



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

Side by Side with DMH/DD/SUS

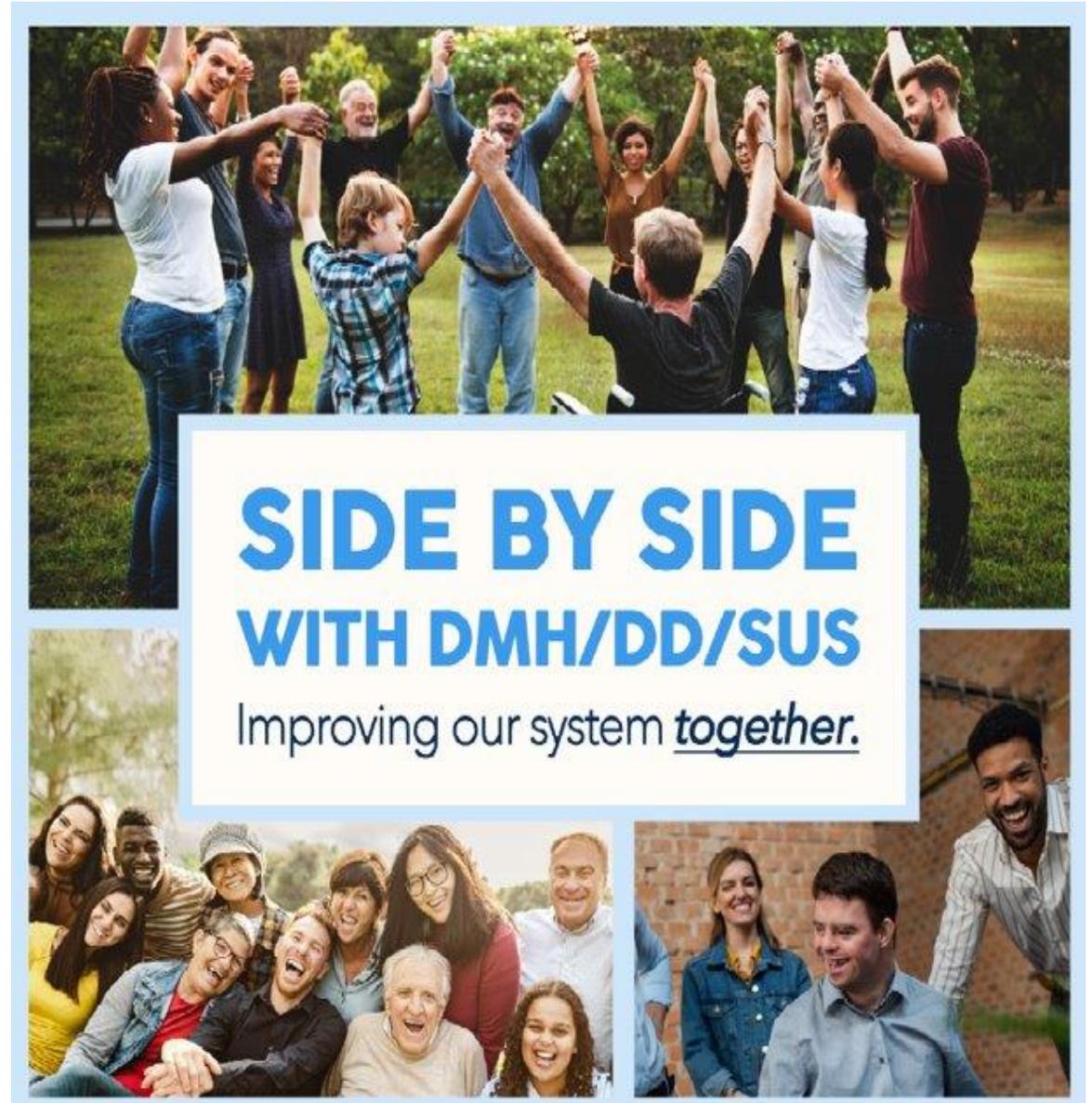
Improving our system together.

Kelly Crosbie, MSW, LCSW

Director

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

December 4, 2023

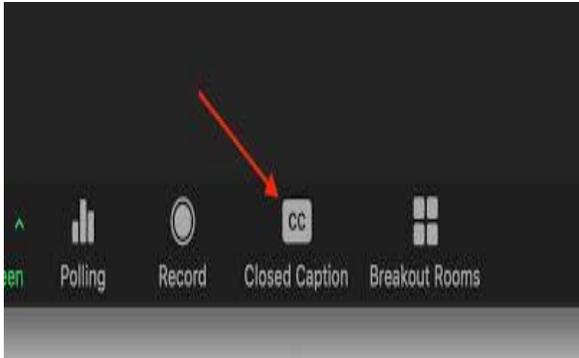


Housekeeping

- Reminders about the webinar technology:
 - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
 - Please make sure your microphones are muted for the duration of the call unless you are speaking or asking questions.
 - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows towards the end of the presentation.

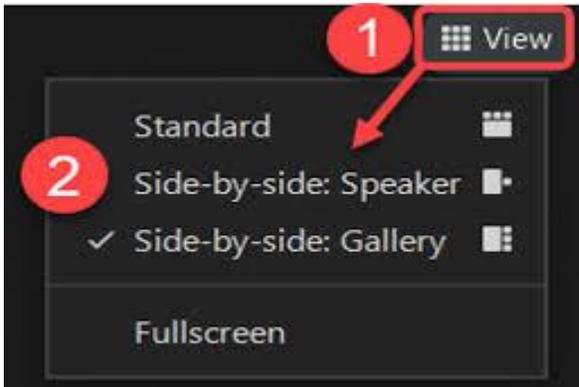


Housekeeping



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

Intérpretes y subtítulos en lengua de signos americana (ASL). Habrá intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



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

Agenda

1. Introductions
2. Announcements
3. MH/SUD/IDD/TBI System Updates
4. MH/SU/IDD/TBI Supports for Justice-Involved Individuals
5. Q&A

Kelly Crosbie, MSW, LCSW, DMHDDSUS Director



- 27 years in MH/SU/IDD Field
- 12 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

Announcements

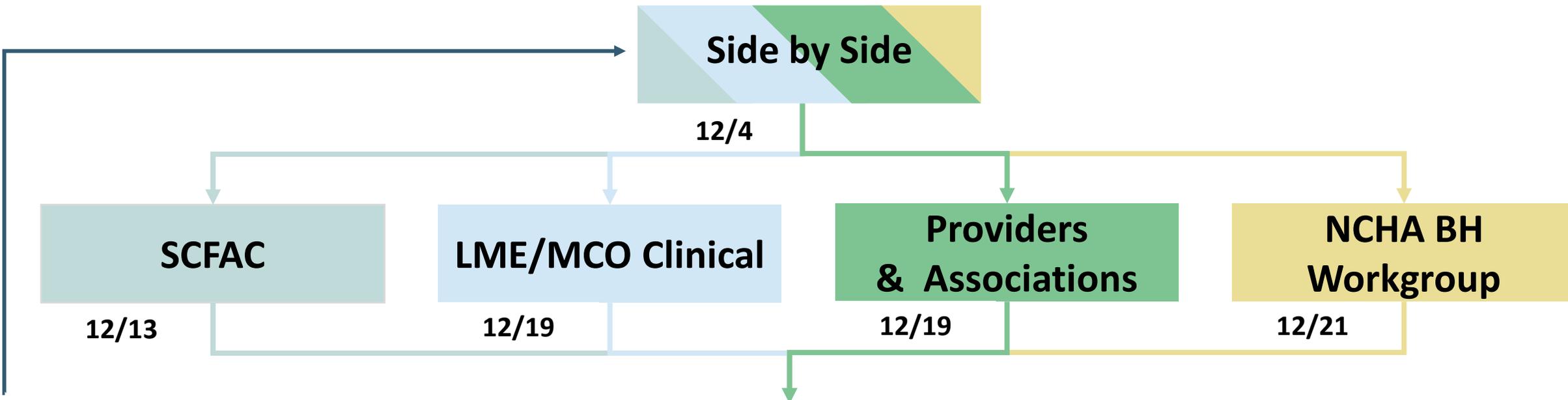
Scheduling for next Side by Side Webinars

Date	Time	Agenda Topic
Jan. 8, 2024	2:00-3:00 p.m.	Behavioral Health & I/DD Workforce
Feb. 5, 2024	2:00-3:00 p.m.	To Be Determined

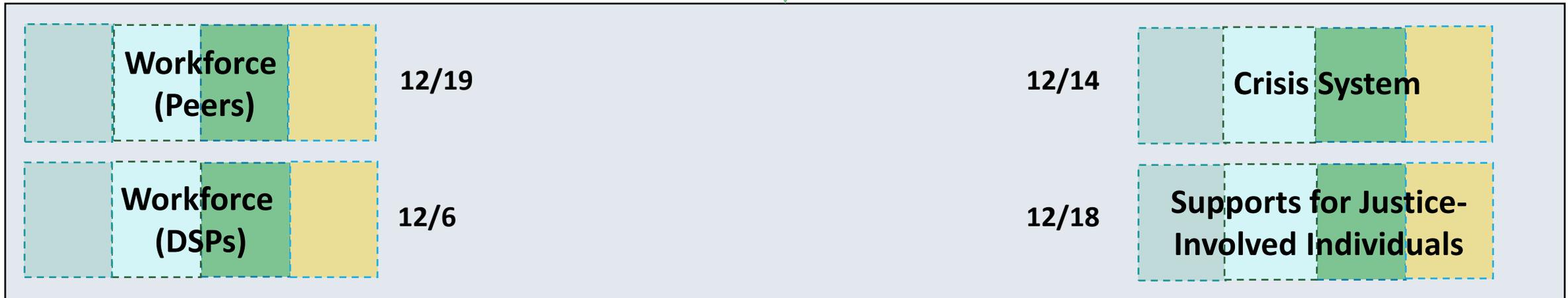


December Community Collaboration

Topic: MH/SU/IDD Supports for Justice-Involved Individuals



Advisory Committees



How do I join my local Consumer Family Advisory Committee (CFAC)?

Contact your LME/MCO:

❖ Alliance Health CFAC

- Email chwbreferrals@alliancehealthplan.org
- Call Member and Recipient Services at (800) 510-9132

❖ Eastpointe CFAC

- Call 1-800-913-6109

❖ Partners Healthcare CFAC

- Email CFAC@partnersbhm.org
- Call the CFAC Liaison at 704-884-2729

❖ Sandhills Center CFAC

- Email Anne Kimball at annek@sandhillscenter.org
- Call 1-800-256-2452

❖ Trillium Health CFAC

- Email to Info@TrilliumNC.org
- Call Trillium at 1-866-998-2597

❖ Vaya Health CFAC

- Complete the [online membership application](#)
- Call 1-800-893-6246 and ask to speak with a Vaya CFAC liaison

MH/SUD/IDD/TBI System Updates

Medicaid Expansion Launched on Dec. 1!



More North Carolinians can get health care coverage through Medicaid.



Beginning on Dec. 1, 2023, NC Medicaid will cover people ages 19 through 64 years with higher incomes. You may be able to get health care coverage through Medicaid even if you didn't qualify before.

Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to you.



NC Medicaid covers most health services, including:

- **primary care** so you can go to a doctor for a check-up or when you are not feeling well
- **hospital services** when you need to stay overnight (inpatient) or when you can go home the same day (outpatient)
- **maternity and postpartum care** if you are pregnant and after giving birth
- **vision and hearing services**
- **prescription drug benefits** to pay for your medicines
- **behavioral health**
- **preventative and wellness services**
- **devices and other therapies**

Most people will be able to get health care coverage through Medicaid if they meet the criteria below. And if you were eligible before, you still are. Nothing changes for you.

- **You live in North Carolina**
- **Age 19-64**
- **You are a citizen.** Some non-US citizens can also get health care coverage through Medicaid.
- And if **your household income** fits within the chart below:

Household Size	Annual Income
Single Adults	\$20,120 or less
Family of 2	\$27,214 or less
Family of 3	\$34,307 or less
Family of 4	\$41,400 or less
Family of 5	\$48,493 or less
Family of 6	\$55,586 or less

How to apply for Medicaid:



ePASS
epass.nc.gov



Paper application
[ncgov.servicenow.com](https://ncgov.servicenow.com/services)



In person at your
local DSS office
ncdhhs.gov/localDSS



Call DSS office
ncdhhs.gov/localDSS

You can access the Medicaid Expansion Toolkit, trainings, and FAQs on the NC Division of Health Benefits (Medicaid)'s website

Learn more at:
Medicaid.ncdhhs.gov

NC Department of Health and Human Services
[NCDHHS.gov](https://ncdhhs.gov) • NCDHHS is an equal
opportunity employer and provider. • 10/2023



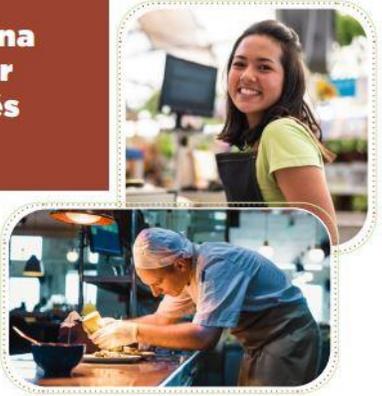
Learn How to Apply With ePASS

(Spanish and English versions)

Más habitantes de Carolina del Norte pueden obtener cobertura médica a través de Medicaid.

A partir del 1 de diciembre de 2023, NC Medicaid cubrirá a las personas de 19 a 64 años que tienen ingresos más altos de lo que se permitía antes. Es posible que puedas obtener cobertura médica de Medicaid incluso si no calificaste antes.

Medicaid paga las visitas al médico, los chequeos médicos de rutina anuales, la atención de emergencia, servicios de salud mental y más, a bajo costo o sin costo para ti.



La mayoría de personas podrán obtener cobertura médica a través de Medicaid si cumplen con los criterios a continuación. Y si eres elegible antes, todavía lo eres. Nada cambia para ti.

- **Vivir en Carolina del Norte.**
- **Tener entre 19 y 64 años.**
- **Ser ciudadano.** Algunas personas que no son ciudadanos estadounidenses son elegibles para obtener cobertura médica a través de Medicaid.
- Y si los **ingresos de tu hogar** están dentro del cuadro a continuación.

Tamaño del hogar	Ingreso Anual
Adultos solteros	\$20,120 o menos
Familia de 2 personas	\$27,214 o menos
Familia de 3 personas	\$34,307 o menos
Familia de 4 personas	\$41,400 o menos
Familia de 5 personas	\$48,493 o menos
Familia de 6 personas	\$55,586 o menos

Medicaid cubre la mayoría de los servicios de salud, incluyendo:

- **atención primaria** para que vayas al médico para un chequeo de rutina o cuando no te sientas bien
- **servicios hospitalarios** cuando necesitas pasar la noche en el hospital (paciente hospitalizado) o cuando puedes irte a casa el mismo día (paciente ambulatorio)
- **atención de maternidad y posparto** si estás embarazada y después de dar a luz
- **servicios de visión y audición**
- **beneficios para pagar tus medicamentos recetados**
- **salud del comportamiento**
- **servicios preventivos y de bienestar**
- **dispositivos y otras terapias**

Cómo solicitar Medicaid:



ePASS
epass.nc.gov



Solicitud impresa (en papel)
nc.gov.servicenow/services.com



En persona, en tu oficina local del Departamento de Servicios Sociales (DSS)
ncdhhs.gov/localDSS



Llamando a tu oficina local de DSS
ncdhhs.gov/localDSS

Obtén más información:
Medicaid.ncdhhs.gov/InfoDeExpansion

Departamento de Salud y Servicios Humanos de Carolina del Norte • [NCDHHS.gov](https://ncdhhs.gov)
NCDHHS es un proveedor y empleador que ofrece oportunidad igual a todos. • 10/2023



PARTICIPANT'S LIST IS STILL CLIMBING, SO WE ARE GOING TO GIVE IT ABOUT A MINUTE AND WE WILL GET STARTED

Welcome to our ePASS Demo!

September 19, 2023

Elizabeth O'Dell
Wes Woodstunhime
Melanie Bush
ASL Interpreter: Monica

0:00 / 1:29:38 • Welcome & Introduction

Navigating ePASS: Guide to Providing Application Assistance

Unlisted

English-Language video: <https://www.youtube.com/watch?v=204bNI5pGkI>

Spanish-language video: <https://www.youtube.com/watch?v=whLNhXj7zvM>

988 Performance Dashboard

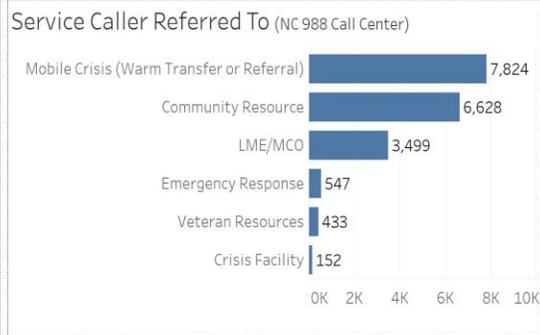
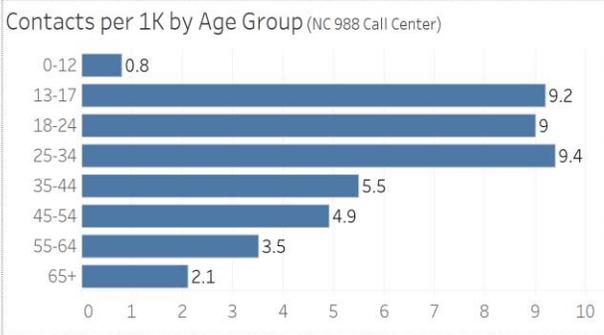
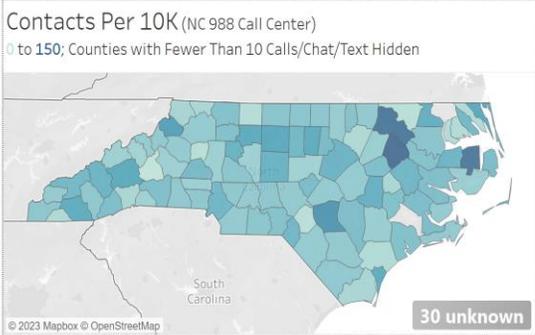
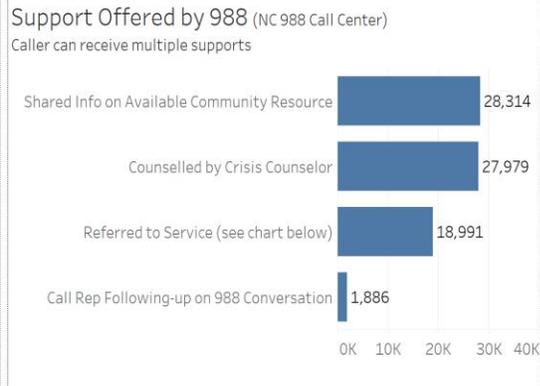
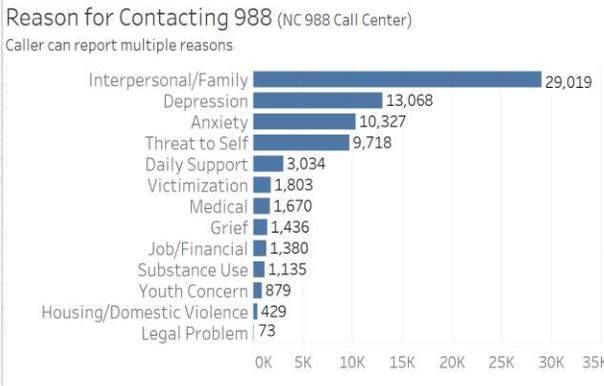
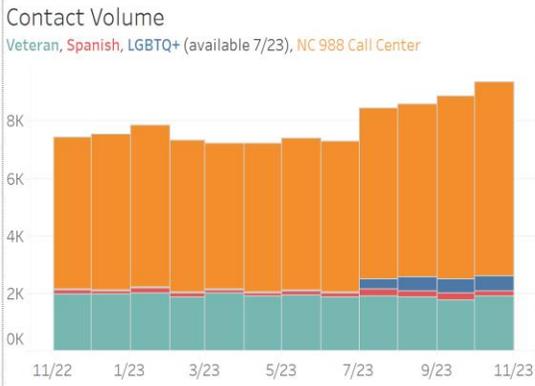
North Carolina 988 Performance Dashboard Past 12 Months (11/22-10/23)



The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish, LGBTQ+), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.



94,763 NC Contact Volume	98.0% NC 988 Call Center Answer Rate	14.2 seconds Avg Time to Answer Calls (NC 988 Call Center)	44.5% of Contacts are from Repeat Callers (NC 988 Call Center)	11.6% of Contacts Referred to Mobile Crisis (NC 988 Call Center)
-----------------------------	-----------------------------------------	---------------------------------------------------------------	-------------------------------------------------------------------	---------------------------------------------------------------------



You can access the [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website

BH Rate Increases

Link: [Behavioral Health Reimbursement Rates Increased for the First Time in a Decade](#)

- The rate increases represent an **approximate ~20% increase in overall Medicaid funding** for behavioral health across all impacted services
- Rate increases should:
 - Recruit more BH providers into the public BH system
 - Improve access to inpatient psychiatric care in community hospitals
 - Invest in recovery-oriented services
 - Support early intervention by investing in gateway services
- Medicaid rate increases will be effective for services provided on or after **1/1/2024**
- [Medical Bulletin BH Rate Increases](#)

Direct Support Professional (Innovations Waiver) Rate Increases

Link: [Innovations Rate Increases for DSPs](#)

The NC General Assembly appropriated \$176 million in state and federal recurring funding to raise NC Medicaid Innovations waiver services rates for DSPs.

Innovations waiver services providers must document their commitment to and use of the rate increases “to the benefit of its Innovations direct care workers, including in the form of an increase in hourly wage, benefits, or associated payroll costs.”

Services with an increase:

- Residential Supports
- Supported Employment
- Respite Care
- Community Living and Supports
- Day Supports
- Supported Living

LME/MCO Consolidation

**DHHS will release an
FAQ on consolidation for
Providers/ Consumers
this week**

Guiding Principles

1. What is best for the people we serve and for the providers who deliver services?
2. What will promote the value of whole-person care and move us to tailored plans faster?
3. What will reduce complexity, create less disruption, and make things easier for everyone involved?

Secretary's Directive (11/1)

- Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center catchment area aligned to Eastpointe except as follows: Davidson counties will align with Partners Health Management; Harnett County will align with Alliance Health; and Rockingham County will align with Vaya Health.
- Eastpointe shall consolidate with Trillium Health Resources. A consolidation agreement should be crafted by the parties and presented to the Department for consultation and approval no later than 30 days from the date of this Directive.

MH/SU/IDD/TBI Supports for
Justice-Involved Individuals:
Overview & Spotlights

The Intersection of Mental Health Care & the Justice System



- **Imagine a 28-year-old man** with mental health needs. His name is Daniel.
- **He doesn't have health insurance**, so he hasn't been able to afford treatment.
- Several months ago, **he experienced a mental health crisis** that led to him being arrested and losing his job.
- **He is now stuck in jail waiting for an inpatient psychiatric bed** to get competency restoration services so he can proceed to trial.
- If he had **earlier access to treatment and crisis services**, it is very possible that none of this would be needed.

NOTE: This is an illustrative composite example

Why Do We Need a Strategy around MH/SU/IDD/TBI & Justice?

- **60%** of individuals in jail reported symptoms of a **mental health issue** in the previous 12 months
 - **83%** of individuals in jail with mental illness **did not receive mental health** care after admission
 - **68%** of people in jail have a history of misusing **drugs and/or alcohol**
 - Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are **40 times more likely to die** from an opioid overdose
-

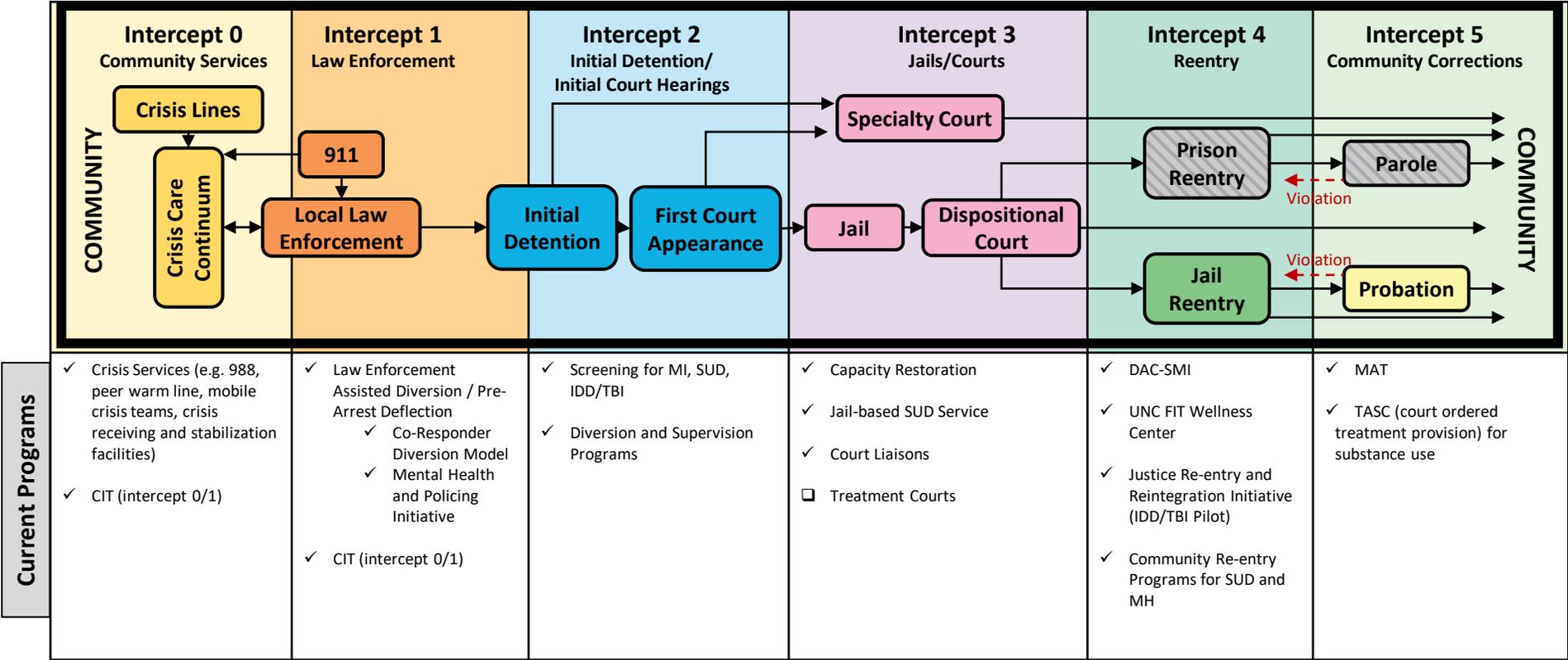
Behavioral Health Budget Provisions (\$785M)

Justice

Provision	FY24	FY25
Crisis System (e.g. mobile, FBCs)	\$30M	\$50M
Crisis Stabilization (short-term shelter)	~\$3M	~\$7M
Non-Law Enforcement Transportation Pilot Program	\$10M	\$10M
BH SCAN	\$10M	\$10M
Justice-Involved Programs <ul style="list-style-type: none"> Community-based pre-arrest diversion and reentry programs; fund partnerships between law enforcement, counties, and BH providers Community-based and detention center-based restoration programs 	\$29M	\$70M
Behavioral Health Workforce Training	~\$8M	\$10M
NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
Behavioral Health Rate Increases	\$165M	\$220M
State Facility Workforce Investment	\$20M	\$20M
Electronic Health Records for State Facilities		\$25M
Child Welfare and Family Well-Being	\$20M	\$60M
	\$299M	\$486M

DMHDDSUS Funds Programs Using the Sequential Intercept Model (SIM)

- The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.
- The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.
- Services that DMHDDSUS supports (e.g. thru funding) marked with a ✓, other services marked with □
- Availability of a program or service are county dependent



• Source: SAMHSA Sequential Intercept Map Overview, September 2022.

Deflection / Diversion

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

What is it?

- Deflection: Deflection of individuals during initial interactions with law enforcement and first responders towards community-based behavioral health treatment and other services as an alternative to arrest.
- Diversion: Divert individuals into alternative programming or services during jail intake, booking, or initial hearing in lieu of conviction, traditional sentencing or violations of supervision conditions.

Deflection / Diversion

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

Law Enforcement Assisted Diversion (LEAD) / Pre-Arrest Deflection

- Empowers police and sheriffs to redirect low-level offenders to community-based programs and services, instead of jail and prosecution
- Example: Coastal Horizons, Buncombe County Sheriff's Office)

Mental Health and Policing Initiative

- Leverages social workers and clinical case managers embedded within law enforcement agencies to support pre- and post-arrest diversion referrals
- Example: Orange Co Criminal Justice Resource Center, Agape Services (Washington Co)

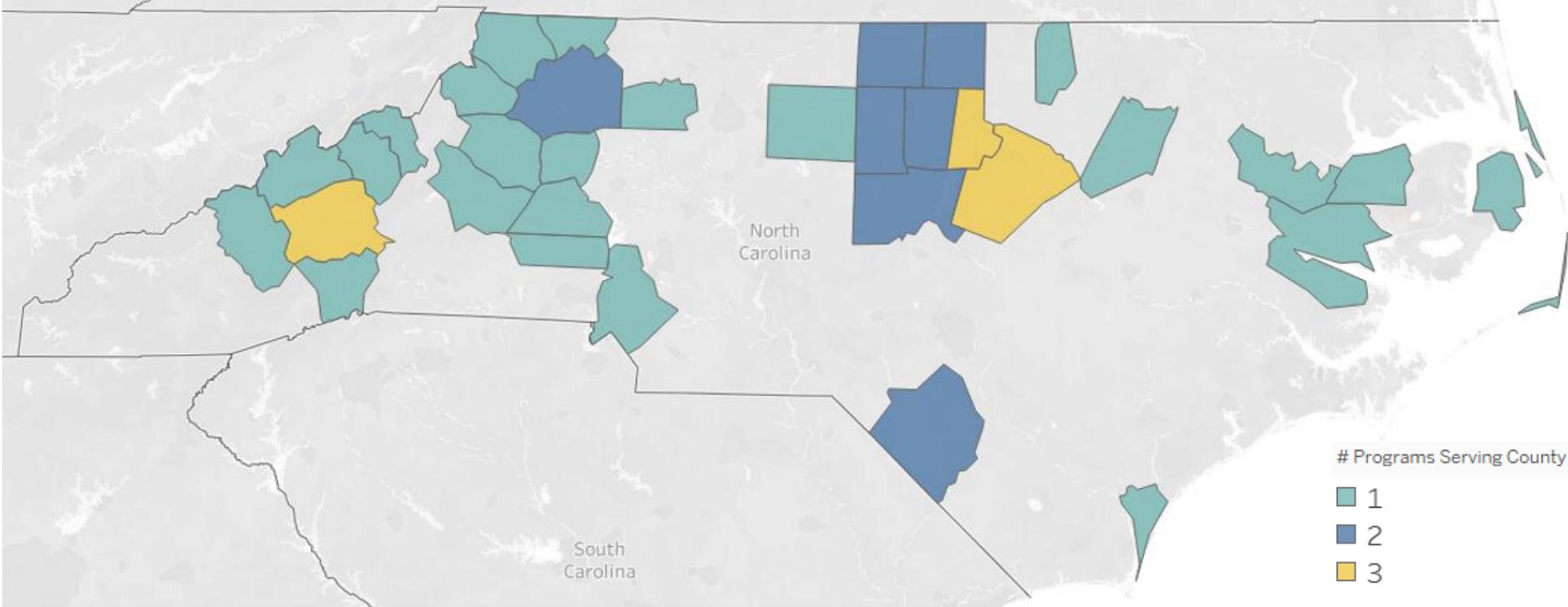
Co-Responder Diversion Model

- Focuses on deflecting individuals through co-responder community-level crisis intervention
 - Example: HEART model (Durham)
-

25 DMHDDSUS-funded Deflection & Diversion Programs

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

2 programs are behavioral health focused, 23 are substance use focused



Capacity Restoration

Level 3: Jails/Court

What is capacity restoration?

- When a defendant has a mental illness, courts sometimes find them Incapable to Proceed (ITP) to trial
- The average time to restore capacity in state hospitals is more than 180 days.
- Individuals in need of treatment and wraparound supports face long wait times.
- We have partnered with Mecklenburg Sheriff's Office to pilot providing capacity restoration in the community instead of in a state hospital
- **This saves money AND frees up much needed hospital capacity**

Average cost per day



Reentry Programs

Intercept 4: Re-entry

- **What is it?**
 - Programs and services that support re-entry back into the community after incarceration to reduce further justice involvement.

Spotlight: UNC FIT Wellness Clinic

- Accepts people released from state prison to Wake county custody who have SMI with a history of treatment non-compliance, reported aggression, or recent solitary confinement
 - Delivers psychiatric and physical health care and peer support services along with connections to community supports (e.g., housing, transportation, phones)
 - Peer support workers coordinate care post release; receive psychiatric and physical health care in the clinic based in Raleigh
-

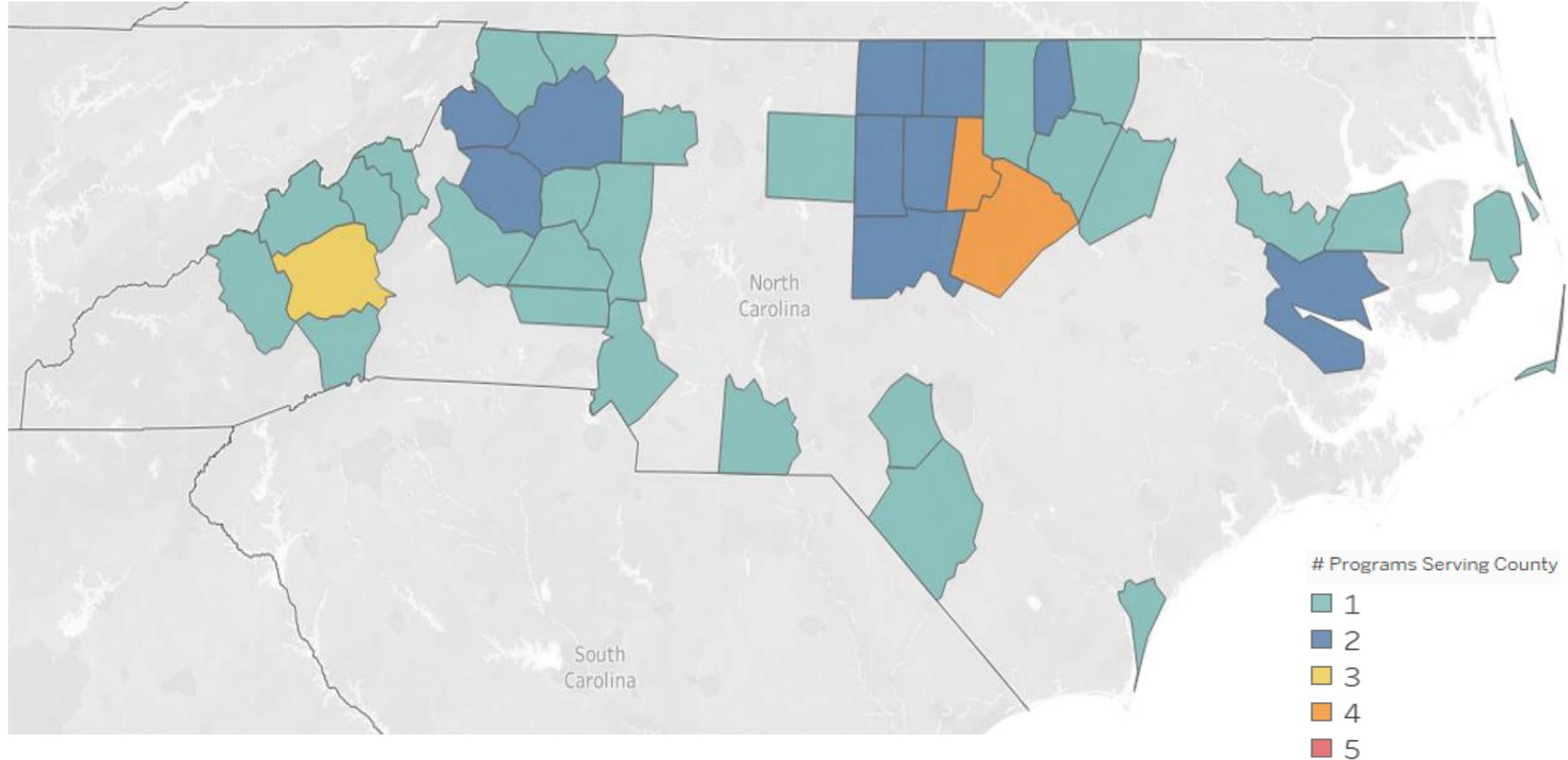
Spotlight: IDD/TBI Justice Reentry and Reintegration Initiative

Intercept 4: Re-entry

- Provides Individual Re-Entry Plan (IRP) development and ongoing post re-entry supports for individuals with I/DD and TBI
- Provides skill-building and other person-centered supports to assist individuals in obtaining housing, transportation, employment, and other benefits across eight counties.
- Educates the Department of Adult Correction (DAC) staff, re-entry providers and justice system partners
 - These entities typically receive training on SUD but do not consistently receive similar training on I/DD and TBI
- Currently available in 14 of DAC's 56 correctional facilities

North Carolina Has 49 Re-entry Programs Statewide

Intercept 4: Re-entry



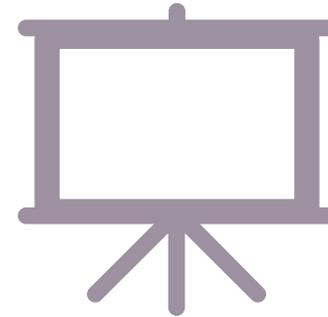
What we are asking our community partners:

- *What are your pain points in NC's system of services and supports for people with MH, SUD, IDD and TBI involved in the justice system?*
- *What are your pride points?*
- *How should we invest in new or existing services for:*
 - *Children*
 - *Youth*
 - *People with SMI (Serious Mental Illness)*
 - *People with I/DD, TBI, and Co-Occurring needs*
 - *People with SUD*

Q&A



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



The recording and presentation slides for this webinar
will be posted to the [Community Engagement & Training](#) webpage.

Thank you!