

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Mental Health,
Developmental Disabilities and
Substance Use Services

SCFAC Updates

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Director

NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

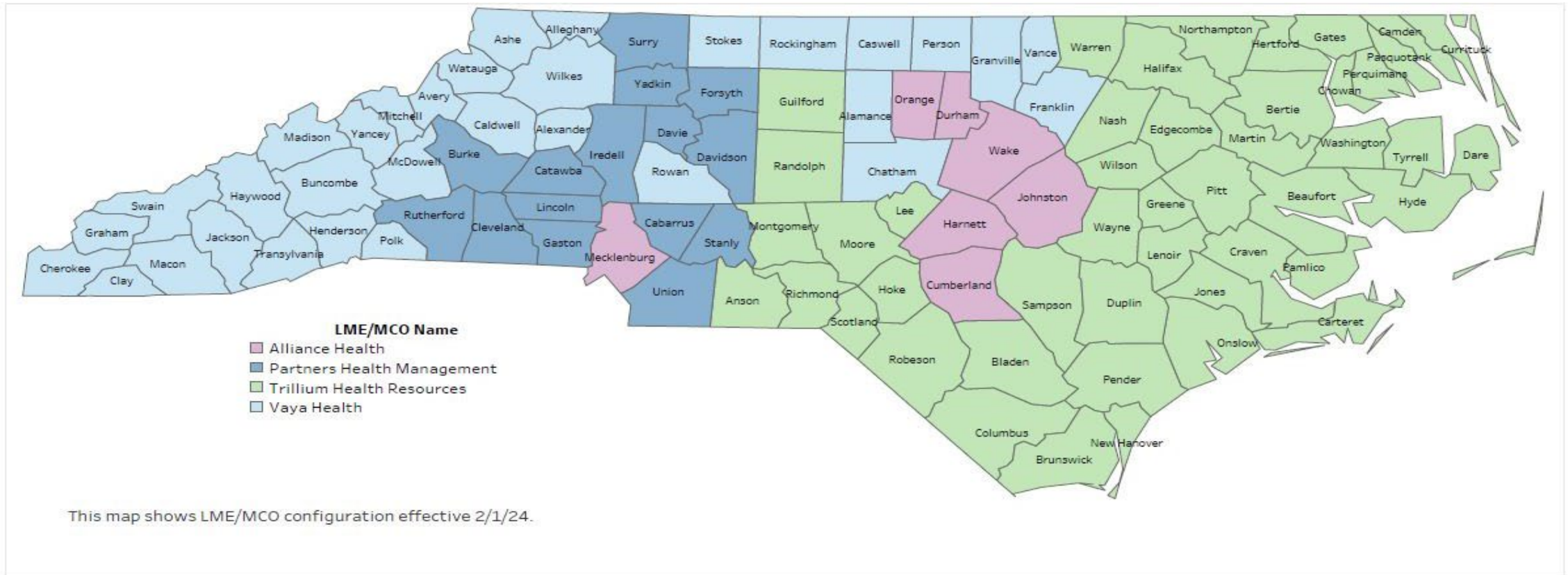
February 14, 2024

Agenda

1. MH/SUS/IDD/TBI System Updates
 2. Peer Support Services: Actions to Strengthen the Workforce
 3. Q&A
-

MH/SUS/IDD/TBI System Updates

February 1, 2024: LME-MCO System



[LME/MCOs](#) serve as the public behavioral health infrastructure. They manage the care of NC beneficiaries who receive publicly-funded mental health and substance use services. LME-MCOs will operate Tailored Plans.

Tailored Plan Launch: July 1, 2024

What's staying the same?

- Tailored Plans are LMEs
- People will still have access to the same mental health, substance use, I/DD, TBI services (Medicaid, state, grant-funded)
- Innovations/TBI Waiver members keep their slots
- Innovations waitlist members keep their spot

What's changing?

- Tailored Plan members will begin receiving health care services & medications from their Tailored Plan (LME)
- Tailored Plan members must have a primary care provider (PCP) and a Tailored Care Management provider in the Tailored Plan's network



Tailored Plan Launch: July 1, 2024

In late April, members will get a letter about their Tailored Plan

- **Behavioral Health I/DD Tailored Plans are:**
 - Alliance Health
 - Partners Health Management
 - Trillium Health Resources
 - Vaya Health
- **In late May, members will get a welcome packet and new ID card from their Tailored Plan**
 - The packet will include the name of their Primary Care Provider (PCP)
 - The letter will explain how to pick a new Primary Care Provider if you want to change

The Statewide Peer Warmline—COMING VERY SOON!!!

- People are calling 988 looking for support and resources.
 - 40% of people are repeat callers
- **The Peer Line will be open 24/7/365**
- **People will be able to call the Peer Warmline Directly OR 988 can do a warm transfer.**
- Peer Support Specialists are people living in recovery with a mental illness and/or substance use disorder
 - offer non-clinical support and resources to those who reach out
 - offer a unique perspective of shared experiences



Peer Support Services: Actions to Strengthen the Workforce

Current State of Peer Supports in NC

In the past decade, North Carolina has seen a significant growth in utilization of peer supports across the state; more than 4,000 people are **Certified Peer Support Specialists** and many more offer peer supports to individuals and families with behavioral health and I/DD needs as uncertified peers.

However, challenges and barriers to a system of high-quality peer supports remain, such as:

- The **certification process is too expensive**, and **peers are being inconsistently prepared** to enter the workforce
- **Less than half of CPSS are employed in peer supports**, despite provider agencies claiming they struggle to find peers to fill open positions
- Many peers **do not feel valued or respected by clinical partners**
- **Some communities have strong peer support services available while others have few peer supports**
- **Many peers are not paid a living wage**, and **Medicaid reimbursement remains burdensome** for both individual peers and peer-run organizations
- The **definition of peer supports is too restrictive** and is often not inclusive of populations such as children/youth, people with I/DD or TBI, and families

Opportunity to Strengthen the Workforce & Expand High-Quality Peer Supports

Through significant budget investments in behavioral health, DMH/DD/SUS received **\$18 million** to support efforts to strengthen the peer support and direct support professional (DSP) workforce. This is a critical opportunity to make investments in a group of providers that have been historically overlooked.

	Provision	FY24	FY25
Workforce / Wellness / Recovery	Behavioral Health Workforce Training	~\$8M	\$10M
	NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
	Behavioral Health Rate Increases	\$165M	\$220M
	State Facility Workforce Investment	\$20M	\$20M
	Electronic Health Records for State Facilities		\$25M
	Child Welfare and Family Well-Being	\$20M	\$60M
	Collaborative Care	\$2.5M	\$2.5M

How DMH/DD/SUS is Approaching This Opportunity

DMH/DD/SUS is working with community partners to identify strategies and partnerships to grow high-quality peer support services in North Carolina.

- Through this work, DMH/DD/SUS has:
 - **Evaluated the current landscape** of peer support services in North Carolina and **identified best practices** here in NC and among other states
 - Developed an **overall vision and goals to maximize the reach and impact of CPSS**
 - **Today, we want to discuss our goals for the improving peer supports and hear from you about what the future of peers should look like.**

Discussion: Goals for Expanding Peer Supports in North Carolina

DMH/DD/SUS Goals for the Future of Peer Supports:

- A peer should be able to get certified for **free or at a low cost**
- Peers should receive consistent, high-quality **education and skills-building**
- Peers should be able to **grow** in their career
- The role of peers should be clearly **defined** and held to **consistent standards**
- Employers, supervisors, and teammates should **value the expertise** of the peers in their organizations
- Peers should be paid a **living wage**, and providers should be **appropriately funded** for peer support services
- Peer supports should be **accessible** in all NC communities, in a range of settings
- Peers should represent the **diversity** of all NC communities



What is your reaction to these goals?
Are there other goals we should consider?

What's Next: Developing Strategies to Meet Our Goals

In the coming weeks and months, we will work with our community partners to develop and refine recommendations to strengthen peer supports and create a plan for implementing these recommendations.

We will be developing strategies to improve:

- The peer certification and job-seeking process;
- Employer readiness and integration of peers onto teams;
- Funding for peer support services across the state;
- Wrap-around support for peers and employers;
- and More

If you have additional questions or comments regarding our efforts, please email Ann Marie Webb at annmarie.webb@dhhs.nc.gov

Appendix

Medicaid Expansion Launched on Dec. 1!



More North Carolinians can get health care coverage through Medicaid.



Beginning on Dec. 1, 2023, NC Medicaid will cover people ages 19 through 64 years with higher incomes. You may be able to get health care coverage through Medicaid even if you didn't qualify before.

Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to you.



NC Medicaid covers most health services, including:

- **primary care** so you can go to a doctor for a check-up or when you are not feeling well
- **hospital services** when you need to stay overnight (inpatient) or when you can go home the same day (outpatient)
- **maternity and postpartum care** if you are pregnant and after giving birth
- **vision and hearing services**
- **prescription drug benefits** to pay for your medicines
- **behavioral health**
- **preventative and wellness services**
- **devices and other therapies**

Most people will be able to get health care coverage through Medicaid if they meet the criteria below. And if you were eligible before, you still are. Nothing changes for you.

- **You live in North Carolina**
- **Age 19-64**
- **You are a citizen.** Some non-US citizens can also get health care coverage through Medicaid.
- And if **your household income** fits within the chart below:

Household Size	Annual Income
Single Adults	\$20,120 or less
Family of 2	\$27,214 or less
Family of 3	\$34,307 or less
Family of 4	\$41,400 or less
Family of 5	\$48,493 or less
Family of 6	\$55,586 or less

How to apply for Medicaid:



ePASS
epass.nc.gov



Paper application
ncgov.servicenow.com



In person at your
local DSS office
ncdhhs.gov/localDSS



Call DSS office
ncdhhs.gov/localDSS

Learn more at:

Medicaid.ncdhhs.gov

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You can access the Medicaid Expansion Toolkit, trainings, and FAQs on the NC Division of Health Benefits (Medicaid)'s website

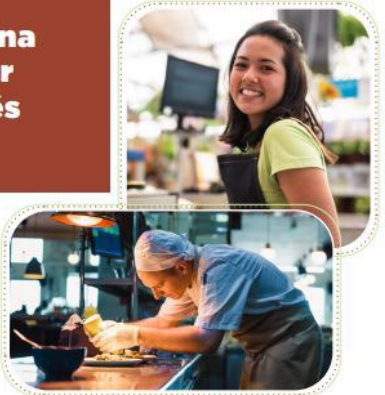
Learn How to Apply With ePASS

(Spanish and English versions)

Más habitantes de Carolina del Norte pueden obtener cobertura médica a través de Medicaid.

A partir del 1 de diciembre de 2023, NC Medicaid cubrirá a las personas de 19 a 64 años que tienen ingresos más altos de lo que se permitía antes. Es posible que puedas obtener cobertura médica de Medicaid incluso si no calificaste antes.

Medicaid paga las visitas al médico, los chequeos médicos de rutina anuales, la atención de emergencia, servicios de salud mental y más, a bajo costo o sin costo para ti.



La mayoría de personas podrán obtener cobertura médica a través de Medicaid si cumplen con los criterios a continuación. Y si eras elegible antes, todavía lo eres. Nada cambia para ti.

- **Vivir en Carolina del Norte.**
- **Tener entre 19 y 64 años.**
- **Ser ciudadano.** Algunas personas que no son ciudadanos estadounidenses son elegibles para obtener cobertura médica a través de Medicaid.
- Y si los **ingresos de tu hogar** están dentro del cuadro a continuación.

Tamaño del hogar	Ingreso Anual
Adultos solteros	\$20,120 o menos
Familia de 2 personas	\$27,214 o menos
Familia de 3 personas	\$34,307 o menos
Familia de 4 personas	\$41,400 o menos
Familia de 5 personas	\$48,493 o menos
Familia de 6 personas	\$55,586 o menos

Medicaid cubre la mayoría de los servicios de salud, incluyendo:

- **atención primaria** para que vayas al médico para un chequeo de rutina o cuando no te sientas bien
- **servicios hospitalarios** cuando necesitas pasar la noche en el hospital (paciente hospitalizado) o cuando puedes irte a casa el mismo día (paciente ambulatorio)
- **atención de maternidad y posparto** si estás embarazada y después de dar a luz
- **servicios de visión y audición**
- **beneficios para pagar tus medicamentos recetados**
- **salud del comportamiento**
- **servicios preventivos y de bienestar**
- **dispositivos y otras terapias**

Cómo solicitar Medicaid:



ePASS
epass.nc.gov



Solicitud impresa (en papel)
nc.gov.servicenow/services.com



En persona, en tu oficina local del Departamento de Servicios Sociales (DSS)
ncdhhs.gov/localDSS



Llamando a tu oficina local de DSS
ncdhhs.gov/localDSS

Obtén más información:

Medicaid.ncdhhs.gov/InfoDeExpansion

Departamento de Salud y Servicios Humanos de Carolina del Norte • NCDHHS.gov
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PARTICIPANT'S LIST IS STILL CLIMBING, SO WE ARE GOING TO GIVE IT ABOUT A MINUTE AND WE WILL GET STARTED

Welcome to our ePASS Demo!

September 19, 2023

Welcome & Introduction

0:00 / 1:29:38 • Welcome & Introduction

Elizabeth O'Dell
Wes Woodstuhme
Melanie Bush
ASL Interpreter: Monica

Navigating ePASS: Guide to Providing Application Assistance

Unlisted

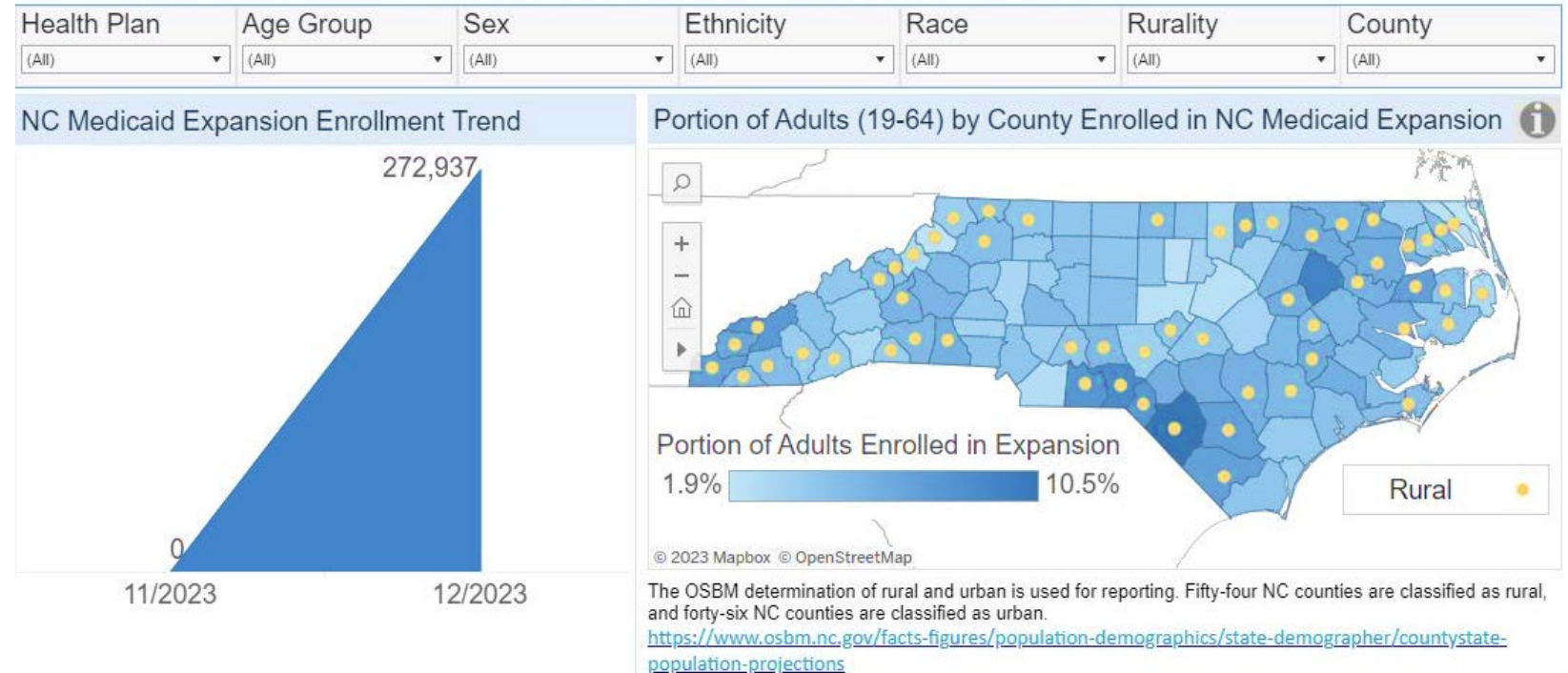
English-Language video: <https://www.youtube.com/watch?v=204bNI5pGkI>

Spanish-language video: <https://www.youtube.com/watch?v=whLNhXj7zvM>

Medicaid Expansion Dashboard

On December 20th, DHHS released a [dashboard](#) to track monthly enrollment in Medicaid for people eligible through expansion. You can read the press release [here](#).

This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage. The charts can be viewed by health plan, demographics, and/or county by using the filters below. *Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.*



The section below displays NC Medicaid Expansion Enrollment by various demographic groups. *In future months there will be a selector to view enrollment trends.*

988 Performance Dashboard

North Carolina 988 Performance Dashboard

Past 12 Months (11/22-10/23)



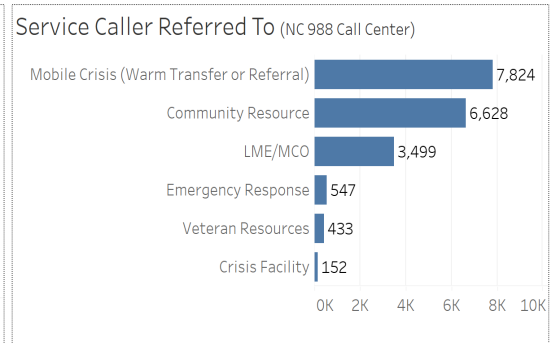
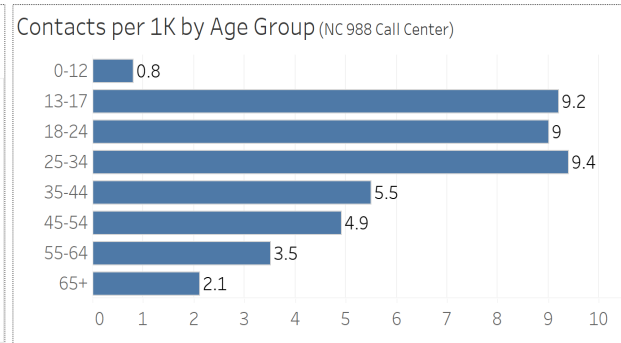
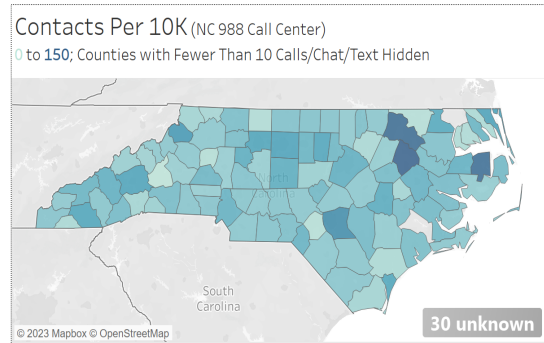
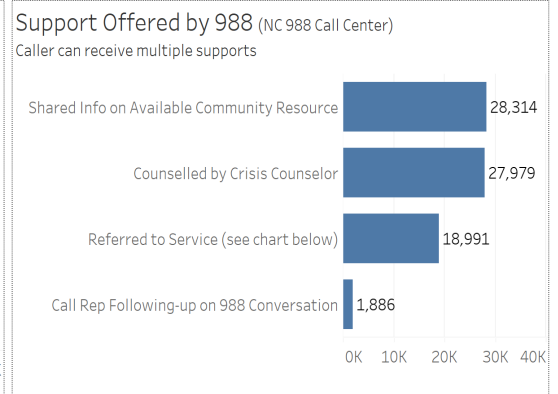
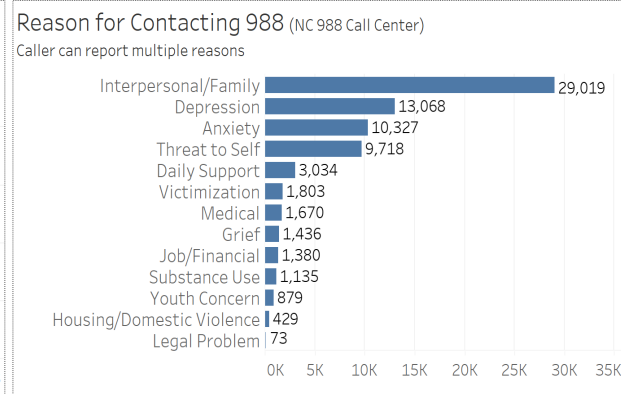
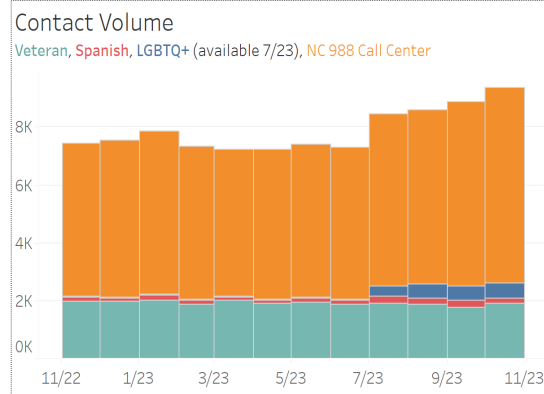
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Mental Health, Developmental Disabilities and Substance Use Services

The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish, LGBTQ+), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.



You can access the [dashboard](#) on the [DMHDDSUS website](#) and the [press release](#) on the [DHHS website](#)

94,763 NC Contact Volume	98.0% NC 988 Call Center Answer Rate	14.2 seconds Avg Time to Answer Calls (NC 988 Call Center)	44.5% of Contacts are from Repeat Callers (NC 988 Call Center)	11.6% of Contacts Referred to Mobile Crisis (NC 988 Call Center)
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LME/MCO Consolidation

Guiding Principles

1. What is best for the people we serve and for the providers who deliver services?
2. What will promote the value of whole-person care and move us to tailored plans faster?
3. What will reduce complexity, create less disruption, and make things easier for everyone involved?

Secretary's Directive (11/1)

- **On January 1**, Sandhills Center **became part of** Eastpointe, **except: Davidson County aligned** with Partners Health Management; Harnett County **aligned** with Alliance Health; and Rockingham County **aligned** with Vaya Health.
- **On February 1**, the other counties from Sandhills and Eastpointe **became part of** Trillium.
- **The Department** has **been talking with** the LMEMCOs to make sure their consolidation agreements cover system needs, including continued care for consumers and minimal disruption to providers

DHHS has released FAQs on consolidation for [providers](#) and [beneficiaries](#)

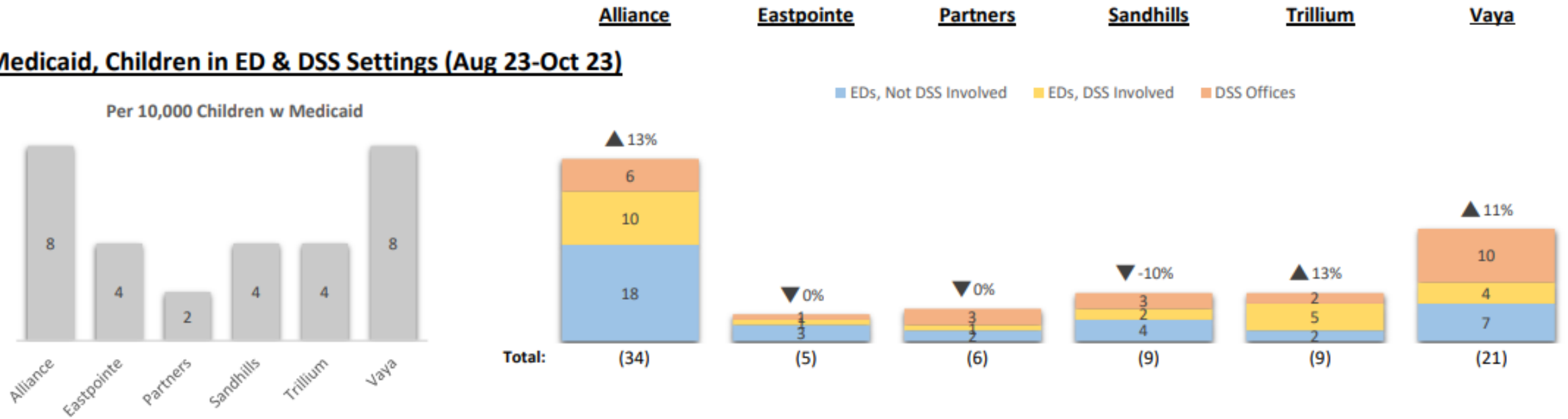
LME/MCO Dashboard

- Department-wide monthly dashboard of key outcomes for the Behavioral Health System.
 - Our goal is a tool that highlights our shared priorities and opportunities for improvement.
 - If we can better define the problem, we can better work together to solve it.
 - The key measures are:
 - Medicaid, Children in ED & DSS Settings
 - Medicaid, Children in Psychiatric Residential Treatment Facilities (PRTFs)
 - Consumers in State Psych Hospitals Ready for Discharge
 - People on Innovations Waitlist Receiving Any Medicaid or State BH/IDD Service
 - Follow-up Within 7 Days After Inpatient Discharge
-

Medicaid-Insured Children in ED & DSS Settings

Posted 12/22/2023

Medicaid, Children in ED & DSS Settings (Aug 23-Oct 23)



- We reviewed the dashboard in the [October 2023 Side by Side webinar](#).
- The most recent report was published in **November 2023** on DMH/DD/SUS' website at: [Reports | NCDHHS](#)

Medicaid-Insured Children in EDs by Race

Behavioral Health Indicators

Utilization Indicators

Risk Factors

About the Data

Emergency Dept. Use - Behavioral Health

Emergency Dept. Use - Suicide Attempt

Mobile Crisis Utilization

Psychiatric Residential Treatment Facilities

Select View

Overview

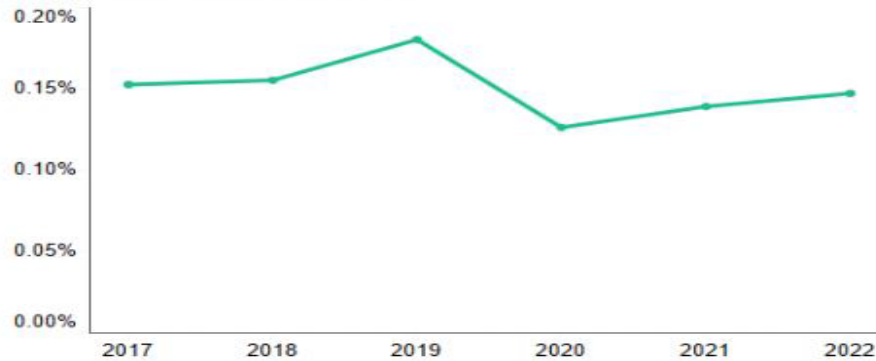
[By Geography](#)

[By Population Focus](#)

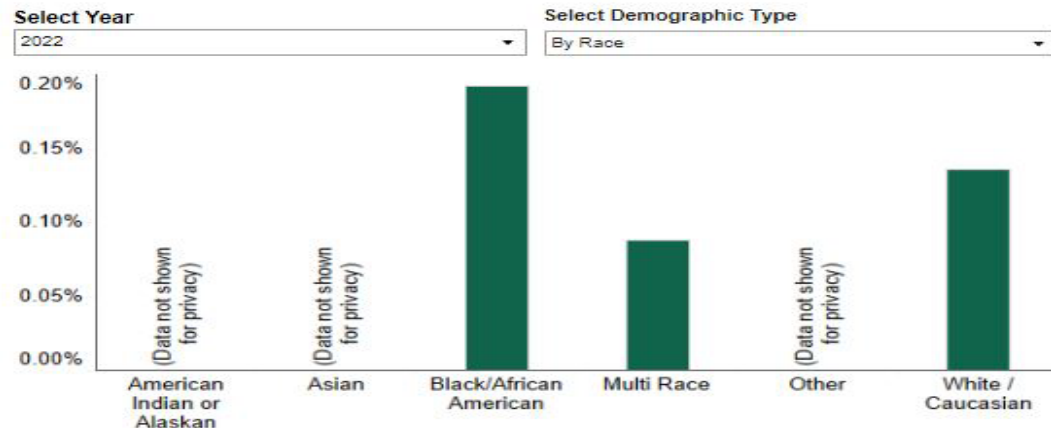
Note: Visits for mental health conditions among all children and adolescents accounted for a larger proportion of pediatric visits during 2021-2022 than during 2019. Factors that can increase the chance that a child is brought to the ED for mental health treatment can include the type of condition, if medications are used in lieu of physical restraint, if families have public, instead of private insurance, and if an inpatient psychiatric unit is available at the hospital. For more info, please visit the [Mental Health Dashboard | NC DETECT](#). More Info: [CDC Link](#) [CHLA Link](#) [CDC MMWR Report Link](#)

1,313 Medicaid-Insured Children Ages 5 - 18 that Used the Emergency Department for Behavioral Health Needs in 2022

Percent of Medicaid-Insured Children Ages 5 - 18 that Used the Emergency Department for Behavioral Health Needs



Percent of Medicaid-Insured Children That Used the Emergency Department By Race in 2022

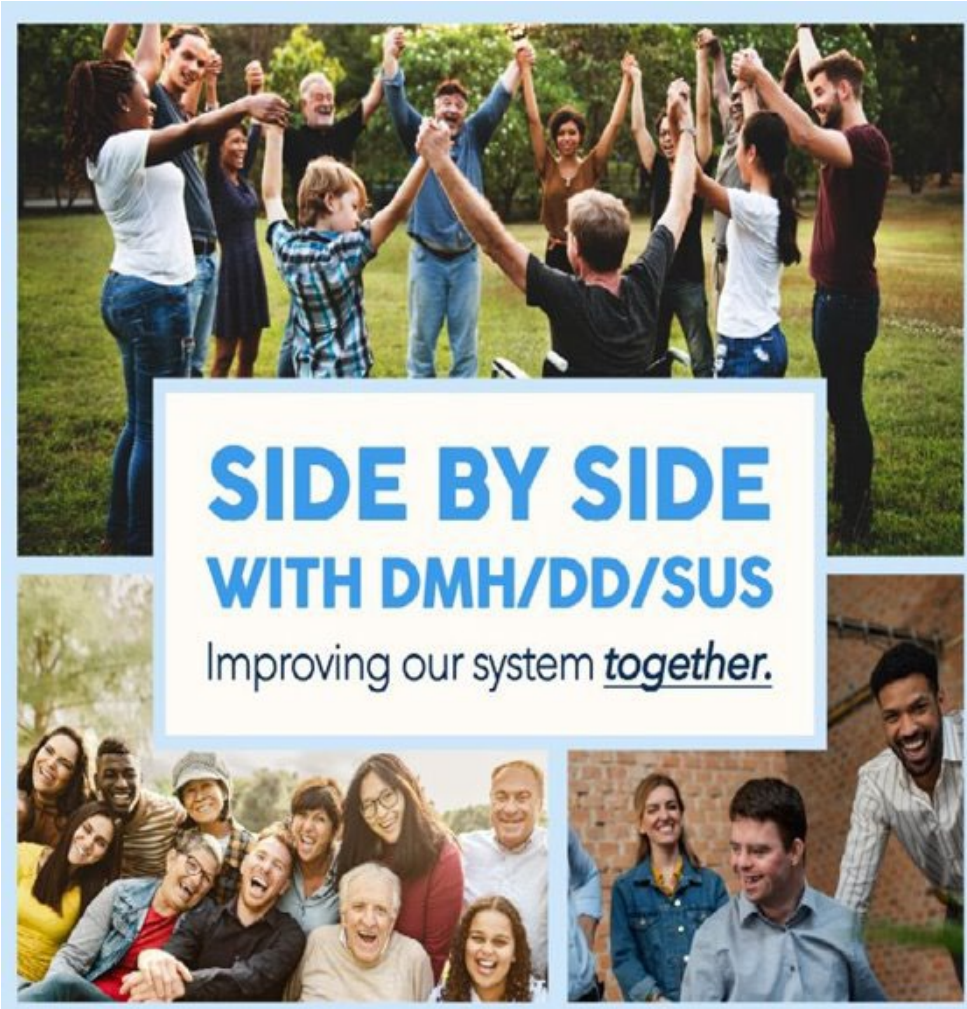


Upcoming Side by Side Webinars

Scheduling for Upcoming Webinars

Date	Time	Agenda Topic
March 4, 2024	2:00-3:00pm	Child Behavioral Health
April 1, 2024	2:00-3:00pm	TBD

For more information, or to register as an attendee for one of these webinars, please visit the [Side by Side registration link!](#)

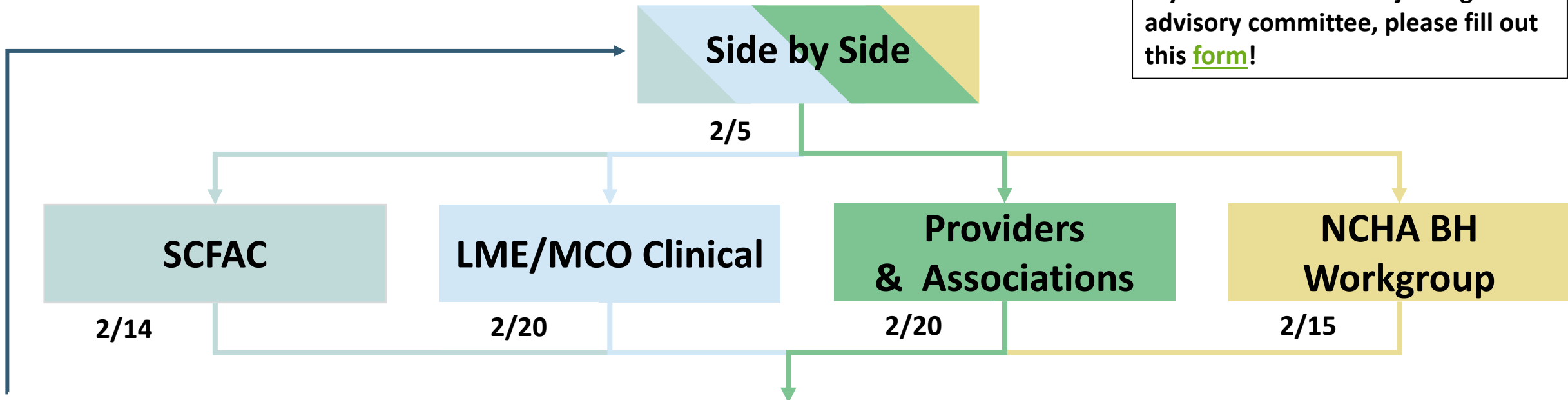




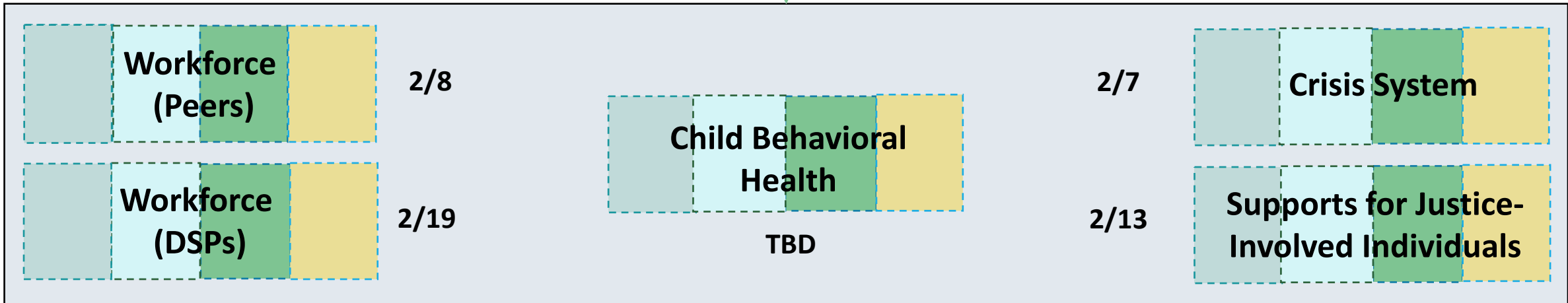
February Community Collaboration

Topic: Workforce (Peer Support)

If you're interested in joining an advisory committee, please fill out this [form!](#)



Advisory Committees



Historic Investments for North Carolina

Behavioral Health & Resilience

\$835M

This budget includes investments and policy changes that enable a seismic step forward in improving North Carolinians' behavioral health. Between recurring and non-recurring funds, approximately three-quarters of the Governor's \$1 Billion Behavioral Health Roadmap were funded, along with other significant investments across the state.

Child & Family Well-Being

\$208.9M

The budget includes notable investments in North Carolina's children, including a package of services that will prevent children languishing in inappropriate settings like Eds and DSS offices while providing additional supports for them and their families. It also includes the long sought-after, statewide Child and Family Specialty Plan which will better serve the care needs for children in the foster care system.

Strong & Inclusive Workforce

\$1.56B

This budget has several important investments in our team to support their critical work including \$40 million to stabilize staffing in our state facilities, plus new positions in Public Health, new inspector positions in DHSR, and new regional support staff in DSS to improve outcomes in our child welfare system.

Behavioral Health Budget Provisions

	Provision	FY24	FY25
Crisis	Crisis System (e.g. mobile, FBCs)	\$30M	\$50M
	Crisis Stabilization (short-term shelter)	~\$3M	~\$7M
	Non-Law Enforcement Transportation Pilot Program	\$10M	\$10M
	BH SCAN	\$10M	\$10M
Justice	Justice-Involved Programs <ul style="list-style-type: none"> Community-based pre-arrest diversion and reentry programs; fund partnerships between law enforcement, counties, and BH providers Community-based and detention center-based restoration programs 	\$29M	\$70M
Workforce /Wellness/ Recovery	Behavioral Health Workforce Training	~\$8M	\$10M
	NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
	Behavioral Health Rate Increases	\$165M	\$220M
	State Facility Workforce Investment	\$20M	\$20M
	Electronic Health Records for State Facilities		\$25M
	Child Welfare and Family Well-Being	\$20M	\$60M
	Collaborative Care	\$2.5M	\$2.5M

BH Reimbursement Rate Increases

Link: [Behavioral Health Reimbursement Rates Increased for the First Time in a Decade](#)



- 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

I/DD & TBI Budget Provisions

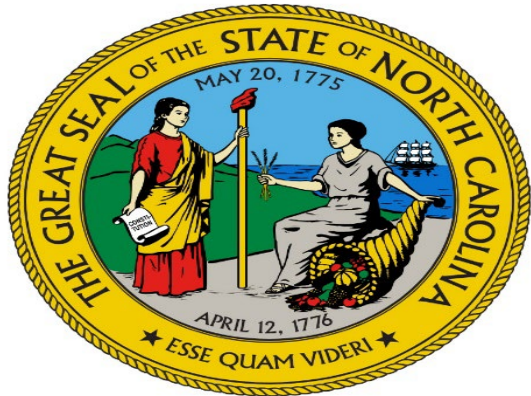
Provision	FY24	FY25
350 new Innovations slots	\$29.33M	\$29.33M
Innovations Direct Support Professional Wage increases	\$176M	\$176M
Competitive Integrated Employment	\$5M	\$5M
Personal Care Service (PCS) Rate Increases	\$176M	\$176M
Authority to expand TBI waiver statewide		

NC Medicaid Innovations Waiver Provider Rate Increase

Link: [Innovations Rate Increases for DSPs](#)

- The NC General Assembly appropriated **\$176 million** in state and federal recurring funding to raise NC Medicaid Innovations waiver services rates for DSPs.
- Services with an increase:
 - Residential Supports
 - Supported Employment
 - Respite Care
 - Community Living and Supports
 - Day Supports
 - Supported Living





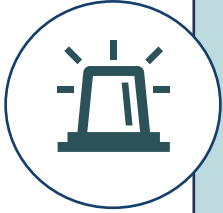
Division of Mental Health, Developmental Disabilities and Substance Use Services

State CFAC Meeting

February 14, 2024

Feedback on Proposed Legislation to Establish a Peer Support Certification Oversight Board

Background: How We Got Here



Current challenge: There is no centralized entity which has the power to hold certified peer support specialists accountable to the code of ethics and other certification requirements. Employers may fire peer support specialists following an ethical violation, but there is no way to de-certify the peer or prevent them from getting a job at another agency.



Previous attempts to address the challenge: In 2021, House Bill 732 proposed the creation of a Peer Support Specialist Certification Oversight Board that would have the ability to issue, deny, suspend, and revoke peer support certifications and hold hearings to determine the validity of ethical violations and impose sanctions. The bill was drafted by the Expert Commission, which included peer support specialists, but ultimately did not pass.



Proposed solution: DMH/DD/SUS is proposing updated legislation to establish a Peer Support Specialist Certification Oversight Board, which will include many of the elements of the 2021 legislation and align with the Division's goals to professionalize peer supports and strengthen the workforce.

Background: Data on Complaints in FY24

DMH/DD/SUS's peer support education vendor, UNC Behavioral Health Springboard (UNC-BHS) has received 15 complaints against certified peer support specialists in fiscal year 2024. We believe this may be an undercount, due to the fact there are no formal processes to investigate and sanction a peer outside of their employer.

Of the 15 complaints since July 2023:

- 6 have involved fraudulent activity
- 8 have involved unethical client interactions or other ethical violations
- 1 has involved confidentiality or HIPPA violations

Examples of complaints include:

- Inappropriate relationships with clients
- Improper billing practices (e.g., billing for a client who was deceased)
- Harassment of fellow employees
- Sharing client information with unauthorized individuals
- Promising gifts to clients
- Lying about meeting certification criteria

Overview of Proposed Legislation

DMH/DD/SUS intends to propose the Peer Support Specialist Certification Oversight Board legislation in April. We are interested in the Advisory Committee's feedback on the proposed legislation and encourage discussion in this meeting or written feedback.

Key elements of the proposed legislation:

- Establishes an 11-member PSS Certification Oversight Board that will enforce the rules for issuing certifications and renewals, continuing education requirements, ethical and disciplinary actions, and other requirements of the program
 - The Board will be able to deny, issue, suspend, revoke, and renew certification and conduct investigations to oversee PSS.
- The Division will continue to establish certification and ethical requirements for PSS.
- The Board will be inclusive of adult mental health, SUD, I/DD and TBI, and family peer support specialists.
- Board members will:
 - Be appointed by a range of State officials, including the Director of DMH/DD/SUS
 - All have lived experience; at least 8 will be CPSS or certified family peer support specialists
 - Be subject to 3 year term limits

Legislation Discussion and Questions