# **NC Medicaid**

Nov. 12, 2025





Chameka Jackson, Associate Director Children and Families Specialty Plan

#### 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.

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

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 Easten 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**

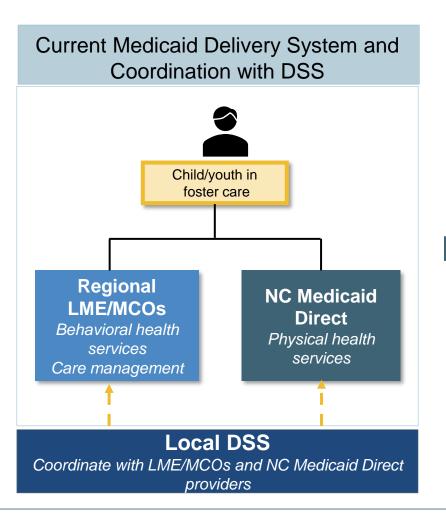
NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in the former foster care eligibility will be eligible for the Children and Families Specialty Plan.

#### 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

### **Designed to Address Current System Challenges**

Children and youth served by the child welfare services receive Medicaid services through a split system of care, which has created challenges around coordination and meeting the population's unique needs.

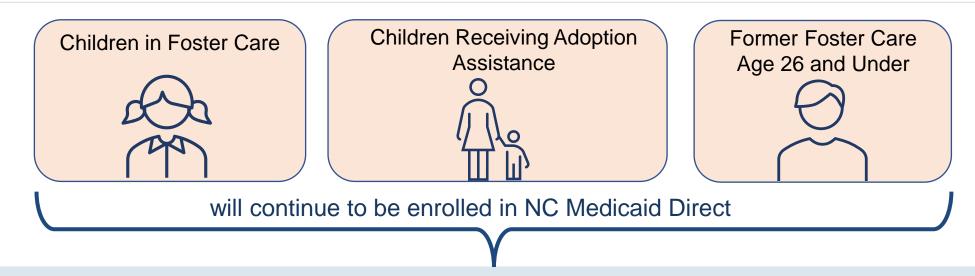




- Lack of service coordination, impeding timely access to care, due to transitions between various regional entities; no one entity is accountable for provision of whole-person care and care coordination.
- Challenges meeting needs of children and youth in foster care with complex physical and behavioral health or I/DD needs, resulting in restrictive residential or out-of-state placements.
- Limited focus on unique needs of populations exposed to Adverse Childhood Experiences and provision of trauma-informed care as part of health care service delivery and care management.
- Limited array of available community-based services across the state to support children remaining in family settings or the least restrictive setting possible.

#### **Until CFSP Launch... Current Medicaid enrollment Options**

Most children, youth and young adults currently and formerly served by the child welfare services will continue to receive their Medicaid services as they do today, through NC Medicaid Direct.\*



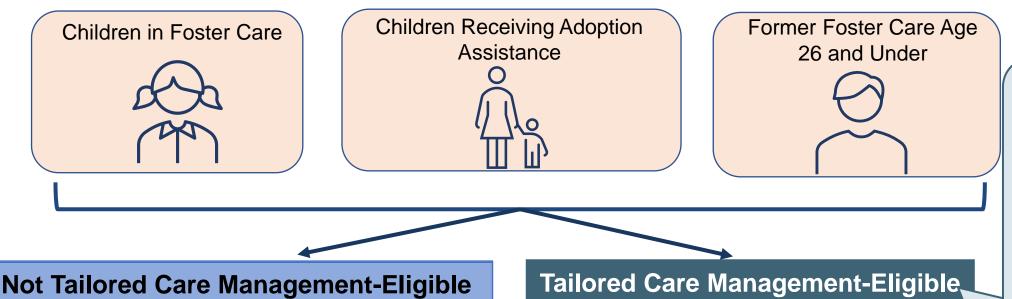
NC Medicaid Direct is the State's health care program for Medicaid beneficiaries not enrolled in a Standard Plan, Tailored Plan or EBCI Tribal Option.

It provides beneficiaries with physical health, pharmacy, long term services and supports, and behavioral health services (including for mental health disorder, substance use disorder (SUD), intellectual/developmental disability (I/DD) or traumatic brain injury (TBI).

<sup>\*</sup>Children in foster care, receiving adoption assistance and young adults formerly in foster care under age 26 who are enrolled in the Innovations waiver or Traumatic Brain Injury (TBI) waiver will be autoenrolled in a Tailored Plan.

### **Until CFSP Launch... Care Management Options**

Most children, youth and young adults currently and formerly served by the child welfare services will continue to receive care management as they do today.



These children and youth will continue to receive care coordination/care management through CCNC or CMARC.

Tailored Care Management through an

These children and youth will receive

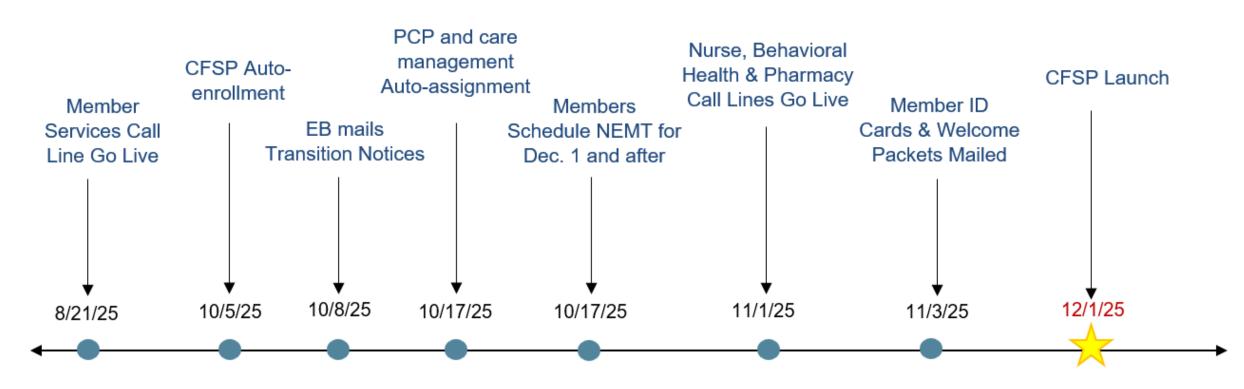
LME/MCO.\*

\*Some children and youth may receive Tailored Care Management through provider-based care management.

Individuals eligible for **Tailored Care** Management include those with a serious mental illness (SMI), a serious emotional disturbance (SED), a severe SUD, an I/DD, or those who are receiving services for a TBI

#### **CFSP Member Milestones**

#### **Children and Families Specialty Plan Milestones**



#### **Transition of Care**

Designed to maintain continuity of care for beneficiaries and minimize the burden on providers during transition.

Policy	Duration	Time Frame
Relax Medical PA Requirements	211 days	Dec. 1, 2025 – June 30, 2026
Relax Pharmacy PA Requirements	211 days	Dec. 1, 2025 – June 30, 2026
Non-Par Providers Paid at Par Rates	211 days	Dec. 1, 2025 – June 30, 2026
Non-Par Providers Follow In-Network PA Rules	122 additional days	July 1 – Oct. 31, 2026
Ability to Switch PCP	211 days	Dec. 1, 2025 – June 30, 2026
Continuity of Care for Ongoing Course of Treatment	7 months	Dec. 1, 2025 – June 30, 2026

**Note:** The Department may opt to extend any of these flexibilities after the designated timeframe above, based on CFSP operations to ensure the stability of Medicaid operations for CFSP members.

## **Day 1 Priorities for CFSP Launch**

Individuals get the care they need

Members are enrolled and have ID cards in hand prior to launch

Providers can submit claims for payment to CFSP

Members have timely access to information and are directed to the right resources

Calls made to call centers are answered promptly

Members can access necessary medications

CFSP has adequate provider networks per contract definition

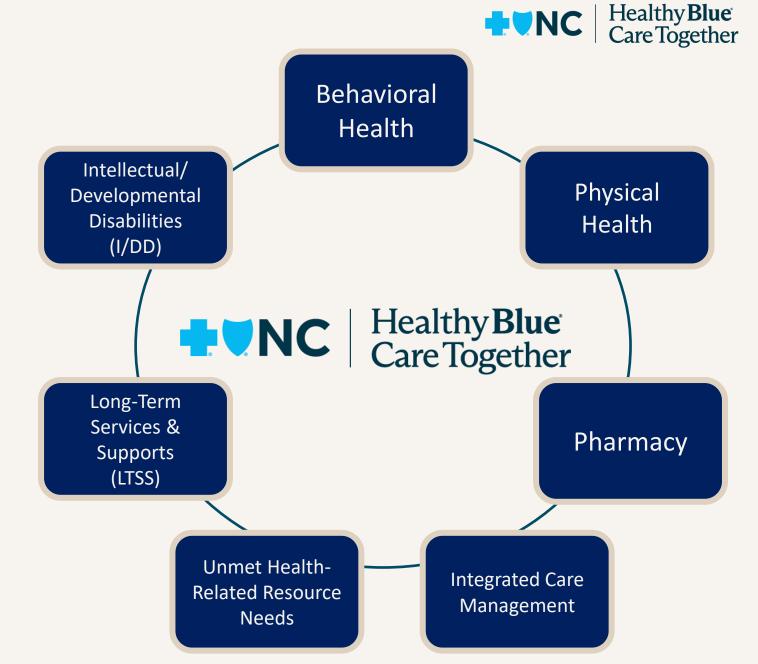


# Healthy Blue Care Together

NC Medicaid Virtual Provider Office Hours November 6



Every member will have access to the same benefits and services, regardless of their location.



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# Who Will Be Auto-Enrolled on December 1?



# Populations Auto-Enrolled at CFSP Launch\* Launch date: December 1, 2025

- Children and youth in foster care
- Children and youth receiving adoption assistance
- Young adults under age 26 formerly in foster care
- Minor children of populations listed above



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<sup>\* 12</sup> months post-reunification for continuity.

<sup>\*</sup> With the exception of Eastern Band of Cherokee Indian Tribal members and other limited groups, these eligibility groups will be auto enrolled at CFSP launch.

### Core Activities

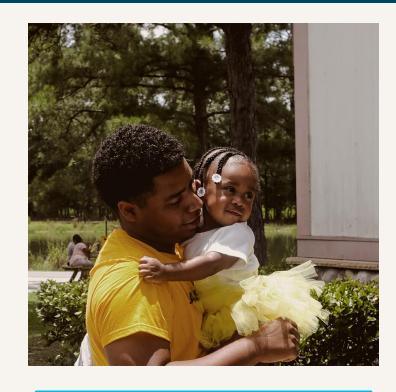




# Care Management Core Components



- Participation in Child and Family Team (CFT) meetings
- Comprehensive screening and coordination of trauma assessment
- Risk determination (and re-evaluation)
- Regular medication review and reconciliation
- Intensive care management and supports in coordination with others
- Continuity of care management after permanency
- Support when placements are needed



Every child/youth is assigned a dedicated Care Manager within 24 hours of enrollment.

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## Integrated Care Management Team



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Healthy Blue Care Together's
Integrated Care Management
staffing approach emphasizes a
local presence with regional
team supports providing timely
expertise for the care
management team, members,
and DSS.

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# Clinical Leadership Team



The Clinical Leadership team provides clinical oversight and support at the member and population level.



Dana Hagele, MD, MPH Chief Medical Officer



Courtney McMickens, MD, MPH, MHS Deputy Chief Medical Officer

# Clinical Leadership Team also includes:

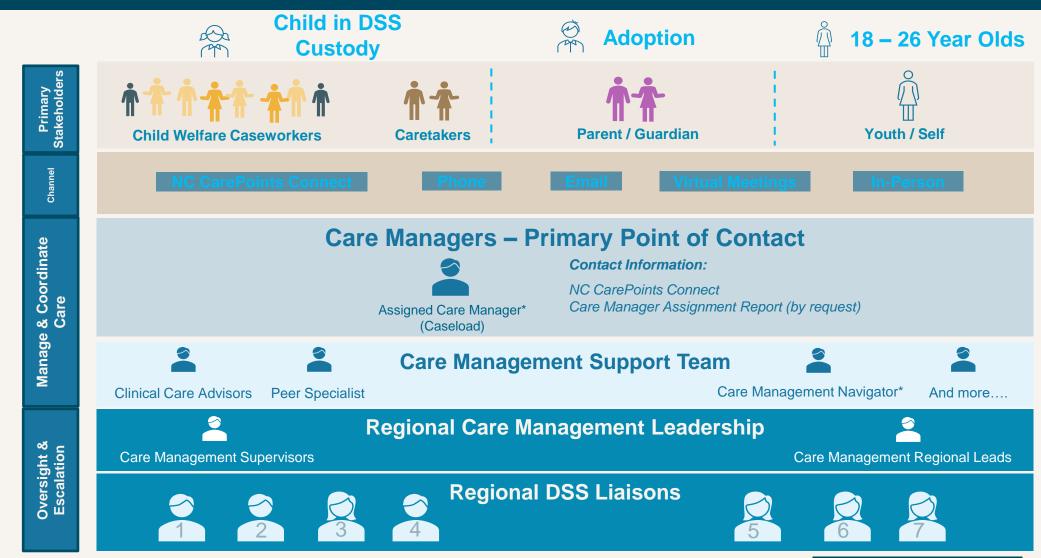
- Director of Outcomes
   Monitoring and Evaluation
- Behavioral Health Director
- I/DD Director
- SUD Director
- Pharmacy Director

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# Care Management Operating Model



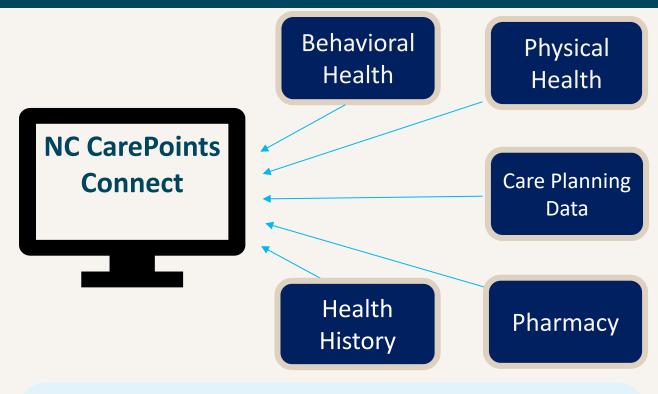
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\*Role may be co-located in DSS offices

#### NC CarePoints Connect





**Up-to-date** Healthy Blue Care Together member information available on **NC CarePoints Connect** includes:

- Select Medical Records
- Screenings
- Trauma Assessments
- Therapeutic Placement History
- Care Plans
- ID Cards
- Value-added Services and more!



Easy-to-navigate dashboard and visualization



Facilitates communication of critical events and information



Secure, role-based central health care hub



24/7 Access for Clinical Care Team & DSS



Transition of Care Support

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## Placement Transition Team



This team will include a Statewide Placement Transition Director and regionally-based Placement Transition Specialists, along with an after-hours team.

The Healthy Blue Care Together **Placement Transition Team** will:

- Support discharge planning, placement, and transition.
- Form Internal Rapid Response Team to actively coordinate with hospital staff and DSS to identify clinically appropriate placement options for members at risk of boarding or currently boarding.
- Serve as a link between hospital staff and the State Rapid Response Team.



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# How We Will Support State Rapid Response Team



**Rapid Response Team:** a cross-divisional team that meets daily to address systemic barriers faced by children in DSS custody who need appropriate, medically necessary care.

- HBCT participation in daily Rapid Response Team meetings through November 30 will be for awareness purposes.
- Starting on December 1, HBCT will provide updates and help coordinate needed care.
  - —Will ensure HBCT Care Managers have the latest, up-to-date member information from providers to help close information gap.
- HBCT will also have designated team members to:
  - Actively engage in Rapid Response Team meetings and resolve barriers to treatment.
  - Proactively identify and address situations involving members before they escalate.

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# Provider Points of Contact (POCs)



The member's assigned Care Manager will serve as the primary point of contact for routine needs.

You can find the name and contact information for a member's Care Manager in NC CarePoints Connect.

Your existing Provider Relationship Account Consultant (PRAC) along with a CFSP Specialty Provider Liaison will serve as your points of contact for provider-related matters related to claims, authorization, and service delivery.

Provider-related questions can be sent to: NC\_provider@healthybluenc.com

Contracting inquiries or questions can be sent to: NC\_contracting@healthybluenc.com

Additional points of contact are available in the Healthy Blue Care Together provider manual.

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## **Provider Education**



#### Register online:

Provider.healthybluenc.com

Click on Training Academy, then "Events to Keep You Up To Date"

Upcoming CFSP Office Hours		
Date	Office Hours Topic	
12-Nov	Children and Families Specialty Plan (CFSP): Top Interest Topics	
20-Nov	Children and Families Specialty Plan (CFSP): Top Interest Topics	

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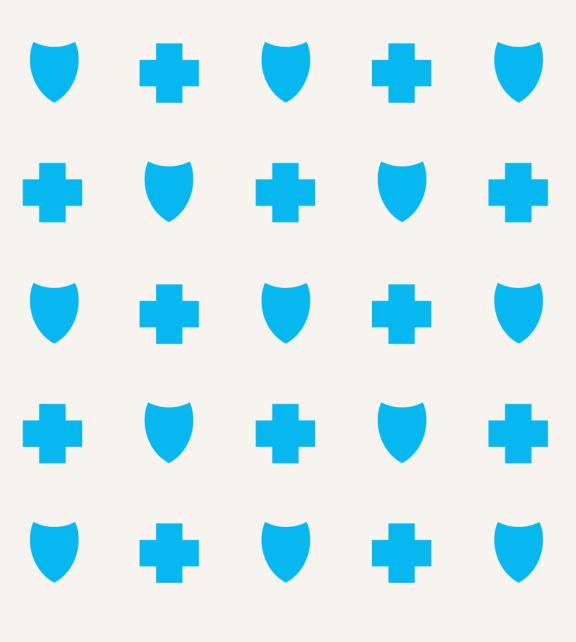
Healthy **Blue** Care Together

# Questions? Let's talk.

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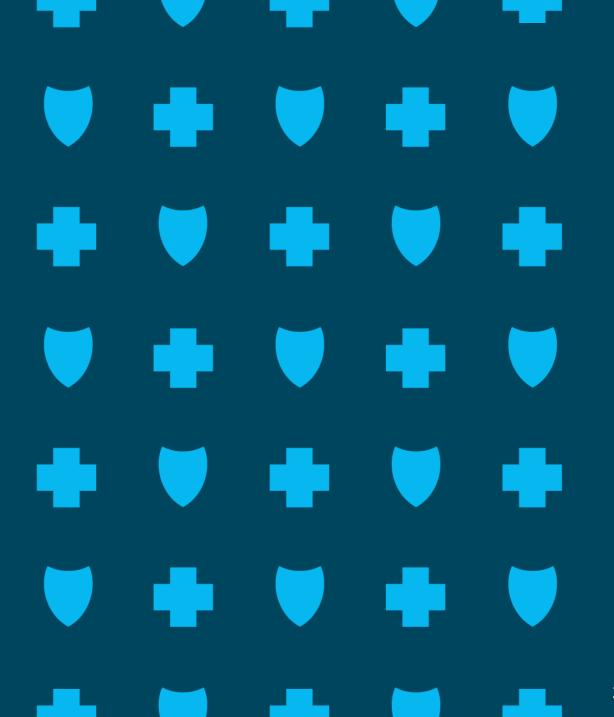
#### Healthy **Blue** Care Together

# Thank you!

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# SCFAC Update

Kelly Crosbie, MSW, LCSW

Director

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

**November 12, 2025** 

# Veterans

#### **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





#### **NCDHHS and CHESS Health Launch Free Resource for Veterans**

#### **Supporting Mental Health and Recovery Through the Connections App**

NCDHHS, CHESS Health, and Diamond Mind, LLC have launched a new initiative to provide **veteran-focused mental health and recovery support** through the **Connections: Recovery Support App** — a free, 24/7 digital tool that connects users to trained peers, moderated communities, and daily recovery check-ins.

#### Highlights:

- Designed for North Carolina's 615,000 veterans, offering culturally relevant, strengths-based support.
- Features veteran-specific peer huddles and provider trainings on culturally competent care.
- Part of NCDHHS' ongoing work to build accessible, veteran-centered behavioral health systems.
- App available in English and Spanish to all North Carolinians.

**Download the Connections App** to join or learn more: CHESS Health Website

## Team DMH/DD/SUS Supports Fort Bragg Suicide Prevention Run

Team DMH/DD/SUS participated in the **Fort Bragg Annual Suicide Prevention Run/Walk** on Sept. 26, engaging with over **2,000 service members and families**.

- Theme: "Unite Together in an Unbreakable Bond as a Community"
- Shared key resources: 988 Suicide & Crisis Lifeline, Peer Warmline, and Veteran-specific supports
- Staff: Kayreen Gucciardo, Pamela Rodriguez, and Savannah Simpson
- Distributed educational materials and stress-relief giveaways

This annual event underscores the power of **connection**, **community**, **and hope** in preventing suicide.



### AskMeNC: A New Digital Front Door for Veterans & Their Families

#### **Connecting North Carolina's 615,000+ Veterans to Care & Support**

- The initiative <u>complements NCServes</u> North Carolina's coordinated care network, which has connected nearly 70,000 veteran households to over 150,000 services since 2014.
- AskMeNC encourages professionals and community partners to ask the simple question: "Have you or someone you know ever served in the military?" helping open access to veteran-specific resources.
- Launched by NC Department of Health and Human Services (NCDHHS) and <u>formally proclaimed by Josh Stein on Veterans Day</u>, the initiative strengthens the state's veteran care system.



#### What's next:

- Integrate <u>AskMeNC</u> across healthcare, mental health, housing, employment, and education systems.
- Deploy AskMeNC training and toolkit for providers and community partners.
- Monitor outreach and uptake of veteran-specific services through query data and referrals.

## NC4Vets Journal: Careers, Care & Connections for NC Veterans

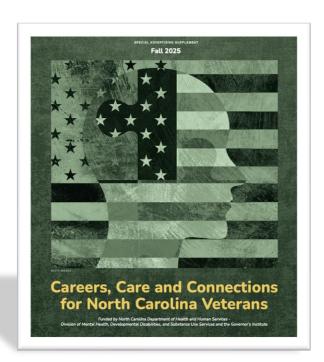
The **NC4Vets Journal** is a first-of-its-kind publication connecting **Service Members, Veterans, and their Families (SMVF)** with essential information and resources to support their transition to civilian life and workplace success.

The Fall 2025 edition, "Careers, Care & Connections for North Carolina Veterans," was funded by NCDHHS DMH/DD/SUS and the Governor's Institute, highlighting the importance of career pathways, mental health supports, and community connection.

• Through the Governor's Institute's leadership in veteran services and the Triangle Business Journal's reach among business leaders, the NC4Vets Journal builds bridges between **North Carolina's veteran and business communities**—fostering resilience, long-term success, and inclusion.

#### Highlights:

- Features real stories from North Carolina veterans and employers championing veteran workforce inclusion.
- Provides practical tools for employers to create veteran-friendly workplaces.
- Offers resource guides for mental health, education, and employment support.



Strengthening North
Carolina's Licensed and
Unlicensed Workforce MH/ IDD/ TBI/ SU



## DMH/DD/SUS Strategic Priorities 2024-2029



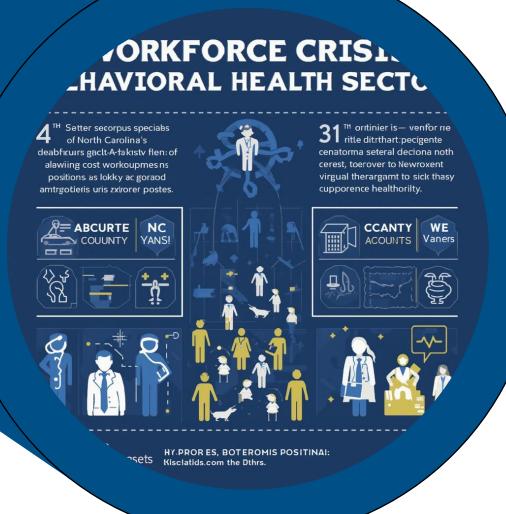


## **Priority 4: Build the Workforce**



#### Goals

- Strengthen the Peer Workforce. Build a well-trained and well-utilized peer workforce whose work leverages their lived experiences.
- Strengthen the DSP Workforce. Build a well-trained and supported DSP workforce.
- Increase Licensed Providers. Increase the number of licensed providers entering the public workforce.
- Increase Supports for Unlicensed Providers. Increase training and support for unlicensed professionals providing services to people using the public system.



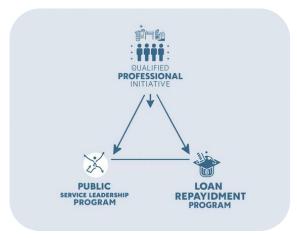
## Workforce Shortages

North Carolina faces a **significant workforce crisis** in MH/SUD/IDD/TBI care, with 40% of residents living in areas lacking adequate care.

22 counties have no psychiatrists, and 68 lack child and adolescent specialists.

With 97 of 100 counties designated Mental Health Professional Shortage Areas and significant IDD workforce shortages, urgent action is essential to address these disparities and ensure high-quality support for those in need.

## Framework for Licensed / Unlicensed Professional Development



#### **Qualified Professionals**

**Expand entry into the MH/SU/IDD/TBI workforce.** 

New Law Passed: Associate Degree in Human Services + 2 years QP experience

**Next Step:** Mental Health Commission rule change in process.

**Impact:** Opens rural workforce pipeline by retaining locally trained graduates



#### **Social Worker Pipeline**

Develop a statewide leadership pipeline for social workers.

Full Pathway: From high schoolthrough graduate study and licensure.Collaboration: UNC School of Social

Work, NCDHHS, and 25+ colleges/universities.

**Focus:** Rural recruitment, public service placements, and retention.



#### NC Licensed Workforce Loan Repayment

Retain licensed providers in underserved areas.

**Investment:** \$20M fund offering up to \$50K for 3-year rural service.

**Priority:** Tier 1 and Tier 2 counties with highest shortages.

**Goal**: Keep licensed clinicians serving in high-need regions.

## Qualified Professionals

### **Qualified Professional (QP) Initiative**

#### **Currently**

North Carolina faces significant workforce shortages — 97 of 100 counties are Mental Health Professional Shortage Areas, and IDD shortages remain substantial.

The current QP requirements reflect an outdated workforce strategy.

#### **COMMUNITY COLLEGE BEHAVIORAL HEALTH**

WORKFORCE ENHANCEMENT ACT Session Law 2025-37

A BILL TO BE ENTITLED AN ACT TO DIRECT THE COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES TO ENGAGE IN RULEMAKING TO AMEND THE STAFF DEFINITIONS FOR CERTAIN QUALIFIED PROFESSIONALS.

#### **Solution**

A dedicated certification program for qualified and trained <u>unlicensed</u> professionals for the public system.

#### **Facts**

- Currently, there are an estimated 1500 AAS in Human Service graduates since 2022, with enrollment up nearly 10% in just the last year.
- An AAS in Human Services typically has up to 55% more practical content than a 4-year degree.
- AAS in Human Services offered by 41 NC Community College schools.

## Implementing Session Law 2025-37 (HB 67): Next Steps for QP Pathway Activation

While Session Law 2025-37 is now in effect, **implementation across North Carolina's system is not yet feasible** due to several operational and regulatory dependencies.

#### **Key Areas Requiring Alignment:**

- Medicaid & State-Funded Clinical Coverage Policies (CCPs):
  - Must be updated to reflect the new QP definition. Until then, Medicaid providers must continue following the **existing QP criteria** to remain compliant and avoid audit risk.
- Systems and Oversight Infrastructure:

Updates are needed to support associate-level QPs, including:

- Documentation and audit standards that reflect new qualifications.
- Consistent interpretation and enforcement by Managed Care Entities and LME/MCOs.

### **What's Next**

DMH/DD/SUS is working closely with:

- DHHS General Counsel
- The Commission for Mental Health, Developmental Disabilities, and Substance Use Services
- Medicaid Policy Teams

to finalize these updates and release **formal implementation guidance** once all dependencies are resolved.

Implementation timelines and provider guidance will be shared once available.

## Social Worker Pipeline

## DMH/DD/SUS Partners with NC Social Work Coalition on Workforce Development

NCDHHS in partnership with UNC-CH, has begun the creation of a Public Service Leadership Program (PSLP).

- Goal One: Develop a pipeline by recruiting North Carolinians to enter the field of social work and increase awareness and knowledge of our public sector system programs
- Goal Two: Recruit, educate, and place social work students and graduates in public sector positions
- ➤ Goal Three: Create resiliency to strengthen the existing workforce so that they are retained and effectively serve populations with complex needs

In partnership with 25 schools this program is to assist in closing what is expected to be a shortage of 195,000 social workers across the US and NC.

#### **Total Funding**

\$10 M over 5 years

#### **Timeline**

Jan 2025 – Jan 2030



## Loan Repayment Program

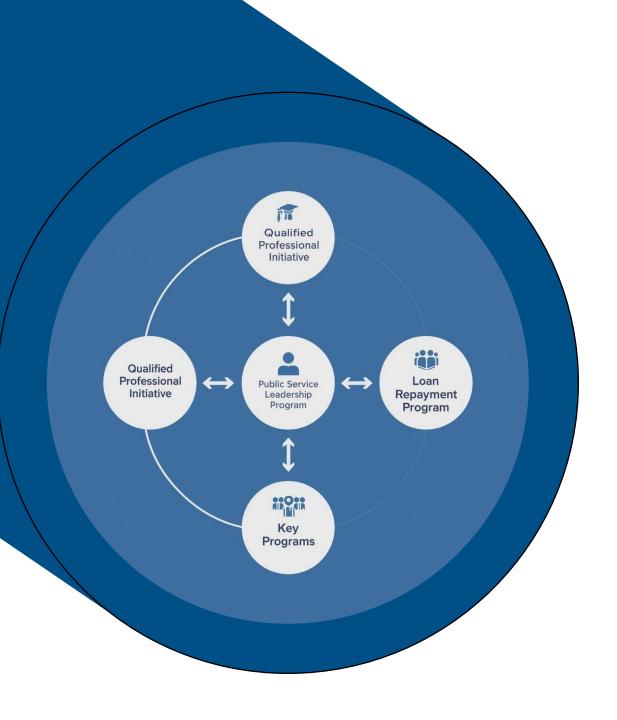
### NC Mental Health/Substance Use Loan Repayment Program

**Program Purpose:** The recruitment and retention of additional licensed MH/SUD providers in rural, underserved areas of the State to provide MH/SUD services.

**For whom?** "Licensed behavioral health providers" means any of the following providers specializing in mental health or substance use, or both:

- ➤ Licensed Clinical Addiction Specialists
- > Licensed Clinical Mental Health Counselors (formerly known as Licensed Professional Counselors)
- ➤ Licensed Clinical Social Workers
- ➤ Licensed Marriage and Family Therapists
- ➤ Licensed Psychologists
- ➤ Licensed Psychological Associates

**How much?** A total of \$20 million will be dedicated to them repayment program incentives.



# Integrated Initiatives

The initiatives work synergistically to create a **cohesive strategy**.

The Qualified Professional Initiative serves as the entry point, while the Social Worker Pipeline fosters leadership development.

Meanwhile, the Loan Repayment Program incentivizes retention, ensuring that skilled professionals remain in North Carolina's public service sector.

Together, they form a robust framework for addressing workforce shortages and enhancing service delivery statewide.

### **Stay Connected with Hot Topics!**

We can't fit everything into today's presentation, but you can catch all the latest updates every Tuesday and Thursday through our Hot Topics Newsletter and webpage.

- New programs and initiatives
- Community success stories
- Upcoming events and funding opportunities
- Resources you can share with your networks

Sign up for the <u>Hot Topics Newsletter</u>
Visit the <u>Hot Topics page</u>



## Thank You

## **Community Events**

## North Carolina Celebrates 80 Years of National Disability Employment Awareness Month

Governor Josh Stein, NCDHHS, and the NC Council on Developmental Disabilities hosted a celebration at the Executive Mansion to mark NDEAM and honor the contributions of workers with disabilities.

#### Highlights:

- Governor Stein signed the NDEAM proclamation in English and Braille.
- Vocational Rehabilitation Program supports 25,000+ North Carolinians annually.
- Initiatives like Inclusion Works, Project Spark, and Bridge to Success expand access to meaningful, competitive jobs.
- In 2024, **4,000 individuals** achieved competitive integrated employment.

**Learn more:** <u>Inclusion Works</u>

To learn more about employees and their work experiences in North Carolina, please read our <u>National Disability Employment Month blog post</u>.



## DMH/DD/SUS Promotes Mental Health Resources at El Futuro's Kermes Cultural Event

#### **Event Overview:**

On September 28, the DMH/DD/SUS team joined El Futuro's Kermes cultural celebration in support of the Hispanic/Latino community's mental health and wellness. The event welcomed 1,000+ attendees with live music, traditional food, and community engagement.

#### **Our Impact:**

- Distributed Peer Warmline bags with <u>information on the</u>
   988 Suicide & Crisis Lifeline and other services.
- Reached families and individuals who may face barriers to care.
- Strengthened connections in a culturally affirming, community-centered environment.



### North Carolina Recognized at National AATOD Conference

North Carolina was recognized as a national leader in opioid treatment collaboration at the American Association for the Treatment of Opioid Dependence (AATOD) Conference, held October 8 in Philadelphia.

#### Highlights:

- Anna Stanley, NC State Opioid Treatment Authority (SOTA)
   Administrator, presented on NC's innovative approach to expanding access to MOUD, including methadone availability in all 100 counties.
- Shared success of **weekly engagement meetings** between SOTA and Opioid Treatment Programs (OTPs), which have strengthened provider and community collaboration.
- Recognition reflects NC's commitment to improving access, coordination, and outcomes in opioid treatment — a key priority of the DMH/DD/SUS Five-Year Strategic Plan.



### North Carolina Shares Substance Use Updates at Fall Conference

At the Governor's Institute Fall Addiction Medicine Conference, DMH/DD/SUS Director Kelly Crosbie shared key updates, including:

- \$6 million in new funding for community-based services. <u>Download the RFA</u>
- Support for youth with opioid use disorders
- Launch of the <u>Unshame NC</u> stigma-reduction campaign
- Expanded access to medication treatment, primary care support, and mobile opioid treatment programs
- 94 opioid treatment programs now operating in 53 counties

These efforts reflect North Carolina's commitment to accessible, evidence-based care. The <u>Governor's Institute</u> is committed to developing and supporting a workforce that is better equipped to meet the needs of patients with SUD, by offering training and technical assistance that ensures clinicians have the knowledge and skills to provide high-quality, science-based services.

### North Carolina Champions Integrated Care at National Conference

DMH/DD/SUS Director Kelly Crosbie welcomed over 900 attendees to the <u>Collaborative Family</u> <u>Healthcare Association</u> (CFHA) <u>Integrated Care Conference</u> on October 16 in Raleigh, NC. A slate of panelists and over 900 attendees explored innovative ways to expand access to whole-person care.

#### **Director Crosbie underscored North Carolina's commitment through:**

- Collaborative Care Model: Embedding mental health in primary care.
- NC-PAL: Connects primary care providers to mental health consultation and resources in real time.
- <u>CCBHCs</u>: 24/7 mental health and substance use services integrated with primary care.

These efforts reflect the state's commitment to building responsive, person-centered care systems as outlined in the DMH/DD/SUS <u>five-year strategic plan</u>.

## Program Highlights

### Now Available: North Carolina Justice Reentry & Recovery Pocket Guides

The North Carolina Department of Health and Human Services is offering free Justice Reentry & Recovery Pocket Guides to help law enforcement, courts, probation officers, LEAD/CIT teams, and providers connect people leaving the justice system to care.

Each guide includes quick links to **Mental Health**, **Substance Use**, **IDD**, **TBI**, **housing**, **and reentry supports**.

- Orders include 150 English and up to 150 Spanish pocket guides.
- Order materials by December 17, 2025, to receive them by late December.
- https://share.hsforms.com/1rT\_BV4vdQrOos8cpLef4w5bzii







### Children and Families Specialty Plan Launches Dec. 1, 2025

NCDHHS is preparing to launch the **Children and Families Specialty Plan (CFSP)** — a first-of-its-kind Medicaid Managed Care health plan designed to improve the health and well-being of children and families across North Carolina.

#### **About the Plan:**

- Provides seamless, coordinated care for Medicaid-enrolled children, youth, and young adults
  currently or formerly served by child welfare.
- Ensures access to consistent care including mental health services even when families move across counties.
- Operated by **Healthy Blue Care Together (HBCT)**, with strong provider networks and trained care managers ready for launch.

#### What's Next:

- Beneficiary choice period and key milestones will be shared in the coming weeks.
- Learn more at the <u>Children and Families Specialty Plan webpage</u>.

### **Adolescent Gambling and Gaming Series**

A new online course from <u>UNC Behavioral Health Springboard</u> (UNC-BHS) and the NC Problem Gambling Program helps mental health professionals and youth-serving organizations address the growing risks of gambling, gaming, and digital media use among youth.

#### **Key Insights:**

- 15–20% of youth gamble regularly
- 2–8% show signs of problematic gambling
- Online gambling and sports betting are rapidly expanding
- Gamified platforms reinforce risky, dopamine-driven behaviors

#### Why it matters:

These behaviors are linked to rising rates of anxiety, depression, substance use, and suicidal ideation.

The course offers evidence-based prevention, screening, and treatment strategies—ideal for professionals in schools, juvenile justice, and community organizations.





## NC Medicaid Hosts Virtual Office Hours on Mental Health Policy Revisions

NC Medicaid invites **providers and health plans** to upcoming **Virtual Office Hours** to review proposed revisions to **substance use clinical coverage policies**, aimed at improving access, streamlining care, and aligning with federal parity requirements.

#### **Policies under review:**

- Substance Abuse Intensive Outpatient (SAIOP)
- Substance Abuse Comprehensive Outpatient (SACOT)
- Clinically Managed Residential & Withdrawal Management Services
- Medically Monitored Intensive Inpatient Services

Providers are encouraged to submit questions in advance to <a href="mailto:eboni.burton@dhhs.nc.gov">eboni.burton@dhhs.nc.gov</a>. These sessions are an opportunity to discuss changes, share feedback, and prepare for implementation.

### **Public Invited to Comment on Proposed Social Services Block Grant Plan**

The North Carolina Department of Health and Human Services (NCDHHS) is seeking public comment on the proposed Social Services Block Grant Plan for the 2025–2026 fiscal year, which outlines how \$76 million in federal funds will be allocated to support essential social service programs.

#### **Programs supported include:**

- Adoption and foster care
- Adult day care and protective services
- Counseling and housing support
- Residential treatment services

The <u>full plan</u> is available for public review on the <u>NCDHHS website</u>.

## NCDHHS & NC Universities Launch Public Service Leadership Program (PSLP)

#### **Overview:**

NCDHHS and the NC Social Work Coalition on Workforce Development — a group of 25 accredited social work programs statewide — are partnering to launch a five-year Public Service Leadership Program to strengthen North Carolina's social work workforce.

#### **Goals:**

- Increase awareness of social work careers among NC students.
- Equip social work students with skills to serve families, rural, and Medicaid-eligible communities.
- Support current professionals to build resiliency and improve retention.

#### **Details:**

- Led by UNC School of Social Work, with applications opening March 2026.
- Focus on key areas: child and family services, mental health, substance use, aging, IDD, and justice-involved populations.
- Backed by NCDHHS leadership and Director Kelly Crosbie, emphasizing workforce development and community impact.

## Celebrating the Contributions of People with Disabilities in the Workplace

In recognition of National Disability Employment Awareness Month, NCDHHS and the NC Council on Developmental Disabilities are highlighting the achievements of North Carolinians with disabilities who are thriving in meaningful, competitive employment.

#### **Spotlight: Brittany Ellis**

- Works full-time at Johnston County Industries, leading a Peer Mentoring Group for co-workers.
- Supported by Vocational Rehabilitation (VR), which helped her find jobs that match her strengths.
- Advocates for inclusion through <u>Inclusion Works</u>, which promotes equitable access to employment.
- Shares her message: "Everyone has their own talents and gifts—it's important for everyone to contribute their abilities."

Learn more: Read the full story on the NCDHHS blog



### **North Carolina Expands Access to Integrated Care**

AdvaNCe Health Together: A New CCBHC Learning Community

DMH/DD/SUS, in partnership with **Trillium Health Resources** and **OPEN MINDS**, has launched the **AdvaNCe Health Together Learning Community** — an initiative to expand access to integrated mental health, substance use, and physical health care statewide.

#### What it means for NC:

- Supports the Certified Community Behavioral Health Clinic (CCBHC) model
- Advances goals in the <u>2024–2029 Strategic Plan</u>
- Provides training, technical assistance, and peer collaboration
- Builds readiness for statewide CCBHC certification

#### **Current CCBHCs:**

**Anuvia · B&D Integrated Health · Coastal Horizons · MAHEC · SouthLight** 

Learn more: NCDHHS CCBHC webpage

### Join a Brain Injury Advisory Council Subcommittee

The **Brain Injury Advisory Council (BIAC)** is seeking passionate individuals to join one or more subcommittees and help improve services and supports for people with brain injuries across North Carolina.

#### Why Participate:

- Shape policy and guide service delivery statewide.
- Elevate the voices of individuals with lived experience.
- Collaborate with providers, advocates, and community members.
- You do **not** need to be a BIAC member to serve.

#### **Get Involved:**

**Complete this brief** Interest Form to join a subcommittee and make a difference.

## Inclusion Connects Releases Quarterly Report Expanding Access for People with I/DD

As part of NCDHHS' ongoing commitment to improving services for individuals with Intellectual and Developmental Disabilities (I/DD), the Inclusion Connects Program has released its fourth quarterly report.

#### **Report Highlights:**

- Expanded access to community-based services and supports.
- Improved data collection to better understand service gaps.
- Strengthened partnerships with providers, families, and advisory committees.
- Continued focus on promoting inclusion, equity, and competitive integrated employment for individuals with I/DD.

**Learn more:** Read the full report on the Inclusion Connects webpage.



### New Pathway to Strengthen NC's MH, SU, I/DD & TBI Workforce

Building a Stronger Workforce for North Carolina

#### **Overview**

**Following the passage of** *Session Law 2025-37 (HB 67)*, North Carolina is expanding its Mental Health, Substance Use, I/DD, and TBI workforce through new community college pathways — a key goal of the DMH/DD/SUS 2024–2029 Strategic Plan.

#### **Key Highlights**

- Creates a clear career pathway for unlicensed professionals statewide.
- Updates qualifications for Associate and Qualified Professionals (QPs) now allowing those with an AAS in Human Services + 2 years of supervised experience to qualify.
- 41 NC community colleges offer programs that train students in crisis intervention, counseling, and ethics.
- The **NC Mental Health Commission** must finalize rulemaking before the new qualifications take effect.
- DMH/DD/SUS is developing tools, resources, and engagement events to support providers and colleges.

### **NCDHHS Expands Access to Mental Health Care**

#### **New Behavioral Health Urgent Care Opens in Pitt County**

NCDHHS, Trillium Health Resources, and Integrated Family Services celebrated the opening of a new **Behavioral Health Urgent Care (BHUC)** in **Pitt County** on **October 27**, marking the **seventh BHUC** launched in the past 18 months.

#### Highlights:

- Provides **24/7 mental health and substance use crisis care** for children and adults.
- Part of \$13.5 million investment to open crisis centers in Lenoir, New Hanover, and Pitt counties.
- Aims to divert individuals from emergency departments by offering immediate, compassionate, and specialized crisis support.
- Reflects NCDHHS' ongoing commitment to a system where there is **someone to contact, someone to respond, and a safe place to go**.

## DMH/DD/SUS Fireside Chat Replay: How Inclusion Connects is Making a Difference

Catch the replay of our recent conversation on how **Inclusion Connects** is improving access, expanding services, and supporting individuals with Intellectual and Developmental Disabilities across North Carolina.

#### **Speakers:**

- •Kelly Crosbie, Division Director, DMH/DD/SUS (Facilitator)
- •Ginger Yarbrough, Chief Clinical Officer IDD, TBI & Olmstead
- •Tina Barrett, Assistant Director IDD

Watch as Ginger and Tina answer audience questions and share insights on current progress and future priorities for the Inclusion Connects initiative.

#### **Watch the Chat:**

https://www.youtube.com/watch?v=Tsi3jccWWnQ

