

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

Side by Side with DMH/DD/SUS

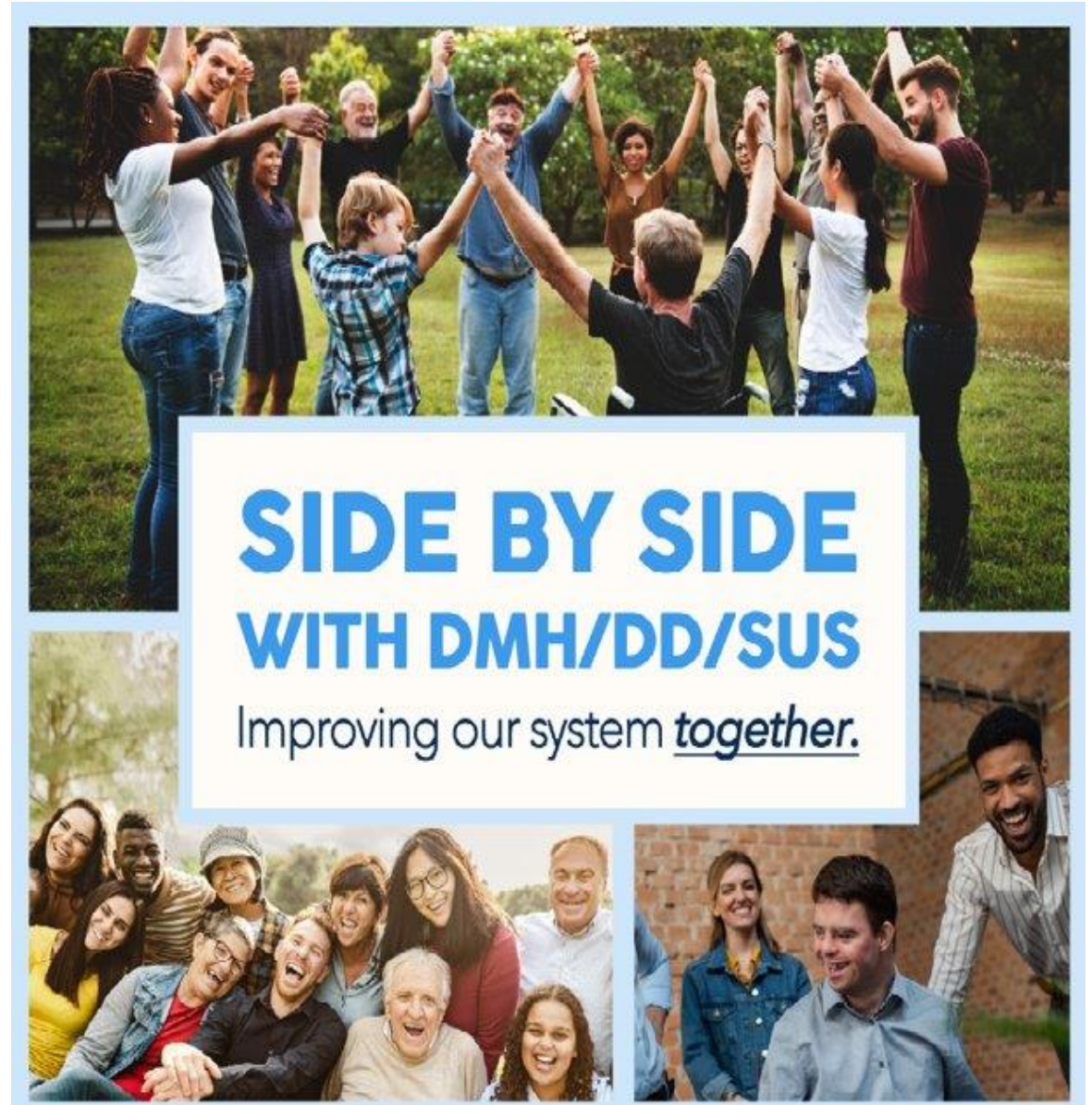
Improving our system together.

Kelly Crosbie, MSW, LCSW

Director

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

June 3, 2024



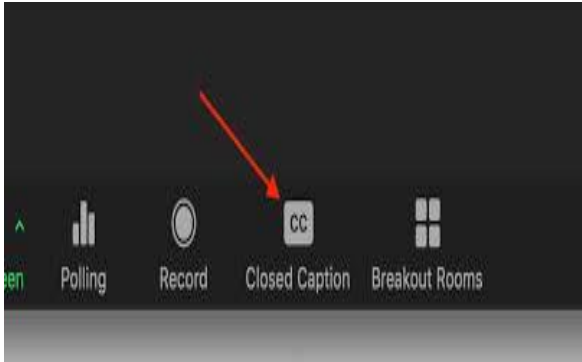
Housekeeping

- 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.

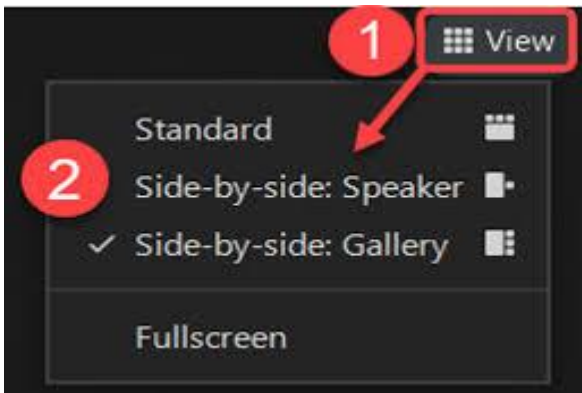


Housekeeping



- 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. MH/SU/IDD/TBI System Announcements & Updates
3. DMHDDSUS' Strategic Plan
4. Focus: Justice System Investments
5. Side by Side: Year in Review
6. Q&A

Kelly Crosbie, MSW, LCSW, DMHDDSUS Director



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

Guest Speakers

Stella Bailey, Assistant Director of Justice System Innovation



- 20 years in Health System Management
- 15 years Government Public Health advice and strategy specializing in controlled substances, treatment and community safety
- DMHDDSUS since April 2019
- MSc in Public Health
- Person with lived experience

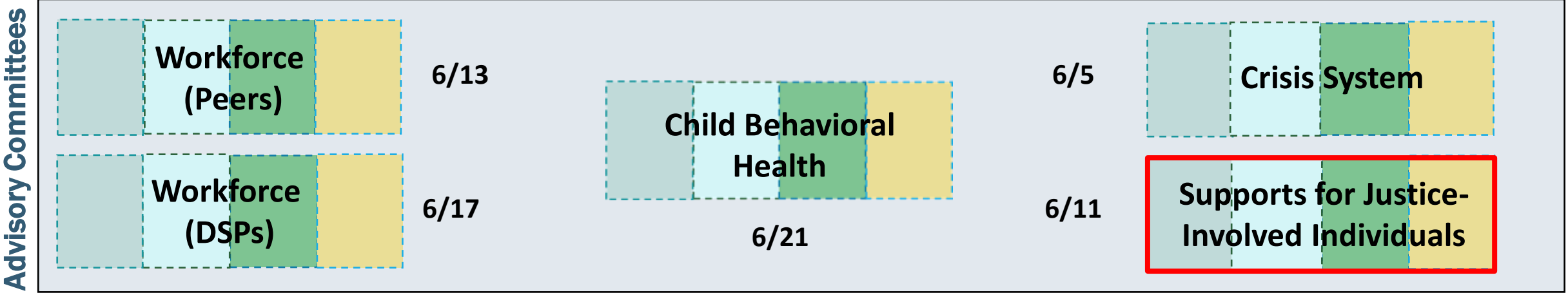
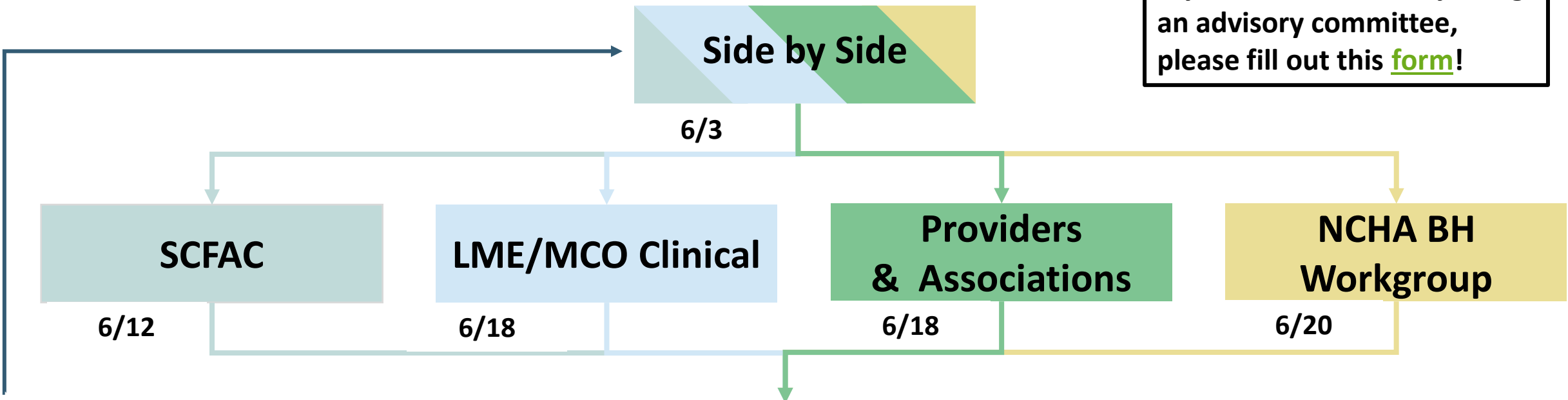
MH/SU/IDD/TBI System Announcements & Updates



June Community Collaboration

Topic: Supports for Justice-Involved Individuals

If you're interested in joining an advisory committee, please fill out this [form](#)!



Juneteenth: Freedom Day

Juneteenth, also known as Freedom Day, commemorates the emancipation of enslaved Black people in the United States. While the Juneteenth holiday comes just once a year, **behavioral health equity is a year-round priority.**



Juneteenth is an opportunity to recognize and condemn modern examples of racial inequity in all areas of life—including behavioral health care.

- **39%** of Black and African Americans received mental health services compared to non-Hispanic Whites (52%)
- Suicide was the **third leading cause of death among African Americans** 10 to 24 years old, and African American men 25-34
- Black and African American adults are **20% more likely** to report serious psychological distress than White adults.
- Roughly **10%** of Black and African Americans were not covered by health insurance, compared with about 6% of non-Hispanic White Americans

June is Pride Month!

Pride Month is recognized as a time to celebrate the LGBTQ+ community, embrace the expression of identity, and honor the incredible contributions LGBTQ+ individuals have made throughout history

Behavioral health equity is a year-round priority.

Research shows that the LGBTQ+ population struggles disproportionately with mental health issues, substance use, and suicide.

- Approximately **40%** of LGBTQ+ adults have experienced a mental illness in the past year.
- LGBTQ individuals are more than **twice as likely** as heterosexual men and women to have a mental health disorder in their lifetime.
- LGBTQ youth are **twice as likely** to experience depression, seriously consider suicide, plan for suicide, and attempt suicide than their peers.
- LGBTQ adults are **nearly twice as likely** as heterosexual adults to experience a substance use disorder (SUD).
- Transgender individuals are almost **four times as likely** as cisgender individuals to experience a SUD.
- More than **50%** of LGBTQ+ adults of color in the United States face significant mental health challenges.



Building a System from Crisis to Care

NCDHHS is investing in behavioral health services that get people the right care, at the right time, in the right setting

Launch of The Statewide Peer
Warmline



\$1.5M Investment to Pilot
Mobile Crisis and Crisis Co-
Responder Services



\$15M Investment in 9 Behavioral
Health Urgent Care Centers
(BHUCs)



\$22 Million Investment in
Community Crisis Centers and
Peer Respite in Wake County

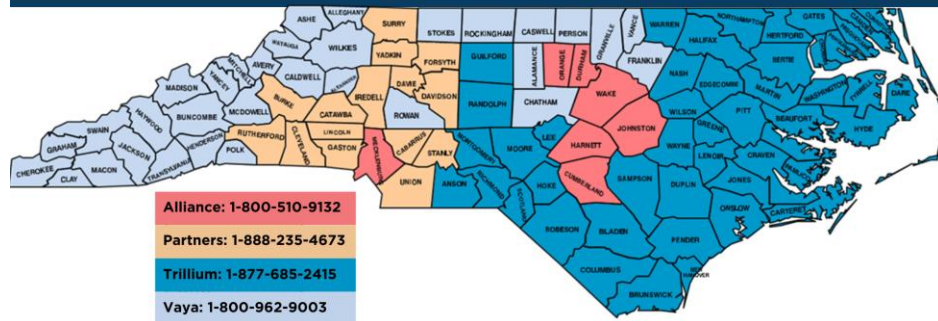


Accessible Communications Campaign

Materials for the July 1 Launch of Tailored Plans

- Essentials deck in [English](#) and [Spanish](#)
- One-page bilingual [flyer](#)
- Social media posts in [English](#) and [Spanish](#)
- Tailored Plan [landing page](#)
- Tailored Plans [communications toolkit](#)

Who runs your Tailored Plan?



Visit medicaid.nc.gov/tailored-plans to learn more.



More resources will be shared soon!

Some people on NC Medicaid will get a new health plan called a Tailored Plan



Mom and son smiling and holding a phone.

Tailored Plans cover services for physical care, prescription drugs, mental health, severe substance use, intellectual and developmental disability, and traumatic brain injury in one plan.

A letter will be mailed in mid-April to let you know if your Medicaid plan is going to become a Tailored Plan. This letter will tell you which Tailored Plan you are in. Your plan is assigned based on the county where you get your Medicaid benefits. The letter will also tell you how to pick a primary care provider (PCP).

Pick a primary care provider (PCP) by calling your Tailored Plan.

If you don't pick by May 15th, one will be assigned to you. This is the doctor you see when you feel sick, need a check-up, or for management of a chronic illness like diabetes. You can always change this doctor later.

The phone number for your Tailored Plan will be in your letter. The numbers for each Tailored Plan are:

- **Alliance Health:** 1-800-510-9132
- **Partners Health Management:** 1-888-235-4673
- **Trillium Health Resources:** 1-877-685-2415
- **Vaya Health:** 1-800-962-9003

You can also call the NC Medicaid Enrollment Broker for help at 1-833-870-5500 (TTY: 711 or RelayNC.com)

Learn more about Tailored Plans at medicaid.nc.gov/tailored-plans

Stock photo. Posed by model. For illustrative purposes only.
NC Department of Health and Human Services • NCDHHS.gov
NCDHHS is an equal opportunity employer and provider.
04/2024



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

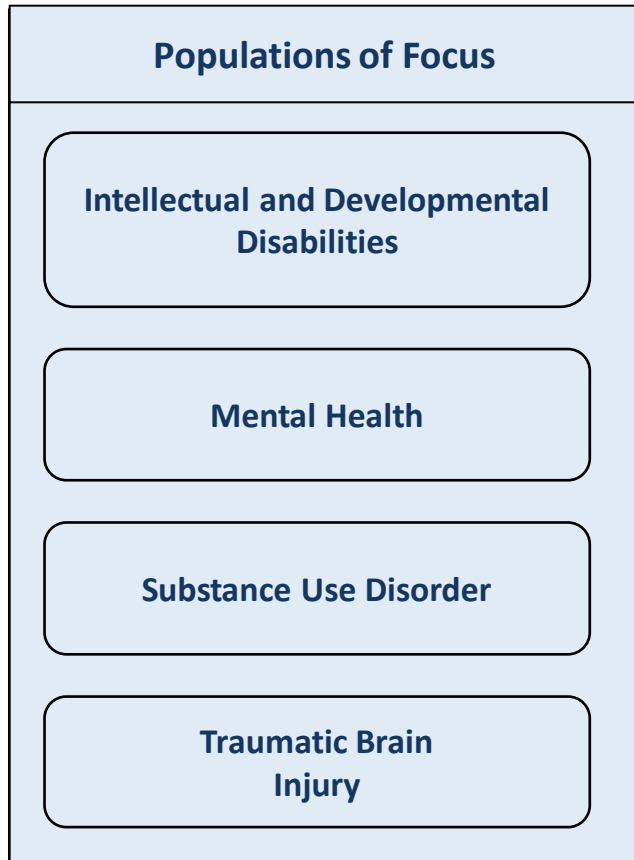
DMHDDSUS' Strategic Plan

DMHDDSUS' Mission, Vision, and Principles



Our Principles	
Lived Experience.	We value lived experience by listening to and advocating for individuals and families, championing the expertise of peers, promoting natural and community supports, and creating opportunities for meaningful partnership.
Equity.	We create policy that helps everyone get what they need to live healthy lives in their communities, with particular focus on improving access to services for historically marginalized populations.
Inclusivity.	We commit to ensuring that everyone who uses our systems feels welcomed, and our policies support the health and well-being of all North Carolinians, regardless of race, ethnicity, sex, gender identity and expression, sexual orientation, age, national origin, socioeconomic status, religion, ability, culture and experience.
Quality.	We promote the provision of high-quality, evidence-based services and supports that leverage the expertise and best-practices of our clinical partners.
Trauma-Informed.	We recognize the reality of trauma and promote a culture of kindness, understanding, and respect for every person.

DMHDDSUS' Populations of Focus & Priority Areas



The Strategic Plan in Action

The final release of the Strategic Plan will include initiatives that DMHDDSUS is working on and measures used to show progress. The Division will publish a dashboard showing progress towards implementation in 2024.

Priority Area	Example Goal	Example Initiative	Example Measure
Expand Access to Quality I/DD and TBI Services	2.1: Increase I/DD Services.	Inclusion Connects, a cross-divisional initiative to connect individuals with I/DD and their families with community-based services to support their health and wellbeing	Number of individuals connected to community services for I/DD
Strengthen the Crisis System	5.3: Increase Crisis Facilities.	DMHDDSUS is making investments to stand up new Behavioral Health Urgent Care centers and Facility Based Crisis centers across the state	Number of North Carolina residents within 30min driving time to a 24/7 crisis facility
Expand Services for Individuals in the Justice System	6.3: Support Individuals Reentering Community Post Incarceration.	DMHDDSUS will invest in community reentry programs in counties that don't already have reentry services, which improve reentry services for the justice-involved population by delivering psychiatric and physical health care services along with connections to community supports	Number of counties with at least one reentry program

This table includes a few illustrative examples. The final Strategic Plan will include goals, initiatives, and measures for six total priority areas.

Stay Tuned! Public Comment Coming Soon

We'll be posting the draft Strategic Plan for public comment on DMHDDSUS' website in June.

Please share your feedback with us!

Justice System Investments


Expand Services for Individuals in the Justice System



Goals to Expand Services for Individuals in the Justice System

- **Care as Alternative to Incarceration** (Intercepts 0-2). Increase linkages for people with mental health needs, SUD, I/DD or TBI to evidence-based care and services to provide an alternative to incarceration.
- **Support Individuals Reentering Community Post Incarceration** (Intercept 4). Ensure successful community reentry of justice-involved individuals with a broad range of needs.
- **Support Justice-Involved Youth** (Intercepts 0-5). Increase use of evidence-based programs and practices to support justice-involved youth.
- **Support Pregnant and Postpartum Individuals in the Justice System** (Intercepts 0-5). Increase use of evidence-based programs to support justice involved pregnant and postpartum individuals.

Historic Investment in Behavioral Health

PROVISION	FY24	FY25
Medicaid Reimbursement Rates <i>effective 1/1/24, benchmarking to 100% Medicare</i>	\$165M	\$220M
Crisis System	\$54M	\$77M
 Justice System	\$29M	\$70M
Behavioral Health Workforce	\$44M	\$71M
Child and Family Well-Being	\$20M	\$60M

Illustrative Example of the Intersection of Mental Health Care & the Justice System

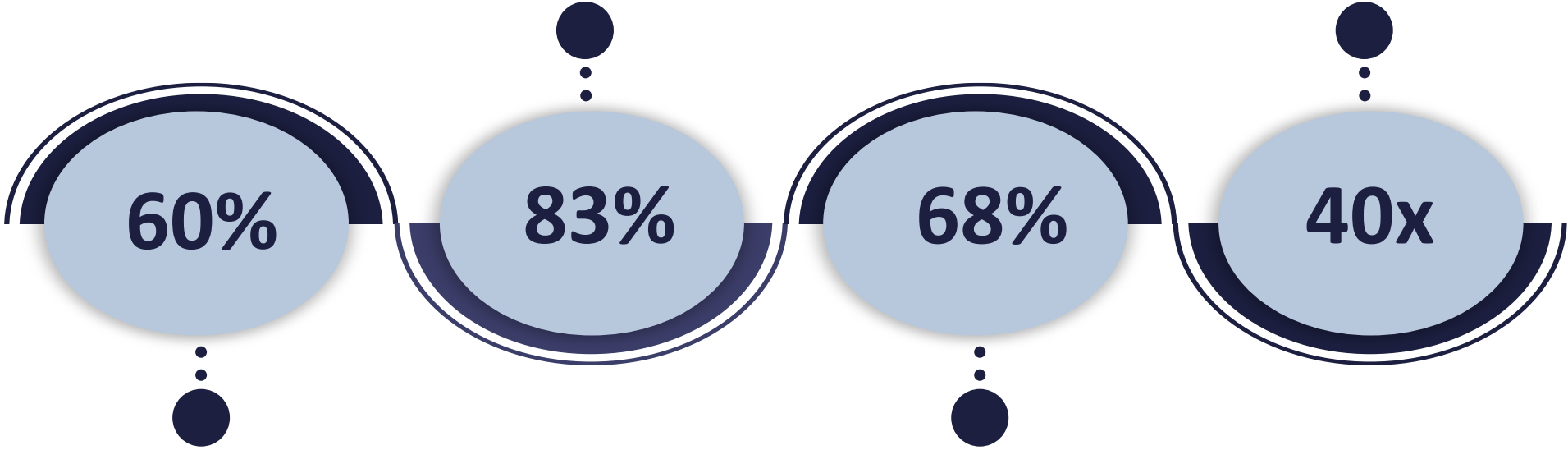


- **Imagine a 28-year-old man** with mental health needs. His name is Jack.
- **He doesn't have health insurance**, so he hasn't been able to afford treatment.
- Several months ago, **he experienced a mental health crisis** that led to him being arrested and losing his job.
- **He is now stuck in jail 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.

Justice-Involved Individuals: Understanding the Need

83% of individuals in jail with mental illness did not receive mental health care after admission

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






60% of individuals in jail reported having had symptoms of a mental disorder in the prior twelve months

68% of people in jail have a history of misusing drugs, alcohol, or both

DMH/DD/SUS' Vision to Address Current Challenges

Youth and adults with significant BH needs deserve help, not handcuffs.

DMH/DD/SUS' aims to:

-  Prevent justice involvement by strengthening pathways to community-based treatment.
-  Effectively support youth and adults with significant BH needs through justice system involvement with evidence-based treatment.
-  Ensure seamless re-entry and stabilization in the community.

Recognizing current system gaps, DMH/DD/SUS is committed to improving the continuum of services and supports for youth and adults who are at-risk of or experiencing justice involvement.

Strengthening the System for Justice-Involved Youth and their Families



Provide *community-based treatment services* to prevent youth from entering and to support youth leaving the justice system.



Establish standards to ensure youth access to evidence-based treatment *in residential and detention facilities*.



Improve screening, referral, and service outcomes through the Juvenile Justice Behavioral Health teams *in the community*.

Vision Example: Justice-Involved Youth

Sarah is a teenager living with a developmental disability and co-occurring substance use. Sarah does not have consistent treatment providers in the community. Sarah was recently placed juvenile detention center due to a probation violation.

Current

- Sarah's Comprehensive Clinical Assessment (CCA) does not identify her developmental disability or severity of her substance use and the detention center does not have access to her previous screenings.
- Sarah undergoes withdrawal in the detention center without appropriate support and begins to decompensate. Sarah is taken to the emergency room and is soon released back to the detention center.
- Detention center clinicians try to get Sarah into treatment. Sarah is eventually released from secure custody back to the community to wait for placement.
- Upon release from the detention center, Sarah runs away from home and resumes using substances.

Future

- Sarah receives a **standardized CCA** that is informed by her previous screenings.
- Sarah is **diverted** from the detention center to a SUD treatment program and receives withdrawal management.
- Upon discharge, a JJBH team works with Sarah, treatment providers, juvenile court counselors, care managers and her family to refer her to **appropriate community-based services** based on her comprehensive CCA.
- Sarah's school works closely with the JJBH team to ensure attendance and enrolls her in the **appropriate, specialized** classes to meet her needs.

Year 1 and 2 Investments: Services and Supports for Youth Involved with the Juvenile Justice System



New Credible Messengers Program in Juvenile Justice Facilities



Improve Effectiveness of Juvenile Justice Behavioral Health (JJBH) Partnerships



Expansion of NC S.A.F.E. (Secure All Firearms Effectively)

Strengthening the System for Justice-Involved Adults



Propagates best practice deflection and diversion models to enable access to treatment and recovery *in the community*.



Partners with DAC and AOC to ensure *provision of treatment in carceral settings*.



Capacity restoration.



Re-entry *into the community* and linkage to resources.

Vision Example: Justice-Involved Adults

John lives with serious mental illness and co-occurring SUD. John is experiencing homelessness and is arrested for trespassing on residential property.

Current

- John is held in jail pending his first court appearance.
- At his first court appearance, John is convicted with trespassing; no pathways to community-treatment are available in John's county for the judge to offer.
- John is not screened upon entry to the prison facility and is therefore not provided treatment for either co-occurring condition.
- John's LME-MCO attempts in-reach into the prison prior to his re-entry date but, his release date changes, and the care manager is not able to locate John in the community.
- John is arrested again for trespassing on residential property.

Future

- John is diverted to a **Recovery Court** in his county and provided wraparound services through a Forensic Assertive Community Treatment (FACT) team to help him meet the terms of his participation in the Court.
- The FACT team provides John with **linkage to stable housing**, employment and helps enroll him in a Tailored Plan to receive integrated MH/SUD services.
- John achieves **long-term stability and integration** in the community; realized through employment and housing.

Highlights from DMH/DD/SUS' Diversion and Re-Entry Programs

2020-2023 Outcomes from Community Programs





- **10,354** individuals have been served through these programs **79%** in diversion and **21%** in re-entry
 - **51%** of individuals were connected to SUD services
 - **18%** connected to MAT
 - **58%** connected to Recovery Support services
 - **5%** reported re-arrest of program participants
 - **17,365** naloxone kits have been distributed

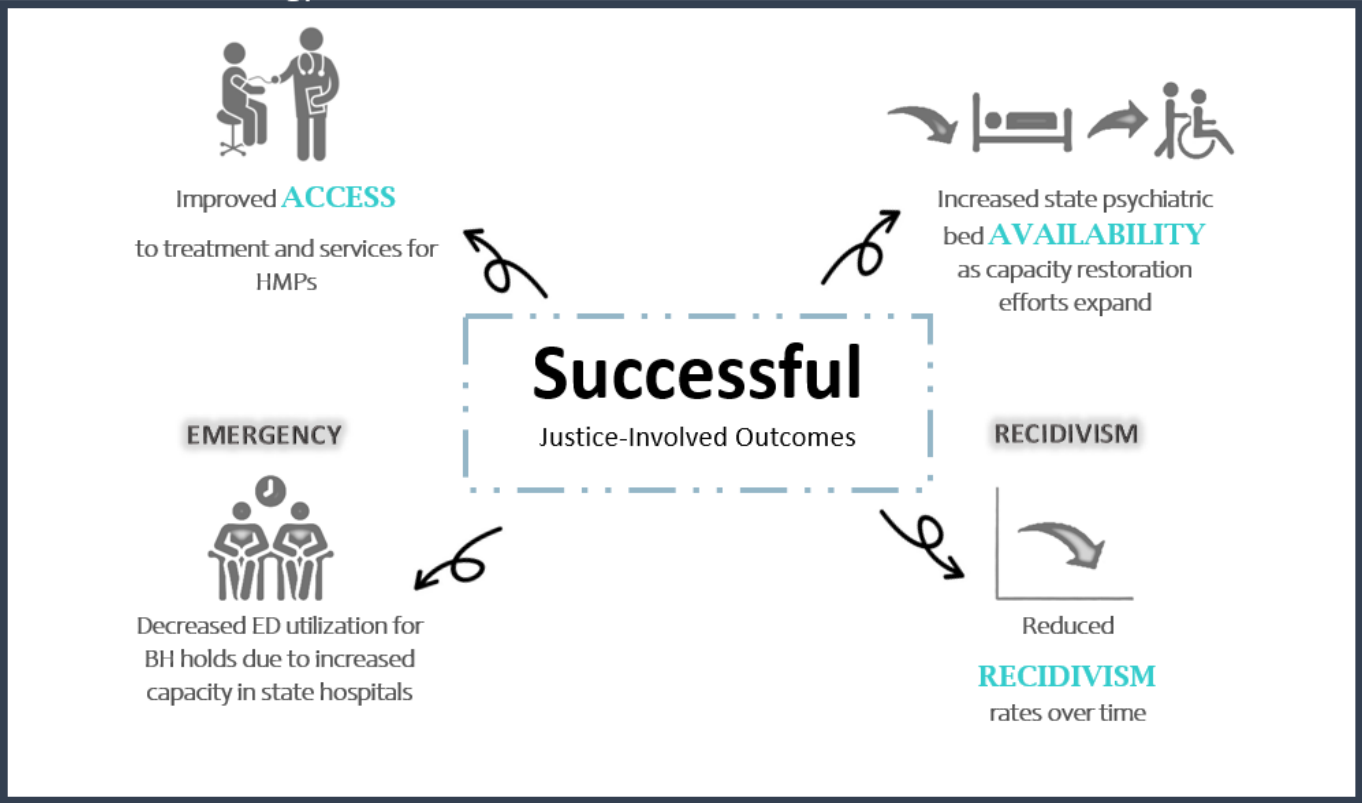


328 reported overdose events

- **92%** were known to be reversed
- **20%** successfully linked to MAT services

Year 1 Investments: Re-Entry from Justice System to Community BH System

-  Expansion of Re-Entry Programs (includes housing and workforce investments)
-  Expansion of Capacity Restoration
-  Re-entry Transition Supports
-  Expansion of IDD/TBI Programs



Year 1 Investments: Seamless Reentry from Prison



North Carolina FIT Wellness

- *Integrated physical and behavioral healthcare with wraparound supports with in-reach and post-release services.*
- *Includes addition of new pilot sites in Orange, Durham, and New Hanover counties and expansion of the Wake County pilot program.*
- *Initiates a Psychiatric Residency program to conduct clinical rotations at each program site*
- *Investment will cover participant support costs and workforce expansion.*



Program Data (as of December 2023):

- 98% enrollment rate.
- 62% of participants are Black/African American.
- 39% of participants have received housing assistance.
- 33% of participants have been connected to Medicaid.
- 22% of participants have received SUD treatment.



Pathways and policies utilized for this program are informing the 1115 Re-entry Waiver and Reentry2030 strategies.



Key Outcome:
Increases access to medication in the first two weeks post-release.

Year 1 Investments: Supporting Justice-Involved Individuals in Jails and Prisons



Capacity Restoration Expansion

- *Expands the Detention Center Capacity Restoration Program (DCCRP) in Mecklenburg to 25 beds. Mecklenburg will accept individuals from surrounding counties*
- *Opens new detention-based programs in Wake and Pitt.*



Mecklenburg DCCRP has been operational since December 2022.

- **32 Incapable to Proceed (ITP) defendants** participated in year one, and **80%** were restored.
- Average restoration time was **45 days** at a cost of **\$400 per day**, which is **four times faster at 1/5 of the cost of hospitalization**.



Wake County DCCRP will launch in summer 2024 and serve **10 participants**.



Pitt County DCCRP will launch in fall 2024 and serve **10 participants**. The program model will include **out-of-county participants**.

Upcoming Funding Opportunities

DHHS looks forward to collaborating with you to identify future funding opportunities and ensure that resources for justice-involved behavioral health initiatives are distributed in a data-driven, equitable manner.

DHHS will be releasing a request for funding proposals to gather investment suggestions for justice-involved behavioral health initiatives.

Funding Opportunity Example:

North Carolina's pending 1115 re-entry demonstration renewal application includes a request for \$315 million in capacity-building funding for justice programs.

Side by Side: Year in Review

Side by Side with DMHDDSUS: Year in Review



SIDE BY SIDE WITH DMH/DD/SUS

Improving our system *together.*

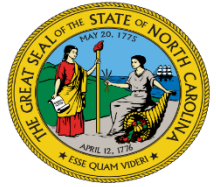


“Thank you! This webinar outlined the fact NC has a lot more work to do for our future generations. However, this is a good start. Love these Side by Sides!”

“Overall great information. It is good to stay informed and share resources with families in need.”

Side By Side Webinars to Date

Date	Topic	Attendance
Sept. 25, 2023	Introduction to DMHDDSUS Executive Leadership Team	414
Oct. 23, 2023	Inclusion Works	472
Nov. 20, 2023	Crisis System	412
Dec. 4, 2023	Supports for Justice-Involved Individuals	405
Jan. 8, 2024	Direct Support Professionals	437
Feb. 5, 2024	Peer Support Professionals	440
March 4, 2024	Investments in Child and Family Behavioral Health	482
April 1, 2024	Tailored Plans	450
May 6, 2024	Supporting Choice and Inclusion	390
Total: 9 Webinars		3,902



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

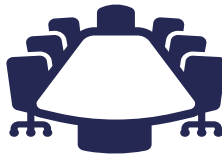
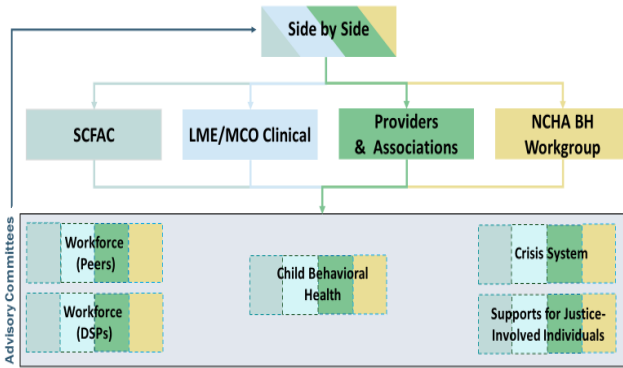
Stay Connected with DMHDDSUS



- [Join our Side by Side Webinars](#)



Community Collaboration



- [Join our Advisory Committees](#)



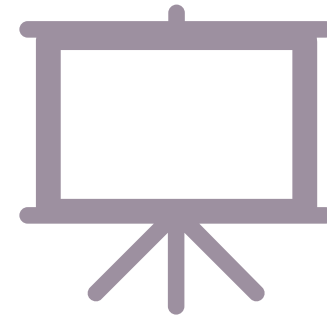
- [Join our Mailing List](#)



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.

Appendix

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 • NCDHHS is an equal
opportunity employer and provider. • 10/2023



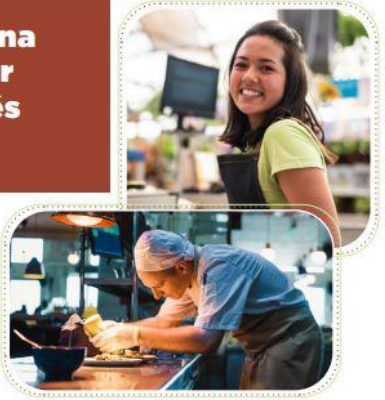
Learn How to Apply With ePASS

(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

Welcome & Introduction

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

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

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>

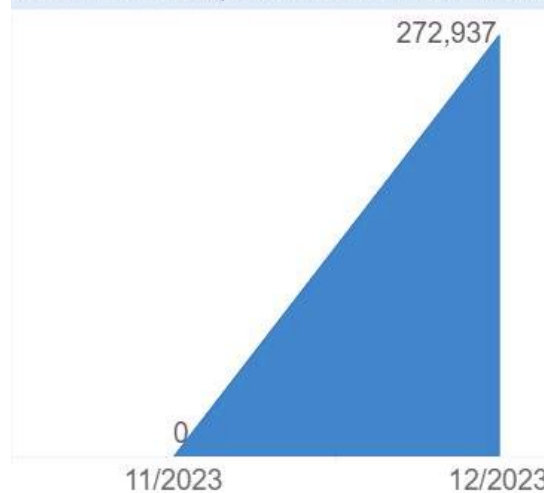
Medicaid Expansion Dashboard

On December 20th, DHHS released a [dashboard](#) to track monthly enrollment in Medicaid for people eligible through expansion. You can read the press release [here](#).

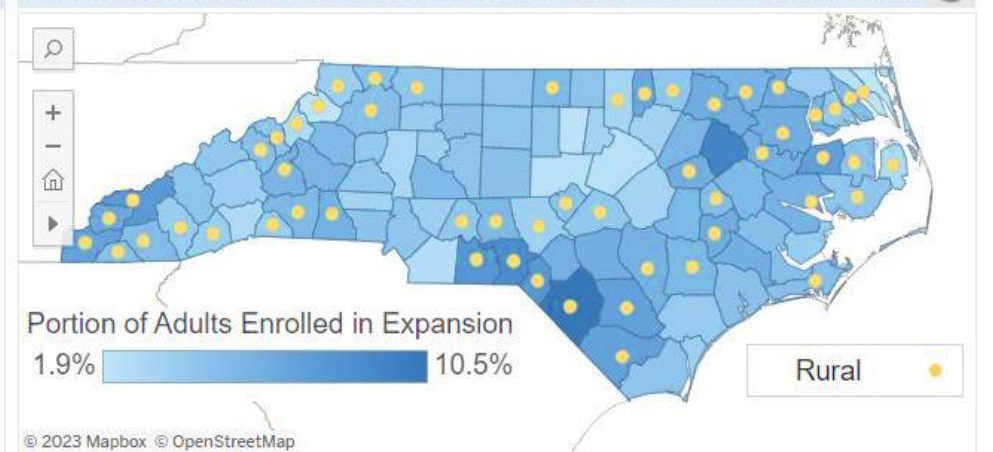
This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage. The charts can be viewed by health plan, demographics, and/or county by using the filters below. *Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.*

Health Plan	Age Group	Sex	Ethnicity	Race	Rurality	County
(All)	(All)	(All)	(All)	(All)	(All)	(All)

NC Medicaid Expansion Enrollment Trend



Portion of Adults (19-64) by County Enrolled in NC Medicaid Expansion



© 2023 Mapbox © OpenStreetMap
The OSBM determination of rural and urban is used for reporting. Fifty-four NC counties are classified as rural, and forty-six NC counties are classified as urban.
<https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/countystate-population-projections>

The section below displays NC Medicaid Expansion Enrollment by various demographic groups. In future months there will be a selector to view enrollment trends.

LME/MCO Dashboard

- Department-wide monthly dashboard of key outcomes for the Behavioral Health System.
- Our goal is a tool that highlights our shared priorities and opportunities for improvement.
- If we can better define the problem, we can better work together to solve it.

- The [key measures](#) are:
 - Medicaid, Children in ED & DSS Settings
 - Medicaid, Children in Psychiatric Residential Treatment Facilities (PRTFs)
 - Consumers in State Psych Hospitals Ready for Discharge
 - People on Innovations Waitlist Receiving Any Medicaid or State BH/IDD Service
 - Follow-up Within 7 Days After Inpatient Discharge

- We reviewed the dashboard in the [October 2023 Side by Side webinar](#).
- The most recent report was published in **November 2023** on DMH/DD/SUS' website at: [Reports | NCDHHS](#).

988 Performance Dashboard

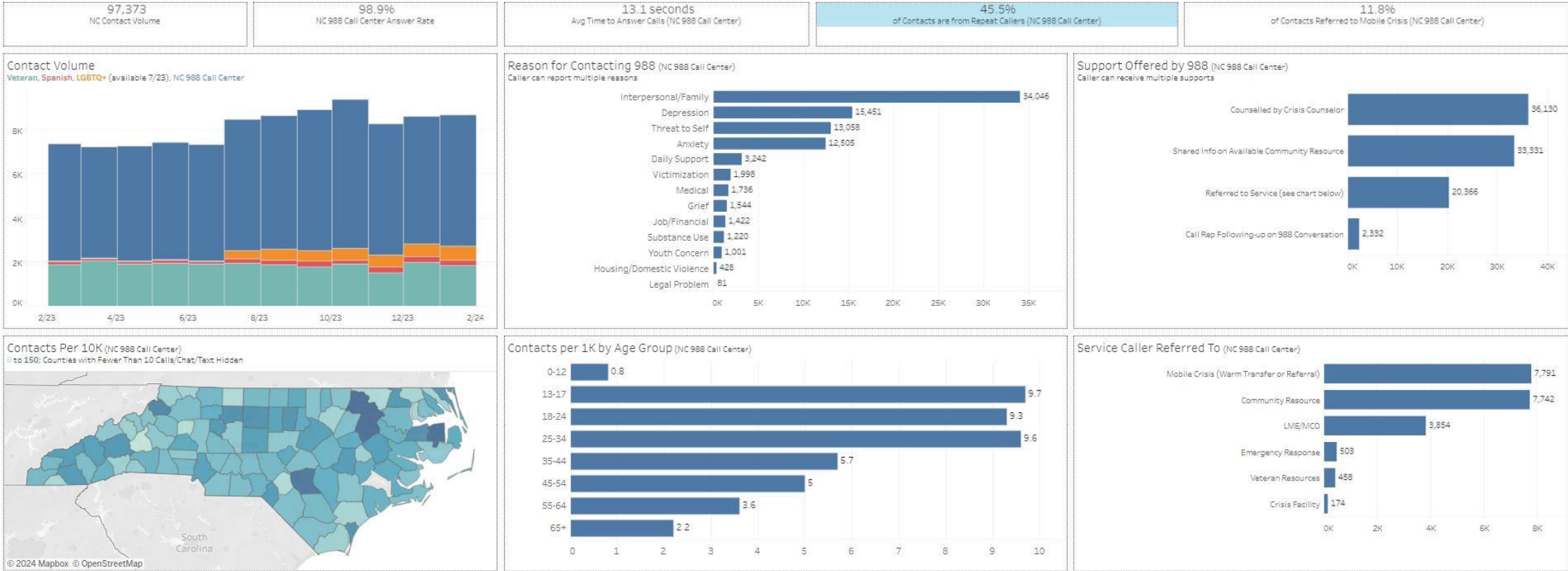
You can access the [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website



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

North Carolina 988 Performance Dashboard Past 12 Months (2/23-1/24)

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.



The Statewide Peer Warmline Launched on 2/20!

- People are calling 988 looking for support and resources.
 - 40% of people are repeat callers
- **The Peer Line is open 24/7/365**
- **People can call the Peer Warmline Directly OR 988 can do a warm transfer**
- Peer Support Specialists are people living in recovery with a mental illness and/or substance use disorder
 - offer non-clinical support and resources to those who reach out
 - offer a unique perspective of shared experiences
- Read the press release [here!](#)



Behavioral Health Budget Provisions

	Provision	FY24	FY25
Crisis	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	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
Workforce /Wellness/Recovery	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
	Collaborative Care	\$2.5M	\$2.5M

BH Reimbursement 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 in the community

I/DD & TBI Budget Provisions

Provision	FY24	FY25
350 new Innovations slots	\$29.33M	\$29.33M
Innovations Direct Support Professional Wage increases	\$176M	\$176M
Competitive Integrated Employment	\$5M	\$5M
Personal Care Service (PCS) Rate Increases	\$176M	\$176M
Authority to expand TBI waiver statewide		

NC Medicaid Innovations Waiver Provider Rate Increase

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.
- Services with an increase:
 - Residential Supports
 - Supported Employment
 - Respite Care
 - Community Living and Supports
 - Day Supports
 - Supported Living

