

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health,  
Developmental Disabilities and  
Substance Use Services

# Side by Side with DMH/DD/SUS

*Improving our system together.*

Kelly Crosbie, MSW, LCSW

Director

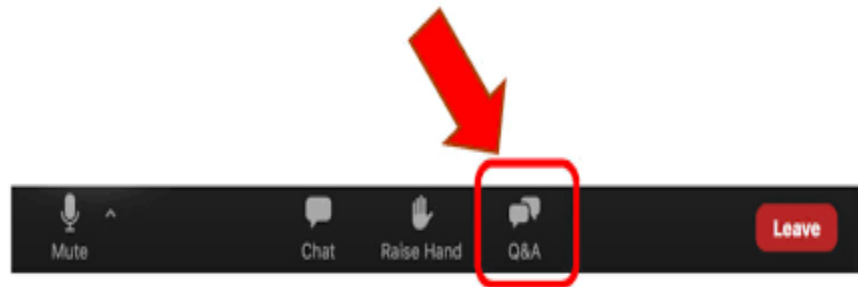
NC DHHS Division of Mental Health,  
Developmental Disabilities, and Substance Use Services

**December 9, 2024**

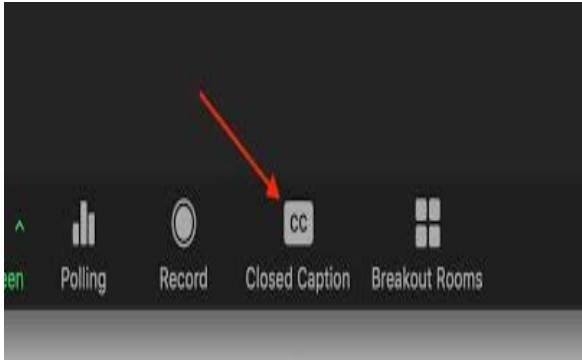


# Housekeeping

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  - Please make sure your microphone is muted for the duration of the call unless you are speaking or asking questions.
  - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows after the presentation.



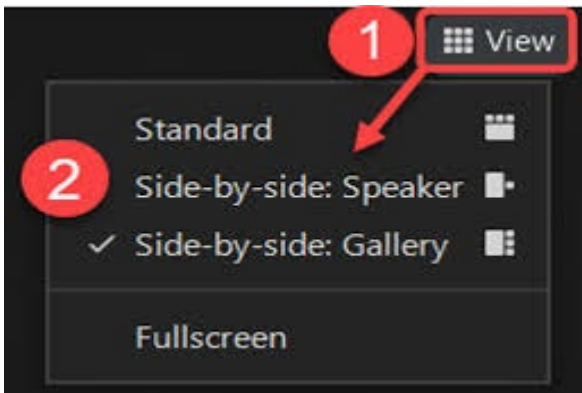
# Housekeeping



- American Sign Language (ASL) Interpreters and Closed-Captioning
  - ASL Interpreters and Closed-Captioning options will be available for today's event.
  - For closed-captioning options select the "Closed Caption" feature located on your control panel.

Intérpretes en lengua de signos americana (ASL) y subtítulos:

Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



- Adjusting Video Layout and Screen View
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# Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. Focus: Child Behavioral Health Investments
4. Q&A

# Kelly Crosbie, MSW, LCSW, DMH/DD/SUS Director



- 30 years in MH/SU/IDD Field
- 13 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

# Guest Speaker

## Kelly Shusko, MSW, Behavioral Health Lead, DMH/DD/SUS



- 25 years of post-graduate experience in mental health services
- Multi-sector leadership experience:
  - non-profit, for-profit, government and payor
- Quality, compliance and performance improvement focused
- Passionate about increasing access to care and health equity
- Currently leading youth mental health residential treatment initiatives

# MH/SU/IDD/TBI System Announcements & Updates



*Happy Holidays*

From

**DMHDDSUS**



# Expansion of HOPE 4 NC

Hope4NC offers the following help to those in need:

- Individual Crisis Outreach and Support
- Group Crisis Outreach
- Public Education
- Community Networking and Support
- Assessment, Referral, and Resource Connection
- Meeting people where it's most convenient for them
- The program is free and anonymous

## **Crisis community workers trained in the CPP Core Curriculum Active**

- Crisis Community Workers BEGAN outreach the week of November 25th
- Ongoing recruitment and training over the coming months
- Vaya, Trillium, and Partners participating in the grant
- REAL Crisis is answering the Hope4NC line with over 1,000 calls answered

For more information, visit the updated [Hope4NC website](#) or [download our flyer to share](#).





**NCDHHS**  **SOMETHINGS**

have partnered to provide

# Free mental health support For Teens in North Carolina

impacted by Hurricane Helene



In partnership with

**Alliance**  
Health



Get started now

# NCDHHS and ECU Celebrate Partnership and Launch of Gambling Research and Policy Initiative

NCDHHS and ECU's Department of Criminal Justice and Criminology celebrated the launch of the [Gambling Research and Policy Initiative](#) (GRPI) with a ribbon cutting ceremony on Thursday, Nov. 21. DMHDDSUS Director Kelly Crosbie and GRPI Director Dr. Michelle Malkin were joined by representatives from the NC Education Lottery, Birches Health, and Telus Health for the celebration.



Don't leave things to chance **RECOVERY IS POSSIBLE**

Text the phrase  
**morethanagame**  
to 53342

Call 877-718-5543

Visit  
**morethanagame.nc.gov**

If gambling is more than a game, free help is available.



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# DMHDDSUS Supports Triangle Business Journal's Mental Health in the Workplace Publication

DMHDDSUS, in partnership with the Governor's Institute, has supported the Triangle Business Journal's special publication on mental health in the workplace. The publication emphasizes the importance of mental health in work environments and offers strategies for creating supportive workplaces. Director Crosbie joined a podcast with Sougata Mukherjee to discuss how businesses can address mental health challenges and take action to support their employees' well-being.

## MENTAL HEALTH IN THE WORKPLACE



BROUGHT TO YOU BY NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND GOVERNOR'S INSTITUTE

[Listen to the Podcast](#)



# Mental Health Block Grant

NCDHHS is investing in community-based initiatives that support mental well being and recovery for LGBTQIA+ communities, faith-based groups and older adults. The three grant opportunities totaling \$4.5 million will support local partners in developing programs to improve equitable access to mental health services, expand peer support services and strengthen family and caregiver support services.

To learn more, visit the [DMHDDSUS grant opportunities page](#).



## Community-Based Mental Health Initiatives

Projects that expand access to mental health supports for the LGBTQIA+ community, faith-based communities, people over the age of 65 and non-native English speakers, who often encounter unique challenges to finding and accessing culturally competent care.



## Peer Services

Peer Respite and Peer Living Room Models that serve as community-based alternatives to emergency departments or hospitals for crisis and recovery services. These programs provide peer-supported crisis, mental health and substance use recovery services.



## Family and Caregiver Support Services

Programs that offer support for family members who are caregivers and siblings of loved ones requiring intensive care for behavioral health, substance use, intellectual or developmental disabilities, traumatic brain injury or co-occurring conditions.

# Community-Based Mental Health Initiatives Grant

## Recipients: **Expanding Access for all Populations**

### Statewide Programs

- **Charlotte Trans Health:** Enhancing mental health care for transgender individuals and training providers in affirming care. (Statewide)
- **El Futuro:** Seeking to enhance behavioral health services for Latino individuals with an emphasis on LGBTQ+ communities. (Statewide)
- **Kellin Foundation:** Offering clinical services and peer support for older adults and training in mental health first aid. (Statewide)
- **NC Council of Churches:** Training faith leaders to reduce mental health stigma and establish wellness hubs in churches. (Statewide)

### Regional Programs

- **Appalachian State University:** Expanding mental health services for older adults in rural areas. (Western NC)
- **Coastal Horizons:** Expanding the Clinical Latina program for Hispanic and Latinx communities. (Southeast NC)
- **Community Care Clinic of Dare:** Providing MH crisis and telehealth services for underserved populations. (Northeast NC)
- **Monarch NC:** Supporting LGBTQ+ youth through specialized programs. (Western NC)
- **Quality Comprehensive Health Center:** Developing culturally sensitive crisis services for LGBTQ+, POC, and faith-based communities. (Mecklenburg County)
- **Southwestern Commission:** Improving early intervention services for seniors. (Western NC)
- **United Chinese Americans:** Addressing mental health challenges for Asian Americans, Native Hawaiians, and Pacific Islanders and LGBTQ+ communities through peer support and education. (Wake, Durham, and Cumberland Counties)

# Community-Based Mental Health Initiatives Grant Recipients

## Peer Respite and Recovery Hubs

- **Hope Mission:** Creating peer-led recovery hubs addressing social determinants of health. (Eastern NC)
- **Love and Respect:** Expanding peer respite facilities to offer safe alternatives to emergency rooms. (Western NC)
- **Promise Resource Network:** Establishing peer-run respite centers and trauma-informed crisis support. (Central NC)

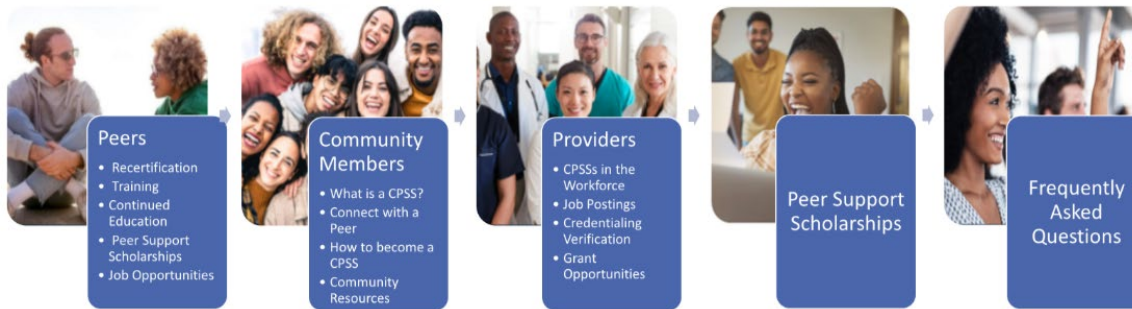
## Family and Caregiver Support

- **FirstWNC:** Empowering families with advocacy skills and creating social networks for youth in transition. (Western NC)
- **First in Families NC:** Expanding peer support connections through community outreach programs. (Statewide)
- **Montagnard Dega Association:** Establishing a culturally competent wellness center for refugee families. (Triad Area)
- **Tammy Lynn Center:** Offering training and resources for families of children with disabilities through town halls and digital tools. (Central NC)

# Workforce Celebrations

## Peers

### New! Certified Peer Support Specialists (CPSS) Website

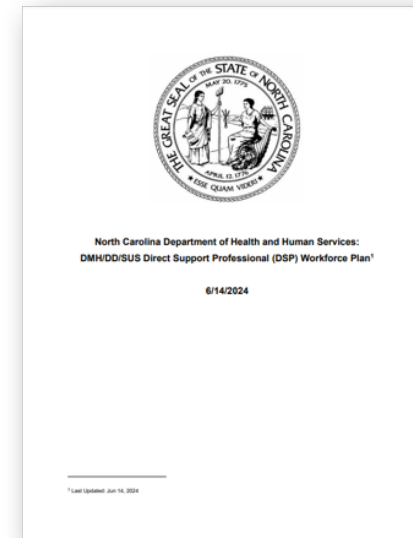


**45 Peer Support scholarships awarded state-wide (and counting)!**

[Explore the new website!](#)

## Direct Support Professionals

- **DSP Provider and EOR Recruitment and Retention Grants applications now closed.**
- **Over 300 applications received!**





# DMH/DD/SUS Justice RFA closed 12/2

The RFA is a funding opportunity, aligned with the DMH/DD/SUS Strategic Plan and is funded by the \$835m Behavioral Health Transformation Funding from the General Assembly



Strengthen pathways to **community-based programs that divert adults** with mental health, substance use disorders, I/DD and/or TBI needs away from incarceration.

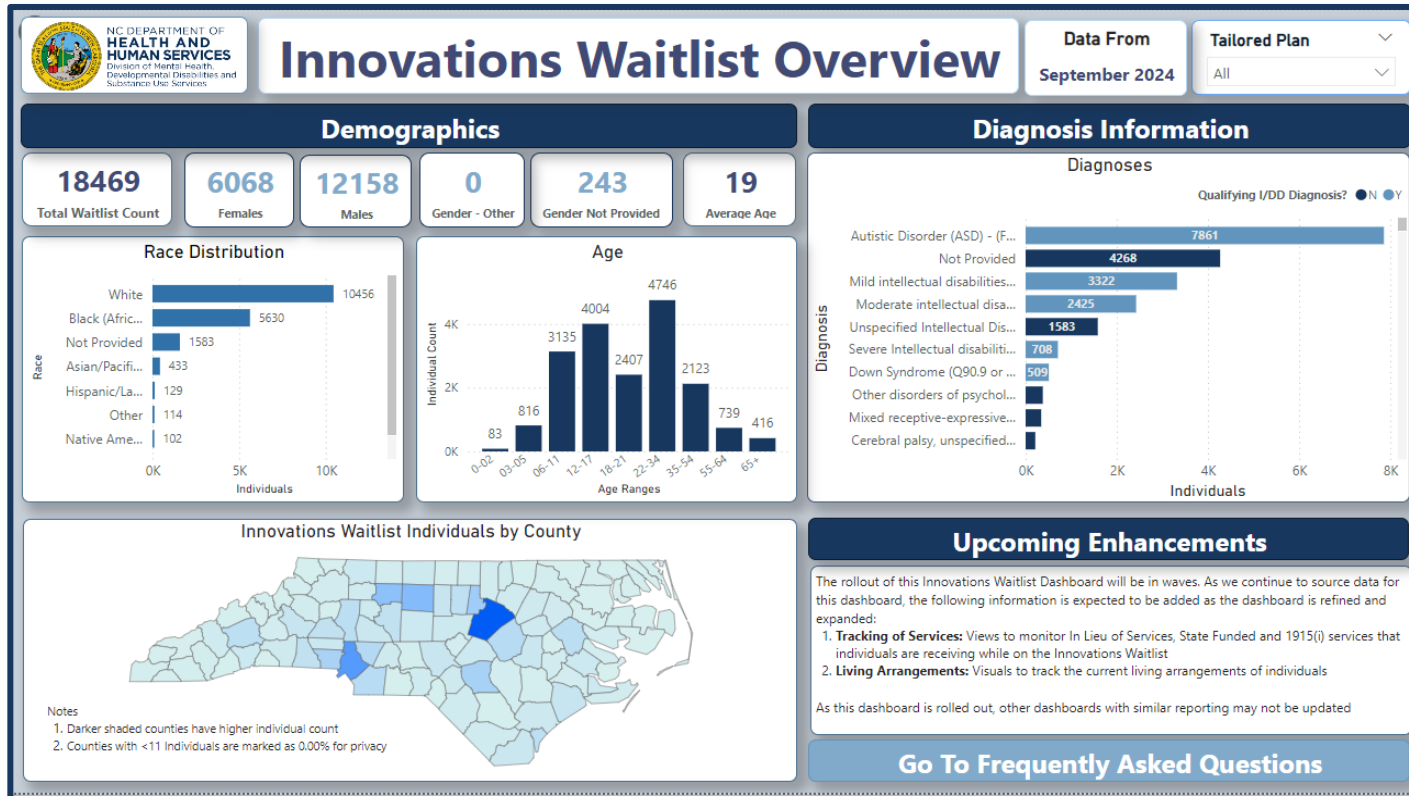


Expand access, as part of diversion or upon reentry, to **community-based housing and employment supports** to promote community integration and stabilization.

# Innovations Waiver Waitlist Dashboard



The Dashboard will increase DMHDDSUS' data-driven strategies for understanding services currently being used, services still needed, and the workforce necessary to meet these needs.



## Key Data Points

**Demographics:** Information on age, gender and race

**Diagnosis:** List of reported individual diagnoses categorized by I/DD qualification

**Locality:** A look at where people on the waitlist live across NC to help target resources and services

# Navigating the New Innovations Waiver Waitlist Dashboard

# WEBINAR

DATE/TIME: WEDNESDAY, DEC 11, 2024, 12:00-1 P.M.

Join DMHDDSUS for an introduction to the new Innovations Waiver Waitlist Dashboard. We will explore some of the current information, review different options, and talk about what's next.

[Register for the webinar](#)



 INCLUSION CONNECTS

# Historic Investment in Child Behavioral Health

# The Investment

PROVISION	FY24	FY25
Reimbursement Rates for Behavioral Health	\$165M	\$220M
Crisis System	\$54M	\$77M
Justice System	\$29M	\$70M
Behavioral Health Workforce	\$44M	\$71M
<b>Child and Family Well-Being</b>	<b>\$20M</b>	<b>\$60M</b>
Gaps for Children in Foster Care	\$22M	\$22M
DSS Trauma-Informed Assessment	\$750K	\$750K

**One** DHHS for  
Child BH  
Investments

DMHDDSUS

DCFV

DSS

DHB

DHSR

# \$80M Child Behavioral Health Investments: Targeted Outcomes

Our goal is to ensure that children with behavioral health needs receive suitable, essential, child-centered, trauma-informed, and high-quality services, enabling as many children as possible to either remain in or return to a home setting.

## INTENDED OUTCOMES

**Fewer** ED visits for behavioral health

**Fewer** children boarding in DSS Offices


**Fewer** children boarding in Emergency Departments

**Fewer** readmissions to out of home placements

**Shorter** length of stay in out of home placements

**More** children in foster care with behavioral health needs living in a home setting

# Child Behavioral Health Areas of Investment: *Breakdown*

Priority	Strategy (example of possible modality)	Funding
<b>Community-based services that help children stay in/return to their homes</b>	Increase access to behavioral health services in schools	<b>\$24 M</b>
	Expand access to family-focused community-based support & care coordination (e.g. Family Peer Support, High Fidelity Wraparound)	
	Establish emergency respite pilots for caregivers	
	Expand Access to Evidence-Based (EBP) Community-Based Treatment Services	
<b>Therapeutic Programs in Family-Type Settings</b>	Increase availability and quality of family-type therapeutic placements (e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care)	<b>\$7.4 M</b>
	Invest in and expand professional foster parenting	
<b>Emergency Placements for Children at Risk of Boarding or Inappropriate Placement</b>	Build capacity for emergency placements in family-type settings for children at risk of boarding or inappropriate placement, regardless of custody	<b>\$18.8 M</b>
	Build capacity for DSS-managed crisis stabilization and assessment placements (e.g. Flexible Emergency Foster Care Placement Pilot, Placement First Plus)	
<b>Intensive out of Home Treatment Settings</b> 	Increase quality and management of residential levels of care	<b>\$25.5 M</b>
	Build specialty residential care capacity (e.g. PRTF, levels II-IV).	
<b>Child Residential Licensure</b>	Increase placements available for children by addressing backlog of child residential licensure applications	<b>\$500 K</b>
<b>Expand Utilization of Full Array</b>	Increase capacity of child-serving workforce to identify upstream and less restrictive interventions to meet child needs	<b>\$1.2</b>

# Investments Span the Continuum of Care

## *Services that help children stay in their homes*

- Family-focused community-based support & care coordination
- Evidence-Based (EBP) Community-Based Treatment Services
- Behavioral Health Services in Schools
- Respite for Caregivers

Support in Community and in Family

Options When Placements or Home Is Destabilized

- Emergency placements in family-type settings for children at risk of boarding or inappropriate placement
- DSS-managed crisis stabilization and assessment placements

## *Services that help children return to their home*

- Family-focused community-based support & care coordination
- Evidence-Based (EBP) Community-Based Treatment Services
- Behavioral Health Services in Schools
- Respite for Caregivers

Supporting Return to Community

Options When Elevated Support is Needed

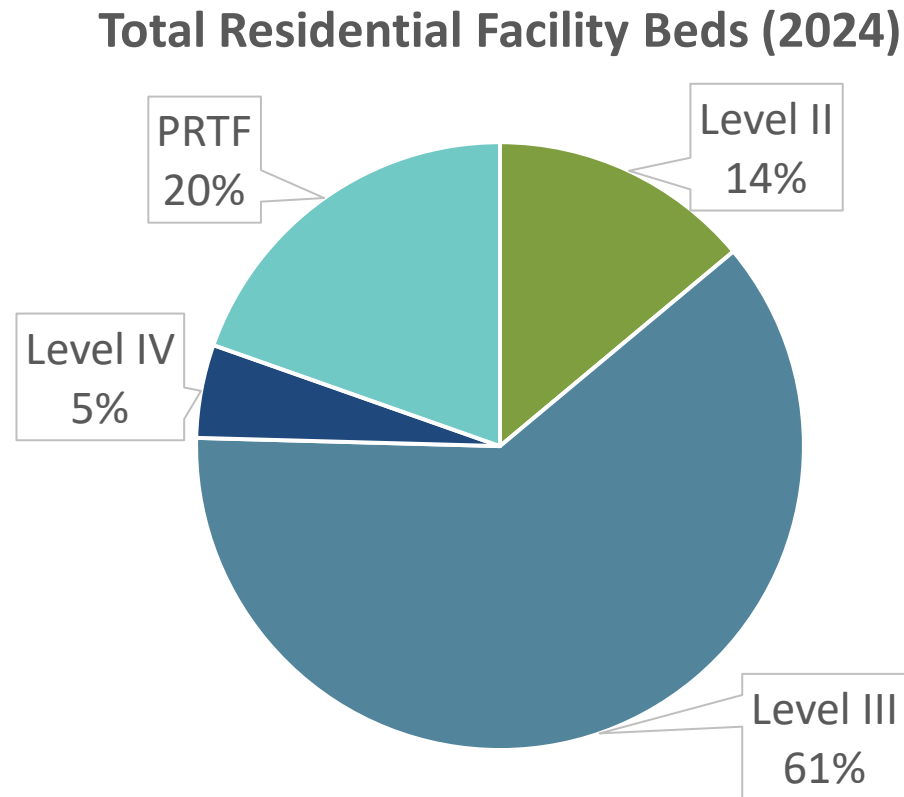
- Increase availability and quality of family-type therapeutic placements
  - Professional Foster Parenting
- **Increase quality and management of residential levels of care**
- **Build specialty residential care capacity (e.g. PRTF, levels II-IV)**



# Vision for Residential Treatment Settings for Children and Youth

## Trends in NC Residential System: Capacity is Concentrated in Level III Facilities

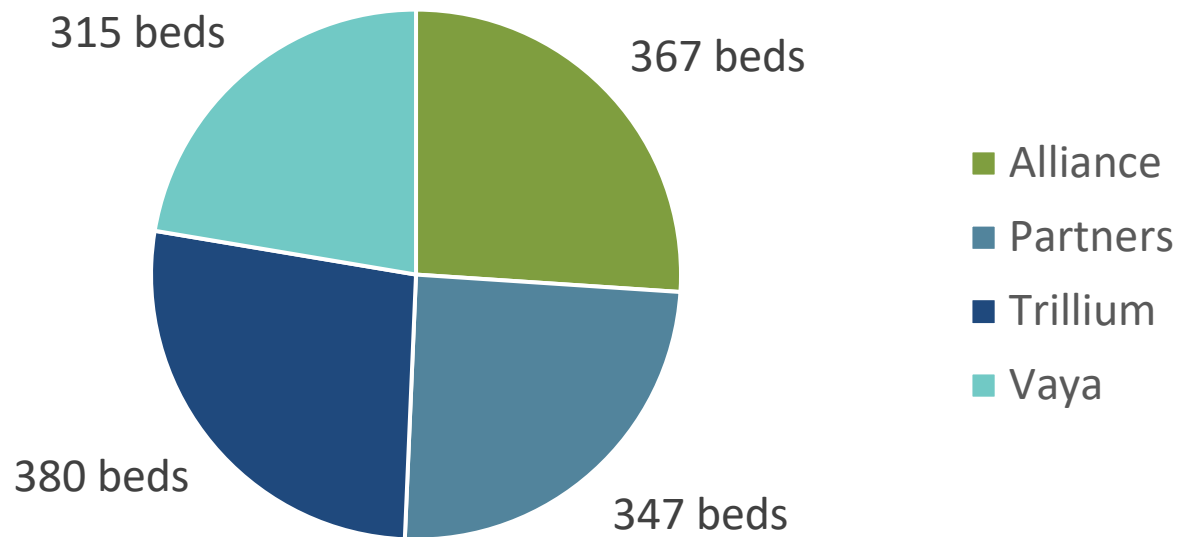
Of the State's total 1,270 residential facility beds, Level III residential facilities make up 61% of the licensed bed capacity for residential treatment (781 of 1270 beds).



Note: Data on facilities and beds is current as of March 2024.

# Trends in NC Residential System: Capacity is Evenly Distributed Across LME/MCO Regions

Combined Number of Level II, III, IV, PRTF Capacity by LME/MCO









- 48 NC counties have no youth residential treatment facilities (Levels II-IV or PRTF).
- Across the remaining 52 counties, there is a nearly even number of residential treatment beds per LME/MCO region (combined Level II – PRTF beds).
- However, geographic availability of services differs between services, particularly Level IV and PRTF facilities that are concentrated in one area of the state.
- The majority of residential providers report contracting with all 4 LME/MCOs.

Note: Data on facilities and beds is current as of March 2024.

# Snapshot of Youth Served in PRTF Programs

Out of Level II/III/IV/PRTF facilities, data is most readily available for PRTF facilities.  
 In SFY 2023, a total of 891 youth were served in PRTFs. This number decreased by 10% in SFY 2024.

Snapshot of Youth in PRTFs (SFY 2023)		2023	2024	
	Total number of youth served	891 youth	799 youth	↓
	Average Daily Census	301 youth	243 youth	↓
	Average Age	13 years old	15 years old	
	Average Length of Stay	279 days (~9 months)	227 days (~7.5 months)	↓
	Gender	Female 494   Male 392   Transgender 4	Female 479   Male 316   Transgender 3   Did not Identify 1	
	Average Readmission Rate	5.1% (average percent discharged from a PRTF who were readmitted w/in 30 days)	4.5%	↓

# Activities to Inform Current State Assessment

In summer/fall 2024, DMH/DD/SUS conducted a current state assessment of NC's behavioral health residential settings informed by the following activities:



## Residential Provider Focus Groups

Focus groups with Level II, III, IV and PRTF providers across the state.



## Residential Provider Survey

Survey on current capacity and factors that influence capacity.



## PRTF Visits

On-site visits to 9 PRTFs to discuss experiences with workforce/staffing, use of care models, and experiences providing care for children and youth with specialized care needs.



## Literature Review/Research

Review of the literature and available information on best practices for residential treatment settings.



## Feedback from CBH Advisory Committee

Discussion with stakeholders on what changes can improve care in residential settings for children and youth.

# Current State Assessment Findings: NC's Residential Treatment Services

The purpose of the current state assessment was to (1) identify key challenges and (2) inform additional actions and investments to strengthen residential treatment services in NC.

## Key Challenges Identified



**Overreliance on residential treatment settings for children in foster care due to placement needs instead of clinical treatment needs**



**Lack of specialty residential treatment options for children with complex needs (e.g., co-occurring behavioral health and Autism Spectrum Disorders)**







**Insufficient use of trauma-informed and evidence-based practices by residential treatment service providers**

## Current State

- Children and youth often face prolonged lengths of stay in residential treatment services.
- Discharge planning is not effective, and children/youth largely transition to other residential treatment levels of care instead of returning to their community with appropriate support services.
- Children with complex, co-occurring needs are more likely to be sent to out of state, far from their communities.
- There is a lack of guidance and availability for training on alternatives to restrictive interventions.

# DHHS' Vision for Youth Residential Treatment Settings

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Vision</p>	<p>We are committed to implementing high quality, evidenced-based care in residential treatment settings, levels II-IV and PRTFs, that is trauma-informed, time-limited, and effective, while prioritizing and valuing the sustained connection to the child's home and community.</p>			
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Objectives</p>	 <p>Enhance Environments of Care to create safe, trauma-informed treatment programs</p>	 <p>Improve the Quality of Care delivered within evidence-informed residential treatment settings</p>	 <p>Increase Access to Care to ensure the right service at the right time in the right location</p>	 <p>Develop Specialized Capacity that provide services for those with complex, co-occurring needs</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Guiding Principles</p>	<p>Care that is <b>safe</b>.</p> <p>Care that is <b>trauma-informed</b>.</p>	<p>Care that is <b>time-limited</b>.</p> <p>Care that is <b>therapeutic</b>.</p>	<p>Care that is <b>intentional</b>.</p> <p>Care that is <b>connected</b>.</p>	<p>Care that is <b>effective</b>.</p> <p>Care that is <b>specialized</b>.</p>

# Environment of Care Investments



# The Importance of Improving the Environment of Care

- When clinically appropriate and medically necessary, we desire for youth who engage in services at residential therapy facilities to be served in an environment that is **well-maintained, comfortable, and as homelike as possible**.
- Residential therapy settings that are inviting, well-maintained and thoughtfully organized communicate to the youth that **they have value and deserve to be cared for well**.
- In all environments, it is important for youth and families to feel both **physically and emotionally safe**.
- All individuals have the right to engage in services that **promote whole-person health and well-being**.
- Therapeutic residential settings must provide opportunities for **exercise, recreation, social interaction, healthy food, education and family engagement**.
- Youth in residential therapy settings **learn, practice and utilize self-regulation strategies and coping skills**. The facility's environment should promote this and **provide the necessary tools, resources and space**.

# Environment of Care Physical Facility Improvement Projects

Furniture



Facility Repairs



Security and  
Fencing



Sensory Spaces



Recreation and  
Outdoor  
Spaces



## Environment of Care (EoC) Investments

DMH/DD/SUS has already begun working with providers across NC on these projects, which target key priorities for trauma-informed care across residential settings and range from furniture and facility improvements to new sensory, recreation, and outdoor spaces.



### Provider Projects:

**26**

Total  
Projects

**19**

Unique  
Providers

**12**

Unique  
Counties



### PRTF Reserve Utilization:

**7**

PRTF  
Provider Agencies

**213**

Beds

**\$4695**

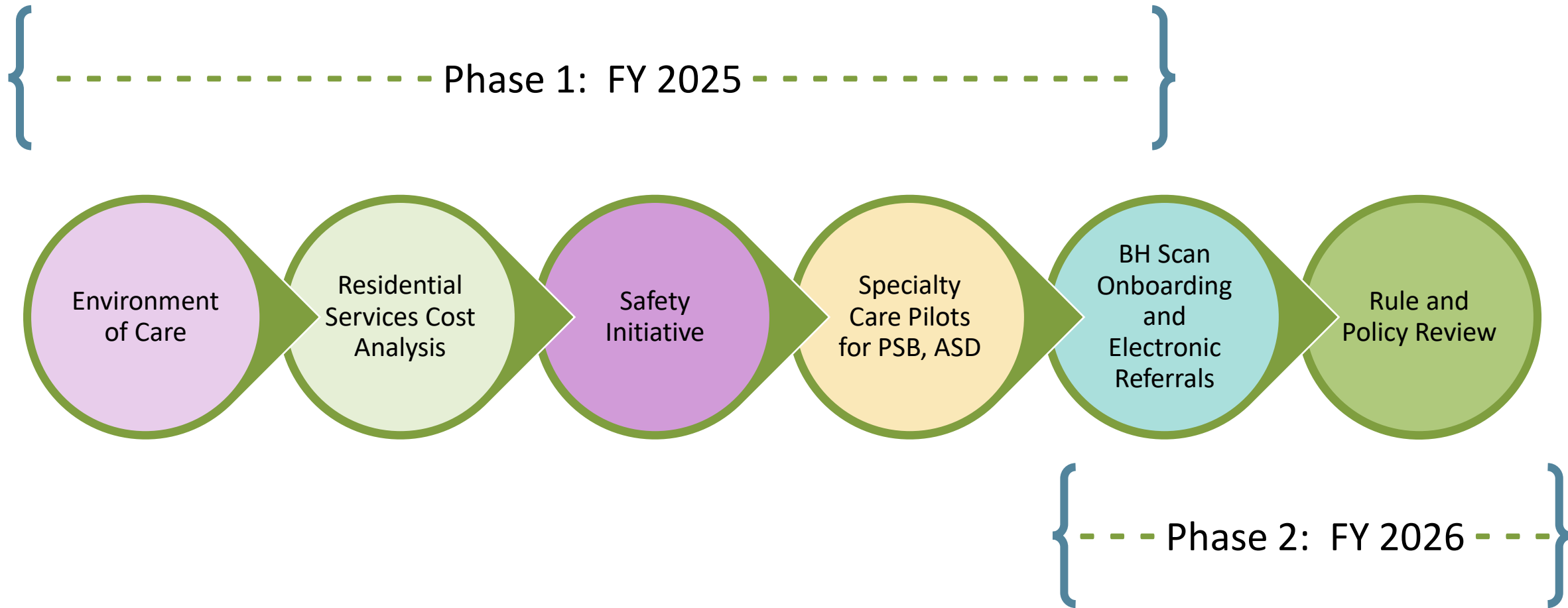
\$ Per bed



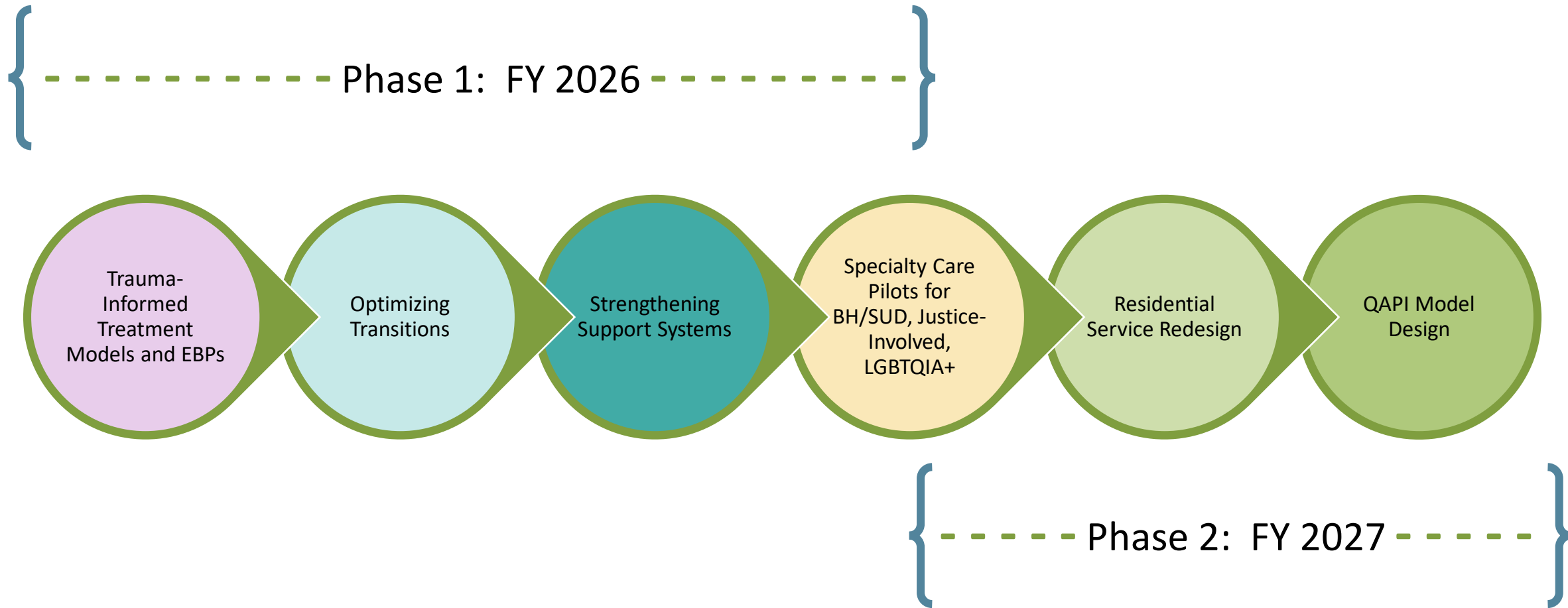
This investment will result in **414 youth**, on any given day, engaging in treatment in settings that are **physically safe, comfortable and conducive to healing**.

# Next Steps

# Initiative Timeline FY25-FY26



# Initiative Timeline FY26-FY27



# Upcoming Opportunities for Collaboration in 2025

Youth and Family Council

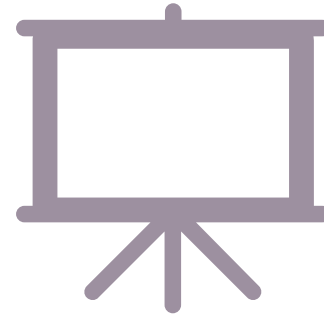
Residential Provider Workgroup

Tailored Plan and CFSP forums

# Q&A



Questions and feedback are welcome at  
[BHIDD.HelpCenter@dhhs.nc.gov](mailto:BHIDD.HelpCenter@dhhs.nc.gov).



The recording and presentation slides for this  
webinar will be posted to the [Community  
Engagement & Training](#) webpage.



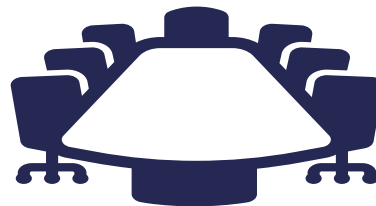


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