



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

State of the State: North Carolina's Public Behavioral Health System in a COVID-19 World

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What we will cover

- The COVID-19 Impact
- Overview
- 1. Beyond the Safety Net
- 2. Beyond Beds
- 3. Beyond Silos
- Discussion

The COVID-19 Impact

- **Significant accomplishments** have been achieved, both despite – and because of – the pandemic
- As opposed to serving as a distraction, the pandemic has **sharpened our focus**
- **COVID-19 has prompted adjustments** and altered timing, **but not our overall course.**

The COVID-19 Impact

The pandemic has highlighted challenges and gaps, while creating an urgency to address them. Key issues include:

- **Funding**
- **Access**
 - Insurance – Medicaid Expansion
 - Technology & Technology infrastructure
- **Workforce shortages and needs**
- **Parity**
- **The Justice system and Justice-involved populations**
- **School based mental health**

Poll

In early 2019, according to a Census Bureau Survey, 11% percent of people nationwide reported symptoms of anxiety and depression. In May of 2020, what percentage of Americans reported symptoms of anxiety and depression?

- A) 15%
- B) 30%
- C) 35%
- D) 45%

The COVID-19 Impact

Specific actions DHHS to support the behavioral health and IDD community during the pandemic:

- **Maintain and sustain services**
 - Resources
 - Flexibilities
 - Oversight
 - Guidance
- **Safeguarding those we serve**
 - Comprehensive COVID-19 preparedness and mitigation plan at state facilities
- **Responding to behavioral health needs and building resiliency**
 - Hope4NC & Crisis Counseling Program
 - Hope4Healers

BH & IDD By the Numbers

Pubic System	Received Behavioral Health Services SFY 2019
2.5 million people have Medicaid	289,000 Medicaid beneficiaries
1.1 million people are uninsured	107,000 uninsured

10.5 million residents, 2.5 million have Medicaid, 1.1 million uninsured, 7.1 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
- 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, **more than 80% of people in jail or prison** report having used illicit substances in their lifetimes.
- 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 **opioid** crisis **Various documented sources*

Poll

How much money did the state appropriate in State Fiscal Year 2019-2020 in Single Stream Funds?

- A) \$215 million
- B) \$270 million
- C) \$335 million
- D) \$410 million

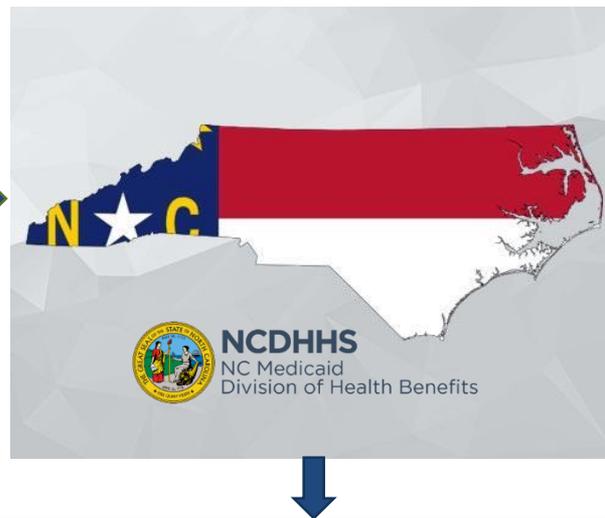
Top DHHS Priorities

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

Early Childhood Action Plan



Medicaid Transformation



Opioid Action Plan 2.0



Behavioral Health and IDD Strategy

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.

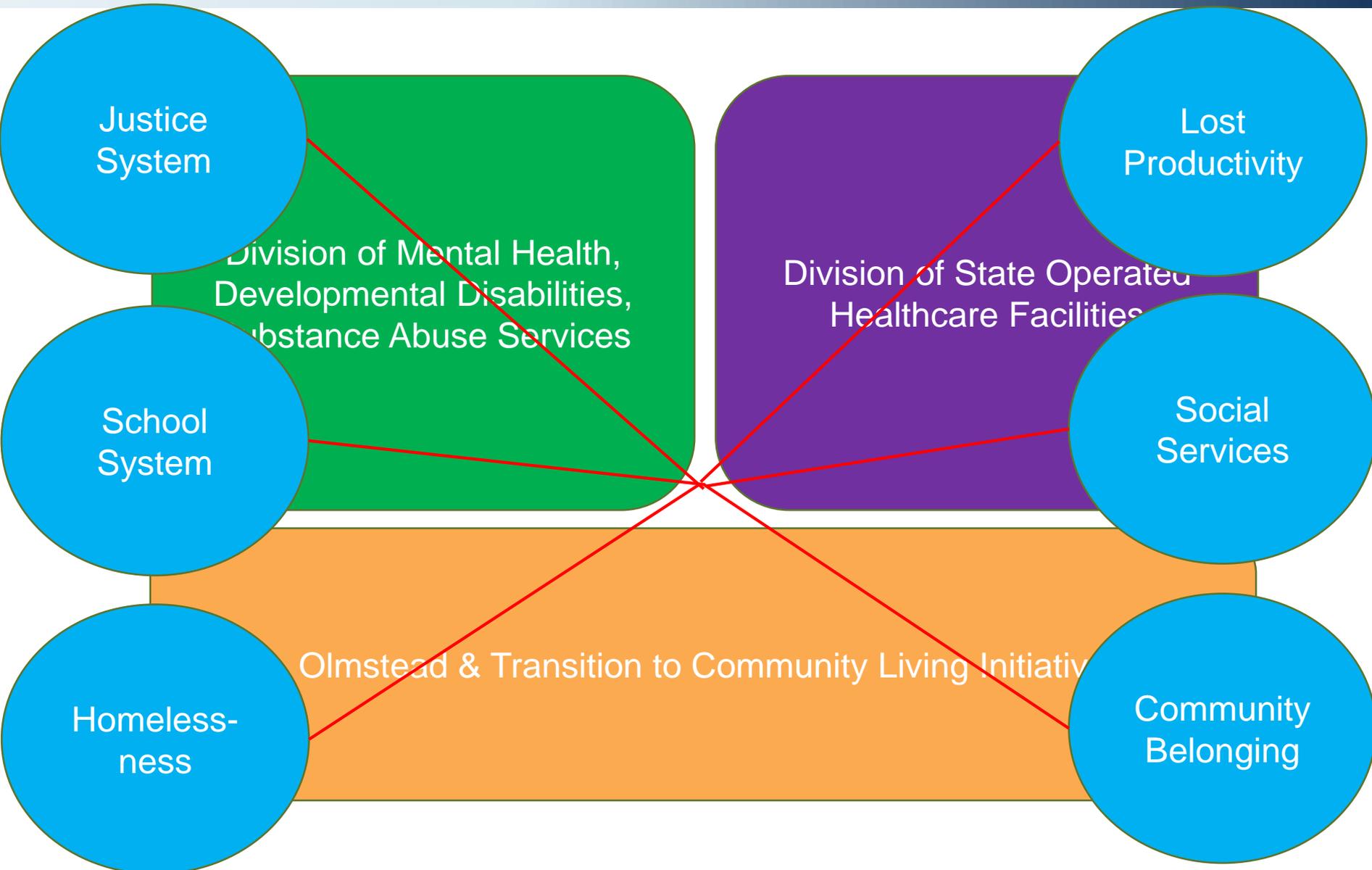
1) BEYOND THE SAFETY NET

**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

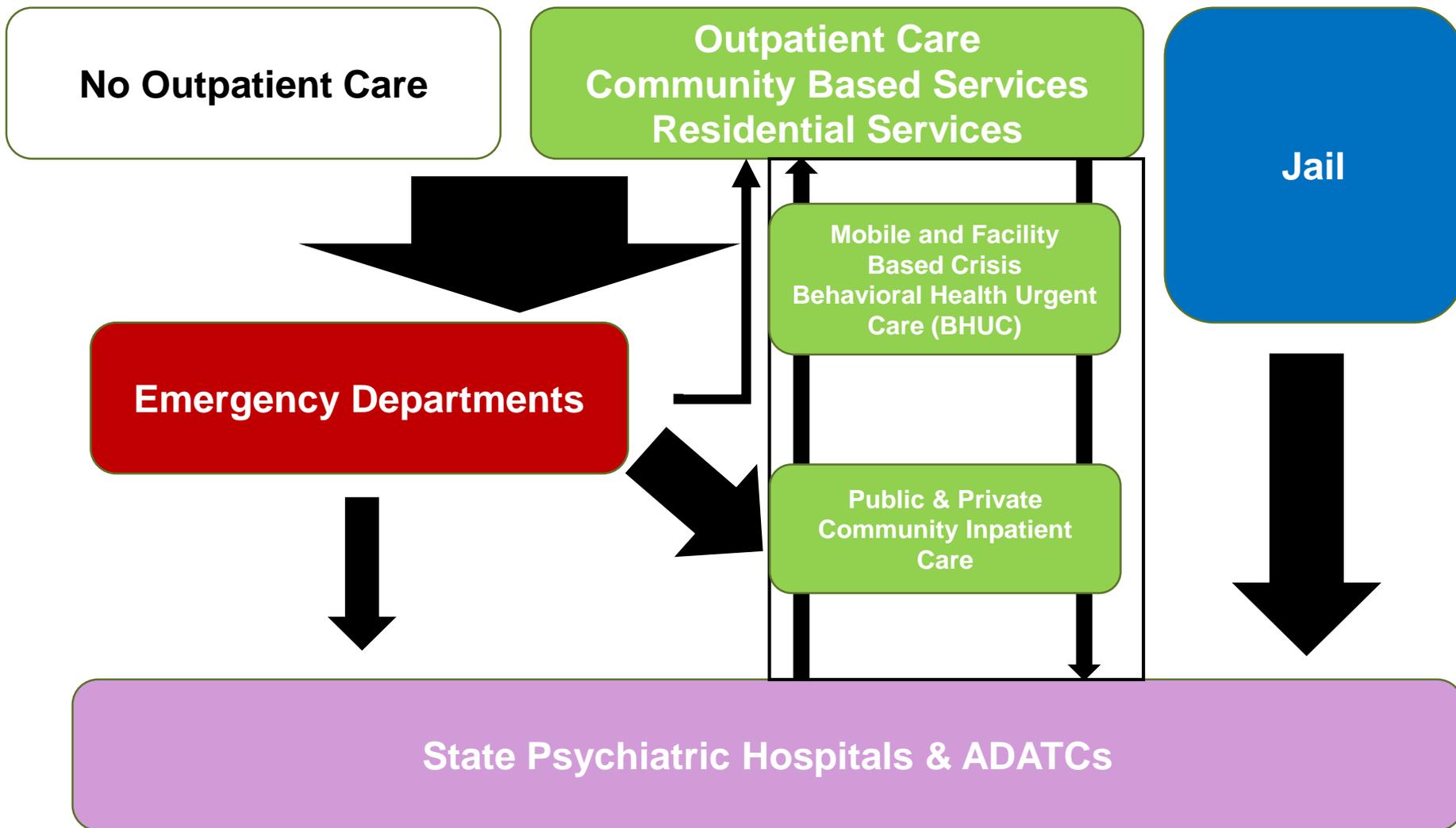
BH & IDD Key 2020 Accomplishments

1. **Advanced Telehealth policy and utilization** by rapidly securing and approving policy flexibilities at the onset of the pandemic to ensure community-based services continue as well as in the facilities to mitigate viral spread and enable continued visitation.
2. **Leveraged strengths of a statewide system to effectively manage** procurement, inventory, and resource distribution – particularly PPE – and prioritized coordinated communications in order to speak with one DHHS voice while emphasizing key policy and operational priorities. This included manufacturing and distributing 20,000+ cloth masks.
3. **Developed and executed comprehensive COVID-19 preparedness plan** to minimize patient and staff infection, including effective cohorting strategy, while maintaining state facility admissions to support North Carolina's healthcare system capacity.
4. **Prioritized facility-based employee support** by coordinating emergency child care for hundreds of DSOHF employees, implementing Premium Pay, and streamlining hiring protocols and new employee orientation to expedite onboarding.
5. **Enhanced patient care and efficiency** through implementation of E-prescribing in state psychiatric hospitals and Alcohol and Drug Abuse Treatment Centers (ADATCs) and root cause analysis in patient safety reporting systems for all DSOHF facilities
6. **Established ways to meet behavioral health needs of all North Carolinians** by repurposing and expanding **Hope4NC** while creating a **Hope4Healers** for healthcare professionals.
7. **Kept Olmstead Planning on track** with the technical assistance contract awarded and the first meeting of the Olmstead Stakeholder Advisory panel set for July.
8. **Expanded the reach of stakeholder engagement efforts** throughout the pandemic by going virtual and adding more touchpoints with key constituencies and opportunities for feedback.
9. **Secured and distributed resources** including federal grants targeting underserved populations to connect individuals to behavioral health care during the pandemic.
10. **Hired and onboarded key hires** across the organization and accelerated and streamlined hiring and human resources processes to get needed talent in positions statewide.

2) BEYOND BEDS

**PREVENTION
&
COMMUNITY BASED
RECOVERY**

Current Mental Health Care Model

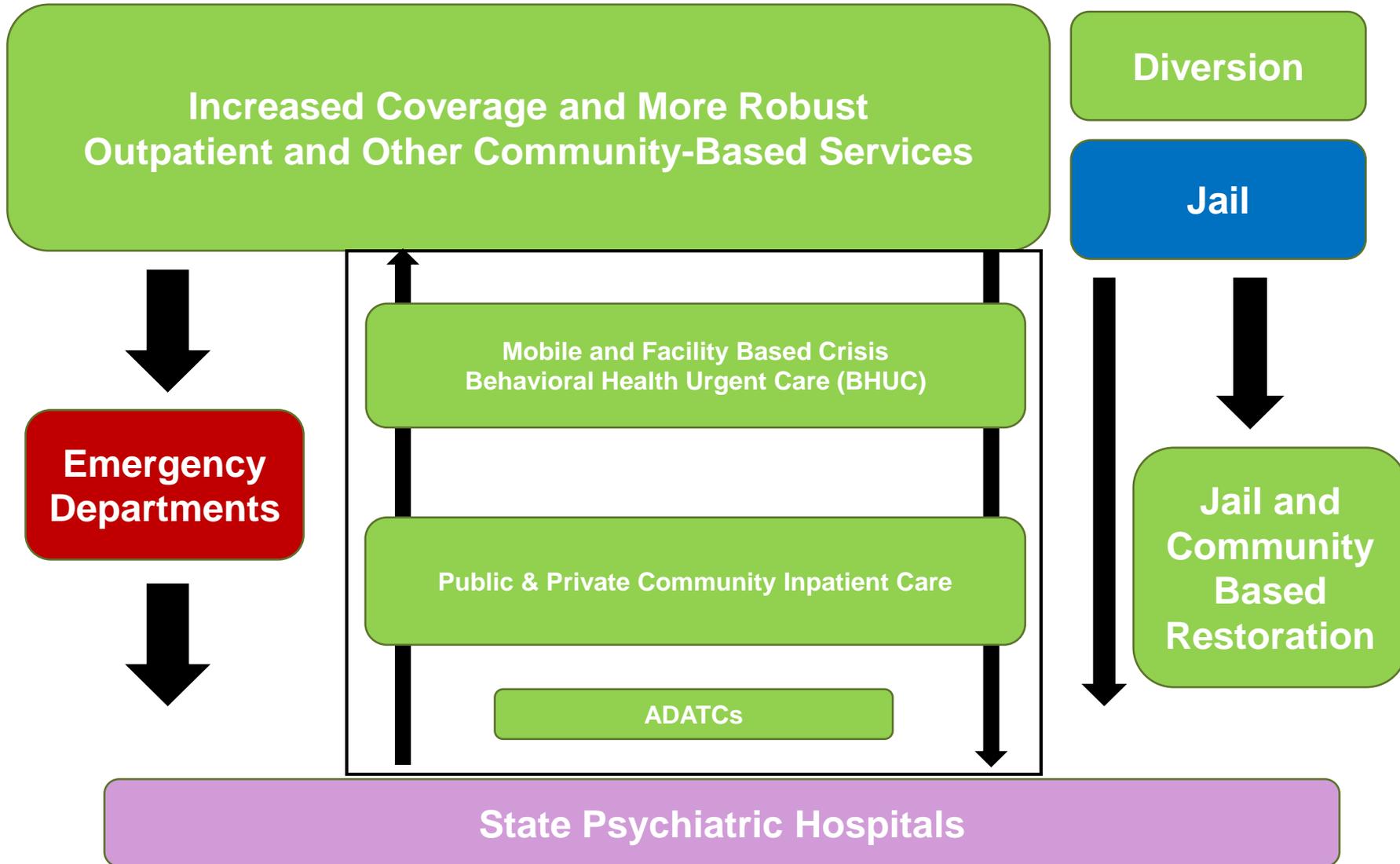


Poll

How much longer is the average length of stay for an Incapable to Proceed (ITP) at a State Psychiatric Hospital as compared to a civil patient?

- A) 75%
- B) 120%
- C) 200%
- D) 270%

Future Mental Health Care Model



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...

An Example – DSOHF: 2020 Goals

<p>Priority 1: Maximize access to the right clinical service for the right individual at the right time</p>	
<p>Secure funding and finalize plans for Jail-Based Capacity Restoration Programs <u>Next step:</u> Evaluate vendor applications by July '20</p>	<p>Original: June</p> <p>SEP</p>
<p>Expand outpatient OTP and electronic billing to JFK & RJB ADATC <u>Next step:</u> JFK/DSOHF execute MOA with DPS by August '20</p>	<p>Original: May</p> <p>OCT</p>
<p>Implement CPI Advanced and standardize policies on restraint in NMTCs to serve higher acuity populations <u>Next step:</u> Resume training by October '21</p>	<p>Original: July</p> <p>MAR '21</p>
<p>Maximize bed capacity and continue admitting COVID+ patients/residents to support throughput across the State's healthcare system</p>	<p>New</p> 
<p>Priority 2: Ensure the protection and safety of the people we serve</p>	
<p>Implement Fraud, Waste, and Abuse Policy system-wide <u>Next step:</u> Hire Compliance Officer in central office by September '20</p>	<p>Original: March</p> <p>SEP</p>
<p>Implement Transgender and Gender Non-Binary Policy for Patients/Residents <u>Next step:</u> Fully implement training and policy by September '20</p>	<p>Original: February</p> <p>SEP</p>
<p>Complete system-wide training of Trauma-Informed Care for all staff <u>Next step:</u> Implement training in Developmental Centers by October '20</p>	<p>Original: July</p> <p>OCT</p>
<p>Manage PPE shortages to ensure supply where most needed while working to acquire enough PPE to meet CDC recommendations for best practices</p>	<p>New</p> 

An Example – DMHDDSAS: 2020 Goals

Priority 1: Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting		
Develop a Justice-involved populations package of proposed policies and initiatives including MAT, diversion, early release, re-entry and other areas <u>Next step:</u> Complete justice-involved populations draft package and route for internal review by August '20	Original: June SEP	
Pilot new, evidence-based wrap service & crisis respite service for SED youth in foster care <u>Next step:</u> Determine evidence-based clinical model for crisis respite services for youth with SED in foster care by August '20	Original: June OCT	
Draft definition for integrated day programming for IDD <u>Next step:</u> Internal routing, review and approval by August '20 and stakeholder engagement, including webinars and formal communications by September '20	Original: June OCT	
Establish a proposal to stabilize the crisis system that incorporates statewide crisis line, bed management system, integrated telehealth, and other new approaches	Original: June OCT	
Update LME/MCO contract to encourage expanded telehealth utilization and update Medicaid telemedicine policy to allow billing for psychiatric consultations <u>Next step:</u> Collect and analyze data to determine effectiveness of telehealth flexibilities for various services by September '20	Original: July NOV	
Complete implementation MH IMD waiver request for CMS approval in coordination with Medicaid <u>Next step:</u> Gather stakeholder engagement groups by July '20	Original: July NOV	
Select quality of life and functional status metrics for TP population using NCTOPPS data elements along with validating and baselining quality of life and functional status metrics <u>Next step:</u> Fill vacancy and identify metrics by July '20	Original: June FEB '21	

BEYOND SILOS

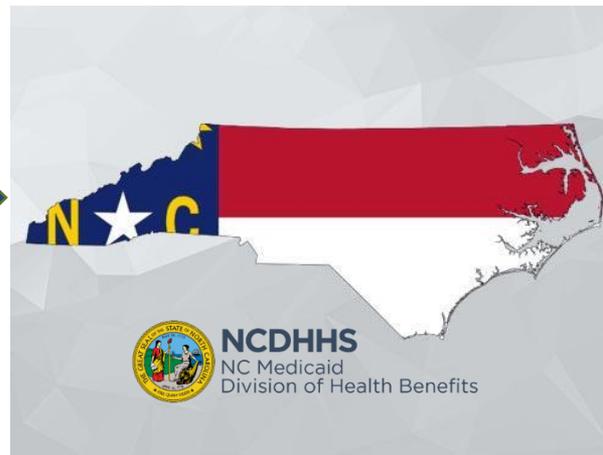
**INTEGRATION
&
VALUE**

“Buying Health” Across Our Department

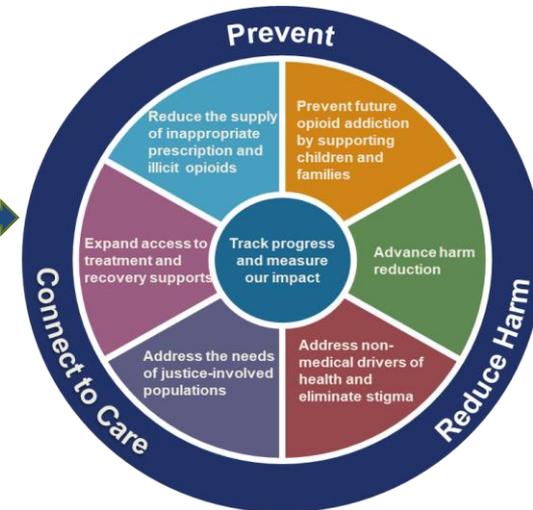
Early Childhood Action Plan



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)

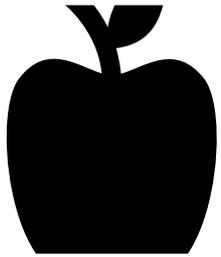
Managed care is suspended

- **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



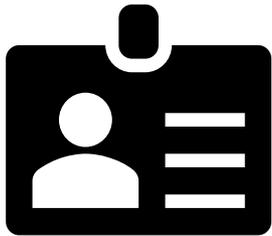
Food
Security



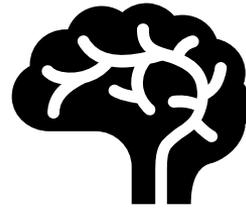
Housing
Stability



Transportation



Employment

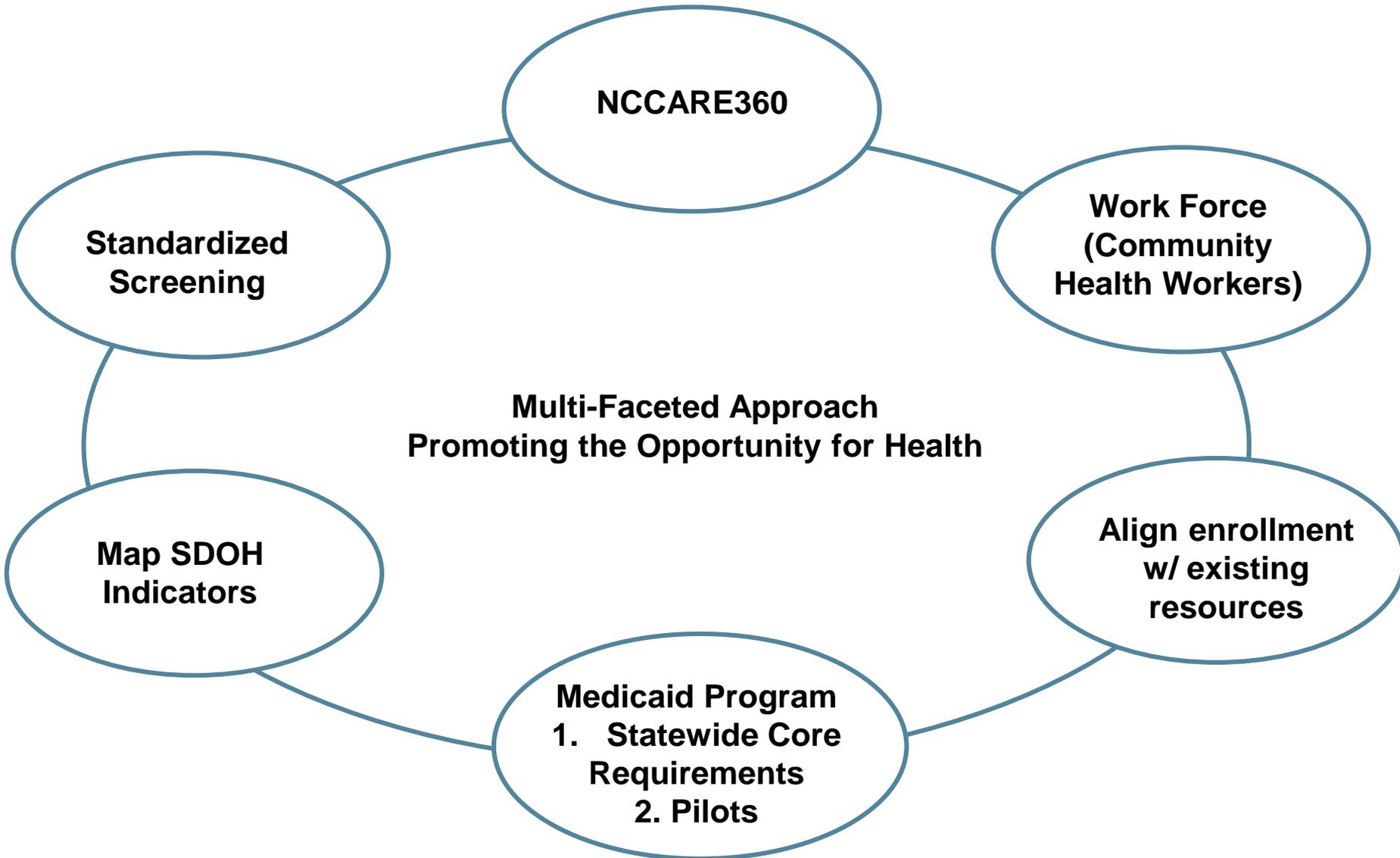


Interpersonal
Violence



Toxic Stress/
Early Brain
Development

Social Determinants Strategy



Healthy Opportunities: NCCARE360

No Wrong Door Approach



Questions/Discussion