



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

**May 14, 2025**

# Kelly Crosbie, MSW, LCSW, DMH/DD/SUS Director (she/her)



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

# Federal Funding Updates

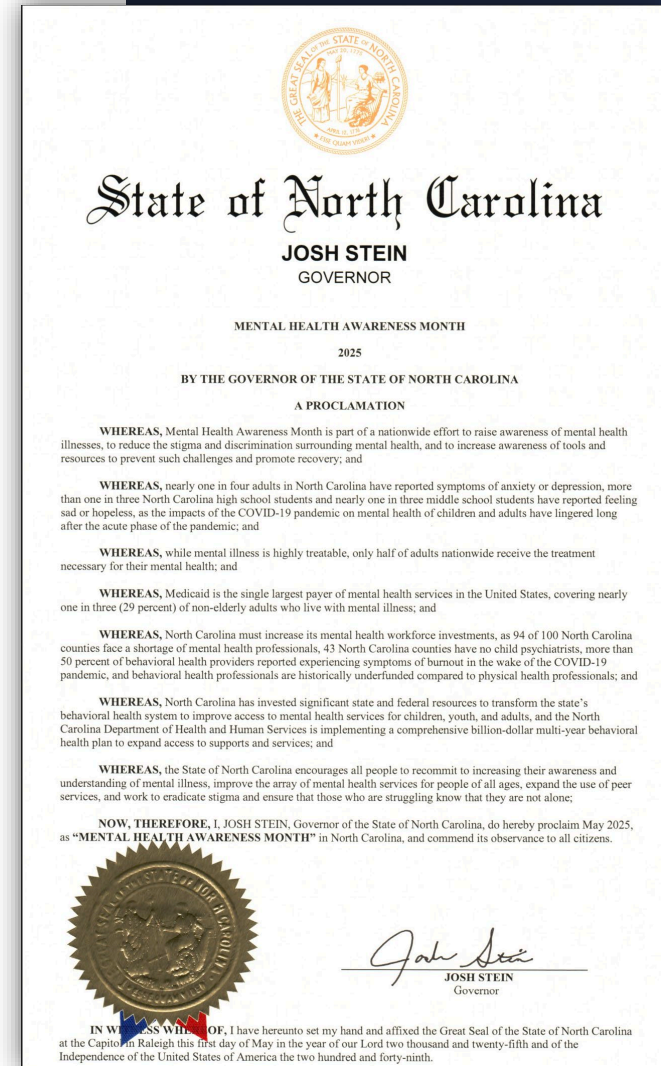
- American Rescue Plan Act (ARPA) funds were cut on 3/25. These were supplemental funds.
- We have contacted providers who are affected and are mitigating effects.
- Our standard grant funding remains in place.

# Governor Stein Proclaims May as Mental Health Awareness Month

Governor Josh Stein has [proclaimed](#) May 2025 Mental Health Awareness Month.

In his proclamation, the governor cited the need to reduce stigma and raise awareness about tools and resources to prevent mental health challenges and promote recovery in a state where one in four adults and one in three middle and high school students report feelings of anxiety, depression or sadness.

The proclamation highlighted the importance of Medicaid as the single largest payer of mental health services in the country and underlined the NC DHHS multi-year plan to expand access to supports and services.



# DMH/DD/SUS Launches Peer Warmline Dashboard

The [Peer Warmline Dashboard](#) shares real-time insights on usage, satisfaction, and call patterns since its launch in **February 2024**.

Staffed by **Certified Peer Support Specialists**, the warmline offers **non-clinical, lived experience-based support 24/7**.

## Highlights:

- **56,000+** callers from Feb–Mar 2025
- **99% satisfaction rate** among survey respondents
- **40% of callers** called back again—showing trust and value
- Common reasons: emotional distress, mental health concerns, substance use, or needing someone to talk to

## Why It Matters:

- Works in tandem with **988** to offer an option for **peer-led, non-crisis support**
- Peer support reduces ER visits and hospitalizations by offering early, human-centered connection



# Black Youth Suicide Prevention Draft Action Plan – Your Feedback Needed

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

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

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

**We Want Your Input!**

**[Review the draft plan](#) and [share your feedback](#) by completing our public survey by Friday, June 6, 2025.**



## Black Youth Suicide Prevention Draft Action Plan Survey

**We want to hear from you!**  
Your feedback on this first-of-its-kind DMH/DD/SUS strategic plan will help us understand its impact and how we can improve.

[Learn More](#)



The survey is open through  
June 6, 2025



# Participate in the NC Brain Injury Needs and Gaps Survey

The [Brain Injury Association of NC](#) requests your input to **identify gaps and needs in brain injury services** across North Carolina.

Your feedback will **help BIANC identify unmet needs, improve programs, and advocate for stronger support** across the state.

[Submit your anonymous survey](#) through Saturday, May 31, 2025.



# Nine new DMHDDSUS webpages went live!

- [Strategic Plan](#) – Describes our mission, vision, guiding principles, and key priorities.
- [Strategic Plan Measures](#) – Identifies 31 ways we will measure and report on our progress toward meeting our goals.
- [Data and reports](#) – Data related to North Carolina’s public system to provide services for mental health, substance use, intellectual and developmental disabilities, and traumatic brain injury.
- [Providers](#) – Resources available for Local Management Entities/Managed Care Organizations (LME/MCOs), grant recipients, Certified Community Behavioral Health Clinics (CCBHCs), Medicaid or state-funded providers, and those seeking to join the North Carolina provider network.
- [CCBHCs](#) – Services and locations of Certified Community Behavioral Health Clinics.

# Nine new DMHDDSUS webpages went live!

- [LME/MCO Reports](#) – Data and reports on North Carolina LME/MCOs that includes DMH/DD/SUS Strategic Plan Dashboard, Quarterly Performance Reports, and other data.
- [SCFAC](#) – Information on joining SCFAC meetings, open positions, and State to Local collaboration meetings.
- [Grant Opportunities](#) – Grants given to organizations by the Division of Mental Health, Developmental Disabilities, and Substance Use Services.
- [Service definitions](#) – Lists and describes the services that providers can be paid for in the state's public system overseen by the Division of Mental Health, Developmental Disabilities and Substance Use Services.

# Toolkit: NC Innovations Waiver

The NC Innovations waiver resources launched 4/25 to share information with people who may be eligible for services and help them understand the process.

The toolkit is available in [English](#) and [Spanish](#). It includes:

- Flyers: A [general overview](#) and [more detailed explanation](#)
- [Social Content](#): Social media posts about the NC Innovations waiver that you can share on your social and digital channels.
- [NC Innovations waiver webpages](#): What to know about the NC Innovations waiver, examples of services it covers, ways to apply and how the waitlist works.
- **And more!**

## Bilingual Toolkit Materials Available for Download:

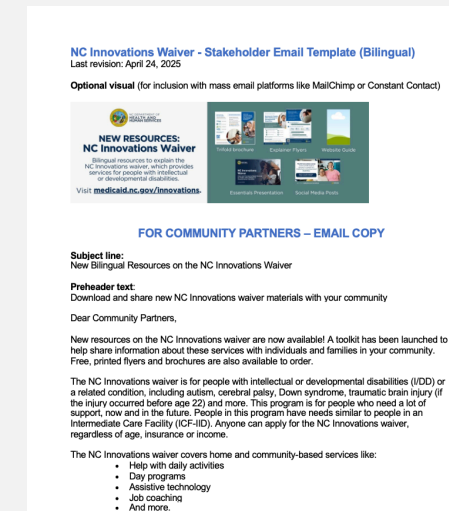
**Essentials Presentation**  
on available services



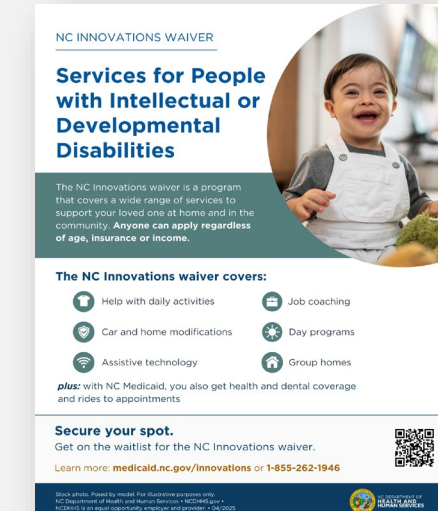
**Social Media Posts & Graphics**



**Email templates for members and partners to download the toolkit**



**Flyers to share information about services covered by the NC Innovations waiver.**



# Order Free Accessible Print Materials

NCDHHS is providing free, printed educational materials on Tailored Care Management, Tailored Plans, 1915(i) Services and the NC Innovations Waiver.

- You can select the materials you need. Each order will contain 100 free copies of each flyer/brochure selected.
- Order materials by May 16, 2025, to receive them by late May.
- <https://share.hsforms.com/1la447qENRIK4ctZ0SVgnyg5bzii>


**Home and Community-Based Services for People with Intellectual or Developmental Disabilities**



How to Get the NC Innovations Waiver



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



Free rides to and from your medical appointments, covered by Medicaid

Non-Emergency Medical Transportation (NEMT) services

NC Medicaid 1915(i) Services

**Get support at home or in your community**

EXENCIÓN POR INNOVACIONES DE CAROLINA DEL NORTE

**Servicios para personas con discapacidades intelectuales o del desarrollo**

La Exención por innovaciones de Carolina del Norte es un programa que ofrece un amplio rango de servicios para apoyar a tu ser querido en el hogar y en la comunidad. **Cualquier persona puede aplicar, sin importar su edad, ingresos o si cuenta o no con seguro médico.**



**La Exención por innovaciones de Carolina del Norte cubre:**

- Ayuda para actividades diarias
- Coaching laboral
- Modificaciones vehiculares y domésticas
- Programas durante el día
- Tecnologías de asistencia
- Vivienda grupal

**Además:** Con NC Medicaid también puedes recibir cobertura médica y dental, así como transporte a tus citas médicas.

**Asegura tu lugar.**

Inscríbete en la lista de espera para la Exención por innovaciones de Carolina del Norte.

Más información: [medicaid.nc.gov/innovaciones](https://medicaid.nc.gov/innovaciones) o al 1-855-262-1946




Foto de archivo. Retrato de modelo. Para fines ilustrativos únicamente.  
El Departamento de Salud y Servicios Humanos de Carolina del Norte (NCDHHS) • NCDHHS.gov  
NCDHHS es un proveedor y empleador que ofrece igualdad de oportunidades • 04/2025

Medical Plan, a

5 084

our soon

m



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# DSP Recruitment and Retention Workforce Incentives, Round 2 Initiative

The North Carolina Department of Health and Human Services (NCDHHS) is continuing its commitment to strengthening the Direct Support Professional (DSP) workforce with Round Two of the DSP Recruitment and Retention Incentive Program. This funding will support efforts to recruit and retain DSPs, ensuring that individuals with intellectual and developmental disabilities (IDD) receive high-quality care in their communities.

## To qualify for Round Two Funding, DSP recipients must:

- Commit to a full-time schedule of at least 30 hours per week.
- Sign a three-year service agreement to ensure long-term workforce stability and continuity of care for individuals with IDD.

### Application Assistance

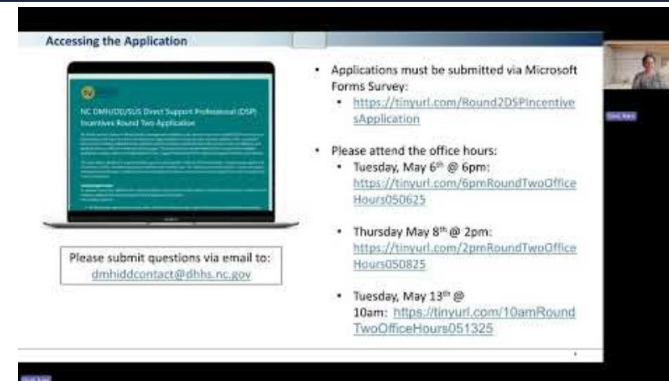
#### Office Hours for Questions

- Tuesday, May 6, 2025 at 6:00 pm: [Join Meeting](#)
- Thursday, May 8, 2025 at 2:00 pm: [Join Meeting](#)
- Tuesday, May 13, 2025 at 10:00 am: [Join Meeting](#)

**Application Questions:** [Download PDF](#)

**More Information:** [Download FAQ](#)

### Instructional Video



The video frame shows a presentation slide titled "Accessing the Application". On the left, a laptop displays the application portal with the text "N.C. DMH/DD/SLD Direct Support Professional (DSP) Incentives Round Two Application". Below the laptop, it says "Please submit questions via email to: dmhiddcontact@dhhs.nc.gov". On the right, a list of office hours is provided:

- Applications must be submitted via Microsoft Forms Survey:
  - <https://tinyurl.com/Round2DSPIncentivesApplication>
- Please attend the office hours:
  - Tuesday, May 6<sup>th</sup> @ 6pm: <https://tinyurl.com/6pmRoundTwoOfficeHours050625>
  - Thursday May 8<sup>th</sup> @ 2pm: <https://tinyurl.com/2pmRoundTwoOfficeHours050825>
  - Tuesday, May 13<sup>th</sup> @ 10am: <https://tinyurl.com/10amRoundTwoOfficeHours051325>

**Applications Accepted Through Tuesday, May 27, 2025 at 5:00 p.m.**

# Toolkit: Crisis Materials

The North Carolina Department of Health and Human Services has launched a new [toolkit](#) to continue to increase visibility for crisis care available to North Carolinians at no or low cost.

The toolkit is available in [English](#) and [Spanish](#). It includes:

- A [flyer](#) that provides guidance on all ways to access crisis services
- [Social media](#) graphics and accompanying post copy
- A [newsletter template](#) to incorporate into your ongoing outreach
- **And more!**

## Support when you need it most.

When life feels out of control, get the support you need. Crisis services offer immediate support, no judgment and a safe way to get back on track, even when everything seems impossible. Help is available at little or no cost.



### Connect with someone who will listen and help.

Call or text 988. You can also chat online. Support is available for people who are deaf or hard of hearing. It's free, private, one-on-one help that's available 24 hours a day, 7 days a week.

### Talk to someone who has been there.

Call 855-PEERS-NC (855-733-7762) to talk to someone who has faced tough times and is trained to help with mental health and substance use recovery.

### Have help come to you.

A mobile crisis team of trained mental health specialists will meet you in a safe place. They can help with a mental health, substance use, or behavioral crisis. When you call a mobile crisis team, they will ask for your basic information and details about the crisis that's happening. They'll send a trained team to you, or to a safe location nearby, as soon as they can. Available to everyone, no matter your insurance or ability to pay.

### Go someplace safe.

Community crisis centers are safe places where you can get help from a licensed clinician, without needing to go to the emergency room. Most centers are open 24 hours a day, 7 days a week. You don't need an appointment. There are two kinds of crisis centers where you can go:

**Behavioral health urgent care centers** provide an immediate assessment and short-term care, like a medical urgent care center. If you need longer term care, they can refer you to a facility-based center or other community resources.

**Facility-based crisis centers** are residential centers open to people in crisis. You need to meet certain criteria to be admitted. They are typically for overnight or longer stays.



To learn more, visit:  
[ncdhhs.gov/CrisisServices](https://ncdhhs.gov/CrisisServices)

Stock photos. Posed by model. For illustrative purposes only.  
NC Department of Health and Human Services • [NCDHHS.gov](https://ncdhhs.gov)  
NCDHHS is an equal opportunity employer and provider. • 02/2025



# In Case You Missed It: NCDHHS Fireside Chat and Tele-Town Hall NC Crisis Services: Support When You Need it Most

30,000+  
tuned in!

The panel discussed:

- When to get help for yourself or a loved one
- What NC crisis services are and how to access them
- Where to find mental health information and resources


[Watch The Replay](#)




**NCDHHS**

Fireside Chat & Tele-town Hall  
**NC Crisis Services:  
Support When You  
Need It Most**  
Thurs., April 10 | 6 to 7 p.m. ET

**Submit questions live:**  
f y t (855) 756-7520 Ext. 120794#  
ASL Interpretation and Communication Access  
Real-Time Translation (CART) provided.



**Lisa DeCiantis, MA, LCMHC**  
Chief Clinical Officer for Mental Health Wellness, Treatment and Recovery, Division of Mental Health, Developmental Disabilities and Substance Use Services, NCDHHS



**Sandy Feutz, LCSW**  
Chief Operating Officer  
RHA Health Services



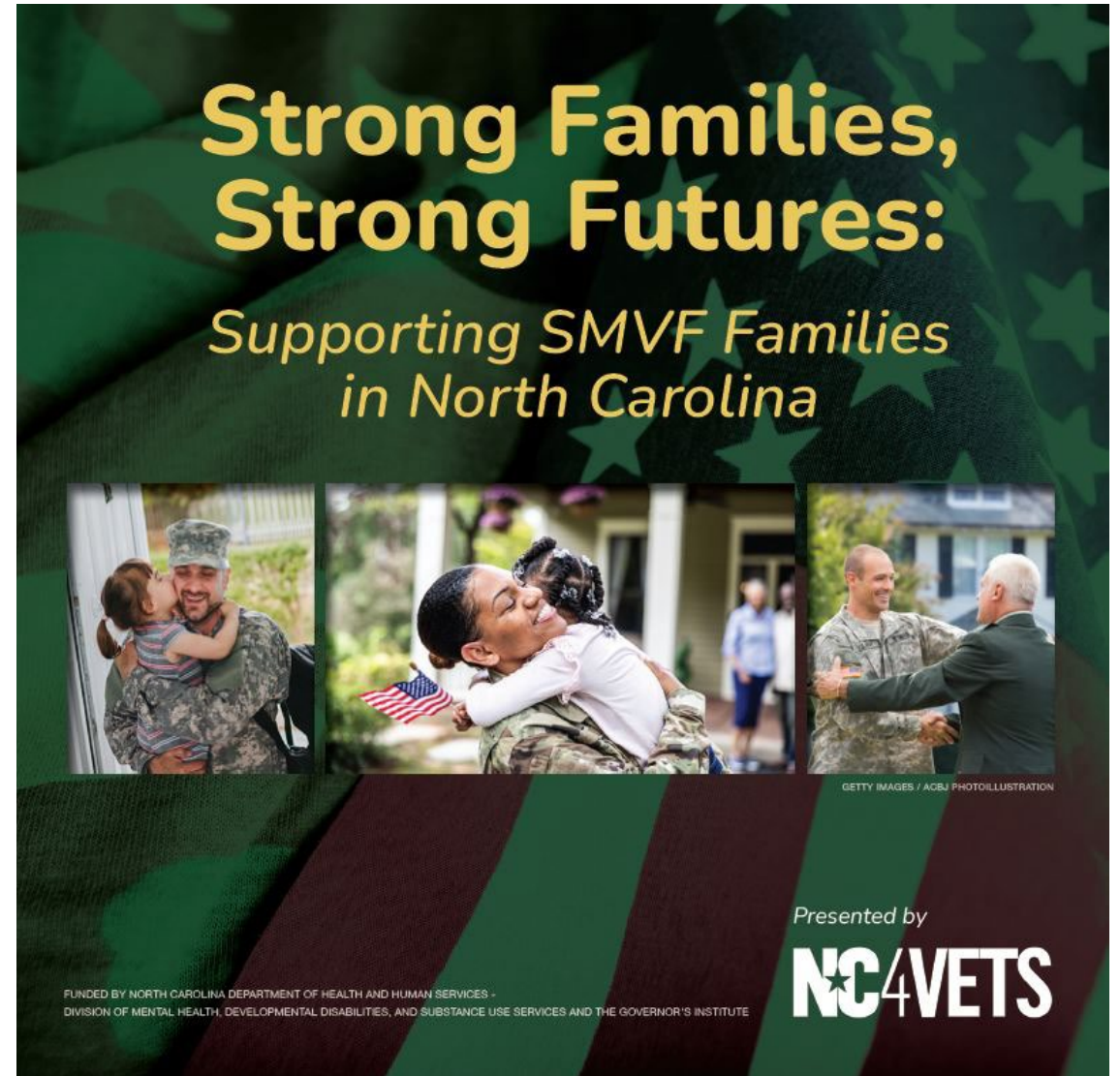
**Holly Provance Doggett, MS**  
Executive Director  
NAMI North Carolina

# NC4Vets Journal

In partnership the Governor's Institute and the Triangle Business Journal (TBJ), DMH/DD/SUS has developed the latest [NC4Vets Journal](#).

This publication provides resources to support the transition to civilian life and workplace integration for Service Members, Veterans, and Families (SMVF), as well as colleagues and employers. The latest edition features an [introductory letter from DMHDDSUS Director Kelly Crosbie](#) sharing her lived experience as a child of a military service member.

- [Read the Stories](#)
- [Visit the NC4Vets Website](#)



# Inclusion Works Lunch & Learn: Strategic Plan

Inclusion Works is rolling out the five-year plan to promote Competitive Integrated Employment for individuals with Intellectual and Developmental Disabilities. Watch the recording of the May 2, 2025 webinar for a review of the new plan.

[Watch](#) the recording.

Review the [Strategic Plan](#).

Public comments may be submitted through May 31, 2025 to: [DMHIDDCONTACT@dhhs.nc.gov](mailto:DMHIDDCONTACT@dhhs.nc.gov).



# DMH/DD/SUS Hosts Spring i2i Pre-Conference Session

## *Advancing the Olmstead Plan: One Goal, Many Partners*

DMH/DD/SUS will host a pre-conference session explaining the Olmstead Plan and groundbreaking DMH/DD/SUS initiatives. Panel discussions will include NCDHHS leaders, people with lived experience, and service providers.



**Pre-Conference Date/Time:** Monday, June 9, 2025, 1:30-4:30 p.m.

**Conference Date:** June 10-11, 2025

**Location:** Hilton Raleigh North Hills, 3415 Wake Forest Rd, Raleigh, NC

**Registration:** [Register for the conference](#)

# NAMI Walks North Carolina

This annual event brings together mental health advocates, peers, professionals, and family members to bring awareness, pledge to eradicate stigma in communities, and raise funds to support NAMI programs and services.



**Date/Time:** Saturday, May 17, 2025, 8:00- 11:30 a.m.

**Location:** Perimeter Park, 3015 Carrington Mill Blvd, Morrisville, NC

**Registration:** [Register for the walk](#)

**More Information:** [Visit the event website](#)

# NAMI at Noon – Maintaining Mental Wellness through Workplace Uncertainty, Chaos and Change

Join us for this **free NAMI at Noon webinar**, part of a national series focused on mental health education and inspiration.

## Topic:

How can employees and leaders maintain mental wellness during times of workplace stress, change, and uncertainty?

## Learn:

- How leadership can respond with empathy and strength
- Strategies for easing transitions and boosting morale
- Ways employees can protect their mental wellness

Time: May 29, 2025, 12:00- 1:00pm

## Learn More

Registration: [Registration Link](#)



The graphic is a promotional banner for a webinar. On the left is a blue vertical bar with the NAMI North Carolina logo (National Alliance on Mental Illness) and the website naminc.org. Below the website is a circular logo with puzzle pieces. To the right of the blue bar, the title 'Maintaining Mental Wellness Through Workplace Uncertainty, Chaos and Change' is displayed in bold black text. Below the title is a calendar icon and the date 'Thursday, May 29 12:00pm'. To the right of the date is a circular portrait of Kelly Crosbie, MSW, LCSW, DMH/DD/SUS Director, with pink and purple decorative lines around it. At the bottom right, the text 'NAMI at Noon' is written in white and green script on a purple background.



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

## Stay Connected with DMHDDSUS

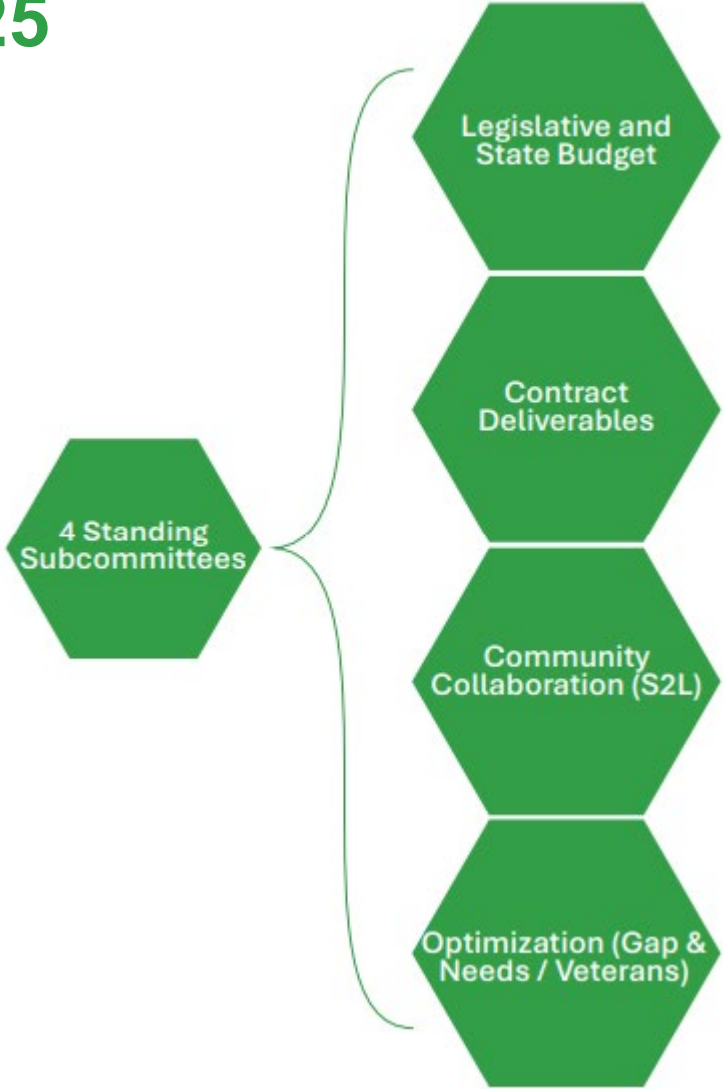


Join our monthly **Side  
by Side Webinars**

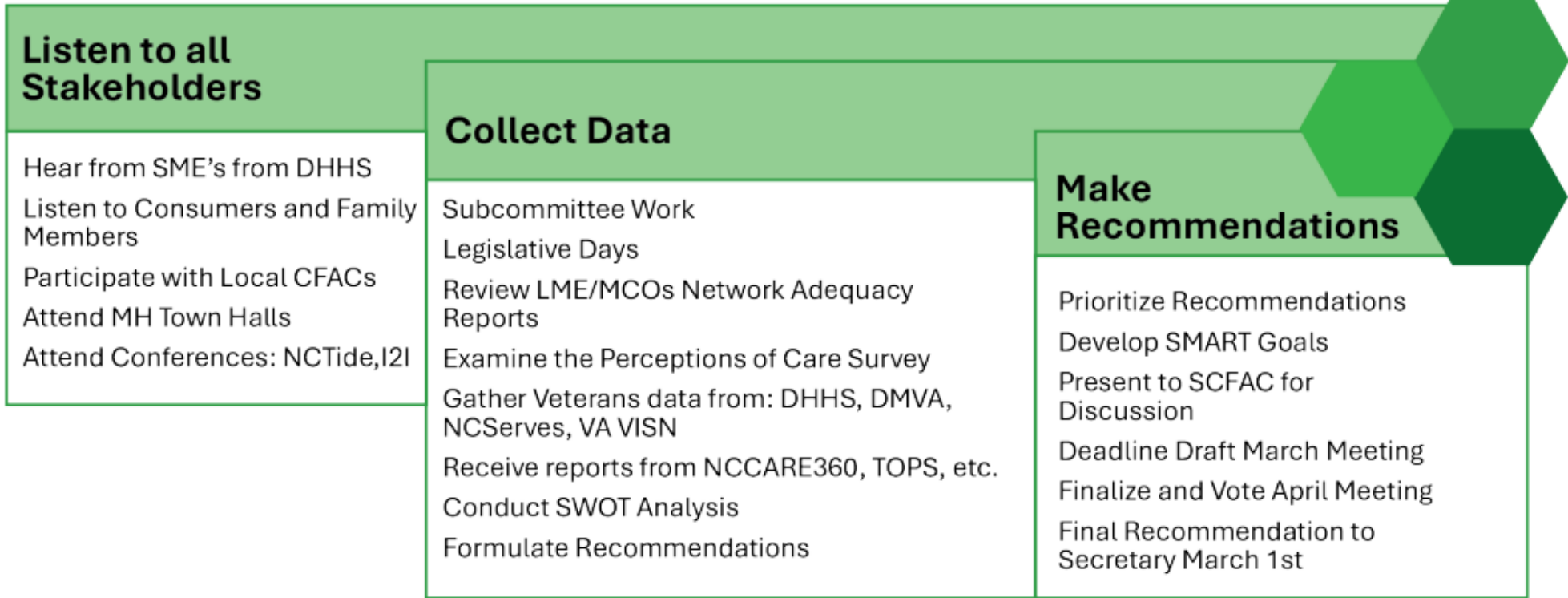


Join our  
**Mailing List**

# Subcommittees and Focus areas of 2025



# Timeline of Annual Report



# Summary of Accomplishments 2024-2025

- ❑ First ever Published NCDHHS Gaps, Needs, and Provider Network Analysis Report
- ❑ Hosted the 8th Annual SCFAC Legislative Day, marking a record-breaking turnout with over 100 attendees
- ❑ 2nd Annual Convening of Tailored Plans' Top Leaders
- ❑ NCDHHS 2024-2026 Strategic Plan Publication
- ❑ NCDHHS Dashboards



# SCFAC Recommendations Overview

SCFAC 's Annual Report contains **12 formal recommendations** for General Assembly, North Carolina Department of Health and Human Services and Joint Recommendations for both.

General Assembly (4)	NCDHHS (5)	Joint (3)
Enhancing Funding and Policy for Behavioral Health Crisis Services	Mental Health Parity	Increase Resources for Housing Interventions
Increase DSP Wages	TBI - Increase Specialized Rehabilitative visits	Support Expansion of TBI Waiver Statewide
Sustain and Strengthen the HOPS Pilots	Enhancing Veterans the Veterans Support Specialist Training Curriculum	Increase Innovations Waiver Slots
Expand the HOP Program Statewide	Bilingual Support Infrastructure	
	Expanding Access to the Clubhouse Model	

# SCFAC General Assembly Recommendations

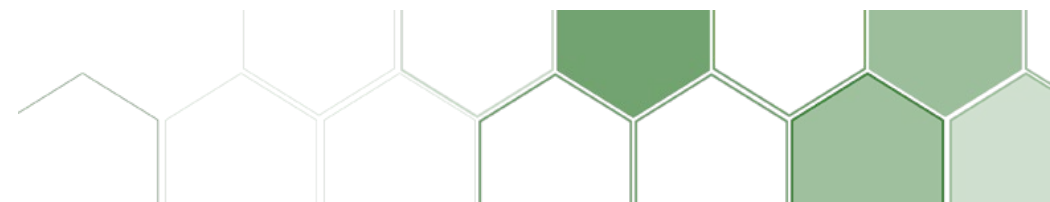
For the first time, SCFAC is making direct and focused recommendations to the General Assembly, reflecting a significant step in advocacy driven by lived experience. These recommendations are directed under North Carolina General Statute §122C. SCFAC is charged with the responsibility to advise the Secretary of the Department of Health and Human Services **and make formal recommendations to the General Assembly** on the planning and management of public mental health, intellectual/developmental disabilities, substance use, and traumatic brain injury services.

*General Assembly*

## **Recommendation 1: Mental Health Services**

Enhancing Funding & Policy for Behavioral Health Crisis Services

**SCFAC recommends the General Assembly to allocate \$25 million in recurring funds over the next biennium to support the operations, staffing, and service expansion of community-based behavioral health crisis centers. This funding should be flexible enough to support facility needs, provider training, and the integration of peer support and community navigation services. Additionally, we recommend that this funding should support the stabilization for existing crisis centers to maintain 24/7 operations as well as provide grants to LME/MCOs to expand regional access to crisis services, especially in underserved areas.**



# Summary of Accomplishments 2024-2025

- ❑ First ever Published NCDHHS Gaps, Needs, and Provider Network Analysis Report
- ❑ Hosted the 8th Annual SCFAC Legislative Day, marking a record-breaking turnout with over 100 attendees
- ❑ 2nd Annual Convening of Tailored Plans' Top Leaders
- ❑ NCDHHS 2024-2026 Strategic Plan Publication
- ❑ NCDHHS Dashboards

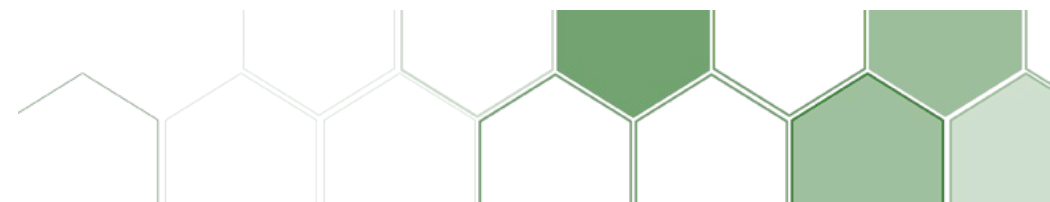


*General Assembly*

## **Recommendation 2: Direct Support Professional Wages**

**Increase in DSP Wages across health services sectors**

**SCFAC recommends that the General Assembly allocate appropriate funding, based on the Department's feasibility that will support raising Direct Support Professional (DSP) wages to a minimum of \$18 per hour as an urgent step toward addressing the workforce shortage crisis in health services sectors. Furthermore, the General Assembly should mandate that NCDHHS prioritize these adjustments. SCFAC recommends that NCDHHS prioritizes annual adjustments to Medicaid Capitation Rates for Innovations and 1915(i) services that include cost of living adjustments, especially for labor costs, for the program to be able to operate successfully within the economy at large.**

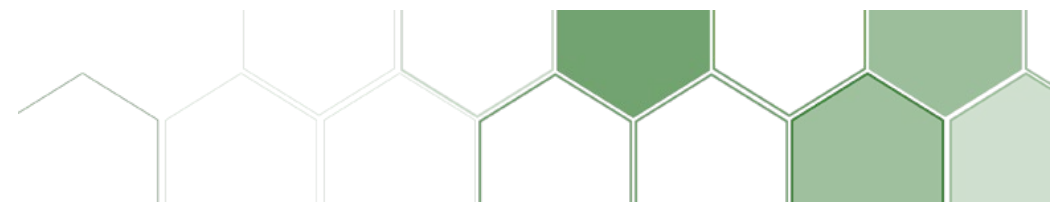


*General Assembly*

## **Recommendation 3: Strengthening the Medicaid System**

### Healthy Opportunities Pilots

As the state evaluates the future of this transformative initiative, it is critical to consider the voices of consumers and families who have directly benefited from its services. HOPs has been especially vital for individuals with mental health (MH), intellectual and developmental disabilities (IDD), substance use (SUS), and traumatic brain injury (TBI) challenges by helping connect Medicaid beneficiaries to essential non-clinical supports that promote stability, recovery, and independence. SCFAC offers the following two recommendations to sustain and strengthen the HOPs program as a cornerstone of equitable, whole-person care in North Carolina.

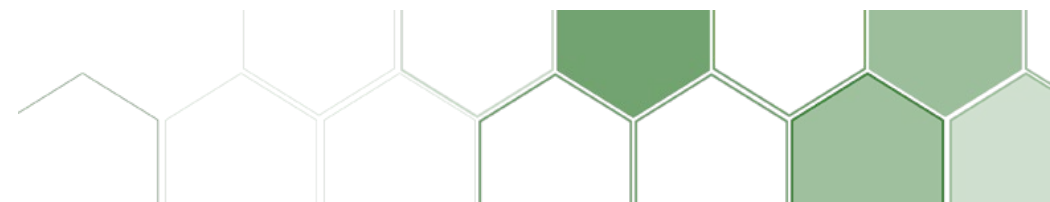


*General Assembly*

## **Recommendation 3a: Strengthening the Medicaid System**

Sustain and Strengthen the Existing HOP Pilot Regions

**The State Consumer and Family Advisory Committee (SCFAC) recommends that the North Carolina General Assembly allocate continued and appropriate funding to sustain the Healthy Opportunities Pilots (HOPs) program statewide. To preserve and build upon the program's success in improving health outcomes and reducing costs by addressing non-medical drivers of health, SCFAC urges the General Assembly to prioritize recurring funding to maintain and stabilize current operations in the pilot regions. This includes targeted investment in workforce development and provider sustainability, enhancements to technology and data systems for improved referral tracking and coordination, and dedicated funding for ongoing evaluation to monitor performance and guide best practices.**

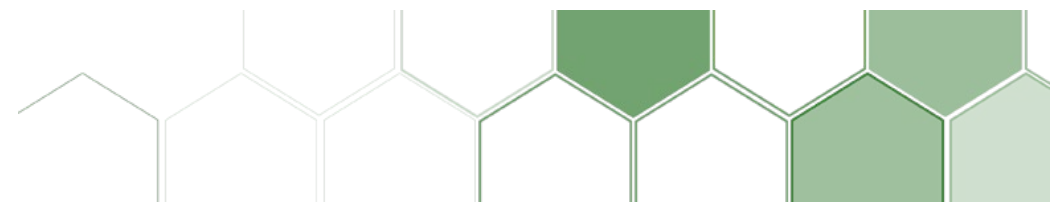


*General Assembly*

## **Recommendation 3b: Strengthening the Medicaid System**

Expand the HOP Program Statewide with Scalable Infrastructure

**SCFAC strongly recommends that the North Carolina General Assembly allocate the necessary funding to support a phased statewide expansion of the Healthy Opportunities Pilots (HOP) program, beginning in FY 2026. This expansion should reach at least 75 counties by FY 2027 and achieve full statewide implementation by FY 2028, ensuring that all eligible Medicaid beneficiaries have access to services that address social drivers of health through a coordinated care model. SCFAC recommends targeted appropriations to support this rollout, including capacity-building grants for community-based organizations, training and recruitment of a skilled workforce, and investment in data infrastructure and interoperability tools to enable effective service delivery, coordination, and program evaluation.**



## SCFAC NCDHHS Recommendations

As established under N.C.G.S. §122C, the State Consumer and Family Advisory Committee is charged with advising the Secretary of the Department of Health and Human Services making formal recommendations to the General Assembly. Grounded in lived experience and community engagement, SCFAC provides insight into system-level improvements that enhance access, equity, and quality of care. The following five recommendations reflect SCFAC's commitment to advancing services that are responsive to the needs of individuals with mental health, substance use, intellectual/developmental disabilities, and traumatic brain injuries across North Carolina.

## **Recommendation 4: Mental Health Parity**

### Improve Consistency and Accountability in Medicaid Policy Implementation

**SCFAC recommends the development and statewide implementation of a standardized protocol for the review, approval, enforcement, interpretation, and appeal of all existing Medicaid policies affecting clinical service definitions. This protocol must be applied uniformly across all Medicaid plans to ensure consistency, equity, and clarity for providers, consumers, and families. To achieve this, SCFAC calls for the creation of a Clinical Coverage and MHPAEA Alignment Task Force, which should include SCFAC, local CFAC, Standard Plan Member Advisory Committees, Medicaid Advisory Committees and community stakeholder representation. The task force should be responsible for identifying disparities in access and delays caused by inconsistent utilization management practices and for aligning clinical interpretations of coverage policies across plans.**



# Recommendation 5: Traumatic Brain Injury Services

Increased specialized rehabilitative visits

**SCFAC recommends increasing Specialized Therapy treatment visits in the state plan through clinical coverage policy 10A, for those with a diagnosis of Traumatic Brain Injury (TBI). These include:**

- **A total maximum of 100 treatment visits per calendar year combined across occupational and physical therapy rehabilitative services.**
- **A total maximum of 60 treatment visits per calendar year for speech therapy rehabilitative services.**

**SCFAC believes that this amendment can be achieved by DHB through the appropriate authorization process with CMS and full implementation by January 1, 2026.**



## Recommendation 6: Veterans Military Families

### Enhancing the Veterans Support Specialist training curriculum

**The Committee strongly recommends the statewide expansion and institutionalization of the Veterans Support Specialist (VSS) program. This includes increasing training capacity, establishing standardized certification pathways, and embedding VSS roles across key agencies such as NCDHHS, the North Carolina Department of Military and Veterans Affairs (NCDMVA), and within community-based organizations. We further recommend broader promotion of VSS training among behavioral health crisis centers, VA programs, and State and County Veterans Service Officers, and LME/MCO Veterans Liaisons. To extend the reach and flexibility of the VSS program, we propose the development of a VSS Mini-Track Series—short, instructor-supported online modules designed for individuals who may work with the Service Members, Veterans, and their Families (SMVF) population as part of their role although not as a primary focus. It is estimated that this would be an increased investment of \$150,000 for this program. SCFAC believes that this can be achieved in FY 2025-26.**



# Recommendation 7: Accessible Communications

## Bilingual Support Infrastructure

**The State Consumer and Family Advisory Committee (SCFAC) recommends that the North Carolina Department of Health and Human Services (NCDHHS) allocate funding or resources for seven new dedicated positions to better support individuals facing language barriers. Specifically, SCFAC recommends the creation of a DHHS “Bilingual Ombudsman” position—requiring fluency in both English and Spanish, demonstrated cultural competency, and expertise in healthcare advocacy, conflict resolution, and Medicaid program navigation. In addition, SCFAC urges the hiring of six bilingual Community Health Workers, one for each Medicaid region across North Carolina. These positions could be designed as dual roles if necessary, and SCFAC believes that the funding for these roles can be identified within the Department’s existing organizational structure. We further recommend that these positions be fully implemented by January 1, 2026.**



# Recommendation 8: Mental Health Services

## Expanding Access to the Clubhouse Model for Individuals with SPMI in North Carolina

**To support this expansion, SCFAC proposes \$2.5 million in recurring funds beginning in FY 2026–2027, which will be used to support existing Clubhouses, establish new programs in underserved communities, cover accreditation costs, and invest in staff and member training. SCFAC believes that this recommendation may warrant a more in-depth assessment of its feasibility, implementation, and effectiveness. Accordingly, we believe it is reasonable to complete this work by July 1, 2026, including a detailed implementation timeline, cost estimates, training plans, and any proposed service definitions, while identifying appropriate funding sources.**



# Recommendation 9: Addressing Homelessness

## Increased Resources for Housing Interventions

**SCFAC recommends increased funding for housing support to assist people with a MH/DD/SU/TBI to live independently in communities and reduce the risk for institutionalization and homelessness. The SCFAC urges the NCGA in collaboration with the NCDHHS to invest in housing support first by examining the existing funding and gaps that are preventing persons with disabilities having access to safe, suitable, accessible, and affordable housing. We recommend a comprehensive review of current funding streams and existing gaps that limit housing access for people with disabilities. Additionally, we encourage the state to explore and adopt evidence-based approaches— such as the VA’s Housing First model—and to learn from successful housing initiatives already making an impact across North Carolina. Investing in stable housing is not only cost-effective but foundational to long-term recovery, wellness, and community inclusion.**



# Recommendation 10: Traumatic Brain Injury

Support the Expansion of the Traumatic Brain Injury (TBI) Waiver Statewide

**SCFAC recommends that General Assembly increase funding to support the Traumatic Brain Injury (TBI) Waiver statewide expansion beyond the seven-county catchment in pilot, ensuring more individuals receive necessary care across North Carolina. This recommendation includes increasing waiver slots per LME/MCO.**



# Recommendation 11: Intellectual and Development Disabilities

## Increase Innovations Waivers Slots

**The SCFAC recommends that both the General Assembly and NCDHHS make it a department priority to permanently eliminate the Innovations Waiver Registry of Unmet Needs (RUN) by 2033, a year previously set by Governor Cooper in 2023. SCFAC recommends that more stringent monitoring must be put in place to track progress or continued digression of this project. SCFAC requests quarterly reports beginning in September 2025 to include the following information at the county level or to be added to the Waitlist Dashboard (including state totals).**

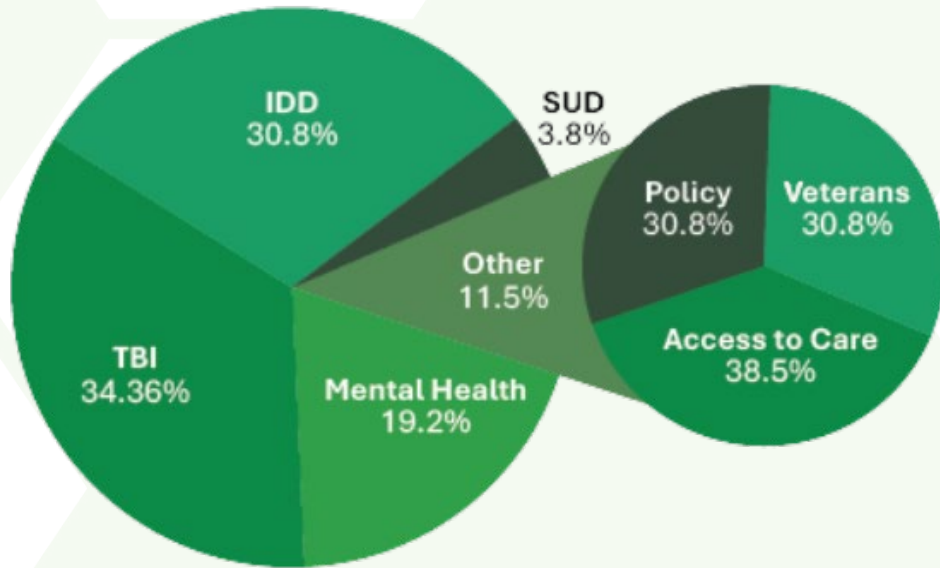
- **Current number on the waiting list at the end of the quarter.**
- **Length of time waiting (if known)**
- **Number of people taken off the waiting list and reason, (if available: not eligible for clinical reasons, not eligible for financial reasons, received other services, moved out of state, or died)**
- **Number of people added to the Innovations Waiver Registry of Unmet Needs waiting list.**



# A Trifecta of Change

People. Policy. Progress.

## Recommendation Summary 2022-2025



In the last three years  
SCFAC has made  
**32 Total Recommendations**

# 63%

Successful Concurrence Rate  
on all Recommendations

