NC Medicaid Quality Fact Sheets

Fact Sheet
Behavioral and Mental Health Experiences and Outcomes

Introduction

NC Medicaid is committed to improving health outcomes by coordinating physical, behavioral and social health services. This type of integrated care allows beneficiaries with mental health or substance use disorders to receive holistic care. Behavioral health services can include therapeutic, rehabilitative, medical and case management activities, and often involve family and other social supports.[1] NC Medicaid is committed to providing these services to child and adult beneficiaries through high-quality behavioral health care. This fact sheet provides a broad look into how NC Medicaid beneficiaries receive behavioral health services.

If you would like to learn more about how to read and interpret this fact sheet, please visit the Readers Guide.

CHILDREN AND ADOLESCENTS

As seen in Figure 1, the majority of parent or caretaker respondents to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey of child beneficiaries reported that their child's personal doctor did not ask about their childs' mental health (51.70%). Conversely, the majority of respondents (65.30%) reported that they were always, usually or sometimes able to receive an appointment for counseling or mental health treatment as soon as their child needed it, as seen in Figure 2.

Figure 1: Percentage of 2025 Child NC Medicaid Program CAHPS Respondents Whose Child's Personal Doctor Asked About Their Child's Mental Health

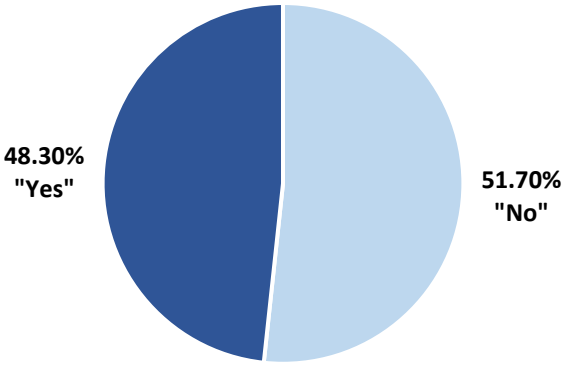
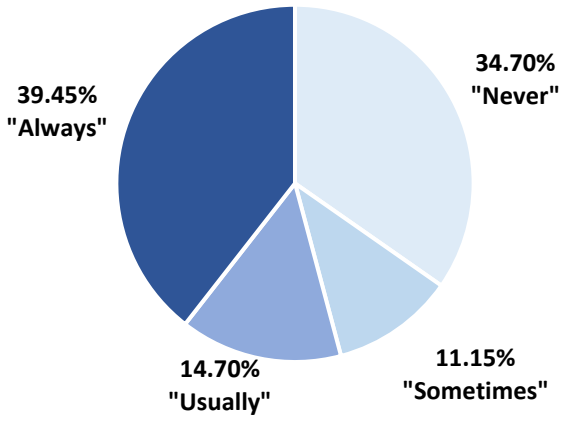


Figure 2: Percentage of 2025 Child NC Medicaid Program CAHPS Respondents Who Needed Counseling or Mental Health Treatment for Their child and Received an Appointment as Soon as Their Child Needed

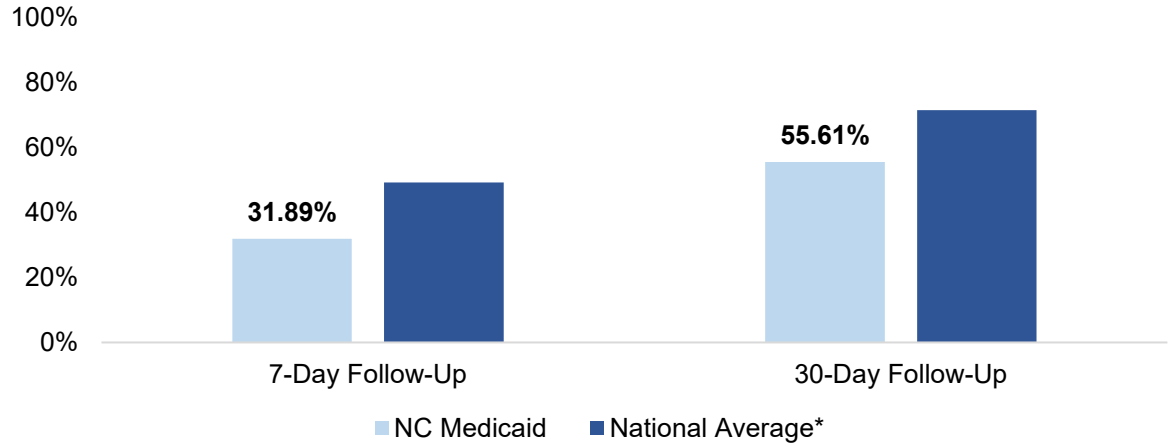


Follow-Up Care

Timely outpatient follow-up care after an emergency department (ED) visit or hospitalization for mental illness is associated with better care coordination, fewer ED visits or hospital readmissions, and overall better health outcomes.[2] It is recommended that children who had an ED visit or were hospitalized for mental illness receive follow-up care with a mental health provider within 30 days of their discharge. Ideally, patients receive follow-up care with a provider in the seven days following their visit, but obtaining immediate follow-up care can be challenging, specifically for patients who had low engagement with outpatient care prior to their hospital visit.[2]

As seen in Figure 3, NC Medicaid beneficiaries ages 6 through 17 were less likely to receive follow-up care with a mental health provider within seven days of being hospitalized for mental illness or self harm. Instead, beneficiaries were much more likely to receive care sometime in the 30 days following their ED visit or hospital discharge.[3,4] NC Medicaid's performance was below the national average on both the seven and 30-day submeasures.

Figure 3: 2024 Rate of Follow-Up After Hospitilization for Mental Illness (FUH), Ages 6-17

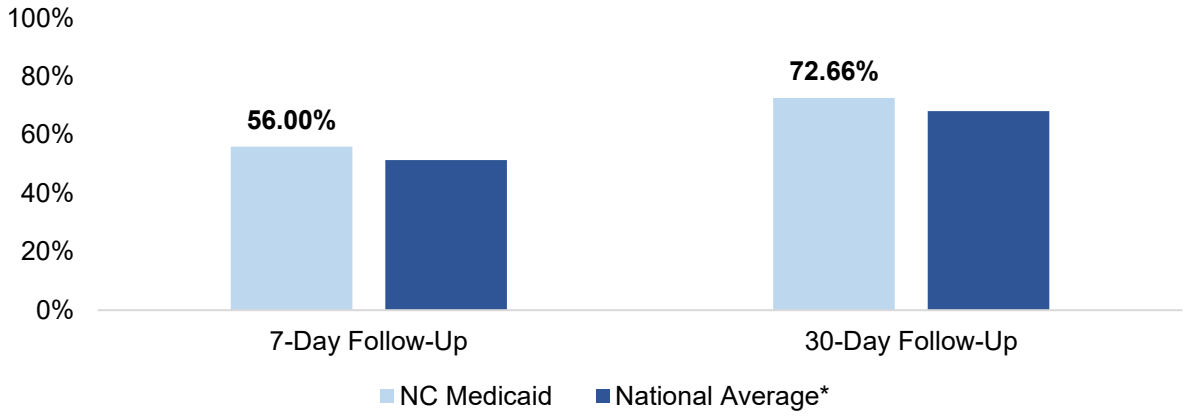


**The NCQA National Average for this age group is proprietarily owned data and cannot be published. For more information, please reach out to NCQA.*

Similarly, NC Medicaid beneficiaries ages 6 through 17 who visited the ED for mental illness or self harm were less likely to receive follow-up care with a mental health provider within seven days (see Figure 4). Instead, beneficiaries were more likely to receive care sometime in the 30 days following their ED visit.[3,4] These findings are consistent with national averages.

Across both FUH and FUM, these findings may indicate a lack of timely follow-up care for children and adolescents with important mental health needs.

Figure 4: 2024 Rate of Follow-Up After Emergency Department Visit for Mental Illness (FUM), Ages 6-17

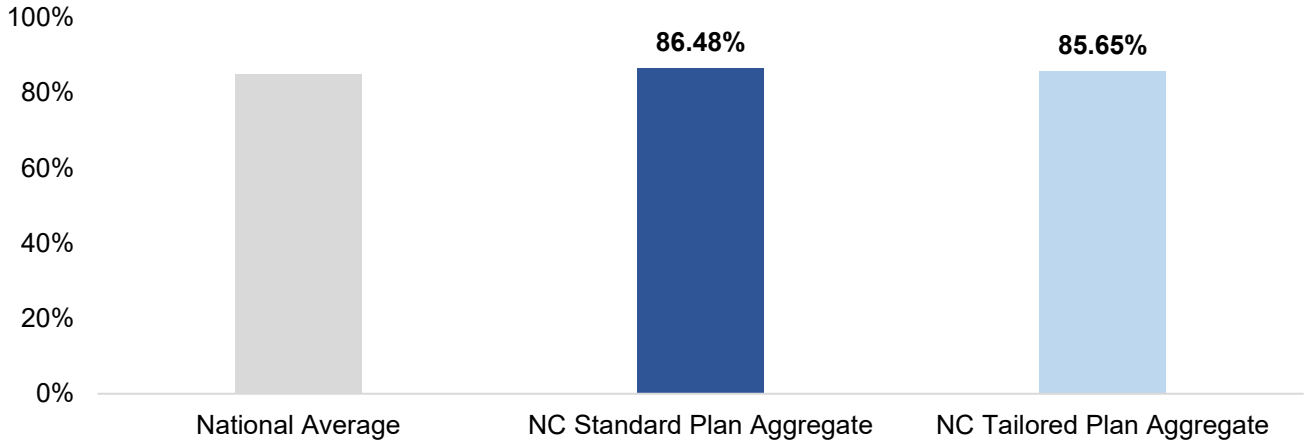


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As seen in Figure 5, caregivers of children enrolled in Tailored Plans reported on the CAHPS survey that their child's doctor engaged in care coordination at a comparable percentage as caregivers of

children enrolled in Standard Plans and as the National Average. This may indicate that children with higher behavioral health needs are receiving the care coordination they need.

Figure 5: Percentage of Child CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers in 2025



*Refers to individuals who are enrolled in Tailored Plans. These individuals require more intensive care for higher mental health needs, I/DD, traumatic brain injuries or severe substance use disorder.

ADULTS

As seen in Figures 6 and 7, the majority of adult NC Medicaid Program CAHPS respondents reported that their personal doctor asked about their mental health (55.92%), and that they were always, usually or sometimes able to receive an appointment for counseling or mental health treatment as soon as they needed it (65.95%).

Figure 6: Percentage of 2025 Adult NC Medicaid Program CAHPS Respondents Whose Personal Doctor Asked About Their Mental Health

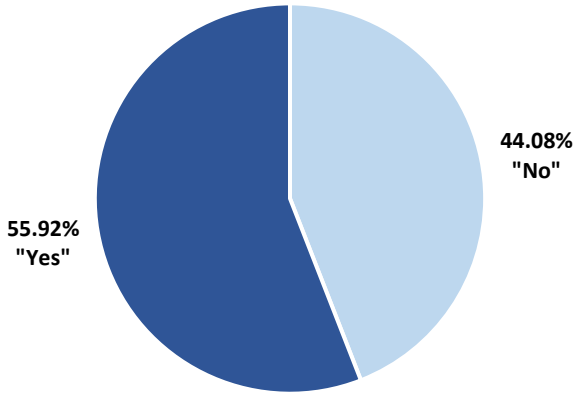
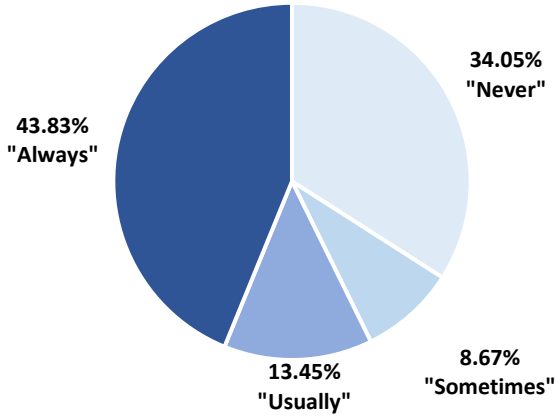


Figure 7: Percentage of 2025 Adult NC Medicaid Program CAHPS Respondents Who Needed Counseling or Mental Health Treatment and Received an Appointment as Soon as They Needed



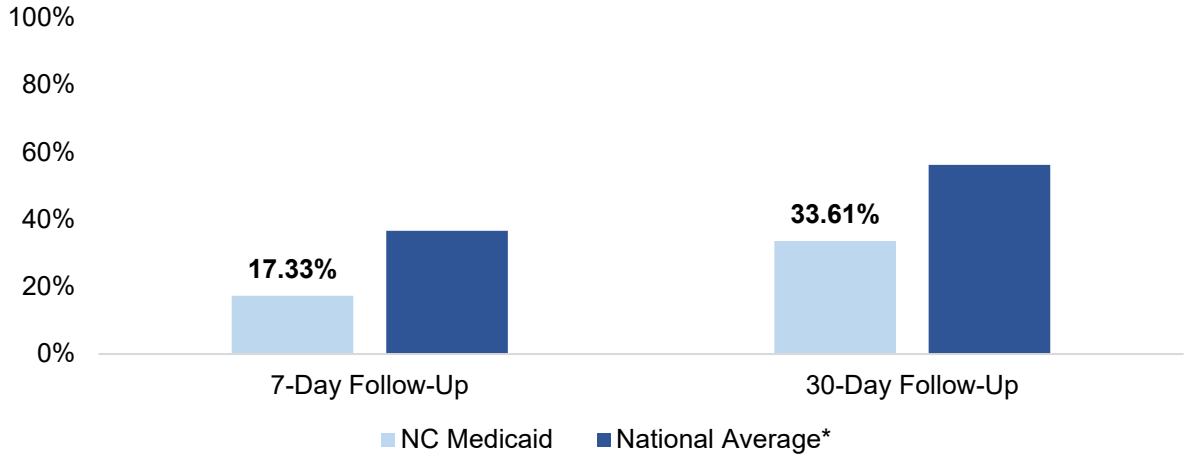
*Refers to individuals who are enrolled in Tailored Plans. These individuals require more intensive care for higher mental health needs, I/DD, traumatic brain injuries or severe substance use disorder.

Follow-Up Care

Like child beneficiaries, proper follow-up care is crucial for adults who have visited the ED or been hospitalized for mental illness or self harm. Outpatient follow-up care following a hospital visit for mental illness is incredibly important as it has been found to decrease a patient's likelihood of hospital readmission within 30 days of discharge, regardless of the length of initial hospitalization, substance use status, race, gender and a variety of other factors.[5]

As seen in Figure 8, rates of follow-up care within seven days of hospital discharge were much lower than rates for the 30-day follow-up submeasure.[3,4] These rates were also lower than the national averages for both submeasures.

Figure 8: 2024 Rate of Follow-Up After Hospitilization for Mental Illness (FUH), Ages 18-64

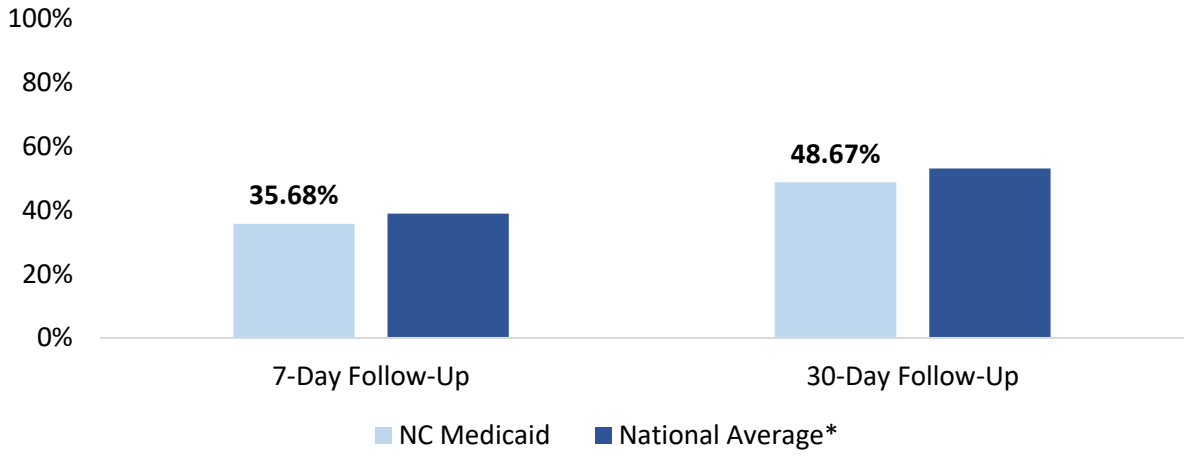


**The NCQA National Average for this age group is proprietarily owned data and cannot be published. For more information, please reach out to NCQA.*

Similarly, rates of follow-up care within seven days following an ED visit were lower compared to the 30-day follow-up submeasure (as seen in Figure 9).

Again, this signals a possible need for better care coordination and follow-up for adult beneficiaries with mental health diagnoses.

Figure 9: 2024 Rate of Follow-Up After Emergency Department Visit for Mental Illness (FUM), Ages 18-64

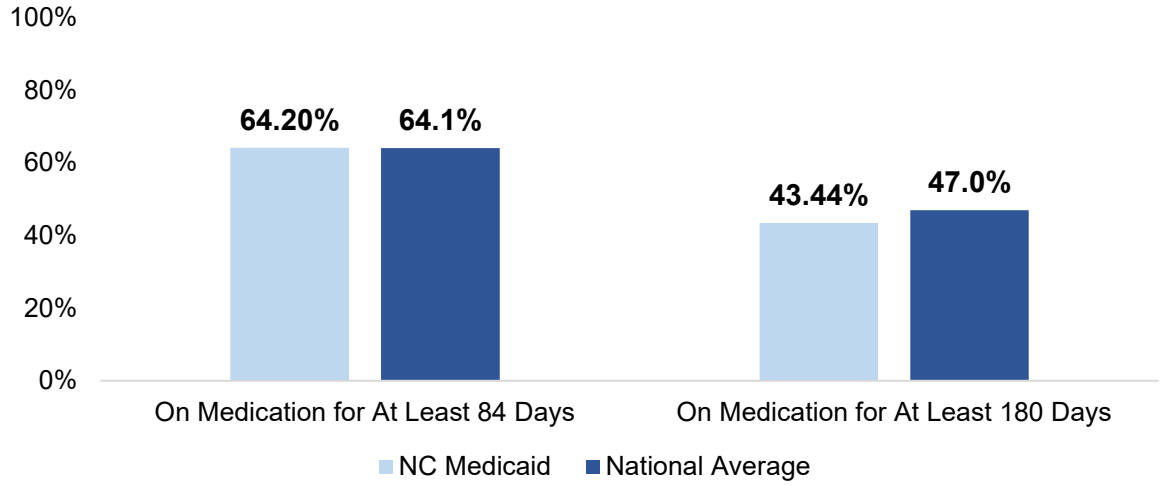


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Effective medication treatment and management for depression can improve daily functioning and well-being, and reduce the risk of suicide.[6] As seen in Figure 10, ~64% of adult NC Medicaid beneficiaries who had recently started taking an antidepressant for clinical depression discontinued their medication within 180 days.[6] The lower rates reported within NC Medicaid and the national

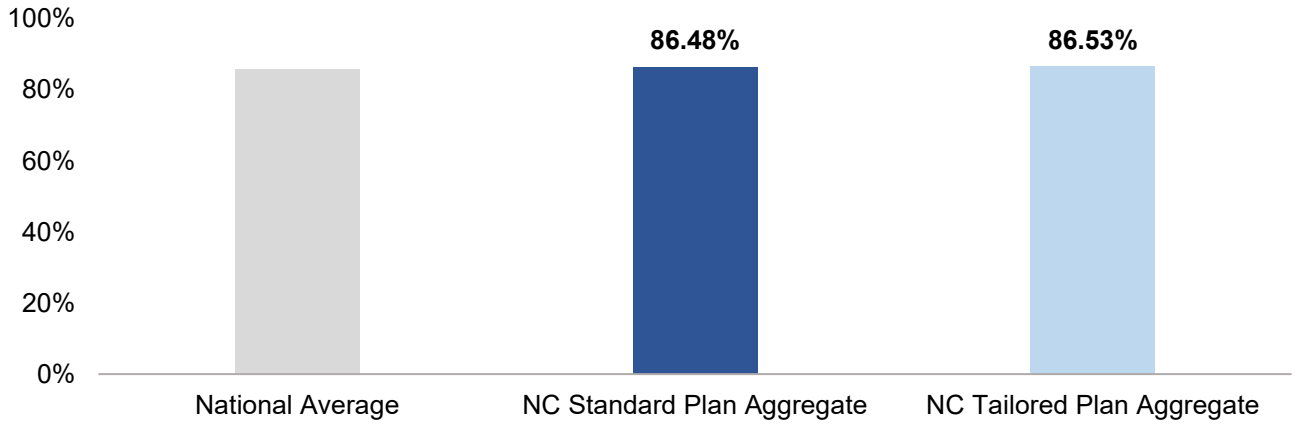
average outline a need for increased medication management, coordinated follow-up care and support.

Figure 10: 2024 Rate of Antidepressant Medication Management (AMM), Ages 18+



As seen in Figure 11, adult CAHPS respondents enrolled in Tailored Plans reported that their doctor engaged in care coordination at a slightly higher percentage as adults enrolled in Standard Plans and as the National Average. As with the child population, this may indicate that adults with higher behavioral health needs are also receiving the care coordination they need.

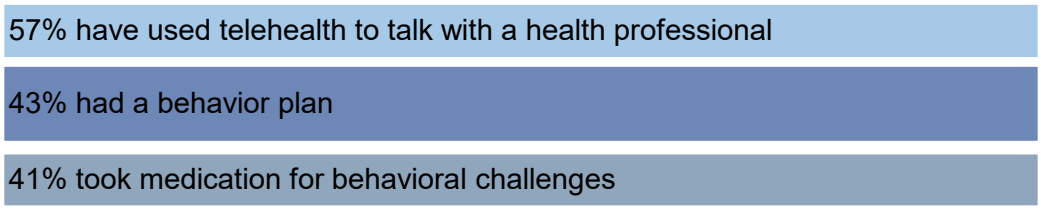
Figure 11: Percentage of Adult CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers in 2025



*Refers to individuals who are enrolled in Tailored Plans. These individuals require more intensive care for higher mental health needs, I/DD, traumatic brain injuries or severe substance use disorder.

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Finally, NC Medicaid adults with I/DD* reported the following from 2023-2024:



*Data Obtained from the National Core Indicators® - Intellectual and Developmental Disabilities 2023-2024 survey. These rates do not include individuals who responded with "I don't know" or respondents who did not answer the question.

NC MEDICAID'S WORK ON IMPROVING BEHAVIORAL HEALTH SERVICES

Tailored care management (TCM)[7] was launched in North Carolina Dec. 1, 2022. TCM is a specialized form of care delivery that provides whole-person, tailored services to individuals with intellectual or developmental disabilities.

Tailored Care Management:

- Gives beneficiaries autonomy in how they choose to receive care.
- Allows beneficiaries to have a designated care manager that works with their broader care team.
- Supports in-person care in integrated care settings.
- Integrates pharmaceutical, behavioral and physical health care, along with other health services to promote the best outcomes for every beneficiary.

Following the launch of TCM, NC Medicaid launched Tailored Plans[11] July 1, 2024. Tailored Plans are a specific type of health plan that provide TCM services to NC Medicaid beneficiaries with more complex health needs. This includes individuals with serious mental illness, severe substance use disorders, I/DD and/or traumatic brain injuries.

Tailored Plans provide services such as:

- Home and community-based services
- Long-term rehabilitation and treatment services
- Institutional and community-based mental health treatment
- Help moving out of a treatment facility and into your own home
- Breaks for caregivers

ADDITIONAL INFORMATION

The **quality measures** displayed in this fact sheets include:

- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Antidepressant Medication Management (AMM)

These quality measures were created by the National Committee for Quality Assurance.

For more technical information on these measures, please click here.

Some **survey measures** displayed in this fact sheet are derived from the 2025 CAHPS, listed below.

- Percentage of Child CAHPS Respondents Whose Child's Personal Doctor Asked About Their Child's Mental Health
- Percentage of Child CAHPS Respondents Who Needed Counseling or Mental Health Treatement for Their Child and Who Received An Appointment As Soon As Their Child Needed
- Percentage of Child CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers
- Percentage of Adult CAHPS Respondents Whose Personal Doctor Asked About Their Mental Health
- Percentage of Adult CAHPS Respondents Who Needed Counseling or Mental Health Treatement for and Who Received An Appointment As Soon As They Needed
- Percentage of Adult CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers

For more technical information on these measures, please see the 2025 CAHPS Full Report.

Other **survey measures** are derived from the 2023-2024 National Core Indicators: Intellectual and Developmental Disabilities Survey, listed below.

- Percentage of Respondents Who Had Used Telehealth Services to Talk With a Health Professional
- Percentage of Respondents Who Had a Behavior Plan
- Percentage of Respondents Who Took Medication for Behavioral Challenges

For more technical information on these measures, please see the National Core Indicators website.

REFERENCES

1. "Behavioral Health and Intellectual/Developmental Disability Services," North Carolina Medicaid Division of Health Benefits, North Carolina Department of Health and Human Services, March 1 2023, https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/behavioral-health-and-intellectual-developmental-disabilities-services .
2. Smith, Thomas E et al. The Effectiveness of Discharge Planning for Psychiatric Inpatients With Varying Levels of Preadmission Engagement in Care. *Psychiatric services (Washington, D.C.)* vol. 73,2 (2022): 149-157. doi:10.1176/appi.ps.202000863.

3. “Follow-Up After Hospitalization for Mental Illness (FUH).” NCQA, 2025, https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/follow-up-after-hospitalization-for-mental-illness-fuh/.
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8. “Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans” North Carlina Department of Health and Human Services, November 14 2025, https://medicaid.ncdhhs.gov/tailored-plans.