



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

Side by Side with DMH/DD/SUS

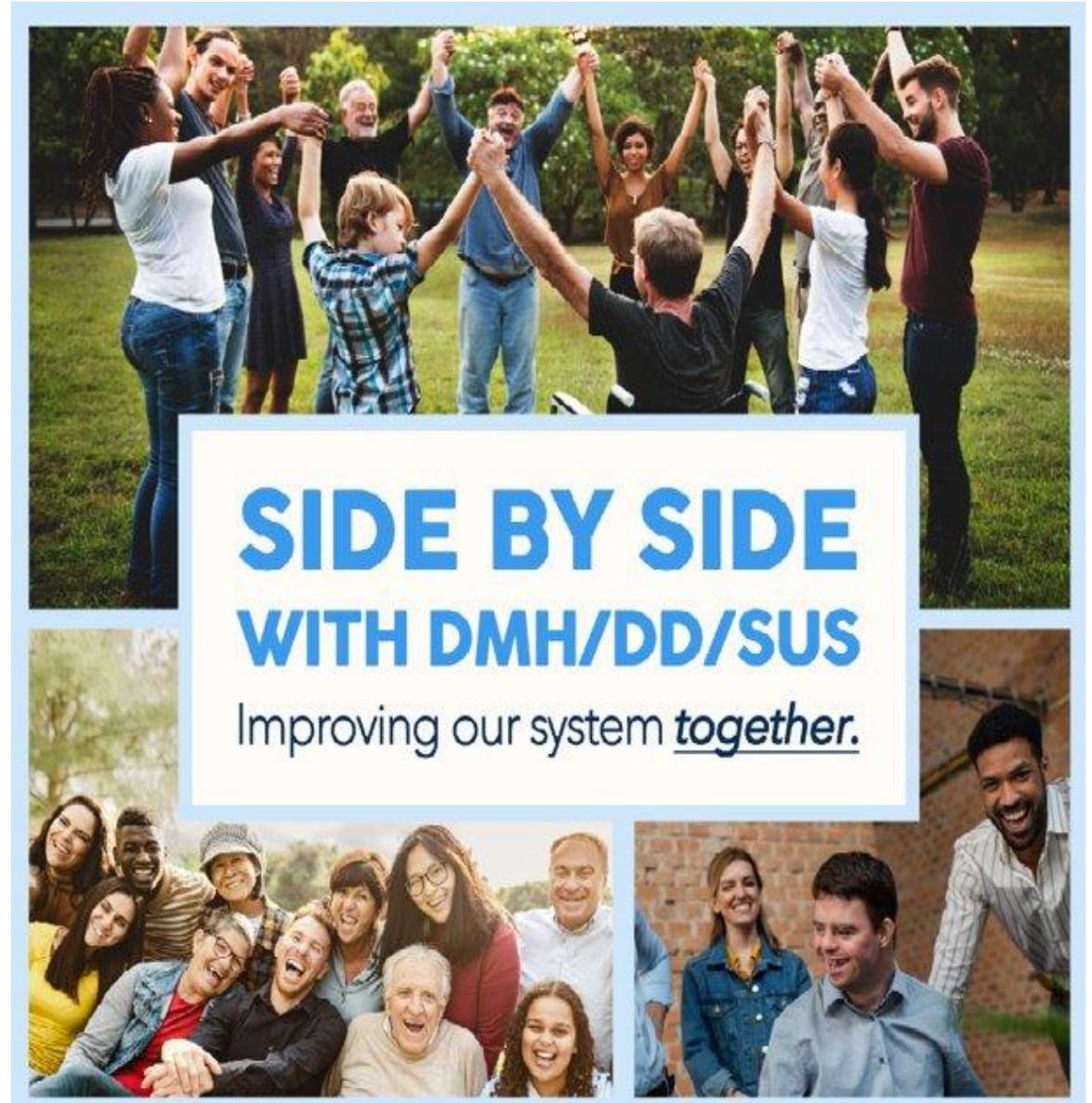
Improving our system together.

Kelly Crosbie, MSW, LCSW

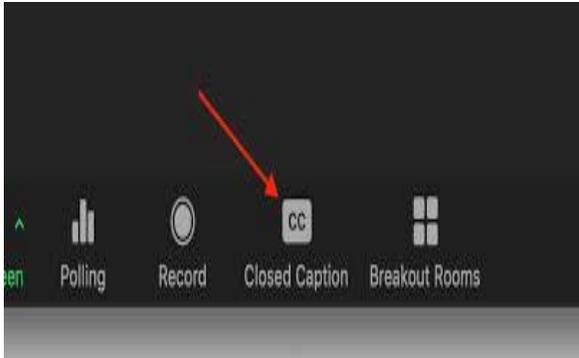
Director

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

March 4, 2024

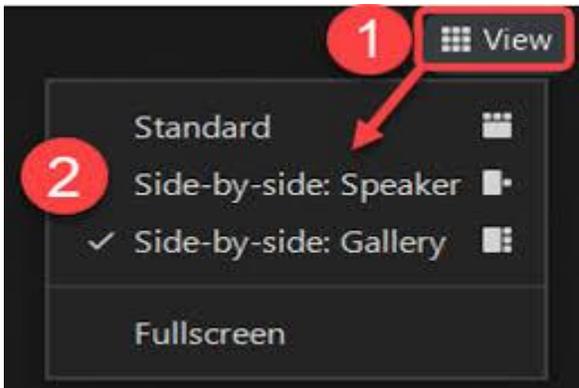


Housekeeping



- 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

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.



Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. FOCUS: Child Behavioral Health
4. 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

Yvonne Copeland, MBA, DCFW Director



- 30+ years of strategy, policy, operations, and change management experience in public-sector health and human services concentration in behavioral health
- Inaugural Director for the Division of Child and Family Well-Being, established in January 2022
- DCFW portfolio includes Whole Child Health, Early Intervention, WIC, and Food and Nutrition Services (SNAP)

Heather McAllister, MSW, LCSW, LCAS, CBIS

Family First Prevention Services Manager



- 20 plus years developing programs, providing services, and supports in the fields of child welfare, traumatic brain injury, mental health, and substance use disorder
- Currently managing the implementation of the Families First Prevention Services Act in North Carolina and the Sobriety, Treatment, and Recovery Team (START) pilots
- Employed with the North Carolina Division of Social Services since 2019
- Licensed Clinical Social Worker, Licensed Clinical Addiction Specialist, and Certified Brain Injury Specialist

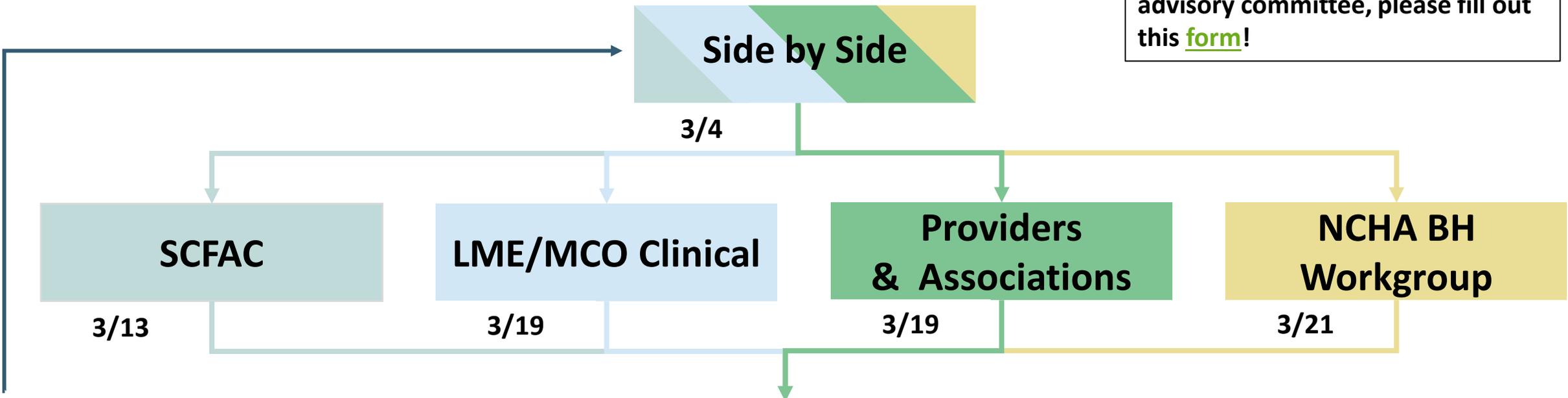
MH/SU/IDD/TBI System Announcements & Updates



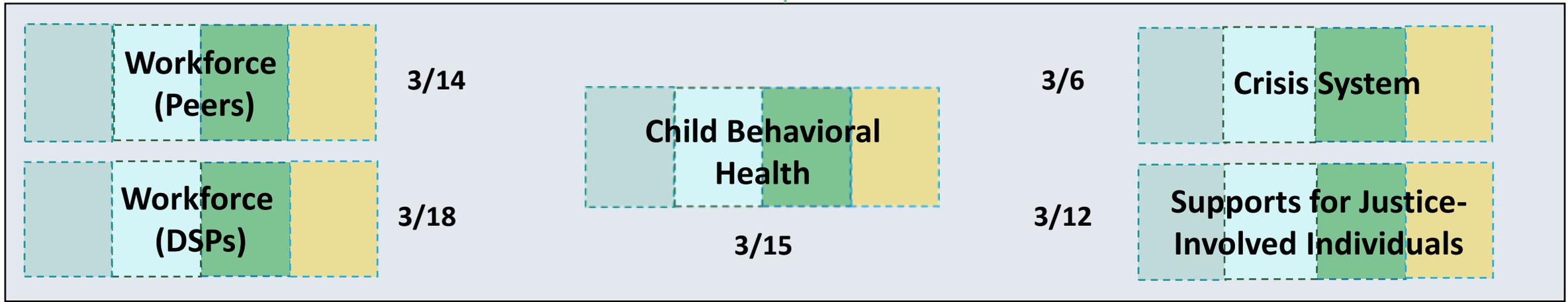
March Community Collaboration

Topic: Child Behavioral Health

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



Advisory Committees



April's Side by Side topic will be **Tailored Plans!**



Why it is important to attend:

- ✓ Tailored Plans are important to understand if you receive Medicaid and have:
 - Severe Mental Health issues (SMI)
 - Substance Use issues (SUD)
 - Intellectual or Developmental Disability (I/DD)
 - Traumatic brain injury (TBI)
- ✓ Tailored Plans have been delayed several times to give more time for health care providers to join.
- ✓ But the transition is mandated to happen on **July 1st**.
- ✓ Learn how to prepare during the Choice Period (April 15 – May 15) to select your Primary Care Provider (PCP).

What is a Tailored Plan?

Tailored Plans are a new kind of NC Medicaid health plan.

They cover your behavioral health, physical health and prescriptions in one plan.

They include special services for people with more intense needs, including people with:

Severe Mental
Health issues

Substance Use
issues

Intellectual/
Developmental
Disabilities

Traumatic Brain
Injuries

If you get Medicaid services for these conditions, your Medicaid plan may be moved to a Tailored Plan.

Tailored Plans have *more* services than Standard Plans

Standard Plan

Basic health care option

Basic coverage for physical and behavioral health services, including

- ✓ Doctor visits
- ✓ Family planning
- ✓ Prescription drugs
- ✓ Vision services
- ✓ And more

Tailored Plan

Enhanced health care option

Everything in a Standard Plan, plus

- ✓ Special services for severe mental health and substance abuse needs
- ✓ Special services for I/DD and TBI needs
- ✓ Services to support your well-being (safe housing, food, transportation)
- ✓ Tailored Care Management

Brain Injury Awareness Month

Brain Injury Awareness Month is an opportunity to raise awareness about this "silent epidemic" while also highlighting the increasing availability of services and supports for individuals living with brain injury in NC.

- An estimated [2.8 million](#) Americans sustain a Traumatic Brain Injury (TBI) every year, with over 80,000 of those occurring in NC annually, according to the Center for Disease Control (CDC).
- In SFY 2019, [41,398](#) individuals with a TBI diagnosis received behavioral health services in NC.
- With active statewide screening efforts, many more NC residents who are undiagnosed are being identified.
- NC DHHS has recently received authority to
 - expand the [TBI Waiver](#) statewide
 - offer [1915\(i\)](#) services to adults living with TBI
 - expand the [Justice Re-entry and Reintegration Program](#)
 - support the [TBI state funds program](#) statewide
- The Brain Injury Association of NC (BIANC) is the only statewide advocacy organization for the brain injury community. For information regarding awareness and education events this month and ongoing, please visit the BIANC website at www.bianc.net

Intellectual and Developmental Disabilities Awareness Month

Intellectual and Developmental Disabilities (I/DD) Awareness Month brings awareness to our communities about the value, needs, and ongoing contributions of persons with an I/DD diagnosis.

- **Intellectual and developmental disabilities** are
 - Chronic
 - begin at birth or before the age of 22
 - adversely affect a person's functioning and daily living
- Common developmental disabilities include **Cerebral Palsy (CP)**, **Autism Spectrum Disorder (ASD)**, & **Down Syndrome**
- There are nearly **200,000** persons diagnosed with I/DD in NC
 - **7% of children** ages 0-17 are diagnosed with an I/DD
- NC DHHS is currently working on **initiatives** to:
 - Improve access to Home & Community Based Services
 - Improve transition outcomes after incarceration for persons with I/DD
 - Strengthen the DSP workforce
 - Promote Competitive Integrated Employment (CIE) opportunities for persons with I/DD

Want to know more? Join these Lunch & Learns!

- In the [IDD Awareness Month Lunch and Learn](#) on **March 13th**, we will partner with the Office of Diversity, Equity, and Inclusion and the NC Council on Developmental Disabilities to present "Unmet: North Carolina's Disability Crisis" with further discussion following.
- In the [Inclusion Works Lunch & Learn](#) on **March 25th**, we will discuss best practices to support individuals with intellectual and developmental disabilities (I/DD) and Traumatic Brain Injury (TBI) on their path to achieving Competitive Integrated Employment (CIE).

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!](#)



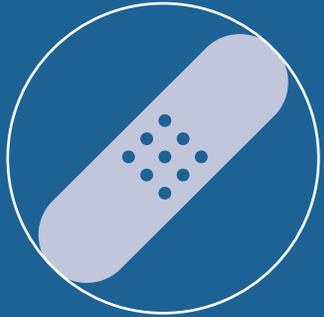
Strategic Investments in North Carolina's MH/SUD/IDD/TBI System

Funded Budget Provisions By Topic

PROVISION	FY24	FY25
Reimbursement Rates for Behavioral Health	\$165M	\$220M
Crisis System	\$54M	\$77M
Justice System	\$29M	\$70M
Behavioral Health Workforce	\$44M	\$71M
★ Child and Family Well-Being	\$20M	\$60M

Investment in Behavioral Health for Children

Within our current state, there are critical system needs that our investments must address. We also have identified our desired outcomes that our interventions set out to achieve.



Prevent children from entering a behavioral health crisis and/or unnecessarily using the emergency department for behavioral health_



Ensure behavioral health needs of children are quickly and accurately identified



Keep children in the home whenever possible



Increase access to residential options for children who need an out of home placement



Deep Dive on Child Behavioral Health Investments

\$80 million Investment In Child Behavioral Health

Goal: Ensure that children with behavioral health needs receive suitable, essential, child-centered, trauma-informed, and high-quality services, enabling as many children as possible to either remain in or return to a home setting

Priority Population: Kids who are staying in the ED or DSS office, and those who have complex, highly specialized behavioral health needs



INTENDED OUTCOMES

Fewer ED visits
for behavioral
health

Fewer children
staying in DSS
Offices

Fewer children
staying in
Emergency
Departments

Fewer
readmissions to
out of home
placements

Shorter length of
stay in out of
home
placements

More children
with behavioral
health needs
living in home
settings

Child and Family Investments

Area of Focus	Strategies (examples of possible modalities)
Community Based Services	Increase access to behavioral health services in schools
	Expand access to family-focused community-based support & care coordination (e.g. Family Peer Support, High Fidelity Wraparound)
	Establish emergency respite pilots for caregivers
	Expand Access to Evidence-Based (EBP) Community-Based Treatment Services (e.g. Family Centered Treatment, Child Assertive Community Treatment Teams)
Foster Care BH Continuum	Build capacity for DSS-managed crisis stabilization and assessment placements (e.g. Flexible DSS Emergency Placement Fund, Placement First Plus)
	Invest in and expand professional foster parenting
Family-Type Placements	Build capacity for emergency placements in family-type settings for children at risk of boarding or inappropriate placement, regardless of custody status
	Increase availability and quality of family-type therapeutic placements (e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care)
Residential/Facility Based Services	Increase quality and management of residential levels of care
	Build specialty residential care capacity (e.g. PRTF, levels II-IV).

Child Behavioral Health Array of Services

Outpatient Treatment

School-Based Behavioral Health Services

Outpatient Treatment

Collaborative Care/Access Line

Enhance Community-based Services

In Home Services

Day Programs

Family-type placements

Therapeutic Family-type Placements

Professional Foster Parenting*

Emergency Placements

DSS Managed Emergency Placements*

Emergency Placements in Family-Type Settings

Intensive out of Home Treatment Settings

Residential Facility-based Treatment

Acute Inpatient Psychiatric

Health Equity

Evidence-Based (EBP) Practice Models

Family Engagement and Supports

Crisis Continuum

 = Child Behavioral Health Investments

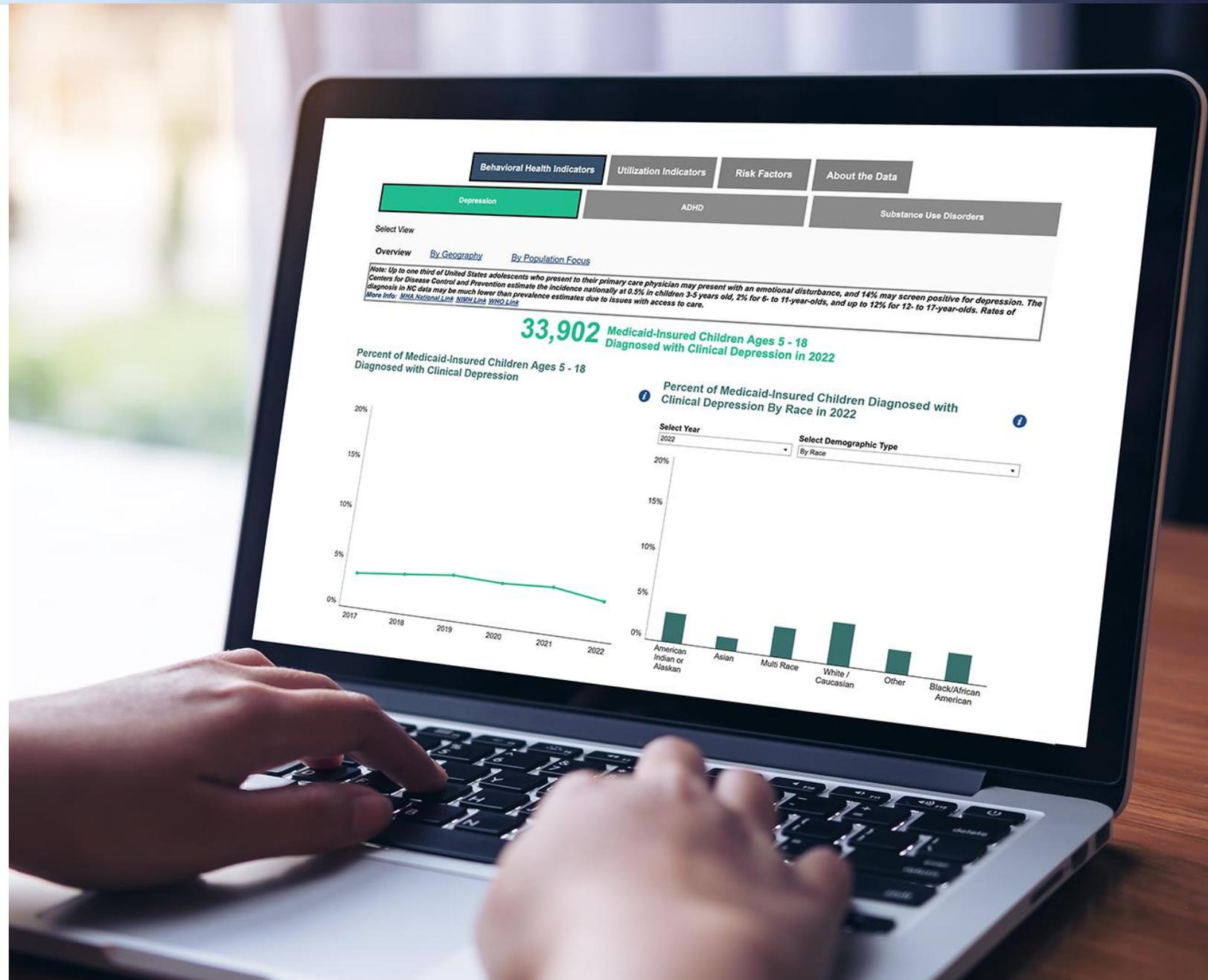
 = Other system components * = Kids in DSS Custody

The Child Behavioral Health Dashboard Launched on 2/1!

Click [here](#) to read the press release

Key Features:

- Identifies and addresses **gaps and disparities** in behavioral health services for children
- Enhances **visibility** into child behavioral health needs
- Allows for shared stakeholder accountability to identify and address **opportunities for improvement**
- Provides additional visibility into child behavioral health in **underserved populations**



Child Behavioral Health Dashboard

Metric (Data Source)	Child Population M = Medicaid Pop
# of children with ADHD dx (Medicaid)	✓ ^M
# of children with depression dx (Medicaid)	✓ ^M
# of children with Substance Use Disorder diagnosis (Medicaid MD)	✓ ^M
ED utilization for behavioral health (Medicaid MD)	✓ ^M
Suicide attempts resulting in ED visit (NC DETECT)	✓
Mobile Crisis Utilization (counts, later cost) (Medicaid)	✓ ^M
PRTF utilization (counts, later costs) (Medicaid)	✓ ^M
School Behavioral Health	
% high schoolers and % of middle schoolers feeling sad or hopeless in last 12 months (YRBS) % high schoolers and % of middle schoolers feeling good about themselves (YRBS)	
Early Childhood	
% babies born with low and very low birth weight (Vital Statistics)	

Meeting the Behavioral Health Needs of Children in Foster Care

Current State: Primary Problem

The Department receives information from MCOs regarding children in Emergency Departments each week.

2023 ED Boarding (LME-MCO Reported)	
Average total children in the ED each week	54
Average % of these children who are in DSS Custody	40%
Average % of these children who have co-occurring IDD/Behavioral Health Needs	26%

The Department receives information from county DSS's regarding children boarding in county DSS offices and other settings.

2023 Children Boarding in DSS Offices	
Average number of children in DSS Offices each week	32

Click [here](#) to learn more about the emergency funding available for DSS children.



Continuum of Behavioral Health Care for Children

Respite

Kinship Placement

Foster Care

Therapeutic Foster
Care

Group Homes
(Level II-IV)

Psychiatric
Residential

Emergency Placement Fund

Professional Foster
Parenting

Placement First Plus

Payment to Support Relatives & Family Members Who Step in to Care for Children in Need

Click [here](#) to read the press release

Payments will Provide:

- **financial support** and **promote placement** with appropriate kinship care providers for children in foster care
- positive impact on **permanency outcomes** for children – leading to children exiting from foster care to adoption, guardianship or reunification sooner

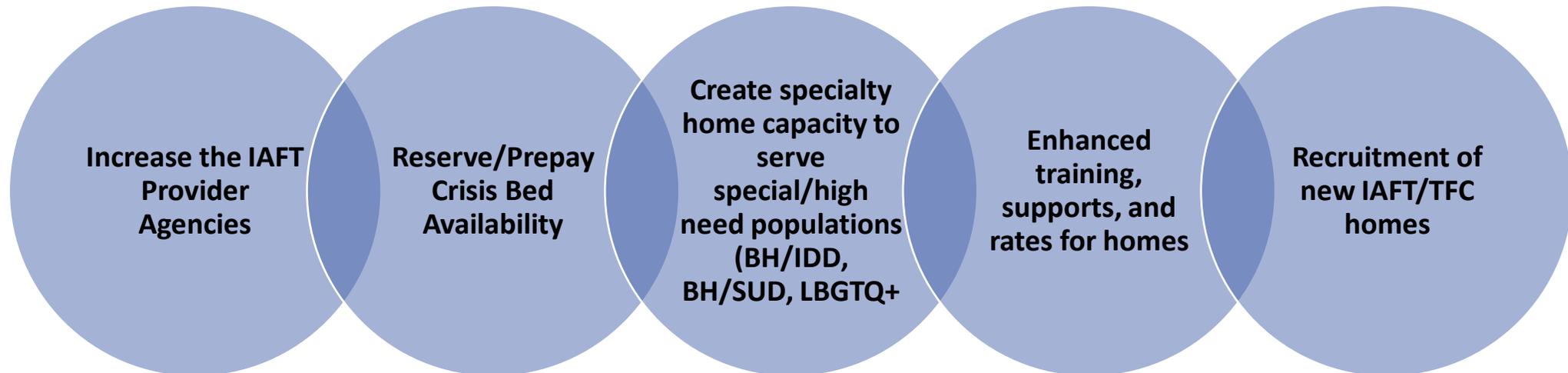


Service Spotlight: IAFT

Intensive Alternative Family Treatment (IAFT)[®] is a specialized, in-home, family-based foster care service

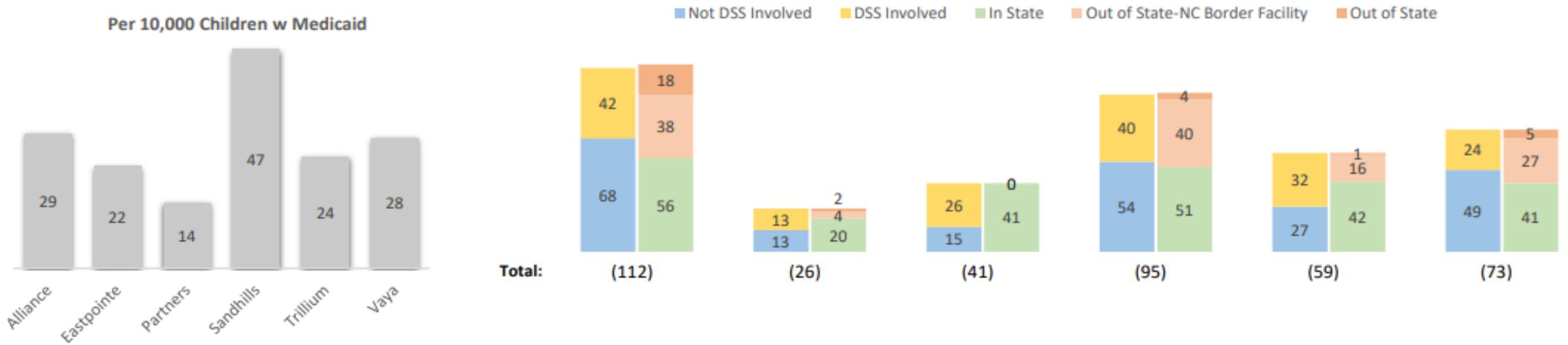
- IAFT[®] supports difficult-to-place children/teens by providing a more intense level of care than therapeutic foster care.
- IAFT[®] also serves children/teens as they step down from a more restrictive level of care.
- The goal of IAFT[®] is to ensure long-lasting recovery and successful transition back home or to a lower level of care by providing clinically focused therapeutic treatment in a licensed foster home.

Potential strategies to strengthen the provider network:



Strengthening the Child Behavioral Health Residential System

Medicaid-Insured Children in Psychiatric Residential Treatment Facilities (PRTFs): August 2023-October 2023



- We reviewed the dashboard in the [October 2023 Side by Side webinar](#).
- The most recent report was published in **January 2024** on DMH/DD/SUS' website at: [Reports | NCDHHS](#)

NC Child Behavioral Health Residential Service Array: Current State

Service Area	Service	Service Definition
Residential Services	Residential Treatment: Level I/Family Type	Service targeted to children under age 21, which offers a low to moderate structured and supervised environment in a family setting, excluding room and board.
Residential Services	Residential Treatment: Level II/Family/Program Type	Service targeted to children under age 21, which offers a moderate to high structured and supervised environment in a <u>family OR program type</u> setting, excluding room and board. Service is responsive to the need for intensive, interactive, therapeutic interventions below the level of staff secure/24-hour supervision or secure treatment settings.
Residential Services	Residential Treatment: Level III (Residential Treatment High)	Service targeted to children under age 21 which offers a highly structured and supervised environment in a program setting only, excluding room and board. This setting has a higher level of consultative and direct service from psychologists, psychiatrists, medical professionals, etc. Treatment is provided in a structured program setting and staff is present and available at all times of the day, including overnight awake
Residential Services	Residential Treatment: Level IV/Secure (Residential Treatment Secure)	Provides a physically secure, locked environment in a program setting only. This level of service includes all Residential Treatment—High Level III elements plus medically supervised secure treatment, continual and intensive interventions designed to assist the beneficiary in acquiring control over acute behaviors and support for youth in gaining skills necessary to step down to a lower level of care.
PRTF	Psychiatric Residential Treatment Facilities (PRTFs) for Children under the Age of 21	Non-acute inpatient facility care for children and adolescents who have a MH condition or a SUD Dx and who require 24-hour supervision and specialized care.
Inpatient Hospitalization	Inpatient Behavioral Health	Provide continuous treatment for beneficiaries with acute psychiatric or substance use problems in a hospital setting.

Residential Treatment Availability Creates Challenges

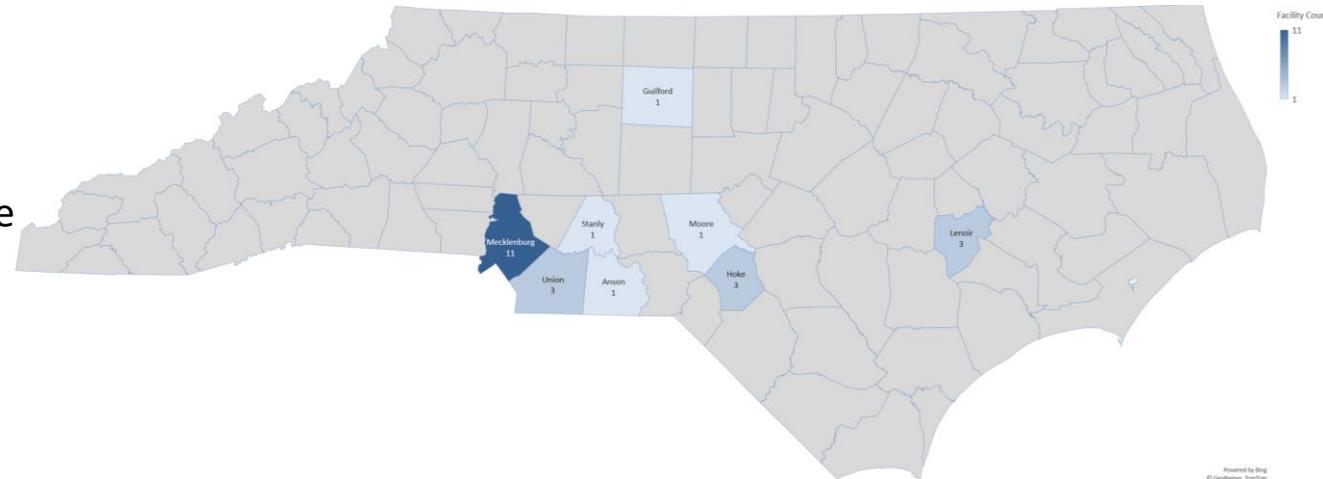
Residential Treatment

High quality residential treatment is not always available to youth who need it, when and where they need it.



- Every week, **over 50 children** sleep in EDs and DSS offices due to lack of available residential treatment options.¹
- A majority of youth discharged from PRTFs move to lower levels of care, but 25% **go to another PRTF** or **home to no services at all**.²
- Non-hospital based PRTFs and Level IV facilities are **concentrated in one area of the state**, with wider availability of Level II and Level III facilities, therapeutic foster care homes, and facility-based crisis centers.³
- Roughly 35% of children and adolescents in PRTF placements are in out-of-state PRTFs, and children/adolescents in foster care are **more likely to be sent out of state** than those not in foster care.⁴

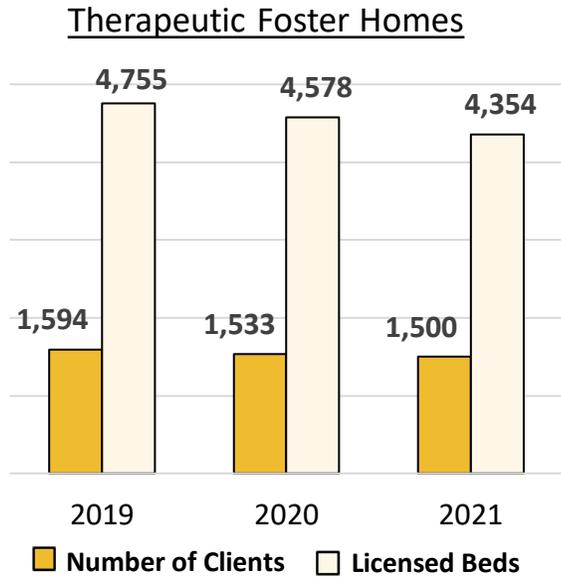
DHSR-Licensed PRTFs (Non-Hospital Affiliated), March 2023



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Bed Capacity of Therapeutic Foster Care & PRTF

Number of Licensed Therapeutic Foster Home Beds and Clients



Number of PRTF Facilities and Beds

Year	PRTF Facilities	PRTF Beds
2022 – 2023	27	339
2021 – 2022	29	417
2020 – 2021	33	454
2019 – 2020	33	453
2018 – 2019	33	450

- Need to focus on Quality rather than Quantity
- Most PRTF beds are focused generally on youth with significant behavioral health needs and **do not narrow in on treatment for one specialized diagnosis or set of diagnoses** (IDD & Behavioral Health, Eating Disorders).
- PRTF access issues have been compounded by reductions in **inpatient psychiatric beds** for adolescents.

Definitions (G.S. § 131D-10.2)

Therapeutic Foster Home: A family foster home where, in addition to the provision of foster care, foster parents who receive appropriate training provide a child with behavioral health treatment services under the supervision of a county department of social services, an area mental health program, or a licensed private agency and in compliance with licensing rules.

Residential Level of Care: Goals for Children

Prevent the utilization of Emergency Departments as temporary residential settings for children

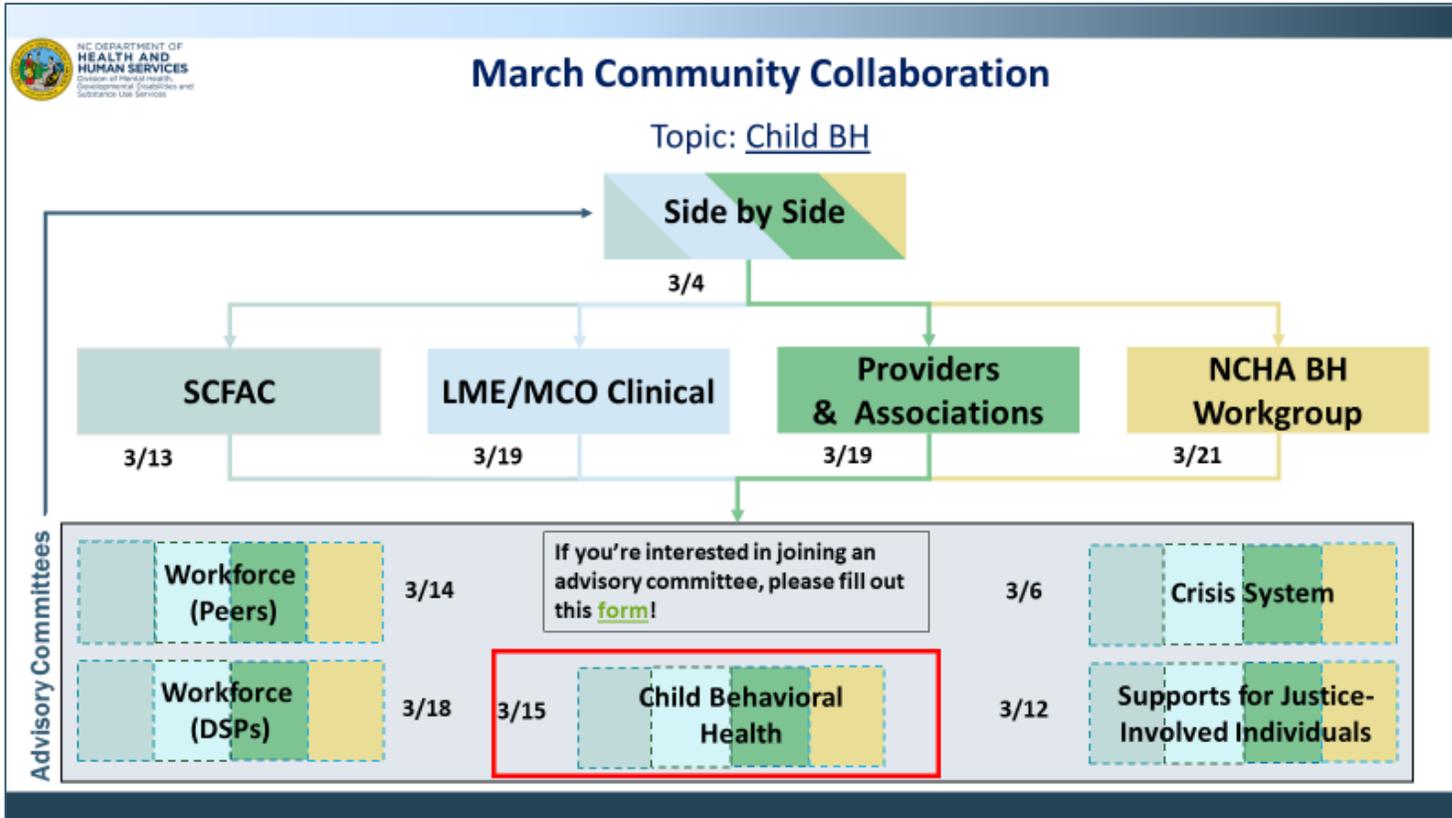
Increase crisis and respite options to support the child, their families, and their systems

Increase access to specialty in-state residential care for children in need (brief, therapeutic, home-like)

Ensure transitions to community-based settings occur during/after PRTF stay with the needed wrap-around supports in place for success

Reminder: NEW Child Behavioral Health Advisory Committee!

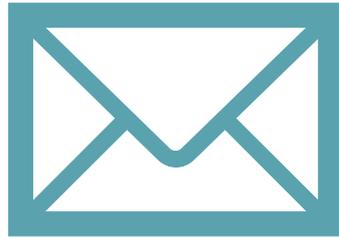
Committee members with local knowledge and lived experience will be able to share ideas, provide feedback, and help leadership develop strategic priorities to improve our child behavioral health system.



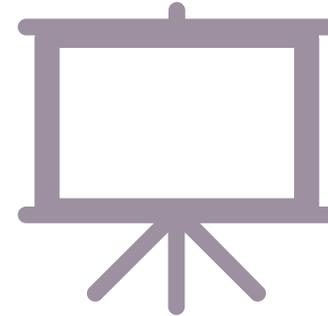
Want to join?

- [REGISTER HERE](#)
- Virtual meeting will be held on the **third Friday** of every month
- The first meeting is on **Friday, March 15th** from **2:30-3:30 pm**

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



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
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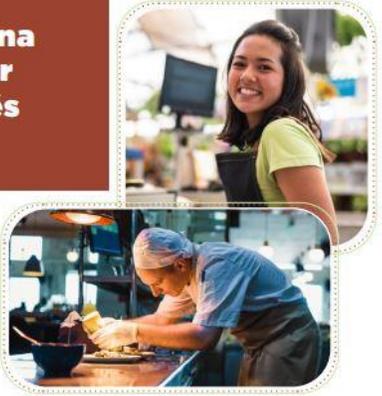
Learn How to Apply With ePASS

(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 Woodstuhme
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>

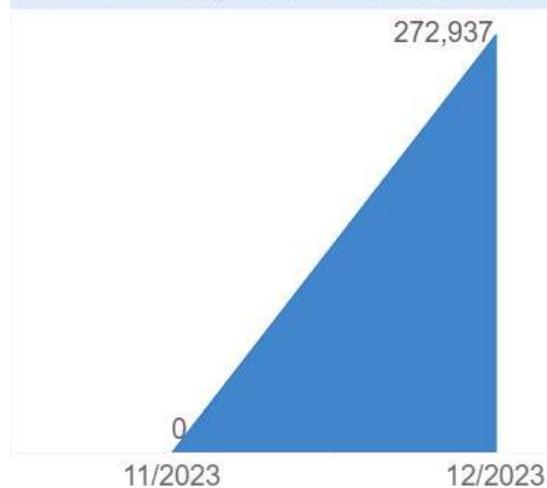
Medicaid Expansion Dashboard

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](#).

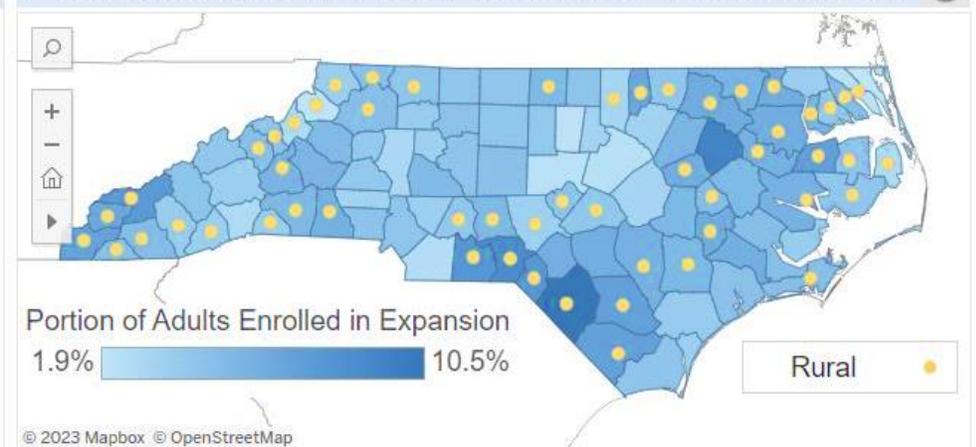
This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage. The charts can be viewed by health plan, demographics, and/or county by using the filters below. *Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.*

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

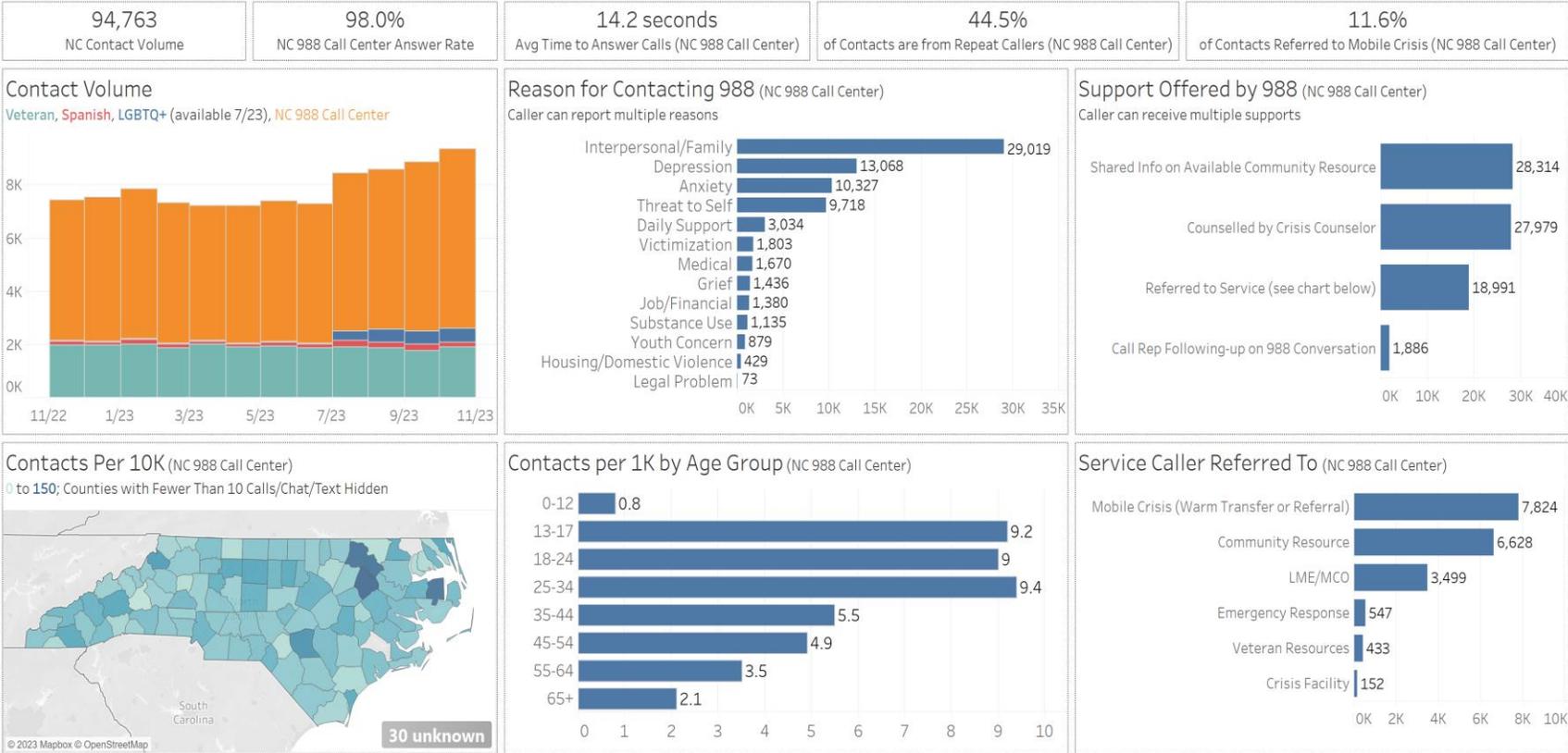


North Carolina 988 Performance Dashboard Past 12 Months (11/22-10/23)



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.

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



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

