

## Fact Sheet

# Behavioral Health Services

### Introduction

By providing members with mental health or substance use disorders care that promotes their mental health, wellbeing, and medical needs, behavioral health services are a crucial component of overall care. Behavioral health services can include therapeutic, rehabilitative, medical, and case management activities, and often involve family and other social supports.<sup>1</sup> At NC Medicaid, we are committed to providing high quality behavioral health care. This fact sheet provides a broad look into how NC Medicaid beneficiaries are receiving behavioral health services.

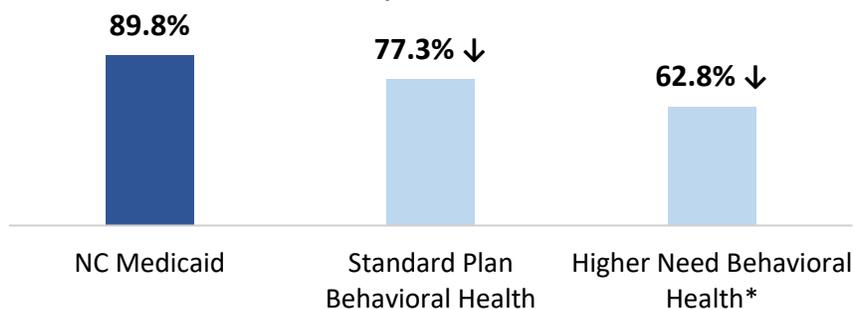
If you would like to learn more about how to read and interpret this fact sheet, [please click here](#).

### CHILDREN AND ADOLESCENTS

As seen in Figure 1, while most caregivers of children in the NC Medicaid Program rated their child's mental or emotional health status positively, caregivers of children with behavioral health needs rated it positively significantly lower than those in the NC Medicaid Program.

Further, children with the highest behavioral health needs reported the lowest rate of positive mental or emotional health.

**Figure 1:** Percentage of Child CAHPS Respondents Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good in 2022



\*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.

↓ Significantly lower than the NC Medicaid Program

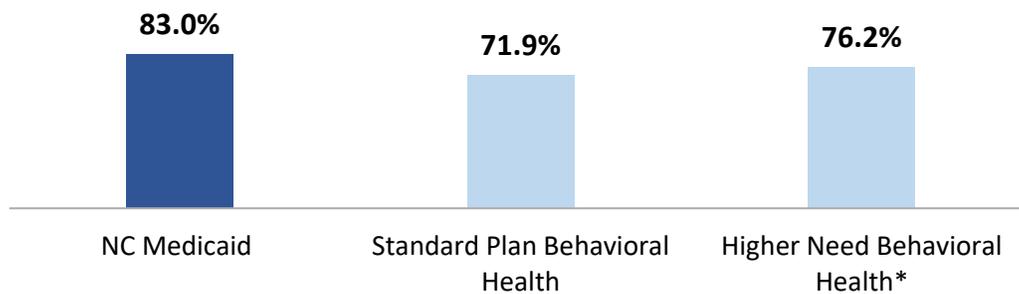
Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey.

## Care Coordination

As seen in Figure 2, caregivers of children with behavioral health needs reported that their child's doctor engaged in care coordination at a lower percentage than the combined group of caregivers of all children in the NC Medicaid Program. While there are no significant differences, children who received behavioral health services through Standard Plans reported the lowest rates of perceived care coordination.\*

\*This data was collected from June-October of 2022. Care coordination for this population is expected to increase after the launch of Tailored Care Management on December 1, 2022, although this data has not yet been reported.

**Figure 2:** Percentage of Child CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers in 2022



\*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.

As seen in Figure 3, only ~35% of children ages 6-17 who had been hospitalized for mental illness or intentional self-harm, received follow-up care with a mental health provider within 7 days of discharge. This indicates a lack of timely follow-up care for those with important mental health needs.

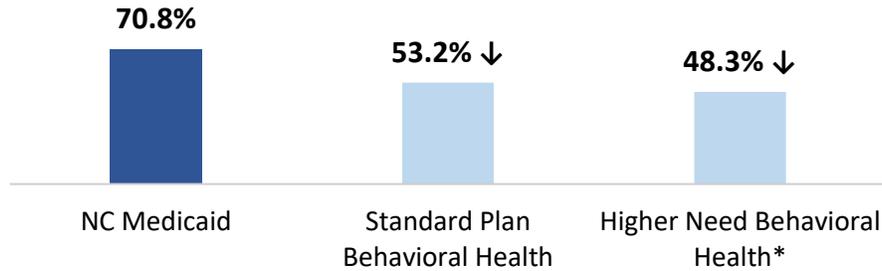
**Figure 3:** 2021 Follow-Up After Hospitalization for Mental Illness (Ages 6-17)



## ADULTS

As seen in Figure 4, adults with behavioral health needs rated their mental or emotional health status positively significantly lower than general adults in the NC Medicaid Program.

**Figure 4:** Percentage of Adults Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good in 2022

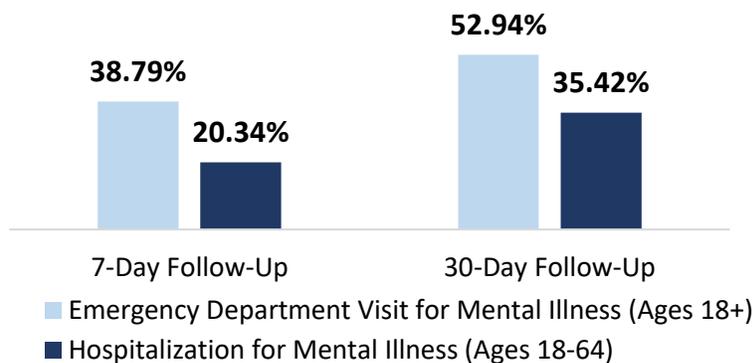


\*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.

## Follow Up Care

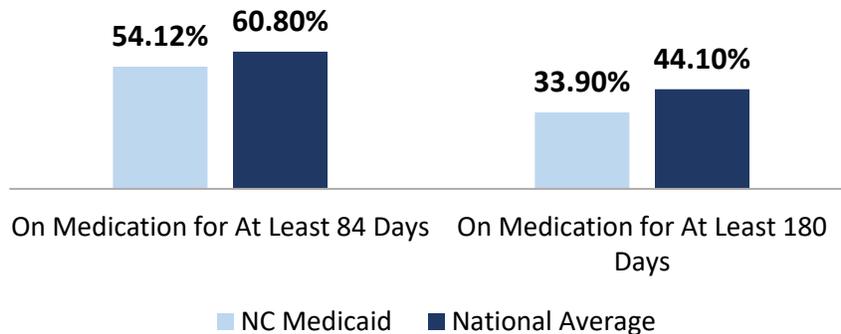
It is recommended that patients who had an emergency department (ED) visit or were hospitalized for mental illness receive follow-up care with a mental health provider within 30 days of their discharge. Ideally, patients would receive follow-up care with a provider in the 7 days following their visit, but obtaining immediate follow-up care can be challenging, specifically for patients who had low engagement with outpatient care prior to their hospital visit.<sup>2</sup> As seen in Figure 5, only 38.79% of adult beneficiaries received a follow-up visit within 7 days of discharge following an ED visit for mental illness, and only 20.34% received a follow-up visit within 7 days of their hospitalization discharge. 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.<sup>3</sup>

**Figure 5:** 2021 Follow-Up After ED Visit or Hospitalization for Mental Illness (Ages 18-64)



Effective medication treatment and management for depression can improve daily functioning and well-being, and reduce the risk of suicide.<sup>4</sup> As seen in Figure 6, ~66% of adult NC Medicaid beneficiaries who had recently started taking an antidepressant for clinical depression discontinued their medication within 180 days. NC Medicaid’s rates of discontinuation were higher than the national averages. NC Medicaid’s lower performance on this measure outlines a need for increased medication management, coordinated follow-up care, and support.

**Figure 6: 2021 Antidepressant Medication Management**



While there were *no significant differences* reported in care coordination between the general adult Medicaid beneficiary population and adult beneficiaries with behavioral health needs, those with more severe behavioral health needs reported poorer experiences with care coordination. Only 78.0% of this population felt providers were up to date on their care, compared to 88.2% of the general adult Medicaid beneficiary population.\*

\*Data Obtained from CAHPS

Finally, NC adults with Intellectual and Developmental Disabilities Reported\* the following from 2021-2022:

- 54% have used telehealth
- 11% needed help finding, getting, or setting up mental health or behavioral health supports
- 8% needed help with understanding medication

\*Data Obtained from the National Core Indicators® - Intellectual and Developmental Disabilities 2021-2022 survey.



## NC MEDICAID'S WORK ON IMPROVING BEHAVIORAL HEALTH SERVICES

Tailored care management (TCM)<sup>5</sup> was launched in North Carolina on December 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.

## 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 2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS), listed below.

- Percentage of Child CAHPS Respondents Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good
- Percentage of Child CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers
- Percentage of Adults Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good
- Percentage of Adult CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers

For more technical information on these measures, please [click here](#).

Other **survey measures** are derived from the 2021-2022 National Core Indicators: Intellectual and Developmental Disabilities Survey, listed below.

- Percentage of Respondents Who Had Used Telehealth Services
- Percentage of Respondents Who Needed Help Finding, Getting, or Setting Up Mental Health or Behavioral Health Supports
- Percentage of Respondents Who Needed Help With Understanding Medication



For more technical information on these measures, please [click here](#).

## 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. Cook, Judith A et al. Serious mental illness, other mental health disorders, and outpatient health care as predictors of 30-day readmissions following medical hospitalization. *General hospital psychiatry* vol. 70 (2021): 10-17. doi:10.1016/j.genhosppsy.2021.02.004
4. "Antidepressant Medication Management (AMM)." NCQA, 3 Feb. 2023, [www.ncqa.org/hedis/measures/antidepressant-medication-management/](http://www.ncqa.org/hedis/measures/antidepressant-medication-management/)
5. "Tailored Care Management" North Carolina Medicaid Division of Health Benefits, North Carolina Department of Health and Human Services, July 18 2023, <https://medicaid.ncdhhs.gov/tailored-care-management>

