Recovering Stronger

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1. Key Healthcare Challenges in North Carolina
2. NCDHHS Priorities
3. What We’re Doing
4. Working Together
Key Healthcare Challenges in NC

The pandemic exacerbated existing challenges

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<th>Behavioral Health</th>
<th>Children and Families</th>
<th>Workforce</th>
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<td>Nearly 1 in 5 North Carolinians have a mental illness.</td>
<td>1 in 6 children in NC have a behavioral health disorder and numbers are increasing</td>
<td>NC early childhood education staff decreased by ~10% between March 2020 and November 2021.</td>
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<td>~1.2 million adults in NC with substance use disorders</td>
<td>16% of NC families with children live in poverty</td>
<td>NCDHHS vacancy rates nearly doubled between March 2020 and July 2022, from 12.75% to 23.2%</td>
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<td>During the pandemic, approximately 1 in 3 North Carolinians reported symptoms of depression and/or anxiety.</td>
<td>Over ~3,600 NC children have lost a parent/caregiver to COVID</td>
<td>Nursing home workforce in NC declined by 12.5% since January 2020, more than 15,000 employees have left facilities.</td>
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<td>Alcohol-related ED visits increased 13% from 2019 to 2020.</td>
<td>~70% increase in the rate of children discharged from EDs with a behavioral health condition during the pandemic</td>
<td>~25% of families missed a child’s preventive visit due to the pandemic</td>
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<td>Opioid overdose deaths increased 40% from July 2019 to July 2020.</td>
<td>~25% of families missed a child’s preventive visit due to the pandemic</td>
<td>There are 472 people on waitlists to enter state facilities as of September 2022, a 164% increase since March 2020</td>
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We need to offer services further upstream to build resiliency, invest in coordinated systems of care that make mental health services easy to access when and where they are needed and reduce the stigma around accessing these services.

We will work to ensure that North Carolina’s children grow up safe, healthy and thriving in nurturing and resilient families and communities. Investing in families and children’s healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.

We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

These priorities and our work across the department are grounded in whole-person health, driven by equity, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.
NCDHHS believes that to advance health equity, we must invest in the right social and structural drivers of inequities.

### Behavioral Health:
- Launching new virtual tele-psych sites in rural hospitals
- Support the integration of behavioral health into primary care
- Working to improve reentry services for people with I/DD
- Increase awareness & combat mental illness stigma in minority communities

### Child & Family Well-Being:
- Increase Access to Prenatal Care with Rural Providers
- Increase access to children’s mental health services
- Working to maintain access to primary care for children and families
- Access to Broadband Infrastructure/Digital Equity

### Strong & Inclusive Workforce:
- Increasing number of providers from historically marginalized populations
- Reinforcing the talent pipeline for early educators
- Investing in our direct care workers
- Supporting employment initiatives for people with disabilities
3. Working Together

National Launch of 988 – July 2022

Anyone can CALL, TEXT OR CHAT “988” for immediate access to crisis intervention

NCDHHS Launch of Suicide Prevention Action Plan – September 2022

This North Carolina Suicide Prevention Action Plan is focused on specific actions to be taken over the next four years to reduce injury and death by suicide.
Federally Qualified Health Centers support Integrated care:

• FQHCs already serve as the integrated care safety net for many NC Medicaid and uninsured members.

• FQHCs have the opportunity to further support DHHS Integrated Care Efforts by:
  ➢ Leaning into the Collaborative Care Model
  ➢ Supporting Tailored Care Management as an Advanced Medical Home +
Collaborative Care

Collaborative Care Model: A primary care physician treating patients’ behavioral health problems leads a team that consists of a behavioral health care manager and psychiatric consultant.
Under Tailored Care Management, members will have a single care manager who will be equipped to manage all of members’ needs including physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs.
Medicaid Expansion

• Expands coverage to more than **600,000** North Carolinians – at **zero** cost to the State

• **$4.9 billion** in federal dollars to the state annually

• Save state funds

• **$1.5 billion** “signing bonus”

• Every month we delay, we miss out on **$521 million** federal dollars

• If we expanded Medicaid, there would be **$430 - $480 million per year** in additional funding for behavioral health services