

Wake County Behavioral Health Summit

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N.C. Department of Health and Human Services**

March 24, 2021

Agenda

- ❖ **Before the Pandemic**
- ❖ **COVID-19 Response**
- ❖ **Looking Ahead**

Before the Pandemic.

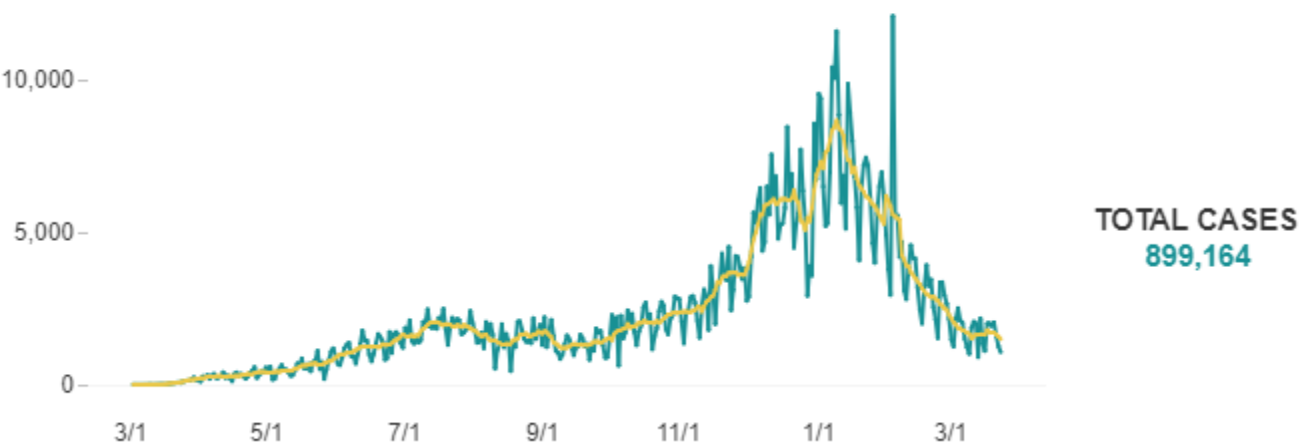
- 10.6 million North Carolina residents:
 - 7.6 million Private/Military/Medicare insurance
 - 1.8 million Medicaid
 - 1.2 million uninsured
- Seven LME/MCOs spent **\$359 million** to serve about **101,000 uninsured individuals** in SFY20. An **average spend of \$1424/person** and a **median spend of \$396/person**
- In 2012 **suicide** became the leading cause of injury death in North Carolina and remained so in subsequent years.
- In the given year approximately 578,000 North Carolinians over the age of 18 had any substance disorder, and 8 out of 9 needed but did not receive treatment at a special facility for substance use
- Agency for Healthcare Research and Quality (AHRQ) reported in 2017 that people of color in the US are:
 - Less likely to have access to mental health services,
 - More likely to use emergency departments, and
 - African American consumers are diagnosed with psychotic disorders at a rate of 3-4 times higher than White consumers.

The Pandemic: Where we are with COVID-19

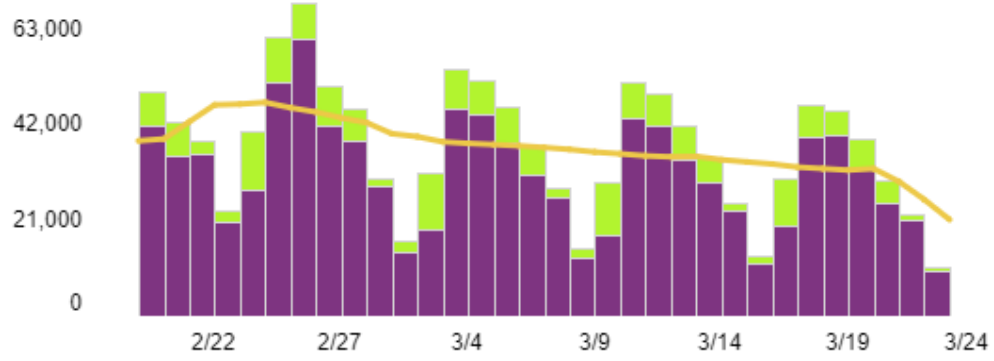
Daily Cases by Date Reported



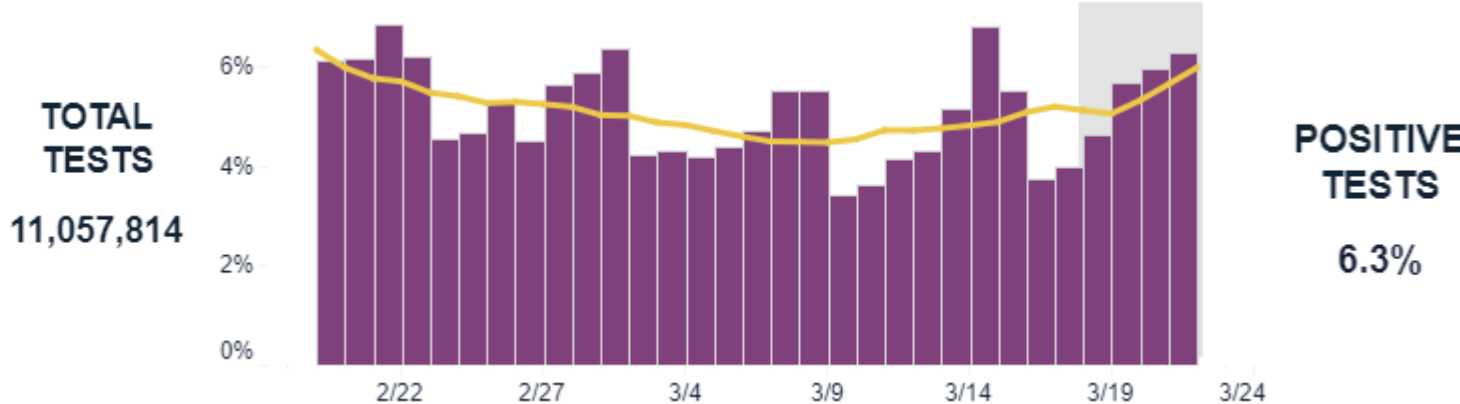
Is North Carolina seeing a downward trajectory over 14 days, or sustained leveling in new cases?



Total Tests Reported



Positive Tests as a Percent of Total Tests



Data as of Monday March 23, 2021

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**

Wellness 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

Behavioral Health Impacts of COVID-19

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

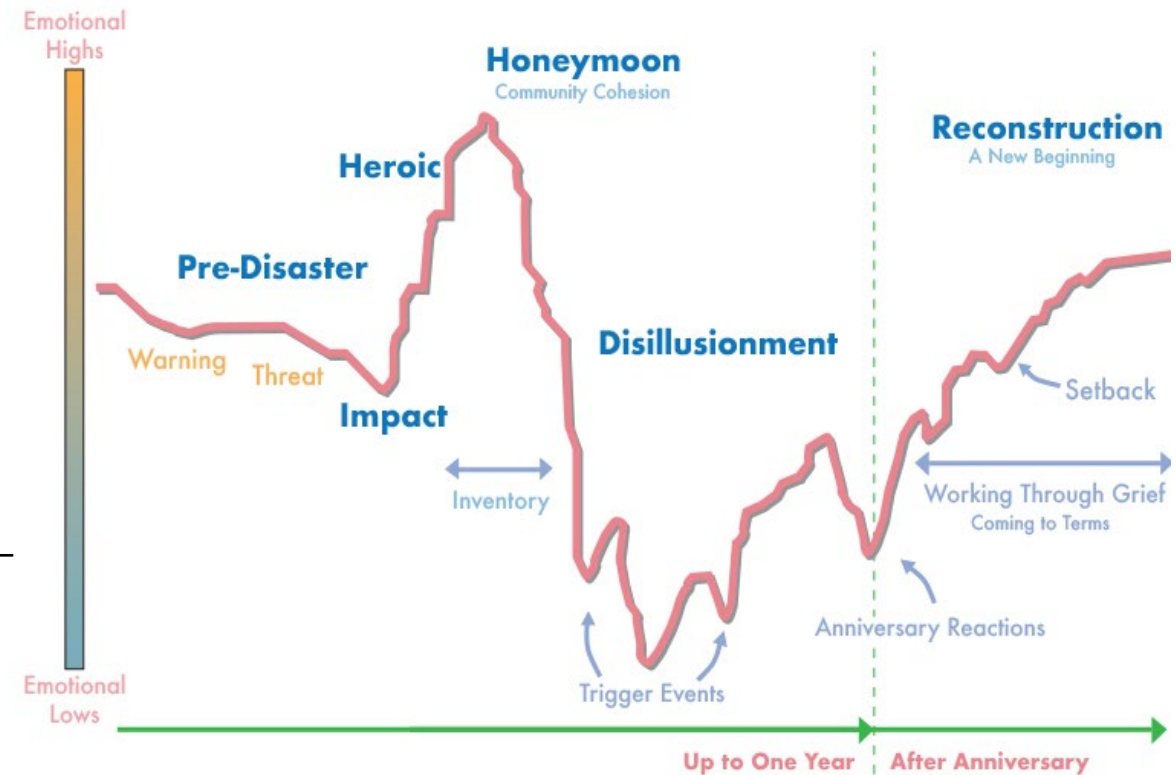
- Liquor sales in North Carolina increased 12% in State Fiscal Year 2019-20
- RTI International survey respondents with children reported an increase in drinks per day **more than four times as large** on average than the subgroup without children/youth
- In 2020, while NC has experienced a decrease in overall Emergency Department visits, we saw a **23% increase** in Medical/Drug Overdose ED visits – largely driven by a **24% increase in opioid overdose ED visits**.

Suicide

- In North Carolina, we saw an **11.5% increase** in calls between 2019 and 2020 in calls to the **National Suicide Prevention Lifeline**.
- CDC released national data in August indicating **1 in 4 individuals ages 18-24** “**seriously considered suicide** in the past 30 days”

Providers

- **52% of behavioral health organizations** are seeing an **increase in the demand** for services
- **54% of organizations** have had to **close programs**, while **65%** have had to **cancel, reschedule** or **turn away** patients
- Organizations have **lost**, on average, nearly **23% of their annual revenue**



Vaccine Distribution Status

First of 2 Doses Administered	Second of 2 Doses Administered	Single Shot Doses Administered	Total Doses Administered
2,331,690	1,396,965	82,859	3,811,514

Doses Summary - NC Providers

	Allocated by Federal Government	Arrived in North Carolina	Total Doses Administered	Percent of Arrived Doses Administered
First of 2 Doses	2,394,710	2,156,680	2,202,935	102%
Second of 2 Doses	1,644,325	1,629,225	1,290,460	79%
Single Shot Doses	106,700	95,200	82,859	87%
Total Doses	4,145,735	3,881,105	3,576,254	92%

Doses Summary - Federal Long-Term Care Program

	Allocated by Federal Government	Arrived in North Carolina	Total Doses Administered	Percent of Arrived Doses Administered
First of 2 Doses	145,900	145,900	128,755	88%
Second of 2 Doses	145,900	145,900	106,505	73%
Single Shot Doses	0	0	0	0%
Total Doses	291,800	291,800	235,260	81%

Supply is increasing - but still limited

State Allocations

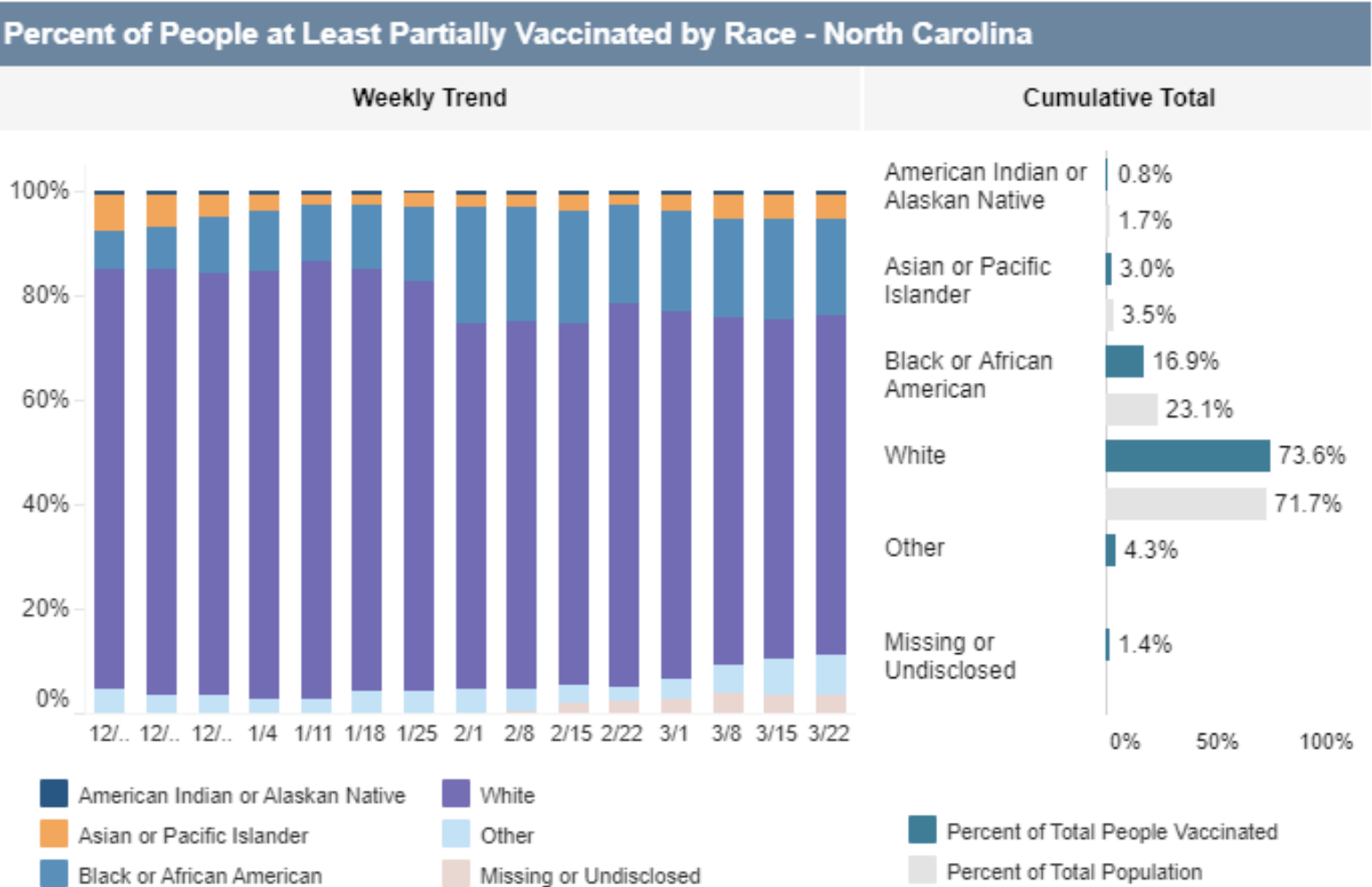
- Some increases in Moderna and Pfizer to state allocation
- New additions Johnson and Johnson (Janssen)
- Doses returned from CVS federal LTCF program

Federal Allocations

- Federal Retail Program – Increasing to Walgreens and starting with CVS
- FEMA and NC will open a new administration site the week of 3/8
- About 15 NC FQHC locations will also receive federal vaccine allocations.

Promoting Accountability Through Data

2,202,935
People at Least Partially Vaccinated



[Bloomberg News](#) rated NC as being best in nation for data quality, reporting race/ethnicity data for nearly 100% of people vaccinated in the state.

Percent of the population by race, ethnicity, age, and gender that has received a first dose.

Weekly reports to each provider on their race/ethnicity vaccination rates

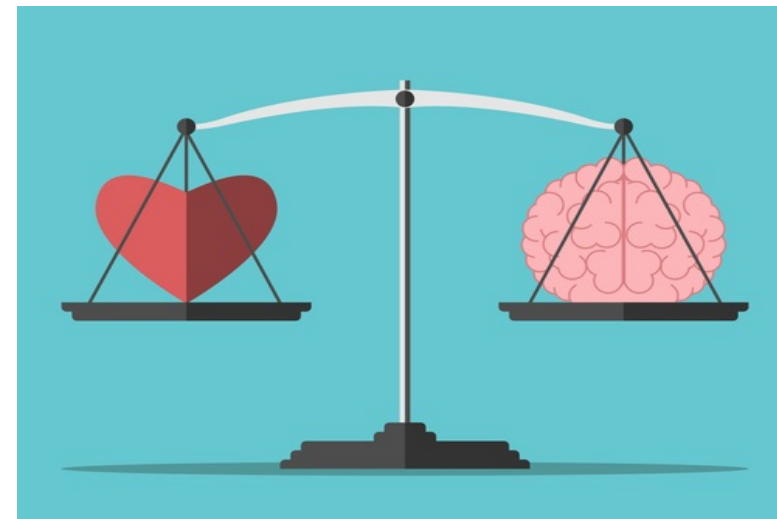
Looking Ahead from Lessons Learned

- **Health Broadly:** Whole Person, Whole Time.
 - Access
 - Right Care, Right Time, Right Setting
- **“Systemness:”** Wrapping systems around people, not people around systems
 - Breaking down barriers to coordination – both horizontally and vertically
 - “Money in the Wrong Pocket” Problem
- **Equity:** Through Measurement and Accountability
 - Transparency and Data
- **Trust:** Build- and building on partnerships

1. Access

- **Mental illness** is experienced by nearly **1 in 5 adults in North Carolina**
 - 1 in 5 do not receive needed services*
 - 1 in 7 are uninsured*

*Prior to the COVID-19 pandemic



- Patients have to go out of network far more often for behavioral healthcare as compared to physical healthcare – which significantly increases the cost of care
 - In 2017 in North Carolina, as compared to the corresponding rate for medical/surgical services, the rate of out-of-network behavioral health...
 - **inpatient facility services** was **9.2x higher**
 - **outpatient facility services** was **6.9x higher**
 - **office visit services** was **7.6x higher**

2. Children's Mental Health

- Addressing **Access**
 - North Carolina is **42nd in the country in youth access to needed behavioral health services**
 - North Carolina has seen an almost **25% increase in the number of uninsured children** from 2016 to 2019
 - **142,000 North Carolina children** were uninsured in 2019
 - **90 of the 100 counties** in NC faces a **severe shortage of child Psychiatrists**. 64 counties have no child Psychiatrists.
- Addressing **Siloed Systems**
 - **Over 11,600 youth in foster care, up 35% since July 2012**
- Addressing **Mental Health in Schools**
 - Of the **1.5 million children** in NC public schools, **up to 300,000 – 1 in 5** will experience a mental health disorder in a given year.
 - Only 75,000 will receive treatment

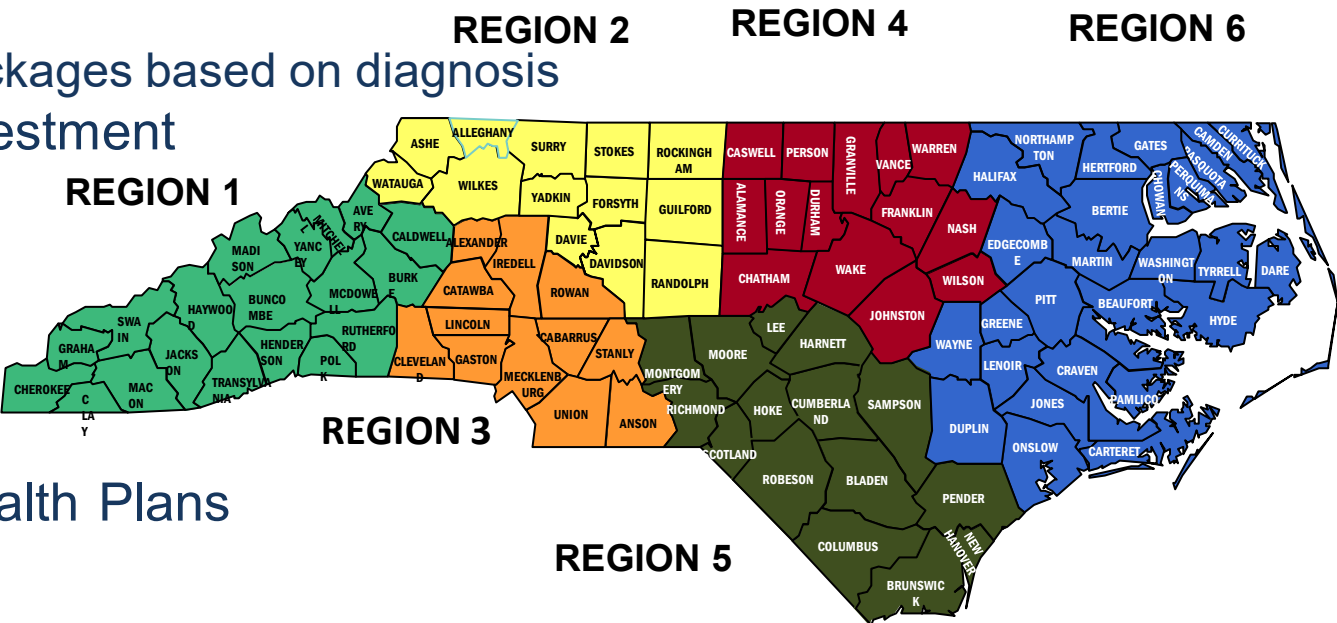
3. Justice-Involved Populations

- **Serious mental illness** affects an estimated **14.5% of men** and **31% of women** in **jails**
- **60% of jail inmates** reported having had **symptoms of a mental health disorder** in the prior twelve months
- **83% of jail inmates** with mental illness did not receive mental health care after admission
- **68% of people in jail** have a **history of drug use and/or misuse of 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**
 - **74 times** more likely to die from a **heroin overdose**
- Juvenile Justice
 - **Over half of youth** in the justice system have a diagnosed behavioral health issue
 - **Two-thirds of youth** in justice facilities have a diagnosable mental health disorder compared to only 9 to 22% of general adolescent population

Moving to NC Medicaid Managed Care

Moving to Value

- Physical and Behavioral Health Integration
 - Integrated benefit design with different benefit packages based on diagnosis
 - Primary Care and Local Care Management Investment
 - Advanced Medical Home Program
 - Value-Based Payments
 - Unified Quality Strategy
-
- Beneficiaries will be able to choose from five Health Plans
 - AmeriHealth Caritas
 - Healthy Blue
 - United HealthCare Community Plan
 - WellCare
 - Carolina Complete Health:
 - Serving regions 3, 4, and 5



All (Standard) health plans, all regions will go live on July 1, 2021
BH I/DD Tailored Plan – Launch July 2022

Standard Plans and BH I/DD Tailored Plans

Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide physical health, behavioral health, long-term services and supports, and pharmacy benefits.

Standard Plans

- Will serve the majority of the non-dual eligible Medicaid population

BH I/DD Tailored Plans

- Targeted toward populations with:
 - significant behavioral health conditions—including serious mental illness, serious emotional disturbance, and substance use disorders
 - intellectual and developmental disabilities (I/DD), and
 - traumatic brain injury (TBI)
- Will offer a more robust set of behavioral health and I/DD benefits than Standard Plans and will be the only plans to offer current 1915(b)(3), 1915(c) Innovations and TBI waiver, and State-funded services

Integrated Care will provide

- ☐ Integration enables coordinated, whole person care
- ☐ All plans will offer a robust set of behavioral health services
- ☐ Higher intensity behavioral health, I/DD and TBI benefits will be offered under the BHI/DD Tailored Plan