

SCFAC Updates

Kelly Crosbie, MSW, LCSW
Director, DMHDDSUS

August 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

- 988 Update (1 year anniversary!)
- Samantha R Update
- Budget Update
- Preparing our Strategic Plan (State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services)
- CFAC Annual Report Recommendations: Follow-Up

988: 1 Year Anniversary

988 Suicide and Crisis Lifeline

- **July 16, 2022 launched National 9-8-8 Suicide and Crisis Lifeline**
- **24-hour access to trained crisis counselors**
- **Reached through**
 - 988 or 1-800-273-TALK (8255) - call/text
 - 988lifeline.org – chat
- **Assessment will determine the need for further intervention** (Mobile Crisis, Law Enforcement, Warm Hand-off to LMEs, Referral to community)



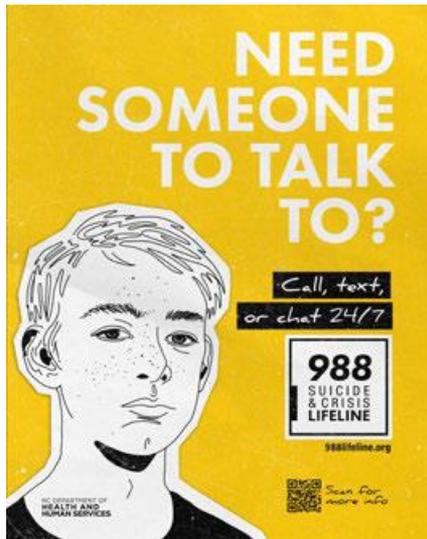
Social Media Campaign



Twitter, Facebook, Instagram



988 Middle/High School Campaign



Posters and swag in schools.
Social Media (Instagram, Snapchat,
Facebook, Twitter, TikTok)

Year 1 of 988: Facts & Figures

- Every person who connects with [988 is offered support](#).
- Currently, about 5,000 people call 988 each month in North Carolina.
- Since its launch last July, there has been a 31% increase in North Carolinians reaching out for support.
- 60% of callers are new callers.
- 40% are repeat callers looking for additional support.
- 90% of individuals with thoughts of suicide reported improvement in how they were feeling by the end of their call.
- North Carolina's average speed to answer is 19 seconds, while the national average is 41 seconds (at the start of last year, the national average was 2 minutes and 39 seconds).

What to expect when you call 988

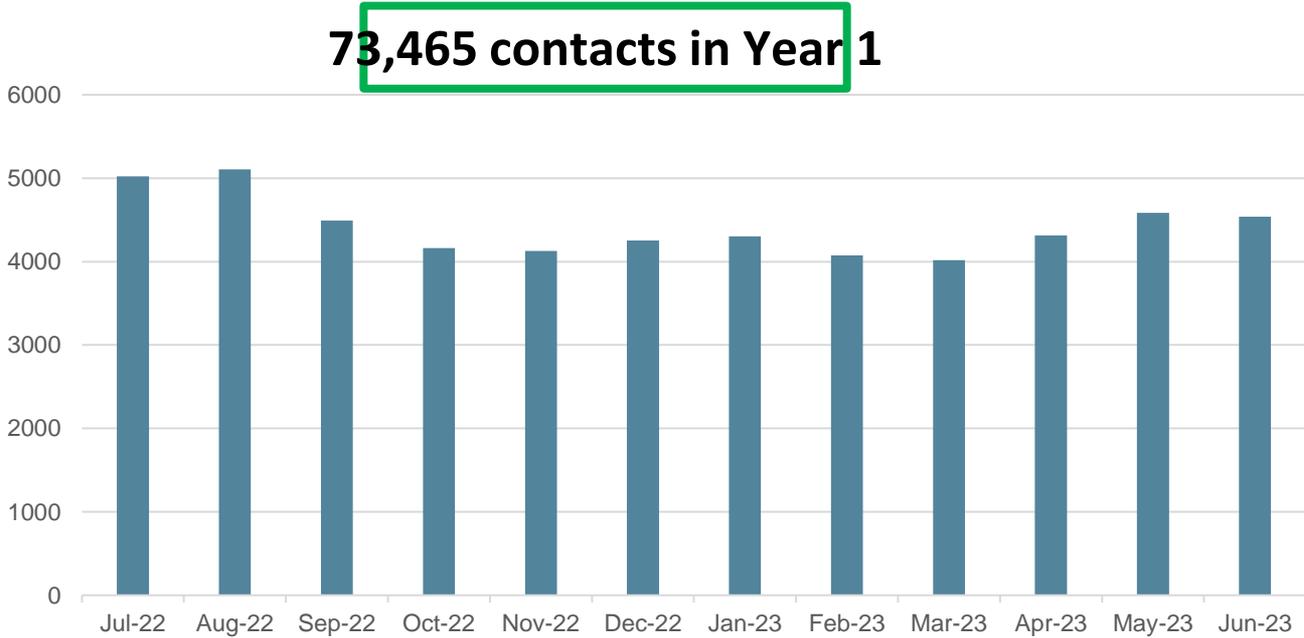
- **Calls routed to call center based on caller's area code**
 - Message comes on
 - Press “2” Spanish (average 158 per month)
 - Press “1” Veterans line (average 1,925)
 - **Press “3” LGBTQ+ (ages 13 – 24)**

Nationally 6% of calls, 11% of chats, 15 % of texts

<https://www.thetrevorproject.org/>

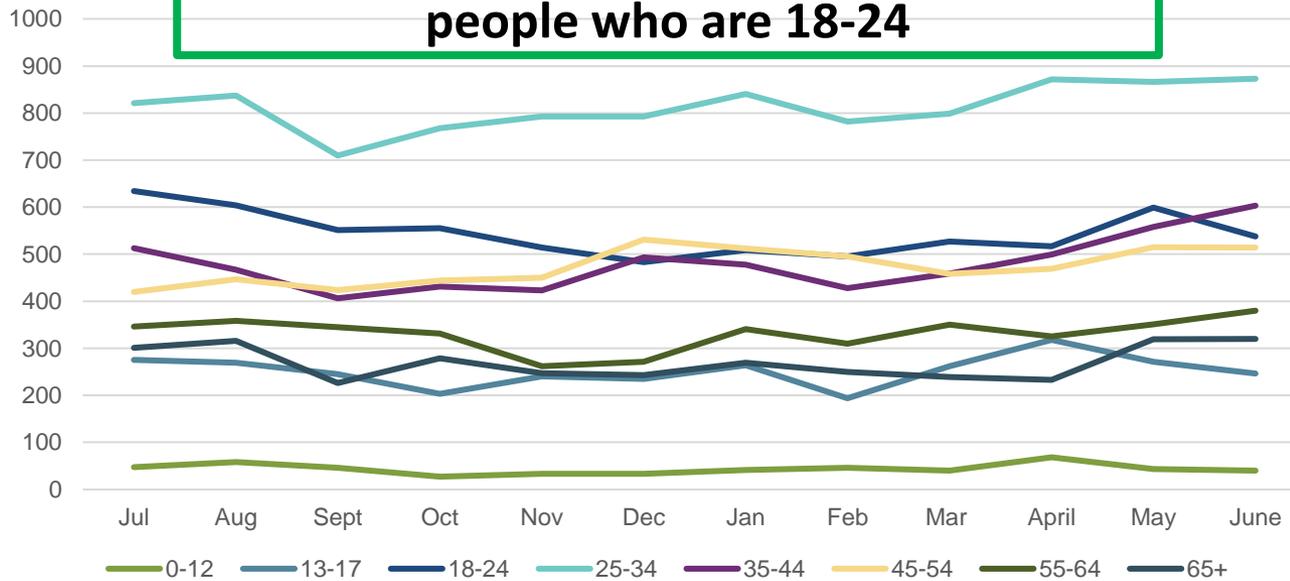


988: North Carolina Contact Volume



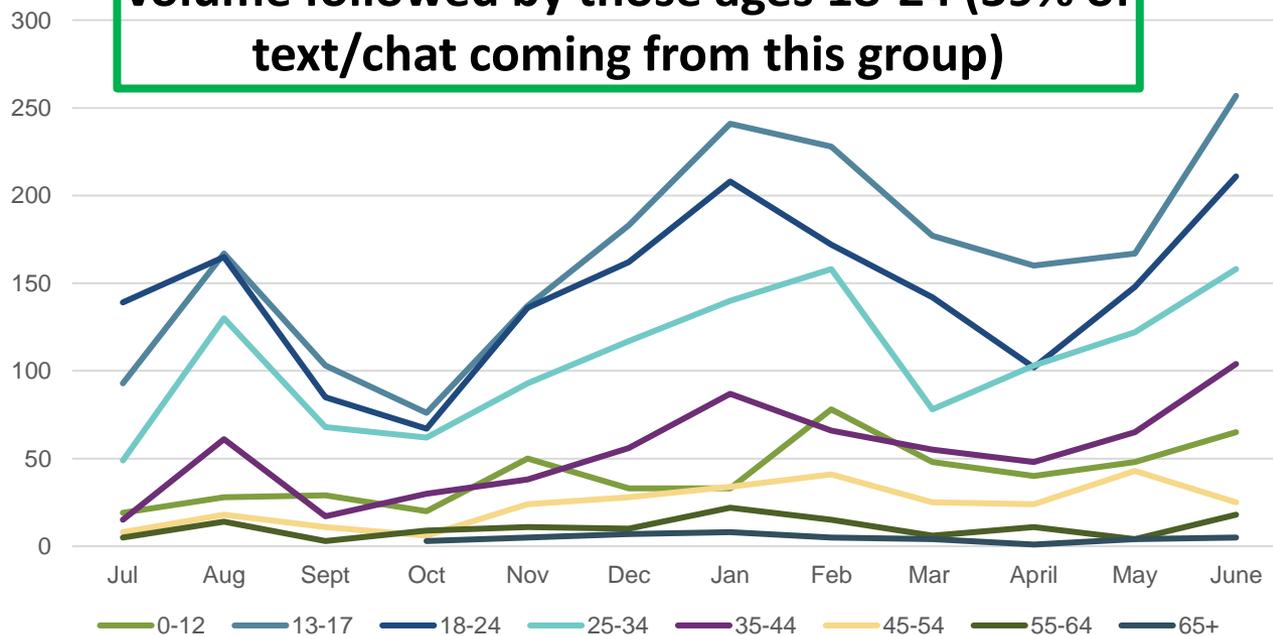
988: Age of NC Callers

People ages 25-34 continue to be the group with the highest call volume followed by people who are 18-24

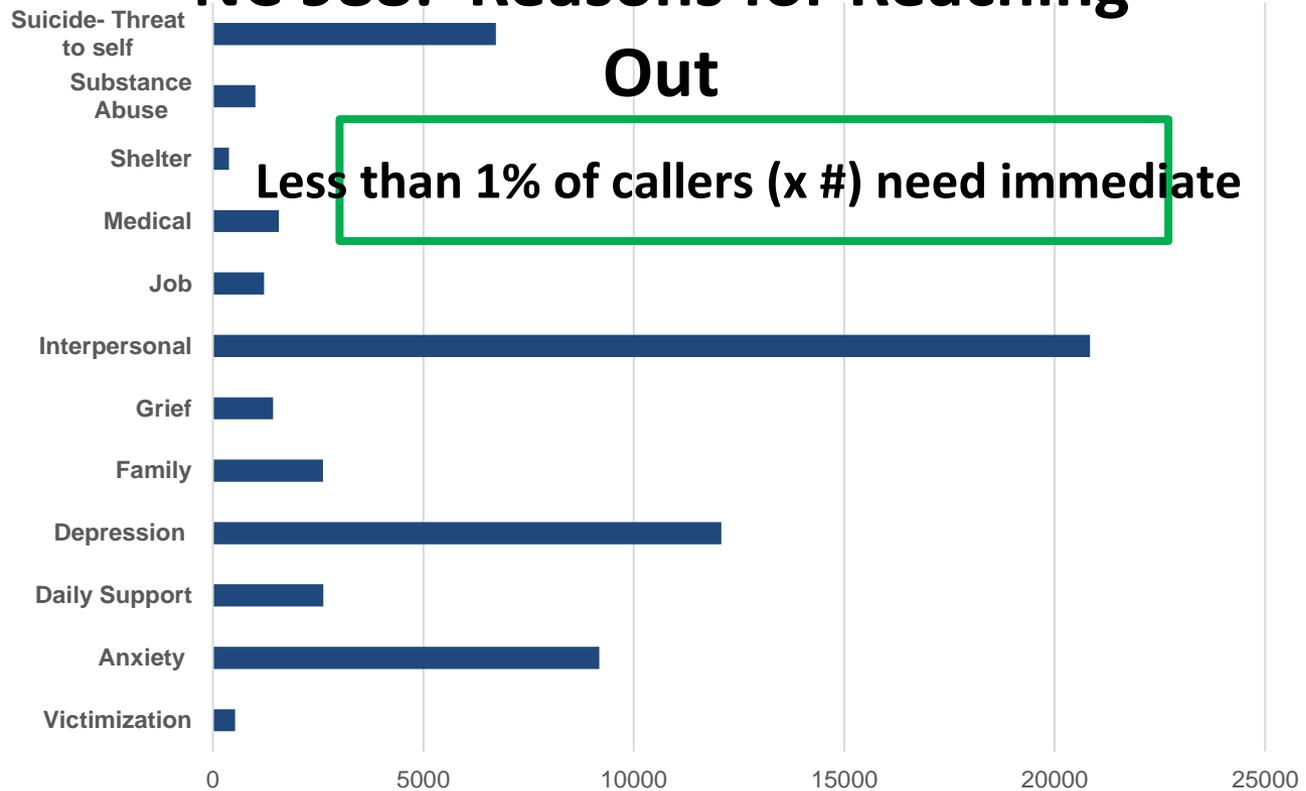


988: Age of Those Reaching out by Chat/Text

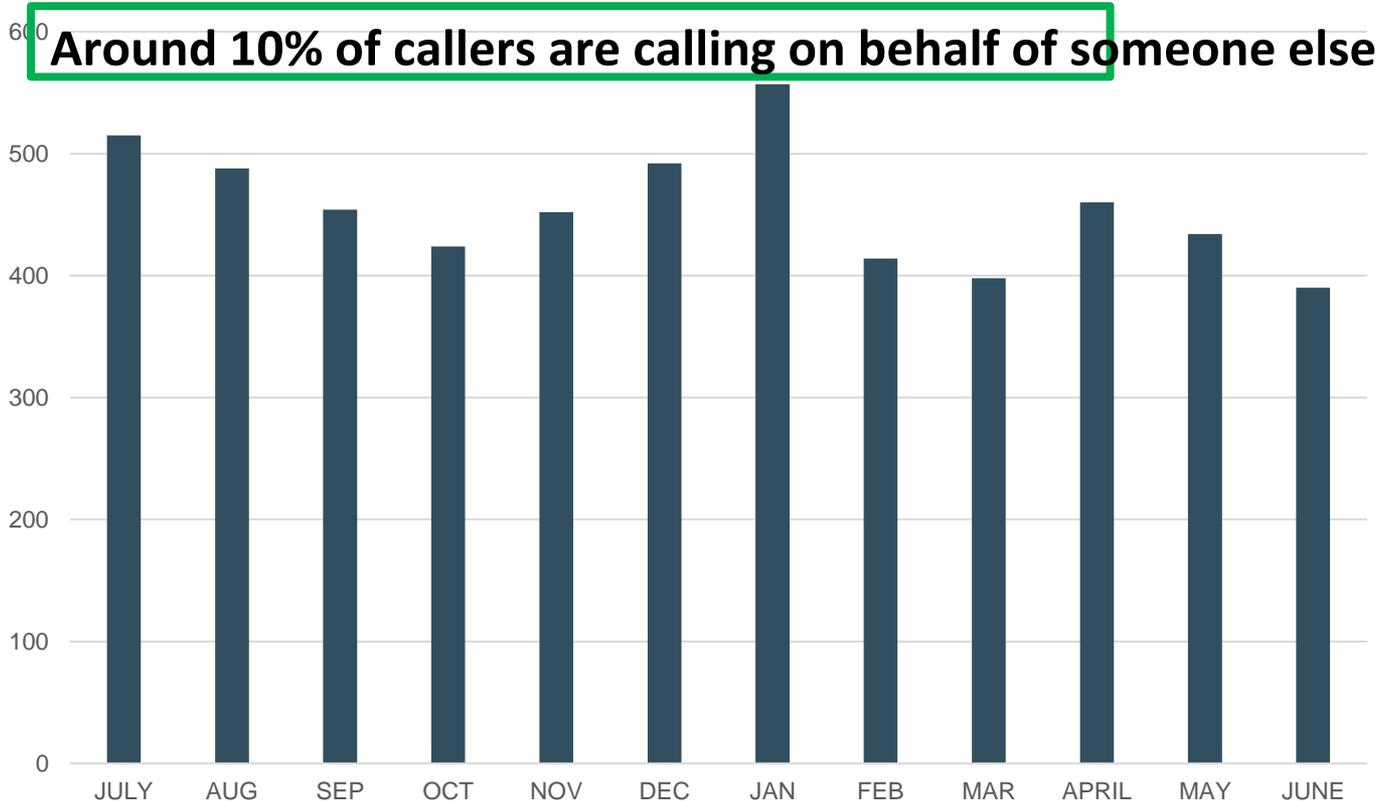
People ages 13-17 have the highest chat/text volume followed by those ages 18-24 (39% of text/chat coming from this group)



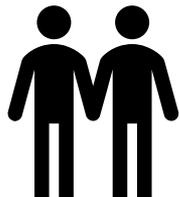
NC 988: Reasons for Reaching Out



988: 3rd Party Caller Volume



Crisis Continuum in North Carolina (and Nationally)



- **SOMEONE TO TALK TO (Connect)**
 - 988
- **SOMEONE TO RESPOND (Dispatch)**
 - Mobile Crisis Team Response,
 - CIT Law Enforcement/EMS
- **A PLACE TO GO (Stabilize)**
 - Behavioral Health Urgent Care (BHUC)
 - Facility Based Crisis
 - Peer and Community Respite, NCSTART
 - ED, Inpatient
- **POST-VENTION SUPPORTS**
 - Outpatient Follow-Up, Peer Supports

988: What's Next

- Ensure quality
- Ensure responsiveness (call times/call response rate)
- Linkages to critical local networks (NCCARE 360, LMEs)
- More Marketing!
 - Including National Campaigns

- What other enhancements would 988 benefit from?
- How else can we leverage 988?

988 & Peer Warm Line

- 40% of contacts are repeat callers
- NCDHHS is launching a 24/7 peer support services for individuals who contact 988 and prefer to speak to someone with lived experience.
- This Peer “Warm Line” will connect these individuals to a Certified Peer Support Specialist — someone living in recovery with mental illness and/or substance use disorder.
- The Peer Warm Line vendor will be announced soon!

988: What's Next

- Many people are calling for routine access to the system
 - How can we make the system more accessible overall?
- Do we need so many crisis lines in the BH system?
- How do we connect 988/911? How should these lines coordinate?
- *What is the strength of the other parts of our crisis system:*
 - Someone to respond
 - Where to go

Gov Cooper's \$1B Behavioral Health & Resilience Plan

- Governor Roy Cooper's proposed [\\$1B Behavioral Health and Resilience plan](#) proposes additional investment in 988 and other community-based crisis services including:
- **Mobile Crisis Teams:** Immediate, on-site support for people experiencing a mental health and/or substance use crisis
- **Facility-Based Crisis Centers and Drop-in Centers:** Community-based crisis centers for individuals experiencing a behavioral health or substance use crisis
- **Statewide Transportation Services:** Transportation services to psychiatric facilities that do not involve law enforcement
-

Samantha R Updates

Mediation: August 29, 2023

Issue 1: Divert and Transition Individuals from Institutions

- DHHS supports Choice—not closing any option
-
- IDD Olmstead Roadmap (Dec 2022): focuses on growing services in home and community-based settings and enabling choice.
-
- DHHS ended long-term admissions to state-operated ICFs (i.e. Developmental Centers). The State’s Developmental Centers do have time-limited respite and stabilization programs that help keep individuals in community-based settings for the long-term.
- DHHS uses Pre-Admission Screening and Resident Review (PASRR), a federally required screening of any individual who applies to or resides in a Medicaid-certified nursing facility, regardless of the source of payment.
 - This requirement was enacted to ensure individuals with serious mental illness (SMI), intellectual or developmental disabilities (I/DD) and/or related conditions (RC) receive appropriate placement and services. This program helps to reduce and prevent unnecessary placements in institutional settings.
- Money Follows the Person (MFP) is a state project that helps NC Medicaid-eligible North Carolinians living in inpatient facilities move into their own homes and communities with supports.

Issue 2: Increase access to Home and Community Based services

- 1915i option
- Tailored Care Management
- Request for more Waiver Slots (Gov asked for 2000; plus graduated increase over the next 10 years)
- Request for statewide expansion of the TBI waiver
- Public-facing RUN report

Issue 3: Address the Direct Support Professional Deficit

- DHHS has asked the General Assembly to increase wages for Direct Support Professionals (DSP)
- DHHS has contracted with AHEC for recommendations on a Direct Support Professional certification program

Budget Update

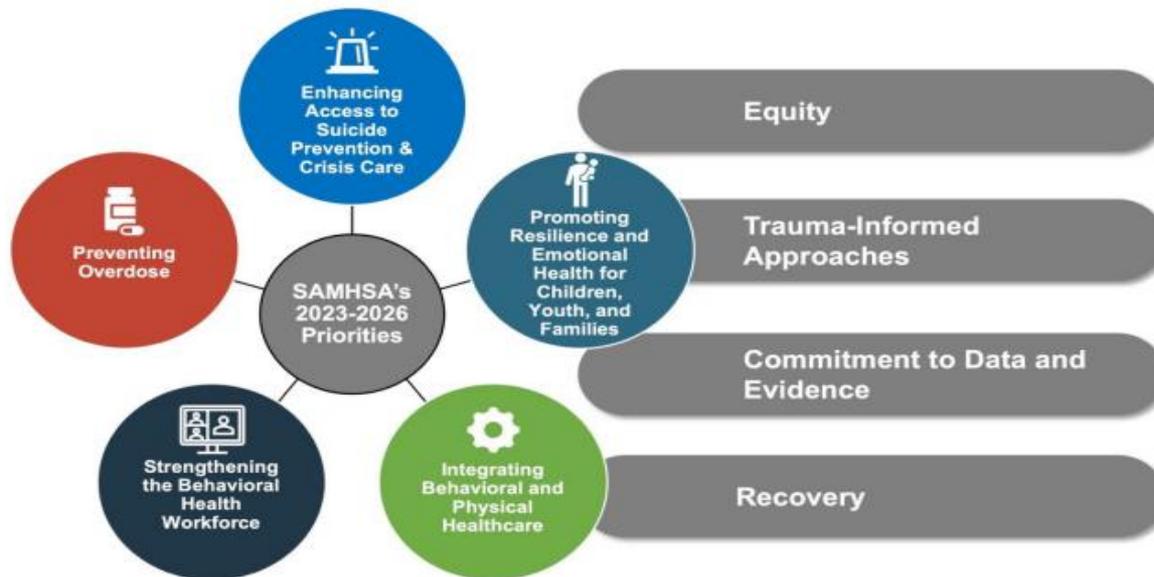
Open Items for DMHDDSUS

- Waiver Slots
- Tailored Plan Launch/LME Consolidation
- TBI Waiver
- Direct Support Professional Wages
- Behavioral Health System Investments
 - Rate Increases
 - Crisis Funding
 - Justice Funding
 - Workforce Funding

DMHDDDSUS Strategic Plan

- Strategic Planning Launched
- Outward Facing Goals (example)

How would SCFAC like to be Involved?



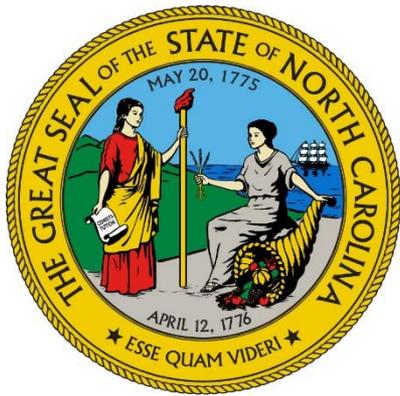
SCFAC Annual Report Recommendations

- *Peer Support*
- Accessible Communications
- Veteran's Support (Ask the Question)
- Network Adequacy Data
- Registry of Unmet Needs
- Allied Health in Innovations Waiver

- What do you like about current certification program?
- What else should we do to encourage peer services in North Carolina?

Goals:

- Update Peer Certification Program
 - Make it inclusive, make it easy, make it free
- Increase the # of employed peer professionals
- Increase ability to employers to hire and supervise peers
- Ensure each part of the state has a robust peer array
 - Examples: Peers on Mobile Crisis Teams, Peer Respite



NC Department of Health and Human Services

2022 Mental Health and Substance Use Services

Consumer Perceptions of Care Survey

Jeff Wilkins

DMHDDSAS Quality Management

August 2023

MH/SA Consumer Perception of Care Survey

- **Annual survey of consumer perceptions of quality of care**
- **SAMHSA reporting requirement for Community MHBG**
- **Mental Health Statistics Improvement Program (MHSIP) Survey**
- **Measure of overall quality of public MH/SUD service system**

MH/SA Consumer Perception of Care Survey

- **2022 survey period: August 1— September 19th**
- **Sample of 4,802 respondents**
- **Provider-assisted administration**
- **Standard administration guidelines, e.g.,**
 - **Survey is voluntary, confidential, no right or wrong answers**
 - **Provide private area to complete and secure method to return**

Data Collection

- **LME-MCOs asked to sample 100 consumers**
 - Adult, Youth, and Child Family
- **Online Survey administered through SurveyMax**
 - Self, Provider, Clinical Staff, LME Staff
 - Web, Paper, Telephone, videoconferencing,
- **Paper surveys were available**
 - All responses entered into the web-based form

Survey Format

Please answer the following questions based on the services you have received so far in the past year. Indicate if you **Strongly Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** with each statement. If the question is about something you have not experienced, please fill in the circle for Not Applicable (**N/A**) to indicate that this item does not apply to you.

II. YOUR SERVICES

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A
1. I like the services that I received here.	<input type="radio"/>					
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>					
3. I would recommend this agency to a friend or family member.	<input type="radio"/>					
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>					
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>					
6. Staff returned my call within 24 hours.	<input type="radio"/>					
7. Services were available at times that were good for me.	<input type="radio"/>					
8. I was able to get all the services I thought I needed.	<input type="radio"/>					
9. Staff here believe that I can grow, change and recover.	<input type="radio"/>					
10. I felt free to complain.	<input type="radio"/>					

Survey Domains



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Survey Items (Examples)

Access to Services

- *Services were available at times that were good for me.*
- *Staff were willing to see me as often as I felt it was necessary.*

Treatment Planning

- *I, not staff, decided my treatment goals.*
- *I helped to choose my child's services.*

Quality & Appropriateness

- *I was given information about my rights.*
- *Staff were sensitive to my cultural background.*

Cultural Sensitivity

- *Staff treated me with respect.*
- *Staff spoke with me in a way that I understand.*

Outcomes

- *I am better able to deal with crisis.*
- *My child is doing better in school and/or work.*

Functioning

- *I do things that are more meaningful to me.*
- *My child is better able to do things he or she wants.*

Social Connectedness

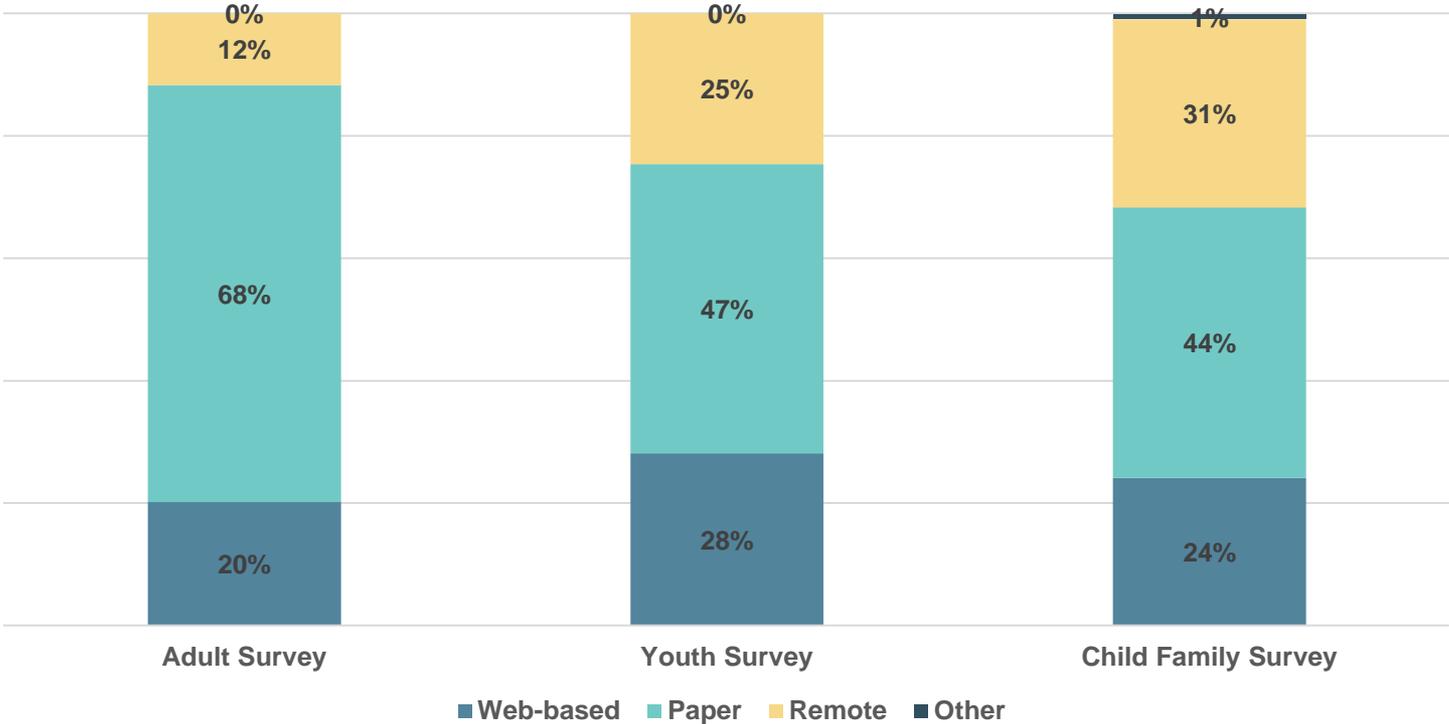
- *I feel I belong in my community.*
- *In a crisis, I would have the support I need from family or friends.*

General Satisfaction

- *Overall, I am satisfied with the services I received here.*
- *I received services that were right with me.*

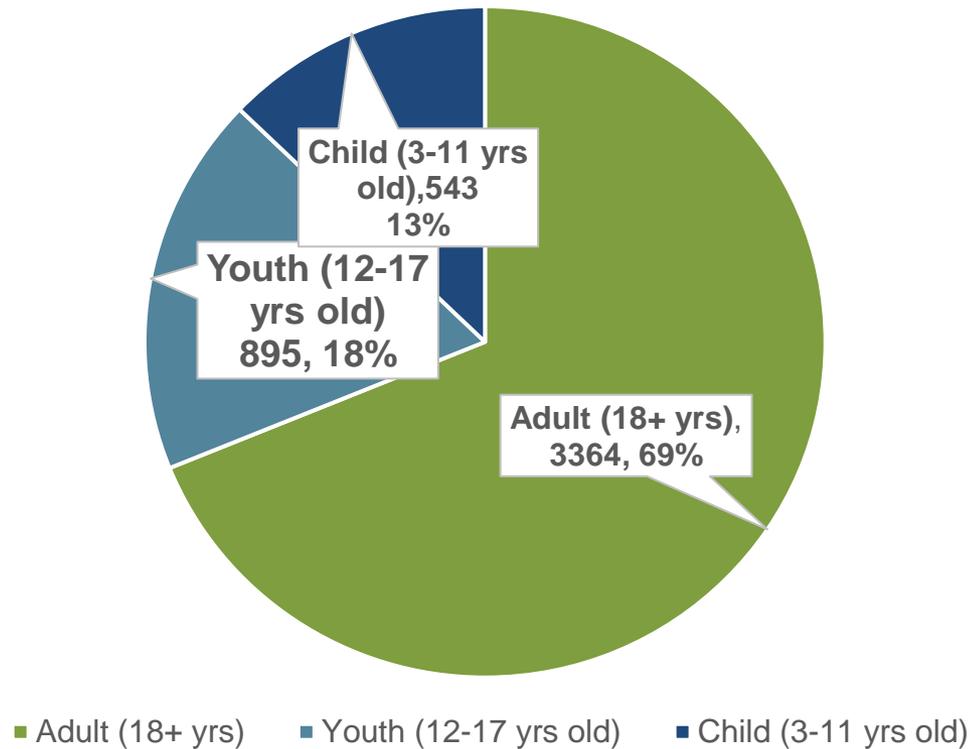
SOURCE: SOURCE: 2022 NC DHHS Division of MH/DD/SA Services Adult, Youth, and Parent Surveys

Survey Administration Methods



2022 Survey Sample (N = 4,802)

Surveys Completed by Client Age

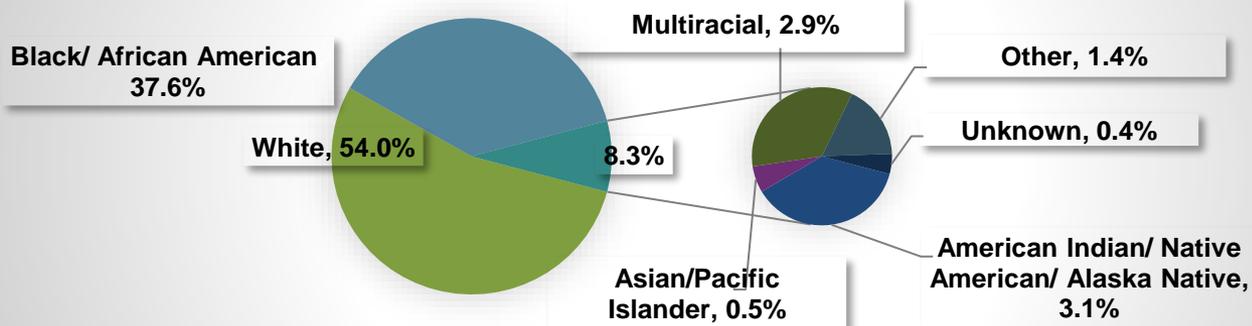


Average Age by Population

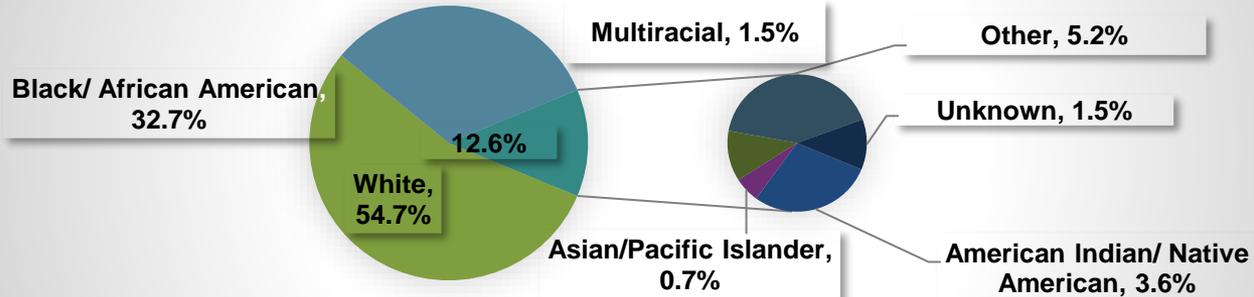
- **Adults: 43.5 years old**
- **Youth: 14.2 years old**
- **Child: 8.4 years old**

Race/ Ethnicity

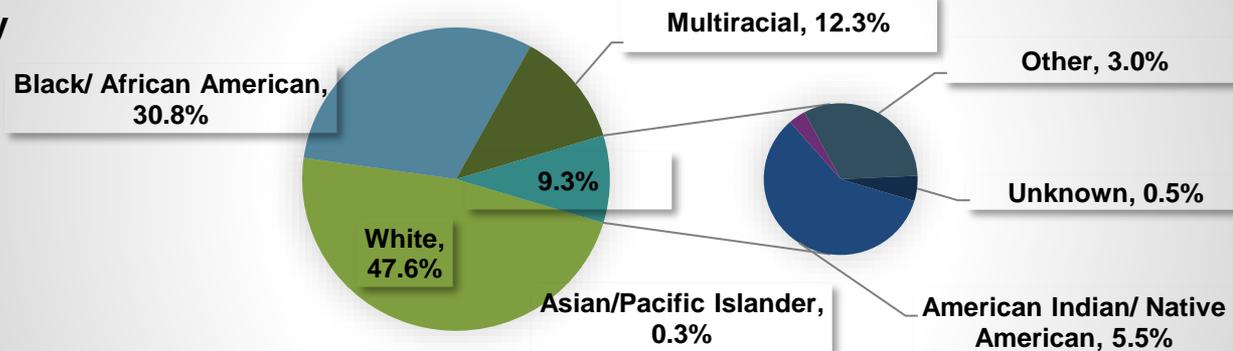
Adults



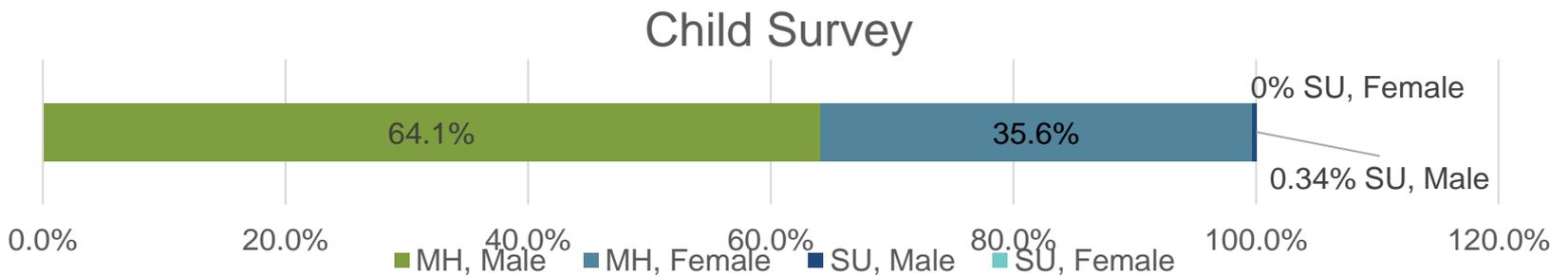
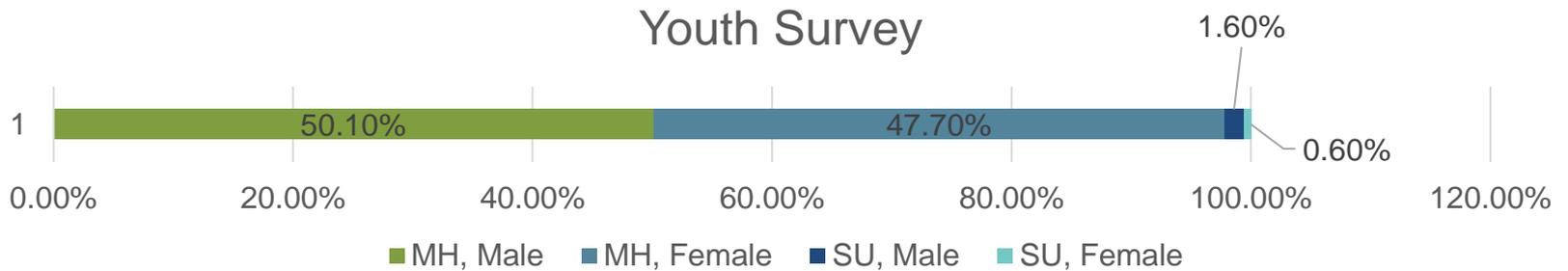
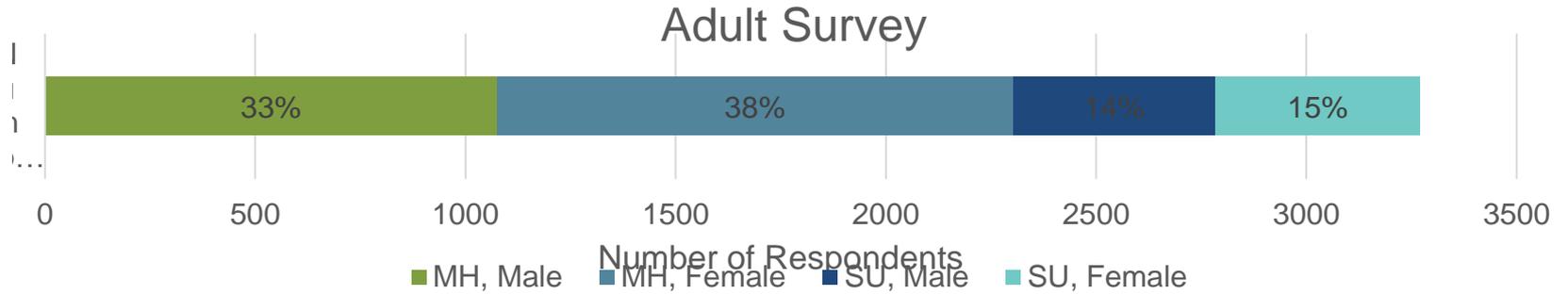
Youth



Child Family



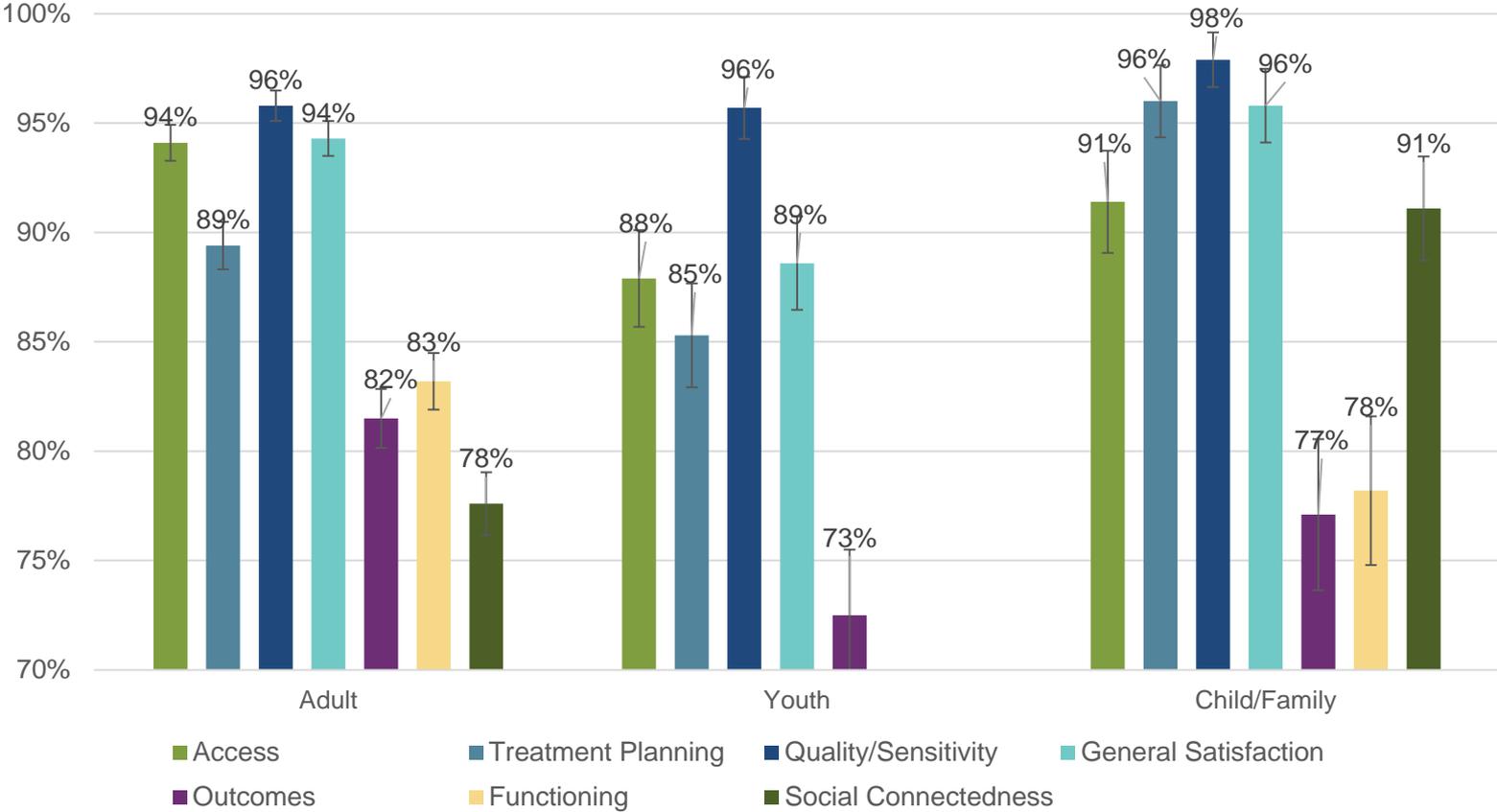
Respondent Gender and Primary Service Reason



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Adult, Youth, and Child Family Member Perceptions of Care

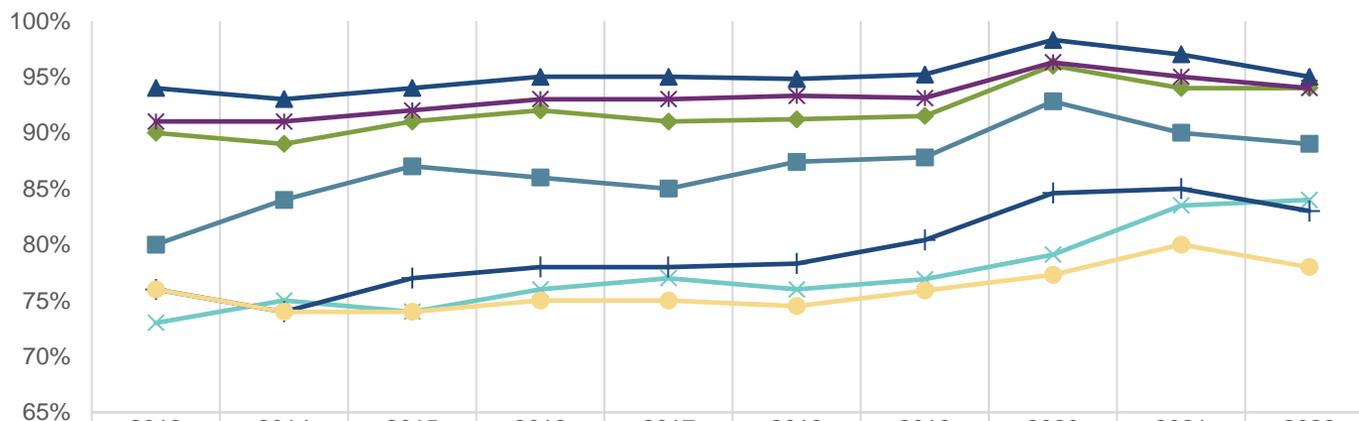
Figure 10B: Detail View, 70%-100% Score Range



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Adult Survey: 2013-2022

2022 Consumer Perception of Care Domain Ratings

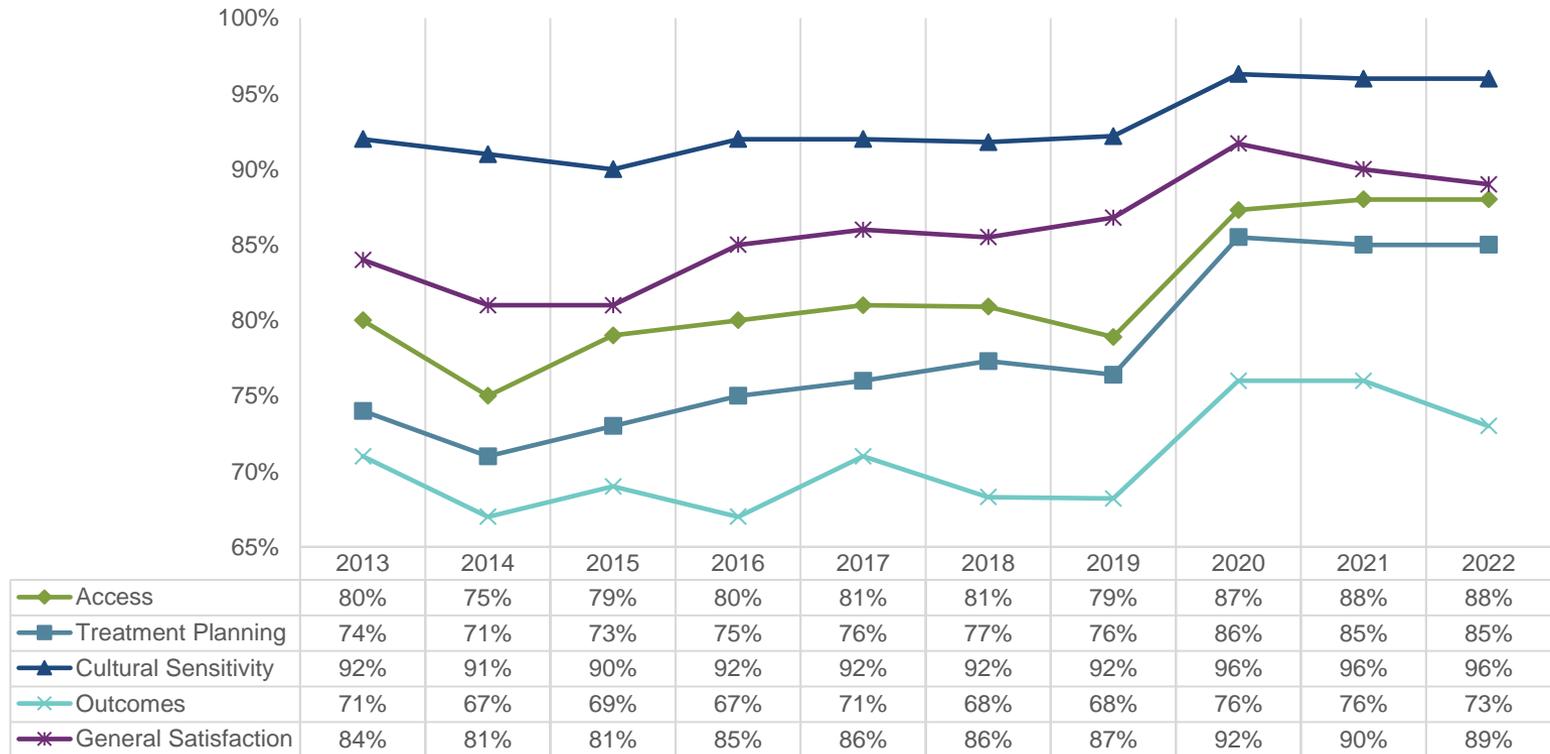


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
◆ Access	90%	89%	91%	92%	91%	91%	92%	96%	94%	94%
■ Treatment Planning	80%	84%	87%	86%	85%	87%	88%	93%	90%	89%
▲ Quality & Appropriateness	94%	93%	94%	95%	95%	95%	95%	98%	97%	95%
× Outcomes	73%	75%	74%	76%	77%	76%	77%	79%	84%	84%
+ Functioning	76%	74%	77%	78%	78%	78%	80%	85%	85%	83%
● Social Connectedness	76%	74%	74%	75%	75%	75%	76%	77%	80%	78%
* General Satisfaction	91%	91%	92%	93%	93%	93%	93%	96%	95%	94%

SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Youth Survey: 2013-2022

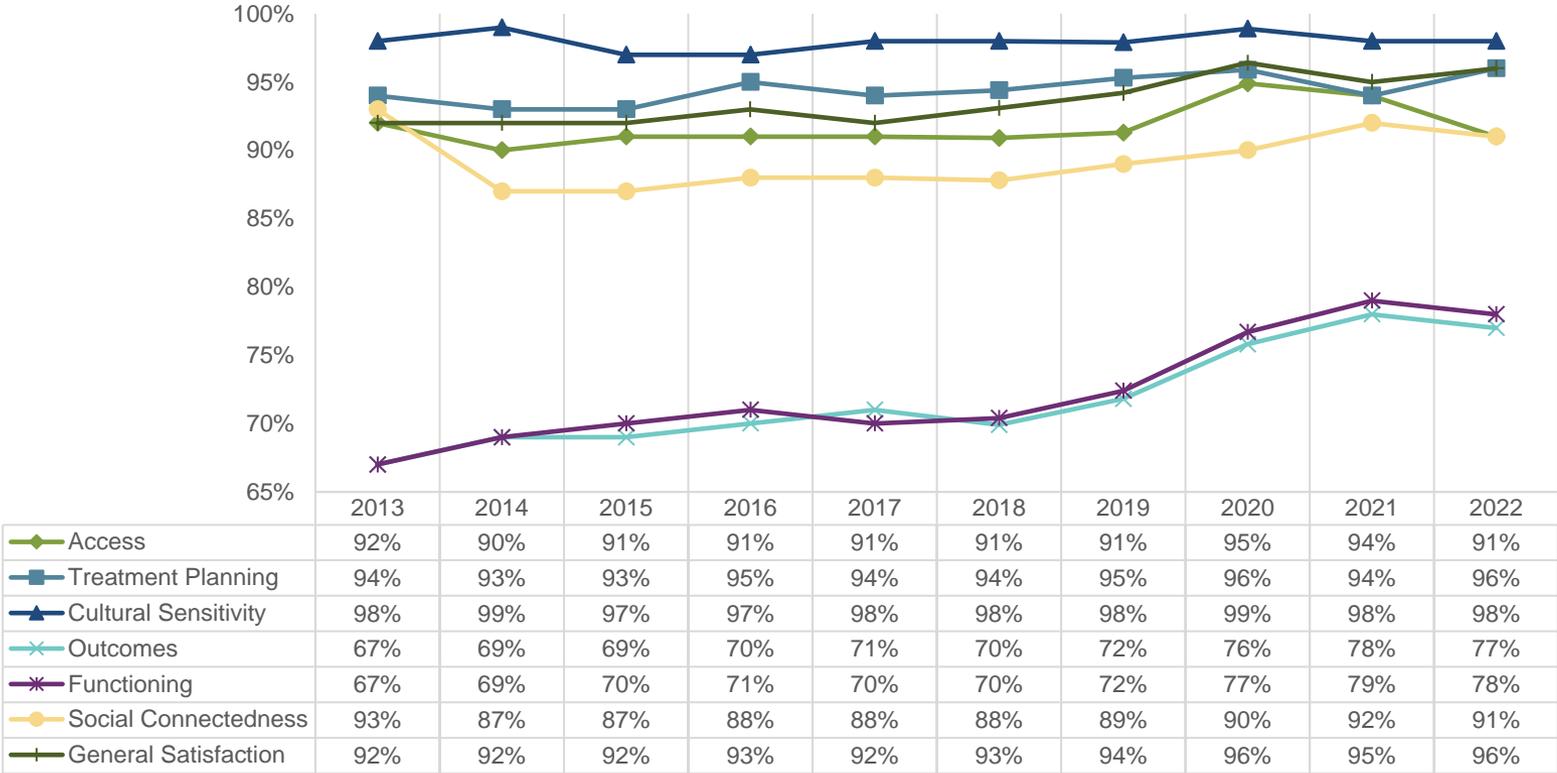
2022 Consumer Perception of Care Domain Ratings



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Child Family Survey: 2013-2022

2022 Consumer Perception of Care Domain Ratings

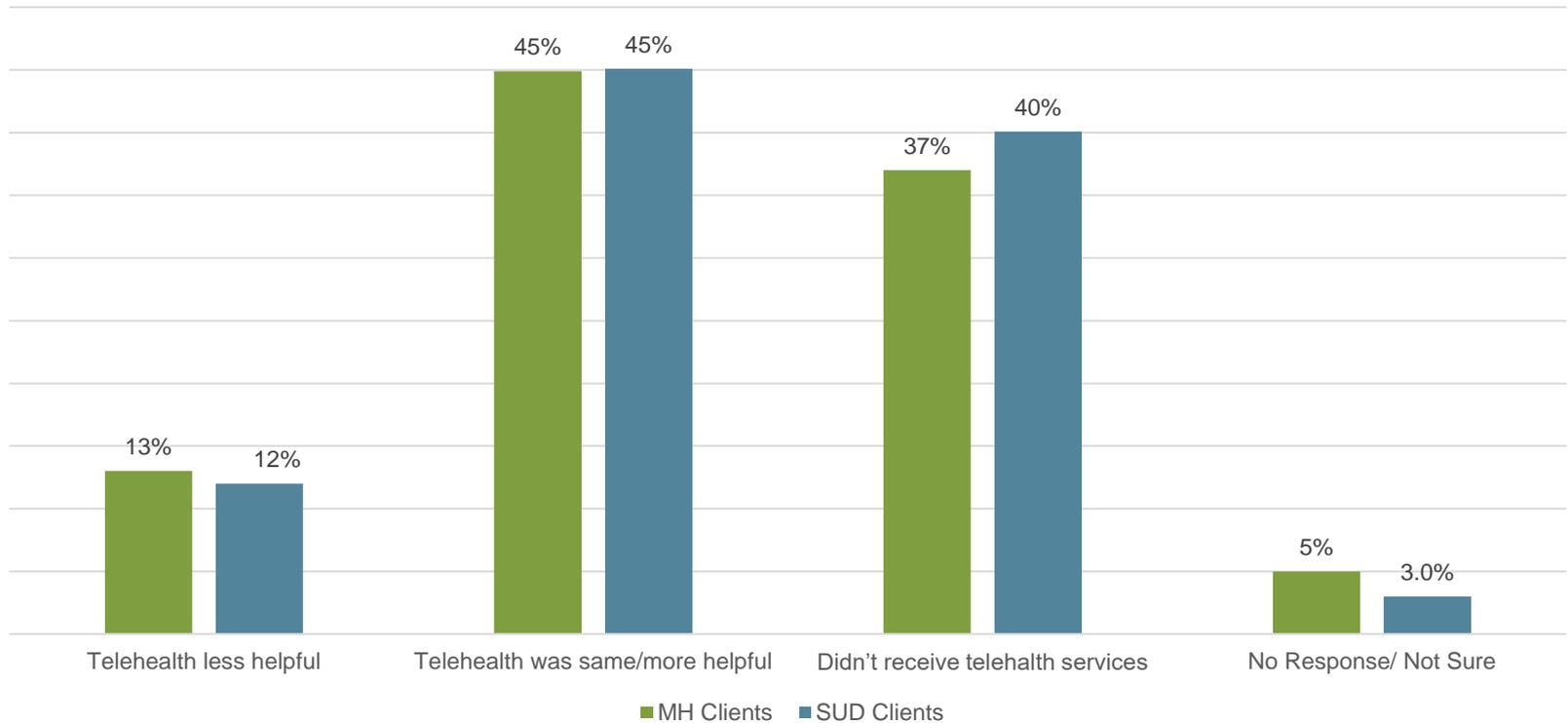


SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Perceptions of Telehealth Services

Telehealth Usage and Service Type

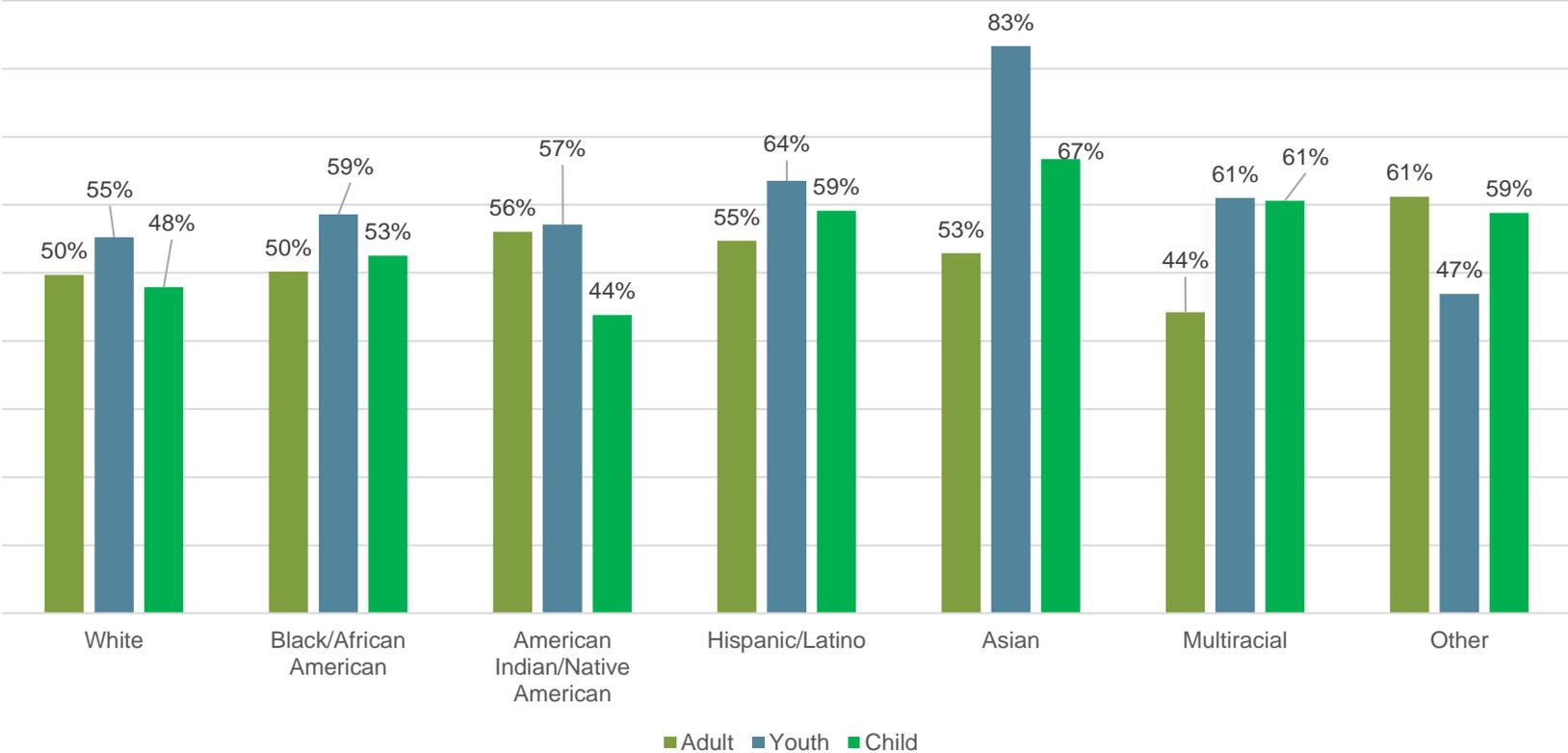
Adult Client Telehealth Perceptions



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Telehealth Usage and Ethnicity

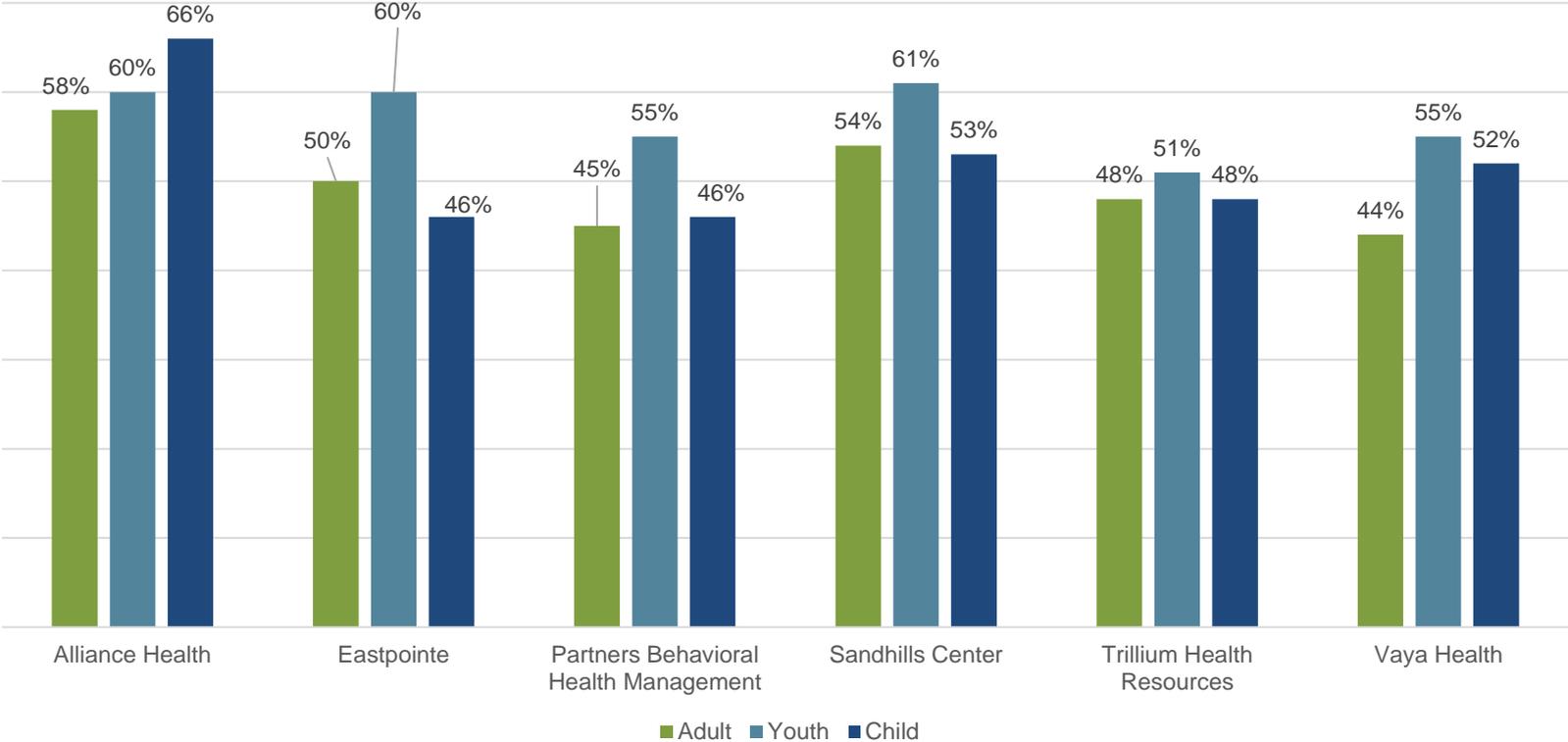
Telehealth Usage by Ethnicity



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Respondents Who Received Telehealth By LME/MCO

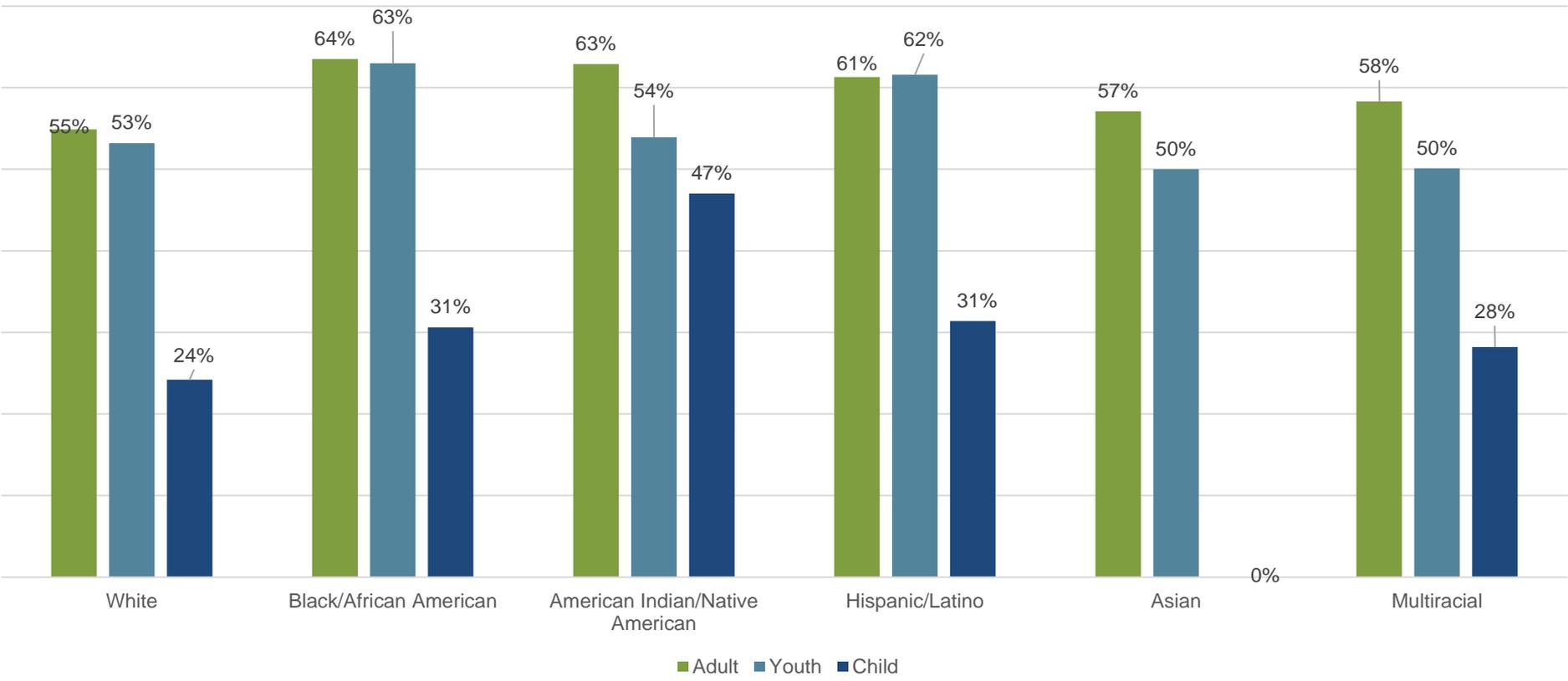
Did you/your child receive any telehealth services from your MH/SUD provider in the past 6 months?
(Yes)



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Telehealth Helpfulness by Race/Ethnicity

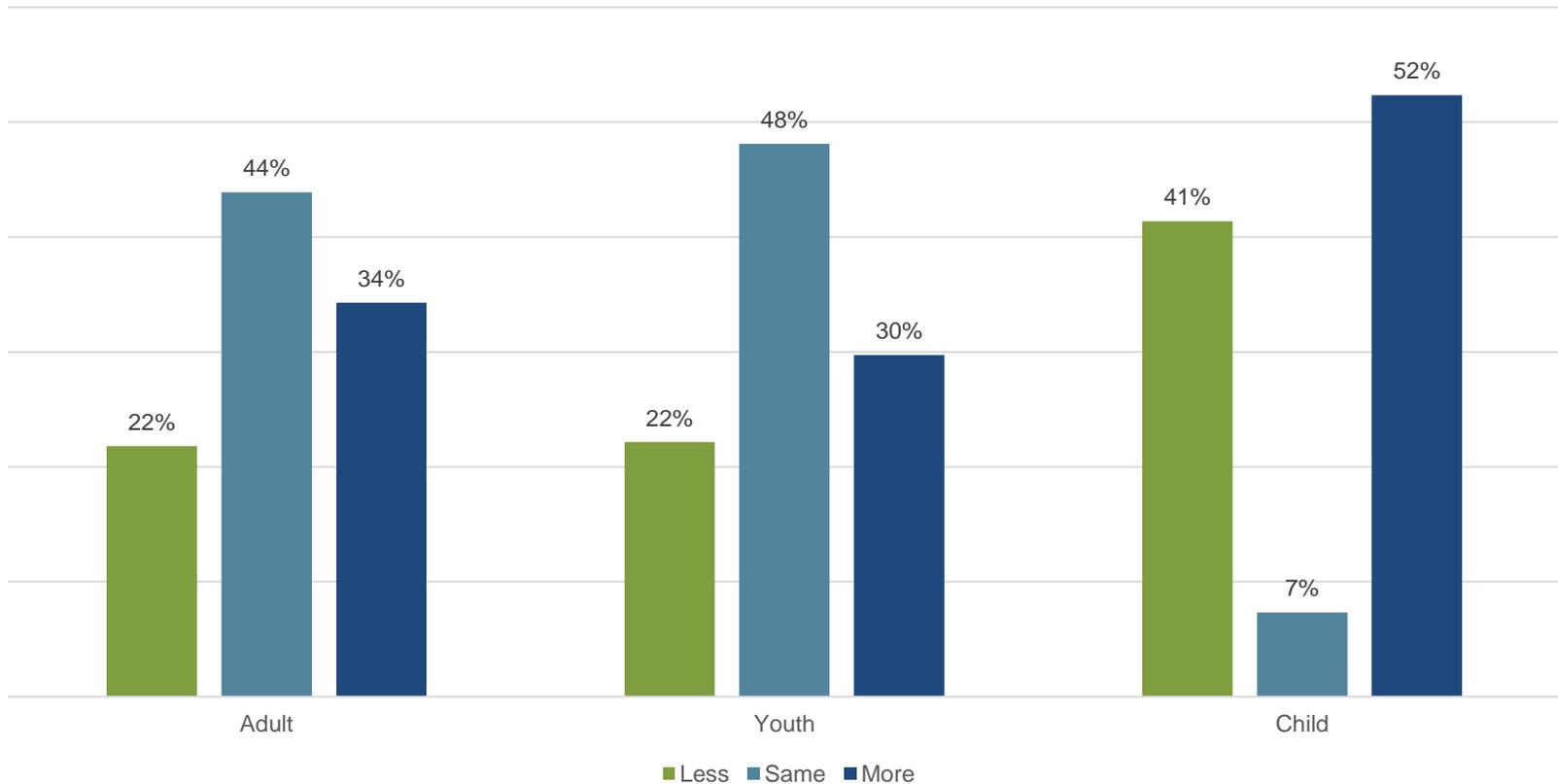
Ethnicity and Telehealth the same, somewhat more, or much more helpful



SOURCE: 2022 NC Department of Health and Human Services MH/SUD Client Perceptions of Care Survey

How helpful was telehealth compared to seeing provider in-person?

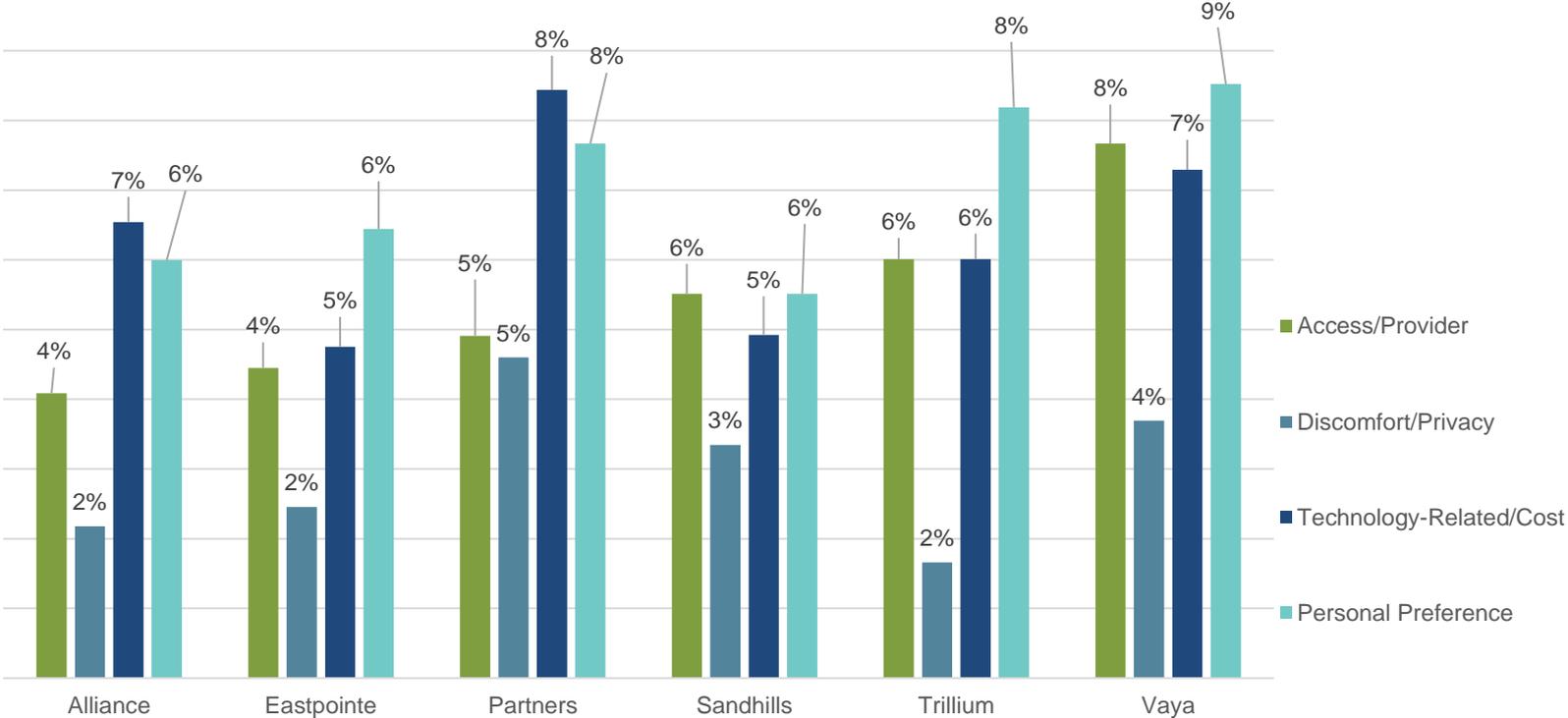
How helpful was telehealth compared to seeing your provider in person?



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

Obstacles to receiving telehealth services

Obstacles to Telehealth by LME-MCO



SOURCE: 2022 Mental Health and Substance Use Services Consumer Perception of Care Report

2021 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System*

Adult Consumer Survey Measures	N.C. Rate	U.S. Rate*
Access to Services	94.1%	87.8%
Participation in Treatment Planning	90.7%	86.3%
Quality/Appropriateness	96.5%	89.8%
Outcomes from Services	84.9%	77.1%
General Satisfaction with Care	94.9%	89.0%

*51 states/territories reporting

2021 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System*

Child Consumer Survey Measures	N.C. Rate	U.S. Rate**
Access to Services	92.3%	87.9%
Participation in Treatment Planning	90.8%	89.1%
General Satisfaction with Care	94.7%	86.8%
Outcomes from Services	79.9%	72.2%
Cultural Sensitivity of Providers	96.6%	93.8%

*45-47 states/territories reporting

Questions?

Jeff Wilkins

DMH/DD/SAS Quality Management

jeff.wilkins@dhhs.nc.gov

(984) 236-5177



Public comment submitted to the SCFAC

August 9, 2023

- **The CAP/C waiver was renewed on 3/1/23. Skilled level recipients are still unable to access services under the waiver. We do not have access to appendix K flexibilities such as being paid caregivers or being able to hire staff via self-direction. In a conversation with CMS, regarding the continued delays to accessing services, I was informed NC had a waiver amendment approved in July. This was news to me as I have been in frequent communication with CAP/C waiver administrators as well as LTSS administrators and staff and this was not mentioned. I regularly access the CAP/C webpage on DHBs website. There had been no information posted about a waiver amendment or public comment period. Only after a high-level CMS employee told me this, did I realize DHB had replaced the original waiver with the uploaded the newly amended waiver. There was no way to know about this, unless physically opening the document. CAP/C case management agencies are reporting increased staff turnover and they are overwhelmed with the waiver changes. They have reported they are unclear on the new waiver. There are staffing shortages within Medicaid. Where does this leave CAP/C beneficiaries with skilled level needs? The initial CAP/C waiver as well as the latest version are both full of errors making comprehension for recipient families as well as CAP/C case managers difficult. We are grateful the FAQs and Presentations from trainings were posted within the past couple of weeks. Nonetheless, the continued lack of transparency and lack of communication remains problematic. It has now been 5 months since the waiver renewed and we still can't access services. My son has open hours and we cannot fill them. We need up to date information posted on the CAP/C and PDN DHHS websites. Clear information needs to be disseminated to all stakeholders. My email as well as many other CAP/C recipients are known by DHB as we must register for trainings. Additionally, improvements need to be made on the PDN state plan. Many have provided feedback for years including nursing agencies as well as recipient families. CMS makes no requirement for every nursing agency staffing a family to visit every 60 days. If a family requires 4 agencies to fill their hours, that means 4 agency visits every 60 days. That is excessive. Additionally, the process to move hours from agency to agency is laborious and excessive. There are steps that could be taken to ease agency burdens and simplify things for recipient families as well. An anonymous survey was conducted and sent to nursing agencies in 2021 with very concerning responses. To date, minimal change has occurred. Agencies are reporting plans of care being backed up for weeks and even months in some cases. There are examples of recipients who've been decannulated and do not meet criteria for PDN. This is a waste of resources and also preventing recipients who qualify for nursing to fill their hours. It is very frustrating that despite so many stakeholders escalating major problems for years, we are still floundering. Thank you for the opportunity to voice my concerns. As always, I am happy to talk further.**

- **At the previous SCFAC meeting held July 12th of this year, regarding NC Medicaid CAP/C recipients with PDN services, I painstakingly documented the horrifying reality of my own personal situation and that of all our children and parents/families and emphatically stated ‘There is no light in this tunnel; I am one of many’. Our situation remains unchanged. Our children and parents/families are still unable to obtain and access services under the CAP/C waiver; renewed March 1st of this year. To reiterate, and once again emphasize, my family and hundreds of others with children under the CAP/C waiver with PDN services were denied CAP/C appendix K flexibilities. The reality of the future that lies ahead is terrifying. At this point, our family is facing physical and mental exhaustion and complete financial ruin; all the savings that have carried us through these difficult years will be depleted. There is no institutional facility with the resources nor ability to provide the intense level of one-on-one care required to meet my son’s complex and extensive medical/disability needs. Last week, on August 2nd, CMS issued a document granting permission to States to continue Appendix K flexibilities beyond November. This would allow North Carolina to maintain the status quo, leaving current appendix K recipients unchanged, and focus immediate efforts on urgently assisting CAP/C recipients who are and have been, without these flexibilities to transition into services. The CAP/C waiver was renewed on March 1st, and still, we are unable to access waiver service options and the ability to revise our plan of care to provide case-specific in-home care relief. Our family urgently needs access to consumer-direction services and for our plan of care to be expedited and approved. The list of urgent needs for CAP/C recipients with PDN services is extensive and the solutions to resolve the systemic failure are multi-dimensional. However, the current level of crisis calls to action, of the highest priority, the urgent need for acute solutions to be effective immediately. Our children and parents/families need to be acutely prioritized and placed at the forefront of NC DHHS and NC Medicaid’s action agenda. A lifeline strategy for our children and parents/families is urgently needed and one that I’m willing to document and provide should anyone at NC DHHS and NC Medicaid decide to finally engage and bother to care. Alessandra Fabrello D.E.S. (MIR, MIL)**

I'm a parent of a medically fragile child. My child technically qualifies for PDN due to a central line. I have been his primary caregiver since the fall of 2020 and he has not had an overnight hospital stay since spring of 2019. There are no supports, no staffing, no nothing to serve in the home health care sector. The state needs to do everything possible in its power to support families of medically fragile children. PDN families along with the PNA and CNA level minor children need the option to be paid. These families cannot go and work an outside job because they have no caregivers for their children or the caregivers are poor quality and unreliable. The state has repeatedly denied and thrown barriers and imposed unnecessary restrictions when it comes to paying families for caring for their children at all levels of care. The state has also repeatedly said that it is CMS that is saying that this is not allowed. CMS has said repeatedly that they support paying parents to be caregivers for all levels of care. CMS on August 2nd sent a letter to state Medicaid directors explaining how to extend Appendix K flexibility beyond November 11th, 2023. I am pleading with the state to please do this for all families at all levels of care. Families are out here struggling and suffering from caregiver shortages and need help from Appendix K flexibilities. If the state truly realizes that there is a caregiver shortage and wants to do something then extend Appendix K beyond November 11th, 2023 to all levels of care. CMS is not preventing parents from getting paid including nurse-level kids; the state is. Parents every day are taking care of their children with medical needs and doctors are not requiring us to be certified or licensed so why is the state?

Please consider a revision to paid live-in caregivers under a coordinated caregiver CAPC waiver for up to 80 hours per week (2 caregivers for children with higher acuity).

**I would like to know exactly what you are advising the GA and NCDHHS. Also,
How many people with disabilities are members of your board?**