NC’s Public System

• Currently 7 public behavioral health Managed Care Organizations oversee services for the state’s 100 counties
• Operate under Medicaid 1915 (b)/(c) waivers
• Oversight by NC Department of Health and Human Services
• Employ multiple funding sources to serve individuals with Medicaid and the uninsured
About Alliance

• Four-county region with 470,000 Medicaid-eligible and uninsured individuals among a total population of over 1.8 million

• Professional staff of over 500

• Network of 2200+ contracted providers

• Preparing to operate a “Tailored Plan” beginning in 2021
Medicaid Transformation in NC

• Standard Plans
  o Serve most Medicaid enrollees, including adults and children
  o Provide integrated physical health, behavioral health, and pharmacy services to members

• Tailored Plans
  o Specifically designed to serve special populations with unique health care needs (SMI, SU disorders, long-term care needs)
  o Provide integrated physical health, behavioral health, and pharmacy services to members
Current LME/MCO Regions
Alliance Crisis Continuum

• 24/7 toll-free Access and Information Center

• Crisis and Assessment Centers throughout our region
  o 23-hour crisis stabilization/observation chairs
  o Short-term crisis residential services and crisis stabilization
  o Child facility currently under construction

• Mobile crisis services

• NC START
Alliance Crisis Continuum

• Rapid Response homes
• Behavioral Health Urgent Care centers
Behavioral Health Urgent Care

• Treatment model intended to divert individuals in need of BH crisis assistance from the use of EDs

• Offers an array of services:
  o Brief assessment and triage
  o Stabilization and intervention
  o Nursing assessment and intervention
  o Psychiatric intervention and access to needed medications
  o Case management to address social determinants of health disposition and discharge planning
Benefits of BHUC

• Fills a gap in the crisis continuum between routine outpatient therapy and emergent crisis services
• Addresses lack of adequate child/adolescent crisis services
• Often a more appropriate care setting than the ED for individuals with BH challenges
• Time from arrival to exit is generally two hours or less
• Allows for integrated care (social determinants of health, chronic medical needs)
Target Population

• Experiencing a new mental health crisis
• Experiencing ongoing mental health challenges
• Substance use problems complicating a mental health issue
• In need of medication bridging
Individuals Receiving Services

- 1843 individuals assessed (August 2017-December 2018)
  - 43% new to services
  - 40+% identified as being in a “high-risk” category
  - Youth account for 30% of those receiving services
30 Days Post BHUC Visit

- 75% of visitors insured by Medicaid 55% of uninsured visitors received follow-up care in the community
- <6% utilized an emergency department
- 0% of youth seen were referred for residential care
Member Survey Results

• Over 50% of respondents said they would have gone or may have gone to the ED if BHUC was not available

• 24.5% responded that they may have gone to the ED if BHUC was not available

• 96.94% reported that their needs were met by the BHUC visit

• 95% of respondents were satisfied or very satisfied with the service they received with the service