

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) Division of State Operated Healthcare Facilities (DSOHF)

Overview & Budget

Joint House and Senate Appropriations Committees on Health and Human Services February 23, 2023

DMH/DD/SAS & DSOHF Overview & Budget

- DMH/DD/SAS Authorized Budget for Fiscal Year
 2022-23
- DMH/DD/SAS Overview
 - Community Services (LME/MCOs)
- DSOHF Overview
 - 14 facilities
 - Over 11,000 FTEs
- Opioid Settlement Funds
- 2021-2023 Fiscal Biennium Significant Budget Actions

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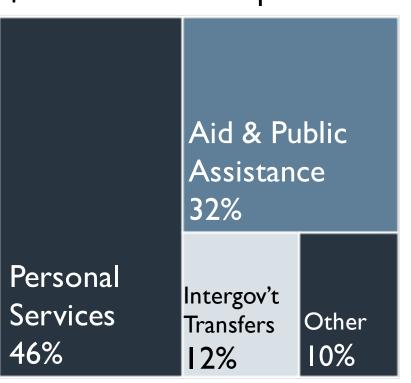
DMH/DD/SAS FY23 Authorized Budget vs Recent Spending

(\$ Millions)	Actual FY20-21	Actual FY21-22	Authorized FY22-23	Change vs FY21-22
Total Requirements	\$1,847.1	\$1,803.1	\$1,866.7	\$63.6
Receipts	\$1,103.1	\$993.4	\$1,021.3	\$27.9
Net Appropriation	\$744.0	\$809.7	\$845.4	\$35.7
FTE Employees	11,271.1	11,274.1	11,274.1	-

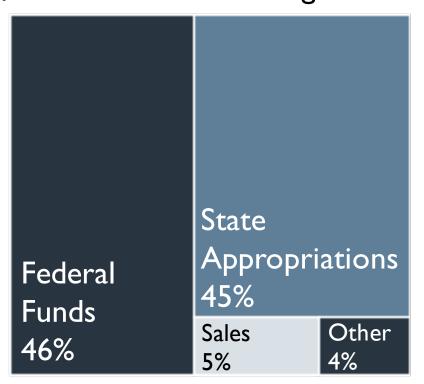
The significant increases in Net General Fund Appropriations in both FY 2021-22 and FY 2022-23 are primarily due to funding increases provided in the 2021 and 2022 Appropriations Acts

DMH/DD/SAS FY23 Authorized Budget Expenditures & Sources

\$1.87 billion in Expenditures

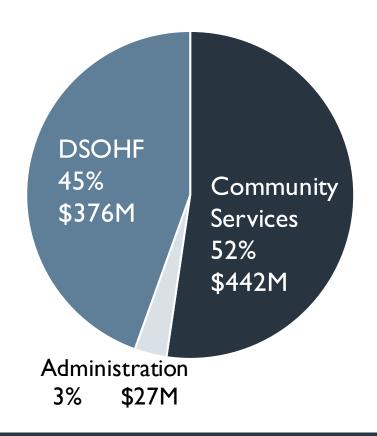


\$1.87 billion in Funding Sources



DMH/DD/SAS FY23 Authorized Budget Net Appropriations

\$845.4 million in Net General Fund Appropriations broken down:



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DMH/DD/SAS Overview

Provides support and services for individuals with:

- Mental illness
- Intellectual and developmental disabilities (I/DD)
- Alcohol and substance use disorders

Excluding DSOHF and Admin, the DMH/DD/SAS budget is concentrated on Community Services

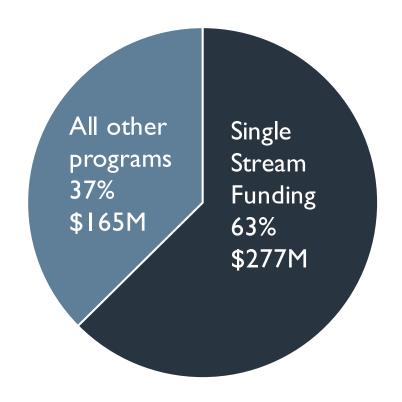
 Local Management Entities/Managed Care Organizations (LME/MCOs)

DMH/DD/SAS Community Services

- Prevention
- Workforce Development
- Community and Crisis Services
- Traumatic Brain Injury (TBI) Services
- Single Stream Funding
 - Behavioral health services for uninsured and underinsured
 - LME/MCOs

DMH/DD/SAS FY23 Authorized Budget Community Services: Net Appropriations

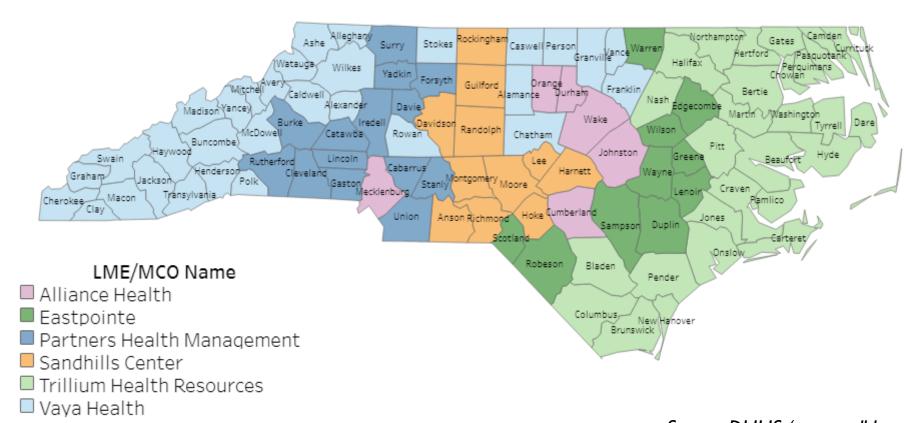
\$442 million in Net General Fund Appropriations for total Community Services, most is for Single Stream



Local Management Entities/Managed Care Organizations

- 6 LME/MCOs manage behavioral health services for the State's Medicaid and uninsured populations
 - Alliance Health
 - Eastpointe
 - Partners Behavioral Health Management
 - Sandhills Center
 - Trillium Health Resources
 - Vaya Health

Local Management Entities/Managed Care Organizations



LME/MCO Single Stream Distribution, FY 2022-23

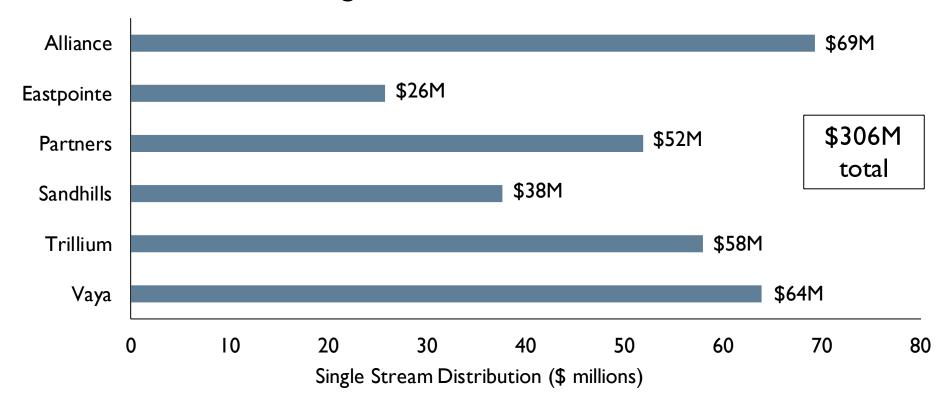


Chart includes \$33M in Cross Area Service Program (CASP) allocations as well as a \$30M transfer from DHB per SL2021-180 Sec. 9F.3.d

Note: May not sum to total due to rounding

Source: DMH/DD/SAS, 2023

Tailored Plans

- April I, 2023: the State will launch the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan
- Changes: LME/MCOs will manage both behavioral and physical health services for ~140,000 Medicaid enrollees with behavioral health needs and intellectual/developmental disabilities

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Division of State Operated Healthcare Facilities (DSOHF): Overview

- System of State facilities that treat adults and children with mental illness, developmental disabilities, and substance use disorder
- I4 facilities across the State
- I I,024 FTEs (full-time equivalents)

DSOHF Facilities Overview Psychiatric Hospitals

- Psychiatric Hospitals
 - Broughton Hospital (Morganton, Burke County)
 - Statewide specialty unit: Deaf individuals
 - Cherry Hospital (Goldsboro, Wayne County)
 - Central Regional Hospital (Butner, Granville County)
 - Statewide specialty units: Children, Forensic patients
- Provide inpatient mental health services:
 - Medication
 - Psychosocial rehabilitation
 - Counseling
 - Educational sessions

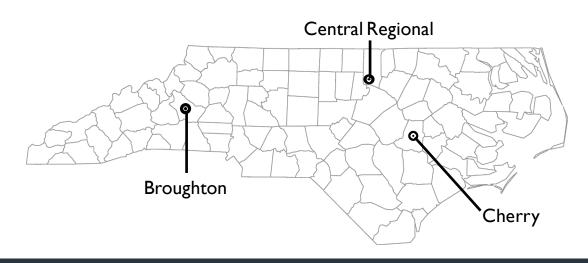
- Group therapy
- Recreation therapy
 - Work therapy
- Diet and occupational therapy

DSOHF Facilities Overview Psychiatric Hospitals

Psychiatric Hospitals FY 2021-2022 Key Statistics

Facility	Avg. Daily Census	Admissions	Number Served	Capacity	Median Length of Stay (days)	% Readmitted Within 30 days	Incapable to Proceed days
Broughton	204	156	350	265	181	14%	23,212
Cherry	170	361	501	259	48	10%	24,987
Central Regional	293	480	652	370	72	8%	40,259

Source: Division of State Operated Healthcare Facilities



DSOHF Facilities Overview ADATCs

- Alcohol & Drug Abuse Treatment Centers (ADATCs)
 - Julian F. Keith ADATC (Black Mountain, Buncombe County)
 - Walter B. Jones ADATC (Greenville, Pitt County)
 - R.J. Blackley ADATC (Butner, Granville County) *closing*
- Provide substance use disorder treatment to
 - individuals who:
 - Have a substance use disorder
 - Experience toxic effects or dangerous withdrawal symptoms
 - Need supervised medication management
 - Have difficulty making clinical gains at a given level of care

- Have chronic medical problems that pose risk during detox/treatment or need consultation/monitoring
- Require daily monitoring and support, can't be served at lower levels of care
- Are on an Involuntary Substance
 Abuse and/or Involuntary Mental
 Health Commitment

DSOHF Facilities Overview ADATCs

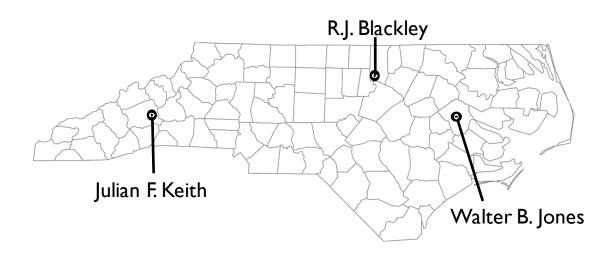
 DHHS and UNC Health plan to convert R.J. Blackley ADATC (Butner, Granville County) into an inpatient psychiatric hospital for children and adolescents

DSOHF Facilities Overview ADATCs

ADATCs FY 2021-2022 Key Statistics

Facility	Avg. Daily Census	Admissions	Number Served	Capacity	Median Length of Stay (days)	% Readmitted Within 30 days
Walter B. Jones	21	687	695	52	П	5%
Julian F. Keith	37	1,171	1,187	54	11	3%
R.J. Blackley	22	715	727	40	11	3%

Source: Division of State Operated Healthcare Facilities



DSOHF Facilities Overview Developmental Centers

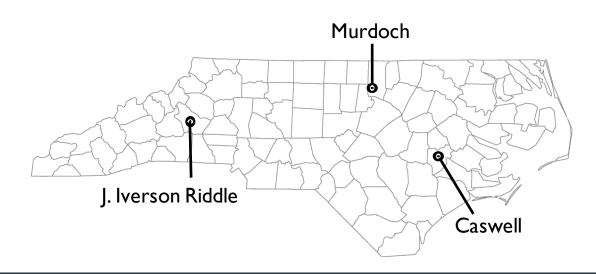
- Developmental Centers
 - Caswell Developmental Center (Kinston, Lenoir County)
 - J. Iverson Riddle Dev. Center (Morganton, Burke County)
 - Murdoch Developmental Center (Butner, Granville County)
 - Offers some specialized programs for children
- With goal for successful re-integration into the community, Dev. centers provide residential, medical, habitational, and other support services to individuals:
 - With intellectual/developmental disabilities, at least 18 years old (with exception of some programs at Murdoch) AND
 - Meet ICF-IID level of care AND
- Have complex behavioral challenges and/or medical conditions with clinical treatment needs AND
- For whom appropriate communitybased services are not available

DSOHF Facilities Overview Developmental Centers

Developmental Centers FY 2021-2022 Key Statistics

Facility	Avg. Daily Census	Admissions	Number Served	Capacity
Caswell	241	52	267	358
J. Iverson Riddle	242	49	253	285
Murdoch	324	127	385	407

Source: Division of State Operated Healthcare Facilities



DSOHF Facilities Overview Neuro-Medical Treatment Centers

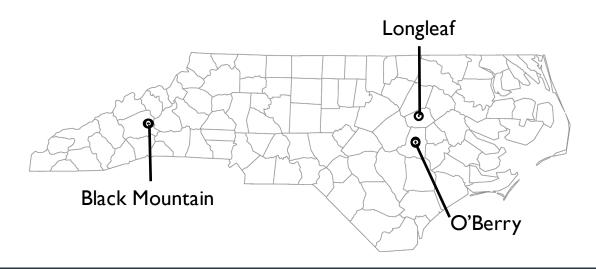
- Neuro-Medical Treatment Centers
 - Black Mountain Neuro-Medical Treatment Center (Black Mountain, Buncombe County)
 - O'Berry Neuro-Medical Treatment Center (Goldsboro, Wayne County)
 - Longleaf Neuro-Medical Treatment Center (Wilson, Wilson County)
- Specialized skilled nursing facilities
- Serve adults with chronic and complex medical conditions that co-exist with neuro-cognitive disorders
- Residents require 24-hour supervision, daily nursing care, and assistance with activities of daily living

DSOHF Facilities Overview Neuro-Medical Treatment Centers

Neuro-Medical Treatment Centers FY 2021-2022 Key Statistics

Facility	Avg. Daily Census	Admissions	Number Served	Capacity
Black Mountain	123	26	137	156
Longleaf	108	56	128	153
O'Berry	148	71	157	183

Source: Division of State Operated Healthcare Facilities



DSOHF Facilities Overview Residential Programs for Children

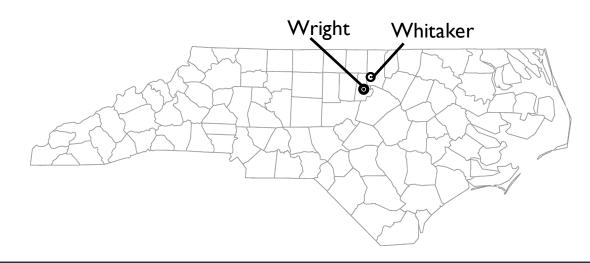
- Residential Programs for Children
 - Whitaker Psychiatric Residential Treatment Facility (Butner, Granville County)
 - Adolescents 13-17 years old
 - Wright School (Durham, Durham County)
 - Children 6-12 years old
- Residential schools for children and adolescents who have severe emotional and behavioral needs
- Both schools serve the entire State
- Both schools employ a re-education model, preparing the child or adolescent to return to his/her community

DSOHF Facilities Overview Residential Programs for Children

Residential Programs for Children FY 2021-2022 Key Statistics

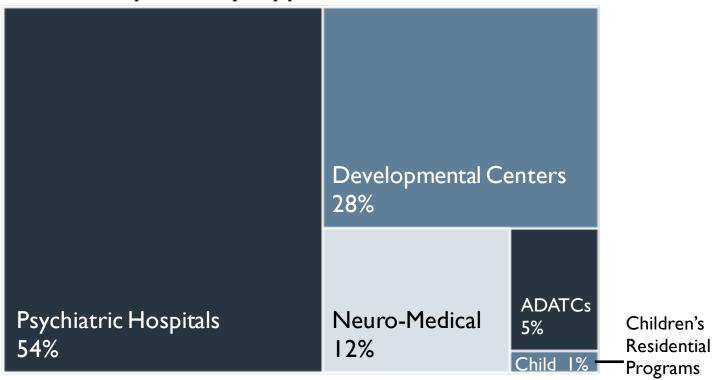
Facility	Avg. Daily Census	Admissions	Number Served	Capacity
Whitaker	9	17	25	12
Wright	8	15	24	16

Source: Division of State Operated Healthcare Facilities



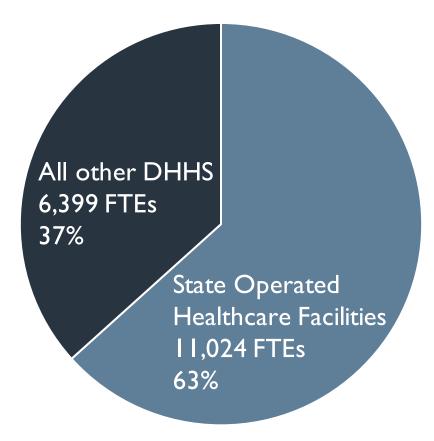
DMH/DD/SAS FY23 Authorized Budget DSOHF Expenditures

\$1.1 Billion in DSOHF Expenditures by Facility Type, FY 2022-23

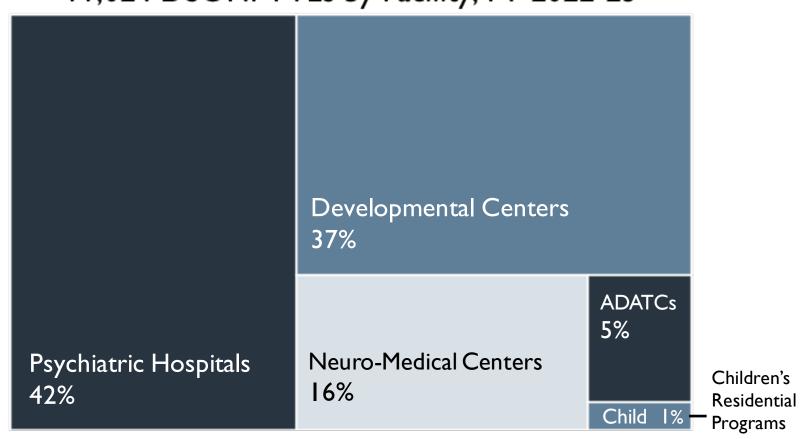


DMH/DD/SA
DSOHF FTEs

DHHS: 17,423 Total FTEs FY 2022-23

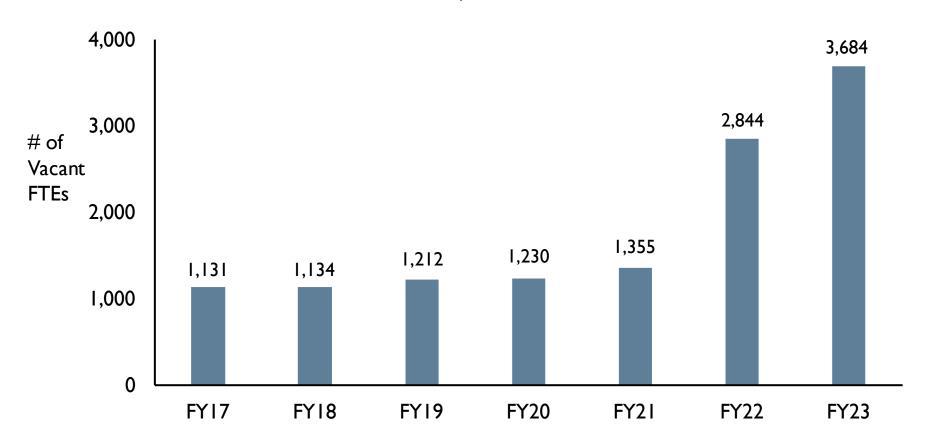


11,024 DSOHF FTEs by Facility, FY 2022-23



Note: May not sum to total due to rounding

DSOHF Vacant Positions, FY 2016-17 to FY 2022-23



Source: B0104 Vacant Positions Report, 2016-2022 (March) and 2023 (February), BEACON

Consequences of Vacancies: Fewer People Served

 Across all facilities: 2,449 fewer people were served (-31%) in all facilities in FY 2021-22 compared to FY 2019-20

Facility Type	Change in # Served	% Change
Psychiatric Hospitals	-700	-32%
ADATCs	-1,447	-36%
Developmental Centers	-158	-15%
Neuro-Medical Treatment Centers	-126	-23%
Residential Programs for Children	-18	-27%

DSOHF FTE Summary (1 of 2)

- Nearly 80% of these II,000+ FTEs are concentrated in the three State Psychiatric Hospitals and the three Developmental Centers
- Current vacancy rate over 30% (over 3,600 vacancies)
 - Prior to the 2021-2023 biennium, typically 10-12% of DSOHF FTEs (approximately 1,100-1,400 FTEs) were vacant
- 63% of vacant FTEs have been vacant for more than 6 months
 - Up from 42% in 2021

DSOHF FTE Summary (2 of 2)

- What are the funds from vacant positions used for?
 - Primarily used for OT/temp staff to avoid gaps in direct care in facilities
- Challenges of filling vacant positions at DSOHF:
 - Competitive salaries
 - Lack flexibility in hiring incentives (sign-on bonus, continuing education)
 - Hiring timeline vs competitors
 - SL 2021-180 Sec. 9F.19 tried to help address this
 - High acuity, behaviorally challenging patients
 - Recruiting (Electronic Health Record implementation just beginning)
 - Workforce shortage

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DMH/DD/SAS Opioid Settlements

Opioid Settlement Funds (State share only):

- Between 2021 and 2039, North Carolina expects to receive \$133.4 million from various opioid settlements
 - Total does not include funds that go directly to counties
 & municipalities (over \$600 million)
 - \$50.5 million received by the end of FY 2024-25
 - Other settlements and additional funds are possible

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DMH/DD/SAS 2021-2023 Significant Budget Actions

Opioid Settlement Funds (State share only):

SL 2021-180, 2021 Appropriations Act &

SL 2022-74, 2022 Appropriations Act

- \$16.5M (McKinsey settlement) appropriated in SL 2021-180
 - DHHS competitively awarding grants to providers
- \$14.8M (mostly distributors and manufacturers settlements)
 appropriated in SL 2022-74
 - \$6 million to LME/MCOs, \$5.6 million to the Policy Collaboratory at UNC, various other initiatives

DMH/DD/SAS 2021-2023 Significant Budget Actions

SL 2021-180, 2021 Appropriations Act

- \$15.1M R each year for the Transitions to Community Living Initiative (US Department of Justice settlement agreement)
- \$10M R each year to stabilize and develop community-based group homes for individuals with IDD
- \$50M NR over two years to begin implementing electronic health records at DSOHF hospitals
- \$5.7M R each year for Broughton Hospital operating reserves

SL 2022-74, 2022 Appropriations Act

■ \$1.3M R for 988 Crisis Helpline call center staff

QUESTIONS

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919-733-4910