



Beyond Beds: North Carolina's Public Behavioral Health System & Medicaid Transformation

N.C. Department of Health and Human Services

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What we will cover

- Overview
- 1. Beyond the Safety Net
- 2. Beyond Beds
- 3. Beyond Silos
- Questions

BH & IDD By the Numbers

Pubic System	Received Behavioral Health Services CY 2018
2.2 million people have Medicaid	285,000 Medicaid beneficiaries
1 million people are uninsured	97,000 uninsured

10 million residents, 2.2 million have Medicaid, 1 million uninsured, 6.8 million have private insurance

Prevalence

- **1 in 20** people are living with a **serious mental illness**
- **1 in 20** people are living with an **opioid use or heroin** use disorder
- Nearly **400,000** individuals in North Carolina have **alcohol use disorder**
- **570,000+** individuals in North Carolina have a Substance Use Disorder
- Over **11,600** kids in foster care, **up 35%** since July 2012
 - **Parental substance use** is a contributing factor to almost **50% of children** in the NC foster care system
- Nationally, **69% of state prison inmates** regularly used drugs during their lifetime
- In NC, people exiting prisons were **40 times** more likely to **die of an opioid overdose**
- Since 1999, **99,700 workers** have been kept out of the workforce in North Carolina because of the **opioid** crisis

**Various documented sources*

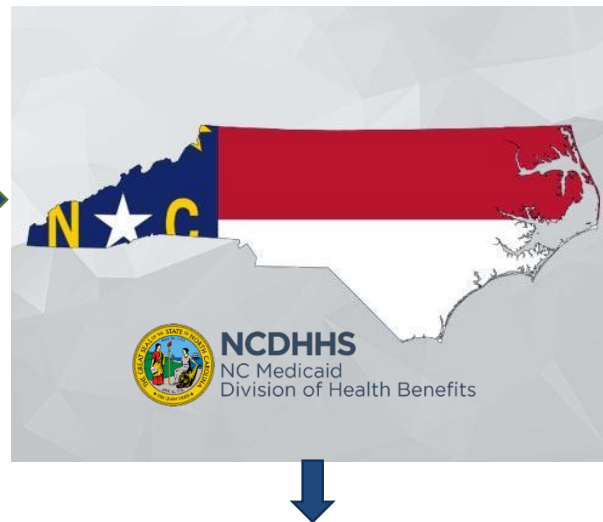
Top DHHS Priorities

1. Transform our healthcare system to buy health and integrate physical and behavioral care.
2. Combat the Opioid Epidemic
3. Drive health opportunities from the start Implement the Early Childhood Action Plan

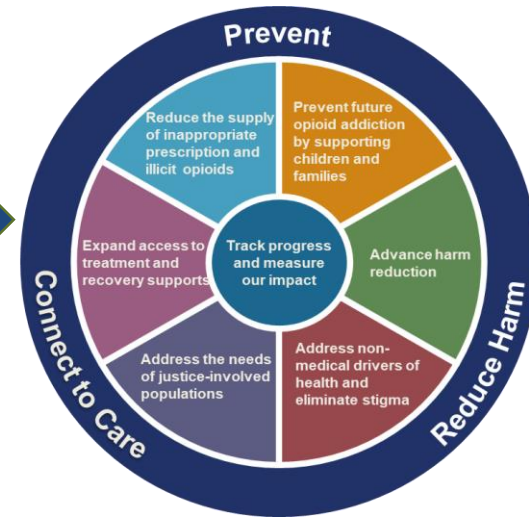
Early Childhood Action Plan



Medicaid Transformation



Opioid Action Plan 2.0



Behavioral Health and IDD Strategy

Vision for Behavioral Health & IDD in North Carolina:

*North Carolinians will have **access** to **integrated** behavioral, developmental, and physical health services across their lifespan. We will increase the **quality** and capacity of services and supports in partnership with providers, clients, family members, and communities to promote hope and resilience and achieve **wellness** and **recovery**.*

(February 2018 Behavioral Health and IDD Strategic Plan)

Mission:

Through the lens of behavioral health, we aim to lead with our ideas to identify gaps, invest in promising interventions, and efficiently scale a system that promotes health and wellness for all North Carolinians across all payers, providers, and points of care.

Stop the Stigma: Inclusive & People-first Language

↪ Instead of these words... Try using these! ↩

DRUG ABUSE
SUBSTANCE ABUSE

"SUBSTANCE USE DISORDER"
"DRUG MISUSE"
"SUBSTANCE MISUSE"

ADDICT
ABUSER
JUNKIE
DRUGGIE

"PERSON WHO USES DRUGS"
"PERSON WITH A
SUBSTANCE USE DISORDER"
"PERSON USING DRUGS
PROBLEMATICALLY/CHAOTICALLY"

CLEAN/
DIRTY

"STERILE/USED SYRINGES"
"POSITIVE/NEGATIVE
DRUG TEST"
"PERSON IN RECOVERY/
PERSON WITH PROBLEMATIC DRUG USE"



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Office of Communications

Using Inclusive and Plain Language for Communicating

People First Language

People First Language is a way of communicating that reflects respect for people with disabilities by choosing words that are accurate, neutral and objective. Emphasis is placed on the person first, rather than using a label first. The focus/subject is the person.

Examples

- Say a "person with a disability" instead of "disabled person."
- Say "a child with epilepsy" instead of "epileptic child."
- Say "a person with a traumatic brain injury" instead of "brain damaged."
- Say "accessible parking" rather than "handicapped parking."

The North Carolina Council on Developmental Disabilities has a more detailed [guide](#) for writing and speaking about people who live with disabilities.

The National Center on Disability and Journalism at Arizona State University also provides a [Disability Language Style Guide](#), including a version translated into [Spanish](#).

Person-Centered Language in Behavioral Health

Language is also important when speaking about people with mental illness and substance use disorders. [According to Mental Health America:](#)

"The use of language is critical to ensuring a recovery-oriented and person-centered approach. It is important that people are seen first as people and not seen as their mental health condition. People are not Schizophrenic, Bipolar, or Borderline. People are not cases or illnesses to be managed."

"... It is important to assess the way we use language and how the use of language reinforces negative biases or promotes empowerment and strengths. ... In the mental health field, people may self-identify as clients, consumers, peers, survivors, persons in recovery. When taking a person-centered approach, people should be identified by the language or title they feel most comfortable with."

Examples

- Instead of mentally ill, say "people living with mental health conditions."
- Instead of schizophrenic or bipolar, say "a person living with schizophrenia or bipolar disorder."
- Instead of addict or drunk, say "a person with a substance use disorder"

[Read more](#) about language and mental health from the Hogg Foundation for Mental Health and see NCDHHS' [Stop the Stigma](#) guide for language specific to addiction and substance use.

Everyday Words

Whether you're writing for the public or providers, using simple, straight-forward and inclusive language will help get your message across. Consider the intended audience and use the language that will make the most sense to them. When you do need to reach a broad, public audience without specialized knowledge about a topic, everyday words are the most appropriate language to help the most people understand the information. The Centers for Disease Control (CDC) provides a [guide](#) to everyday words that should be used in public health communication.

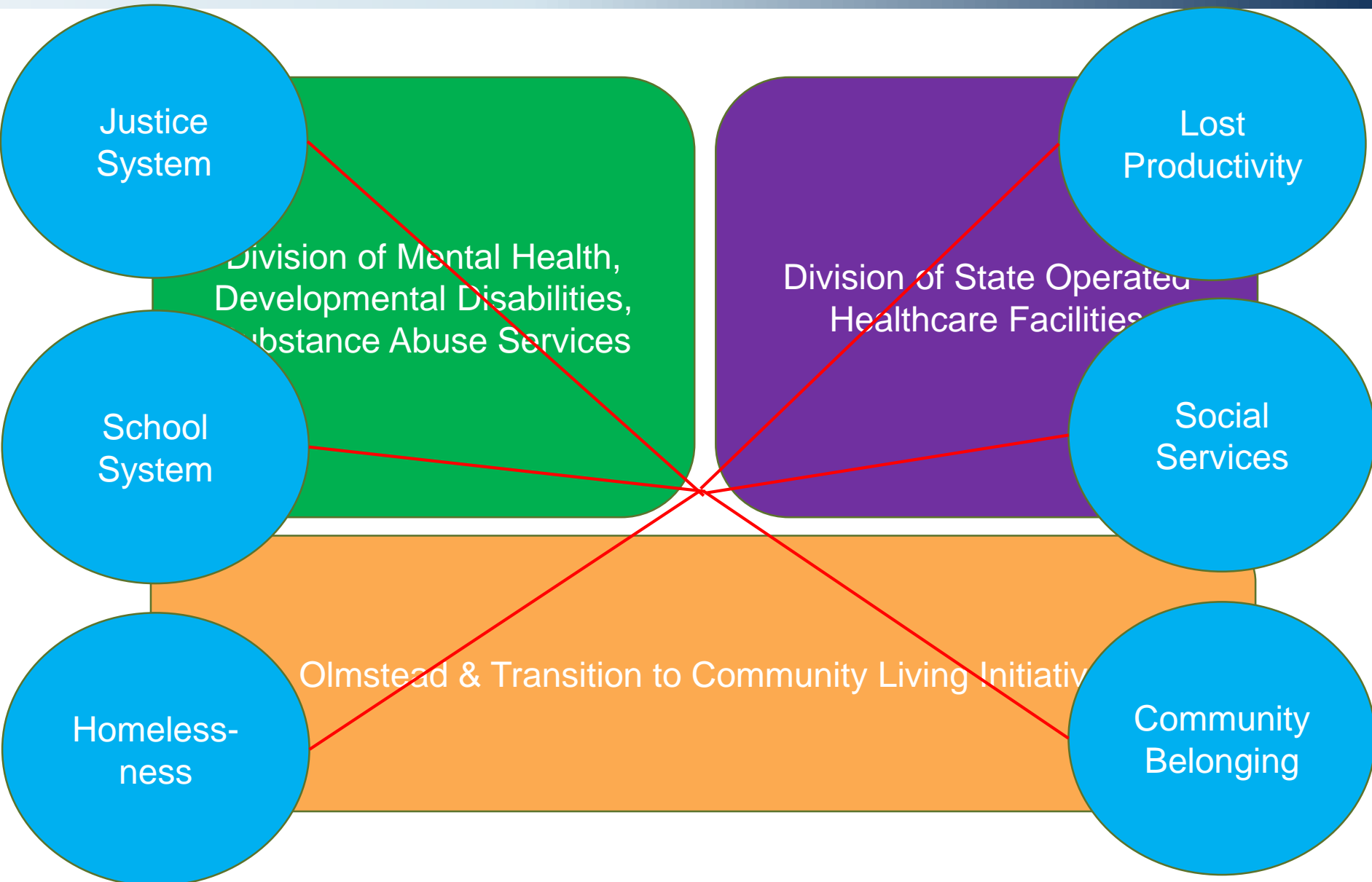
1) BEYOND THE SAFETY NET

**PUBLIC POLICY
&
PARTNERSHIP**

Division of Mental Health,
Developmental Disabilities,
Substance Abuse Services

Division of State Operated
Healthcare Facilities

Olmstead & Transition to Community Living Initiative



Consumers & Family Members

Employers

Private Insurers

Governments

System

Services

Strategic Goals

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

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. **System performance:** Improve oversight and regulatory regime to optimize system performance while maintaining safeguards.
4. **Operational excellence:** Strive for operational excellence and continuous improvement in our internal operations and regulatory functions.
5. **Boundless behavioral health:** Advance policies and narratives that reinforce the Division as knowledgeable thought leaders and service-oriented partners.

Division of State Operated Healthcare Facilities

1. **Maximize access** to the right clinical service for the right individual at the right time
2. Ensure the **equal protection and safety** of all people we serve
3. Optimize operational, programmatic, and clinical **equivalency across the system**
4. Become a **preferred employer** by providing an inclusive, safe, and engaging work environment that supports growth opportunities
5. Enhance strategic internal and external **partnerships** to meet individual and systemic needs
6. Ensure system-wide **financial efficiency** and accountability that advances equitable resource allocation

BH &IDD Key 2019 Accomplishments

DMHDDSAS

Goal 1: Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.

- Attained approval of SUD IMD waiver and began paying for SUD IMD services.
- Promulgated Peer Support Services clinical policy; Established Peer Support Services integration.

Goal 2: Integrate behavioral healthcare into primary and physical care.

- Integrated 79% of prescribers and pharmacies EHRs (85% for prescribers and 73% for pharmacies) to the Controlled Substance Reporting System (CSRS)

Goal 5: Advance policies and narratives that reinforce the Division as knowledgeable behavioral health thought leaders and service-oriented partners.

- Awarded over \$13 million in federal grant discretionary funds (e.g. BJA, PFS, PPW, PIPBHC) aimed at strengthening MH,DD, and SUD services and support
- Reduced tobacco retail violation rate from 20.8% to 12.2%.

DSOHF

Goal 1: Maximize access to the right clinical service for the right individual at the right time

- **Enhanced inpatient OTP services** state-wide, including an outpatient OTP clinic with electronic billing at WBJ ADATC

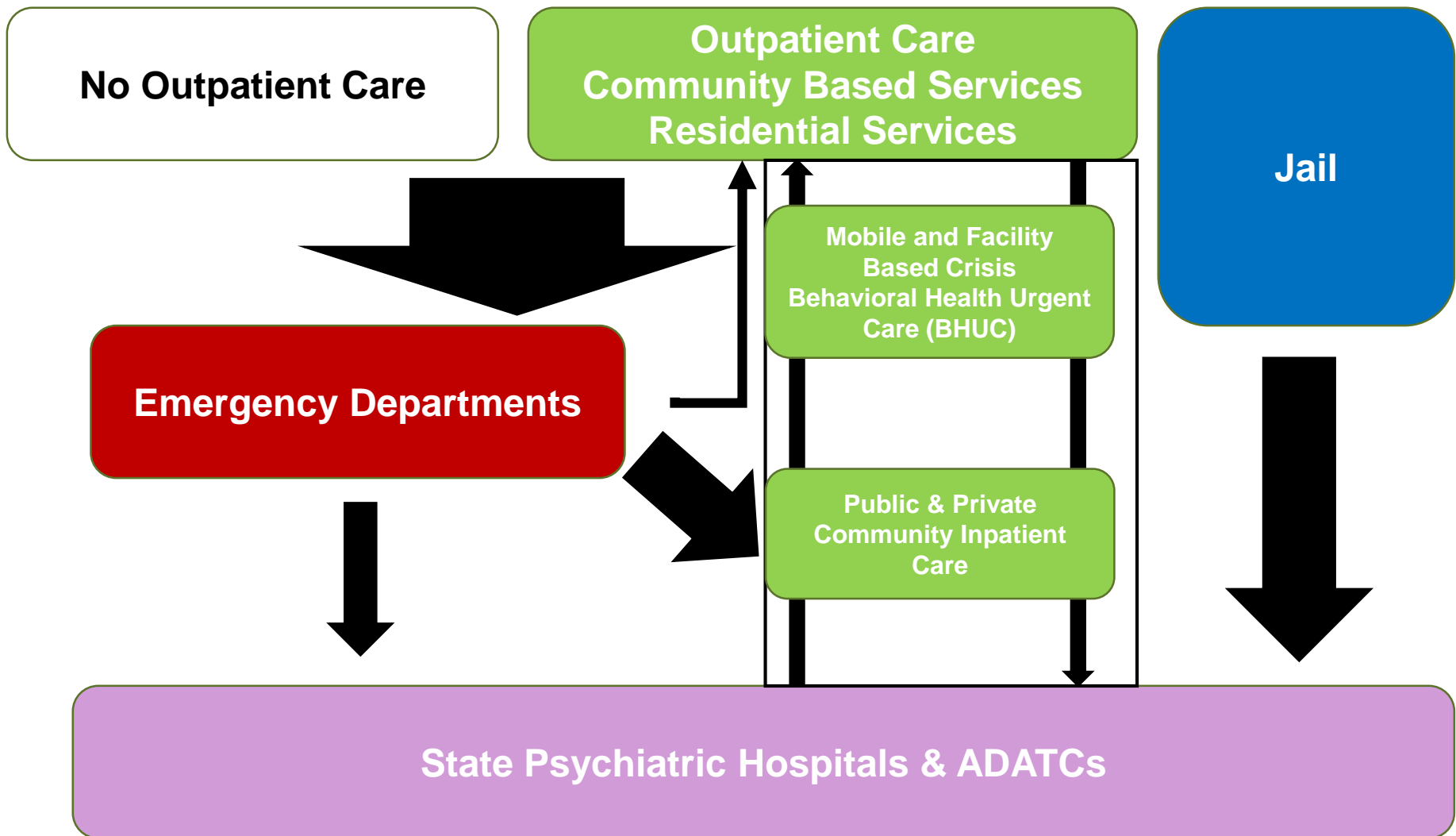
Goal 2: Ensure the protection and safety of the people we serve

- Achieved **CMS certification** at WBJ ADATC

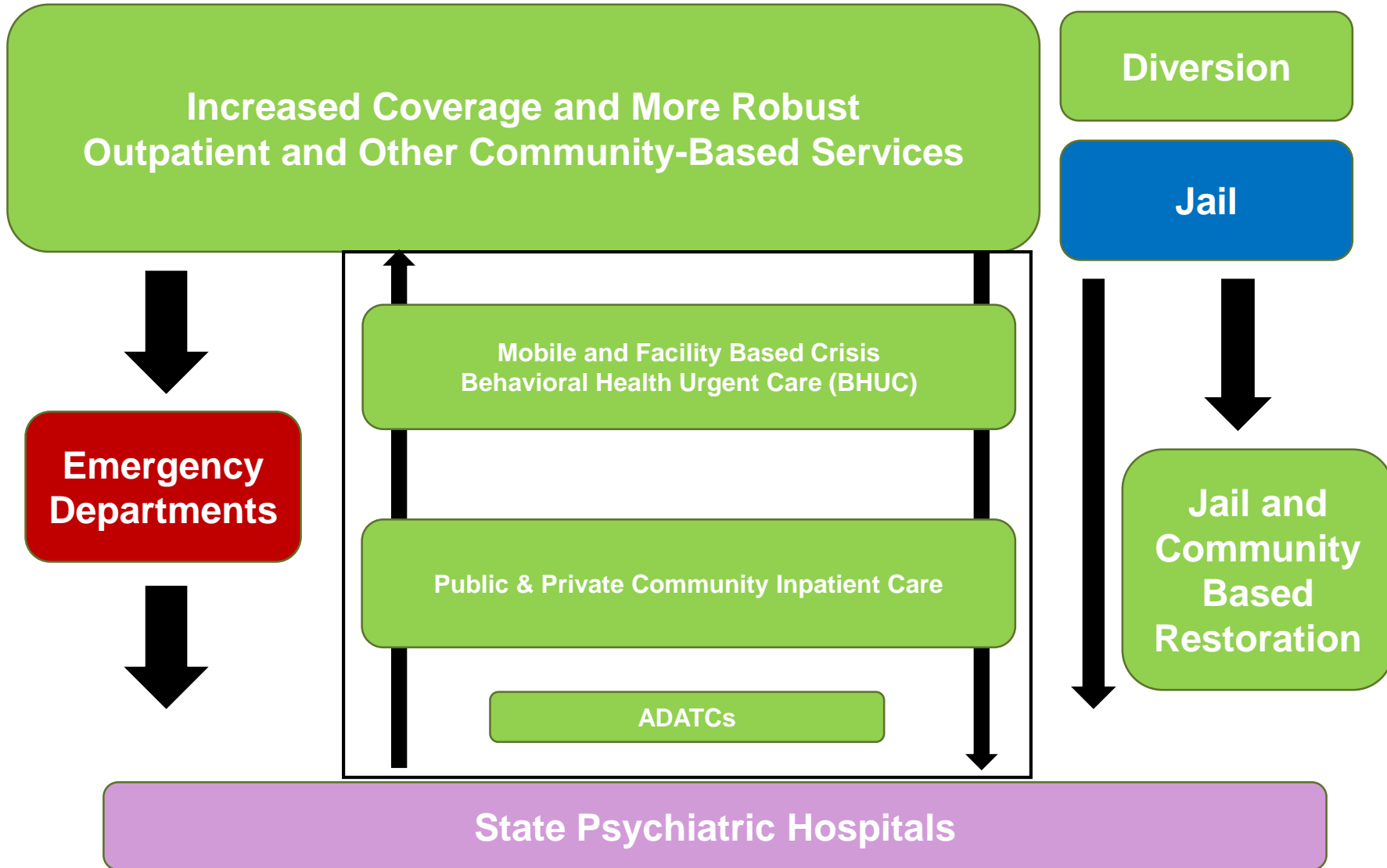
2) BEYOND BEDS

**PREVENTION
&
COMMUNITY BASED
RECOVERY**

Current Mental Health Care Model



Future Mental Health Care Model



How do we do it?

1. Strengthening Crisis Service Array
2. Robust and Evidence-Driven Community Based Services
3. Justice Strategy: Pre-Arrest Diversion, Behavioral Health Courts, Jail Based Treatment, Reentry to Recovery; Community Based and Jail Based Capacity Restoration
4. Structured Step Down Programs
5. Healthy Opportunities
6. Aligning Incentives
7. Aligning Systems: DSS, DPH, DMH, DHB...

BEYOND SILOS

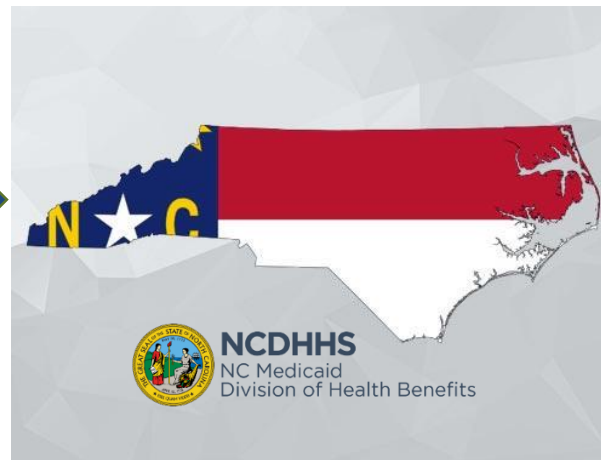
**INTEGRATION
&
VALUE**

“Buying Health” Across Our Department

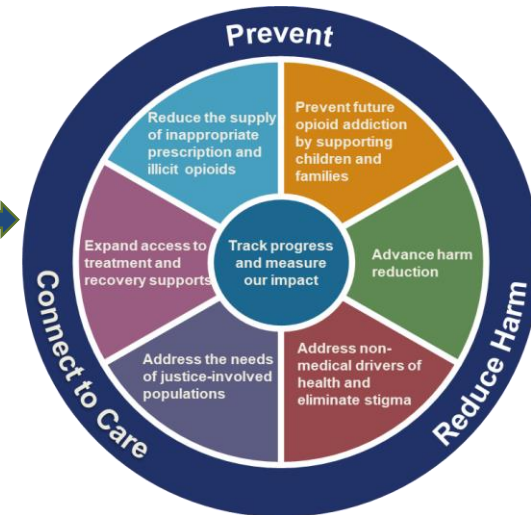
Early Childhood Action Plan



Medicaid Transformation



Opioid Action Plan 2.0



“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”

DHHS' Priorities during suspension

- **Beneficiaries:** Ensure beneficiaries have a clear message on what to do know and what to do when managed care restarts
- **Providers:** Continue provider engagement and training and encourage provider contracting with the PHPs
- **PHP Readiness:** Require PHPs to engage in testing and readiness assessments to a place of logical pause or conclusion
- **Procurement:** Move forward with managed care related procurements (Ombudsman, EQRO, and Healthy Opportunities Pilots)

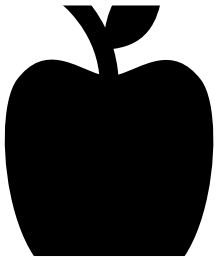
Managed care is suspended

- **Managed Care will happen**
 - Not “if” but “when”
 - Vision for integration remains unchanged
 - Will use suspension period to explore other opportunities for integration
 - **Some managed care activities will continue**
 - **Beneficiary Education** – 1+ million people received managed care notice
 - **Provider Contracting is important**
 - **Period of suspension offers opportunities**
-

Tailored Plan Development

- **Tailored Plan Request For Applications (RFA)** forthcoming
- **Care Management Certification Timeline**
- **Impact on Members**
 - Notices to Exempt Individuals
 - Raise Your Hand Requests In Process
 - Tailored Plan Eligible Individuals Who Selected a Standard Plan
- **Crisis System Support**
- **Behavioral Health Contracting (Standard Plans)**

Healthy Opportunities: Priority Domains



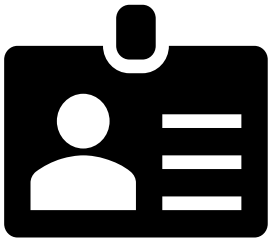
Food
Security



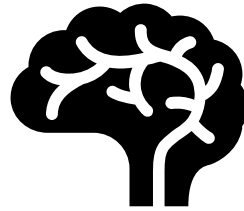
Housing
Stability



Transportation



Employment

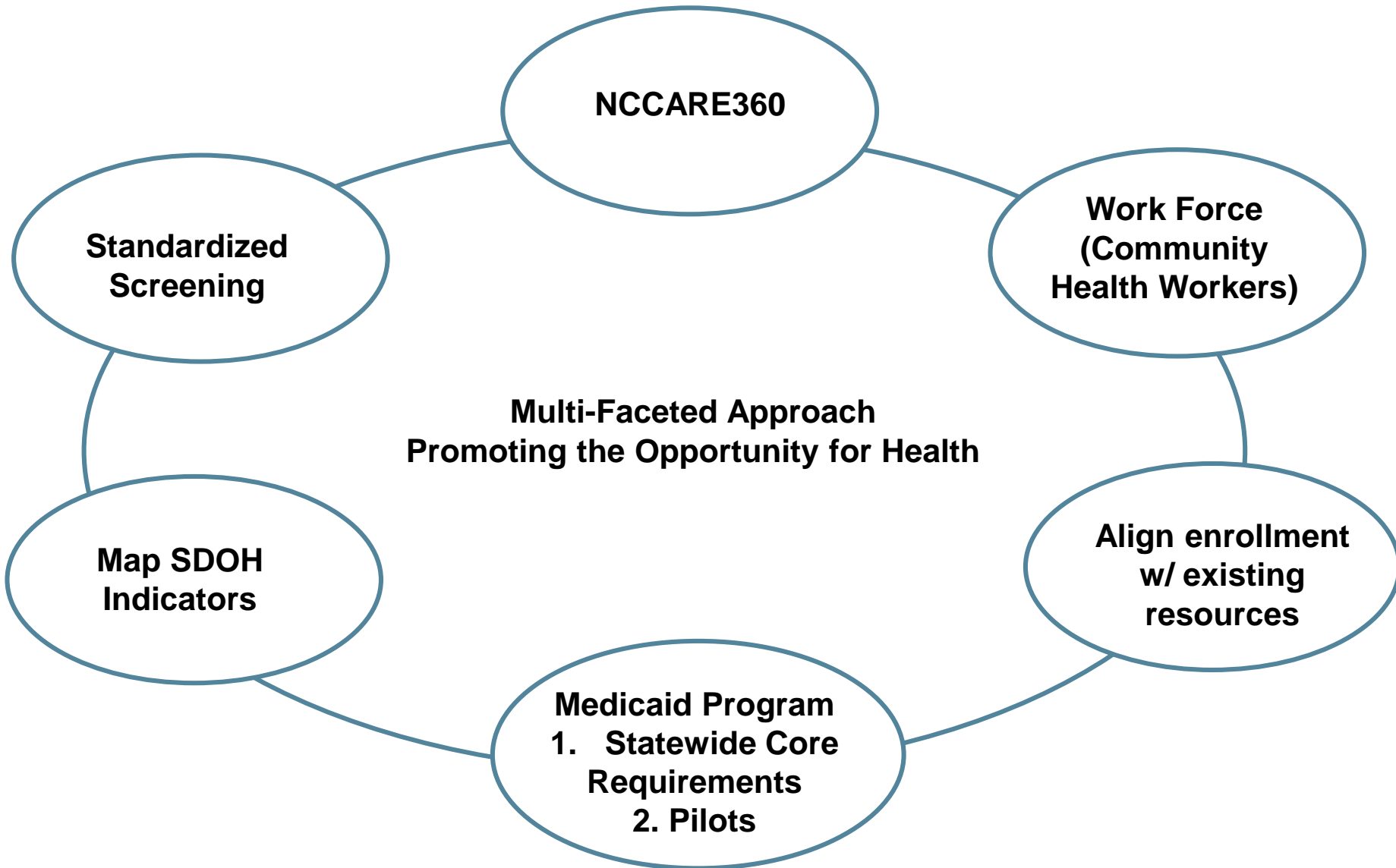


Interpersonal
Violence



Toxic Stress/
Early Brain
Development

Social Determinants Strategy



Healthy Opportunities: NCCARE360

No Wrong Door Approach



NC Census Website – <https://census.nc.gov>



MAKE NC
COUNT
CENSUS 2020

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North Carolina 2020 Census

Make NC Count

The Census is your chance to make sure your community counts. Participating in the Census will help make sure your community gets:

- Fair representation in Congress
- Financial resources for health, schools, transportation, and more
- Information leaders need to help your community plan for the future.



What is the Census?

Questions/Discussion