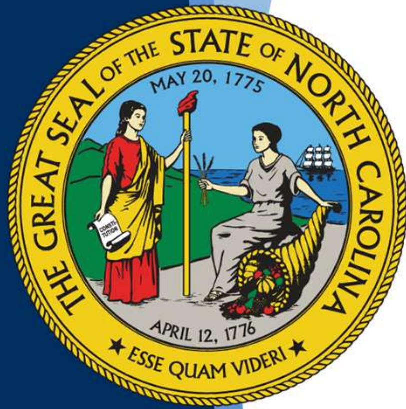

JOINT LEGISLATIVE OVERSIGHT COMMITTEE
ON HEALTH AND HUMAN SERVICES

NC Department of Health and Human Services

North Carolina Rural Health Transformation Program (NCRHTP) Update

Dev Sangvai
Secretary, NC DHHS

Debra Farrington
Deputy Secretary for Health, NC DHHS

April 7, 2026

Progress Since January: Key Milestones and Achievements

- Published ROOTs Hub Lead Request for Application (RFA) on February 27
  - Published responses to 115 Q&A questions from prospective applicants on March 20,2026
- Received approval from CMS on RHTP governance structure
- Received approval from CMS on NC's budget revision
- Conducted interviews for RHTP Director and Deputy Director roles
- Identified sources for key activity and performance metrics required for successful program implementation and CMS evaluation
- Drafted implementation plans for NC's 6 Initiatives (per CMS expectations)
- Initiated execution of MOU's to ensure efficient deployment of program and funds
- Surveyed existing regional Technical Assistance (TA) infrastructure to inform program implementation and prevent redundancy
- Continued RHTP community and stakeholder engagement sessions to build awareness and inform implementation

Initiative Budget Overview

Initiative	Application Amount	CMS Approved Amount
Initiative 1: Build Rural Community Care Network "Hubs"	$88,844,092	$87,607,860.89
Initiative 2: Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease Management	$10,205,327	$9,699,597.08
Initiative 3: Expand and Integrate Behavioral Health and Substance Use Disorder Services	$31,128,787	$33,862,144.94
Initiative 4: Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities	$30,770,268	$38,815,412.37
Initiative 5: Ensure Fiscal Sustainability of Rural Health Providers Through Innovative Financial Models	$7,562,669	$7,698,290.82
Initiative 6: Modernize Rural Care Delivery Through Digital Forward Solutions	$31,488,857	$35,325,050.37
Total	$200,000,000	$213,008,356.47

Distribution of Additional $13M Awarded from CMS

Initiative	Amount
Initiative 2: Primary Care, Prevention, and Chronic Disease Management	
NC Minority Diabetes Prevention Program Expansion -- Funds local health departments to expand diabetes prevention and early screening in rural and underserved communities.	+$195,105
Initiative 3: Behavioral Health and Substance Use Disorder Services	
Coordinated Specialty Care – First Episode Psychosis Teams -- Expands early intervention services for youth and young adults experiencing first-episode psychosis.	+$1,000,000
Certified Community Behavioral Health Clinic Expansion -- Strengthens rural behavioral health providers to deliver integrated mental health, substance use, and primary care services.	+$1,000,000
Mobile Opioid Treatment Programs & Medication Units -- Brings medication-assisted treatment directly to rural areas through mobile or co-located treatment units.	+$1,500,000
Initiative 4: Resilient Workforce & Innovative Care Team Models for Rural Communities	
ROOTS Led Rural Health Workforce Support Packages (6 Regions) -- Provides incentives such as relocation, child care, and retention supports to help recruit and keep rural clinicians.	+$8,413,251.47
Initiative 5: Sustainability of Rural Health Providers Through Innovative Financial Models	
Primary Care Capitation Model – Actuarial Support -- Develops financial modeling needed to test a new payment approach that stabilizes rural primary care practices.	+$400,000
Primary Care Capitation – Provider Technical Assistance -- Provides training and practice support for clinics preparing to participate in new payment models.	+$500,000
TOTAL	**$13,008,356.47**

CMS-Approved Use of Administrative Costs

North Carolina has secured full CMS approval for its administrative costs. Eligible administrative supports include essential operational functions, categorized into six components that ensure adequate infrastructure to allow efficient implementation and successful outcomes.

Leadership & Governance

Strategic planning, policy development

Financial Management

Budgeting, audits, compliance

Workforce Management

HR, benefits, training pipelines

Information Technology

Security, system maintenance

Communications & Coord.

Internal planning, structure & reporting

Evaluation

Internal and external evaluation

CMS-Approved Use of Program Dollars

North Carolina has secured full CMS approval for its Program Dollars. This includes essential functions to deliver, guide, and coordinate program activities to ensure outcomes are met. This includes access enhancement, quality service, integration, and transformation in rural communities.

Subject-Matter Expertise

Provide expert consultation, content knowledge

Technical Assistance & Capacity Building

Train, coach, and support ROOTs, providers, counties and community partners

Program Implementation & Systems Integration

Support Regional program

Provider, Partner & Community Engagement

Coordinate stakeholders to align, expand services, launch, and implement transformation activities.

Quality Improvement Support

Support continuous quality improvement

Workforce Development & Program Support

Support recruitment, training, retention, digital enablement, and processes to transformation.

1. Administrative Costs Are Capped at 10%

State and intermediary administrative costs count toward the State's 10% cap.

CMS Approved Administrative Costs 9.45% $20,126,645.97 of the $213,008,356 award		
State Level Administrative Costs 5.46% $11,626,645.97	Program-Wide Evaluation Costs 0.47% $1,000,000	Select Subgrantee Administrative Costs 3.52% $7,500,000

2. Direct Service Implementation Costs Are Capped at 10%

Subgrantees providing direct services (as opposed to state/intermediaries) may use up to 10% of their award of program dollars to support implementation of the program's goals. This is called "implementation costs".

1. CMS-Approved Budget of Administrative Costs

Budget Period 1 CMS Approved NC Administration Costs	Initiative(s) Supported	CMS Approved State Admin Costs	Program-Wide Evaluation Costs	CMS Approved Pass Through Subgrantee Admin Cost held with the State 10% Admin Cap
Personnel Costs for up to 27 FTEs (Salary/Fringe/Travel/Supplies)	1-6	$2,116,663.95		
Admin Costs for Subgrantees				
ROOTS Hub Region Lead Entity (Region 1-6) Admin Cost	1			$7,500,000
Administrative Contracts				
CDC-Foundation	1-6	$250,000.00		
Cell phone service	1-6	$23,979.15		
Communication Firm	1-6	$750,000.00		
DHHS NC Cost Allocation Plan	1-6	$3,000,000.00		
Grant and Staff Conference Registration Fees	1-6	$20,000.00		
Grant Support Consulting	1-6	$4,500,000.00		
Rural Health Transformation Evaluation & Sustainability Study	1-6		$1,000,000	
Software Licenses	1-6	$66,000.00		
Temp Solutions	1-6	$500,002.87		
Primary Care Capitation Model Actuarial Support	5	$400,000.00		
Total - $20,400,258		**$11,626,645.97**	**$1,000,000**	**$7,500,000**

2. CMS-Approved Budget of DHHS's Program Dollars

Includes essential functions to deliver, guide, and coordinate program activities to ensure outcomes are met. This includes access enhancement, quality service, integration, and transformation in rural communities.

Budget Period 1 CMS Approved DHHS Program Dollars	Initiative(s) Supported	CMS Approved State Program Dollars
Personnel Costs for up to 61 FTEs (Salary/Fringe/Travel/Supplies) Include essential positions to deliver, guide, coordinate the program activities to implement programs to ensure outcomes such as access enhancement, quality service, integration and transformation in rural communities within areas such as Regional Nurse Consultants; Behavioral Health Consultants; Mobile Opioid Treatment Consultants; Digital Health (IT) Specialist as examples.	1-6	$3,956,459.50
DHHS Programmatic Contracts		
Referral Platform/Function (NCCare360)	1	$3,500,000.00

Total – $7,456,459.50

CMS-Approved Budget
of RHTP Program

Initiative 1: Build Rural Community Care Network "Hubs" Budget Overview

Initiative 1 Major Activities + Budget	Subrecipient /Vendor Selection	CMS Approved Amount
ROOTS Hub Lead Entities (6 regions) Regional organizations funded to coordinate local partners, deliver services, and lead rural health transformation efforts. **Administered by the ROOTS Hub**	Competitive	$75,000,000 *(6 × 12.5M contracts (Region 1–6))*
ROOTS Hub Regional Needs Assessments (6 regions) Funding for ROOTS Hub to identify each region's health gaps, priorities, and the best local strategies to improve rural health. **Administered by the ROOTS Hub**	ROOTS Hub Lead Entities	$3,000,000 *(6 × 500K contracts (Region 1–6))*
ROOTS Hubs Technical Assist & Community of Practice Convener Statewide facilitation, engagement, learning collaborative development, and community insight synthesis to support implementation of the NCRHTP	Sole Source Vendor	$3,500,000
DHHS Administrative Costs (Refer to Slide 8)	-	$2,027,886.49
DHHS Program Dollars for Initiative 1 (Refer to Slide 9)	-	$4,079,974.40

Initiative 1: Build Rural Community Care Network "Hubs" Budget Overview

Initiative 1 Next Steps	Timeline
Complete ROOTS Hub Lead Entity Selection and procurement processes	***June 2026***
Finalize Hub onboarding materials and procurement guidelines	***May 2026***
Finalize Hub reporting processes and infrastructure	***May 2026***
Hub Lead Entities to establish governance structure, network, assessment, and action plans	***June-December 2026***
NC ROOTS Leads to initiate grants to network partners	***December 2026-onwards***

Initiative 2: Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease Management

Initiative 2 Major Activities + Budget	Subrecipient /Vendor Selection	CMS Approved Amount
NC Minority Diabetes Prevention Program (MDPP) Expansion Funds local health departments to expand diabetes prevention and early screening in rural and underserved communities.	Local Health Departments	$195,105
ROOTS Led Access-to-Care Screening & Enrollment: Regional Chronic Disease/Physical Activity/Cancer Supports regional efforts to reduce chronic disease by promoting preventive care, healthy living, and early cancer detection. **Administered by the ROOTS Hub**	ROOTS Hub Lead Entities	$2,400,000 *(6 × 400K contracts (Region 1–6))*
ROOTS Led Regional Nutrition Access Invests in food hubs and community partnerships to improve access to healthy foods for rural families managing chronic conditions. **Administered by the ROOTS Hub**	ROOTS Hub Lead Entities	$2,400,000 *(6 × 400K contracts (Region 1–6))*
ROOTS Led Regional Perinatal Health Access Expansion Improves maternal and infant health by strengthening care options in communities with limited or no maternity services. **Administered by the ROOTS Hub**	ROOTS Hub Lead Entities	$2,400,000 *(6 × 400K contracts (Region 1–6))*
DHHS Administrative Costs (Refer to Slide 8)	-	$2,021,641.53
DHHS Program Dollars for Initiative 2 (Refer to Slide 9)	-	$282,850.55

Initiative 2: Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease Management

Initiative 2 Next Steps	Timeline
Finalize requirements for ROOTS Hub Leads	***April 2026***
Finalize Initiative 2 TA package for ROOTS Hub Leads	***April 2026***
Launch Diabetes Prevention Program	***April 2026***

Initiative 3: Expand and Integrate Behavioral Health and Substance Use Disorder Services

Initiative 3 Major Activities + Budget	Subrecipient/ Vendor Selection	CMS Approved Amount
Coordinated Specialty Care – First Episode Psychosis Teams Expands early intervention services for youth and young adults experiencing first-episode psychosis.	LME/MCO	$3,000,000
Certified Community Behavioral Health Clinic (CCBHC) Expansion Strengthens rural behavioral health providers to deliver integrated mental health, substance use, and primary care services.	LME/MCO	$4,000,000
Mobile Opioid Treatment Programs & Medication Units Brings medication-assisted treatment directly to rural areas through mobile or co-located treatment units.	LME/MCO	$3,000,000
Mobile Outreach, Response, Engagement & Stabilization Creates regional crisis response teams to rapidly support children and families during behavioral health emergencies.	LME/MCO	$5,000,000
NC MATTERS (Perinatal Mental Health Support) Expands access to maternal mental health consultation for rural health providers.	UNC	$800,000
Paramedic-Initiated Medication-Assisted Treatment (MAT) Empowers EMS agencies to start life-saving treatment immediately after an overdose and connect individuals to care.	Competitive (NC Counties)	$10,000,000
Rural Community Crisis Centers Establishes 24/7 crisis stabilization sites so rural residents can receive timely, local behavioral health support.	LME/MCO	$2,400,000
School-Based Health Center Expansion Increases access to behavioral and physical health services for students in their schools.	Competitive	$1,250,000
CCBHC Quality Improvement Collaborative Funds quality improvement support to help rural CCBHCs strengthen care delivery & outcomes	LME/MCO	$750,000
DHHS Administrative Costs (Refer to Slide 8)	-	$2,090,336.02
DHHS Program Dollars for Initiative 3 (Refer to Slide 9)	-	$1,571,808.92

Initiative 3: Expand and Integrate Behavioral Health and Substance Use Disorder Services

Initiative 3 Next Steps	Timeline
Issue LME-MCO allocation letters to obligate funds	***April 2026***
Complete LME-MCO allocation letter deliverable-based revisions	***May 2026***
Expand NC MATTERS (Perinatal Mental Health Support) contract to expand rural reach	***July 2026***

Initiative 4: Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities

Initiative 4 Major Activities + Budget	Subrecipient/ Vendor Selection	CMS Approved Amount
ROOTS Led Rural Health Workforce Support Packages (6 Regions) Provides incentives such as relocation, child care, and retention supports to help recruit and keep rural clinicians. **Administered by the ROOTS Hub**	ROOTS Hub Lead Entities	$16,794,450 *(6 × 2,799,075 contracts (Region 1–6))*
ROOTS Led Regional Workforce Training (6 Regions) Funds regional training programs to expand the rural health workforce pipeline and strengthen clinical skills. **Administered by the ROOTS Hub**	ROOTS Hub Lead Entities	$18,000,000 *(6 × 3,000,000 contracts (Region 1–6))*
Social Work Rural Scholars Program Supports training and placement of social workers in rural communities to expand behavioral health and family support services.	To Be Determined	$1,000,000
Behavioral Health Workforce Certification Program Builds a pathway for rural residents to earn behavioral health certifications and join the local workforce.	To Be Determined	$900,000
DHHS Administrative Costs (Refer to Slide 8)	-	$2,012,274.10
DHHS Program Dollars for Initiative 4 (Refer to Slide 9)	-	$108,688.27

Initiative 4: Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities

Initiative 4 Next Steps	Timeline
Finalize requirements for ROOTS Hub Leads	***April 2026***
Finalize Initiative 4 TA package for ROOTS Hub Leads	***April 2026***
Execute contract for Social Work Rural Scholars Program	***July 2026***
Behavioral Health Workforce Certification and Apprenticeship	***September 2026***

Initiative 5: Ensure Fiscal Sustainability of Rural Health Providers Through Innovative Financial Models

Initiative 5 Major Activities + Budget	Subrecipient/ Vendor Selection	CMS Approved Amount
ROOTS Led Hospital Feasibility & Redesign Technical Assistance Helps rural hospitals assess their financial health and redesign services to remain viable in changing health care environments. **Administered by the ROOTS Hub**	ROOTS Hub Lead Entities	$3,499,998 *(6 × $583,333 contracts (Region 1–6))*
Primary Care Capitation – Provider Technical Assistance An organization will provide training and practice support for clinics preparing to participate in new payment models.	To Be Determined	$500,000
DHHS Administrative Costs (Refer to Slide 8)	**-**	$2,462,233.73
DHHS Program Dollars for Initiative 5 (Refer to Slide 9)	**-**	$1,236,059.09
Year 2 - ROOTS Led Primary Care Capitation Pilot *Support rural primary care providers in transitioning to a capitation payment model through technical assistance, practice transformation coaching, and infrastructure development.*	*ROOTS Hub Lead Entities*	*Planned for Year 2*

Initiative 5: Ensure Fiscal Sustainability of Rural Health Providers Through Innovative Financial Models

Initiative 5 Next Steps	Timeline
Finalize Value-Based Payment (VBP) actuarial contract	***June 2026***
Finalize VBP Technical Assistance contract	***June 2026***
Design program for providers to apply to these innovative financial models	***July-December 2026***

Initiative 6: Modernize Rural Care Delivery Through Digital Forward Solutions

Initiative 6 Major Activities + Budget	Subrecipient/ Vendor Selection	CMS Approved Amount
Connecting Providers to the Health Information Exchange (HIE) Expands and upgrades connections so rural providers can securely exchange patient information and improve care coordination.	N.C. Department of Information Technology	$5,532,572
Digital Health Literacy (Digital Navigators) Supports navigators who help rural residents use telehealth tools, patient portals, and digital health resources.	N.C. Department of Information Technology	$900,000
Rural Health Innovation Fund Provides grants to rural providers to modernize business operations and upgrade digital and health IT infrastructure.	To Be Determined	$20,000,000
Support for AI & Emerging Digital Tools Adoption Support for rural providers to adopt safe and effective digital technologies that enhance care delivery and reduce burden.	Competitive	$5,703,126
Integrate Remote Patient Monitoring (RPM) and Chronic Care Management (CCM) into Rural Health Care Funds the integration of RPM and CCM tools to help rural providers improve access, coordination, and health outcomes for patients with ongoing health needs	Competitive	$1,000,000
DHHS Administrative Costs (Refer to Slide 8)	-	$2,012,274.10
DHHS Program Dollars for Initiative 6 (Refer to Slide 9)	-	$177,078.27

Initiative 6: Modernize Rural Care Delivery Through Digital Forward Solutions

Initiative 6 Next Steps	Timeline
Execute Department of Information Technology MOU	***April 2026***
Execute Department of Information Technology MOU	***April 2026***
Launch Rural Health Innovation Fund (RHIF)	***September 2026***

Measuring and Demonstrating Success to CMS for Future Year Funding Allocations

CMS KPI Reporting

(see appendix)

Ensure RHT investments are moving the needle on improving health.

Success Factors

- Ensure measures reflect CMS objectives and NC RHTP goals
- Use leading indicators that proactively identify trends
- Leverage externally available data sets and summary data to simplify analysis

Sub-Recipient Performance Monitoring

Develop reporting requirements and solutions to proactively manage risk.

Success Factors

- Develop clear reporting and deliverable requirements across partners to drive oversight
- Leverage tooling to manage quality of data/deliverable submissions and internal workflows

Financial Monitoring and Reporting

Establish centralized process to monitor budgeted and spend.

Success Factors

- Develop a centralized and structured approach to managing spend and reimbursement
- Reduce manual financial reporting as much as possible
- Define roles and responsibilities for financial reporting and analysis

Looking Ahead

- Continued engagement and information sharing with community, federal and state partners
- Selection and Launch of RHTP ROOTS Hub Leads
- North Carolina to host CMS for RHTP site visit in Summer 2026
- Finalize details for RHTP Advisory Committee
- First report to CMS due August 30, 2026

Reminder! *Year 2 funding is contingent upon compliance & achievement of required milestones in year 1.*

Appendix

CMS Key Performance Indicators (KPIs) Glossary (1/2)

Initiative	KPI	Unit	Activity	Description	Outcome
Initiative 1: Roots Hubs	Establish NC ROOTS Hubs	#	1A	Number of NC ROOTS Hubs established	Establish six NC Roots Hubs by PY2
	Safety Net Provider Hub Participation	%	1B	Percent of eligible hospitals, providers, and CBOs participating in Hub collaborative activities	Dependent upon eligible Hub Network entities per region
	Deploy Community Based Initiative	#	1B	Number of community-specific targeted initiatives deployed	Dependent upon eligible Hub Network entities per region
	Referral Activity for Hub Services	%	1B	Percent of successful referrals to community provider network	Dependent upon eligible Hub Network entities per region
Initiative 2: Physical Health	Increase Access to Prenatal Care	%	2A	Percent of births to women who receive prenatal care during the first trimester of pregnancy	80% by PY5
	Reduction in Chronic Disease High-Cost Comorbidity Burden	%	2B	Reduction in the percent of adults in the target rural population reporting two or more chronic health conditions	9.7% by PY5
	Decrease Tobacco Use	%	2B	Percent increase of referrals to QuitlineNC from participating counties	5% PY3; 10% PY5
	Increase Patient Use of Self Monitoring Blood Pressure	%	2B	Percent increase in # of patients who are offered/received SMBP	10% PY5
	Food As Medicine: Increase Access to Healthy Food	%	2C	Percent of high-risk individuals (as defined by NCDHHS) receiving healthy food boxes	15-20% by PY5
Initiative 3: BH/SUD	Establish New Rural CCBHCs	#	3A	Number of rural CCBHCs	5 by PY2
	Increase in Individuals Beginning MH Treatment	%	3A, 3B, 3C	Percent of Medicaid members beginning mental health treatment	5% increase each year
	Decrease ED Utilization for Mental Health Needs	#	3A, 3B, 3C	Average monthly emergency department utilization for behavioral health diagnosis	10% decrease by PY5
	Decrease ED Occupancy for Youth Mental Health Needs	#	3A, 3B	Average monthly ED utilization of members under the age of 18 with behavioral health diagnosis	10% decrease by PY5
	Decrease ED Utilization for Opioid Overdose	#	3B, 3C	Number of annual ED encounters related to opioid overdose	20% decrease by PY5

**Note: Key performance Indicators under review by CMS and are subject to change*

CMS Key Performance Indicators (KPIs) Glossary (2/2)

Initiative	KPI	Unit	Activity	Description	Outcome
Initiative 4: Workforce	Increase Rural Residencies & Fellowship Programs	#	4A	Number of rural residency and fellowship programs launched in rural counties	8-12 new programs in high-need specialties by PY5
	Increase EMS Professionals in Rural Communities	#	4A	Number of graduates each year accepting full/part-time positions in rural counties	150 EMTs per year for each of PY2-5
	Improve Rural County Primary Care Clinician Ratio	#	4A	Number of rural counties where ratio of population to primary care clinician is less than 1500:1	15% reduction by PY5
	Improve Rural Clinician Vacancy Rates	#	4A, 4B	County-level six-month clinician vacancy rate	10% reduction by PY5
Initiative 5: VBP	Hospital VBP Capacity Building Pilot - Reduce Transfers to Urban Hospitals	#	5A	Number of patients transferred from participating rural hospital to larger, urban hospital for care	TBD during implementation planning with rural practices
	PCP Pilot - Adults' Access to Preventive /Ambulatory Health Care (AAP)	%	5B	Percent of persons 20 years of age and older who had an ambulatory or preventive care visit (AAP)	Improvement by greater than statewide trend by PY5
	PCP Pilot - Improving Perinatal Care: Well Child Visits	%	5B	Percent of children receiving recommended well-child visits in the first 30 months of life (W30)	Improvement by greater than statewide trend by PY5
	Value-Based Care - Primary Care	#	5B	Increase in number of rural primary care practices participating in a primary care capitation payment model	TBD during implementation planning with rural practices
Initiative 6: Digital Health	Improve Rural Providers HIE Connectivity	%	6A	Percent of rural providers connected to NC Health Connex	100 new provider practices by PY3
	Increase Rural Provider Usage of AI Clinical Decision Support Tools	%	6B	Percent of rural providers utilizing ambient CDS tools	TBD by PY5
	Increase Rural Provider Capacity for Emerging Tech	#	6C	Number of providers participating in TACS.	TBD by PY5
	Rural Resident Engagement	#	6D	Number of rural residents who receive 1:1 training or attend a group training session	TBD by PY5

**Note: Key performance Indicators under review by CMS and are subject to change*

Internal Activity Metrics

Initiative	Activity	Preliminary Performance Metrics
1	Hub Leads	Hub Lead governance structure established
	Hub Leads	Regional needs assessment completed
	Hub Leads	Number of stakeholder engagement session per region
	Hub Leads	Action plans completed
	Hub Leads	Dollars committed through sub-recipient and vendor agreements
2	Perinatal Health	Number of people trained in the respective region/hub/ROOT on LOCATe.
	Perinatal Health	Number of birthing hospitals that complete the updated LOCATe survey.
	Perinatal Health	Percent of level of care verification process/review that included representations from community partners.
	Perinatal Health	Number of pregnant and postpartum women who participated in the environmental scan
	Perinatal Health	Number of AI-enabled ultrasound examinations performed in rural primary care settings.
	Perinatal Health	Percent clinician confidence scores in managing obstetric emergencies assessed pre- and post-simulation training.
	Perinatal Health	Number of EMS personnel trained in emergency obstetrical care across rural counties.
	Perinatal Health	Number of birthing hospitals that implement the initiative within the region
	Perinatal Health	Number of hospital staff trained on Post Birth Warning Signs.
	Perinatal Health	Number of first responders trained on Post Birth Warning Signs.
	Chronic Disease Management	Number of completed assessments or pre-existing assessments referenced.
	Chronic Disease Management	% of adults in the target rural population reporting three or more chronic health conditions.
	Chronic Disease Management	# of patients who are enrolled in SMBP
	Chronic Disease Management	Number of healthcare providers trained on at least one evidence-based guideline for chronic disease prevention and management (SMBP, tobacco cessation, diabetes, etc)
	Chronic Disease Management	Number of sites implementing standardized referral workflows.
	Chronic Disease Management	Number of provider staff recruited and trained on chronic disease management.
	Food Is medicine	Number of individuals accessing nutrition supports, as a result of the infrastructure.
	Food Is medicine	Number of established agreements with local entities which support the sustainable enhancement of nutrition infrastructure in all covered counties
	Food Is medicine	Number of people served, as a result of the infrastructure.

Internal Activity Metrics

Initiative	Activity	Preliminary Performance Metrics
3	CCBHCs	Number of new CCBHCs
	CCBHCs	Number of people served as a result of new CCBHCs
	Enhanced Assessments & Treatment	Number of people screened for FEP.
	Enhanced Assessments & Treatment	Number of people connected to serves as a result of coordinated FEP screenings.
	Enhanced Assessments & Treatment	Number of community crisis centers integrated into CCBHCs
	Enhanced Assessments & Treatment	Number of individuals utilizing community crisis centers within CCBHCs
	Enhanced Assessments & Treatment	Number of MORES units established
	Enhanced Assessments & Treatment	Number of individuals utilizing MORES
	Enhanced Assessments & Treatment	Number of school based health centers established
	Enhanced Assessments & Treatment	Number of individuals utilizing newly established school based health centers
	Enhanced Assessments & Treatment	Number of mobile OTP units established or co-located.
	Enhanced Assessments & Treatment	Number of individuals utilizing newly established or co-located OTP units.
	Non-Traditional BH Workforce	Number of additional NC MATTERS supports for perinatal mental health clinical coverage.
	Non-Traditional BH Workforce	Number of individuals utilizing NC MATTERS support services.
	Non-Traditional BH Workforce	Number of additional MAT equipped EMS units.
	Non-Traditional BH Workforce	Number of individuals receiving EMS-initiated buprenorphine
4	Rural Training Hubs	Number of rural residency and fellowship programs launched
	Rural Training Hubs	Number of individuals enrolled through new residency and fellowship programs
	Rural Training Hubs	# of EMS graduates each year accepting full/part-time positions in rural counties
	Qualified Professional	Number of QPs trained through the program
	Qualified Professional	Number of QPs graduated and placed in rural areas
	Expand Social Work Rural Scholars Program	Number of participants in the social work scholars program
	Expand Social Work Rural Scholars Program	Number of graduates placed in rural areas

Internal Activity Metrics

Initiative	Activity	Preliminary Performance Metrics
5	Hospital Feasibility	Number of hospitals completing feasibility studies
	Hospital Feasibility	Number of hospitals completing facility redesign planning
	Hospital Feasibility	Number of patients transferred from rural hospital to larger, urban hospital for care
	PCP Pilot	Number of practices identified for PCP pilot
6	HIE Connection	Number of new provider connections established
	Digital Navigators	Number of 211 callers offered Digital Health Literacy assistance
	Digital Navigators	Number of 211 callers successfully receiving Digital Health Literacy assistance
	Digital Navigators	Number of individuals receiving in person digital health navigation
	RHIF	Number of providers completing a technology assessment
	RHIF	Number of providers applied to rural health innovation fund
	RHIF	Number of providers successfully implemented innovation fund technology