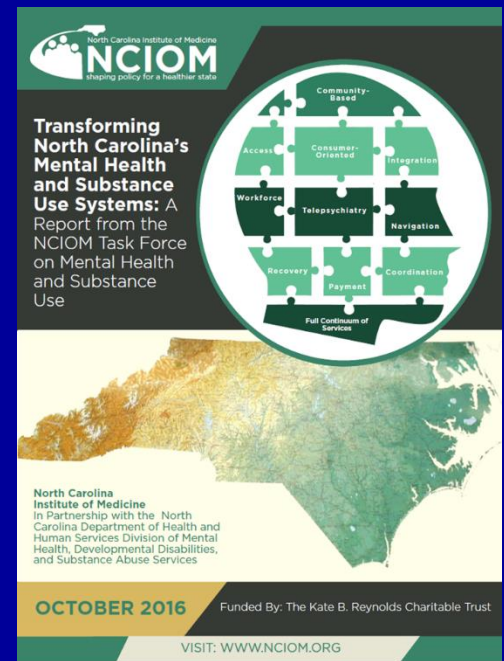


Transforming North Carolina's Mental Health Systems



A Report of the North Carolina Institute of Medicine Task Force on Mental Health and Substance Use

Presented by Adam Zolotor, MD, DrPH

President and CEO, NCIOM



North Carolina Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - Be concerned with the health of the people of North Carolina
 - Monitor and study health matters
 - Respond authoritatively when found advisable
 - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS §90-470



Agenda

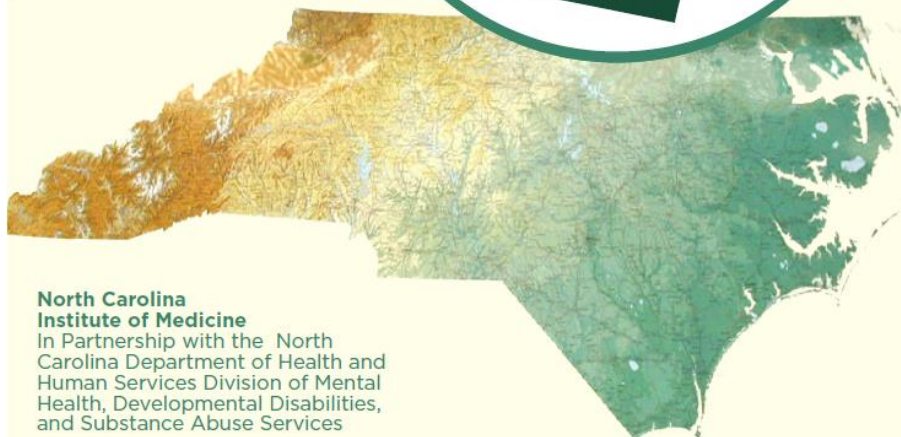
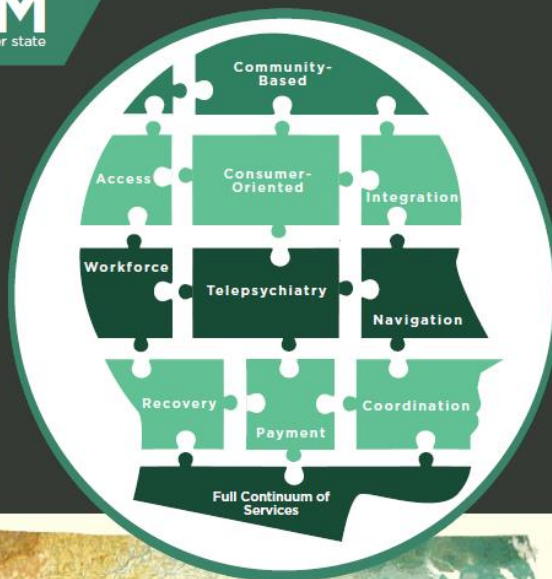
- **Background of NCIOM Report**
- Overview of mental health and substance use needs of older adults
- System-wide recommendations
- Older adult recommendations
- Adolescent recommendations
- Special Thanks

North Carolina Institute of Medicine Task Force on Mental Health and Substance Use

- Co-Chairs:
 - **Senator Angela Bryant**
 - **Courtney Cantrell**, Former Director, NC DMHDDASAS
 - **Representative Josh Dobson**
 - **John Santopietro**, MD, FAPA, Chief Clinical Officer of Behavioral Health, Carolinas Health System
- 71 Task Force and Steering Committee Members
 - Policymakers, DHHS staff, practitioners, advocates, community members, content experts, and others
- Presentations from content experts, individuals and family members



Transforming North Carolina's Mental Health and Substance Use Systems: A Report from the NCIOM Task Force on Mental Health and Substance Use



North Carolina Institute of Medicine
In Partnership with the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

OCTOBER 2016

Funded By: The Kate B. Reynolds Charitable Trust

VISIT: WWW.NCIOM.ORG



North Carolina Institute of Medicine Task Force on Mental Health and Substance Use

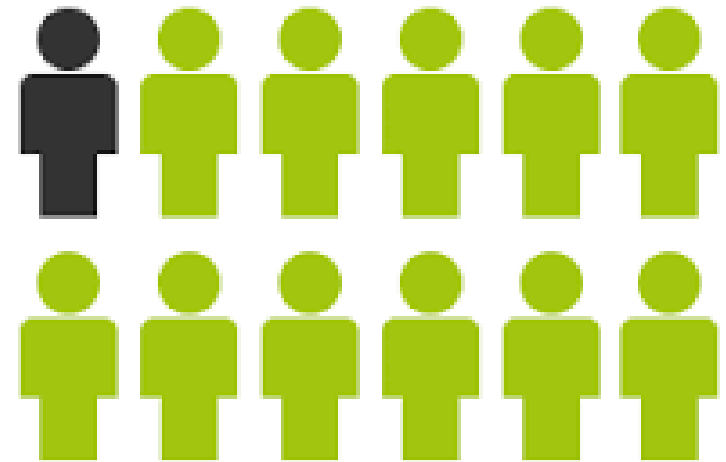
- Funded by The Kate B. Reynolds Charitable Trust
- Conducted in partnership with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services
- Task Force Work Groups
 - Cross-Cutting Systems Issues
 - Adolescents
 - Older Adults

Agenda

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Mental Health and Substance Use

- Among top conditions for disability and burden of disease
- More than **1.5 million adults** in North Carolina report having mental health and/or substance use disorder in the past year
- **Most** adults with mental health and substance use disorders **do not receive treatment**



Mental Health and Substance Use Among Older Adults

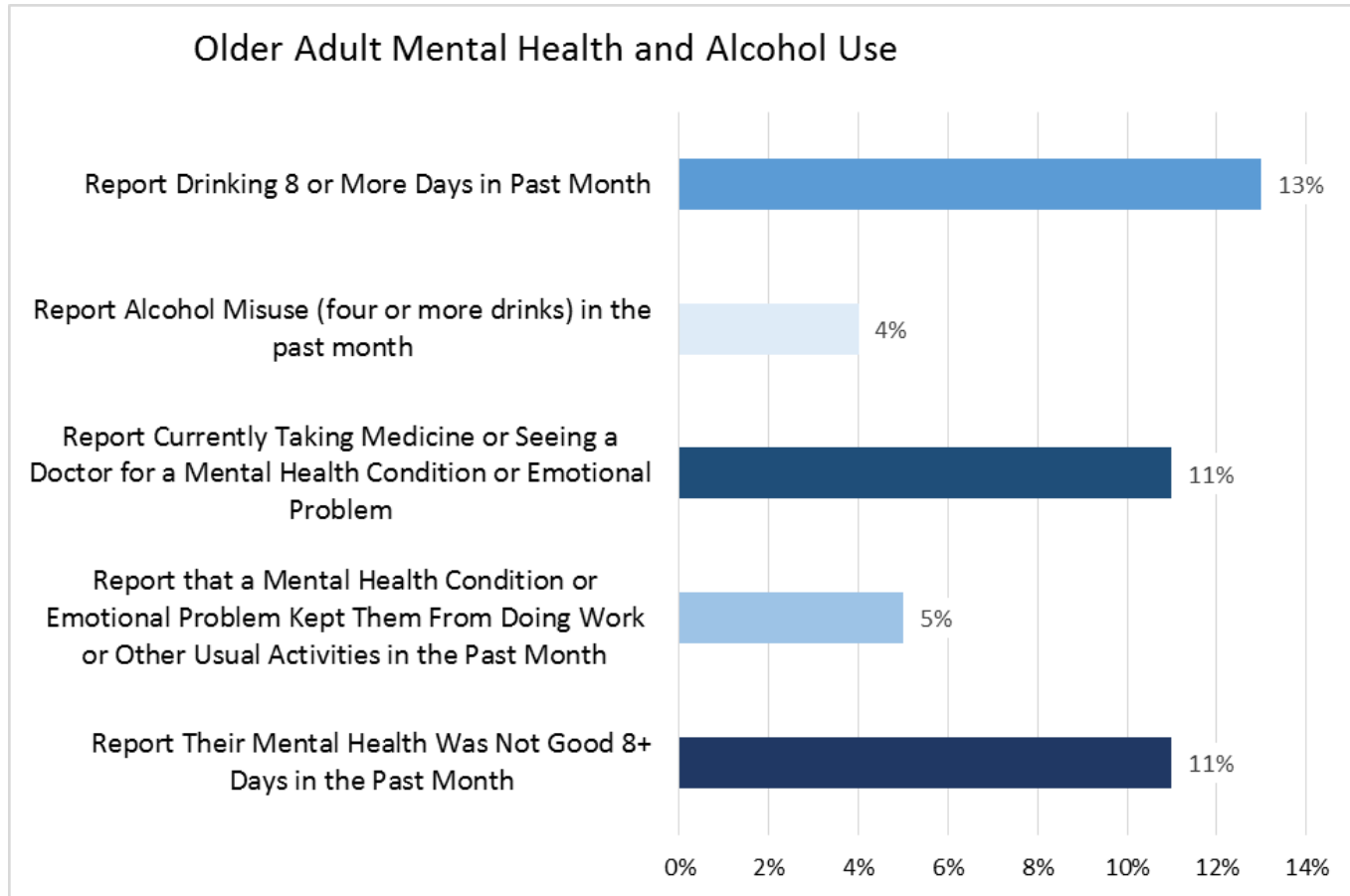
- Similar to the rest of the population, **1 in five older adults have mental health concerns.**
- Approximately, one in five older adults have substance use problems.
- The number of adults 65 and older will **increase dramatically** over the next 15 years.
 - Our 65 and older population will almost double in the next 20 years from 1.5 to 2.5 million.



What are the mental health and substance use needs of older adults?

- Most common types of mental health and substance use concerns among older adults:
 - Depression
 - Anxiety
 - Alcohol use
 - Estimated that one in five older adults consume alcohol in excess of NIH standards
 - Only 3-5% have diagnosable substance use disorders
 - Prescription medication misuse

Older Adult Mental Health and Alcohol Use in North Carolina





N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Depression and Older Adults

Statistics:

Living in Community - 1%-5%*

Hospitalized - 12%

Receiving Home Care - 14%

Nursing Home - 29% - 54%



Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in Older Adults. *Annual Review of Clinical Psychology*, 5, 363-389.
doi:10.1146/annurev.clinpsy.032408.153621

Substance Use and Older Adults



- Estimated 4.8 million adults aged 50 + used illicit drugs in 2012 - 5.2% of all adults in age group.
- Marijuana most commonly, nonmedical use of prescription drugs second.
- Prevalence of illicit drug use higher in adults aged 50 to 59 than those aged 60 and older.
- Alcohol - most common primary substance of abuse among older adults admitted for treatment.

*Reardon, Christina. (January/February 2012 Issue). The Changing Face of Older Adult Substance Abuse. Retrieved from <http://www.socialworktoday.com/archive/012312p8.shtml>.

Older Adult Concerns Identified by the Task Force

- No state agency clearly tasked with meeting the mental health and substance use treatment needs of older adults
- Prevalence of co-morbid conditions
- Mental health and substance use concerns among older adults often unnoticed and/or not addressed by health professionals
- Difficulties figuring out Medicare covered services
- Too few providers contracting with Medicare

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Access to Prevention, Treatment, and Recovery Services

- Is largely driven by payer
 - Medicaid patients have widest array of covered services (outpatient, enhanced, inpatient)
 - Traditional Medicare covers (outpatient and inpatient) coverage is limited to certain types of health professionals and providers must participate in Medicare; Medicare Advantage coverage varies
 - Private Insurance (outpatient, inpatient)
 - Co-pays and deductibles vary widely and can limit access to services
 - Typically do not have coverage for enhanced services which can be critical for successful recovery
 - Uninsured
 - Certain uninsured individuals can qualify for services through their LME/MCO.

North Carolina's Public Mental Health System: A Quick Primer

- North Carolina's publicly funded mental health and substance use system operates under a Medicaid managed care waiver
- Seven LME/MCOs are responsible for administering Medicaid services and state-funded services
 - Most services funded by Medicaid (80%+)
 - State and Federal Block Grant cover about 17% of services



Cross-Cutting Issues

- In charge to Task Force, stated would look at:
 - Array of services available
 - Workforce needs
 - Integrated care
 - Telebehavioral health
- Along the way, other issues arose that became part of the Prevention, Treatment and Recovery Systems Chapters
 - Full Task Force meetings and the Adolescent and Older Adult Work Groups

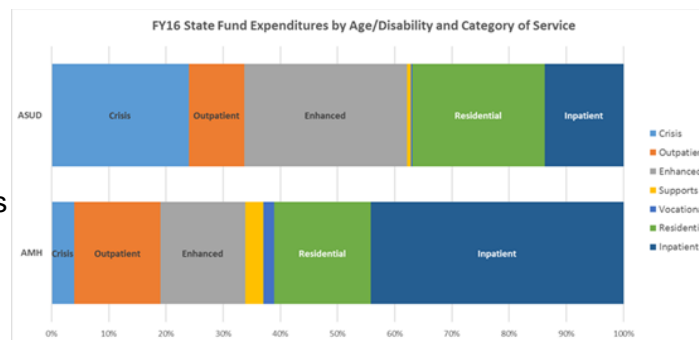
Prevention, Treatment, and Recovery Systems

- There is no single system for mental health and substance use services
 - Fragmented collection of payers, providers, and agencies
- Within the public system, no single agency is in charge of the public systems that address mental health and substance use disorders
 - The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the Division of Medical Assistance, and the North Carolina General Assembly have the most influence

Public Prevention, Treatment, and Recovery Systems

- Continue to rely heavily on the highest level of care
- Need to balance the system with more prevention and other community-based services
- Need stability of existing funding as well as additional funding in the short-term to correct imbalances in current system.

Note: This figure includes state funds (single-stream and block grant funding) only. These funds typically provide services for individuals who are uninsured or underinsured



- Recommendation 2.1: Support and Expand Availability of a Full Array of Mental Health and Substance Abuse Services through LME/MCOs.

Public Prevention, Treatment, and Recovery Systems

- Recommendation 2.2: Create Medicaid Case Management/Recovery Navigation Options.
- Recommendation 2.3: Require North Carolina Agencies to Share Data Cross-Agency
- Recommendation 2.4: Assess and Address Disparities in the LME/MCO System
 - Age is one of the disparities that the Task Force recommends the LME/MCOs address

Public Prevention, Treatment, and Recovery Systems

- Recommendation 2.5: Expand Access to Mental Health and Substance Use Services
- Recommendation 2.6: Increase Utilization of Evidence-Based Mental Health and Substance Use Services and Tie Payment to Positive Health Outcomes

Making Mental Health and Substance Use Services More Accessible

- Recommendation 3.1: Educate Communities on Available Mental Health and Substance Use Services
 - **What types of services are available**
 - **Who is eligible for services**
 - **How to access services and navigate the system**
 - **Alternatives to the emergency department for crisis treatment**
- Recommendation 3.2: Develop a Common Access Point for the Mental Health and Substance Use Prevention, Treatment, and Recovery System

Preparing Communities to Address Mental Health and Substance Use



- Recommendation 3.3: Increase the number of North Carolinians trained in Mental Health First Aid.
 - There is a MHFA older adult training
- Recommendation 3.4: Involve Consumers and Local Communities in the LME/MCO Service Gaps Improvement Process
 - Ensure that the concerns of older adults are heard by LME/MCO

Crisis Response

- Recommendation 3.5: Support and Encourage Crisis Response Stakeholders to Collaborate
 - St. Luke's Hospital-Law Enforcement-BH Providers Task Force Of Polk County



- Recommendation 3.6 Develop New Payment Models to Support Community Paramedicine Programs with Mental Health and Substance Use Crisis Response



Workforce

- Recommendation 3.7: Strengthen Training and Work Force Development
 - North Carolina professional associations for the mental health and substance use workforce should work together with LME/MCOs, North Carolina's community colleges, colleges, universities, and AHEC to ensure an adequate workforce
 - **Includes need for individuals with expertise and skills to work with older adults**
- Recommendation 3.8: Develop More Robust Transition to Practice System for Mental Health and Substance Use Professionals

• **Clinical Training including older adults**



Integrated Care

- Recommendation 3.9: Support Practice and System Transformation towards Integrated Care
 - Integrated care particularly promising for older adults
 - Older adults are less likely to seek specialty care for mental health and substance use needs
 - Older adults often have co-morbid conditions that require regular interactions with primary care



Telepsych

- Recommendation 3.10: Update DMA's Telepsych Policy
- Recommendation 3.11: Maintain Adequate Funding for the NC STeP Program
- Recommendation 3.12: Standardize Credentialing Across Systems



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Leadership and Coordination

- Rec 5.1: Establish Statewide Coordinated Leadership to Oversee Older Adult Health
 - Division of Aging and Adult Services, DMH/DD/SAS, the Division of Medical Assistance, the Division of Health Services Regulation, Emergency Medical Services, LME/MCOs, and the Area Agencies on Aging provide funding or services that are part of the continuum of services for older adults with mental health and substance use disorders
 - No cross-agency efforts to ensure older adult mental health and substance use needs are met



Informed Medicare Enrollment Decisions

- Rec 5.2: Increase Support for SHIIP Program

The Seniors' Health Insurance Information Program (SHIIP) counsels Medicare beneficiaries and caregivers about Medicare, Medicare supplements, Medicare Advantage, Medicare Part D, and long-term care insurance. The counselors on SHIIP's toll-free line offer free and unbiased information regarding Medicare health care products. SHIIP also helps people recognize and prevent Medicare billing errors and possible fraud and abuse through the NC SMP Program.



Prepare Communities

- Recommendation 5.3: Use GAST Teams to Train Communities on Issues of Older Adult Mental Health
 - Geriatric / Adult Specialty Teams (GAST) provide training and consultation to people that provide services and support to older adults with mental health and substance use needs



- and Recommendation 3.3: Increase the number of North Carolinians trained in Mental Health First Aid.

Increase Capacity of Primary Care to Address Older Adult Mental Health and Substance Use

- Recommendation 5.4: Improve Capacity of Primary Care Practices to Screen, Treat, and Refer Older Adults to Treatment for Behavioral Health Needs
 - Alliant Quality, along with Community Care of North Carolina, the Center of Excellence for Integrated Care, and others provide TA to primary care practices on:
 1. **Using evidence-based methods to screen for mental health and substance use among older adults, with a particular focus on depression**
 2. **Providing brief intervention**
 3. **Referring to treatment for behavioral health needs**

Care Management



- Recommendation 5.5: Increase Care Management Services for Older Adults
 - Older adults with mental health and substance use disorders often have co-occurring chronic health conditions
 - Care management can help individuals with co-occurring conditions manage their health conditions and reduce overall costs
 - Medicare is reimbursing for non-face-to-face chronic care management but few are billing under this code
 - > Education and technical assistance to practices and health systems to help them increase chronic care management services for older adults

Increasing Workforce

- Recommendation 5.6: Increase Number of Eligible Behavioral Health Care Providers Billing Medicare
 - Many private practice behavioral health providers do not accept assignment or bill Medicare
 - Medicare enrolled mental health and substance use treatment providers are underutilizing both available codes and helpful Medicare services



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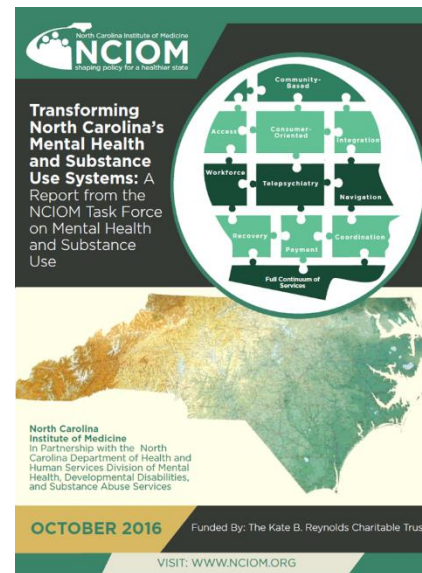


Adolescents

- Recommendation 4.1: LME/MCOs Should Act as Lead Player in Cross-System Collaboration
- Recommendation 4.2: Support and Further Develop Local System of Care Community Collaboratives
- Recommendation 4.3: Educate School Personnel on the Behavioral Health Needs of Adolescents
- Recommendation 4.4: Encourage Partnerships between Schools and LME/MCOs
- Rec 4.5: Support the Implementation of Trauma-Informed Child and Family Serving Systems across North Carolina Counties
- Rec 4.6: Submit Medicaid Waiver to Best Serve Youth with Serious Emotional Disturbance

Next Steps:

- Report release today
- Printing and mailing report and issue brief over next two weeks.
- Print issue brief in *North Carolina Medical Journal*



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Division of
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Services

For More Information

Adam Zolotor, MD, DrPH
President and CEO
North Carolina Institute of Medicine
919-445-6150
adam_zolotor@nciom.org

Berkeley Yorkery, MPP
Associate Director
North Carolina Institute of Medicine
919-445-6151
Berkeley_yorkery@nciom.org

