COVID-19 and Behavioral Health and IDD Populations

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Agenda

• Behavioral Health & IDD System Goals
• Behavioral health responses to pandemics like COVID-19

• Key DHHS Behavioral Health Actions
  – Community behavioral health and supporting independent living
  – Safeguarding patients and residents in our state facilities
  – Responding to behavioral health needs and building resiliency
Behavioral Health & IDD System Goals

1. **Maintain & Sustain** behavioral health & IDD **Services**

2. **Reduce the need for Emergency Department visits and Hospitalization to ensure access to COVID-19 treatment for everyone**
Behavioral Health Responses to Pandemics

- Potential to worsen existing anxiety and depressive disorders due to lack of control and social isolation

- Difficulty of treating some disorders with telehealth (e.g. lack of access to smartphone or significant paranoia)

- Economic impact greater for smaller businesses which are most behavioral health & IDD providers

- Staffing challenges particularly for direct care providers for the IDD community
Key DHHS Behavioral Health Actions

• Community behavioral health and supporting independent living: Maintain and sustain services
  – Flexibilities and Waivers
    • Medicaid: Appendix K & 1135 Waiver
    • Telehealth and Telephonic policies
    • Paused oversight functions that do not impact consumer health and safety
  – Resources and Funding
    • Immediate release of remaining Single Stream Funds for the current Fiscal Year
    • Authorized use of up to 15% of LME/MCOs Risk Reserve
    • Category B Funds from FEMA Disaster Declaration
    • Increase of 1.5% in Medicaid rates for LME/MCOs
Key DHHS Behavioral Health Actions

• Community behavioral health and supporting independent living: Maintain and sustain services
  – Programs & Areas of Concerns
    • Assertive Community Treatment (ACT)
    • Patients on long acting injectables
    • Opioid Treatment Programs (given the typical structure of daily dosing)
    • IDD individuals requiring direct care for Activities of Daily Living (ADLs)
    • Residential programs that have an outbreak
    • Community Group Homes
    • Group Day Programs
Key DHHS Behavioral Health Actions

• Safeguarding patients/residents in state facilities
  – Examples of steps taken:
    • Closing to all visitors to reduce potential exposure
    • Instructing staff and patients/residents to practice social distancing wherever possible
    • Daily universal employee screenings, including the taking of temperatures, prior to entry into the facility
    • Regular screenings of patients/residents for symptoms of COVID-19
    • Instituting robust cleaning and disinfecting procedures throughout each facility
    • Alternative programming to ensure that patients/residents and staff from different units do not comeingle
    • Establishing plans to cohort patients/residents who are suspected or confirmed positive for COVID-19 to reduce spread
Key DHHS Behavioral Health Actions

• Responding to behavioral health needs and building resiliency
  – Hope4NC 1-855-587-3463
    • Help line connects North Carolinians to supports that help them cope and build resilience
    • Available 23/7/365, in all 100 Counties
  – Hope4Healers 919-226-2002
    • Partnership with the North Carolina Psychological Foundation
    • Staffed by licensed behavioral health professional volunteers
    • Tailored for healthcare professionals and their families, includes childcare workers