

# The State of North Carolina's Public MH/DD/SAS System Town Hall



Committed to the People We Serve, with a  
focus on Outcomes, Access, and System  
Performance

**Wilmington NC, January 30, 2020**

**N.C. Department of Health and Human Services**  
**Kody H. Kinsley,**  
Deputy Secretary for Behavioral Health & IDD



- **Welcome and Town Hall Logistics**
- **Introduction of Deputy Secretary Kody Kinsley**
- **Presentation by NC DHHS, Behavioral Health and Intellectual and Developmental Disabilities (BH & IDD) Deputy Secretary Kody Kinsley**
- **Audience Q&A**
- **Closing Comments**
- **Adjourn**

## **Vision for Behavioral Health & IDD in North Carolina:**

*North Carolinians will have **access** to **integrated** behavioral, developmental, and physical health services across their lifespan. We will increase the **quality** and capacity of services and supports in partnership with providers, clients, family members, and communities to promote hope and resilience and achieve **wellness** and **recovery**.*

*(February 2018 Behavioral Health and IDD Strategic Plan)*

## **Mission:**

*Through the lens of behavioral health, we aim to lead with our ideas to identify gaps, invest in promising interventions, and efficiently scale a system that promotes health and wellness for all North Carolinians across all payers, providers, and points of care.*

# BH & IDD By the Numbers

Pubic System	Received Behavioral Health Services CY 2018
2.2 million people have Medicaid	285,000 Medicaid beneficiaries
1 million people are uninsured	97,000 uninsured

10 million residents, 2.2 million have Medicaid, 1 million uninsured, 6.8 million have private insurance

## Prevalence

- **1 in 20** people are living with a **serious mental illness**
- **1 in 20** people are living with an **opioid use or heroin use disorder**
- **1,379 people** died by **suicide** in 2018. **Five per week were Veterans.**
- **1 in 58** children has **autism spectrum disorder**
- There are **128,000 adults and children** in NC with an **Intellectual Developmental Disability**
  - **Only 12,738** have a slot on the Innovations waiver
- **Nearly 80,000** people sustained a **traumatic brain injury** last year
- Over **11,600** kids in foster care, **up 35%** since July 2012
- **25,000** people were **re-entered society** from prison last year – 44% of jail inmates and 31% of prisoners have a history of mental health treatment
- **9,000** people **experiencing homelessness**; over **800** are veterans

*\*Various documented sources*

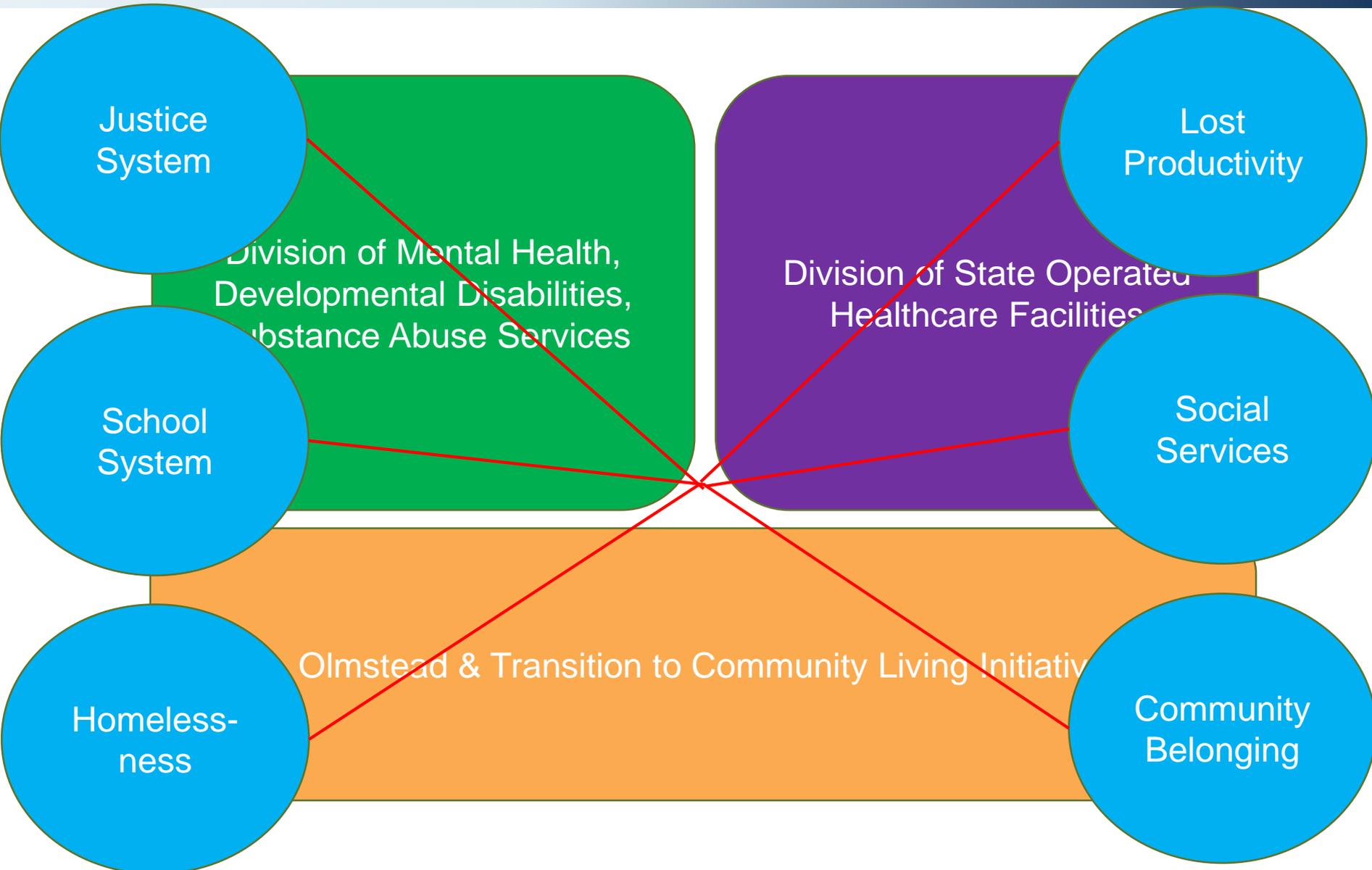
# RECONSTRUCTING THE SAFETY NET



Division of Mental Health,  
Developmental Disabilities,  
Substance Abuse Services

Division of State Operated  
Healthcare Facilities

Olmstead & Transition to Community Living Initiative



Consumers & Family Members

Employers

Private Insurers

Governments

# BH/IDD Strategic Goals

## Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

1. **Access:** Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
2. **Integration:** Integrate behavioral healthcare into primary and physical care.
3. **System performance:** Improve oversight and regulatory regime to optimize system performance while maintaining safeguards.
4. **Operational excellence:** Strive for operational excellence and continuous improvement in our internal operations and regulatory functions.
5. **Boundless behavioral health:** Advance policies and narratives that reinforce the Division as knowledgeable thought leaders and service-oriented partners.

## Division of State Operated Healthcare Facilities

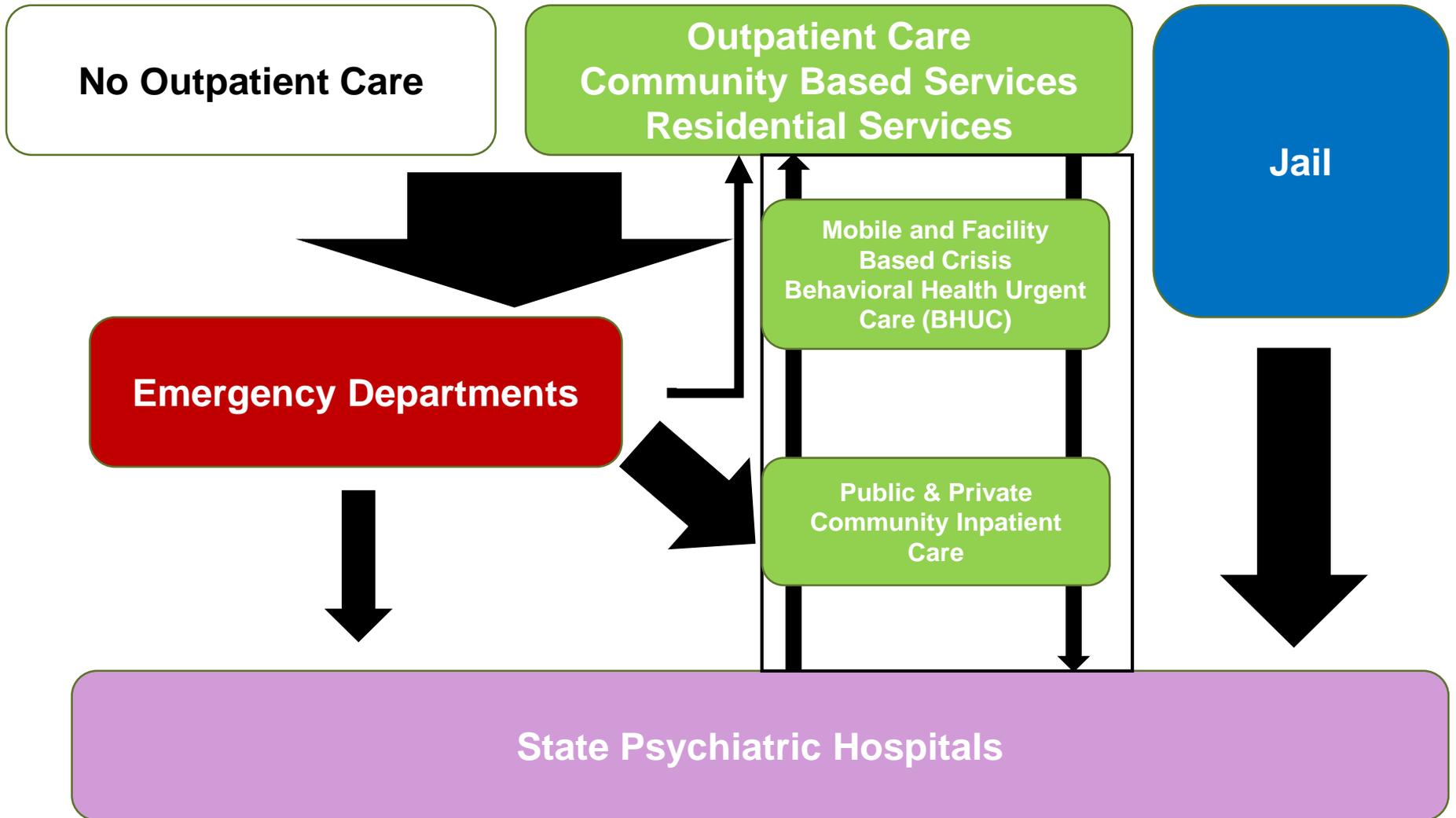
1. **Maximize access** to the right clinical service for the right individual at the right time
2. Ensure the **equal protection and safety** of all people we serve
3. Optimize operational, programmatic, and clinical **equivalency across the system**
4. Become a **preferred employer** by providing an inclusive, safe, and engaging work environment that supports growth opportunities
5. Enhance strategic internal and external **partnerships** to meet individual and systemic needs
6. Ensure system-wide **financial efficiency** and accountability that advances equitable resource allocation



**BEYOND BEDS**

**PREVENTION  
&  
COMMUNITY BASED  
RECOVERY**

# Current Mental Health Care Model



# Inpatient Resources

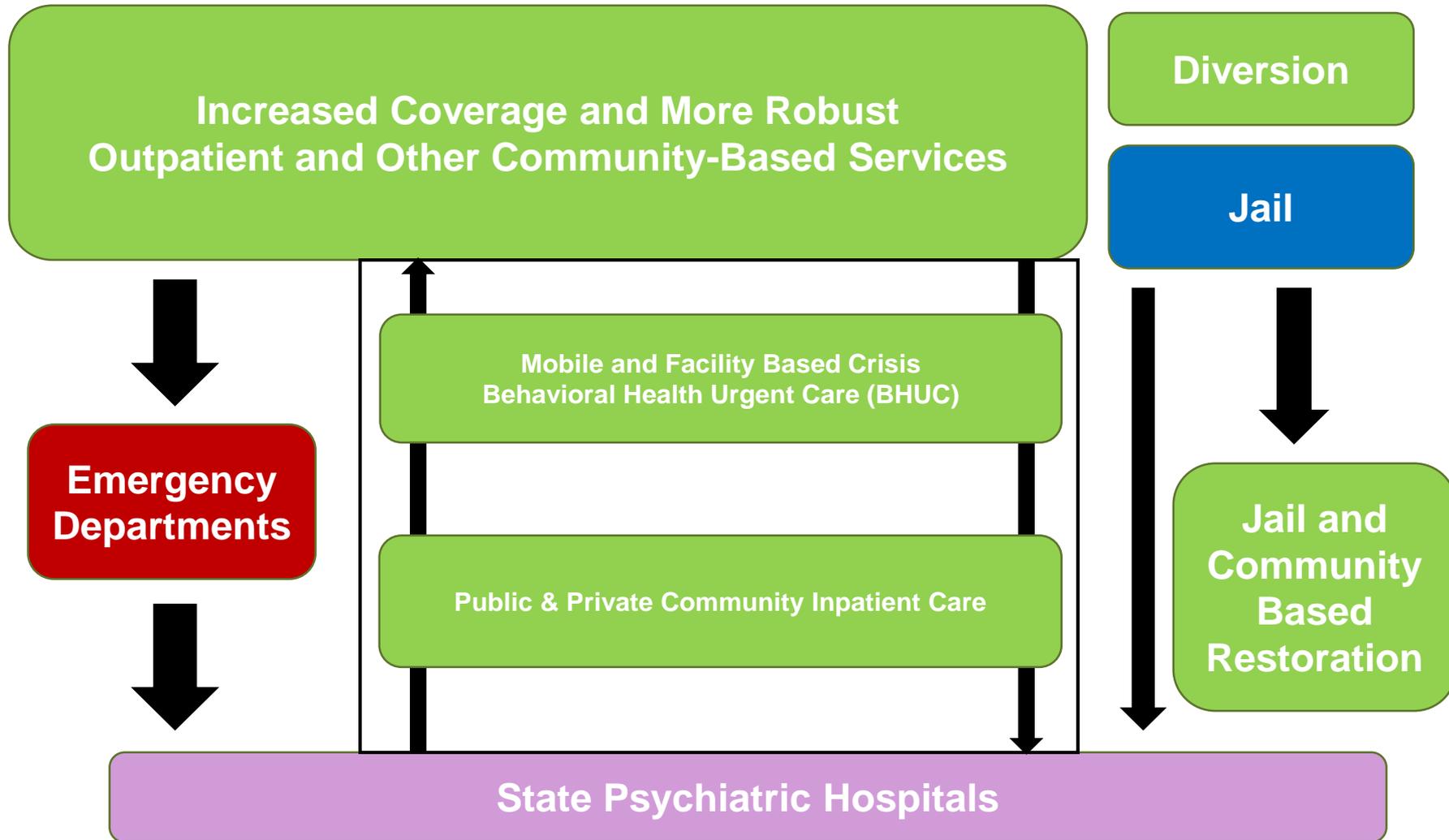
<b>Public Inpatient Psychiatric Bed Statistics</b>				
	<b>State Psychiatric Hospital</b>		<b>3-way Beds</b>	<b>Total</b>
	<b>Incapable To Proceed</b>	<b>Civil</b>		
<b>Annual Bed Days</b>	86,556	222,599	54,111	363,266
<b>Beds</b>	870		166	1,036
<b>Average Length of Stay</b>	279 days	102 days	7.2 days	
<b>Patients Served</b>	562	1,910	7,179	9,651
<b>Cost per day</b>	\$1,332		\$750	

<b>Private Inpatient Psychiatric Bed Statistics</b>	
<b>Facilities with Licensed Beds</b>	43
<b>Number of Licensed Beds</b>	1659
<b>Number of Operating Beds</b>	1371
<b>Available Bed Days</b>	500,415
<b>Days of Care (Bed Days Used)</b>	405,532

# Key Problem Indicators

- 24% of the publicly-funded psychiatric inpatient beds are being used for capacity restoration at a cost of \$115.3 million annually.
- Only 15% of the public behavioral health system's availability is in our community
- Length of Stay for ITP patients is 270% higher than civil SPH patients
- Only 82% of private licensed psychiatric beds are in operation and only 81% of those beds in use are actually being used
- 47% of the state's inpatient bed days are in the public system, while only 30% of North Carolinians are in the public system

# Future Mental Health Care Model



# How do we move beyond beds?

1. Robust and Evidence-Driven Community Based Services
2. Structured Step Down Programs
3. Justice Strategy: Pre-Arrest Diversion, Behavioral Health Courts, Jail Based Treatment, Reentry to Recovery; Community Based and Jail Based Capacity Restoration
4. Strengthening Crisis Service Array
5. Healthy Opportunities
6. Early Childhood: Safe and Nurtured
7. Aligning Incentives – Highest and Best Use
8. Move beyond silos and focus on integrated care model and value-based services

# Where are we with Medicaid Managed Care?



# Medicaid Managed Care

- What has stopped?
  - Choice Counseling
  - Outreach Specialists in DSS offices
  - Enrollment Events
  - App Downloads
- Enrollment Broker Call Center closed late December 2019

# Why information about managed care is still relevant

- Managed Care will happen
  - Not “if” but “when”
  - Vision for integration remains unchanged
  - Will use suspension period to explore other opportunities for integration
- Some managed care activities will continue
- Beneficiary Education – 1+ million people received managed care notice
- Provider Contracting is important
- Period of suspension offers opportunities

# DHHS' Priorities during suspension

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- **Beneficiaries:** Ensure beneficiaries have a clear message on what to do know and what to do when managed care restarts
- **Providers:** Continue provider engagement and training and encourage provider contracting with the PHPs
- **PHP Readiness:** Require PHPs to engage in testing and readiness assessments to a place of logical pause or conclusion
- **Procurement:** Move forward with managed care related procurements (Ombudsman, EQRO, and Healthy Opportunities Pilots)

# Suspension Impact on Tailored Plan Development

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- **Tailored Plan Request For Applications (RFA) Release Will Occur As Scheduled**
  - **Care Management Certification Timeline**
  - **Impact on Members**
    - **Notices to Exempt Individuals**
    - **Raise Your Hand Requests In Process**
    - **Tailored Plan Eligible Individuals Who Selected a Standard Plan**
  - **Crisis System Support**
  - **Behavioral Health Contracting (Standard Plans)**
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# DHHS Policy Papers Open for Public Comment

On Jan. 8, 2020, the Department of Health and Human Services issued two policy papers for public comments detailing the strategy to promote value-based care in NC Medicaid Managed Care.

- [North Carolina's Value-Based Payment Strategy \(VBP\) for Standard Plans and Providers in Medicaid Managed Care](#). This paper describes the vision for value-based payments between Prepaid Health Plans and providers in NC Medicaid Managed Care.
- [North Carolina's Medicaid Accountable Care Organizations \(ACOs\) for Standard Plans and Providers: Building on the Advanced Medical Home Program to Drive Value-Based Payment](#). This paper provides details on an optional Medicaid ACO program, including ACO organizational requirements, payment parameters, total cost of care calculation and participation incentives for early adopters. PHPs and providers can form ACO arrangements as a way to promote value in Medicaid and meet the Department's VBP targets.

The Department welcomes feedback on both papers at [Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov) by Feb. 19, 2020.

On Dec. 30, 2019, The Department of Health and Human Services issued a policy paper for public comment

- [North Carolina's Design for State-funded Services Under Behavioral Health and Intellectual/Developmental Disability Tailored Plans](#). While the implementation of managed care has been suspended as legislative action is needed to move forward, the Department continues to work on the design of Tailored Plans to serve individuals with behavioral health and intellectual disabilities in lieu of Standard Plans. In addition to managing Medicaid services, Behavioral Health I/DD Tailored Plans also will be responsible for managing State-funded behavioral health, intellectual/developmental disability (I/DD), and traumatic brain injury (TBI) services as the Local Management Entities-Managed Care Organizations (LME-MCOs) do today for the uninsured, underinsured and Medicaid beneficiaries.

The Department welcomes feedback at [Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov) by Jan. 29, 2020.

Thank you!

Now It's your  
turn, we want to  
hear from you!

Questions and  
Comments

