

SIM Taskforce Minutes

April 12, 2025

Attendees

Adam Johnson	Greg Berry
Aimee Izawa	Heather Skeens
Alexander McAuthur	Heather Sroka
Alexiz Malena	Illana Sheppard
Alicia	Jamie Melvin
Alicia Roberson	John Russell
Allison, Mews	Joshua Guy
Antonio	K Stewart
Bobbi Mattocks	Kelly Ross
Brittany Borders	Lars Paul
Bruce Griffin	Louis Leake
Charlton Robeson	Mario Hardy
Clint Williams	Matt Dempster
Cynthia P. Black	Michelle Ford
Daisie Thorne	Nicole Beckwith
Deanna Bragg	Nicole Ross
Delano Miller	Orlando Smith
Doris Small	Sanquis Graham
Doris Small	Shanna Bell
Dr. Jennifer Green	Shannon Drummond
Dr. Lesli D/South Light	Tamika Bryant
Eric Johnson	Tammy Frew
Florence Vasser	Tamra Morris



Welcome & Introductions (3:00 - 3:10 PM)

Introduction to the SIM Taskforce

Charlton Robeson Introduction of himself and NCHRC. Coordination of the SIM Taskforce and Meeting objectives.

Meeting objectives and ground rules

Sanquis Graham introduction and giving Eric Johnson with Alliance Health time to share about the standing Crisis Collaborative meeting.

Eric Johnson- Crisis Collaborative meeting every other month at 3 pm.

Defining Priority Objectives (3:10 – 4:00 PM)

Group discussion to identify top three priority objectives from each intercept

Charlton discusses prioritization of targets within Intercepts 0-5

Sanquis asks groups to complete registration forms to prioritize areas of need locally

- Is there anything we did not capture, what should we prioritize?
- Illana Sheppard shared prioritization in intercept 2: Alternative services
- Louis should we indicate in our preferred order
- Kevin Brooks- why wasn't this done earlier
- Charlton- This was indicated during the SIM Mapping Day
- Louis- Now we are slimming these items down from the mapping day
- Sanquis- ensuring we are not making executive decisions for the Taskforce; we need feedback so that everyone can be a part of the taskforce instead of making unilaterally decisions
- Charlton- people working in the intercept will have a nuanced perspective of the needs in each area.



Group sharing and documentation of priorities

- You will be grouped in your individual intercepts to work on each priority
- CIT training being a priority locally
- A facility based in-patient treatment as an example of things to advocate for
- Discourage people from working in silos or feeling as if they're working on an island
- Eric- agencies on multiple intercepts (0 and 5) it's important to have multiple staff in separate workgroups, it would be helpful.
- Orlando Smith informed about peer crisis respite run by peer support specialists to offset the lack of Mental Health beds and can respond. For people leery about in-patient settings as an area to fill needs of gaps.

Overview of Referral Process & Accessing Funds (4:00 – 4:10 PM)

Explanation of the referral pathway

- Greg Berry Cross systems collaboration and discussion of purpose of funds to deflect
- Examples of areas where assistance may be provided:
 - Classes with FTCC, FSU
 - Interview clothing, items to prep for interviews
 - Social Security card
 - Birth certificate
 - o Homeless ID
 - Relocation to another city closer to family
 - Not emergency funds, we will move as expeditiously as the process
- Recovery support funds require data tracking to satisfy delivery of services within the grant to
- Guidelines for accessing available funding

Request Vetting Process (4:10 – 4:20 PM)

Role of the taskforce in the review process discussed

o NCHRC, FPD, CC DPH will review and submit referrals for processing



Next Steps (4:20 – 4:30 PM)

- Review of assigned action items: wait because groups did not return documents. We will send out a cohesive SIM
- Placed in breakout groups to work on priorities in next meetings

Questions:

- Antonio, what is the age range of the population?
 - Adult and Youth Charlton said he's thinking 12-17
- Illana Sheppard: What should organizations do if they fall under more than one intercept?
 - Lean into intercepts you align closely with by being strategic
- Mario: What systems would be used to track the progress
 - We are currently using excel to track progress and next steps
- Mario: Can we use NCCares360 & HMIS system
- How we're moving things forward as a system
 - One of our priorities within SIM is developing more comprehensive data tracking
- Orlando Smith: Is there a SIM Map for Adults and Juvenile?
 - Yes, report being finalized for Cumberland County with both adult and youth
- Eric: should we have a CIT workgroup to address all intercepts?
 - Sanquis: yes, getting people trained, getting people in the positions, and retaining staff

Dr. Green:

- CIT as a workgroup sounds like a good idea
- We need to be sure we're leveraging funding opportunities
- Option B for Opioid settlement funds, the county is receiving about 30 million dollars
- Strategic planning is required first, we've done strategic planning and town halls
- CIT included because we did not have a dedicated funding source before sending a report to the state for trainers and coordinators.
- Other counties CIT is a County and Alliance partnership



- Eric: Counties gave money to Alliance to have staff these positions
- Taskforces align projects across the county and think about funding opportunities to leverage funding
- Example, Peer respite- state application, we weren't ready for the application, but the goal is to be ready as a taskforce
- How to share information across the taskforce is something to think about
- We will share minutes on the website
- It would be helpful for organizations to share data points and metrics, without sharing out too much client specific information

Sanquis- Wrap Up:

- PowerPoints are available in the calendar request sent to everyone
- Priorities are identified and sent in the calendar request

Greg

• Can we get a list of initiatives in each intercept

Louis

- Will we have advance discussions to facilitate breakout groups?
 - Yes, groups will be assigned one priority for each meeting and probing questions

Next Meeting

May 12, 2025 @ 3:00 PM