The Future of Behavioral Health and Resilience in North Carolina

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Agenda

1. Where We Are: Update on Pandemic Recovery and Behavioral Health
2. Department Priorities
3. What We’re Doing
4. Medicaid Expansion
1. Where We Are

The pandemic exacerbated existing challenges

Behavioral Health

• Nearly 1 in 5 North Carolinians have a mental illness.
• During the pandemic, approximately 1 in 3 North Carolinians reported symptoms of depression and/or anxiety.
• Alcohol-related ED visits increased 13% from 2019 to 2020.
• Opioid overdose deaths increased 40% from July 2019 to July 2020.
• ~1.2 million adults in NC with substance use disorders
• ~400,000 children in NC have a mental illness
• ~40,000 children in NC with substance use disorders

1. Where We Are

Resurgence of Overdoses during COVID-19

Disruption to public health, healthcare, and social services from COVID-19 all contributed to the 40% increase in 2020.
1. Where We Are

Suicide is among the top five leading causes of death for North Carolinians ages 10 to 65.

Total number of suicide deaths increased by 5.7% from 2019-2020.

2. Department Priorities

These priorities and our work across the department are grounded in whole-person health, driven by equity, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.
3. What We’re Doing

Promote Behavioral and Physical Health Care Integration
- Increase use of Collaborative Care model in NC primary care
- Operationalize CCBHC pilots and develop sustainability plan
- Operationalize Tailored Care Management systemwide

Addressing the Intersection of Behavioral Health and Justice Systems
- Community & Detention Center Capacity Restoration
- Maintain and grow pre-arrest diversion and re-entry programs
- Implement legislative changes to facilitate capacity restoration

Increasing Access to Crisis Services
- 988 launch and maintain >90% answer rate
- Launch DHHS Suicide Action Plan and hire Statewide Suicide Prevention Coordinator
- Launch of Bed Registry/BH Scan and operationalize electronic referral

Addressing Substance Use Disorders
- Implement legislative change to provide mobile medication assisted treatment services
- Expand collegiate recovery programs
- Aligning Medicaid services with ASAM criteria

Improving Behavioral Health Data Infrastructure/Utilization
- Implement comprehensive behavioral health emergency department hold data
- Implement behavioral health Syndromic Surveillance using NC DETECT
- Implement Electronic Health Records in the state psychiatric hospitals

3. What We’re Doing

National Launch of 988 – July 2022
Anyone can CALL, TEXT OR CHAT “988” for immediate access to crisis intervention

NCDHHS Launch of Suicide Prevention Action Plan – September 2022
This North Carolina Suicide Prevention Action Plan is focused on specific actions to be taken over the next four years to reduce injury and death by suicide.
3. What We’re Doing

Since January 2019, we have distributed over 250,000 doses of Naloxone to local government agencies, providers, and other community-based organizations.

Since December 2021, provided $4.4 million in funding for 15 mobile health clinics to provide screening, assessment, treatment, primary care and recovery support services in hard-to-reach areas.

In June 2022, awarded $20 million in funding to five Certified Community Behavioral Health Clinics to expand access to evidence-based, integrated behavioral and physical health care in their communities.

In addition to year-to-year operating funds, we’ve invested over $15 million since 2021 to improve access to care for people in the justice system.

Launched 9-8-8 in July 2022. Since launch, we’ve seen a 52% increase in call volume, with 89% increase of those being first-time callers.

4. Medicaid Expansion

Medicaid expansion would offer an unprecedented opportunity to help North Carolinians get the behavioral health services they need.

- If we expanded Medicaid, there would be an estimated $430 - $480 million per year in additional funding for behavioral health services.
- Additional paid coverage for care would expand the number of treatment providers in North Carolina, meaning better access to services in areas that are now underserved, particularly rural areas.

Research has shown Medicaid expansion has led to:

- Improved hospital financial performance and reductions in hospital closure (11 rural hospitals have closed in North Carolina since 2005. Many others have cut key services.)
- Improvements in self-reported mental health
- Reductions in opioid overdose deaths
- Improved access to medications and services for treatment
- Increases in people getting regular check ups
4. Medicaid Expansion

• Expands coverage to more than \textbf{600,000} North Carolinians – at \textbf{zero} cost to the State

• \textbf{$4.9\ billion} in federal dollars to the state annually

• Save state funds

• \textbf{$1.5\ billion} “signing bonus”

• Every month we delay, we miss out on \textbf{$521\ million} federal dollars