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

Side by Side with DMH/DD/SUS

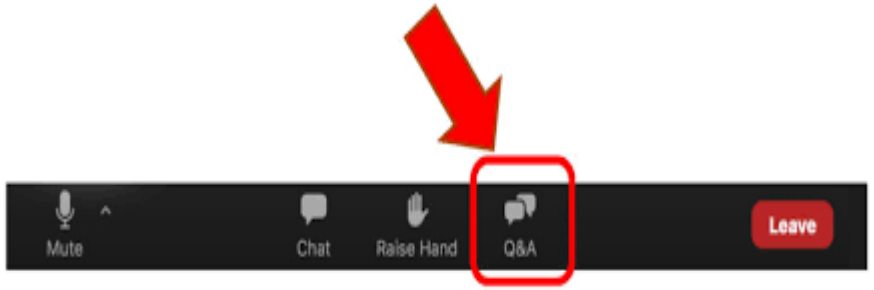
Improving our system together.

Kelly Crosbie, MSW, LCSW
Director
NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

February 9, 2026

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.
  - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel.



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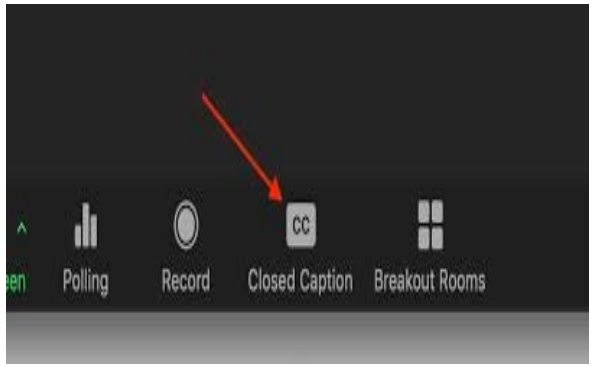

- American Sign Language (ASL) Interpreters and Closed-Captioning
  - ASL Interpreters and Closed-Captioning options will be available for today's event.
  - For closed-captioning options select the "Closed Caption" feature located on your control panel.

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

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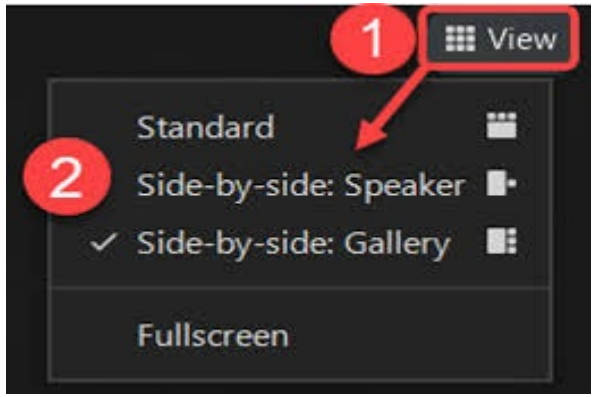


- Adjusting Video Layout and Screen View
  - Select the "View" feature located in the top-right hand corner of your screen.

Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. Focus: Supporting Mental Health Services in Primary Care Settings: The Collaborative Care Model

Kelly Crosbie, MSW, LCSW, DMH/DD/SUS Director

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

MH/SU/IDD/TBI System Announcements & Updates

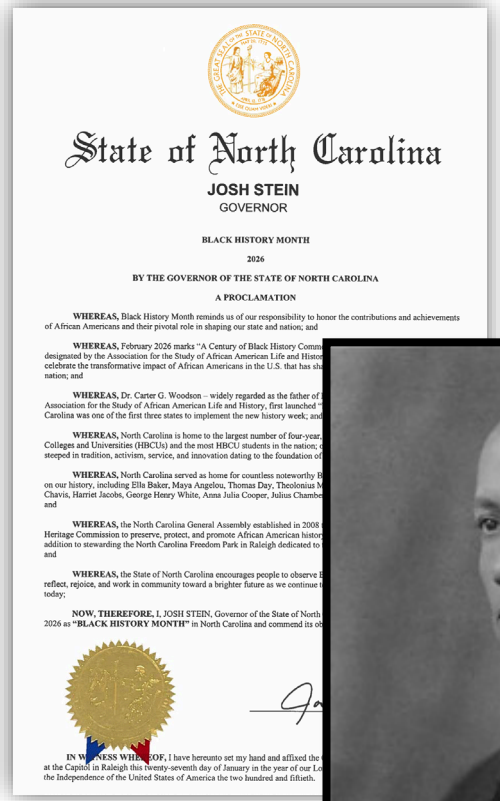
Honoring Black History Month

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

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

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

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



State of North Carolina

JOSH STEIN
GOVERNOR

BLACK HISTORY MONTH

2026

BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA

A PROCLAMATION

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

WHEREAS, February 2026 marks "A Century of Black History Comm designated by the Association for the Study of African American Life and Histor celebrate the transformative impact of African Americans in the U.S. that has sh nation; and

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

WHEREAS, North Carolina is home to the largest number of four-year Colleges and Universities (HBCUs) and the most HBCU students in the nation; steeped in tradition, activism, service, and innovation dating to the foundation of

WHEREAS, North Carolina served as home for countless noteworthy B on our history, including Ella Baker, Maya Angelou, Thomas Day, Theolonius M Chavis, Harriet Jacobs, George Henry White, Anna Julia Cooper, Julius Chambe and

WHEREAS, the North Carolina General Assembly established in 2008 Heritage Commission to preserve, protect, and promote African American histor addition to stewarding the North Carolina Freedom Park in Raleigh dedicated to and

WHEREAS, the State of North Carolina encourages people to observe reflect, rejoice, and work in community toward a brighter future as we continue today;

NOW, THEREFORE, I, JOSH STEIN, Governor of the State of North 2026 as **"BLACK HISTORY MONTH"** in North Carolina and commend its ob

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the at the Capitol in Raleigh this twenty-seventh day of January in the year of our Lo the Independence of the United States of America the two hundred and fiftieth.

Panelists

Keith McCoy, MD

Chief Medical Officer
(DMHDDSUS)
Associate Medical Director
(NC Medicaid)

Eric Christian

Director of Behavioral Health
Integration
(CCNC)

Chris Weathington

Director, Practice Support
(NC AHEC)

Collaborative Care Model (CoCM)

Collaborative Care Model (CoCM) - Background

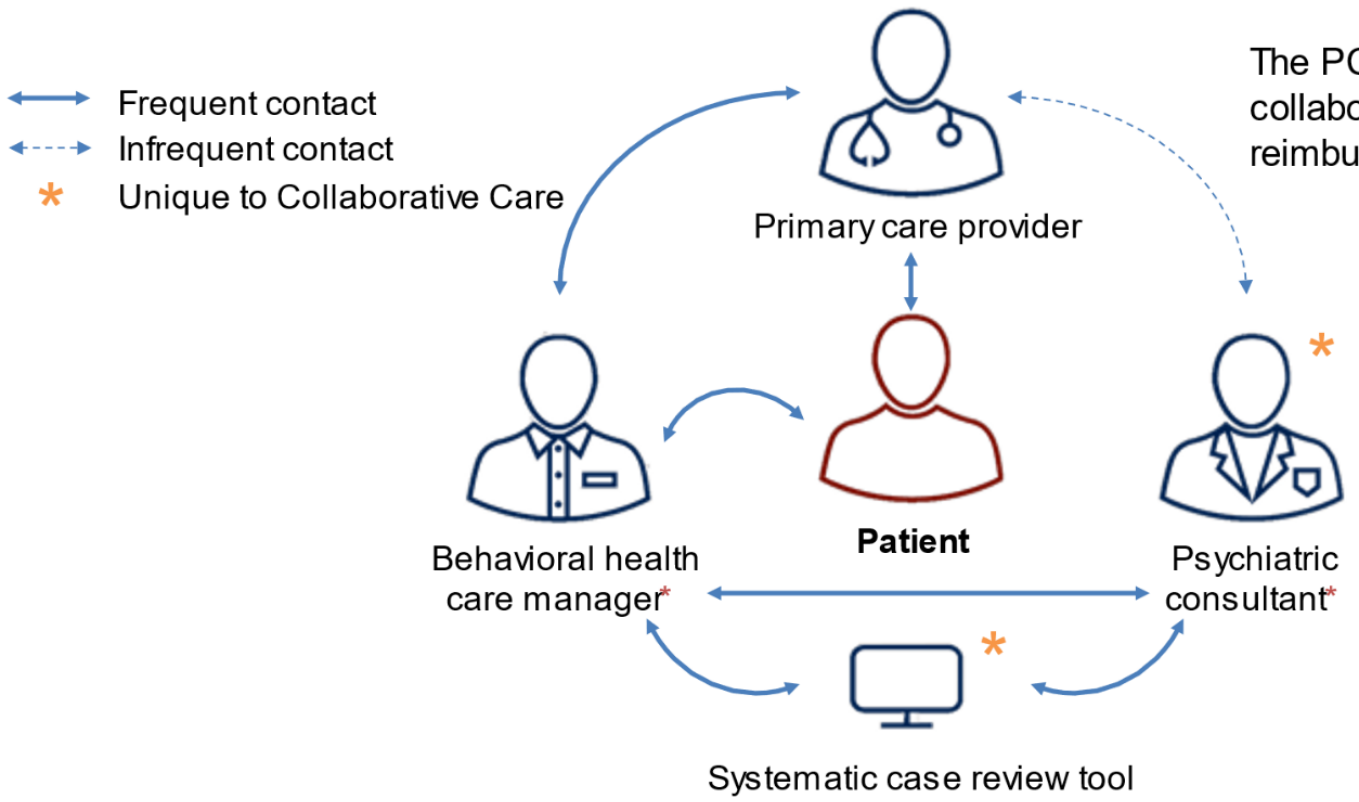
- Evidence-based model (over 90 RCTs) developed by University of Washington for integration of mental health services into the primary care setting
- Designed for assessing and treating mild-to-moderate mental health conditions including mild-moderate depression, anxiety, and PTSD, as well as substance use disorders
- Produces superior patient outcomes (symptom reduction) than treatment as usual, including for people with significant physical health co-morbidities like cancer, diabetes and HIV
- High satisfaction for patients and clinicians alike

The Need

- 1 in 5 adults lives with a mental health condition
- Over 1 in 5 youth (ages 13-18) currently, or at some point during their life has had a serious mental health condition
- 11.4% of need is met by the current number of available psychiatrists in NC

About Mental Health. Published April 16, 2024. Accessed April 17, 2024. https://www.cdc.gov/mentalhealth/learn/index.htm
Mental Health Care Health Professional Shortage Areas (HPSAs). KFF. Accessed May 11, 2025. https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/

Collaborative Care Model – The Team



The PCP office bills the collaborative care codes and reimburses the psychiatrist.

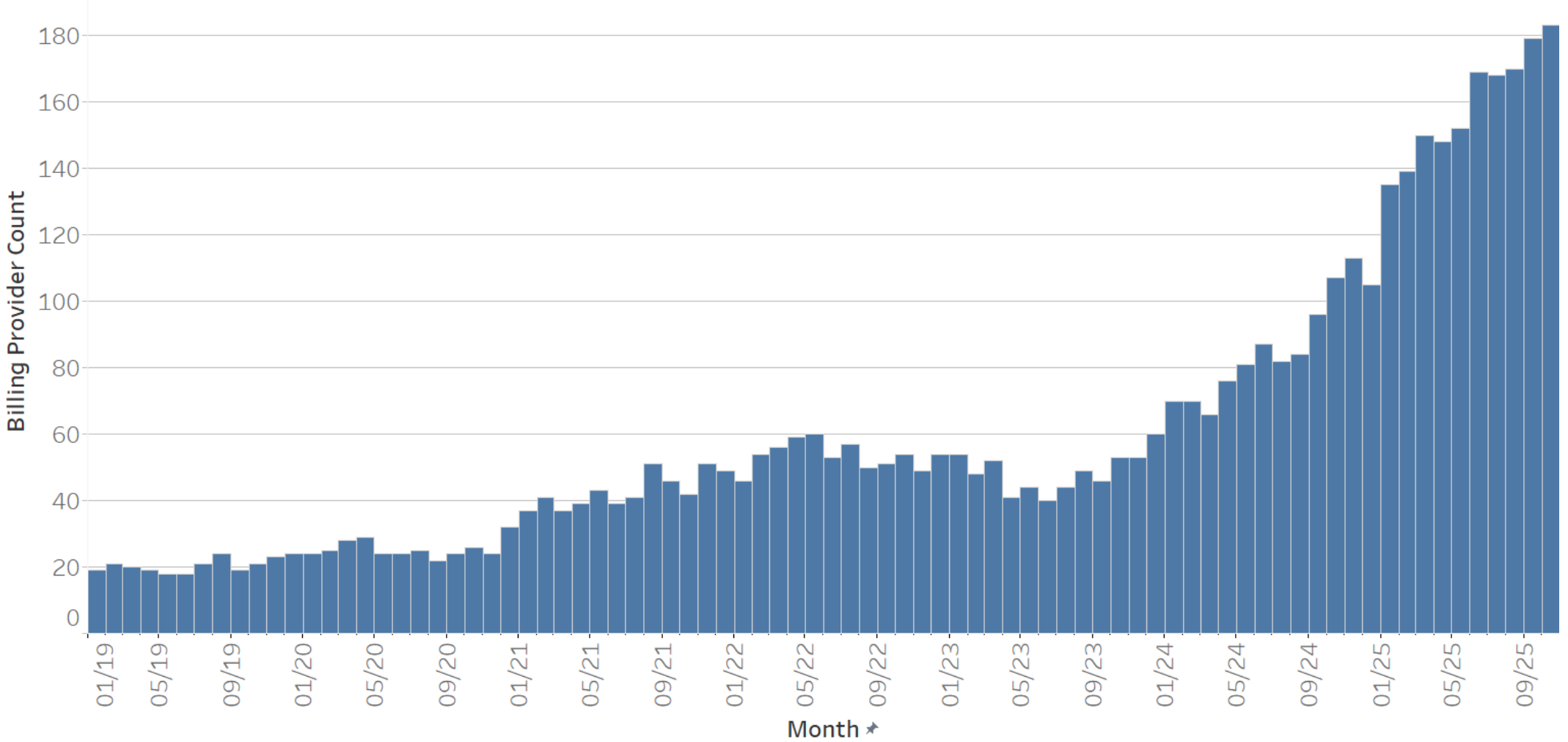
* The psychiatrist and care manager talk weekly to review the behavioral health caseload.

Collaborative Care Model – NC DHHS Supports/The Consortium

- NC Medicaid coverage began in 2018
- Numerous barriers limited use; low utilization seen
- COVID highlighted the need for more high-quality mental health and SUD care to occur in primary care settings while reducing burden on PCPs
- Formed Statewide Consortium in 2022 that
  - Aligned coverage across payers and with Medicare
  - Promoted coverage by all NC payers
  - Increased reimbursement for NC Medicaid to 120% of 2023 Medicare
  - Removed NC Medicaid copays for beneficiaries
  - Created and implemented a technical assistance and training resource for providers through NC AHEC
  - Identified psychiatrists trained and willing to be consultant psychiatrists
  - Developed a model contract for primary care offices to use with psychiatrists
  - Developed and funded a patient Registry, required for the model, for providers to use for up to 3 years for free
  - Successfully secured and implemented $5M in CoCM capacity building funding for primary care providers
  - Published our approach. Presented at conferences. Garnered nationwide attention.
    - https://medicaid.ncdhhs.gov/collaborative-care-model-north-carolina-policy-paper/open

Number of Providers Billing CoCM by Month

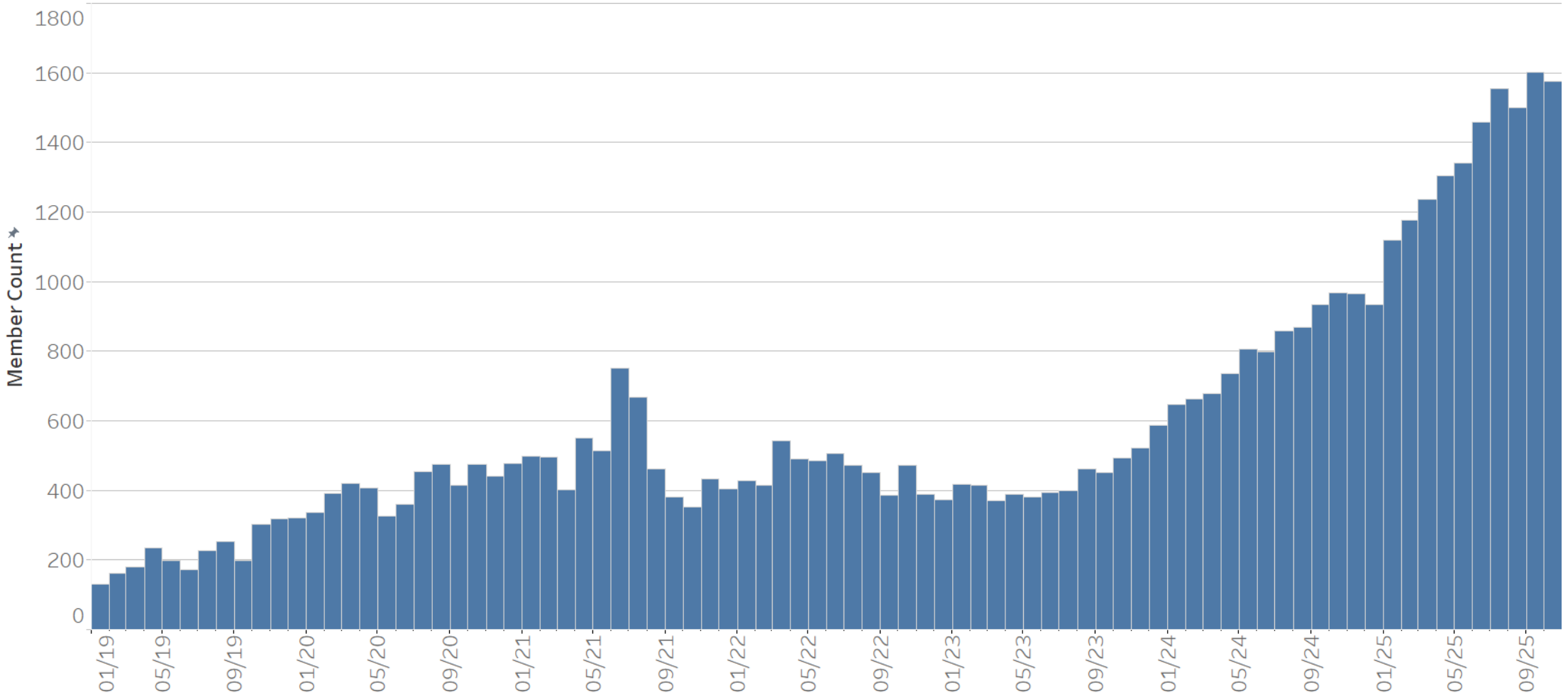
183 providers billed for CoCM in October 2025



Collaborative Care Claims: 1/1/2019-10/31/2025
Provider defined at the billing NPI Level

Number of Members Receiving CoCM by Month

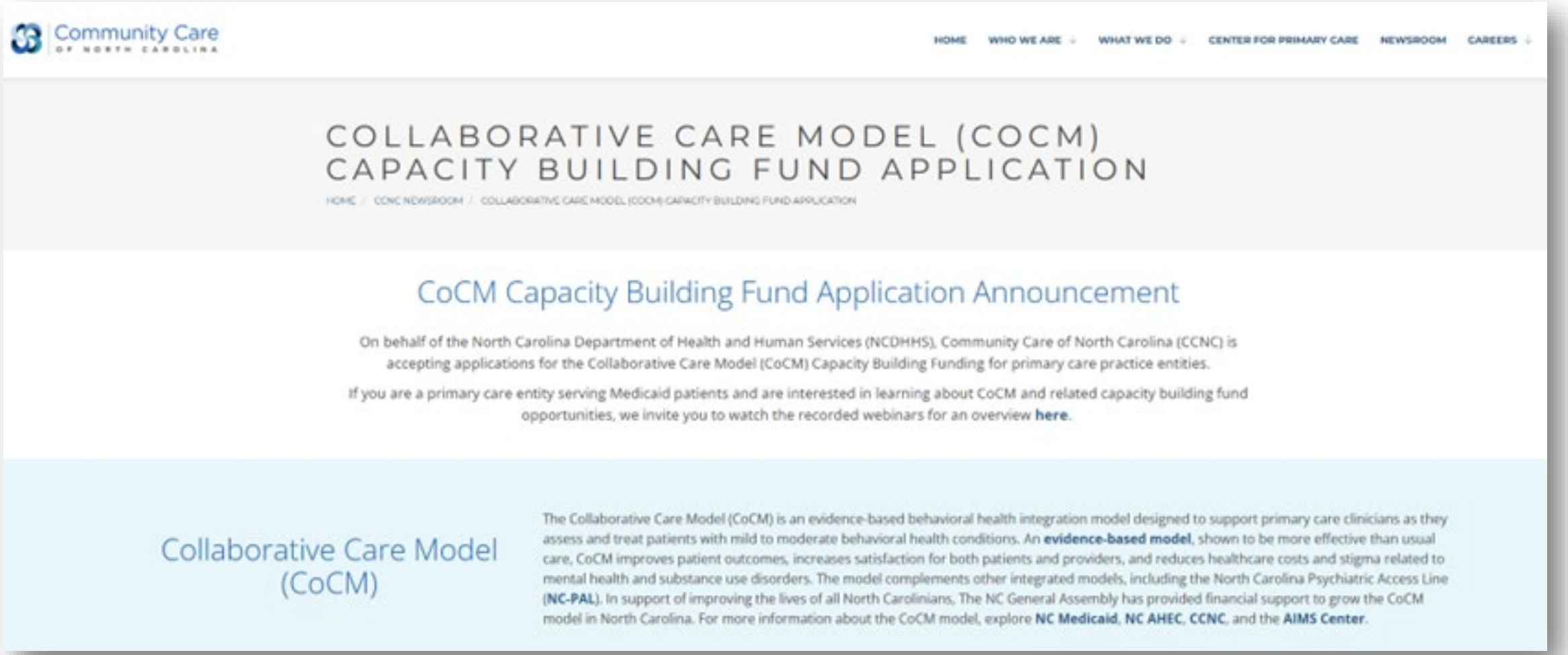
The number of members receiving CoCM per month surpassed **1,500** for the first time in July 2025



Collaborative Care Claims: 1/1/2019-10/31/2025

Funding & Capacity Building

CoCM Capacity Building Fund Application Webpage



Link

Phase 1 Practices, New to CoCM: Award Distribution

Summary for $50k Award: Three Payments

- Disburse 25% *Planning funds* up front, 50% *Implementation funds* and, 25% *Operational funds*

Distribution Criteria: *Planning funds*: 25% ($12,500)

- Application reviewed, information validated by CCNC, practice awarded
- Completion of participation agreement/forms required for fund distribution (e.g. W-9, EFT instructions)
- Funds will be distributed 30 days following an executed participation agreement

Distribution Criteria: *Implementation funds*: 50% ($25,000)

- Psychiatric Consultant has started employment (may be a contract)
- BH Care Manager has started employment (may be a contract)
- Funds will be distributed within 30 days

Distribution Criteria: *Operational funds*: 25% ($12,500)

- Established a panel of patients – with minimum caseload met (20)
- Services are still in process and filed initial claims using CoCM codes
- Monthly documented case load numbers reported through Jotform to CCNC – Submit every other month
- Funds will be distributed within 30 days

Award Distribution Phase 2: Two Payments

Phase 2A: Practices who already adopted CoCM
Phase 2B: Practices planning to outsource CoCM

Distribution Criteria: *Planning funds*: 50% (A: $15,000 B: $10,000)

- Application reviewed, information validated by CCNC, practice awarded
- Completion of participation agreement/forms required for fund distribution (e.g. W-9, EFT instructions)
- Funds will be distributed 30 days following an executed participation agreement

Distribution Criteria: *Implementation funds: 50%* (A: $15,000 B: $10,000)

- BHCM has started employment (may be a contract or outsourced), is now working with the practice.
- Psychiatric Consultant has started employment (may be a contract or outsourced)
- Services are still in process and claims filed using CoCM codes
- *A: Already adopted* CoCM: Increase caseload from award date by 20 patients
- *B: Outsourcing* CoCM: 20 patients on active caseload
- Documented monthly case load numbers reported through Jotform – Submit every other month.
- Funds will be distributed within 30 days after meeting criteria above

CoCM Registries / Caseload Trackers

- Satisfy a **mandated component of CoCM** modeling and provide the foundation for the rigorous treatment model's impressive ROI when compared to usual care
- **Support a population-based approach** which avoids missing important clinical and timeline tracking for progress toward health outcomes for the define caseload
- **Track *Treatment to Target*** while assisting the team in determining who is improving according to outlined timeframes via longitudinal assessment outcomes
- Provides a **summary of caseload** and individual patient statistics to aid in decision making
- Can **track time spent** per case to assist in monthly invoicing
- Condenses and **calculates all data points** found in the model's architecture which can be challenging for most if not all electronic medical records

AIMS Caseload Tracker Registry

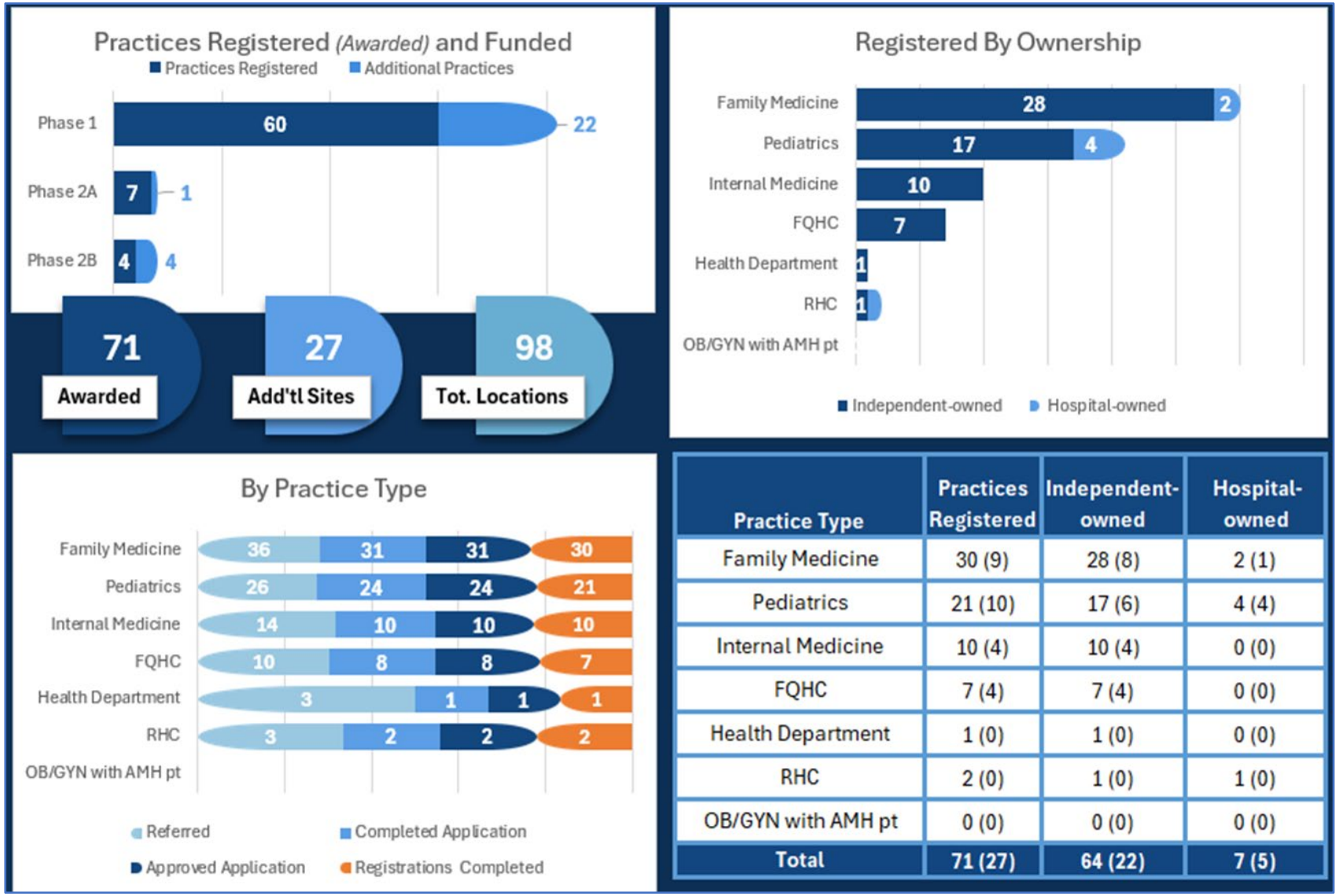
Community Care of North Carolina (CCNC) is supporting access on behalf of NCDHHS to an enhanced version of the AIMS Caseload Tra registry for up to three years for qualifying practices.

Current CCNC/DHHS contract runs through June 30, 2027 and is extended yearly.

Cost Savings for Practices

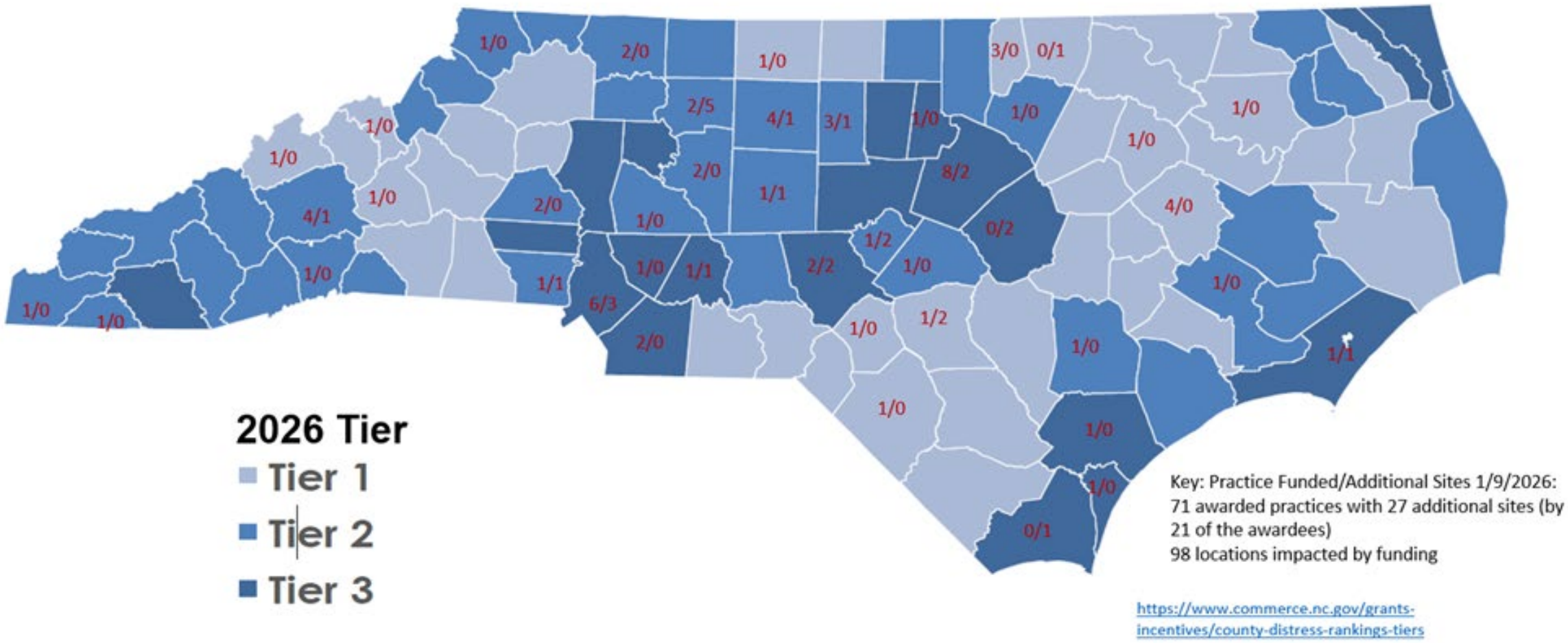
- Free access to NC's primary care clinics to the statewide NC version of the AIMS Caseload Tracker (registry) for practices referred by NC AHEC Coaches implementing Collaborative Care Management (CoCM). Pricing
- Cost: $4,600/yr for most practices and $2,600 for safety-nets (FQHCs, LHD, and RHCs)
- Referral needed from AHEC Coach

Practice Award Funding to Date

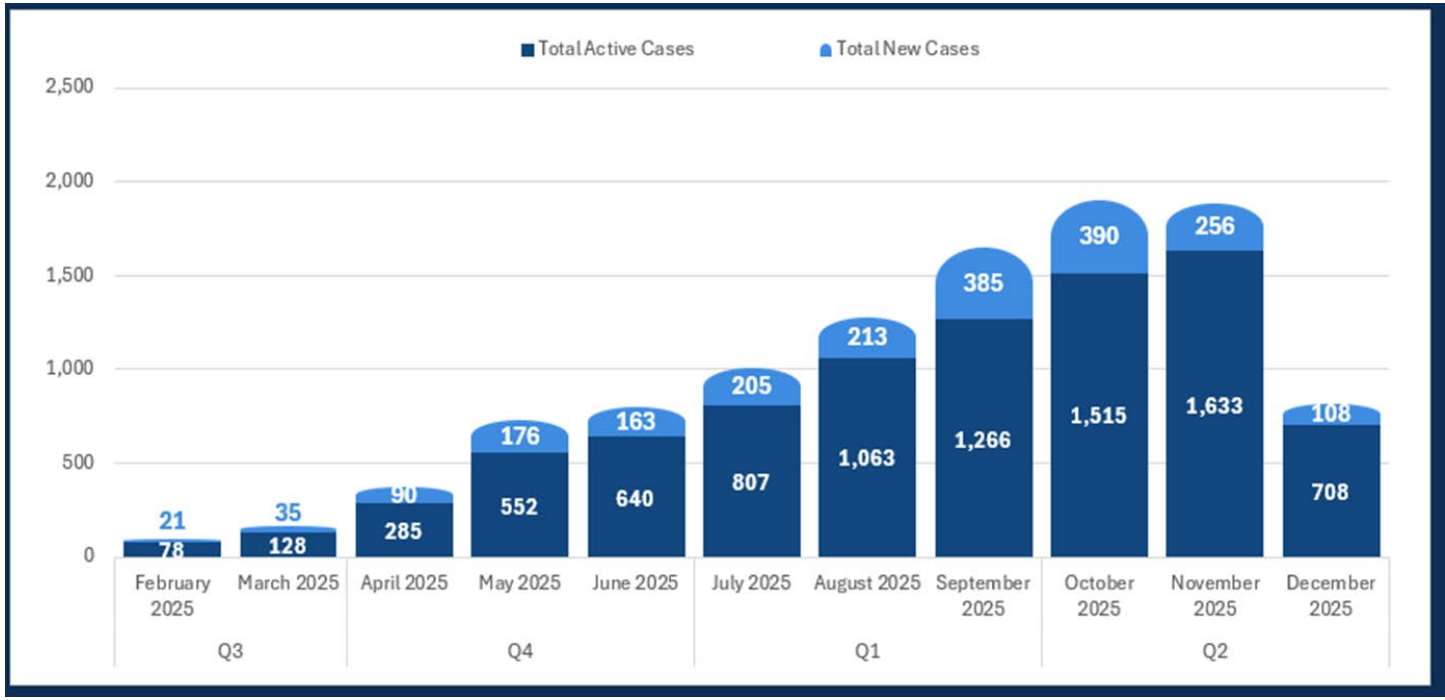


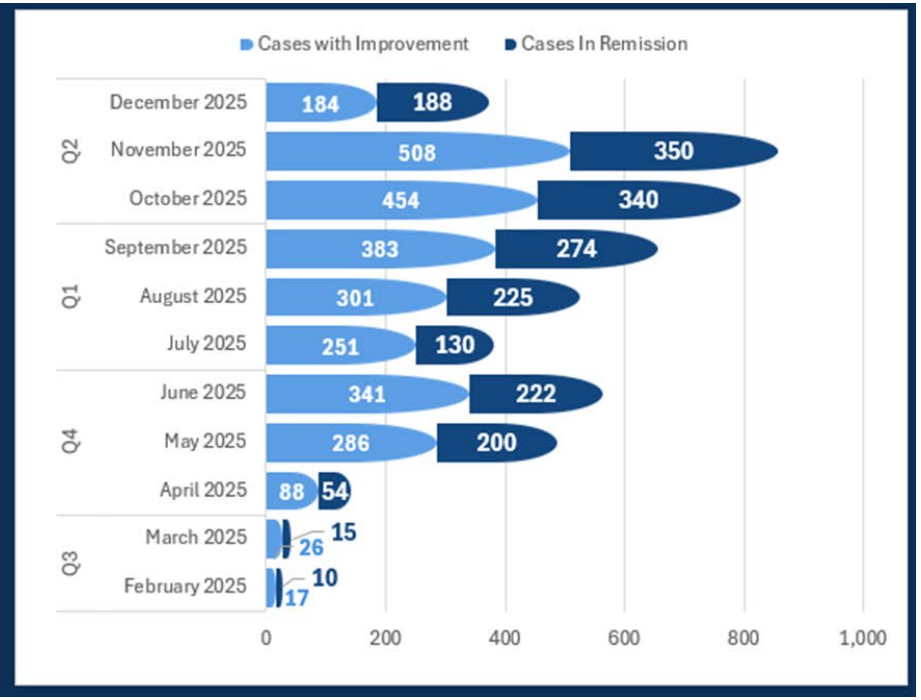
Practice Type	Practices Registered	Independent-owned	Hospital-owned
Family Medicine	30 (9)	28 (8)	2 (1)
Pediatrics	21 (10)	17 (6)	4 (4)
Internal Medicine	10 (4)	10 (4)	0 (0)
FQHC	7 (4)	7 (4)	0 (0)
Health Department	1 (0)	1 (0)	0 (0)
RHC	2 (0)	1 (0)	1 (0)
OB/GYN with AMH pt	0 (0)	0 (0)	0 (0)
Total	**71 (27)**	**64 (22)**	**7 (5)**

CoCM Capacity Building Fund: Funded Practices



Practice Caseload Dashboard



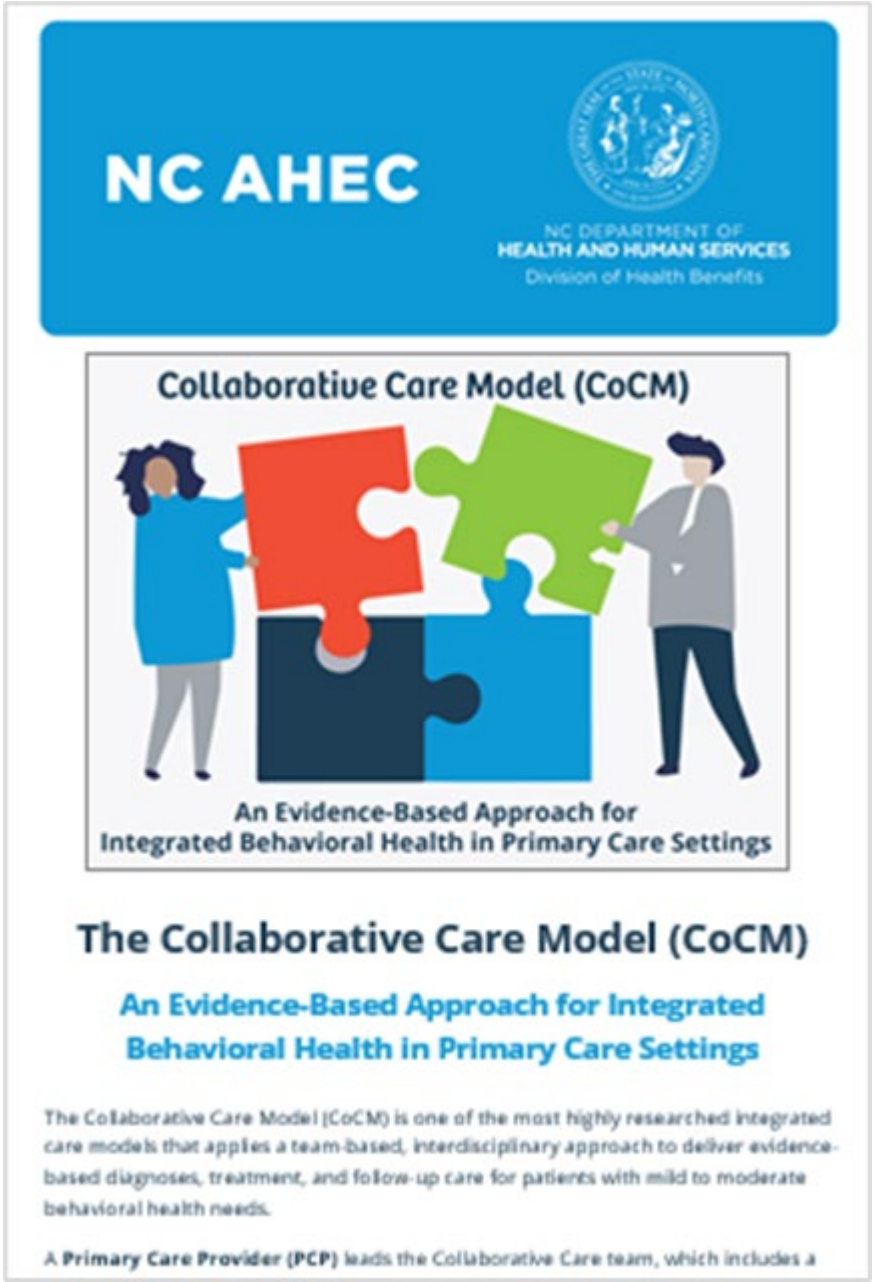


How to Apply?

1. **Connect with NC AHEC for Practice Support Coaching: practicesupport@ncahec.net.**

2. **Complete the prerequisites**

3. **AHEC will make the referral to CCNC**



NC AHEC Practice Support for Collaborative Care Model

Twin City Pediatrics Team with Dr. Gretchen Hoyle (3rd from left) & Lara Dickerson of NW AHEC Practice Support (fourth from left)

NC AHEC Practice Support Services are provided via financial support from NC DMH and NC Medicaid.

Practice Support at No Cost: **NC AHEC Practice Support** coaches spread across 9 regional AHEC centers with expertise in primary care, practice management, quality improvement, and behavioral health integration work 1:1 with practices to implement the model based on best practice standards. Coaching on proforma development, implementation checklist, workflows, billing/coding, EHR optimization, registry implementation, continuing education programs and coordination of referral to CCNC for CoCM Capacity Building Funds Program. Can request assistance at practicesupport@ncahec.net

Educational Courses: **NC AHEC** courses addressing important CoCM topics are provided online to any provider or practice with continuing education credits offered. Courses are conducted in collaboration with AIMS (University of Washington) which is the Center for Excellence in Collaborative Care Model and other subject matter experts. Presently, 33 courses are offered at no cost with the first 3 required for an AMH to receive CoCM Capacity Building Funds.

Monthly virtual peer collaboratives: **NC AHEC** coordinates monthly collaboratives that provide both a learning and networking opportunity to interested practice teams, BHCMs, and psychiatric consultants with subject matter experts providing the presentation and facilitating discussion.

Monthly BHCM Peer Support Groups: **NC AHEC** coordinates monthly virtual peer support groups that provide both a learning, networking and peer support opportunity to BHCMs working in primary care practices.

BHCM Outreach: **NC AHEC** conducts an annual, on-site BHCM Summit for BHCMs to meet and learn from subject matter experts and each other. Experiential training on brief treatment modalities is also offered.

More information on these offerings available at: **https://www.ncahec.net/practice-support/collaborative-care**

Data for Oct-December 2025

Total number of CoCM Engagements by Practice Support Coaches: 956

Total number of practices in working order: 132

NC Medicaid Region	Number of Engagements Primary Topic or Need
Region 1	68
Region 2	102
Region 3	161
Region 4	138
Region 5	264
Region 6	223
Total	**956**

Success Stories with CoCM

Twin City Pediatrics in Winston-Salem

Novant's Dr. Gretchyn Hoyle in Winston-Salem reached out to Lara Dickerson of Northwest AHEC Practice Support for assistance implementing her CoCM program with a keen interest to addressing the behavioral health needs of children in her busy practice and as a strategy to reduce unnecessary utilization of Novant's emergency services and inpatient behavioral health services.

By June 2025, the program became revenue-positive, six months ahead of schedule. With monthly BHCM costs of $5,400 and over $13,000 billed in June alone, the practice expects $6,500 in revenue - exceeding expenses by more than $1,100 per month. Today, the program includes a growing number of enrolled patients - many with complex needs - and is delivering tangible improvements in the lives of children and their families.

Dr. Brie Folkner Family Medicine in Spruce Pine

Mitchell County and Spruce Pine, NC are experiencing a critical shortage of primary care physicians and an even greater lack of behavioral health specialists. These gaps limit residents' access to timely, integrated care for both physical and mental health needs and have contributed to burnout among primary care providers who are managing patients with complex behavioral health challenges. In addition, Medicaid patients are often referred to specialists outside the county with lengthy referral delays and transportation times with barriers.

To address these challenges, Dr. Brie Folkner's primary care practice partnered with Tara Shields at MAHEC Practice Support to launch an integrated Collaborative Care Model (CoCM) program that promises to make a significant impact in January 2026. Practice Support helped the practice apply for and receive Phase 1 CoCM Capacity Building Funds, access the AIMS data registry and complete a financial proforma to help them understand the sustainability of the model and guide them in implementation.

Eastern Pediatrics in Greenville

Eastern Pediatrics is a pediatric AMH located in Pitt County's Greenville, NC. The practice reached out to Angel Moore of Eastern AHEC Practice Support for assistance in implementation of Collaborative Care with a special request for MOC-IV credit for the pediatricians which only NC AHEC can provide. In a year-long effort, Angel reviewed the key drivers for quality improvement, provided training on the Model for Improvement (determining the clinical improvement goal, how to know when a change is an improvement, implementation and management of PDSA process, review of baseline and subsequent data pulls to determine changes resulting in improvement).

As a result of this initiative, the providers revised clinical workflows to consistently screen patients using the PHQ-9 screening tool, document in their EHR in the proper data field so that report data is effectively generated, document and follow up with the BHCM (Behavioral Health Care Manager) for positive depression screenings, implemented the AIMS Tracker Registry and contracted with NC-PAL for psychiatric consulting with assistance from Angel.

ABC Pediatrics of Asheville

After an extensive multi-year review and planning effort, Buncombe County's ABC Pediatrics of Asheville implemented CoCM in September 2025 with help from Mark Holmstrom of MAHEC Practice Support. They hired the BHCM and partnered with NC-PAL for the psychiatric consultant. Mark worked with the practice to successfully apply for and receive the CoCM Capacity Building Funds as well as the NCDHHS subsidized CCNC AIMS Caseload Tracker. The program ramped up very quickly and currently has a caseload of 60 patients which is near full capacity. Patient/family and provider satisfaction are very high as a result.

Preliminary quality metrics are also very positive and show patient improvement already. Initial financial indicators are positive with payments coming in and claims issues and denials at a minimum. Mark continues to meet with the group monthly to review metrics and to discuss solutions to barriers and challenges that are natural for a new program. This is an example of a successful program that illustrates how multiple agencies can work together to make a difference.

Q&A

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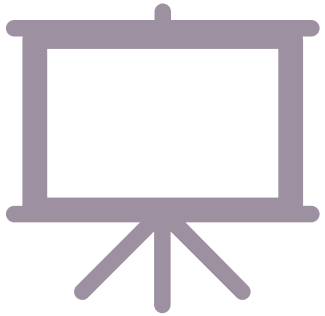
Questions and feedback are welcome at BHIDD.HelpCenter@dhhs.nc.gov.



The recording and presentation slides for this webinar will be posted to the Community Engagement & Training webpage.

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