



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health,
Developmental Disabilities and
Substance Use Services

SCFAC Update

Kelly Crosbie, MSW, LCSW

Director

NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

April 9, 2025

Agenda

1. MH/SU/IDD/TBI System Announcements & Updates
2. Accessible Communications: NC Medicaid 1915(i) Services

Kelly Crosbie, MSW, LCSW, DMH/DD/SUS Director (she/her)



- 30 years in MH/SU/IDD Field
- 13 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

MH/SU/IDD/TBI System Announcements & Updates

Federal Funding Updates

- We continue assessing the impact of cuts to federal grant funding related to COVID and the American Rescue Plan Act (ARPA). These were supplemental funds.
- Some providers are affected. We are contacting them by phone and email.
- Our standard grant funding remains in place.
- We are working to determine if other funding sources can be used to cover COVID and ARPA-related cuts.

DMH/DD/SUS Partners with Hazel Health

Providing Virtual Mental Health Services for K-12 Students in North Carolina

- Students across North Carolina will soon have access to high-quality, virtual mental health care through [Hazel Health](#) supported by an investment from [DMH/DD/SUS](#) and [UnitedHealthcare](#)
- Part of a broader effort announced last year to provide virtual school-centered mental health care for up to one million students across select states nationwide
- Nearly 400,000 students, almost 30% of North Carolina's K-12 student population will have access to Hazel Health's mental health services



For all Students



Care from diverse, bilingual providers



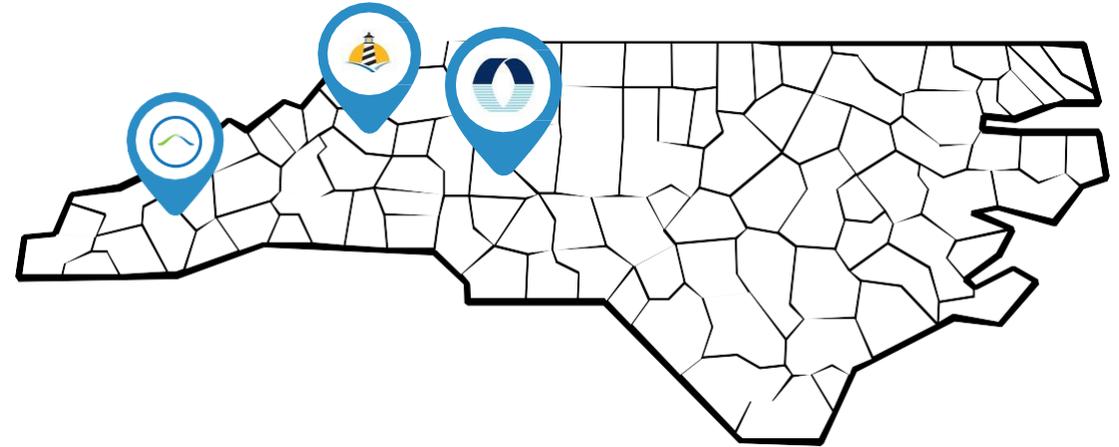
Convenient for Families

New Behavioral Health Urgent Care Centers (BHUCs)



Caldwell County BHUC

Tuesday, February 25, 2025



Haywood County BHUC

Tuesday, March 4, 2025



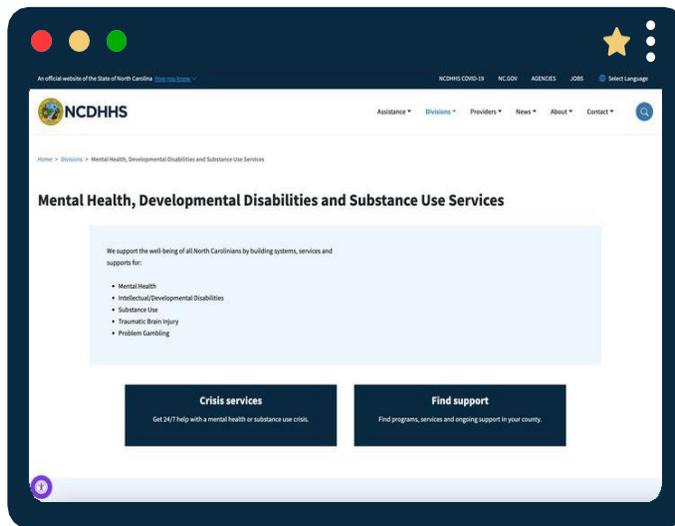
Rowan County BHUC

Wednesday, March 26, 2025

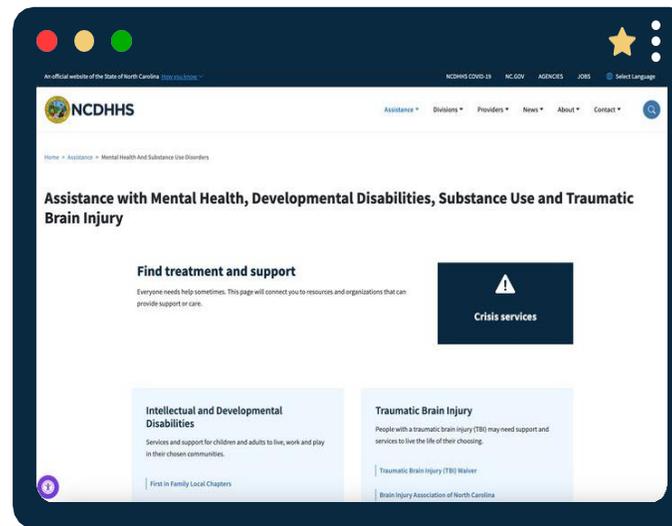
Additional NEW DMHDDSUS Webpages coming soon!

10 New webpages to go live the week of 4/14:

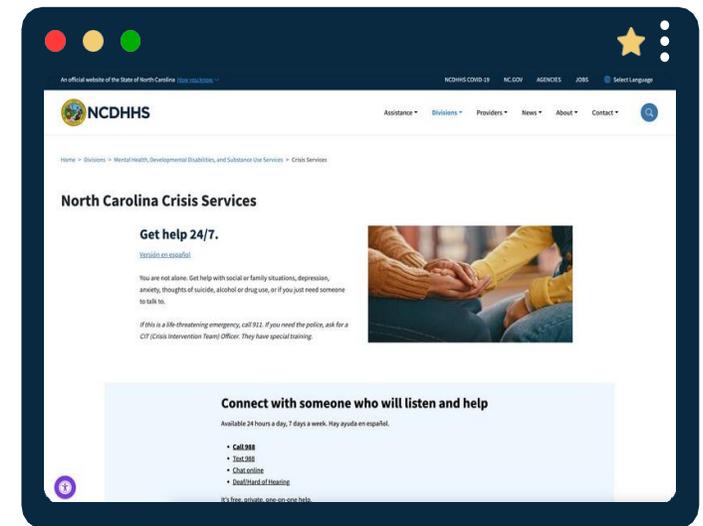
- Strategic plan
- Data and reports
- Providers
- Grant Opportunities
- Service definitions
- And more!



[DMHDDSUS Homepage](#)



[Assistance Page](#)



[Crisis Page](#)

NC Recovery Courts Conference 2025

Creating Lasting Change

April 9-11, 2025 | Benton Convention Center,
301 W 5th St, Winston-Salem, NC

Starts today!

This year's conference welcomes statewide recovery court teams and partners and is geared to recovery courts working with individuals involved in the Adult Recovery Courts, Veterans Treatment Courts, DWI/DUI Courts, and Mental Health Courts.

A separate conference is being planned for later this year geared specifically to family and youth treatment courts.

Registration: [Register here](#)



2025 Brain Injury Conference: Thriving Together

April 13-15, 2025 | Wrightsville Beach, NC

Join survivors, caregivers, and professionals for a three-day event focused on brain injury awareness, rehabilitation, and community support.

Keynotes will cover TBI care, AI in healthcare, and personal recovery journeys.

Continuing education credits available!

Registration: [Register here](#)

For detailed agenda and updates, visit the [conference website](#).



2025 Addiction Medicine Conference

April 11-12, 2025 | Renaissance Asheville Hotel, Asheville, NC

This conference offers clinically relevant substance use disorder education for healthcare providers across various settings.

Attendees can expect sessions on the evolving drug landscape, practical neurobiology of addiction, disaster preparedness, and more.

Registration: [Register here](#)

Scholarship Information: [Learn more](#)

For detailed agenda and updates, visit the [conference website](#).



Upcoming SUD Prevention & Treatment Conferences

1. APNC 2025 Spring Conference | April 21-23, 2025

- **Time:** 8:00 am - 12:00 pm
- **Focus:** Bringing together addiction professionals to discuss advancements in substance use treatment and recovery.

Registration: [Register here](#)

2. North Carolina Prevention Conference | April 24-25, 2025

- **Time:** 8:00 am - 12:00 pm
- **Focus:** Help us develop a new Prevention Strategy for North Carolina!
- **Registration:** [Register here](#)

The graphic is divided into two main sections. The top section has an orange background with a torn-paper effect. It features the letters 'A P N C' in large white font, each set within a small landscape photo of mountains. Below this, the text 'SPRING CONFERENCE' is written in a white, hand-drawn style. To the right is a circular logo with 'A P N C' inside. Below the main title, two white torn-paper boxes contain the dates 'APRIL 21-23, 2025' and the location 'LAKE JUNALUSKA, NC'. The bottom section has a light blue background. It features a large, stylized rainbow logo on the left. To the right of the logo, the text 'North Carolina Prevention Conference' is written in a bold, sans-serif font. Further right, the dates 'APRIL 24-25, 2025' and the location 'LAKE JUNALUSKA, NC' are displayed in a bold, blue font. At the bottom of this section, a line of text reads 'These events are made possible in part by support from DHHS' followed by the NCDHHS logo.



April is Autism Acceptance Month! We value the unique talents, strengths, and perspectives of autistic people/people with autism. We strive to build programs and policies that ensure people with autism feel included, respected, supported, and accepted for who they are!

NC DMH/DD/SUS:

[Inclusion Connects](#)

- Promoting access to services for all individuals in need of services, including those on the Innovations Waiver Waitlist

[Inclusion Works](#)

- Offering services and support to help individuals with I/DD find and maintain jobs in the community at competitive wages

[Autism Society](#)

Since 1965, the Autism Society of America has been connecting people to the resources they need through education, advocacy, resources, and community programming.

Get involved: Access the **[Awareness Month webpage](#)** for outreach materials and educational resources.

[Autism Society of North Carolina](#)

The Autism Society of North Carolina improves the lives of individuals with autism, supports their families, and educates communities.

Get involved: Access the **[Awareness Month Blog](#)** for outreach materials and educational resources.

Accessible Communications Campaign: NC Medicaid 1915(I) Services

Accessible Communications:

Thank you for inspiring our Accessible Communications campaign and for your collaboration.

- **April 3:** 1915i content launched
- **April 24:**
 - Innovations Waiver content launching
 - Organizations can order printed materials and have them delivered for free.
 - **Tailored Plans**
 - **Tailored Care Management**
 - **1915i**
 - **Innovation**

Sign up for Hot Topics to stay up-to-date!

April 3, 2025 - Launch of new 1915(i) materials:

- Updated Web Page [NC Medicaid 1915\(i\) Services | NC Medicaid](#)
- Flyers in English and Spanish
- PowerPoint explaining 1915i
- Images for social media use
- Email template to notify stakeholders

You can use all this material to reach your communities!

Toolkit: 1915(i) Resources

The 1915(i) resources page was updated with materials to share information with people who may be eligible for services, as well as caregivers.

The toolkit is available in [English](#) and [Spanish](#). It includes:

- [1915\(i\) CLS Flyer](#): How to get help with life skills and daily activities
- [1915\(i\) Overview Flyer](#): How to get support at home or in your community
- [Social Content](#): Social media posts on 1915(i) services that you can share on your social and digital channels.
- [1915\(i\) Web Pages](#): What to know about 1915(i) services, example of available supports and how to get help understanding your options.
- **And more!**

Bilingual Toolkit Materials Available for Download:

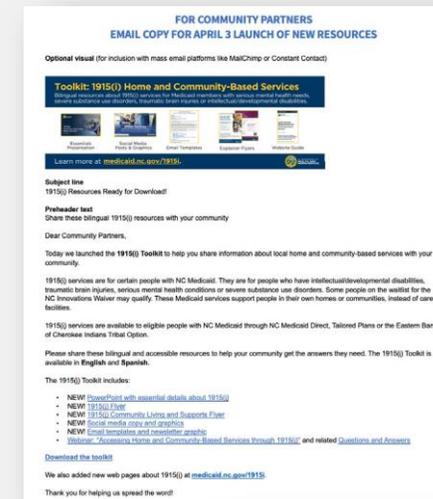
Essentials Presentation
on available services



Social Media Posts & Graphics



Email templates for members and partners to download the toolkit



Flyers to share information about home-based services and supports.



English and Spanish Overview Flyers Available for Download

NC Medicaid 1915(i) Services

Get support at home or in your community



NC Medicaid 1915(i) services are for people with mental health conditions, substance use disorders, intellectual or developmental disabilities or traumatic brain injuries.

1915(i) services include:

-  **Help with daily activities**, like bathing or eating
-  **Job coaching** to find a job that is right for you
-  **Breaks** for you and your caregivers
-  **Help with costs** for moving to your own home
-  **Support for building skills**, like self-help and problem solving skills

Ask your NC Medicaid health plan about "1915(i) services."

Call the number listed on your health plan ID card.

Or call the NC Medicaid Ombudsman at 1-877-201-3750.



Learn more at medicaid.nc.gov/1915i

NCDHHS is an equal opportunity employer and provider • 4/2025



Servicios 1915(i) de NC Medicaid

Obtén apoyo en tu hogar o comunidad



Los servicios 1915(i) son para personas con condiciones de salud mental, trastorno por uso de sustancias, discapacidad intelectual o del desarrollo o lesiones cerebrales traumáticas.

Los servicios 1915(i) incluyen:

-  **Ayuda con actividades diarias** como bañarte y comer
-  **Coaching laboral** para encontrar el empleo correcto para ti
-  **Descansos** para ti y tus cuidadores
-  **Ayuda con costos** de mudanza a tu propio hogar
-  **Apoyo para que desarrolles habilidades** como autoayuda y solucionar problemas

Llama a tu plan de salud de NC Medicaid y pregunta sobre los "servicios 1915(i)."

Llama al teléfono que aparece en tu tarjeta de seguro médico.

O llama al Defensor del Pueblo al 1-877-201-3750.



Más información en medicaid.nc.gov/1915i-es.

El Departamento de Salud y Servicios Humanos de Carolina del Norte (NCDHHS) es un proveedor y empleador que ofrece igualdad de oportunidades • 4/2025



English and Spanish Community Living and Supports Flyers Available for Download

1915(i) Community Living and Supports

Get help with life skills and daily activities

Extra support for people with intellectual/developmental disabilities or traumatic brain injuries:

- Have a trained worker come help you with the day
- Get help with personal care (like bathing and eating)
- Learn skills for living at home or in the community (like cooking, shopping and staying safe)



Ask your NC Medicaid health plan about “1915(i) services”

Call the number listed on your health plan ID card.

Or call the NC Medicaid Ombudsman at 1-877-201-3750.



Learn more at medicaid.nc.gov/1915i

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Vida en comunidad y apoyos 1915(i)

Obtén apoyo con habilidades para la vida y actividades diarias

Apoyo adicional para personas con discapacidad intelectual o del desarrollo o lesiones cerebrales traumáticas:

- Recibe a un trabajador capacitado que ayude con tu día
- Ayuda con cuidado personal (como bañarte y comer)
- Aprende habilidades para el hogar o para la vida en comunidad (cocinar, ir de compras, mantenerte a salvo)



Llama a tu plan de salud de NC Medicaid y pregunta sobre los “servicios 1915(i).”

Llama al teléfono que aparece en tu tarjeta de seguro médico.

O llama al Defensor del Pueblo al 1-877-201-3750.



Más información en medicaid.nc.gov/1915i-es.

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Foto de archivo. Retrato de modelo. Para fines ilustrativos únicamente.



Social Media Posts & Graphics

Stock photo. Posed by model. For illustrative purposes only.

1915(i) Services

Supporting you in your own home or community

get help with daily activities · learn skills for living in the community
get job coaching · move to your own place · be independent

Learn more:

medicaid.nc.gov/1915i



NCDHHS

Email templates you can use to share the news with your communities!

FOR COMMUNITY PARTNERS EMAIL COPY FOR APRIL 3 LAUNCH OF NEW RESOURCES

Optional visual (for inclusion with mass email platforms like MailChimp or Constant Contact)

Toolkit: 1915(i) Home and Community-Based Services

Bilingual resources about 1915(i) services for Medicaid members with serious mental health needs, severe substance use disorders, traumatic brain injuries or intellectual/developmental disabilities.



Essentials Presentation



Social Media Posts & Graphics



Email Templates



Explainer Flyers



Website Guide

Learn more at medicaid.nc.gov/1915i.



Subject line

1915(i) Resources Ready for Download!

Preheader text

Share these bilingual 1915(i) resources with your community

Dear Community Partners,

Today we launched the **1915(i) Toolkit** to help you share information about local home and community-based services with your community.

1915(i) services are for certain people with NC Medicaid. They are for people who have intellectual/developmental disabilities, traumatic brain injuries, serious mental health conditions or severe substance use disorders. Some people on the waitlist for the NC Innovations Waiver may qualify. These Medicaid services support people in their own homes or communities, instead of care facilities.

1915(i) services are available to eligible people with NC Medicaid through NC Medicaid Direct, Tailored Plans or the Eastern Band of Cherokee Indians Tribal Option.

Please share these bilingual and accessible resources to help your community get the answers they need. The 1915(i) Toolkit is available in **English** and **Spanish**.

The 1915(i) Toolkit includes:

- NEW! [PowerPoint with essential details about 1915\(i\)](#)
- NEW! [1915\(i\) Flyer](#)
- NEW! [1915\(i\) Community Living and Supports Flyer](#)
- NEW! [Social media copy and graphics](#)
- NEW! [Email templates and newsletter graphic](#)
- [Webinar: "Accessing Home and Community-Based Services through 1915\(i\)"](#) and related [Questions and Answers](#)

[Download the toolkit](#)

We also added new web pages about 1915(i) at medicaid.nc.gov/1915i.

Thank you for helping us spread the word!

PowerPoint Explaining 1915i services (“1915i essentials”)



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

1915(i) Home and Community- Based Services

Last updated April 2025



What are 1915(i) services?

NC Medicaid 1915(i) services are free.

They help people live on their own at home or in their community.

They are for children and adults with:

- serious mental health conditions
- severe substance use disorders
- intellectual or developmental disabilities
- traumatic brain injuries



How 1915(i) services can help you (or your loved one)



- Help with daily activities (like bathing and eating)
- Support with building skills for living at home or in the community (like cooking, shopping and staying safe)
- Job coaching to find a job that is right for you
- Breaks for you and your caregivers, including overnight or weekend help
- Support with moving to your own place
- Build self-help and problem-solving skills

Learn more at [medicaid.ncdhhs.gov/1915i](https://www.medicaid.ncdhhs.gov/1915i)

Who is eligible for 1915(i) services?

You may be able to get 1915(i) services if you meet the following requirements:

1 You have an eligible condition

You need support with activities at home or in the community because you have any of the following conditions:

- Serious mental health condition
- Severe substance use disorder
- Intellectual or developmental disability
- Traumatic brain injury

2 You have an eligible plan

These NC Medicaid health plans offer 1915(i) services:

- Alliance Health
- Partners Health Management
- Trillium Health Resources
- Vaya Health

Your plan is listed on your health plan ID card or welcome letter.

Recipients of the NC Innovations Waiver or TBI Waiver are **not** eligible for 1915(i) services.

What if I have a different NC Medicaid health plan?

If you have an eligible condition, you can **request to move to a Tailored Plan** to get 1915(i) services.

Call the NC Medicaid Enrollment Broker at 1-833-870-5500.

1915(i) services are only available with Tailored Plans, NC Medicaid Direct or the Eastern Band of Cherokee Indians Tribal Option.



On the waitlist for Innovations Services?

You could get 1915(i) services while you wait!

- Get 1915(i) services 90 days after your assessment is approved. Other factors, like staff availability, may affect when services start.
- Your spot on the waitlist will not be affected.

You must have NC Medicaid to get 1915(i) services.

[Medicaid.ncdhhs.gov/apply](https://www.Medicaid.ncdhhs.gov/apply)



How to get 1915(i) services



CALL AND ASK FOR 1915(i)

Look for the phone number listed on your health plan ID card:

- **Alliance Health:** 1-800-510-9132, TTY: 711 or 1-800-735-2962
- **Partners Health:** 1-888-235-4673, TTY: 711
- **Trillium Health:** 1-877-685-2415, TTY: 711
- **Vaya Health :** 1-800-962-9003, TTY: 711

Or contact your Tailored Care Manager or Care Coordinator if you have one.



COMPLETE AN ASSESSMENT

A Care Manager will work with you to determine which services best meet your needs.

Get services within 90 days of approval, depending on staff availability.

To get updates on your application, call the number on your health plan ID card or your Tailored Care Manager.

Not sure which health plan you have? Call the NC Medicaid Enrollment Broker at 1-833-870-5500.

1915(i) Services For Specific Needs

1915(i) Services for Mental Health

These 1915(i) services are for people with serious mental health conditions. These conditions can cause someone to need help with activities in their home and communities.

❑ **Examples can include bipolar disorder, schizophrenia or depression.**

Skills for living in the community



Individual and Transitional Support helps you build life skills to live independently in the community.

Job coaching



Individual Placement and Support helps you find and keep a job that's right for you.

Breaks for you and your caregivers



Respite gives caregivers a break, while knowing that their loved one is cared for.

Supports for moving to your own home



Community Transition gives you up to \$5,000 in credit to help you move from an approved setting to your own home.

1915(i) Services for Substance Use

These 1915(i) services are for people with severe substance use disorders. These services include moving out of approved settings such as a state-operated health care facility, a foster or group home, a psychiatric residential treatment facility, a community intermediate care facility (ICF-IID) and to a private home or community.

❑ **Examples include misuse of alcohol, cocaine or opioids.**

Skills for living in the community



Individual and Transitional Support helps you build life skills to live independently in the community.

Job coaching



Individual Placement and Support helps you find and keep a job that's right for you.

Breaks for you and your caregivers



Respite gives caregivers a break, while knowing their loved one is cared for.

Supports for moving to your own home



Community Transition gives you up to \$5,000 in credit to help you move from an approved setting to your own home.

1915(i) Services for Intellectual/Developmental Disabilities

These 1915(i) services are for people with intellectual or developmental disabilities. These include teaching skills so people can live more independently and providing respite for caregivers (in or out of the home).

☐ **Examples include autism, Down syndrome or fetal alcohol spectrum disorder.**

You could get 1915(i) services while waiting for the NC Innovations Waiver.

Skills and supports for living in your home or community



Community Living and Supports gives you a trained worker to help with daily activities and life skills.

Job coaching



Supported Employment helps you find and keep a job that's right for you.

Breaks for you and your caregivers



Respite gives caregivers a break, while knowing that their loved one is cared for.

Supports for moving to your own home



Community Transition gives you up to \$5,000 in credit to help you move from an approved setting to your own home.

1915(i) Services for Traumatic Brain Injury

These 1915(i) services are for people with traumatic brain injuries. This condition can cause someone to need help with activities in their home and communities. The types of skills taught depend on the person's own goals.

❑ Examples include a brain injury due to a fall, car accident or sport injury.

Skills and supports for living in your home or community



Community Living and Supports gives you a trained worker to help with daily activities and life skills.

Job coaching



Supported Employment helps you find and keep a job that's right for you.

Breaks for you and your caregivers



Respite gives caregivers a break, knowing their loved one is cared for.

Supports for moving to your own home



Community Transition gives you up to \$5,000 added to help you move from an approved setting to your own home.

What if I have a dual diagnosis?

A **dual diagnosis** means you have two conditions at the same time.

For example, you may have an intellectual or developmental disability and a serious mental health condition.

If you have a dual diagnosis, you may qualify for 1915(i) services for both diagnoses.

It does not matter which diagnosis is the primary diagnosis.

Get 1915(i) Services

Call your NC Medicaid health plan

- [Alliance Health](#): 1-800-510-9132, TTY: 711 or 1-800-735-2962
- [Partners Health Management](#): 1-888-235-4673, TTY: 711
- [Trillium Health Resources](#): 1-877-685-2415, TTY: 711
- [Vaya Health](#): 1-800-962-9003, TTY: 711

Or call your Care Manager if you have one.

Not sure which health plan you have?

Call the NC Medicaid Enrollment Broker at 1-833-870-5500.

Visit the website to learn more:

[medicaid.nc.gov/1915i](https://www.nc.gov/medicaid/1915i)

Coming later today...

**Gaps, Needs and Provider Network Analysis
with Jennifer Bowman and Elliot Krause**



NC DEPARTMENT OF
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by Side Webinars](#)



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Division of Health Benefits Updates

Dr. David Clapp

March 2025

Agenda

- **1915(i) Transition**
- **1915(i) Toolkit**
- **Waivers (TBI, CAP/DA & CAP/C)**
- **Dashboard Enhancements**
- **LTSS Provider Engagement**

Onboarding to 1915(i)

For 1915(i) onboarding efforts, DHB continues to host webinars with the health plans.

1915(i) Toolkit

Today we launched the 1915(i) Toolkit to help Community Partners share information about local home and community-based services with your community. The 1915(i) Toolkit is available in English and Spanish.

The 1915(i) Toolkit includes:

- NEW! [PowerPoint with essential details about 1915\(i\)](#)
- NEW! [1915\(i\) Flyer](#)
- NEW! [1915\(i\) Community Living and Supports Flyer](#)
- NEW! [Social media copy and graphics](#)
- NEW! [Email templates and newsletter graphic](#)
- [Webinar: “Accessing Home and Community-Based Services through 1915\(i\)”](#)
- and related [Questions and Answers](#)

[**Download the toolkit**](#)

Traumatic Brain Injury

TBI Concept Paper

- DHB has released a TBI Concept Paper to support requests for additional waiver slots and is developing a TBI Dashboard for the DHHS website. DHB is reviewing stakeholder feedback and will discuss the feedback during this month's TBI Point of Contact Call and TBI Expansion Advisory Committee Meetings.

TBI Point of Contact Calls

- DHB continues to hold monthly meetings with TBI SMEs to provide updates and gather feedback on updated service definitions and other initiatives.

TBI Expansion Advisory Committee Meetings

- DHB continues to hold monthly meetings with TBI stakeholders to provide updates and gather feedback on updated service definitions and other initiatives.

Community Alternatives Program for Disabled Adults & Community Alternatives Program for Children

CAP/DA

- CMS approved the CAP/DA waiver with an effective period from 11/1/2024-10/31/2029
- Currently, there's a waiting list for CAP/DA. Individuals on the waitlist are provided option counseling to link to other LTSS.

CAP/C

- CAP/C does not have a waiting list.

Dashboard Enhancements

- **TBI Dashboard**

- DHB is actively working on the TBI Dashboard and will be added to the dashboard link page on the DHHS website.

- **PDN Dashboard**

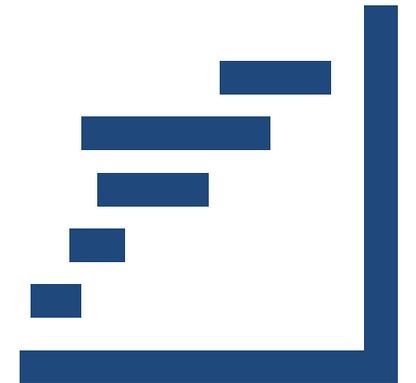
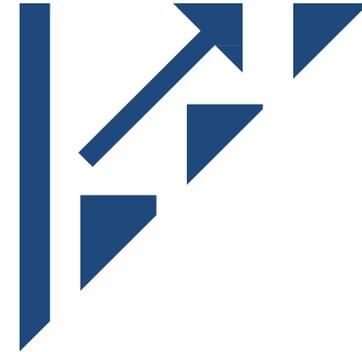
- DHB is currently building an LTSS Dashboard that will have PDN data incorporated. The dashboard is expected to be posted on April 15th.

- **TP/SP Key Indicators Dashboard**

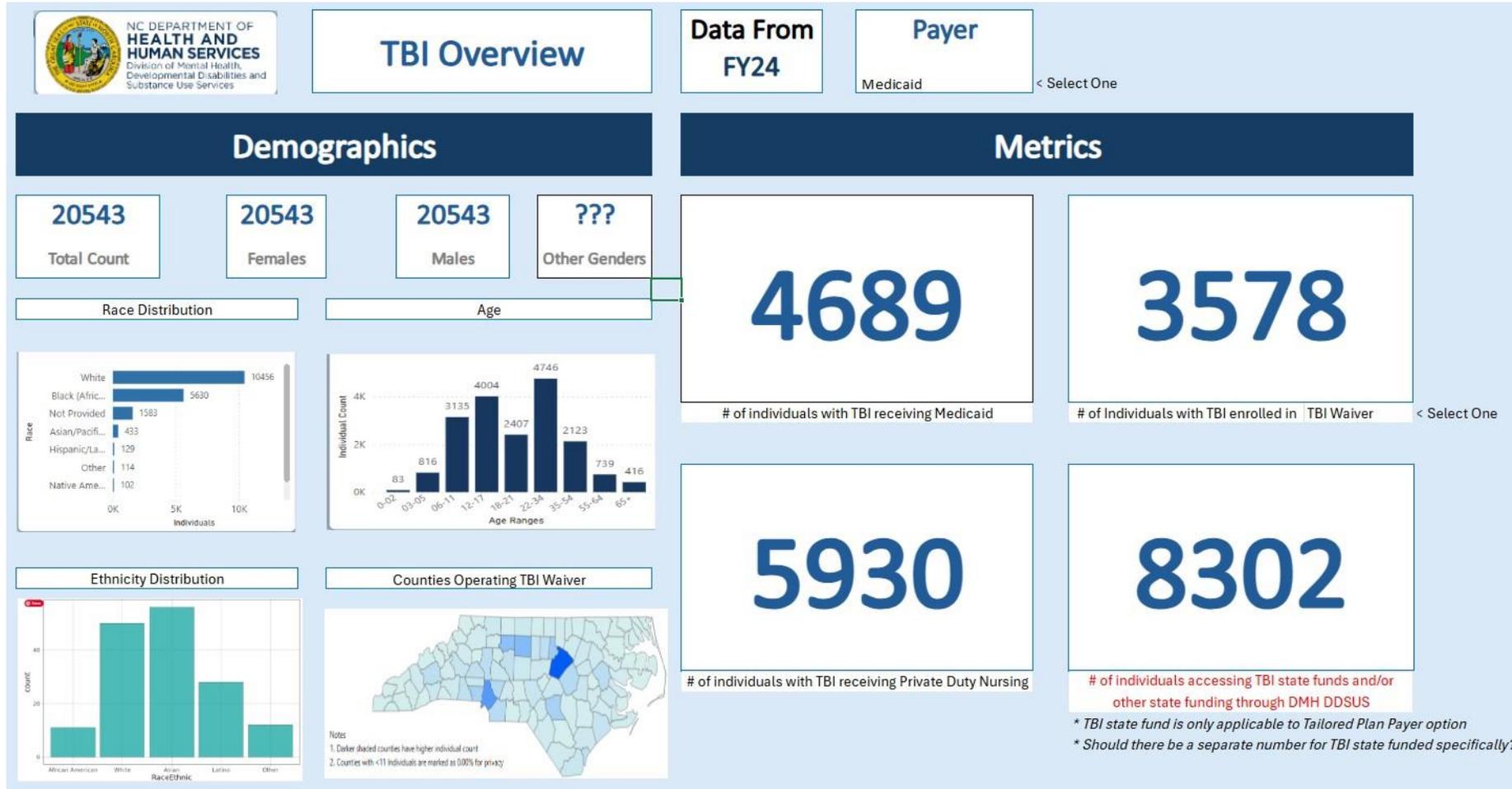
- A dashboard has been created that measures key indicators of integrated care in both Standard and Tailored Plans. The dashboard will be available soon on the Medicaid Quality homepage.

- **1915(i) Utilization Dashboard**

- DHB is actively working on a 1915(i) Utilization Dashboard.

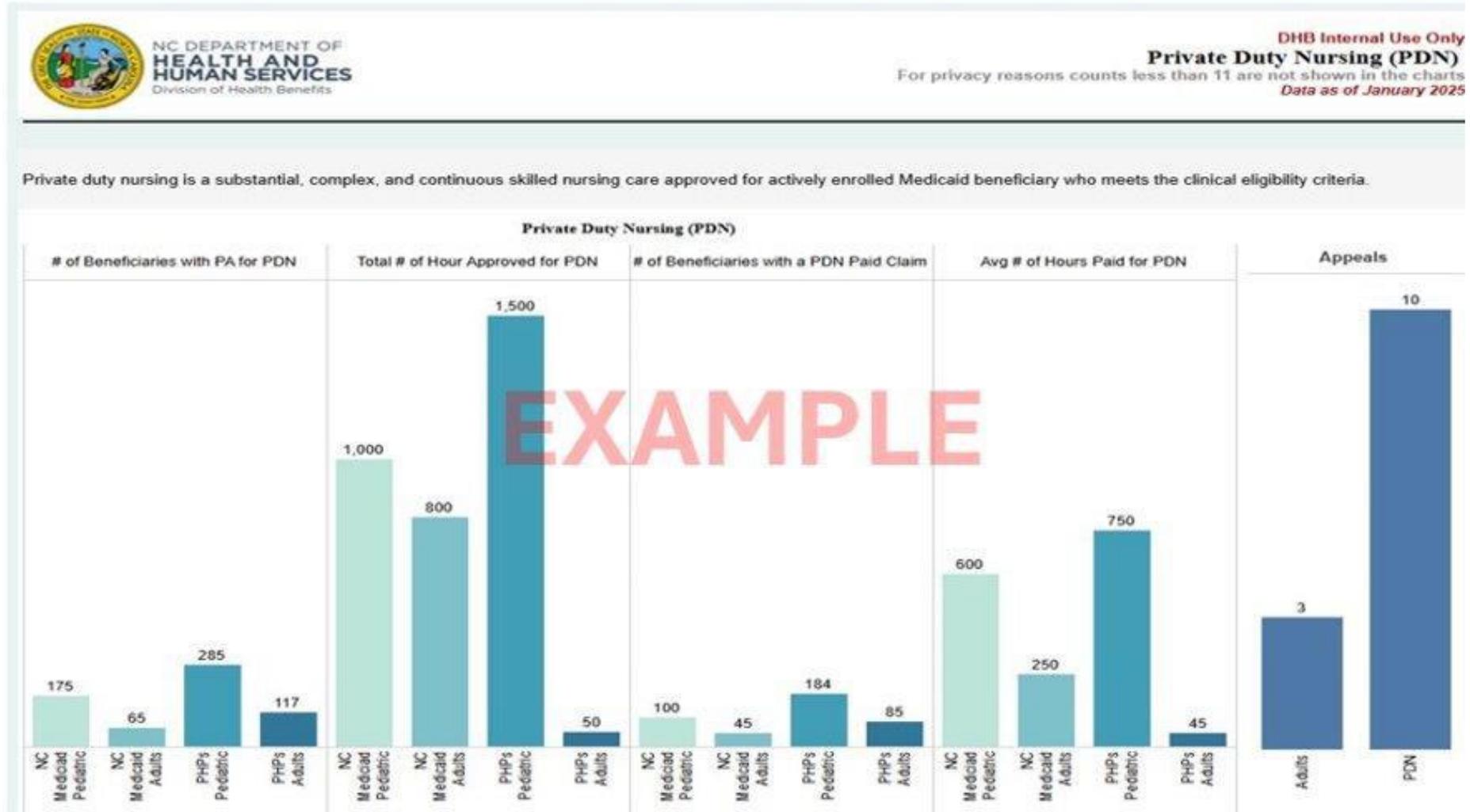


Dashboard Enhancements - TBI Dashboard



Mock-Up

Dashboard Enhancements – PDN Dashboard



LTSS Front Porch Chats

PCS

May

- 5/15/2025 Notice Overview – [Register here!](#)

August

- 8/21/2025 Monthly Hours Awarded (7 days vs 5 days) – [Register here!](#)

November

- 11/20/2025 Notice Overview – [Register here!](#)

CAP/C & CAP/DA

April

- 4/17/2025 Denial Reasons (Other Available Options) – [Register here!](#)

July

- 7/17/2025 CAP Services & Skilled Care – [Register here!](#)

October

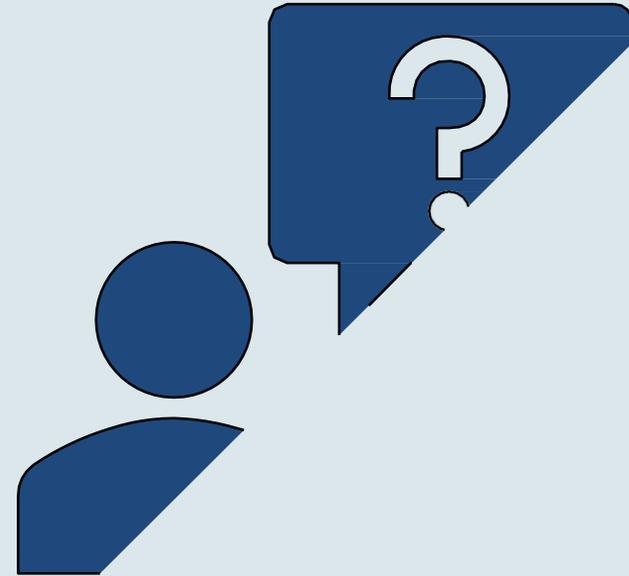
- 10/16/2025 CAP Overview – [Register here!](#)

GDIT hosted two PDN provider trainings on January 28 and 30

PDN

To be Announced

Suggestions/Questions?





NC Department of Health and Human Services

DMHDDSUS Gaps, Needs & Provider Network Analysis Report

April 8, 2025

SCFAC Request

*** RECOMMENDATION 2: COMPREHENSIVE REPORTING PROVIDE AN ANNUAL STATEWIDE COMPREHENSIVE GAPS AND NEEDS REPORT**

Note: Recommendation from last year with Full concur:

Last Year's Recommendation Narrative

In 2019 the state CFAC committee presented this recommendation to the Department, in order to align LME/MCO reporting and survey results that were outlined in their 'Network Adequacy Reports. In the last two years the LME/MCOs have failed to provide their Gaps and Needs or Network Adequacy Reports in a timely manner. This shortfall has created windfall effect for this committee to review critical reports, thus handcuffing our ability to provide strong recommendations and fulfill our charge. Unfortunately, there has been no major movement or change since this recommendation in 2019; and it is our strong belief that we are making this strategy a priority moving forward. We strongly believe that the Department can work to create some common language and require (or even mandate) these reports to be completed in a more consistent manner. By producing an annual statewide comprehensive gaps and needs report that includes the LME/MCO Network Adequacy reports it will create a broader sense of transparency across the continuum, which will impact providers, consumers, advocates and lawmakers. This will also ensure that as a state we are accurately measuring reported gaps in services, which will help create strategies and viable solutions. This report should also include other data sources: NC Care 360 data, Healthy Opportunities Pilot data, NC-TOPPS to name a few.

*We recommend that the Department provide an annual Statewide Comprehensive Gaps and Needs Report from the NC Quality Improvement Team, which encompasses all Tailored Care Plan Providers (LME's). This report should be published by January 1 succeeding the Fiscal Year. *This formal recommendation was previously submitted by State CFAC in 2019.*

We believe that this recommendation can be established by August 1, 2023, while producing the first comprehensive report by January 2025.

DMHDDSUS will provide comprehensive data to SCFAC on an annual basis after the start of the Tailored Plans. By September 1, 2023 DMHDDSUS will share a plan for sharing available data prior to Tailored Plan launch. This data will include:

*We recommend that the Department provide an annual Statewide Comprehensive Gaps and Needs Report from the NC Quality Improvement Team, which encompasses all Tailored Care Plan Providers (LME's). This report should be published by January 1 succeeding the Fiscal Year. *This formal recommendation was previously submitted by State CFAC in 2019.*

We believe that this recommendation's new deadline is September 1, 2024, while producing the first comprehensive report by January 2025.

Introduction

Purpose:

In response to the recommendation from the State Consumer & Family Advocacy Committee, DMHDDSUS is putting together a comprehensive Gaps, Needs and Provider Network Analysis Report. This report aims to:

- Measure reported gaps in services
- Monitor access to care related performance measures
- Gain insight on the perceptions from individuals in service on system access
- Gain a better understanding to barriers and resource needs

This report offers data and initiatives based to support:

- Consumers & Families
- Advocates
- Providers
- LME/MCO/Tailored Plans
- Community Stakeholders
- State Agencies
- Lawmakers

Having awareness about the service system supports the ability to create strategies and viable solutions at every level of our system.

This report includes information on:

- Behavioral Health
Provider Network Analysis Overview & Exception Requests
- Medicaid Expansion Measures
- Access To Care Performance Measures
- Perceptions of Care
- NC-TOPPS
- National Core Indicators
- NC Cares 360
- Health Opportunities Pilot
- DMHDDSUS Initiatives

Executive Summary

Expanding access to these services and supports is a core priority in our [2024-2029 strategic plan](#). Our strategic plan [dashboard](#) will help us measure improvement and understand where more progress is needed.

Our system has a history of being underfunded, we have some wins to celebrate, with raised Medicaid reimbursement rates, Medicaid Expansion, and the \$835 Million in system investments.

We are committed to continuing to work closely with SCFAC, legislators, departmental partners, LME/MCOs, and providers to create the system of the future – one with stronger networks, more access, and improved quality. DMH/DD/SUS wants everyone to get the services and supports they need.

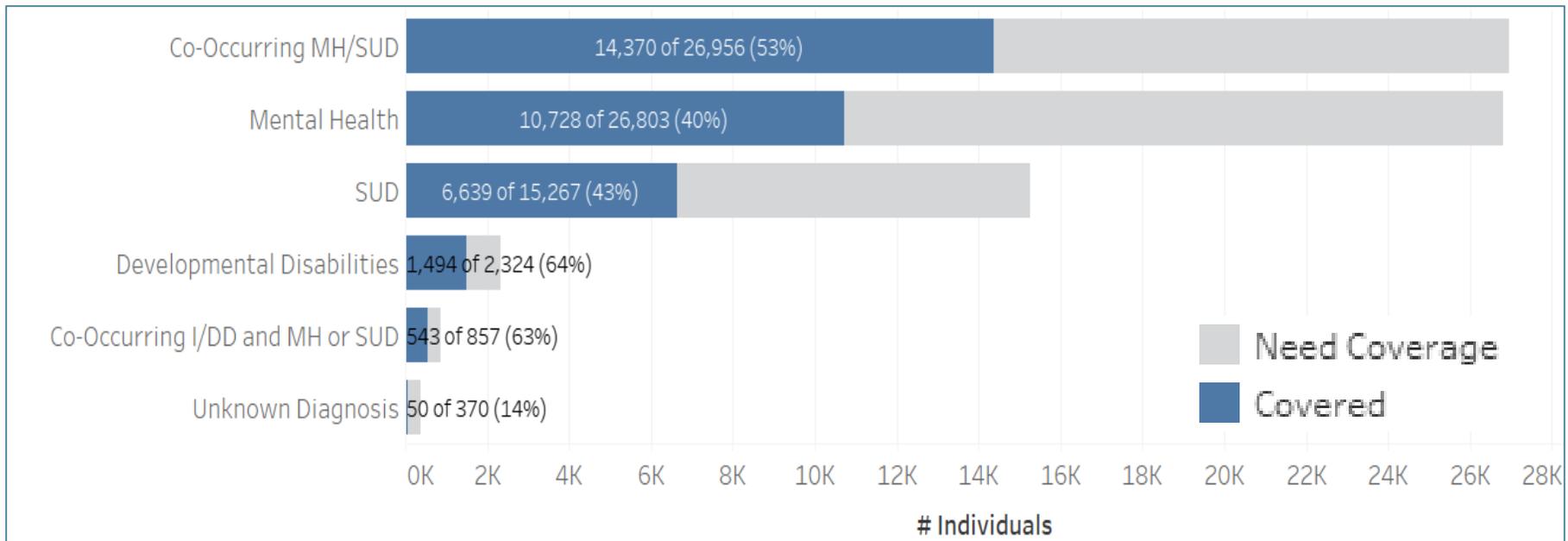
Key Findings

Medicaid Expansion Impact For DMHDDSUS



33,825 People Now Have Coverage

DMHDDSUS Funded People By Population That Now Have Medicaid Access



Mental Health Prevalence

22.5% of adults (1 in 4 adults) in NC have Any Mental Illness

5.4% of adults (1 in 18.5 adults) in NC have Serious Mental Illness

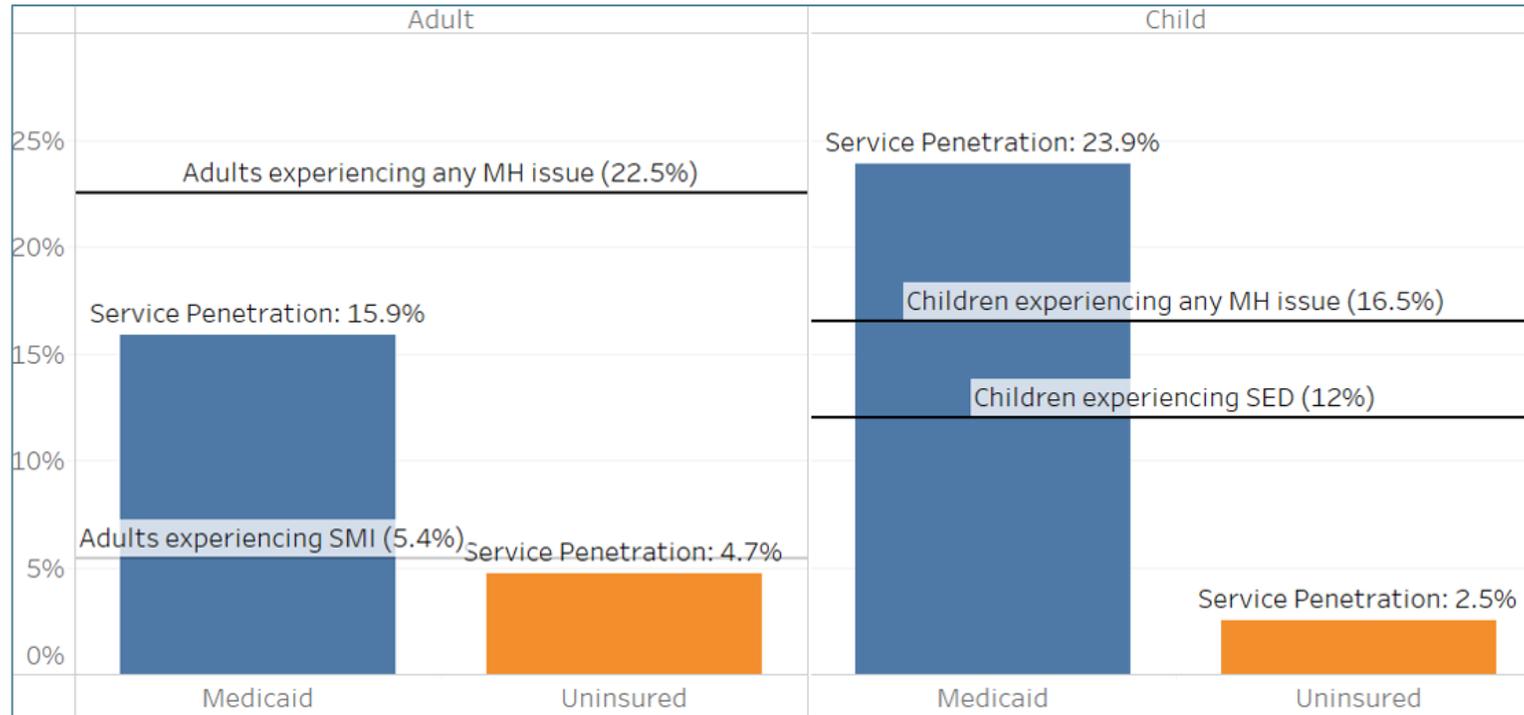
13% to 20% of children and adolescents (1 in 5 youth) in NC have Any Mental Illness

12% of children and adolescents (1 in 8 youth) in NC have Severe Emotional Disorder

Mental Health Prevalence & Penetration

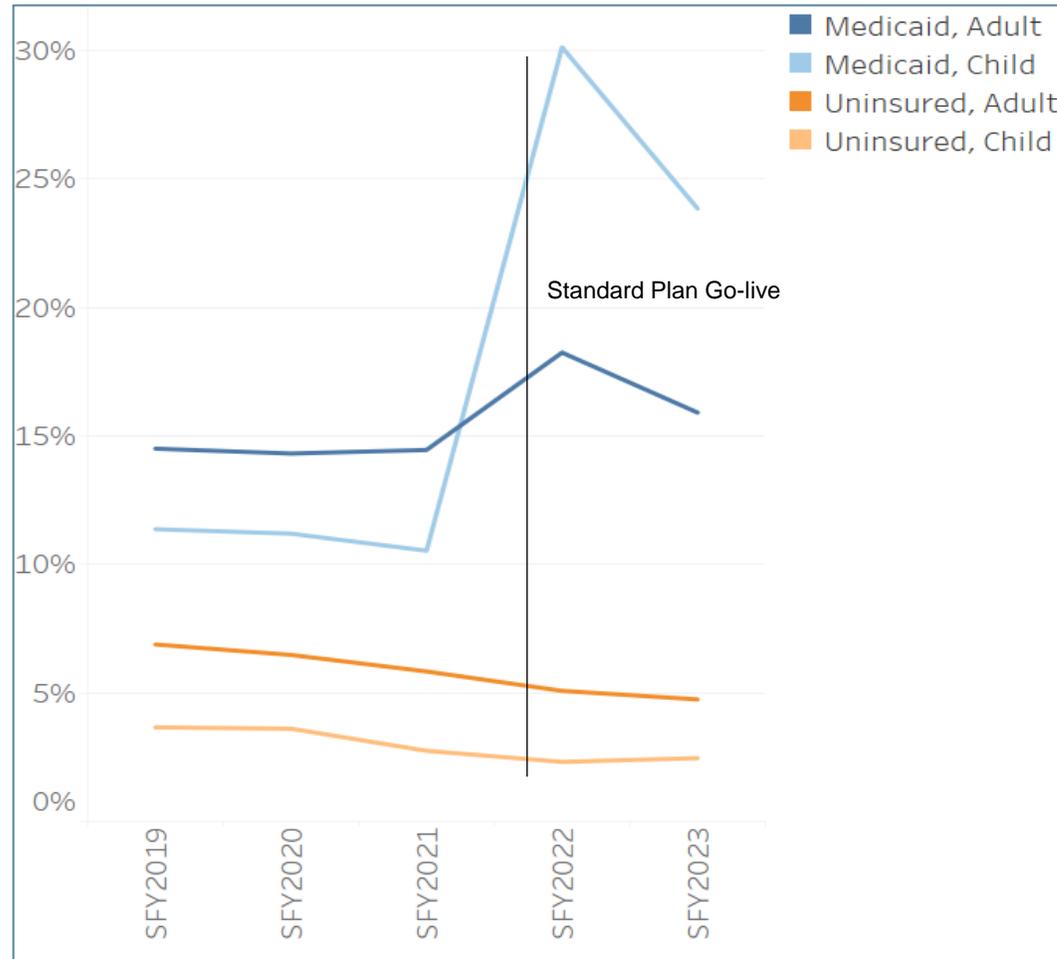
- Many uninsured individuals who need mental health services are not receiving them
- Medicaid coverage improves access to care.

Prevalence of Mental Health Issues versus Service Penetration in SFY23



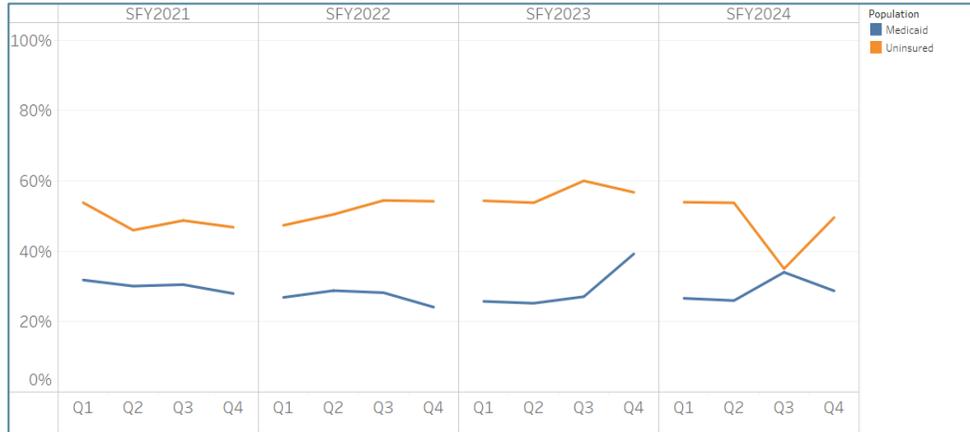
Mental Health Service Penetration Over Time

% of individuals that received at least one mental health service during the fiscal year



Mental Health Initiation & Engagement

Initiation of Mental Health Services All Ages – 2 Visits within the First 14 Days



Engagement with Mental Health Services All Ages – 4 Visits within the First 44 Days



- Initiation and engagement with mental health services has remained steady
- A decrease over an extended period may indicate that resources are not available or that treatment options aren't working well.
- Over the past four years, one of the largest changes in mental health service initiation occurs in Q4 SFY23, which is attributable to the consolidation of Eastpointe and Sandhills Center with Trillium.
- The other large change occurs in Q3 SFY24, which is attributable to Medicaid Expansion.

Substance Use Disorder Prevalence

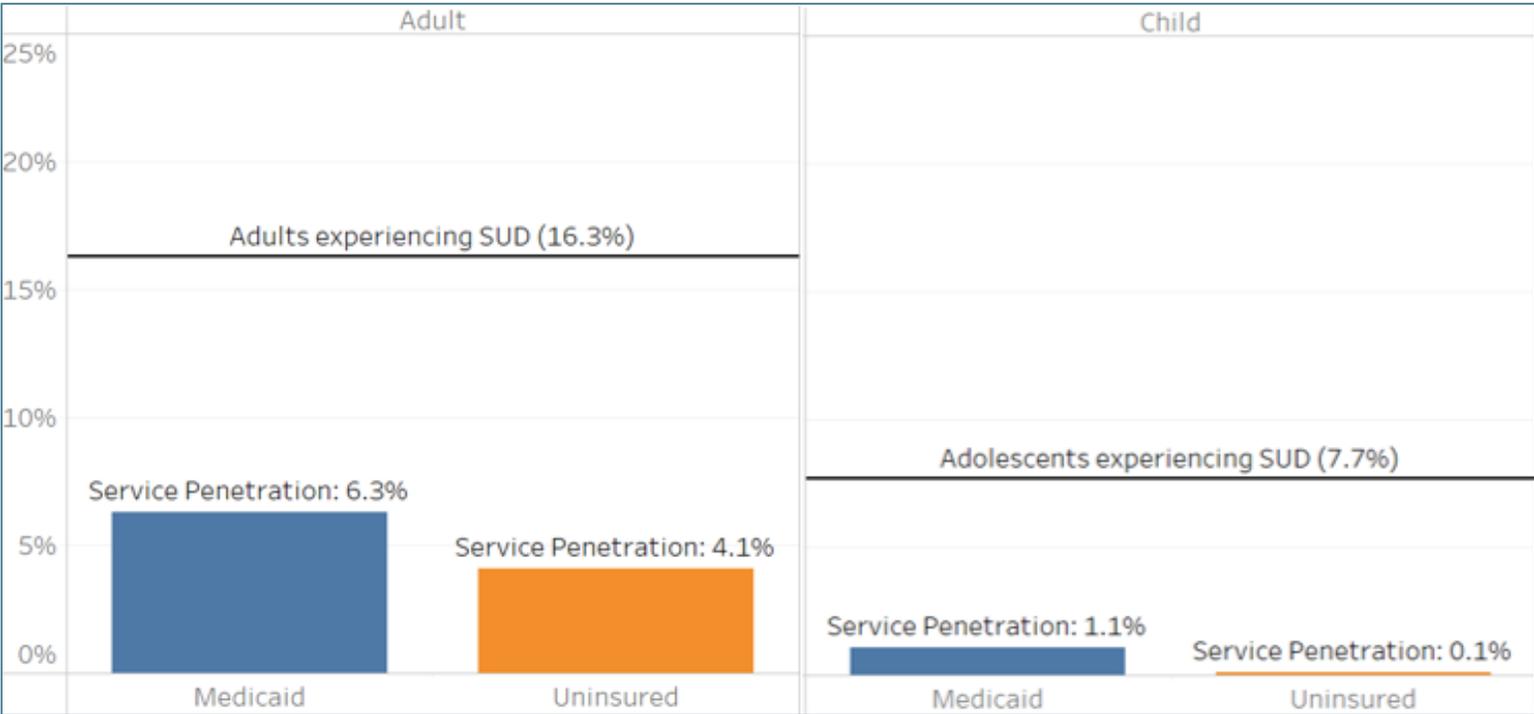
16.36% of adults ages 18+ (1 in 6 adults)

7.70% of youth ages 12-17 (1 in 13 youth)

Substance Use Prevalence & Penetration

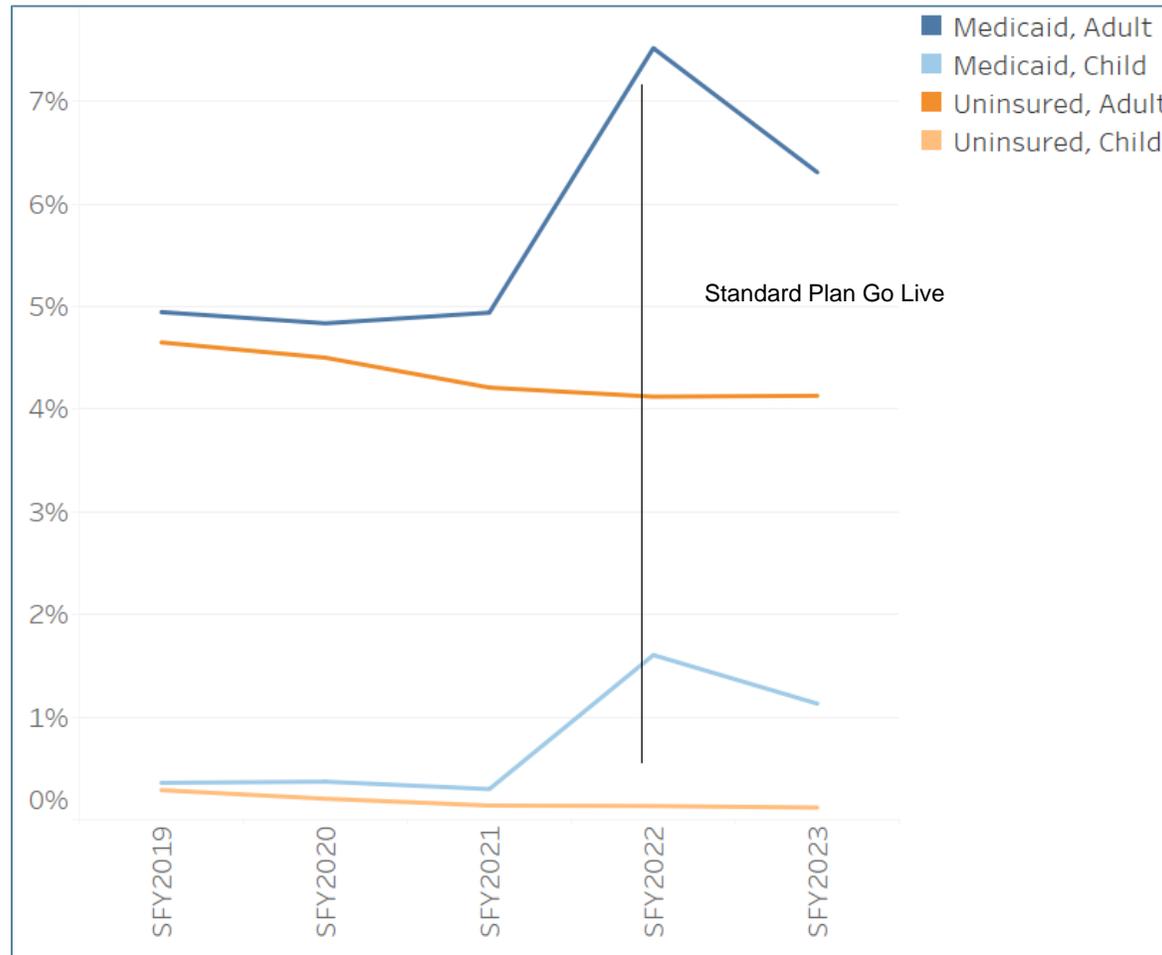
- Many Medicaid-insured and uninsured individuals who need SUD services are not receiving them
- Having insurance coverage improves access to care for the population. Stigma barriers continue to impact access.

Prevalence of Substance Use Issues versus Service Penetration in SFY23



Substance Use Penetration Over Time

% of individuals that received at least one SUD service during the fiscal year

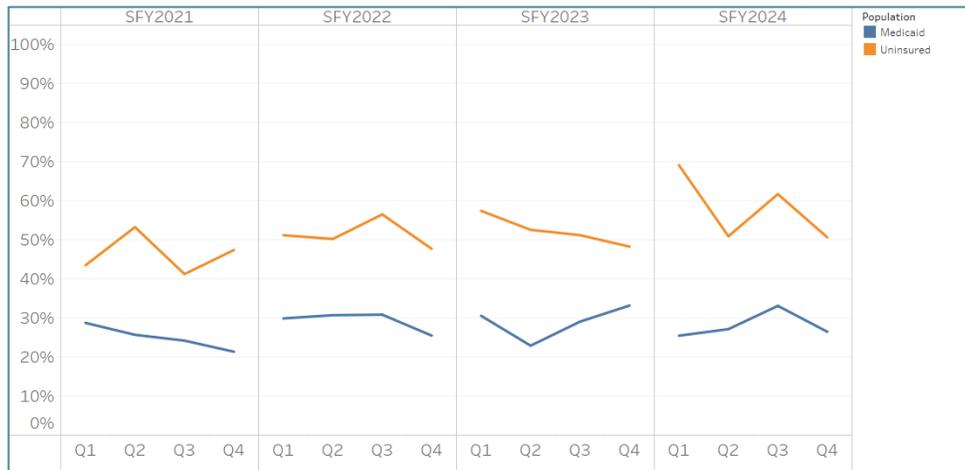


Substance Use Initiation & Engagement

Initiation of Substance Use Services All Ages – 2 Visits within the First 14 Days



Engagement with Substance Use Services All Ages – 4 Visits within the First 44 Days



- Initiation and engagement with SUD services has remained steady
- A decrease over an extended period may indicate that resources are not available or that treatment options aren't working well.
- Small changes in rates for Medicaid users in Q4 SFY23 and in Q3 SFY24 are likely attributable to system changes like LME/MCO consolidation and Medicaid Expansion.
- North Carolina outperformed the 2022 national averages for SUD initiation (45%) and SUD engagement (14.9%).

Intellectual/Developmental Disabilities Prevalence

0.79% (1 in 127) adults age 18+

**8.56% (1 in 12) children and
adolescents ages 3-17**

Innovations Waitlist



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

Innovations Waitlist Overview

Data From: 12/31/2024

Tailored Plan: All

Demographics

18771

Total Waitlist Count

6,148

Females

12,379

Males

<11

Gender - Other

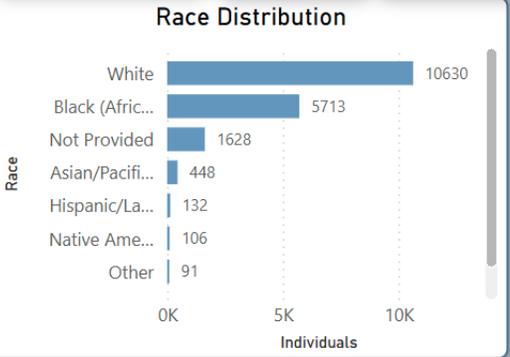
244

Gender Not Provided

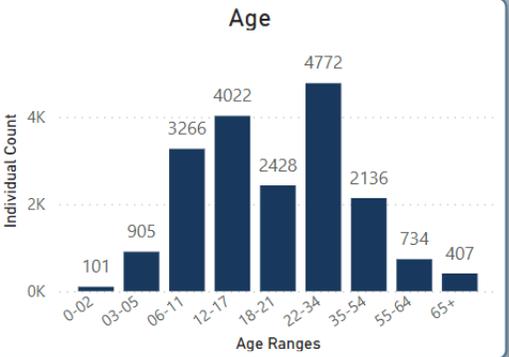
19

Average Age

Race Distribution

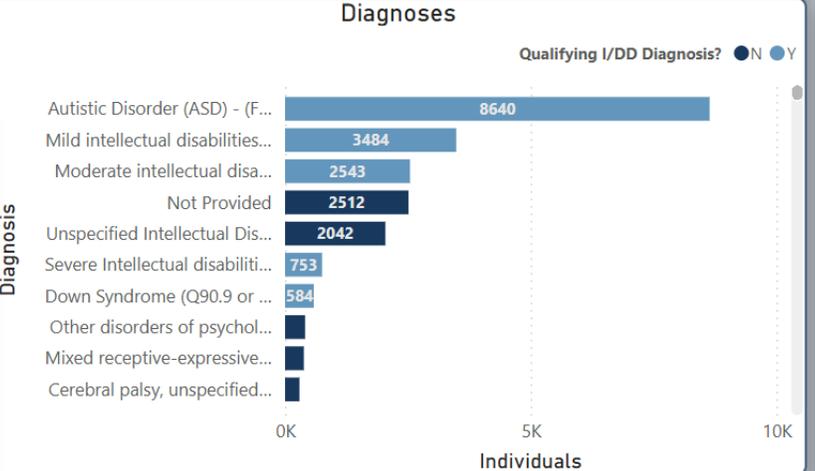


Age

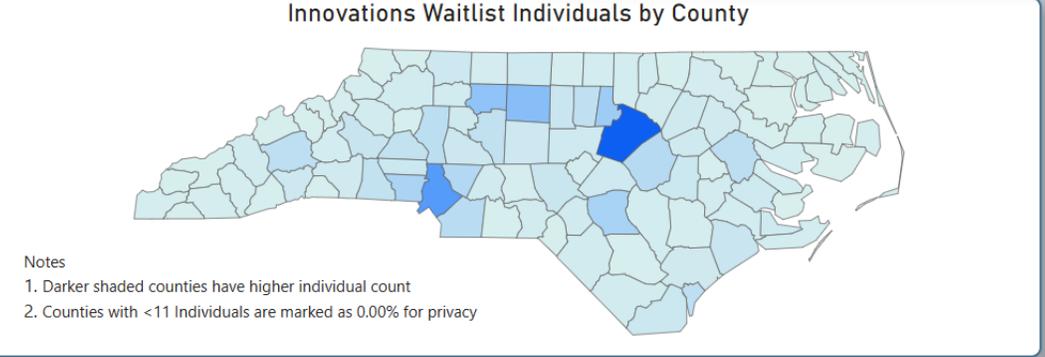


Diagnosis Information

Diagnoses



Innovations Waitlist Individuals by County



Notes

- Darker shaded counties have higher individual count
- Counties with <11 Individuals are marked as 0.00% for privacy

Upcoming Enhancements

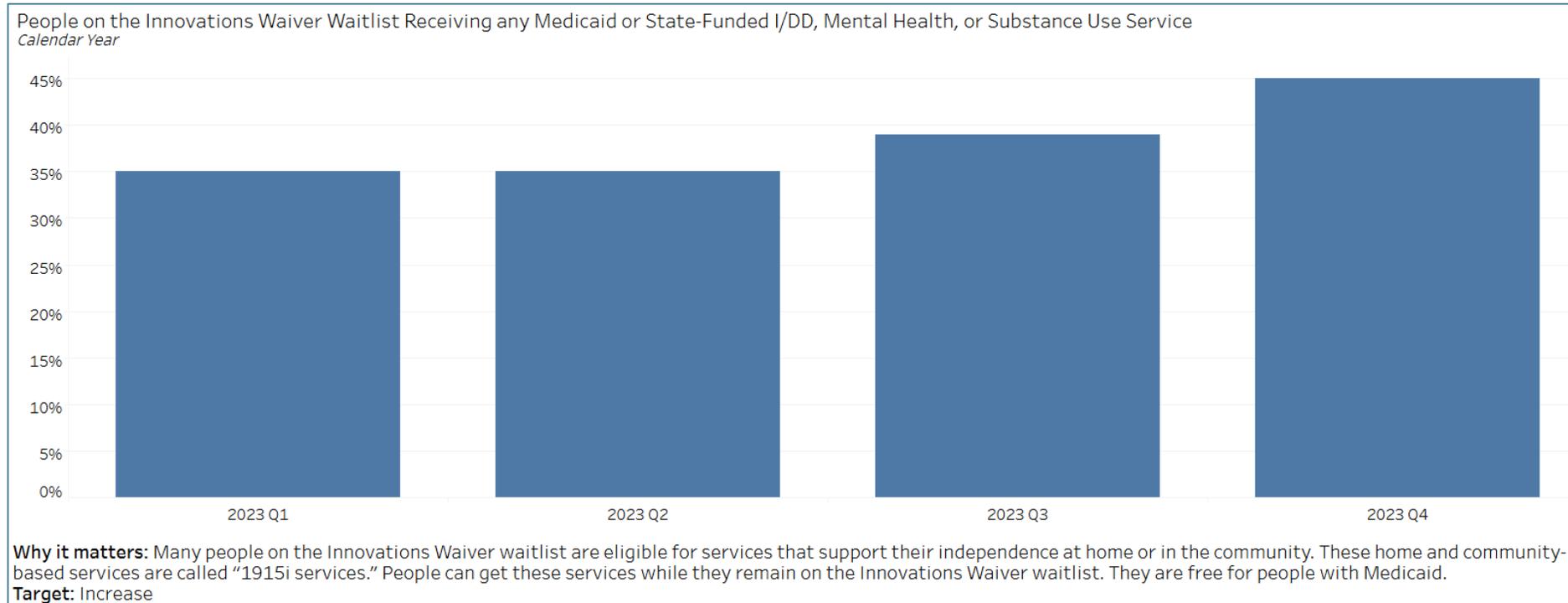
The rollout of this Innovations Waitlist Dashboard will be in waves. As we continue to source data for this dashboard, the following information is expected to be added as the dashboard is refined and expanded:

- Tracking of Services:** Views to monitor In Lieu of Services, State Funded and 1915(i) services that individuals are receiving while on the Innovations Waitlist
- Living Arrangements:** Visuals to track the current living arrangements of individuals

As this dashboard is rolled out, other dashboards with similar reporting may not be updated

[Go To Frequently Asked Questions](#)

Services To Reduce The Gap



- July 1, 2024, North Carolina began offering 1915(i) services. 1915(i) services include many of the same services as those provided through the Innovations Waiver.

Consumer Experience

National Core Indicators

I/DD Consumer Survey



North Carolina's service system demonstrates positive outcomes in several areas related to workforce and access. However, staff turnover is a concern for many.

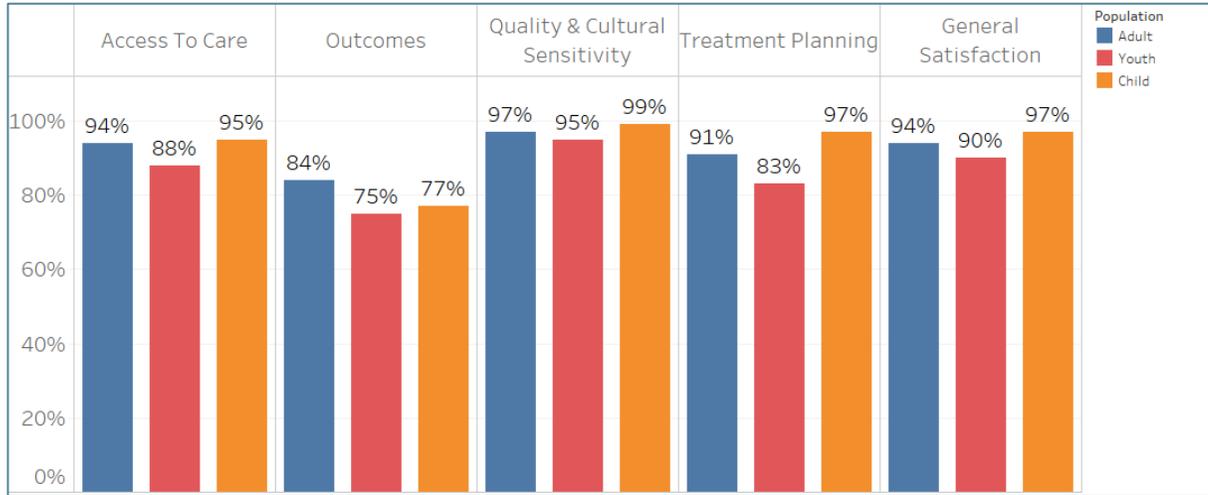
Perceptions of Care

MH & SUD Consumer Survey

5009
Survey
Respondents

69% Adult
19% Youth
12% Child/Family

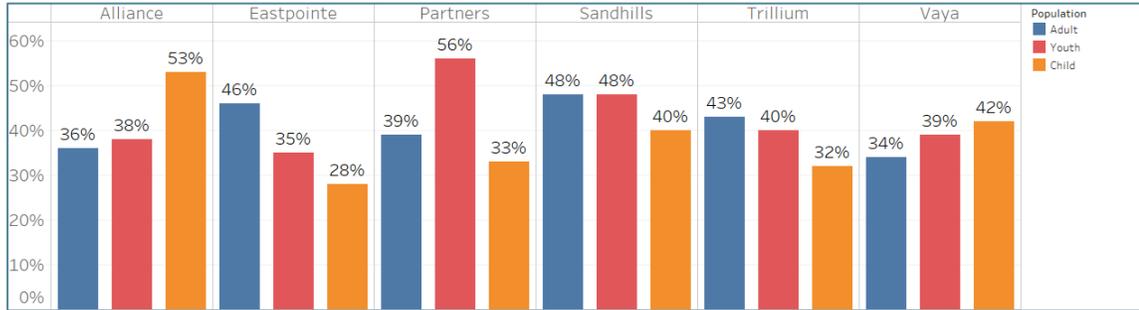
70% Mental Health
30% Substance
Use
Treatment



- Satisfaction was generally high for all domains.
- The domain with the lowest satisfaction was outcomes. Outcomes domain includes questions about:
 - Dealing With Daily Problems
 - Control of Life
 - Better Able To Deal With Crisis
 - Better In Social Situations
 - Better At Work/School
 - Improved Housing
 - Satisfied With Life

Perceptions of Care - Use of Telehealth

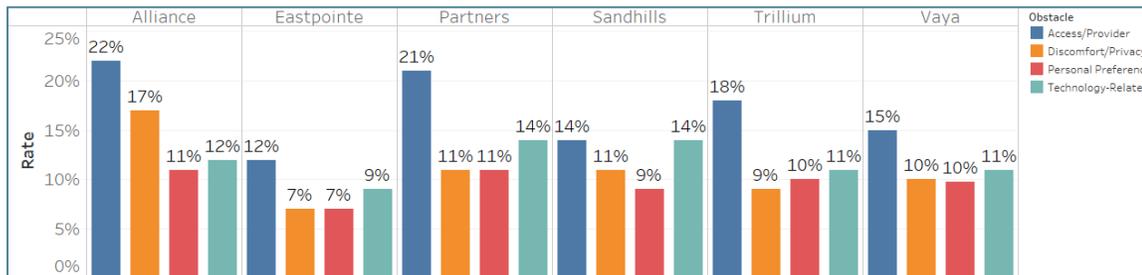
Adult, Youth, and Children who Reported Using a MH/SUD Telehealth Service in the Last 6 Months



Use

- Across all age groups, 41% reported using telehealth services in the past six months.
- Child (37%) consumers utilized telehealth services less than Adults (41%). Approximately 43% of Youth clients reported using telehealth services.

Obstacles Reported to Accessing Telehealth

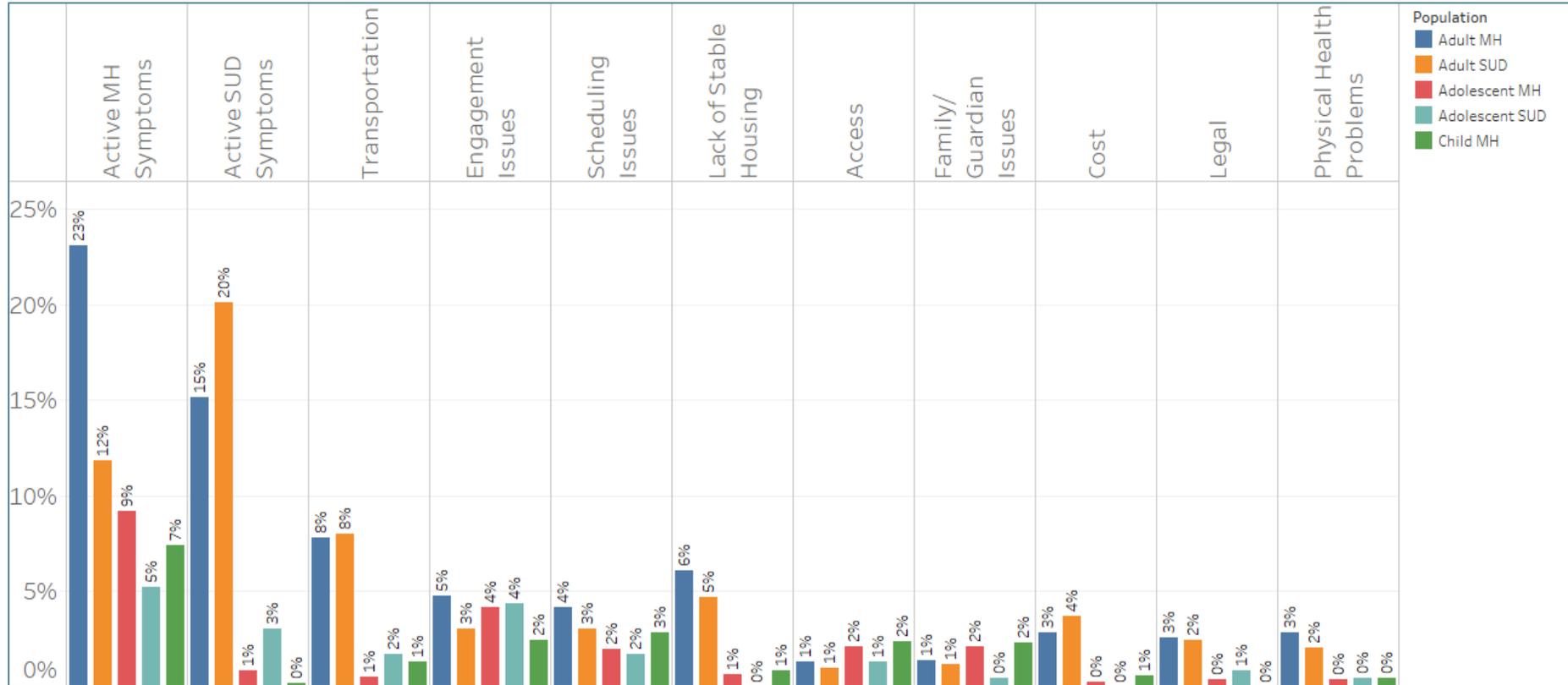


Obstacles

- Providers not offering telehealth services or appointment availability at inconvenient times were common “Access/ Provider” obstacles.
- Personal preference or belief that telehealth “...isn’t right for me” was a reason for not utilizing telehealth services.
- A lack of ownership of a phone or computer, discomfort with technology, and cost/financial barriers represented additional issues for not using telehealth services.

NC-TOPPS (MH & SUD Outcomes Interview)

Percent of People Who Reported Experiencing a Barrier When Accessing Treatment



Top barriers to treatment among NC-TOPPS respondents in SFY24:

- Active symptoms was the highest barrier to treatment for all groups
- Adults reported higher barriers with transportation and stable housing than did adolescents or children
- All other barriers to treatment were less than 5%

Health & Social Needs

Healthy Opportunities

- Among participants, 81% of assessments identified food needs and 62% identified housing needs.
- The program demonstrated high engagement, with 93% of food-insecure individuals receiving food services and 68% of housing-insecure participants receiving housing support.

[Healthy Opportunities Pilots](#)
[| NCDHHS](#)

NCCARES 360

- Assessments look at needs in four areas: food, housing, transportation, and interpersonal violence related/toxic stress.
- 44.3% of assessments indicating one need and 37% identifying two needs.
- Assessments reflect significant demand for services like food, housing, and transportation.

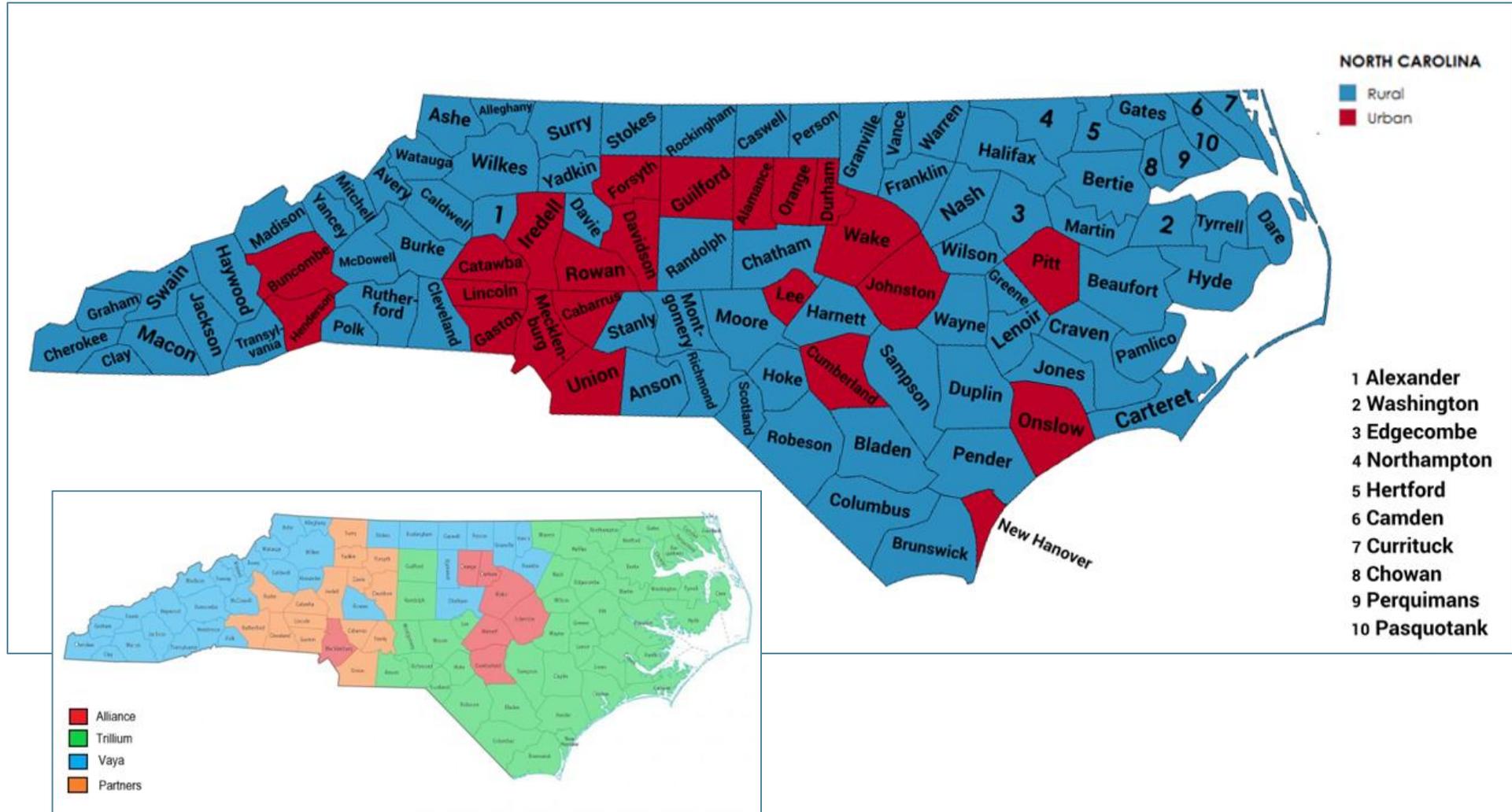
[NCCARE360 | Building Connections](#)
[for a Healthier NC](#)

Provider Network Access

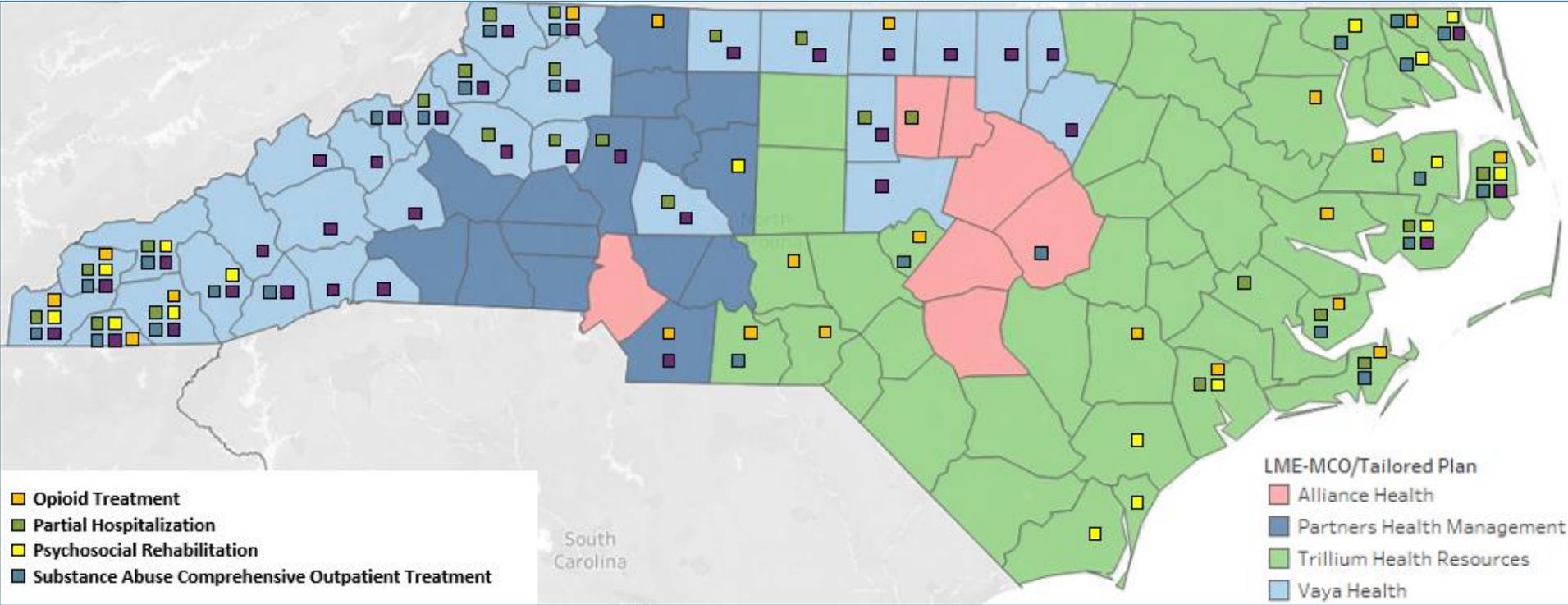
Network Adequacy Background

- Tailored Plans must demonstrate to the Department that their Tailored Plan, Medicaid Direct, and State-funded Service provider networks are able to meet the needs of recipients.
- Contractual requirement dimensions include:
 - Enough in-network providers for both time/distance standards and non-time/distance metrics
 - Appointment wait times satisfy contractual requirements
 - Covered services are available 24 hours a day 7 days a week when medically necessary
 - Hours of operation are not less than those offered to commercial members
 - Physical access, reasonable accommodations, and accessible equipment are made available to members with physical or mental disabilities.
- This report focuses on whether there are enough in-network providers to satisfy contractual requirements for services with a current clinical coverage policy or service definition.

Urban & Rural Counties Map



Map of Where There Are Not Enough Providers to Meet Tailored Plan Time and Distance Service Requirements

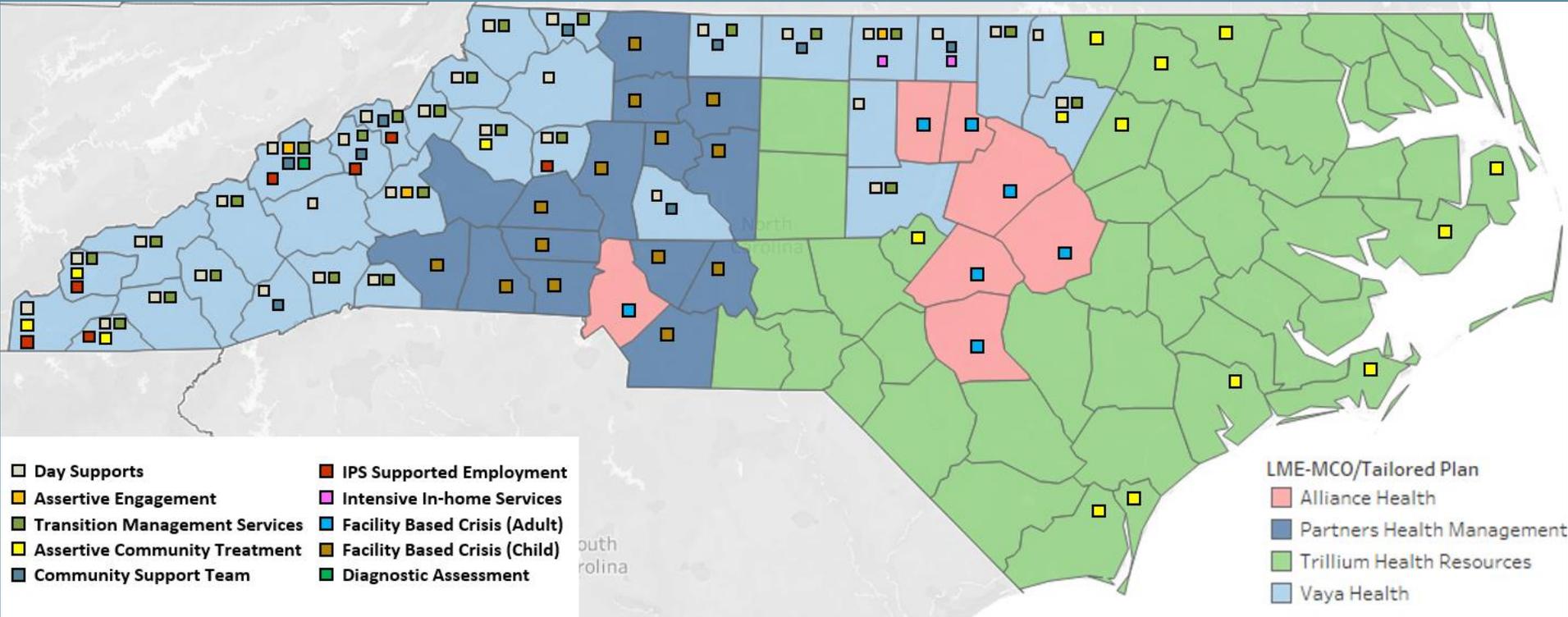


Time and distance standards calculate the percentage of individuals within either 30 minutes or miles (in an urban county) or 45 minutes or miles (in a rural county) from a provider.

Overview Tailored Plan Initiatives To Address Time & Distance Gaps

- Alliance is recruiting providers and has existing providers in surrounding counties able to serve people in Johnston and Orange County.
- Partners is actively recruiting to fill the service gaps. They use out of network agreements and telehealth to help meet service needs.
- Trillium is recruiting providers and expressed concern that prior attempts produced no qualified providers. Trillium offers other network services when there is a gap. Trillium is working toward having mobile clinics to meet Opioid treatment gaps.
- Vaya expressed that most of the gaps were due to not having enough referrals to sustain multiple providers in a county. Vaya stated they will recruit providers based on need.

Map of Where There Are Not Enough Providers to Meet Tailored Plan Non Time and Distance Service Requirements



Non-time distance requirements are regional requirements that necessitate a specific number of facilities within the plan region. For example, Tailored Plans must show that they have a facility-based crisis provider for every 450,000 people who live in their covered region. Other services have requirements of having at least one provider in the region.

Network Exception Requests

In cases where the Tailored Plan is unable to meet the network adequacy requirement, they must submit an exception request to the Department. When requesting an exception, they must provide detail on:

- a description of efforts to negotiate in good faith;
- justification for the exception, along with an explanation of how member needs in the Region and for the provider type will be addressed;
- a plan detailing how the Tailored Plan will remedy the network deficiency, including an estimated timeline to close the gap; and
- submission with the official annual network submission or, if needed, whenever a deficiency arises between submissions.

Overview Tailored Plan Initiatives To Address Non-Time & Distance Gaps

- Alliance is developing additional capacity in Cumberland, Mecklenburg and Wake counties for Facility Based Crisis.
- Partners is developing two new Facility Based Crisis programs in Cabarrus and Gaston counties.
- Trillium had no non-time distance standards exception requests.
- Vaya for most services cites there is not a sufficient volume of referrals to support more than one provider. As members are identified needing this service, referrals will be made to surrounding county providers. For IPS-SE, Vaya is working with providers in surrounding counties to meet the need.

Network Access Plans: Justice-Involved Populations and Diversion Programs

- Alliance has expanded access to evidence-based models like Multisystemic Therapy and Treatment Foster Care Oregon to support justice-involved youth by addressing their unique needs.
- Partners supports reentry planning and provides specialized grants to support community-based alternatives to jail time. Together, these efforts represent a significant investment in addressing the complex needs of justice-involved individuals while relieving strain on emergency departments and correctional systems.
- Trillium supports individuals re-entering through its Support Transition and Reentry (T-STAR) program and collaboration with local reentry councils to provide transitional housing and other resources for individuals leaving incarceration.
- Vaya offers services at each level of the Sequential Intercept Model, such as co-responder programs, jail diversion pilots, and behavioral health urgent care (BHUC) centers offering first responders alternatives to incarceration.

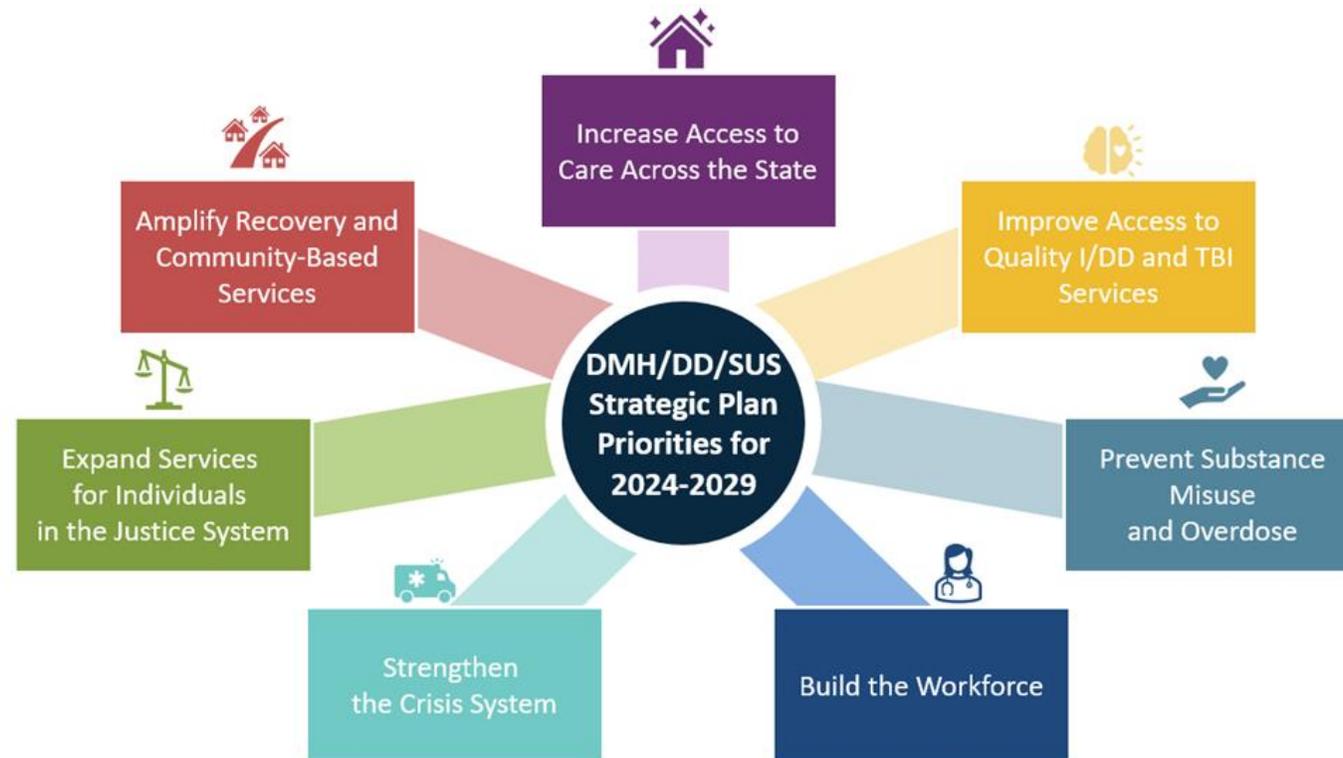
Network Access Plans: Addressing Disparities & Supporting Marginalized Populations

- Alliance analyzes racial disparities in access to care, particularly in primary care, maternal health, and substance use treatment each quarter. This informs targeted recruitment efforts to close gaps, especially for Black and African American members.
- Partners collaborates with local agencies to deliver culturally informed care to populations such as veterans, people with disabilities, and members of the LGBTQ+ community. Partners connects pregnant women with resources to manage neonatal abstinence syndrome and links them to medication-assisted treatment programs.
- Trillium's Health Equity Department takes a data-driven approach, using utilization and quality metrics to identify gaps and implement programs that reduce disparities for historically marginalized populations. Trillium's maternal health programs integrate care management and community resources to improve outcomes during pregnancy and postpartum.
- Vaya focuses on tracking waitlists and monitoring access barriers, adjusting its network to ensure vulnerable groups, including justice-involved individuals, can receive timely care. Vaya's collaboration with local health departments and community organizations aims to help high-risk pregnant individuals receive peer support and care tailored to their unique needs.

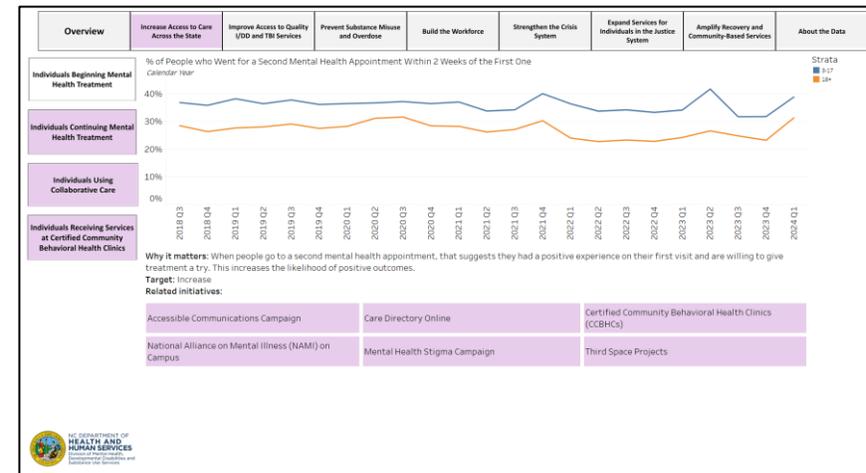
Network Access Plans: Cultural Competence and Provider Training

- Alliance has developed a robust Provider Cultural Competency Plan Toolkit, guiding providers to assess their organizational and individual readiness to deliver culturally informed care. This toolkit includes self-assessments, evidence-based resources, and a cultural competence continuum to set benchmarks and progression goals.
- Partners offers a comprehensive library of more than 85 training courses, including those focused on cultural sensitivity, trauma-informed care, and working with historically marginalized populations.
- Trillium implements the national Culturally and Linguistically Appropriate Standards (CLAS) to ensure equitable service delivery and providing targeted training for providers who work with LGBTQ+ youth, Native American populations, and other marginalized groups. Across all plans, this shared focus on cultural competency reflects a commitment to equity and respectful care.
- Vaya prioritizes cultural competency by requiring annual self-assessments for its network providers and incorporating cultural and linguistic competency as a core component of its system.

2025 Initiatives in the Strategic Plan



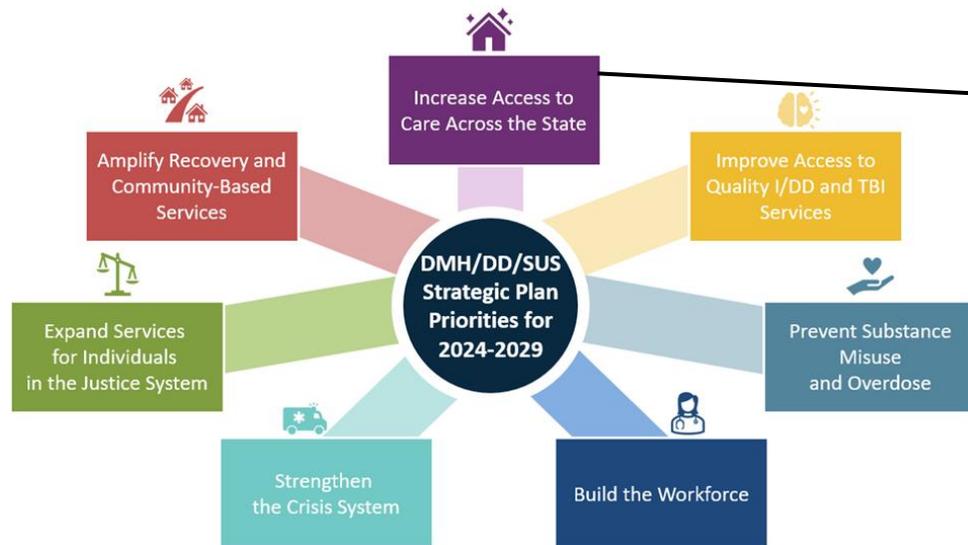
Now Available: Strategic Plan Dashboard



- DMH/DD/SUS has released a dashboard for its Strategic Plan!
- The dashboard will be updated quarterly
- We will review the dashboard measures and example charts today



Priority 1: Increase Access to Care Across the State



Goals

- **Increase Treatment Initiation and Retention.** Make it easier for children, adolescents, and adults of all ages to access evidence-based services in a timely manner and stay in services for the recommended duration of treatment.
- **Promote Access to Integrated Care.** Expand care models that promote integrated behavioral health care across the continuum and with primary care.
- **Increase Caregiver Supports.** Promote services and supports for family members and caregivers.



Priority 2: Increase Access to Quality I/DD and TBI Services



Goals

- **Increase I/DD Services.** Increase the number of people with I/DD receiving high-quality services in their homes and communities.
- **Increase TBI Services.** Increase the number of people with TBI receiving high-quality.
- **Increase Community Living Supports.** Increase the number of people with an I/DD or TBI who access and maintain independent housing and supported employment.



Priority 3: Prevent Substance Misuse and Overdose

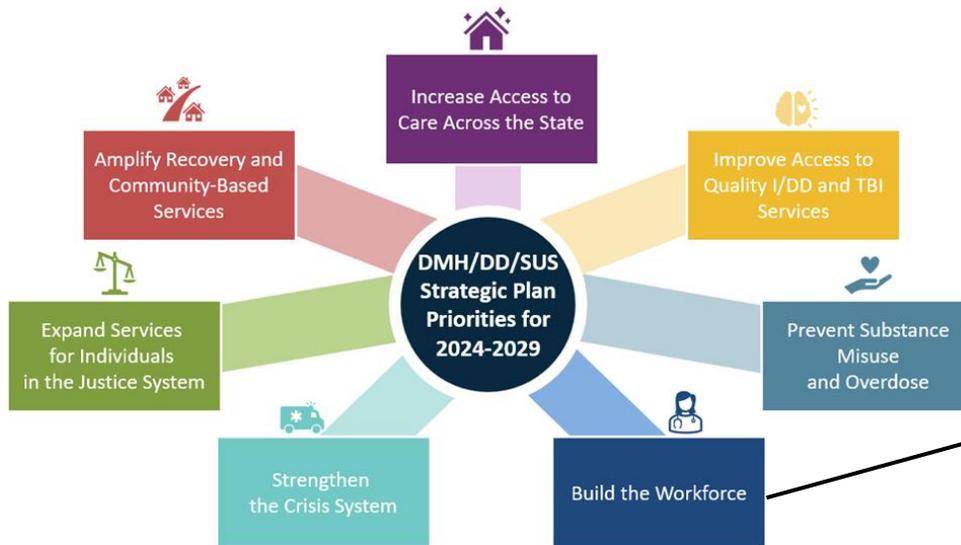


Goals

- **Increase Primary Prevention Engagement.** Delay initial substance exposure or use and deter access to substances that can be misused by children and adolescents, using harm reduction strategies to prevent escalation and misuse in young adults.
- **Increase Access to Evidence Based SUD Treatment.** Increase timely access to SUD services, especially for geographies and populations with low penetration rates.



Priority 4: Build the Workforce



Goals

- **Strengthen the Peer Workforce.** Build a well-trained and well-utilized peer workforce whose work leverages their lived experiences.
- **Strengthen the DSP Workforce.** Build a well-trained and supported DSP workforce.
- **Increase Licensed Providers.** Increase the number of licensed providers entering the public workforce.
- **Increase Supports for Unlicensed Providers.** Increase training and support for unlicensed professionals providing services to people using the public system.



Priority 5: Strengthen the Crisis System

- | Goals |
|--|
| <ul style="list-style-type: none">• Connect to Crisis Care. Connect individuals to appropriate crisis services and facilitate seamless handoffs. |
| <ul style="list-style-type: none">• Increase Timely Mobile Crisis Care. Ensure timely, quality crisis care in the community and connect individuals to the appropriate level of care. |
| <ul style="list-style-type: none">• Increase Community Crisis Facility Use. Increase use of community-based behavioral health crisis facilities as an alternative to higher levels of care. |





Priority 6: Expand Services for Individuals in the Justice System

| Goals |
|---|
| <ul style="list-style-type: none">• Increase Engagement in Deflection and Diversion Programs. Increase linkages for people with mental health needs, SUD, I/DD, or TBI to evidence-based care and services to provide an alternative to incarceration. |
| <ul style="list-style-type: none">• Increase Successful Community Re-engagement. Ensure successful community re-entry of justice-involved individuals with a broad range of needs. |
| <ul style="list-style-type: none">• Increase Use of Evidenced Based Programs for Justice Involved Youth. Increase use of evidence-based programs and practices to support justice-involved youth. |
| <ul style="list-style-type: none">• Increase Access to Capacity Restoration. Increase the capacity and use of detention-based and community-based capacity restoration pilots. |





Priority 7: Amplify Recovery and Community-Based Services

- Goals**
- **Increase Early Detection and Recovery Services.** Promote early detection and service provision to prevent serious mental illness and substance use.
 - **Grow Recovery Supports.** Support the expansion of recovery supports and services for individuals with mental illnesses and substance use disorders.
 - **Improve Quality of Residential Interventions for Children with Complex Needs.** Invest in access and quality along the continuum of care for children and reduce duration of residential interventions.



Questions?