



**Governor's Task Force on Mental Health and
Substance Use
November 30, 2016**

**Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**



Strategic Plan for Improvement of Behavioral Health Services

HB 1030 (S.L. 2016-94, 12F.10)

SECTION 12F.10.(a): The General Assembly finds that behavioral health services within the State are fragmented and a statewide comprehensive plan is necessary to ensure that individuals with behavioral health needs are timely served in the most appropriate settings and with the most appropriate services in order to achieve the best possible outcomes. The General Assembly further finds the absence of a statewide strategic plan that defines, coordinates, and facilitates the allocation of resources for needed services is an obstacle to improving the desired outcomes for behavioral health services in this State. It is the intention of the General Assembly to improve the delivery and coordination of behavioral health services across the State by targeting State resources to identified needs of covered populations and to treatments and services most effective at producing positive, measurable outcomes.



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SECTION 12F.10.(b): By January 1, 2018, the Department of Health and Human Services shall develop and submit to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, and the Fiscal Research Division a strategic statewide plan to improve the efficiency and effectiveness of State-funded behavioral health services. The plan shall include at least all of the following:

- (1) Identification of the Division that will (i) assume lead responsibility for the organization and delivery of publicly funded behavioral health services and (ii) define the current and future roles and responsibilities of local management entities/managed care organizations (LME/MCOs) with respect to the organization and delivery of publicly funded behavioral health services.
- (2) A process for ensuring that all State contracts with behavioral health providers and managed care organizations responsible for managing Medicaid behavioral health services (including LME/MCOs) contain goals for overall behavioral health services, along with specific measurable outcomes for all publicly funded mental health, developmental disabilities, substance abuse, and traumatic brain injury services.
- (3) A statewide needs assessment for mental health, developmental disabilities, substance abuse, and traumatic brain injury services by county and type of service, broken down by the source of funding. The needs assessment must include a defined service continuum to address identified needs for targeted populations.
- (4) Specific solvency standards to be incorporated into State contracts with LME/MCOs that define appropriate cash balances, predictors for sustainability, and measures for performance that the LME/MCOs will monitor and report to the Department on a monthly, quarterly, and annual basis.
- (5) Any other component the Department deems necessary to achieve the goal of improving the effective and efficient delivery and coordination of publicly funded behavioral health services across the State.



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SECTION 12F.10.(c): The Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice shall each establish a subcommittee on Behavioral Health Services. The subcommittees shall meet jointly to do the following:

- (1) Oversee the Department's development of the strategic plan required by subsection (b) of this section.
- (2) Review the strategic plan developed by the Department in accordance with subsection (b) of this section, including a review of all performance-related goals and measures for the delivery of mental health, developmental disabilities, substance abuse, and traumatic brain injury services.
- (3) Review consolidated monthly, quarterly, and annual reports and analyses of behavioral health services funded by Medicaid and State-only appropriations.

The subcommittees shall jointly make recommendations about the areas of oversight and review described in subdivisions (1) through (3) of this subsection and report their findings and recommendations to their respective committees. In conducting the required oversight and review, the subcommittees may seek input from other states, stakeholders, and national experts as they deem necessary in conducting their examination and developing their recommendations.

SECTION 12F.10.(d): This section is effective when it becomes law.



Strategic Plan UPDATES

- **Determining Key Components for Planning**
 - Single Stream Funds
 - G.S. 122C
 - NC Olmstead Plan
 - NC Medicaid State Plan
 - Medicaid 1915(b)/(c) Waivers
 - *Medicaid 1115 Waiver*
 - Settlement Agreements and other obligations
- **Determining Stakeholders**
 - Consumers
 - Family Members
 - Providers
 - LME/MCOs
 - Third Party Payors
 - Local Government Entities (County Governments, County DSS, etc.)
 - State Government (DHHS Divisions, DPS, DPI, etc.)
 - Federal Government



Strategic Plan **UPDATES**

- Set timeline for planning stages
 - Draft plan for stakeholder input
 - Conduct stakeholder meetings
 - Prepare any changes resulting from stakeholder feedback and/or any changes in federal policy
 - Prepare legislative report
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- **NOTE: DHHS staff will be engaged with the BHS Subcommittees established in S.L. 2016-94, 12F.10.(c) throughout the development of this Strategic Plan**



Questions