

JOINT LEGISLATIVE OVERSIGHT COMMITTEE  
ON HEALTH AND HUMAN SERVICES

NC Department of Health and Human Services

# Behavioral Health Investment Update

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# Historic Investment in Behavioral Health

PROVISION	FY24	FY25
<b>Medicaid Reimbursement Rates</b> <i>effective 1/1/24, benchmarking to 100% Medicare</i>	<b>\$165M</b>	<b>\$220M</b>
<b>Crisis System</b>	<b>\$54M</b>	<b>\$77M</b>
<b>Justice System</b>	<b>\$29M</b>	<b>\$70M</b>
<b>Behavioral Health Workforce</b>	<b>\$44M</b>	<b>\$71M</b>
<b>Child and Family Well-Being</b>	<b>\$20M</b>	<b>\$60M</b>

# Investing in Projects which are Shovel-Ready, Improve Quality and are Sustainable

## Year 1

- **Fund infrastructure** to allow current successful programs to expand their impact and reach
- Focus on **maximizing investments** by identifying **Medicaid** funding opportunities

## Year 2

- Enhance existing programs to **improve service quality**
- Create a path for **long-term sustainability by targeting State Funds and braiding with Medicaid & federal funds**

# Our Approach

- **Engage Community and Partners**
  - Side by Side Webinars are the first Monday of each month from 2 – 3 pm
- **Use Data to Invest Wisely**
  - Mapping crisis investments to areas with high ED holds
- **Track Measures of Success from the Beginning**
  - Measuring reduction in ED holds

# A Look at Each Investment Area

Challenges, Vision, and Planned Investments

Medicaid Behavioral Health Rates

Crisis System

Justice System

Behavioral Health Workforce

Child & Family Well-Being

## Investments: Increasing Medicaid Behavioral Health Reimbursement Rates

- The rate increases represent an approximate 20% increase in overall Medicaid funding for behavioral health across all impacted services.
- Rate increases should:
  - Recruit more BH providers into the public BH system
  - Improve access to inpatient psychiatric care in community hospitals
  - Invest in recovery-oriented services in the community

## Challenges: The Crisis System

**North Carolina's crisis system cannot adequately address the mental health, substance use, intellectual and developmental disabilities and/or traumatic brain injury crisis needs among children, youth and adults across the state.**



**People wait too long for crisis services or don't even know who to call**



**Involuntary, restrictive treatment is prioritized**



**Uneven availability and utilization of crisis services**



**Significant variation in how crisis system operates**



**Unsustainable and under-resourced crisis system**

**Consumers mistrust the current crisis system, feel a sense of stigma, and hesitate to access crisis treatment**

# Vision: From Crisis to Care – NC’s Crisis Continuum

## Someone to Call



- 988
- 1-88-PEERS-NC
  - Launched in Feb 2024
- LME Call Centers

## Someone to Respond



- Mobile Crisis Team
- MORES
- Crisis Intervention Team (CIT) Law Enforcement/EMS

## Somewhere to Go



- Behavioral Health Urgent Care (BHUC)
- Facility Based Crisis (FBC)
- Peer and Community Respite
- NCSTART



# Vision: Journey Through the Crisis System



Joey lives with a mental health condition and co-occurring substance use disorder. While at home one night, he experiences a crisis and attempts to harm himself. His family doesn't know what to do and is afraid for Joey's safety.

## Current



9-1-1 is called



EMS brings Joey to the closest ED. He receives a First Exam and is placed under IVC to secure transport to a psych hospital.



Law enforcement transports Joey (in handcuffs) several hours to the closest psych hospital where he is admitted.



Upon discharge, law enforcement transports Joey back home. No follow-up care is coordinated for Joey.

## Future



9-8-8 is called



The Crisis Response Center dispatches a mobile crisis team to Joey's home. They arrive in 30 minutes and stabilize Joey.

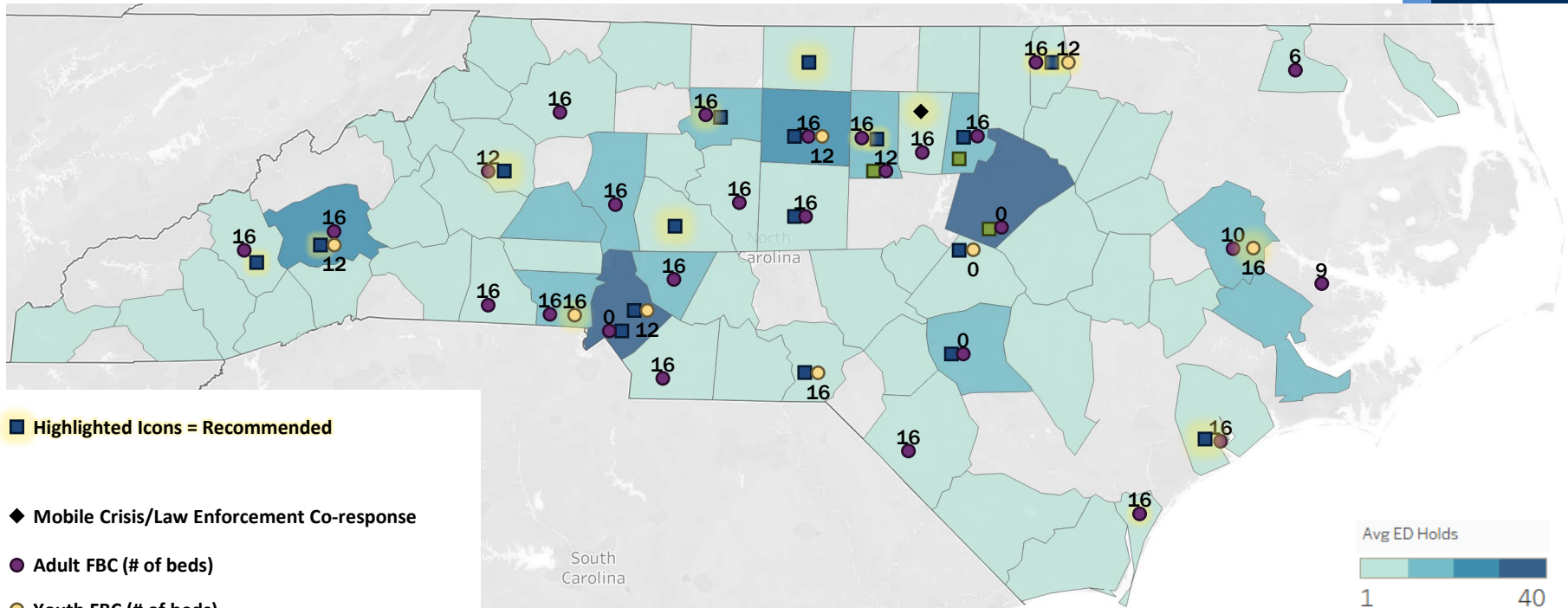


The mobile crisis team alerts Joey's health plan and the Crisis Response Center who schedules an appointment at an intensive outpatient program in his city for him for the next day.



The mobile crisis team follows up to make sure Joey makes it to his appointment. He begins treatment the next day.

# Year 1 Investment: New Crisis Facilities in Areas with Highest ED Holds



**\*New Capacity Created w/FY23-24 Funding**

- 44 new Child FBC beds in 3 counties
- 64 new Adult FBC beds in 4 counties
- 9 new 24/7 BHUCs
- 1 new Mobile Crisis/Law Enforcement co-response team

## Year 2 Investments: Crisis Response in the Community

- **Mobile Crisis Teams (someone to respond)**
- **Expansion of 988 call center to allow bed tracking, mobile crisis deployment and tracking**
- **Next day/week new appointments**
- **Teen-specific crisis line**
- **Non-Law Enforcement Transportation Pilot**

## Challenges: Justice-Involved Individuals

- **60% of individuals in jail** reported having had **symptoms of a mental disorder** in the prior twelve months
- **83% of individuals in jail** with mental illness did not receive mental health care after admission
- **68% of people in jail** have a **history of misusing drugs, alcohol, or both**
- Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are **40 times more likely to die from an opioid overdose**

# Vision: Continuum of Services for Justice-Involved Individuals

- **Diversion/Deflection from Justice System**
  - Behavioral Health Trained Officers (CIT)
  - Co-Responders
  - Recovery Courts, Court Training/Tools
- **Treatment in Prison/Jails**
  - Capacity Restoration
- **Re-Entry Services**
  - Parole/Probation Supports (TASC)
  - Forensic Act Treatment Teams

# Year 1 Investment: Expansion of UNC FIT Wellness Clinic (Re-Entry Program)

**Delivers psychiatric and physical health care services along with connections to community supports for individuals with Serious Mental Illness after release from the state prison system**

## Program Details

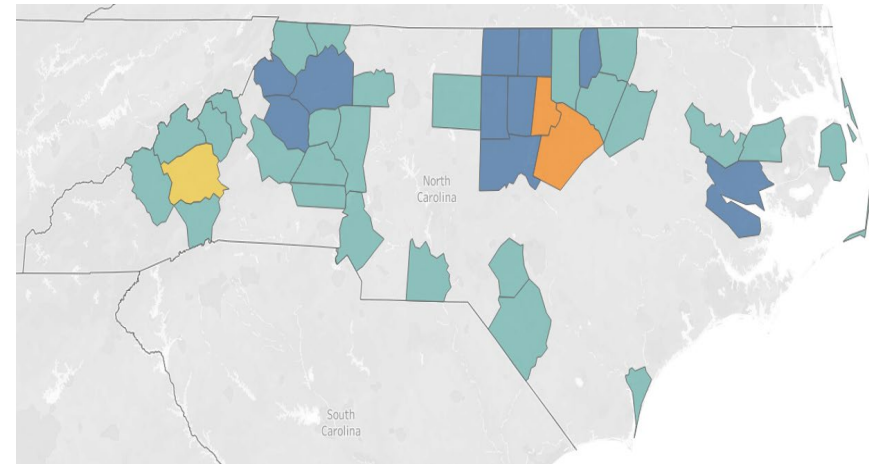
- 18 prisons referring to the program
- 33% of individuals with significant incarceration histories (i.e. incarcerated in a jail 11 times or more in their lifetime)

## Program Outcomes

- **75% with no ED visit after release**
- **81% with no hospitalizations after release**

# Year 1 Investments: Re-Entry from Justice System to Community BH System

- **Expansion of Re-Entry Programs (UNC FIT Wellness)**
- **Expansion of Capacity Restoration**
- **Creation of Forensic Act Teams**
- **Re-entry Transition Supports**

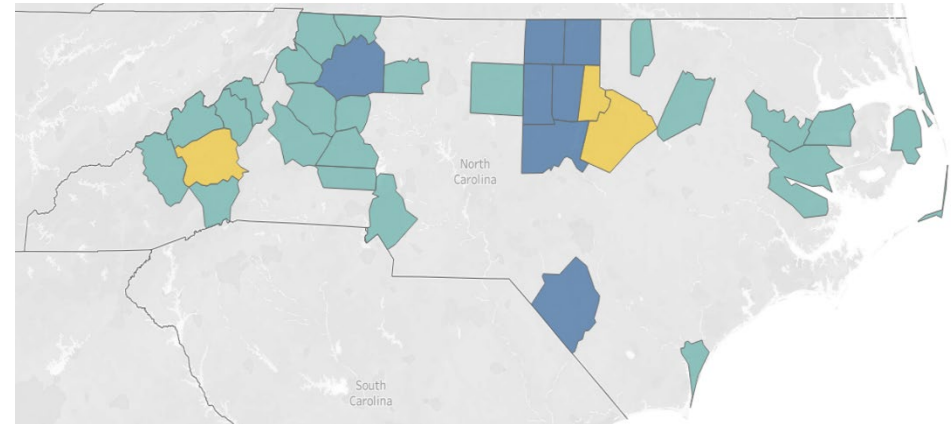


**49 Current Re-Entry Programs**



# Year 2 Investments: Diverting from Justice System to BH Treatment

- **Expand Deflection & Diversion Programs**
- **Expand Juvenile Justice resources statewide**
- **Expand training for law enforcement, court officers, prison & jail staff**



25 Current Deflection & Diversion Programs

# Programs Serving County





## Challenges: Behavioral Health Workforce

- **94 out of 100 counties are designated as health professional shortage areas (HPSA) for mental health**
- **68 counties do not have child and adolescent psychiatrists**
- **NC ranks 38th nationally in access to mental health care**
- **Our unlicensed behavioral health workforce (i.e. Qualified Professionals) lack a career path and/or certification**
- **NC is projected to need more than 20,000 additional Direct Service Professionals (DSP) to meet needs of people on the Innovations Waitlist**
- **Direct Service Professionals (DSP) have a turnover rate of ~30%**
- **We have 4500 Certified Peer Support Specialists and less than half are employed**

## Vision: Behavioral Health Workforce

- **Recovery-Centered System Focus**
- **Certified/Licensed Workforce with:**
  - **Competitive & Fair Compensation**
  - **Meaningful Opportunities for Career Advancement**
  - **Financial & Life Supports**
- **Supports for Employers**
  - **Recruit & maintain employees**

## Investments: Behavioral Health Workforce

- **Training program for Direct Service Professionals (DSP) with paid apprenticeships and rates tied to career advancement**
- **Statewide Peer Support certification**
  - **Job supports and incentives for Peers and employers.**
- **Standardize and professionalize training for the unlicensed workforce (Qualified Professionals, APs)**
- **Loan forgiveness, residencies, longevity bonuses for licensed professionals (i.e. Social workers, Psychologists)**
- **Behavioral Health Rate Increases**

# Challenges: Child and Family Wellbeing

## Current State of Children Boarding in ED or DSS Offices

### 2023 ED Boarding (LME Reported)

Average total children in the ED each week	54
Average % of these children who are in DSS Custody	40%
Average % of these children who have co-occurring IDD/Behavioral Health Needs	26%

### Children Boarding in DSS Offices (DSS Reported)

Average number of children in DSS Offices each week 2023	32
Average number of children in DSS Offices each week 2024	19

## Vision: \$80M Investment in Children & Families

To ensure that children with behavioral health needs receive suitable, essential, child-centered, trauma-informed, and high-quality services, enabling as many children as possible to either remain in or return to a home setting.

Fewer ED visits for  
behavioral health

Fewer children  
boarding in DSS  
Offices

Fewer children  
boarding in  
Emergency  
Departments

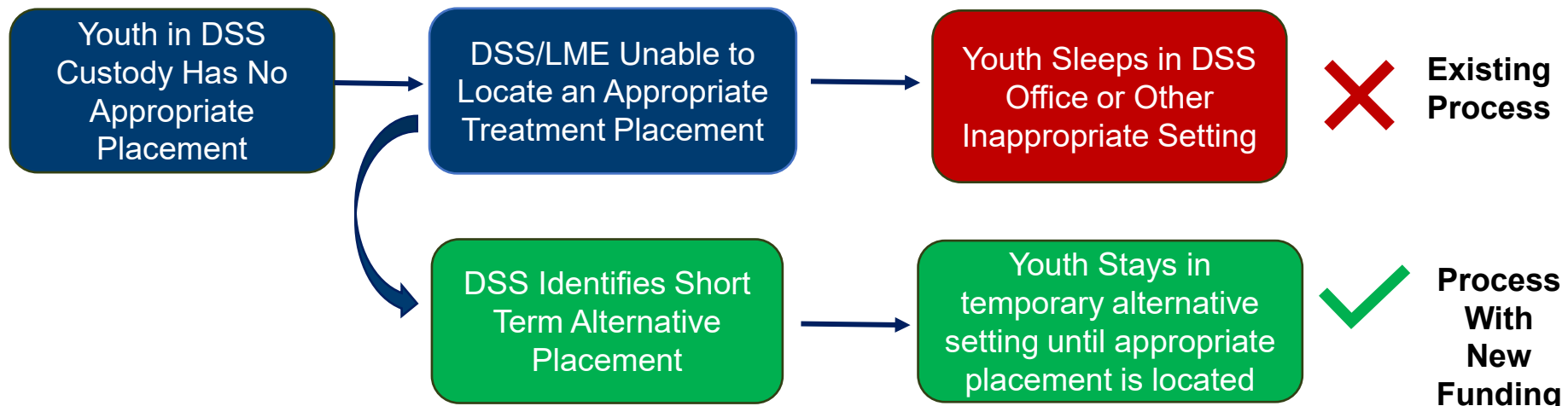
Fewer readmissions  
to out of home  
placements

Shorter length of  
stay in out of home  
placements

More children in  
foster care with  
behavioral health  
needs living in a  
home setting

## Year 1 Investment: DSS Emergency Placement Fund

- On February 1, NCDHHS provided DSS offices with \$7.79 million to prevent children with complex behavioral health needs from sleeping in DSS Offices or other inappropriate settings.
- Allows DSS to fund temporary, creative solutions to placement challenges and prevent youth from sleeping in DSS offices while awaiting medically necessary treatment placement.



## Year 2 Investment: Investing in Professional Foster Parenting

### The goal:

- Develop and provide a statewide implementation model of professional foster parenting model

### The model:

- Pairs full time professional parents trained in the evidence-based Teaching Family Model with mental health and other needed services
- Goal is to reunite children with their parents

### The outcomes:

- Reduced disruptions, length of stay in foster care, and reentry into care
- Improved child well-being

### Pilot Success in 3 professional foster parent homes:

- Two sibling sets reunified with their biological families
- Additional success outside the pilot resulted in a sibling set of four returning home to their mother and remaining there

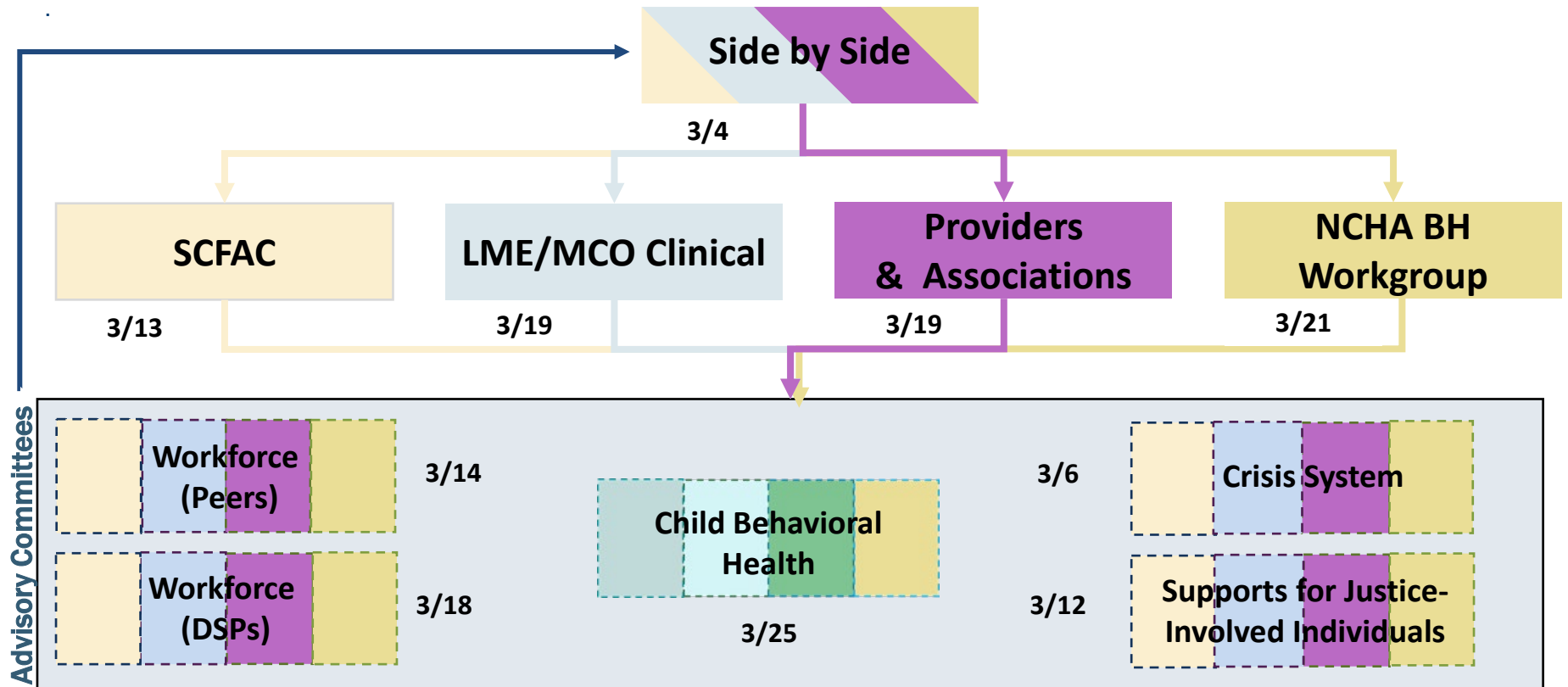
# Other Planned Child & Family Investments

Priority	Types of Services
Community-based services that help children stay in or return to their homes	Behavioral health services in schools
	Evidence-Based Community-Based Treatment Services
	Family-focused community-based support & care coordination
	Emergency respite pilots for caregivers
Therapeutic Programs in Family-Type Settings	Family-type therapeutic placements
	Professional foster parenting
Emergency Placements for Children at Risk of Boarding or Inappropriate Placement	Emergency placements in family-type settings for children at risk of boarding or inappropriate placement, regardless of custody
	DSS-managed crisis stabilization and assessment placements
Intensive out of Home Treatment Settings	Residential levels of care
	Specialty residential care capacity



# Appendix

# Our Approach: Engaging the Community



# Our Approach: Tracking Measures of Success From the Beginning

## Metrics for Crisis System Investments

Inputs (1 year)	Outputs (2 years)	Outcomes (3-5 years)
<p><b>Progress towards building</b> an effective crisis system.</p>	<p>Crisis system is <b>working as intended</b>.</p>	<p>The crisis system is <b>making a difference</b>.</p>
<p><b>Examples:</b></p> <ol style="list-style-type: none"> <li># of BHUCs and FBCs opened across the state</li> <li>Launch of non-law enforcement transportation pilot</li> <li>Public education campaign on new crisis response system – who to call and when</li> </ol>	<p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>Quality of care:               <ol style="list-style-type: none"> <li>% of mobile crisis team responses in 30 minutes (urban) or 60 minutes (rural)</li> <li>% of people stabilized in the community</li> <li>% people who have a positive experience with crisis system</li> <li>Length of ED bed holds</li> <li>% of 911 calls diverted to 988</li> </ol> </li> </ol>	<p><b>Examples:</b></p> <ol style="list-style-type: none"> <li>Positive year-over-year trends:               <ol style="list-style-type: none"> <li>Decrease in repeat crisis service utilizers</li> <li>Reduction in ED bed holds</li> <li>Reduction in total # of IVCs</li> <li>Reduction in costs associated with ED and Inpatient Admissions</li> </ol> </li> </ol>

# Peer Support Investment Investments FY23-25: A Recovery-Focused Workforce



There are over 4,500 Certified Peer Support Specialists in North Carolina, representing nearly every county. **Only 40% are working as Peer Support Specialists.**

- Workforce Strategies:**
- Statewide certification and continuing education
  - Career path/advancement
  - Job matching w/employer incentives

## Other Planned Crisis System Investments

- **Teen crisis line**
- **Mobile Crisis enhancements**
- **Co-Responder Models**
- **Updated Bed Registry (BHSCAN)**
- **Non Law Enforcement Transportation (NLET)**

# Other Planned Justice System Investments

- **Diversion/Defection**
- **Law Enforcement/Court Training & Tools**
- **Coordinating with Recovery/Treatment Courts**
- **Juvenile Justice improvements statewide**

# Other Planned Behavioral Health Workforce Investments

- **Certification for unlicensed professionals**
- **Recovery-Oriented Approach**
  - Expansion of Peer Services
- **Loan forgiveness/Funded Residencies**
- **Other campaigns to encourage licensed professionals to join the public workforce (psychiatrists, psychologists, social workers)**