

North Carolina Mental Health Planning and Advisory Council (NCMHPAC)

Meeting Minutes | Friday, October 3, 2025, 10:00 AM – 3:00 PM

Present: Peg Morrison, Maryann Dantone, Jeffrey Mcloud, Stacey Harward, Susan Hertz, Diane Krisanda, Marcia Gibson, Pachovia Lovett, Nina Leger, Trinitee Smith, Stacy Morgan, Tracy Boggiano, June Freeman

DMHDDSUS Staff: Stacey Harward, Crystal Dorsey, Ann Marie Webb, Jennifer Meade, Lisa Jackson

Mission: To make recommendations on the State Behavioral Health Plan(s) for services & programs for children & adults with serious mental health needs & their families.

Vision: A mental health system that works for everyone

	Agenda Item/Presenter Discussion	MHBG Plan Relevance Resources/Data Sources/Indicators	Action
1.	Welcome / Approval Minutes Peg Morrison, Chair	<ul style="list-style-type: none"> • Approval of Agenda & Minutes • Motion made to approve August meeting minutes: <ul style="list-style-type: none"> ○ 1st motion made by Diane Krisanda ○ 2nd motion made by Susan Hertz & Maryann Dantone. 	Minutes approved Meeting materials will be posted on MHBG web page
2.	Public Comment	<ul style="list-style-type: none"> • Concerns expressed about transparency and participation restrictions. <ul style="list-style-type: none"> ○ Clarification provided: committee invites are for members/presenters; public registers via agenda link. Meeting confirmed as public, schedule and links available online. • Comment from participant who serves on multiple boards where mental health frequently emerges as a key topic. She is eager to be involved in discussions regarding mental health funding. Ongoing concerns include funding availability and community stress. 	
	Open Discussion MHPAC Council	<ul style="list-style-type: none"> • Council discussed House Bill 307, created in response to a violent incident involving a Ukrainian refugee with mental illness. The emphasis is on supporting 	

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		<p>individuals with mental illness rather than criminalizing them.</p>	
<p>3.</p>	<p>DMH/DD/SUS Update</p>	<ul style="list-style-type: none"> • Kelly Crosbie, Division Director, introduced herself and shared her lived experience with mental health. She emphasized that the North Carolina Department of Health & Human Services remains committed to humane treatment and respecting individual choice, while acknowledging the need for more resources and advocating for recovery-based approaches. • Federal Mental Health and Substance Use funding, including block grants, remains stable despite recent government shutdowns, with no cuts to programs or staff. • First Episode Psychosis (FEP) programs are currently underutilized, with many sites serving fewer than the target of 45 clients. Efforts are focused on increasing family involvement and raising awareness about these programs. • The Department is expanding peer support services, aiming to have six peer respite centers by year-end, enhancing the peer warm line with chat, text, and Spanish language options, and continuing eight co-responder programs despite funding challenges. • Regarding suicide prevention, the NC Suicide Prevention Action Plan prioritizes educating the public on how to discuss suicide. Programs are tailored to support marginalized communities, including LGBTIQ+ individuals, non-English speakers (primarily Latino), veterans, and people with serious mental illness involved in the justice system. 	<ul style="list-style-type: none"> • Strengthen Crisis Services Continue to expand and publicize crisis services, including 988, peer warm lines, and co-responder programs. • Suicide Prevention Data Sharing Share suicide prevention dashboard and data with the committee and public for targeted interventions.

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		<ul style="list-style-type: none"> • Workforce development initiatives include physician training, behavioral health scholarships, and internships to build capacity in the field. • DAC priority allocates \$8 million annually to re-entry services for individuals with felonies and serious mental illness, focusing on community reintegration and reducing recidivism. • Specialized services are funded for the deaf and hard of hearing, including interpreter training and trauma support, while the Voices Together program provides support for children with autism and challenges in emotional regulation. 	
4.	<p>Crisis Services-Clubhouse Model Tara Alley, MA, QMHP, Human Services Program Consultant II, Adult MH Team</p> <p>Robin Soderena BA, QMHP, CPRP, Human Services Program Consultant II, Adult MH Team</p>	<ul style="list-style-type: none"> • Provided background on the clubhouse model, including its definition, how it operates, the benefits it offers, and potential outcomes. • MHBG funds have supported training, membership dues for Clubhouse International, and ensuring sites maintain fidelity to the model. North Carolina plans to expand from the current 8 clubhouses by adding 7 to 10 new sites over the next five years. • Crisis response expansion includes 100 new facility-based crisis beds and 12 new urgent care centers by year-end, with an emphasis on mobile crisis teams and telehealth services. • The Clubhouse Expansion plan involves collaborating with Clubhouse International to establish 7 to 10 new clubhouses statewide and modernize existing locations within five years. • Advise for Clubhouse funding: <ul style="list-style-type: none"> ○ Create Sustainable funding streams ○ Medicaid Service Definition for Clubhouse 	<ul style="list-style-type: none"> • Advise for Clubhouse Funding Continue advising for sustainable funding streams and Medicaid service definitions for clubhouses.

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		<ul style="list-style-type: none"> ○ DHHS- lead robust education and referral system among agencies and programs 	
5.	<p>Involuntary Commitment (IVC) Tanya D. Thacker, BA/QP Program Lead for IVC</p>	<ul style="list-style-type: none"> ● Provided a high-level overview of North Carolina’s Involuntary Commitment (IVC) laws. ● Explained the steps involved in the IVC process, whether initiated by the Magistrate’s Office, a clinician, or through an emergency petition. ● Discussed the examinations conducted and how they determine whether outpatient or inpatient commitment is appropriate. ● Clarified that the “72-hour hold” applies only to individuals who commit themselves voluntarily and does not apply to IVC cases. ● Introduced the First Health Screening prior to IVC, which includes a medical evaluation to rule out medical causes, especially when an individual is non-verbal. 	
6.	<p>Peer Support Curricular/MHBG Funding Ann Marie Webb, Peer Support Program Manager, Team Lead</p>	<ul style="list-style-type: none"> ● Provided an overview of the North Carolina Certified Peer Support Program, explaining the role of Peer Support Specialists (PSS) as individuals in recovery who use their lived experience to assist others on their recovery journey. Highlighted that PSS do not perform clinical tasks. Outcomes of working with PSS include reduced suicide rates and lower recidivism. ● Noted that there are over 5,700 Certified Peer Support Specialists in North Carolina, with an average age range of 25 to 45 years. ● Explained that data is collected during certification and recertification processes. ● Future initiatives include developing PSS training curriculums tailored for individuals with Intellectual and 	

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		Developmental Disabilities (IDD) and Traumatic Brain Injury (TBI) by June 2026 and launching a Peer Support Supervisor Training by fall 2026.	
7.	Chair Report Out / Round Robin	<ul style="list-style-type: none"> • Chair Report: <ul style="list-style-type: none"> ○ Described the meeting as “meaty” and engaging. Jeff raised a concern that the current name, MHBG Planning & Advisory Council, might be too limiting since it suggests the group focuses only on Block Grant funding and related issues. The group expressed interest in changing the name to MH PAC. • Round Robin Updates: <ul style="list-style-type: none"> ○ Jeff: Requested that the by-laws requiring a minimum of 8 members to be consumers or family members—and that 51% of the membership must be consumers and/or family members—be discussed at the next meeting. ○ Nina: Shared that she will be going on leave but noted the upcoming NAMI Conference in early November in Greensboro. ○ Diane: Reported that NAMI South Mountain is in talks with Gardner-Webb University to establish a NAMI chapter at Campus Club College. ○ Stacy: Announced that the Mental Health Transformation Alliance acquired the Fred Love Executive Leadership Family Run National Supervisory Training for Family Peer Support Agencies. A resource manual is available on her website: MH-TA.com. 	<ul style="list-style-type: none"> • The By-laws Ad Hoc Committee will work on changing the committee’s name and clarifying membership requirements. They aim to ensure that individuals with lived experience constitute the majority of the council. Specifically, the council must include at least 8 members who are consumers or family members, with these groups making up at least 51% of the total membership. Proposed changes will be presented at the December meeting.

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		<ul style="list-style-type: none"> ○ Pachovia: Collaborating with the Department to advance school-based Medicaid reimbursement and improve structured reimbursement processes. ○ Non-Member: Regional Manager for Tobacco Prevention & Control across eight counties, she shared information about an upcoming youth contest for middle school, high school, and college students focused on tobacco and vaping prevention education. ○ Andrew: Represents Healing Breaths and provides training in stress reduction, meditation, and breathing techniques. ○ Heather: Provided updates on the progress of launching a new Child & Specialty Plan aimed at serving children in foster care and young adults aged 18 to 26 who have left care but remain eligible. 	
	Adjourn	<ul style="list-style-type: none"> • Meeting adjourned at 3:00pm 	

2025-2026 Meeting Dates

December 5, 2025		
February 6, 2026	April 3, 2026	June 5, 2026
August 7, 2026	October 2, 2026	December 4, 2026