

Budget Priorities for the 2021 North Carolina Legislative Session

The Coalition is composed of organizations representing consumers, families, advocates, providers and professionals who are committed to assuring the availability of the services and supports for North Carolinians who experience addictive diseases, mental illness, and developmental disabilities in North Carolina, and for the millions of family members, friends and others whose lives are also affected. Through the Coalition's broad reach across the state, we seek to expand the current continuum of services available to people with intellectual and developmental disabilities (IDD), traumatic brain injury (TBI), substance use disorders and mental health (MH) issues. People with disabilities face specific challenges that our Coalition of member organizations seek to highlight. Our budget priorities promote solutions to current issues that can increase efficiencies and promote personal success.

- Reinstate single stream funding for critical behavioral health and IDD services. \$50 million recurring, for 5 years.
- Increase access to the Innovations Waiver by 1,000 slots per year to reduce the waitlist for these critical services for individuals with IDD. \$19.5 million recurring
- Address Opioids and other addictive diseases. Provide prevention funds to address Opioid Misuse and Primary Prevention.
 Appropriate more funding for addiction treatment services to address gaps in the current continuum of care. \$22.3 million recurring
- Increase provider rates by 35% to attract and retain peer and direct support professionals for community-based services for those who qualify. \$87 million recurring
- Support ongoing funding for children with complex needs, often 3-21 year-olds whose developmental and behavioral needs must be addressed with intensive specialized services. This includes NC START, IDD Medical Health Home pilots, and crisis navigation/support. \$4 million recurring

COVID-19 response:

- People we are helping have been disproportionally affected by unemployment, loss of health insurance, homelessness and
 are in desperate need of services that are not accessible. Prioritize new COVID federal relief funds to citizens
 disproportionately impacted by the pandemic.
- Unspent federal and state dollars should be reinvested for the underfunded MH/IDD/SUD services system.
- Changes/flexibility for waivers and telehealth should remain in place. Maintain current flexibility for waivers and telehealth policies that were put into place as a result of COVID-19. These include no pre-authorization, paying the same rate as in person visits, and flexibility for platforms used to deliver services.

Increase the availability of accessible, safe and community-based housing:

• Expand affordable housing options for persons with disabilities including the passage of a group home preservation bill for people who chose or could benefit from that housing option. Fund the Housing Trust Fund to alleviate the shortage of safe, affordable, accessible housing for low/ moderate-income citizens with behavioral health/IDD.

Invest in the MH/IDD/SUD system to provide services to those without public or private health care coverage:

- Fund treatment services, staffing and national accreditation of jail and prison based mental health treatment services. Pilot jail diversion programs across the state at an average cost of \$50,000 per pilot
- **Expand family support provided through community organizations** that fill needs for non-clinical, crucial determinants of health and supports not covered by Medicaid dollars. \$120,000 recurring.
- Increase funding for three-way psychiatric bed contracts with community hospitals to ensure access to crisis behavioral health care for those without insurance. \$25 million recurring
- Ensure funding for expansion of three-way beds specific to Dorothea Dix fund. \$20 million recurring

Provide a basic level of health care for the uninsured:

• Close the health insurance gap by enacting Medicaid Expansion for coverage and services to 500,000 individuals including 150,000 individuals with opioid addiction and other behavioral health needs. Cost neutral to North Carolina with the federal government paying 90 percent of the costs, makes better use of state funds already being spent for uninsured health care.

2021 Membership of The Coalition

Addiction Professionals of North Carolina Alcohol/Drug Council of North Carolina The Arc of North Carolina Autism Society of North Carolina Benchmarks

Benchmarks
Community Based Care
Developmental Disability Consortium
Developmental Disabilities Facilities Association
First In Families of North Carolina
Governor's Institute on Alcohol and Substance Abuse
i2i Center for Integrative Health
Licensed Professional Counselors Association of North Carolina
Mental Health America of Central Carolinas

NC Mental Health Coalition

National Alliance on Mental Illness, North Carolina National Association of Social Workers, North Carolina Chapter North Carolina Association of Rehabilitation Facilities

North Carolina Association of the Deaf North Carolina Association for Marriage and Family Therapy North Carolina Association of People Supporting Employment First North Carolina Consumer, Advocacy, Networking, and Support Organization

North Carolina Employee Assistance Program Association

North Carolina Healthcare Association

North Carolina Providers Council

North Carolina Psychiatric Association

North Carolina Psychological Association

North Carolina Psychological Foundation

North Carolina Substance Abuse Prevention Providers Association

Oxford Houses of North Carolina

RHA Health Services

NC Substance Use Disorder Federation