

North Carolina State of the State: Behavioral Health

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Disclosures

I do not intend to discuss any unapproved or investigative use of commercial products or devices.



State of the State Highlight Issues

- **Medicaid Update**
- **Crisis System Update**
- **Justice System Update**
- **Integrated Care Update**
- **Child and Family Well-being Update**
- **State Operated Facilities Update**
- **Behavioral Health System Data**

Federal Medicaid Update

Notable H.R.1 Medicaid Provisions

On July 4, the president signed the budget reconciliation legislation, H.R.1, making sweeping changes to Medicaid that will have a substantial impact on North Carolinians.

Provisions with the greatest projected impact on Medicaid enrollment and expenditures:

Financing Provisions

Immediate ban on new or increased State Directed Payments (SDPs) above Medicare rates

Ramp down of existing SDPs beginning in 2028

Immediate ban on new or increased provider taxes and **gradual reductions** in allowable provider taxes

\$50 billion in funding for states to implement rural health transformation plans

Eligibility and Enrollment Provisions

Mandatory work reporting requirements for Medicaid expansion adults

Delayed implementation and enforcement of certain **Biden-era eligibility and enrollment rules**

Six-month redeterminations for Medicaid expansion adults

Copayments and limits to **retroactive coverage**

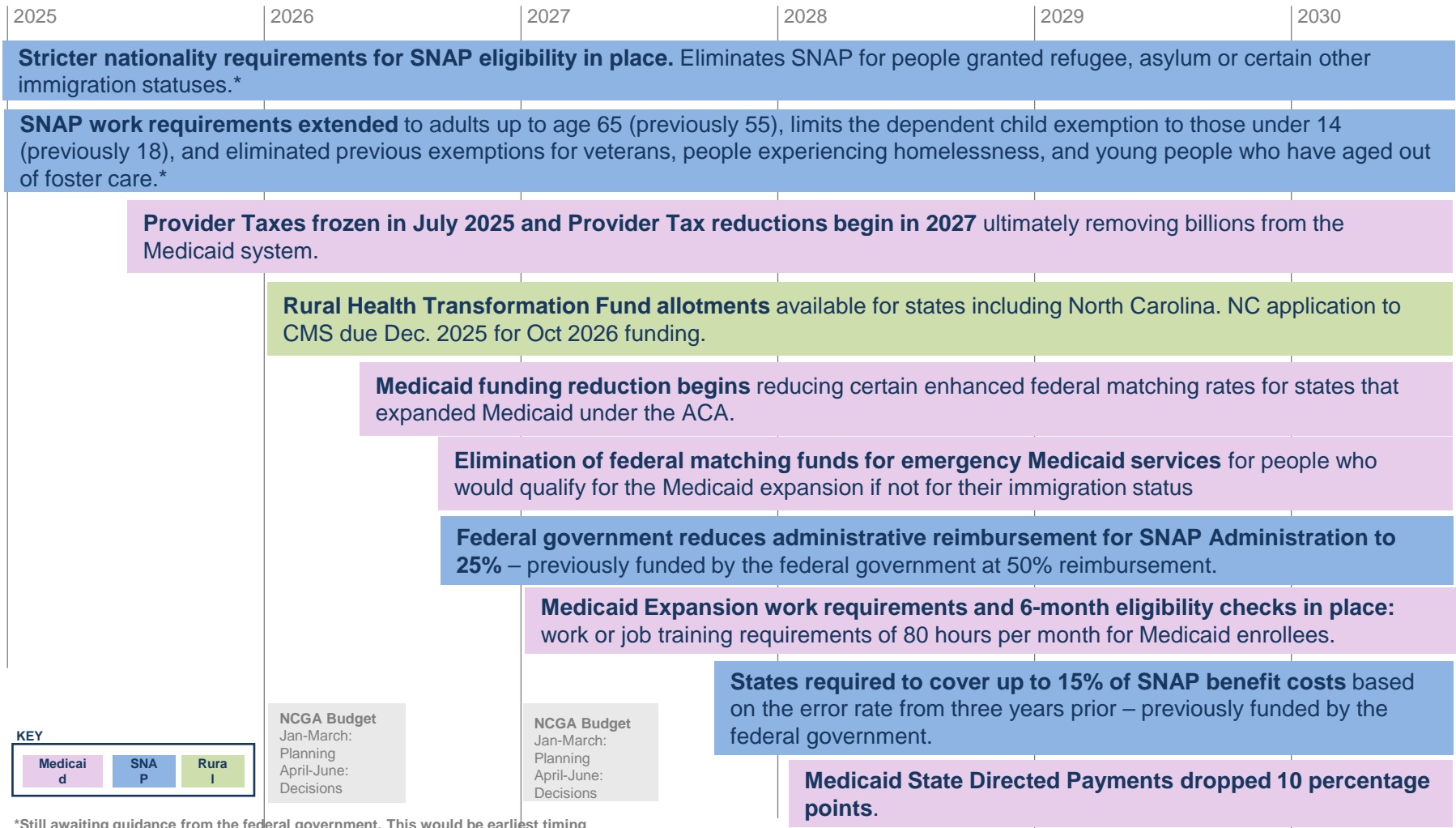
Federal Changes to Medicaid

Total Loss of Funding	\$49.9 billion over 10 years

- More than 70% of the Medicaid cuts will come from cuts to North Carolina's hospital expenditures
- NC rural hospitals alone will see a \$3.7 billion Medicaid cut (up to half could be offset by the Rural Healthcare Provider Fund temporarily)
- Without statutory change, the new administrative costs for work requirements will likely trigger the NC law that ends Medicaid expansion, resulting in coverage loss for 671,476 people

Some H.R.1 policies effective immediately while others will come later

Effectiveness dates for new, existing, and ending programs and policies in the H.R.1



Rural Health Transformation Program (RHTP)

- **H.R. 1 federal legislation includes Medicaid cuts projected to reduce North Carolina's funding by \$49.9 billion over the next decade, disproportionately affecting rural communities.**
- **RHTP Funding:**
 - \$50B total over 5 years (temporary, non-recurring)
 - First \$25B split evenly among all states (~\$100M/year for NC).
 - Second \$25B distributed at CMS discretion.

Next Steps:

- Fall 2025: NCDHHS is collecting community feedback
- Submit your input now: www.ncdhhs.gov/rhtp
- Dec. 31, 2025: Target for CMS application approval
- Early 2026: Public notice and funding application process for providers/hospitals.



State Medicaid Update

NC Medicaid Budget Update

Governor Josh Stein signed a stopgap “mini budget” that includes **\$600 million** to support the Medicaid rebase and the Medicaid Oversight Fund. However, this still leaves a **\$319 million shortfall** in Medicaid funding.

Key Impacts:

- The funding gap puts current levels of Medicaid services at risk.
- To remain within budget, NCDHHS may need to **reduce optional services and/or provider rates**.
- The shortfall jeopardizes progress made in building a nationally recognized Medicaid program.

Statement Highlights from Secretary Sangvai:

- Over **3 million North Carolinians** rely on Medicaid for essential care.
- Forced cuts could impact the most **vulnerable populations**.
- There is concern about the long-term erosion of Medicaid if underfunding continues.
- Despite challenges, NCDHHS remains committed to its mission to serve all North Carolinians with **determination, compassion, and focus**.

Current Shortfall in State Funding for NC Medicaid

	Requested Funding	Funding in SL 2025-89 (H125)	Shortfall
Medicaid Rebase	\$819 million	\$600 million <i>\$500 million for Rebase \$82 million for Oversight \$18 million for missing LME/MCO transfer</i>	\$319 million (=819-500)
Medicaid Managed Care Oversight Fund	\$115 million		\$33 million (=115-82)
Technology for NC Medicaid	\$13 million	\$0	\$13 million

Compounding Pressures Threaten NC Medicaid Stability

- **State underfunding of administrative costs (SL 2025-89)** will result in reductions in temporary staff and contractors who support core operations, termination of critical contracts, halting of projects, and reduced compliance and quality oversight.
- **Healthy Opportunities Pilots (HOP)** remain unfunded. With the loss of both HOP and GLP-1 drugs for weight loss, NC Medicaid loses two critical tools to reduce long-term health care costs.
- **Re-procurement of Standard & Tailored Plans** delayed 2 years due to administrative funding shortfalls and ongoing program uncertainty limiting ability to improve the member and provider experience in ways that lead to better clinical outcomes.

NC Medicaid Reductions Effective October 1

In a managed care environment, there are two main ways to address a shortfall from an insufficient rebase:

1. Reduce provider reimbursement rates
2. Reduce optional services

NCDHHS is required by federal regulations to provide actuarially-sound capitation rates for managed care organizations.

Actuarially sound rates reflect expected costs based on prior utilization, healthcare inflation, projected trends, administrative expenses, and state taxes like NC's 1.9% premium tax.

Other State and Federal Budget News for Behavioral Health

The Hard

- No new Innovations or TBI waiver slots (Medicaid)
- Medicaid rebase issues
- Cuts to Single Stream Dollars (state MH, SUD, IDD funding)
- Cuts to 3-way bed dollars (hospital & crisis) and MH Task Force Funds (justice)



The Good

- Continued federal MHBG , SUPTRS, SOR funding (Mental Health, Substance Use)

The Opportunity

- We still have time to influence state and federal policy on Medicaid changes, even after HR1 (timing, work requirements, use of rural investment dollars)



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Full name, date of birth and provider name

Technical difficulties? Get in touch: enrollment@ncdhhs.org

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 **NC DEPARTMENT OF HEALTH & HUMAN SERVICES**


Powered by CHES Health

Talkspace

How often are you stressed?

Free, confidential online support and therapy for NC youth



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

Crisis System

- **Behavioral Health Urgent Care (BHUC) facilities**
- **Facility-based Crisis (FBC) Centers**
- Interactive BHUC and FBC map for center locations

Crisis Investments - DMH/DD/SUS

Crisis Investments were targeted toward **Someone to Contact, Someone to Respond, and A Safe Place for Help.**

Strengthening the Crisis System*

\$14M

Increasing Crisis Response

2 Additional lines to support 988 (Peer Warm Line and SOMETHINGS for youth)

Expanded Law-Enforcement Co-Response crisis models to cover **4 counties**

Expanding **MORES teams** (child focused mobile crisis responders) in **16 counties**

\$58M

Increasing Crisis Facility Capacity

32 Child Beds at 2 Facility Based Crisis Centers

80 Adult Beds at 5 Facility Based Crisis Centers

12 24/7 Behavioral Health Urgent Care (BHUC)

6 New peer respite centers

2 New transitional residential treatment homes for children

\$20M

Non-Law Enforcement Transportation

Request for Proposal released for Non-law enforcement transportation (NLET) pilot program

Expected **pilot launch** early 2026

\$20M

Enhancing Crisis Technology (BHSCAN)

Expanded **bed tracking** for community crisis facilities and residential facilities (PRTF)

Launching **Mobile Crisis Dispatch & Tracking** Pilot

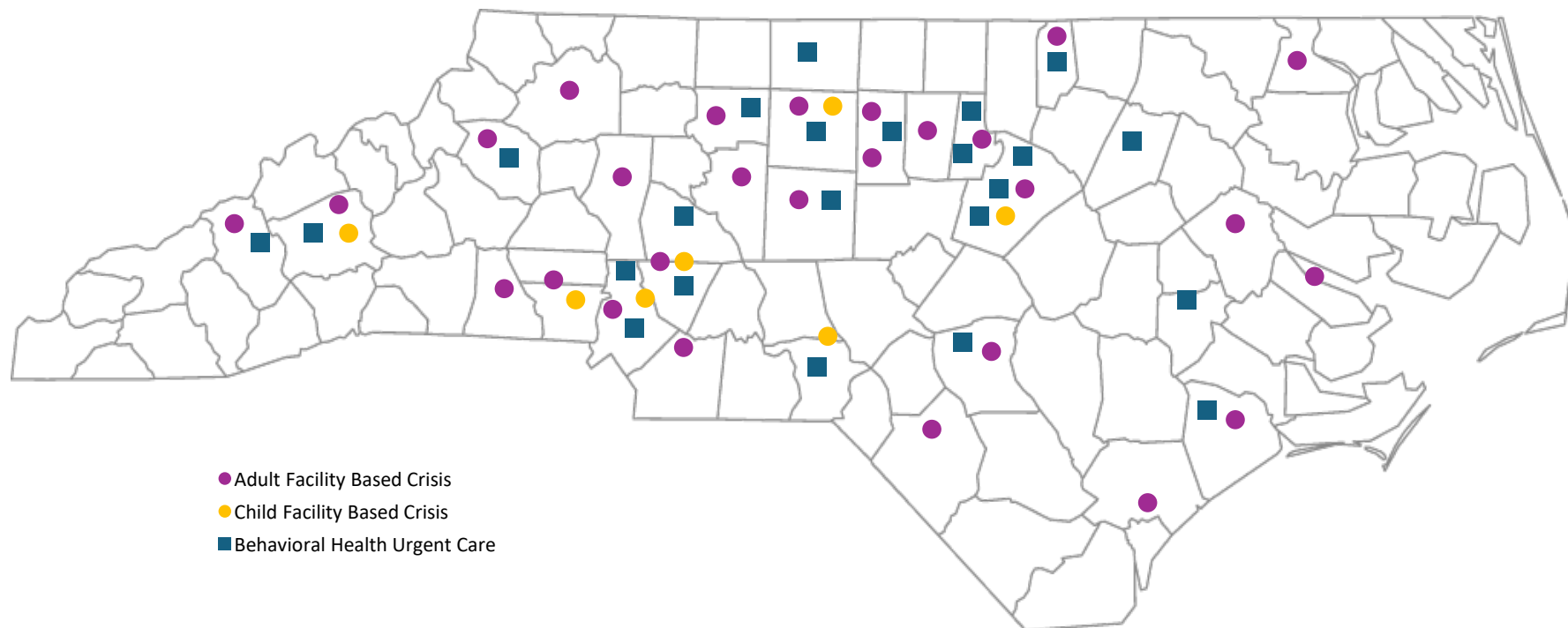
Expanded **telehealth** in schools.

Providing funding for provider **EHR enhancements**

*Dollars represent investments committed to date and do not include administrative dollars.

Crisis Investments - DMH/DD/SUS

Existing + Anticipated Crisis Facilities





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

North Carolina 988 Performance Dashboard

Past 12 Months (6/24-5/25)



The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish, LGBTQ+), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.

137,319

NC Contact Volume

98.0%

NC 988 Call Center Answer Rate

14.2 seconds

Avg Time to Answer Calls (NC 988 Call Center)

45.5%

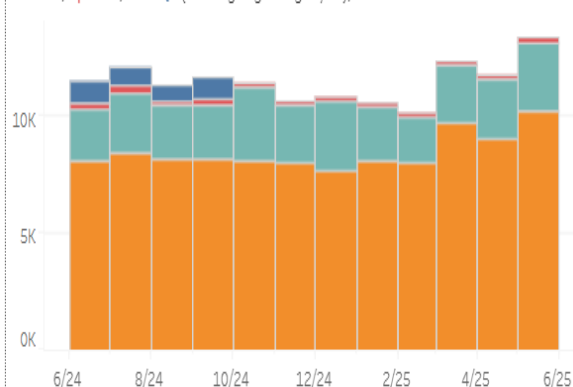
of Contacts are from Repeat Callers (NC 988 Call Center)

6.9%

of Contacts Referred to Mobile Crisis (NC 988 Call Center)

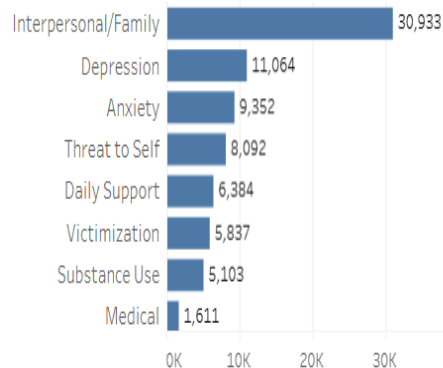
Contact Volume

Veteran, Spanish, LGBTQ+ (missing beginning 10/24), NC 988 Call Center



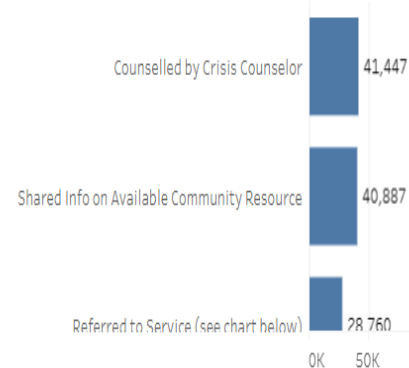
Reason for Contacting 988 (NC 988 Call Center)

Caller can report multiple reasons



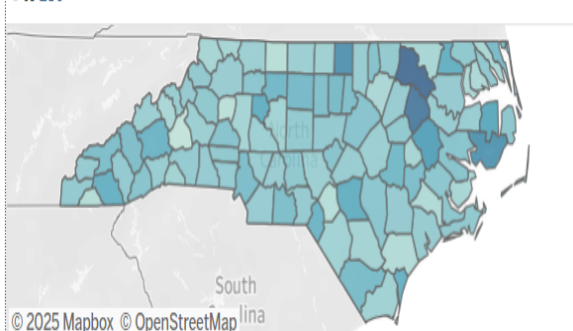
Support Offered by 988 (NC 988 Call Center)

Caller can receive multiple supports

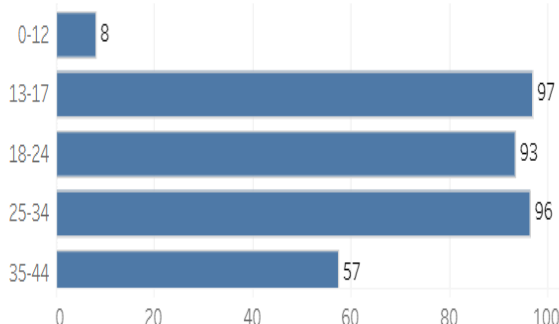


Contacts Per 10K

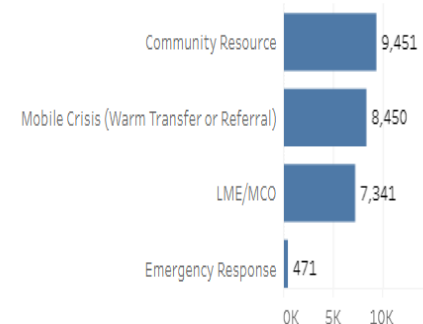
0 to 250



Contacts per 10K by Age Group (NC 988 Call Center)



Service Caller Referred To (NC 988 Call Center)





North Carolina Peer Warmline Performance Dashboard

Past 12 Months (6/24-5/25)

The Peer Warm Line is a 24/7 statewide phone support service in North Carolina where callers can speak with Peer Support Specialists—people who have lived experience with mental illness and/or substance use disorders and can provide non-clinical support and resources to others in crisis. The service, which launched on February 20, 2024, works in conjunction with the 988 Suicide and Crisis Lifeline, allowing callers to either dial 1-855-PEERS NC directly or opt to connect with peer support when calling 988. The Peer Warm

66,381

Total Calls

99.9%

of Callers Report being Satisfied
(of those who complete the survey)

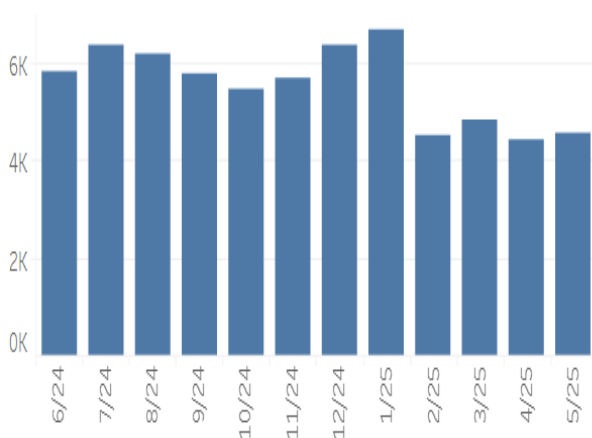
11 Minutes

Average Length of Call

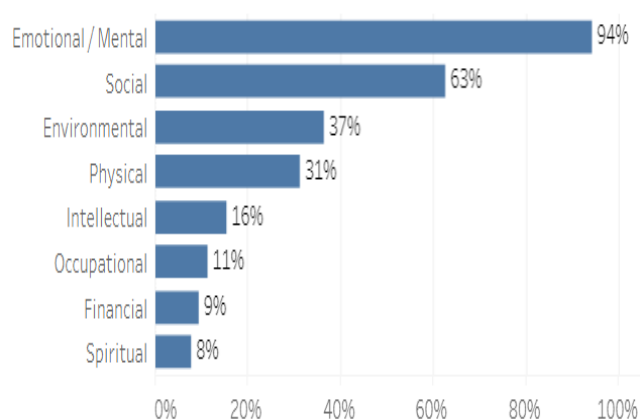
40.0%

% of Individuals who Call More Than Once

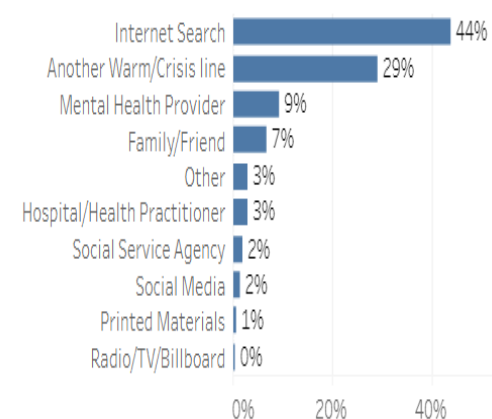
Contact Volume



What Caller Needs Support With

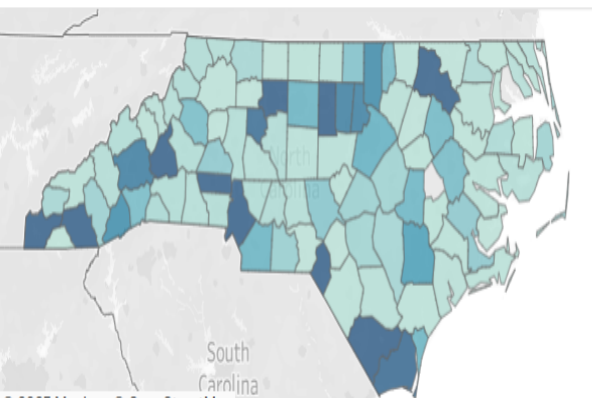


How Did They Hear about the PWL?

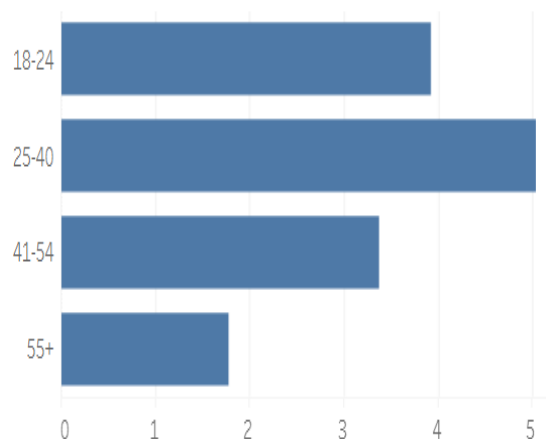


Contacts Per 10K

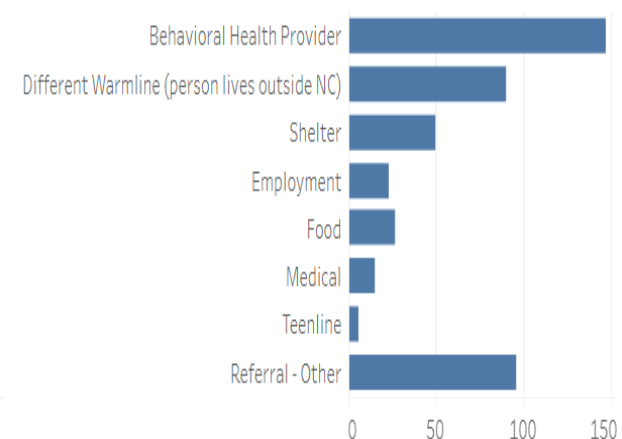
0 to 150



Unique Callers per 10K by Age Group



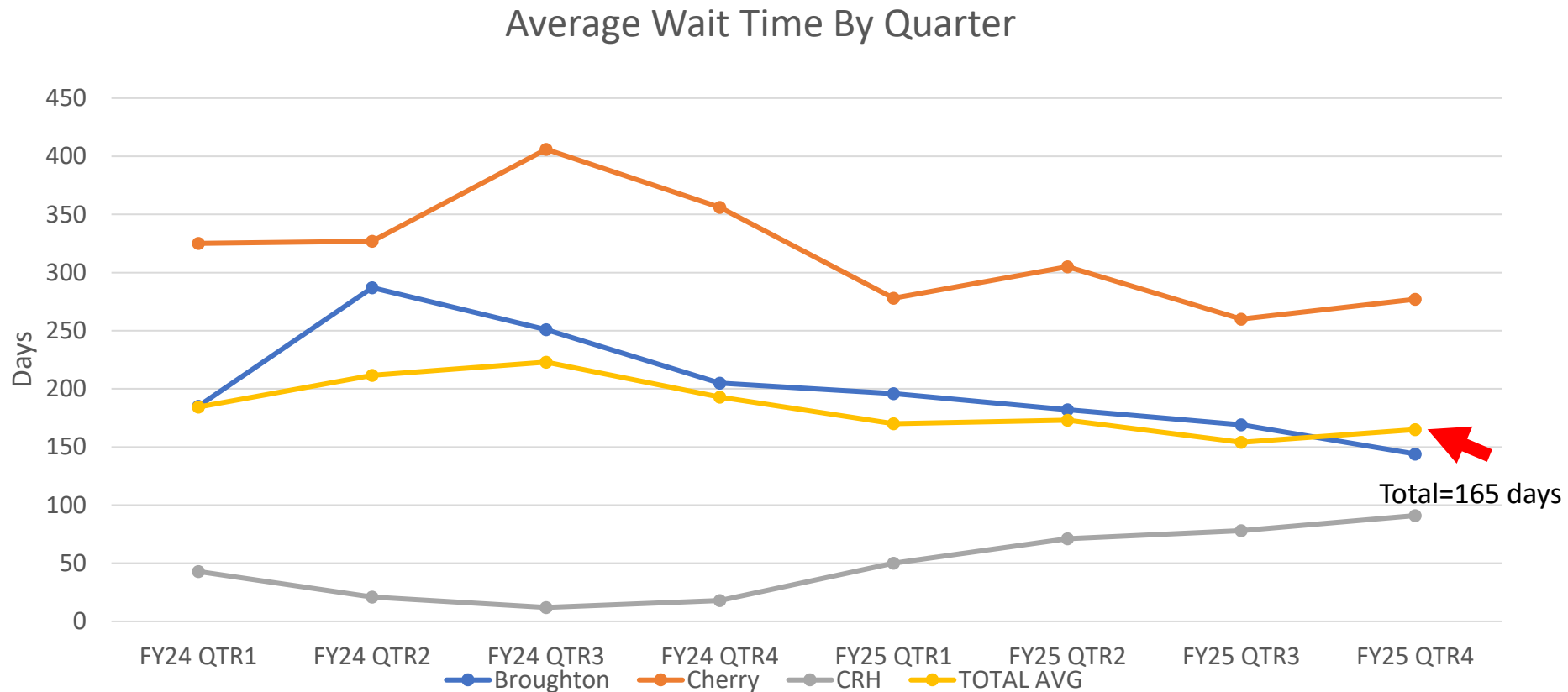
Service Caller Referred To



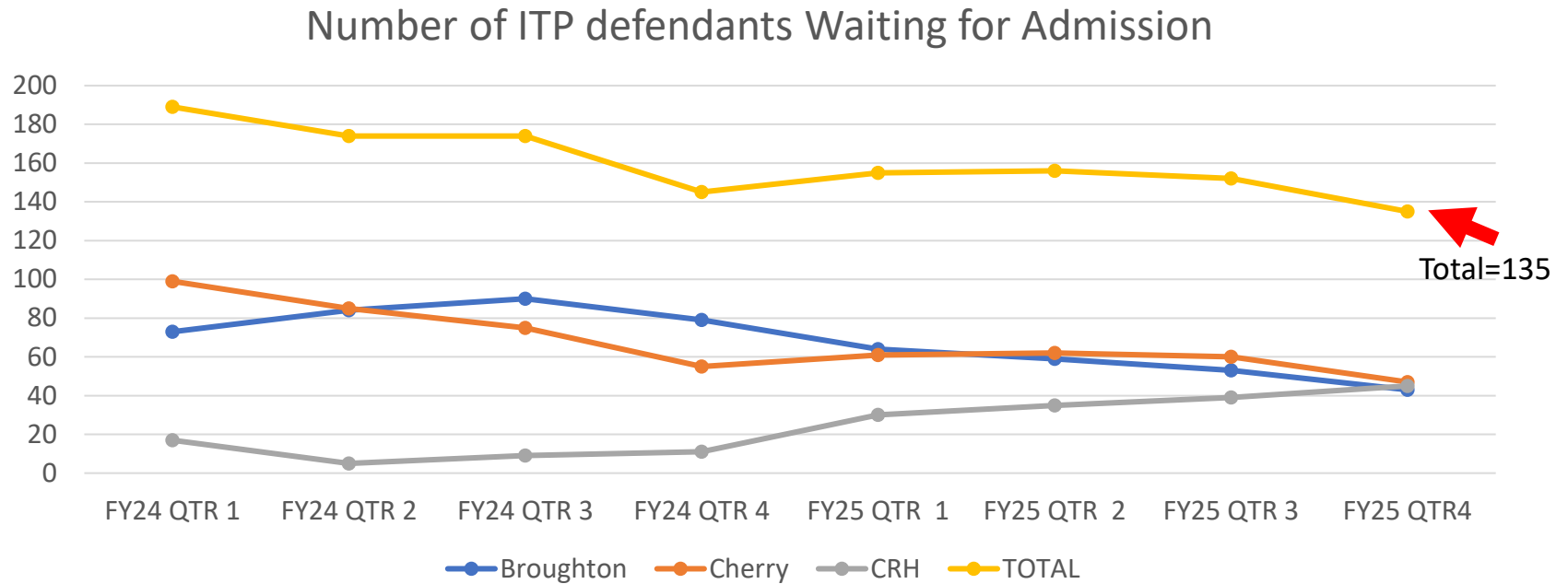
Justice System Update Part 1-

Defining the challenge of NC's capacity restoration system

Wait Times For Capacity Restoration Admission



Wait List For Capacity Restoration Admission



*Data taken at the end of each quarter.

DHHS support for the Incapable to Proceed System

- Invest and support deflection and diversion programs (e.g., LEADS, mobile crisis, misdemeanor diversion)
- Recruitment and retention – Direct Support Professional (DSP) Workforce Plan
- Piloting "capacity dockets" and re-evaluations
- Legislative Changes- DHHS working with AOC
- ***Alternative Capacity Restoration Locations***
 - ***CBCRP - Community Based Capacity Restoration Program***
 - ***DCCRP - Detention Center Capacity Restoration Program***

CBCRP Pilots

- **Launched in July 2023**
- **Located in Mecklenburg, Wake, and Cumberland Counties**
- **Supported with Federal Mental Health Block Grant**
- **Operationalized by allocations to LME/MCO's who contract with providers of capacity restoration**
- **Provide wrap-around services**
 - **Psychiatry**
 - **Nursing**
 - **Counseling**
 - **Psychoeducation**
 - **Case Management**
 - **Peer Support**
 - **Temporary housing, food, transportation**

DBCRP Pilots

**Mecklenburg
County**

**Pitt
County**

**Wake
County**

- Mecklenburg opened in December 2022
- Pitt County opened in February 2025
- Wake opened in July 2025
- Both Mecklenburg and Pitt are regional programs

Pilot Outcomes

- **Mecklenburg DCCRP**
 - 80% of participants restored
 - Avg time to restoration = 50 days (200+ at SPH)
 - Over 60% reduction in the number of people on waitlist
 - Expanded to 25 beds and now regional
- **CBCRP's**
 - Reduced jail time
 - Engagement with services post- adjudication

Justice System Update Part 2-

Support for our youth involved in the Justice System



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

Free, confidential online support and therapy for NC youth

Navigating the teen years can be a lot, especially if you have been impacted by the legal system. That's why North Carolina Department of Health and Human Services (DHHS) is stepping up to give young people (ages 13-17) access to Talkspace therapy and Teenspace communities support at no cost.

[Get started](#)



How often are
you stressed?

Free, confidential
online support and
therapy for NC youth



Talkspace



NCDHHS

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

Talkspace

- **July 2025 NCDHHS partnered with Talkspace, a free virtual therapy platform to justice-impacted teenagers 13 through 17.**
- **In 2 years, partnership expected to serve 20,000+ youth - detained/court-involved, lived experience as victims of crime or are otherwise risk identified, e.g., have incarcerated family member**
- **Teenagers who download app or go to website will be put in contact with trained clinician who can be matched by age, culture, gender, etc. Platform offers 24/7 text, audio and video access and self-guided activities.**
- **Participants may immediately access Talkspace services with referral keyword provided by court counselors, case managers or other community partners such as local Juvenile Crime Prevention Councils.**
- **Talkspace offers asynchronous therapy that supports therapists and clients communicate in various formats without scheduled appointments, and client engages in therapeutic process whenever and wherever most convenient.**

Integrated Care Update

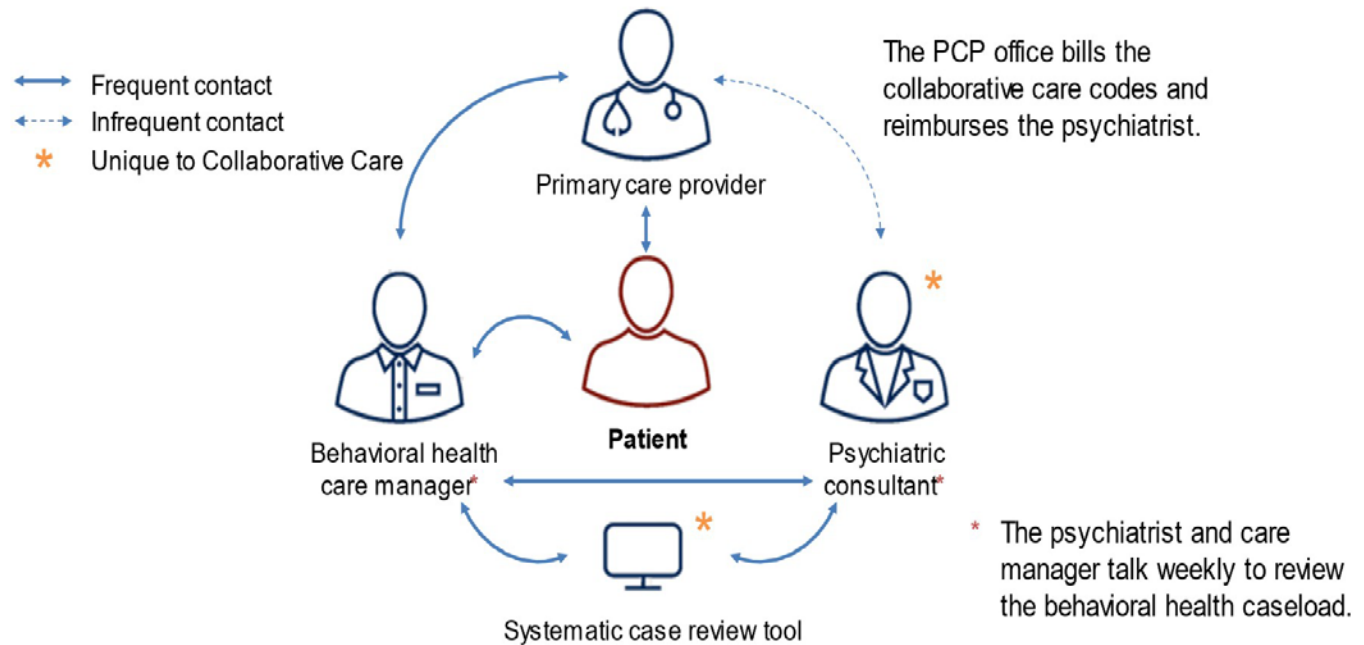
- **Collaborative Care Model (CoCM)**
- **NC Psychiatric Access Line (NC-PAL)**

Collaborative Care Model – The Team

What is the Collaborative Care Model?



The Collaborative Care Model **delivers behavioral health care in a primary care setting**, expanding the primary care team with a behavioral health care manager and a consulting psychiatrist.



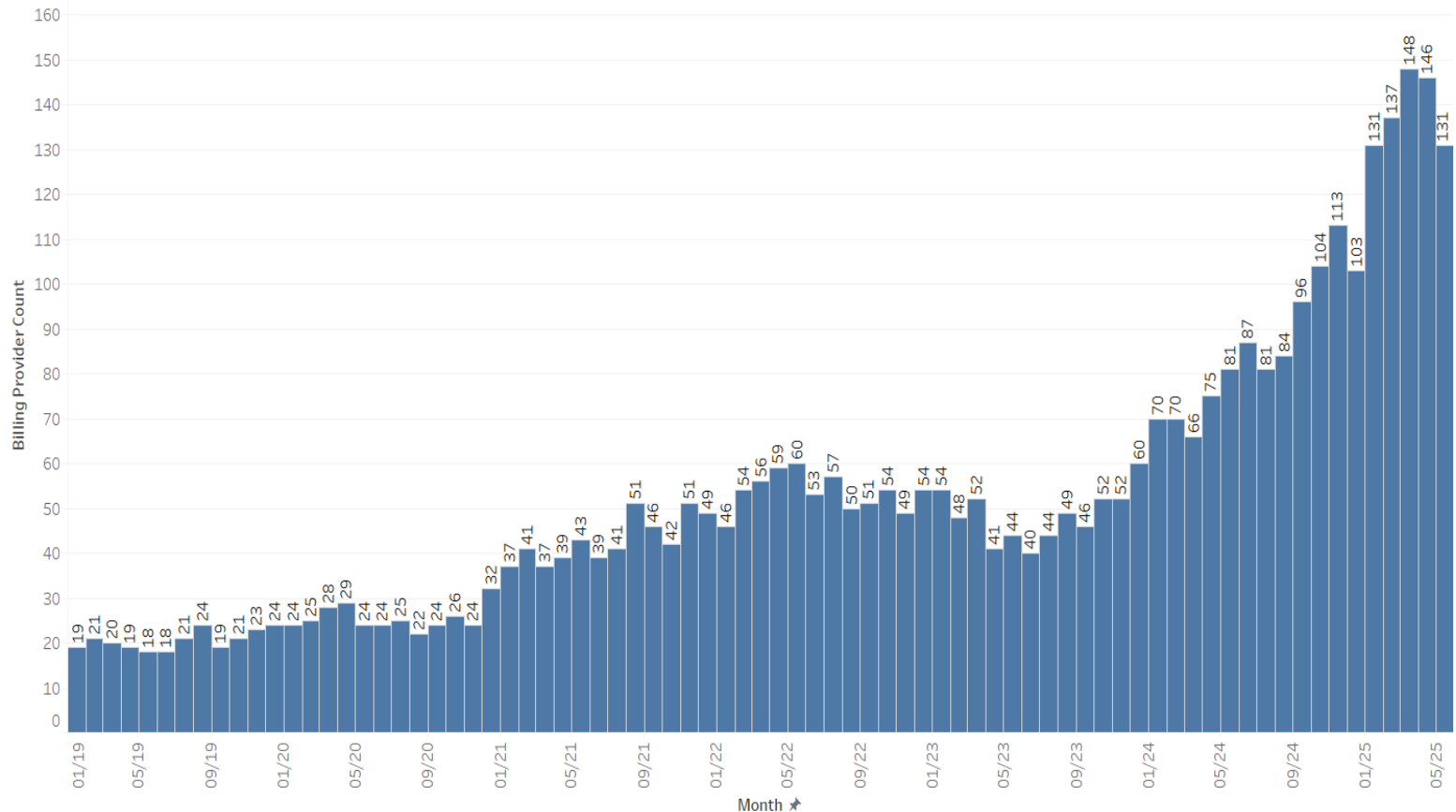
Increase access to care across the state

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Michigan Blue Shield Association. Proprietary and confidential | Prepared by Health Care Value

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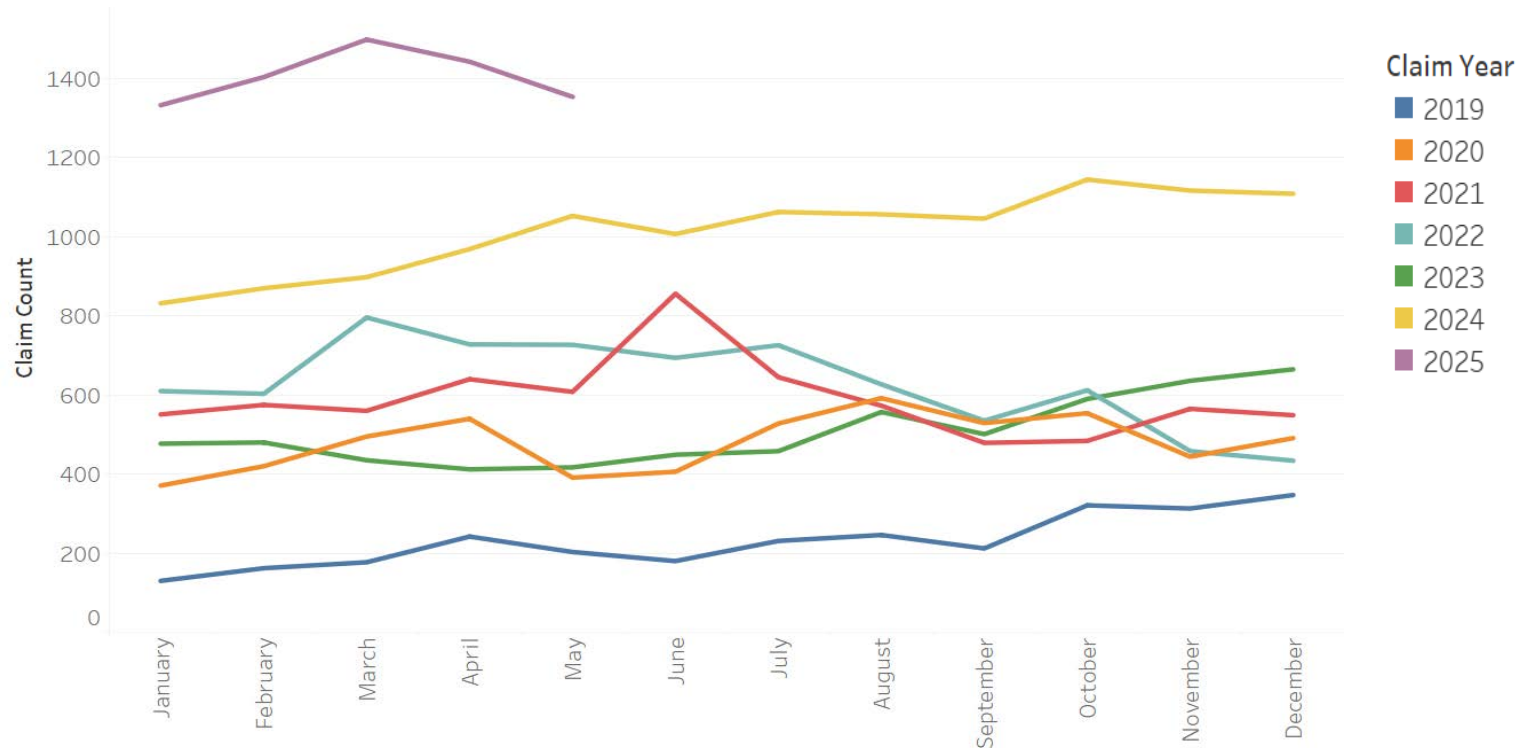
Number of Providers Billing CoCM by Month

- Collaborative Care Claims: 1/1/2019-5/30/2025
- Provider defined at the billing NPI Level



Paid Claim Volume by Year

Paid claim volume in 2025 is substantially above paid claim volume at the same time in 2024



- Collaborative Care Claims: 1/1/2019-5/30/2025
- Claim defined as a distinct Transaction Control Number and Line Number (1 TCN may contain multiple line numbers)

CoCM Capacity Building Funding

Primary care practice entities may apply on behalf of one or more primary care clinic sites.

- Each clinic site may be eligible to receive awards of **\$50K to newly adopt** the CoCM model in-house
- **\$30K** for practices that have **already adopted the CoCM model in-house and want to expand**
- **\$20K** for practices that plan to **newly adopt the CoCM model by outsourcing** to an external vendor

Qualifying primary care practice entities may receive a maximum of one award per primary care practice site. Each award may be used across up to three primary care practice sites. A primary care practice entity applying on behalf of multiple primary care practice sites may receive a maximum of three awards per entity (covering a maximum of 9 sites).

Collaborative Care Model – Capacity Building



HOME WHO WE ARE WHAT WE DO DIVERSITY CENTER FOR PRIMARY CARE KNOWLEDGE CENTER

COLLABORATIVE CARE MANAGEMENT (COCM) CAPACITY BUILDING FUND APPLICATION

HOME / COCM NEWSROOM / COLLABORATIVE CARE MANAGEMENT (COCM) CAPACITY BUILDING FUND APPLICATION

CoCM Capacity Building Fund Application Announcement

On behalf of the North Carolina Department of Health and Human Services (NCDHHS), Community Care of North Carolina (CCN) accepting applications for the Collaborative Care Management (CoCM) capacity building funding for primary care practice entities.

If you are a primary care entity serving Medicaid patients and are interested in learning about CoCM and related capacity building opportunities, we invite you to watch the recorded webinar from October 30, 2024 for an overview, [here](#).

Hurricane Helene Note: We are keenly aware that some practices in Western North Carolina are still recovering from the storm and find it difficult to apply for funds at this time. Efforts will be made to ensure that practices impacted by the hurricane will still have opportunity to apply for inclusion in the program.



Capacity Building Application



NC-PAL aims to build the mental and I/DD health knowledge base and capacity of clinical and social service providers in North Carolina to meet the behavioral health needs of *youth and families*.



NC MATTERS

NC MATTERS, an NC-PAL partner program, supports health care providers in effectively screening, assessing, and treating mental health concerns in *pregnant and postpartum* patients.



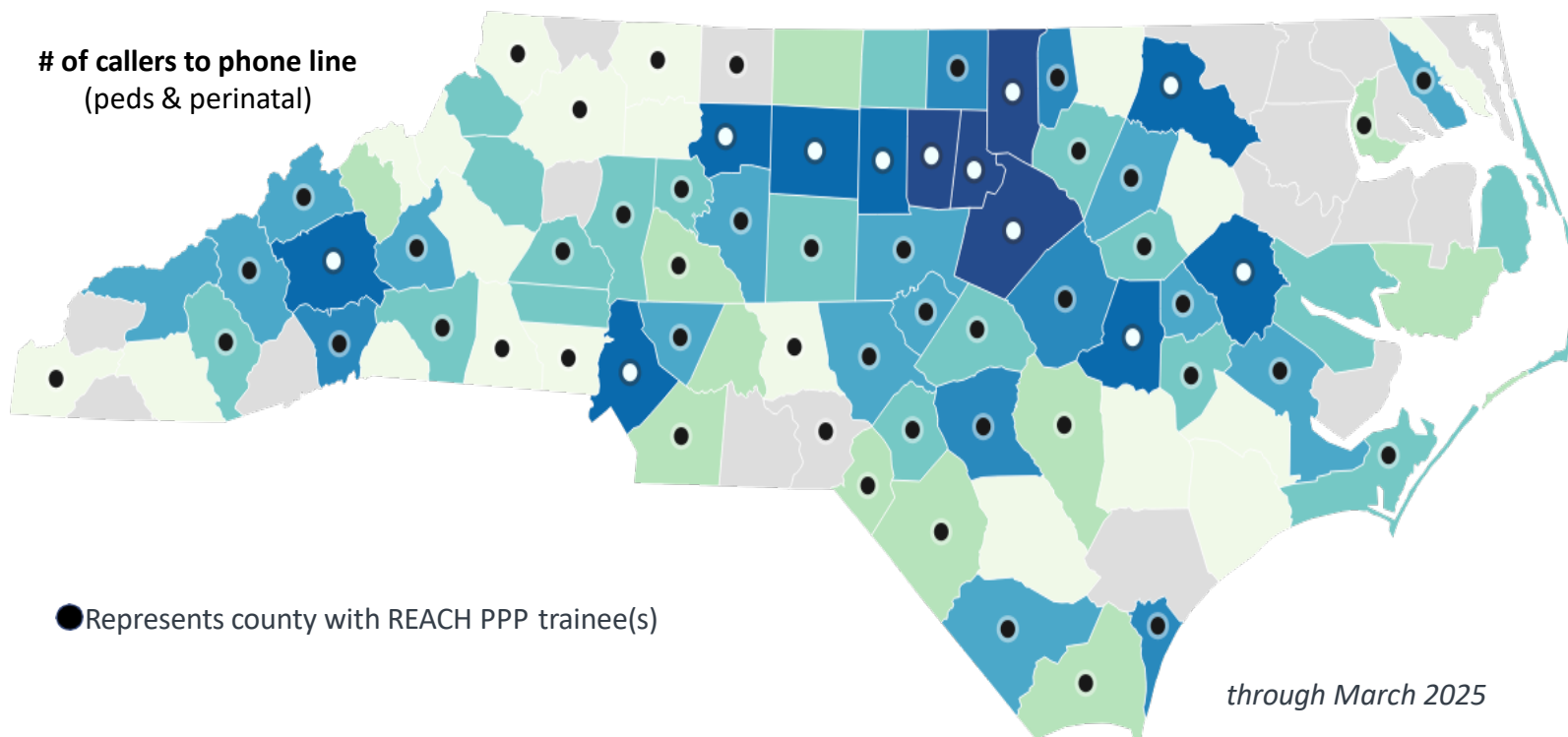
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Both programs are supported by the NC Department of Health and Human Services.

Engagement Across North Carolina



of callers to phone line
(peds & perinatal)



NC Psychiatric Access Line (NC-PAL) Expansion

- Consistent with DMHDDSUS Strategic Plan to implement a statewide Medications for Opioid Use Disorder (MOUD) saturations plan, DMHDDSUS works to expand NC-PAL to include supporting physicians diagnosing and treating OUDs and other SUDs in the outpatient setting, including supporting outpatient prescribing of buprenorphine and other medications for substance use disorders.
- DMHDDSUS also works to expand NC-PAL's services to include consultation with adult mental health services.
- Target implementation for NC-PAL scope expansion will be mid-to-late 2026.

Child and Family Well-being Update- BH Investments and CFSP launch

How the \$80 Million is Allocated

DMHDDSUS

Environment of Care - \$3.8M

Ukeru Safety Initiative - \$500K

Specialty Residential Beds Pilots -
up to \$10M (\$17.85M)

Enhanced Rates - \$1.5M

QAPI Model - \$1.85M

Division of Child and Family Well-Being

Schools - \$7M

Caregiver Respite - \$5.5M

IAFT - \$11M

CTP (\$4.5M) and Child First (\$3M)

Family Peer - \$5.3M

Center of Excellence - \$1.2M

Division of Social Services

Emergency Placement Fund -
\$5.29M

DSS Bridge Funds - \$2.5M

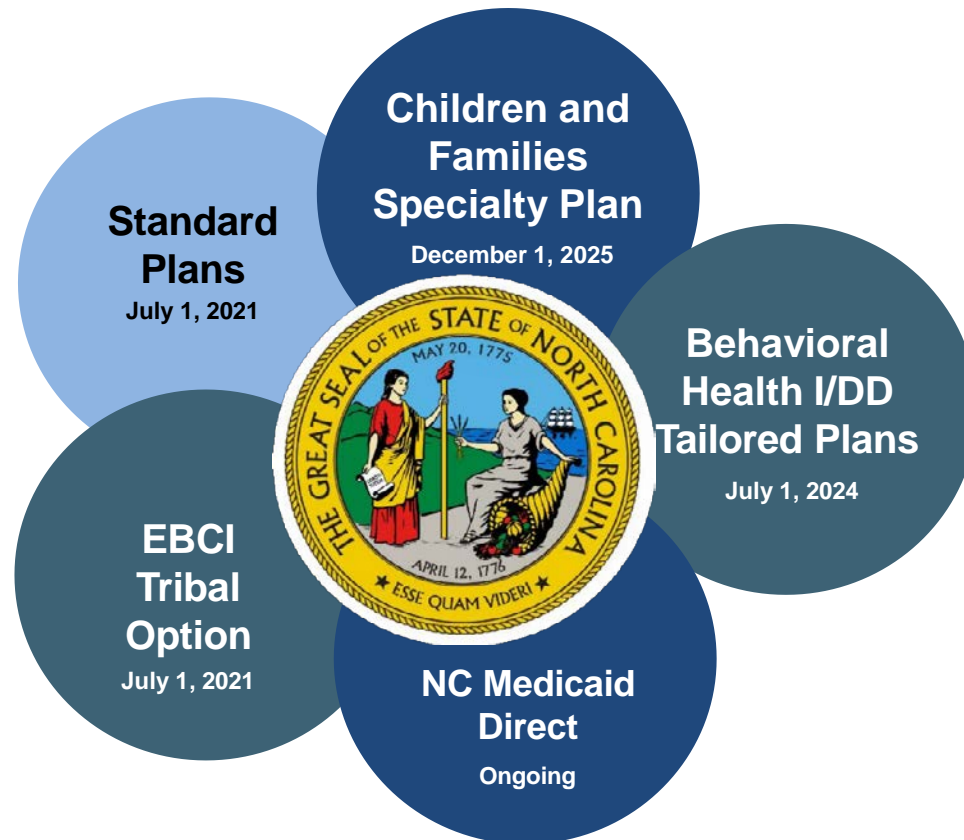
Enhanced Emergency Care -
\$5.75M

Professional Foster Parenting -
\$1.845M

Division of Health Services Regulation

Mental Health Licensure -
\$505,380

NC Medicaid is comprised of five key programs



Children and Families Specialty Plan Overview

Children and Families Specialty Plan (CFSP)

CFSP is a new NC Medicaid Managed Care health plan. It is a single, statewide health plan that will be managed by Blue Cross and Blue Shield of North Carolina under the name ***Healthy Blue Care Together***.

Potential CFSP beneficiaries include NC Medicaid-enrolled children, youth and young adults currently and formerly served by NC Child Welfare. CFSP will launch Dec. 1, 2025. Until then, potential beneficiaries will continue to get health care services the same way they do today – through NC Medicaid Direct.

The plan will cover a full range of physical health, behavioral health, pharmacy, NEMT, care management, long term services and supports (LTSS), Intellectual/Developmental Disability (I/DD) services and unmet health-related resource needs.

Unique components of CFSP

- Single statewide contract to lessen disruptions in continuity of care and maintain treatment plans when a members' geographic location changes.
- Significant coordination between NC Medicaid, NC Department of Social Services, local Departments of Social Services (DSS) and the Eastern Band of Cherokee Indians Family Safety Program will be required to successfully administer the program.
- A family-focused approach to care delivery to strengthen and preserve families, prevent entry and reentry into foster care and support reunification and other permanency plan options.
- Benefits include all NC Medicaid State Plan benefits covered by Standard Plans and most Tailored Plan benefits including 1915(i) services.
- Care Management model connecting local DSS with CFSP, Medicaid and significant Care Coordination requirements (including co-location).

Eligibility for CFSP

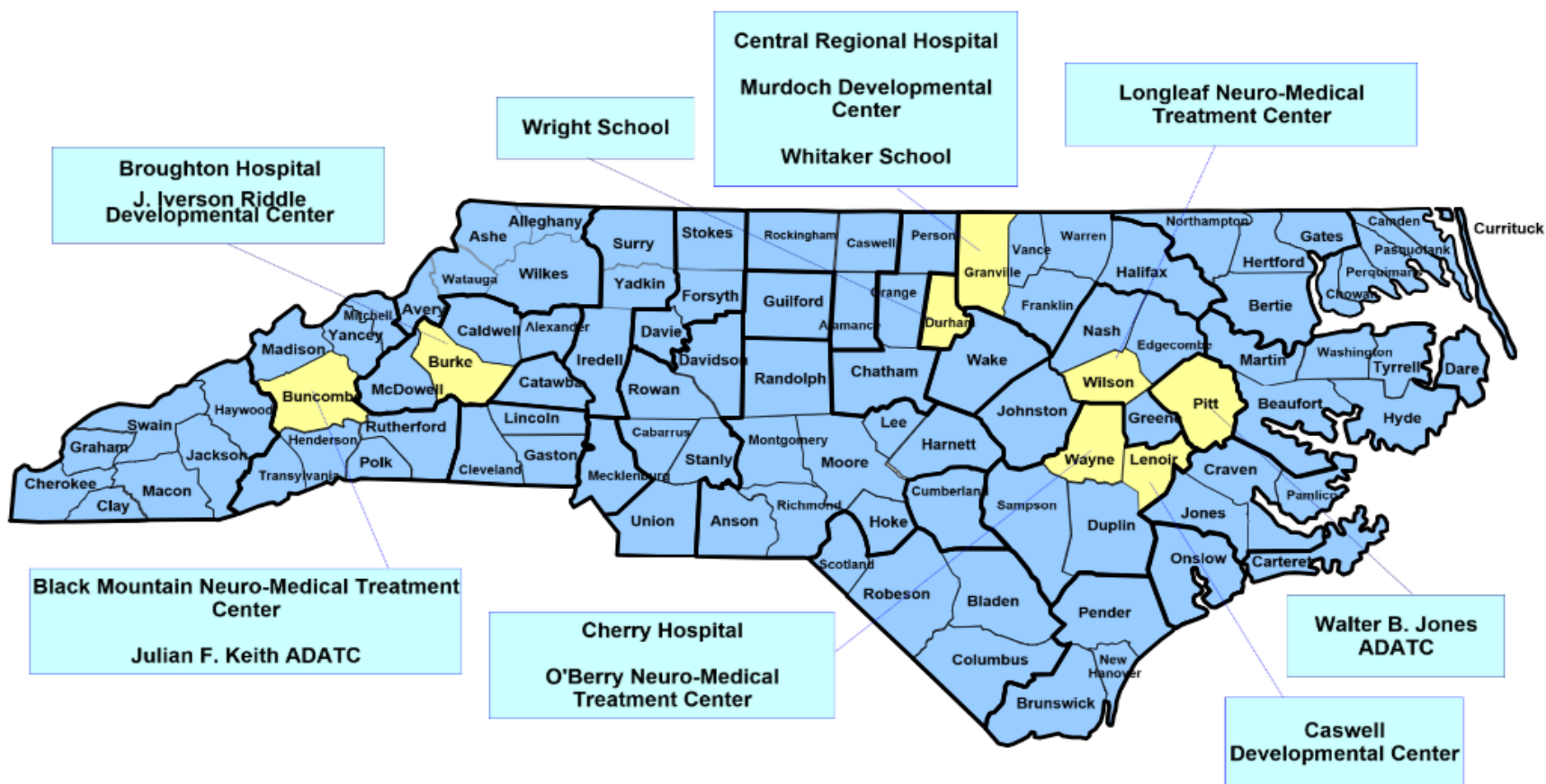
NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in the former foster care eligibility will be eligible for the Children and Families Specialty Plan.

This includes:

- Children and youth currently in foster care
- Children and youth currently receiving adoption assistance
- Young adults under age 26 formerly in foster care at age 18
- Former foster care children in North Carolina that turned age 18 on or before December 31, 2022
- Former foster care children in any state who turned age 18 on or after January 1, 2023
- Minor children of these populations
- Children and youth currently in the EBCI Family Safety Program, or meet the criteria above, will not be auto-enrolled in the Children and Families Specialty Plan but will have the option to enroll

State Operated Healthcare Facilities Update

Division of State Operated Healthcare Facilities



To learn more, visit [website!](#)

Launch of Electronic Health Records



- We celebrate the launch of an Electronic Health Record system for all 13 of North Carolina's state operated healthcare facilities. Through tremendous team effort and over two years of consistent and concentrated preparations with preliminary efforts 20 years ago, the system successfully went live on August 1, 2025.
- DSOHF's EHR system is powered by Epic, a vendor solution used by one-third of all hospitals in the US.
- The NC General Assembly invested significantly in the modernization of our state facilities.

Go-Live Command Center Operations



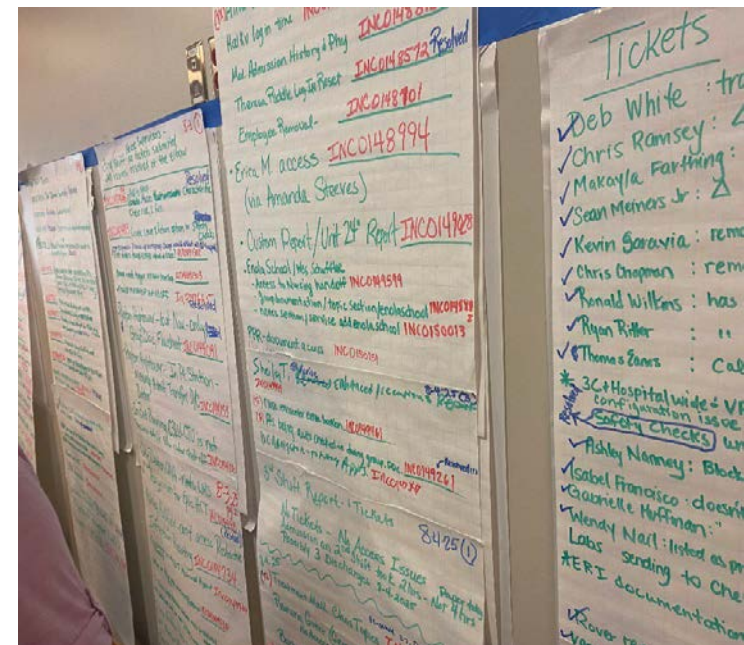
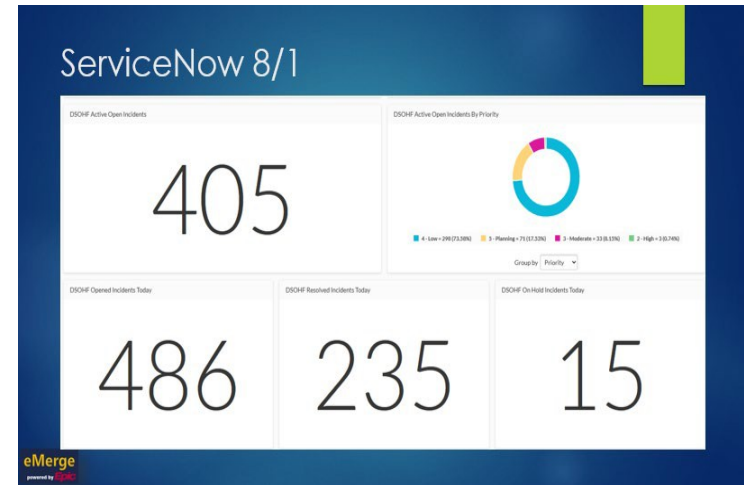
Command Centers opened in each facility with central Command Center operating out of NC Fast building in Durham

Central Command Center was staffed by over 150 people, including leadership from DSOHF and DIT, Epic staff, and IT support



Utilizing and Supporting the System

- Use of ServiceNow ticketing system for all issues and requests and newly created Governance Structure.
- DSOHF is focused on stabilization for system operations. 6,000+ DSOHF clinical and administrative staff are trained and licensed Epic users.
- Epic *Care Everywhere* is a feature now possible for the first time. In this first 3 weeks of Epic implementation, facilities received over 9,800 records for patients and sent over 1,800.



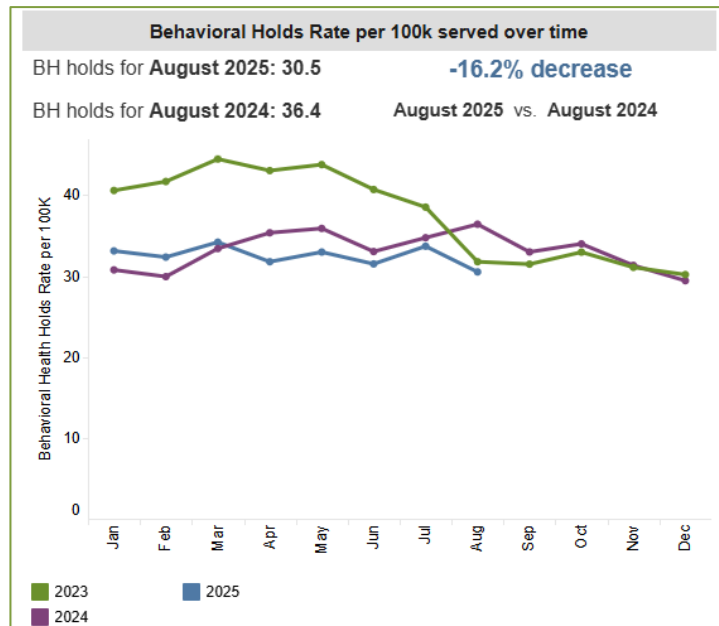
Dix Park: Gipson Play Plaza - Wellness for All



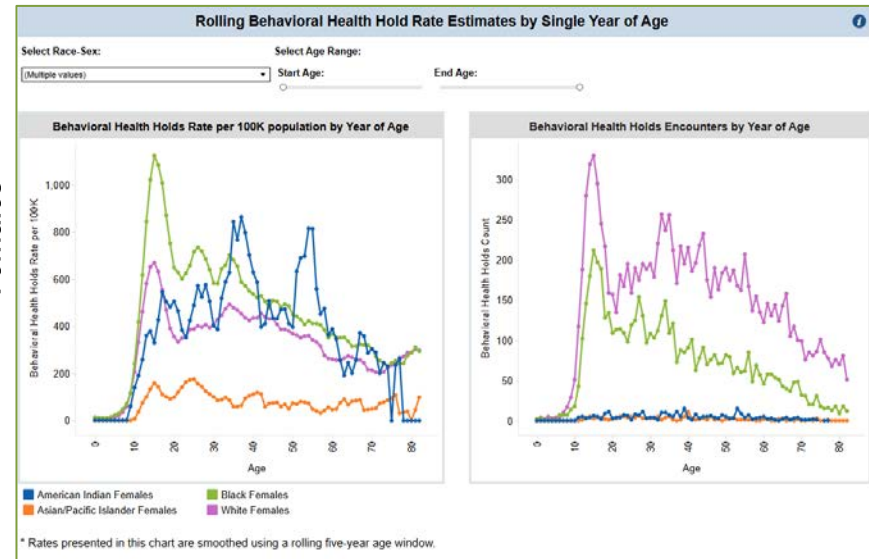
Behavioral Health System Data

Emergency Department Behavioral Hold Population Rates

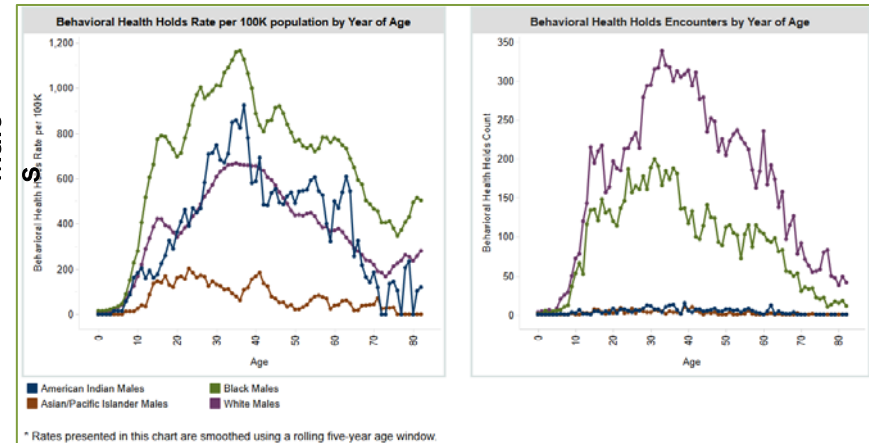
- Statewide monthly rates of ED Behavioral Health Holds have decreased from peaks in early 2023.
- Risk of ED holds are high among young females and transitional young-adult males signaling unique stressors.



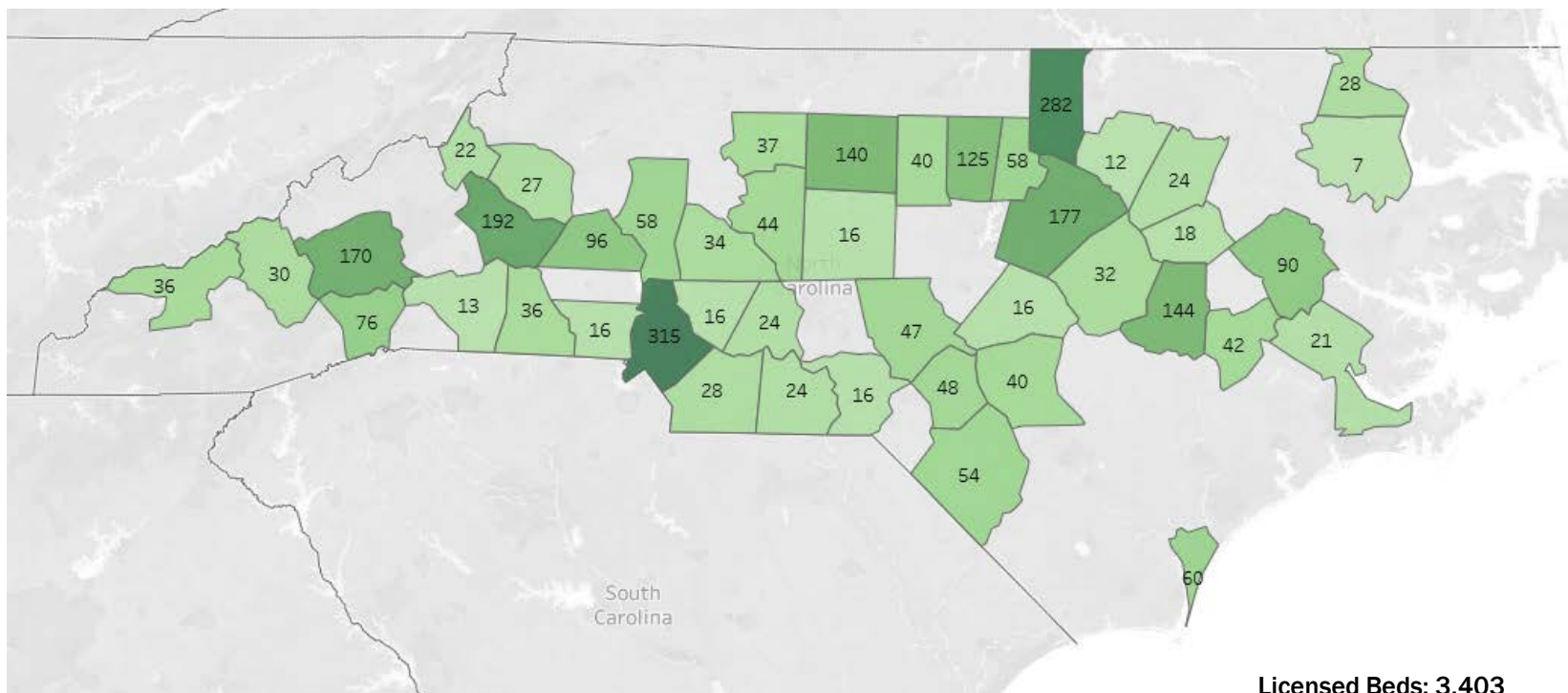
Females



Male



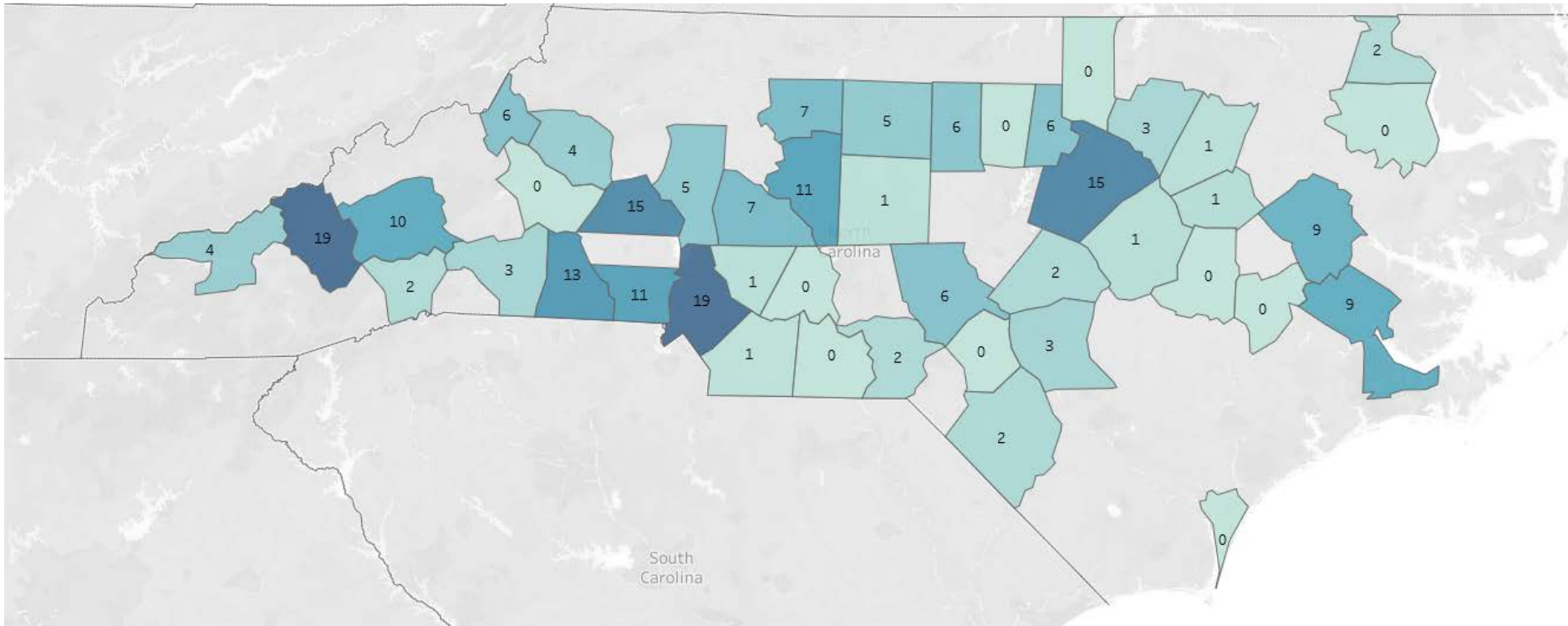
Behavioral Health Statewide Central Availability Navigator (BH SCAN) Operational Beds Statewide (8/1/2025-8/30/2025)



Licensed Beds: 3,403
Operational Beds: 2,843

Operational Beds for the month of July for all service types, youth and adults on BH SCAN

Behavioral Health Statewide Central Availability Navigator (BH SCAN) Statewide Bed Availability (8/1/2025-8/30/2025)



Average Beds per Day: 211

**Bed Availability for the month of July for all service types, youth and adults on BH SCAN.
Automated Bed Availability (ABA) will give us a more accurate count. Current data is point in time.**

Trends in NC ED Visits with Primary or Co-Occurring Cannabis

This report shows trends in NC emergency department (ED) visits with any diagnosis code (ICD-10-CM) related to cannabis, including cannabis use, misuse, dependence with or without intoxication, poisoning and adverse effects. These codes may be assigned to the ED visit to document cannabis as a primary or co-occurring, contributing factor to the visit. 2024 data are provisional and counts may change in future updates. Source: NC DETECT (<https://ncdetect.org>)

8,714 Cannabis-related ED visits

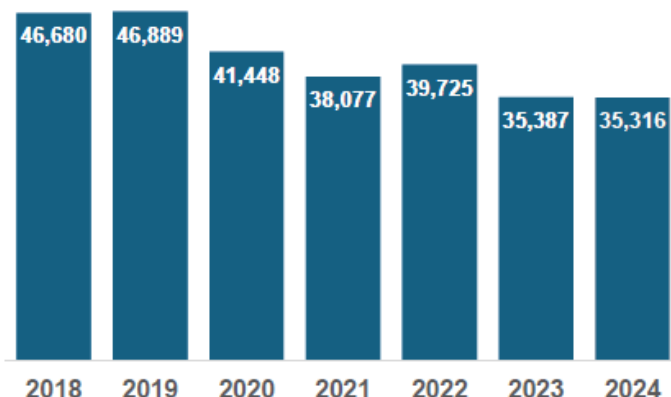
Oct-Dec 2024

compared to

8,132 Oct-Dec 2023

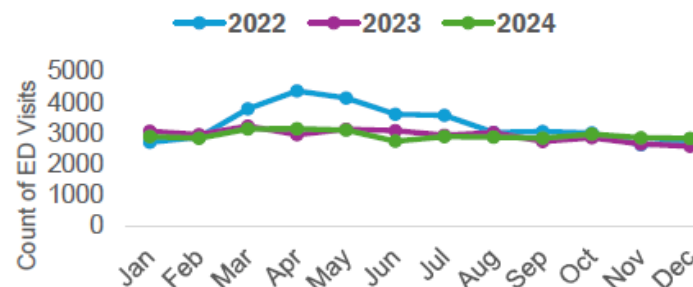
Annual ED Visit Counts

■ Full Year ■ YTD (Jan-Dec)



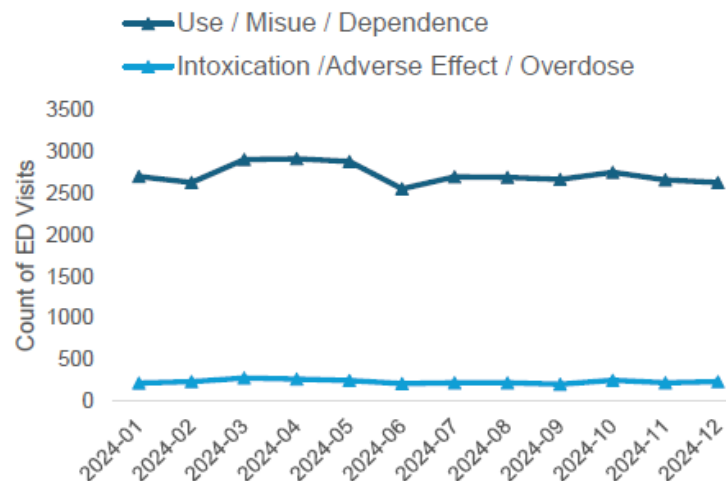
Note: Overall ED visit counts declined in 2020 and have not returned to pre-COVID volumes in NC DETECT. Changes in counts may reflect hospital documentation changes or data quality issues.

Monthly Trends by Year



Monthly Trends by Subgroup

Rolling 12 Months from Jan 2024 – Dec 2024



Subcategories are not mutually exclusive; the same ED visit may be included in both subcategories if the visit has ICD-10-CM codes in both.

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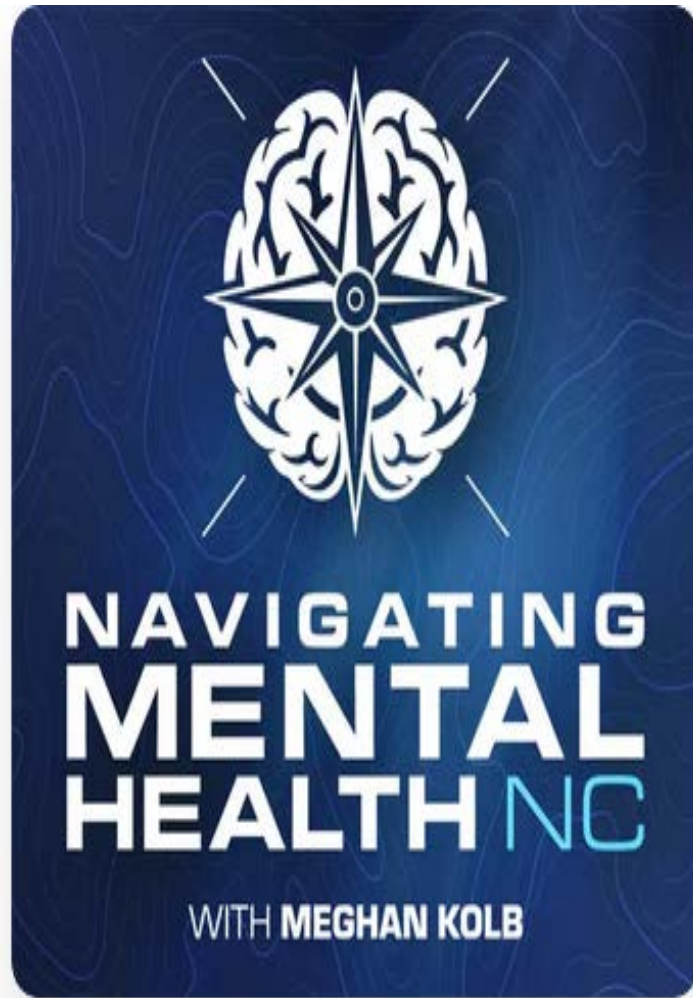


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