

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

Side by Side with DMH/DD/SUS

Improving our system together.

Kelly Crosbie, MSW, LCSW

Director

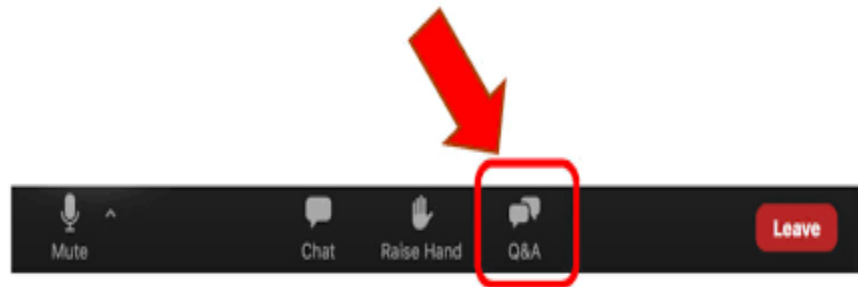
NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

November 4, 2024

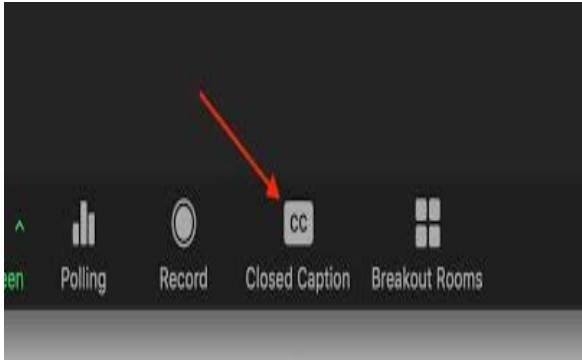


Housekeeping

- Reminders about the webinar technology:
 - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
 - Please make sure your microphone is muted for the duration of the call unless you are speaking or asking questions.
 - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows after the presentation.



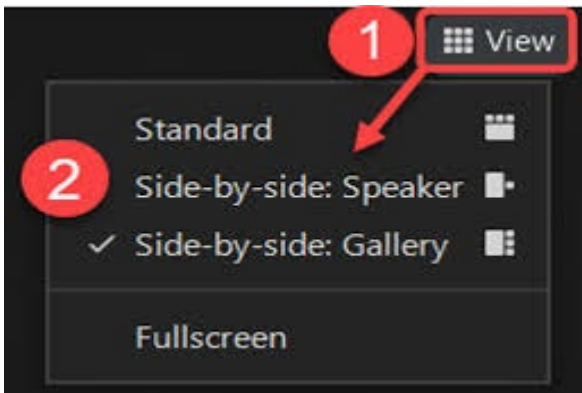
Housekeeping



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

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

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



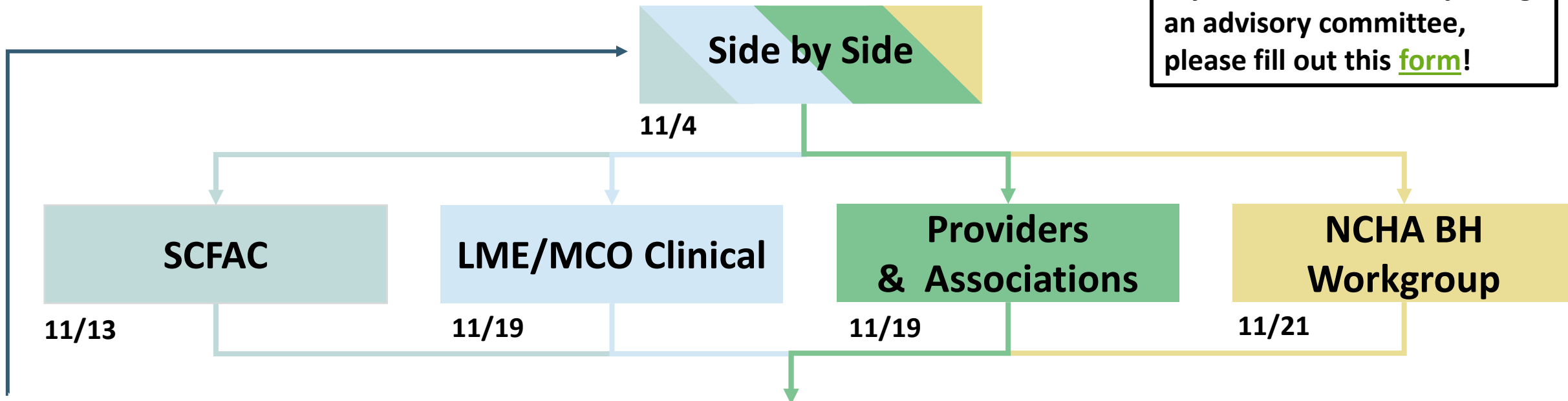
- Adjusting Video Layout and Screen View
 - Select the "View" feature located in the top-right hand corner of your screen.

MH/SU/IDD/TBI System Announcements & Updates

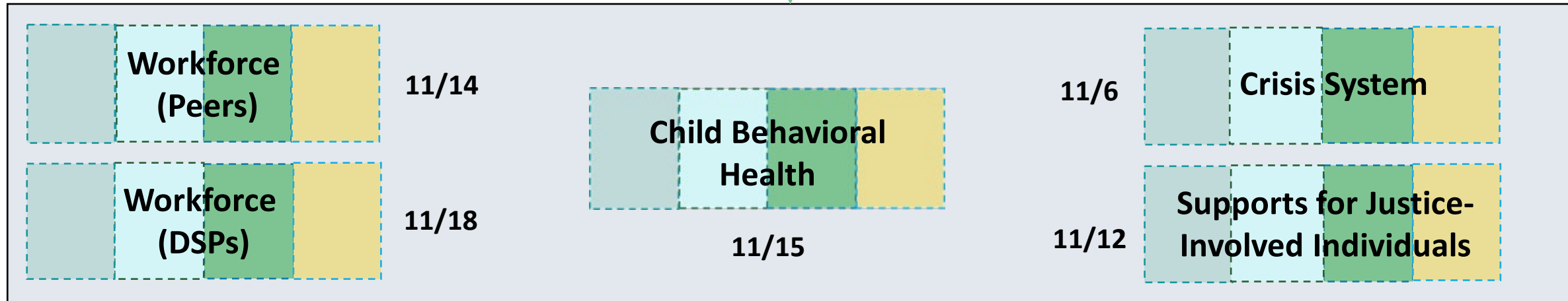


November Community Collaboration

If you're interested in joining an advisory committee, please fill out this [form!](#)



Advisory Committees



Find the most up-to-date information on disaster recovery safety, flexibilities for Medicaid recipients, mental health and disability-related resources on the [DMHDDSUS Weathering the Storm](#) webpage.

Weathering the Storm

Get Help



Crisis Services

Resources include 988 Lifeline, Peer Warmline, Mobile Crisis Teams, and Behavioral Health Urgent Care.



Disaster Distress Helpline

National helpline for disaster crisis support 24/7. Call or text 800-985-5990.



Disability Disaster Helpline

Helpline for disability-related disaster response 24/7. Call or text 800-626-4959.



Hope4NC Helpline

Help for Helpers. Call the Hope4NC Helpline, 855-587-3463. Support is available 24/7.



NCDHHS  **SOMETHINGS**

have partnered to provide

Free mental health support For Teens in North Carolina

impacted by Hurricane Helene



In partnership with

Alliance
Health



Get started now

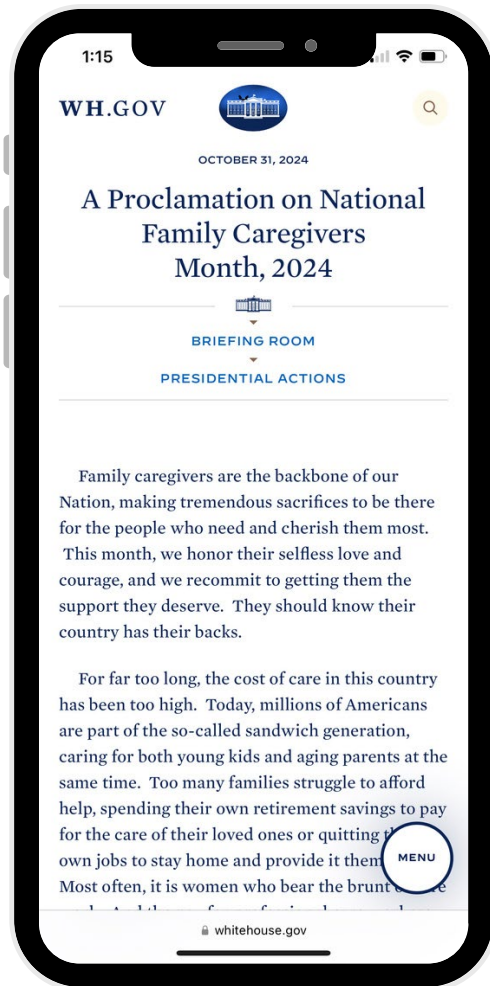


N O V E M B E R
NATIONAL
NATIVE
AMERICAN
HERITAGE MONTH

North Carolina is proud to be home to the largest American Indian/Native American population east of the Mississippi River, with approximately 130,000 individuals representing eight statutorily recognized tribes and four Urban Indian Organizations.

NCDHHS actively collaborates with the Eastern Band of Cherokee Indians (EBCI) to support cultural initiatives and ensure that every individual has access to the care that they need.

National Family Caregivers Month



November is [National Family Caregivers Month](#). While family caregivers should be celebrated every day, this is a time to recognize and honor caregivers nationally, raise awareness around caregiving issues, educate communities, and work to increase support for our nation's caregivers.

DMHDDSUS supports family caregivers, and our recent initiative through the [Mental Health Block Grant](#)-funded Family and Caregiver Support Services reinforces our commitment to providing essential advocacy and resources for those caring for loved ones with behavioral health needs, substance use disorder, I/DD, and TBI.

**2024 GREAT
AMERICAN
SMOKEOUT.**



Thursday, November 21st is The Great American Smokeout®

You don't have to stop smoking in one day. Start with day one. Let the Great American Smokeout event on the third Thursday in November be your day to start your journey toward a smoke-free life!

[Start Day One](#)

NOVEMBER 11TH IS

★ ★ ★

VETERANS DAY

HONORING ALL WHO SERVED

North Carolina is home to over 750,000 veterans and has the greatest number of active-duty troops on the East Coast.

Our state is also in the top 5 per capita nationally for 21st Century veteran residents.

DMHDDSUS actively supports our North Carolina Service Members, Veterans, and their families through funding community resources like:

- NCServes
- NC4Vets.org
- Veterans Services of the Carolinas (VSC)
- Veteran Restoration Quarters
- Projects for Assistance in Transition from Homelessness (PATH)
- Veteran Support Specialist Training
- North Carolina National Guard Voucher Program



Our Vision for the Future:
Working Together to
Transform the Public
MH/SU/IDD/TBI System

Who we are: DMHDDSUS' Mission, Vision, and Principles



Our Principles	
Lived Experience	Lived Experience. We value lived experience by listening to and advocating for individuals and families, championing the expertise of peers, promoting natural and community supports, and creating opportunities for meaningful partnership.
Equity	Equity. We create policy that helps everyone get what they need to live healthy lives in their communities, with particular focus on improving access to services for historically marginalized populations.
Inclusivity	Inclusivity. We commit to ensuring that everyone who uses our systems feels welcomed, and our policies support the health and well-being of all North Carolinians, regardless of race, ethnicity, sex, gender identity and expression, sexual orientation, age, national origin, socioeconomic status, religion, ability, culture and experience.
Quality	Quality. We promote the provision of high-quality, evidence-based services and supports that leverage the expertise and best-practices of our clinical partners.
Trauma-Informed	Trauma-Informed. We recognize the reality of trauma and promote a culture of kindness, understanding, and respect for every person.

Strategic Plan Development Process

Our Process

- **Internal discussions** with subject matter experts
- **Community partner input:** The State Consumer and Family Advisory Committee, clinical leadership at LME/MCOs, clinical providers
- **Public comments:** Posted for public comment from June 3 to July 17, 2024, received 132 comments and letters, all of which were reviewed

Populations of Focus

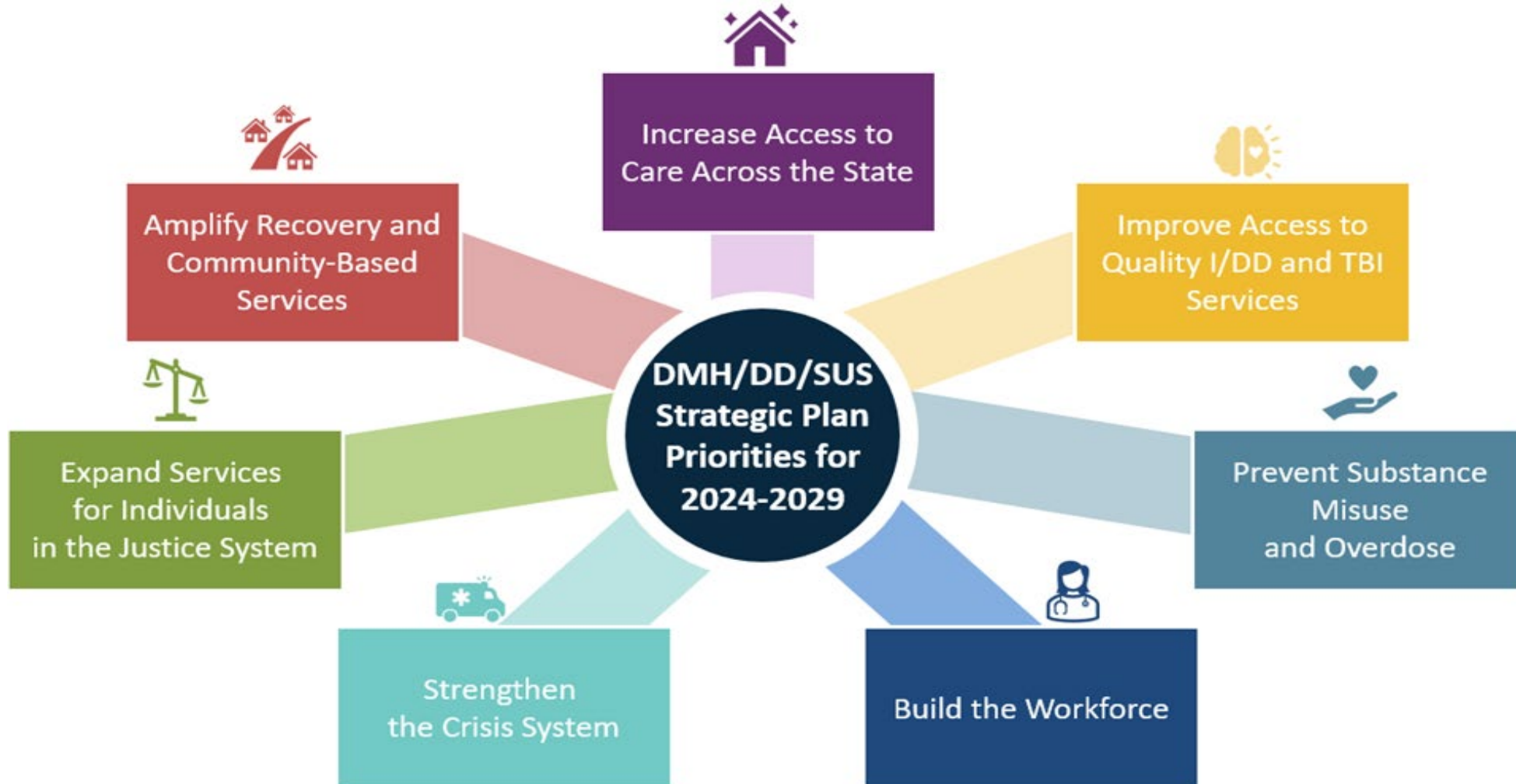
- Intellectual and Developmental Disabilities
- Mental Health
- Substance Use Disorder
- Traumatic Brain Injury

Groups w/Complex Needs

- People with Co-Occurring Disorders or Needs
- Low Vision or Blind; Hard of Hearing or Deaf
- Those Who Speak Other Languages
- Older Adults
- Historically Marginalized Populations




DMHDDSUS Strategic Priorities 2024-2029

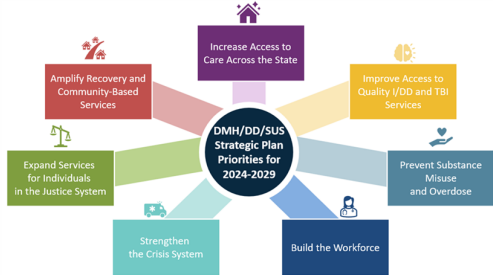


Coming Soon: Strategic Plan Dashboard

Overview	Increase Access to Care Across the State	Improve Access to Quality I/DD and TBI Services	Prevent Substance Misuse and Overdose	Build the Workforce	Strengthen the Crisis System	Expand Services for Individuals in the Justice System	Amplify Recovery and Community-Based Services	About the Data
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Dashboard for the *DMH/DD/SUS Strategic Plan for 2024-2029*



The *DMH/DD/SUS Strategic Plan for 2024-2029* describes our mission to build systems, services, and supports that improve the well-being of all North Carolinians affected by Mental Health (MH) and Substance Use (SU) challenges, Intellectual/Developmental Disabilities (I/DD), and Traumatic Brain Injury (TBI). It reflects our vision for communities without stigma where all are supported to live healthier and happier lives. It details what we are doing to make this vision a reality for all North Carolinians. It is the plan for our continued transformation.

The plan was released in September 2024. This dashboard contains the measures that allow DMH/DD/SUS to track progress on the goals and priorities outlined in its Strategic Plan. Where possible, the measures are stratified to show different outcomes for different populations, including by geography (e.g., urban versus rural), historically marginalized populations, age and more. Many of these measures provide a snapshot on progress across multiple goals and priority areas.

In addition to the measures in this dashboard, DMH/DD/SUS has also identified additional measures that it will build the capacity to report on in the coming years. These measures will capture key concepts that are not currently measured, such as wait time for crisis services, length of stay at PRTFs and rates of use of MOUD used by individuals with OUDs.

[Read the *DMH/DD/SUS Strategic Plan for 2024-2029*](#)

[Learn More About How to Get Involved](#)

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Individuals Beginning Mental Health Treatment

Individuals Continuing Mental Health Treatment

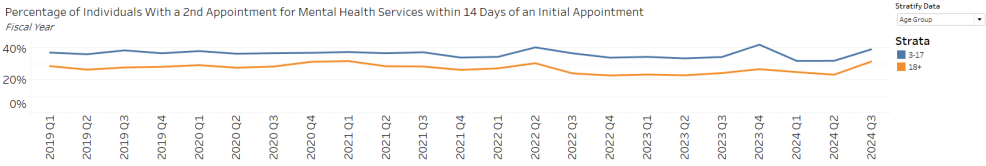
Individuals Using Collaborative Care

Individuals Receiving Services at Certified Community Behavioral Health Clinics

Initiatives

Percentage of Individuals With a 2nd Appointment for Mental Health Services within 14 Days of an Initial Appointment

Fiscal Year



Why it Matters: Initiating mental health treatment allows individuals to effectively manage their conditions, improve their quality of life, and regain control over their daily functioning. Not enough individuals who need mental health care receive it.


Target: Increase

Data Source: Local Management Entity/Managed Care Organizations (LME/MCOs) submit data to DMH/DD/SUS

Additional Details: Initiation is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded MH/DD/SU service for a mental health diagnosis for at least 180 days) who receive a second service for a mental health diagnosis within 14 days of the first service.

Related Initiatives:

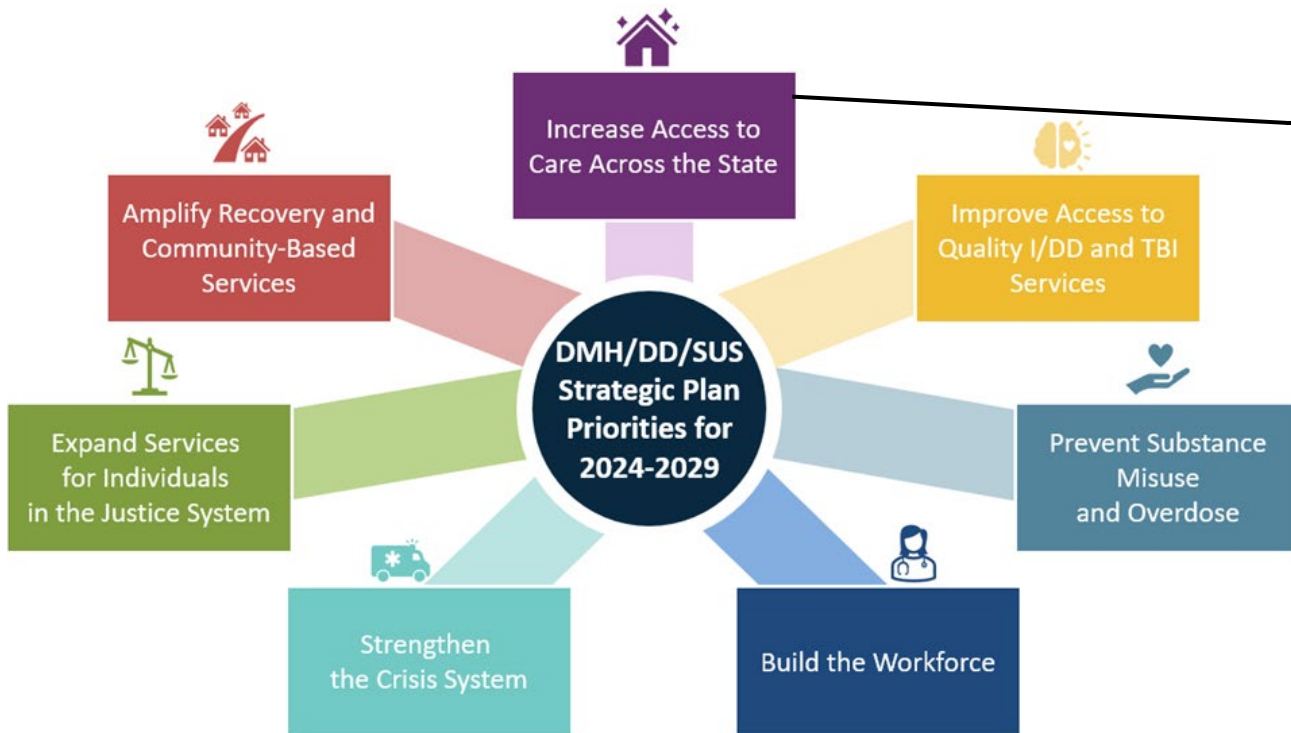
1 Accessible Communications Campaign	2 Care Directory Online	3 Open Access Appointments/Next Day Network
4 Certified Community Behavioral Health Clinics (CCBHCs)	6 Integration of Behavioral and Primary Care	8 Community Mental Health Services Block Grant (MHBG) Access Grants
9 National Alliance on Mental Illness (NAMI) on Campus	10 Mental Health Stigma Campaign	11 Maternal Mental Health
12 Third Space Projects		



- DMH/DD/SUS will release a dashboard for the Strategic Plan later this month
- The dashboard will be updated quarterly
- We will review the dashboard measures and select charts today



Priority 1: Increase Access to Care Across the State



Goals

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



Focused Interventions

Accessible Communications Campaign

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

Care Directory Online

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

UNSHAME NC

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

Mental Health Stigma Campaign

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

Open Access Appointments/Next Day Network

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

Certified Community Behavioral Health Clinics (CCBHCs)

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

Integration of Behavioral and Primary Care

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

Community Mental Health Services Block Grant (MHBG) Access Grants

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

Statewide partnerships to promote wellness and treatment

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

NAMI on Campus

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

Third Space Projects

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

Maternal Mental Health

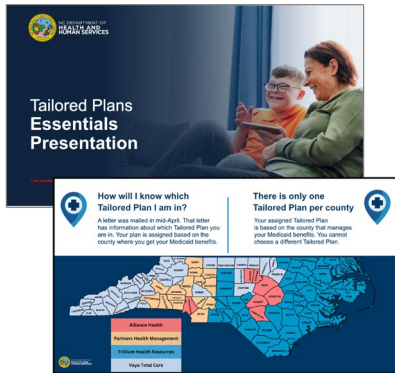
Launch a mental health focused program to encourage help seeking, screening, and treatment seeking in the critical window during pregnancy and postpartum.

Increasing Public Awareness

Accessible Communications Campaign

Developing accessible resources to help members with serious mental health, SUD, TBI, or I/DD better understand:

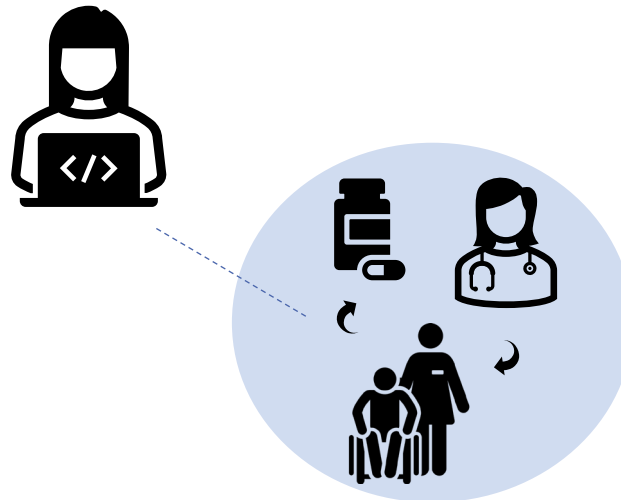
- ✓ Tailored Plans
- ✓ Tailored Care Management
- ✓ 1915(I) and NEMT services
- ✓ Inclusion Connects
- ✓ TBI and Innovations Waiver
- ✓ Content for insured individuals
- ✓ Additional promotions as needed



Coming soon: Network of Care

Helping people access resources by providing a gateway to:

- An initial assessment
- Identifying crisis services
- Caregiver supports
- Care information and education



Coming soon: UNSHAME NC (Anti-Stigma Campaign)





Mental Health Block Grant Grant Opportunities

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

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



Community-Based Mental Health Initiatives

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



Peer Services

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



Family and Caregiver Support Services

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



Strategic Plan Measures

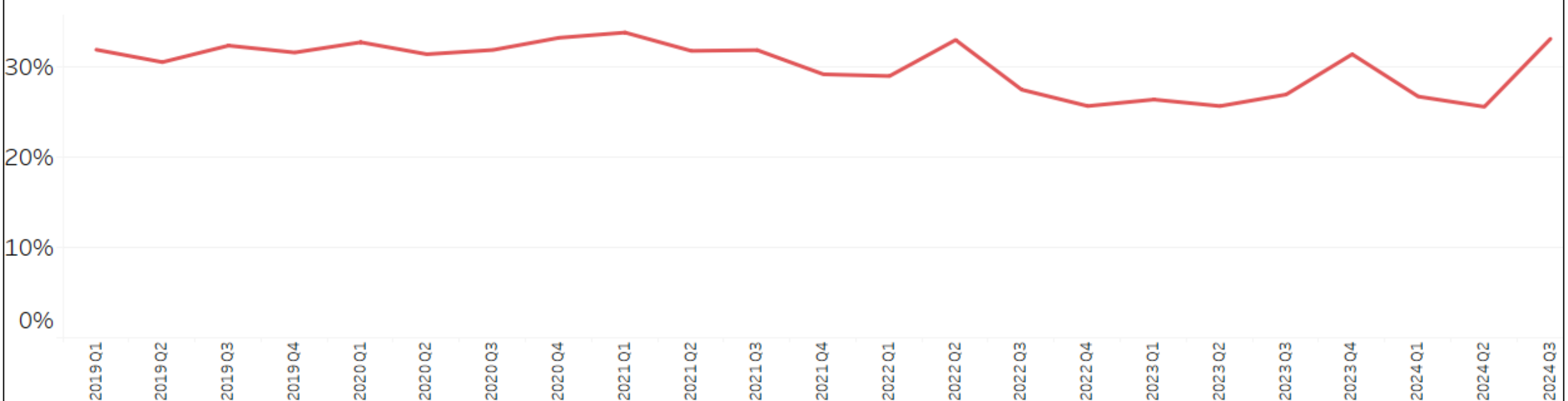
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Percentage of Individuals With a 2nd Appointment for Mental Health Services within 14 Days of an Initial Appointment
Fiscal Year





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



Goals

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



Focused Interventions

Inclusion Works

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

I/DD Peers

Define a peer support designation for individuals with I/DD to enhance support networks.

Individual and Family Service Direction

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

Housing Plan

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

Expansion of TBI Waiver

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

Tailored Care Management (TCM) Engagement

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

Intimate Partner Violence (IPV)

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

Inclusion Connects

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

Home- and Community-Based Service (HCBS) Access

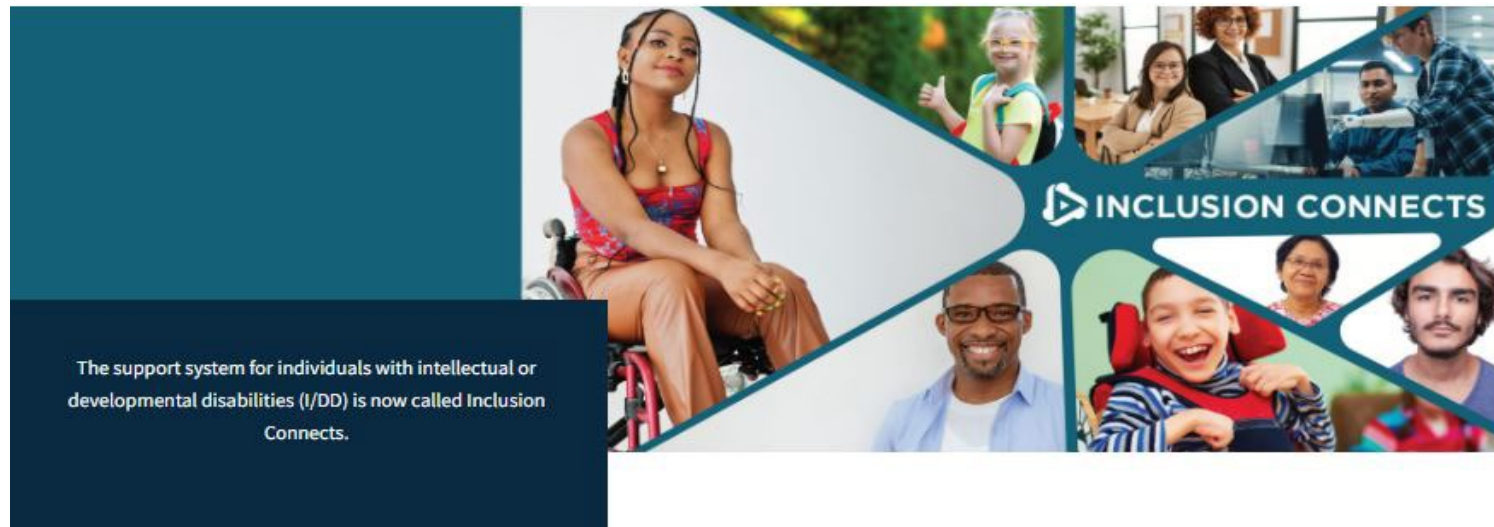
Assist individuals on the Innovations Waiver waitlist and enroll eligible individuals in the 1915(i) state plan amendment for home and community-based services.

Waitlist Monitoring & Outreach

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

Inclusion Connects

NCDHHS initiative providing resources for connecting individuals with I/DD to services and supports available to live, work and thrive in their chosen communities.



Click [here](#) to visit the Inclusion Connects website and click here to read the [press release](#)

The support system for individuals with intellectual or developmental disabilities (I/DD) is now called Inclusion Connects.

Inclusion Connects focuses on:

- Promoting **access to services** for all individuals in need of services, including those on the Innovations Waiver Waitlist.
- Addressing the **Direct Support Professional (DSP) Workforce** Shortage, including connecting DSPs with providers and individuals with I/DD.
- Improving access and enhancing the **housing** array for individuals with I/DD.

Coming in December! Innovations Waitlist Dashboard

Target Outcome: Creating a unified dashboard to inform, accelerate progress and empower decision-making

Sample View

Key Features



- 1 Individual Count** – Individuals on the Innovations Waitlist with insight into gender and average age
- 2 Current Diagnosis** – Comprehensive list of I/DD diagnoses categorized by Qualifying and Not Qualifying
- 3 Key Demographics** – Breakdown of individuals on Innovations Waitlist by Race, Ethnicity, Age and Locality
- 4 Upcoming Updates** – Insight into housing arrangements and services received of those on the Innovations Waitlist
- 5 Tailored Plan Filter** – Ability to view all metrics by total individuals or choose specific Tailored Plans

Accessible Housing Plan

Part 1: Community Living Guide

The **Community Living Guide** will empower the I/DD community by enhancing awareness of housing options, funding, and support services statewide, enabling individuals to live successfully in community-based settings.



Housing: Community, supportive, and independent living options



Funding: Financial assistance and voucher programs



Supports: Services enabling successful and healthy community-based living

Part 2: The Regional Housing Plan

The **Regional Housing Plan** is a five-year comprehensive plan that seeks to eliminate barriers to housing and create affordable, inclusive, and accessible housing options for individuals with I/DD, TBI, SMI, and SUDs.



Expand **housing development** and **non-development** activities



Improve and expand **housing support services**



Expand **coordination with state agencies** and foster **community partnerships** across the state

Inclusion Works Summary

Our Mission:

Inclusion Works supports individuals with I/DD find and maintain employment of their choice. We are focused on **expanding supported employment** and **increasing competitive integrated employment (CIE)** in North Carolina

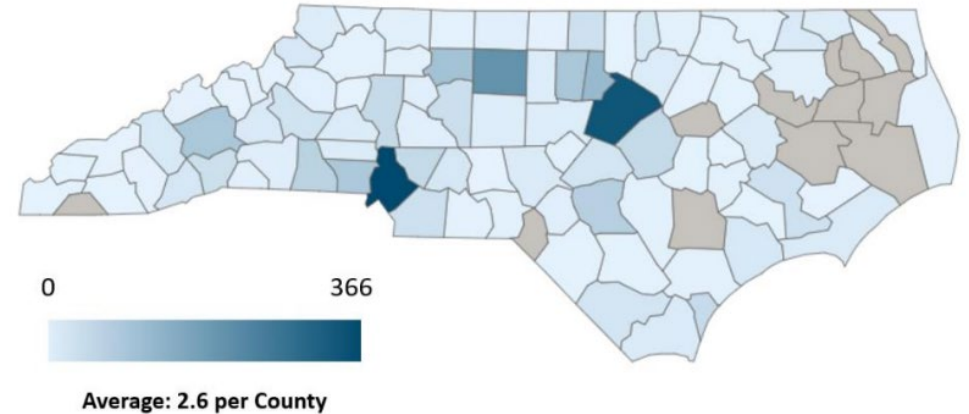
Recent Updates:

- **CIE Incentive Program** – New program for Providers to receive financial reward if eligible members achieve CIE
- **SPARK Program** – Pilot program at three provider locations to deliver comprehensive wraparound services to lead to CIE
- **Full-time CIE Coordinators** – NCDHHS funded full-time CIE Coordinators to link individuals to employment services

What's Next – Planned Activities:

- **Employment Assessments** – New process will capture individual's interests to build a personalized career plan
- **Provider Innovation** – Supporting practice transformation and training for care providers in NC
- **Strategic Plan for CIE** – Developing a new Strategic Plan for CIE following a landscape study of employment services in NC

Supported Employment Services in NC



Employment Services - By the Numbers*

2,635

Individuals with I/DD receiving **Supported Employment** in NC

1,457

Individuals with I/DD receiving **ADVP/ILOS** services

673

Individuals with I/DD actively pursuing CIE through **EIPD**

**Data collected from March – May 2024*



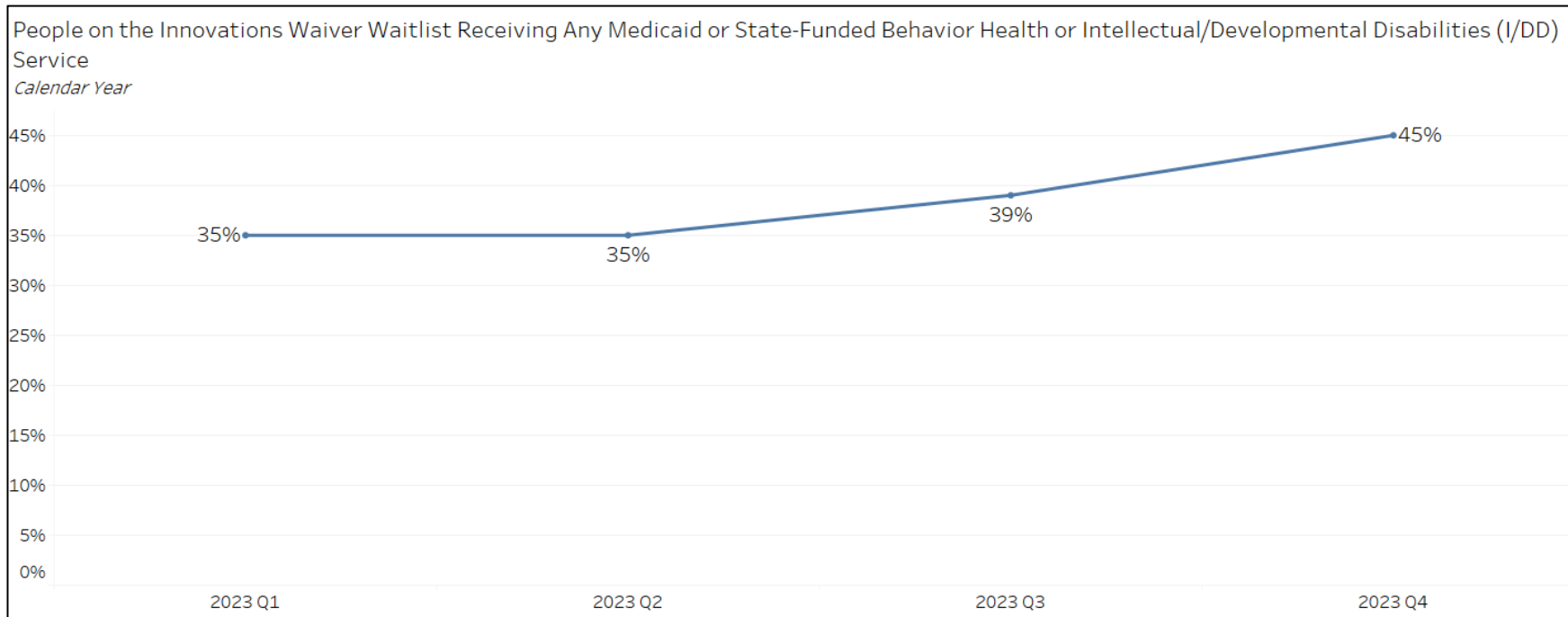
Strategic Plan Measures

People on the Innovations Waiver Waitlist who Receive Services

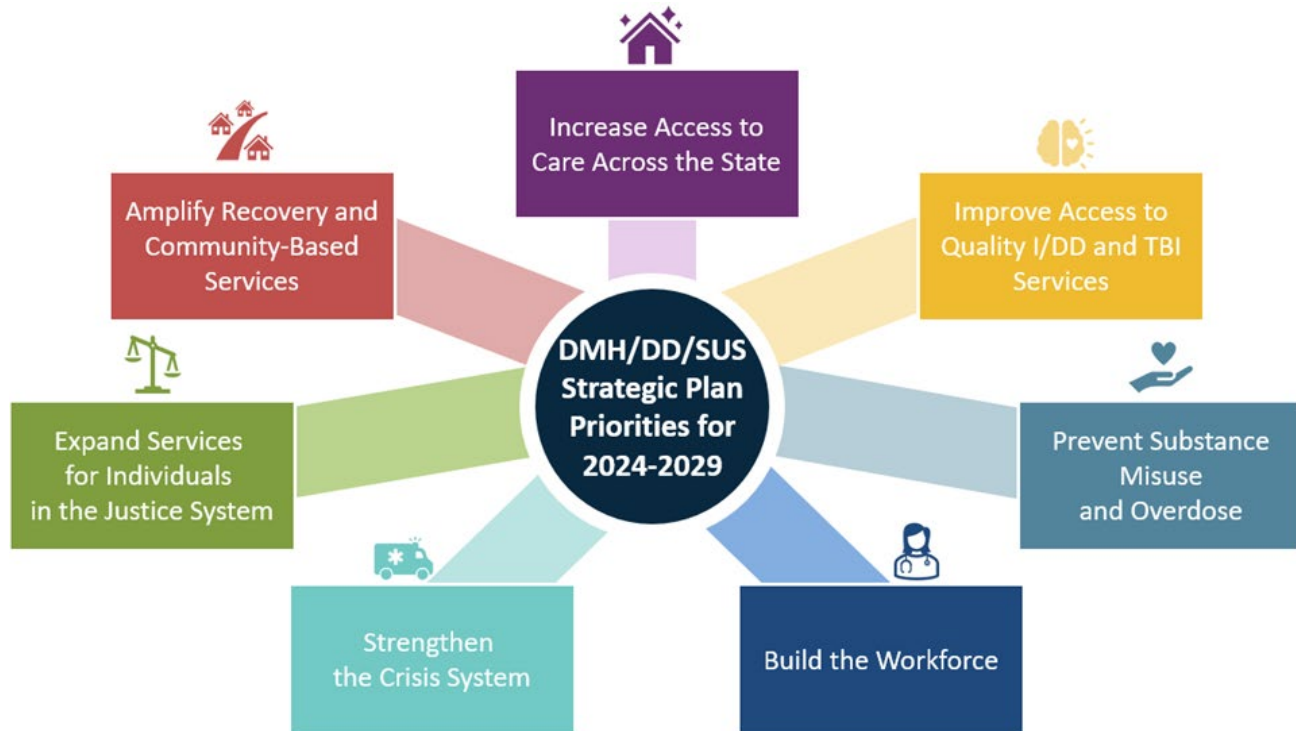
% of Community Living Supports and Services that are Delivered

Individuals Receiving TBI Services (TBI Waiver or State-funded)

Individuals with I/DD Receiving Supported Employment



Priority 3: Priority 3: Prevent Substance Misuse and Overdose



Goals

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



Focused Interventions

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

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

Expand SUD Treatment Access for Adolescents

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

Prevention

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

Updated Naloxone Saturation Plan and Distribution

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

Medications for Opioid Use Disorder (MOUD) Saturation Plan

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

Mobile Opioid Treatment Program (OTP) Implementation

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

Post Overdose Recovery Team (PORT)

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

Recovery Communities and Workplaces

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

Collegiate Harm Reduction

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

Preventing Overdose & Supporting Treatment in NC

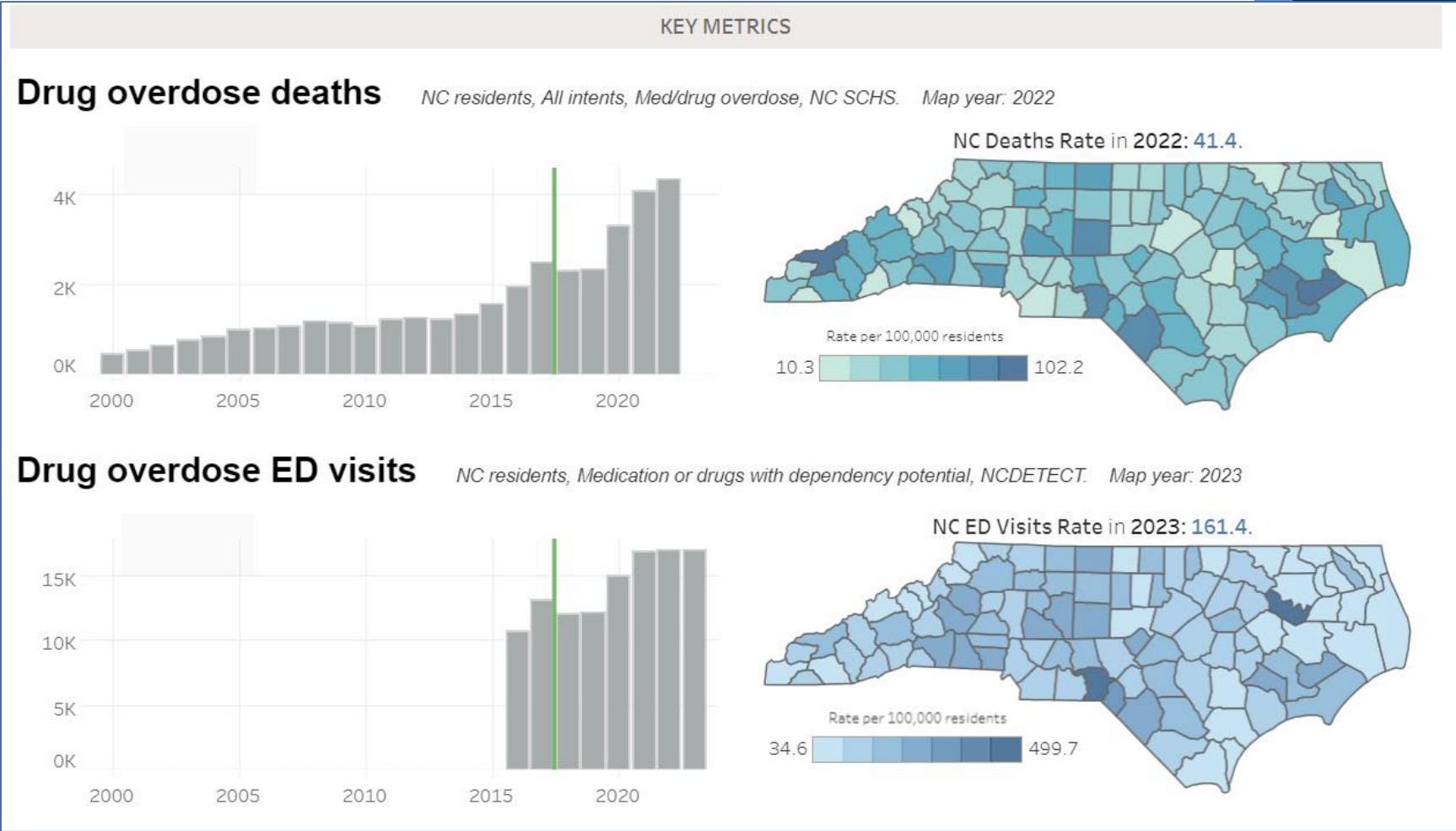
- DMHDDSUS sent more than one million doses of [naloxone](#) to agencies serving those at highest risk for overdose.
- Over 34,000 patients received treatment from 85 opioid treatment programs statewide in 2023.
- MOUD in Jails: 46 County Detention Centers have a partnership with at least one OTP
- FY2023, nearly 48,000 North Carolinians received treatment for OUD
- FY2022, 49,000 North Carolinians received treatment for OUD
- Learn more about the North Carolina Opioid Settlements and dashboard [here](#).

NALOXONE SAVES



Opioid and Substance Use Action Plan Data Dashboard

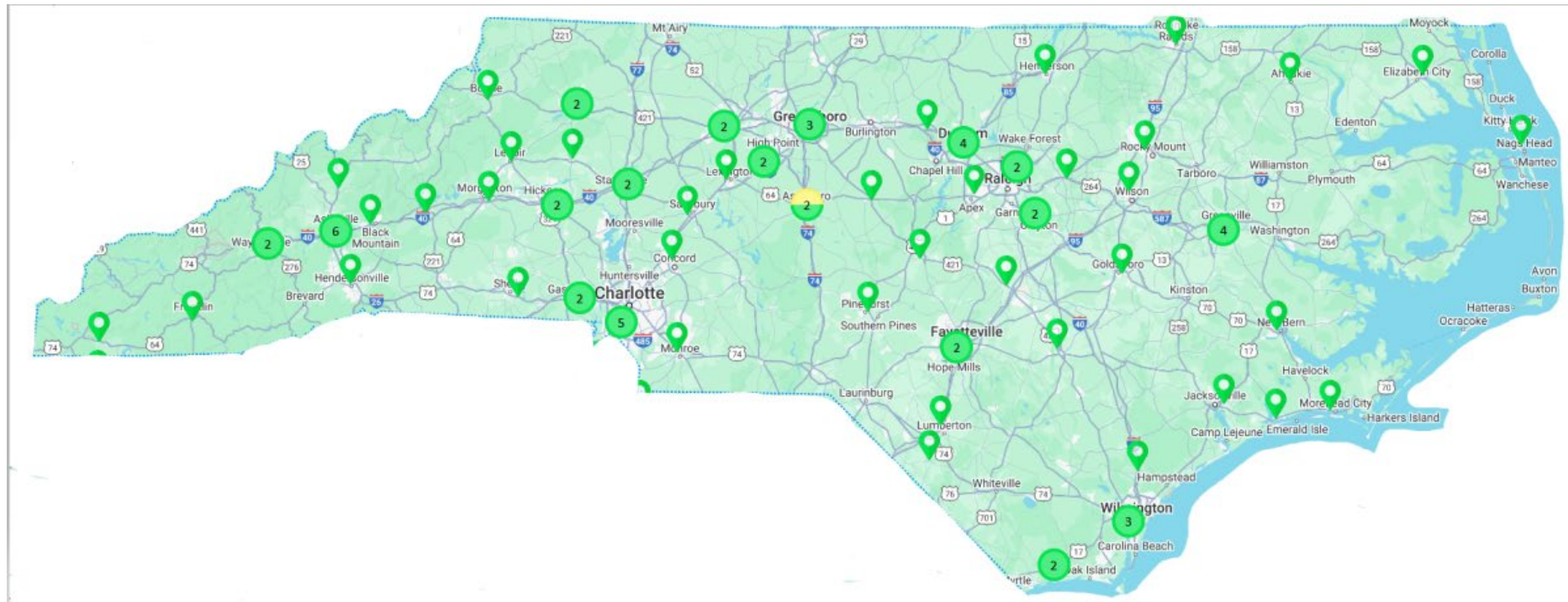
- 866 opioid overdoses ED visits in 2023
 - 510 opioid overdose ED visits in 2024
- This is a 34% decrease



Learn more about the [Opioid and Substance Use Action plan](#) and access the dashboard [here!](#)

NC's Opioid Treatment Program (OTP) Landscape

- 87 OTPs in NC (including 1 EBCI/CIHA and 2 ADATCs)
- + 19 pending



Source: <https://thecentralregistry.com/map/>



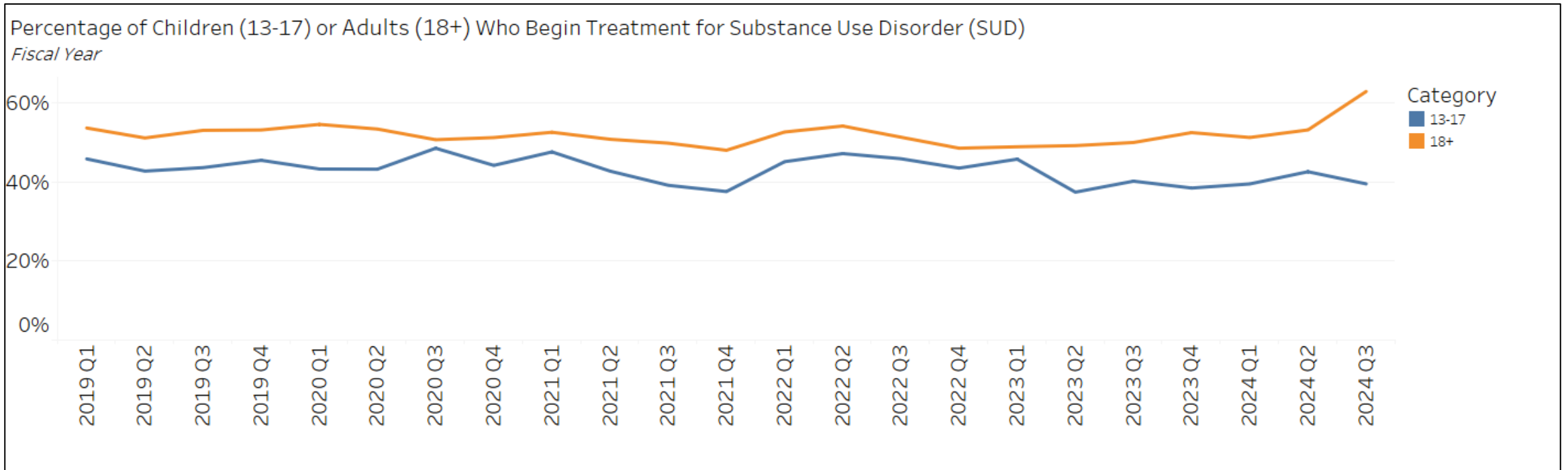
Strategic Plan Measures

Individuals Served by Opioid Treatment Programs and Office-Based Opioid Treatment Programs

Individuals Served by Collegiate Recovery Programs and Recovery Community Centers

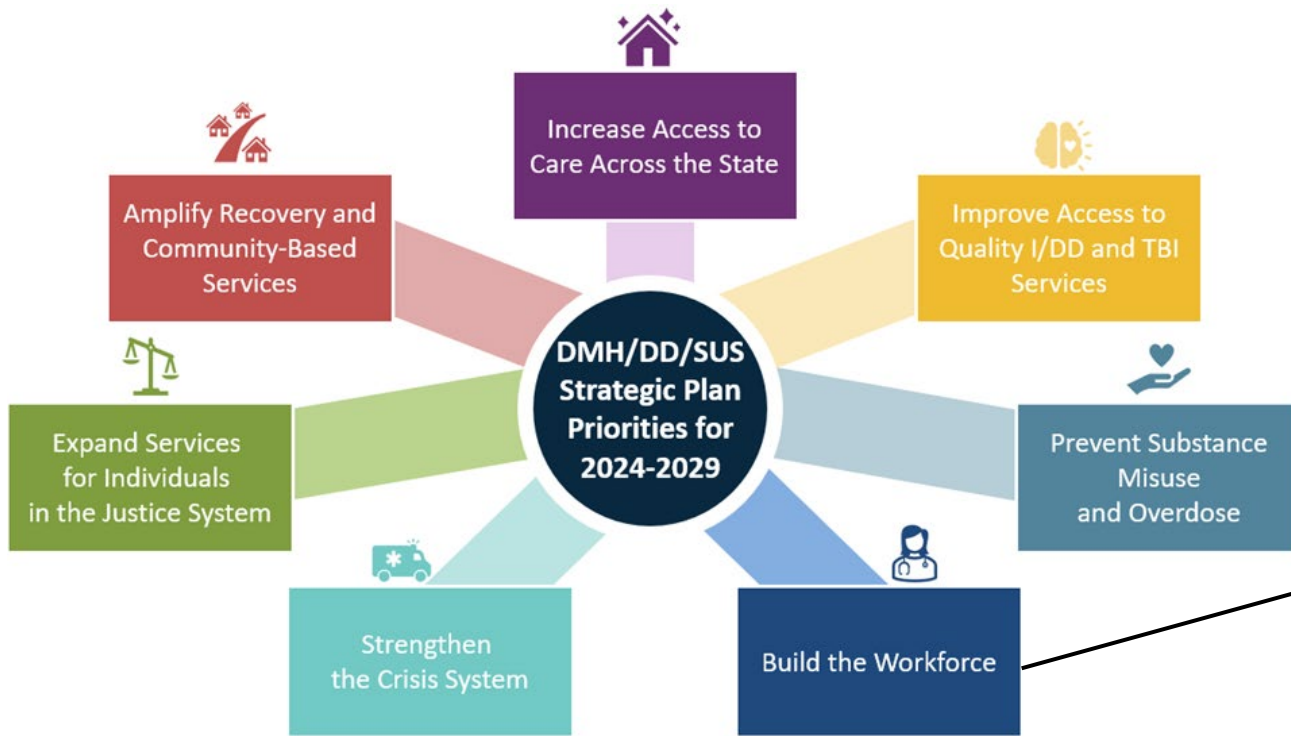
Children (13-17) and Adults (18+) Beginning Treatment for Substance Use Disorder

Opioid Overdose Emergency Department Visits





Priority 4: Build the Workforce



Goals
<ul style="list-style-type: none">• Strengthen the Peer Workforce. Build a well-trained and well-utilized peer workforce whose work leverages lived experience.
<ul style="list-style-type: none">• Strengthen the DSP Workforce. Build a well-trained and supported DSP workforce.
<ul style="list-style-type: none">• Increase Licensed Providers. Increase the number of licensed providers entering the public workforce.
<ul style="list-style-type: none">• Increase Supports for Unlicensed Providers. Increase training and support for unlicensed professionals providing services to people using the public system.



Focused Interventions

Certified Peer Support Specialists (CPSS)

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

Direct Support Professionals (DSP) Workforce Plan

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

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

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

Create State Infrastructure and Oversight of Crisis and First Response Program

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

Licensed Professional Incentives/Engagement

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

Consolidate “Training” Programs across DMHDDSUS

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

DSP Workforce Plan

A comprehensive, multi-year strategy to address the critical shortage of DSPs in North Carolina, enhancing service quality, and availability for individuals with Intellectual/Developmental Disabilities (I/DD).

Key Components:

1. **Plan Development:** Guided by the DSP Advisory Committee as part of our Behavioral Health Investments funded by the General Assembly.
2. **Focus Areas:** Improved DSP retention, strategic recruitment, and enhanced training programs.
3. **Stakeholder Engagement:** Incorporates feedback from individuals with disabilities, family members, community partners, and DSPs.



North Carolina Department of Health and Human Services:
DMH/DD/SUS Direct Support Professional (DSP) Workforce Plan¹

6/14/2024

¹ Last Updated: Jun 14, 2024

DSP Provider Agency Recruitment and Retention Grants

DMHDDSUS is soliciting proposals from providers to fund interventions that improve DSP recruitment and retention.

- Allowable uses for the grants include but are not limited to:
 - **Hiring/retention bonuses**
 - **Child/dependent/senior care subsidies**
 - **Transportation supports or subsidies**
 - **Food supports or subsidies**
 - **Continuing or advanced education opportunities**
 - **Other employee assistance programs**
- Funding will be made available on a one-time basis; DMHDDSUS expects to make awards in early 2025.
- Eligible provider agencies deliver Medicaid and/or state-funded I/DD services, including providers that operate an Agency with Choice (AWC) model.
- Providers will describe their initiative's impact and budget to help inform design of long-term recruitment and retention strategies.



The submission date for the Provider Grant has been extended to November 29!

Questions?

Email DMHIDDCONTACT@dhhs.nc.gov

DSP EOR Recruitment and Retention Grants

DMHDDSUS is soliciting proposals from Employers of Records (EORs) to fund interventions that improve DSP recruitment and retention.

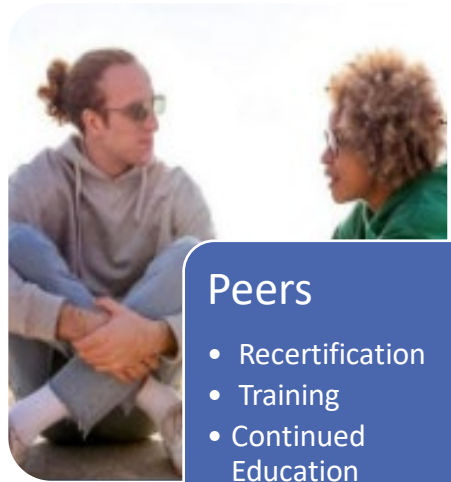
- Allowable uses for the grants include but are not limited to:
 - **Hiring/retention bonuses**
 - **Child/dependent/senior care subsidies**
 - **Transportation supports or subsidies**
 - **Food supports or subsidies**
 - **Continuing or advanced education opportunities**
 - **Other employee assistance programs**
- Funding will be made available on a one-time basis; DMHDDSUS expects to make awards in early 2025.
- All individuals and families who employ DSPs through the Individual and Family Directed Services model of North Carolina Innovations for I/DD services can apply.
- This includes EORs for individuals receiving Innovations Waiver (1915(c)) services.



The application period will open on November 4 (TODAY!) and close on December 16!

Join our webinar on the EOR grants on November 7 at 2 PM

New! Certified Peer Support Specialists (CPSS) Website



Peers

- Recertification
- Training
- Continued Education
- Peer Support Scholarships
- Job Opportunities



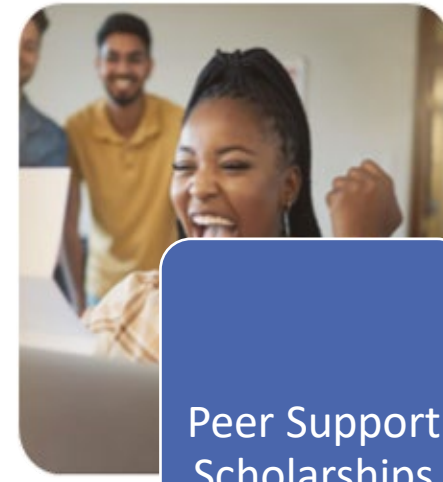
Community Members

- What is a CPSS?
- Connect with a Peer
- How to become a CPSS
- Community Resources

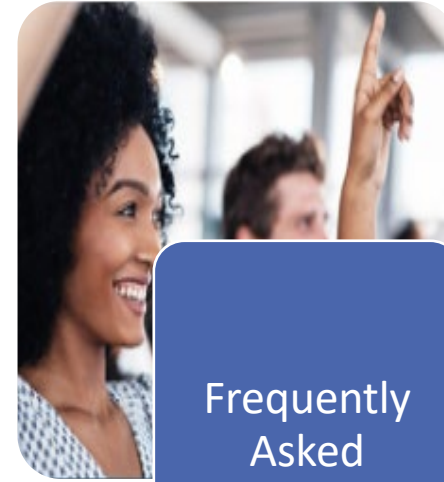


Providers

- CPSSs in the Workforce
- Job Postings
- Credentialing Verification
- Grant Opportunities



Peer Support Scholarships



Frequently Asked Questions

Get Involved

- [Visit the CPSS Website](#)
- [Join the Peer Support Advisory Committee](#)
- [Join our Mailing List](#)



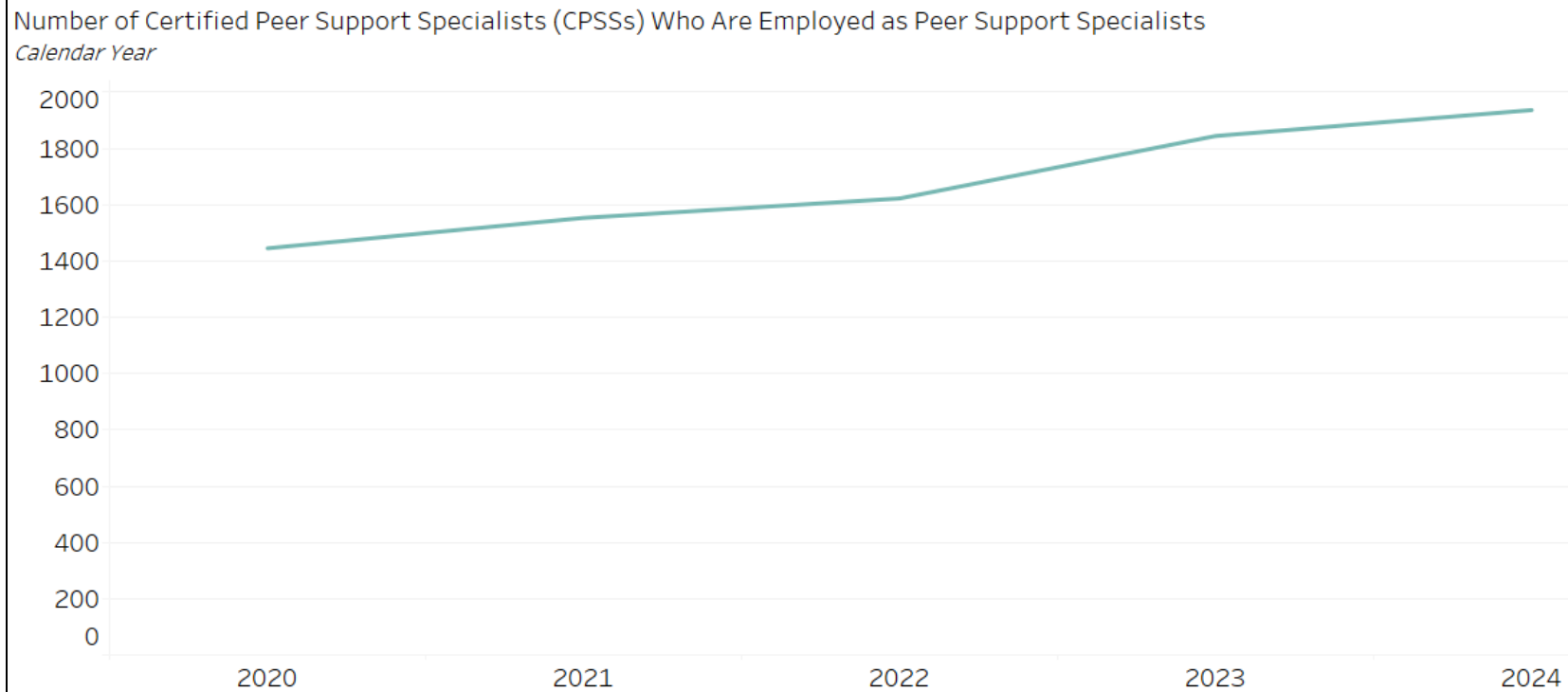
Strategic Plan Measures

Scholarships for Direct Support Professional Training Programs

Scholarships for Peer Support Specialist Training Programs

Direct Support Professional Turnover Compared to Historic Baseline for Providers with Incentives

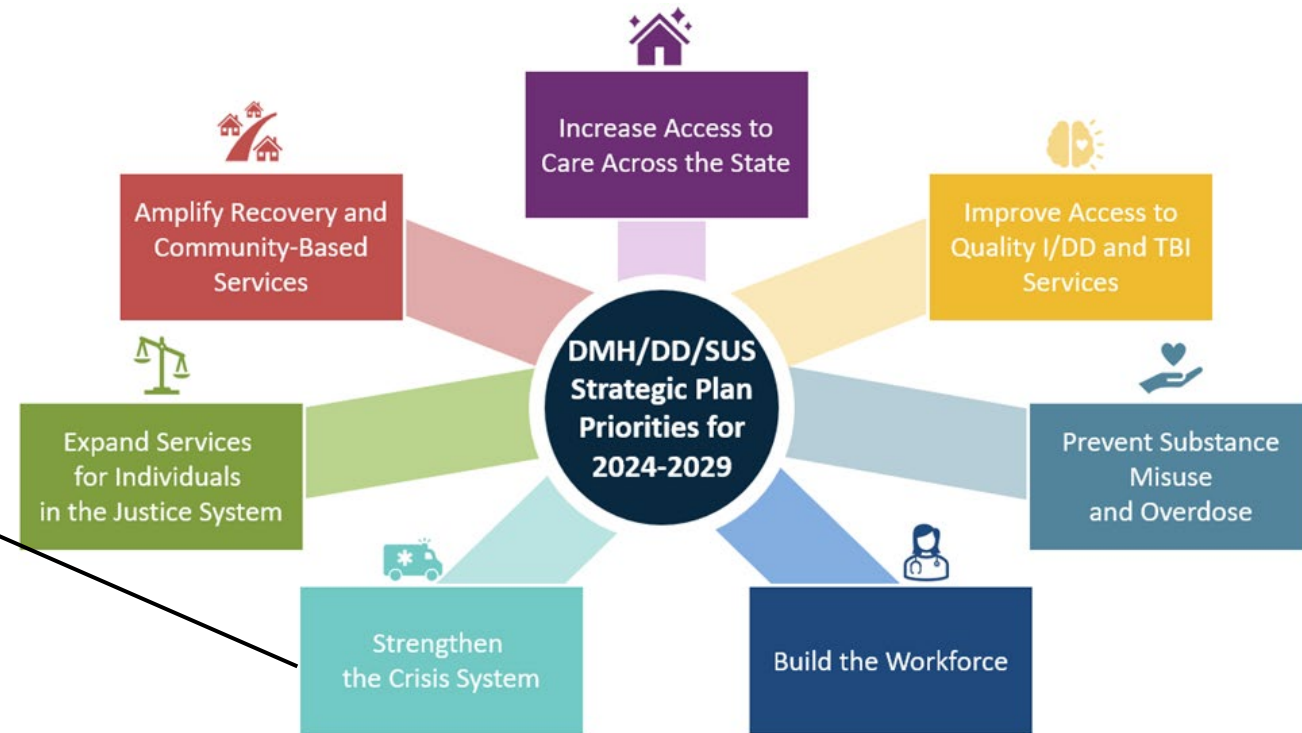
Certified Peer Support Specialists Employed as Peer Support Specialists





Priority 5: Strengthen the Crisis System

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





Focused Interventions

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

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

Behavioral Health Urgent Care (BHUC)

Fund new BHUCs across NC.

Facility Based Crisis Programs (FBC)

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

Mobile Crisis Management (MCM)

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

Mobile Outreach Response Engagement and Stabilization (MORES) teams

Establish new MORES teams in underserved areas.

Crisis to Care

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

988 Suicide and Crisis Lifeline Expansion

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

Behavioral Health Statewide Central Availability Navigator (SCAN) Expansion

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

Peer Line Expansion

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

Suicide Interventions

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

Co-Responder Models Expansion

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

Non-Law Enforcement Transportation Pilot

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

Emergency Psychiatry Assessment, Treatment and Healing (EmPATH) Units

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

Involuntary Commitment (IVC) Revamp

Redesign involuntary commitment policies for improved care and support.

Crisis Services for Individuals with I/DD

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

Building a System from Crisis to Care: North Carolina's Crisis Continuum

Someone to Contact



- 988
- BH Crisis Lines*
- Peer Warm Line

Someone to Respond



- Mobile Crisis Team Response
- MORES
- Co-responder model

A Safe Place for Help



- Behavioral Health Urgent Care (BHUC)
- Facility Based Crisis (FBC)
- Peer and Community Respite
- NC START

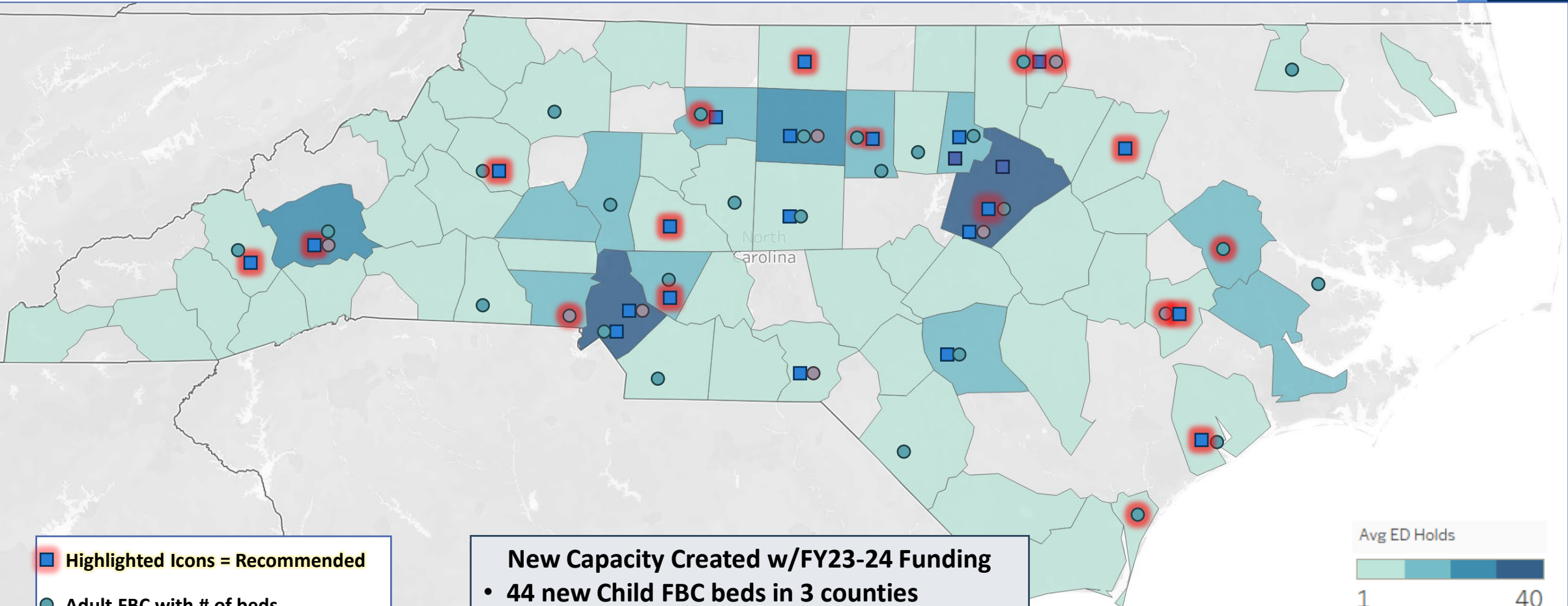
Continuation of Care

- Next-week appointments
- Mobile Crisis follow-up
- Connection to bed registry/BHUC network
- Connection to current providers
- Connection to Health Plan

**Includes BH Crisis Lines operated by or contracted with LME-MCOs/TPs, SPs, BCBS*

New Crisis Facilities in Areas with Highest ED Holds

A Safe Place to Go



Highlighted Icons = Recommended

● Adult FBC with # of beds

● Youth FBC with # of beds

■ Tier 3 BHUC (open hours/day)

■ Tier 4 BHUC (open 24/7)

New Capacity Created w/FY23-24 Funding

- 44 new Child FBC beds in 3 counties
- 64 new Adult FBC beds in 4 counties
- 9 new 24/7 BHUCs
- 1 new Mobile Crisis/Law Enforcement co-response team

Avg ED Holds






1

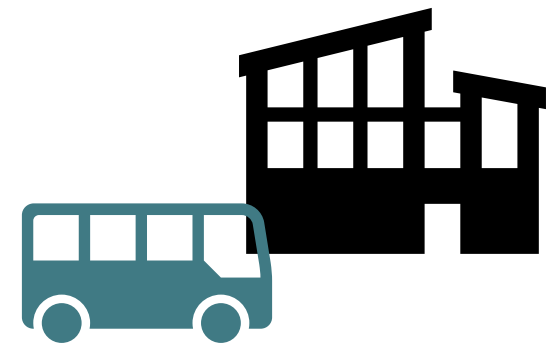
40

Non-Law Enforcement Alternative Transportation Pilot (NLET)

- DMH/DD/SUS will use \$10 million in funding to pilot a NLET program for
 - Adults, children and adolescents requiring transportation on a voluntary basis or are involuntarily committed (IVC) after the first exam between facilities and clinics (e.g., from an emergency department to a facility-based crisis center)
 - Individuals in crisis that need transportation upon discharge from a facility
- This program will be piloted in select regions

Goals

-  Provide trauma-informed, person-centered treatment that destigmatizes behavioral healthcare
-  Reduce the number of IVCs
-  Help inform and align with the state's IVC modernization project to update 122C statutory requirements and state policies





Strategic Plan Measures

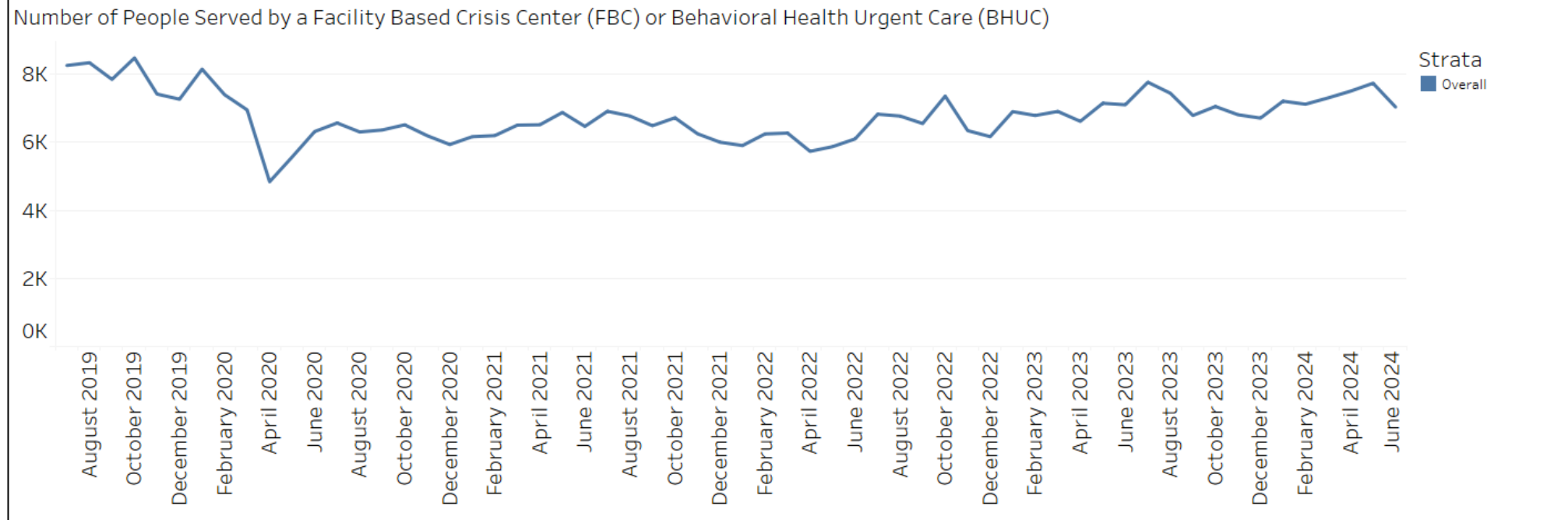
Calls to 988 Suicide and Crisis Lifeline

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

Individuals Served by a Facility Based Crisis Center or Behavioral Health Urgent Care

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

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





Priority 6: Expand Services for Individuals in the Justice System

Goals

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





Focused Interventions

Expand Law-Enforcement Assisted Diversion

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

Treatment Accountability for Safer Communities (TASC)

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

Partner with and Support Justice System Partners

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

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

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

Juvenile Justice Behavioral Health Teams (JJBH Teams)

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

Transitional Housing and Employment

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

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

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

Start Re-Entry Peer Support Program for Special Populations

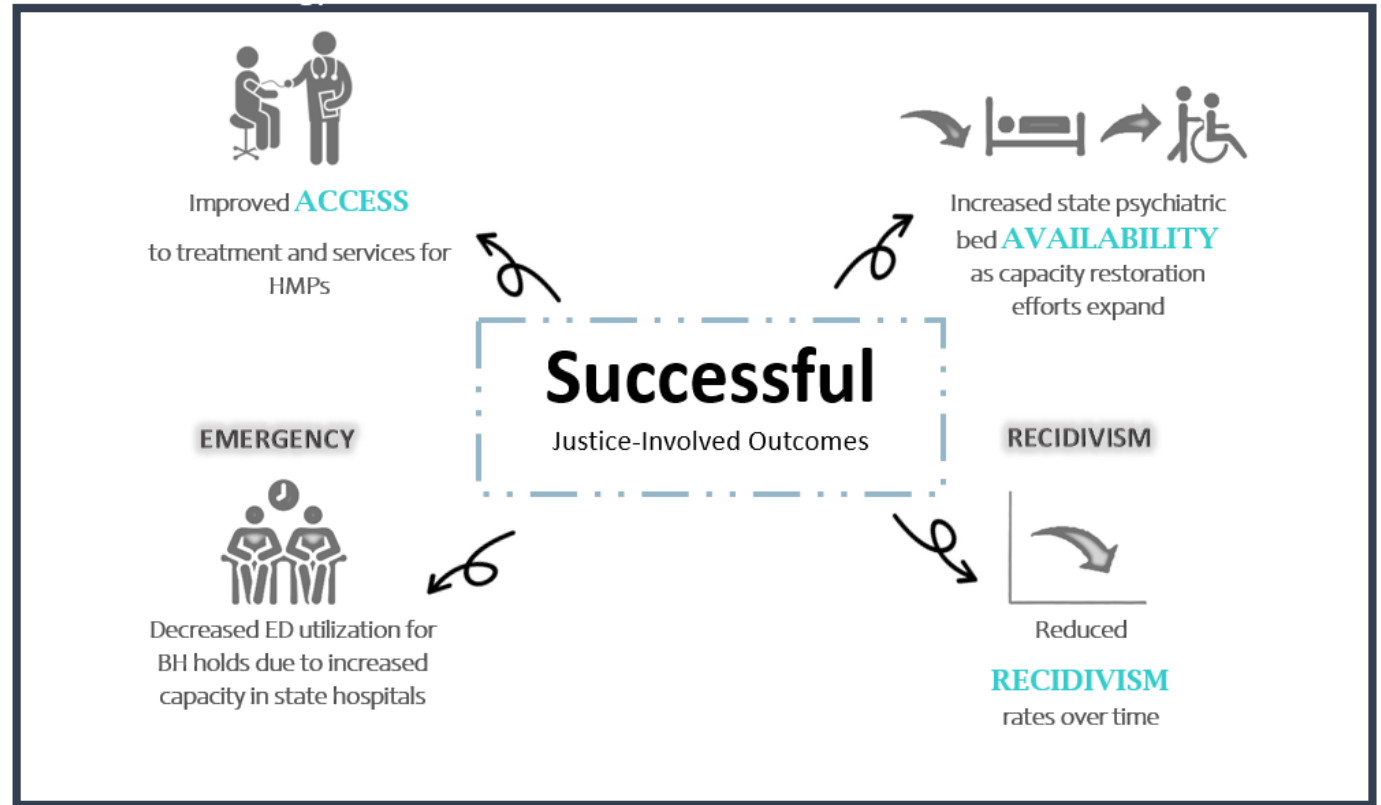
Define the role of peer supports in re-entry programs for individuals with special needs or from marginalized communities.

Core Behavioral Health Services for Individuals Involved in the Justice System

 Education (Communities, Officers of the Court, Law Enforcement)

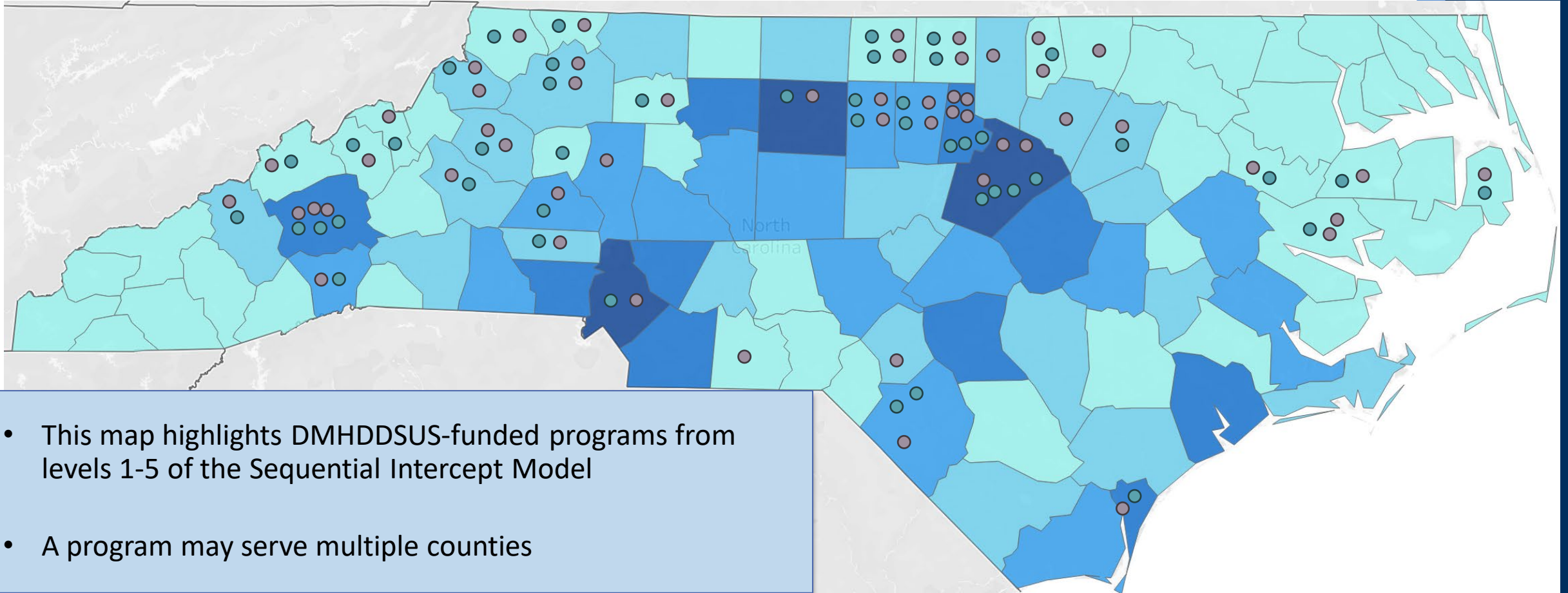
 Care Management & Services (Diversion & Re-Entry)

 Housing & Other Supports



DMH/DD/SUS Justice Programs Map

- Deflection/Diversion Program
- Justice Re-entry Program



- This map highlights DMHDD/SUS-funded programs from levels 1-5 of the Sequential Intercept Model
- A program may serve multiple counties



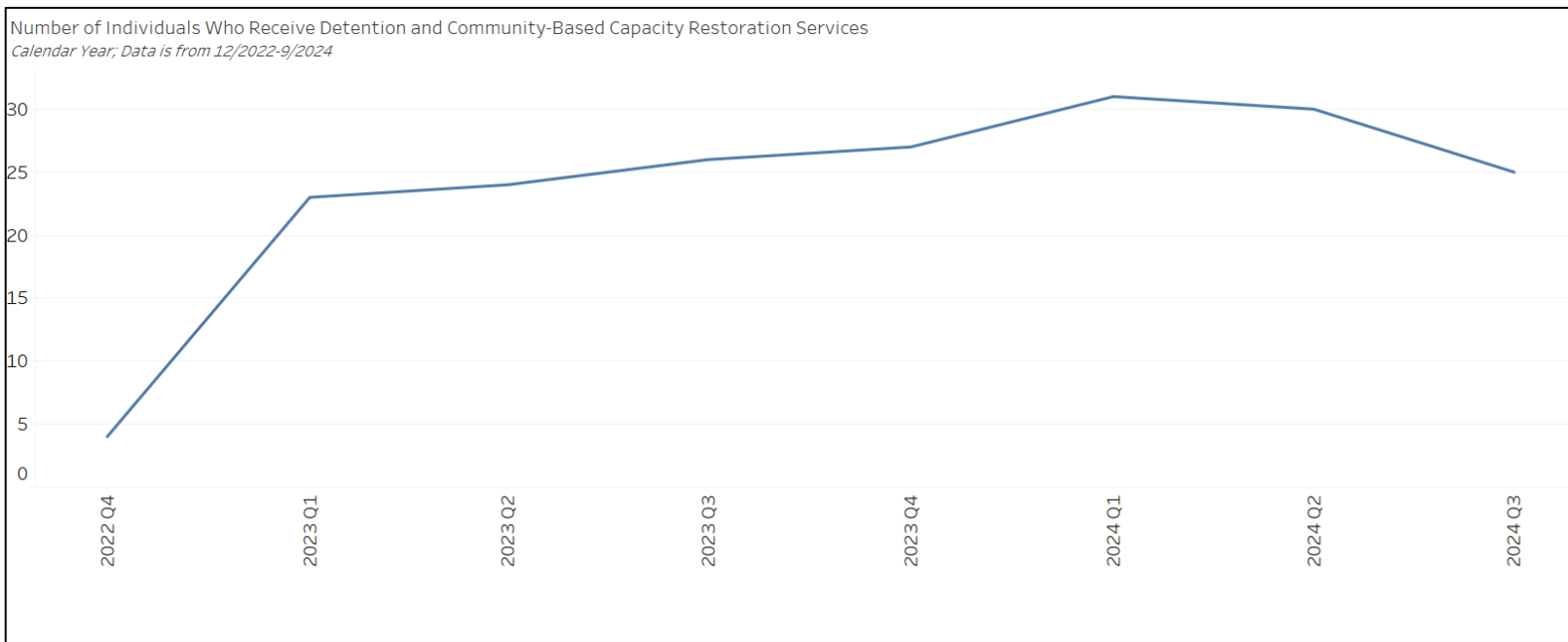
Strategic Plan Measures

Individuals with Mental Health or Substance Use Needs Served by a Deflection or Diversion Program

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

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

Individuals Receiving Detention and Community-Based Capacity Restoration Services





Priority 7: Amplify Recovery and Community-Based Services

Goals

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





Focused Interventions

Expansion of Peer Respite, Living Room and Recovery Centers

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

Expansion of First Episode Psychosis (FEP) programs

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

Child Residential Redesign

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

Modernizing Clubhouses

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

Recovery Community Organizations (RCOs)

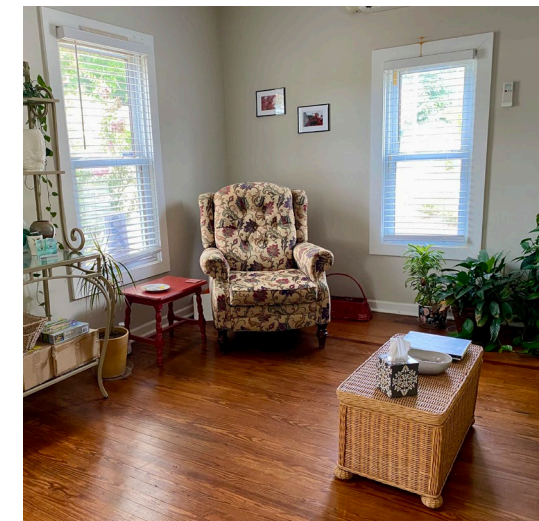
Recovery happens in communities where people access services and supports and build relationships that support them.

- Recovery community organizations offer stigma-free spaces for engagement, resources, and recovery support.
- NC DMHDDSUS has funded **15 recovery community centers since 2015** from the SUPTRS block grant and **plans to add 2-3 more centers this year.**
- Centers are tailored to community needs and provide diverse recovery support services, including employment aid, housing, education, and peer mentoring.



Peer-Run Wellness Centers

- Independent, consumer-operated hubs offering governance and support for mental health and substance use recovery.
- DMHDDSUS funds two Peer Run Wellness Centers (PRWCs) — [GreenTree](#) and [No Wrong Door](#)
- GreenTree just celebrated 12 years of service and is actively engaging the community during Recovery Month with a full calendar of [Learning Community Activities](#).
- Current Mental Health Block Grant (MHBG) application process is open: Goal to support more Peer Wellness Centers.



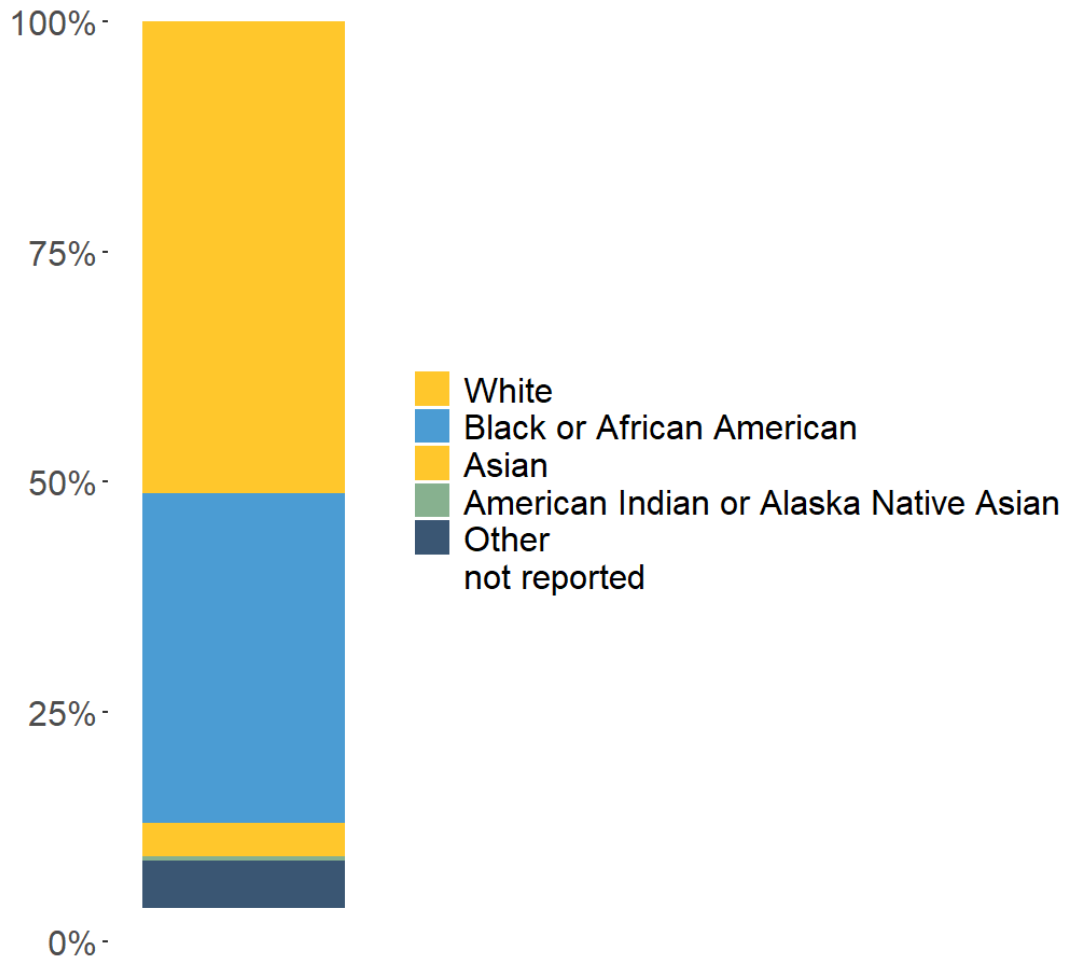
NC First Episode Psychosis Coordinated Specialty Care Clinics (NC FEP CSC)

Inception	Program	Location
2005	OASIS	Chapel Hill, NC
2015	Encompass	Raleigh, NC
2015	SHORE	Wilmington, NC
2017	EAGLE	Charlotte, NC
2023	AEGIS	Asheville, NC
2024	WeCare2	Burnsville, NC

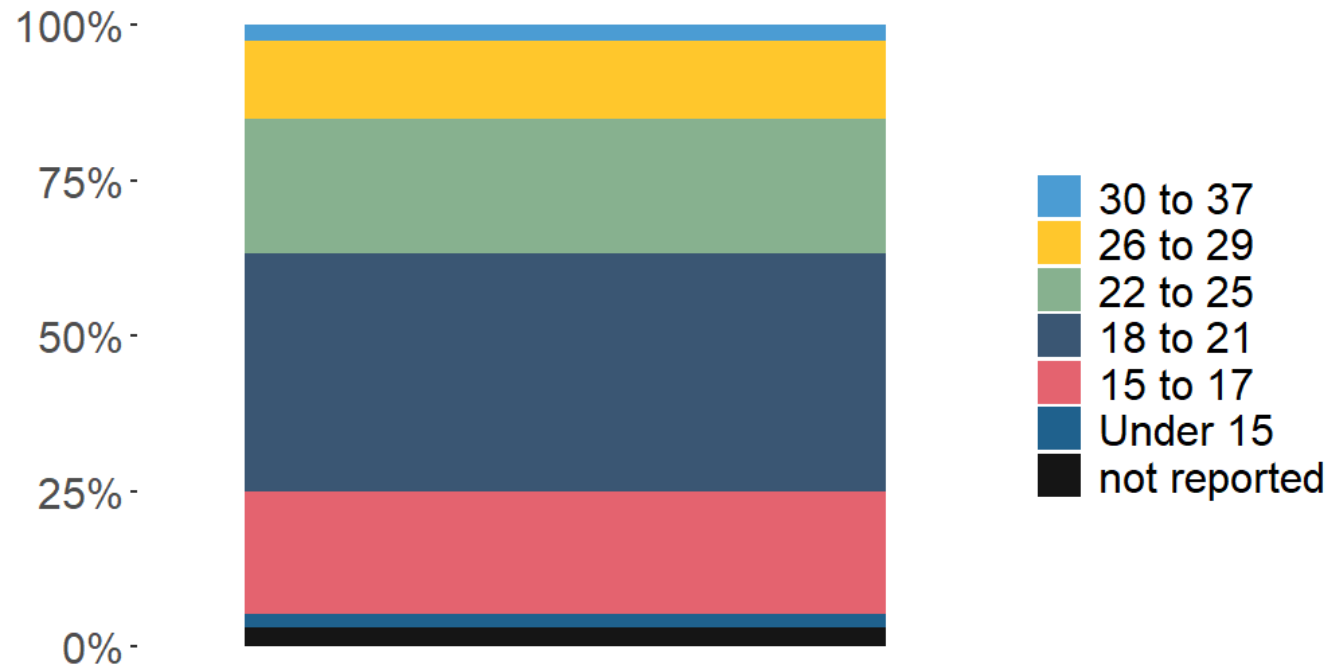


NC FEP CSC Demographics

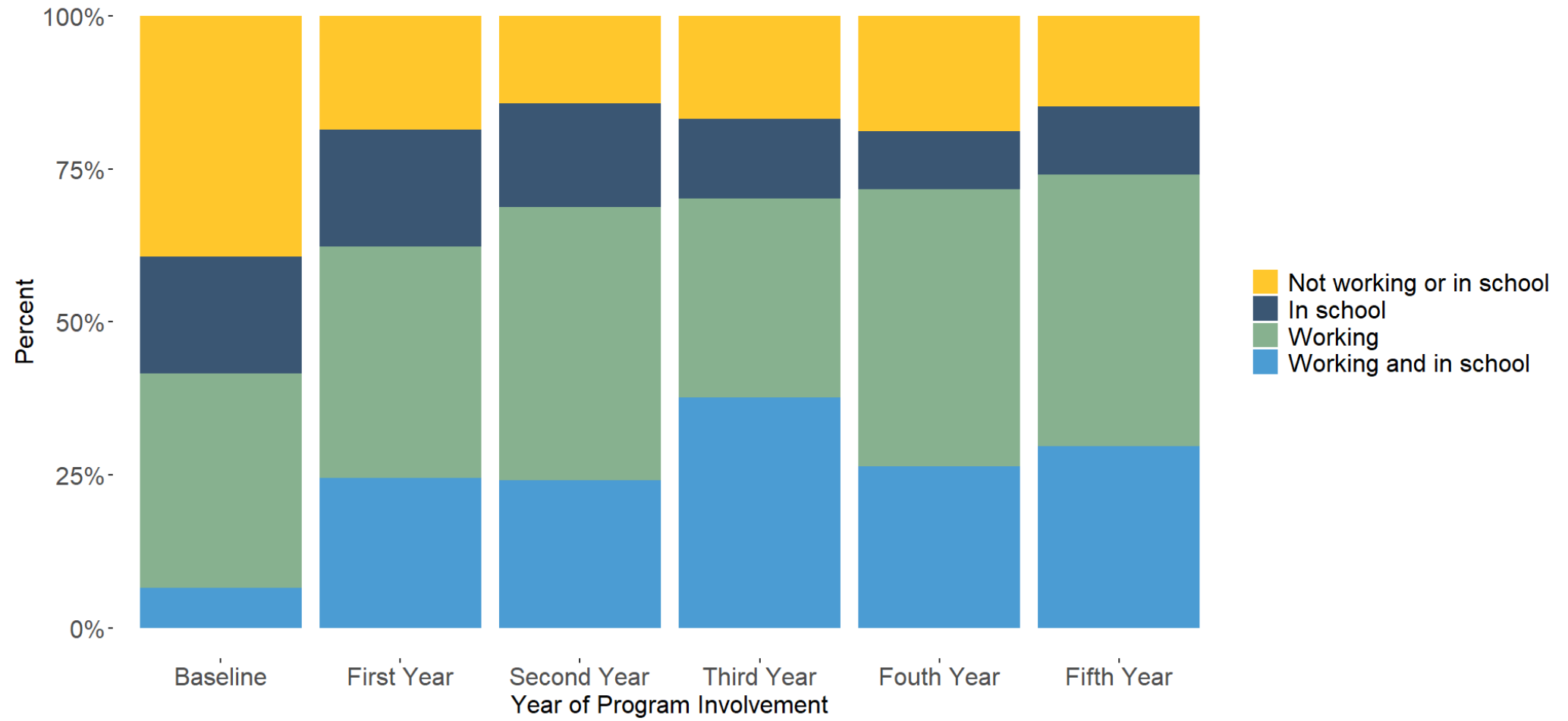
Self-reported Race/Ethnicity



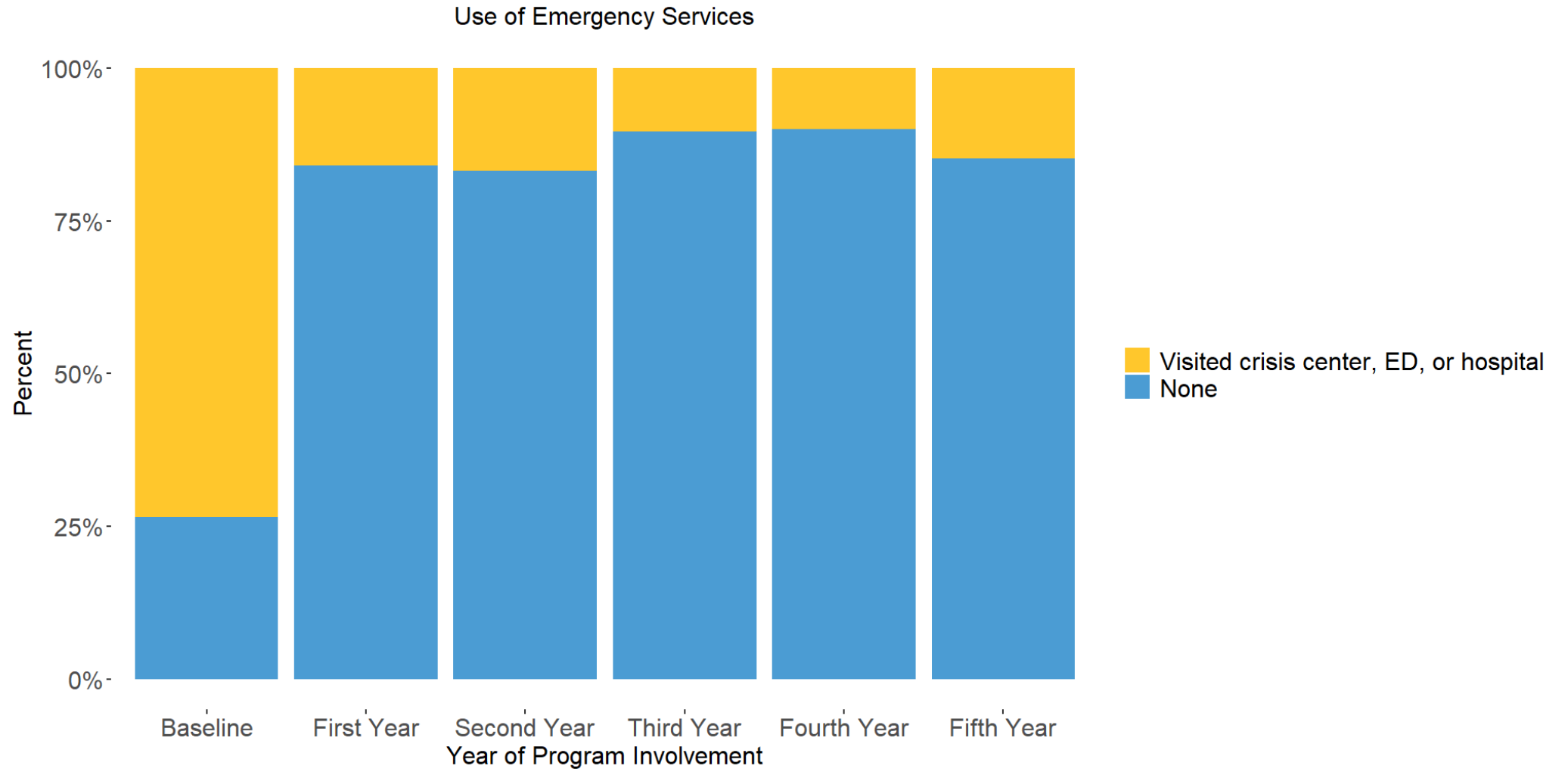
Age



NC FEP CSC Outcomes: School and Work



Utilization of Crisis Center, Emergency Department, or Hospital Services



Strengthening NC's Residential Treatment Services for Children & Youth

In Summer/Fall 2024, DMH/DD/SUS conducted a current state assessment of NC's behavioral health residential settings to (1) identify key challenges and (2) inform investments to strengthen residential treatment in NC.

Key Challenges Identified



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



Lack of specialty residential treatment options for children with complex, co-occurring needs (e.g., behavioral health and substance use disorder)



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

Next Step







DMH/DD/SUS will collaborate with partners to address these key challenges and pursue long-term improvements in the residential treatment system.

DHHS' Vision for Residential Treatment Settings for Children & Youth

Vision

DHHS is committed to implementing high quality, evidenced-based care in residential treatment settings, levels II-IV and PRTFs, that is trauma-informed, time-limited, and effective, while prioritizing and valuing the sustained connection to the child's home and community.

Objectives

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

Environment of Care (EoC) Investments

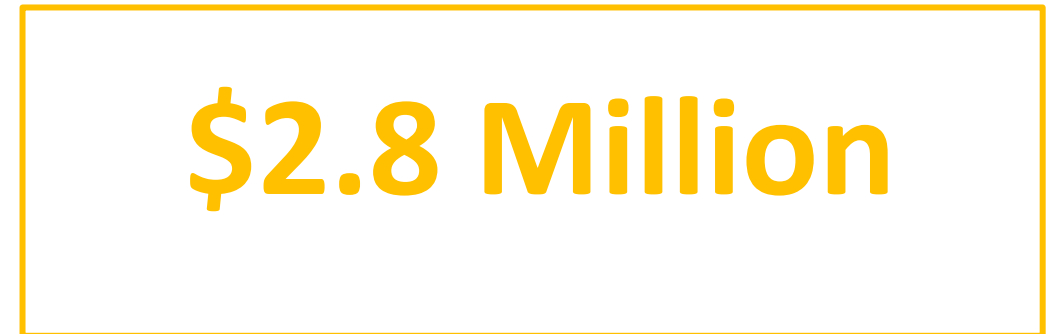
DMH/DD/SUS has already begun working with providers across NC on new projects to develop and enhance trauma-informed environments of care within residential settings. Provider projects target key priorities for trauma-informed care across residential settings and range from furniture and facility improvements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



Provider Projects:



Total EoC Funding Awarded:



This investment will result in **255 youth**, on any given day, engaging in treatment in settings that are **physically safe, comfortable and conducive to healing**.



Strategic Plan Measures

Individuals Served by a Peer Respite, Living Room, or Recovery Center

Individuals Enrolled in a First Episode Psychosis Program

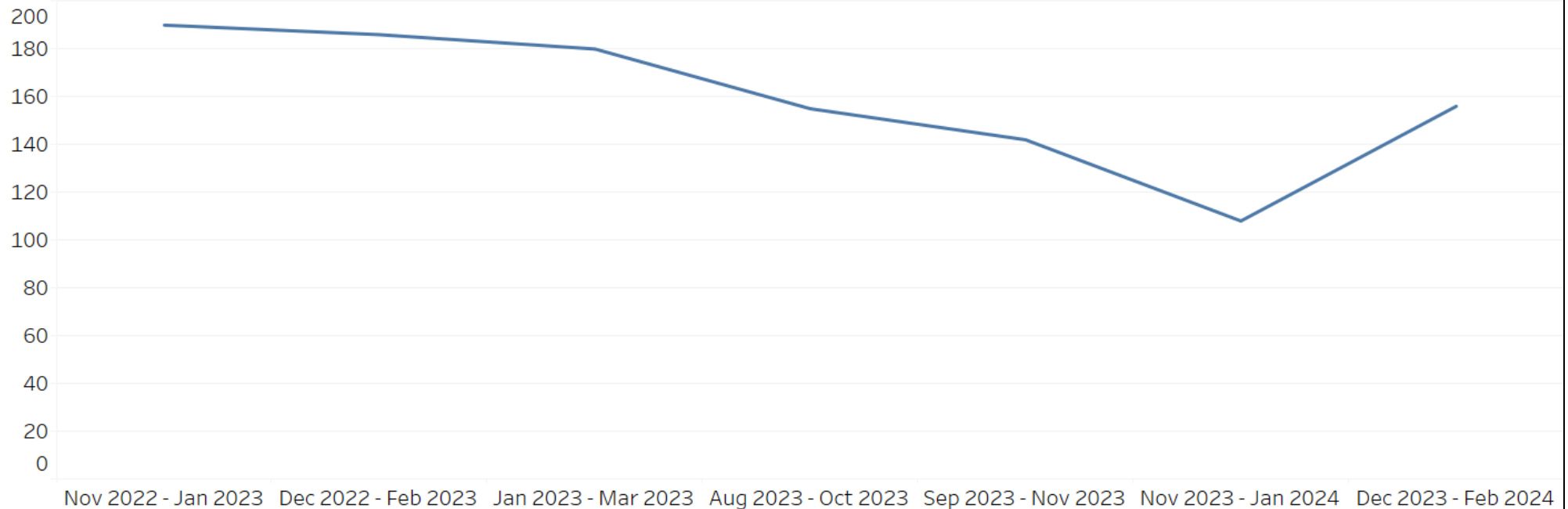
Individuals Receiving a Service at a Clubhouse

Children Served in Out-of-State Psychiatric Residential Treatment Facilities

Average Length of Stay for Children in Psychiatric Residential Treatment Facilities

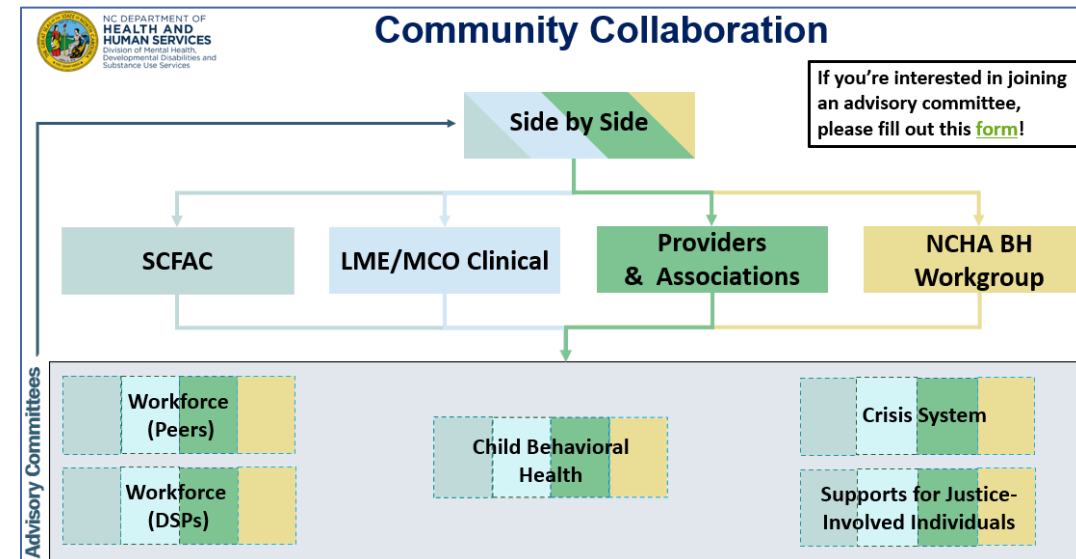
Number of Children Served in an Out-of-State Psychiatric Residential Treatment Facility (PRTF)

Note that the time between x-axis data points varies due to how data is reported



Next Steps

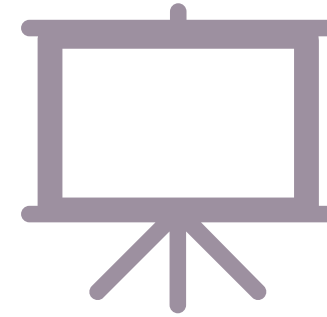
- DMH/DD/SUS will release the Strategic Plan dashboard later this month, which will be updated quarterly
- DMH/DD/SUS will refresh the Strategic Plan annually in reflect new initiatives and priorities
- We will provide regular updates at the Side by Side webinar and welcome you to join us in other collaborative spaces



Q&A



Questions and feedback are welcome at
BHIDD.HelpCenter@dhhs.nc.gov.



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



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

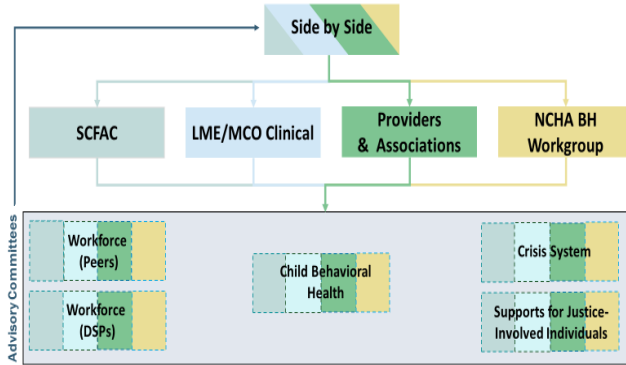
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