Beyond Beds:
North Carolina’s Public Behavioral Health System & Medicaid Transformation

N.C. Department of Health and Human Services

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What we will cover

- Overview
- 1. Beyond the Safety Net
- 2. Beyond Beds
- 3. Beyond Silos
- Questions
BH & IDD By the Numbers

<table>
<thead>
<tr>
<th>Public System</th>
<th>Received Behavioral Health Services CY 2018</th>
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<tbody>
<tr>
<td>2.2 million people have Medicaid</td>
<td>285,000 Medicaid beneficiaries</td>
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<tr>
<td>1 million people are uninsured</td>
<td>97,000 uninsured</td>
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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 **opiod use or heroin** use disorder
- Nearly **400,000** individuals in North Carolina have **alcohol use disorder**
- **570,000+** individuals in North Carolina have a Substance Use Disorder
- Over **11,600** kids in foster care, **up 35%** since July 2012
  - **Parental substance use** is a contributing factor to almost **50% of children** in the NC foster care system
- Nationally, **69% of state prison inmates** regularly used drugs during their lifetime
- In NC, people exiting prisons were **40 times** more likely to **die of an opioid overdose**
- Since 1999, **99,700 workers** have been kept out of the workforce in North Carolina because of the **opiod** crisis

*Various documented sources*
Top DHHS Priorities

1. Transform our healthcare system to buy health and integrate physical and behavioral care.

2. Combat the Opioid Epidemic

3. Drive health opportunities from the start Implement the Early Childhood Action Plan
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.
Stop the Stigma: Inclusive & People-first Language

Instead of these words…Try using these!

- DRUG ABUSE
- SUBSTANCE ABUSE

- ADDICT
- ABUSER
- JUNKIE
- DRUGGIE

- "SUBSTANCE USE DISORDER"
- "DRUG MISUSE"
- "SUBSTANCE MISUSE"

- "PERSON WHO USES DRUGS"
- "PERSON WITH A SUBSTANCE USE DISORDER"
- "PERSON USING DRUGS PROBLEMATICALLY/CHAOTICALLY"

- "STERILE/USED SYRINGES"
- "POSITIVE/NEGATIVE DRUG TEST"
- "PERSON IN RECOVERY/PERSON WITH PROBLEMATIC DRUG USE"
1) BEYOND THE SAFETY NET

PUBLIC POLICY
&
PARTNERSHIP
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
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
BH & IDD Key 2019 Accomplishments

**DMHDDSAS**

**Goal 1**: Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
  - Attained approval of SUD IMD waiver and began paying for SUD IMD services.
  - Promulgated Peer Support Services clinical policy; Established Peer Support Services integration.

**Goal 2**: Integrate behavioral healthcare into primary and physical care.
  - Integrated 79% of prescribers and pharmacies EHRs (85% for prescribers and 73% for pharmacies) to the Controlled Substance Reporting System (CSRS)

**Goal 5**: Advance policies and narratives that reinforce the Division as knowledgeable behavioral health thought leaders and service-oriented partners.
  - Awarded over $13 million in federal grant discretionary funds (e.g. BJA, PFS, PPW, PIPBHC) aimed at strengthening MH, DD, and SUD services and support
  - Reduced tobacco retail violation rate from 20.8% to 12.2%.

**DSOHF**

**Goal 1**: Maximize access to the right clinical service for the right individual at the right time
  - Enhanced inpatient OTP services state-wide, including an outpatient OTP clinic with electronic billing at WBJ ADATC

**Goal 2**: Ensure the protection and safety of the people we serve
  - Achieved CMS certification at WBJ ADATC
2) BEYOND BEDS

PREVENTION & COMMUNITY BASED RECOVERY
Current Mental Health Care Model

No Outpatient Care

Emergency Departments

Outpatient Care
Community Based Services
Residential Services

Mobile and Facility Based Crisis Behavioral Health Urgent Care (BHUC)

Public & Private Community Inpatient Care

State Psychiatric Hospitals & ADATCs

Jail
Future Mental Health Care Model

Increased Coverage and More Robust Outpatient and Other Community-Based Services

Mobile and Facility Based Crisis Behavioral Health Urgent Care (BHUC)

Public & Private Community Inpatient Care

ADATCs

State Psychiatric Hospitals

Emergency Departments

Diversion

Jail

Jail and Community Based Restoration
How do we do it?

1. Strengthening Crisis Service Array
2. Robust and Evidence-Driven Community Based Services
3. Justice Strategy: Pre-Arrest Diversion, Behavioral Health Courts, Jail Based Treatment, Reentry to Recovery; Community Based and Jail Based Capacity Restoration
4. Structured Step Down Programs
5. Healthy Opportunities
6. Aligning Incentives
7. Aligning Systems: DSS, DPH, DMH, DHB…
BEYOND SILOS

INTEGRATION & VALUE
“Buying Health” Across Our Department

Early Childhood Action Plan  

Medicaid Transformation  

Opioid Action Plan 2.0

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
DHHS’ Priorities during suspension

- **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).
Managed care is suspended

- 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
Tailored Plan Development

- Tailored Plan Request For Applications (RFA) forthcoming
- 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)
Healthy Opportunities: Priority Domains

- Food Security
- Housing Stability
- Transportation
- Employment
- Interpersonal Violence
- Toxic Stress/Early Brain Development
Social Determinants Strategy

Multi-Faceted Approach
Promoting the Opportunity for Health

NCCARE360

1. Medicaid Program
   1. Statewide Core Requirements
   2. Pilots

2. Pilots

Map SDOH Indicators

Standardized Screening

Work Force
(Community Health Workers)

Align enrollment w/ existing resources

Statewide Core Requirements

Community Health Workers

NCCARE360
Healthy Opportunities: NCCARE360

No Wrong Door Approach
North Carolina 2020 Census

Make NC Count

The Census is your chance to make sure your community counts. Participating in the Census will help make sure your community gets:

- Fair representation in Congress
- Financial resources for health, schools, transportation, and more
- Information leaders need to help your community plan for the future.

What is the Census?
Questions/Discussion