

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES

NC Department of Health and Human Services

Mental Health Services Update

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A comprehensive system of services and supports which offers high quality, equitable access to evidence-based, person-centered, integrated behavioral, developmental, and physical health services across their lifespan.

To achieve, we must:

- Address acute system and individual need.
- Build and enhance sustainable community supports for long-term advancement of NC's behavioral health.

Strategic Goals

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. **Continuous Quality Improvement:** Use data to ensure maximum system efficiency, operational excellence and highest quality service delivery.
4. **Policy and Program Innovation:** Strive to lead in policy innovation and system transformation, leveraging and maximizing resources for optimal service delivery and outcomes.
5. **Stakeholder Engagement and Partnership:** Engage individuals, families, communities, providers, and payers to develop person-centered approaches to care.

BH & IDD by the Numbers

Prevalence

- **1.6M** adults have a mental illness; 451K have a serious mental illness.
- **390K** children have a mental illness; 233K have a serious emotional disturbance.
- **611K** adults live with a substance use disorder; 33K youth live with a SUD.
- **1 in 20** people are living with an **opioid use disorder**.
- **2.76%** of children and adolescents in the US ages 3-17 are estimated to have an **autism spectrum disorder**.
- There are **66,036 adults and children** in NC with an **Intellectual Developmental Disability**.
- **Nearly 80,000** people sustained a **traumatic brain injury** last year.
- Over **11,600** kids in foster care, **up 35%** since July 2012.
- **64%** of justice-involved individuals have mental health problems.
- **25,000** people **re-entered society** from prison last year—**44%** of people in jail and **31%** of people who are incarcerated have a history of mental health.
- **9,000** people **experiencing homelessness**, over **800** are veterans.
- **1,358** people **died by suicide** in 2019.

**Various documented sources*

BH & IDD by the Numbers

COVID-19 Impact

- **40%** of adults reported symptoms of mental health issue
- **39%** increase in retail sales of alcohol
- **24%** increase in pediatric ED visits for mental health (5-11); **31%** increase for those 12-17
- More than half of individuals who lost employment or financial stability reported anxiety/depression
- **21%** increase in Opioid Treatment Program (OTP) utilization

Supply Shortage:

- **65%** of BH organizations reported turning away, canceling or rescheduling patients
- **23%** average revenue loss

**Various documented sources*

Comprehensive Service Array



Elements of Comprehensive Crisis System

Reduce reliance on law enforcement and EDs through early and immediate intervention with trained BH personnel.

- **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). NC's call center: REAL Crisis.
- **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; NC has mobile crisis management coverage through all 100 counties.
- **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.
- **Use of Real-time Bed Registry:** Tool for providers, patients, and caregivers to identify open beds more efficiently. In the absence of a bed registry, emergency room staff, patients, or other providers must call multiple hospitals or residential settings to determine if there is a slot available that would be appropriate given the patient's needs.

988 Implementation: In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline.

Community-Based Outpatient Mental Health Services

- **Outpatient Clinic Services:**
 - Mental Health therapy is provided by licensed professionals in Individual, Group and Family modalities.
- **Transition Management Services:**
 - Focuses on increasing the individual's ability to live as independently as possible, managing the illness, and reestablishing his or her community roles.
- **Assertive Community Treatment (ACT):**
 - Use of multidisciplinary team to help support individuals with serious mental illness.
- **Community Support Teams:**
 - Community-based mental health and substance abuse rehabilitation services and necessary supports provided through a team approach to assist adults in achieving rehabilitative and recovery goals.
- **Critical Time Intervention (CTI):**
 - Time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition.
- **Mobile Units:**
 - 13 mobile behavioral healthcare units provide increased access to services.
- **Certified Community Behavioral Health Clinics (CCBHC):**
 - 24/7 access to physical and behavioral healthcare and crisis services.

Recovery Supports (Community-Based)

- **Peer Supports:**

- There are currently 3,780 peer support specialists in North Carolina.
- Certified Peer Support Specialists are employed in a variety of settings, including LME-MCOs, mental health and substance use disorder providers, peer-run organizations, private and DHHS-run psychiatric hospitals and alcohol and drug abuse treatment centers, and the state's piloted peer respite center

- **Psychosocial Rehabilitation:**

- Interventions that are strength-based and focused on promoting recovery, symptom stability, increased coping skills and achievement of the highest level of functioning in the community. Treatment focus is individual's daily living, financial management, personal development, maintain stability; assisting the individual to increase social support skills that ameliorate life stresses resulting from his or her mental illness.

- **Individual Placement and Support/ Supported Employment:**

- Helps people with severe illness work at regular jobs of their choosing. It is a person-centered, behavioral health service with a focus on employment. Provides assistance in choosing, acquiring, and maintaining competitive paid employment in the community for individuals 16 years and older for whom employment has not been achieved or employment has been interrupted or has been intermittent.

NC DHHS Provides Real-Time Support

- **Hope4Healers:** As of 1/31/22: 658 calls with 118 referred for free phone service with a licensed therapist.
- **Hope4NC:** As of 1/31/22: 11,279 calls with 596 referred for follow-up services.
- **Problem Gambling Hotline:** The program is creating a portal where clinicians can connect with financial coaches and counselors to better support their clients.
- **Alcohol and Drug Council of NC:** Information and referrals. SFY 21: 6,230 total calls with over 6,000 direct referrals for SUD services/supports; 786 callers were pregnant or parenting; 230 were veterans.

Inpatient and Residential Services

- **Behavioral Health Inpatient Services**

- Inpatient Behavioral Health Services provide hospital treatment in a hospital setting 24 hours a day. Supportive nursing and medical care are provided under the supervision of a psychiatrist or a physician. This service is designed to provide continuous treatment for beneficiaries with acute psychiatric or substance use problems.
- Patients served: SFY 21 32,377 bed days for 4,106 individuals – single stream dollars \$23M

- **3-Way Bed Contracts:**

- 30 Three-Way contracts with 6 LME-MCOs and 30 community hospitals
- Total funding of contracts: \$40,621,646
- Patients served: 53,120 bed days for 6,906 individuals

Behavioral Health and the Justice Involved Population

- **Serious mental illness** affects an estimated **14.5% of men** and **31% of women** in jails
- **60% of people who are incarcerated** reported having had **symptoms of a mental health disorder** in the prior twelve months
- **83% of people who are incarcerated** with mental illness did not receive mental health care after admission
- **68% of people in jail** have a **history of abusing drugs, alcohol, or both**
- Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly **people who are incarcerated** are **40 times more likely to die from an opioid overdose**
- Additionally, as of Oct 20, 2021, **208 of 701 (29.7%)** state hospital patients were in an Incapacity to Proceed (ITP) status

Justice Strategies

1. Prevent individuals from entering, or reentering, justice systems (Early diversion models)
2. Provide the right care at the right time in the right setting (Increase access to treatment during incarceration)
3. Address challenges and improve outcomes (Expand re-entry efforts)

Working with state, local and community partners to identify gaps and needs, and developing solutions for a seamless array of services and supports, using system level drivers and levers to improve treatment quality, accessibility and options, and leading by example to progress evidence-based decision making through collaboration with external experts and internal talent.

Outputs from key services

Drug Education School: 804 individuals with first time drug offences were diverted to the Drug Education School.

Crisis Intervention Team (CIT) Training:

- 1,749 Law Enforcement personnel received CIT training in 2021, bringing the cumulative total of law enforcement, EMS and auxiliary staff trained and certified in CIT to 21,987. CIT certification is the foundation for developing effective alternative and co-responder models. There are two established co-responder models at present, with several more in different stages of development.

Re-entry from incarceration:

- Number of individuals with behavioral health needs and on supervision supported through services 2021: 16,003.
- Number of individuals connected to treatment on release from jail through new grantee program 1009; number given Naloxone: 928.

Juvenile Justice Behavioral Health Teams:

- During SFY21, 1,043 young people were referred to the regional Juvenile Justice Behavioral Health teams for assessment and access to evidence-based community programming.

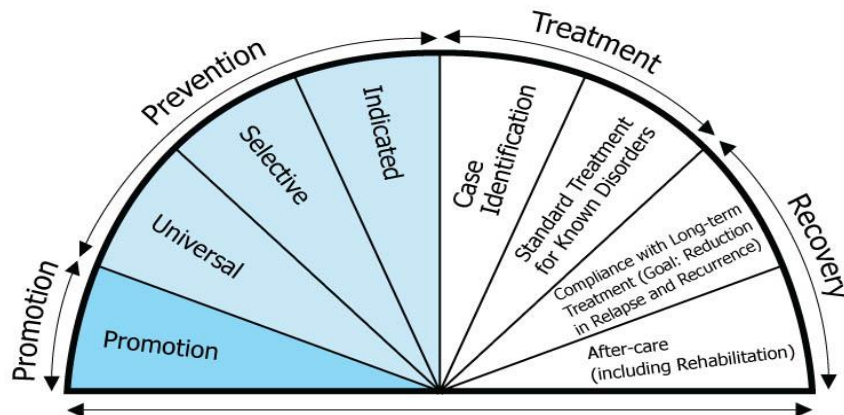
Controlled Substances Reporting System

- The Controlled Substances Reporting System (CSRS) is the state Prescription Drug Monitoring Program (PDMP)—an intervention strongly supported by CDC, CMS, and other federal partners as key to address prescription drug misuse by reducing the volume of pills in circulation in communities.
- In 2018, the system recorded **898** episodes of doctor shopping, by 2021 this had reduced to **158**. Use of the system continues to grow.
- Currently:
 - There are 67,000 registered users
 - 6,000 entities have integrated the CSRS search function in their workflow or via the Health Information Exchange (HIE)
 - Mandatory use came into effect in July 2021

Substance Use Primary Prevention

- **Priorities:**

- \$17 million budget per year
- Work in schools, coalitions and communities to serve universal, selective and indicated audiences with education, awareness campaigns, local policy and enforcement initiatives



- Preventing youth from initiating substance use of illegal substances and delay of use of legal substances until age 21
- Addressing increased use of substances during the pandemic
- Ensuring historically marginalized North Carolinians receive prevention services
- Maintaining tobacco retailer violation rate under 20%

Comprehensive Approach to SUD Treatment

- Community-based treatment services for poly substance use
- Community-based peer recovery support services
 - Employment coaching, recovery housing, and recovery schools
- Inpatient/residential care to treat acute SUD

Medication Assisted Treatment for Opioid Use Disorders

- **87** Opioid Treatment Programs (OTPs) in NC
- Unique patients served:
 - 28,815 in 2020, compared to **35,031 in 2021**, which represents an almost **22% increase** in number of people served in 2021
- North Carolina Treatment Outcomes & Program Performance System (NCTOPPS) outcomes after 6 months of participation in OTP services in 2021 show:
 - Employment **increased** from 38.3% at admission to **58.2% after 6 months**
 - ED visits **decreased** from 16.3% in the 30 days prior to admission to **9% after 6 months**

State Opioid Response Grant

- Medication-assisted treatment (MAT) is used to treat substance use disorders as well as sustain recovery and prevent overdose. State Opioid Response Grant (SOR) has provided services for 16,937 individuals.
- The expansion of MAT, with a focus on rural and underserved areas, is essential to addressing the opioid crisis
 - Five detention centers implemented medication assisted treatment programs resulting in 2029 adults accessing medications for opioid use disorders
 - SOR funding to the Eastern Band of the Cherokee Indians assisted in the implementation of OBOT services, as well as the Tribe's first OTP. Harm reduction strategies resulted in the collection of 311,069 used syringes.
 - The Lock Your Meds campaign, funded through SOR prevention funds, reached 7,207,081 people between 11.01.19 - 09.31.20. Additionally, more than 4,000 medication lock boxes and 4,000 medication disposal kits were disseminated, and 5 permanent medication drop boxes were erected.

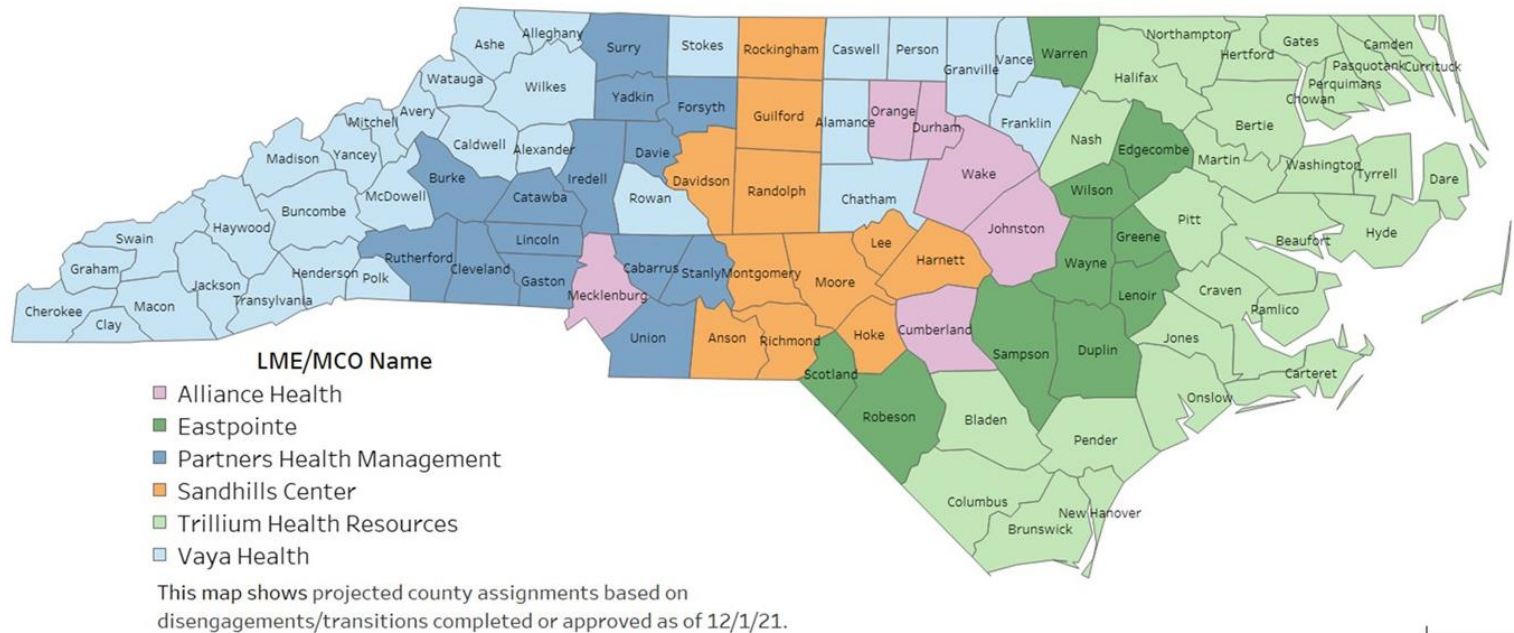
Managed Care Tailored Plan Regions

Tailored Plan contracts awarded to all existing LME/MCOs

DHHS working with future Tailored Plan to prepare for December 2022 implementation

Additional in-depth discussion in afternoon Medicaid meeting

Regional Behavioral Health and Intellectual/Developmental Disability Tailored Plans - Projected County Alignments at Tailored Plan Launch for December 1, 2022



Transforming Child Welfare and Family Well-Being Together

A Coordinated Action Plan for Better Outcomes for Children with Intense Behavioral Health Needs

Children and Families in Crisis and in Child Welfare Need the Right Set of Supports

- DHHS and its partners have advanced numerous reform initiatives in response to challenges within child welfare in recent years. Examples:
 - Family First Prevention Services Act (FFPSA) implementation, which includes Evidenced Based interventions for families in each of the 7 regions serving all 100 counties
 - Regional support for county social service agencies
 - Development of a specialized Medicaid managed care plan for children and youth in foster care
 - Expanding START (The Sobriety Treatment and Recovery Teams Model) to 10 counties to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders

Children and Families in Crisis and in Child Welfare Need the Right Set of Supports

- DHHS convened a multi-sector Transformation Team to collaborate on solutions to strengthen our State's ability to meet the needs of children and families experiencing or at imminent risk of harm.

DSS/Child Welfare	Mental Health	Medicaid
Providers	Payers: LME-MCOs, PHPs	Local DSS
Family Advocates	Child and Family Well-Being	Health Services Regulation
NC Health Care Association	Legal	Data

A Crisis for Children and Families that We Can Solve with Coordinated Action

- DHHS has created an Action Plan for better treatment, supports, and outcomes
 - Recommended actions should be implemented as a package to maximize benefit to children and families and make the most efficient use of state resources
 - Actions focus on the urgent needs of children cared for in child welfare and who have intense behavioral health needs
 - Actions on prevention, family stabilization and reunification are forthcoming in a comprehensive 3-year roadmap

Coordinated Action Plan for Better Treatment, Support and Outcomes for Children

Strengthen Contract Requirements for Care Coordination for Children and Youth in DSS Care

Expand High-Fidelity Wraparound Services Pilots Statewide

Expand the NC Psychiatric Access Line (NC-PAL) Program Statewide

Implement the 988 Statewide Crisis Hotline

Build Professional Parenting Programs

Create Five New MORES Mobile Crisis Intervention Teams

Establish New Emergency Respite Pilots for Caregivers

Launch START Substance Use Treatment Pilots in 10 counties

Strengthen the DHHS Rapid Response Team

Establish New Placement First Plus Pilots

Establish Crisis, Inpatient, and Residential Bed Statewide Tracking and Crisis Referral System

Fulfill SB693 Requirement to Develop a Plan to Increase Supply of Appropriate Treatment for Children

Use Administrative Flexibilities and Enforcement to Create New Placement and Service Options

Coordinated Action Plan: Spotlight

- **Establish New Placement First Plus Pilot**
 - Strategy proposed by local DSS directors
 - Transitional, supportive settings in therapeutic foster/kinship homes or small group homes with high caregiver to youth ratio
 - Comprehensive assessment to inform a long-term plan for caring for the child
 - Intensive services and supports with longitudinal support for 18-24 months

**Impact: Reduces number of children sleeping in inappropriate settings (e.g., EDs, local DSS offices),
Increases timeliness to permanency for children**

Coordinated Action Plan: Spotlight

- **Create Five New MORES Mobile Crisis Intervention Teams**

- Provide mobile crisis services for children and adolescents in-person & via telehealth
- MORES teams: Clinicians trained in child-specific crisis management + Family partner for family support
- Supports
 - Rapid (within 30-60 min) assess and connections with services
 - Screens and referrals for social needs
 - On-going stabilization services for 2-4 weeks after crisis
- Expand from two to seven teams to serve an additional 10 counties (Current: Catawba, Burke, Gaston, Cleveland, Lincoln)

Impact: More timely crisis services, reduce ED care or law enforcement involvement in mental health crisis, more rapid connection to community-based services