

MH Legislative Breakfast Talking Points

Thank you Senator Woodard, and thank you for the invitation – as always – the mental health legislative breakfast is one of the best events of the year, and it's a real joy to come back and talk with you about this critically important topic as Secretary for the Department.

As I begin my tenure as Secretary, I do so with a deep commitment to the fact that behavioral health is core to health. I truly believe that without a comprehensive strategy to address behavioral health, we cannot make meaningful progress in advancing the health of all North Carolinians.

So it should not come as a surprise that as we chart the path forward, I – along with my team at DHHS – have made equitably addressing behavioral health and resilience one of the Department's top three priorities. This along with a focus on child and family wellbeing, and building a strong and inclusive workforce will help us organize and prioritize our work to improve the lives of our fellow North Carolinians.

As we look to the future to accomplish this work, we are grounded in whole-person health, driven by equity, and responsive to the lessons learned through the greatest health crises in a generation. Some of those lessons learned include investing in strong collaborative partnerships and building a robust data infrastructure that enables accountability and empowers services to wrap around people – not the other way around. It's also crucial that we transparently communicate to earn public trust while embracing and adapt to evolving science and research.

So as we reflect on the role mental health plays in our overall wellbeing and the influence it has on our quality of life, I wanted to share a bit about where we are and how we can recover stronger together.

The data tells us that those with mental health conditions are more likely to have co-occurring physical health conditions. For example, depression increases the risk for many types of physical health problems including heart disease, diabetes, stroke, pain, and Alzheimer's disease. Beyond the human toll this takes on

individuals and families, we also know that there is a financial and economic cost paid by individuals, families, and society.

On average, Individuals with mental illness and chronic health conditions have health care costs that are 75% higher than those without a mental health diagnosis. For those with diabetes, the cost of treatment can be four times higher when a co-occurring condition such as depression or alcohol addiction is untreated.

As we continue to promote a whole-health approach, we know the profound impact behavioral health conditions have on measures of overall wellness and stability—such as, family relationship, employment, housing stability, involvement in the justice system and housing stability. Less than 50% of North Carolinians entering treatment for either a mental health issue or substance use disorder reported feeling good or excellent about critical domains of life quality and stability.

In North Carolina, far too many individuals struggle with mental and substance use disorders with 1.6 million adults meeting criteria for a mental illness, 451,000 of whom have serious mental illness. In addition, 390,000 children live with mental illness, 232,000 of whom have a serious emotional disturbance. 611,000 adults have a substance use disorder, and sadly 32,000 kids do as well.

We know that behind each of these millions of individuals are families and communities that also struggle as a result of these conditions. Our approach must be comprehensive, swift, and outcome-oriented.

NCDHHS recognizes the need for a multi-faceted strategy to address immediate and acute needs as well as to prevent and intervene as early as possible. Much of this work is underway.

We are proud to have launched the new Division of Child and Family Wellbeing. Through the establishment of this Division, the Department is leaning in on the integration of behavioral health, physical health, social, and nutrition programs to provide whole-person care in a coordinated and streamlined manner to meet the escalating needs of children and families.

The Division of Child and Family Well-Being brings together complementary health and human service programs that primarily serve children and youth under one division to promote cross-program initiatives and policy guidance to support North Carolina's children growing up safe, healthy, and thriving in nurturing and resilient families and communities.

This Division will play an instrumental role in addressing the needs of the 390,000 children living with mental illness in North Carolina. We recognize these needs have grown tremendously through the COVID-19 pandemic and our new Division is working hard in partnership with DMHDDSUS and the Division of Public Health and with Divisions across the Department to fully address the needs of NC's children. When I talked about wrapping systems around people, as opposed to people around systems – this work is what I'm talking about.

As with children, adults in NC have experienced profound behavioral health effects from the pandemic including 40% of adults reporting symptoms of mental health conditions and increased rates of substance misuse. Grief, stress, trauma, financial instability and unemployment are all factors that contribute to one's mental health status.

Even more troubling than the increased demand is the corresponding decrease in supply. The National Council for Behavioral Health notes that during the pandemic, providers experienced an average revenue loss of 23% and 65% of providers reported turning away, cancelling or rescheduling appointments. The workforce challenges continue to persist and cause increased strain on an already stressed system of care.

At DHHS, we are keenly aware of the backdrop here which only increases our focus and attention to these important issues.

During fiscal year 2020, 101,811 unique individuals received Behavioral Health or IDD (BH/IDD) services paid through state funds through DMH, with 60% of the individuals receiving mental health services, 35% receiving substance use services and 5% receiving services for an intellectual/developmental disability.

As you know, these Single Stream dollars support NC's uninsured population. While I am pleased that 100,000 individuals who needed services received them, I

am also troubled knowing that this is a drop in the bucket for the one million uninsured individuals in our state.

I believe strongly that these dollars would be much better spent on providing recovery and wraparound services we know are so necessary. The only thing that truly maximizes the use of these funds is Medicaid Expansion. Were we to expand Medicaid, imagine what we could do with these funds? I could use this entire \$275 million funding source to provide so many vital recovery and wraparound supports we know are so critical to ensuring people achieve and maintain recovery. The infusion of \$275 million could provide employment, housing, family stability, recovery coaching and would go an enormous way to truly addressing mental and substance use disorders.

Our work for all of our priorities could be made better, stronger, and more sustainable with Medicaid Expansion. The need is clearly there, and I believe the time is right for us to come together and create a North Carolina pathway to Medicaid expansion and opening up access to care for hundreds of thousands of our friends, family, and neighbors.

But even without Medicaid Expansion, I'm proud of the work the Division of Mental Health, Developmental Disabilities, and Substance Use Services does to support a comprehensive array of prevention, early intervention, crisis and community-based treatment strategies.

Asking for help is a sign of strength, and DMH enables a number of avenues to make help available to the public. This includes the Hope4Healer and Hope4NC helplines that have helped connect individuals across the state to care and treatment. Another is the hotline addressing Problem Gambling, which is creating a portal where clinicians can connect with financial coaches and counselors to better support their clients.

Along that continuum of care, having a robust crisis response system is critical to reduce reliance on law enforcement and emergency departments through early and immediate intervention with trained behavioral health personnel. A crisis system is truly effective only when it is used to avert a crisis.

The implementation of 988, the three-digit dial to reach the National Suicide Prevention Lifeline is federally mandated to begin in July 2022. At DHHS, we are working hard to ensure we realize the potential of this number to help intervene

early and ensure our crisis and healthcare system work for those who need it. With the implementation of 988, we're anticipating call volume will increase by 30% adding significantly to the more than 36,000 calls per year the Lifeline currently receives. We recognize this will require an expansion of existing systems and supports to meet this need.

It will also necessitate a better data infrastructure to track and monitor bed availability and be able to easily dispatch mobile crisis teams. DMH is currently in the process of creating such an infrastructure – and similar endeavors to grow our data infrastructure and analytic capabilities are taking place across the Department.

This, coupled with investments in a robust continuum of community-based mental and substance use disorder services will help ensure that we are providing the right care, at the right time, in the right setting. We are doing that by investing in things like telehealth so medication-assisted treatment can be delivered through a whole-patient approach, opening up access to rural and other underserved communities.

We're also continually exploring better ways to integrate care. Only when care is fully integrated can we achieve true whole-person care. DMH is funding models such as the Certified Community Behavioral Health Clinic model. Which provides 24/7 access to integrated physical and mental health care services for those with SUD and serious mental illness.

And of course, we are working hard to successfully launch the Tailored Plans at the end of the calendar year. These plans will truly embody the principle of care integration which is so needed to move the field forward. Through Tailored Care Management, Behavioral Health I/DD Tailored Plan beneficiaries will have a single designated care manager supported by a multidisciplinary care team to provide integrated care management that addresses all of their needs. Integrated care truly is the way of the future and I am pleased that our state is taking these important steps.

Sadly, we cannot have a meaningful discussion about behavioral health without addressing our justice system. This is an area I am particularly passionate about and where we have many opportunities to make changes that not only improve access to our healthcare system overall, but also puts the health and wellness of North Carolinians at the center of our efforts.

Serious mental illness affects an estimated 14.5% of men and 31% of women in jails. 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, people who were incarcerated are 40 times more likely to die from an opioid overdose.

DHHS has implemented strategies across the continuum of justice involvement. First, we must do all we can to provide early diversion and alternatives to incarceration. Second, we must provide those in our correctional facilities who have behavioral health conditions the care and treatment they need and third we must provide appropriate re-entry services to ensure as productive a re-entry into society as possible.

We have employed models such as co-responder teams in which a behavioral health professional is paired with a law enforcement officer to respond to calls to de-escalate situations and avoid potential incarceration. We have also partnered with Drug Education Agencies to divert over 800 individuals who had first time offenses to get needed education rather than incarceration. We have also provided care and treatment to individuals while incarcerated including the provision of medication-assisted treatment services and have incorporated meaningful re-entry programs.

I recognize that addressing behavioral health was already a challenge. Pre-pandemic, we already had a strained and stretched system with millions in need. The post-pandemic era demands that we redouble our efforts. The time to act is now. I know the task ahead is great. I also recognize that by choosing Behavioral Health and Resilience as a top Department priority, I have chosen perhaps one of the greatest challenges. But, I truly believe we all have no choice but to make this our collective priority. I am heartened by the knowledge that effective and evidence-based strategies exist. We just need to continue to invest in them. I believe strongly that, with a renewed focus and commitment, together we can make a difference in the lives of millions of North Carolinians.