



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

# Increasing Access with Integrated Care

Kelly Crosbie, MSW, LCSW

Director

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

July 14, 2025



**SIDE BY SIDE  
WITH DMH/DD/SUS**

Improving our system together.

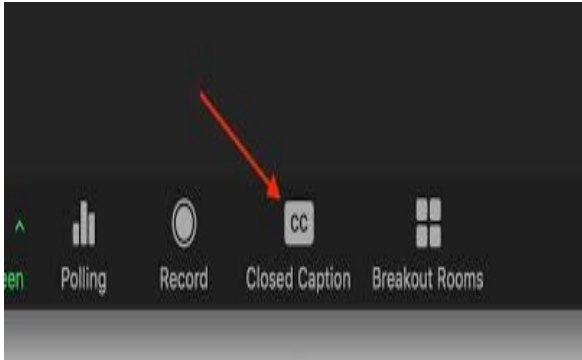


# Housekeeping

- Reminders about the webinar technology:
  - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
  - 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.



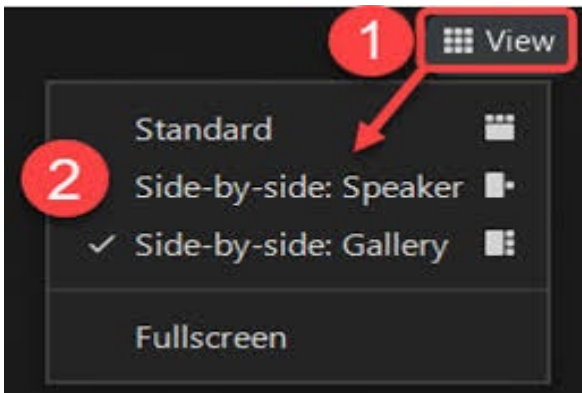
# Housekeeping



- 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:

Habrán 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
  - Select the "View" feature located in the top-right hand corner of your screen.

# Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. Focus: Increasing Access With Integrated Care
  - Collaborative Care and NC-Pal
  - Certified Community Behavioral Health Clinics (CCBHCs)
4. Q&A

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



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

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

# Awareness Celebrations

# Bebe Moore Campbell National Minority Mental Health Awareness Month

In 2008, July was officially recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month in her honor, to bring attention to the unique mental health challenges faced by **Black, Indigenous, and People of Color (BIPOC)**.

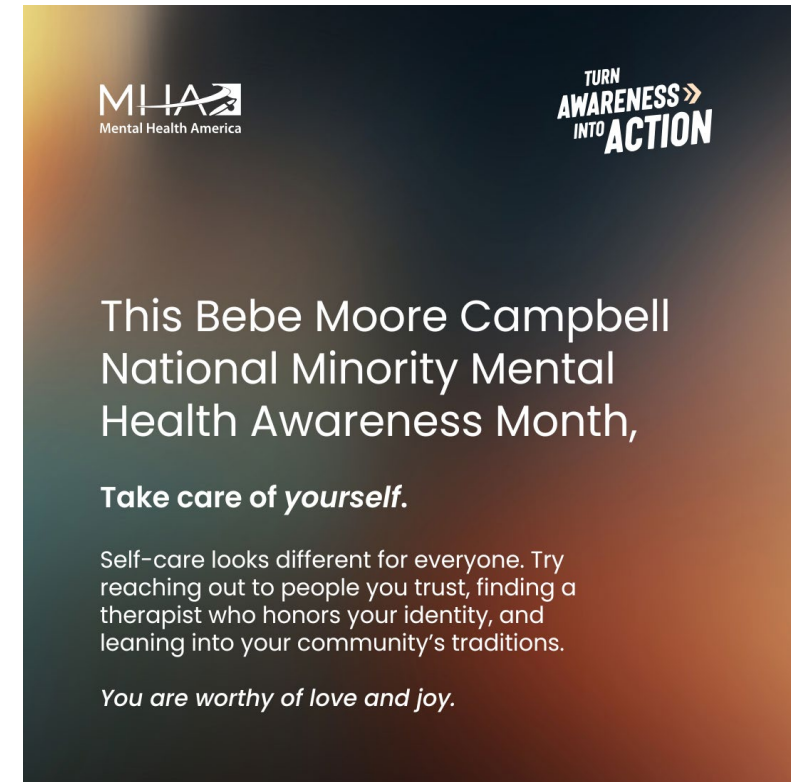
We know that marginalized communities **have historically had less access to mental health support**, even while the need is great.

- **Black adults** are **20% more likely** to report serious psychological distress than white adults, yet only **1 in 3** who need treatment receive it.
- **Hispanic/Latino adults** are **60% less likely** to receive mental health treatment.

**Stigma, access, and trust** remain key challenges.

DMH/DD/SUS is working to close these gaps through:

- Supporting **community conversations** to combat stigma and promote healing.
- Expanding culturally competent services and investing in programs designed to meet the needs of historically underserved groups.
- Building systems that ensure full access to mental health resources for all North Carolinians.



# ADA 35th Anniversary- July 26th

## What is the ADA?

The Americans with Disabilities Act was signed into law on July 26, 1990, establishing comprehensive civil rights protections for individuals with disabilities.

## 35 Years Later:

- This milestone brings focus to the ongoing importance of access, equity, and inclusion for people with disabilities.
- The national #ADA35 campaign includes an **A-to-Z educational toolkit**, anniversary branding assets, and a calendar of local and virtual events.

Share stories and resources using #ADA35 and #ThanksToTheADA

More information at [adaanniversary.org](https://adaanniversary.org)

**Join NCDHHS** on Thursday, July 24, 2025, from 10:00am-Noon at the Department of Natural and Cultural Resources (109 East Jones Street, Raleigh, NC) for a Celebration of 35th Anniversary of the Americans with Disabilities Act.

You can RSVP for this event at the following [google form](#). Please RSVP no later than July 14.



# July is **DISABILITY PRIDE MONTH**

Dedicated to honoring the history, achievements, experiences, and struggles of the disability community.

People with disabilities are the largest and most diverse minority group within the population. At least 1-in-4 adults in the United States has some type of disability.

Each color of the Disability Pride Flag represents a different type of disability: physical (red), cognitive and intellectual (yellow), invisible and undiagnosed (white), psychosocial (blue), and sensory (green)



# Fragile X Awareness Day- July 22

[Fragile X Awareness Day](#) honors families and individuals affected by Fragile X—a group of genetic conditions that can impact intellectual, behavioral, and emotional development.

## What is Fragile X?


Fragile X syndrome is the most common inherited cause of intellectual disability and a known genetic cause of autism.

## Why It Matters:

Awareness leads to earlier diagnosis, access to support, and improved quality of life for individuals and families.

## Get Involved:


- Wear teal on July 22 to show support
- Get involved with [The North Carolina Fragile X Foundation \(NCFXF\)](#)! Join their [July Events](#)
- [Advocate for research and inclusive services year-round](#)

**FRAGILE X SYNDROME** 

It is an inherited disorder affecting intellectual, behavioral and social development. It can also cause autism.

- In unexpected situations, I can get anxious and confused
- It may be difficult for me to answer or follow instructions
- You may hear speech or see behaviors that are unusual
- I may be sensitive to touch or physical contact

For more information:

 NATIONAL FRAGILE X FOUNDATION

fragilex.org | #FragileX

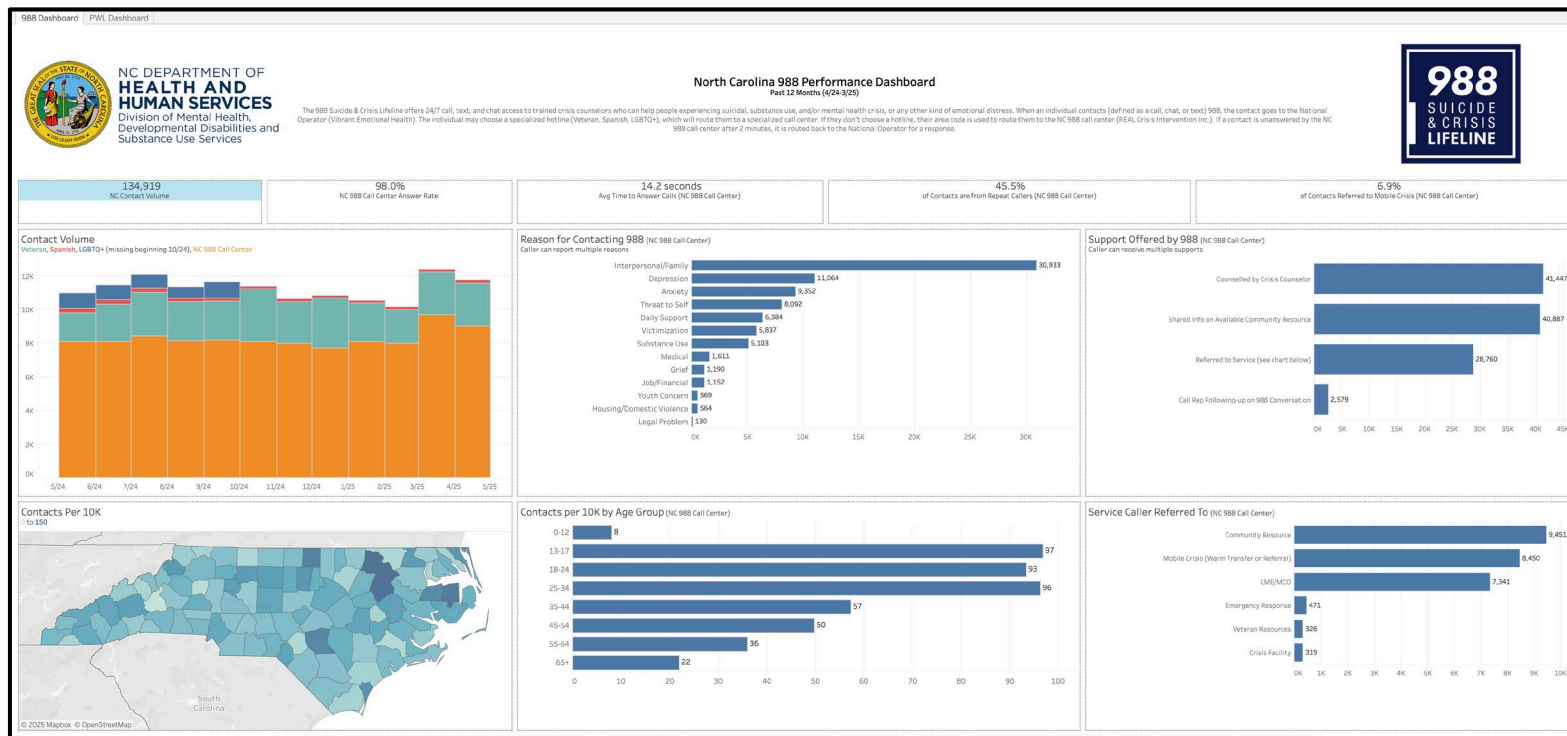
**HAVE YOU HEARD OF FRAGILE X?** 

  
NATIONAL FRAGILE X FOUNDATION  
**fragilex.org**  
**#fragilex**



# July 16th Marks the 3-Year Anniversary of 988!

- Over **137,319** callers since June 2024!
- Average time to answer calls is **14.2** seconds compared to national average of 34 seconds
- **98%** NC 988 call center answer rate compared to 92% national average



You can access the 988 [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website

# Program Highlights

# 988 Update: Support Remains for LGBTQ+ Youth Despite Federal Funding Change

The U.S. Department of Health and Human Services recently announced that [starting July 17, 2025, it will eliminate federal funding for the 988 Lifeline option dedicated to LGBTQ+ youth.](#)

This means callers will no longer hear the “Press 3” option for LGBTQ+ support.

**Director Kelly Crosbie** reaffirmed North Carolina’s commitment:

- **988 is still available to all callers**, including LGBTQ+ youth.
- **North Carolina answers every call**, with an average response time of under 14 seconds.
- Trained 988 operators continue to provide **confidential, affirming support** 24/7.

“In North Carolina, there will always be someone to call, someone to respond, and somewhere to go if you are in crisis or just need someone to talk to.”

Resources and multilingual materials remain available on the [DMH/DD/SUS 988 Suicide & Crisis Lifeline Page.](#)



**Strengthen the Crisis System**

# Sec. Sangvai Releases Statement on "Big Beautiful Bill"

The **North Carolina Department of Health and Human Services** is reviewing President Trump's "Big Beautiful Bill," signed into law last week, to understand its full impact on North Carolinians. The bill makes significant changes to **Medicaid, SNAP, and other public health and social support programs**, with expected major reductions in federal funding.

## Secretary Dev Sangvai's statement (July 3):

- This bill will remove billions from North Carolina's economy and undermine residents' health.
- Cuts to Medicaid and SNAP will deeply affect individuals, families, and the systems supporting them.
- Despite these challenges, **NCDHHS remains committed to improving the health and well-being of all North Carolinians**, working with determination and compassion.

NCDHHS will share more updates as details emerge and continues to prioritize the needs of our communities.

July 31,  
2025

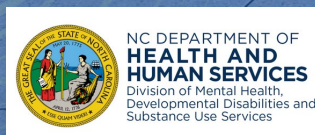


7pm - 8pm

# State of NC Mental Health Town Hall Meeting

Learn more about mental health initiatives  
across North Carolina from key medical and  
government officials.

*Register today!*



# New Peer Support Policies Go Live July 15

New policies and procedures for the [NC Certified Peer Support Specialist](#) Program launch July 15, 2025, following input from over 100 CPSS professionals, national organizations, and state providers.



## Key Policy Changes:

- New Ethics and Code of Conduct
- Eligibility: 18 months in recovery required before training
- Trainers: Must have 3+ years of CPSS experience
- Certification Exam: Now required after completing the state's *Foundations of Peer Support* training

## Training Updates:

- [Online course launches July 2025](#)
- In-person training starts September 2025
- Full certification requires completion of both and passing the exam

## Trainer Applications:

- Open early July 2025
- Selected applicants notified by end of July

Visit the [NC CPSS Program](#) website for more updates. Thank you for supporting peer recovery across North Carolina!

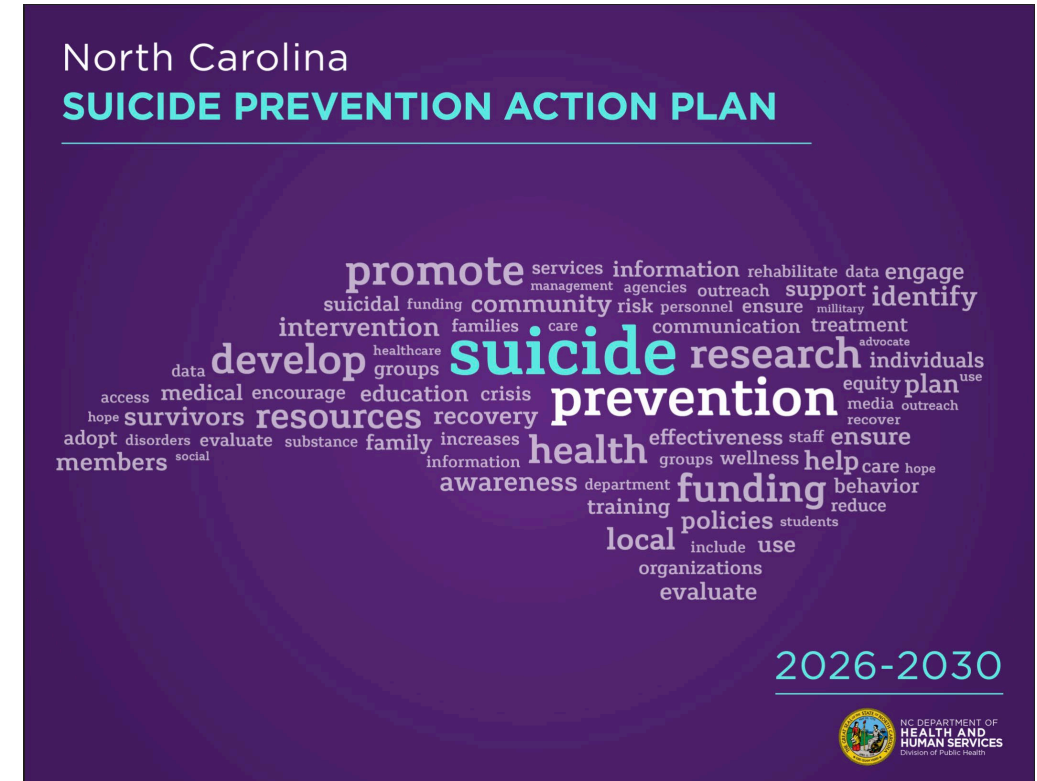
# NC Suicide Prevention Action Plan Posted for Public Comment

As part of its commitment to transforming mental health care, NCDHHS is seeking public feedback on the 2026–2030 **Suicide Prevention Action Plan**.

- Read the Plan
- Press Release

## Plan Highlights:

- Coordinated statewide suicide prevention infrastructure
- Expanded safe storage initiatives
- Mental health training in non-traditional settings
- Strategies to better reach at-risk populations



## Strengthen the Crisis System

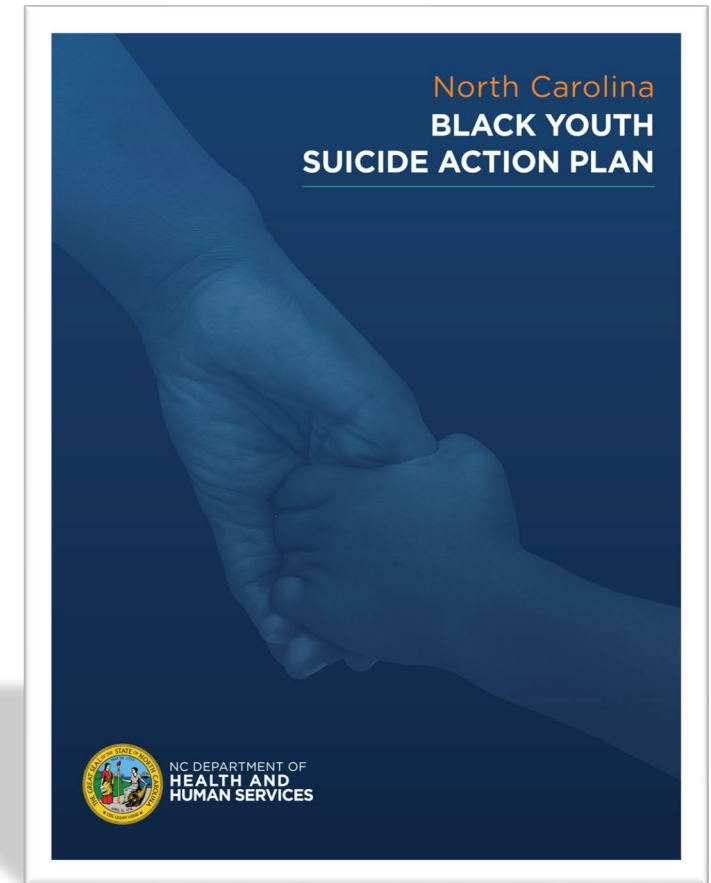
# Final Black Youth Suicide Prevention Action Plan Posted

DMH/DD/SUS has developed its first-ever strategic plan dedicated specifically to preventing suicide among Black youth.

The plan addresses critical factors affecting Black youth suicide risk, such as:

- Systemic barriers to accessing care
- Cultural stigma around mental health
- Limited representation among providers
- Need for culturally responsive prevention strategies and community engagement

Review the plan on the [NCDHHS Suicide Prevention Resources Page](#)



**Strengthen the Crisis System**

# Inclusion Connects Success Story Surveys

Inclusion Connects is excited to announce [two new survey tools](#), now available on the [Inclusion Connects website](#). Designed to celebrate the success of people with I/DD and the contributions of providers, it offers a chance to offer important insight and advice to others considering moving to the community.

There are two surveys - one for service recipients and one for service providers.

- The [first survey](#) focuses on people with intellectual and developmental disabilities (I/DD) who have moved from an institution to a community setting.
- The [second survey](#) focuses on providers who have supported these moves and work to support people with I/DD every day.

If you're someone who fits into one of these two categories, please visit the [Inclusion Connects Community Living](#) webpage to learn more and share your success story today!



**Improve access to quality I/DD and TBI services**

# Inclusion Connects Advisory Committee Meeting

Join [Inclusion Connects](#) for an update on the progress of our programs and initiatives.

This meeting is held quarterly on the third Monday of the month and is open to the public.

Join us this month for a review of the quarterly report and updates to the Innovations Waiver Waitlist Dashboard.

Date/Time: Monday, July 21, 2025, 2:00-3:00 p.m.

[Zoom Meeting Link](#)



# Inclusion Works Provider Innovation Program

[Inclusion Works](#) is proud to announce this year's **Provider Innovations Program** award recipients, recognized for advancing inclusive workplaces in North Carolina.

## Congratulations to:

- Alleghany County Group Homes Inc.
- Vocational Opportunities of Cherokee Inc.
- Neuse Enterprises Inc.
- OE Enterprises Inc.

With support from national partner **WISE**, these providers will receive training, guidance, and funding to expand **Competitive Integrated Employment (CIE)** - helping people with intellectual and developmental disabilities get and keep fair-wage jobs in inclusive settings.

CIE services are open to all eligible employees, with or without Medicaid.



# Person-Centered Practice Learning Collaborative Orientation

## What is the Person-Centered Practice Learning Collaborative?

DMHDDSUS is launching a **new statewide Learning Collaborative** to enhance **person-centeredness in care planning**

- Led by national experts from InLeadS and Flourishing Spark with support from HSRI
- Offers a structured, four-session series (2025–2026) focused on incorporating a person's goals and values into care planning and services.
- Offers several additional open meetings that are titled office hours for any questions.
- Open to providers serving those with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)

The **first Collaborative meeting for Tailored Plans** will be in **mid-August** and the **first Collaborative meeting for providers** is being planned for **October**

- Collaborative meetings will be scheduled **on average every other month** through to June 2026.

North Carolina

## PERSON-CENTERED PRACTICE COLLABORATIVE

A DHHS-led collaborative to promote person-centered care planning across the state.

**PUTTING PEOPLE FIRST**



# Stay Connected with Hot Topics!

We can't fit everything into today's presentation, but you can catch all the latest updates **every Tuesday and Thursday** through our **Hot Topics Newsletter** and **webpage**.

- New programs and initiatives
- Community success stories
- Upcoming events and funding opportunities
- Resources you can share with your networks

Sign up for the [Hot Topics Newsletter](#)

Visit the [Hot Topics page](#)



# Integrated Care

# What is Integrated Care?



Increase access to care across the state

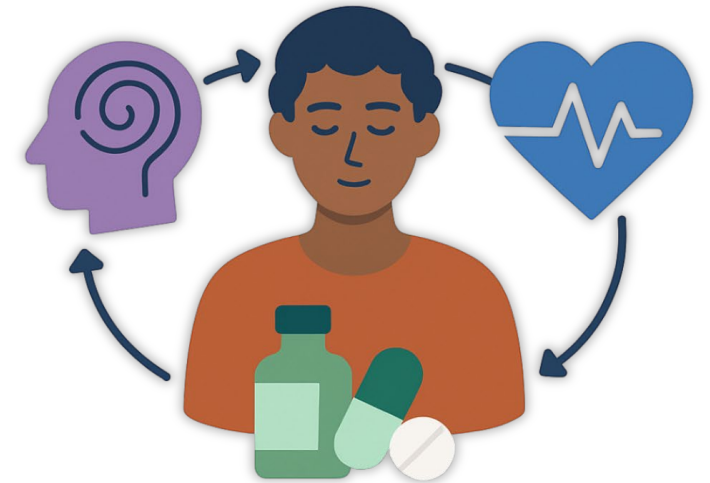
*Setting the Stage for a More Connected Approach to Health*

Integrated care **treats the whole person by combining mental health and substance use care with physical health care.** It ensures people receive coordinated care, **no matter where they enter the system.**

As outlined in the [NCDMHDDSUS Strategic Plan](#), one of our top goals under **Priority 1: Increase Access to Care Across the State**, is to **expand care models that promote integrated care across the continuum.**

## Some Hard Facts:

- People with severe mental illness (SMI) die 10-20 years earlier than the general population
- Depression is linked to a 50% increased risk of dying from cancer and a 67% increased from heart disease
- People with diabetes are 2-3x more likely to develop depression
- People with diabetes and depression have a 46% increased risk for all cause mortality



**Integrated Care treats the whole person**

Combines **mental health** and **substance use care** with **physical health care**

# What is Integrated Care?

In this presentation, we'll showcase 3 models that NC is supporting

- **Collaborative Care** and the **Collaborative Care Model**, which embed mental health support in primary care.
- **NC-PAL**, which connects primary care providers to mental health consultation and resources in real time.
- **Certified Community Behavioral Health Clinics (CCBHCs)**, which deliver 24/7, wraparound mental health and SUD services and coordination with primary care.



Increase access to care across the state

# Collaborative Care

# Dr. Carrie Brown, MD, MPH, DFAPA

Chief Psychiatrist, NCDHHS

Chief Medical Officer, NC State-Operated Healthcare Facilities



Dr. Carrie Brown, MD, MPH, DFAPA, provides psychiatric leadership across NCDHHS and serves as Chief Medical Officer for North Carolina's 13 state-operated healthcare facilities.

She is a graduate of:

- Princeton University
- Duke University School of Medicine
- UNC Gillings School of Global Public Health (MPH)

Dr. Brown completed her psychiatry residency at Duke University Hospital and was a research fellow at the Cecil G. Sheps Center for Health Services Research.

With extensive clinical experience in treating serious mental illness across community, inpatient, integrated care, and correctional settings, she also serves as an Associate Professor of Psychiatry at the UNC School of Medicine.

# Collaborative Care Model (CoCM) - Background

- Evidence-based model (over 90 RCTs) developed in the 1990's by University of Washington for integration of behavioral services into the primary care setting
- Designed for assessing and treating mild-to-moderate behavioral health conditions including mild-moderate depression, anxiety, PTSD, and substance use disorders
- Produces superior patient outcomes (symptom reduction) than treatment as usual, including for people with significant physical health co-morbidities like cancer, diabetes and HIV
- High satisfaction for patients and clinicians alike



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# Collaborative Care Model – How it works



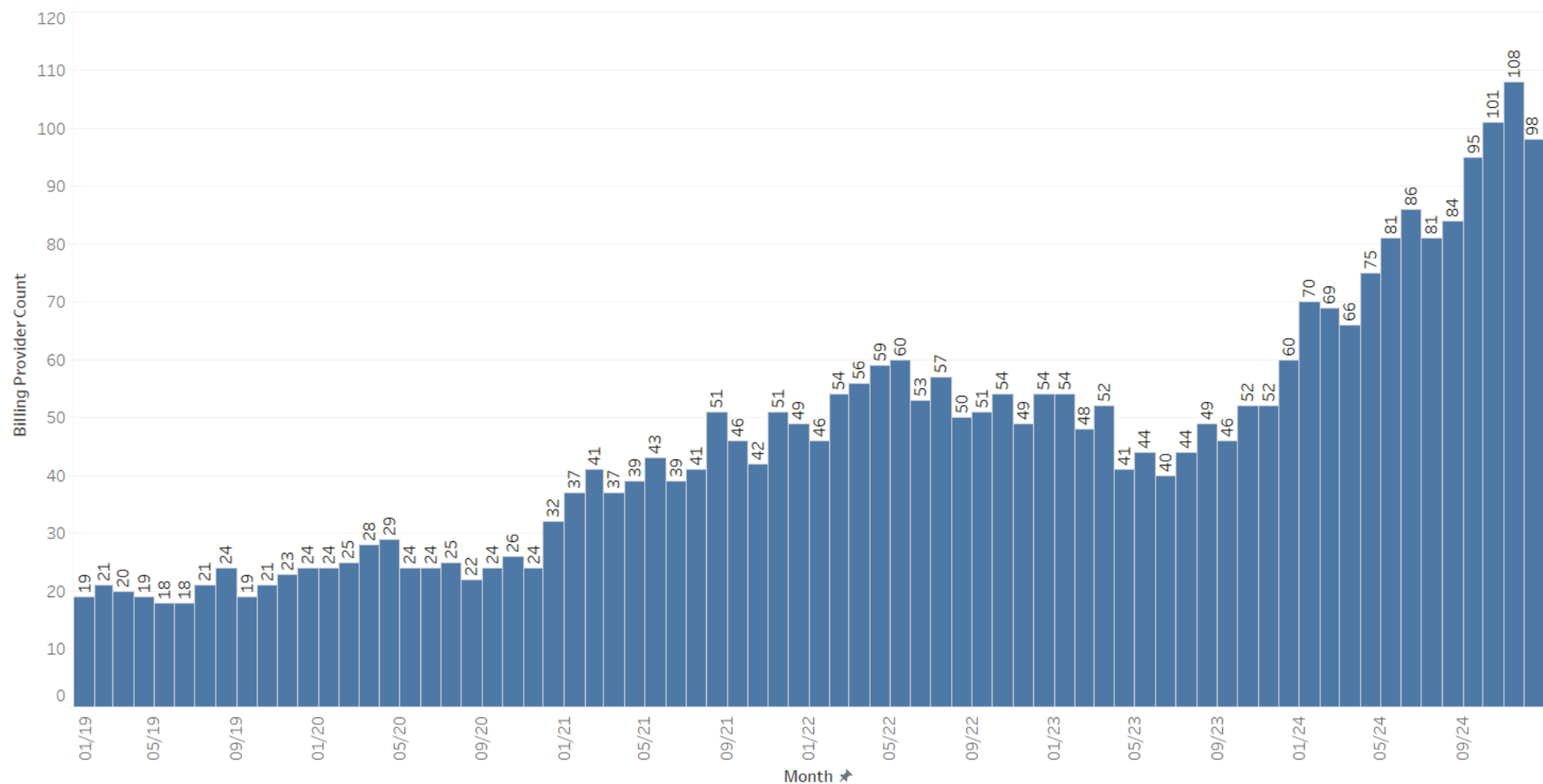
# Collaborative Care Model – NCDHHS Supports

- **NC Medicaid coverage began in 2018**
- **Numerous barriers to use; low utilization seen**
- **COVID highlighted the need for more high-quality behavioral health care to occur in primary care settings while reducing burden on PCPs**
- **Formed Statewide Consortium in 2022 that**
  - Aligned coverage across payers and with Medicare
  - Promoted coverage by all payers
  - Increased reimbursement for NC Medicaid to 120% of 2023 Medicare
  - Removed NC Medicaid copays for patients
  - Created a technical assistance and training resource for providers through NC AHEC
  - Identified psychiatrists trained and willing to be consultant psychiatrists
  - Developed a model contract for primary care offices to use with psychiatrists
  - Developed and funded a patient Registry for providers to use for up to 3 years



**Increase access to care across the state**

# Number of Providers Billing CoCM by Month



Collaborative Care Claims: 1/1/2019-12/31/2024

• Provider defined at the billing NPI Level

# Collaborative Care Model – Capacity Building

- Many providers are interested but lack the start up resources to implement CoCM – with the hiring and training of the BHCM being the biggest barrier for providers.
- NC DMHDDSUS received \$5M in one-time funding from the NC legislature in 2024 to invest in start-up for primary care providers
- Applications are still being accepted, through NC DMHDDSUS's vendor, Community Care of NC (CCNC) – link on next slide



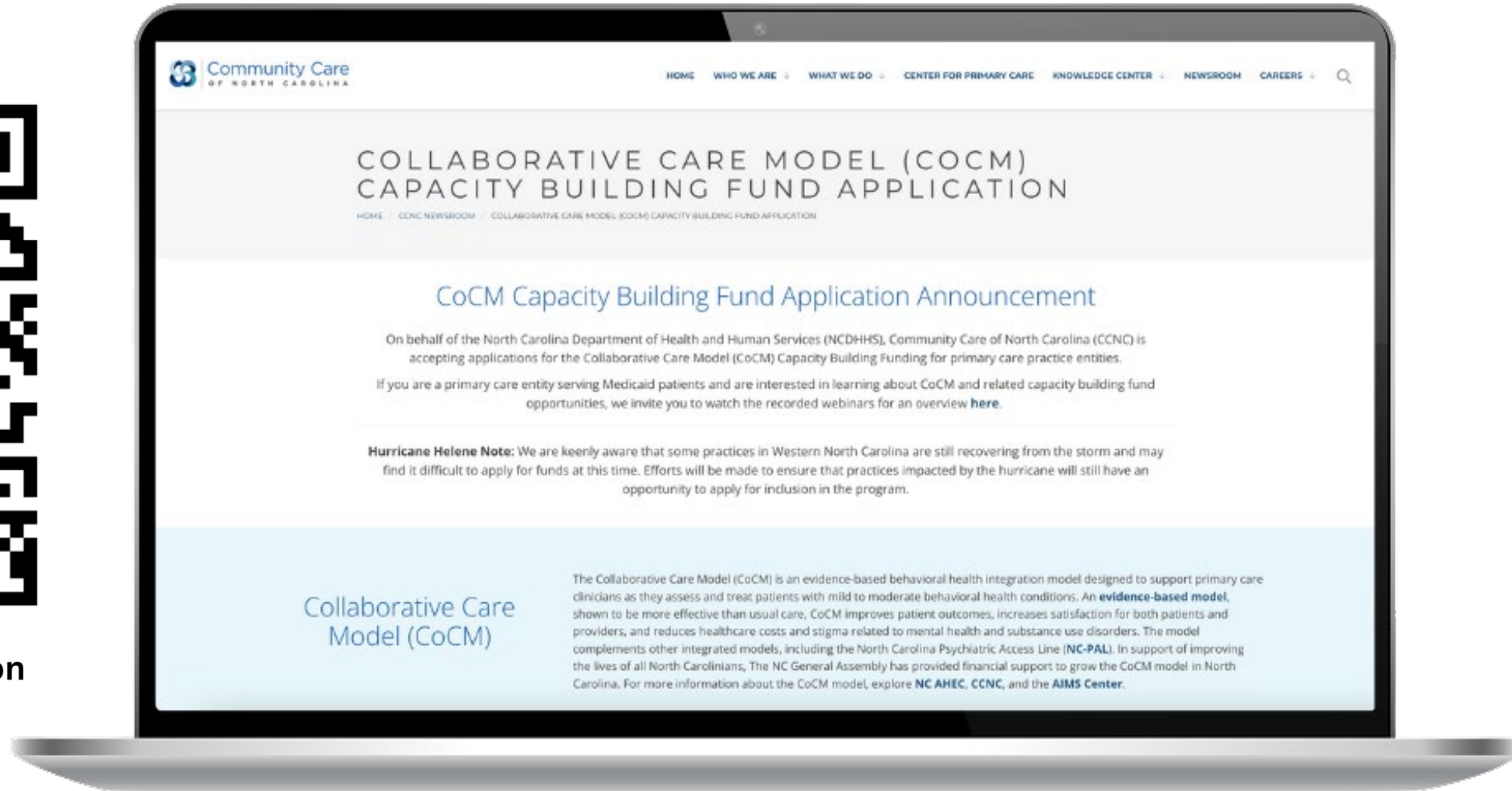
Increase access to care across the state

# Collaborative Care Model – Capacity Building



Capacity Building Application

[Webpage Link](#)



# CoCM Capacity Building Funding

- Primary care practice entities may apply on behalf of one or more primary care clinic sites.
- Each clinic site may be eligible to receive awards of **\$50K to newly adopt** the CoCM model in-house
- **\$30K** for practices that have **already adopted the CoCM model in-house and want to expand**
- **\$20K** for practices that plan to **newly adopt the CoCM model by outsourcing** to an external vendor

*Qualifying primary care practice entities may receive a maximum of one award per primary care practice site. Each award may be used across up to three primary care practice sites. A primary care practice entity applying on behalf of multiple primary care practice sites may receive a maximum of three awards per entity (covering a maximum of 9 sites).*



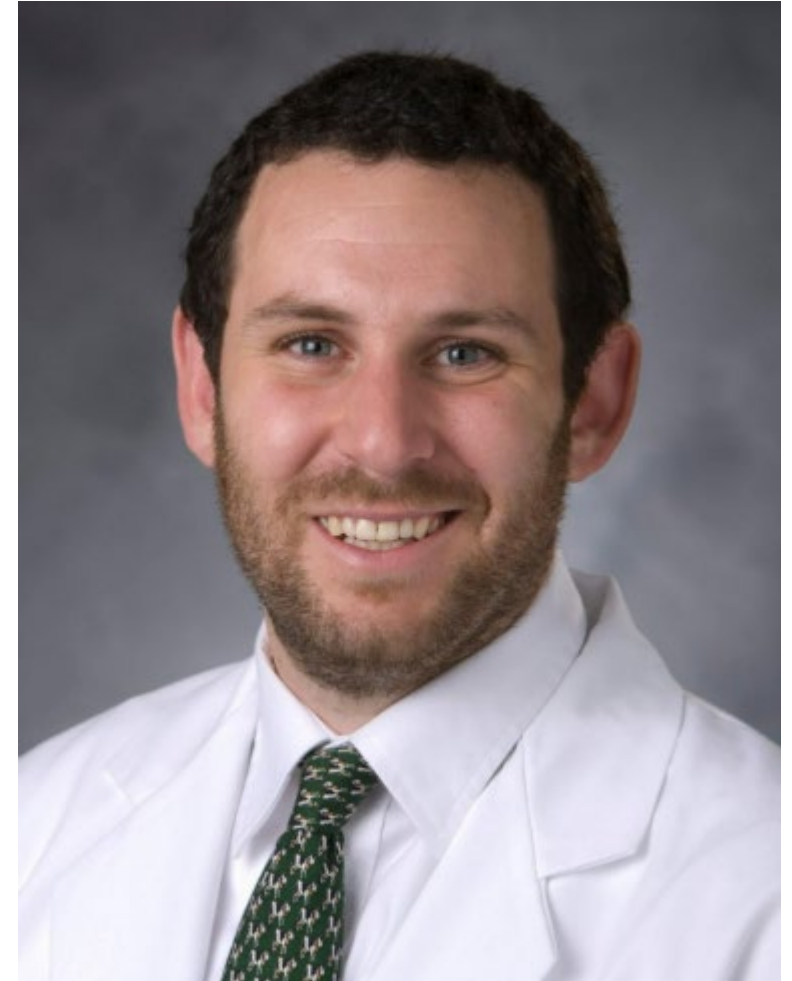
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# NC-PAL

## North Carolina Psychiatry Access Line (NC-PAL)

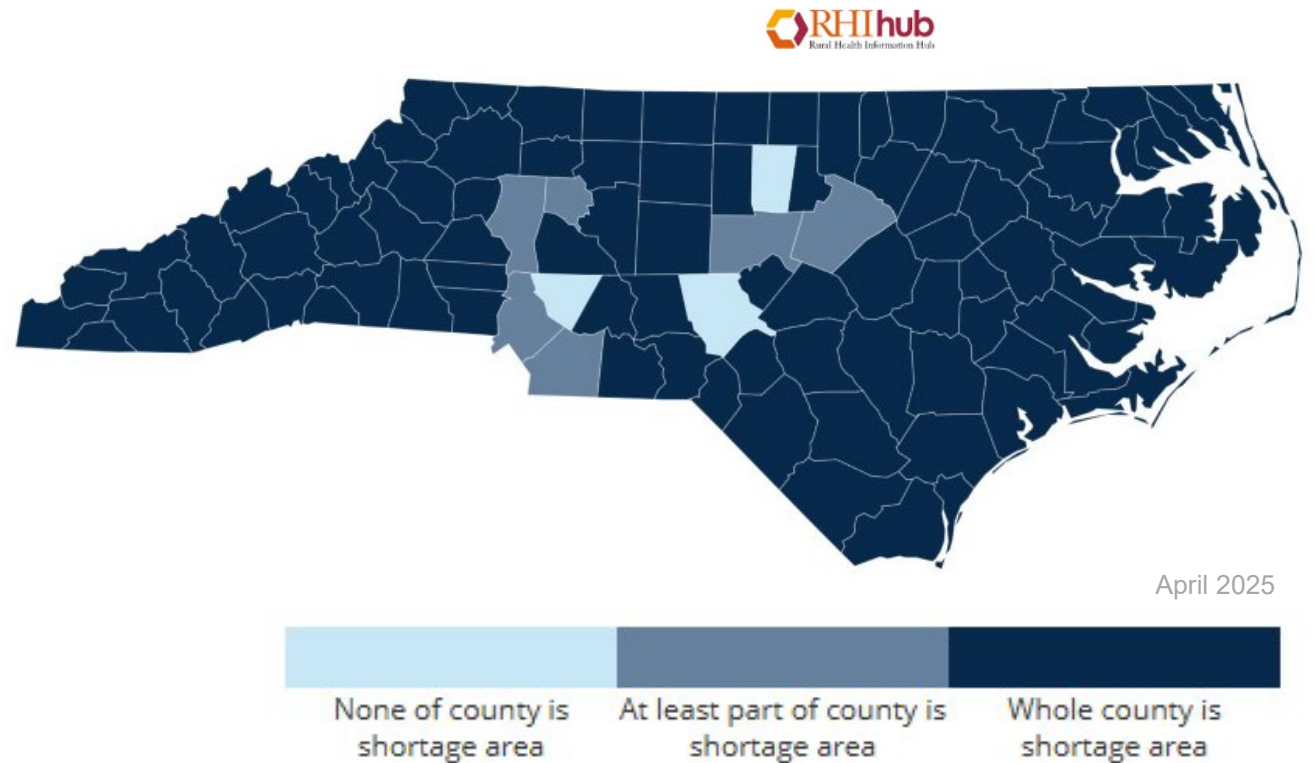
# Gary R. Maslow, MD, MPH

- Rural Health Scholar 2000-2004 Dartmouth Medical School, Hanover, New Hampshire
- Combined Residency in Pediatrics, Psychiatry, and Child and Adolescent Psychiatry, Brown University, Providence, Rhode Island
- MPH/NRSA Research Fellowship, UNC@CH
- Primary Care Pediatrician since 2011 Duke Children's Pediatric Primary Care, North Durham, NC
- Co-Chief Division of Child and Adolescent Psychiatry Duke University School of Medicine, Durham, NC
- Gorrell Family Distinguished Professor in Children's Psychiatry, Duke University School of Medicine, Durham, NC
- NC-PAL Director and Co-Founder, 2017



# NC Mental Health Professional Shortage

- All but 3 counties in North Carolina face a shortage of mental health professionals.
- Primary care providers (PCPs) are often the only clinicians available to diagnose and treat pediatric & perinatal mental illness.
- Surveys of these clinicians have identified gaps in training and comfort with managing mental health care.





NC-PAL aims to build the mental and I/DD health knowledge base and capacity of clinical and social service providers in North Carolina to meet the behavioral health needs of *youth and families*.



NC MATTERS

NC MATTERS, an NC-PAL partner program, supports health care providers in effectively screening, assessing, and treating mental health concerns in *pregnant and postpartum* patients.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

*Both programs are supported by the NC Department of Health and Human Services.*

# NC-PAL Programs

## Practice-Focused Programs

### Consultation

Pediatric Phone Line

Perinatal Phone Line

Care Guides & Screening Forms

One-Time Patient Assessments

### Education

REACH PPP Mini Fellowship

Residency Training

Lectures, Talks & Linkage to Trainings

NC AHEC Courses

### Practice Support

Resource Navigation Support

IDD Supports

Early Childhood Supports

Collaborative Care Support

## Community-Focused Programs

### Social Services

Collaboration in statewide case reviews and policy development

Consultation & education pilots with select DSS agencies

Consultation & education pilots with select CDSAs

### Schools

Collaboration in statewide policy and program development

Consultation & education pilots with select school districts

### Engagement

Collaboration in statewide policy and initiatives

Develop Attachment Network of NC

Collaborate with health equity and quality initiatives

**NC-PAL** provides primary care clinicians with support for mental and behavioral health screening, assessment, and treatment for their pediatric and perinatal patients.



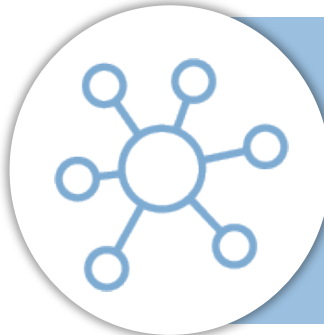
### **Real-Time Consultation**

Clinical consultation and referral support via NC-PAL phone line



### **Practice Presentations**

Virtual and in-person presentations on topics relevant to your practice



### **In-Depth Education**

Training and strategies for integrating mental health into primary care practice



# REACH PPP Mini Fellowship

## Patient-Centered Mental Health in Pediatric Primary Care

**Practical, interactive, in-depth course that trains clinicians to assess, diagnose, and treat pediatric mental health concerns in family practice and primary care settings.**

- Delivered virtually over three days
- Facilitated by child and adolescent psychiatrists and primary care providers who practice in NC
- 28 CME credits provided
- Designed by [The REACH Institute](#) and delivered at no cost by NC-PAL
- Training followed by 12 one-hour case-based group calls with primary care and child/adolescent psychiatrists to discuss cases encountered in primary care

“The course was **so practical** for my practice of pediatric mental health. It was beautifully organized and well-resourced. The teaching was practically focused, thorough but concise, and entirely relevant to my practice. **It was the best CME I have ever attended.**”  
– REACH Participant”

# Psychiatry Access Line

- 1 A provider calls NC-PAL with a question about a pediatric or perinatal mental health case.
- 2 Our behavioral health consultant answers the call, collects patient information, and determines how to support the caller's needs.
- 3 Callers are transferred to a pediatric or perinatal specialist, or can receive a call back at a time of their preference.



(919) 681-2909

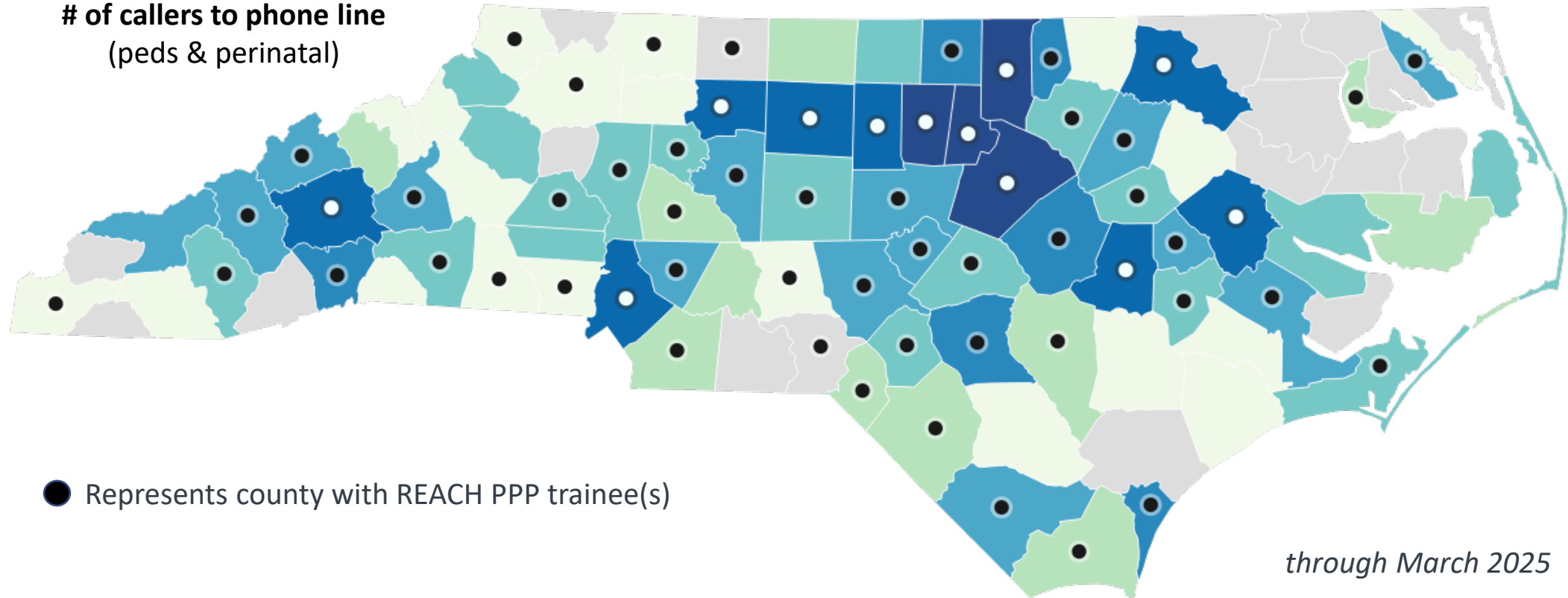
**Press 1 for Pediatric Consultation**

**Press 2 for Perinatal Consultation**

# Engagement Across North Carolina



**# of callers to phone line**  
(peds & perinatal)





Thank you!

Learn more online at [ncpal.org](https://ncpal.org)

For general information, call us at **(919) 660-0341**  
or send us an email at [ncpal@duke.edu](mailto:ncpal@duke.edu)

DUMC Box 3527, Durham, NC 27710

- The pediatric program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$840,000 through September 2026, with 20% financed by a match from NC DHHS.
- The perinatal program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,125,000 through September 2028, with 10% financed by a match from NC DHHS.
- With the recent passage of the landmark state budget, NC-PAL is receiving additional funding from Medicaid (\$2.4 million) and Mental Health Block Grants (\$1.7 million) through June 2024.
- The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

NC Department of Health and Human Services • Division of Public Health • Division of Child and Family Well-Being • [www.ncdhhs.gov](https://www.ncdhhs.gov) • NCDHHS is an equal opportunity employer and provider.

# CCBHCs

## Certified Community Behavioral Health Clinics

# Alex Scharer, MHA, DMH/DD/SUS Mental Health Consultant – Integrated Care



- 10 years in MH/SU/IDD Field
- 1 year with DHHS
- DMHDDDSUS since June 2024
- Person with lived experience

# What is a CCBHC?

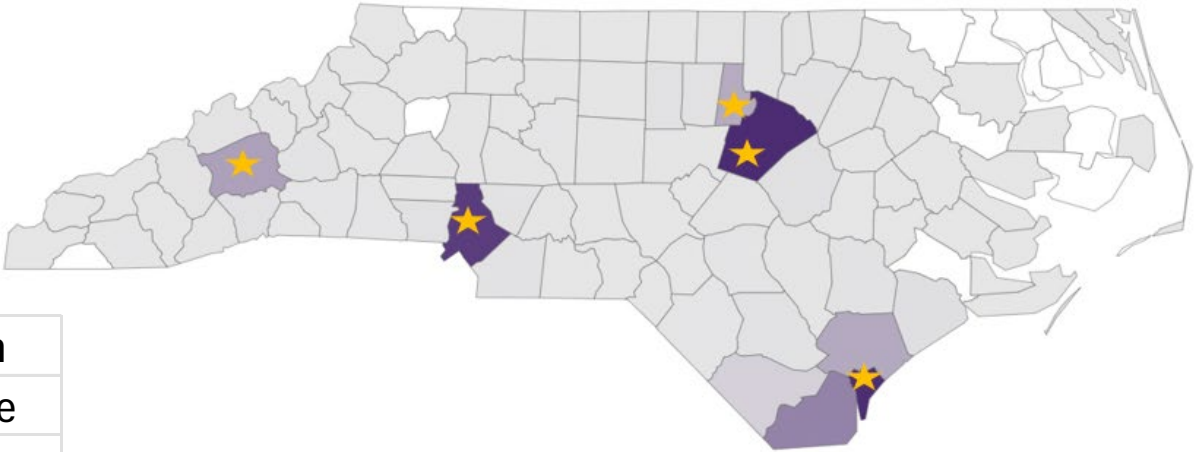


- **Certified Community Behavioral Health Clinic**
- A model of care designed to ensure people have access to **comprehensive, coordinated** behavioral health care, with a heightened focus on **quality and evidence-based care**
- CCBHCs must serve anyone who requests mental health or substance use treatment, **regardless of ability to pay or place of residence**
- **6** areas of quality standards, **over 180 metrics**
- Must provide, or contract to provide, **9 required services**
- Today, providers can become a CCBHC by receiving **funding** from the **State or Federal level**

# DHHS Funded CCBHC Reach

Year (SFY)	Number of Individuals Served at DHHS funded CCBHC
2023	12,751
2024	17,086

CCBHC	Location
Anuvia Prevention & Recovery Center	Charlotte
B & D Integrated Health Services	Durham
Coastal Horizons Center	Wilmington
Mountain Area Health Ed. Center (MAHEC)	Asheville
SouthLight Healthcare	Raleigh



# Sustainability

- Today, CCBHCs in NC are funded primarily by State or Federal grants
- Grants don't last forever
- SAMHSA CCBHC Planning Grant
  - Developing a CCBHC model tailored to NC
  - Developing a Medicaid Prospective Payment System that takes a value-based, more sustainable approach to keeping CCBHCs funded and growing



Increase access to care across the state

# Kathryn Schley, LCSW: Chief Strategy Officer

- Over 20 years in behavioral health field
- 10 years at SouthLight Healthcare
- Licensed Clinical Social Worker (LCSW)
- **GO WOLFPACK!**



# SouthLight as a CCBHC

July 14, 2025

**SouthLight**

# SouthLight's CCBHC GOALS



Expand access to behavioral healthcare



Expand access to primary care services



Improve staff retention and experience



Access crisis services



Decrease barriers to care by addressing social determinants of health



# SouthLight as a CCBHC

## 5,500 + People Served

- 80% dually diagnosed
- 63% Medicaid
- 1,400 served in OTP

## 230+ Employees

- Many with lived experience, at all levels of the organization
- Competitive salary bands
- Reimbursements for licensure
- Free CEUs

## 20+ Services

- Providing outpatient, community-based, and court services
- Same day access
- Evening OTP clinic
- Integrated Healthcare Clinic
- Peer-Led Drop In Center

## 6 Locations

- Hub and spoke model
- Wake serves as CCBHC hub with spokes in Durham, Cumberland, and Harnett Counties

# SouthLight as a CCBHC

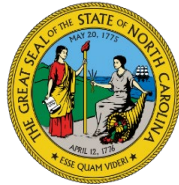
- Met all criteria as outlined in NCDHHS grant requirement
- Became NC's first CARF accredited CCBHC
- Working to attain NCQA accreditation as a CCBHC
- Increasing access —Serving more people—Increase Revenue—Decreased Cost to community (hospitals, emergency departments, jails, etc)
- Meeting CCBHC goals can lead to funding to support new initiatives through grant funding or alternative payment models, better preparing for value based care
- Becoming a stronger solution partner in the community as a CCBHC can lead to other grant or collaborative opportunities
- When considering growth, how do we integrate CCBHC requirements and philosophies into new areas



# QUESTIONS?

**Kathryn Schley, LCSW**  
**SouthLight Chief Strategy Officer**  
**[schleyk@southlight.org](mailto:schleyk@southlight.org)**

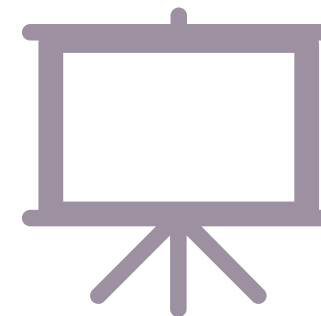
**Thank You!**



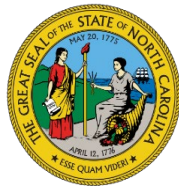
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Questions and feedback are welcome at  
[BHIDD.HelpCenter@dhhs.nc.gov](mailto:BHIDD.HelpCenter@dhhs.nc.gov).



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webinar will be posted to the [Community  
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