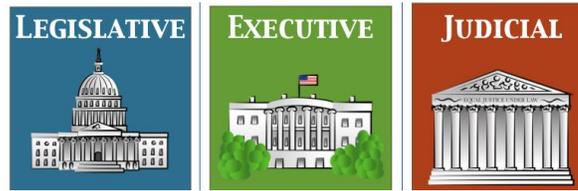




Short Session of the North Carolina General Assembly 2016

Legislative Summary

North Carolina 2016 Legislative Short Session Summary



The North Carolina General Assembly (NCGA) regular short session officially convened on Monday, April 25, 2016, although lawmakers had met several times during months prior. The NCGA convened in February 2016 for the first of two extra sessions to discuss redistricting. The second extra session covered the widely controversial H.B. 2, the [Public Facilities Privacy & Security Act](#), to which the MHA of Central Carolinas Board of Directors approved a [statement opposing the bill](#). The primary goal for 2016 was to fine-tune the second year of NC's state budget. The NC legislature passes a two-year balanced budget in odd-numbered years during the "long session." The primary focus of the even-year "short session" is to solidify the second year of the budget.

In stark contrast to the lengthy session last year, the NC state legislature quickly worked through the 2016 session and adjourned on July 1. During the session, lawmakers passed a \$22.3b overall budget, submitted North Carolinas' Medicaid Reform plan (Section 1115 demonstration) application to the federal Centers for Medicare & Medicaid Services (CMS), and Governor McCrory's Task Force on Mental Health and Substance Use presented its recommendations (<https://www.ncdhhs.gov/about/department-initiatives/task-force-mental-health-substance-use>).

In April, Governor Pat McCrory introduced his \$22.3b budget, which largely maintained status-quo but did represent a modest spending increase of 2.8 percent, which is below last year's increase of 3.1 percent and below the rate of population plus inflation. McCrory's budget included a proposed investment of \$30m to support programs recommended by the Governor's Task Force on Mental Health and Substance Use. It also included \$20m in Mental Health Investments through the Dorothea Dix Trust Fund. After quick negotiations between the House and Senate budgets, a compromise was reached and the Governor signed the final budget proposal on Thursday, July 14.

In addition to the work at the NCGA, Department of Health and Human Services (DHHS) submitted their Medicaid Reform waiver to CMS on June 1, but not before opening up a public open comment period, to which MHAs in NC collectively responded. [Visit the MHA website to view the comments here](#).

Overall, the rapid 2016 short session lived up to legislators' promises of a swift budget negotiation. Although several health bills were introduced, few passed either as stand-alone bills or in the larger budget bill. On page 5 is a sampling of the most significant pieces of mental health legislation that were introduced.

ADVOCACY & EDUCATION

Since 1933, Mental Health America of Central Carolinas (MHA) has promoted mental wellness through advocacy, prevention, and education. ***As the state's oldest and largest MHA affiliate, we are leading the state in recreating a statewide network for mental health advocacy and stigma reducing education.*** From joining statewide coalitions to better represent the consumer voice, to hosting an annual legislative breakfast in hopes of reducing stigma and promoting understanding of mental illnesses and resources, MHA diligently promotes our mission to advocate for mental wellness.

MHA of Central Carolinas is proud of where we are today – as a local consumer-focused network for advocacy and education, and as a statewide catalyst for change as a lead member of the NC MHA Collaborative. MHA, locally and around the state, has become well-respected and well-known for its effective and dedicated mental health advocacy and education.

MHA's advocacy and education efforts for the past fiscal year include:

- ✚ MHA continued policy work through our Advocacy and Public Policy Committee during the 2016 session. The Committee approved the MHA Legislative Agenda for 2016, which echoed the two-tier strategy for the 2015 legislative session, with some minor adjustments. The first tier consists of issues that MHA actively supports and has position statements behind. The second tier consists of issues that: one, MHA remains neutral on, but tracks the progress of relevant legislation; and/or two, MHA takes action on through collaboration with other groups and coalitions that share legislative issue goals that coincide with MHA's mission statement.
 - Tier One: Priority Issues
 - ❖ Access to Care—MHA supports legislation to increase access to a broad scope of medically appropriate, evidence-based behavioral health services in full parity with other conditions for all individuals and families.
 - Prevention—MHA supports legislation to improve the healthy development of all individuals and prevent the onset of mental health and substance use conditions.
 - Early Identification—MHA supports legislation that would invest in the early identification of mental health illnesses and promote mental health screening.
 - Integrated Care—MHA supports legislation to promote integration of care to involve the entire medical community and include the full continuum of mental health care services. Providers on both sides of the mental and general health care interface should receive full and timely information and should follow evidence-based protocols in order to identify and treat the whole person.
 - Recovery—MHA supports incorporating principles of recovery-based care into day-to-day activities and goals of local, state and federal mental health departments and agencies.
 - Tier Two: Subordinate Issues
 - ❖ Medicaid Reform
 - Medicaid Expansion
 - ❖ Mental Illness in the Prison System
 - ❖ State Mental Health Funding
 - ❖ Multicultural Issues
 - Unaccompanied minors access to mental health services
 - Mental Health Screenings for Refugees (how to get providers to administer)
 - Interpretation Services (Title VI—Providing Meaningful Access to Individuals Who are Limited English Proficient to Federally Assisted and Federally Conducted Programs and Activities—translation services are not covered by Medicaid)
 - Refugee Rights Under the ACA
 - Medicaid Lag Time for Refugees

The Tier One priority of “Access to Care” and its four components directly echo MHA National’s [#B4Stage4](#) campaign. “When we think about cancer, heart disease, or diabetes, we don’t wait years to treat them. We start way before Stage 4. We begin with prevention.” MHA works for prevention for all; for early identification and intervention for those at risk; for integrated health, behavioral health, and other services for those who need them; and for recovery as a goal.

- Together with MHA of the South Mountains, MHA of Central Carolinas hosted a Legislative Breakfast at Duke Mansion on April 1, 2016, which was attended by 43 policy makers, key community leaders and stakeholders. This year’s topic was “Mental Health in North Carolina Jails and Prisons: Challenges and Solutions,” which dovetailed with the topic of the 28th Annual Legislative Breakfast on Mental Health in Chapel Hill on March 19. MHA’s breakfast featured John Santopietro, MD, FAPA, Chief Clinical Officer, Behavioral Health at Carolinas HealthCare System, as the keynote speaker. Dr. Santopietro addressed the importance of prevention efforts regarding mental health, addressing the issue of treatment in NC jails and prisons, and recommendations from the Governor’s Task Force on Mental Health and Substance Use —of which Dr. Santopietro is a member.

Audience members then engaged in a “speed networking” format for the remainder of the program. Eight “table captains” who brought expertise from varying aspects on the topic of addressing mental health in the jails and prisons, rotated through the tables, delivering short 5-7 minute presentations. Participants were able to ask questions and start a dialogue with each speaker. Table captains each submitted fact sheets with information for participants to take with them. [Click here](#) to view the fact sheets on the MHA website.

- MHA continued to promote and grow our grassroots network, AIMWell (Advocate and Inform for Mental Wellness), which is comprised of 669 individuals (as of August 2016) who have self-identified as being interested in MHA advocacy and willing to take action on legislation as well as share their stories with NC elected officials. AIMWell members also receive all calls-to-action on the Federal *and* State levels, and are given early notification of any upcoming Advocacy 101 or Advocacy 201 trainings. MHA also shares the Legislative Updates with all of the MHA affiliates in NC to disseminate to their networks, reaching over 1,000 constituents.



MHA provided an Advocacy 201 Training (8 hours), reaching a total of eleven individuals receiving mental health services, their family members, and Certified Peer Support Specialists. Through this training—and in collaboration with Promise Resource Network (PRN), a local agency that focuses on recovery education and support—MHA encourages citizen engagement in the legislative process and teaches self-advocacy skills. 100% of participants reported increased knowledge about advocacy from baseline, and 100% reported they would take action with policy makers as a result of the training. Another training is scheduled for September 14, 2016. [To learn more and register, please visit the MHA website.](#)

- MHA also delivered three Advocacy 101 trainings, reaching a total of 60 people including community members, parents of middle-school-aged youth, and UNCC School of Social Work students. These trainings are one to two hours and focus on current and projected mental health legislation in NC, as well as how to contact elected officials. 90% of participants reported increased knowledge about advocacy from baseline, and 60% reported they would take action with policy makers as a result of the training, with several qualifying that they were already comfortable contacting their elected officials.
- MHA continues to serve on our national affiliate’s Regional Policy Council (RPC). Through the Council, MHA disseminates knowledge of federal legislation to 8 states in the southeast and serves as a “clearinghouse” for affiliates to share information on policy issues affecting the entire region. Also through this Council, MHA has provided input to our national affiliate on federal mental health overhaul bills. [H.R. 2646](#), The Helping Families in Mental Health Crisis Act of 2015, passed the House on July 6. Next, the Senate must also act to pass [S. 2680](#), The Mental Health Reform Act of 2016. If S. 2680 passes, the House and the Senate can work together to combine both mental health reform bills. Then both chambers will vote again before it goes on to the President’s desk,

where it will finally be signed into law. If this legislation passes, it will affect North Carolinians who receive mental health services.

Also through MHA National's RPC, MHA hosted one of four RPC meetings held in Indianapolis, IN on July 27-28. MHA Affiliates and stakeholders were invited to hear from a variety of speakers including Kevin Moore, *Director*, Indiana's Division of Mental Health and Addiction (DMHA), and John Wernert, M.D., *Secretary*, Indiana's Family & Social Services Administration (FSSA). The theme of the meeting was "Economics of State-Funded Mental Health: Penny Wise or Pound Foolish?" and covered topics including mental healthcare economics, access to care in the judicial system, value-based healthcare, and Indiana's Healthy Indiana Plan (HIP 1.0 and 2.0).

Several webinars are currently being planned for the months of September through December including a session on suicide prevention, as well as a webinar recapping highlights from all four RPC meetings. Stay tuned for details!

Summary of Enacted/Not-Enacted Bills

The following public law provisions were enacted during the 2016 session with effective dates of July 1, 2016 through January 1, 2017. Please note: This is not a comprehensive list. For additional assistance please contact a member of the Legislative Library staff at (919) 733-9390. For a complete list of bills passed during the most recent session, visit the North Carolina General Assembly website for bill look up by text, number or sponsor.

Bill Id	Sponsor	Title	Recent Action Date	Action	Stage
SB 734/HB 1000	Pate	Statewide Standing Order/Opioid Antagonist.	6/20/2016 0:00	Ch. SL 2016-17-- ENACTED	Treatment
SB 788/HB 987	Randleman/Hurley	Study/Opioid Abuse and Incapacity to Proceed.	5/2/2016 0:00	Partially Enacted in the Budget	Treatment
HB 1001/ SB 735	Avila/Pate	Appropriate Funds/Dementia Caregiver Programs.	4/28/2016 0:00	Not Enacted	Treatment
HB 983	Alexander	Legalize & Tax Medical Marijuana.	4/28/2016 0:00	Not Enacted	Treatment
HB 999/SB 736	Avila/Pate	Study Suicide Prevention.	4/28/2016 0:00	Not Enacted	Prevention/Early Identification (1,2)
HB 968	Dollar	Medicaid Transformation Reporting.	4/27/2016 0:00	Not Enacted	Treatment
SB 731	Smith	Restore Funding to Drug Court.	4/26/2016 0:00	Partially enacted in the budget	Early Identification/ Treatment
SB 371	Hartsell	LME/MCO Claims Reporting/ Mental Health Amends.	7/1/2016 0:00	Not Enacted	Treatment

BUDGET SUMMARY

For more detailed budget information, please visit the North Carolina General Assembly website and search for [House Bill 1030 / S.L. 2016-94](#).



- + Governor's Task Force Reserve Fund –The initial recommendation from the Task Force was \$30m to address several areas of need. The final budget allocates \$10m recurring funds and \$10m non-recurring funds.
 - The priority areas included are:
 - Case management for children, adolescents and adults;
 - More access to treatment of opioid use disorders;
 - Implementation of the North Carolina prescription drug abuse strategic plan;
 - Diversion from criminal justice for those with mental illness and substance use disorders; and
 - Appropriate, affordable, and supportive housing.
- + Single Stream Funding—Provides a partial restoration (\$30m) for the current year from the \$110m cut last year and \$152m cut this year, so this is a small percentage of the cut. This funding allows for up to \$30m next year if there is a surplus in the Medicaid budget. Both of these are non-recurring.
- + Wright School—The final budget maintains funding for the Wright School, which was eliminated in the Senate budget.
- + Dorothea Dix Property Sales—Appropriates \$18M from the sale of Dorothea Dix Hospital property to pay for new psychiatric units or facility-based crisis centers in rural areas. Also, appropriates \$2m in funds to create crisis treatment and prevention services for children and adolescents. This money will come from the Dorothea Dix Hospital Property Fund in FY 2016-17 and goes to DHHS to award grants on competitive basis to create two new facility-based crisis centers.
- + Sets out a “Strategic Plan for Improvement of Behavioral Health Services”
 - Orders DHHS to devise state plan by Jan 2018 including:
 - identifying the Division that will lead the planning process;
 - insuring that all contractors (LMEs/MCOs) have goals and measurable outcomes;
 - defining appropriate cash balances and performance measures for LME/MCOs.
 - The joint legislative oversight committee will oversee this planning process.
- + Competitive Grants/ Non-Profits—Adds language to require that the disbursement of DHHS grants awarded to statewide non-profits be initiated "no later than 30 days after the certification of the State budget for the respective fiscal year." Some grants had taken a long time to disburse.
- + Controlled Substances Reporting—With the surge in opioid addiction, a total of \$1.6m has been allocated to upgrade the data base and develop software for improving reporting from pharmacies. When pharmacies obtain or renew their licenses, they must demonstrate that they are registered in the reporting system

SOURCES (For more information, please visit these sites)

- ✚ MHA of Central Carolinas, www.mhacentralcarolinas.org
- ✚ North Carolina General Assembly website, <http://ncleg.net>
- ✚ NC Department of Health & Human Services (NC DHHS) website, www.ncdhhs.gov
- ✚ Governor's website, <http://www.governor.state.nc.us>
- ✚ Mental Health America National website, <http://www.mentalhealthamerica.net/>
- ✚ NC Policy Watch website, <http://www.ncpolicywatch.org>
- ✚ NC Psychiatric Association, <http://www.ncpsychiatry.org/>
- ✚ NC Psychological Association, <https://ncpsychology.org/>
- ✚ The Coalition, <http://www.thecoalitionnc.org/>
- ✚ NC Child, <http://www.ncchild.org/>
- ✚ Disability Rights NC, <http://www.disabilityrightsncc.org>
- ✚ Autism Society of North Carolina, <http://autismsociety-nc.org/>
- ✚ News & Observer, <http://www.newsobserver.com>
- ✚ NC Health News, <http://www.northcarolinahealthnews.org/>
- ✚ The Charlotte Observer, <http://www.charlotteobserver.com/>
- ✚ WRAL, <http://www.wral.com/>

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