

State of North Carolina: Behavioral Health Investments and First Episode Psychosis Outcomes

Petra Mozzetti

Section Chief: Community Mental Health

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

March 18, 2024



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

Guiding Principles for Behavioral Health Investments

Year 1

- **Fund infrastructure** to allow current DMH/DD/SUS programs to expand their impact
- Focus on **maximizing State dollars** by identifying federal funding opportunities
- **Use data and community input** to prioritize projects based on need

Year 2

- **Fund innovative programs** that require research and design
- Enhance existing programs to **improve service quality**
- Create a path for **long-term sustainability**

FY23-24 Crisis Initiatives Overview

Status	Investment Area	FY23-24 Funding
Implementation	MORES: expand service areas	\$30M
	Mobile Crisis Teams: improve responsiveness and quality	
	Behavioral Health Urgent Care (BHUC): improve access	
	Facility Based Crisis (FBC): improve access for adults and youth	
Under Development	Crisis Stabilization: reserve beds for youth with complex behavioral health needs.	~\$3M
	Non-Law Enforcement Transportation Pilot: transport individuals between facilities	\$10M
	BH SCAN: improve technology to support transitions of care and efficient resource usage across crisis continuum.	\$10M
	Total FY23-24 Funding	\$53M

North Carolina's Crisis Continuum

Someone to Call



- 988
- Peer Warm Line (coming FEB 2024!)

Someone to Respond



- Mobile Crisis Team Response,
- Crisis Intervention Team (CIT) Law Enforcement/EMS

Somewhere to Go



- Behavioral Health Urgent Care (BHUC)
- Facility Based Crisis (FBC)
- Peer and Community Respite
- NCSTART

988: Suicide and Crisis Lifeline

- National 9-8-8 Suicide and Crisis Lifeline was launched on July 16, 2022
- 24-hour access to trained crisis counselors
- Reached through
 - 988 or 1-800-273-TALK (8255) - call/text
 - Text *Ayuda* to 988
 - 988lifeline.org or 988lineadevida.org/– chat
- Calls routed to call center based on caller’s area code
 - Intro message comes on with prompts
 - Press “2” Spanish (average 174 per month)
 - Press “1” Veterans line (average 1,933)
 - Press “3” LGBTQ+ (ages 13 – 24) (average 423 since July 2023)
 - Video phone caller directly routed to American Sign Language call center
- Assessment will determine the need for further intervention (Mobile Crisis, Law Enforcement, Warm Hand-off to LMEs, Referral to community)



988 Performance Dashboard

• You can access the [dashboard](#) on the DMHDDSUS website and the [press release](#) on the DHHS website



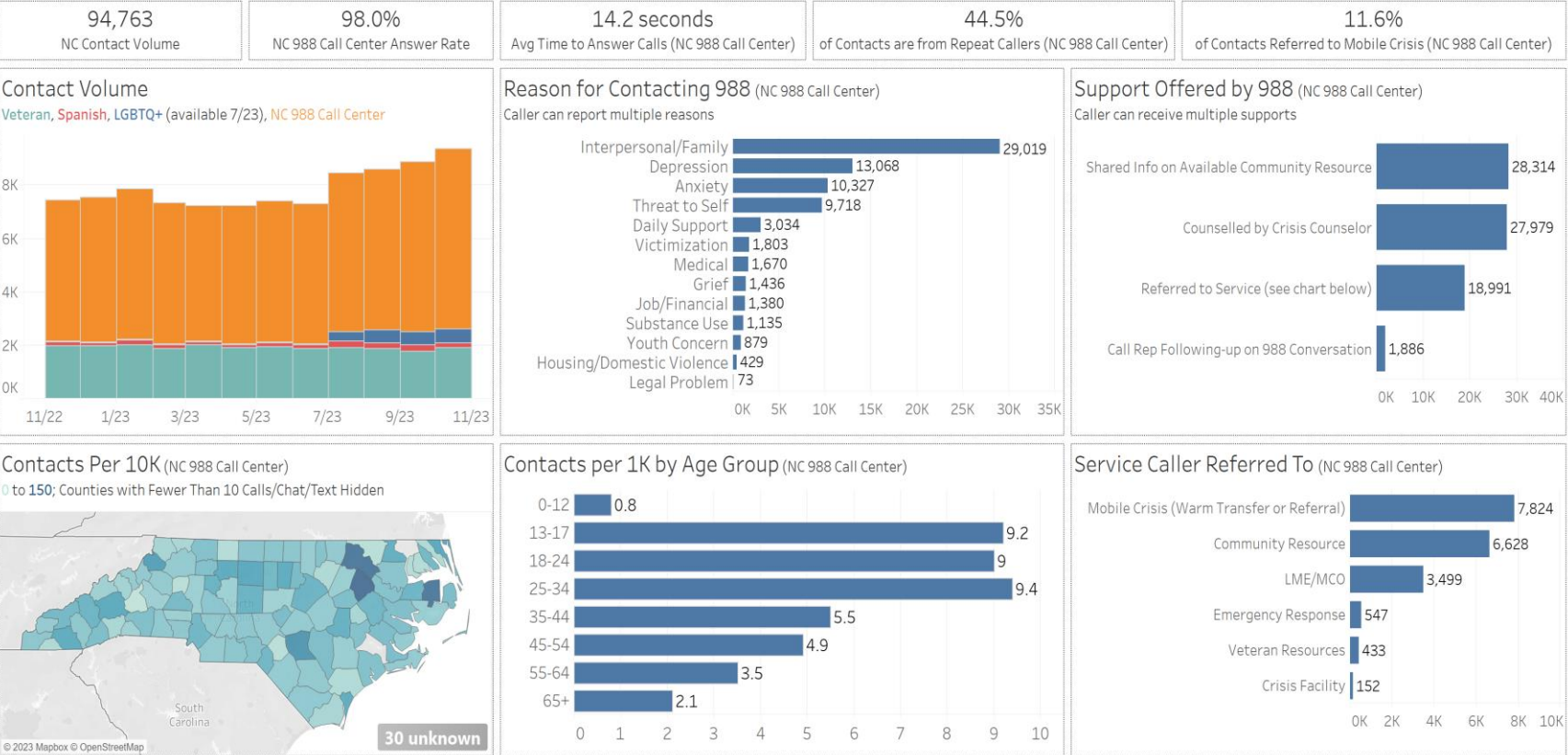
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish, LGBTQ+), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.

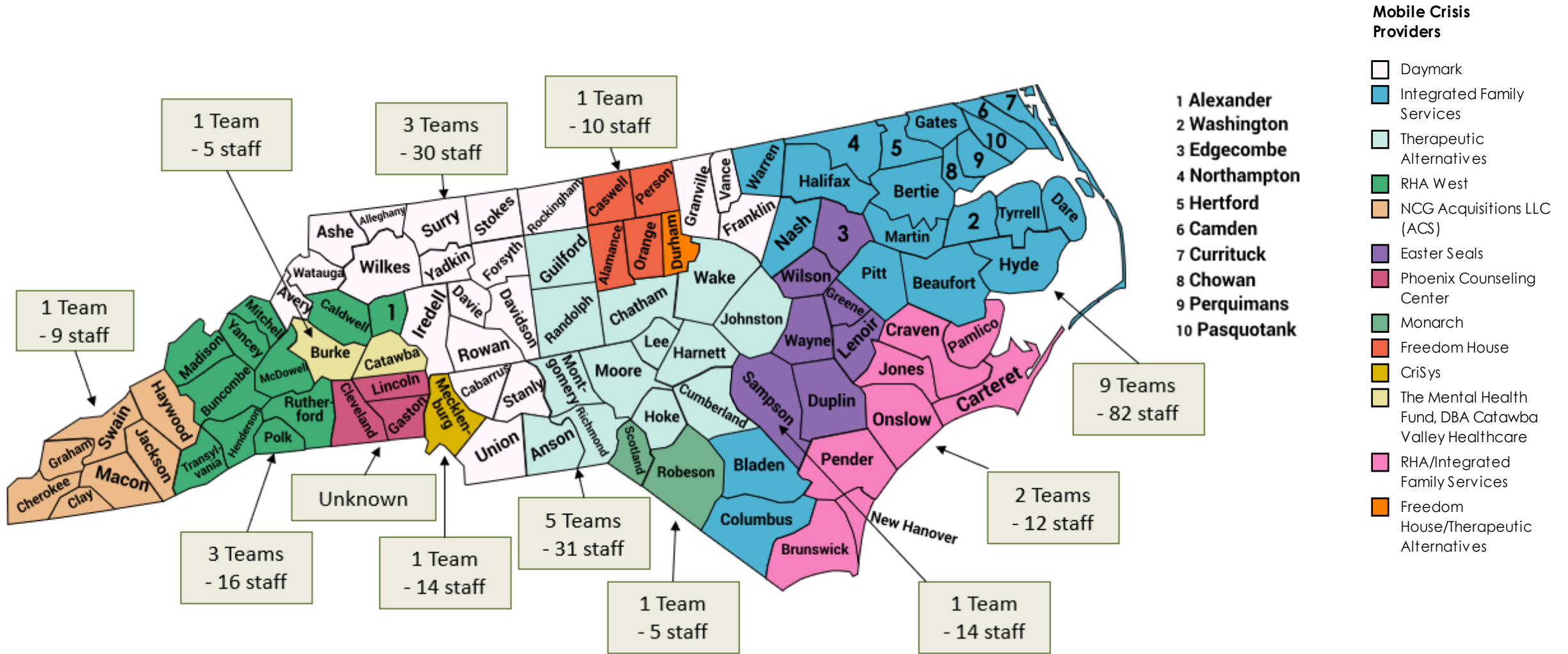


North Carolina 988 Performance Dashboard

Past 12 Months (11/22-10/23)



Mobile Crisis Teams in NC



Non-Law Enforcement Alternative Transportation Pilot

- **What is it?**

- Individuals who need transport between different levels of care will be transported by an unmarked vehicle by specially trained drivers
- Many individuals who need inpatient treatment are placed in a law enforcement vehicle and handcuffed, even though most individuals have not committed a crime

- **Goal**

- Provide a trauma-informed, person-centered treatment that de-stigmatizes the receipt of behavioral health care

FY23-24 Justice Initiatives Overview

Status	Investment Focus	FY23-24 Funding
Implementation	DAC-SMI Care Coordination Initiative	\$7.5M
	UNC FIT Wellness Clinic	\$4.3M
	Justice Reentry and Reintegration Initiative (IDD/TBI Pilot)	\$2M
	Competency Restoration Pilot Expansion	\$750K
Under Development	Juvenile Justice Investments	\$14.45M
	Pre-Arrest Deflection and Diversion Grants	
	Specialized Training for Priority Populations	
Total FY23-24 Funding		\$29M

FY23-24 Workforce Initiatives Overview

Status	Investment Focus	FY23-24 Funding
Implementation	BH Rate Increases	\$165M
	Direct Support Professional Wage Increases	\$176M
Under Development (Additional Design Work Required)	Standardized Peer Certification Program	\$8M
	New Peer Recovery/Respite Centers/Peer Services	
	Standardized, Portable DSP Training	
	DSP "Linked-In" Registry for Person-Centered Matching	
Total FY23-24 Funding		\$349M

FY 23-24 Child and Family Investments Overview

Priority	Strategy (example of possible modality)	Funding
Community-based services that help children stay in/return to their homes	Increase access to behavioral health services in schools	\$13.5 M
	Expand access to family-focused community-based support & care coordination (e.g. Family Peer Support, High Fidelity Wraparound)	
	Establish emergency respite pilots for caregivers	
Therapeutic Programs in Family-Type Settings	Increase availability and quality of family-type therapeutic placements (e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care)	\$12.9 M
	Expand Access to Evidence-Based (EBP) Community-Based Treatment Services (e.g. Family Centered Treatment, Child Assertive Community Treatment Teams)	
	Invest in and expand professional foster parenting	
Emergency Placements for Children at Risk of Boarding or Inappropriate Placement	Build capacity for emergency placements in family-type settings for children at risk of boarding or inappropriate placement, regardless of custody	\$18.8 M
	Build capacity for DSS-managed crisis stabilization and assessment placements (e.g. Flexible Emergency Foster Care Placement Pilot, Placement First Plus)	
Intensive out of Home Treatment Settings	Increase quality and management of residential levels of care	\$25 M
	Build specialty residential care capacity (e.g. PRTF, levels II-IV).	

Child Behavioral Health Continuum of Services

Outpatient Treatment

School-Based Behavioral Health Services

Outpatient Treatment

Collaborative Care/Access Line

Intensive Day Treatment Programs

Enhance Community-based Services

Treatment Teams Supporting Families and Children in the Community

Family-type placements

Therapeutic Family-type Placements

Professional Foster Parenting*

Emergency Placements

DSS Managed Emergency Placements*

Emergency Placements in Family-Type Settings

Emergency Department

Intensive out of Home Treatment Settings

Residential Facility-based Treatment

Acute Inpatient Psychiatry

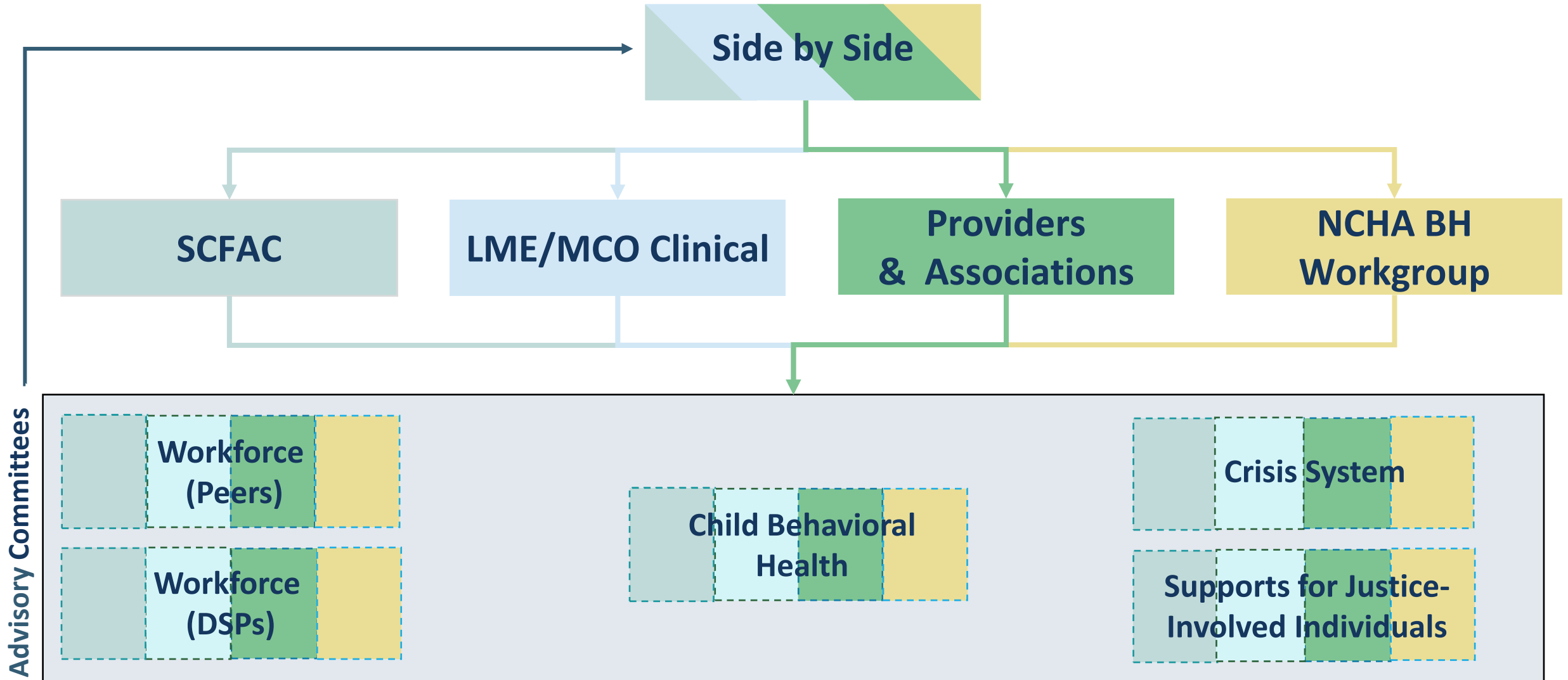
Evidence-Based (EBP) Practice Models

Family Engagement and Supports

Crisis Continuum

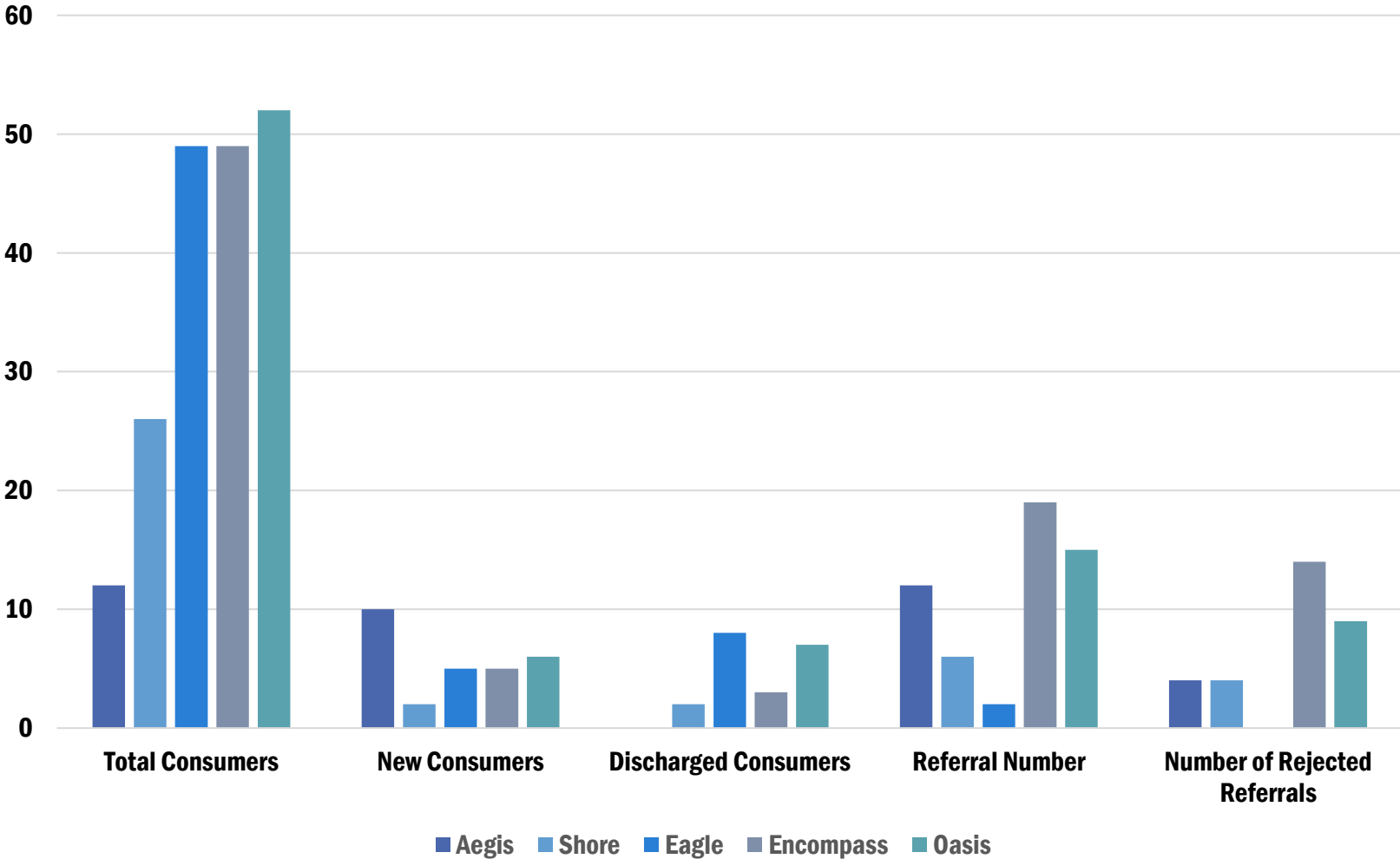
= \$80 Million
 = Other Behavioral Health Investments
 = Other system components
 * = Kids in DSS Custody

Community Collaboration Model Around System/BH Investments



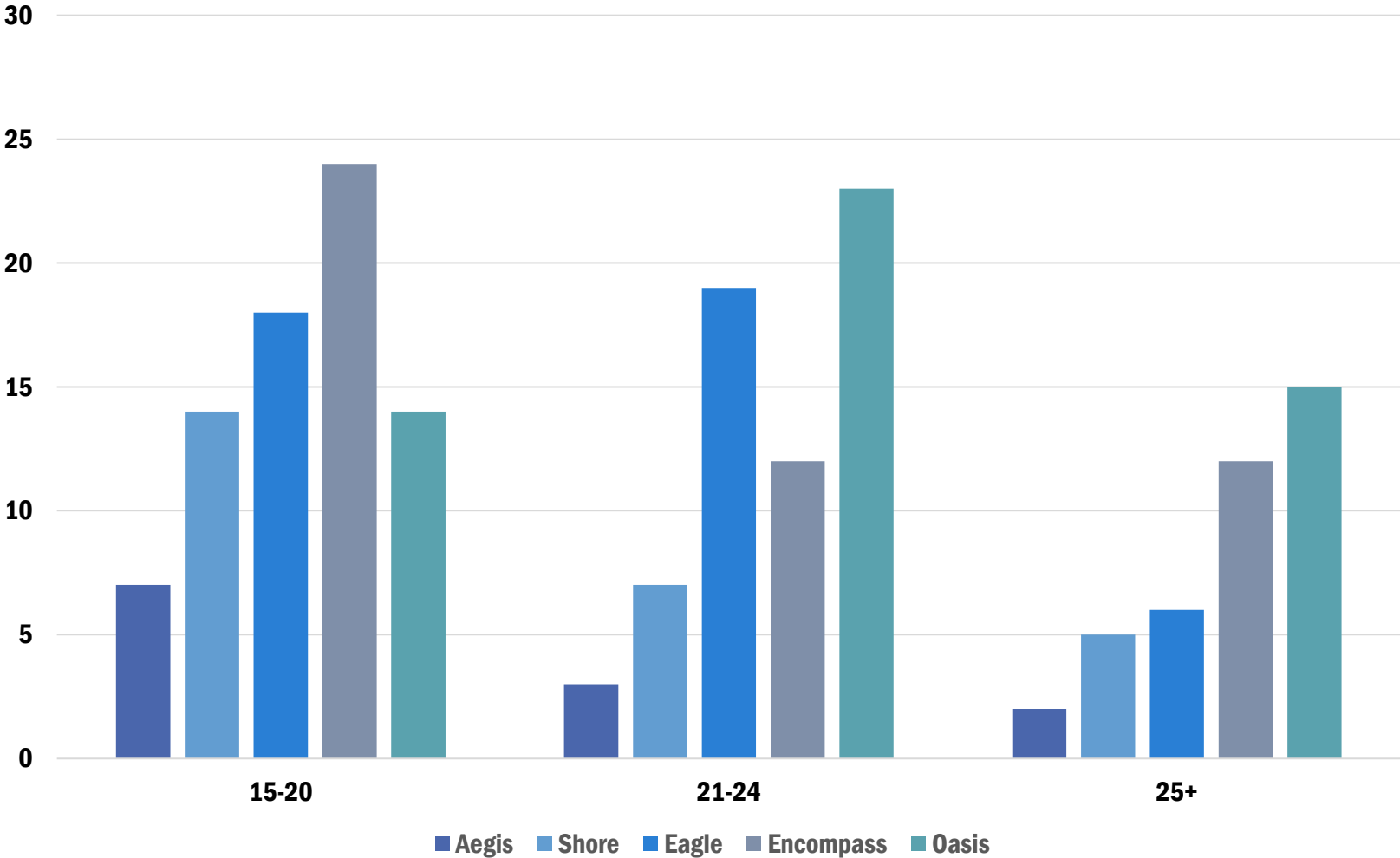
- ❑ Wilmington: SHORE Team
- ❑ Raleigh: Wake Encompass Team
- ❑ Chapel Hill: Oasis Team
- ❑ Charlotte: Eagle Team
- ❑ Asheville: AEGIS Team
- ❑ Western NC: WeCare2 Team

Enrollment Data



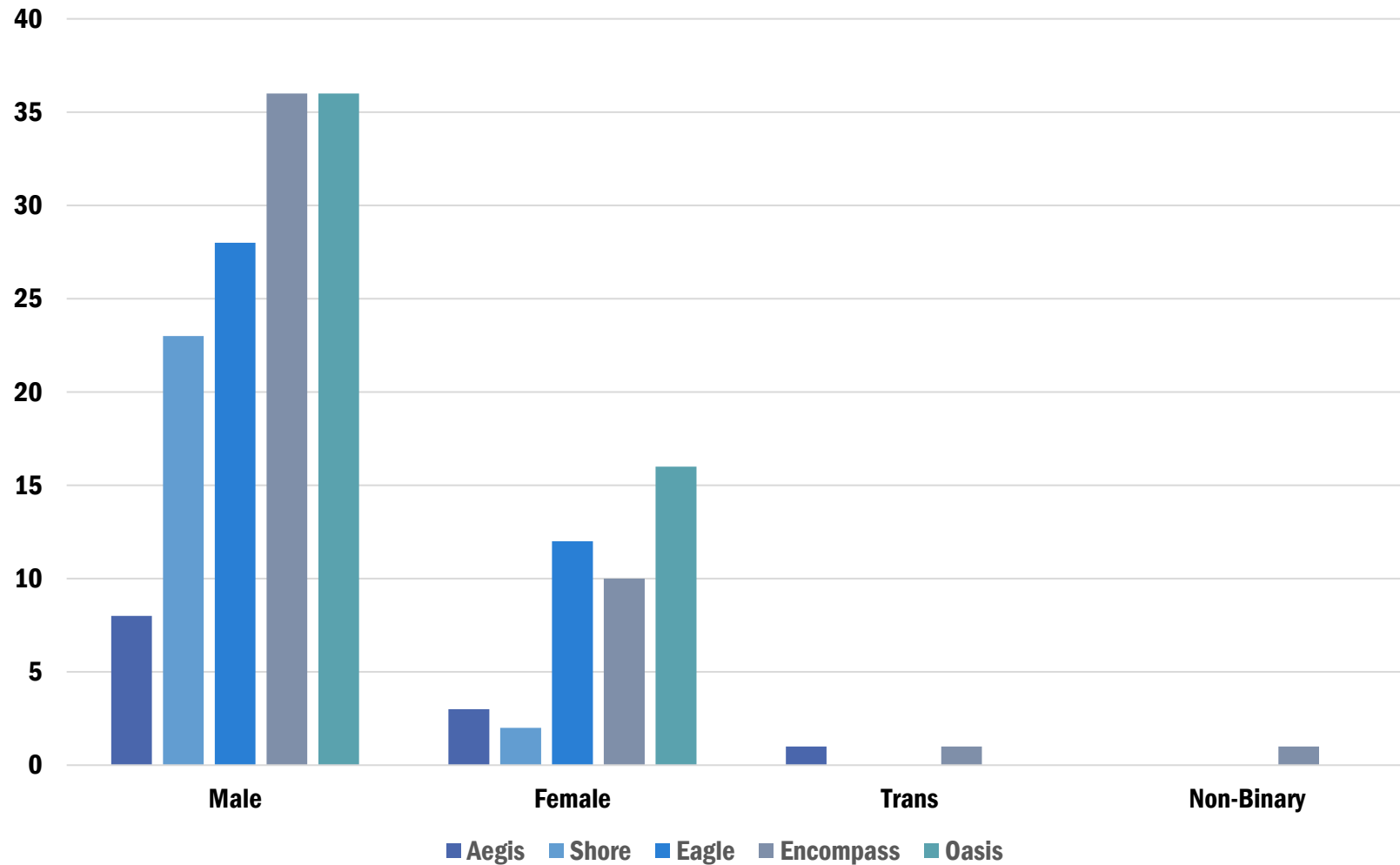
SOURCE:

Demographics: Age



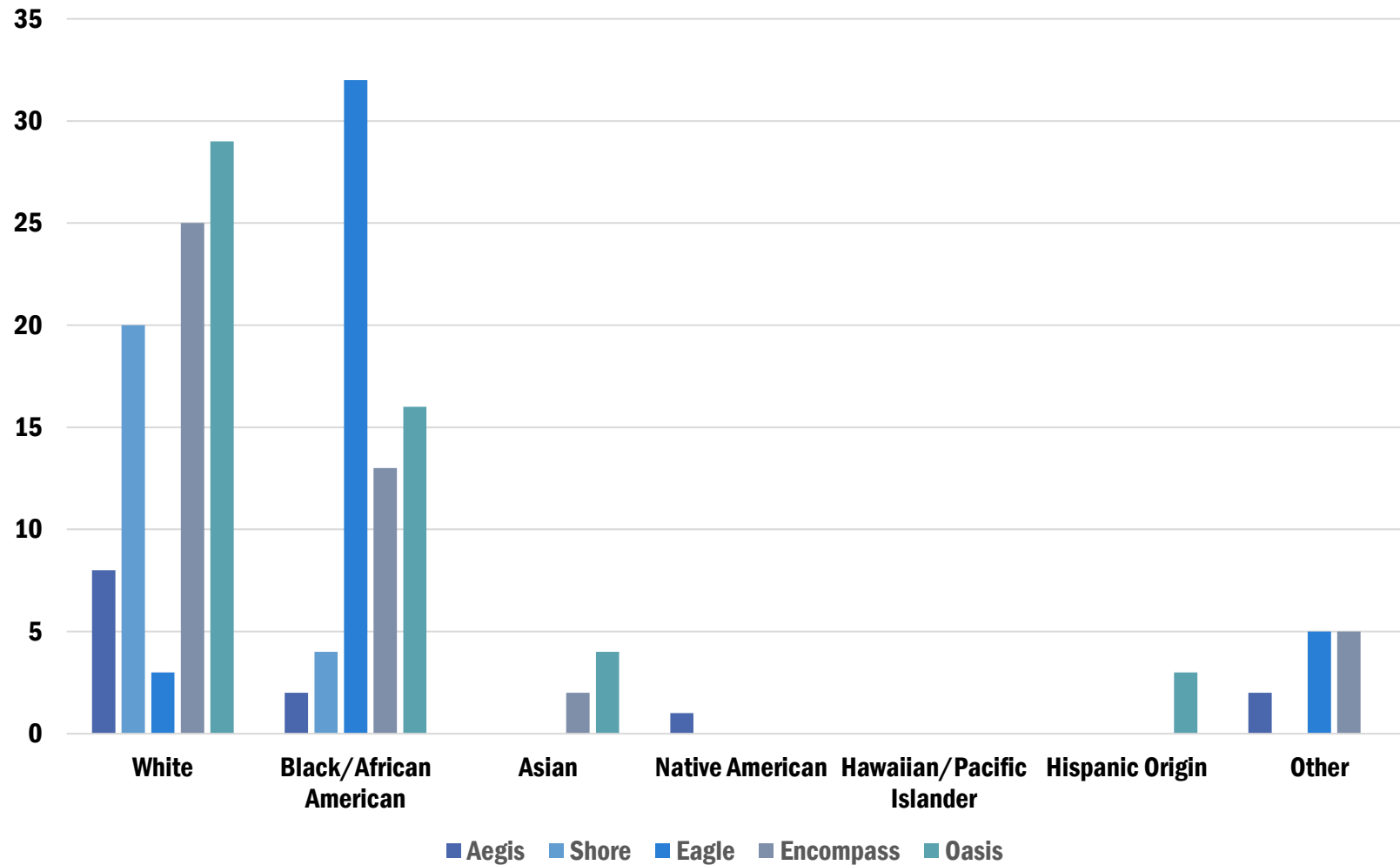
SOURCE:

Demographics: Gender



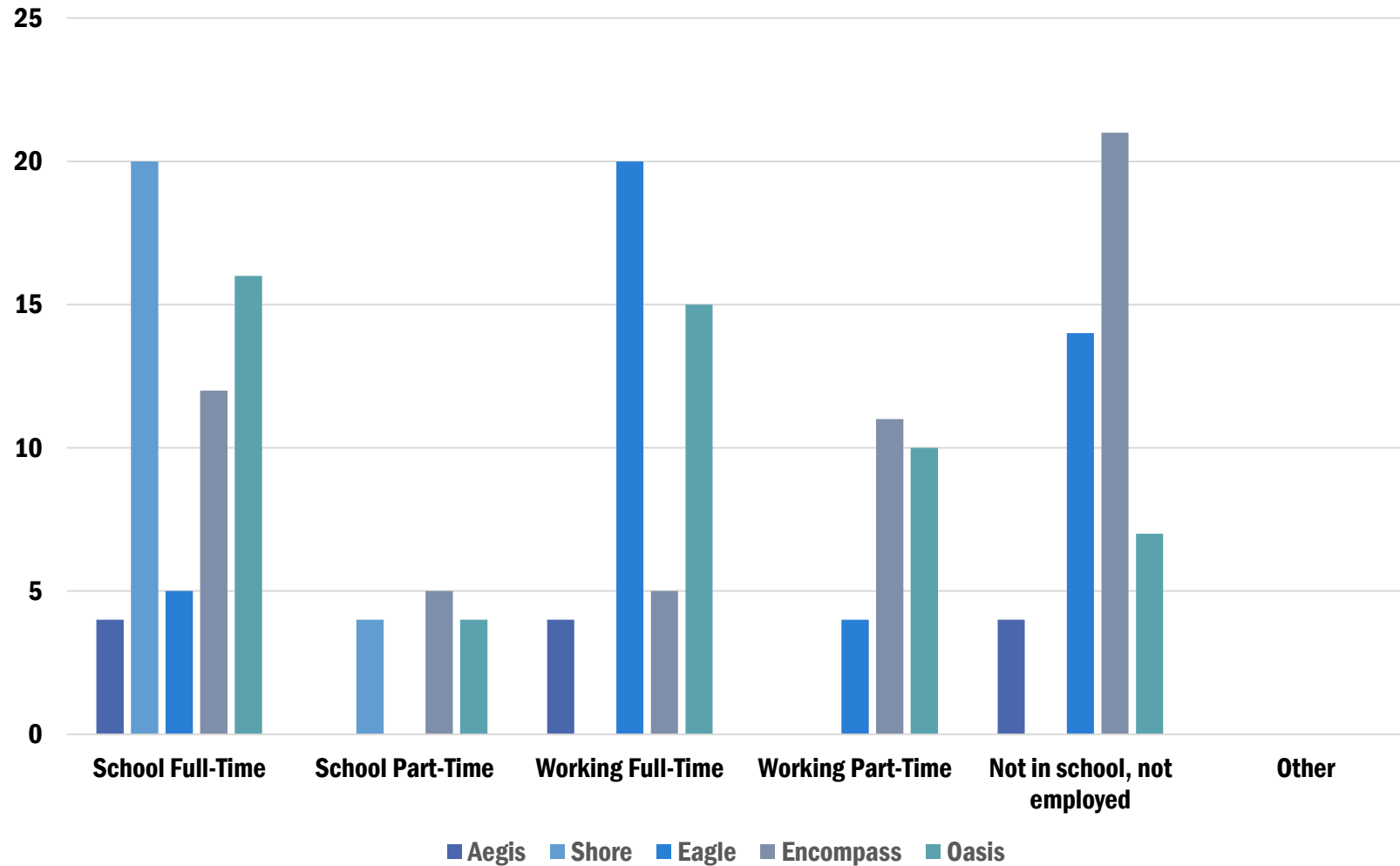
SOURCE:

Demographics: Race/Ethnicity



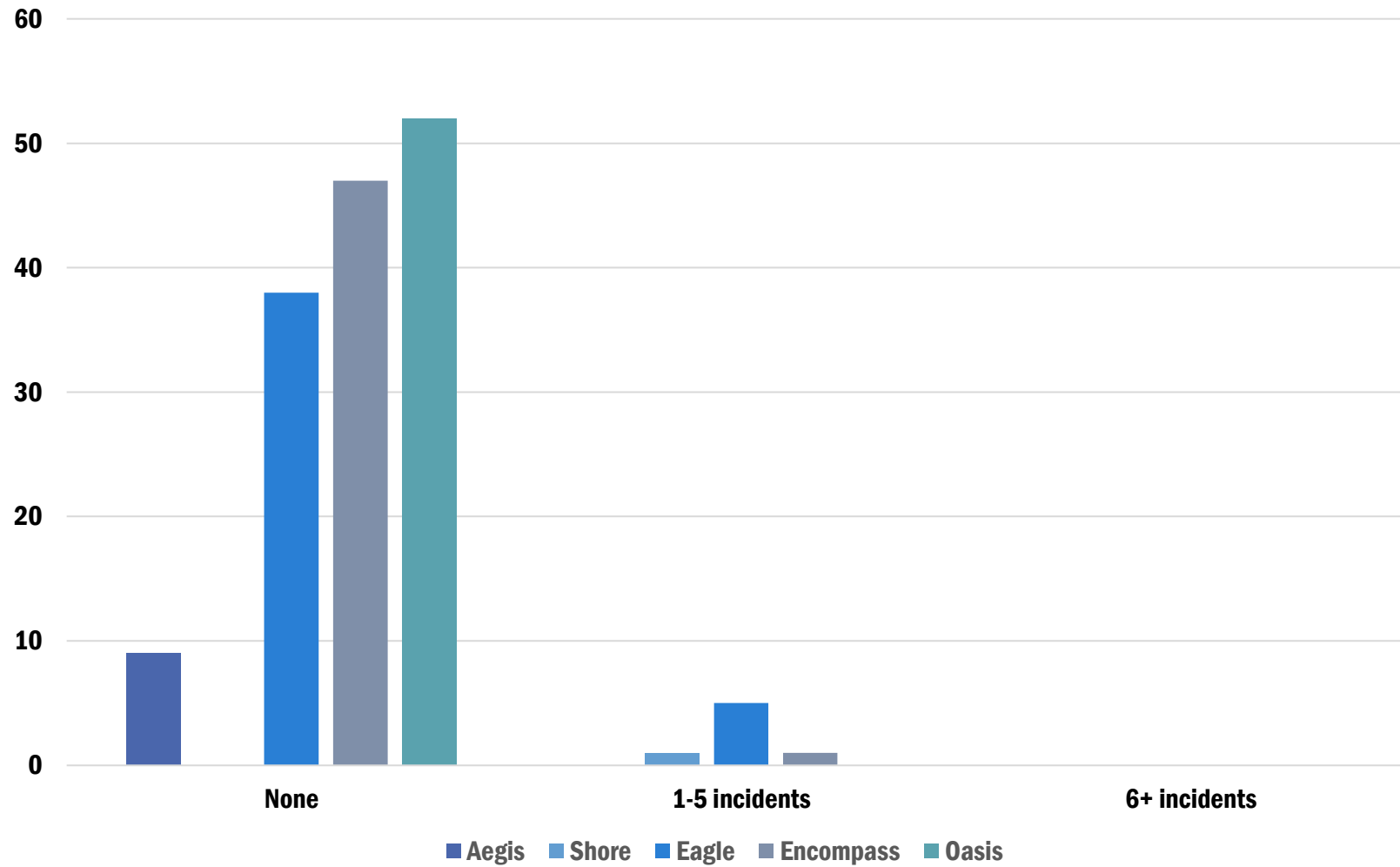
SOURCE:

Vocation/Education



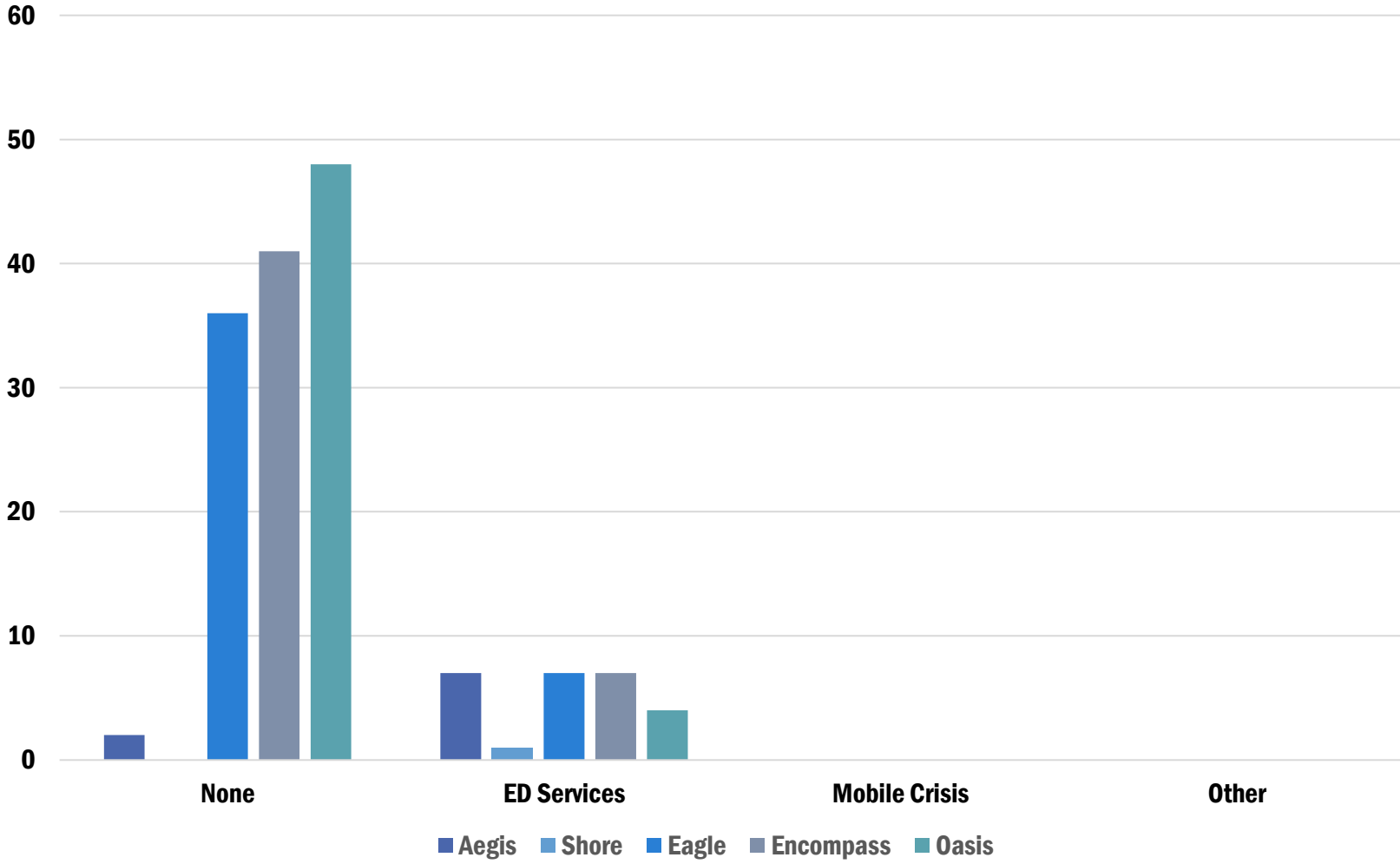
SOURCE:

Legal Involvement



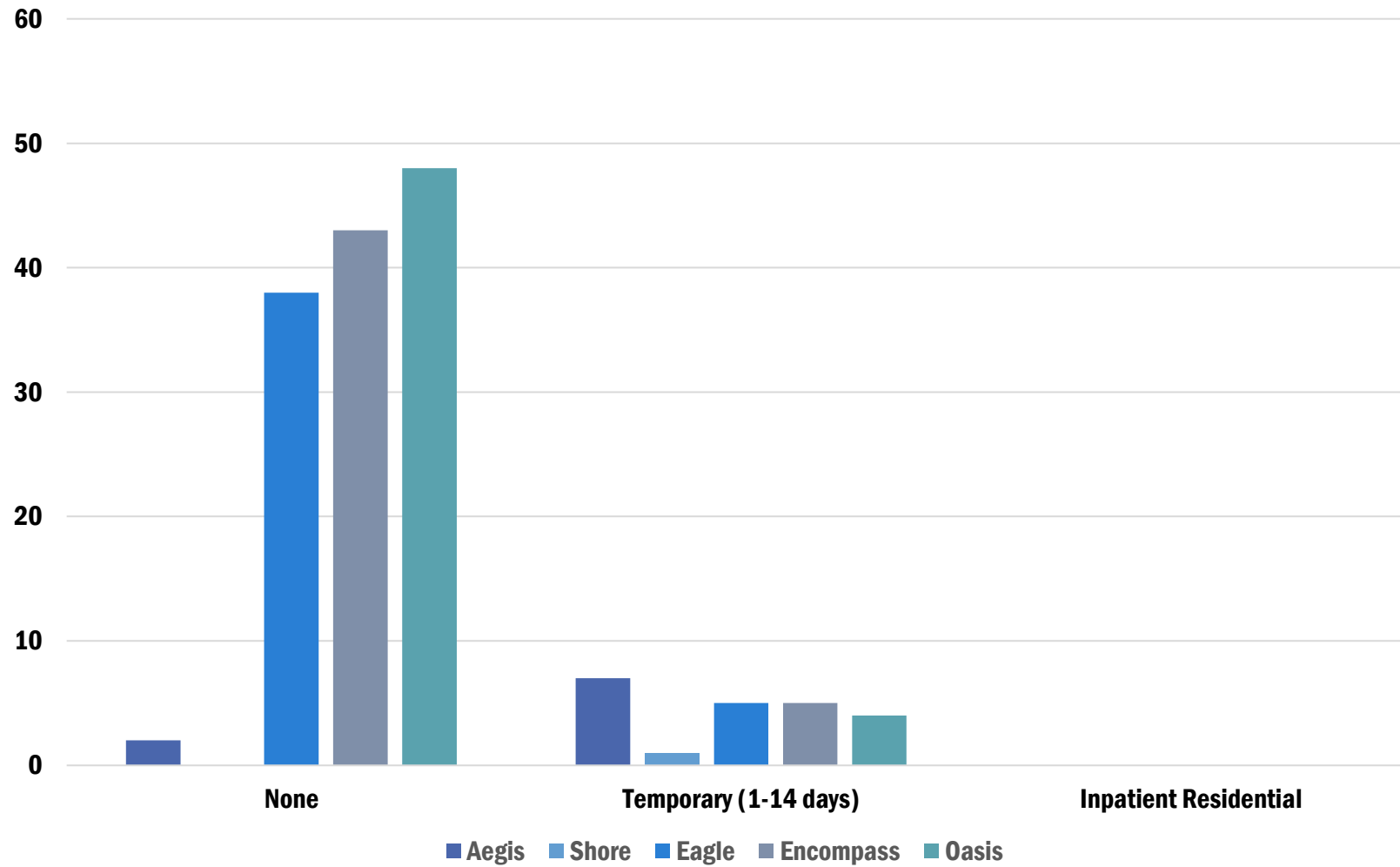
SOURCE:

Crisis Service Involvement



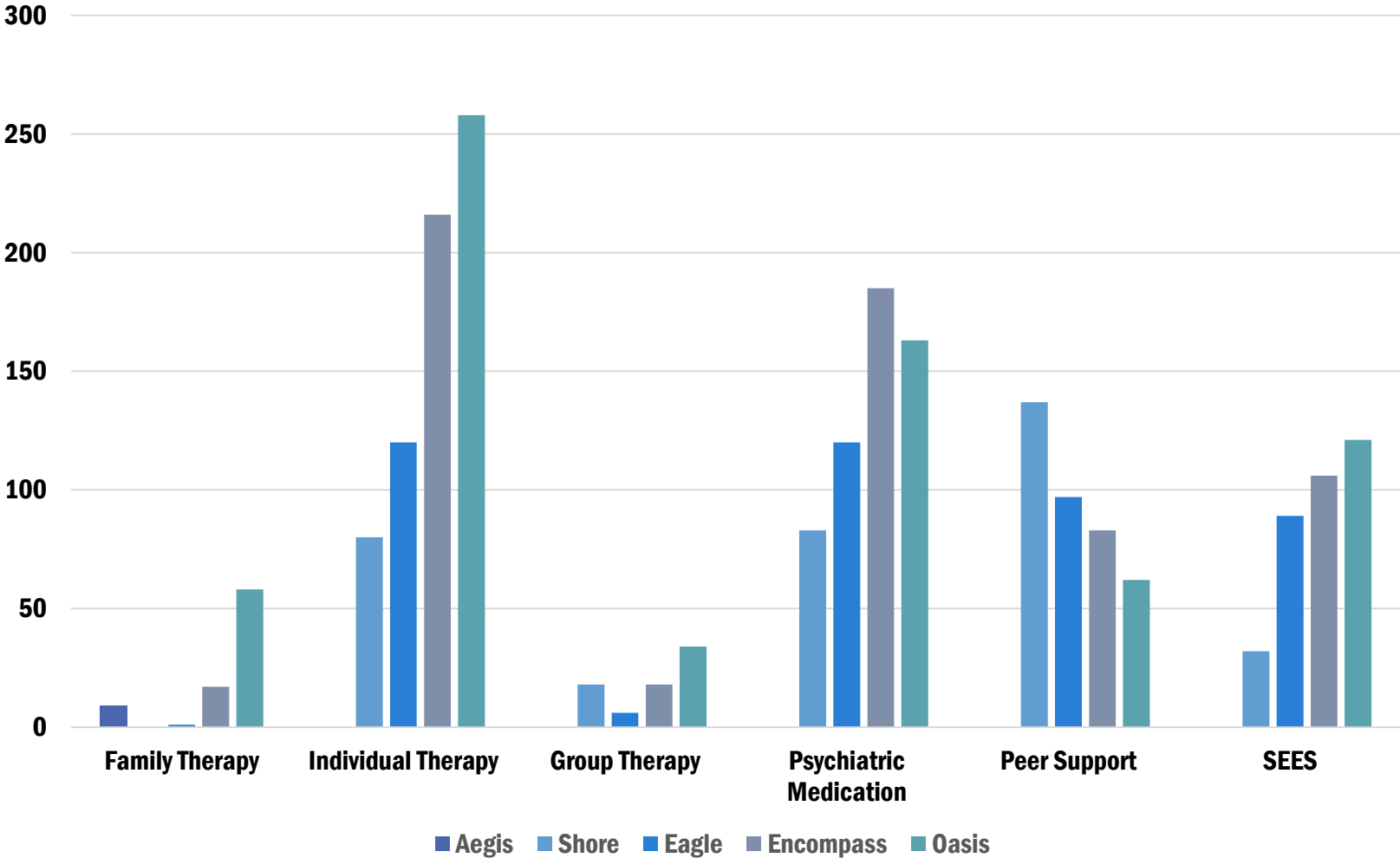
SOURCE:

Hospitalizations



SOURCE:

Services Provided



SOURCE:

FUTURE FOR FEP IN NORTH CAROLINA

- ❑ Ongoing 10% Set-Aside for FEP in each annual Mental Health Block Grant award
 - ❑ This equates to approximately \$2.5 million each year
- ❑ Director Crosbie is eager to expand FEP sites across North Carolina to ensure coverage for all North Carolinians
- ❑ Suggested Proposal: develop blended FEP/ACTT teams for more rural counties or areas that might not have sufficient referral sources to staff full teams
- ❑ Develop FEP CSC Centers of Expertise that provide blended in-person, virtual, and digital interventions