2017-18 Annual Report on North Carolina Transition to Community Living Inititive

NC General Statute 122C-20.15

Report to the Joint Legislative Oversight Committee on Health and Human Services

10/11/2018

Among the most important interventions for people with serious/ serious, persistent mental illness (SMI/ SPMI) is housing stability. For persons living with SMI/ SPMI, supportive housing promotes stability, wellness and recovery, supportive relationships, and continuity of many services geared toward community integration. NC DHHS offers participants in the Transition to Community Living Initiative (TCLI), choice in their living situations, along with educational opportunities and assistance of peer supports to better inform the person/ and guardian of the resources and supports available to them in the community.   Housing units are in Integrated settings where people with disabilities can interact with people who do not have disabilities. Supportive housing incorporates enhanced services for people who are first transitioning from institutions into the community, as well as on-going services/ supports, as deemed clinically appropriate, to ensure that each person has the tools necessary to live successfully in the community.

Lives Transformed: Comments from some who participated in the Transitions to Community Living Initiative

"I would say that they're very helpful, and that I never thought I would have my own place. The support helped me push through it, and I'm capable of doing different things. I'm living a normal, successful life no matter what the disability terms would be."

"In the past, I used to think I wouldn't be able to work because of my disability, that it would be too hard and everything. When I got linked up with Supported Employment, I see that there is a job out there for everyone. You just have to find the right job for you, and everything is possible."

""I feel like I've been truly blessed to be in this program and I'd just like to thank God for that and the people that have helped me and the whole program – the ACT Team, Cardinal Innovations. I'm really good now that I'm on my own."

"The most important thing for me is to not go back into the hospital and so far it has been great. I'm just happy. I achieved this. It was me who did it…I had help, but I did it."

"I have free will to do what I want, eat when I want, take a shower in my own bathroom and have privacy. I have more things to do, shoot pool, walk around and go to restaurants. You all helped me so much it exceeded my expeectations."

"My Transition Coordinator is my (Lifesaver) she has brought me back to life inside and I'm loving it. I now am living in a very nice 2 bedroom apartment with 2 bathrooms."

"I am so happy. This is the first time I have had the opportunity to live on my own."

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I. Summary Tables

Figure A. LME/MCO Totals for Start of 2017-18

LME/MCO	In reach Planning	Transition Planning	Individuals Housed	PASRR Screenings Processed	ACT Served
Alliance Behavioral Healthcare	582	73	151	27	862
Cardinal Innovations	1231	83	420	41	1406
Eastpointe	965	7	143	15	397
Partners Behavioral Health Mgmt	504	30	207	19	558
Sandhills Center	495	24	168	11	288
Trillium	700	8	202	16	362
Vaya Health	617	16	179	20	1184
Total	**5094**	**241**	**1470**	**149**	**5057**

Figure B. LME/MCO Supported Employment Totals for Start of 2017-18

LME/MCO	Fidelity S.E. Teams[1]	Teams Working Towards Fidelity[2]	Total Served by Fidelity Teams[3]	Total Served by all teams[4]	Total Served by Fidelity Teams that are in the Priority Population[5]
Alliance Behavioral Healthcare	6	0	507	507	**226**
Cardinal Innovations	6	0	620	761	**342**
Eastpointe	5	0	407	407	**59**
Partners Behavioral Health Mgmt	2	1	202	281	**31**
Sandhills Center	3	0	248	260	**34**
Trillium	7	0	448	448	**271**
Vaya Health	2	1	639	639	**236**
Total	**30**	**2**	**3071**	**3303**	**1199**

Figure C. LME/MCO Totals for End of 2017-18

LME/MCO	In reach Planning	Transition Planning	Individuals Housed (LOP)	Individuals Currently in Housing	PASRR Screenings Processed	ACT Served
Alliance Behavioral Healthcare	1059	60	271	218	246	1127
Cardinal Innovations	1661	54	623	476	498	1363
Eastpointe	659	14	208	140	187	347
Partners Behavioral Health Mgmt	633	27	286	202	259	546
Sandhills Center	577	19	241	170	136	282
Trillium	904	10	273	187	252	316
Vaya Health	731	13	266	187	245	1298
Total	**6224**	**197**	**2168**	**1580**	**1823**	**5279**

Figure D. LME/MCO Supported Employment Totals for 2017-18

LME/MCO	Fidelity S.E. Teams[1]	Teams Working Towards Fidelity[2]	Total Served by Fidelity Teams[3]	Total Served by all teams[4]	Total Served by Fidelity Teams that are in the Priority Population[5]
Alliance Behavioral Healthcare	6	0	798	798	339
Cardinal Innovations	6	0	999	1026	568
Eastpointe	4	0	581	581	84
Partners Behavioral Health Mgmt	2	1	218	314	42
Sandhills Center	3	0	323	331	104
Trillium	7	0	634	634	361
Vaya Health	3	0	827	827	307
Total	**31**	**1**	**4378**	**4509**	**1805**

Summary of Transition Expenses

LME/MCO	Rent	TYSR	CLA
Alliance	$174,734.82	$296,319.37	$94,354.00
Cardinal	$253,705.67	$1,369,604.07	$787,329.00
Eastpointe	$70,664.00	$198,411.32	$162,823.00
Partners	$186,829.19	$604,117.40	$295,060.00
Sandhills	$94,123.04	$88,930.10	$311,651.00
Trillium	$111,434.03	$175,196.65	$362,839.00
Vaya	$111,678.00	$182,289.98	$198,037.00
Total	**$1,003,168.75**	**$2,914,868.89**	**$2,212,093.00**

II. Community Based Mental Health Services

Summary

North Carolina continues to make progress towards fulfilling the promise of the Transitions to Community Living Initiative (TCLI). Our focus continues to be ensuring that our adult mental health service array is person centered, infused with recovery oriented practices and a community focus.

DHHS will continue to broaden our efforts to re-shape the adult mental health service array. Our goal is that all levels of service delivery (from providers, to Local Management Entity/Managed Care Organization (LME/MCO) staff, to state agencies) provide adults with serious mental illness (SMI) access to services that support them in living, working, and thriving in the community of their choice. LME/MCOs are quasi-governmental entities that contract with DHHS to provide management and oversight of the public system of mental health, developmental disabilities, and substance use disorder services at the community level

Service Summary

North Carolina has focused more intensively on service quality improvement and community inclusion in 2017-2018, and how it supports the State in fulfilling the promise of the Transitions to Community Living Initiative (TCLI). Our focus continues to be ensuring that our adult mental health service array is person centered, infused with recovery oriented practices and a community focus. On July 1, 2018, DMH/DD/SAS began providing the full fidelity evaluations to the LME/MCOs to better engage them in the quality improvement process. DMH/DD/SAS AMH staff will facilitate at least one meeting with each LME/MCO to review the data from the fidelity evaluations, identify positive and concerning trends, and provide support in the development of a plan to improve the quality of services.

DHHS will continue to broaden our efforts to re-shape the adult mental health service array. Our goal is that all levels of service delivery (from providers, to Local Management Entity/Managed Care Organization (LME/MCO) staff, to state agencies) provide adults with serious mental illness (SMI) access to services that support them in living, working, and thriving in the community of their choice. LME/MCOs are quasi-governmental entities that contract with DHHS to provide management and oversight of the public system of mental health, developmental disabilities, and substance use disorder services at the community level

The following table provides an overview of Community Mental Health Services provided to individuals in housing during Calendar Year 2017, and of service-based Personal Outcomes for the same period. Analysis is based on paid service claims for dates of service in Calendar Year 2017, including DMHDDSAS claims adjudicated through 5/22/2018 (Source: NCTracks), DMA claims that the LME/MCO systems paid through 04/30/2018 (Source: CCNC), and State Psychiatric Hospital admissions data queried 5/17/2018 (Source: HEARTS) for individuals in housing one or more days of Calendar Year 2017.

The participant population in this analysis includes 1,577 individuals who were in supportive housing between one and 365 days of Calendar Year 2017 (mean = 258 days, median = 317 days). Results are presented by LME/MCO, where the assigned LME/MCO is determined by the person's living arrangement in June 2018. A total of four percent of the 1,577 individuals transferred from a different LME/MCO catchment area before June 2018. Thus, a small percentage of individuals represented in these summaries may have received services or experienced the reported outcomes while living in a different LME/MCO catchment area.

Figure E: Percentages of Individuals in Housing During Calendar Year 2017 with Paid Claims for Selected Mental Health Services and Outcomes

	Alliance	Cardinal	Eastpointe	Partners	Sandhills	Trillium	Vaya	State Total
Clients in Supportive Housing CY2017	193	476	132	220	166	200	190	1577
Tenancy Supports	60%	53%	64%	44%	56%	71%	45%	54%
ACT	41%	43%	35%	50%	48%	33%	55%	43%
IPS-Supported Employment	5%	2%	2%	0%	1%	2%	1%	2%
Community Support Team	13%	9%	10%	9%	5%	20%	16%	11%

Individual Psychotherapy	24%	15%	19%	24%	10%	27%	13%	18%
Group Psychotherapy	4%	3%	4%	5%	5%	6%	11%	4%
Peer Support	7%	20%	0%	32%	29%	37%	11%	20%
SACOT/ SAIOP	2%	2%	8%	1%	2%	2%	1%	2%
Mobile Crisis	2%	4%	2%	8%	4%	12%	6%	5%
Psychosocial Rehabilitation	8%	10%	8%	6%	17%	11%	9%	10%
Average PSR Hours/Week	9.2	7.3	11.5	6.0	10.3	5.7	7.1	8.1
Inpatient Community Hospital or Psychiatric Facility	12%	7%	8%	11%	10%	14%	7%	9%
State Psychiatric Hospital Admission	5%	0%	5%	1%	1%	0%	1%	1%
Detox and Facility Based Crisis	5%	3%	0%	1%	1%	3%	2%	2%
Emergency Department Visits (with MH Dx)	15%	16%	20%	20%	20%	21%	18%	18%
Probable Repeat ED Visits in CY2017*	7%	8%	10%	7%	9%	11%	7%	8%

*Interval between earliest service begin date and latest service end date greater than 3 days.

Assertive Community Treatment (ACT)

ACT is a service-delivery model that provides comprehensive, locally-based treatment to individuals with Severe and Persistent Mental Illnesses (SPMI). The State of North Carolina utilizes the Tool for Measurement of Assertive Community Treatment (TMACT) to measure teams' fidelity adherence to the ACT model. The TMACT evaluates current practices, compares current practices to best practice standards and conducts a needs assessment to guide recommendations, inform broader training needs, and highlight areas of strength.

In FY17-18, 25 TMACTs were completed. All were second or third TMACTs, no TMACTs on new teams were completed during this timeframe. The tables below show the shift in practice between the baseline and most recent

Figure F: TMACT evaluation broken down by LME/MCO

Alliance	Baseline Evaluation	Most Recent Evaluation
Exceptional	4	4
Full	5	5
Moderate/High Provisional (3.4-3.6)	4	2

Cardinal	Baseline Evaluation	Most Recent Evaluation
Exceptional	0	2
Full	8	12
Moderate/High Provisional (3.4-3.6)	5	2

	Baseline Evaluation	Most Recent Evaluation
Low Provisional (3.0-3.3)	0	0
No Certification	2	1

*teams scoring No Certification are no longer providing ACT

	Baseline Evaluation	Most Recent Evaluation
Low Provisional (3.0-3.3)	5	0
No Certification	3	1

*3 teams scoring below a 3.0 are no longer providing ACT. One team scoring below a 3.0

was taken over by a new agency and increased their score to a 3.7

Eastpointe	Baseline Evaluation	Most Recent Evaluation
Exceptional	0	0
Full	3	5
Moderate/High Provisional (3.4-3.6)	1	1
Low Provisional (3.0-3.3)	2	0
No Certification	2	0

*teams scoring No Certification are no longer providing ACT

Partners	Baseline Evaluation	Most Recent Evaluation
Exceptional	0	0
Full	5	7
Moderate/High Provisional (3.4-3.6)	2	1
Low Provisional (3.0-3.3)	2	1
No Certification	1	0

*teams scoring No Certification are no longer providing ACT

Sandhills	Baseline Evaluation	Most Recent Evaluation
Exceptional	0	1
Full	3	4
Moderate/High Provisional (3.4-3.6)	5	1
Low Provisional (3.0-3.3)	1	0
No Certification	4	0

*teams scoring No Certification are no longer providing ACT

Trillium	Baseline Evaluation	Most Recent Evaluation
Exceptional	0	0
Full	3	3
Moderate/High Provisional (3.4-3.6)	1	3
Low Provisional (3.0-3.3)	4	0
No Certification	0	0

Vaya	Baseline Evaluation	Most Recent Evaluation
Exceptional	2	2
Full	4	10
Moderate/High Provisional (3.4-3.6)	6	4
Low Provisional (3.0-3.3)	6	2
No Certification	0	0

DHHS continues to support trainings and technical assistance to ACT providers with DMH/DD/SAS providing some trainings and technical assistance, and through the on-going partnership with Institute for Best Practices. In SFY17-18, targeted technical assistance was offered to ACT teams that continued to score in the Provisional Certification (3.0-3.6) range after second and third TMACTs. Team/agency specific technical assistance topics have included:
- Daily team meeting structure
- Provision of tenancy supports
- Staff retention
- Treatment planning
- Supported employment
- Scheduling

In addition, the Institute facilitated the following regional trainings for ACT teams in SFY17-18:
- Integrated Dual Disorder Treatment per TMACT (1/24/18 and 4/12/18.) About 101 people attended these training sessions.
- Community Participation and Leisure for people with SPMI (5/16/18), 40 individuals attended.
- Motivational Interviewing and Motivational Interviewing Practice Circles

State-level areas of training focus continue to be:
- Implementation of evidence based practices (which includes: Integrated Dual Disorders Treatment, Individual Placement Support-Supported Employment, Wellness Recovery Action Planning, Psychiatric Rehabilitation, Family Psychoeducational and Wellness Management and Recovery)
- Community inclusion
- Person Centered Planning
- Organization and Structure (which includes: daily team meeting organization, team scheduling and linking the person centered plan to scheduling)
- Assertive Engagement
- Assessments (which includes: integrating mental health and substance use, being comprehensive and ongoing, and directly influencing the treatment provided)

DHHS sponsored and/or facilitated the following training during 2016-2017 that focused on quality improvement for Adult Mental Health (AMH) services:

- LME/MCO TCLI Training (aka- Mega Training)- DMH/DD/SAS AMH staff developed three 2 hour trainings for LME/MCO staff that focused on increasing knowledge of the IPS evidence based practice, learning about Critical Time Intervention (CTI) which is an evidence based practice that focuses on supporting individuals with SPMI through a critical life transition, and understanding TCLI and ACT. DMH/DD/SAS staff partnered with staff from the Institute for Best Practices to facilitate these trainings at each LME/MCO. Eight trainings in total were facilitated, and we were able to provide 6 hours of continuing education for licensed staff.
- Transition Management Services Training (August 2017, November 2017, February 2018, May 2018)- In both September and November, the Institute for Best Practices provided day-long Tenancy Supports Training covering a range of topics, including areas of functional skill deficits, how motivational interviewing is applied within Tenancy Supports, how to apply Person-Centered Planning when providing tenancy supports, and adult learning theory techniques, and relevant cognitive deficits informing training techniques. Roughly 162 staff attended these trainings.
- Mental Health and Substance Use 101 Training/Crisis Response Training (9/18/17 and 1/24/18)- was developed and facilitated by the Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SAS) AMH staff. This training focused on entry-level mental health professionals to increase understanding of recovery and wellness, Crisis Response training focused on increasing knowledge of screening for crisis/suicidal ideation using current evidence based assessments, identifying crisis responsibilities for different levels of community-based AMH services
- Recovery and Mental Health (webinar)

July 6 & 13, 2017	August 2 & 9, 2017	September 14 & 21, 2017
October 9 & 16, 2017	November 20 & 27, 2017	December 1 & 8, 2017
January 11 & 18, 2018	February 9 & 16, 2018	March 15 & 22, 2018
July 24 & 31, 2018	August 23 & 30, 2018	

- Person Centered Thinking (webinar)

July 21 & 28, 2017	August 22 & 29, 2017	October 3 & 10, 2017
December 13 & 20, 2017		

DHHS's focus for 2018-2019 is providing team specific technical assistance to ACT teams based on their most recent TMACT evaluation. Technical assistance will be provided by staff at the Institute for Best Practices and members of the AMH team with DMH/DD/SAS. DMH/DD/SAS staff will partner specifically with LME/MCO staff to provide technical assistance on provider network development and quality improvement.

DMH/DD/SAS will continue to ensure that ACT teams and LME/MCOs have access to training, technical assistance and learning commnties/collaboratives that provide them the resources needed to continue to improve quality and improve their fidelity to the model, focus on tenancy supports and supportive employment quality improvements, support recovery, and facilitate community integration for adults with severe mental illness.

Supported Employment (SE)

NC now has eight teams that have scored a 100 or higher on their most recent fidelity evaluation. We continue to see quality improvement in teams that are open and willing to work with an IPS Consultant and Trainer or DMH/DD/SAS AMH Team member. Some teams have been hesitant or resistant to receiving technical assistance. In these cases, DMH/DD/SAS is contacting the appropriate LME/MCO to inform them that technical assistance has been offered, the IPS team hasn't been engaging, and to request assistance.

Figure G. IPS-SE Fidelity Scores by LME/MCO

Alliance	Baseline evaluation	Most recent evaluation
Exemplary	0	0
Good	0	1
Fair	7	6
Not IPS-SE	0	0

Cardinal	Baseline evaluation	Most recent evaluation
Exemplary	1	1
Good	1	2
Fair	4	4
Not IPS-SE	2	0

*teams scoring below a 74 on their baseline evaluation have both

raised their scores

Eastpointe	Baseline evaluation	Most recent evaluation
Exemplary	0	0
Good	0	1
Fair	3	3
Not IPS-SE	1	0

*team scoring below a 74 on their baseline evaluation has raised their score

Partners	Baseline evaluation	Most recent evaluation
Exemplary	0	0
Good	0	0
Fair	2	1
Not IPS-SE	1	1

*teams scoring below a 74 on their baseline and recent evaluation are

no longer providing IPS

Sandhills	Baseline evaluation	Most recent evaluation
Exemplary	0	0
Good	0	0
Fair	4	3
Not IPS-SE	0	1

*team scoring below a 74 is receiving TA to raise score/improve practice

Trillium	Baseline evaluation	Most recent evaluation
Exemplary	0	0
Good	0	1
Fair	6	6
Not IPS-SE	1	0

Vaya	Baseline evaluation	Most recent evaluation
Exemplary	0	0
Good	1	2
Fair	1	1
Not IPS-SE	1	0

*team scoring below a 74 on their baseline evaluation has raised their score

State-wide access to IPS-SE services continues to improve. At this time, 38 teams are providing IPS-SE services across the state, with 4 being new and not having a baseline evaluation completed at the time of this evaluation.Teams that scored above 100 were provided funding in the 2018-2019 budget to add 1-2 new staff, which will increase the number of individuals they are able to serve. DMH/DD/SAS will continue to support the development of new teams and expansion of existing teams through close coordination with each LME/MCO. DMH/DD/SAS had a series of calls at the end of last fiscal year to discuss what plans each LME/MCO had for expansion and/or development of new teams, and will be providing funds to support these endeavors.

DMH/DD/SAS AMH team will be hiring two new staff in FY18-19. Both staff will be regional In reach Coaches, and will work directly with the LME/MCO In reach staff. There continues to be a low number of individuals receiving In reach that are also referred to and receiving IPS services, and we continue to hear from various stakeholders that 'work is stressful' and that 'people should be stable before considering work.' This is especially concerning when considering that a significant number of separations from housing are a result of not feeling connected to community, and employment being not only a way to engage in community, but also a way to access resources (money) to engage in community activities and events. DMH/DD/SAS will also develop training for LME/MCO In reach Specialists that focuses on IPS-SE, community inclusion and zero readiness criteria for employment.

North Carolina will continue to collaborate with Westat and participate in the IPS Learning Community. This collaboration will continue to provide training and technical assistance to support the State in developing a sustainable infrastructure for the IPS-SE model. The North Carolina Division of Vocational Rehabilitation (DVR) will partner with other divisions within the Department in this endeavor.

There are four staff at DMH/DD/SAS that have a significant portion of their time dedicated to IPS-SE training, technical assistance and fidelity, as well as two staff at the State DVR office. This is in addition to six staff at the Institute for Best Practices that are dedicated to IPS-SE training, technical assistance and fidelity. The institute staff are regionally based, with two staff in the east, two staff in the west, and two staff located in the central part of the state.

The Division of Vocational Rehabilitation (DVR) partnered with DMH/DD/SAS and the Institute for Best Practices to develop and facilitate "Partnering Together: IPS+VR" for local DVR offices on how to better partner with IPS teams. Trainings were facilitated across the state and had a high level of satisification:
- Marion, 10/2017 – 80% of respondents reported satisfaction with training
- Concord, 10/2017 – 87% of respondents reported satisfaction with training
- Wilmington, 11/2017 – 92% of respondents reported satisfaction with training
- Greenville, 11/2017 – 94% of respondents reported satisfaction with training
- Asheboro, 12/2017 – 100% of respondents reported satisfaction with training
- Hillsborough, 12/2017 – 94% of respondents reported satisfaction with training

DVR has seen an increase in shared cases with IPS teams, and plans to collaborate with DMH/DD/SAS and the Institute for Best Practices for additional training in FY18-19.

Data continues to support that LME/MCO staff and providers continue to need and benefit from systematic training addressing conversations around employment. DMH/DD/SAS AMH staff and Institute staff often paired up to facilitate training, and offered these training sessions to multiple teams to increase collaboration and resource sharing. These training and technical assistance sessions focused on:
- Disclosure in the workplace
- Assertive engagement strategies
- Job development
- Career profile development
- Documentation
- IPS and MI
- Behavioral health integration
- Follow-along supports

93 individuals completed IPS-SE 101. For this training, a pre and post test was administered to determine the impact the training had on knowledge, understanding and application of IPS-SE. The results were:

Figure H. Pre and Post Test Average Scores.

Training Date	Pre-Test Average Score	Post Test Average Score
August 2017	60%	76%
December 2017-Morganton	66%	86%
December 2017-Wilmington	60%	80%
February 2018	62%	76%
April 2018	66%	79%

The Institute for Best Practices coordinated with Lyn Legere for the facilitation of
Scores on fidelity evaluations continue to increase as a result of frequent IPS-SE 101 training, team-specific technical assistance, and regional group trainings. Twenty eight IPS fidelity evaluations were completed during FY17-18. Three of the 28 evaluations were baseline evaluations, and those teams had an average score of 86.67. The starting average for new teams continues to increase, as the average score was 84.6 for FY16-17, and 79.2 for FY15-16 and FY14-15.

For the twenty five teams having on-going fidelity evaluations:
- 13 teams were reviewed between July 2017-December 2017. One team received their baseline review, and 12 had a previous review. Of the 12 teams having a previous review, 10 teams increased their fidelity score (83%.) The average score increase was 8 points. One team increased their score from 79 to 101. Of the two teams that did not improve, one team decreased by 1 point. The other team had a significant decrease, from 84 to 63. This team in particular had been reluctant to engage with their assigned trainer.

- 15 teams were reviewed between January 2018-June 2018. Two teams received their baseline review, and 13 had a previous review. Of the 13 teams having a previous review, two have scores that have not been finalized at the time of this report. Of the remaining 11 teams, 5 teams increased their fidelity score (45%). The average score increase was 7.6 points. One team increased their score by 11 points. Two teams had no change in their fidelity score. Four teams (36%) had a decrease in their fidelity score. The average decrease was 8, with one team experiencing a 16 point decrease in their score.

Tenancy Supports

Tenancy Supports has been redesigned as a behavioral health service called Transition Management Services. This redesign has brought coordination of the service to LME/ MCOs and their community service providers. Also this allows each LME/MCO better supervision of the service to assist individuals with their transition back to the community. The LME/MCO has authority to contract with a qualified provider and obtain reports on the effectiveness of the service being provided.

Quality management of the service should be greatly improved by bringing the service to the local system, therefore improving the standard by which the service is provided to the consumer. The Institute for Best Practice facilitated Transition Management Services training during the following months:
- August 2017- 50 attendees
- November 2017- 37 attendees
- February 2018- 43 attendees
- May 2018- 32 attendees

III. In Reach

In FY17-18 DHHS started a new process to allow Social Workers at the three State Psychiatric Hospitals (SPH) to initiate in reach at the hospital and to alert the LME/MCOs of which clients should receive in reach. The number of individuals receiving in reach in the State Hospitals has more than doubled over FY17-18.

In 17-18 LME/MCOs did a much better job visiting individuals every 90 days, as evidenced by the last quarter of the fiscal year, during which time all LME/MCOs ranged between 95% and 100% compliance in terms of in reach visits every 90 days.

In November 2017, DHHS approved and released the TCLI In reach/Transition manual, abbreviated TCLI tool and newly developed guidance documents for the LME/MCOs. The manual and all supporting documents have been placed on the DHHS website.

DHHS kicked off a new TCLI referral process in early 2018. Social Workers' in all three state psychiatric hospitals (Butner, Cherry and Broughton) were granted access to enter individuals into TCLD to expedite the referral process. Several face-to-face trainings were conducted with both state hospital staff and LME/MCOs in April 2018 to walk through the referral process. DHHS has continued to provide ongoing technical assistance to the SPHs and LME/MCOs over the past 4 months

An In reach Learning Collaborative coordinated by Alliance Behavioral Healthcare and Cardinal Innovations Healthcare began on April 30, 2018. The purpose of the learning collaborative is to bring together In reach Specialists from across the state to learn from each other. It was initiated

by peers, for peers. The next step is to create a Steering Committee comprised of In reach representatives from each LME/MCO. DHHS will continue to offer technical assistance and support to the In reach Collaborative.

Figure I. End of June 2017 Monthly Totals of Individuals in In reach Status by Population Category
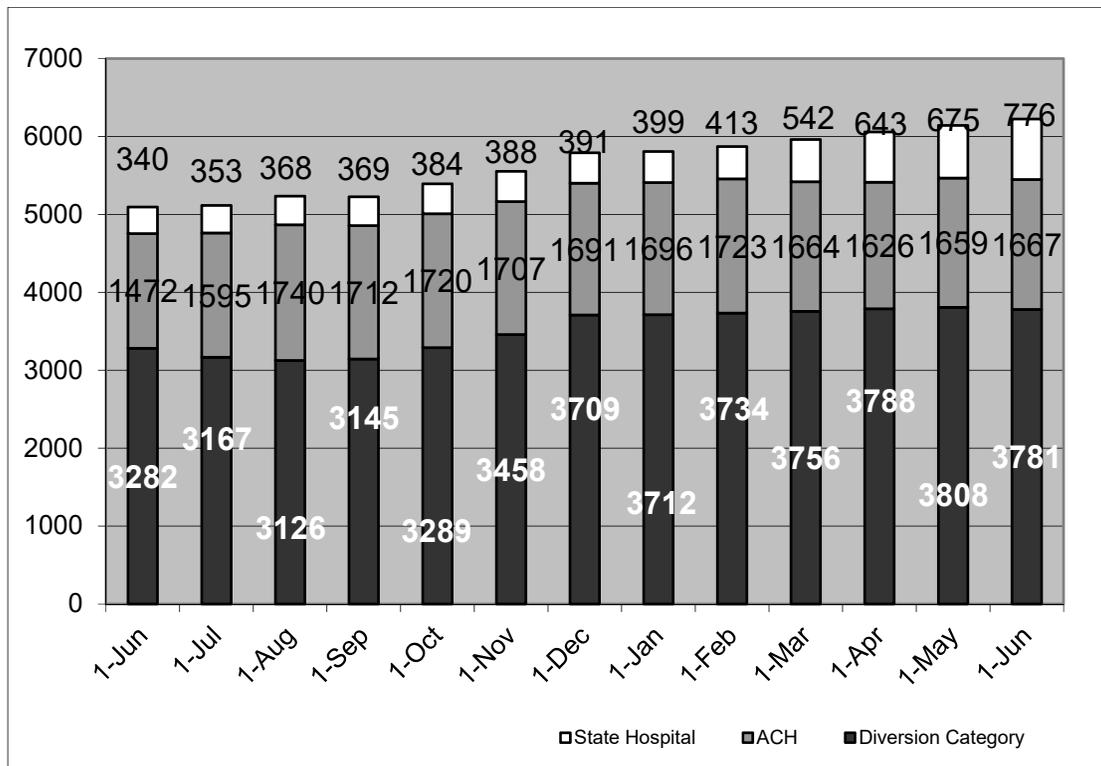

Figure J. In reach type by LME/MCO in FY 17-18

LME/MCO	In Person Visit	Phone Call/Letter	Total Visits	% Face to Face Resulted in a Yes Decision	% Phone Call Resulted in a Yes Decision
Alliance Behavioral Healthcare	1363	5145	6508	57.2%	7.4%
Cardinal Innovations	8506	1855	10361	26.2%	7.5%
Eastpointe	274	3077	3351	51.8%	1.9%
Partners Behavioral Health Mgmt	1571	2842	4413	7.9%	1.3%
Sandhills Center	980	2960	3940	10.8%	.7%
Trillium	1940	3392	5332	25.4%	2.4%
Vaya Health	2101	2354	4455	8.8%	1.2%
Total	16735	21625	38360	24.2%	3.5%

IV. Guardianship

Inan effort to improve the process of working with adults with SMI/SPMI who may need the assistance of a limited or full guardian of the person or the estate, DMH/DD/SAS has partnered with the Division of Aging and Adult Services (DAAS) and the NC DD Council's initiative, "Re-thinking Guardianship,"to accomplish a number of tasks that are identified in the Settlement. DAAS contracts with private contractor providers to act as public guardians for individuals. Four times a year, in locations across the state, DMH/DD/SAS staff participate in staff training. The focus of the DMH/DD/SAS part of the presentation is a basic understanding of working with people who have mental illness, the ability of these persons to recover from the impact of their illness, and to also avail themselves of choice when deciding where they live.

During these trainings, the topic of Supportive Housing is reviewed, along with an explanation of the importance of services and supports in helping people to lead successful lives. DMH/DD/SAS brings representatives from the local LME/MCO to each training session to provide context to the discussion. LME/MCO staff explain how to naviage the service approval process After that, a question – answer session is offered, along with an opportunity to address individual concerns about existing service networks.

In working with its partners, TCLI has witnessed:
  -Improved working relationship with Administrative Office of the Courts
  -Involvement of a broader stakeholder workgroup who are active within the guardianship system as advocates and family members
  - Shared content with local media to highlight success stories
  -Development of educational resources to make individuals and families more aware of the guardianship process and of lesser restrictive options
  -On-going training to ensure that existing guardianship laws policies and procedures are reviewed to ensure uniform interpretation and implementation.

In addition, DAAS collaborates with individual County Departments of Social Services which act as public guardians. DAAS provides training, through our attorneys in the Attorney General's office, for those local DSS staff members who are responsible for the day to day work for the wards.

V. Transition and Housing

In 17-18 there were 732 housing slots issued, compared to 648 the year before. That is the most housing slots issued in a fiscal year since the start of TCLI.

In 17-18 735 individuals transitioned to supportive housing. Alliance and Cardinal were able to transition the most people in 17-18. Both of those LME/MCOs share some commonalities: having a large city in their catchment, and a TCLI program that is more incorporated into care coordination.

The average amount of time to transition to the community decreased for every LME/MCO. For five of the months in 17-18 the State was able to meet the settlement requirement of 90 days or less per transition to the community. In the previous fiscal year 54% of individuals transitioned did so within 90 days. In FY 17-18 67% of individuals transitioned in a timely manner.

DHHS' continued utilization of bridge housing has also helped transitions to be timely and person-centered. Bridge housing allows the LME/MCOs to stabilize indidivuals who are in need of immediate housing while they plan to live in the community. Over 90 percent of those individuals who utilized bridge housing ultimately were able to be placed.

To ensure safe housing, all units are all inspected using HUD Quality Standards (HQS). This task is carred out by the LME/MCOs. Units are reinspected on an annual basis. Additionally, in 17-18 the new Special Advisor on The Americans with Disabilities Act (ADA) visited individuals in the community all across the State, and met wth each LME/MCO to see their processes. In FY 17-18 $130,650 was spent to ensure safe housing for TCLI participants.

In 2017 the Community Living Integration Verification (CLIVe) CLIVe system became fully operational, and up to date.. CLIVe is a payment reimbursement system that supports LME/MCO housing activity by providing a mechanism to input data and receive reimbursement based on DHHS established program policy and procedures. CLIVe also helps manage and organize workflow, as well as serve as the system of record for TCLV tenancies with the goal of being the system of record for tenancies for all individuals participating in TCLI.

In FY 17-18 735 individuals were placed in supportive housing. For the life of the program 2168 were placed in supportive housing.

In 17-18 LME/MCOs continued to apply HQS inspecitions to new units as well as inspecting units on an annual basis.

The Targeted Unit Transition Program (TUTP) in 17-18 remains a proven and successful tool for getting individuals into housing. For the life of the program 129 individuals have been through TUTP with 112 individuals moving into supportive housing directly transitional residences and another 11 individuals that were able to move to supportive housing after leaving TUTP. This is no longer a pilot, as it has been tested and demonstrated that this is an effective practice, especially for individuals that may be in immediate danger.

DHHS raised the Housing Assistance Payment (HAP) to match HUD Fair Market Rents (FMR), so that the TCLI voucher remains competitive in tight rental markets.

Socialserve/Emphasys has begun calling up landlords for satisfaction surveys. When landlords are unsatisfied, North Carolina Housing Finance Agency (NCHFA) follows up with the LME/MCO, resulting in saved tenancies.

The North Carolina Housing Finance Agency (NCHFA) was able to expand the stock of Targeted units. Targeted units are apartments that were funded by NCHFA, that have a 10% set aside at the property to make housing affordable for disabled adults. During June 2017 there were 4,866 units available upon turnover. In June 2018 there were 5,439 units available upon turnover, an expansion of 573 units. In April 2014 there were 1,537 individuals in Target/Key units. In April 2018 there were 3,252 individuals in Target/Key units.

NCHFA, DHHS, and the NC Justice Center continued to work together to offer fair housing trainings across the state.

NCHFA and DHHS redesigned Targeting Agreements, Property Profiles, Pre-leasing notifications with NCHFA taking on roles previously handled by DHHS; instituted bi-weekly operational and monthly strategic meetings. NCHFA has made these changes to their processes so that the Targeted Units are more accessible to people in TCLI.

In FY17-18 Each of the LME/MCOs developed and submitted a housing plan, not just for TCLI but for their catchment area as a whole.

In FY 17-18 the State contracted with TAC for a housing plan, and began work on said plan. The North Carolina Department of Health and Human Services contracts with the Technical Assistance Collaborative (TAC) to finalize a Strategic Housing Plan, implement an Action Plan for the previously completed Permanent Supportive Housing Assessment with Recommendations to Comply with the Olmstead Settlement, to design and streamline housing activities and related services throughout the department and state, and to further collaboration with contracted providers.

NCHFA has continued to improve the Subsidy Administration system (CLIVe).Additionally, by offering weekly training and phone calls, NCHFA ensured all the LME/MCOs are capable of using CLIVe. . The CLIVe system facilitates in document collection, making sure HUD Quality Standards inspections are done, and reimbursing the LME/MCOs for the payments they make.

In 17-18 Harrington Place, in downtown Raleigh, became the first master leasing units for TCLI, allowing Alliance to temporarily let indivuals stay in these units as they look for permanent supportive housing. Since Alliance has started using Harrington Place it has remained at capacity, with 11 individuals staying there.

Figure K. LME/MCO Totals of Individuals in Housing by Population Category, Life of Program End of June 2017

LME/MCO	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Total
Alliance Behavioral Healthcare	10	76	7	128	50	**271**
Cardinal Innovations	25	289	12	44	253	**623**
Eastpointe	6	114	15	36	37	**208**
Partners Behavioral Health Mgmt	22	146	19	39	60	**286**
Sandhills Center	1	150	14	47	29	**241**
Trillium	38	122	9	36	68	**273**
Vaya Health	24	160	20	9	53	**266**
Total	126	1057	96	339	550	**2168**

Figure L. LME/MCO Totals of Individuals in Housing by Population Category, Current End of June 2017

LME/MCO	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Total
Alliance Behavioral Healthcare	10	58	6	106	38	**218**
Cardinal Innovations	11	212	10	35	208	**476**
Eastpointe	6	73	14	26	21	**140**
Partners Behavioral Health Mgmt	13	103	12	29	45	**202**
Sandhills Center	0	104	11	36	19	**170**
Trillium	17	82	6	27	55	**187**
Vaya Health	9	117	17	7	37	**187**
Total	66	749	76	266	423	**1580**

Figure M. End of June 2017 Monthly Totals of Individuals in Transition Status by Population Category

19
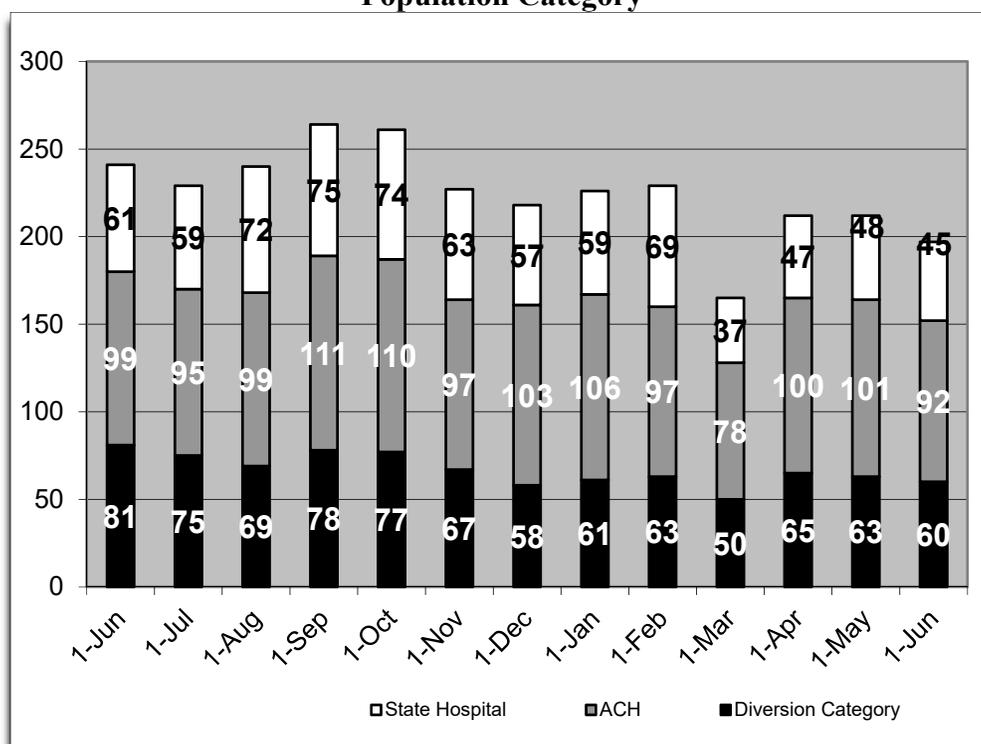
VI. Diversion

Adult Care Home (ACH) Diversion Attempts sent to the LME/MCO's to process for 2017-18 slightly increased from 1,803 to 1,823 from SFY 16-17.

In January 2017, a project team was developed to begin discussing a new Diversion Screening tool due to the ACH PASRR contract with DMA vendor expiring on 10/31/18. Project Team meetings continued through FY16-17 and through FY17-18. On 9/26/17, the project team was informed that vendor, Emphasys, would be the chosen vendor for the new Diversion Screening tool system development. Weekly meetings with the vendor occurred to work diligently on the development of a tool that would emcompass the requirments of the settlement agreement. Currently the projected roll out date for the new tool which is called the Referral Screening Verification Process (RSVP) will be 11/1/18. The RSVP will replace the ACH PASRR as a more streamlined and effective tool that will screen TCLI individuals in target populations that are being considered for admission to an Adult Care Home (ACH)

Figure N. Diversion Status of Individuals with PASRR Screenings Processed for end of Fiscal Year 17-18

LME/MCO	Diverted	Not Diverted	In Process*	Total PASRR Screenings Processed
Alliance Behavioral Healthcare	70	145	31	246
Cardinal Innovations	37	68	393	498
Eastpointe	34	124	29	187
Partners Behavioral Health Mgmt	9	155	95	259
Sandhills Center	13	109	14	136
Vaya Health	26	117	109	252
Trillium	10	165	70	245
Total	**199**	**883**	**741**	**1823**

PASRR totals reflect the number of PASRR screenings processed not the number of individuals processed. Total PASRR Screening Processed totals do not include those that were sent to the LME/MCO and in a Diverted Status of In Process when withdrawn due to a determination made that the individual either moved out of state, deceased, had a primary diagnosis of dementia, IDD, or was not SMI/SPMI, private pay, or not medically or psychiatrically stable (35). Totals also do not include any PASSR's received by Earthmark that were determined to fall into any of the aforementioned categories and were not sent to the LME/MCO (398)

Figure O. Diversion Status of Individuals with PASRR Screenings Processed from January 2013 to the end of Fiscal Year 17-18

LME/MCO	Diverted	Not Diverted	In Process*	Total PASRR Screenings Processed
Alliance Behavioral Healthcare	536	933	54	1523
Cardinal Innovations	591	1580	612	2783
Eastpointe	303	836	71	1210
Partners Behavioral Health Mgmt	268	970	101	1339
Sandhills Center	205	668	31	904
Vaya Health	216	1071	199	1486
Trillium	337	1249	94	1680
Total	**2456**	**7307**	**1162**	**10925**

PASRR totals reflect the number of PASRR screenings processed not the number of individuals processed. Total PASRR Screening Processed totals do not include those that were sent to the LME/MCO and in a Diverted Status of In Process when withdrawn due to a determination made that the individual was either moved out of state, deceased, had a primary diagnosis of dementia, IDD, or was not SMI/SPMI, not medically or psychiatrically stable, or private pay (538). Totals also do not include any PASSR's received by Earthmark that were determined to fall into any of the aforementioned categories or were cancelled and were not sent to the LME/MCOs (2066).

VII. Quality Management

In FY 17-18 the State continued steps to improve Quality Management, both of the work being done by the LME/MCOs, as well as DHHS TCLI program administration. To ensure individuals were getting necessary services DHHS has reviewed and insisted on changes to Person Centered Plans (PCPs). In FY 17-18 the State set up two key Quality Management committees: The Transition Oversight Committee, and the DHHS Transition team. The Transition Oversight Committee provides executive leadership and guidance to staff working on the Settlement Agreement. The DHHS Transition team works from the state level to address barriers to transitioning to the community, and offer guidance.

As part of the broader QM measures the State tracks incidents that occur involving TCLI recipients in housing. In 17-18 116 incidents were reported through the IRIS system. The State also collects and examines exit interviews for everyone leaving housing, to understand why people are separating from the program. This information helps the State to take measures so that the same problems won't continuously cause seperations.

Figure P. Incident Reports for TCLI recipients in 17-18

Aggregate number of incidents reported in IRIS													
LME/MCO	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Alliance Behavioral Health			2	1	2	2	5		2	1	2		17
Cardinal Innovations	2		4		1	2	3	4	4	1	6	1	28
Eastpointe	2	2	1		1								6
Partners Behavioral Health	2								1				3
Sandhills Center			4	2	6	2	1	1	3	2	3	5	29
Trillium	3	1		1	2		2		1	1		1	12
Vaya Health	4		2	5	1		1	1	2	2	1	2	21
Total	**13**	**3**	**13**	**9**	**13**	**6**	**12**	**6**	**13**	**7**	**12**	**9**	**116**

Note. An "incident," as defined in 10A NCAC 27G .0103(b)(32), is "any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer."

- **Level II** includes any incident which involves a consumer death due to natural causes or terminal illness, or results in a threat to a consumer's health or safety or a threat to the health or safety of others due to consumer behavior.
- **Level III** includes any incident that results in (1) a death, sexual assault or permanent physical or psychological impairment to a consumer, (2) a substantial risk of death, or permanent physical or psychological impairment to a consumer, (3) a death, sexual assault or permanent physical or psychological impairment caused by a consumer, (4) a substantial risk of death or permanent physical or psychological impairment caused by a consumer or (5) a threat caused by a consumer to a person's safety.

Incident types:
- Death
- Restrictive Intervention
- Injury
- Medication Error
- Allegation of Abuse, Neglect, or Exploitation
- Consumer Behavior (including suicide attempt, inappropriate sexual, aggressive, destructive, illegal, unplanned absence)
- Suspension, Expulsion from services
- Fire

Fiqure Q. Costs to Transition Individuals

LME/MCO	Rent	TYSR	CLA
Alliance	$174,734.82	$296,319.37	$94,354.00
Cardinal	$253,705.67	$1,369,604.07	$787,329.00
Eastpointe	$70,664.00	$198,411.32	$162,823.00
Partners	$186,829.19	$604,117.40	$295,060.00
Sandhills	$94,123.04	$88,930.10	$311,651.00
Trillium	$111,434.03	$175,196.65	$362,839.00
Vaya	$111,678.00	$182,289.98	$198,037.00
Total	**$1,003,168.75**	**$2,914,868.89**	**$2,212,093.00**

- On a monthly basis rent is paid for 66% in the TCLI program. The other 33% have vouchers that are funded through other programs. In addition, to transition individuals Transition Year Stability Resources (TYSR) is spent. This money is used to set up individuals apartments upon moving to community living. Above is the amount of money spent on these in FY 17-18.

Community Tenure

The State tracks and reports on Community tenure as a part of their Quality Management process. For the life of the program, 72.8% of the individuals placed in supportive housing have remained in supportive housing. Individuals that left housing were in housing for an average of 395 days. Individuals that are still in housing have been in housing for an average of 497 days.

The State also tracks where people have gone after they leave housing or leave the TCLI program. For the life of the program 588 individuals left supportive housing. However, of that number, 183 individuals left housing for a less restrictive setting , and 134 individuals passed away in housing. The individuals that move to a congregate facility are still eligible for TCLI, and indeed, several are eventually rehoused. Those individuals that returned to an ACHs were again provided in reach services.

Figure R. Based on Length of Time in Housing

Threshold	Total Possible	Total that have stayed in housing this long	% to meet this threshold
Not Applicable*	214		
3 Months	1954	1874	95.9%
6 Months	1778	1628	91.5%
1 Year	1428	1177	82.3%
1.5 Years	1081	815	75.4%
2 Years	800	556	69.5%

Figure S. Based on Attrition Rate/Year Housed

Year Housed	Attrition Rate	12-13	13-14	14-15	15-16	16-17	17-18
12-13		2%	12%	2%	10%	8%	16%
13-14		n/a	9%	20%	9%	8%	8%
14-15		n/a	n/a	7%	16%	8%	12%
15-16		n/a	n/a	n/a	14%	13%	11%
16-17		n/a	n/a	n/a	n/a	n/a	6%
17-18		n/a	n/a	n/a	n/a	n/a	6%

Figure T. Where individuals went to after leaving TCLI housing, end of 17-18

Where	Number of People
ACH	159
AFL	3
ALF	10
Deceased	134
Family/Friends	72
Hospice	2
Independent	111
Jail/Prison	26
Medical Hospital	12
Mental Health Group Home	13
Skilled Nursing Facility	14
State Psychiatric Hospital	15
Substance Use Facility	11
Unknown	7
Total	588

Figure U. Time from Transition to Entering Supportive Housing

LME/MCO	Average Days to Transition
Alliance	227
Cardinal	150
Eastpointe	83
Partners	117
Sandhills	160
Trillium	131
Vaya	147

Figure V: Percentage of Individuals Transitioned within 90 days by Fiscal year

LME/MCO	12-13	13-14	14-15	15-16	16-17	17-18
Alliance	100%	66%	27%	28%	24%	37%
Cardinal	100%	70%	35%	30%	45%	61%
Eastpointe	100%	93%	81%	56%	76%	86%
Partners	100%	75%	73%	43%	57%	65%
Sandhills	100%	69%	39%	46%	57%	72%
Trillium	100%	71%	54%	28%	61%	86%
Vaya	100%	57%	28%	20%	44%	84%

IIX. State Psychiatric Hospital Information

The total number of individuals who started In reach services while in a State psychiatric hospital increased by 382 people during SFY2018. Starting In Reach is defined as first contact from the LME/MCO to the person and/or guardian to talk about TCLI while the person is still in the State psychiatric hospital.

The State psychiatric hospitals and the LME/MCOs have continued to meet quarterly to collaborate on increasing the number of people in State hospitals entering the TCLI programs. The LME/MCOs started receiving referrals directly in the TCLD, the database used to track TCLI participants in each LME/MCO catchment area.

Of the 1572 people discharged from State hospitals in FY 2018, 48 % were discharged to a private residence, currently defined as any private home in the community. Adult Care Homes (ACH) accounted for 9% of the discharge locations in FY 2018.

Figure W. Hospital Census for fiscal year 17-18

Fiscal Year 17-18	Admits	Discharges	Average Daily Census
Broughton	**281**	**290**	**256**
Adult Admissions	226	204	111
Adult Long Term	6	35	87
Geriatric	7	18	37
Medical Unit	21	12	9
Deaf Unit	21	21	11
Cherry	**679**	**660**	**205**
Adult Admissions	639	508	71
Adult Long Term	4	114	98
Geriatric	22	20	21
Medical Unit	14	18	13
CRH	**762**	**768**	**340**
Adult Admissions	590	533	145
Adult Long Term	0	59	74
Geriatric	53	54	37
Medical Unit	47	47	4
Forensic Unit	72	75	76
Grand Total	**1722**	**1718**	**800**

Notes:
- Adult Admissions Units are acute care units with typical length of stays around 30 -60 days. Length of stay on the adult admissions units may be less than 1 month. Adult admissions units admit people 24/7/365, taking many individuals waiting in community emergency departments for psychiatric hospitalization.
- Adult Long Term units are for individuals who need longer term care at the hospital level. Often individuals on long term units have serious mental illness complicated by legal problems, poor response to treatment, co-occurring intellectual/developmental disabilities, chronic illness and cognitive deficits.
- Geriatric units typically serve people 64 and older but may include people in younger age ranges who have needs similar to the older individuals.
- Individuals in need of care for a medical condition that can be treated at the State hospital are admitted to the medical units.
- All of these units may have individuals who qualify for TCLI therefore individuals on all units are referred to the MCO for In Reach.
- Discharge numbers are higher in the data compared to the following discharge destination table because transfers out for medical care cannot be removed from this data.
- Adult Long Term Units typically do not take direct admissions instead they take transfers from the admissions units. These are approximately equal to the discharges from the long term unit

Figure X. Hospital Discharge Data for fiscal year 17-18

Fiscal year 17-18 Discharge Destination	Broughton	Cherry	CRH	Grand Total
TCLI Housing	9	4	20	33
TCLI Bridge Housing			2	2
Private Residence	96	364	305	765
Adult Care Home	43	65	45	153
Correctional Facility	56	67	99	222
5600 Group Home	13	36	92	141
Homeless Shelter	6	29	26	61
Hotel	3	11	20	34
Alcohol and Drug Abuse Treatment Center	3	13	4	20
Psychiatric Community Hospital	1	1	10	12
Developmental Disability Center	1	1	3	5
Therapeutic Home			1	1
Skilled Nursing Facility	5	4	3	12
Therapeutic Community		2		2
Neuro Medical Center			6	6
IDD Group Home	3	12	3	18
Halfway House	1	14	10	25
Boarding House	1	13	14	28
Community Hospital		1		1
Hospice	1			1
Alternative Family Living	5	4	2	11
Deceased	1	2	5	8
Community Detox Center	1			1
Oxford House	1		3	4
Veteran Administration Hospital			2	2
Community PRTF			1	1
Veteran Administration Skilled Nursing Facility	1			1
Cross Area Service Provider			1	1
Supported Living			1	1
Total	**251**	**643**	**678**	**1572**

Please note that this table provides information about where individuals were discharged directly to from State psychiatric hospitals. This data does not capture people the hospitals referred and the MCOs started to work with who discharged to an available location prior to transitioning to TCLI housing.

Figure Y. Individuals who started In Reach in a State Hospitals for fiscal year 17-18
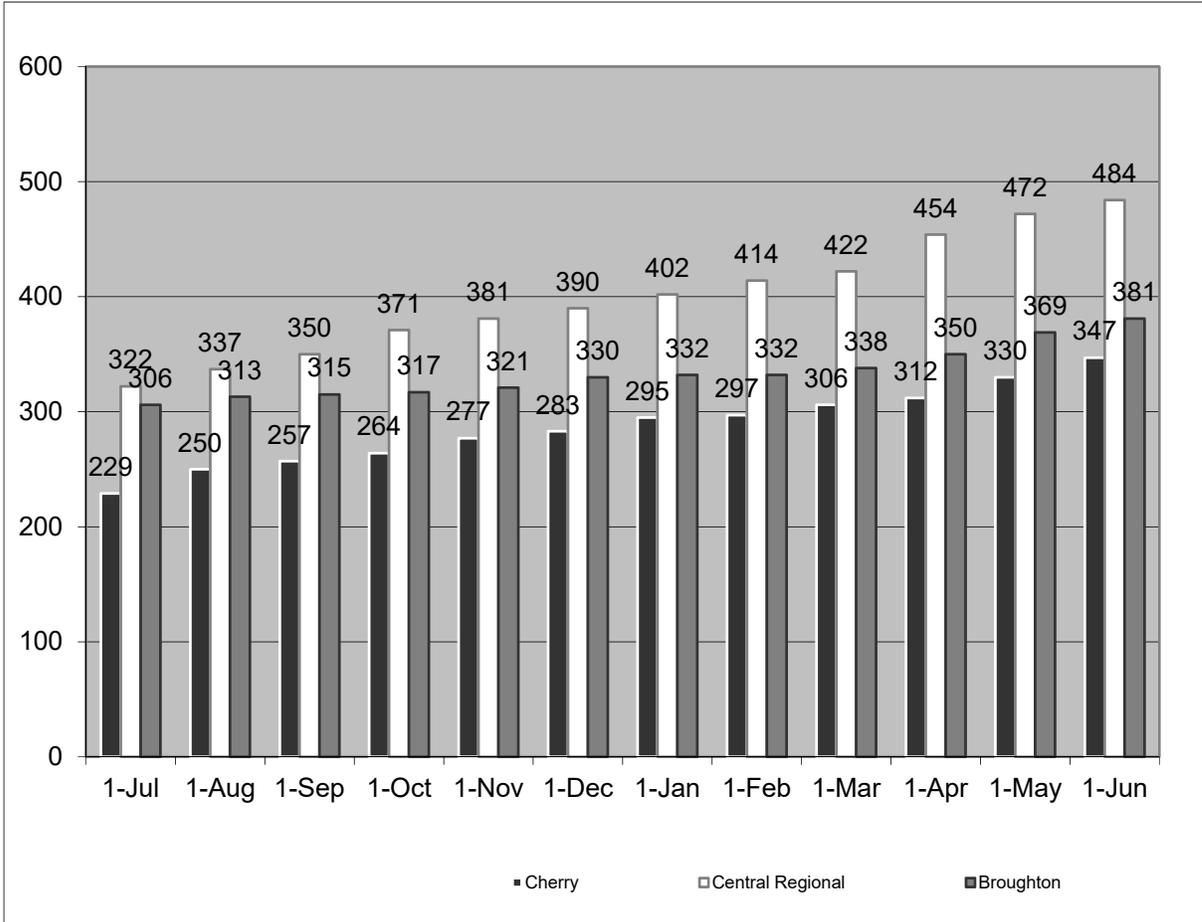

Figure Z. Number of Individuals that have started In reach while in a State Hospital, by LME/MCO

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Alliance	186	194	207	216	225	231	233	239	246	253	265	277	286
Cardinal	188	190	194	197	210	218	225	229	232	240	262	286	297
Eastpointe	79	86	86	90	93	95	97	99	100	105	106	113	120
PBHM	65	66	68	68	69	69	70	70	70	73	76	75	78
Sandhills	68	71	72	81	82	83	89	92	95	95	100	105	107
Trillium	107	111	131	128*	131	140	144	154	154	154	160	165	168
Vaya	137	139	142	142	142	143	145	146	146	146	147	150	156
Total	830	857	900	794	952	979	1003	1029	1043	1066	1116	1171	1212

Note. Totals are cumulative.

IX. External Quality Review Findings

Alliance

- A review of the TCLI files indicated that the TCLI procedures were followed and enrollees were well supported during the pre and post placement timeframes.

- TCLI procedures are well developed.

- Person Centered Plans were thorough and well developed and the use of person-centered language in the plans was noted.

- Alliance has workgroups in place to support and improve the use of the supportive services.

- The use of One Time Transitional Funds is referenced in procedures and noted in the file review; however, there was no evidence of tracking or monitoring of these funds.

Cardinal

- Cardinal utilizes appropriately licensed/certified staff for TCLI functions.

- Cardinal has policies and procedures in place to address all TCLI activities and required elements.

- Person Centered Plans were present in the files and well developed.

- The Transition Year Stability Resources policy provides the process of accessing transitional funds. The policy and procure provides definitions and procedures that were evidenced and used.

Eastpointe

- Eastpointe's TCLI functions are provided by staff that are licensed or certified and trained. Eastpointe has provided Peer Support training to ensure that they would be able to hire certified Peer Support staff.
- Eastpointe has policies and procedures that address TCL that include required elements.
- Eastpointe's Policy and Procedures C-3.7.5, Referral from LME/MCO to Transition Management services contains information regarding assessments, money management activities of daily living, health wellness and recovery, and community integration. There is no indication in the Policy and Procedure that this includes services such as Assertive Community Treatment Team or Peer Support services. Corrective action was required.
- During the onsite interview it was stated that Easpointe has a plan to add TCLI services to Eastpointe's website, the Enrollee/Member and Family Handbook, and the Eastpointe Provider Operations Manual. These TCLI-specific services include ACTT, Supported Employment, and Peer Support

Partners

- Partners has policies and procedures in place to address all TCL activities and required elements.

- Diversion activities include working with individuals in community and state hospitals to start the In Reach and Transition process to divert from an Adult Care Home (ACH), educating about the TCL Initiative, providing information regarding options for community supported housing, and discussing alternatives to residing in an ACH. Onsite discussion confirms Partners' staff follow-up with consumers who elect to admit to an ACH every 90 days. The *TCLI How To Manual* includes checklists with step-by-step details of processes for diversion.

- TCLI files reviewed demonstrated appropriate diversion, transition, and follow-up processes are employed in general; however, several files were missing evidence of required Quality of Life Surveys. After discussion during the onsite visit, several of the missing surveys were provided. After review of the provided surveys, one file continued to lack evidence of the pre-transition survey, and one file lacked an 11-month post-transition survey. Corrective action was required to ensure Quality of Life Surveys are completed as required, with evidence of the survey(s) maintained in the consumer's record.

Sandhills

- The TCLI job descriptions do not include information about Peer Support Specialists requiring certification in North Carolina (NC). CCME recommended that Sandhills Center update the TCLI job descriptions to include that in reach functions are to be completed by certified Peer Support Specialists according to DMA Contract, Amendment 2, Section 15.1.
- The TCLI program has clear policies and procedures in the areas required by the DMA contract.
- The TCL Initiative is on the website, and contact information is available, but no information regarding the initiative is in the *Member Handbook* or the *Medicaid Provider Manual.* CCME recommended that Sandhills Center develop marketing and publicity materials for the TCL Initiative as noted in the DMA Contract and to include that information in the *Member Handbook* and the *Medicaid Provider Manual.*

Trillium

- The requirement that in reach activities be performed by Certified Peer Support Specialists in not indicated in the *Transition to Community Living Procedure.* CCME recommended that the *Transition to Community Living Procedure* be revised to adequately address the staff requirements for the TCL initiative, as well as care coordination activities to be performed by licensed clinicians.

- Onsite discussion indicated in reach transition tools were completed/or are being developed, as applicable to enrollee choice and transition status. CCME recommended that they include in the DOJ checklist hyperlinks for staff to access

specific checklists (e.g. one-time transitional supports), providing staff the ability to review and access procedures and supporting documentation.

- The initial desk review did not provide details on how an enrollee/team would access one-time transitional supports; internal staff process or documentation was not present. It was noted that the TCL checklist does indicate what items are present for the enrollee, but it is unclear what items are still needed for a successful transition to the community.   During the onsite visit, the TCL Coordinator provided an internal "grid" that defines parameters of support, as well as other internal documentation that provides details on how various funds for communities living are accessed. CCME recommended that they provide clear guidance to enrollees and others that transitional support is available in various documents, including the *Enrollee & Family Handbook and Provider Manual.*

- Quality of Life surveys were present, but inconsistent with internal process that indicates the pre-transition survey will be done two weeks prior to transition. CCME recommended they monitor adherence to the internal Quality of Life guidelines for completing the pre-transition survey, as well as subsuent surveys.

- The Trillium website did have basic information on the TCL initiative, but the user must search for the information. The *Enrollee & Familiy Handbook* referenced TCL in the "Care Coordination" section; and the review of the *Provider Manual* did not yield information regarding the initiative, but, rather what department the initiative is responsible. Onsite interview indicated that opportunities to learn about the TCL initiative are occurring in the various communities that Trillium supports.   Corrective action was required to increase visibility through marketing the TCL initiative on the webisite, *Enrollee & Family Handbook,* and *Provider Manual.*

- Documentation supplied for the record review did not evidence transition plans, methodology for applying for one time transition level funds, and in reach activities that include 90 day pre and post follow-up. Corrective action was required to ensure all activities for TCL are completed and appropriately documented in the enrollee record.

Vaya

- Missing licensing or certified statement for Certified Peer Support Specialist in Policy 2404, In Reach to Eligibile Participants for the TCL initiative. CCME recommended they clarify in policy that staff working with enrollees in TCL will either be licensed clinicians or certified peer support specialists.

- CCME recommended that policies reference other policies and procedures, where appropriate.

- Record review indicated that there is appropriate follow up and contact via face to face and by phone for enrollees in this initiatie. In reach documentation included transition (pre/post) tools; and in reach activity was noted in ALPHA care notes.

- Vaya has begun to use a one page profile for enrollees in the TCL initiative. They participated in a pilot project with the State to reduce paperwork.

X.   Monitoring of Service Gaps

LME/MCOs are required on an annual basis to analyze and report on service gaps in accordance with their DHHS Performance Contracts. These analyses are part of a continuous assessment and action process that drives development of and updates to LME/MCO local business plans and network development plans, and implementation of strategic plans through quality improvement projects and actions.

The DHHS distributed process and report guidelines in March 2018 for SFY 2018 LME/MCO Network Adequacy and Accessibility Analysis (previously called the Gaps and Needs Analysis). This years reports are due September 21, 2018. Thus, this DHHS Annual Report does not include an update regarding service gaps identified in the 2018 ME/MCO analyses.

July 2018 DHHS Interdepartmental Monitoring Team meetings included review of LME/MCO Quality Improvement Projects based gaps and needs analyses from previous years. Some QIPs are specific to TCLI. Others relate to areas relevant for a broader population that also includes TCLI members, such as access to care, follow-up after discharge, and reduced readmission rates. LME/MCO QIPs reviewed by DHHS in 2018 include and are not limited to the following:

LME/MCO Transitions to Community Living QIPs
- Improve percentage of timely TCLI in reach contacts
- TCLI Housing Timeliness
- TCLI Housing Numbers
- Decrease days from TCLI housing slot approval to transition date
- Increase TCLI housing placements
- TCLI Individuals Engaged in Supported Employment
- Increase Percentage of TCLI Priority Population Members Served by Fidelity IPS-SE Provider
- Use of Supported Employment in Members in or at risk of ACH Admission
- Administer TCLI Quality of Life surveys in a timely manner
- Increase timely submission of TCLI Quality of Life surveys
- Timely Submission of TCLI Quality of Life Surveys

Access to Care QIPs
- Timely Emergent Access to Care
- Improve and increase provider choice and ensure access to quality services
- Improve access to care by ensuring follow through with routine and urgent scheduled appointments
- Access to Care, services provided to callers coded as emergent
- Increase percentage of members who receive face to face urgent care services
- First Responder Crisis Lines, timely response after business hours
- Use of Crisis Services
- Increase Engagement in Comprehensive Treatment Services by Consumers with OUDs

Follow-Up after Discharge/Reduced Readmissions QIPs
- Follow-up Post MH Hospitalization/FBC Discharge
- Follow-up Post ED Visit for MI
- Follow-up Post Hospitalization/FBC Visit- Substance Use
- Follow-up Post ED Visit for Alcohol or Other Drug Dependence
- Promote Follow-up after Discharge from State or Community Hospital, State ADACT, or Detox/FBC Services for MH Treatment
- Promote Follow-up after Discharge from State or Community Hospital or FBC for SUD Treatment
- Decrease State Hospital Re-Admission Rate
- Decrease ED Readmissions

The State continues to monitor Crisis Services and Community-Based Mental Health services that are required to enable the successful transition to supportive housing. Services and identified gaps, as well as the implementation and success of LME/MCO strategies to address service gaps, are monitored by the DHHS through multiple activities, including the annual gaps analysis review process; review and monitoring of LME Local Business Plans, Network Development Plans, and Quality and Performance Improvement Plans and Projects; and Intradepartmental Monitoring Team (IMT) review of LME/MCO performance relative to contract requirements and performance standards.

XI.   Quality of Life Survey

The N.C. Transitions to Community Living Initiative (TCLI) Quality of Life Surveys assess participant perceptions and satisfaction related to housing, daily living, and personal control; community integration, supports, and services; and individual well-being and recovery support. The Initial (Pre-Transition) survey is administered during the individual's transition planning period. Follow-Up surveys are administered 11 and 24 months after the individual has transitioned to the community.

Surveys submitted through June 30, 2018 were analyzed and are summarized in an Appendix to this Annual Report. The updated analysis is based on 2,217 TCLI participants' responses to a total of 3,477 surveys, including 2,104 pre-transition, 960 11-month, and 413 24-month surveys

Results are consistent with those reported in previous Annual Reports. Individuals continue to report more positive experiences after transitioning to the community in individual well-being, community integration, and personal control. More individuals also report satisfaction with services, daily activities, and their housing and communities after transitioning to supportive housing.

An analysis of the Quality of Life Survey results is attached as an appendix.

XII.   Closing Statement

DHHS continues to be strongly committed to meeting requirements of the DOJ settlement agreement while building a system that assures the vision of a community-based system is in place for people with Disabilities.

We are working closely with all of our partners and stakeholders, and are adjusting our strategies as we identify opportunities to improve. We are confident that this approach will result in a substantial compliance with the settlement.

Social determinants of health are an important factor in building a sustainable system of supports, and DHHS is committed to working with partners across divisions and departments to develop a system that is more cohesive and provides the most integrated care to assist individuals to live in their communities as independently as possible.