officer may use reasonable force to restrain the respondent if it appears necessary to protect himself, the respondent, or others. If the respondent is a minor, then the law-enforcement officer may not restrain the respondent-minor during transport to or from hearings and proceedings unless a district court judge finds that the restraints are reasonably necessary to maintain order, prevent the respondent-minor's escape, or provide for the safety of the respondent-minor. The judge shall take into consideration written recommendations of the treating clinician prior to the initial commitment hearing. The judge shall hold a hearing and provide the respondent-minor and the respondent-minor's attorney or other individual appointed to represent the respondent-minor an opportunity to be heard to contest the use of restraints before the judge orders the use of restraints. If restraints are ordered, the judge shall make findings of fact specific to each individual respondent-minor in support of the order. No law-enforcement officer may be held criminally or civilly liable for assault, false imprisonment, or other torts or crimes on account of reasonable measures taken under the authority of this Article."

SECTION 2. G.S. 122C-267(b) reads as rewritten:

"(b) The respondent shall be present at the hearing. A subpoena may be issued to compel the respondent's presence at a hearing. The petitioner and the proposed outpatient treatment physician or his designee may be present and may provide testimony. If the respondent is a minor, the respondent-minor may not be restrained unless the judge finds that the restraints are reasonably necessary to maintain order, prevent the respondent-minor's escape, or provide for the safety of the respondent-minor. The judge shall take into consideration written recommendations of the treating clinician prior to the initial commitment hearing. The judge shall hold a hearing and provide the respondent-minor and the respondent-minor's attorney or other individual appointed to represent the respondent-minor an opportunity to be heard to contest the use of restraints before the judge orders the use of restraints. If restraints are

ordered, the judge shall make findings of fact specific to each individual respondent-minor in support of the order."

SECTION 3. G.S. 122C-268(g) reads as rewritten:

"(g) Hearings may be held in an appropriate room not used for treatment of clients at the facility in which the respondent is being treated if it is located within the judge's district court district as defined in G.S. 7A-133 or in the judge's chambers. A hearing may not be held in a regular courtroom, over objection of the respondent, if in the discretion of a judge a more suitable place is available. If the respondent is a minor and is present at the hearing, the respondent-minor may not be restrained unless the judge finds that the restraints are reasonably necessary to maintain order, prevent the respondent-minor's escape, or provide for the safety of the respondent-minor. The judge shall take into consideration written recommendations of the treating clinician prior to the initial commitment hearing. The judge shall hold a hearing and provide the respondent-minor and the respondent-minor's attorney or other individual appointed to represent the respondent-minor an opportunity to be heard to contest the use of restraints before the judge orders the use of restraints. If restraints are ordered, the judge shall make findings of fact specific to each individual respondent-minor in support of the order."

SECTION 4. This act is effective when it becomes law and applies to the transportation of and proceedings involving respondent-minors under Part 6 of Article 5 of Chapter 122C of the General Statutes occurring on and after that date.

HOUSE BILL 656:
MH Proceedings/No Restraint

2009-2010 General Assembly

Committee:	Mental Health Reform	**Date:**	May 13, 2009
Introduced by:	Reps. Earle, Bordsen, Lucas, Bryant	**Prepared by:**	Shawn Parker
Analysis of:	2nd Edition		Legislative Analyst

House Bill 656 would prohibit the use of restraints on minors being transported to or from involuntary commitment proceedings and during such hearings in which the minor is the respondent unless a district court judge finds that the restraints are reasonably necessary to (1) maintain order, (2) prevent the respondent-minor's escape, or (3) provide for the safety of the respondent-minor.

CURRENT LAW: G.S. 122C-251(e) involves transportation to and from involuntary commitment proceedings. It states that in providing transportation during involuntary commitment, the law enforcement officer may use reasonable force to restrain the respondent if it appears necessary to protect the officer, the respondent, or others. No law enforcement officer may be liable for assault, false imprisonment, or other torts or crimes on account of taking reasonable measures under the statute.

G.S. 122C-267 deals with outpatient commitment. It provides that a hearing shall be held in district court within 10 days of the day the respondent is taken into custody. The respondent shall be present at the hearing. A subpoena may be issued to compel the respondent's presence at a hearing. The petitioner and the proposed outpatient treatment physician or his designee may be present and may provide testimony.

G.S. 122C-268 deals with inpatient commitment. It provides that a hearing shall be held in district court within 10 days of the day the respondent is taken into law enforcement custody.

BILL ANALYSIS: The PCS to House Bill 656 would prohibit the use of restraints on minors being transported to or from involuntary commitment proceedings and during such hearings in which the minor is the respondent unless a district court judge finds that the restraints are reasonably necessary to (1) maintain order, (2) prevent the respondent-minor's escape, or (3) provide for the safety of the respondent-minor.

The bill requires the judge to take into consideration written recommendations of the treating clinician prior to the initial commitment hearing. It also requires the judge to hold a hearing at which the respondent-minor or the respondent-minor's attorney may contest the use of restraints, and if restraints are ordered and to make findings of fact specific to each individual respondent-minor in support of the order.

EFFECTIVE DATE: This act is effective when it becomes law and applies to the transportation of and proceedings involving respondent minors under Part 6 of Article 5 of Chapter 122C of the General Statutes occurring on and after that date.

Brad Krehely, counsel to House JII, substantially contributed to this summary.

H656-SMSQ-79(e1) v1

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☒Committee Substitute for

HB 656 A BILL TO BE ENTITLED AN ACT TO PROHIBIT RESTRAINT OF INDIVIDUALS WHO ARE MINORS BEING TRANSPORTED TO OR DURING HEARINGS PURSUANT TO INVOLUNTARY COMMITMENT PROCEEDINGS, EXCEPT UNDER CERTAIN CIRCUMSTANCES.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H 2

HOUSE BILL 673
Committee Substitute Favorable 4/13/09

Short Title: Support for Developmental Disab. Services. (Public)

Sponsors:

Referred to:

March 19, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-115.4(b) is amended by adding the following new subdivision to read:

"(b) The primary functions of an LME are designated in this subsection and shall not be conducted by any other entity unless an LME voluntarily enters into a contract with that entity under subsection (c) of this section. The primary functions include all of the following:

...

(8) Each LME shall develop a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. The LME shall develop the list in accordance with rules adopted by the Secretary to ensure that waiting list data are collected consistently across LMEs. Data collected should include numbers of persons that are:

a. Waiting for residential services.

b. Potentially eligible for CAP-MRDD.

c. In need of other State-funded services and supports.

The LME shall annually report the data maintained to the Department."

SECTION 2. G.S. 122C-112.1(a) is amended by adding the following new subdivisions to read:

"**§ 122C-112.1. Powers and duties of the Secretary.**

(a) The Secretary shall do all of the following:

...

(35) Develop and adopt rules governing a statewide data system containing waiting list information obtained annually from each LME as required under G.S. 122C-115.4(b)(8). The rules adopted shall establish standardized criteria to be used by LMEs to ensure that the waiting list data are consistent across LMEs. The Department shall use data collected from LMEs under G.S. 122C-115.4(b)(8) for statewide planning and needs projects. The creation of the statewide waiting list data system does not create an entitlement to services for individuals on the waiting list. The Department shall report annually to the Joint Legislative Oversight Commission on Mental Health, Developmental Disabilities, and Substance Abuse Services its recommendations based on data obtained annually from each LME. The

report shall indicate the services that are most in need throughout the State, plans to address unmet needs, and any cost projects to provide needed services.

(36) The Department shall ensure that State-funded developmental disability services are authorized on a quarterly, semiannually, or annual basis, in accordance with guidelines issued by the Department, unless a change in the individual's person-centered plan indicates a different authorization frequency.

(37) The Department shall develop new developmental disability service definitions for State-funded developmental disability services that allow for person-centered and self-directed supports."

SECTION 3. This act becomes effective July 1, 2009.

HOUSE BILL 673:
Support for Developmental Disab. Services

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	April 8, 2009
Introduced by:	Reps. Earle, Brisson, Barnhart, Hurley	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	PCS to First Edition H673-CSRF-20		

SUMMARY: ***House bill 673 directs LME's to develop waiting lists of persons with developmental disabilities who are waiting for specific services. The list is to be developed in accordance with rules adopted by the Secretary. The rules adopted shall establish standardized criteria to ensure that the waiting list data is collected consistently across LME's. The Department is to use the data for statewide planning and needs projects. The Department is also directed to ensure that State funded developmental disability services are funded on a quarterly, semi-annual, or annual basis in accordance with guidelines developed by the Department, unless changes in and individual's personal plan indicates a different authorization frequency. The Department is also to develop new disability service definitions for State-funded developmental disability services that allow for person centered and self-directed supports.***

The proposed committee substitute (i) clarifies that the Secretary shall develop and adopt the rules governing the data collection system; (2) provides that the creation of the Statewide waiting list data system does not create an entitlement to services; (3)provides that developmental disability services are authorized on a quarterly, semi-annual, or annual basis in accordance with guidelines issued by the Department; and (4) provides for the development of new developmental disability service definitions that allow for person centered and self directed supports.

CURRENT LAW: G.S. 122C-115.4 sets forth the functions of local management entities. LME's may participate in the development of person centered plans, shall monitor their implementation, and shall review and approve person centered plans for consumers who receive State funded services. G.S. 122C-112.1 delineates the powers and duties of the Secretary of Health and Human Services.

BILL ANALYSIS:

Section 1 of the bill amends the functions of LME's to include the development of a waiting list of persons with intellectual or developmental disabilities that are waiting for specific services. The the list shall be developed in accordance with rules adopted by the Secretary. The rules are to ensure that the waiting list data is collected consistently across the LME's. The rules adopted shall establish standardized criteria. The data is to include numbers of persons who are:

- Waiting for residential services.
- Potentially eligible for CAP-MRDD.
- In need of other State funded services and supports.

The data is to be annually reported to DHHS.

Section 2 of the bill amends the powers and duties of the Secretary of HHS and directs the Secretary to develop a statewide data system containing the LME waiting list information. The Department is to use the data for statewide planning and needs projects. DHHS is to report annually to the Joint Legislative Oversight Commission on Mental Health, Developmental Disabilities, and Substance Abuse Services.

The report shall indicate the services that are most in need throughout the State, plans to address unmet needs, and cost projects to provide needed services.

DHHS is also directed to ensure that State funded developmental disability services are authorized on a quarterly, semi-annual or annual basis in accordance with guidelines issued by the Department unless a change in an individual's person centered plan indicates a different time frame. The Department shall also develop new developmental disability service definitions that will allow for person-centered and self directed supports.

EFFECTIVE DATE: The act becomes effective July 1, 2009.

H673-SMRF-39(CSRF-20) v1

NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
House Bill 673

AMENDMENT NO. 1
(to be filled in by Principal Clerk)

H673-ALN-82 [v.6]

Comm. Sub. [YES]
Amends Title [NO]
Second Edition

Date 5-13-09 ,2009

Representative Earle

moves to amend the bill on page 1, line 20,
by rewriting the line to read:

"c. In need of other services and supports funded from State appropriations to or allocations from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, including CAP-MRDD."; and

further moves to amend the bill on page 2, lines 4, 5, and 10,
by deleting "State-funded developmental disability services" wherever it appears on those lines and substituting "developmental disability services funded from appropriations to or allocations from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, including CAP-MRDD.".

SIGNED Beverly Earle
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED ✓ FAILED _____ TABLED _____

2009 PERMANENT SUBCOMMITTEE REPORT
HOUSE OF REPRESENTATIVES

FOR RECOMMENDING BILLS TO STANDING COMMITTEE OR TO THE FLOOR OF THE HOUSE
The following report(s) from permanent sub committee(s) is/are presented:

By Representative(s) Earle, England, Insko (Chairs) for the Appropriations Subcommittee on Health and Human Services.

☒Committee Substitute for
HB 673 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, TO TAKE CERTAIN ACTIONS TO IMPROVE SUPPORTS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

WITH APPROVAL OF STANDING COMMITTEE CHAIR(S) FOR REPORT TO BE MADE DIRECTLY TO THE FLOOR OF THE HOUSE:

Representative Michaux, Adams, Alexander, Crawford, Haire, Jeffus, Tolson, Yongue (Chairs) for the Standing Committee on Appropriations.

s/

s/

s/

☒With a favorable report as to the Committee Substitute bill #2, unfavorable as to Committee Substitute Bill #1.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

HOUSE BILL 1020

Short Title:	Cancer Patient Assistance.	(Local)
Sponsors:	Representatives Earle, Adams (Primary Sponsors); M. Alexander, Burris-Floyd, Faison, Glazier, Harrison, Lucas, Mobley, Stewart, Tarleton, Wainwright, and Wray.	
Referred to:	Health, if favorable, Appropriations.	

April 2, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, TO ASSIST CANCER PATIENTS WITH THE MANAGEMENT OF THE DISEASE.

The General Assembly of North Carolina enacts:

SECTION 1. Part 1 of Article 7 of Chapter 130A of the General Statutes is amended by adding the following new section to read:

"**§ 130A-216. Cancer patient navigation program.**

The Department shall establish a cancer patient navigation program under the Breast and Cervical Cancer Control Program. The purpose of the program shall be to provide education about and assistance with the management of cancer. At a minimum, the program shall do the following:

(1) Initially serve breast and cervical cancer patients statewide with the intent of future expansion to all other cancer types.

(2) Employ a multidisciplinary team approach to assist cancer patients in identifying and gaining access to available health care, financial and legal assistance, transportation, psychological support, and other related issues.

(3) Work with an existing cancer service agency that is not affiliated with a particular health care institution so that program clients may have access to any cancer health care facility in the State."

SECTION 2. The Department may adopt rules necessary to carry out the provisions of this act. The Department shall begin initial implementation of the statewide program established under Section 1 of this act in Mecklenburg and Guilford Counties.

SECTION 3. The Department shall report its progress on the implementation of this program to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division not later than May 1, 2010.

SECTION 4. This act is effective when it becomes law.

HOUSE BILL 1020:
Cancer Patient Assistance

2009-2010 General Assembly

Committee:	House Health, if favorable, Appropriations	**Date:**	May 8, 2009
Introduced by:	Reps. Earle, Adams	**Prepared by:**	Shawn Parker
Analysis of:	First Edition		Legislative Analyst

SUMMARY: ***House Bill 1020 directs the Department of Health and Human Services to establish a cancer patient navigation pilot program.***

BILL ANALYSIS:

Section 1 amends Part 1 (Cancer) of Article 7 (Chronic Diseases) of Chapter 130A (Public Health) by adding a new section which requires the Department to establish a cancer patient navigation pilot program. The new section provides that the program shall provide education and assistance with the management of cancer. At a minimum the program will:

- Serve breast and cervical cancer patients across the State;
- Employ a multidisciplinary team to identify and assist patients with access to health care, financial and legal assistance, transportation, and other supports;
- Work with an existing cancer service agency not affiliated with a particular health care institution.

Section 2 directs the Department to adopt rules to carry out the provisions of the act. The section requires the Department to begin an initial implementation of the state-wide pilot in Guilford and Mecklenburg Counties.

Section 3 directs the Department to report its progress on the implementation of the program by May 1, 2010 to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.

EFFECTIVE DATE: This act is effective when it becomes law.

H1020-SMSQ-65(e1) v1

VISITOR REGISTRATION SHEET

Mental Health — 5/13/09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Kay Parsons	National Association of Social Workers, NC
Fred Walker	East Seal UCP
John Tote	Mental Health Assoc.
Jon Sanger	Sanger Consulting
Ken Michael	CFSA-NC
Sarah Preston	ACLU-NC
Joseph Mahan	MHANC
Erin M	MHANC
Kelly Lea	NAMI NC
Annaliese Dolph	DRNC
Julia Leggett	The Arc of NC

VISITOR REGISTRATION SHEET

Mental Health — 5/13/09

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Erin Schmidt	Action for Children NC
Mandy Ableiding	"
[signature]	DMH/DD/SAS
Shemiah Wilson	DMHS
[signature]	DHHS
Pat Porter	Gen Assemb Research

House Pages

Name of Committee: MENTAL HEALTH REFORM Date: 5-13-09

1. Name: Ryan McMillan
   County: Wake
   Sponsor: Joe Hackney
2. Name: Patrick Paul
   County: Nassau, Bahamas
   Sponsor: Joe Hackney
3. Name: Lindsay Blackburn
   County: Guilford
   Sponsor: Hackney
4. Name: Andrew McClure
   County: Guilford
   Sponsor: J. Hackney
5. Name:
   County:
   Sponsor:

Sgt-At-Arms

1. Name: Charles Williams
2. Name: Young Bae
3. Name: Robert Rossi

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

S D

SENATE BILL 799
PROPOSED HOUSE COMMITTEE SUBSTITUTE S799-CSRF-57 [v.1]

5/27/2009 10:07:22 AM

Short Title: Increase Transparency of MH/DD/SA Facilities. (Public)

Sponsors:

Referred to:

March 25, 2009

A BILL TO BE ENTITLED

AN ACT TO INCREASE TRANSPARENCY OF STATE FACILITIES THAT PROVIDE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES BY REQUIRING THE DISCLOSURE OF CERTAIN INFORMATION ABOUT DEATH REPORTS, FACILITY POLICE REPORTS, AND INCIDENT REPORTS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-31(g) reads as rewritten:

"(g) In addition to the reporting requirements specified in subsections (a) through (e) of this section, and pursuant to G.S. 130A-383, every State facility shall ~~report the~~ report, without redactions other than to protect confidential personnel information, the death of any client of the facility, and, if known, the death of any former client of a facility who dies within seven days of release from the facility, regardless of the manner of ~~death,~~ death:

(1) ~~to~~ To the medical examiner of the county in which the body of the deceased is ~~found.~~found; and

(2) To the State protection and advocacy agency designated under the Developmental Disabilities Assistance and Bill of Rights Act 2000, P.L. 106-402. The State protection and advocacy agency shall use the information in accordance with its powers and duties under applicable State or federal law and regulations."

SECTION 2. G.S. 122C-31 is amended by adding a new subsection to read:

"(h) Notwithstanding G.S. 122C-52, and unless otherwise prohibited by State or federal law or requirements, in order to provide for greater transparency in connection with the reporting requirements specified in subsections (a) through (g) of this section, the following information in reports made pursuant to this section shall be public records within the meaning of G.S. 132-1 when reported by a State facility:

(1) The name, sex, age, and date of birth of the deceased.

(2) The name of the facility providing the report.

(3) The date, time, and location of the death.

(4) A brief description of the circumstances of death, including the manner of death, if known.

(5) A list of all entities to whom the event was reported."

SECTION 3. G.S. 122C-52(a) reads as rewritten:

"(a) Except as provided in G.S. 132-5 and G.S. 122C-31(h), confidential information acquired in attending or treating a client is not a public record under Chapter 132 of the General Statutes."

SECTION 4. G.S. 122C-54 is amended by adding the following new subsections:

"(i) G.S. 132-1.4 shall apply to the records of criminal investigations conducted by any law enforcement unit of a State facility, and information described in G.S. 132-1.4(c) that is collected by the State facility law enforcement unit shall be public records within the meaning of G.S. 132-1.

(j) Notwithstanding any other provision of this Chapter, the Secretary may inform any person of any incident or event involving the welfare of a client or former client when the Secretary determines that the release of the information is essential to maintaining the integrity of the Department. However, the release shall not include information that identifies the client directly, or information for which disclosure is prohibited by State or federal law or requirements, or information for which, in the Secretary's judgment, by reference to publicly known or available information, there is a reasonable basis to believe the client will be identified."

SECTION 5. This act is effective when it becomes law.

SENATE BILL 799:
Increase Transparency of MH/DD/SA Facilities

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Judiciary II	**Date:**	May 27, 2009
Introduced by:	Sen. Rand	**Prepared by:**	Barbara Riley Committee Counsel
Analysis of:	PCS to First Edition S799-CSRF-57		

SUMMARY: Senate Bill 799 would amend G.S. 122C-31 "Report required upon death of client" and related provisions to expand the amount of detail to be released about deaths of clients in State facilities and expand the breadth of the reporting requirement to include deaths of former clients of the facilities if the death occurs within seven days of the client's release from the facility.

The proposed committee substitute deletes Section 1 of the original bill as that language is not necessary for implementation of the remaining provisions of the bill. The pcs also makes stylistic changes.

CURRENT LAW: State facilities are required to notify the Secretary immediately upon the death of a client that occurs within seven days of physical restraint or seclusion, to notify the Secretary within three days of any death resulting from violence, accident, suicide, or homicide, and to report the death of any client of the facility to the county medical examiner, regardless of the manner of the death.[1]

BILL ANALYSIS: Section 1 of Senate Bill 799 would expand the existing requirement to report deaths of clients in State facilities to the county medical examiner to include deaths of former clients of the facilities if the death occurs within seven days of the client's release from the facility. The bill would also require the facility to report these deaths to the State protection and advocacy agency designated under the Developmental Disabilities Assistance and Bill of Rights Act (P.L 106-402), and would direct that agency to use the information in accordance with its powers and duties. The bill would specify that the information must be reported without redactions other than to protect confidential personnel information.

Section 2 of the bill would provide that, when included in facility reports, the following information would be public record: the name, sex, age, and date of birth of the deceased; the name of the reporting facility; the date, time and location of the death; a brief description of the circumstances and manner of the death; and a list of all entities to whom the event was reported.

Section 3 would make conforming changes to confidentiality provisions to allow for the release of the listed information as public record.[2]

Section 4 of the bill would amend current law regarding the confidentiality of records of criminal investigations. Under G.S. 132-1.4, records of criminal investigations by public law enforcement officers generally are not public records but may be released by court order. G.S. 132-1.4(c) provides a list of information from an investigation that is considered public record and may be released. Section 4 would provide that the record of a criminal investigation by a law enforcement unit of a State facility is not a public record, except for the information that would otherwise be released pursuant to G.S. 132-1.4(c).

[1] N.C.G.S. 122C-31
[2] N.C.G.S. 122C-52

Finally, Section 4 would provide an exception to the confidentiality of records of criminal investigations by authorizing the Secretary to inform any person of any incident or event involving the welfare of a client or former client when release of the information is determined to be "...essential to maintaining the integrity of the Department." and is done in such a way as to avoid revealing the client's identity.

EFFECTIVE DATE: This act is effective when it becomes law.

BACKGROUND: State facilities included within the scope of this bill are the following:[3]

(1) Psychiatric Hospitals:
- Cherry Hospital.
- Central Regional Hospital.
- Dorothea Dix Hospital.
- John Umstead Hospital.
- Broughton Hospital.

(2) Developmental Centers:
- Caswell Developmental Center.
- J. Iverson Riddle Developmental Center.
- Murdoch Developmental Center.

(3) Alcohol and Drug Treatment Centers:
- Walter B. Jones Alcohol and Drug Abuse Treatment Center.
- Julian F. Keith Alcohol and Drug Abuse Treatment Center.
- R.J. Blackley Alcohol and Drug Treatment Center.

(4) Neuro-Medical Treatment Centers:
- Black Mountain Neuro-Medical Treatment Center.
- O'Berry Neuro-Medical Treatment Center.
- Longleaf Neuro-Medical Treatment Center.

(5) Residential Programs for Children:
- Whitaker School.
- Wright School.

Ben Popkin, counsel to Senate Health Care, substantially contributed to this summary.

S799-SMRF-116(CSRF-57) v2

[3] N.C.G.S. 122C-181(a)

MENTAL HEALTH REFORM

MINUTES
JULY 14, 2009
AFTER SESSION

The meeting was called to order after session on July 14, 2009 around Representative Brisson's desk. Representative Brisson determined quorum and chaired. Shawn Parker from research explained the difference between the House and the Senate versions. Representative Langdon asked a question (about council membership) and Representative McLawhorn asked a question (about the scope of the council). Representative Parmon offered the motion to recommend concurrence on HB 1309. Motion was passed. Meeting adjourned.

The following members were present:
Representative William Brisson, Co-Chair
Representative Carolyn Justus
Representative Verla Insko
Representative R. Van Braxton
Representative Earline Parmon
Representative Marion McLawhorn
Representative Jean Farmer-Butterfield
Representative Bob England

Representative William Brisson, Co-Chair, Presenting
Representative Beverly Earle, Co-Chair

Caroline Stirling, Committee Clerk

Attachments:

Meeting Notice
HB 1309
Committee Report

Caroline Stirling (Rep. Brisson)

From: Caroline Stirling (Rep. Brisson)
Sent: Tuesday, July 14, 2009 2:34 PM
Subject: Mental Health Reform Committee Mtg.
Importance: High

There will be a Mental Health Reform Committee meeting immediately after session around Rep. Brisson's desk to vote concurrence or not to concur on HB 1309.

Thank you.

Representing Bladen and Southern Cumberland County

William D. Brisson
Representative

North Carolina General Assembly
16 W. Jones St
1325 Legislative Building
Raleigh, NC 27601-1096
tel: (919) 733-5772
fax: (919) 733-2599

williambr@ncleg.net

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GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

H 2

HOUSE BILL 1309
Senate Health Care Committee Substitute Adopted 6/3/09

Short Title: Residential Treatment Facil./TBI. (Public)

Sponsors:

Referred to:

April 9, 2009

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO ADOPT RULES PROVIDING FOR THE LICENSURE AND ACCREDITATION OF RESIDENTIAL TREATMENT FACILITIES FOR PERSONS WITH TRAUMATIC BRAIN INJURY.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-26 reads as rewritten:

"**§ 122C-26. Powers of the Commission.**

In addition to other powers and duties, the Commission shall exercise the following powers and duties:

(1) Adopt, amend, and repeal rules consistent with the laws of this State and the laws and regulations of the federal government to implement the provisions and purposes of this Article;

(2) Issue declaratory rulings needed to implement the provisions and purposes of this Article;

(3) Adopt rules governing appeals of decisions to approve or deny licensure under this Article;

(4) Adopt rules for the waiver of rules adopted under this Article; and

(5) Adopt rules applicable to facilities licensed under this Article:

a. Establishing personnel requirements of staff employed in facilities;

b. Establishing qualifications of facility administrators or directors;

c. Establishing requirements for death reporting including confidentiality provisions related to death reporting;

d. Establishing requirements for patient advocates; and

e. Requiring facility personnel who refer clients to provider agencies to disclose any pecuniary interest the referring person has in the provider agency, or other interest that may give rise to the appearance of impropriety.

(6) Adopt rules providing for the licensure and accreditation of residential treatment facilities that provide services to persons with traumatic brain injury."

SECTION 2. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services may adopt temporary rules to carry out the provisions of this act until July 1, 2010.

SECTION 3. This act is effective when it becomes law.

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☒ Senate Committee Substitute #2 for

HB 1309 A BILL TO BE ENTITLED AN ACT TO DIRECT THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO ADOPT RULES PROVIDING FOR THE LICENSURE AND ACCREDITATION OF RESIDENTIAL TREATMENT FACILITIES FOR PERSONS WITH TRAUMATIC BRAIN INJURY AND TO MAKE CHANGES TO THE NORTH CAROLINA TRAUMATIC BRAIN INJURY ADVISORY COUNCIL.

☒ With recommendation that the House do concur.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

_____ On motion of Representative_____, Committee Amendment No.(s) ___ is/are adopted by EV (_____).

MENTAL HEALTH REFORM

AGENDA

June 9, 2010
Legislative Office Building
Room 424
2:00 pm

Committee Chairs:	Representative Beverly Earle Representative William Brisson
Opening Remarks:	Representative Beverly Earle
Agenda:	
Christina Carter	CABHA Implementation #73 Department of Health and Human Services
Mark O'Donnell:	SB 1309- Extend and Expand First Commit Pilot Department of Health and Human Services
Closing Remarks:	

MENTAL HEALTH REFORM

MINUTES
March 11, 2009
ROOM 424
2:00 PM

The meeting was opened by Representative Beverly Earle at 2:00 pm in Room 424 of the Legislative Office Building. She thanked everyone for coming and the first presenter came forward.

The following members were present:

Representative Beverly Earle, Co-Chair
Representative William Brisson, Co-Chair
Representative Martha Alexander, Vice Chair
Representative Jeff Barnhart, Vice Chair
Representative Curtis Blackwood
Representative Van Braxton
Representative Jim Crawford
Representative Shirley Randleman
Representative Laura Wiley
Representative Pat Hurley
Representative Verla Insko
Representative Carolyn Justus
Representative James Langdon
Representative "Bill McGee
Representative M. McLawhorn
Representative Bob England

Presenters

Christina Carter, Department of Health and Human Services, gave a detailed summary of the CABHA (Critical Access Behavioral Health Agency). She gave the goals of the CABHA Implementation. The CABHA is to ensure that the mental health and substance abuse services are delivered within a clinically sound provider organization with appropriate medical oversight. Move the system over time to a more comprehensive and coherent service delivery model. Increase economies of scale and efficiencies in the service system. Increase consumer/family/stakeholder confidence in our provider network. Reduce clinical fragmentation, reduction of State Alone service delivery.

Increase provider 1st Responder capacity clinical provider. Insure that consumers have access to an array of appropriate clinical services. Increase accountability within the MH/SA service system monitor service and referral patterns. Provide a competent clinical platform on which to implement best practice service models. (For full details see attachment II).

At this time Representative Verla Insko explained SB1309:
AN ACT TO AUTHORIZE THE SECRETARY OF HEALTH AND HUMAN SERVICES TO WAIVE TEMPORARILY CERTAIN REQUIREMENTS OF THE MENTAL HEALTH COMMITMENT STATUTES FOR PARTICIPANTS IN THE FIRST EVALUATION PILOT PROGRAM AND TO DIRECT THEDEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY CERTAIN ISSUES RELATING TO THE PROGRAM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SEBSTANCE ABUSE SERVICES.

She stated that Senate Bill 1309 would extend the first Commitment Pilot Program until October1, 2012 and would authorize the Secretary to expand program to up to 20 LMEs.

Members discussed and asked questions about the bill. A motion was made by Representative Marion McLawhorn to give the bill a favorable report and be re-referred to Appropriations. The motion was seconded.

The meeting was adjourned.

Representative Beverly Earle, Presiding Chair

Ann Raeford, Committee Clerk

Attachments

Attachment I	Agenda
Attachment II	CABHA Update
Attachment III	SB1309
Attachment IV	Summary of SB1309
Attachment V	Committee Report on SB1309
Attachment VI	Visitor's Registration

Critical Access Behavioral Health Agency (CABHA) UPDATE

Michael Watson
Acting Deputy Secretary for Health Services
Department of Health & Human Services
May 26, 2010

GOALS:
CABHA IMPLEMENTATION

- To ensure that mental health and substance abuse services are delivered within a clinically sound provider organization with appropriate medical oversight.
- Move the system over time to a more comprehensive and coherent service delivery model
- Increase economies of scale and efficiencies in the service system
- Increase consumer/family/stakeholder confidence in our provider network

GOALS:
CABHA IMPLEMENTATION CONT'D

- Reduce clinical fragmentation—Reduction of "Stand Alone" service delivery
- Increase provider "1st Responder" capacity
- Embed case management in comprehensive clinical provider
- Insure that consumers have access to an array of appropriate clinical services
- Increase accountability within the MH/SA service system—monitor service and referral patterns
- Provide a competent clinical platform on which to implement best practice service models

Basic CABHA Service Requirements

- **Services that must be delivered within the CABHA structure:**
  - Community Support Team (CST), Intensive In-Home (IIH), Day Treatment (Effective July 1, 2010) **NOTE: CMS Approved CABHA as a Provider Qualification for the above services**
  - New Services: Case Management/Peer Support – Pending CMS Approval

CABHA Certification Requirements

- Must provide the **core** services of:
  - Comprehensive Clinical Assessment
  - Medication Management
  - Outpatient Therapy
- Must deliver at least two enhanced services
  - In the same location where it provides the three core services to create a continuum of care

CABHA Certification Requirements Cont'd

- Active National Accreditation of at least 3 years
- Medical Director
  - 100% FTE for providers serving more than 750 consumers – 60% billing
  - 50% FTE for providers serving less than 376 – 749 consumers – 60% billing
  - 8 hours per week – 0 – 375 consumers – no billing *
- Clinical Director 100% FTE
- Quality Management/Staff Training Director 100% FTE

* Represents additional effort to scale Medical Director requirements for smaller providers – Implementation Update #71

Note: All providers must provide core services regardless of their size/Medical Director requirements

CABHA Certification Overview

- Attestation letter w/documentation
- Desk reviews conducted by DMH/DD/SAS
  - DMA/DHSR Collaboration
- Verification conducted by LME
  - Findings submitted to DMH/DD/SAS
- Interviews conducted by
  - DMH/DD/SAS Staff
  - DMA Staff
  - LME Staff

Desk Review

- Independent reviewers determine complete or incomplete
  - If discrepancy between reviewers LME Team leader and/or designee will review and make determination
- In addition to the desk review DMH/DD/SAS contacts the following agencies to determine "good standing"
  - DMA
  - DMH/DD/SAS Accountability and Consumer Services
  - DHSR

Verification

- Purpose
  - Verifies the components of the Letter of Attestation
  - LME confirms evidence of a provider's compliance with CABHA policy prior to an interview being scheduled

Interview - Staffing

CABHA Regional Certification Team

- Must be peer to peer (age, disability, education)
- Two staff from DHHS
  - One from LME Systems Performance Team
  - One from DMA
  - At least one of the above will be licensed
- Two staff from LMEs within the region
  - At least one must be licensed
- Medical Director from an LME in the region

Interview

- LME Systems Performance staff will serve as the team leader and be responsible for:
  - Identify/notify DMA and LME staff that will participate on the review committee
  - Coordinate interview
  - Track activities related to interview
  - Document results of interview
  - Send provider of decision in writing

CABHA Attestation Letters

- As of May 24, 2010, 557+ attestation letters received
- Providers submitting attestation letters by April 1 will be considered for CABHA certification by July 1.
- Tracking system established for attestation letters (multiple resubmissions - 350)
- 557 providers have gone through desk review process
  - Providers notified of missing/deficient items
  - May resubmit as often as necessary to pass desk review

600
110 - past
33% 1/3 serve less
than 100 people
70 moved to next
stage.

CABHA Attestation Letters

- 110 (20%) passed desk review and moved to "good standing" review
- 70 cleared for LME verification
- Providers completed verification: 34; passed: 26 (76%)
- Providers completed interview: 12: passed: 12 (100%)
- Certified CABHAs: 12

26 of 34 passed
12 passed

Common Reasons for Not Meeting Desk Review Criteria

- Provider does not provide core services
  - Medication management, clinical assessment, outpatient therapy
- Provider does not have 3 year national accreditation
- Provider does not have 2 enhanced services providing a continuum
- Unable to verify credentials of licensed staff
- Not in "good standing" with DHHS
  - Outstanding paybacks, unresolved Type A licensure violations, etc.

DHHS Requests to CMS

- CMS has already approved CABHA requirements for Intensive In-Home, Day Treatment, and Community Support Team.
- Pending CMS request regarding CABHA and Case Management/Peer Support
- DHHS has requested CMS consider:
  - Begin CABHA implementation July 1, but allow 6 month transition period for existing providers, from July 1 to December 31, 2010
  - Permit CABHA agencies to subcontract with other providers for CABHA services
- No formal response yet from CMS

CABHA Monitoring

- Monitoring Goals
  - Quality Services
  - Implementation of Best Practice Care
  - Access
  - Choice
  - Referral to Appropriate Services
  - Primary Care Integration
  - Post-Discharge Continuity of Care
  - 1st Responder Capacity

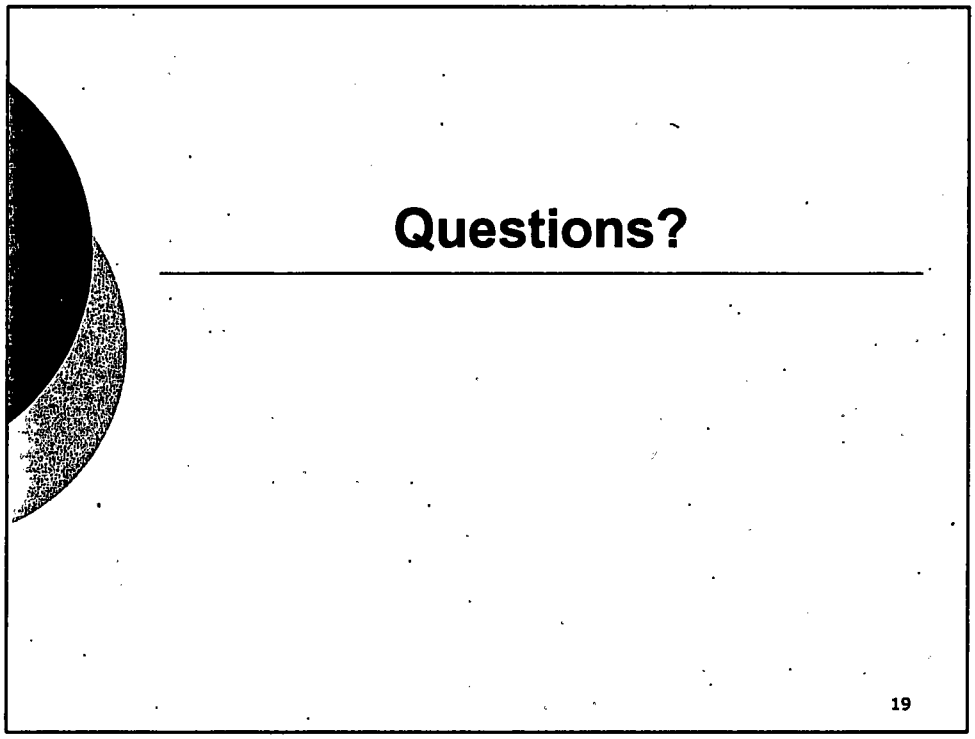
1915 B-C Waiver

CABHA Monitoring Cont'd

- CABHA Monitoring Workgroup
  - Consumers
  - DHHS Staff
  - LME Representatives
  - Providers
- Monitoring Work Plan
  - Review CABHA Policy & Procedures
  - Review Current Provider Monitoring Efforts
  - Develop Standardized CABHA Report Card

CABHA Monitoring Cont'd

- Monitoring Tools
  - Paid Claims Data (e.g. referral patterns, service utilization)
  - Consumer/Family Complaints
  - Consumer Satisfaction Data
  - NC Treatment Outcome and Program Performance System (NC-TOPPS) data
  - LME Provider Risk Assessment & Monitoring
  - Service Endorsement Results
  - Review of High Cost/High Risk Consumers
  - 1st Responder Survey Data
  - DMA Program Integrity Data
  - Tracking of ED Use and Post-Discharge Follow Up


Questions?
19

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

S 2

SENATE BILL 1309
Health Care Committee Substitute Adopted 5/26/10

Short Title: Extend and Expand First Commit Pilot. (Public)

Sponsors:

Referred to:

May 20, 2010

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE THE SECRETARY OF HEALTH AND HUMAN SERVICES TO WAIVE TEMPORARILY CERTAIN REQUIREMENTS OF THE MENTAL HEALTH COMMITMENT STATUTES FOR PARTICIPANTS IN THE FIRST EVALUATION PILOT PROGRAM AND TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY CERTAIN ISSUES RELATING TO THE PROGRAM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. S.L. 2003-178, as amended by Section 10.27 of S.L. 2006-66, as amended by Section 1.1(a)(5) of S.L. 2007-504, and as further amended by Section 3 of S.L. 2009-340, reads as rewritten:

"**SECTION 1.** The Secretary of Health and Human Services may, upon request of an LME, waive temporarily the requirements of G.S. 122C-261 through G.S. 122C-263 and G.S. 122C-281 through G.S. 122C-283 pertaining to initial (first-level) examinations by a physician or eligible psychologist of individuals meeting the criteria of G.S. 122C-261(a) or G.S. 122C-281(a), as applicable, as follows:

(1) The Secretary has received a request from an LME to substitute for a physician or eligible psychologist, a licensed clinical social worker, a masters level psychiatric nurse, or a masters level certified clinical addictions specialist to conduct the initial (first-level) examinations of individuals meeting the criteria of G.S. 122C-261(a) or G.S. 122C-281(a). The waiver shall be implemented on a pilot-program basis. The request from the LME shall specifically describe:

a. How the purpose of the statutory requirement would be better served by waiving the requirement and substituting the proposed change under the waiver.

b. How the waiver will enable the LME to improve the delivery or management of mental health, developmental disabilities, and substance abuse services.

c. How the services to be provided by the licensed clinical social worker, the masters level psychiatric nurse, or the masters level certified clinical addictions specialist under the waiver are within each of these professional's scope of practice.

d. How the health, safety, and welfare of individuals will continue to be at least as well protected under the waiver as under the statutory requirement.

(2) The Secretary shall review the request and may approve it upon finding that:

a. The request meets the requirements of this section.

b. The request furthers the purposes of State policy under G.S. 122C-2 and mental health, developmental disabilities, and substance abuse services reform.

c. The request improves the delivery of mental health, developmental disabilities, and substance abuse services in the counties affected by the waiver and also protects the health, safety, and welfare of individuals receiving these services.

d. The duties and responsibilities performed by the licensed clinical social worker, the masters level psychiatric nurse, or the masters level certified clinical addictions specialist are within the individual's scope of practice.

(3) The Secretary shall evaluate the effectiveness, quality, and efficiency of mental health, developmental disabilities, and substance abuse services and protection of health, safety, and welfare under the waiver. The Secretary shall send a report on the evaluation to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substances Abuse Services by October 1, 2009. The report shall include data gathered from all participating LMEs since the beginning of the pilot.

(4) The waiver granted by the Secretary under this section shall be in effect until ~~October 1, 2010.~~October 1, 2012.

(5) The Secretary may grant a waiver under this section to up to ~~15~~20 LMEs.

(6) In no event shall the substitution of a licensed clinical social worker, masters level psychiatric nurse, or masters level certified clinical addictions specialist under a waiver granted under this section be construed as authorization to expand the scope of practice of the licensed clinical social worker, the masters level psychiatric nurse, or the masters level certified clinical addictions specialist.

(7) The Department shall assure that staff performing the duties are trained and privileged to perform the functions identified in the waiver. The Department shall involve stakeholders including, but not limited to, the North Carolina Psychiatric Association, The North Carolina Nurses Association, National Association of Social Workers, The North Carolina Substance Abuse Professional Certification Board, North Carolina Psychological Association, The North Carolina Society for Clinical Social Work, and the North Carolina Medical Society in developing required staff competencies.

(8) The LME shall assure that a physician is available at all times to provide backup support to include telephone consultation and face-to-face evaluation, if necessary.

"**SECTION 2.** This act becomes effective July 1, 2003, and expires ~~October 1, 2010.~~October 1, 2012."

SECTION 2. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall expand its standardized certification training program to include refresher training for all certified providers and shall report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on the participation rate of licensed clinical social worker, the master's level psychiatric nurse, or the master's level certified clinical addictions specialist in the pilot

program and whether the program should include other licensed or certified health care professionals.

SECTION 3. This act is effective when it becomes law.

SENATE BILL 1309:
Extend and Expand First Commit Pilot

2009-2010 General Assembly

Committee:	House Mental Health Reform, if favorable, Appropriations	**Date:**	June 8, 2010
Introduced by:	Sen. Nesbitt	**Prepared by:**	Shawn Parker
Analysis of:	Second Edition		Legislative Analyst

SUMMARY: ***Senate Bill 1309 would extend the First Commitment Pilot Program until October 1, 2012 and would authorize the Secretary to expand program to up to 20 LMEs.***

[As introduced, this bill was identical to H1797, as introduced by Reps. Insko, England, Farmer-Butterfield, Brisson, which is currently in House Mental Health Reform, if favorable, Appropriations.]

CURRENT LAW: - *The process for inpatient involuntary commitment requires a number of steps:*

Anyone who has knowledge of an individual who is mentally ill and either (i) dangerous to self, as defined in G.S. 122C-3(11)a., or dangerous to others, as defined in G.S. 122C-3(11)b., or (ii) in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness, may appear before a magistrate or clerk and execute an Affidavit and Petition for Involuntary Commitment.

If the magistrate or clerk finds reasonable grounds to believe the facts alleged in the affidavit, the magistrate or clerk must issue and order for law enforcement* to take the respondent (person who is the subject to the petition) into custody for an examination by a *physician or eligible psychologist.* [1] This is the first examination in the commitment process.

The first examination must occur within 24 hours after the respondent is presented for examination.[2]

Under the "First Commitment Pilot Program" the Secretary is authorized to approve LME requests to substitute appropriately trained *licensed clinical social workers, masters level psychiatric nurses*, or *masters level certified clinical addictions specialists* to conduct first-level examinations.[3]

Currently 15 LMEs utilize the program which will expire October 1, 2010.

BILL ANALYSIS:

Section 1: extends the sunset on the First Commitment Pilot Program until October 1, 2012 and authorizes the Secretary to expand the program to up to 20 local management entities.

Section 2: directs the Division of MH/DD/SAS to expand its training requirements to include refresher training. The section further directs the Division to evaluate the participation rate of eligible examiners and report to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services.

EFFECTIVE DATE: This act is effective when it becomes law.

BACKGROUND: This is a recommendation of the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services.

S1309-SMSQ-154(e2) v1

[1] G.S. 122C-261
[2] G.S. 122C-263(c)
[3] SL 2003-178, as amended by SL 2006-66, SL 2007-50, and SL 2009-304

Earle

2009 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Brisson, Earle (Chairs) for the Committee on MENTAL HEALTH REFORM.

☒Committee Substitute for

SB 1309 A BILL TO BE ENTITLED AN ACT TO AUTHORIZE THE SECRETARY OF HEALTH AND HUMAN SERVICES TO WAIVE TEMPORARILY CERTAIN REQUIREMENTS OF THE MENTAL HEALTH COMMITMENT STATUTES FOR PARTICIPANTS IN THE FIRST EVALUATION PILOT PROGRAM AND TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY CERTAIN ISSUES RELATING TO THE PROGRAM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

VISITOR REGISTRATION SHEET

Mental Health Reform - 6/9/10

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Christina Carter	DMHDDSAS
Mark O'Donnell	DMHDDSAS
Leya Wannamaker	DHHS-DMH/DD/SAS
M. Wilton	DHHS
Robin Huffman	NC Psychiatric Assoc
Amy Whited	NC Medical Society
W. Gardner Culpepper	NCNA
Colleen Kochanek	Kochanek Law Group
Tom Meece	Meece Consulting
Andrew Cagle	DLC + Assoc.
Martha Brock	NC mental Hope

VISITOR REGISTRATION SHEET

Mental Health — 6/9/10

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
	MHM
Ashley Perkinson	Perkinson Law Firm
	Rex Hospital
Katie Bolan	Rex Hospital
Martha W Lowrance	YAIO / DOA
	A. Clark & Assoc.
	MHM Services Inc.
Julia Adams	The Arc of NC ASNC
Anna-Marshall Gruss	Capstrat
Pat Porter	General Assembly Staff
Larry Penkava	The Randolph Guide, Asheboro
Rachel Faultersack	DRK

VISITOR REGISTRATION SHEET

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
[illegible] Trone	NCACC
Erica Kelton	NCCCP
Merab Faulkner	DRNC
[illegible]	[illegible]
Fred Waddle	Easter Seals UCP
Annaliese Dolph	DRNC
Louise Fisher	Volunteer Adv. for M.I.
[illegible]	NCPA

1

1,600

~~269~~

429

\$450.00

Mental Health Reform
2009-2010 SESSION

Representative
Beverly Earle
Chair

Representative
William Brisson
Chair

Representative
Martha Alexander
Vice Chair

Representative
Jeff Barnhart
Vice Chair

Representative
Curtis Blackwood

Representative
Van Braxton

Representative
James Crawford

Representative
Bob England, M.D.

Representative
Rick Glazier

Representative
Pat Hurley

Representative
Verla Insko

Representative
Carolyn Justus

Representative
James Langdon

Representative
William "Bill" McGee

Representative Marion
McLawhorn

Representative
Earline Parmon

Representative
Shirley Randleman

Representative
Laura Wiley

Representative
Wil Neumann

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Mental Health Reform

House Standing Committee

Details

- Meets Wednesdays at 2:00 pm in 424 LOB
- Bills in Committee: H453, H640, H656, H933, H1188, H1795, H1797, H1799, H1885, H1886, H1890, H1891, S794, S1304, S1307, S1319
- Meeting notices via email

Members

Chairman	Rep. Brisson
Chairman	Rep. Earle
Vice Chairman	Rep. M. Alexander
Vice Chairman	Rep. Barnhart
Members	Rep. Blackwood, Rep. Braxton, Rep. Burris-Floyd, Rep. Crawford, Rep. England, Rep. Farmer-Butterfield, Rep. Glazier, Rep. Hurley, Rep. Insko, Rep. Justus, Rep. Langdon, Rep. McGee, Rep. McLawhorn, Rep. Neumann, Rep. Parmon, Rep. Randleman, Rep. Wiley

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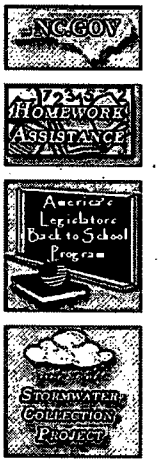


Mental Health Reform

2009-2010 Legislative Session

Members List

Member	Legislative Assistant	Phone	Room
Rep. Beverly Earle, Chair	Ann Raeford	5-2530	634
Rep. William Brisson, Chair	Caroline Stirling	3-5772	1325
Rep. Martha Alexander	Ann Faust	3-5807	2208
Rep. Jeff Barnhart	Pamela Ahlin	5-2009	608
Rep. Curtis Blackwood	Mizie Finke	3-2406	1317
Rep. Van Braxton	Ada Finch	5-3017	2219
Rep. Jim Crawford	Linda Winstead	3-5824	1326
Rep. Bob England	Lisa Brown	3-5749	303
Rep. Rick Glazier	Carin Savel	3-5601	2215
Rep. Pat Hurley	Marilyn Holder	3-5865	607
Rep. Verla Insko	Gina Insko	3-7208	307B1
Rep. Carolyn Justus	Jo Hinton	3-5956	1023
Rep. James Langdon	Jackson Stancil	3-5849	610
Rep. William "Bill" McGee	Jayne Nelson	3-5747	531
Rep. Marion McLawhorn	Susan Burleson	3-5757	1217
Rep. Wil Neumann	Brenda Oils	3-5868	510
Rep. Earline Parmon	Pat Christmas	3-5829	541
Rep. Shirley Randleman	Ellen Picket	3-5935	1025
Rep. Laura Wiley	Edna Pearce	3-5877	513

Staff

Shawn Parker
Legislative Analyst-Research Division
919.733.2578 shawnp@ncleg.net

Barbara Riley
Legislative Analyst-Research Division
919.733.2578 barbarar@ncleg.net

Susan Barham
Legislative Analyst-Research Division
919.733.2578 susanb@ncleg.net

MENTAL HEALTH REFORM
2010 SHORT SESSION
ATTENDANCE REPORT

DATES	05/26/10														
Rep. Beverly Earle , Co-Chair	X														
Rep. William Brisson, Co-Chair	X														
Rep. Martha Alexander, Vice-Chair															
Rep. Jeff Barnhart, Vice-Chair	X														
Rep. Curtis Blackwood	X														
Rep. R.Van Braxton	E														
Rep. Pearl Burris-Floyd															
Rep. Jean Butterfield	X														
Rep. Jim Crawford															
Rep. Bob England	X														
Rep. Rick Glazier															
Rep. Pat Hurley	X														
Rep. Verla Insko	X														
Rep. Carolyn Justus	X														
Rep. James Langdon															
Rep. William "Bill" McGee															
Rep. Marion McLawhorn	X														
Rep. Wil Neumann	X														
Rep. Earline Parmon	X														
Rep. Shirley Randleman	X														
Rep. Laura Wiley	X														
STAFF															
Shawn Parker	X														
Barbara Riley	X														
Susan Barham	X														
Rep. Van Braxton excused due to death in his family - on 5/26 mtg.															

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, May 26, 2010
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS: Discussions only.

Respectfully,
Representative Brisson, Chair
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **14** o'clock on **May 21, 2010**.

☐ Principal Clerk
☐ Reading Clerk – House Chamber

Caroline Stirling (Committee Assistant)

MENTAL HEALTH REFORM

AGENDA

May 26, 2010
Legislative Office Building
Room 424
2:00 pm

Committee Chairs: Representative William Brisson
Representative Beverly Earle

Opening Remarks: Representative William Brisson

Agenda:

Update and information on PCS/Home Care Services and Medicaid Fraud presented by Secretary Cansler, of DHHS
MH initiative including CABHA by Mike Watson, Assistant Director for DHHS

Closing Remarks: Representative William Brisson

MINUTES

MENTAL HEALTH REFORM
COMMITTEE MEETING

MAY 26, 2010
ROOM 424, LEGISLATIVE OFFICE BUILDING
2:00 PM

The Committee on Mental Health Reform met on Wednesday, May 26, 2010 in Room 424 of the Legislative Office Building. Members of the committee that were present were Co-Chairs Representatives William Brisson and Beverly Earle, Vice Chair Representative Jeff Barnhart, Representatives Curtis Blackwood, Jean Butterfield, Bob England, Pat Hurley, Verla Insko, Carolyn Justus, Marion McLawhorn, Wil Neumann, Earlene Parmon, Shirley Randleman, and Laura Wiley. Representative Van Braxton was excused due to a death in his family.

Shawn Parker, Barbara Riley and Susan Barham provide staff support to the meeting. Attached is the Visitor Registration Sheet that is made part of the minutes. (See attachment #1)

The meeting was chaired by Co-Chair Representative William Brisson and was called to order at 2:05 pm. Representative Brisson thanked everyone for attending the first committee meeting of the 2010 short session.

He introduced Secretary Cansler from DHHS and asked him to give a brief update and information on PCS/Home Care Services and Medicaid Fraud. The Secretary started off talking about the upcoming budget negotiations and how it was going to affect PCS/Home Care Service and Medicaid. He gave a brief overview of this department and spoke on Lisa Wainwright retirement and looking for her replacement. Rep. Brisson asked if there were any question for Secretary Cansler. Representative Brisson thanked the Secretary for taking the time to come and talk to the committee.

Representative Brisson then introduced Mike Watson, Deputy Secretary of HHS. Mr. Watson gave a brief overview on the Mental Health initiative including CABHA. (See handout #2) Questions were asked and we ran out of time and the meeting was adjourned at 2:55pm.

Representative William Brisson: _____, August 1, 2010

Co-Committee Assistant: _____, August 1, 2010

Attachment #1

HOUSE PAGES

NAME OF COMMITTEE Mental Health Reform DATE 3/26/10

1. Name: Shanita Dilly-Goings
   County: Nash
   Sponsor: Joe Hackney
2. Name: Victoria Pait
   County: Bladen
   Sponsor: William Brisson
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

SGT-AT-ARM

1. Name: Tom Wilder
2. Name: Ken Burroughs
3. Name: _____
4. Name: _____

#1 of 5.

VISITOR REGISTRATION SHEET

Mental Health Reform — May 26, 2010

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jim Jarrard	DMH/DD/SAS
Inga Wasmuth	" "
Tom Meece	Meece Consulting
Leslie Brogan Cox	Capstrat
M. Watkins	DHHS
Jeffery Ruffin	CMG NOVA
Fred Aikens	The Aikens Group LLC
Harold Tyson	Resourceful Solutions II Behavioral Health Agency
Stephanie Tyson	" " " "
Andrew Meehan	Capstrat
Anna-Marshall Gauss	Capstrat

VISITOR REGISTRATION SHEET

May 26

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Michael Biesecker	N+O
Louise G. Fisher	Volunteer Advocate for Mentally Ill
Jessi Goodmon	DHHS
Holly Riddle	NC Council on DD
Karen Kincaid Dunn	Club Nova
Mary Slade	Club Nova
[signature]	DCC
Susie Peter	Threshold
[signature]	Threshold
[signature]	DHHS
[signature]	DHHS

VISITOR REGISTRATION SHEET

Name of Committee _____ Date _____

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Dave Peterson	Wake LME
Frank Edwards	WAKE - NAMI WAKE - CFAC
Renee McCoy	DHHS
Tracy Kimbrell	Parker Poe
Peggy Barnes	Sanford Bros
Kathy Smith	RHA
Mike Rhodes	RHA
Michelle Wilder-Baker	DAAS
John Dunn	Governor's Office
John Bowdish	Astra Zeneca
Erica Nelson	NC Council Comm. Prog.

VISITOR REGISTRATION SHEET

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jennifer McEwen	MHANC
Lou Wilson	NCALTCF
Annaliese Dolph	DRNC
Louisa Warren	NC Justice Center
Mary Bethel	AARP NC
Emily Welborne	Policy Group
Kay McLeod	CFSA-NC
	CFSA-NC
Stephanie Alexander	DHSR - MHLC
Sally Cameron	NC Psychological Assn

5.

VISITOR REGISTRATION SHEET

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Julia Adams	The Arc of NC
[illegible]	[illegible]
[illegible]	[illegible]
Andrew Cagle	DLC + Assoc.
[illegible]	NCPC

Attachment #2

Critical Access Behavioral Health Agency (CABHA) UPDATE

Michael Watson
Acting Deputy Secretary for Health Services
Department of Health & Human Services
May 26, 2010

GOALS:
CABHA IMPLEMENTATION

- To ensure that mental health and substance abuse services are delivered within a clinically sound provider organization with appropriate medical oversight.
- Move the system over time to a more comprehensive and coherent service delivery model
- Increase economies of scale and efficiencies in the service system
- Increase consumer/family/stakeholder confidence in our provider network

GOALS:
CABHA IMPLEMENTATION CONT'D

- Reduce clinical fragmentation—Reduction of "Stand Alone" service delivery
- Increase provider "1st Responder" capacity
- Embed case management in comprehensive clinical provider
- Insure that consumers have access to an array of appropriate clinical services
- Increase accountability within the MH/SA service system—monitor service and referral patterns
- Provide a competent clinical platform on which to implement best practice service models

Basic CABHA Service Requirements

- **Services that must be delivered within the CABHA structure:**
  - Community Support Team (CST), Intensive In-Home (IIH), Day Treatment (Effective July 1, 2010) **NOTE: CMS Approved CABHA as a Provider Qualification for the above services**
  - New Services: Case Management/Peer Support – Pending CMS Approval

CABHA Certification Requirements

- Must provide the **core** services of:
  - Comprehensive Clinical Assessment
  - Medication Management
  - Outpatient Therapy
- Must deliver at least two enhanced services
  - In the same location where it provides the three core services to create a continuum of care

CABHA Certification Requirements Cont'd

- Active National Accreditation of at least 3 years
- Medical Director
  - 100% FTE for providers serving more than 750 consumers – 60% billing
  - 50% FTE for providers serving less than 376 – 749 consumers – 60% billing
  - 8 hours per week – 0 – 375 consumers – no billing *
- Clinical Director 100% FTE
- Quality Management/Staff Training Director 100% FTE

* Represents additional effort to scale Medical Director requirements for smaller providers – Implementation Update #71

Note: All providers must provide core services regardless of their size/Medical Director requirements

CABHA Certification Overview

- Attestation letter w/documentation
- Desk reviews conducted by DMH/DD/SAS
  - DMA/DHSR Collaboration
- Verification conducted by LME
  - Findings submitted to DMH/DD/SAS
- Interviews conducted by
  - DMH/DD/SAS Staff
  - DMA Staff
  - LME Staff

Desk Review

- Independent reviewers determine complete or incomplete
  - If discrepancy between reviewers LME Team leader and/or designee will review and make determination
- In addition to the desk review DMH/DD/SAS contacts the following agencies to determine "good standing"
  - DMA
  - DMH/DD/SAS Accountability and Consumer Services
  - DHSR

Verification

- Purpose
  - Verifies the components of the Letter of Attestation
  - LME confirms evidence of a provider's compliance with CABHA policy prior to an interview being scheduled

Interview - Staffing

CABHA Regional Certification Team

- Must be peer to peer (age, disability, education)
- Two staff from DHHS
  - One from LME Systems Performance Team
  - One from DMA
  - At least one of the above will be licensed
- Two staff from LMEs within the region
  - At least one must be licensed
- Medical Director from an LME in the region

Interview

- LME Systems Performance staff will serve as the team leader and be responsible for:
  - Identify/notify DMA and LME staff that will participate on the review committee
  - Coordinate interview
  - Track activities related to interview
  - Document results of interview
  - Send provider of decision in writing

CABHA Attestation Letters

- As of May 24, 2010, 557+ attestation letters received
- Providers submitting attestation letters by April 1 will be considered for CABHA certification by July 1.
- Tracking system established for attestation letters (multiple resubmissions - 350)
- 557 providers have gone through desk review process
  - Providers notified of missing/deficient items
  - May resubmit as often as necessary to pass desk review

CABHA Attestation Letters

- 110 (20%) passed desk review and moved to "good standing" review
- 70 cleared for LME verification
- Providers completed verification: 34; passed: 26 (76%)
- Providers completed interview: 12: passed: 12 (100%)
- Certified CABHAs: 12

Common Reasons for Not Meeting Desk Review Criteria

- Provider does not provide core services
  - Medication management, clinical assessment, outpatient therapy
- Provider does not have 3 year national accreditation
- Provider does not have 2 enhanced services providing a continuum
- Unable to verify credentials of licensed staff
- Not in "good standing" with DHHS
  - Outstanding paybacks, unresolved Type A licensure violations, etc.

DHHS Requests to CMS

- CMS has already approved CABHA requirements for Intensive In-Home, Day Treatment, and Community Support Team.
- Pending CMS request regarding CABHA and Case Management/Peer Support
- DHHS has requested CMS consider:
  - Begin CABHA implementation July 1, but allow 6 month transition period for existing providers, from July 1 to December 31, 2010
  - Permit CABHA agencies to subcontract with other providers for CABHA services
- No formal response yet from CMS

CABHA Monitoring

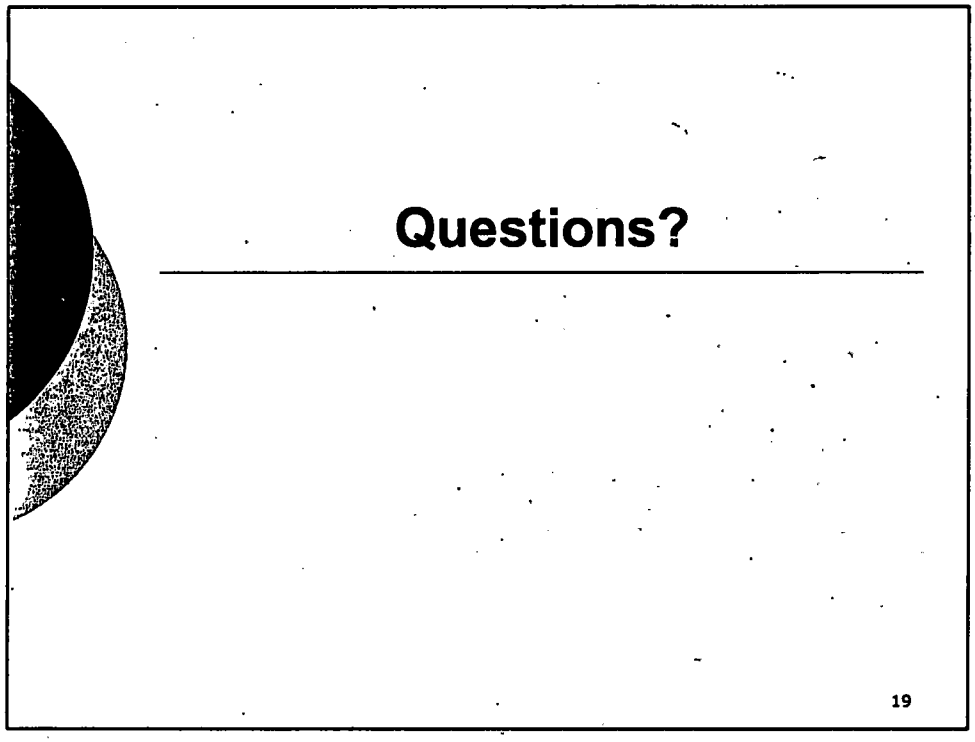
- Monitoring Goals
  - Quality Services
  - Implementation of Best Practice Care
  - Access
  - Choice
  - Referral to Appropriate Services
  - Primary Care Integration
  - Post-Discharge Continuity of Care
  - 1st Responder Capacity

CABHA Monitoring Cont'd

- CABHA Monitoring Workgroup
  - Consumers
  - DHHS Staff
  - LME Representatives
  - Providers
- Monitoring Work Plan
  - Review CABHA Policy & Procedures
  - Review Current Provider Monitoring Efforts
  - Develop Standardized CABHA Report Card

CABHA Monitoring Cont'd

- Monitoring Tools
  - Paid Claims Data (e.g. referral patterns, service utilization)
  - Consumer/Family Complaints
  - Consumer Satisfaction Data
  - NC Treatment Outcome and Program Performance System (NC-TOPPS) data
  - LME Provider Risk Assessment & Monitoring
  - Service Endorsement Results
  - Review of High Cost/High Risk Consumers
  - 1st Responder Survey Data
  - DMA Program Integrity Data
  - Tracking of ED Use and Post-Discharge Follow Up


Questions?
19

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2009-2010 SESSION

You are hereby notified that the Committee on **Mental Health Reform** will meet as follows:

DAY & DATE: Wednesday, June 9, 2010
TIME: 2:00 pm
LOCATION: 424 LOB
COMMENTS:

The following bills will be considered: TBA

Respectfully,
Representative Earle, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **16** o'clock on **June 07, 2009**.

☐ Principal Clerk
☐ Reading Clerk – House Chamber

Ann Raeford (Co-Committee Assistant)