

Side by Side with DMH/DD/SUS

Improving our system together.

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Director

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

September 8, 2025



Housekeeping

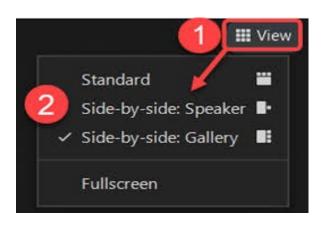
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Housekeeping





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Agenda

- 1. Introductions
- 2. MH/SU/IDD/TBI System Announcements & Updates
- 3. Focus: NCDHHS Discusses New Federal Funding
- 4. Panel Discussion
- 5. Q&A Session

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



- 30 years in MH/SU/IDD Field
- 14 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

September Awareness Celebrations

- Today is 988 Day Promoting awareness of the 988 Suicide & Crisis Lifeline.
- Suicide Prevention Month & Teen Suicide Prevention
 Month A reminder that suicide is preventable and help is available.
- **DSP Recognition Week** September 7–13, 2025: Recognizing the vital contributions of Direct Support Professionals.
- National Recovery Month Celebrating people in recovery and those who support them.
- Deaf Awareness Month Highlighting the culture, heritage, and language of the Deaf community, including International Week of the Deaf and the International Day of Sign Languages.
- Fetal Alcohol Spectrum Disorders (FASD) Awareness
 Month raising awareness about the needs and talents of people with FASD and the lifelong effects of disability resulting from alcohol exposure before birth





2025 Perceptions of Care Survey

Annual Mental Health & Substance Use Treatment Services Satisfaction Survey August 11, 2025 – September 19th, 2025

- The Perceptions of Care Survey administered by mental health and substance use treatment providers is one of the ways DMH/DD/SUS demonstrates the outcomes of our service system to our federal partner SAMHSA and measures overall quality of public service system.
- Providers are encouraged to invite every consumer who receives a Tailored Plan mental health or substance use service during the survey administration period to complete the survey. Consumers who received an LME/MCO/TP service in June 2024 or July 2024 may also be surveyed, even if they do not receive a service during the survey period, as long as they have not been discharged from services.
- Surveys are available in English and Spanish
- Surveys may be offered web-based or as a paper copy
- Questions about the survey can be directed to a Tailored Plan Perceptions of Care Survey Coordinator or sent to DMH/DD/SUS at contactdmhquality@dhhs.nc.gov
- Provider page: https://www.ncdhhs.gov/mhddsas/perceptions-of-care-surveys

New Inclusion Works 2025-2030 Strategic Plan Published

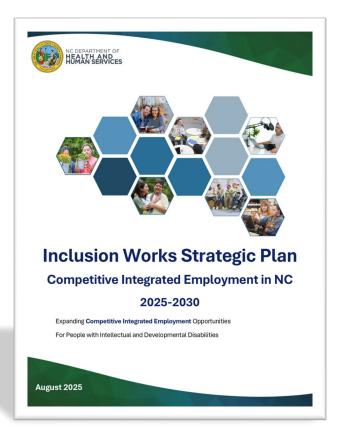
The <u>Inclusion Works Program</u> has released its <u>2025–2030 Strategic Plan</u>, outlining a multi-year vision to expand service options so that people with Intellectual and/or Developmental Disabilities (I/DD) have every opportunity to achieve their employment goals.

About the Plan

- Built with over a year of input from division leads, policymakers, advisory committees, community leaders, providers, national experts, and people with lived experience.
- Focused on Competitive Integrated Employment (CIE):
 jobs in the community, full or part-time, with pay at or above
 minimum wage, alongside people with and without
 disabilities, with equal access to benefits and opportunities.

Why it matters

This plan reflects a shared commitment to creating inclusive workplaces and supporting North Carolinians with I/DD in pursuing meaningful, fair, and rewarding employment.



NCDHHS Launches Pilot to Reduce Restraint Use in Child Residential Facilities

22 Psychiatric Residential Treatment Facilities (PRTFs) across North Carolina are participating in a new two-year pilot to implement Ukeru[®], a trauma-informed crisis intervention model that replaces restraint and seclusion with comfort-based strategies.



About Ukeru®:

- Translates from Japanese as "to receive"
- First crisis intervention training in the U.S. to eliminate restraint and seclusion
- Built on the belief that physical restraint is both unnecessary and unproductive
- Emphasizes comfort over control through deescalation and emotional regulation tools
- Uses soft, cushioned blocking pads to keep youth and staff safe

Trainer certification sessions were held in Raleigh and Marshville in July.

<u>Participating providers include</u>:

Alexander Youth Network, Thompson, Canyon Hills, Premier, Acute Behavioral Health, Anderson Health Services, and others

Why it matters:

This pilot is part of NCDHHS's broader strategy to strengthen mental health care for youth and reduce trauma in treatment settings. It aligns with the \$835 million investment to transform North Carolina's behavioral health system.

Stronger Together Conference

Stronger Together: Black Youth & Young Adult Wellness Conference

Saturday, September 20, 2025
Rocky Mount Event Center | Rocky Mount, NC

About the Event

A one-day, interactive experience centered on healing, cultural connection, and community care for Black youth and young adults (ages 18–24).

What to Expect

- Wellness booths, creative expression, trauma-informed activities
- Keynote & panel led by Rafiah Maxie
- Youth-led CYPHER of spoken word, rap & music
- Reflective circle & supportive resources

DMH/DD/SUS Participation

- Discussion of the Black Youth Suicide Prevention Action Plan
- State and community leaders sharing strategies to strengthen protective factors and expand supports

Register: Stronger Together Conference Registration



Federal Updates

NCDHHS Prepares for Rural Health Transformation Program

Goal: Increase access to care and improve health outcomes for North Carolina's 3+ million rural residents.

Background:

Part of H.R. 1 federal legislation, which also enacted Medicaid cuts projected to reduce NC funding by \$49.9B over 10 years.

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:

NC's application will outline plans to:

- Improve access to rural hospitals and providers.
- Strengthen the rural health care workforce.
- Foster provider partnerships.
- Improve outcomes for rural residents.

Fall 2025: NCDHHS will collect provider and community feedback here and input sessions.

Dec. 31, 2025: Target for CMS application approval.

Early 2026: Public notice and funding application process for providers/hospitals.

Rural Health Transformation Program

Rural Health Transformation Program: Use of Fund Requirements

Strategic Goals

Make Rural America Healthy Again	Sustainable Access	Workforce Development	Innovative Care	Tech Innovation
Prevention / Chronic Disease	Appropriate Care Availability	Workforce Development	Innovative Care	Consumer Tech Solutions
Behavioral Health	Provider Payments*			IT Advances
				Training & Technical Assistance

Additional uses designed to promote sustainable access to high quality rural health care services, as determined by the CMS Administrator

Note: Additional Details available in the statute

^{*}Cannot supplant or modify fee schedule payments for insurance reimbursable clinical services. Justify why provider payments are not already reimbursable or how the payment will fill a gap in care coverage

Level Setting: Rural Health Transformation Plan Requirements

To access funding from the Rural Health Transformation Fund, states must submit a detailed transformation plan to CMS. The deadline to submit a plan has yet to be established by CMS but will fall before Dec. 31, 2025.

Required Plan Components

The State must specify how it will:

- Improve access to rural hospitals and other health care providers
- improve health care outcomes for rural residents
- Prioritize the use of new and emerging technologies, including artificial intelligence (AI), emphasizing prevention and chronic disease management
- Foster local and regional strategic partnerships between rural hospitals and other providers
- Enhance the supply of clinicians via recruitment and training
- Prioritize data- and technology-driven solutions for rural hospitals and other rural providers
- Outline strategies to manage long-term solvency of rural hospitals
- Identify specific causes of stand-alone rural hospital closures or conversions

Activities Eligible for Funding

- ✓ Promoting chronic disease management interventions
- Providing payments to health care providers
- ✓ Promoting consumer-facing, technology-driven solutions for prevention and managing chronic disease
- ✓ Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals
- Recruiting and retaining clinical workforce to rural areas, with commitments to serve rural communities for at least five years
- Technical assistance, software and hardware for information technology
 (IT)
- ✓ Assisting rural communities to right-size their delivery systems
- ✓ Supporting access to behavioral health treatment
- Supporting innovative models of care that include value-based care arrangements and alternative payment models
- ✓ No more than 10% of funds may go to admin

Rural Health Transformation Fund Provider Eligibility

While H.R. 1 requires CMS to consider the number of rural health facilities in a state when determining funding allocations, the law doesn't explicitly define which providers are eligible for funding.

Providers Included in Definition of "Rural Health Facility" in H.R. 1

- Hospitals located outside of metropolitan statistical areas (MSA)
- Hospitals that have reclassified as rural (this includes some hospitals in urban areas)
- · Hospitals located in a rural census tract of an MSA
- Critical Access Hospitals (CAHs)
- Sole Community Hospitals (SCHs)
- Medicare-Dependent Small Rural Hospitals
- Low Volume Hospitals
- Rural Emergency Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Community Mental Health Centers
- Health Centers receiving Section 330 grants
- Opioid Treatment Programs (OTPs) located in a rural census tract of an MSA
- Certified Community Behavioral Health Clinics located in a rural census tract of an MSA

Implications for North Carolina

NC will need to determine which providers are eligible to apply for funding it receives

Guidance from CMS expected Mid-September

Rural Health Transformation Program: Feedback

Partners are encouraged to give feedback ahead of the RHTP application submission.

- NCDHHS has created a <u>website</u> for providers to give feedback now on what should be considered for NC's application to CMS.
- You can submit input now online: www.ncdhhs.gov/rhtp.
- NCDHHS application due by early November 2025
- Target for CMS approval of application is Dec. 31, 2025.
- Once the application is approved, a public notice will be issued to let hospitals and providers know when they can apply for funding.
- More information for providers interested in applying will be available in early 2026.









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

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



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