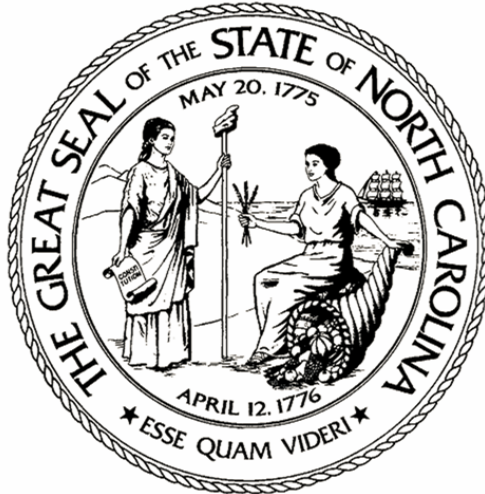


**Annual Report on NC-PAL  
(North Carolina Psychiatry Access Line)**

**Session Law 2023-134, Section 9E.19B**



**Report to**

**Joint Legislative Oversight Committee on  
Health and Human Services**

**and**

**Fiscal Research Division**

**by**

**North Carolina Department of Health and Human Services**

**August 29, 2025**

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## **Background**

The North Carolina Psychiatric Access Line (NC-PAL) provides infrastructure to support the mental health care of children and pregnant/post-partum women across North Carolina by providing general and case-specific consultation and education to the healthcare and social services workforce. NC-PAL provides consultation to primary care providers (pediatricians, family physicians, nurse practitioners, physician assistants), community service agency workers (i.e. early intervention specialists, foster care case workers) and personnel at schools.

A core component of NC-PAL services is a telephone line that provides mental health consultation and education to North Carolina clinicians. As of December 2024, over 350,000 children under 18 years of age with Medicaid coverage received care from primary care providers who have engaged with NC-PAL's consultation and/or education services.

- **All NC-PAL programs are free of charge to participating medical providers. Consultations support children, youth and families regardless of their insurance type or status, with >50% of consultations in reference to individuals with Medicaid insurance coverage.**
- NC-PAL began in 2017 as a pilot program in 6 rural counties in North Carolina, and in 2018 expanded to a state-wide program with the acquisition of federal grant funding.
- Increased state support in 2022 supported a path to program sustainability and allowed for the development of new program areas and engagement with additional hubs to increase statewide utilization.
- The NC-PAL telephone consultation line is currently staffed by pediatric specialists from Duke University and perinatal specialists from the University of North Carolina at Chapel Hill, and NC-PAL's outreach activities are facilitated through additional collaboration in Western NC with the Mountain Area Health Education Center.
- NC-PAL has focused workstreams related to early childhood, children in foster care, individuals with intellectual/developmental disabilities (IDD), school-based consultation, and children with complex needs, including those receiving care in emergency department settings.
- **Since its inception in 2017, NC-PAL has achieved the following targets:**
  - **1064 providers of primary care for children and 860 providers of pregnancy and post-partum care for women have utilized the NC-PAL telephone consultation line**
  - **596 providers have participated in an intensive pediatric mental health training called REACH PPP**
  - **Primary care providers in over 82 counties in North Carolina have been reached by NC-PAL**

NC-PAL programs are essential to helping North Carolina address critical mental health challenges.

- The 2025 NC Child Health Report Card indicated that
  - Over 50% of children aged 3-17 have reported difficulties accessing the mental health treatment they need
  - In the past year, 1 in 5 adolescents aged 12-17 have experienced a major depressive episode
  - Nearly 10% of high school students attempted suicide in the past year <sup>1</sup>
- Nationally, suicide rates for people aged 10–24 increased from 2007 through 2021 (from 6.8 deaths per 100,000 to 11.0)<sup>2</sup>
- Children and adolescents involved with the foster care system have higher rates of mental health diagnoses compared to the general population.<sup>3</sup>
- Mental health conditions are highly prevalent among youth in foster care, with about 50% having at least one mental health diagnosis and over a quarter prescribed at least one psychotropic medication.<sup>4</sup>

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<sup>1</sup>NC Child. (2023). *North Carolina Child Health Report Card*. <https://ncchild.org/wp-content/uploads/2023/03/2023-NCreportcard-final.pdf>

<sup>2</sup> NCHS Data Brief No. 471 (2023). *Suicide and Homicide Death Rates Among Youth and Young Adults Aged 10–24: United States, 2001–2021*. <https://www.cdc.gov/nchs/products/databriefs/db471.htm>

<sup>3</sup>Engler AD, Sarpong KO, Van Horne BS, Greeley CS, Keefe RJ. A Systematic Review of Mental Health Disorders of Children in Foster Care. *Trauma Violence Abuse*. 2022 Jan;23(1):255-264.

<sup>4</sup> McLeigh JD, Malthaner LQ, Tovar MC, Khan M. Mental Health Disorders and Psychotropic Medication: Prevalence and Related Characteristics Among Individuals in Foster Care. *J Child Adolesc Trauma*. 2023 May 6;16(3):745-757.

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- Mental health concerns are the leading cause of pregnancy-related deaths for NC residents, responsible for 32% of such deaths<sup>5</sup> -- as reported in the most recent Maternal Mortality Review Report. This rise in need is accompanied by a workforce shortage of mental health specialists in 97 out of 100 NC counties.<sup>6</sup>
- An analysis of NC State Medicaid data by the NC-PAL team found that 6,000 medical providers prescribed psychotropic medications for children.<sup>7</sup>
- Only 130 (2%) of these prescribers were child psychiatrists and more than one third were adult-trained nurse practitioners and physician assistants without specific pediatric or mental health credentials. Pediatricians prescribed approximately half of the psychotropic medications that these children received.<sup>8</sup>

NC-PAL's consultation, education and resource support programs enable mental health concerns to be identified more readily and support connecting children and families with timely and appropriate mental health care. Post-consultation surveys to users of the NC-PAL call line indicate an ongoing need for NC-PAL services.

## **Program Implementation**

In the FY24-25 biennial budget, NC-PAL received recurring funding from state appropriation eligible for administrative federal Medicaid match. This funding complements other Federal grants that are non-recurring. Approximately half of the program's funding is from this recurring Legislative appropriation. The core program components with outcomes reported in this Joint Legislative Oversight Committee report include the pediatric telephone consultation line, the perinatal telephone consultation line, and NC-PAL's work with children in foster care. NC-PAL's perinatal consultation and educational components are offered in conjunction with the NC MATTERS program within the NC DHHS Division of Public Health. Appendices B & C include additional detail about full program funding and components.

Throughout North Carolina, and especially in rural communities, residents struggle to access mental health care for their children and for women who are pregnant or in the perinatal period. For example, 1 in 5 high school students in North Carolina reported seriously having considered suicide in 2023 and up to half of high school girls reported having had episodes of depression in the past year.<sup>9</sup> Less than half of these youth receive any treatment and when they do the treatment they receive is often from providers without specific training in pediatric mental health and is suboptimal.<sup>10</sup> The increase in the prevalence of mental health conditions for children is affecting young children who receive support from the State's early intervention programs and the ability of schools to provide education for students and is resulting in strain on the State's hospitals and emergency rooms.

NC-PAL is a critical healthcare infrastructure that brings child psychiatry, perinatal psychiatry, and psychology expertise to provide consultation and education for healthcare and social services staff across all of these settings and can be leveraged to address these emerging crises.

NC-PAL is staffed by an interdisciplinary team of psychiatrists, psychologists, social workers, public health specialists and administrators. NC-PAL includes Practice-Focused Programs and Community-Focused Programs. The Practice-Focused components of NC-PAL include the main telephone consultation lines and intensive education programs, as well as specific practice support initiatives. The Community-Focused components of NC-PAL provide consultation to providers and to staff at specific community settings including Department of Social Services (DSS) offices.

NC-PAL's programs are based on the national Child Psychiatry Access Program (CPAP) model which has been disseminated with Federal support to 49 states. These programs work by providing real-time telephone consultation to

<sup>5</sup> NC DHHS. (2024). *2018-2019 Maternal Mortality Review Report*. <https://wicws.dph.ncdhhs.gov/docs/MMRCReport.pdf>

<sup>6</sup> Rural Health Information Hub. (2024). *Health Professional Shortage Areas: Mental Health, by County, July 2025- North Carolina* <https://www.ruralhealthinfo.org/charts/7?state=NC>

<sup>7</sup> NC-PAL Quarterly Meeting, May 2024

<sup>8</sup> NC-PAL Quarterly Meeting, May 2024

<sup>9</sup> NC Child and NC Institute of Medicine. "Biannual Child Health Report Card." April, 2023. <https://ncchild.org/publications/2023-child-health-report-card>.

<sup>10</sup> Davis, Naomi O., Kelley A. Jones, Alexis French, Melissa A. Greiner, Chris Ricard Lea, Courtney L. McMickens, Nicole Heilbron, and Gary R. Maslow. "Treatment and Outcomes Among North Carolina Medicaid-Insured Youth With Depression." *JAACAP Open* 1, no. 3 (2023): 196-205. NC-PAL (North Carolina Psychiatry Access Line) 2025 (Session Law 2023-134, Section 9E.19B)

providers caring for patients and through educational outreach. Each time a provider seeks consultation they are learning how to help an individual patient, but they are also learning about how to take care of a specific concern that affects many more patients. Through this educational consultation, NC-PAL improves care for individual patients, but also improves the care provided to many patients through education of the provider workforce.

Below is a brief description of the core NC-PAL programs directly funded through NC legislation, which include the Pediatric Phone Line and the Perinatal Phone Line as well as the work supporting children in foster care through DSS office consultation.

### Consultation

The NC-PAL phone line is available to providers by telephone from 8am-5pm, Monday through Friday. Within 30 minutes (usually within 5 minutes, median response time of 0 minutes - immediate response) providers can speak with NC-PAL's mental health team about their patient and receive recommendations for treatment, screening and care, as well as resources and referral support.

- **Pediatric Phone Line** – This service provides real-time consultation and referral support to providers caring for children and adolescents. Consultation results in primary care providers with improved confidence regarding how to treat children with mental health conditions and positive outcomes for children about whom consultation was requested.
- **Perinatal Phone Line** – This service provides real-time consultation and referral support to providers caring for women during pregnancy or during the post-partum period. Consultation results in providers having increased confidence in how to care for the mental health needs of perinatal patients with a range of conditions (e.g. depression, anxiety, substance use).

"This program is so exceptionally helpful to myself, to colleagues, and to patients. The ability to care for perinatal patients with psychiatric concerns is exponentially improved because of this program."

- Primary Care Provider

"Thank you so much! It's an invaluable tool to me as a general pediatrician doing WAY more in-office mental health than I ever thought I would have to do!"

- Primary Care Provider

### DSS/RRT support

- **Rapid Response Team (RRT) membership** – The NC-PAL team attends the daily Rapid Response Team meetings led by NC DHHS to review cases of children in foster care who are stuck in emergency rooms or other inappropriate settings. The NC-PAL team supports other state staff in understanding the needs of patients and helping determine next steps for these most complex patients.
- **DSS County Office Pilot** – The NC-PAL team has worked with 6 county DSS offices to provide education to staff and office hours consultation regarding specific cases. Pilot counties during the previous fiscal year included Wilkes County, Brunswick County and Sampson County. There is the potential to expand this work to additional counties.

## Performance Measures

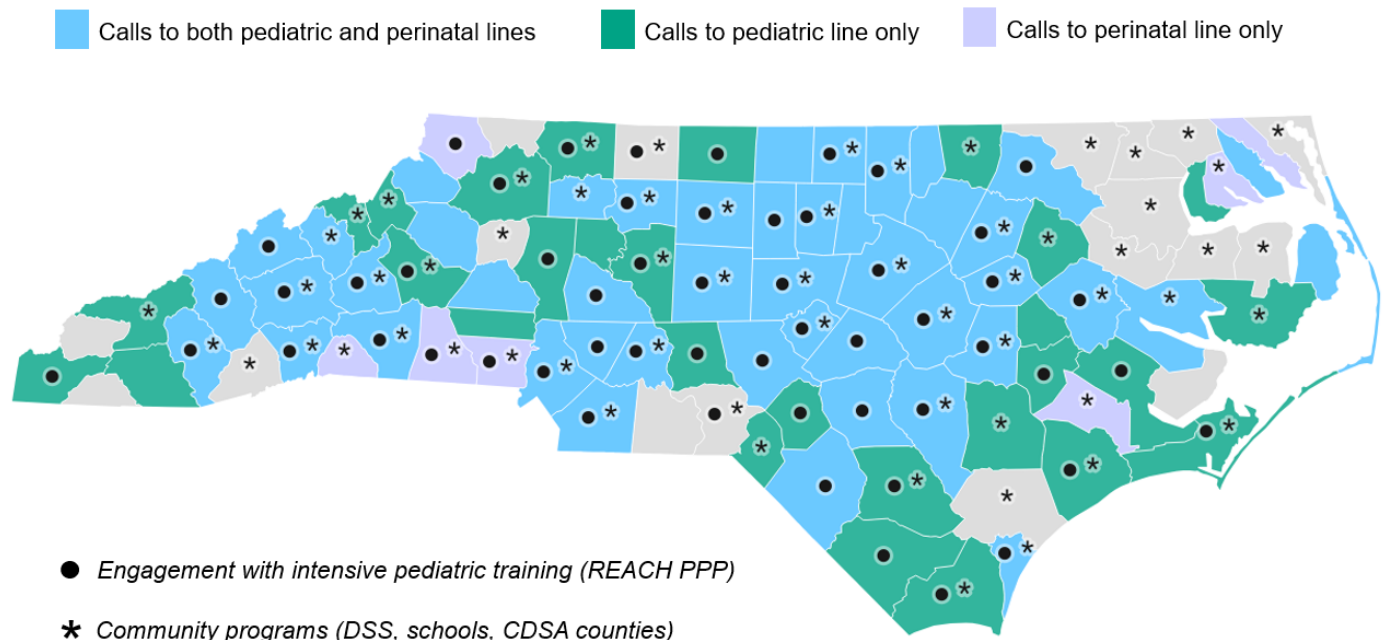
- (1) The number of consultations provided over the previous state fiscal year, broken down by consultations provided by Pediatric Phone line and Perinatal Phone Line.

	# Consultations July 1, 2024, through June 30, 2025	# Consultations Inception through June 30, 2025
Pediatric Phone Line	1046	5384
Perinatal Phone Line	543	2779

- (2) The geographic regions of the State utilizing the services offered by NC-PAL, by county.

The data provided below represent the counties that have utilized NC-PAL services from the program's inception through June 30, 2025. Colors are used to represent the counties from which providers have utilized NC-PAL's phone line consultation services. The circle symbol indicates counties from which providers have participated in the REACH PPP intensive training. The asterisk symbol indicates counties where NC-PAL has implemented community-focused programs as described in Appendix B (i.e., consultation and education for DSS county offices, schools and/or CDSAs).

	# Counties July 1, 2024, through June 30, 2025 <sup>11</sup>	# Counties Inception through June 30, 2025
Pediatric Phone Line	56	73
Perinatal Phone Line	27	53



<sup>11</sup> New counties served by the pediatric phone line include Burke, Union, and Wilson. New counties served by the perinatal phone line include Beaufort, Gaston, Perquimans, and Sampson.

**(3) The percentage of NC-PAL consultations that resulted in treatment of an individual by that individual's primary care provider, rather than referral to a specialist.**

The estimated percentage of NC-PAL pediatric and perinatal phone line consultations that resulted in treatment of an individual by that individual's primary care provider, rather than referral to a specialist, is **69%**.

Details about consultations provided, including the result of those consultations, are tracked for each call received. The percentage reported above represents the proportion of consultations provided by an NC-PAL Child and Adolescent Psychiatrist or Perinatal Mental Health Specialist from July 1, 2024 through June 30, 2025 for which the NC-PAL team did not recommend the patient to be referred to a specialist, and therefore the patient received treatment from their primary care provider.

**(4) The estimated number of avoided emergency department visits resulting from the services provided through NC-PAL.**

It is estimated that **62 ED visits were avoided** as a result of NC-PAL pediatric and perinatal phone line consultations from July 1, 2024, through June 30, 2025.

This number is calculated based on a survey of providers following their use of the NC-PAL consultation line. For this time period, 4% of survey respondents indicated that their interaction with NC-PAL reduced the patient's immediate need for an emergency department visit out of the 308 respondents who responded to this survey item. With 1589 calls over this time period, NC-PAL estimates that **62** emergency department visits were avoided as a result of NC-PAL telephone consultation.

**(5) The results of any new pilot program offering consultations with county department of social services offices or residential providers and whether those consultations reduced placement disruptions for children in the custody of county departments of social services or the need for crisis intervention.**

NC-PAL's pilot programming with Department of Social Services includes two components: 1) participation in the RRT daily meetings to offer clinical input and recommendations for youth throughout the state where placement disruption and decision making was a consistent concern, and 2) technical assistance and consultation in trauma-informed practice provided to a subset of county offices.

RRT Participation: Between July 1, 2024, and June 30, 2025, a child and adolescent psychiatrist and pediatric psychologist from NC-PAL attended all 235 convened RRT meetings and actively participated in the review of children in DSS care with placement disruptions or stuck in inappropriate settings such as emergency rooms or DSS offices.

DSS County Office Consultations: NC-PAL provided technical assistance and consultations to 5 DSS county offices between July 1, 2024, and June 30, 2025. Technical assistance provided by NC-PAL to DSS county offices included:

Service	Detail	Counties
Site visits	1 site visit held	Brunswick
Office hours	68 office hours attended 139 cases discussed	Wilkes, Brunswick, Alexander, Union, Northampton
Learning community	8 sessions held 64 attendees	Wilkes, Brunswick, Alexander, Union, Northampton



Informational bulletin	25 bulletins disseminated	Wilkes, Brunswick, Alexander, Union, Northampton
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During office hours, NC-PAL provided consultation to DSS staff about behavioral and psychiatric concerns for youth in their care, as well as consideration of intervention and support needs. Many of these youth are particularly at-risk for crisis and/or placement disruptions due to factors such as challenging behaviors that result in difficulty securing long-term placements and underlying psychiatric concerns that may be exacerbated (e.g., in times of transition) and require more specialized care than many placements are able to offer.

At the end of the program year, feedback sessions were conducted with DSS county office team members who were not involved in the county's clinical drop-in sessions. The goal of these sessions was to better understand the role that the NC-PAL pilot program played in addressing placement disruptions and the need for crisis intervention. Overall, the program was viewed as a highly valuable support for county offices, in particular when the model fit the operational needs of a given DSS office and when staff were able to consistently engage with the program. NC-PAL clinical expertise, opportunities for case consultation, and relevant educational content were highlighted as positive factors. Some counties also reported barriers to implementation, particularly when faced with challenges related to finding a specific type of placement as the NC-PAL team was available for clinical consultation but could not provide access to specific therapeutic programs. Counties that engaged their LME/MCO care manager in partnership with the NC-PAL consultation indicated that pairing the clinical consultation with resource identification support was helpful.

Several key themes were evident in these feedback sessions.

1. *NC-PAL provided meaningful and ongoing consultation:* NC-PAL provided educational sessions to each DSS and "office hours" sessions for in-depth discussions of over 130 cases over the past year.
2. *Staff benefit from new ideas and new perspectives:* Each DSS office benefitted from having time to come together and learn about other perspectives and approaches to complement their work.
3. *NC-PAL team provided education to optimize care for youth:* All counties appreciated access to psychiatric and psychological expertise. The opportunity to consult with professionals outside their team who could offer new perspectives was valued and helped staff identify overlooked assessments and interventions.
4. *NC-PAL education and consultation reduced placement disruptions anecdotally:* Some counties reported that the program helped them to better understand and manage a child's behaviors, prevent crises, and maintain placement.



## Next Steps

NC-PAL provides critical infrastructure for North Carolina to improve the quality of mental health care for children, young adults and women during the pregnancy/post-partum period. During this year, 182 new pediatric primary care providers and 134 new perinatal providers received telephone consultation, and 129 pediatric providers received intensive pediatric mental health education.

With guidance from divisions within NC DHHS, NC-PAL is focused on this mission through continuing the core telephone consultation for pediatric and perinatal providers. The program expanded outreach to rural providers and aims to build on this success through a focus on outreach in Western North Carolina during the next year; the program's goal will be to expand outreach to more rural providers and to build on relationships with local providers to expand use of the telephone consultation program. There will be a particular focus on outreach to Western NC in partnership with MAHEC, as well as additional supported work focused on Helene recovery, as well as ongoing work to develop relationships with providers in rural Eastern NC. This work includes the core phone line infrastructure as well as pilot efforts to help practices provide evidence-based models for depression (collaborative care) and improve the care provided to individuals with intellectual/developmental disabilities. NC-PAL will also begin working directly with Atrium for outreach in the 8 counties in the broader Charlotte area.

Key partners for outreach and connection to practices around the state include NC AHEC, NC Peds, NCPA, CCNC, and other organizations supporting primary care and perinatal providers across the state. In addition, recruitment will continue for intensive educational programs that resulted in improved quality of care through the Pediatric REACH training program and the Perinatal Fellowship program deployed by the NC MATTERS program.

For community-facing programs, NC-PAL will continue to work with NC DHHS to support children in foster care through participation in the daily Rapid Response Team process, as well as through work with additional county DSS offices. The work with DSS county offices is of particular importance given the mental health challenges facing children in foster care. There is an opportunity to further expand the work with DSS offices and teams, in particular with the upcoming launch of the Child and Family Specialty Plan. Additional NC-PAL work in the community setting is focused on the Child Development Service Agencies (CDSAs) that serve young children, and on supporting children in school settings, particularly through working in partnership with school-based health centers.

NC-PAL's infrastructure can be deployed to improve the quality of behavioral health care for people with a range of conditions. In the coming year and beyond, NC-PAL will continue to provide telephone consultation and education for pediatric and perinatal providers with a focus on outreach to rural areas of North Carolina. Additional opportunities for using this infrastructure could include support for providers caring for individuals (adolescents and adults) with opioid use disorders or chronic pain syndromes.

The NC-PAL infrastructure results in better outcomes for individual patients and improves the quality of care provided by providers across North Carolina that ultimately improves mental health care for thousands of patients across the state.

## Appendix A: Section 9E.19B

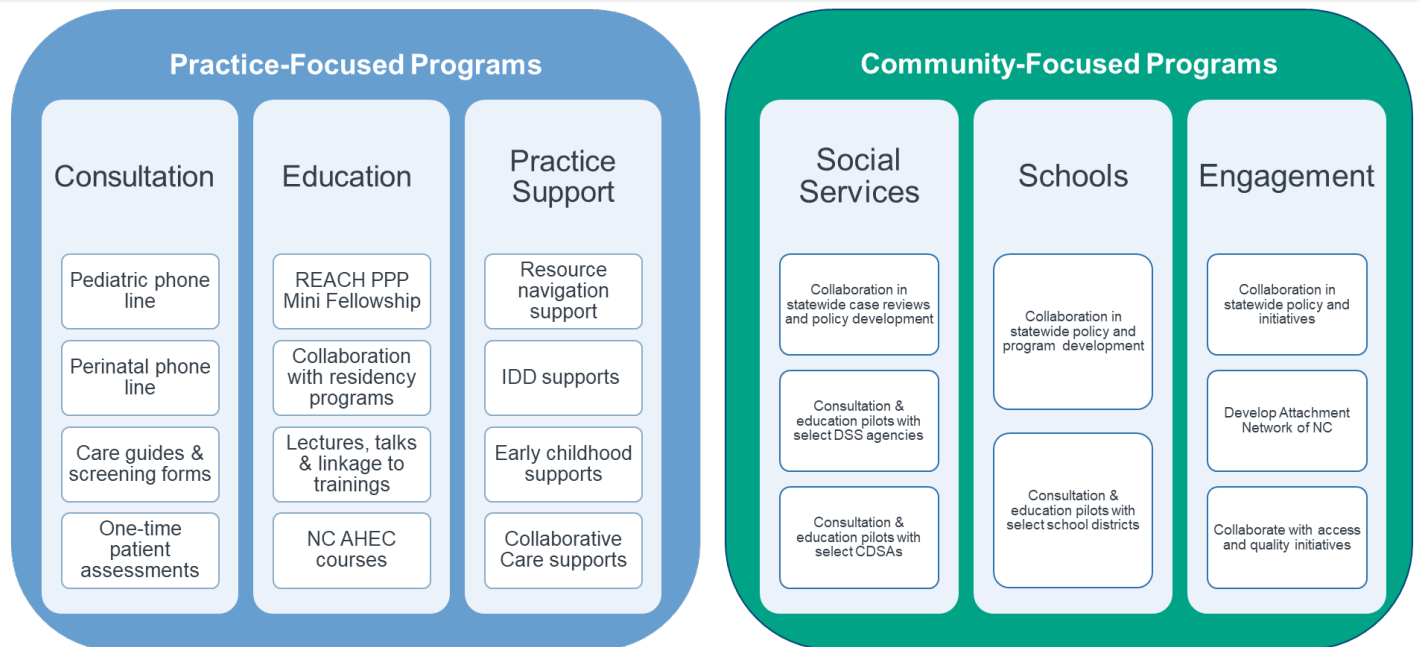
**SECTION 9E.19B.** Of the funds appropriated in this act to the Department of Health and Human Services, Division of Health Benefits, the sum of one million eight hundred fifty thousand dollars (\$1,850,000) in recurring funds for the 2023-2024 fiscal year and the sum of one million nine hundred fifty thousand dollars (\$1,950,000) in recurring funds for the 2024-2025 fiscal year shall be used for the North Carolina – Psychiatry Access Line (NC-PAL), a partnership between the Department of Health and Human Services and the Department of Psychiatry & Behavioral Sciences at Duke University. No later than September 1, 2024, and September 1, 2025, NC-PAL shall submit to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division the following information:

- (1) The number of consultations provided over the previous fiscal year, broken down by consultations provided by NC-PAL Child Psychiatry and NC-PAL Perinatal Psychiatry.
- (2) The geographic regions of the State utilizing the services offered by NC-PAL, by county.
- (3) The percentage of NC-PAL consultations that resulted in treatment of an individual by that individual's primary care provider, rather than referral to a specialist.
- (4) The estimated number of avoided emergency department visits resulting from the services provided through NC-PAL.
- (5) The results of any new pilot program offering consultations with county department of social services offices or residential providers and whether those consultations reduced placement disruptions for children in the custody of county departments of social services or the need for crisis intervention.

## Appendix B: Program Components



NC-PAL provides mental health consultation and education to clinical and social service providers in North Carolina, building their mental health knowledge and capacity.



### PRACTICE-FOCUSED PROGRAMS

#### Consultation

Available to providers by telephone from 8am-5pm, Monday through Friday. Within 30 minutes (usually within 5 minutes, median response time of immediate response) providers can speak with NC-PAL's mental health team about their patient and receive recommendations for treatment, screening and care, as well as resources and referral support.

- **Pediatric Phone Line** provides real-time consultation and referral support to providers caring for children and adolescents. Consultation results in primary care providers with improved confidence regarding how to treat children with mental health conditions and positive outcomes for children about whom consultation was requested.
- **Perinatal Phone Line** provides real-time consultation and referral support to providers caring for women during pregnancy or during the post-partum period. Consultation results in providers having increased confidence in how to care for the behavioral health needs of perinatal patients with a range of conditions (e.g. depression, anxiety, substance use).

#### Education

- **REACH Institute Patient-Centered Mental Health in Pediatric Primary Care (PPP)**- 3-day intensive training regarding pediatric mental health care. Providers who receive training can provide high quality mental health care including diagnosis, treatment and appropriate referral.
- **Residency Training**- Specific trainings are offered to residency programs for pediatric trainees, family physician trainees, and other residents across the state.

- **Lectures & Trainings** – NC-PAL for pediatrics and NC-MATTERS for perinatal provide lectures and trainings across the state, these include virtual trainings such as a specific lecture for an individual practice, as well as virtual trainings for a group of providers. The NC-PAL biweekly pediatric mental health “Lunch and Learn” series routinely has several hundred attendees from across NC attending virtually. NC-MATTERS has created Maternal Mental Health Fellowship for ongoing more intensive training.

## Practice Support

- **Collaborative Care Pilot** – Providing support for the deployment of pediatric collaborative care for depression and anxiety. NC AHEC identifies pediatric practices with interest in deploying this evidence-based model and NC-PAL team provides training for providers and practice-based care manager, as well as providers initial child psychiatry consultation.
- **Intellectual Developmental Disability Pilot-** Providing support for pediatric practices to improve care of individuals with intellectual and/or developmental disabilities (IDD). Pilot with 6 practices across the state that care for a range of young children, school age children, adolescents, and young adults with IDD conditions.

## COMMUNITY-FOCUSED PROGRAMS

### DSS/RRT

- **Rapid Response Team (RRT) membership** – The NC-PAL team attends the daily NC DHHS-led Rapid Response Team meetings to review cases of children in foster care who are stuck in emergency rooms or other inappropriate settings. The NC-PAL team supports other state staff in understanding the needs of patients and helping determine next steps for these most complex patients.
- **DSS County Office Pilot** – The NC-PAL team has worked with 6 county DSS offices to provide education to staff and office hours consultation regarding specific cases. Pilot counties have included Alexander County, Brunswick County, Northampton County, Sampson County, Union, and Wilkes County.

### Early Childhood

- **Early Intervention Pilot-** The NC-PAL team has worked with 6 Child Development Service Agencies (CDSA) to provide training and consultation to staff working with young children. In the fall, the team will start working with a third group of 3 regional CDSAs.

### Schools

- **School Staff Education-** Provide 6-session education program for school staff. Prior outcomes have included improvement in school staff comfort in working with children with mental health conditions
- **School Consultation** – Focused consultation with school-based staff regarding specific students. Offering consultations to school staff statewide via virtual appointments and piloting an in-depth support model with Vance County schools.
- **School Based Health Center consultation** – Providing NC-PAL consultation and education to clinicians at school-based health centers.

## Appendix C: Program Funding

NC-PAL & NC MATTERS combined had an approximate annual budget of \$7.7 million for NC-PAL-related activities in the 2024-2025 fiscal year. Program funding during this period included federal funding through time-limited grants from the Health Resources and Services Administration (HRSA), funding from Mental Health Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to NC DHHS, and this legislative allocation with federal Medicaid administrative matching funds (in bold).

Funding Source	Annual Funding	Programming funded	End date
HRSA PMHCA (pediatric)	\$840,000	<ul style="list-style-type: none"> <li>- Consultation and education for: <ul style="list-style-type: none"> <li>• Schools</li> <li>• EDs</li> </ul> </li> <li>- Training and professional development</li> <li>- Community and provider engagement</li> </ul>	September 2027
HRSA MMHSUD (perinatal)	\$571,498	<ul style="list-style-type: none"> <li>- Consultation and education for: <ul style="list-style-type: none"> <li>• Providers</li> <li>• Community mental health</li> <li>• Nurse home visiting programs</li> </ul> </li> <li>- Phone line infrastructure</li> <li>- Telepsychiatry consultation clinic</li> <li>- Maternal Mental Health Fellowship</li> </ul>	September 2029
<b>State allocation through NC Medicaid</b>	<b>\$1,950,000</b>	<ul style="list-style-type: none"> <li>- Consultation and education for: <ul style="list-style-type: none"> <li>• Providers (perinatal and pediatric)</li> <li>• CDSAs</li> <li>• DSS agencies</li> <li>• Rapid Response Team</li> </ul> </li> <li>- Practice support pilots <ul style="list-style-type: none"> <li>• Collaborative Care implementation</li> <li>• I/DD</li> </ul> </li> <li>- NC MATTERS <ul style="list-style-type: none"> <li>• Attachment Network of NC</li> <li>• Perinatal care coordination</li> <li>• Perinatal psychiatry toolkits</li> </ul> </li> <li>- Phone line infrastructure</li> <li>- Community and provider engagement</li> </ul>	Recurring
<b>Additional allocation through federal Medicaid administrative match to NC Medicaid</b>	<b>\$1,950,000* (max)</b>		Recurring
Child mental health block grant	\$2,375,725		September 2025 with option of renewal dependent upon federal allocation to NC and NC DHHS prioritization
<b>TOTAL</b>	<b>\$7,687,223</b>		