



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# **State of the State: North Carolina's Public Behavioral Health System in a COVID-19 World**

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# **What we will cover**

- **COVID-19 Drivers, Outcomes, and Mitigations**
- **Addressing the Opioid Epidemic during the Pandemic**
- **COVID-19 Flexibilities (and beyond...)**
- **Tailored Plan(ning)**

# COVID-19 Drivers, Outcomes, and Mitigations

1

**Indirect  
Drivers**  
Public Health  
Measures

Difficulty accessing  
services, isolation,  
loss of traditions

**Direct  
Drivers**

Loss of social  
determinants of  
health – work,  
health insurance,  
housing

Personal  
experiences of  
uncertainty,  
illness, and  
death

3

**Mitigation strategies** include sustaining  
services, normalizing and managing crisis,  
and targeted interventions

Policy modification, telehealth, provider  
guidance, and funding to support services

Increased awareness, normalization,  
access to crisis services, resiliency

Specific interventions for disproportionately  
impacted communities and outcomes

2

Individual's genetics, experiences, and coping mechanisms result in **varied outcomes**

Behavioral Health Spectrum

Increased frequency  
and intensity

Anger and  
Hostility

Excessive  
Use or Misuse

Persistent  
Depression

Violence towards  
self/others

Situational  
loneliness, anxiety

Withdrawal from  
community

Inability to  
Cope

Extreme Mood  
Changes

Altered  
Perception

Chronic and  
Persistent Illness

# The NC Behavioral Health Impacts of COVID-19

## 1. Enhanced health risks in congregate care settings

- People with IDD are 4 times as likely to contract COVID-19 and 2 times as likely to die from COVID-19, compared to the general population.
- 2,550 individuals with serious mental illness transitioned to community living in permanent supportive housing.

## 2. Behavioral Health Issues and Indicators

### • Anxiety & Depression

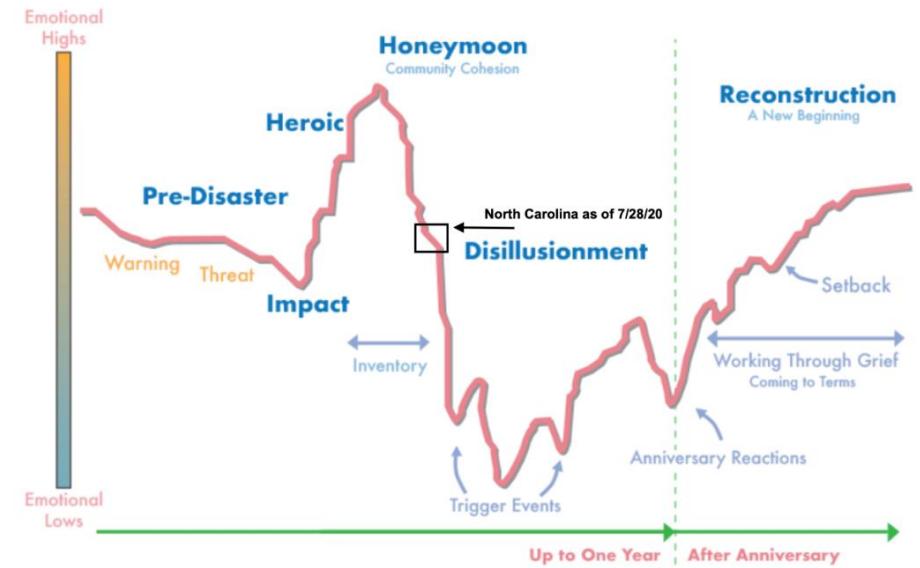
- Three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9 in 2019.
- Younger cohorts (18-29) report higher prevalence of anxiety and depression, while prevalence among racial groups is relatively consistent.

### • Substance Use – Alcohol & Opioids

- Liquor sales in North Carolina increased 12% in State Fiscal Year 2019-20
- Recent nationwide survey found that 1 in 4 respondents reported binge drinking at least once (up from 1 in 6 in 2019).
- In 2020, while NC has experienced a 12% decrease in overall Emergency Department visits, we have seen a 19% increase in Medical/Drug Overdose ED visits – largely driven by a 21% increase in opioid overdose ED visits.

### • Suicide

- For every five-percentage point increase in the rate of unemployment, an additional 304 North Carolinians would be expected to die each year from suicide (126) and drug overdose (178).



# Awareness, Managing Crisis, Resiliency

- **Hope4NC (1-855-587-3463)**

- The Hope4NC Helpline connects North Carolinians to mental health and resilience supports
- Available statewide, 24 hours a day, seven days a week during the COVID-19 crisis
- Hope4NC includes a Crisis Counseling Program tailored for COVID-19, which will provide immediate crisis counseling services to individuals affected by the ongoing COVID-19 public health crisis.

- **Hope4Healers Helpline (919-226-2002)**

- Partnership with the North Carolina Psychological Foundation
- Provides mental health and resilience supports for health care professionals, emergency medical specialists, first responders, other staff who work in health care settings who are experiencing stress from being on the front lines of the state's COVID-19 response
- Available 24 hours per day, seven days a week, staffed by licensed mental health professional for follow-up

- **Evidence-based Behavioral Health messaging aimed at prevention**



## The SCOOP on Managing Stress

**S** Stay connected to family and friends.

Social connections build resiliency.

**C** Compassion for yourself and others.

Self-compassion decreases trauma symptoms and stress.

**O** Observe your use of substances.

Early intervention can prevent problems.

**O** Ok to ask for help.

Struggling is normal. Asking for help is empowering.

**P** Physical activity to improve your mood.

Exercise boosts mood and lowers anxiety.

**HOPE**  **4 NC HELPLINE 1-855-587-3463**

# Targeted Interventions

\$116 M in funding from the CARES Act and \$3.5 M from other federal sources have been allocated to address emerging issues – crisis, prevalence of specific disease, etc. -- targeted toward specific populations. These efforts are designed to leverage other programs for a coordinated response that drives systemic change.

## A. Congregant Care Settings

3 months of temporary funding to support increased staffing and care costs at residential facilities and group homes

\$17.6 M

## B. Managing Crisis, tying into Hope4NC and other programs

6 months of community-based services and peer-warmline to stabilize crisis and reduce emergency department visits

\$13.5 M

## C. Increased State Funded Services for Underinsured

15% increase of mental health and substance use services due to increased need or loss of health insurance

\$88 M

## D. Substance Use Disorder - Prevention

Doses of naloxone for increased risk of accidental overdose stemming from both modified services and broader drivers

\$400 K

# Three Continuing Broad Areas of Focus

- 1. Crisis Services & Response:** **Address** lasting increases of need, loss of insurance, desire to keep pressure off emergency departments, and existing fragmented crisis system **With** prevention, awareness of crisis services, enhanced coordination, and movement toward statewide line integrated to other services and the national suicide lifeline.
- 2. Mental Health for a Generation of Children:** **Address** the experience of personal and family trauma from COVID-19, loss of family income, and isolation and disruption due to remote schooling. **With** evidence-based interventions that train teachers, provide healthy coping mechanisms, stabilize children in crisis, and build resiliency in the generation.
- 3. Keeping the Epidemic at bay during the Pandemic:** **Address** the opioid epidemic and evolving substance use disorders intensified by COVID-19 and already depleted federal funding **With** increasing focus on prevention and innovative induction and treatment strategies ripe for this moment of increased flexibility and need.

# Keeping the Epidemic at bay during the Pandemic

## \$ 2 million Emergency Grant - SAMHSA

A portion of this grant going to supporting = access to Opioid Treatment Programs (OTPs) in areas of the state particularly hard hit economically by the COVID-19 pandemic.

## \$ 35 million State Opioid Response Grant - SAMHSA

- Medication Assisted Treatment (MAT), the gold standard in treatment for opioid use disorders, in addition to services for individuals with a stimulant use disorder (\$24,750,000)
- Support for the Eastern Band of the Cherokee Indians in efforts to address opioid use disorder in their community (\$1,937,033)
- Additional implementation funds for MAT in Department of Public Safety detention and reentry facilities (\$1,711,531)
- Prevention and recovery services (\$4,894,631)

Will provide treatment services to at least 3,300 additional individuals in the first year and go toward funding continuing care for the 14,000 people who have been receiving services under existing opioid response grants.

# COVID-19 Flexibilities

- **DMHDDSAS will continue to parallel telehealth options for our services the same as Medicaid services, whenever possible and within funding allocations.**
- Advocating for continued flexibility with federal partners, such as:
  - The ability to do telehealth for medical appointments including buprenorphine inductions
  - The ability to be able to do telephonic and video counseling
  - The take home blanket exceptions
  - The ability to delay annual trainings if they are not possible due to COVID restrictions
  - Midlevel exemption flexibilities
- Use this moment to advocate for additional flexibilities like receiving the authority from DEA that allows OBOTs to prescribe MAT through telehealth

# Strategic Goals

## Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

1. **Access:** Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
2. **Integration:** Integrate behavioral healthcare into primary and physical care.
3. **System performance:** Improve oversight and regulatory regime to optimize system performance while maintaining safeguards.
4. **Operational excellence:** Strive for operational excellence and continuous improvement in our internal operations and regulatory functions.
5. **Boundless behavioral health:** Advance policies and narratives that reinforce the Division as knowledgeable thought leaders and service-oriented partners.

## Division of State Operated Healthcare Facilities

1. **Maximize access** to the right clinical service for the right individual at the right time
2. Ensure the **equal protection and safety** of all people we serve
3. Optimize operational, programmatic, and clinical **equivalency across the system**
4. Become a **preferred employer** by providing an inclusive, safe, and engaging work environment that supports growth opportunities
5. Enhance strategic internal and external **partnerships** to meet individual and systemic needs
6. Ensure system-wide **financial efficiency** and accountability that advances equitable resource allocation

# The COVID-19 Impact

- **Significant accomplishments** have been achieved, both despite – and because of – the pandemic
- As opposed to serving as a distraction, the pandemic has **sharpened our focus**
- **COVID-19 has prompted adjustments** and altered timing, **but not our overall course.**

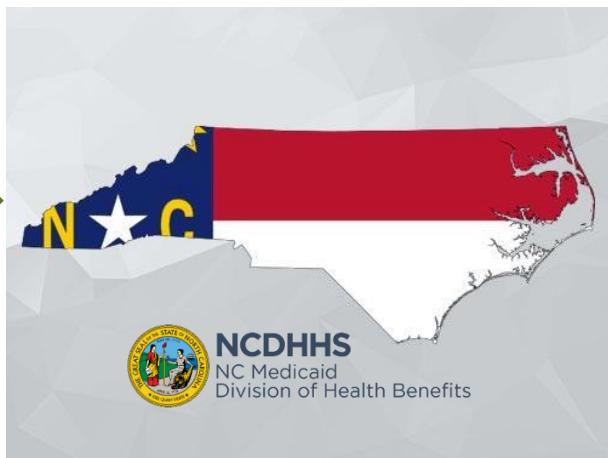
# **INTEGRATION & VALUE**

# “Buying Health” Across Our Department

## Early Childhood Action Plan



## Medicaid Transformation



## Opioid Action Plan 2.0



“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”

## BH&IDD Tailored Plan Design Update: State Funded Services

- BH/IDD TPs will be able to propose alternate SFS eligibility criteria for their region, in collaboration with CFAC, to account for unique needs of each region
- State Funded Services will remain non-entitlements and will be subject to funding availability. DMHDDSAS has outlined which services are “Core” and “Non-Core”.
  - Core services are to be prioritized by BH/IDD TPs, and non-core services do not have to be offered by BH/IDD TPs.
- For state-funded care management for IDD/TBI: children have been added to the eligibility list (previous version only included adults)

# Managed Care Timeline

The BH I/DD Tailored Plan Request for Applications (RFA) will be released in Fall 2020.

BH I/DD Tailored Plan RFA  
Release Fall 2020

PHP and Tribal Option  
Launch July 2021

BH I/DD Tailored Plan launch  
July 2022

2020

2021

2022

BH I/DD Tailored Plan RFA  
Award late spring/early  
summer

# Stakeholder Engagement

DHHS aimed to be transparent in designing the Behavioral Health I/DD Tailored Plans. During the design process, DHHS actively sought feedback from stakeholders and shared information with consumers, providers, LME/MCOs, and other stakeholders through several venues:

- Design papers and request for comments;
- Public webinars on design topics;
- Stakeholder meeting attendance (e.g. Consumer and Families Advisor Council); and
- Town hall meetings with DHHS officials and staff, among other avenues

# Questions/Discussion