

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

Division of Mental Health,  
Developmental Disabilities and  
Substance Use Services

# State to Local CFAC

**Kelly Crosbie, MSW, LCSW**

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

**January 22, 2025**



# 2025

HAPPY  
*New Year*

From DMHDDSUS!



# Agenda

1. MH/SU/IDD/TBI System Announcements & Updates
2. 2024 Year in Review
3. Strategic Plan Dashboard
4. NEW 2025 Initiatives in the Strategic Plan

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

# NC Suicide Prevention Action Plan Survey

DMH/DD/SUS is requesting feedback on the use and effectiveness of the [2022-2025 NC Suicide Prevention Action Plan](#).

## Your response will help us:

- Understand how well the plan is being implemented
- Its impact on the community
- Whether the plan is meeting its goals

## We want to hear about:

- Your awareness of the plan
- How it's affecting you or your organization
- Suggestions you have for improvement.

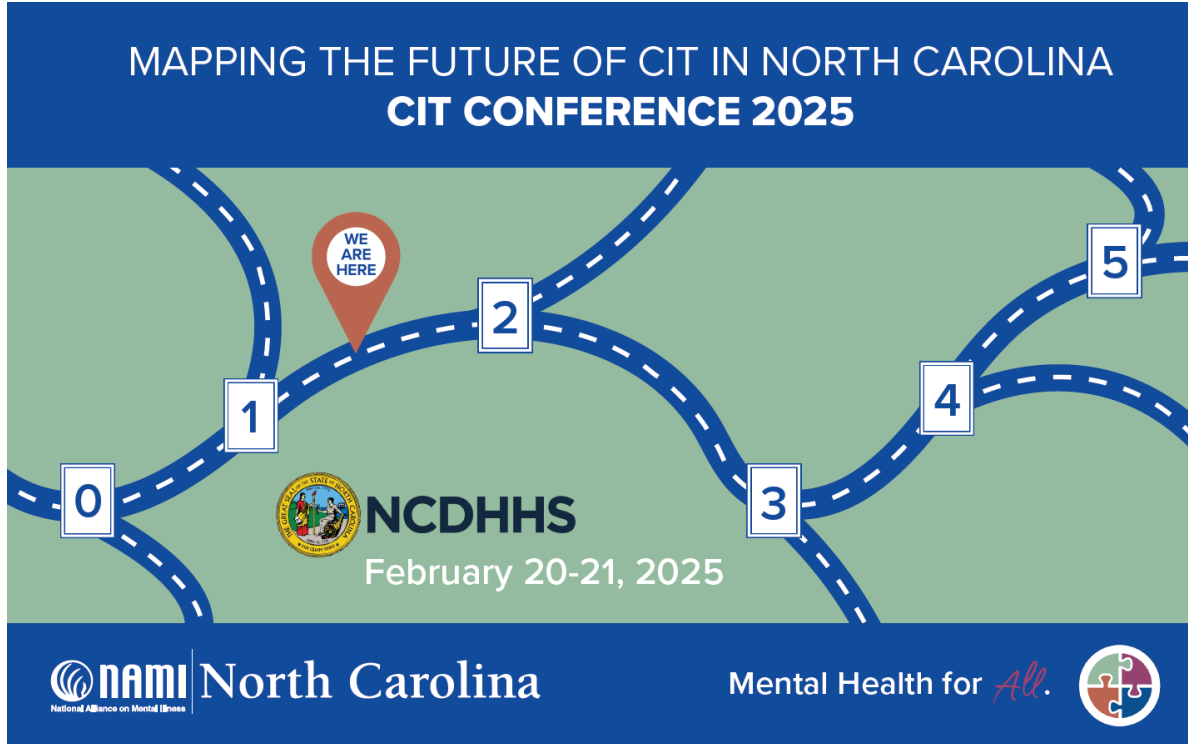
[Click here to complete the survey!](#)

Accepting submissions through **January 31, 2025**. Thank you for sharing your input!

# Crisis Intervention Training Conference 2025

- Pre-conference 2/20
- Conference 2/21

MAPPING THE FUTURE OF CIT IN NORTH CAROLINA  
**CIT CONFERENCE 2025**



**NCDHHS**  
February 20-21, 2025


**NAMI** North Carolina  
National Alliance on Mental Illness


Mental Health for *All.*

JOIN US AS WE EXPLORE THE INTERSECTIONS OF CIT AND SIM

Thursday, February 20	Friday, February 21
Pre-conference	CIT Conference
1:00 pm - 5:00 pm	8:30 am - 4:30 pm
Understanding SIM (Sequential Intercept Model)	Breakfast and Welcome
5:30 pm - 7:00 pm	Breakout sessions
Welcome Reception	CIT Awards Luncheon

**BE THERE**

 Greensboro-High Point Marriott Airport, One Marriott Drive  
Greensboro, North Carolina, USA, 27409



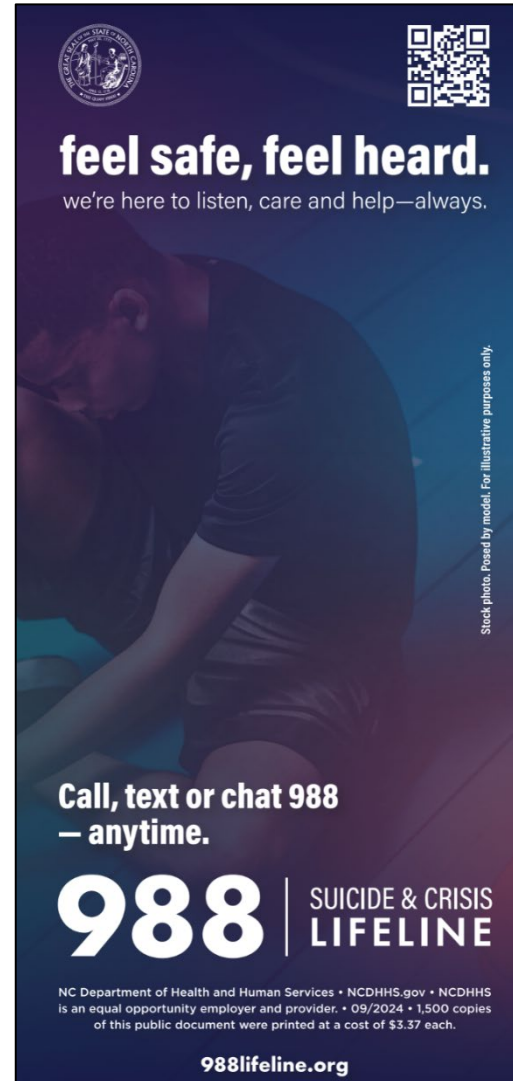
Let's innovate, collaborate, and shape the future together!

[Register Here to Attend](#)

# Order Free 988 Campus Print Materials Today

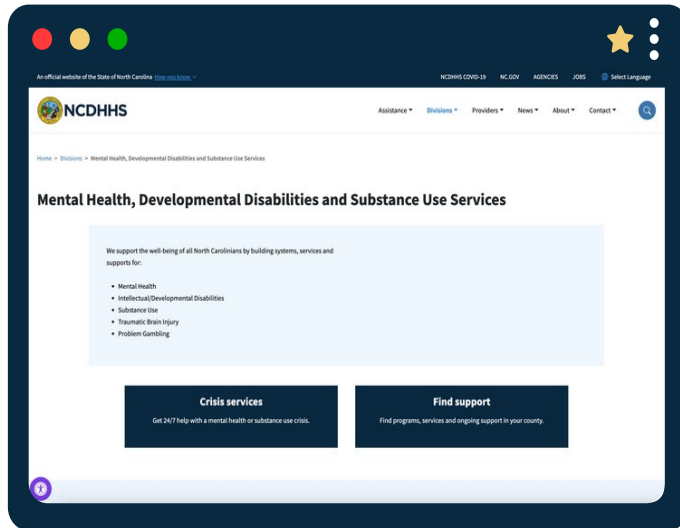
NCDHHS is providing free 988 campus materials for students, professors, student organizations and community groups to distribute on campus.

- Orders include posters, flyers, stickers, window clings and rack cards.
- Order materials by January 24, 2025, to receive them in early February.
- <https://share.hsforms.com/12Q801fJlTD-vlrd30FWJbQ5bzii>



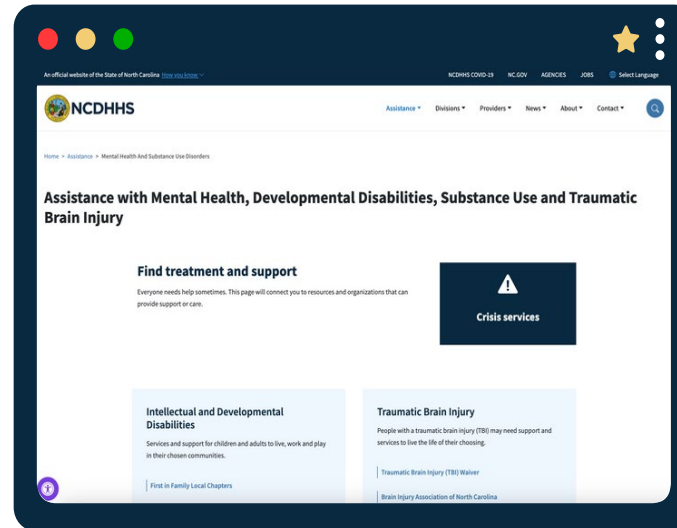


# NEW DMHDDSUS Websites!



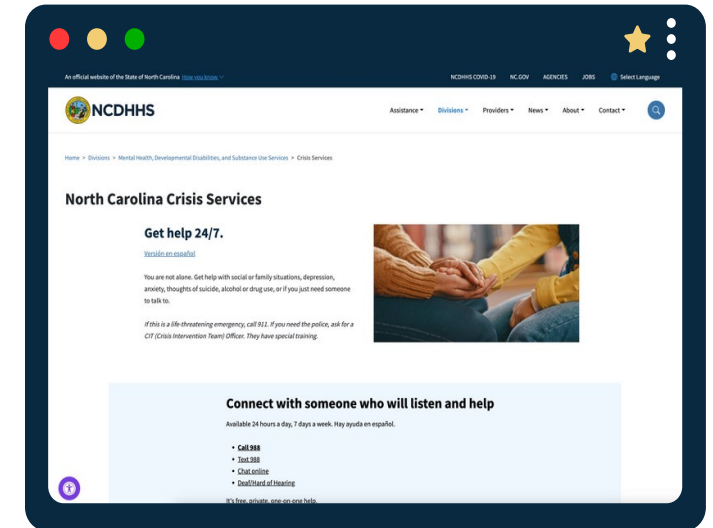
## DMHDDSUS Homepage

Discover who we are and what we do. Our new homepage provides easy access to information, resources, and updates about our programs and initiatives.



## Assistance Page

Everyone needs help sometimes. This page will connect you to resources and organizations that can provide support or care.



## Crisis Page

You are not alone. Get help with social or family situations, depression, anxiety, thoughts of suicide, alcohol or substance use, or if you just need someone to talk to.



# 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 since then over 760 direct contacts have been made in the affected communities
- Ongoing recruitment and training over the coming months (will have 100+ crisis counselors deployed)
- Vaya, Trillium, and Partners are DHHS partners
- Hope4NC line had over 5,300 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



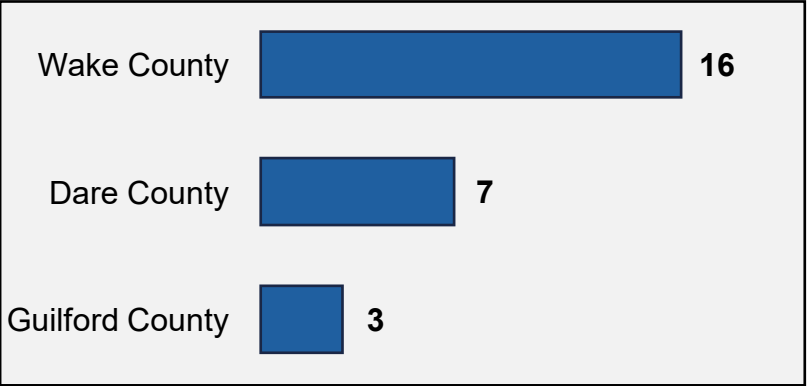
# SOMETHINGS

## End of Year Data

**SOMETHINGS** is a mental health platform that connects **teens and young adults** with **Certified Peer Support Specialist** mentors and can provide referrals to **licensed therapists**.

**NCDHHS** and **Alliance** have partnered with **SOMETHINGS** to provide free mental health support for teens in North Carolina regardless of insurance status.

### Top 3 Counties with Active Teens



### Satisfaction & Feedback Scores



4.58



4.16

*“My teen continues to enjoy the program a lot.... Very thankful for the program you’ve put together. I’ve shared with multiple parents at my school and both her counselors.” – Parent, Wake County*

### Key Metrics

49

Total Active Number  
Of Teens

1154

Teen Applications  
Since Launch

11

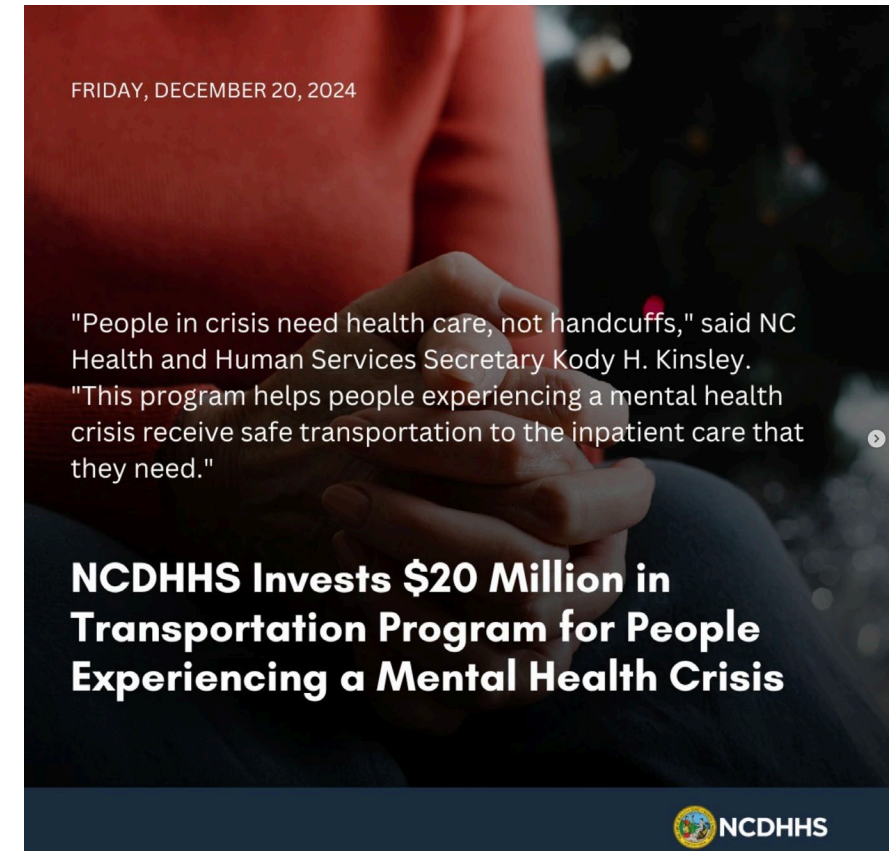
Average Days Teen  
Are Engaged

# Now Open: Non-Law Enforcement Transportation RFP

## NCDHHS Invests \$20 Million in Transportation Program for People Experiencing a Mental Health Crisis

- Provides trauma-informed transportation for people in mental health crisis who need to be transported from emergency rooms to residential treatment
- Aims to decriminalize and destigmatize the process of seeking mental health care

Eligible transportation vendors can access and apply for the [RFP on the NCDHHS website](#).



# Opening of The Retreat @ Fernwood!

NCDHHS Secretary Kody Kinsley and DMHDD SUS Director Kelly Crosbie participated in the ribbon-cutting ceremony for Promise Resource Network's new peer-run respite center in Wake County today. Joining the center's CEO Cherene Caraco and Alliance Health CEO Rob Robinson, they celebrated the opening and toured the center.

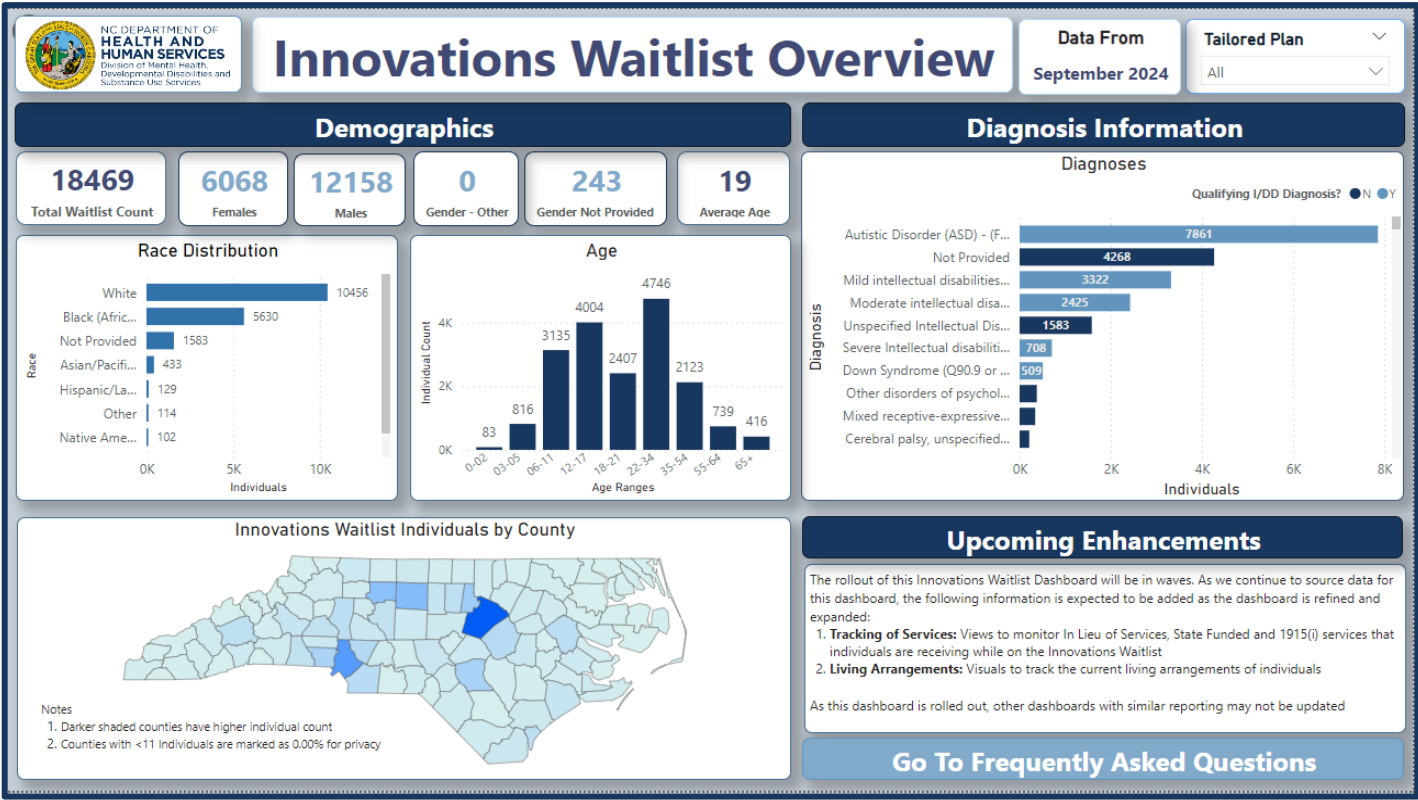




# NEW: Innovations Waiver Waitlist Dashboard



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

# January is Substance Use Disorder Treatment Month



## Supports:

- People contemplating or seeking help for their substance use
- Practitioners treating or considering treating substance use disorder
- Friends, family, and loved ones of those with substance use conditions

## Seeks To:

- Eliminate stigma surrounding treatment, including medications used to treat substance use disorders
- Encourage those on their treatment and recovery journey
- Promote best practices such as screening, intervention, and treatment of substance use disorders by healthcare providers



# Substance Use Disorder Treatment Month Areas of Focus

Raising awareness of the benefits and availability of evidence-based treatments for people with a substance use disorder, connecting people to the support, treatment and care they deserve.

**Reducing Stigma  
(January 12 – 18)**



**Demystifying Treatment  
Options  
(January 19 – 25)**



**Supporting Treatment-  
Friendly Communities  
(January 26 – 31)**



**Demystifying Medications for Substance Use Disorder Webinar | January 30**

[Click here to register!](#)

# \$1 Million SAMHSA Grant to Support Certified Community Behavioral Health Clinic Efforts



**Strengthening the Crisis System:** CCBHCs provide comprehensive mental health, substance use care, and outpatient primary care screening and monitoring for children and adults – regardless of a person’s ability to pay, their insurance status, or where they live.

## The planning grant will support:

- The establishment of a North Carolina CCBHC certification process
- The development of a prospective payment model
- The preparation for our 2026 SAMHSA CCBHC Demonstration Program application

## Key CCBHC services include:

- 24/7 Crisis Care
- Veterans’ Community-Based Mental Health Care
- Peer & Family Support Services
- Case Management
- Other Mental Health and Substance Use Treatment and Recovery Services

# Children and Families Specialty Plan to Launch in Dec. 2025

**One, single statewide plan:** Operate statewide as the single entity accountable for the health care of its members, simplifying processes and providing caregivers, providers, case workers and families with the information to provide the right care at the right time.

**Informed by local needs:** Collaborate with County DSS, local stakeholders and families to understand and respond to needs in each community. Care managers will be located within the community to support this work.

**Prevention focused:** A family-focused approach to care delivery to strengthen and preserve families, reduce entry and re-entry into foster care, and support reunification and other permanency plan options.

**Comprehensive care:** Increase timely access to a broad range of physical health, behavioral health, pharmacy, long-term services and supports (LTSS) and I/DD services, as well as unmet health-related resource needs for all members.

**Coordinated care:** Provide care management to all members to support integrated, whole-person care and facilitate coordination among service providers. Facilitate seamless transitions for members in treatment settings, child welfare placements, transitions to adulthood and/or loss of Medicaid eligibility.

## 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](#)

# 2024 Community Collaboration

To foster collaboration, keep the community informed, and engage in meaningful dialogue with the community advisors, we held:

40

## ADVISORY COMMITTEE MEETINGS

Facilitates collaboration among consumers, families, community members, and stakeholders to guide policies, programs and key areas of investment that affecting the MH/IDD/SU/TBI community.



[WATCH](#)

[REGISTER](#)

12

## SIDE BY SIDE WEBINARS

Monthly webinars that gather consumers, families, advisory groups, LME/MCOs, community members and partners to learn about policies and programs that affect the MH/IDD/SU/TBI community.



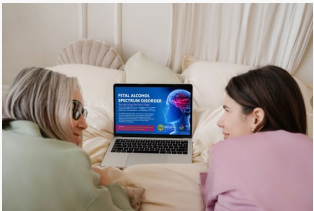
[WATCH](#)

[REGISTER](#)

22

## OTHER COMMUNITY WEBINARS

Brings together individuals, families, and organizations to explore key issues and share resources that support MH/IDD/SU/TBI.



[WATCH](#)

[REGISTER](#)

9k

## TOTAL PARTICIPANTS

Engaged 9,000 community members, consumers, families, and professionals in discussions, learning, and collaboration to strengthen support systems and resources.



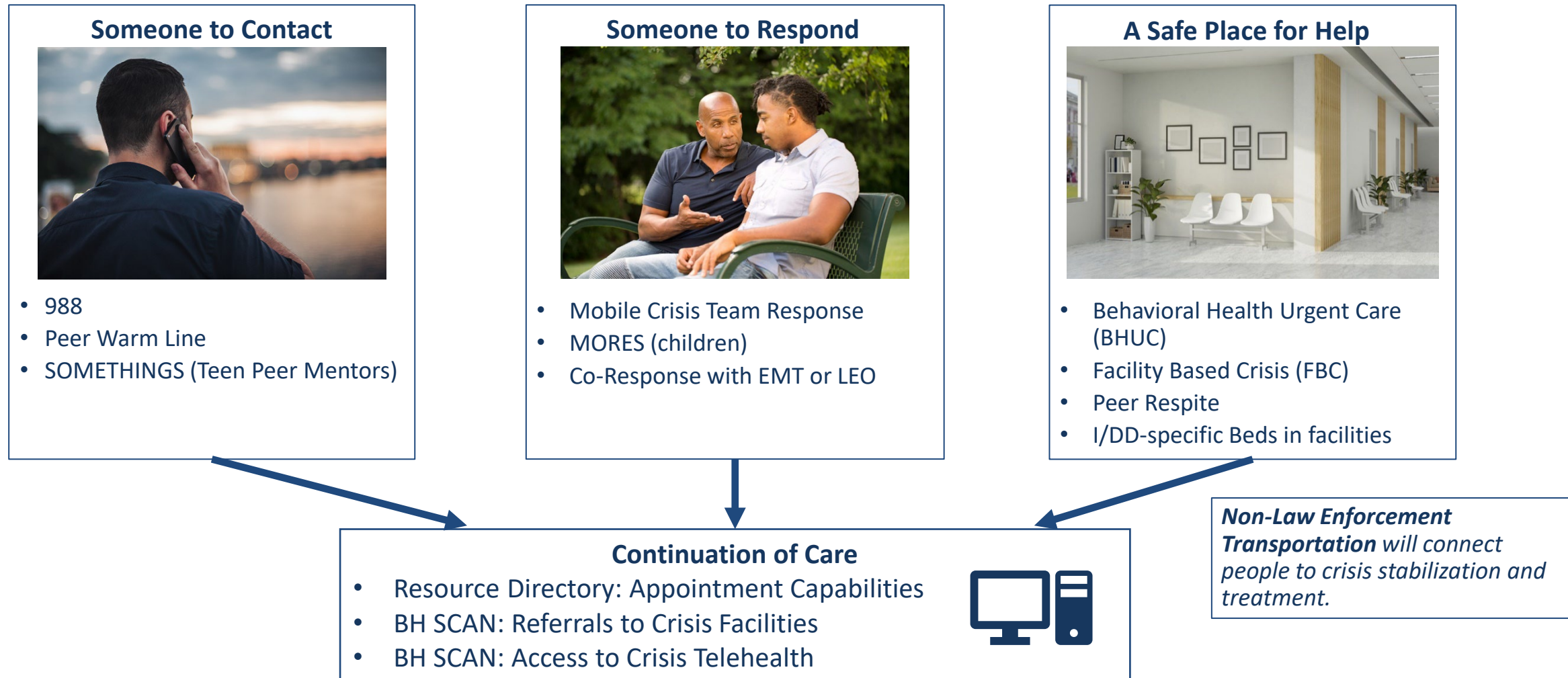
[SIGN UP FOR OUR NEWSLETTER](#)

# Crisis 2024 Year in Review



# Crisis to Care – Effectively Responding to Mental Health Crisis

DMHDDSUS' crisis to care model helps ensure people have **alternatives to emergency departments and law enforcement** when seeking crisis services.





# NEW: NC Mental Health Crisis Services Campaign

When life feels overwhelming, *help is here*. [North Carolina crisis services](#) provide compassionate, confidential, and non-judgmental support to connect individuals and families with the care they need.

## New Landing Page

Available in [English](#) and [Spanish](#), that uses easy-to-understand language to describe and connect to our services.

## Searchable Map

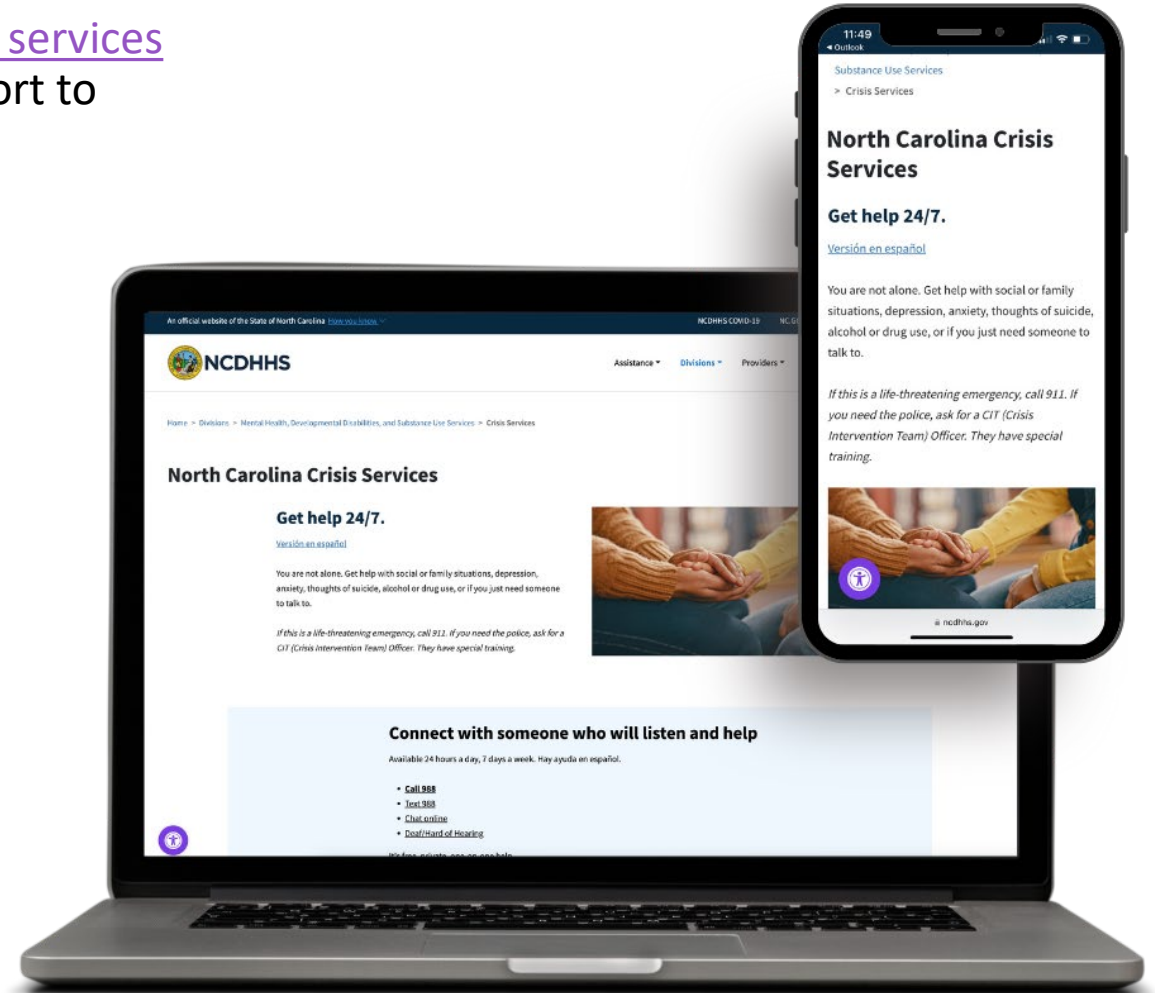
[Find community crisis centers \(Spanish\)](#), including behavioral health urgent cares and facility-based crisis centers.

## Zip Code Search

Type your zip code into the "Search" field to [find a mobile crisis team \(Spanish\)](#)

## Google Search Ads

To support people actively searching for information



# 2023 - 2024 Crisis Accomplishments

**\$131 M** was appropriated for DMH/DD/SUS to invest in crisis systems. **\$44 M** has been invested in 2024 to expand facility capacity, strengthen the mobile crisis network and support the 988 suicide and crisis lifeline for individuals in need.

## 2023 – 2024 Accomplishments



- Expanded Community Crisis Capacity:
- 60** Child Beds at 4 Facility Based Crisis Centers
  - 80** Adult FBC beds at 5 facilities
  - 12** 24/7 Behavioral Health Urgent Care (BHUC)



Expanded **Law-Enforcement Co-Response** in **4 counties**

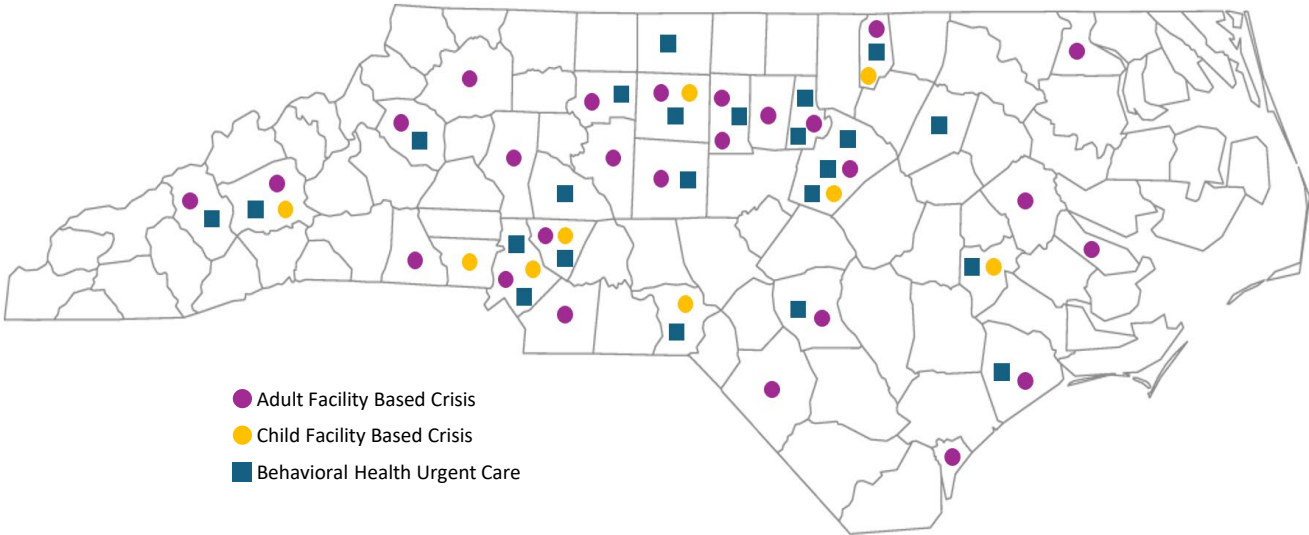


Added new **MORES teams (child crisis responders)** in **8 counties**



- Responded to 121,795 people with 988 Suicide and Crisis Lifeline**
- Launched the **Peer Warm Line** and responded to **54,940 calls**
- Launched **SOMETHINGS** (Teen Peer Mentors) statewide in October 2024

## Post-Investment Crisis Facilities



# 2025 Crisis Investments

**\$58 M** is committed to continue expanding facility capacity and services for individuals in crisis

## On the Horizon for 2025 and Beyond



**Non-Law Enforcement Transportation Pilot** to begin in 2025



**3 new Behavioral Health Urgent Cares (BHUC) and 2 Adult Facility Based Crisis (FBC) opening** by Spring 2025



Opening **3 new peer respites** in 2025

Expanding **crisis options** for people with I/DD and TBI

Expanding **co-responder model** to **5+ counties**

Expanding **BH SCAN** and **Technology** Capabilities

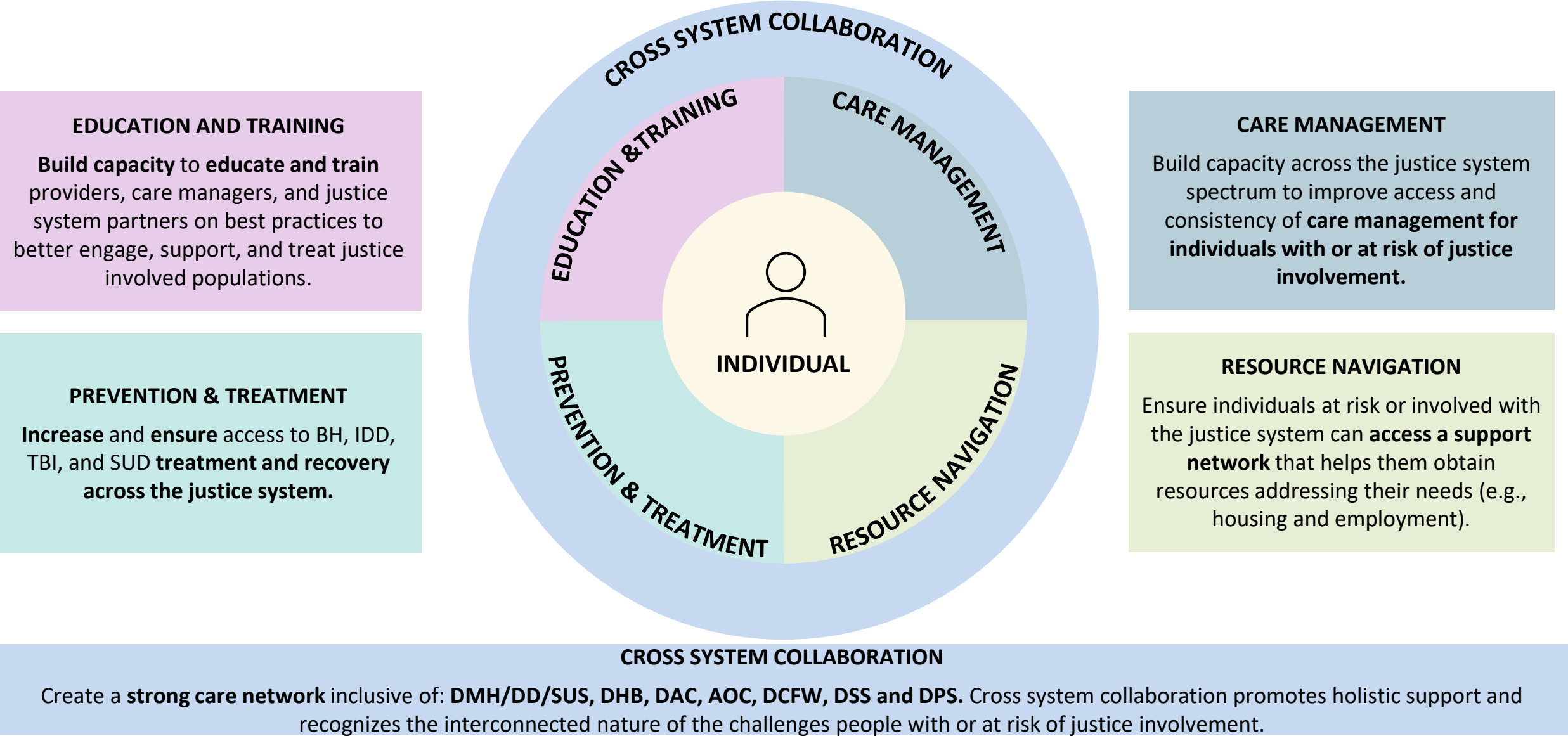


- Launching **Digital Referrals** to inpatient beds, crisis facility bed, residential placements
- Launching **Mobile Crisis Dispatch & Tracking Pilot** to improve response time and outcomes
- Launching statewide **telehealth capabilities** for 988, co-responder and MCM models
- Provide **funding for EHRs** for our crisis providers

# Justice 2024 Year in Review

# JUSTICE-INVOLVED MODEL OF CARE

DMHDDSUS is taking a **human-centered, collaborative approach** to meet the needs of our justice involved people.



# 2023 - 2024 Justice Accomplishments

**\$99 M** was appropriated for DMH/DD/SUS to expand services for people involved in justice systems. **\$37.5 M** is being invested to ensure adults with MH/SU/IDD/TBI needs receive services that prevent unnecessary arrest, improve treatment, and reduce recidivism.

## 2023 – 2024 Accomplishments



### Expanded re-entry services:

- **5** new FACT Teams (Forensic Assertive Community Treatment) to support the state
- **2** new UNC FIT Wellness Clinics to support 4 counties (behavioral health treatment, medical treatment)
- Increased LME/MCO funding to support statewide re-entry of incarcerated individuals with complex mental health needs (treatment, housing, employment)



### Strengthened partnerships:

- Released Request for Applications (RFA) for **Law Enforcement Assisted Diversion, Employment, and Housing**
- Funded **Trillium Recovery Courts** to divert people from justice involvement
- Expanded **NC Technical Assistance Center** capacity to provide **free** support and consultation to **66** organizations working with justice populations

# 2025 Justice Investments

**\$61.5 M** is committed to strengthening treatment, enhancing care management, and promoting services that support health.

## On the Horizon for 2025 and Beyond



Launching **additional capacity building** for re-entry supports under the Medicaid 1115 waiver



**Diverting more adults** from the justice system through expanded programs in more counties



Providing more **housing, food, and clothing** as one-time re-entry benefits to individuals with **serious mental illness, intellectual or developmental disorders and/or traumatic brain injury**



Increasing **programs for youth** with behavioral health or co-occurring needs



Increasing beds **from 10 to 25** for Mecklenburg Detention Center Capacity Restoration, and adding capacity restoration in Pitt county, restoring capacity for individuals incapable of proceeding to trial



# Workforce 2024 Year in Review

# Strengthening our Workforce Pipeline

DMHDDSUS is investing to **educate, employ and elevate** our professionals, creating a sustainable pipeline.

## Professionals Continuum



... facilitating advancement through the 3E's




# Workforce – Peer Support

## 2023 – 2024 Accomplishments


### EDUCATE

**\$17K+** Peer Scholarships to attend certification courses across the state

### EMPLOY

 New CPSS Job Board launched with region-specific job notification program

### ELEVATE

 DMH/DD/SUS partnership with **Trillium** on the Connections App (CHESS Health)

**1,459** Individuals onboarded  
**502** Peers involved, **323** CPSSs fully onboarded

## What is Next? 2025 and Beyond

### PEER COURSE LAUNCH

**Online** Peer  
Standardized course

**In-person** Peer  
Standardized course

**Peer**  
**certification**  
exam

Specialty  
Training and  
IDD/TBI Peer  
Mentors

Summer 2025

Fall 2025

Winter 2025

Spring 2026

### Other Investments



IDD & TBI Peer Mentoring

Designations – Crisis, Justice, ER Peers, etc.

Specialty Trainings- LGBTQ+, Cultural Competency (to include specific local cultures), Domestic Violence, etc.

Peer Supervisor training



Job and Resume Linkage through a new Job Board page to provide technical assistance in gaining employment



Develop pre-job classes to assist individuals in obtaining employment such as: Resume Building, Interview Skills, and Navigating the NC Healthcare and Recovery System

## 2023 – 2024 Accomplishments

### EDUCATE



Partnered with the NC Community College System (NCCCS) to create and educate the public of a viable career path for DSPs to follow; achieved through NCCCS recruitment efforts in NC High Schools and other locations of learning

### EMPLOY

**\$7.4M**  
In grants Opened grant applications for DSP across the state focusing on Supports, Recruitment, Retention and Training

### ELEVATE

**~2X**  
Increase in productivity Innovating roles of DSPs using technology to facilitate more independent living of populations served through a Remote Monitoring Pilot

**\$150K**  
In design Partnership with NCCCS to design an Advanced Training Course in order to further DSP opportunities to gain skills and climb the career ladder

## What is Next? 2025 and Beyond

### DSP EDUCATION PROGRAMS

**Online (no cost)** Core Competency Curriculum

**DSP Advanced Training Course**  
(In partnership with the NCCCS) & Scholarship program (free to students)

Summer 2025

Fall 2025

### Other Investments



Core Competency Curriculum  
Launch DSP Advanced training (Fall 2025) w/ scholarship  
DSP Job board

**\$2.1M**  
In grants Second round of DSP Recruitment and Retention Grants for provider agencies and EORs prioritizing those impacted by Helene.

**\$5K+**  
Per year Through partnership with an LME-MCO partner, employ a wage differential for completing educational priorities

## What is Next? 2025 and Beyond

DMHDDSUS will be partnering with UNC SHEPS/AHEC and leveraging the 1115 waiver to address our communities' needs.

Full **Workforce Evaluation** and Loan Repayment Design

Phased **Loan Repayment Program** Launch

Summer 2025

Late 2025

### Resulting Investments and Initiatives

**\$12M**  
In funding

Loan repayment program targeting critical job shortage areas in the BH workforce



Collaboration to build a HS to Apprenticeship to AAS pipeline  
Updating rules definitions to allow AAS to serve as QPs

# Workforce – Rate Increases

**\$385 M** was invested to increase Medicaid reimbursement rates for MH & SUD services, for the first time in a decade!

## 2023-2024 Accomplishments

**20% increase in overall funding** across impacted services

**35% increase** to Assertive Community Treatment (ACTT)

**30% increase** to peer support services (PS)

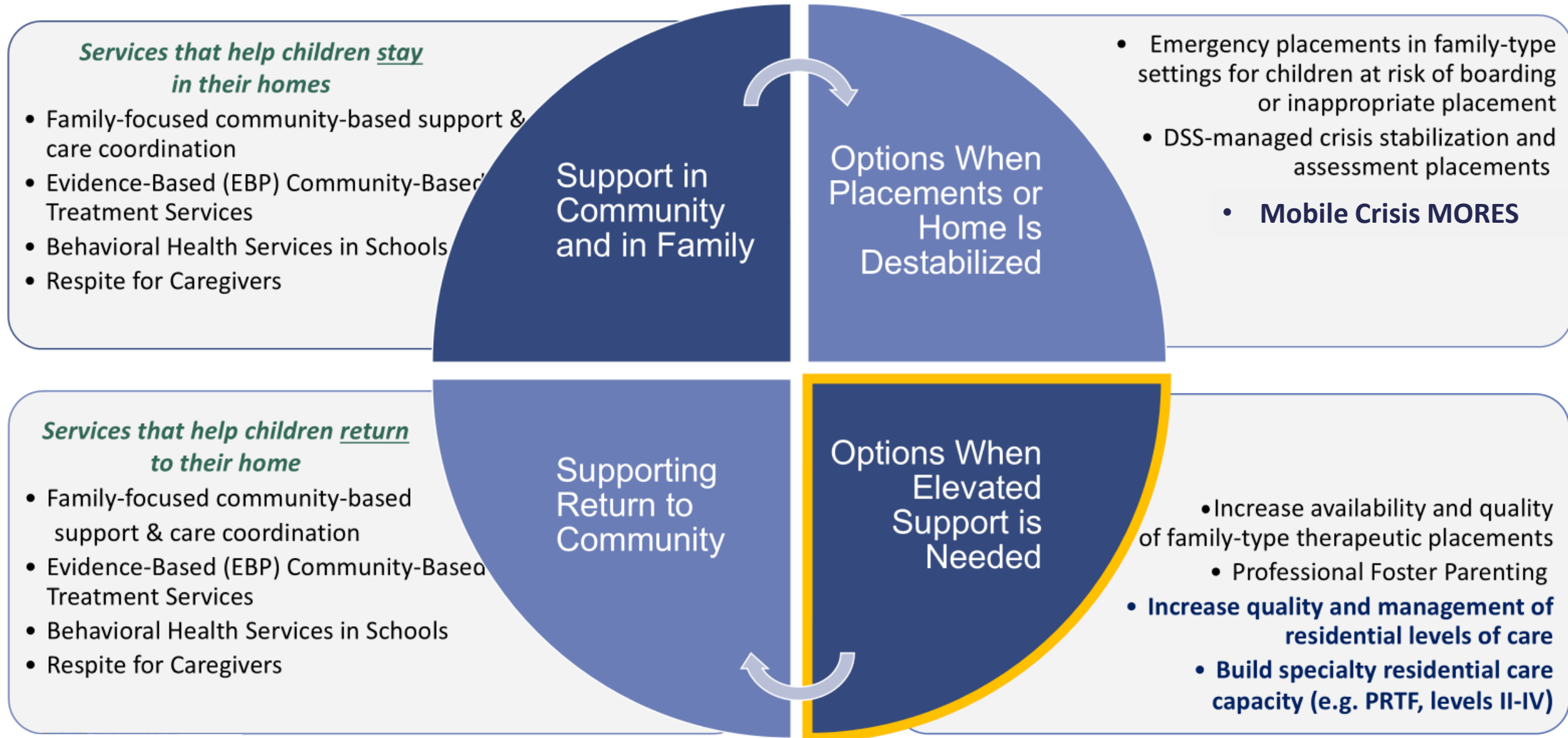
**25% increase** to intensive in-home services (IIH, MST)

**~2X increase** to diagnostic evaluation and inpatient care (Licensed Providers, Inpatient Care)

# Residential Child Behavioral Health 2024 Year in Review



# Improving the MH/SUD Treatment Continuum for Children in NC







# Child Treatment Services Vision—Adjusting our Continuum

DMHDDSUS is committed to delivering **high quality, evidenced-based** care in community settings to reduce reliance on residential treatment settings.

For children in residential care, we are committed to improving the quality of care to ensure it is **trauma-informed, time-limited, and effective**, while prioritizing and valuing the sustained **connection to the child’s home and community**.

## Objectives & Guiding Principles

			
Enhance Environments of Care to create safe, trauma-informed treatment programs	Improve the Quality of Care delivered within evidence-informed residential treatment settings	Increase Access to Care to ensure the right service at the right time in the right location	Develop Specialized Capacity that provide services for those with complex, co-occurring needs
Care that is <b>safe</b> . Care that is <b>trauma-informed</b> .	Care that is <b>time-limited</b> . Care that is <b>therapeutic</b> .	Care that is <b>intentional</b> . Care that is <b>connected</b> .	Care that is <b>effective</b> . Care that is <b>specialized</b> .

# 2023 - 2024 Residential Child Behavioral Health Accomplishments

DMHDDSUS invested in Environment of Care projects with the goal of **improving the youth residential care system** in North Carolina.

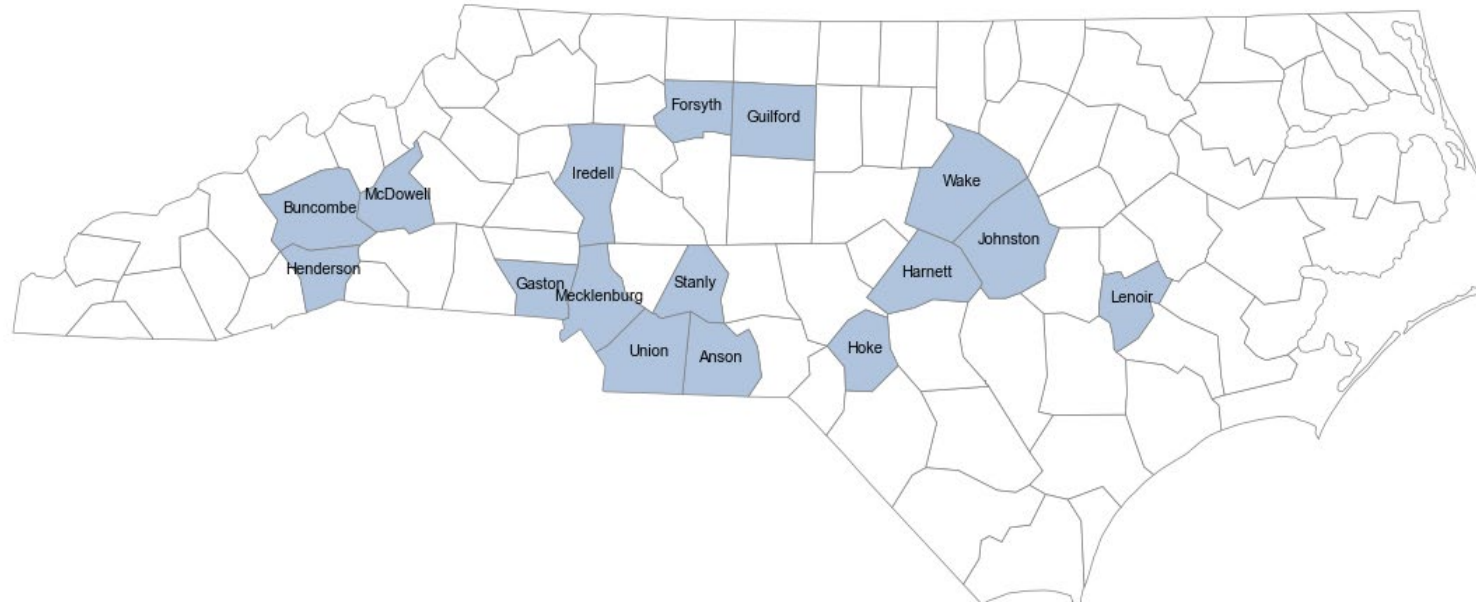
## 2023 - 2024 Accomplishments



Invested **\$3.8M** in **33** Environment of Care projects across **21 providers** in **16 counties** to create safe, healing spaces that will support **414 youth** each day



Investments included furniture, facility repairs, security and fencing, sensory spaces, recreation and outdoor spaces.



# Future Residential Child Behavioral Health Investments

**\$21.4 M** is committed to launching several pilot initiatives to provide trauma-informed, time-limited, and effective care that is integrated with a child's home and community.

## Looking Ahead to 2025 - Beyond



- Quality of Care Initiative for PRTFs: State supported training of all staff and measurement/monitoring of quality metrics.
- Assessment of all children currently in PRTF to determine current needs and create recommendation for discharge to the community with wrap around services.



- Continued work with sister DHHS Divisions on: Trauma informed assessment and process for admitting children to residential care.



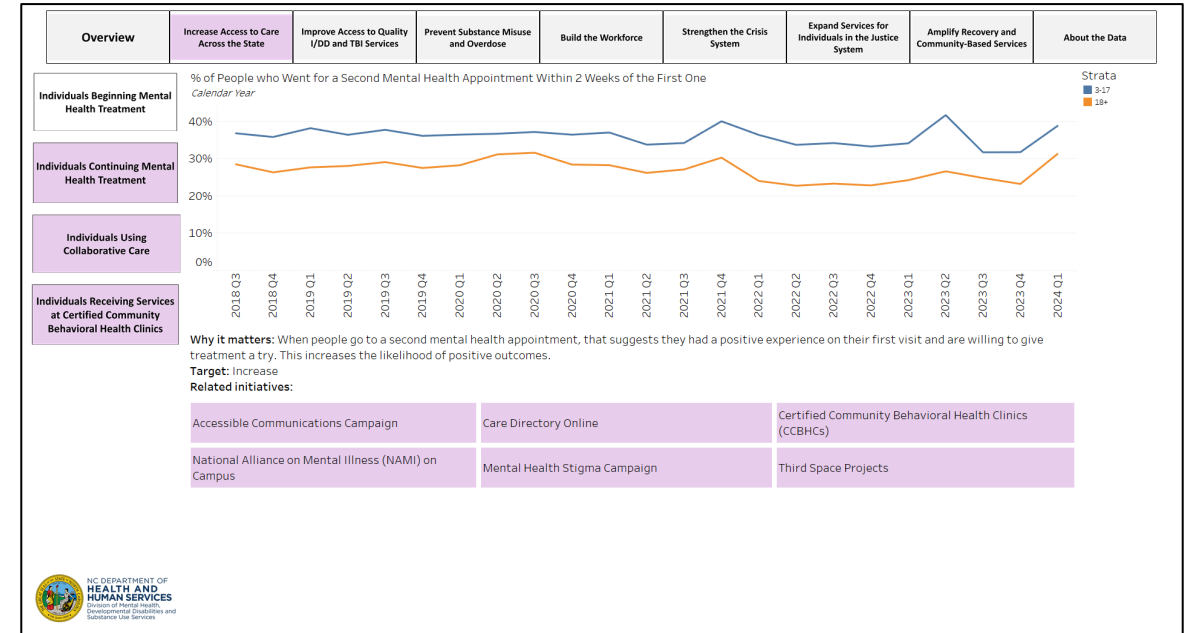
- Continued work with sister DHHS Divisions on: Community mental health/substance use services to help children divert from residential care OR re-enter successfully into the community from residential care.
- Piloting both alternatives to residential care and specialized brief residential care for children with the most complex needs (i.e. children with IDD, autism and mental health issues, older children with history of trauma).



- Improve crisis care and **avoid unnecessary emergency department visits** through expansion of **MORES** (child mobile crisis) and access to more child BHUCs and FBCs (community crisis centers).
- Revise clinical coverage policy and rule to narrow residential care for children with only the most complex needs and increase the requirements for clinical care and use of evidenced based models of treatment.

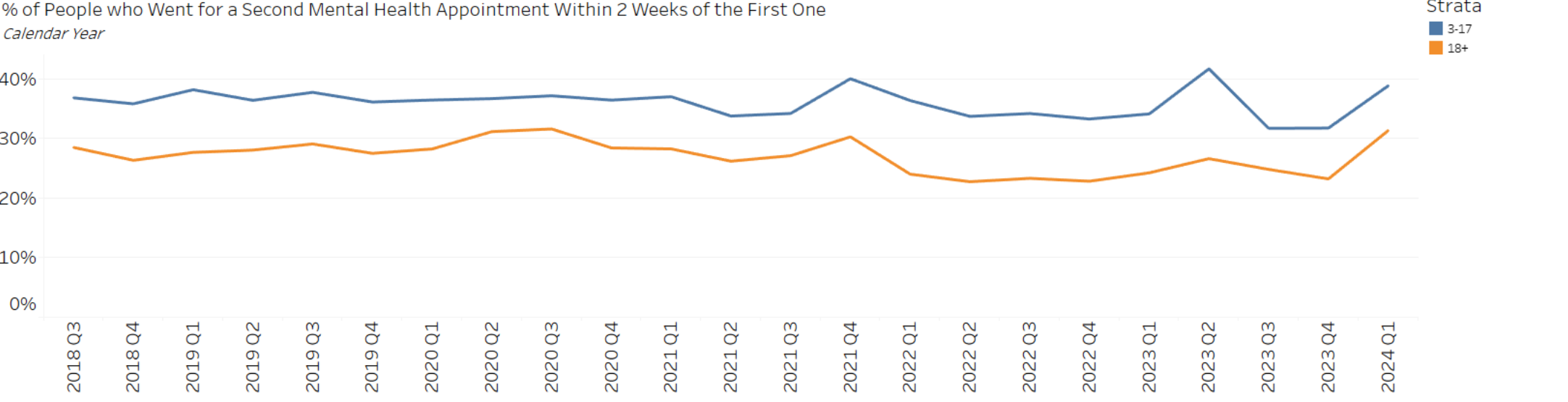
# Strategic Plan Dashboard

# Now Available: Strategic Plan Dashboard



- DMH/DD/SUS has released a dashboard for its Strategic Plan!
- The dashboard will be updated quarterly
- We will review the dashboard measures and example charts today

- Individuals Beginning Mental Health Treatment
- Individuals Continuing Mental Health Treatment
- Individuals Using Collaborative Care
- Individuals Receiving Services at Certified Community Behavioral Health Clinics



**Why it matters:** When people go to a second mental health appointment, that suggests they had a positive experience on their first visit and are willing to give treatment a try. This increases the likelihood of positive outcomes.

**Target:** Increase

**Related initiatives:**

Accessible Communications Campaign	Care Directory Online	Certified Community Behavioral Health Clinics (CCBHCs)
National Alliance on Mental Illness (NAMI) on Campus	Mental Health Stigma Campaign	Third Space Projects

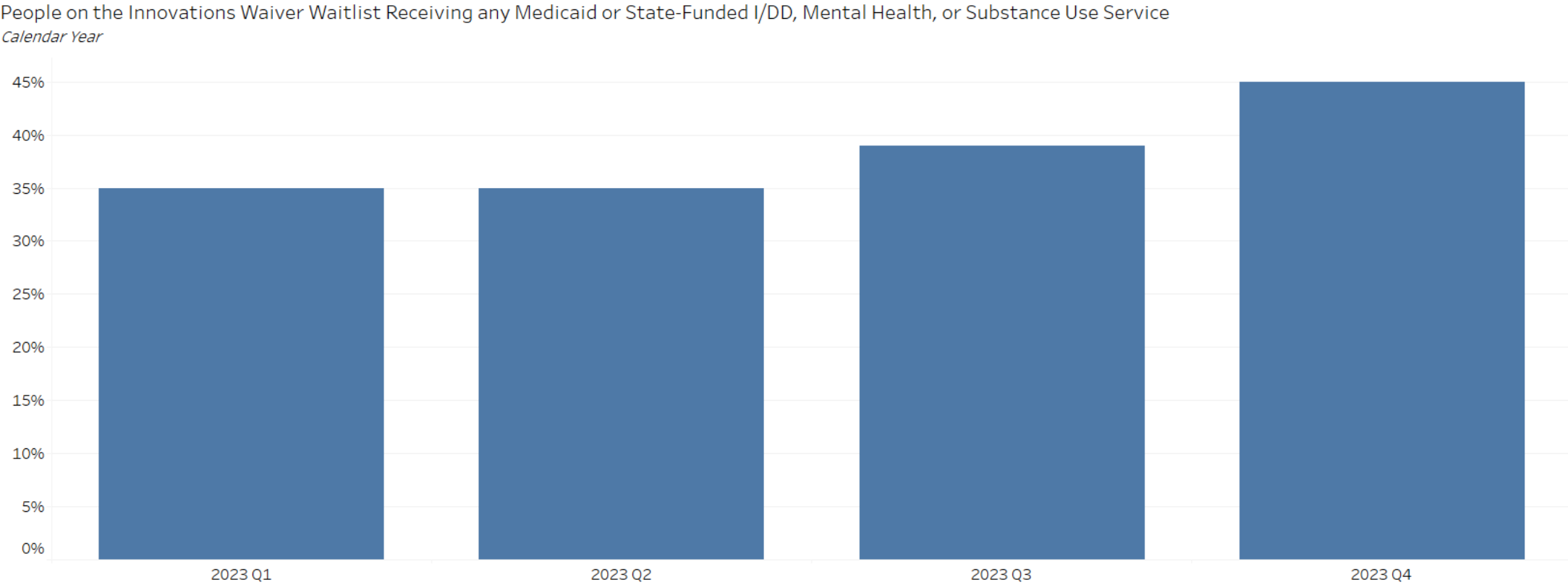


People on the Innovations Waiver Waitlist who Receive Services

% of Community Living Supports and Services that are Delivered

Individuals Receiving Traumatic Brain Injury (TBI) Services (TBI Waiver or State-Funded)

Individuals with Intellectual/Developmental Disabilities (I/DD) Receiving Supported Employment



**Why it matters:** Many people on the Innovations Waiver waitlist are eligible for services that support their independence at home or in the community. These home and community-based services are called “1915i services.” People can get these services while they remain on the Innovations Waiver waitlist. They are free for people with Medicaid.

**Target:** Increase

**Related initiatives:**

Inclusion Connects	Home- and Community-Based Service Access	Tailored Care Management Engagement
Waitlist Monitoring & Outreach	Inclusion Works	I/DD Peers

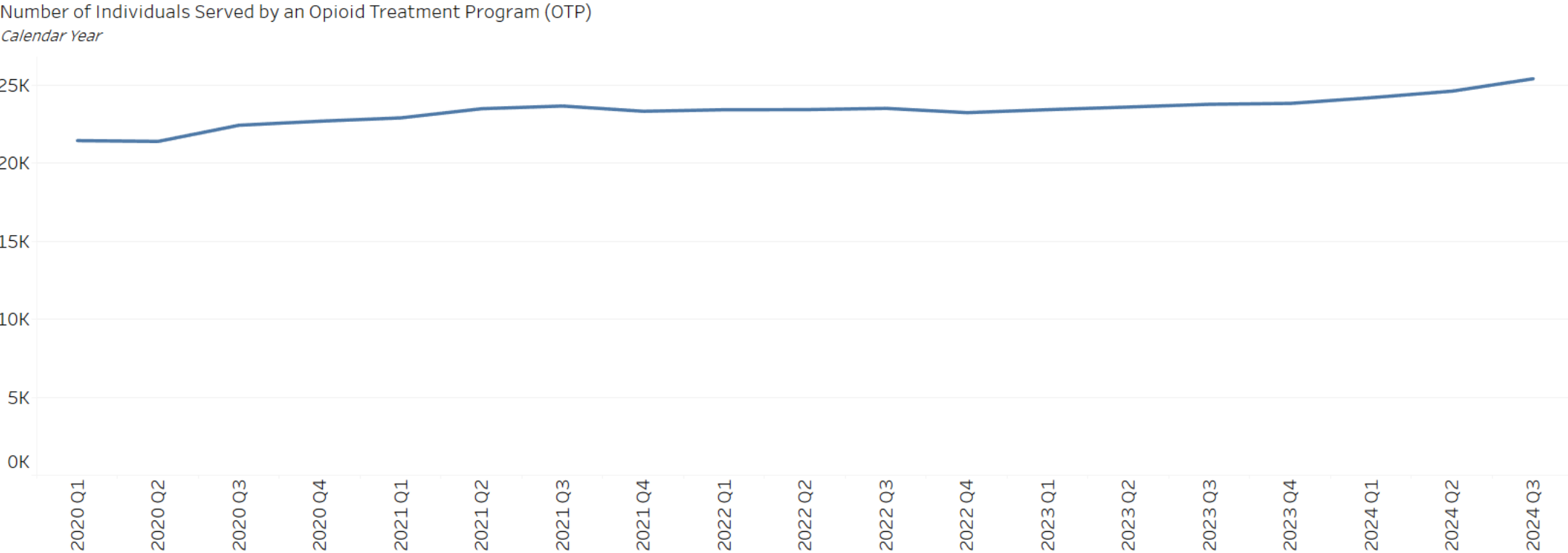
Overview	Increase Access to Care Across the State	Improve Access to Quality I/DD and TBI Services	Prevent Substance Misuse and Overdose	Build the Workforce	Strengthen the Crisis System	Expand Services for Individuals in the Justice System	Amplify Recovery and Community-Based Services	About the Data
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Individuals Served by Opioid Treatment Program (OTP)

Number of Individuals Served by a Recovery Community Center

Children (13-17) or Adults (18+) Beginning Treatment for Substance Use Disorder (SUD)

Opioid Overdose Emergency Department Visits



**Why it matters:** OTPs provide both medication and therapy for individuals with Substance Use Disorders (SUD), which are both evidence-based models of SUD treatment. OTPs help people move into and maintain recovery.

**Target:** Increase

**Related initiatives:**

OBOT Expansion with NC Behavioral Health Consultation Line (NC-PAL)	Mobile OTP Implementation	Medications for Opioid Use Disorder Saturation Plan
Post Overdose Recovery Team	Recovery Communities and Workplaces	

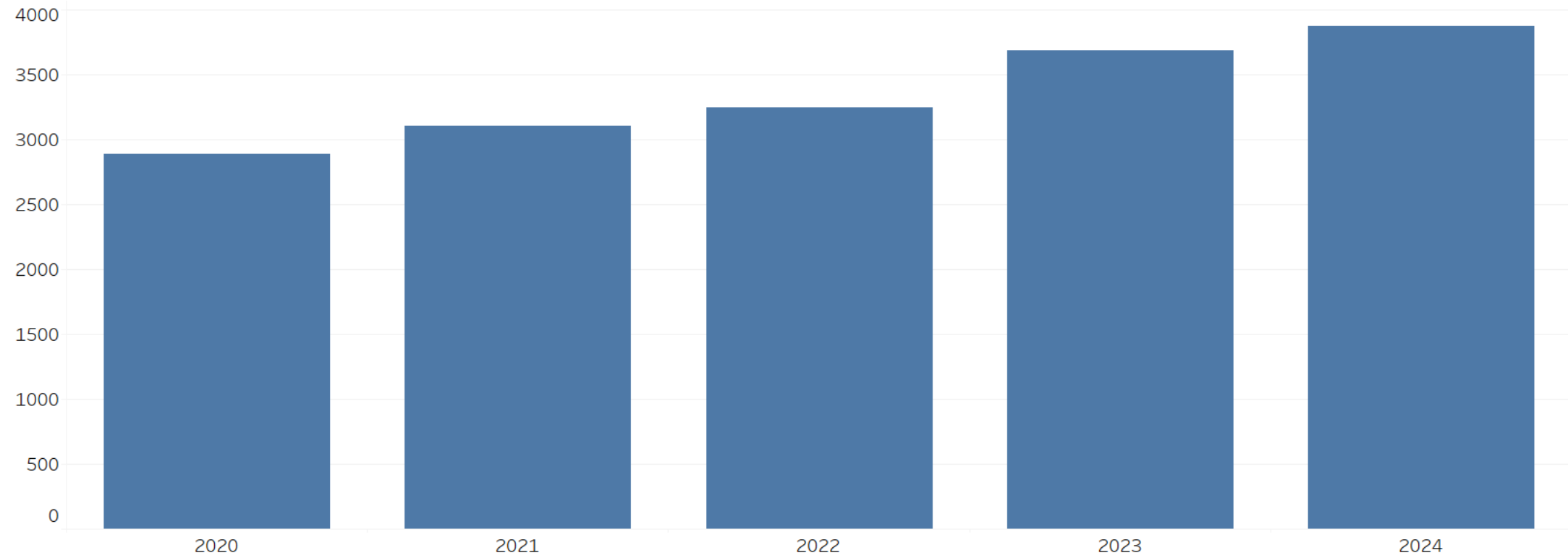
Scholarships for Direct Support Professional (DSP) Training Programs from DMH/DD/SUS

Scholarships for Peer Support Specialist Training Programs from DMH/DD/SUS

Direct Support Professional (DSP) Turnover Compared to Historic Baseline for Providers with Grants

Certified Peer Support Specialists (CPSSs) Employed as Peer Support Specialists

Number of Certified Peer Support Specialists (CPSSs) Who Are Employed as Peer Support Specialists



**Why it matters:** Certified Peer Support Specialists have valuable expertise and provide much needed recovery supports to others with mental health or substance use issues. More actively employed CPSSs in the public system means their unique expertise can strengthen the workforce and improve outcomes for consumers.

**Target:** Increase

**Related initiatives:**

- Certified Peer Support Specialists (CPSSs)
- Consolidate "Training" Programs across DMH/DD/SUS
- Licensed Professional Incentives/Engagement

Calls/Chats/Texts to 988 Suicide and Crisis Lifeline

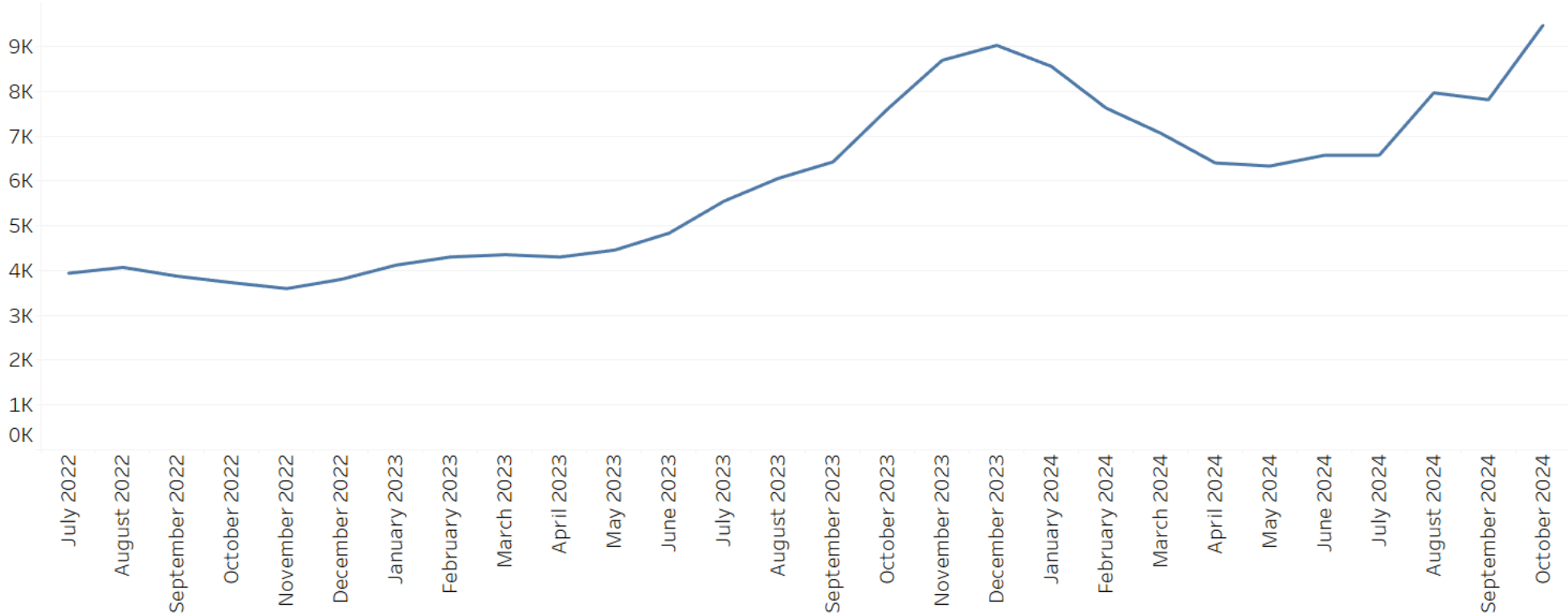
Medicaid or DMH/DD/SUS-Funded Crisis Response Visits

Individuals Served by a Facility Based Crisis (FBC) Center or Behavioral Health Urgent Care (BHUC)

Average Daily Number of People with Mental Health Needs in Emergency Department

Medicaid Children with Mental Health Needs in an Emergency Department or Division of Social Services (DSS) Office

Number of Calls/Chats/Texts to 988



Stratify Data

No Stratification

Strata

Overall

**Why it Matters:** 988 connects people experiencing a mental health crisis to the care they need. More calls, chats, and texts to 988 means more opportunities to get people to the right level of care.

**Target:** Increase

**Related Initiatives:**

Crisis to Care

988 Suicide and Crisis Lifeline Expansion

Suicide Interventions

Overview	Increase Access to Care Across the State	Improve Access to Quality I/DD and TBI Services	Prevent Substance Misuse and Overdose	Build the Workforce	Strengthen the Crisis System	Expand Services for Individuals in the Justice System	Amplify Recovery and Community-Based Services	About the Data
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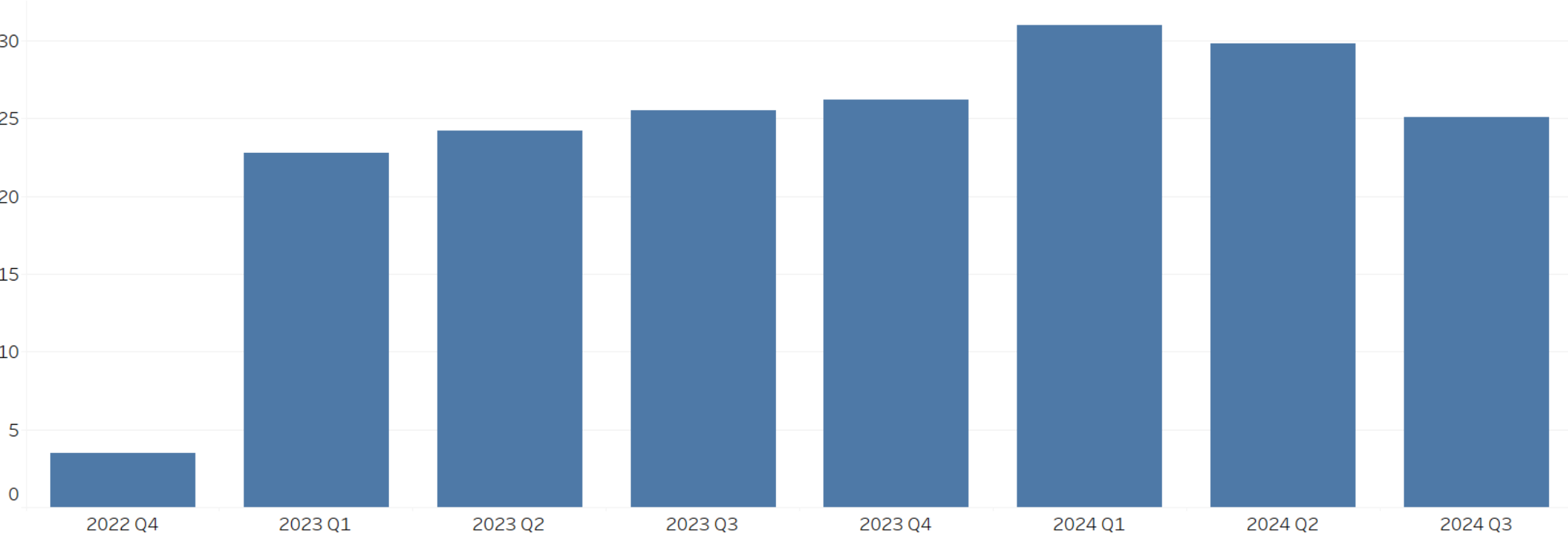
Individuals with Mental Health or Substance Use Needs Served by Deflection or Diversion Program

Individuals with Mental Health or Substance Use Needs Served by Re-entry Program

Justice-Involved Youth Receiving Deflection/Diversion, Treatment, or Re-entry Services

Individuals Receiving Detention and Community-Based Capacity Restoration Services

Number of Individuals Who Receive Detention and Community-Based Capacity Restoration Services  
*Calendar Year*



**Why it matters:** Capacity restoration provides the mental health and substance use services that an individual needs to proceed with the legal process. This can help resolve charges faster and connect people to the support they need to recover and rejoin their communities.

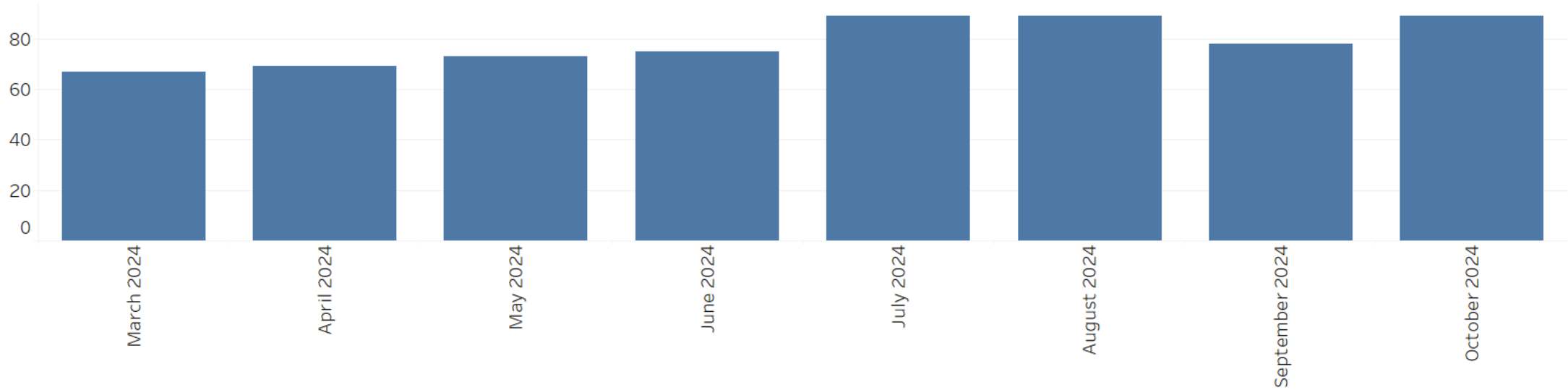
**Target:** Increase

**Related initiatives:**

Invest in Programs that Support Individuals with Serious Mental Illness (SMI)	Transitional Housing and Employment	Partner with and Support Justice System Partners
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Overview	Increase Access to Care Across the State	Improve Access to Quality I/DD and TBI Services	Prevent Substance Misuse and Overdose	Build the Workforce	Strengthen the Crisis System	Expand Services for Individuals in the Justice System	Amplify Recovery and Community-Based Services	About the Data
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Number of Individuals who Received Programming at a Peer Run Center



**Why it matters:** Peer centers offer safe, voluntary spaces for people in recovery to connect with communities of support from people with lived experience. These centers can reduce the need for treatment in more intensive settings and connect people to resources that support ongoing care.

**Target:** Increase

**Related initiatives:**

Expansion of Peer Respite, Living Room, and Recovery Centers

Individuals Served by a Peer Run Center

Individuals Enrolled in a First Episode Psychosis (FEP) Program

Individuals Receiving a Service at a Clubhouse

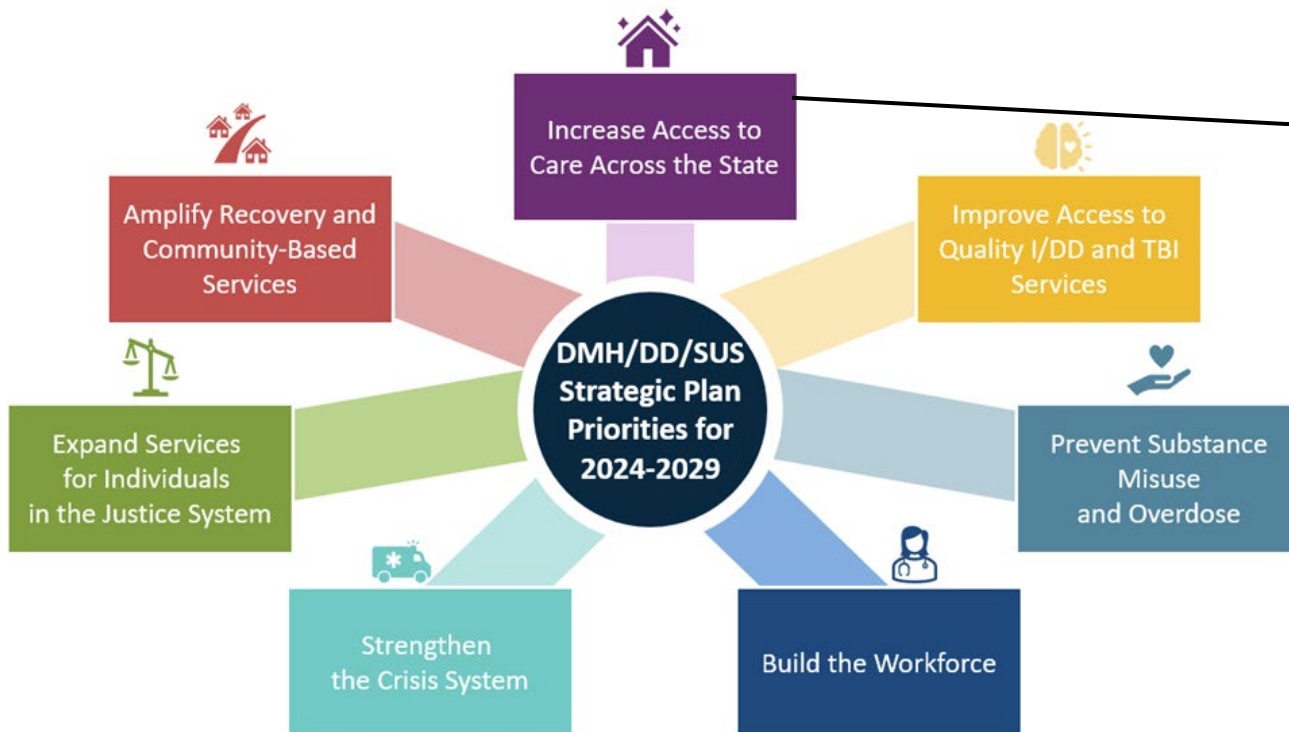
Children Served in Out-of-State Psychiatric Residential Treatment Facilities (PRTFs)

Average Length of Stay for Children in Psychiatric Residential Treatment Facilities (PRTFs)

# New 2025 Initiatives in the Strategic Plan



## Priority 1: Increase Access to Care Across the State



### Goals

- **Increase Treatment Initiation and Retention.** Make it easier for children, adolescents, and adults of all ages to access evidence-based services in a timely manner and stay in services for the recommended duration of treatment.
- **Promote Access to Integrated Care.** Expand care models that promote integrated behavioral health care across the continuum and with primary care.
- **Increase Caregiver Supports.** Promote services and supports for family members and caregivers.





## Focused Interventions

### Accessible Communications Campaign

Re-design website and develop accessible, consumer-facing communication to help members with SMI, SUD, TBI, and/or I/DD better understand Tailored Plans, Tailored Care Management, Innovations Waiver, and 1915(i) services.

### Open Access Appointments/Next Day Network

Build a network of providers that have open access hours and next-day services serving as a community-based entry point into care.

### Statewide partnerships to promote wellness and treatment

Forge partnerships with law enforcement to build better understanding about mental illness and expand interventions.

### Care Directory Online

State-wide directory of walk-in clinics, crisis service providers, behavioral health outpatient providers, and SU treatment providers.

### Certified Community Behavioral Health Clinics (CCBHCs)

Create a safety net of behavioral health providers who provide evaluation, outpatient mental health and substance use, care management, and crisis services.

### NAMI on Campus

Increase resources to bolster counseling services and student-led and -run mental health clubs on college campuses.

### UNSHAME NC

State-wide anti-stigma campaign for opioid use disorder (OUD)

### Integration of Behavioral and Primary Care

Support integrated behavioral health and primary care models in the delivery system.

### Third Space Projects

Develop “Third Spaces” where individuals can receive behavioral health treatment outside of the home or clinic office, utilizing community assets like libraries, community centers, and restaurants.

### Mental Health Stigma Campaign

Launch an Anti-Stigma Campaign to promote public awareness, education, and advocacy, and hold open conversations about mental health.

### Community Mental Health Services Block Grant (MHBG) Access Grants

Expand comprehensive community mental health services offered to individuals who are immigrants/have English as a second language, LGBTQ+, deaf/hard of hearing, aging, veterans, and caregivers. Expand faith-based services.

### Maternal Mental Health

Launch a mental health focused program to encourage help seeking, screening, and treatment seeking in the critical window during pregnancy and postpartum.



## Priority 2: Increase Access to Quality I/DD and TBI Services



### Goals

- **Increase I/DD Services.** Increase the number of people with I/DD receiving high-quality services in their homes and communities.
- **Increase TBI Services.** Increase the number of people with TBI receiving high-quality.
- **Increase Community Living Supports.** Increase the number of people with an I/DD or TBI who access and maintain independent housing and supported employment.



# Focused Interventions

## Inclusion Works

Enhance the Competitive Integrated Employment (CIE) program to help individuals with I/DD secure and maintain competitive community jobs.

## I/DD Peers

Define a peer navigator curriculum for individuals with I/DD to enhance support networks through lived experience.

## Individual and Family Service Direction

Revitalize consumer-directed care management approaches and policies for individuals and families.

## Housing Plan

Create a framework to transition individuals with I/DD from institutions to community living, ensuring accessible housing options and a coordinated transition process.

## Expansion of TBI Waiver

Collaborate with DHB to expand the TBI Waiver statewide and advocate for additional legislative funding for services.

## Tailored Care Management (TCM) Engagement

Launch an educational campaign with DHB and LME/MCOs to enroll individuals with I/DD and TBI in comprehensive care management.

## Intimate Partner Violence (IPV)

Mandate annual IPV prevention training for I/DD providers and develop accessible curricula on IPV, healthy relationships, and sexual health.

## Inclusion Connects

Link individuals with I/DD and caregivers to essential services and supports.

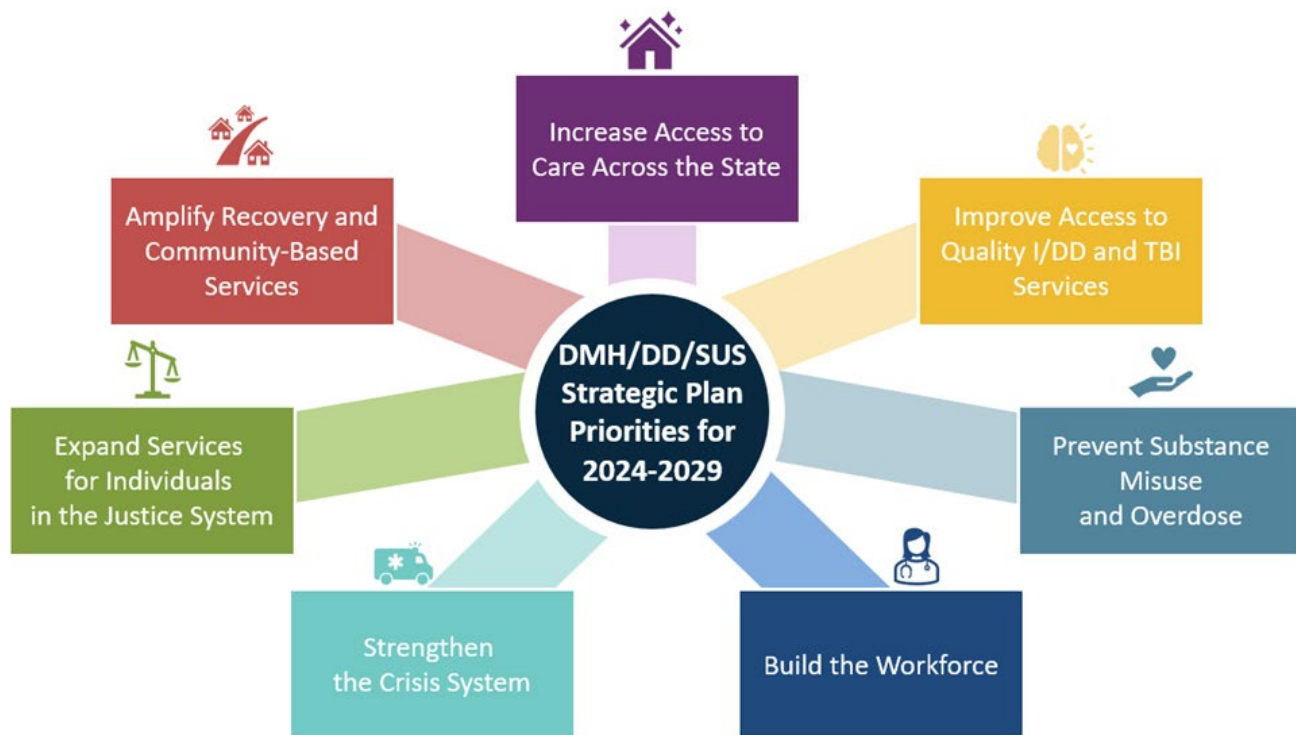
## Home- and Community-Based Service (HCBS) Access

Assist individuals on the Innovations Waiver waitlist and enroll eligible individuals in the 1915(i) state plan amendment for home and community-based services.

## Waitlist Monitoring & Outreach

Conduct outreach to support individuals on the Innovations Waiver waitlist, understanding their needs and directing them to available services.

## Priority 3: Prevent Substance Misuse and Overdose



### Goals

- **Increase Primary Prevention Engagement.** Delay initial substance exposure or use and deter access to substances that can be misused by children and adolescents, using harm reduction strategies to prevent escalation and misuse in young adults.
- **Increase Access to Evidence Based SUD Treatment.** Increase timely access to SUD services, especially for geographies and populations with low penetration rates.



## Focused Interventions

### **Office-Based Opioid Treatment (OBOT) Expansion with North Carolina Behavioral Health Consultation Line (NC-PAL)**

Expand the NC-PAL program to include MOUD support for physicians offering Office-Based Opioid Treatment (OBOT).

### **Expand SUD Treatment Access for Adolescents**

Target services for adolescents with tailored programs that integrate substance use treatment with existing mental health services.

### **Prevention**

Establish a statewide program for evidence-based substance misuse prevention models, focusing on community-level initiatives that encourage socialization for teens.

### **Updated Naloxone Saturation Plan and Distribution**

Revise the naloxone plan to enhance availability through funding, training support, and inclusion in crisis response team service definitions.

### **Medications for Opioid Use Disorder (MOUD) Saturation Plan**

Collaborate with providers to increase the availability of Medications for Opioid Use Disorder (MOUD) across more counties and programs.

### **Mobile Opioid Treatment Program (OTP) Implementation**

Launch more mobile OTP units to improve access to opioid treatment for marginalized, homeless, rural, and underserved communities.

### **Post Overdose Recovery Team (PORT)**

Increase the utilization of PORTs statewide to support individuals after an overdose.

### **Recovery Communities and Workplaces**

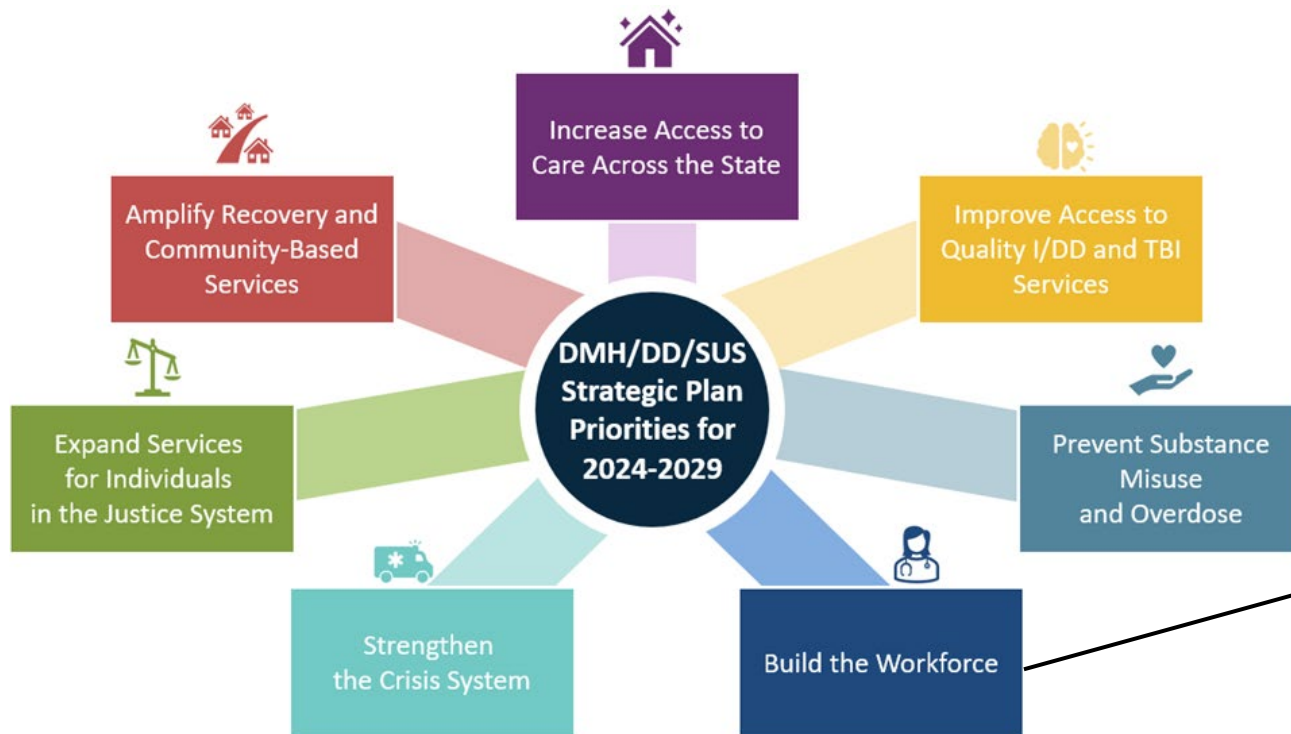
Revamp prevention approaches to promote healthy communities and socialization for teens using evidence-based strategies.

### **Collegiate Harm Reduction**

Fund Collegiate Recovery Programs (CRPs) that support students in recovery through housing, dedicated staff, and regular recovery meetings.



## Priority 4: Build the Workforce



### Goals

- **Strengthen the Peer Workforce.** Build a well-trained and well-utilized peer workforce whose work leverages their lived experiences.
- **Strengthen the DSP Workforce.** Build a well-trained and supported DSP workforce.
- **Increase Licensed Providers.** Increase the number of licensed providers entering the public workforce.
- **Increase Supports for Unlicensed Providers.** Increase training and support for unlicensed professionals providing services to people using the public system.





## Focused Interventions

### **Certified Peer Support Specialists (CPSS)**

Develop a low-cost certification curriculum for CPSSs, prioritize job placement for trained specialists, and define peer supervisor roles.

### **Direct Support Professionals (DSP) Workforce Plan**

Implement a workforce plan to enhance DSP training, recruitment, compensation, and create a directory for matching DSPs with beneficiaries.

### **Qualified Professional (QP) certification in partnership with the NC Community College System**

Update QP certification in North Carolina, develop recruitment programs, and create tailored mental health training to meet workforce needs.

### **Create State Infrastructure and Oversight of Crisis and First Response Program**

Standardize crisis training curriculum across the state, including Crisis Intervention Team and mental health first aid training programs.



### **Licensed Professional Incentives/Engagement**

Collaborate with providers to reduce barriers to public network participation, offering scholarships and support programs to address burnout and compliance.

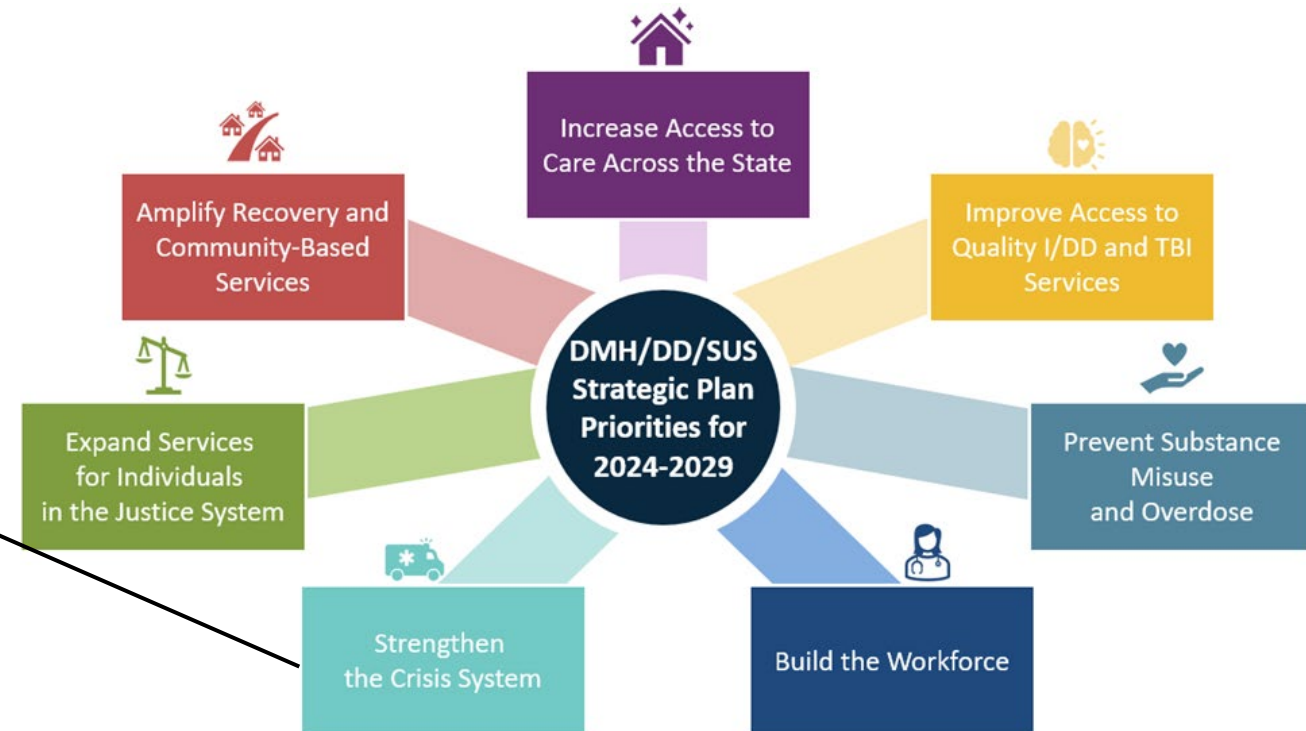
### **Consolidate “Training” Programs across DMHDDSUS**

Establish Centers of Excellence for no-cost training, technical assistance, and peer networking to support the state’s workforce in mental health and developmental services.



## Priority 5: Strengthen the Crisis System

Goals
<ul style="list-style-type: none"><li>• <b>Connect to Crisis Care.</b> Connect individuals to appropriate crisis services and facilitate seamless handoffs.</li><li>• <b>Increase Timely Mobile Crisis Care.</b> Ensure timely, quality crisis care in the community and connect individuals to the appropriate level of care.</li><li>• <b>Increase Community Crisis Facility Use.</b> Increase use of community-based behavioral health crisis facilities as an alternative to higher levels of care.</li></ul>





# Focused Interventions

## Invest in high quality crisis services statewide in a financially sustainable manner

Enhance funding for statewide crisis services to address staffing and capacity challenges.

### Behavioral Health Urgent Care (BHUC)

Fund new BHUCs across NC.

### Facility Based Crisis Programs (FBC)

Increase funding for additional beds for individuals with I/DD, TBI, and SUD at FBCs, including buprenorphine induction capacity.

### Mobile Crisis Management (MCM)

Fund new mobile crisis teams in high-needs areas and revise Mobile Crisis Clinical Coverage Policy for better practitioner inclusion.

### Mobile Outreach Response Engagement and Stabilization (MORES) teams

Establish new MORES teams in underserved areas.

### Crisis to Care

Inform North Carolinians, including those with I/DD, TBI, and co-occurring conditions, about options for accessing crisis services.

### 988 Suicide and Crisis Lifeline Expansion

Develop tools for immediate appointment dispatch and integrate crisis call lines into a consolidated entry point.

### Behavioral Health Statewide Central Availability Navigator (SCAN) Expansion

Centralize mobile crisis deployment and tracking, onboarding more facilities for real-time bed tracking across the state.

### Peer Line Expansion

Support the Peer Warm Line by training peers to actively participate in providing crisis services.

### Suicide Interventions

Integrate a Suicide Prevention Coordinator role into DMH/DD/SUS to enhance education, prevention, and community support programs.

### Co-Responder Models Expansion

Increase funding for co-responder models to improve community visibility and utilization.

### Non-Law Enforcement Transportation Pilot

Provide an alternative to law enforcement for transporting individuals in crisis to appropriate care levels.

### Emergency Psychiatry Assessment, Treatment and Healing (EmPATH) Units

Explore adding dedicated psychiatric emergency departments and EmPATH units for calm, therapeutic care during crises.

### Involuntary Commitment (IVC) Revamp

Redesign involuntary commitment policies for improved care and support.

### Crisis Services for Individuals with I/DD

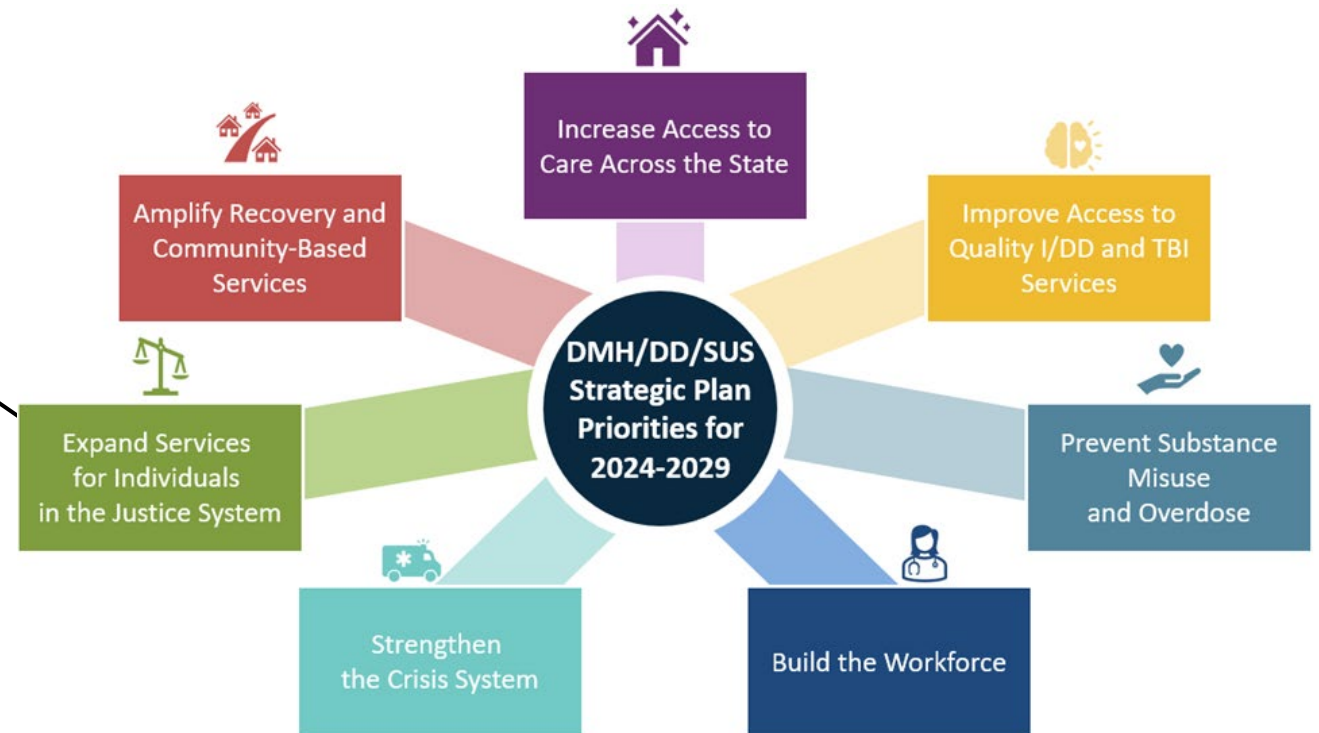
The Division seeks to improve how crisis teams and facilities serve individuals with I/DD and how these services and supports can be bolstered.



## Priority 6: Expand Services for Individuals in the Justice System

### Goals

- **Increase Engagement in Deflection and Diversion Programs.** Increase linkages for people with mental health needs, SUD, I/DD, or TBI to evidence-based care and services to provide an alternative to incarceration.
- **Increase Successful Community Re-engagement.** Ensure successful community re-entry of justice-involved individuals with a broad range of needs.
- **Increase Use of Evidenced Based Programs for Justice Involved Youth.** Increase use of evidence-based programs and practices to support justice-involved youth.
- **Increase Access to Capacity Restoration.** Increase the capacity and use of detention-based and community-based capacity restoration pilots.





# Focused Interventions

## Expand Law-Enforcement Assisted Diversion

Expand diversion program to all counties and enhance partnerships between law enforcement, counties and behavioral health providers.

## Treatment Accountability for Safer Communities (TASC)

Provide additional funding and supports to jails to build up the TASC program and strengthen its relationship with TCM services.

## Partner with and Support Justice System Partners

Provide targeted training and resources to justice system staff on meeting the needs of individuals with behavioral health, I/DD, and TBI.

## Investment in Programs that Support Individuals with Serious Mental Illness (SMI)

- Establish new Forensic Assertive Community Treatment (FACT) teams linked to recovery courts for justice-involved individuals with SMI.
- Expand the DAC-SMI re-entry program workforce to provide more transitional housing.
- Grow the NC FIT Wellness program for individuals with serious mental illness transitioning from prison.

## Juvenile Justice Behavioral Health Teams (JJBH Teams)

Enhance behavioral health services for youth in the juvenile justice system through improved screening, assessment, and treatment services.

## Transitional Housing and Employment

Increase capacity for transitional housing and employment vendors serving individuals with SMI and SUD by funding additional beds and treatment services.

## Investment in Programs that Support Individuals with I/DD and TBI

Scale up the re-entry program by the Alliance of Disability Advocates, creating individualized plans and expanding housing supports for those re-entering the community.

## Start Re-Entry Peer Support Program for Special Populations

Define the role of peer supports in re-entry programs for individuals with special needs or from marginalized communities.



## Priority 7: Amplify Recovery and Community-Based Services

### Goals

- **Increase Early Detection and Recovery Services.** Promote early detection and service provision to prevent serious mental illness and substance use.
- **Grow Recovery Supports.** Support the expansion of recovery supports and services for individuals with mental illnesses and substance use disorders.
- **Improve Quality of Residential Interventions for Children with Complex Needs.** Invest in access and quality along the continuum of care for children and reduce duration of residential interventions.







## Focused Interventions

### **Expansion of Peer Respite, Living Room and Recovery Centers**

Voluntary, short-term support programs staffed by Certified Peer Support Specialists for individuals in behavioral health crises.

### **Child Residential Redesign**

Revitalize and fund clubhouses offering community-based psychosocial rehabilitation, promoting socialization and community-building for individuals with mental illness.

### **Expansion of First Episode Psychosis (FEP) programs**

Increase awareness and connect individuals experiencing First Episode Psychosis (FEP) to specialized, coordinated care.

### **Modernizing Clubhouses**

Revitalize and fund clubhouses offering community-based psychosocial rehabilitation, promoting socialization and community-building for individuals with mental illness.



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

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