



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Supporting Older Adults in the Public Mental Health and Substance Use Services System

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### Kelly Crosbie, MSW, LCSW, DMHDDSUS Director



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

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## **Division of Mental Health, Intellectual/Developmental Disabilities, and Substance Use Services (DMHDDSUS)**

### **What do we do?**

#### **Develop Policy for the state**

#### **How do we tackle large-scale problems?**

- What programs do we fund with state, federal, Medicaid dollars
- What do we prioritize with legislative efforts
- How do we measure success

#### **Administer state & federal dollars for prevention and treatment services for people with MH/SUS, and I/DD**

**Statewide supports: 988**

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# **DMH/DD/SUS/TBI Plan 2024-2029**

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# What Does the MH/SUD/IDD/TBI Plan Include?

## The Strategic Plan:

1. Lays out DMHDDSUS' mission, vision, and principles;
2. Reiterates DMHDDSUS' commitment to serving all North Carolinians who seek mental wellness or live with a mental health issue, SUD, I/DD or TBI;
3. Includes a focus on underserved populations, including people with co-occurring disorders, people who speak non-English languages, active service members and veterans, and historically underserved groups; and
4. Establishes seven priorities, each with respective goals and initiatives that DMHDDSUS aims to meet (*see next slides*).








 DMHDDSUS also published a [Strategic Plan Data Dashboard](#) to measure performance against key targets set out in the Plan.

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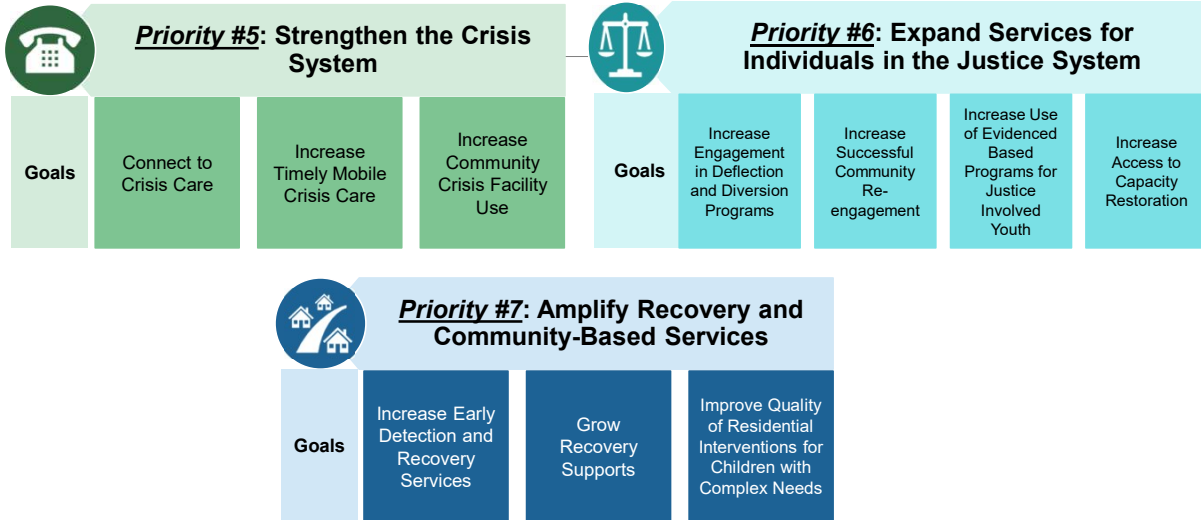
# Strategic Plan Goals (1/2)

The Strategic Plan lays out goals within each Priority that DMHDDSUS aims to meet.

 	<b>Priority #1: Increase Access to Care Across the State</b>				<b>Priority #2: Increase Access to Quality I/DD and TBI Services</b>		
	Goals	Increase Treatment Initiation and Retention	Promote Access to Integrated Care		Increase Caregiver Supports	Goals	Increase I/DD Services
	<b>Priority #3: Prevent Substance Misuse and Overdose</b>			<b>Priority #4: Build the Workforce</b>			
	Goals	Increase Primary Prevention and Engagement		Increase Access to Evidence Based SUD Treatment	Goals	Strengthen Peer Workforce	Strengthen DSP Workforce

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## Strategic Plan Goals (2/2)



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## Key Accomplishments: Priority #1

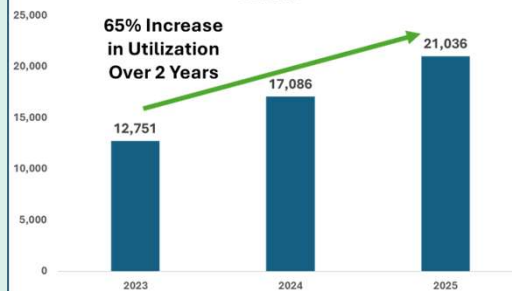
*Increase Access to Care Across the State*

### Year 1 Accomplishments

- Launched **clear communications campaigns** and **crisis service directory** to advertise entry points to accessing care
- Funded community-based organizations to support **outreach and engagement efforts** for at-risk communities
- Expanded **NAMI on Campus** chapters
- **Expanding access to care in Certified Community Behavioral Health Clinics (CCBHCs)**, which provide a “one-stop shop” for a range of mental health and SUD services
- Supporting primary care practices in **adopting the Collaborative Care Model**, which provides mild/moderate mental health and SUD treatment in the primary care office
- **Supporting caregivers of family members with mental health, SUD, I/DD, and TBI needs** navigate complex systems through grants to community-based programs



Number of Individuals Receiving Services at a CCBHC



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## Mental Health/Substance Use & Older Adults

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### Mental Health & Substance Use Statistics for Older Adults

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- Life changes affect mental health & well-being. Challenges stressors for older adults include:
  - Losing a loved one, a career
  - Changing income, living arrangement
  - Care giving, social isolation
- Between **1/4 and 1/5** of adults ages 55+ experience mental health issues, such as depression, anxiety, and dementia
- Nearly **1 million** adults aged 65+ live with a substance use disorder
- Only **4-28%** of older adults with mental health and substance use disorders receive services
- Between 2016-2020, **1,370** North Carolinians ages 65+ died by suicide
  - The suicide rate among adults ages 65+ was the **third highest rated age group** at 16 deaths/100,000 people
  - 81% of suicides among older adults were males
- In 2020,
  - males ages >85 had the **highest** rate of suicide deaths of 41.5/100,000 people
  - males ages 75-84 had the **second highest** rate of suicide deaths at 35.4/100,000 people

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## Aging and Depression/Anxiety/Substance Use

- **Depression is not a normal part of aging**
  - Mental health conditions remain diagnosable and treatable in later life
  - Physical decline and chronic pain can increase suicide risk
- **Anxiety may be described as “worry,” “nerves,” or general discomfort**
  - Irritability and “grumpiness” are not normal signs of aging
- **Substance Use**
  - Aging increases sensitivity to substances, raising impairment risk
  - Alcohol is most common and often interacts with medications
  - Risks also include illicit drug use and prescription misuse

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## Older Adults: Barriers to Services

- **Limited provider time, discomfort discussing mental health or substance use, and overlapping symptoms with other illnesses**
- **Fear of judgment, stigma, and social or financial consequences**
- **Social isolation, limited transportation, housing challenges, and digital barriers**
- **Financial strain and limited support systems reduce access to care**

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## 2025 Goals

### Review current programs

- HEART: What is working and not?
- How should it grow or change?

### More community grants that support older adults

- Expanding our reach to build community skills and workforce

### More collaboration with our Division of Aging and Adult Services (DAAS)

- MH & Suicide Prevention work
- MH and Older Adults Advisory Group

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## 2025 Progress

**NEW STAFF: Lisa Womack, Adult/Caregiver Community Outreach Lead**

- Increase community engagement
- Building a more comprehensive strategy to support older adults
- Collaboration with DAAS on All Ages, All Stages
  - Co-Lead on Social Bridging subgroup
    - addressing social isolation and connectivity, awareness about social support resources and programs
    - Increase digital equity (“sustainability”) for older adults
- Dementia -Capable North Carolina Coalition –sharing HEART Program data.
- Suicide Prevention Action Plan for older adults

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## HEART\*

- Provide training and consultation to staff working in community agencies, facilities and organizations that serve adults over the age of 55
- Help staff to appropriately support adults over the age of 55 living with mental health and substance use issues
- HEART training and consults are provided at no cost
- Face to face and online trainings available
- Each LME has a HEART program (provider)

\*Rebranded to Health Education and Aging Resource Team (formerly GAST)

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## Certified Older Adult Peer Support (COAPS)

18- hour training for Certified Peer Support Specialist over the age of 50

Assist in training on specialty needs of individuals in recovery over the age of 55 to include:

- Dementia/Alzheimer's
- Early Intervention to address Depression
- Sexuality and aging
- Age Gap and Age Perception Disconnect

Over 100 CPSS trained in COAPS across the State and active trainings happening



To find trainings visit the DMHDDSUS CPSS Webpage → Peers → Engagement & Training  
**Certified Peer Support Specialists**

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## Suicide Prevention for Older Adults

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### NC Suicide Prevention Action Plan

- Suicide prevention awareness campaign targeted at older adults, their families and caregivers
- Suicide prevention training program for caregivers, senior center staff, home aides, and others who works with older adults to help them recognize warning signs and provide appropriate support
- Partner to host annual mental health and wellness fairs focused on aging populations, including suicide prevention resources, mental health screenings, and access to support groups

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## Suicide Prevention for Older Adults

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- Promote availability of mental health services among older adults
  - Educate older adults about Medicare's coverage of 80% of therapy costs and that Medigap or secondary insurance may cover the remaining 20%
  - Promote use of already existing evidence-based mental health programs like Healthy IDEAS, PEARLS, SBIRT and ASIST.
- Provide training to more MH providers on supporting older adults with mental health and substance use needs
- Safe storage and medical disposal among older adults

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988  
Campaign  
for Older  
Adults




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## Grant Highlight: Southwestern / Region A: AAA

### Rural Connections: Supporting Elders on Their Journey

- Provided 2,756 hours of consumer-directed in-home aide services to over 24 consumers
  - Majority provided by Older Adult Certified Peer Specialists
  - Service to combat loneliness and provide older adults with assistance for daily tasks.
- Assisted 34 family caregivers with 970 hours of respite
- Provided information and resource support to over 535 individuals
- Strengthened partnerships across regions through health fairs, digital literacy workshops, and faith-based community outreach.
- Enhanced bilingual and culturally competent services, expanding Spanish-speaking provider networks, and interpretation resources

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## Grant Recipient Highlight: **Appalachian State University**

### **Aging Well High Country Older Adult Mental Health**

- Development and implementation of a Mental Health and Psychological First Aid (MHPFA) Training Program specific to older adults.
- **Created press kit with health promotion and psychological first aid training materials.**

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## Grant Highlight: **Kellin Foundation**

### **Healthy Aging Mental Health Program**

- **Trained 17 community members in MHFA for older adults (25% of goal)**
- **Serving older adults with direct, certified peer support and wraparound services (44% of goal)**
  - 101 therapy and peer support sessions were provided to 23 clients.
  - 6 clients received wraparound services including assistance with housing and medication referrals.


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# Q&A


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