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

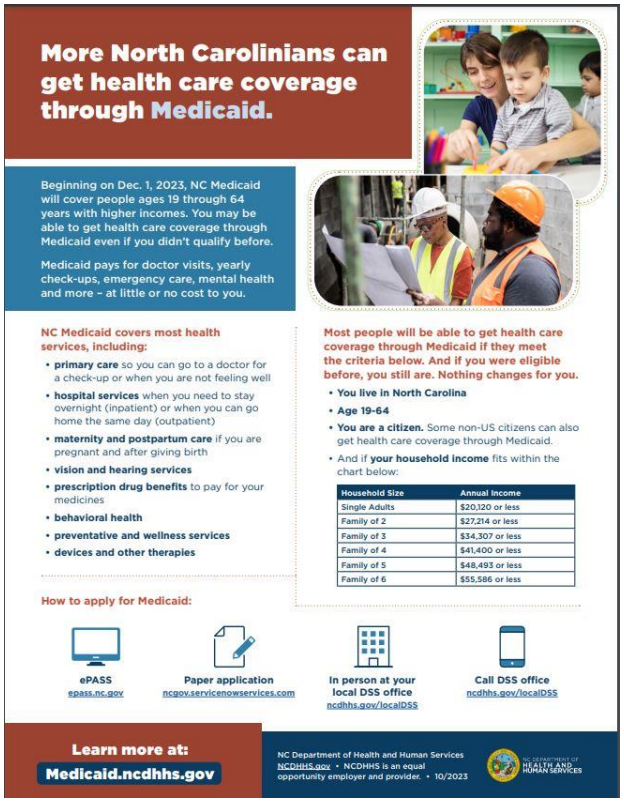
December 13, 2023

Agenda

1. MH/SUD/IDD/TBI System Updates
2. Expand Services for Individuals in the Justice System
3. Q&A

MH/SUD/IDD/TBI System Updates

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.servicenowservices.com
- **In person at your local DSS office** ncdhhs.gov/localDSS
- **Call DSS office** ncdhhs.gov/localDSS

Learn more at:
Medicaid.ncdhhs.gov

NC Department of Health and Human Services
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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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.

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**

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

Cómo solicitar Medicaid:

- **ePASS** epass.nc.gov
- **Solicitud impresa (en papel)** ncgov.servicenowservices.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

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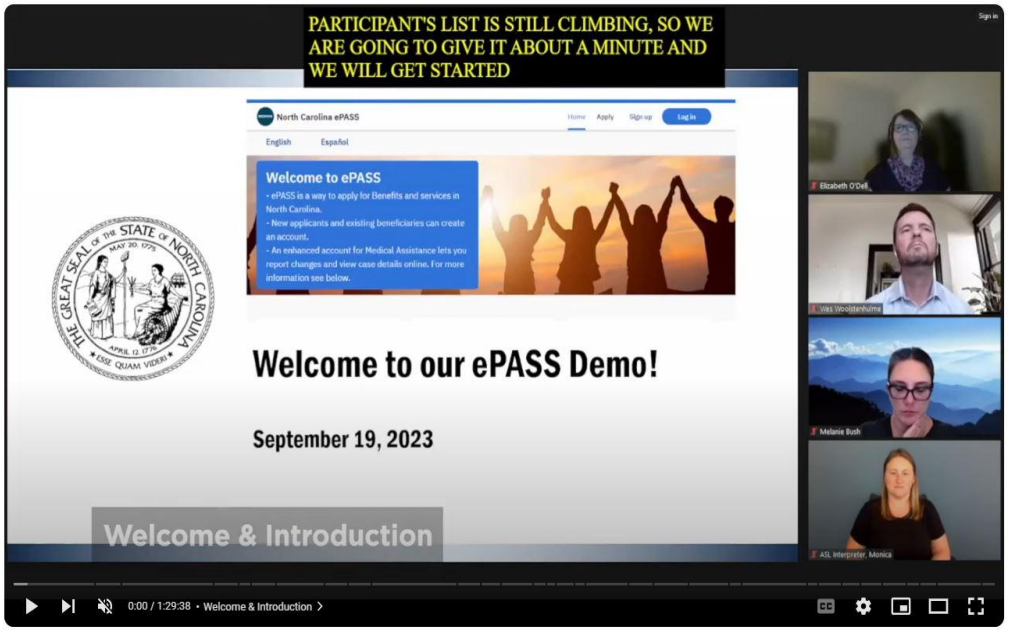
DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE CAROLINA DEL NORTE



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

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 • 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**

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
Transitions to Community Living Initiative	$17,080M	$17,080M
Authority to expand TBI waiver statewide		

BH 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
  - Support early intervention by investing in gateway services

- Medicaid rate increases will be effective for services provided on or after **1/1/2024**

- Medical Bulletin BH Rate Increases

Direct Support Professional (Innovations Waiver) Rate Increases

Link: Innovations Rate Increases for DSPs

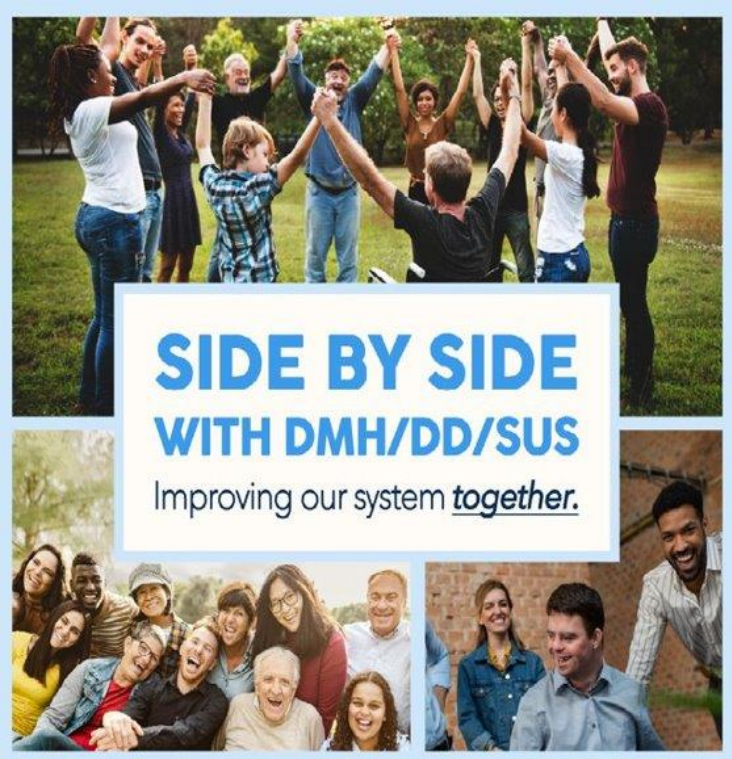
The NC General Assembly appropriated $176 million in state and federal recurring funding to raise NC Medicaid Innovations waiver services rates for DSPs.

Innovations waiver services providers must document their commitment to and use of the rate increases “to the benefit of its Innovations direct care workers, including in the form of an increase in hourly wage, benefits, or associated payroll costs.”

Services with an increase:

- Residential Supports
- Supported Employment
- Respite Care
- Community Living and Supports
- Day Supports
- Supported Living

Upcoming Side by Side Webinars



Scheduling for Upcoming Webinars

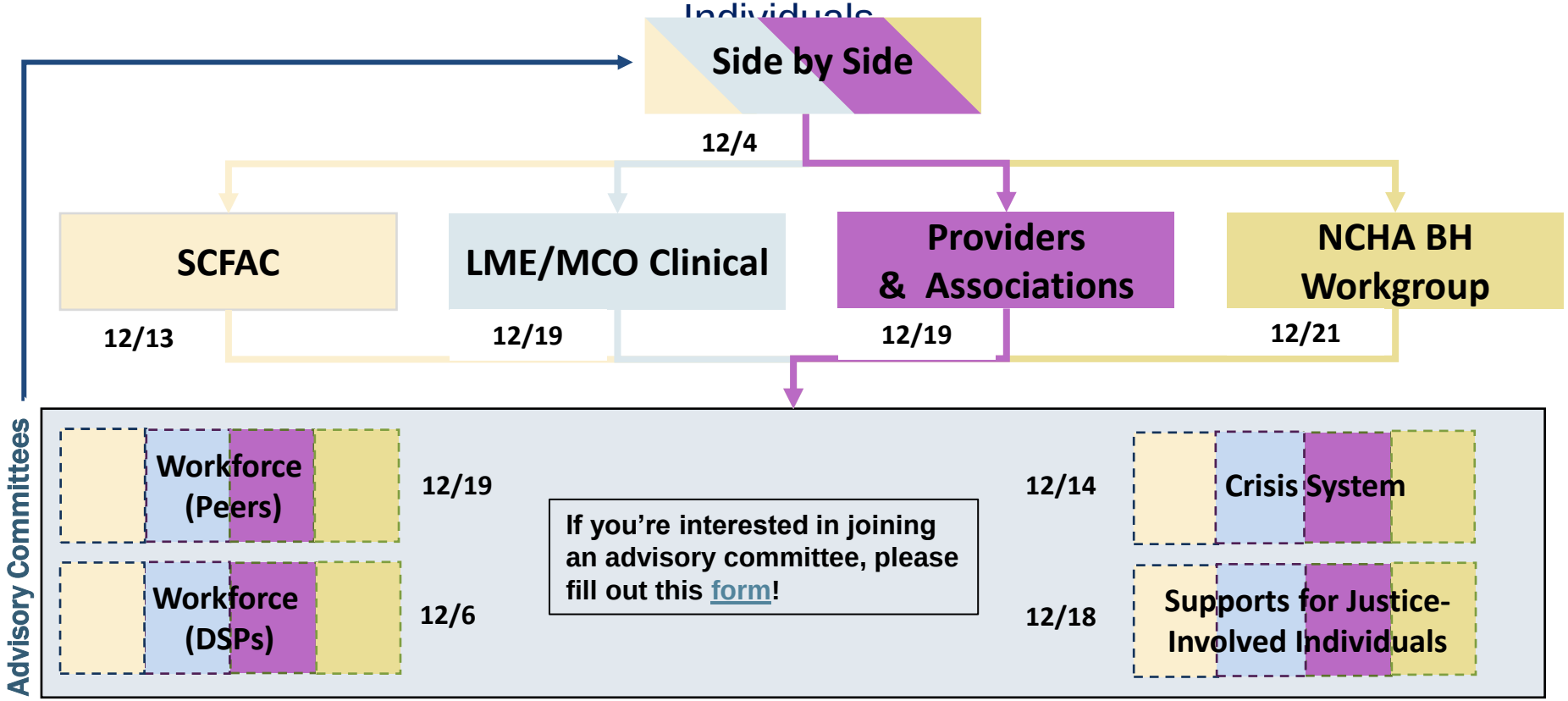
Date	Time	Agenda Topic
Jan. 8, 2024	2:00-3:00pm	Behavioral Health Workforce Development
Feb. 5, 2024	2:00-3:00pm	To Be Determined

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

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

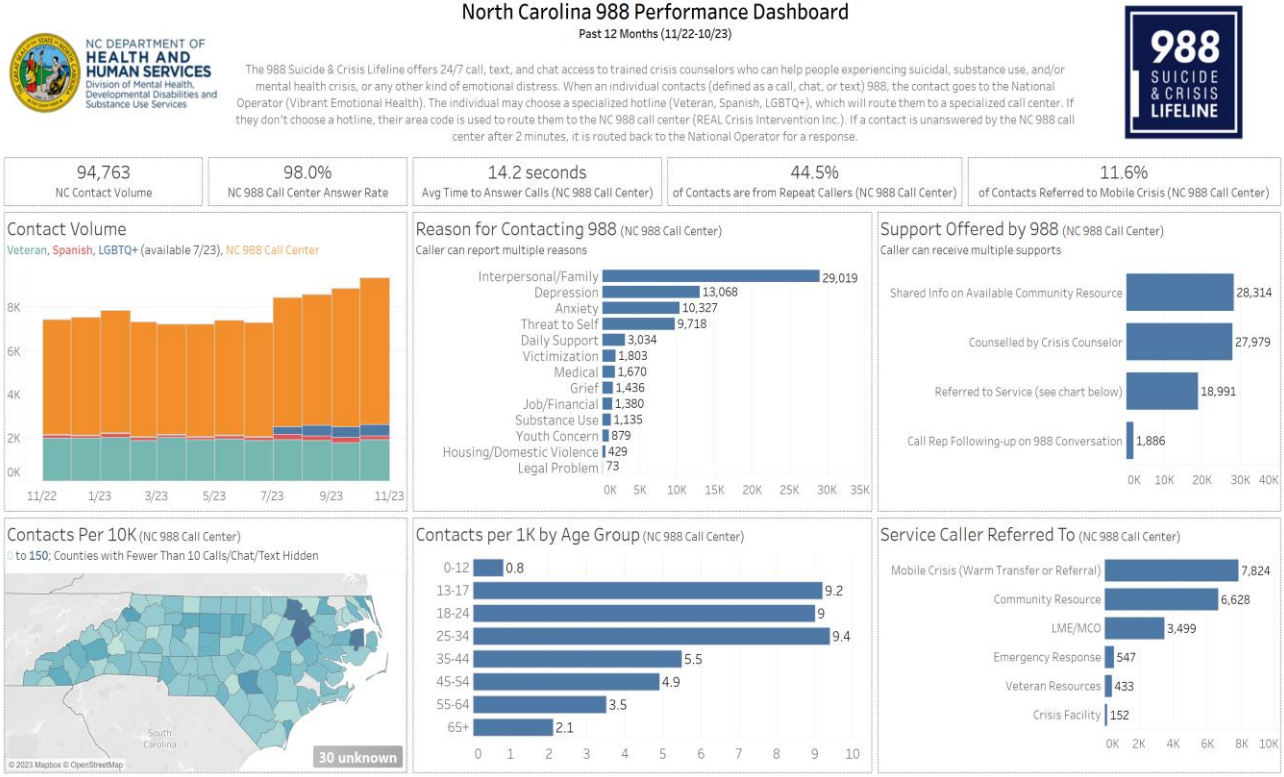
December Community Collaboration

Topic: MH/SU/IDD Supports for Justice-Involved Individuals



988 Performance Dashboard

You can access the dashboard on the DMHDDSUS website and the press release on the DHHS website



LME/MCO Consolidation

DHHS will release an FAQ on consolidation for Providers/ Consumers soon

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)

- Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center catchment area aligned to Eastpointe except as follows: Davidson counties will align with Partners Health Management; Harnett County will align with Alliance Health; and Rockingham County will align with Vaya Health.
- Eastpointe shall consolidate with Trillium Health Resources. A consolidation agreement should be crafted by the parties and presented to the Department for consultation and approval no later than 30 days from the date of this Directive.

Tailored Plan Provider Network—Survey

Conversation later this afternoon. Survey coming out today.

Questions to consider:

- **How is your experience with finding needed services and supports?**
- **How long do you need to wait for an appointment?**
- **How much choice do you have?**
- **Do you experience enough diversity in your network of options?**

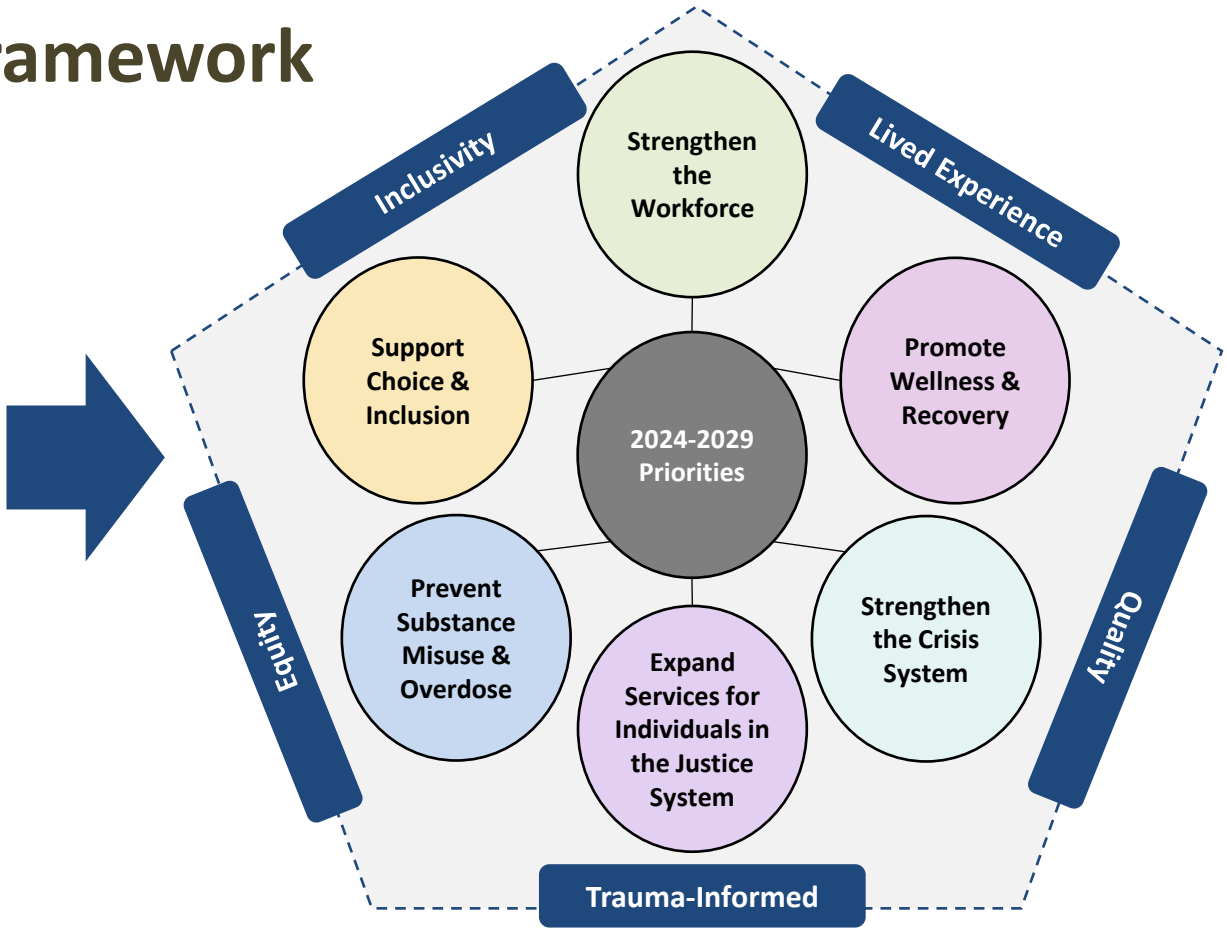
Most importantly: W*hat is your experience getting the services you need when you need them by the provider who you want to work with?*

Expand Services for Individuals in the Justice System

Draft Strategic Framework

Populations of Focus

- Intellectual and Developmental Disabilities
- Mental Health
- Substance Use Disorder
- Traumatic Brain Injury

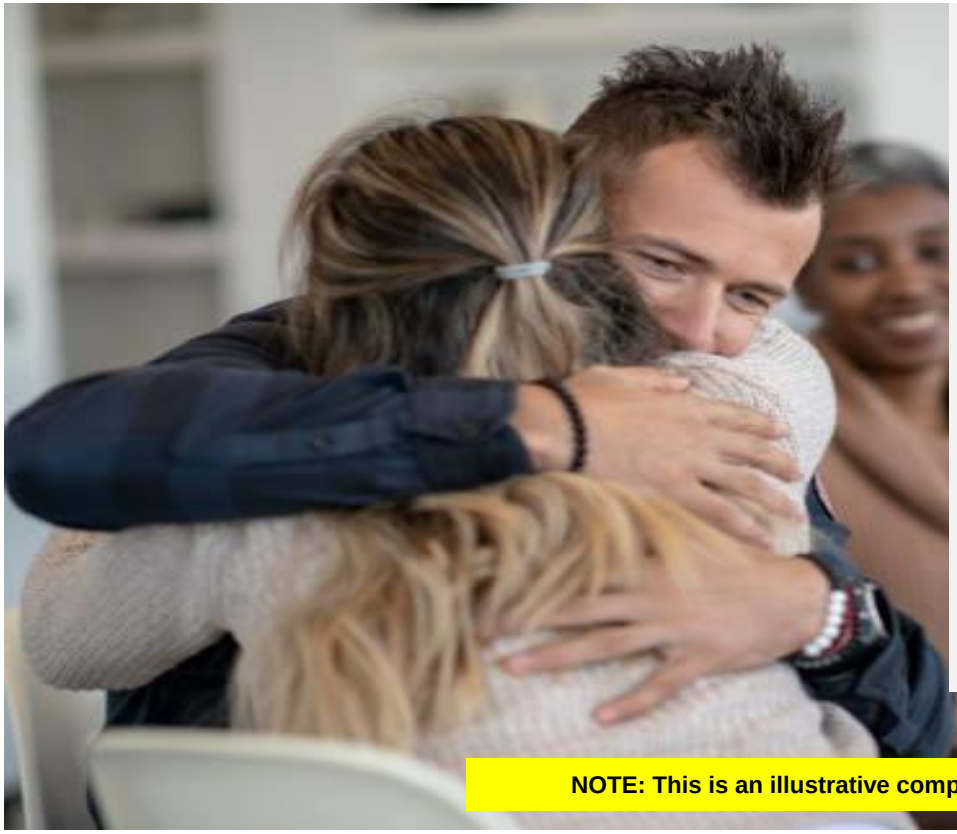


Expand Services for Individuals in the Justice System

Goals to Expand Services for Individuals in the Justice System

- Deflect more North Carolinians from arrest.
- Support reentry for individuals in the justice system through support programs.
- Increase evidence-based programs and practices for justice-involved youth.
- Increase the number of justice-involved individuals with substance use and mental health disorders engaged in treatment within 72 hours of release.
- Collaborate with other agencies to increase access to Medications for Opioid Use Disorder in justice-involved settings.

The Intersection of Mental Health Care & the Justice System



- **Imagine a 28-year-old man** with mental health needs. His name is Daniel.
- **He doesn't have health insurance,** so he hasn't been able to afford treatment.
- Several months ago, **he experienced a mental health crisis** that led to him being arrested and losing his job.
- **He is now stuck in jail waiting for an inpatient psychiatric bed** to get competency restoration services so he can proceed to trial.
- If he had **earlier access to treatment and crisis services**, it is very possible that none of this would be needed.

NOTE: This is an illustrative composite example

Why Do We Need a Strategy around MH/SU/IDD/TBI & Justice?

- **60%** of individuals in jail reported symptoms of a **mental health issue** in the previous 12 months
- **83%** of individuals in jail with mental illness **did not receive mental health** care after admission
- **68%** of people in jail have a history of misusing **drugs and/or alcohol**
- Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are **40 times more likely to die** from an opioid overdose

Behavioral Health Budget Provisions ($785M)

	Provision	FY24	FY25
	Crisis System (e.g. mobile, FBCs)	$30M	$50M
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		$299M	**$486M**

Deflection / Diversion

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

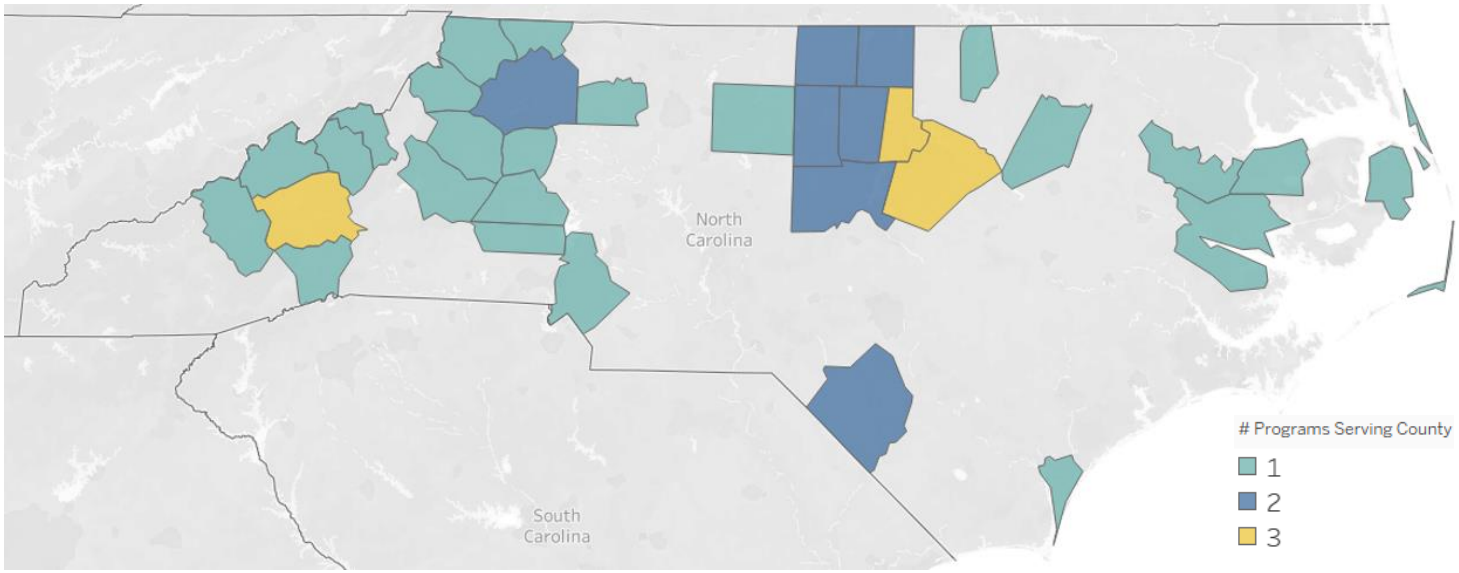
What is it?

- Deflection: Deflection of individuals during initial interactions with law enforcement and first responders towards community-based behavioral health treatment and other services as an alternative to arrest.
- Diversion: Divert individuals into alternative programming or services during jail intake, booking, or initial hearing in lieu of conviction, traditional sentencing or violations of supervision conditions.

25 DMHDDSUS-funded Deflection & Diversion Programs

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

2 programs are behavioral health focused, 23 are substance use focused



Deflection / Diversion

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

Law Enforcement Assisted Diversion (LEAD) / Pre-Arrest Deflection

- Empowers police and sheriffs to redirect low-level offenders to community-based programs and services, instead of jail and prosecution
- Example: Coastal Horizons, Buncombe County Sheriff's Office)

Mental Health and Policing Initiative

- Leverages social workers and clinical case managers embedded within law enforcement agencies to support pre- and post-arrest diversion referrals
- Example: Orange Co Criminal Justice Resource Center, Agape Services (Washington Co)

Co-Responder Diversion Model

- Focuses on deflecting individuals through co-responder community-level crisis intervention
- Example: HEART model (Durham)

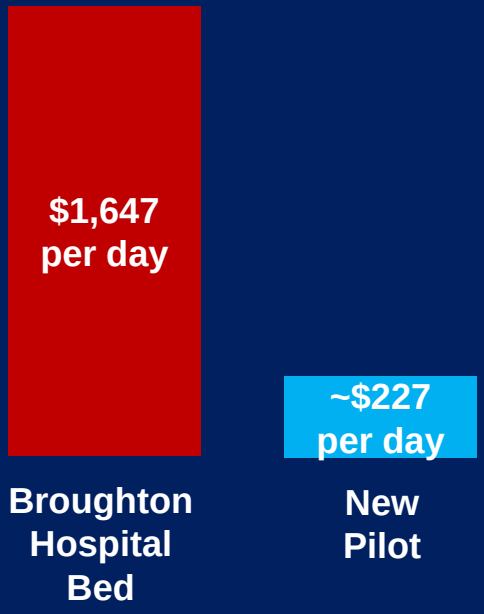
Capacity Restoration

Level 3: Jails/Court

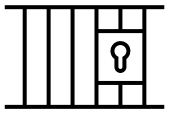
What is capacity restoration?

- When a defendant has a mental illness, courts sometimes find them Incapable to Proceed (ITP) to trial
- The average time to restore capacity in state hospitals is more than 180 days.
- Individuals in need of treatment and wraparound supports face long wait times.
- We have partnered with Mecklenburg Sheriff's Office to pilot providing capacity restoration in the community instead of in a state hospital
- **This saves money AND frees up much needed hospital capacity**

Average cost per day



Restoration Settings



Hospital	Jail	Community
• Acute psychiatric symptoms, including severe psychosis • Refuses treatment • Recent suicidal or self-injurious behavior • Recent or history of severe aggression/violence • High risk of re-offending • Acute medical ailments or disabilities • Substance detox needed	• Ineligible for bond (certain categories of offenses) or willing to waive • Likely to comply with treatment • Low suicide risk • Likely restorable within 60-90 days • Awaiting admission to or already discharged from SPH	• Eligible for bond • Likely to comply with treatment • Low risk for re-offending • Misdemeanor or non-violent offense

Detention Based Capacity Restoration Programs

Mecklenburg County

*Wake County**

*Cumberland County**

*** Pending**

Reentry Programs

Intercept 4: Re-entry

- **What is it?**
  - Programs and services that support re-entry back into the community after incarceration to reduce further justice involvement.

Spotlight: UNC FIT Wellness Clinic

- Accepts people released from state prison to Wake county custody who have SMI with a history of treatment non-compliance, reported aggression, or recent solitary confinement
- Delivers psychiatric and physical health care and peer support services along with connections to community supports (e.g., housing, transportation, phones)
- Peer support workers coordinate care post release; receive psychiatric and physical health care in the clinic based in Raleigh

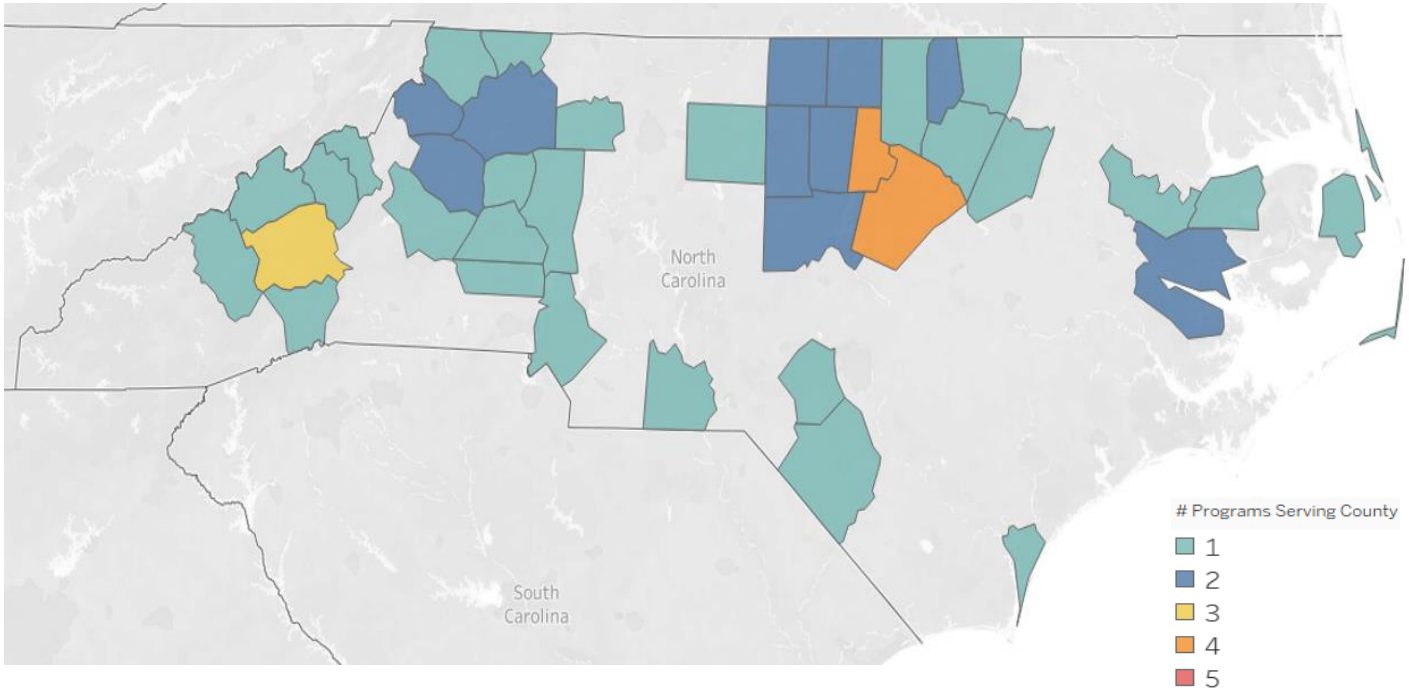
Spotlight: IDD/TBI Justice Reentry and Reintegration Initiative

Intercept 4: Re-entry

- Provides Individual Re-Entry Plan (IRP) development and ongoing post re-entry supports for individuals with I/DD and TBI
- Provides skill-building and other person-centered supports to assist individuals in obtaining housing, transportation, employment, and other benefits across eight counties.
- Educates the Department of Adult Correction (DAC) staff, re-entry providers and justice system partners
  - These entities typically receive training on SUD but do not consistently receive similar training on I/DD and TBI
- Currently available in 14 of DAC's 56 correctional facilities

North Carolina Has 49 Re-entry Programs Statewide

Intercept 4: Re-entry



What we are asking our community partners:

- *What are your pain points in NC's system of services and supports for people with MH, SUD, IDD and TBI involved in the justice system?*
- *What are your pride points?*
- *How should we invest in new or existing services for:*
  - *Children*
  - *Youth*
  - *People with SMI (Serious Mental Illness)*
  - *People with I/DD, TBI, and Co-Occurring needs*
  - *People with SUD*

Q&A

SCFAC Annual Report Deliverables: Status Update

AREA	Deliverable	DUE DATE
Peer Support	Contract with Manatt to complete Comprehensive review of NCPSS Program.	July - December 2023
Peer Support	DevelopfundingplanforFY23/24PS Initiatives that maintain or exceeds current funding levels	9/1/23
Peer Support	Increase funding levels for Peer Support Services in successive years	FY24/225
Peer Support	Reopen yearly application process	8/1/23
Communication	Present Accessible Communications Plan	12/31/23
Veterans	Continue elevation of NCServes Continued conversation about the needs of veterans/military/families and innovative and specialized treatment and resources that support the population	12/31/23

Area	Deliverable	Due Date
Veterans	Continue to Participate in Governors Work Group for Veterans	12/31/23
Veterans	Plan of Action developed for " Ask the Question " Campaign	10/1/23
Reporting	Develop and share plan for providing data to SCFAC prior to TP launch	9/1/23
Reporting	Provide data to SCFAC on annual basis after the start of TP	TBD
IDD	Advocate for additional Innovations Slots	Ongoing
IDD	Develop and share comprehensive plan to address issues identified in Report	11/29/23

Peer Support

SFAC Recommendation: Increase capacity in community based peer support services

Response: **Contract with Manatt to complete comprehensive review of PSS Program**

Project Approach

DMHDDSUS and Manatt have begun and will continue to conduct the following activities:

- **Phase 1** – **Background Research and Subject Matter Expert Interviews**: landscape scan, review of best practices, and interviews with 6-8 subject matter experts (SMEs). SMEs may include peer support specialists, provider groups, plans, DMHDDSUS leadership, UNC-BHS, and beneficiaries.
- **Phase 2 – Recommendations and Vision Development**: Facilitate decision-making on identifying strategies to address the gap between the vision for peer support services and the current landscape.
  - This may include financing and programmatic strategies for training and certifying peers, outreach and engagement to increase utilization of peers, creating a sustainable staffing model, and identification of the specific services and sites in North Carolina to target for increasing the reach of peers

Peer Support Initiative Interviews:

- North Carolina CPSS Working Group
- NC Behavioral Health Coalition- Valerie Ardent
- Technical Assistance Collaborative – Marti Knisley
- Mobile Crisis Pilot Program (MORES) – Gayle Rose
- Easter Seals, UCP- Holly Connor, IDD Family PSP Supervisor
- Sunrise Community for Recovery
- UNC- BHS – Bernice Adjabeng & Dr. Sara Reives
- UNC Youth and Family Voices- Teka Dempson and Chandrika Brown
- Cape Fear Hospital – Emergency Department PSS Program
- Promise Resource Network
- Community Bridges – Kelly Freidlander
- Operation Gateway – Phillip Cooper
- DMH personnel overseeing DMH Grants for PSS services

Community Partner Engagement: Initial Learnings

In initial conversations with community partners, several themes have emerged:

- Peers can have an incredible impact on someone's recovery journey, but their role within a care team is not always understood by clinical partners
- Aspects of the training and certification process could better align with SAMHSA National Model Standards and there should be an exam
- Cost of training and certification is a real barrier for many peers (currently average between $250-425)
- Peers are supportive of efforts to further professionalize the field and establish a "career ladder" where they have room to grow in their career
- DHHS should support efforts to increase peer representation of historically marginalized groups
- There is a need for an independent ethics board or committee to follow up and take action on violations
- There are additional peer designations (Family, Youth, Justice, Crisis) that DHHS should consider certifying and paying for via Medicaid

Peer Support

SCFAC Recommendation: **Increase capacity in community-based peer support services**

Response: **Develop funding plan for FY23/24 PS initiatives that maintains or exceeds current funding levels**

New and Additional Funding

Program Type	Program Description
Peer Recovery Center (Morehead City)	Peer run center that provides support to individuals experiencing SU issues and other challenges
Recovery Living Center	18-24 month, 45 bed transitional housing facility with embedded peer support services for men experiencing SU and MH challenges
Peer-Run Respite (Wake County)	Short-term crisis respite serving 4-6 guests that can stay up to 10 days or longer
CHOEDC and Easter Seals UCP	Peer work with families and individuals with IDD
Cape Fear Valley Hospital	Peers in the Emergency Department

Veterans

SCFAC Recommendation:
Department participation at NC Governors Working Group for Veterans

Response:
Continue to participate in Workgroup

Veterans

SFAC Recommendation:
Continue to elevate/support NCserves initiative through funding, promotion and integration with NCCare360

Response:
Promote innovative and specialized treatment and resources that support population

New and Additional Funding

Program Type	Program Description
NC4Vets Inserts	Two 24-42 page inserts to be included in the April and November issues. Highlight the work NC State Govt is doing to support veterans, share resources and show the community impact of veterans.
ABCCM	Veterans peer services

NC Governors Working Group for Veterans:

- Deputy Director continues to serve as Vice Chair and provides DHHS updates at monthly meetings on Governors Working Group
- Veterans Liaison (once hired) will serve on Workgroup Committees

Veterans

SCFAC Recommendation:

Develop a Feasibility study about taking measures to advance the “Ask the Question” campaign

Response: DMHDDSUS will develop a committee and report to the SCFAC their findings

Ask the Question Update

- **Introductory Meeting Held**
- **Action Items Identified**
- **Next Step: Draft Recommendation & Plan**

Committee:

Suzanne Thompson – Community Engagement Team Leader DHHS
Dr. Nicole French -Clinical Director Veterans Bridge Home
Kevin Rumley LCSW – Buncombe County Veterans Treatment Court Coordinator
Crystal Miller – Mecklenburg County Veterans Services Operations Officer
Brandon Wilson Chief Operating Officer ABCCM
Jeff Smith – Veterans Consultant AVIO

SOURCE:

IDD

SCFAC Recommendation:

Set end date for Innovations Waiver Registry of Unmet Needs waitlist
Develop comprehensive plan to meet goal date.

Response:

Develop and share comprehensive plan

Needs of Individuals on the Waitlist

- **Updated Waitlist Reporting**
  - **Standardized format**
  - **Richer data and understanding of individual experiences**
  - **Ability to digest, analyze, and use the data to understand the needs of individuals waiting for Innovations**
- **Report includes data on services being provided including state-funded and B3 (this is being updated).**
- **Additional Categories include:**
  - **Living arrangement**
  - **Guardianship status**
  - **Co-occurring diagnoses**
  - **Risks for hospitalization, homelessness, medical emergencies, etc.**

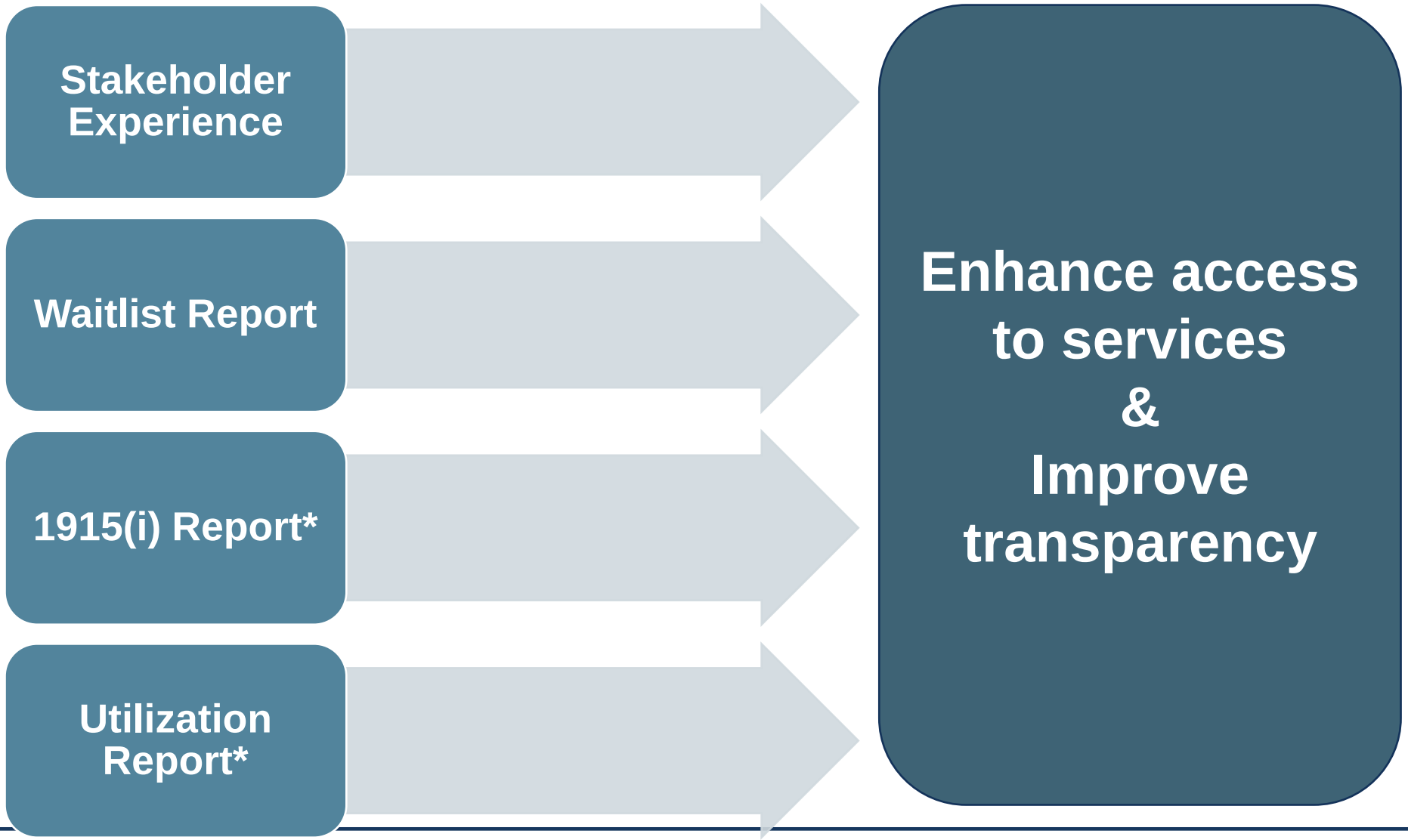
SOURCE: MEM016-MD Template

Future of Reporting

Report	Use
1915(i) Report	• Monitoring access and use of 1915(i) services • Measuring the impact of 1915(i) services on individual on the waitlist in combination with waitlist data
Service Utilization Report	• Monitoring access to services • Monitoring impact of DSP wage increase on the workforce crisis • Monitoring impact of Workforce Efforts

SOURCE:

Access to Services Workgroup



Comprehensive Network Access Reporting

SCFAC Recommendation: Provide an annual Statewide Comprehensive Gaps and Needs Report

Response: DMHDDSUS will develop and share plan for providing data prior to Tailored Plan launch

Provide Annual Statewide Comprehensive Gaps and Needs Report

- Network analysis will be submitted to the State post Tailored Plan Go Live. Leading up to Tailored Plan Go Live the DMH/DHB network team is meeting regularly with the plans and monitoring Core service contracting and network changes as consolidation efforts occur.
- In an effort to bring information to SCFAC about service access & consumer perceptions of service access prior to the network analysis being available. The DMH Quality Team will continue to bring information on:
  - NC treatment Outcomes & Program Performance Data
  - Prevalence & Penetration
  - DMH Service trends by LME/MCO
  - LME/MCO performance measures related to service access
  - Consumer surveys
  - Telehealth service utilization

Accessible Communications Campaign Update

Accessible Communication

SCFAC Recommendation: Implementation of communication strategy including Spanish language translation

Response: DMHDDSUS will develop a plan for providing and implementing an accessible Communication plan

Accessible Communications Campaign

- Engagement begins January 2024 and concludes April 2025
- Priority programs/topics:
  - Tailored Plans
  - Tailored Care Management
  - 1915(i) Medicaid Plan Options
  - Innovations Waiver
- Phase 1:
  - Includes 10-12 in-depth interviews with caregivers, consumers, and advocates identified by SCFAC
  - DMHDDSUS to establish advisory committee
    - Includes members identified by SCFAC

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

SCFAC Discussion:

Draft Mission, Vision, and Guiding Principles

Charles Rousseau
Acting Director of Strategy and Planning, DMHDDSUS

December 2023

DMHDDSUS Mission, Vision, and Principles

Our Principles.
Lived Experience. We honor the significance of lived experience by listening to and advocating for individuals and families, championing the expertise of peers, promoting natural and community supports, and creating opportunities for meaningful partnership.
Equity. We create policy that helps everyone get what they need to live healthy lives in their communities, with particular focus on improving access to services for historically marginalized populations.
Inclusivity. We ensure that our policies meet our partners where they are and commit to enhancing our services to support the health and well-being of all North Carolinians, regardless of race, gender, sexuality, disability status, age, or identity.
Quality. We provide evidence-based, high-quality services that leverage the expertise of our clinical partners.
Trauma-Informed. We recognize the reality of trauma and promote a culture of kindness, understanding, and respect for every person.

The following slides have been kept for reference (slides 4-11).

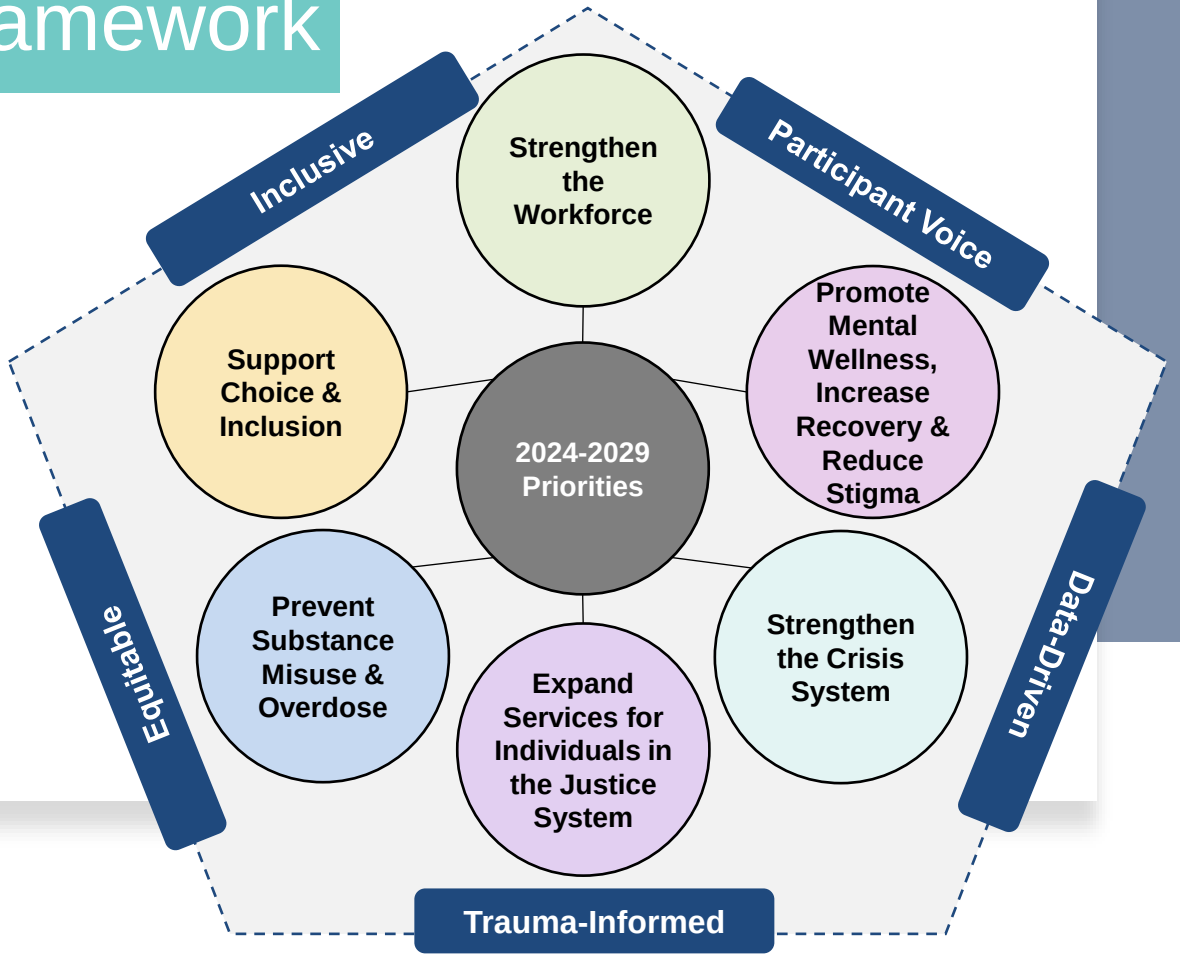
It is the same draft content that was sent in November.

Draft NC State Plan for MH/SU/IDD/TBI

Draft Strategic Framework

Populations of Focus

- Intellectual and Developmental Disabilities
- Mental Health
- Substance Use Disorder
- Traumatic Brain Injury

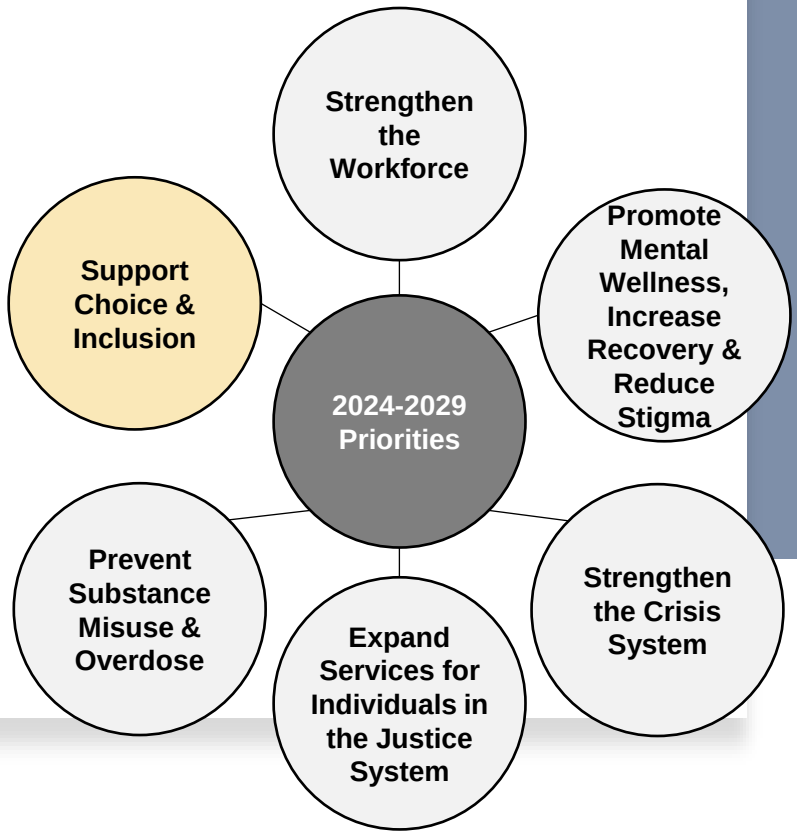


Promote Mental Wellness, Increase Recovery & Reduce Stigma

Goals to Promote Mental Wellness, Increase Recovery & Reduce Stigma
• Increase timely access to services for evidence-based treatment for children, adolescents and adults.
• Make it easier for children, adolescents and adults to access services.
• Prevent suicide at all ages.
• Raise public awareness of mental health and wellness and reduce stigma related to help-seeking.

Support Choice & Inclusion

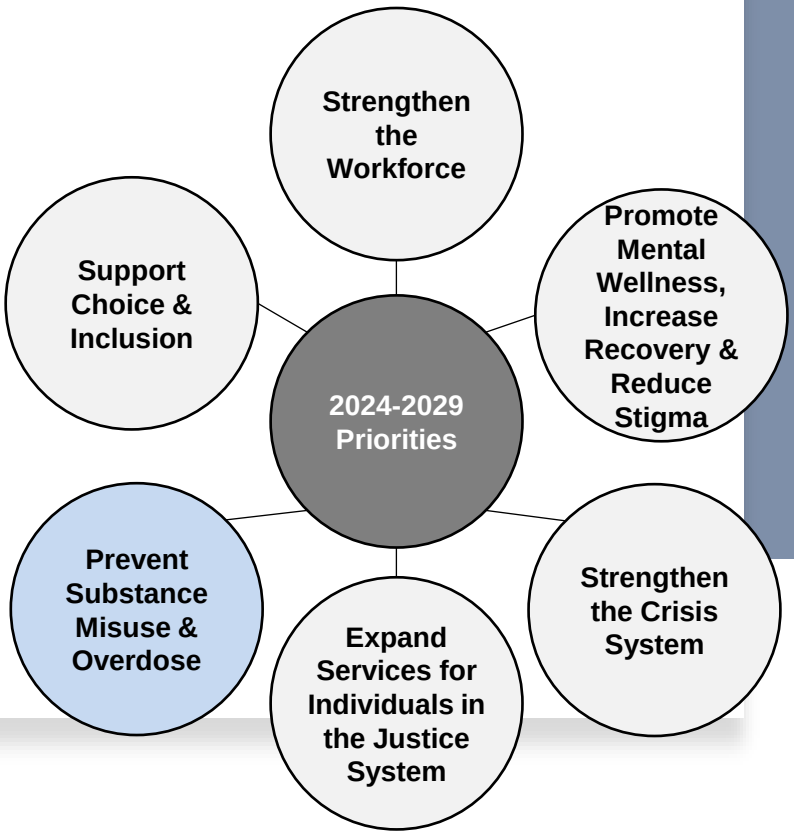
Goals to Support Choice & Inclusion
• Increase the number of people with intellectual and developmental disabilities receiving services.
• Increase the number of people with traumatic brain injury receiving services.
• Increase the number of people who are in and maintain independent housing.
• Increase the number of people who are employed and maintain supported employment (e.g., Individual Placement and Supported Employment Program, Competitive Integrated Employment).



Prevent Substance Misuse & Overdose

Goals to Prevent Substance Misuse & Overdose

- Promote use of evidence-based primary prevention strategies to prevent initial substance exposure or use in children and adolescents.
- Raise public awareness on substance misuse and accessibility of services and supports.
- Increase the number of individuals in Medicaid receiving evidence-based substance use disorder services.
- Reduce deaths due to overdose.



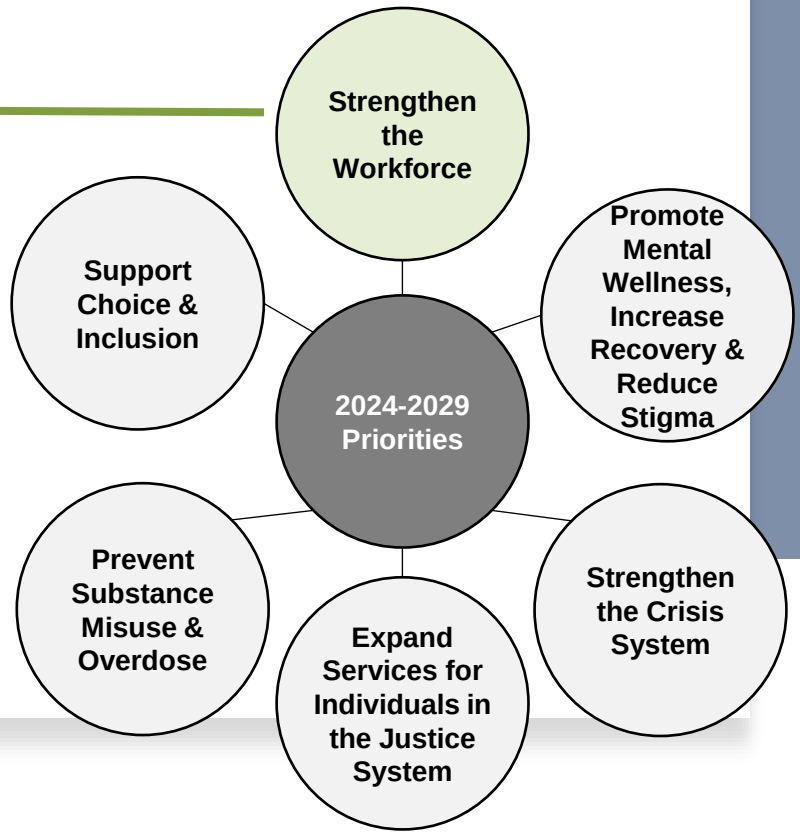
Strengthen the Crisis System

Goals to Strengthen the Crisis System

- Streamline 988 operations to better triage, dispatch services, and track results.
- Reduce wait times for mobile crisis services.
- Increase use of behavioral health crisis facilities (e.g., behavioral health urgent care centers, facility-based crisis centers) for children, adolescents and adults.
- Reduce the number of crises that involve law enforcement contacts.
- Collaborate with providers to decrease length of stay for emergency department boarding for children, adolescents, and adults.

Strengthen the Workforce

Goals to Strengthen the Workforce
• Increase the number of mental health providers trained in evidence-based practices.
• Build a well-trained and well-utilized peer workforce whose work leverages lived experience.
• Expand the number of direct support professionals in the workforce.
• Increase training / support for professionals providing services to individuals with intellectual and developmental disabilities, traumatic brain injury and dual diagnoses.



Expand Services for Individuals in the Justice System

Goals to Expand Services for Individuals in the Justice System
• Build community-based pre-arrest diversion programs.
• Build reentry programs.
• Increase evidence-based programs and practices for justice-involved youth.
• Increase the number of justice-involved individuals with substance use and mental health disorders engaged in treatment within 72 hours of release.
• Collaborate with other agencies to increase access to Medications for Opioid Use Disorder in justice-involved settings.