

# NC Commission for MHDDDSUS: DMHDDDSUS Update

Kelly Crosbie, MSW, LCSW

Director

Division of Mental Health, Developmental Disabilities and  
Substance Use Services (DMHDDDSUS)

# Medicaid Expansion

---

# Medicaid Expansion

---

- Once-in-a-generation opportunity to support working families and improve the health and wellbeing of our communities
  - 600,000 North Carolinians will gain access to the care they need to live better, healthier lives
- Essential to strengthening our mental health system and supporting current BH providers and increasing their numbers across the continuum of care, from crisis and prevention services, to community-based services, residential care, and in-patient hospital services

# Medicaid Expansion: What it Means for State Resources

- The federal opioid response and block grants could be spent on other wrap around supports that make recovery possible. That's about \$100 million a year in money better spent.
- Our existing funding for safety net care (\$275 million annually) could be spent on things Medicaid doesn't cover, like more crisis services, and supports for individuals with intellectual developmental disabilities (I/DDs) and their families.



# Budget & Behavioral Health Funding

---



# Investing in Behavioral Health and Resilience:

---

A comprehensive plan to strengthen North Carolina's mental health and substance use disorder treatment system



# **KEY INVESTMENTS TO STRENGTHEN NORTH CAROLINA'S BEHAVIORAL HEALTH SYSTEM:**

- 1** Make behavioral health services more available when and where people need them (\$550 million)  
+
- 2** Build strong systems to support people in crisis and people with complex needs (\$400 million)  
+
- 3** Enable better health access and outcomes with data and technology (\$50 million)

***\$1 BILLION total investment in NC's behavioral health system***

# **KEY INVESTMENTS TO STRENGTHEN NC'S BEHAVIORAL HEALTH SYSTEM:**

## **1 Make behavioral health services more available when and where people need them**

- Raise Medicaid reimbursement rates for behavioral health services (\$225 million)
- Improve access to routine, integrated care in communities and schools (\$175 million)
- Address the intersection of the behavioral health and justice systems (\$150 million)



## **2 Build strong systems to support people in crisis and people with complex needs**

- Build a strong statewide behavioral health crisis system (\$200 million)
- Transform child welfare and family well-being (\$100 million)
- Create sustainable hospitalization and step-down options (\$100 million)

## **3 Enable better health access and outcomes with data and technology** (\$50 million)

# ***GOALS FOR THESE INVESTMENTS:***

- ➔ More people will be able to access **affordable mental health and substance use disorder treatments.**
- ➔ **More behavioral health providers** will be available to provide services when needed.
- ➔ **Fewer people will experience behavioral health crises** because there will be more early intervention and prevention services to meet them where they are in communities and schools.
- ➔ When people do experience a crisis, there will be **faster, better ways to get them help.**
- ➔ **Our inpatient psychiatric hospitals' capacity will better meet the demand** thanks to a stronger and better-compensated workforce and more step-down options to less intensive care.
- ➔ **Fewer children will be “living” in emergency departments and DSS offices** because there will be more prevention services and more appropriate placements available.

# Legislative Updates: Rulemaking

---

# Rule Making

## **Session Law 2023-65: DHHS Agency Bill**

- Part V—officially changes the Division’s name from “DMHDDSAS” to “DMHDDSUS”
- Parts X-XIII, including the establishment of Mobile OPT units (requires rule)
- Section VIII changes the name of DVRS to Division of Employment and Independence for People with Disabilities
- Updates to CSRS reporting (Gabapentin)

## **Session Law 2023-95: Mental Health Confidential Information Disclosure**


- Modifies the law pertaining to the release of confidential information by MH providers to conform to federal regulations
- Modified by the General Assembly on July 3, 2023
- Commission for MH/DD/SAS will adopt temporary rules until permanent rules become effective

# LME/MCO Tailored Plans

---



# LME/MCO Tailored Plans

- NC DHHS has delayed the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans) scheduled for October 1, 2023, but will now go forward at a date still to be determined
    - The Department and LME/MCOs' highest priority is making sure that the transition to Tailored Plans is as seamless as possible for the beneficiaries they will serve
  - Tailored Care Management, which launched on December 1, 2022, will continue to be implemented in the interim
    - TCM provides a multidisciplinary care team to manage care in a way that addresses all of a beneficiary's needs
- 

# DHHS Olmstead Plan

---

# DHHS Olmstead Plan: Supporting Choice & Community Integration

- Samantha R—mediation August 29, 2023
- People with I/DD and BI should be able to live and get services in the setting that is the best fit for them.
  - This includes in-home and community-based settings
- For all of us, access to the community is essential for helping us thrive.
- NCDHHS is committed to helping people to live healthy, independent lives in their communities.

**In November 2022, NCDHHS released a plan that outlines investments needed.**



# DHHS Olmstead Plan: Supporting Choice & Community Integration

- NC must continue to grow our community-based service array by:
  - Increasing Innovation slots (Gov & House Budget)
  - Using other Medicaid service options like 1915i (July 2023)
  - Targeting state funded services
  - Offering a wide range of Employment Opportunities (Gov budget, HB855)
  - Expanding Crisis Supports (Gov Roadmap, HB855)
  - Increase access to diversion and re-entry programs (Gov Roadmap, HB855)

# DHHS Olmstead Plan: Supporting Choice & Community Integration

- Our system doesn't work unless there are enough Direct Support Professionals (DSP) to provide services.
- DSPs need wage increases and free certification programs for career growth.
  - Governor's Budget & House Budget support DSP wage increases
  - AHEC doing landscape assessment and meeting with stakeholders to recommend next steps for a certification program

**Support for community services must be a multi-year effort that creates the stability the system needs to meet the long term needs of people with IDD.**

# Transitions to Community Living Initiative

---

# Transitions to Community Living Initiative (TCLI)

- TCLI provides eligible adults living with serious mental illnesses the opportunity to choose where they live, work, and play in North Carolina
- Promotes recovery through providing
  - long-term housing
  - community-based services
  - supported employment
  - community integration



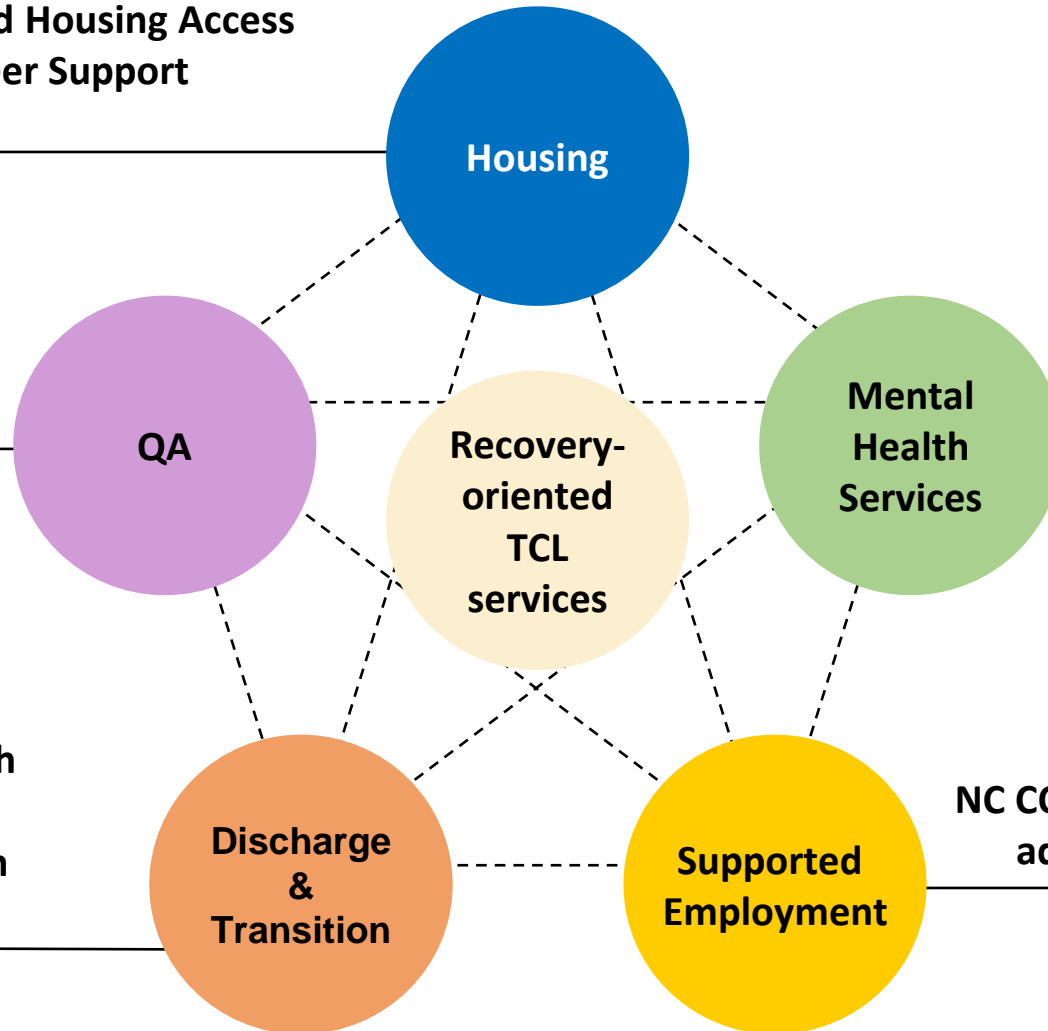
# Pillar Priority Areas

Pillar priority areas to meet substantial compliance and sustain the TCL program

Increasing Transitions | Expand Housing Access and Retention | Strengthen Peer Support

Measures of Success | Analysis and use of data for CQI

Tailored Stratification for In-Reach & Transition | Streamline Resolution of Barriers | Transition Team Monitoring



Tenancy Support (includes Peer Support) | Community Integration | Person-Centered Plans | Network Adequacy

NC CORE standardization | IPS Provider Rate adjustment | Employment Incentive Plan

# DMHDDSUS' Strategic Planning & Design Initiatives

---

# New Supports for DMHDDSUS

## **DMHDDSUS Strategy & Planning Team**

- New DMHDDSUS Strategy & Planning team
  - Led by Acting Director Charles Rousseau
  - Focus areas:
    - Strategic planning
    - Communications/External Engagement
    - New policy/program initiatives

## **Manatt Health Strategies, LLC**

- Manatt is a consulting firm and is helping facilitate planning, expansion, and work on five design initiatives:
  - Strategic planning (3 and 5 year plans)
  - MH/IDD/SUS/TBI crisis system
  - Peer support services
  - Supports for justice-involved adults
  - Certified Community Behavioral Health Clinic Implementation

# New Supports for DMHDDSUS: Design Initiatives

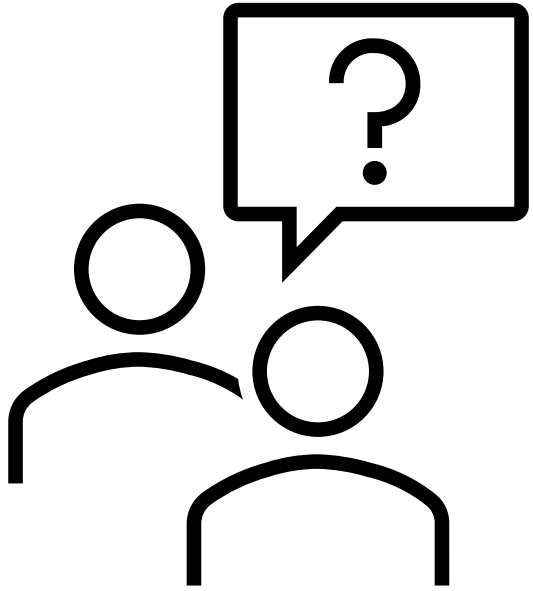
- PHASE 1: DESIGN
  - Staff are being identified to participate in workgroups for each design initiative
  - To support professional development, we created an application process for anyone in the division to apply to become a “Design Lead” (i.e., project coordinator) for specific design initiatives to apply their SME or to learn about an area of interest
  - Working with these Design Leads and each individual workgroup, the Strategy and Planning section will guide development of these initiatives
- PHASE 2: DEVELOPMENT/IMPLEMENTATION
  - After DESIGN is established, work will move to business units to operationalize (grant changes, policy changes, contract changes, communication strategies, etc.)



# New Supports for DMHDDSUS: Design Initiatives

## **Manatt's Role:**

- Manatt will do a landscape analysis of DMHDDSUS' current programs and funding mechanisms and identify areas of strengths and weaknesses
- They will do best practice research into models of care and survey stakeholder engagement while working with DMHDDSUS staff to synthesize input from internal and external stakeholders
- They will make design suggestions for DMHDDSUS to consider (i.e. new pilots to fund, way to update state or Medicaid service definitions)



Q&A

---

Thank you!

