NORTH CAROLINA ASSOCIATION OF
PUBLIC COMMUNITY
HEALTH PLANS

The Role of LME/MCOs in Crisis Response for North Carolina

Senitria Goodman
Trillium Health Resources

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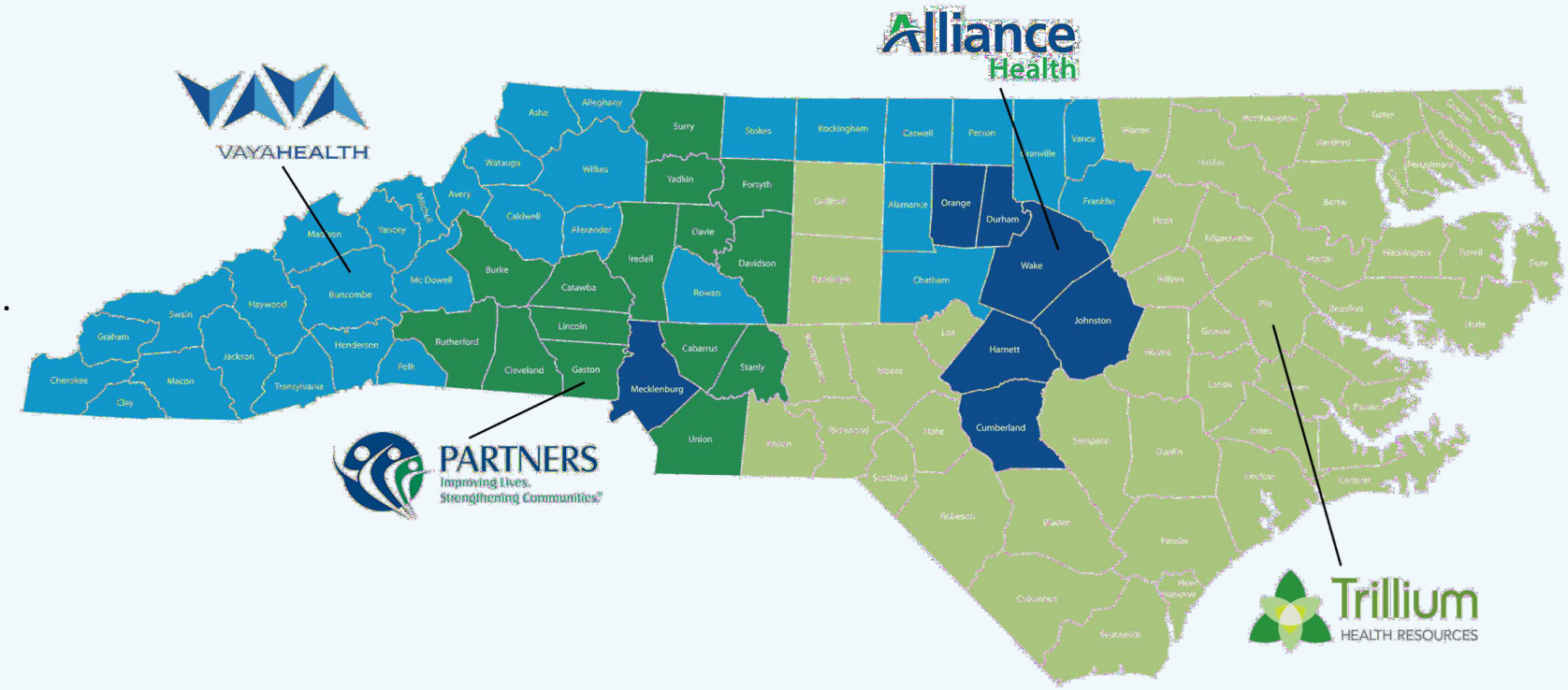

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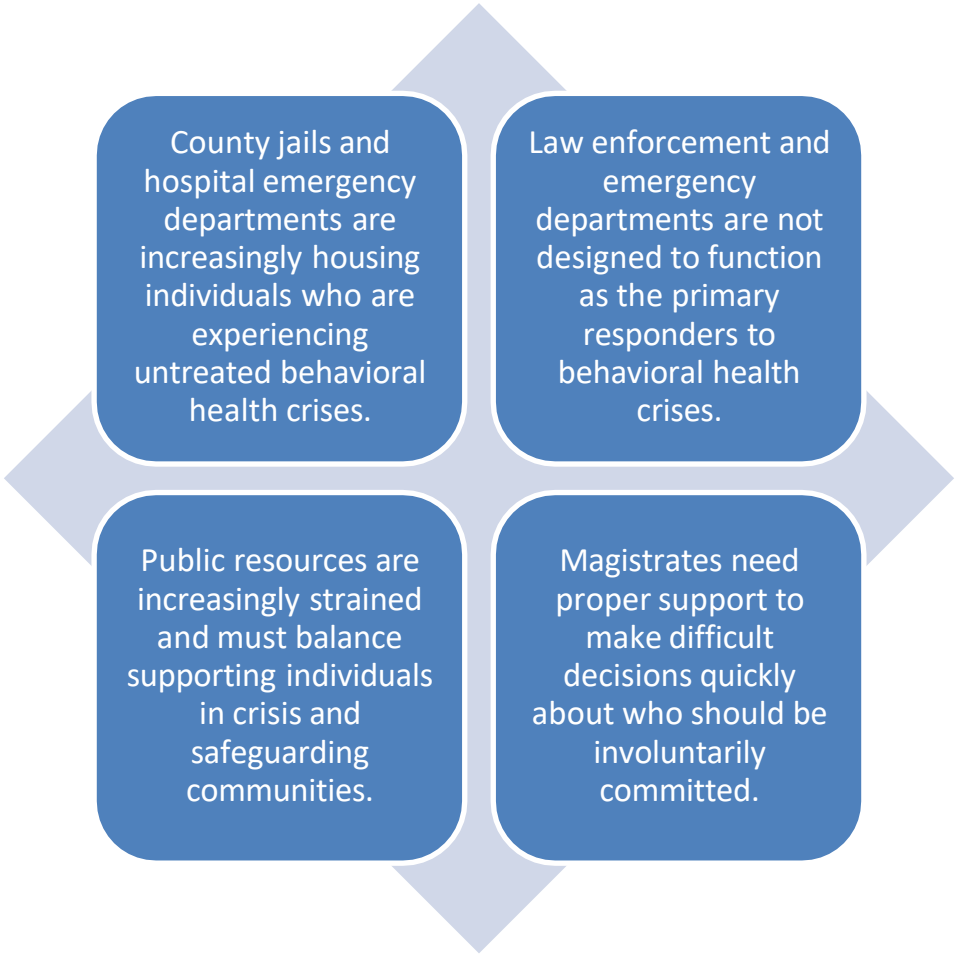
The Current Reality



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What Involuntary Commitment Is Intended to Do

1. Provide evaluation by a qualified mental health professional.
2. Stabilize individuals experiencing an acute psychiatric crisis.
3. Protect both the individual and the community using the least restrictive means.

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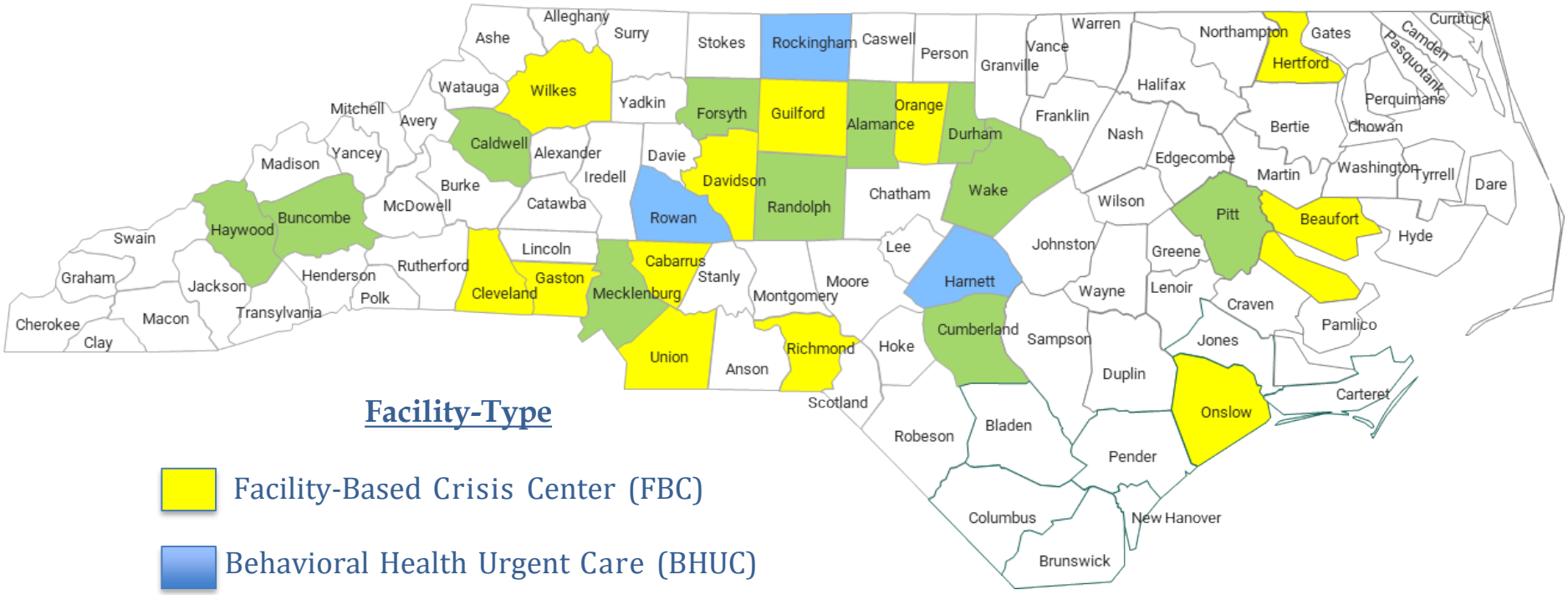
Community Crisis Centers



Facility-Type

- Facility-Based Crisis Center (FBC)
- Behavioral Health Urgent Care (BHUC)
- Facility-Based Crisis Center and Behavioral Health Urgent Care

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Where the System Breaks Down

- Delays in accessing clinicians for timely crisis intervention and risk assessments.
- Limited alternatives available to law enforcement at the point of crisis.
- Individuals unnecessarily transported to jail or emergency departments.
- Long wait times in emergency departments while waiting to be seen by doctors and nurses who are also managing needs of other patients.

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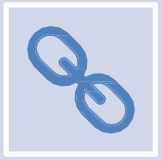
LME/MCO Role in IVCs

Responsible for managing member access to behavioral health crisis services through its provider network.

Reimburse treatment providers for care to members.



Link members to ongoing treatment after crisis episode.

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Post-IVC Wraparound Services

- Tailored Care Management
- Clubhouse Model
- Triangle Residential Options for Substance Abusers (TROSA)
- Community Transition Services
- Occupational Therapy
- Peer Run Action Recovery
- Peer Living Rooms

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Impact of LME/MCO Funding Flexibility

- Recidivism Reduction Educational Programs Services, Inc. (RREPS)
- Housing Support
- Employment Support
- Faith-Based Organizations
- Neighborhood Connections

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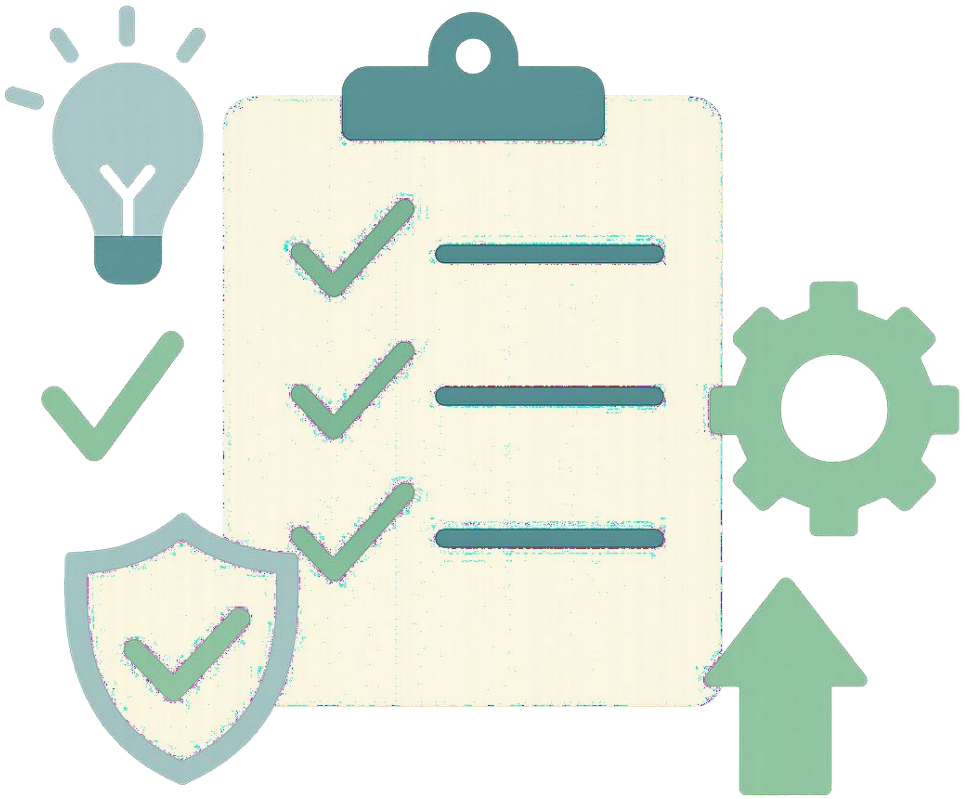
Recommendations



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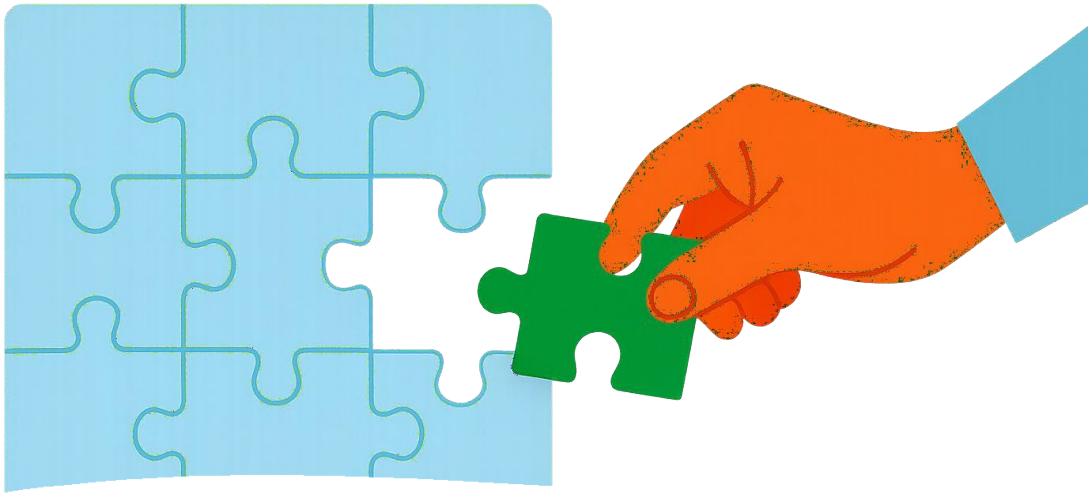

Mobile Crisis: The Missing Infrastructure

- Immediate, on-scene response by licensed mental health professionals.
- Real-time risk assessment and de-escalation.
- Clinical determination of next steps instead of carceral custody and transportation, or release into the community without stabilization.

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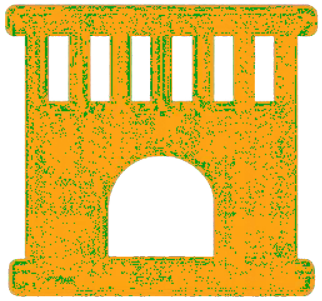
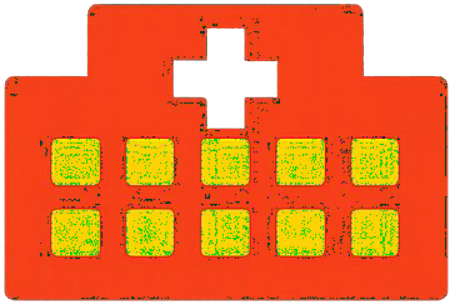
Mobile Crisis Eases System Burdens





JAIL

Fewer individuals booked into jail solely due to mental illness.

HOSPITALS

Reduced emergency department contact and wait times.

COMMUNITY

Improved safety outcomes for the public and first responders.

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What Legislators Can Do

1

Support sustained funding for Mobile Crisis services availability for magistrates in all 100 counties.

2

Make Mobile Crisis the default front door for IVC determinations, assessment and treatment planning.

3

Collaborate with stakeholders to develop IVC-specific Mobile Crisis response protocols.

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The Bottom Line

People in behavioral health crisis need clinicians, not hospital waiting rooms, jail cells or extended transportation time in law enforcement vehicles, to stabilize.

Mobile Crisis delivers the right response at the right time.

LME/MCOs are positioned to make this work—if the infrastructure is funded.

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

SCFAC Update

Kelly Crosbie, MSW, LCSW

Director

NC DHHS Division of Mental Health,

Developmental Disabilities, and Substance Use Services

February 11, 2026

January was Substance Use Disorder Treatment Month

DMH/DD/SUS recognizes January as Substance Use Disorder Treatment Month — a time to raise awareness, reduce stigma, and promote access to care across North Carolina.

Only **1 in 5 North Carolinians** with a substance use disorder receives treatment. We're working to change that by expanding access to evidence-based care, including **96**

Opioid Treatment Programs, mobile services, overdose prevention, youth and recovery supports, and integrated care through **CCBHCs**.

Recovery is real. This new year, we renew our commitment to ensuring every North Carolinian has access to treatment, community, and compassion.

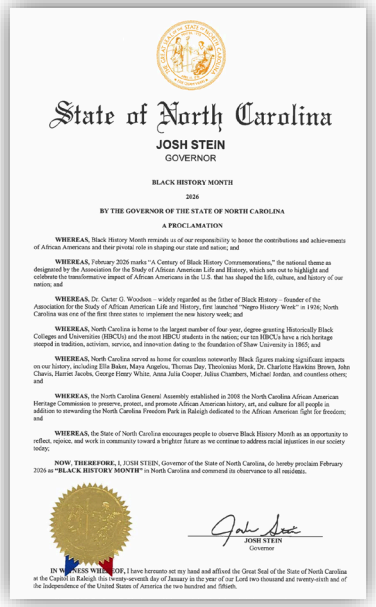
Honoring Black History Month

February is Black History Month, a time to honor the achievements and contributions of African Americans and their roles in shaping North Carolina and the nation.

This year's national theme, *A Century of Black History Commemorations*, marks 100 years since **Carter G. Woodson** launched Negro History Week in 1926 — a movement North Carolina proudly helped lead. On February 1, **Gov Josh Stein** issued the 2026 Black History Month Proclamation, reaffirming the state's recognition of this observance.

Dr. Woodson's belief in education as a pathway to empowerment continues to inform efforts in Black mental health advocacy today, underscoring the importance of culturally responsive care and addressing historical and systemic inequities.

As we reflect on this history, we also recognize the ongoing need to advance equity across mental health, substance use, and intellectual and developmental disability services. Black History Month offers an opportunity to recommit to accessible, culturally responsive resources that support wellness, recovery, and inclusion across North Carolina.



State of North Carolina

JOSH STEIN
GOVERNOR

BLACK HISTORY MONTH

2026

BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA

A PROCLAMATION

WHEREAS, Black History Month reminds us of our responsibility to honor the contributions and achievements of African Americans and their pivotal role in shaping our state and nation; and

WHEREAS, February 2026 marks "A Century of Black History Commemorations," the national theme as designated by the Association for the Study of African American Life and History, which sets out to highlight and celebrate the transformative impact of African Americans in the U.S. that has shaped the life, culture, and history of our nation; and

WHEREAS, Dr. Carter G. Woodson – widely regarded as the father of Black History – founder of the Association for the Study of African American Life and History, first launched "Negro History Week" in 1926; North Carolina was one of the first three states to implement the new history week; and

WHEREAS, North Carolina is home to the largest number of four-year, degree-granting Historically Black Colleges and Universities (HBCUs) and the most HBCU students in the nation; our ten HBCUs have a rich heritage steeped in tradition, activism, service, and innovation dating to the foundation of Shaw University in 1865; and

WHEREAS, North Carolina served as home for countless noteworthy Black figures making significant impacts on our history, including Ella Baker, Maya Angelou, Thomas Day, Thelonious Monk, Dr. Charlotte Hawkins Brown, John Chavis, Harriet Jacobs, George Henry White, Anna Julia Cooper, Julius Chambers, Michael Jordan, and countless others; and

WHEREAS, the North Carolina General Assembly established in 2008 the North Carolina African American Heritage Commission to preserve, protect, and promote African American history, art, and culture for all people in addition to stewarding the North Carolina Freedom Park in Raleigh dedicated to the African American fight for freedom; and

WHEREAS, the State of North Carolina encourages people to observe Black History Month as an opportunity to reflect, rejoice, and work in community toward a brighter future as we continue to address racial injustices in our society today;

NOW, THEREFORE, I, JOSH STEIN, Governor of the State of North Carolina, do hereby proclaim February 2026 as **"BLACK HISTORY MONTH"** in North Carolina and commend its observance to all residents.

JOSH STEIN
Governor

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of North Carolina at the Capitol in Raleigh this twenty-seventh day of January in the year of our Lord two thousand and twenty-sixth and of the Independence of the United States of America the two hundred and fiftieth.

Lunar New Year

Lunar New Year is observed across many Asian cultures, including Chinese New Year, Tết (Vietnam), and Seollal (Korea). The Year of the Horse symbolizes strength, vitality, and forward progress — values that align closely with our mission at DMH/DD/SUS.

Honoring Partnership & Community

- Proud partners with UCA WAVES, advancing culturally responsive mental health and substance use supports in Asian American communities
- Tarang Initiative continues to focus on suicide prevention and mental health awareness in South Asian communities
- DMH/DD/SUS represented Tarang, 988, and the Peer Warm Line at the CAFA Lunar New Year Gala, connecting with community leaders

Why This Matters

- 16.8% of Asian adults experienced a mental health issue in the past year
- Only 12.3% received mental health treatment
- 6.7% reported needing care but did not seek it

Looking Ahead

As we welcome the Year of the Horse, we recommit to equity, culturally informed care, and closing gaps in access—moving forward with courage, compassion, and purpose.

Warm wishes for a healthy, hopeful, and prosperous New Year.

February is Family Support Awareness Month

This February, DMH/DD/SUS joins partners across North Carolina in recognizing **Family Support Awareness Month (FSAM)** — a time to highlight programs that strengthen families and support children's well-being.

While FSAM traditionally focuses on home visiting and parenting education, DMH/DD/SUS contributes to family support by connecting families to essential resources for mental health, substance use, and intellectual and developmental disabilities.

How DMH/DD/SUS supports families:

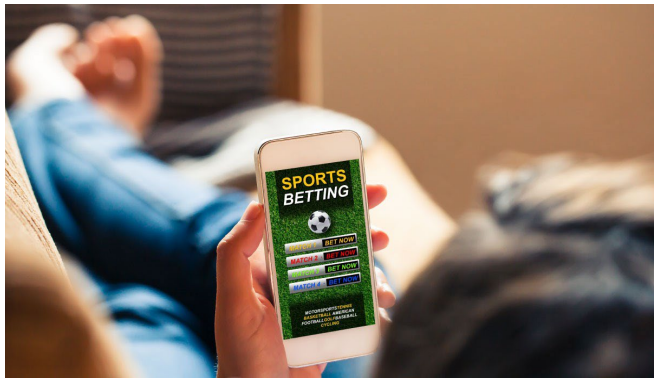
- **Children and Families Specialty Plan (CFSP)** launched December 1, 2025
  - A statewide NC Medicaid Managed Care plan for children and families in foster care
  - Managed by Blue Cross NC
  - Provides comprehensive health coverage, including mental health and I/DD services
- Support for **TLC's Family Connect Program**, which offers therapy, early intervention, and residential supports for individuals with I/DD and their families

Together with our partners, DMH/DD/SUS continues to strengthen family supports and expand access to care so children and families can get the services they need.

MH/SU/IDD/TBI System Announcements & Updates

Request for Proposals: NC Problem Gambling Program Youth Prevention Education Grants

Up to $10,000 for NC middle schools, high schools, and at-risk community programs to implement the 10-module YPE curriculum
(Training, technical support, and materials included)



Required

- Attend **one RFP webinar** to receive the application
- Review the grant guidelines before applying

Key Dates

- **March 15, 2026** — Applications due
- **April 15, 2026** — Awards announced
- **April 30, 2026** — Contracts due
- **June 1, 2026** — Funding released
- **July 15, 2026** — Complete UNC Behavioral Health Springboard Adolescent Gambling & Gaming modules
- **July 19–21, 2026** — Attend NCFADS Summer School (Wilmington, NC)

Trauma-Informed Workforce Wellness Training for Western NC

NCDHHS and the Center for Child and Family Health are partnering to provide trauma-informed wellness supports for child welfare, adult protective services, and mental health professionals in the 27 western counties impacted by Hurricane Helene.

Supports include supervision techniques, morale-building strategies, community connections, psychoeducation on trauma and burnout, grief support, case consultation, and low-impact debriefing. Register for the trainings to reserve your spot. For more information, download the training flyer.

NCDHHS
Division of Mental Health, Developmental Disabilities, and Substance Use Services

CENTER FOR CHILD & FAMILY HEALTH

Upcoming Trainings:

- Friday, Feb. 6, 2026, 12:00-1:00 p.m. *Foundations for Trauma-Informed Conversations*
- Friday, March 20, 2026, 12:00-1:00 p.m. *Organizational Tools for Morale & Connection*
- Friday, May 8, 2026, 12:00-1:00 p.m. *Skills for Renewing Energy and Purpose*

This initiative is funded by the Division of Social Services, Division of Mental Health, Developmental Disabilities and Substance Use Services, Vaya Health/Hope4NC, and Positive Childhood Alliance.

NAMIWalks 2026: Together for Mental Health Virtual Launch

Join NAMIWalkers for an inspiring evening to officially launch the 2026 NAMIWalks season on February 10 at 7:00 p.m. This event celebrates the power of community and sets the stage for a year of purpose and momentum.

NAMIWalks is a nationwide movement organized by the National Alliance on Mental Illness (NAMI). It's more than a walk — it's a powerful way for individuals, families, and communities to show that mental health matters. Every step helps fund education, advocacy, and support for those affected by mental illness.

Register to participate in this virtual kick-off event.

Community Events

AYA House Opens in Kannapolis to Support Recovery and Reentry

On January 16, DMH/DD/SUS joined local partners for the ribbon-cutting of **AYA House**, a new recovery-oriented housing option in Kannapolis supporting individuals transitioning from incarceration, substance use treatment, and chronic homelessness.

AYA House provides a safe, affordable, and supportive environment for adults committed to sobriety after completing residential treatment. The initiative is supported through a **$1.5 million DMH/DD/SUS grant** awarded to Vaya Health under the *Expanding Supports for Justice-Involved Adults – Community-Based Initiatives* program.

Visit to Richmond County Rescue Mission

DMH/DD/SUS Director, **Kelly Crosbie**, visited the Richmond County Rescue Mission with members of the Division team to learn more about the mission's community-based approach to recovery and reentry support.

During the visit, Director Crosbie and staff met with mission leaders to discuss local substance use challenges, explore opportunities for collaboration, and better understand how the Division can support local efforts.

The mission serves individuals facing housing instability, substance use challenges, and reentry after incarceration, offering case management, peer support, counseling, and recovery-focused services in a structured, supportive environment.

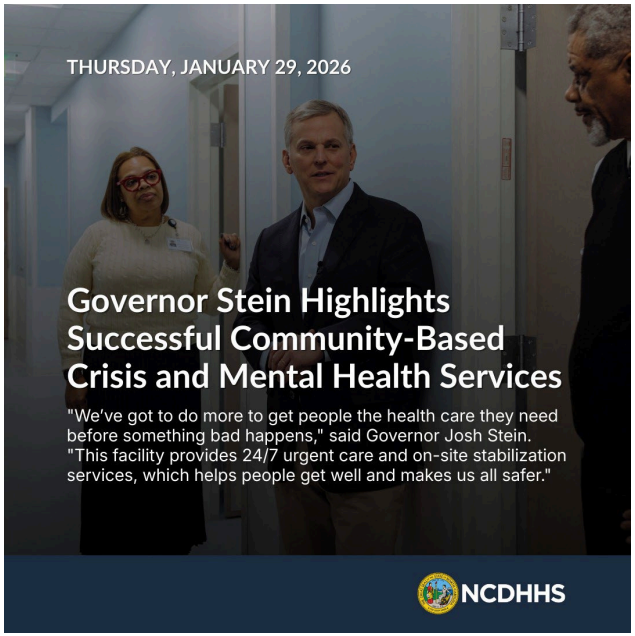
Governor Stein Highlights Community-Based Crisis Care

Governor Josh Stein, DPS Secretary Jeff Smythe, and Director Kelly Crosbie visited the RHA Health Services Alamance County Behavioral Health Center to meet with community leaders and frontline staff and highlight the role of crisis and mental health services in keeping communities safe.

The Alamance Center is a partnership across county, state, and LME/MCO systems, supporting individuals with developmental disabilities, substance use, and other behavioral health needs through timely, community-based care.

Key highlights

- 24/7 Behavioral Health Urgent Care and on-site stabilization
- No appointment or insurance required
- **80% of individuals diverted from emergency departments**, reducing strain on hospitals and law enforcement



Solidarity Through Resilience: A Convening of Hope

Kelly Crosbie, Director of DMH/DD/SUS, will deliver the keynote address at the Immigrant Mental Health Solidarity Network's second annual convening, presented by **El Futuro** and the **NC Counts Coalition**.

This gathering brings people together to strengthen relationships, share learning, and engage in dialogue on immigrant mental health in North Carolina. Attendees will hear updates on the network's future direction and participate in sessions focused on key issues impacting immigrant communities.

Event details

- **March 2–3, 2026**
- **McKimmon Center**
- Check-in begins at **8:30 a.m.**
- Space is limited; early registration is encouraged

Accept the Challenge!
North Carolina Governors Working Group SMVG Summit

Join DMH/DD/SUS and Director Kelly Crosbie at the **NCGWG SMVF Summit on Wednesday, March 4, 2026 at the McKimmon Center in Raleigh.**

This Summit brings together leaders, professionals, veterans, and advocates dedicated to improving the health and wellbeing of service members, veterans, and their families throughout North Carolina.

Registration is now open.

Join us for meaningful dialogue, practical strategies, and innovative perspectives focused on whole-person care and community support.

Together, we can build stronger systems and communities for those who have served. This event was made possible through support from NCDHHS Division of Mental Health, Developmental Disabilities and Substance Use Services.

Video length 1:32

Inclusion Connects Releases Quarterly Report

Expanding Access to Services and Supports for People with I/DD

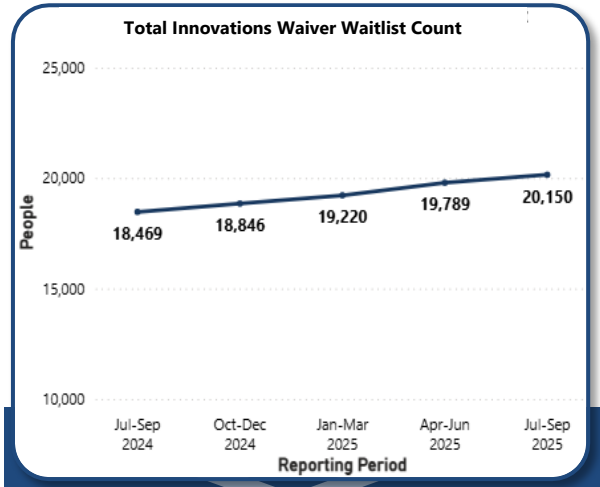
Inclusion Connects has published its fifth quarterly report, reaffirming its commitment to improving access to services and supports for individuals with Intellectual and Developmental Disabilities (I/DD) in North Carolina.

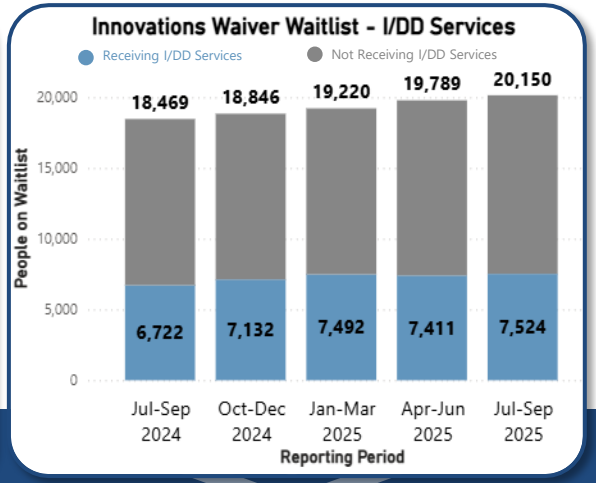
The report highlights progress in streamlining resource navigation, strengthening community partnerships, and introducing innovative programs that promote independence and inclusion. These efforts reflect our dedication to removing barriers and creating opportunities for people with I/DD.

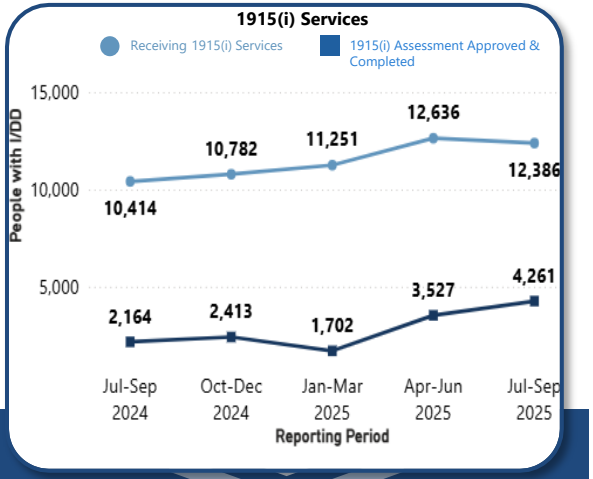
Watch the walkthrough

Jan. 15, 2026 Quarterly Report Findings

Services Overview







- The Innovations Waiver Waitlist continues to grow, reflecting **increasing awareness and need for services within the I/DD community.**

- The number of people receiving I/DD services continues to grow relative to growth of the Innovations Waiver - showing that while the **demand for services increases, access is also expanding.**

- People with approved 1915(i) assessments are new each reporting period, but those receiving 1915(i) services may overlap across periods.

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

Innovations Waiver Waitlist Overview

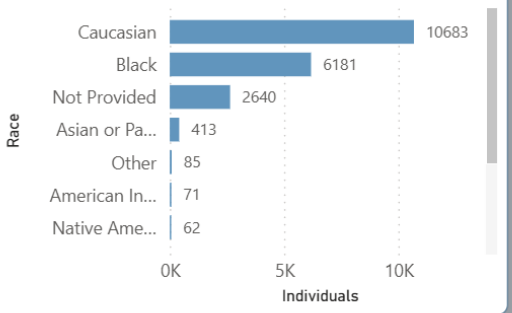
Reporting Period: 9/30/25

Tailored Plan: All

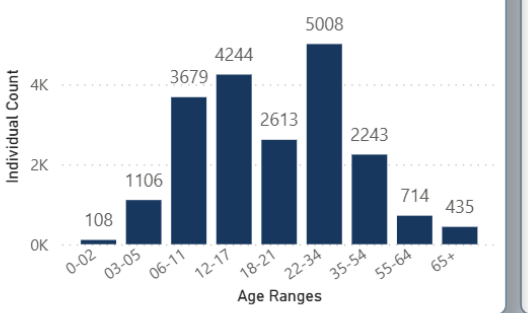
Demographics

20,150	6,316	12,884	<11	950	19
Total Waitlist Count	Females	Males	Gender - Other	Gender Not Provided	Average Age

Race Distribution

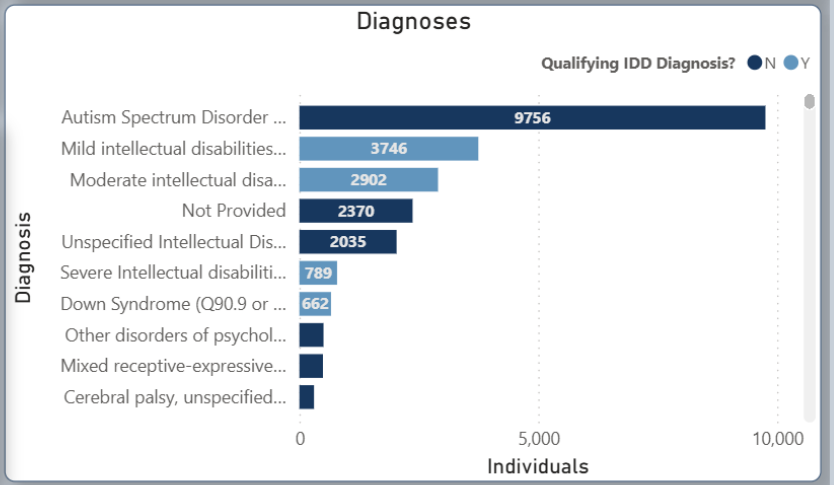


Age

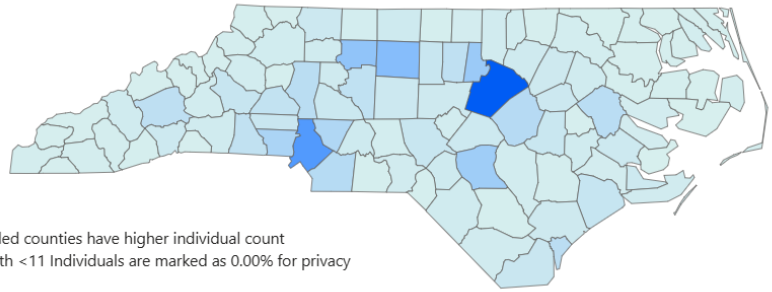


Diagnosis Information

Diagnoses



Innovations Waitlist Individuals by County



Notes
1. Darker shaded counties have higher individual count
2. Counties with <11 Individuals are marked as 0.00% for privacy

Upcoming Enhancements

The rollout of this Innovations Waitlist Dashboard will be in waves. As we continue to source data for this dashboard, the following information is expected to be added as the dashboard is refined and expanded:

1. **Living Arrangements:** Visuals to track the current living arrangements of individuals

As this dashboard is rolled out, other dashboards with similar reporting may not be updated

Go To Frequently Asked Questions

Last Updated: 1/13/2026

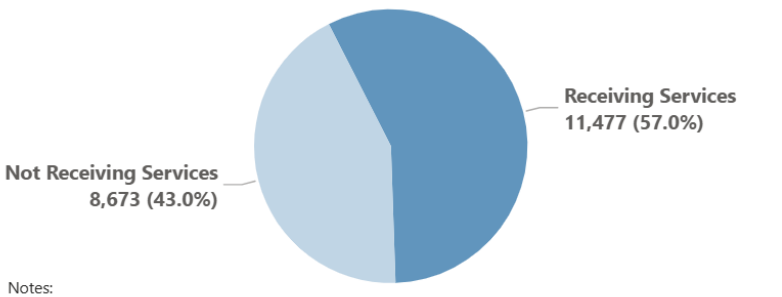
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

Innovations Waiver Waitlist - Services

Reporting Period: 9/30/2025

Tailored Plan: All

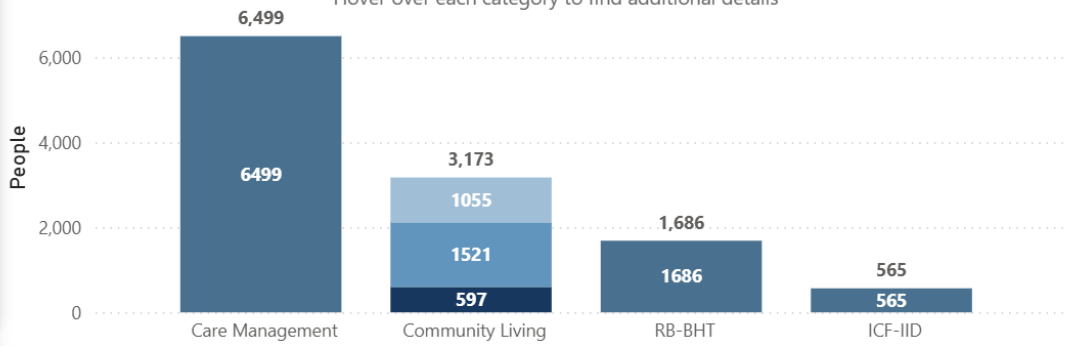
How Many People are Receiving Services?



Notes:
Percentages differ from published quarterly reports because this metric is inclusive of a wider list of services.

I/DD Specific Service Categories Utilized

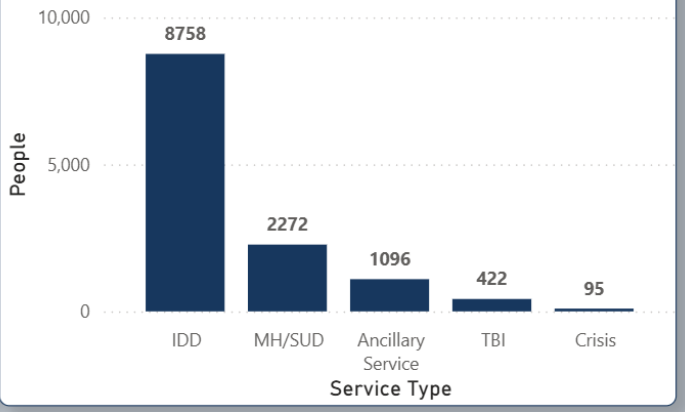
Please click on the "i" icon to view the Service Category Disclaimers for more information
Hover over each category to find additional details



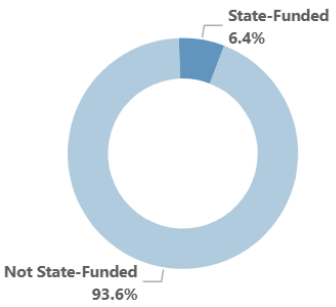
Average Number of Services Received
Per Person
2

Percent of Individuals that have Medicaid
81%

Service Types Utilized



How Many Services are State-Funded?



Disclaimers

Data for service metrics are sourced from Claims & Encounter data. Some people on the Innovations Waiver Waitlist may not be present in Claims & Encounter data. For reporting visuals, these people were counted as 'Not Receiving Services' as they had not received services through DMHDDSUS or DHB during the given reporting period.

The average number of services received accounts for only people receiving services, and not those who aren't receiving services.

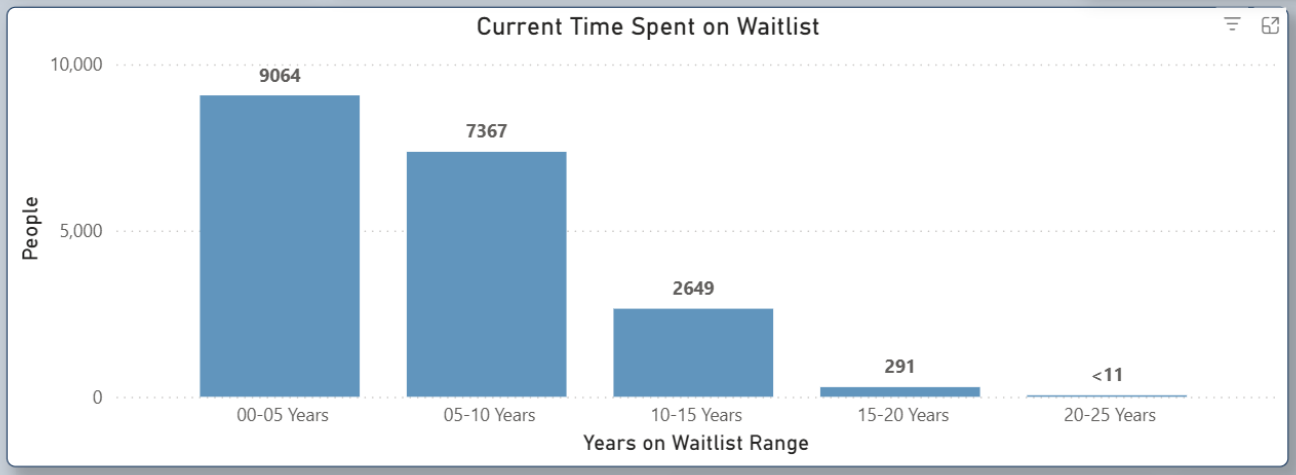
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

Innovations Waiver Waitlist

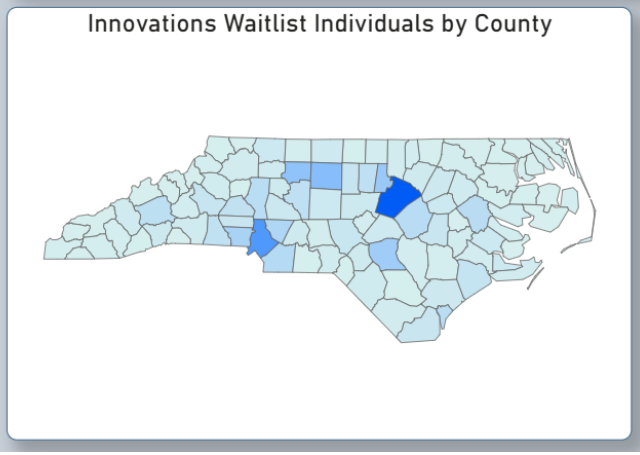
Report End Date: 09/30/25

Tailored Plan: All

All Counties



County	Average Wait (Years)	Waitlist Count
Alamance	6.01	212
Alexander	7.33	26
Alleghany	5.32	13
Anson	5.21	27
Ashe	7.30	26
Avery	8.39	12
Beaufort	4.40	64
Bertie	2.44	13
Bladen	5.31	28
Total	**5.77**	**19344**



5.77

Average Time on Waitlist (Years)

Year Range	Average of Years on Waitlist
00-05 Years	2.32
05-10 Years	7.48
10-15 Years	11.65
15-20 Years	16.27
20-25 Years	21.97
Total	**5.77**

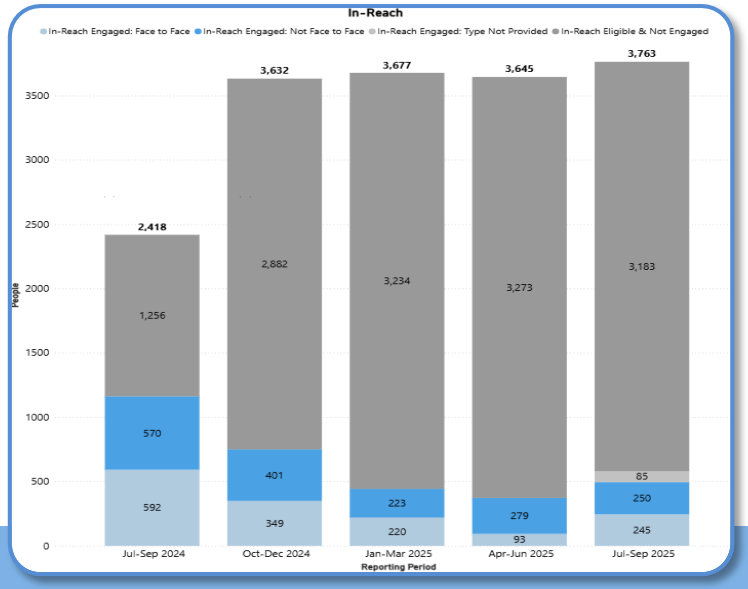
Disclaimers

The information presented here reflects the average amount of time that individuals currently on the Innovations Waiver Waitlist have already waited. It does not represent the length of time until individuals begin receiving Innovations Waiver services. This data should not be used to estimate how long someone may wait before accessing Innovations Waiver services.

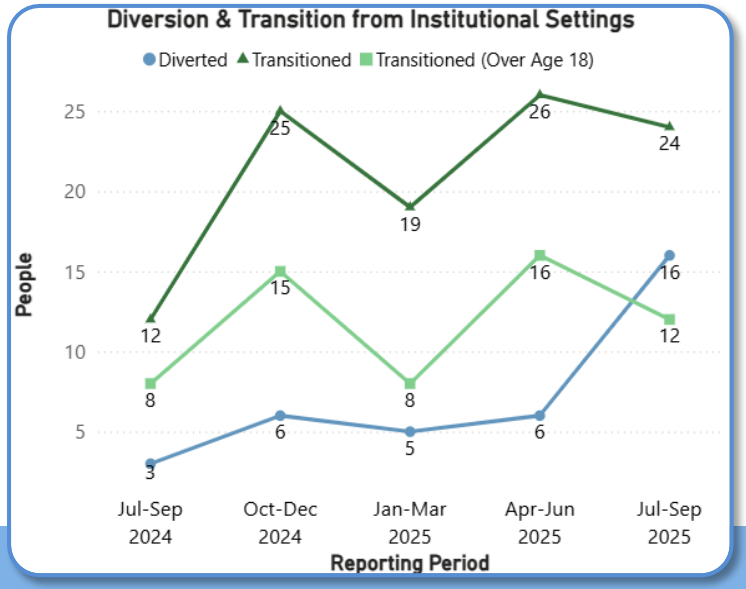
The information shown on this page includes only people who are *currently* on the Innovations Waiver Waitlist and have **never been offered** a waiver slot.

A total of 750+ people have previously been offered a slot but chose to remain on the waitlist for various reasons. These people are **not included** in the counts or averages shown on this page.

Transition & Housing Overview

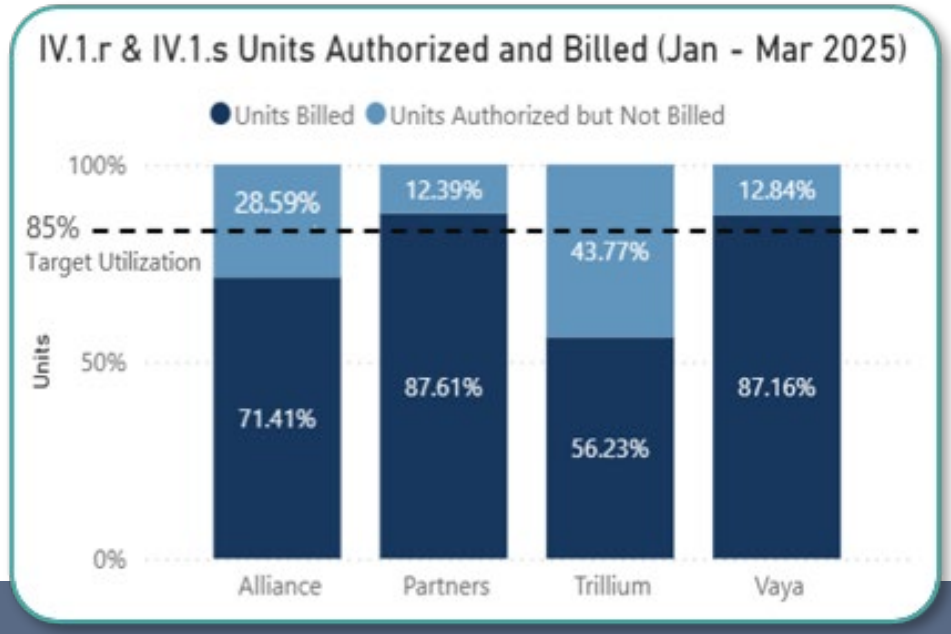


- The total number of members reported living in institutional settings remains stable across LME/MCOs.
- In-Reach efforts reflect internal policies of each LME/MCO.



- NCDHHS continues to work with the LME/MCOs to ensure people eligible for diversion are tracked correctly.
- Transition data from the Money Follows the Person program are included.

Direct Support Professional (DSP) Workforce Overview



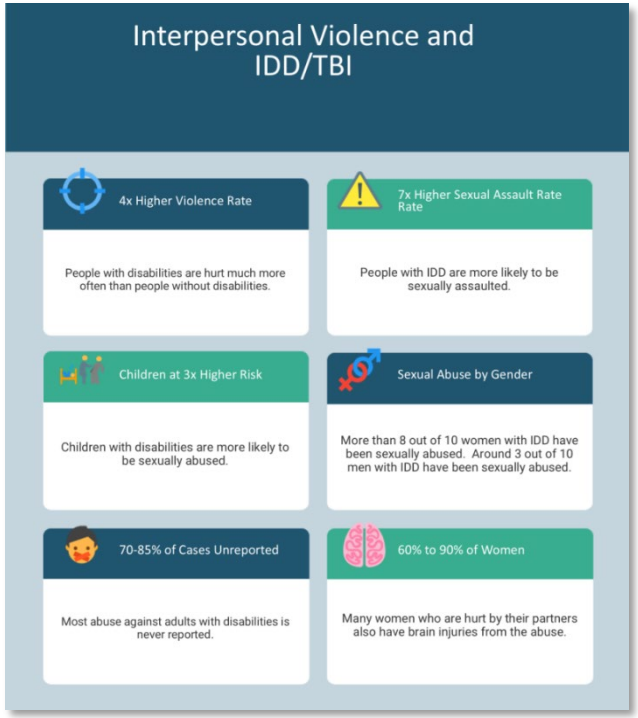
- **Utilization rates** represent authorized Community Living and Support (CLS) services provided to people on the **Innovations Waiver**.
- The Department is looking into utilization rate data quality and taking necessary steps to ensure all LME/MCOs report this information in the same way.
- More to come: Relatives as Provider

Interpersonal Violence Resource Hub

The Interpersonal Violence Resource Hub was recently added to the Inclusion Connects webpage. This site offers easy-to-understand, trauma-informed information and tools for people with IDD and TBI. Whether you're looking for help, education, or ways to prevent violence, we are here for you.

The Resource Hub includes:

- Hotlines and Websites to get Help Now
- Statistics on IDD or TBI and IPV
- Information on how IPV may Affect People with IDD or TBI
- Links to IPV Resources Specific for People with IDD or TBI
- NCDHHS Contact Information



Visit the site by scanning the QR code.

Data and Reporting – January 15 Inclusion Connects Report

Inclusion Connects released its **fifth quarterly report and report summary on January 15, 2026**. This report highlights our progress in enhancing service access and support for people with I/DD in North Carolina.

Visit the QR code to explore the **Quarterly Report**, which includes detailed reporting and updates on key activities across Access to Services, Community Living, and DSP Workforce.

Visit the QR code to explore the **Data Summary**, which offers views of key metrics from the Quarterly Report.

Visit the QR code to watch a **Video Walkthrough** of the report's primary findings and metrics, in an accessible way.

TBI State Action Plan 2026-2029

State TBI Action Plan Advisory Workgroup Timeline

TBI State Action Plan Draft Priorities

Statewide Expansion of TBI Waiver

Increase Access to High-Quality TBI Services

Enhanced Provider Capacity & Quality

More Support for People with Lived Experience and Families

Better Access to Services

Better Support to Providers & Clinicians

Better Support to People with TBI & Caregivers

Executive Order 33: Strengthening Behavioral Health & Public Safety Collaboration

The Mental Health Need

At NCDHHS, our goal is to create a mental health care system where everyone in North Carolina can get the care they need, when they need it and in the setting that is best for them.

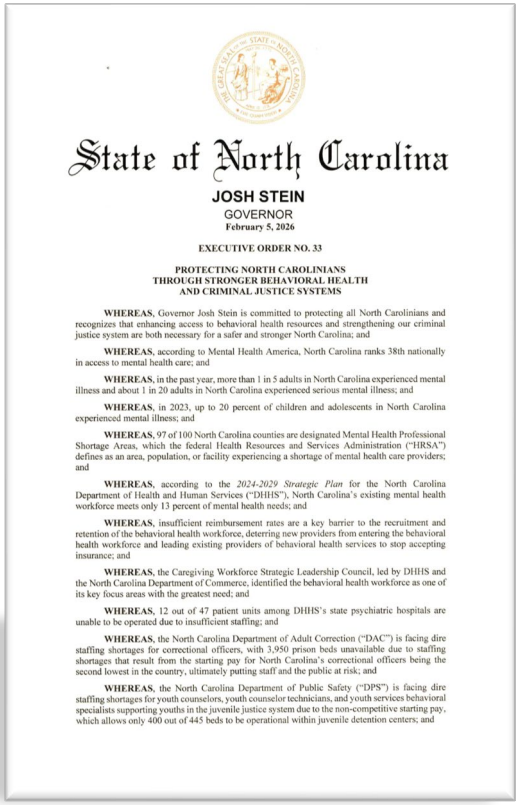
- Right now, more than 50% of people in prisons and jails in North Carolina identify as having a mental health need, and 75% identify as having a substance use disorder.
- For juveniles, the numbers are even more alarming: Nearly all justice-involved youth have at least one mental health diagnosis.
- To create a healthier North Carolina, it is critical we reach people who are involved in or at risk of being involved in the justice system.
- Since more than 90 percent of incarcerated people eventually leave prison, failing to address these issues while they are in custody makes our communities less safe when they get out.
- Strengthening mental health supports is not only a public health priority, but it is also a smart public safety policy.

Where Our Systems Need Support:

- Law enforcement officers are overburdened and cannot meet the growing demand for crisis care alone; mental health systems must serve as a **front door for crisis response**, with law enforcement as partners rather than default responders.
- North Carolina has a dedicated public health and public safety workforce, but there are **not enough staff, resources, or coordination** to meet current needs.
- Staffing shortages among law enforcement, correctional staff, and mental health professionals leave **in-patient units unable to operate at capacity**.
- Improving systems of care requires **stronger collaboration** and sustained support for the people who make those systems work.

What EO 33 Sets in Motion

- Establishes a statewide, cross-agency framework to strengthen North Carolina's mental health and substance use crisis response while supporting public safety
- Reinforces the role of mental health systems as the front door for crisis care, with law enforcement as key partners rather than default responders
- Calls for closer coordination across DHHS, DPS, DAC, courts, and local governments to reduce unnecessary justice involvement for people in crisis



State of North Carolina

JOSH STEIN
GOVERNOR
February 5, 2026

EXECUTIVE ORDER NO. 33

PROTECTING NORTH CAROLINIANS
THROUGH STRONGER BEHAVIORAL HEALTH
AND CRIMINAL JUSTICE SYSTEMS

WHEREAS, Governor Josh Stein is committed to protecting all North Carolinians and recognizes that enhancing access to behavioral health resources and strengthening our criminal justice system are both necessary for a safer and stronger North Carolina; and

WHEREAS, according to Mental Health America, North Carolina ranks 38th nationally in access to mental health care; and

WHEREAS, in the past year, more than 1 in 5 adults in North Carolina experienced mental illness and about 1 in 20 adults in North Carolina experienced serious mental illness; and

WHEREAS, in 2023, up to 20 percent of children and adolescents in North Carolina experienced mental illness; and

WHEREAS, 97 of 100 North Carolina counties are designated Mental Health Professional Shortage Areas, which the federal Health Resources and Services Administration ("HRSA") defines as an area, population, or facility experiencing a shortage of mental health care providers; and

WHEREAS, according to the *2024-2029 Strategic Plan* for the North Carolina Department of Health and Human Services ("DHHS"), North Carolina's existing mental health workforce meets only 13 percent of mental health needs; and

WHEREAS, insufficient reimbursement rates are a key barrier to the recruitment and retention of the behavioral health workforce, deterring new providers from entering the behavioral health workforce and leading existing providers of behavioral health services to stop accepting insurance; and

WHEREAS, the Caregiving Workforce Strategic Leadership Council, led by DHHS and the North Carolina Department of Commerce, identified the behavioral health workforce as one of its key focus areas with the greatest need; and

WHEREAS, 12 out of 47 patient units among DHHS's state psychiatric hospitals are unable to be operated due to insufficient staffing; and

WHEREAS, the North Carolina Department of Adult Correction ("DAC") is facing dire staffing shortages for correctional officers, with 3,950 prison beds unavailable due to staffing shortages that result from the starting pay for North Carolina's correctional officers being the second lowest in the country, ultimately putting staff and the public at risk; and

WHEREAS, the North Carolina Department of Public Safety ("DPS") is facing dire staffing shortages for youth counselors, youth counselor technicians, and youth services behavioral specialists supporting youths in the juvenile justice system due to the non-competitive starting pay, which allows only 400 out of 445 beds to be operational within juvenile detention centers; and

Key Focus Areas

Crisis System Strengthening	improving how individuals access crisis services across 988, mobile response, stabilization, and emergency care
Public Safety Collaboration	aligning behavioral health and law enforcement roles to support diversion, safe transport, and appropriate crisis response
Continuity of Care	improving access to treatment during justice involvement and strengthening transitions at key system entry and exit points
Policy and System Alignment	using data, shared definitions, and interagency coordination to improve consistency statewide

Executive Order 33: DHHS Directives

What EO 33 Directs DHHS to Do

- **Lead statewide coordination to strengthen the mental health and substance use crisis system**, including recommendations to improve consistency, access, and effective use of single-stream and Medicaid funding
- **Convene the NC Payers Council** to advance private insurer coverage of crisis services aligned with the public crisis system
- **Develop recommendations to improve coordination between 911 and 988**, including call transfers, protocols, cross-training, and public education, in partnership with local governments
- **Advance models that integrate clinical expertise into emergency response**, including embedded providers and co-responder approaches, in collaboration with law enforcement
- **Partner with public safety agencies to improve crisis transport and emergency department hold processes**, including training expectations for professionals completing transport
- **Convene and lead a statewide working group on involuntary commitment**, including recommending reforms and supporting consistent implementation of existing law
- **Standardize and strengthen treatment access for justice-involved individuals**, including collaboration with DAC on the TASC program and continuity of care during justice involvement

Strengthening the Behavioral Health Crisis System

Executive Order 33 directs DHHS to:

- Lead statewide coordination to strengthen the behavioral health crisis system, including recommending strategies to improve consistency, access, and effectiveness.
- Recommend how single-stream and Medicaid funding can be used most effectively to support the crisis system.

Convene the NC Payers Council

Executive Order 33 directs DHHS to:

- Convene the NC Payers Council.
- Develop processes to increase private insurer coverage of crisis services.
- Align private insurer crisis service coverage with services provided by the public crisis system.

Improving 911 and 988 Coordination

Executive Order 33 directs DHHS to:

- Develop recommendations to increase coordination between 911 and 988, including call handling and transfer protocols.
- Support cross-training for 911 and 988 personnel.
- Improve data sharing and public education related to crisis response.
- Expand models that embed mental health providers into 911 centers.

Integrating Clinical Expertise into Emergency Response

Executive Order 33 directs DHHS to:

- Advance co-responder models that integrate clinical expertise into emergency response.
- Collaborate with law enforcement and local governments to strengthen emergency response approaches involving behavioral health professionals.

Crisis Transport and Emergency Department Holds

Executive Order 33 directs DHHS to:

- Recommend strategies to improve mental health crisis transport processes.
- Improve emergency department hold processes.
- Support the use of civilian transport roles where appropriate.
- Establish training expectations for professionals completing crisis transport.

Involuntary Commitment

Executive Order 33 directs DHHS to:

- Convene and lead a statewide working group on involuntary commitment.
- Recommend reforms to the involuntary commitment process.
- Support consistent implementation of existing involuntary commitment laws in collaboration with providers and hospitals.

Justice-Involved Individuals

Executive Order 33 directs DHHS to:

- Standardize and strengthen treatment access for justice-involved individuals.
- Partner with the Department of Adult Correction to improve and standardize the TASC program.
- Support continuity of care during justice involvement.

What This Means for North Carolina

Executive Order 33 strengthens North Carolina's approach to behavioral health and public safety by:

- Improving coordination across the behavioral health crisis system to ensure people receive timely, appropriate care.
- Aligning public and private crisis services to expand access and consistency statewide.
- Strengthening collaboration between behavioral health, emergency response, and public safety systems.
- Improving crisis response, transport, and emergency department processes.
- Supporting more consistent, coordinated care for individuals involved in the justice system.

Read the press release

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

State CFAC Legal Duties, Advising, and Ethics

JOONU-NOEL COSTE

ASSISTANT ATTORNEY GENERAL

NC DEPARTMENT OF JUSTICE

Overview

State CFAC is established by North Carolina law.

State CFAC is a committee that must conduct itself in accordance with “Open Government” policies and laws.

State CFAC carries out its duties during official meetings subject to open meetings laws.

State CFAC receives and generates records that are subject to public records laws.

State CFAC’s credibility is dependent upon its demonstrated professionalism and full compliance with applicable laws.

Legal context: ADA and Olmstead

The **Americans with Disabilities Act of 1990** or **ADA** (42 U.S.C. § 12101) is a civil rights law that prohibits discrimination based on disability.

Olmstead v. L.C., 527 U.S. 581 (1999), is a United States Supreme Court case regarding discrimination against people with mental disabilities. The Supreme Court held that under the Americans with Disabilities Act, individuals with mental disabilities have the right to live in the community rather than in institutions if, in the words of the opinion of the Court, "the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities."The case was brought by the Atlanta Legal Aid Society on behalf of Lois Curtis. https://en.wikipedia.org/wiki/Olmstead_v._L.C.

NC Policy: Community-based Services

"The policy of the State is to assist individuals with needs for mental health, developmental disabilities, and substance abuse services in ways **consistent with the dignity, rights, and responsibilities of all North Carolina citizens**. **Within available resources it is the obligation of State and local government to provide mental health, developmental disabilities, and substance abuse services through a delivery system** designed to meet the needs of clients in the least restrictive, therapeutically most appropriate setting available and to maximize their quality of life. **It is further the obligation of State and local government to provide community-based services when such services are appropriate, unopposed by the affected individuals, and can be reasonably accommodated within available resources and taking into account the needs of other persons for mental health, developmental disabilities, and substance abuse services."**

NC: A Unified System for Services

State and local governments shall develop and maintain a **unified system** of services centered in **area authorities** or county programs. The public service system will strive to provide a continuum of services for clients while considering the availability of services in the private sector. **Within available resources**, State and local government shall ensure that the following core services are available:

(1) Screening, assessment, and referral.

(2) Emergency services.

(3) Service coordination.

(4) Consultation, prevention, and education.

State CFAC is established in NC law

§ 122C-171(a) ". . . The State CFAC shall be a **self-governing and self-directed organization that advises** the Department and the General Assembly **on the planning and management of the State's public** mental health, intellectual and developmental disabilities, substance use disorder, and traumatic brain injury **services system**."

State CFAC membership

§ 122C-171(b). The State CFAC **shall be composed of 21 members**. The members **shall be composed exclusively of adult consumers** of MH IDD SUS services **and family members of consumers** of MH IDD SUS services.

§ 122C-171(b) (continued) “The terms of members **shall be three years, and no member may serve more than two consecutive terms**. Vacancies shall be filled by the appointing authority.”

DHHS provides assistance to State CFAC

§ 122C-171(d). “The Secretary shall provide sufficient staff to assist the State CFAC in implementing its duties”

The assistance shall include . . .

data for the identification of service gaps and underserved populations,	training to review and comment on the State Plan and departmental budget,	procedures to allow participation in quality monitoring, and technical advice on rules of procedure and applicable laws.

NC Statewide Open Meeting Policy

§ 143-318.9. Public policy.

Whereas the **public bodies** that administer the legislative, policy-making, quasi-judicial, administrative, and **advisory functions** of North Carolina and its political subdivisions **exist solely to conduct the people's business**, it is the public policy of North Carolina that the **hearings, deliberations, and actions of these bodies be conducted openly.** (1979, c. 655, s. 1.)

NC Open Meeting Law

§ 143-318.10. All official meetings of public bodies open to the public.

(a) Except as provided in G.S. 143-318.11, 143-318.14A, and 143-318.18, **each official meeting of a public body shall be open to the public**, and any person is entitled to attend such a meeting.

State CFAC is a Public Body

§ 143-318.10(b)

As used in this Article, **"public body" means** any elected or **appointed** authority, board, commission, **committee**, council, or other body of the State, or of one or more counties, cities, school administrative units, constituent institutions of The University of North Carolina, or other political subdivisions or public corporations in the **State that (i) is composed of two or more members and (ii) exercises or is authorized to exercise a** legislative, policy-making, quasi-judicial, administrative, or **advisory function**.

Official Meetings of Public Bodies

§ 143-318.10(d)

"Official meeting" means a meeting, assembly, or gathering together at any time or place or the simultaneous communication by conference telephone or other electronic means of a majority of the members of a public body for the purpose of conducting hearings, participating in deliberations, or voting upon or **otherwise transacting the public business** within the jurisdiction, real or apparent, of the public body.

What do you think?

HYPOTHETICAL

Exception to Open Meeting Requirement

§ 143-318.10(d) (cont.)

However, a social meeting or other informal assembly or gathering together of the members of a public body does not constitute an official meeting **unless called or held to evade** the spirit and purposes of this Article.

What do you think?

HYPOTHETICAL

Keep Full Minutes of all Official Meetings

§ 143-318.10(e)

Every public body shall keep full and accurate minutes of all official meetings, including any closed sessions held pursuant to G.S. 143-318.11. Such minutes may be in written form or, at the option of the public body, may be in the form of sound or video and sound recordings.

Keep Minutes of Closed Sessions

§ 143-318.10(e)

When a public body meets in closed session, it shall keep a general account of the closed session so that a person not in attendance would have a reasonable understanding of what transpired. Such accounts may be a written narrative, or video or audio recordings. **Such minutes and accounts shall be public records** within the meaning of the Public Records Law, G.S. 132-1 et seq.; provided, however, that minutes or an account of a closed session conducted in compliance with G.S. 143-318.11 may be withheld from public inspection so long as public inspection would frustrate the purpose of a closed session.

Closed Sessions within Official Meetings

§ 143-318.11. Closed sessions.

(a) Permitted Purposes. – It is the policy of this State that closed sessions shall be held only when required to permit a public body to act in the public interest as permitted in this section.

(c) Calling a Closed Session. – A public body **may** hold a closed session only **upon a motion** duly made and adopted at an open meeting. **Every motion to close a meeting shall cite one or more of the permissible purposes listed in subsection (a)** of this section.

Closed Session – Permitted Purpose

§ 143-318.11. Closed sessions.

(a)(1) To prevent the disclosure of information that is privileged or confidential pursuant to the law of this State or of the United States, or not considered a public record within the meaning of Chapter 132 of the General Statutes.

Closed Session – Permitted Purpose

§ 143-318.11. Closed Sessions.

(a)(3) To consult with an attorney employed or retained by the public body in order to **preserve the attorney-client privilege between the attorney and the public body**, which privilege is hereby acknowledged. . . .

- The public body may consider and give instructions to an attorney concerning the handling or settlement of a claim, judicial action, mediation, arbitration, or administrative procedure.
- If the public body has approved or considered a settlement, other than a malpractice settlement by or on behalf of a hospital, in closed session, the terms of that settlement shall be reported to the public body and entered into its minutes as soon as possible within a reasonable time after the settlement is concluded.

Closed Session – NOT Permitted

§ 143-318.11. Closed Sessions.

(a)(3) cont.

General policy matters may not be discussed in a closed session and nothing herein shall be construed to permit a public body to close a meeting that otherwise would be open merely because an attorney employed or retained by the public body is a participant.

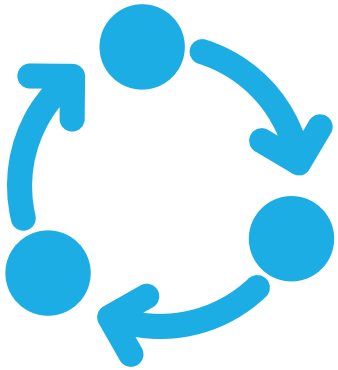
What do you think?

HYPOTHETICAL

What do you think?

HYPOTHETICAL

Closed Session Practice Points



https://ncdoj.gov/opinions/open-government/

Once the purpose of entering into the closed session is completed, the public body must then re-open the meeting.

During the closed session, the public body cannot:

- Engage in any other activities that are not related to the stated basis for the motion to enter into the closed session.
- Motions to adjourn or recess
- Motions to enter into a closed session for some other purpose
- Establishing future meeting dates or times and places for reconvening meetings

If the activities for which the closed session was entered into are not complete and the public body wishes to recess and continue the closed session at a later time, the public body must give public notice of that decision including the time and location for the reconvened meeting.

Open Meetings Laws are Enforceable

§ 143-318.16. Injunctive relief against violations of Article.

(a) The General Court of Justice has jurisdiction to enter mandatory or prohibitory injunctions to enjoin (i) threatened violations of this Article, (ii) the recurrence of past violations of this Article, or (iii) continuing violations of this Article. Any person may bring an action in the appropriate division of the General Court of Justice seeking such an injunction; and the plaintiff need not allege or prove special damage different from that suffered by the public at large. It is not a defense to such an action that there is an adequate remedy at law.

Violation of Open Meeting Laws can Result in Award of Attorney's Fees

§ 143-318.16A(a)

Any person may institute **a suit in the superior court requesting the entry of a judgment** declaring that any action of a public body was taken, considered, discussed, or deliberated in violation of this Article. Upon such a finding, **the court may declare any such action null and void.** . . .

§ 143-318.16B.

Assessment and awards of attorney's fees. The court **may order** that all or any portion of any fee as assessed **be paid personally by any individual member or members of the public body** found by the court to have knowingly or intentionally committed the violation; **provided, that no order against any individual member shall issue in any case where the public body or that individual member seeks the advice of an attorney, and such advice is followed.**

What do you think?

HYPOTHETICAL

State CFAC's Records are Public Records

§ 132-1. "Public records" defined.

(a) "Public record" or "public records" shall mean all documents, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, electronic data-processing records, artifacts, or other documentary material, regardless of physical form or characteristics, made or received pursuant to law or ordinance **in connection with the transaction of public business by any agency of North Carolina government or its subdivisions.** Agency of North Carolina government or its subdivisions shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, **commission**, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subdivision of government.

Public Records - Exception

§ 132-1.1(a) Confidential Communications. – Public records … shall not include written communications (and copies thereof) to any . . . commission . . . made within the scope of the **attorney-client relationship** concerning any claim against or on behalf of the governmental body or the governmental entity for which such body acts, or concerning the prosecution, defense, settlement or litigation of any judicial action, or any administrative or other type of proceeding to which the governmental body is a party or by which it is or may be directly affected. . . .

Public Records Must be Produced

§ 132-9. Access to records.

(a) Any person who is denied access to public records for purposes of inspection and examination, or who is denied copies of public records, may apply to the appropriate division of the General Court of Justice for an order compelling disclosure or copying, and the court shall have jurisdiction to issue such orders if the person has complied with G.S. 7A-38.3E. Actions brought pursuant to this section shall be set down for immediate hearing, and subsequent proceedings in such actions shall be accorded priority by the trial and appellate courts.

What do you think?

HYPOTHETICAL

State CFAC Duties

§ 122C-171(c). The State CFAC shall undertake all of the following:

(1) Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.

(2) Identify service gaps and underserved populations.

(3) Make recommendations regarding the service array and monitor the development of additional services.

State CFAC Duties

§ 122C-171(c). The State CFAC shall undertake all of the following:

(4) Review and comment on the State budget for MC IDD SUS services

(5) Review and comment on contract deliverables and the process and outcomes of prepaid health plans in meeting these contract deliverables.

(6) Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of MH IDD SUS TBI services, including Statewide issues.

State CFAC Duties

§ 122C-171(c). The State CFAC shall undertake all of the following:

(7) Develop a collaborative and working relationship with the prepaid health plan member advisory committees to obtain input related to service delivery and system change issues.

What do you think?

HYPOTHETICAL

What do you think?

Committee members have begun receiving reports that "Standard Services" LME/MCO has been exhibiting "irresponsible" and "unconscionable" behavior and has received complaints that rumors of "extravagant" and "excessive" spending have "eroded the public trust." This includes reports of the CEO's exorbitant compensation package.

Committee members have sees news reports that multiple counties across the state had begun breaking their contracts with the organization, citing concerns about the organization's ability to deliver care to some of the state's most vulnerable. Local CFACs have received increasing complaints that the organization has begun limiting services.

At today's SCFAC meeting, a member has made a motion requesting the SCFAC, pursuant to its authority, investigate the LME/MCO for failing to provide services.

DOES THE SCFAC have the authority to investigate wrongdoing by the organization?

Other considerations

Advocacy vs. Advising

Political vs. Partisan

Other Considerations

PROFESSIONALISM

ETHICS

Online Resources

https://ncdoj.gov/open-government/

https://ncopengov.org/resources/