HOUSE COMMITTEE ON FAMILIES, CHILDREN, AND AGING POLICY

NC Department of Health and Human Services

Investments in North Carolina's Behavioral Health System for Children & Families

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June 11, 2024

Historic Investment in Behavioral Health

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

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**

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**

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

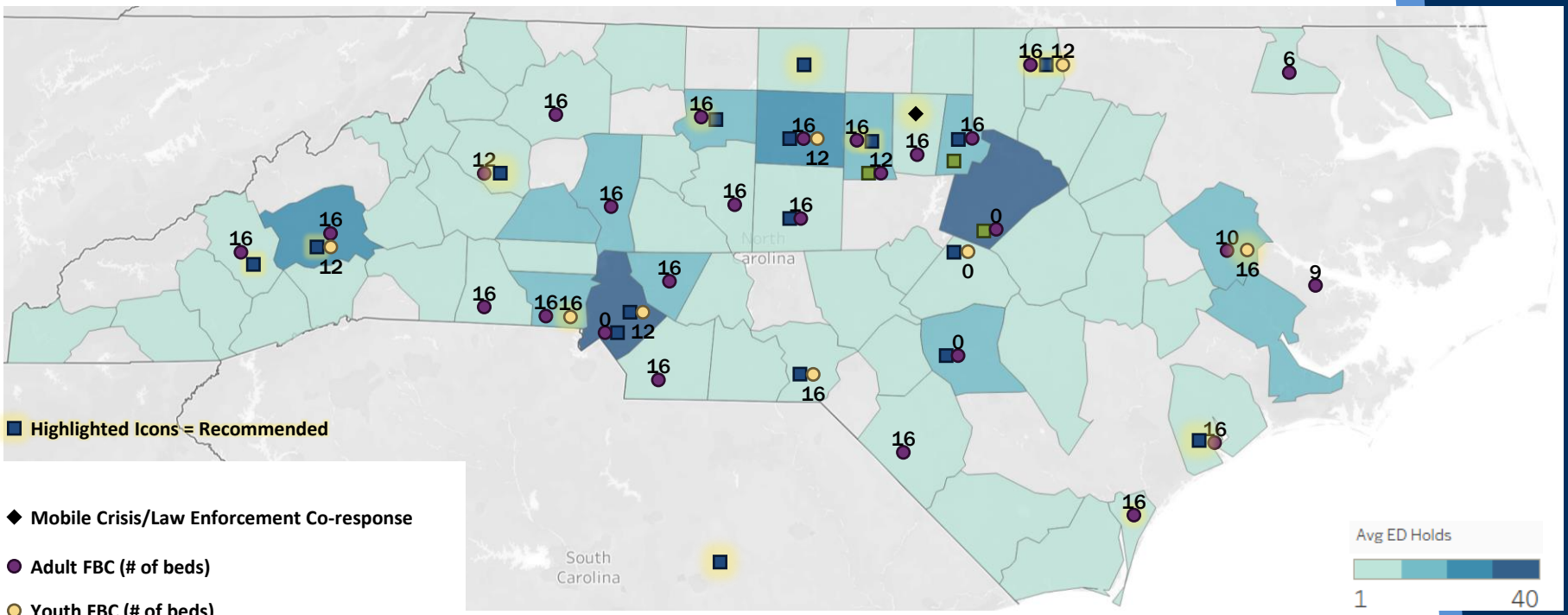
- Behavioral Health Urgent Care (BHUC)
- Facility Based Crisis (FBC)
- Peer and Community Respite
- NCSTART

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	Future
9-1-1 is called	9-8-8 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.	The Crisis Response Center dispatches a mobile crisis team to Joey's home. They arrive in 30 minutes and stabilize Joey.
Law enforcement transports Joey (in handcuffs) several hours to the closest psych hospital where he is admitted.	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.
Upon discharge, law enforcement transports Joey back home. No follow-up care is coordinated for Joey.	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



Highlighted Icons = Recommended

- Mobile Crisis/Law Enforcement Co-response
- Adult FBC (# of beds)
- Youth FBC (# of beds)
- Tier 3 BHUC (open 12 hours/day)
- Tier 4 BHUC (open 24/7)

***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: Child and Family Wellbeing

The Department receives information from MCOs regarding children in Emergency Departments each week.

2023 ED Boarding (LME-MCO Reported)	
Average total children in the ED for BH 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%

The Department receives information from county DSS's regarding children boarding in county DSS offices and other settings.

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

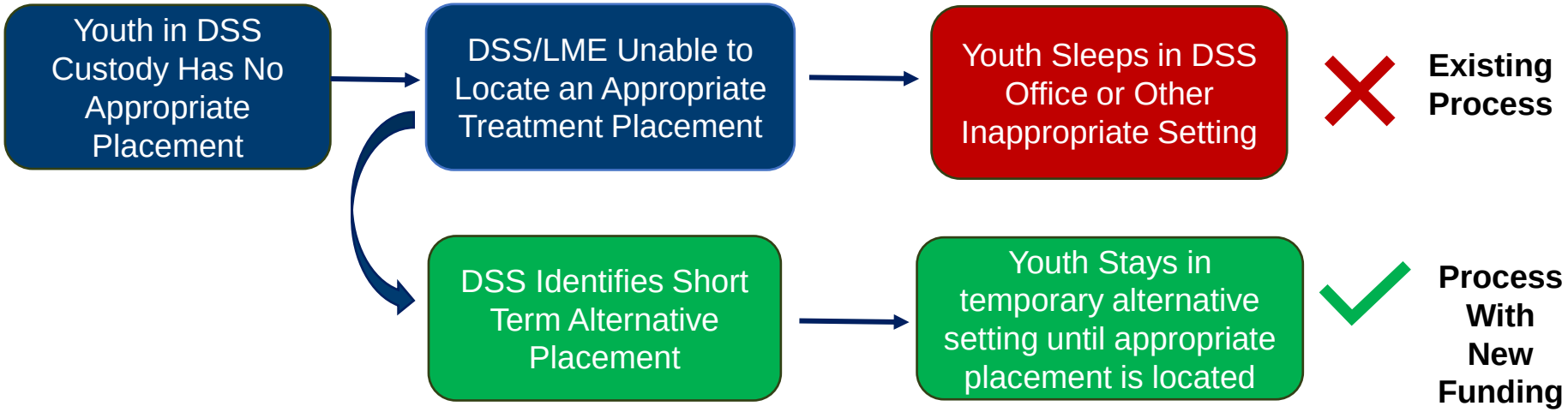
Vision: $80M Investment in Children & Families

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

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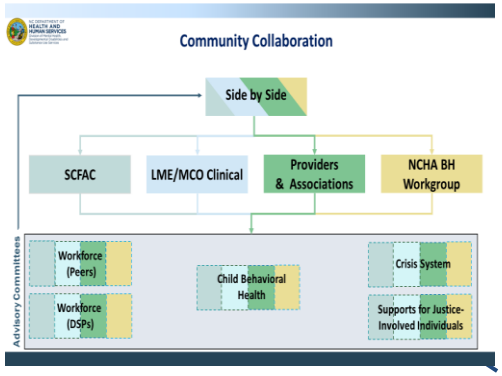
Division of Mental Health, Developmental Disabilities and Substance Use Services

Stay Connected with DMHDDSUS



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