The COVID-19 Pandemic:
North Carolina's Response and the Behavioral Health Impacts

**Kody H. Kinsley
Deputy Secretary for Behavioral Health & IDD
*September 23, 2020***

What we will cover

- Overview of North Carolina's Response

- COVID-19 Behavioral Health Drivers, Outcomes, and Mitigations

- NC DHHS Priorities and Behavioral Health & IDD Strategy

NC's Early Action to Fight COVID-19

- North Carolina took early and aggressive action to slow the spread of the virus, manage shortages of testing and PPE supplies, develop hospital surge plans, and build testing and contact tracing capabilities.

- Our collective actions prevented our health care systems from being overwhelmed and provided valuable time to build our state's capacity to respond to the crisis.

- The risk of COVID-19 remains as more North Carolinians are leaving their homes for work and other needs.

# Strategies to Slow the Spread of the Virus

|	WHAT THE STATE IS DOING	WHAT THE PUBLIC CAN DO
Slow the Spread Prevention	• Phased reopening of sectors/activities to minimize spread of COVID-19 • Require <u>face coverings</u> when physical distancing of 6 feet is not possible	• <u>Practice the 3Ws</u> and encourage family and friends to do the same • Employers should follow <u>NCDHHS guidance</u> for specific settings
Know Who Has COVID-19 and Who Has Been Exposed Testing and Tracing	• Build a statewide <u>testing</u> & <u>contact tracing</u> infrastructure • Surge resources in hardest hit communities & populations	• Get <u>tested</u> if <u>symptomatic</u> or if you think you are exposed to COVID-19 • Answer the call from the <u>contact tracing</u> team
Support People to Stay Home Isolation and Quarantine	• Ensure access to <u>non-congregate shelters</u> for people who need to isolate • Enact policies to enable people to miss work and stay at home, leverage <u>NCCARE360</u> to connect to supports	• Stay home when you can, especially when sick • Support employees to stay home when sick to minimize the spread of COVID-19

Pillars of COVID-19 Response

Prevention
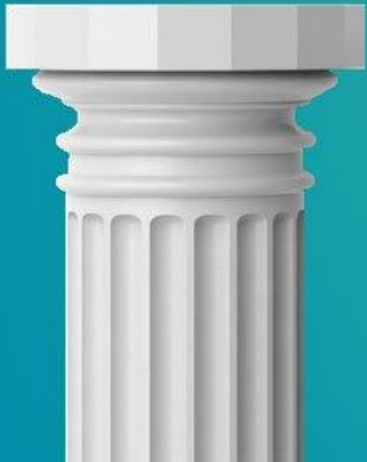
Testing
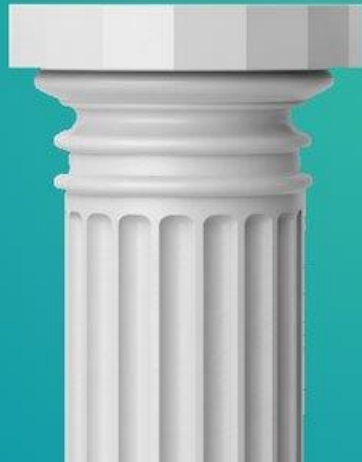
Contact Tracing

Isolation Supports
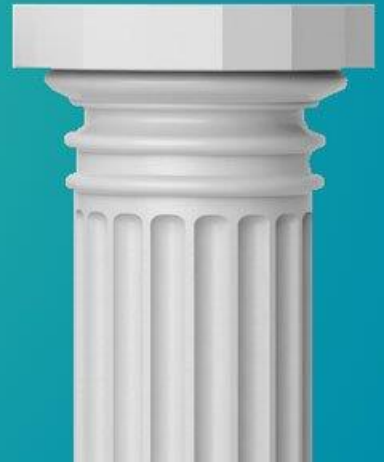
Prevention Strategies

- **"Dimmer Switch" approach to reopening:**
    - **Responsible, incremental adjustments** and easing of restrictions, rather than on/off, has **helped prevent major spikes in NC** that were seen in other states
    - **Currently in Phase 2.5** (as of Sept 4th) based on the trajectory of surveillance data, confirmed cases, % positive tests, testing and tracing capabilities, hospitalizations, and PPE availability

- **"The 3Ws"**
    - **Wear** a cloth face covering
        - EO 147, issued June 24th, implemented a **statewide mandate requiring face coverings** in public where 6' distance is not possible
        - **"Whatever Your Reason"** public campaigned launched in Sept 2020
    - **Wait** 6 feet apart – aka "physical or social distancing"
    - **Wash** your hands

COVID-19 Testing

Progress to date:
- Over 2.8 million total tests have been done in NC as this week
- About 26K daily tests completed on average over the past week
- 638 sites posted to NCDHHS testing search tool as this week
- 5.4% positive tests across the NC

On the horizon:
- Continued push on widespread, no-cost community-based testing, including onboarding of new testing vendors
- Increasing presence and reporting of rapid antigen tests across NC due to federal and state deployments
- Multiplex testing for flu and COVID-19 as we head into respiratory virus season

North Carolina's Testing Efforts

Since the start of the pandemic, North Carolina has deployed a variety of resources to enable North Carolinians to get tested

Tools to identify testing needs and locations	Increased access to no-cost testing

Check my Symptoms

Find my Testing Location

Historically Marginalized Populations

Skilled Nursing Facilities

Priority Counties

While building testing & contact tracing infrastructure, we're also working to surge assets in communities and populations that have been hardest hit by COVID-19 – focusing on communities with highest level of community spread and historically marginalized communities.

Protecting Residents of Long-Term Care

Prevention:

- Distributed PPE packs proactively to over 3,000 LTC facilities
- Recommend all patients entering LTC be placed in 14 days of quarantine and recommend universal mask-wearing by staff
- Released a series of time-limited Medicaid rate increases to support long-term care providers in COVID response

Testing and Managing Outbreaks:

- Testing on a weekly basis
- Contract with CVS/Omnicare for one-time proactive testing of all residents and staff of nursing homes
  - 400 nursing homes – approximately 36K residents and over 30K staff
  - Testing will begin in July and continue through August
  - Testing in state operated SNFs complete

Capacity:

- Helping fill LTC staffing shortages through a partnership with ECU School of Nursing to match Registered Nurses and Certified Nursing Assistants with facilities
- Conducted infection prevention and control consultation through partnership with CDC and NC Statewide Program for Infection Control and Epidemiology (SPICE)
- Developed an online toolkit & held trainings and webinars for thousands of long-term care facility staff

Case investigation & contact tracing

Sources of exposure:

- Of cases linked to an outbreak or cluster, common sources of exposure include nursing homes, meat processing plants, correctional facilities, residential care facilities, and IHEs

Progress to date:

- Over 2,200 active case investigators and contact tracers
- Over 53,000 texts, emails, and calls to contacts in the last week
- About 41,000 contacts in the system in the last month

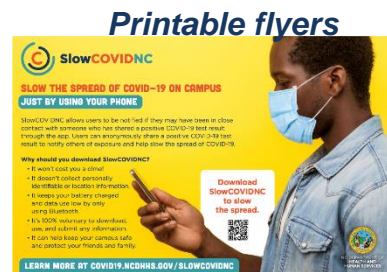**SlowCOVIDNC Exposure Notification App** released 9/22:

- Free, anonymous, 100% optional, and no personal info is stored
- Available in app store (Apple or Android)

Paid digital ads

Printable flyers

Digital banners

Social media posts

Focus on Historically Marginalized Populations

- NCDHHS awarded $100k grants to 5 local organizations to help support disease prevention measures in high-risk Hispanic/LatinX communities.

- Prioritized working with minority-owned businesses: 14 of 26 testing & tracing vendors are minority owned.

- Contact tracers hired to reflect communities they serve:
    - 24% are Black or African American
    - 26% are Hispanic or Latino
    - 47% are bilingual

- Focus on deploying new testing sites in ZIP codes with historically marginalized populations.

- Launched radio and video messages to reach historically marginalized populations.

- Dedicated stream of work for Behavioral Health and IDD populations

Using State resources to deploy high-throughput testing sites in historically marginalized communities (CHAMP)

DHHS analyzed of the current testing landscape (including capacity, accessibility, and equity) and recommended additional testing sites by zip code, with a focus on serving historically marginalized communities

Community Testing Overview:

- 174 zip codes in 72 counties
- Specifically focusing on 2.3 million from HMP communities
- Unique features of Task Order include:
  - ✓ Requirement to partner with
  - ✓ Community groups
  - ✓ Linkage to medical home
  - ✓ No money collected or billed to patients
  - ✓ Culturally and linguistically appropriate services

North Carolina All Selected Zip Codes and Number of Laboratory Confirmed COVID-19 Cases per 10,000 persons by County of Residence (as of June 17)

Rate
- All ZIP Codes
- 0.0
- 0.1 - 10.0
- 10.1 - 25.0
- 25.1 - 50.0
- 50.1+

Source: State Center for Health Statistics
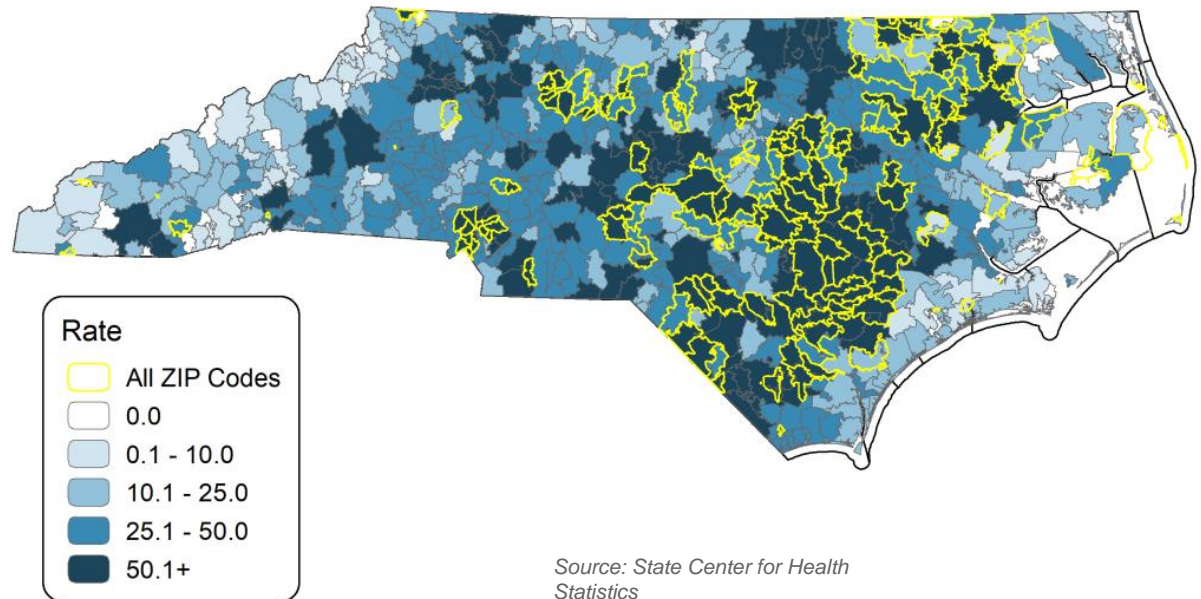
CHAMP: High Level Preliminary* Findings

- At least 67% of the people tested fell into HMP
  - 15% of tested fall into "other" as race; based on historical experience many of these fall into HMP

- While 16% of those tested are of Hispanic ethnicity, they make up 35% of the positive results
  - 10% of positives did not have ethnicity documented; anecdotal experience of analysts suggests many of these are LatinX

- Uninsured represented 35% of those tested but comprised 50% of the positive results
  - Medicare 14% and 7% positive
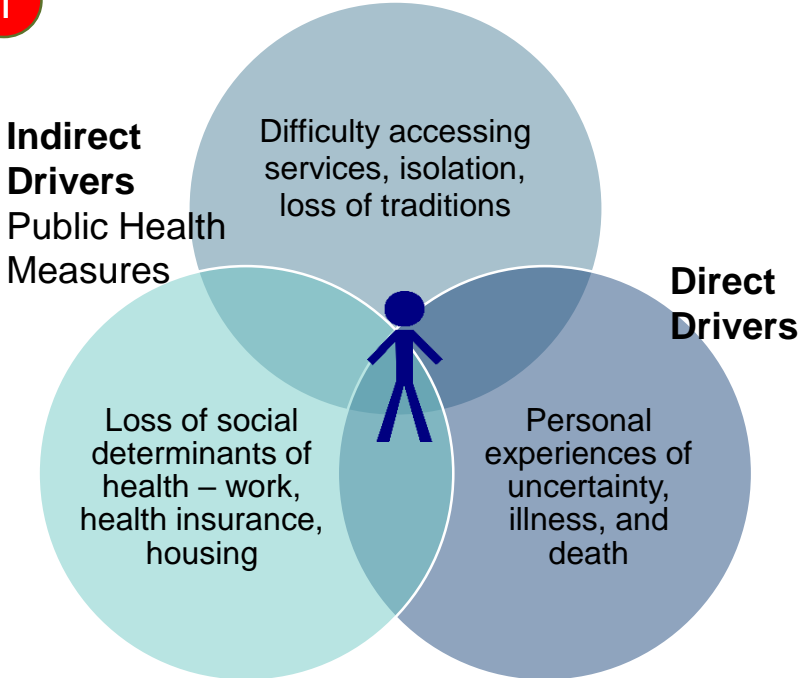 - Commercial 42% and 33% positive

Supports for COVID-19 Patients and Families

- **Support services, coordination, and referral:**
  - Support in **20 targeted counties** for people who are asked to isolate or quarantine due to COVID-19 and need assistance such as **food**, **relief payments**, **transportation**, access to **primary medical care/telehealth**, **medication delivery**, and/or COVID-related **over-the-counter supplies**
  - People will be connected to a **Community Health Worker (CHW)** who will coordinate needed services
  - Soft launch in **September 2020**
  - Builds on the platform of **NCCARE360**, the first-of-its-kind statewide coordinated care network to electronically connect those in need with community resources – implemented in all 100 NC counties

- **Non-Congregate Sheltering:**
  - Provides **secure hotel and motel rooms**, as well as essential wrap around services, for individuals with no other safe place to quarantine, isolate or social distance due to COVID-19.

Behavioral Health & IDD:
Impacts of COVID-19

COVID-19 Drivers, Outcomes, and Mitigations

1

Indirect Drivers
Public Health Measures

Difficulty accessing services, isolation, loss of traditions

Direct Drivers

Loss of social determinants of health – work, health insurance, housing

Personal experiences of uncertainty, illness, and death

3 **Mitigation strategies** include sustaining services, normalizing and managing crisis, and targeted interventions
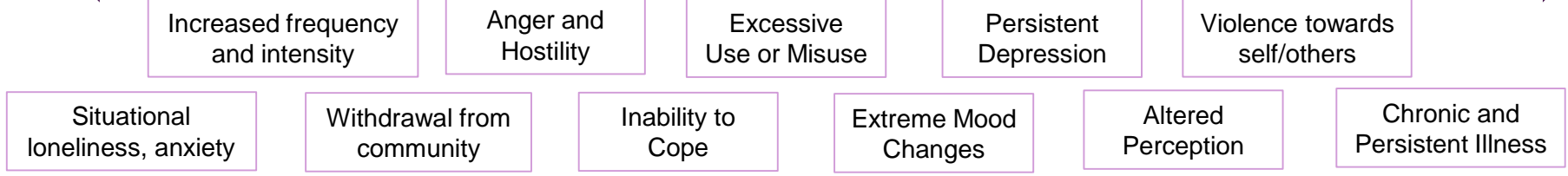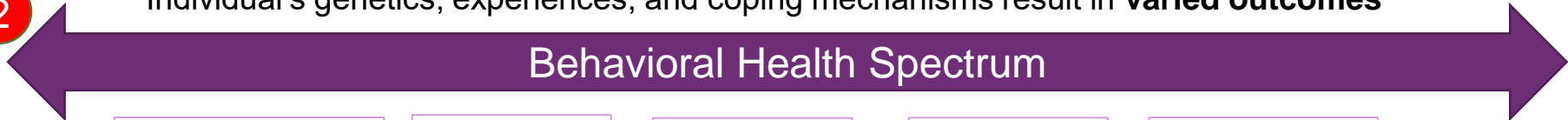
Policy modification, telehealth, provider guidance, and funding to support services

Increased awareness, normalization, access to crisis services, resiliency

Specific interventions for disproportionately impacted communities and outcomes

2 Individual's genetics, experiences, and coping mechanisms result in **varied outcomes**

Behavioral Health Spectrum

| Increased frequency and intensity | Anger and Hostility | Excessive Use or Misuse | Persistent Depression | Violence towards self/others |

| Situational loneliness, anxiety | Withdrawal from community | Inability to Cope | Extreme Mood Changes | Altered Perception | Chronic and Persistent Illness |

The NC Behavioral Health Impacts of COVID-19

1. Enhanced health risks in congregate care settings

- People with IDD are 4 times as likely to contract COVID-19 and 2 times as likely to die from COVID-19, compared to the general population.
- 2,550 individuals with serious mental illness transitioned to community living in permanent supportive housing.

## 2. Behavioral Health Issues and Indicators

- **Anxiety & Depression**
  − Three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9 in 2019.
  − Younger cohorts (18-29) report higher prevalence of anxiety and depression, while prevalence among racial groups is relatively consistent.

- **Substance Use – Alcohol & Opioids**
  − Liquor sales in North Carolina increased 12% in State Fiscal Year 2019-20
  − Recent nationwide survey found that 1 in 4 respondents reported binge drinking at least once (up from 1 in 6 in 2019).
  − In 2020, while NC has experienced a 12% decrease in overall Emergency Department visits, we have seen a 19% increase in Medical/Drug Overdose ED visits – largely driven by a 21% increase in opioid overdose ED visits.

- **Suicide**
  − For every five-percentage point increase in the rate of unemployment, an additional 304 North Carolinians would be expected to die each year from suicide (126) and drug overdose (178).
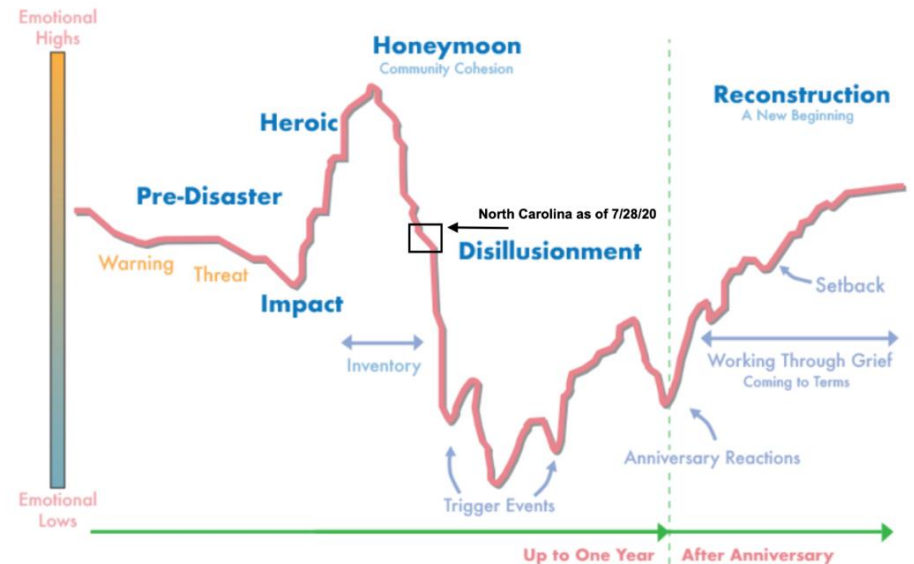
Awareness, Managing Crisis, Resiliency

- **Hope4NC** **(1-855-587-3463)**
  - The Hope4NC Helpline connects North Carolinians to mental health and resilience supports
  - Available statewide, 24 hours a day, seven days a week during the COVID-19 crisis
  - Hope4NC includes a Crisis Counseling Program tailored for COVID-19, which will provide immediate crisis counseling services to individuals affected by the ongoing COVID-19 public health crisis.

- **Hope4Healers** **Helpline (919-226-2002)**
  - Partnership with the North Carolina Psychological Foundation
  - Provides mental health and resilience supports for health care professionals, emergency medical specialists, first responders, other staff who work in health care settings who are experiencing stress from being on the front lines of the state's COVID-19 response
  - Available 24 hours per day, seven days a week, staffed by licensed mental health professional for follow-up

- **Evidence-based Behavioral Health messaging aimed at prevention**

The SCOOP on Managing Stress

S Stay connected to family and friends. — Social connections build resiliency.

C Compassion for yourself and others. — Self-compassion decreases trauma symptoms and stress.

O Observe your use of substances. — Early intervention can prevent problems.

O Ok to ask for help. — Struggling is normal. Asking for help is empowering.

P Physical activity to improve your mood. — Exercise boosts mood and lowers anxiety.
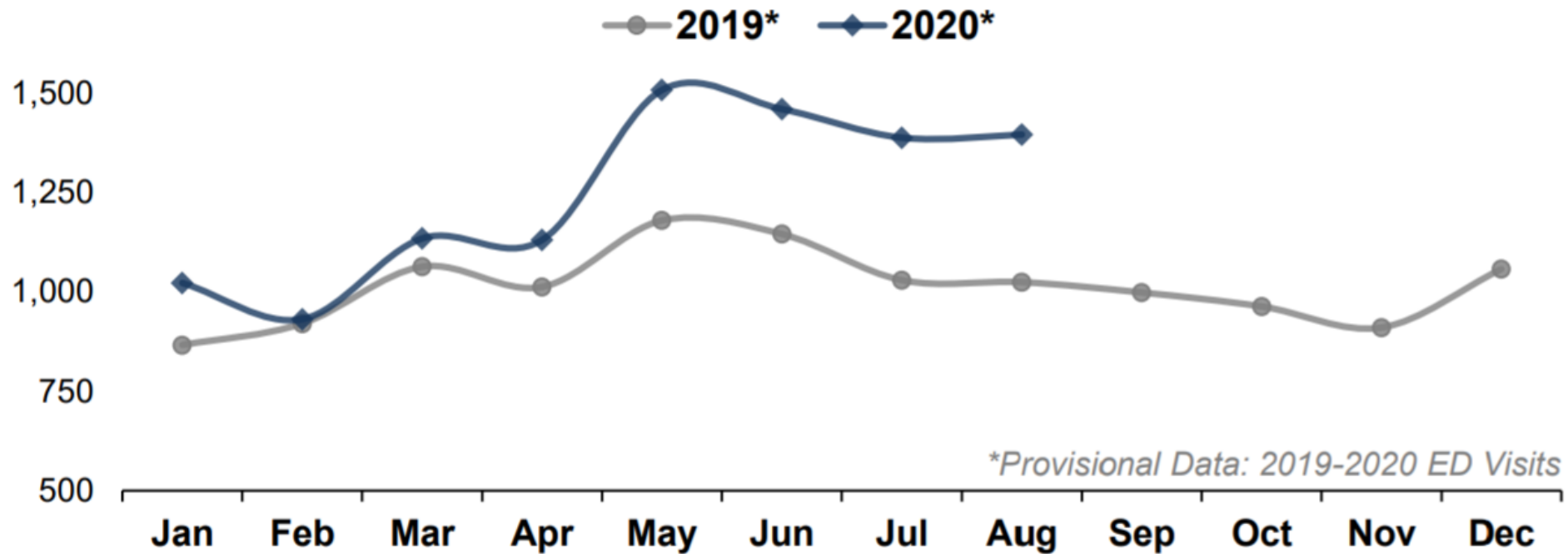
HOPE 4 NC HELPLINE 1-855-587-3463

This year, NC has experienced a <u>19% decrease</u> in overall ED visits

Legend: ● 2019 ◇ 2020

Note: Provisional Data
Source: NC DETECT ED Visits, 2019-2020
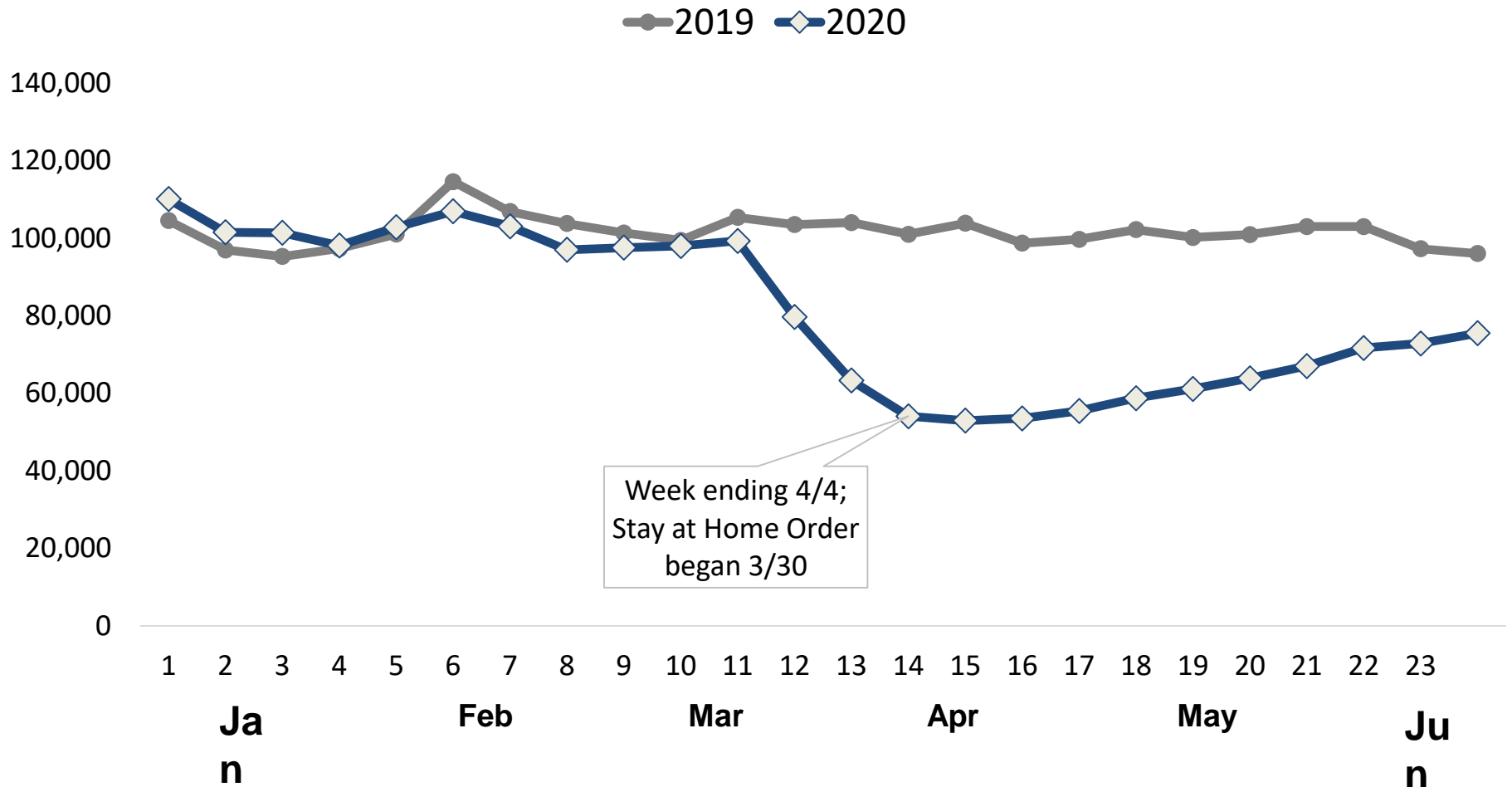
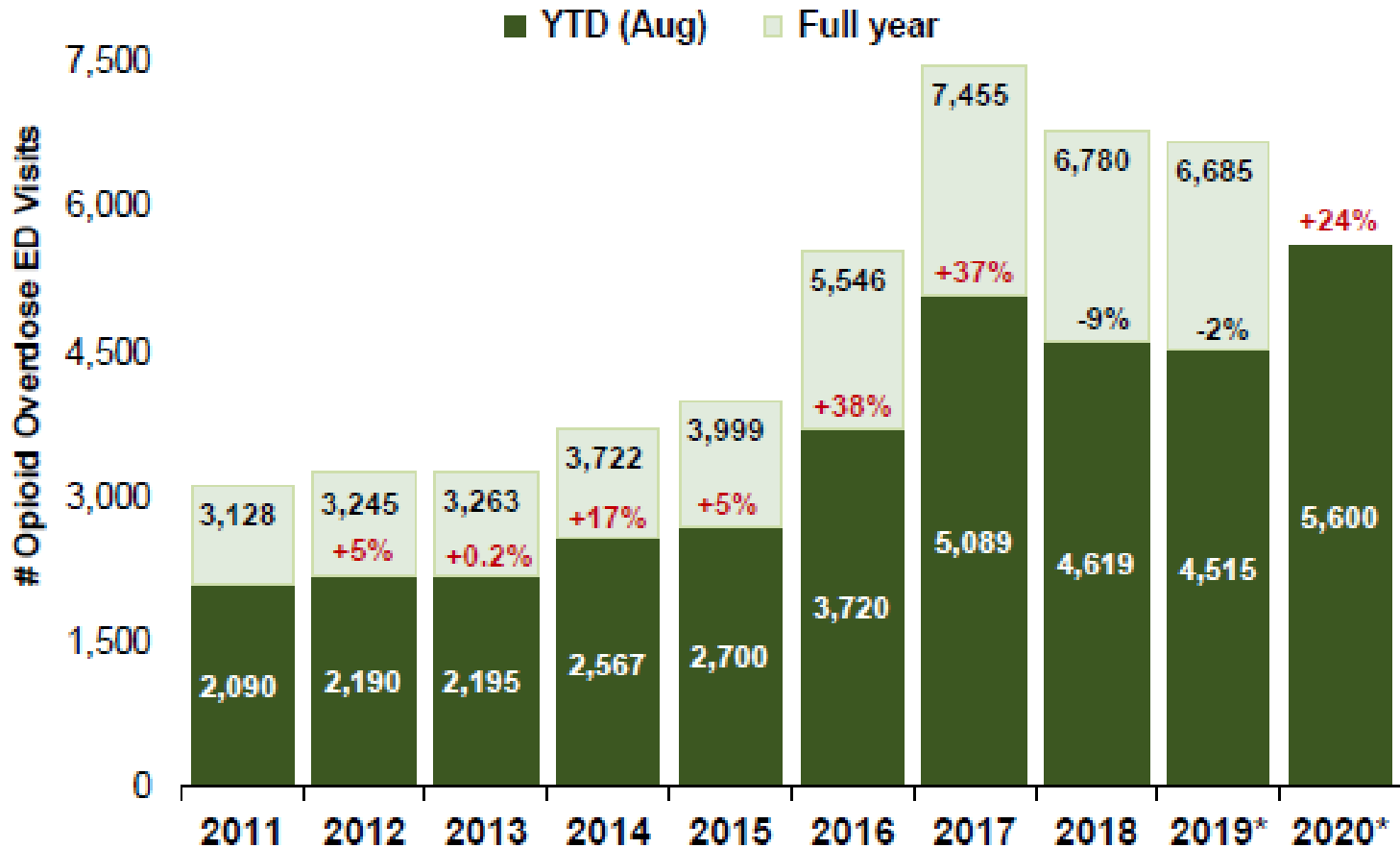Annotation: Week ending 4/4; Stay at Home Order began 3/30

Yet, NC has seen a <u>21% increase</u> in Med/Drug Overdose ED visits in 2020

Note: Provisional Data
Source: NC DETECT ED Visits, 2019-2020

This trend is largely driven by a <u>24% increase</u> in opioid overdose ED visits

Targeted Interventions

$116 M in funding from the CARES Act and $3.5 M from other federal sources have been allocated to address emerging issues – crisis, prevalence of specific disease, etc. -- targeted toward specific populations. These efforts are designed to leverage other programs for a coordinated response that drives systemic change.

A. Congregant Care Settings 3 months of temporary funding to support increased staffing and care costs at residential facilities and group homes	$17.6 M
B. Managing Crisis, tying into Hope4NC and other programs 6 months of community-based services and peer-warmline to stabilize crisis and reduce emergency department visits	$13.5 M
C. Increased State Funded Services for Underinsured 15% increase of mental health and substance use services due to increased need or loss of health insurance	$88 M
D. Substance Use Disorder - Prevention Doses of naloxone for increased risk of accidental overdose stemming from both modified services and broader drivers	$400K (+ $1.6M)

Three Continuing Broad Areas of Focus

1. Crisis Services & Response: Address lasting increases of need, loss of insurance, desire to keep pressure off emergency departments, and existing fragmented crisis system With prevention, awareness of crisis services, enhanced coordination, and movement toward statewide line integrated to other services and the national suicide lifeline.

2. Mental Health for a Generation of Children: Address the experience of personal and family trauma from COVID-19, loss of family income, and isolation and disruption due to remote schooling. With evidence-based interventions that train teachers, provide healthy coping mechanisms, stabilize children in crisis, and build resiliency in the generation.

3. **Keeping the Epidemic at bay during the Pandemic**: Address the opioid epidemic and evolving substance use disorders intensified by COVID-19 and already depleted federal funding With increasing focus on prevention and innovative induction and treatment strategies ripe for this moment of increased flexibility and need.
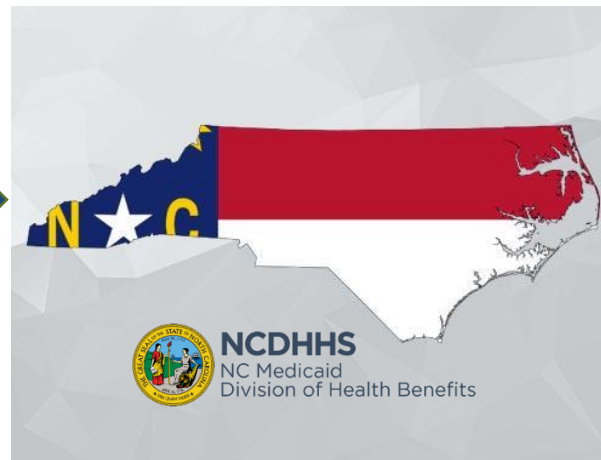
Behavioral Health & IDD:
Key Strategic Initiatives
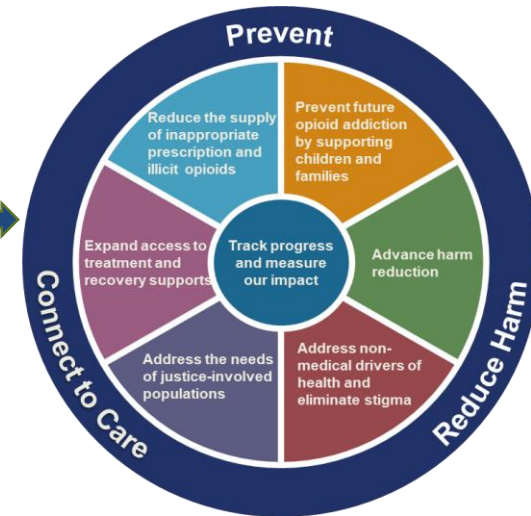
"Buying Health" Across Our Department

Early Childhood Action Plan

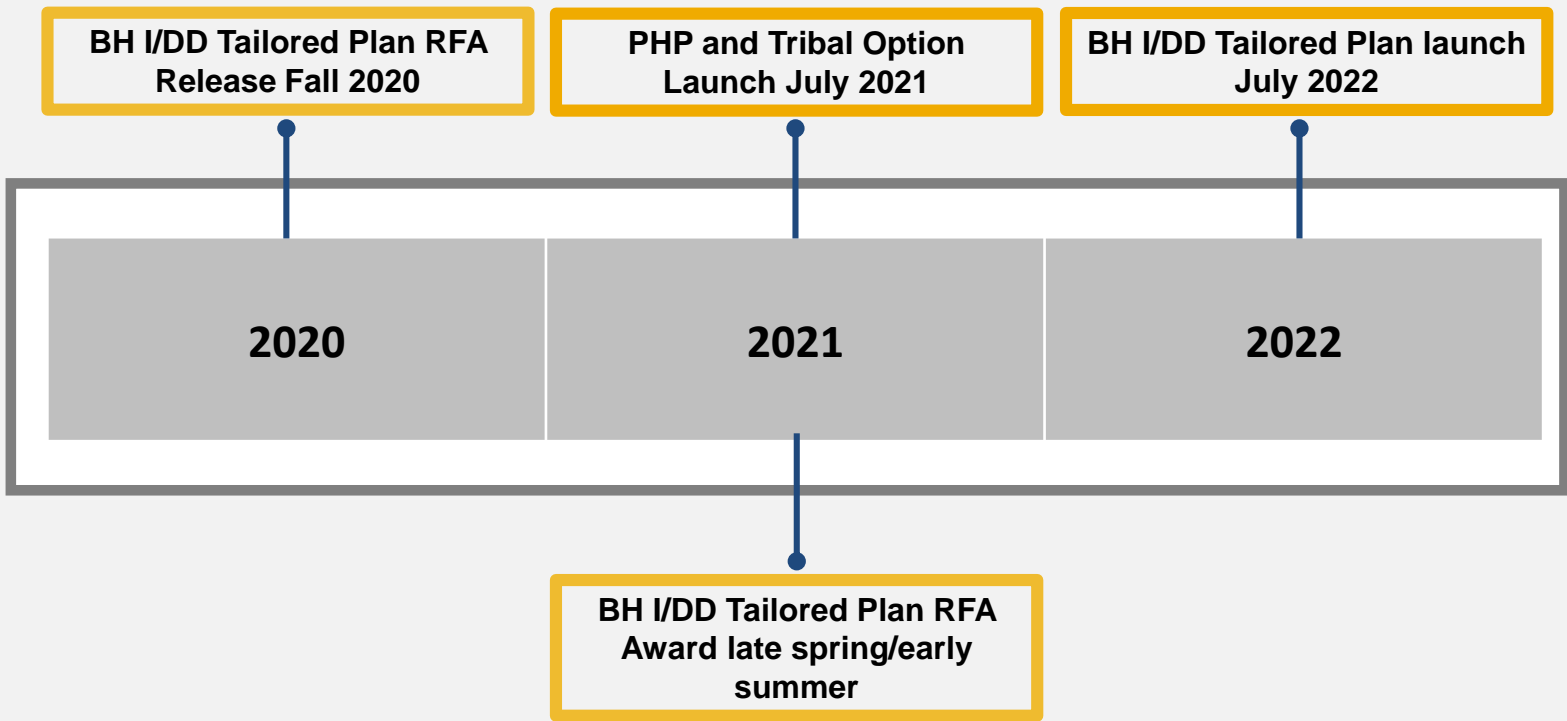## Medicaid Transformation

Opioid Action Plan 2.0

"To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health."
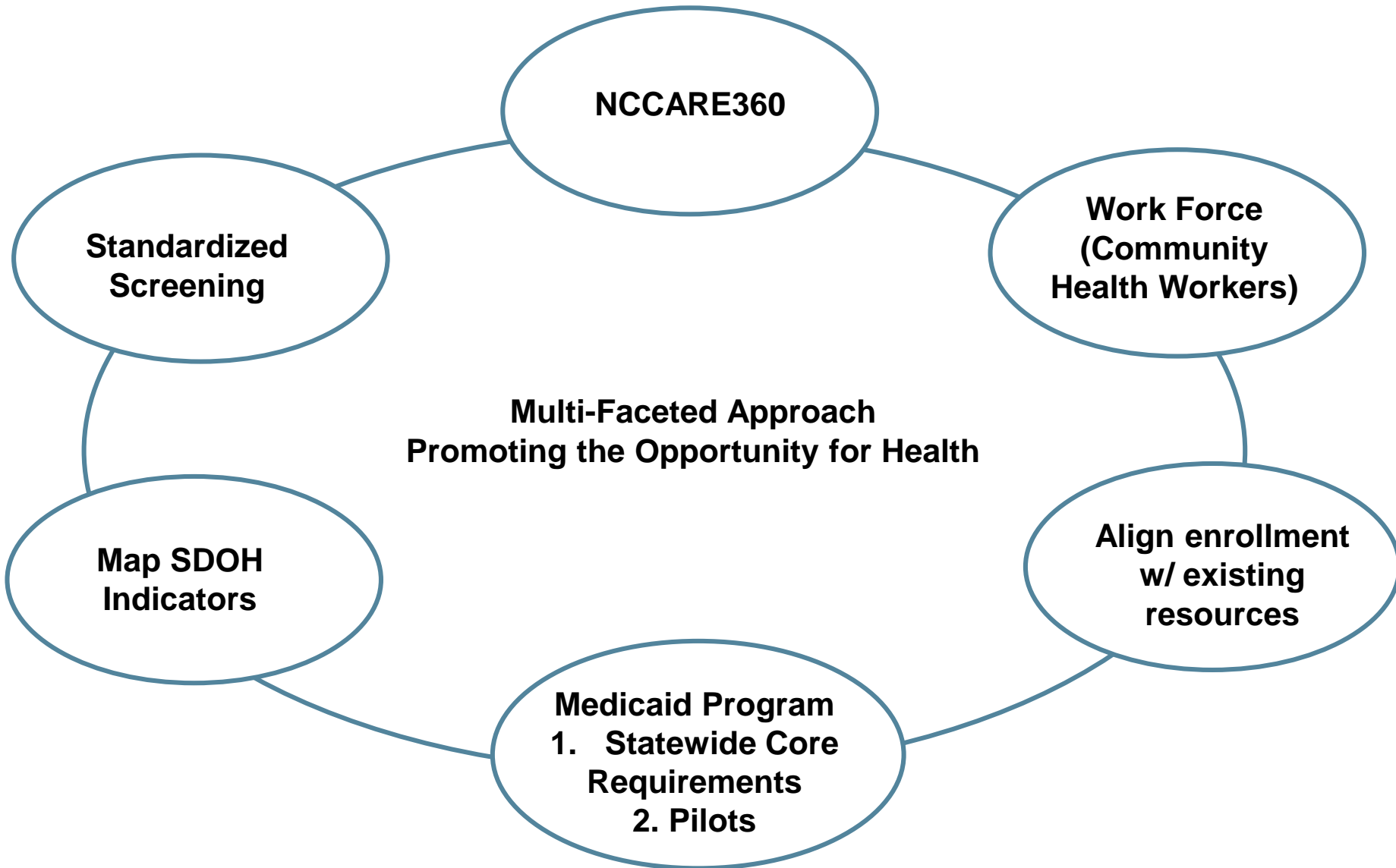
NC Medicaid Managed Care Products

- **Session Law 2018-48** further directed DHHS to create 2 types of managed care products:
  - **Standard Plans** for most NC Medicaid/Health Choice beneficiaries (duals not included)
    - **Operated by Prepaid Health Plans (PHPs)**

    5 contract awards were announced in February 2019:
    - **4 statewide** Commercial Plans (WellCare, BCBSNC, AmeriHealth Caritas, UnitedHealthcare).
    - **1 regional Provider-led Plan** (Carolina Complete Health)
  - Estimated **1.6 million** people covered (of 2.1M beneficiaries).
  - **Tailored Plans** for select NC Medicaid/Health Choice (duals included) high-need populations with I/DD, TBI, SMI/SED, and/or severe SUD. Offers more robust BH/IDD service array.
  - **Only current LME-MCOs eligible to apply** through a RFA, 5-7 regions; replaces current LME-MCO system.
  - Estimated 25,000-35,000 dual-eligible and 80,000 - 100,000 Medicaid-only
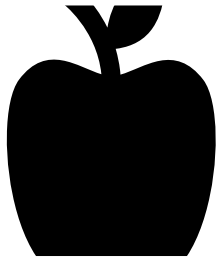
Managed Care Timeline

The BH I/DD Tailored Plan Request for Applications (RFA) will be released in Fall 2020.

BH I/DD Tailored Plan RFA Release Fall 2020	PHP and Tribal Option Launch July 2021	BH I/DD Tailored Plan launch July 2022

2020	2021	2022

BH I/DD Tailored Plan RFA Award late spring/early summer

Social Determinants Strategy
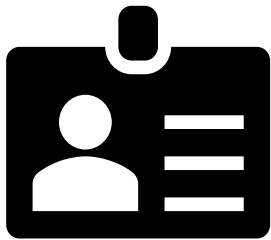
Healthy Opportunities: Priority Domains

Food Security

Housing Stability

Transportation

Employment

Interpersonal Violence

Toxic Stress/ Early Brain Development

Healthy Opportunities: NCCARE360

No Wrong Door Approach

Questions/Discussion