



Department Responses

<p>Recommendation 1 – Accessible Communication Develop and Implement an Enhanced Communication Strategy</p>	<p style="text-align: center;">Concur or Non-Concur <i>(circle)</i></p>
<p style="text-align: center;"><u>Explanation</u></p> <p>The North Carolina Department of Health and Human Services (hereafter referred to as The Department or DHHS) values the importance of clear, concise messaging to the individuals and communities we serve and support. We are making progress in the development of an accessible communications campaign. We will soon have a professional vendor to support us in this work.</p> <p>The Department’s Accessible Communication Campaign will focus on clear, concise, and accessible messaging for the individuals and communities we serve and support. Some of our first communication efforts will address the 1915i waiver, Tailored Plans (and their roll-out), the Innovations waiver, and Tailored Care Management. The goal is to collaborate closely with NC Medicaid, SCFAC, and other key stakeholders to describe policies, programs, and terminology in a way that is meaningful for consumers.</p> <p>The Division of Mental Health, Developmental Disabilities, and Substance Use Services (hereafter referred to as The Division or DMHDDSUS) has also shared your accessible communication recommendation with NC Medicaid. We will work with Medicaid to ensure that SCFAC has input on critical documents such as notices that go out to families about important Medicaid benefit changes.</p> <p>In addition, DMHDDSUS will be publishing complementary communication materials such as one-pagers on our website that providers, individuals, and families can use to better understand official Medicaid notices. We will also use social media to highlight specific efforts around major system initiatives such as new benefits (like the iOption), Tailored Plan, and 988. Communications will be developed in at least two languages (English and Spanish) and will include phone numbers and websites where people can get additional information.</p> <p>In addition to a professional vendor, DMHDDSUS is also in the process of developing a Strategy and Planning Section that will have a significant focus on communications. There are currently three staff in this section. They will support coordination of the Accessible Communication Campaign.</p> <p>DMHDDSUS can share updates to the Accessible Communication Campaign at the August SCFAC and we hope to have several communication efforts in progress prior to December 2023. We will publish a final communications plan by December 31, 2023.</p>	



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<p>Recommendation 2(a) – Peer Support Services Increase Capacity for Peer Support Services at the community level</p>	<p style="text-align: center;">Concur or Non-Concur <i>(circle)</i></p>
<p style="text-align: center;"><u>Explanation</u></p> <p>The Department recognizes the impact that Peer Support Specialists (PSS) have in improving the quality of life, engagement and satisfaction in services, and connection to resources for the individuals we serve. It is the request of SCFAC that the Department increase capacity in localized and rural community-based peer support services that address individuals that are experiencing homelessness with co-occurring mental health or substance use challenges including a 10-20% increase in funding, resources, and/or programs. We believe that to address this recommendation we need to take a multi-pronged approach.</p> <ol style="list-style-type: none"> 1. Peer Support Initiatives/Programs: The Division currently supports over 15 peer support initiatives across the State including Peer Operated Respite, specialized certified peer support specialist (CPSS) designations such as COAPS (Certified Older Adult Peer Support) and Justice Involved Peer Support. We know these programs are valuable and recognize there is a need for increased capacity and expanded reach especially to areas that have very limited peer support services. The Department commits to continued support of peer support initiatives as well as the exploration of new and innovative practices and programs. 2. Workforce: We respect and value the challenging work that Peers Specialists do and therefore believe that PSS’ deserve a holistic Certified Peer Support Specialist Program that includes an accessible certification process, high quality training, specialized assistance and support, and career development opportunities. As of June 23, 2023, there are 4,479 CPPS residing in North Carolina. Of those, data shows that only 1775 are employed as a Peer Support Specialist. It is our expectation that with a well-developed, holistic CPSS Program we can increase not only the overall number of PSS but the number who are employed as such remain working in the field. <p>By August 1, 2023, DMHDDSUS will:</p> <ul style="list-style-type: none"> • Contract with Manatt, a healthcare consulting firm, to complete a comprehensive review of the current North Carolina Peer Support landscape and help us develop a strategic plan to build a more robust, holistic program for the state. This is projected 	

to occur July thru December 2023. It is the expectation that Manatt and the Division will involve consumer voice throughout the entirety of this process and bring regular updates to the SCFAC for review and recommendations.

- **By September 1, 2023, have a funding plan for FY23/24 Peer Support initiatives throughout the State that maintains or exceeds current funding levels. We also commit to increasing funding levels for Peer Services in successive years.**
- Release plan and timeline to reopen application process for new Peer Support Specialist Certification Training Courses (see Recommendation 2(b))
- Continue to have open conversation with SCFAC and other partners about new initiatives, best practices in the field as well as the need for specialized designations and training.



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<p>Recommendation 2(b) – Peer Support Services Re-Open applications for the NC Peer Support Program Course</p>	<p style="text-align: center;">Concur or Non-Concur <i>(circle)</i></p>
<p style="text-align: center;"><u>Explanation</u></p> <p>In September 2019 the application process for new Peer Support Specialist Training Courses was paused in order to give DMHDDSUS and the University of North Carolina School of Social Work Behavioral Health Springboard who supports the Division’s PSS Program, the opportunity to reevaluate the process to ensure it was continuing to produce high quality training and to make revisions as needed. It is the recommendation of SCFAC that the application process for new courses be reopened by August 1, 2023.</p> <p>The Division, with support from the University of North Carolina School of Social Work Behavioral Health Springboard, is now set to reopen the application process for new PSS Training Courses according to the following plan:</p> <ul style="list-style-type: none"> • On Going – Advertisement of open application process through various channels (newsletters, NCPSS website, etc) • July 3rd – New Curriculum Policy posted on NC CPSS website • July 21st - Virtual training to discuss policy, process and requirements • September 1st-September 7th – Open period for new applications • By Dec. 15th - Notification to applicants of status of application • Yearly (September) – Application process opened for one week period 	



Department Responses

Recommendation 3 –Traumatic Brain Injury Services Expand Traumatic Brain Injury State Plan Services	Concur or Non-Concur <i>(circle)</i>
<p style="text-align: center;"><u>Explanation</u></p> <p><i>Partially Concur</i></p> <p>SCFAC has recommended that the Extended State Plan Allied Health Services be added to the Innovations Waiver. DMHDDSUS commits to better understanding this request and working with the Medicaid agency to evaluate this request. DHHS will complete a comprehensive analysis of the current utilization and potential need of allied health services by Innovations Waiver participants and members on the waitlist. After the completion of this analysis and after discussing the results with SCFAC, the Waiver Advisory Committee, and people with lived experiences and their families, DHHS will determine if these services should be included in the Innovations Waiver. DHHS has determined that a comprehensive analysis of this request can be completed by the end of July 2024.</p> <p>DHHS is also committed to working with the community of people with traumatic brain injury and their families, the General Assembly, and the LME-MCOs to expand the TBI waiver to additional counties in North Carolina.</p>	



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Recommendation 4 – Intellectual and Developmental Disabilities Develop a strategic plan to end the Innovations Waiver Registry of Unmet Needs with a specific end-date intention declared by the Department	Concur or Non-Concur <i>(circle)</i>
<p><i>Partially Concur</i></p> <p>SCFAC recommends that DHHS set a specific end-date for the Innovations Wavier Registry of Unmet Needs (RUN) and develop a comprehensive plan to meet this goal. DHHS agrees that individuals with IDD needs should receive the supports and services they need when they need them and have choice of where those supports are received. DHHS’ ability to meet this recommendation is subject to legislative authority and budgetary approval therefore DHHS is working closely with the General Assembly on multiple ways to support eliminating the Innovations Waiver RUN.</p> <p>In November 2022, DHHS published <i>Leveraging the State’s Olmstead Plan and Creating Choice for People with Intellectual and Developmental Disabilities</i> and described \$150 million in requested investments including new waiver slots and in Direct Support Professional Wage Increases. In February 2023, the Governor's Budget asked for investments in direct support professional wages and the addition of over 17,000 Innovations with the goal of eliminating the RUN in by 2033 (10 years). DHHS will continue to advocate for these additional slots each fiscal year.</p> <p>In addition to this work with the General Assembly, new services have been approved through the Centers for Medicare and Medicaid Services (CMS) for the implementation of the 1915i option. This will allow additional support options for the I/DD community including Community Living and Supports, Respite, and Supported Employment. Along with Medicaid expansion, this new service array provides more comprehensive services to individuals with I/DD who were previously unable to access services. With the transition for many individuals with Medicaid to 1915i services, state funded I/DD services may be available and provided to more uninsured and underinsured individuals on the RUN.</p>	

In addition to increasing service availability, NC DHHS supports improving satisfaction of services received through continued participation in the National Core Indicators Survey process. These results can be shared and used in collaboration with our SCFAC partners to improve the individual experiences of those with lived experience and their families.

Establishing a minimum wage for Direct Support Professionals (DSPs) is a key step to meeting the current needs and new needs that will arise from the addition of new Innovations slots and services. NC DHHS participates in the National Core Indicators State of the Workforce reporting each cycle. According to the State of the Workforce Report for 2021, the current average wage of Direct Support Professionals in North Carolina is \$12.60, while the living wage for a single adult in North Carolina is \$15.17¹. NC DHHS is committed to sharing this report with SCFAC to collaborate on meeting the employment needs of DSPs.

DHHS will continue to advocate for increasing slots as indicated in the Governor's budget. We can commit to developing and sharing a plan by November 29, 2023, that includes the following:

- **Collecting more information to better understand the needs of individuals on the Registry of Unmet Needs (RUN)**
- **Publishing information on the RUN on a consistent basis**
- **Measuring the impact and uptake of 1915i services for Individuals on the RUN**
- **Measuring the impact of Direct Support Professional Wage increases**
- **Monitoring current service utilization of other Medicaid and state-funded services for individuals on the RUN**
- **Working with Medicaid and LME-MCOs on ensuring that individuals on the RUN have access to all available supports while they wait for a waiver slot**



Department Responses

<p>Recommendation 5(a) – Veterans and Military Families Elevate the NCServes program and model of care within Statewide Initiatives</p>	<p style="text-align: center;">Concur or Non-Concur (circle)</p>
<p style="text-align: center;"><u>Explanation</u></p> <p>Given NC is the 4th largest Veteran populated state and that veterans disproportionately experience behavioral health issues, DHHS recognizes the responsibility it has of ensuring that veterans and their families have access to the treatment, services, and resources that they need. DHHS will continue to elevate and support the NCServes initiative through funding, promotion, and integration with NC Care360 as well as participation at the NC Governors Working Group for Veterans. DHHS commits to meeting the recommended requests by December 31, 2023.</p> <p>DMHDDSUS agrees that NCServes has helped to solidify networks of care, improve accessibility and timeliness of service delivery, and leveraged data to create other innovative strategies. Since 2019 DMHDDSUS has provided over \$4M Mental Health Block Grant funding to NCSERVES to elevate and support the initiative and we have increased FY23/24 funding by \$1M to total \$2.2 million. DHHS commits to continued open conversation about the needs of our veterans, military and their families and to promote innovative and specialized treatment and resources that support this population.</p> <p>DHHS also commits to continued participation in the NC Governors Working Group for Veterans. Since its inception DMHDDSUS executive leadership has served in leadership capacity with the Deputy Director currently serving a Vice Chair and providing DHHS updates at monthly meetings.</p>	



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<p>Recommendation 5(b) – Veterans and Military Families Incorporate the ‘Ask the Question’ campaign with NCServes/NC Care 360</p>	<p style="text-align: center;">Concur or Non-Concur <i>(circle)</i></p>
<p style="text-align: center;"><u>Explanation</u></p> <p>DHHS recognizes that the “Ask the Question” Campaign is an effective tool to improve service delivery and intake data accuracy for identified Military Service Members, Veterans, and Families (SMVF). As stated in the Report an “Ask the Question” campaign was launched with great success by DHHS in 2020. DMHDDSUS commits to begin exploring the initiation of another “Ask the Question” campaign. We know, as it did previously, this will take Department wide effort and coordination. DMHDDSUS plans to lead the initial exploration of this project with the following steps being completed and plan of action reported to SCFAC by October 1, 2023:</p> <ul style="list-style-type: none"> • DMHDDSUS staff will meet with SCFAC Gaps and Needs Committee beginning in July 2023 to discuss project including feasibility, timeline, and strategy. This will include a review of the previously developed “<i>Have YOU or Someone You LOVE Served in The Military Toolkit</i>” for potential use in this campaign http://challenge.ncgwg.org/wp. • DMHDDSUS staff will hold conversations with key stakeholders within DHHS to identify feasibility of campaign, potential actions steps, and potential implementation timelines as well as lessons learned from previous Campaign. 	



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<p>Recommendation 6 – Comprehensive Reporting Provide an Annual Statewide Comprehensive Gaps and Needs Report</p>	<p style="text-align: center;">Concur or Non-Concur <i>(circle)</i></p>
<p style="text-align: center;"><u>Explanation</u></p> <p>DHHS agrees that adequate, accessible, and high-quality networks of providers are fundamental to a strong public system that supports people with lived mental health, substance use, intellectual and developmental disability, and traumatic brain injury experience. Once Tailored Plans launch, Tailored Plans will share Network Access Plan data with DHHS. DMHDDSUS will provide that data to SCFAC on an annual basis after the start of Tailored Plans. The data that will be provided includes:</p> <ul style="list-style-type: none"> • Overview of each TP’s plan to offer an appropriate range of preventive, primary care, specialty BH I/DD, TBI, LTSS, and pharmacy services (as applicable) that is adequate for the anticipated number of Members for the Region/catchment area • Summary of TP’s description of how it will address Cultural and Linguistic Competency for specific populations, such as: <ul style="list-style-type: none"> ○ Members with TBIs, ○ Members with disabilities, ○ Members who are blind or visually impaired, ○ Members who are deaf or hard of hearing, ○ Members who are in the Armed Services. veterans and their families, ○ Pregnant women with SUD, ○ Members who identify themselves as LGBTQ, ○ Members who are in jails or prisons, ○ Youth in the juvenile justice system, ○ Justice-involved populations more broadly, ○ Historically Marginalized Populations • Summary of TP’s plan to identify, evaluate, and remedy problems relating to access, continuing care, and quality care. • Analysis of Service Adequacy Requirement including: <ul style="list-style-type: none"> ○ Service time/distance standards for select outpatient services and partial hospitalization 	

- Choice of provider for location-based services, community mobile, residential, employment, housing, NC Innovations, TBI waiver and 1915 (i) HCBS services
- Access to crisis and inpatient services access
- Service exception requests – requests made to DHHS when TP has a gap in service related to the service requirements

In addition, the Quality Management Team at DMHDDSUS can continue to bring data to SCFAC to help assess current service access and gaps including:

- Prevalence (% of population that has a particular condition) & Penetration (% of population that received a service)
- Consumer survey data related to service access
- Service trends by LME/MCO – including demographic utilization information
- LME/MCO performance measures related to service access
- Telehealth service utilization & consumer perceptions of telehealth

By September 1, 2023, DMHDDSUS will share a plan for sharing available data prior to Tailored Plan launch.



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

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK T. BENTON • Chief Deputy Secretary for Health
KELLY CROSBIE • Director

July 11, 2023

Dear Brandon, Bob and SCFAC Members,

I want to thank you for sharing your 2022-2023 Annual Report and Recommendations for 2024 with DHHS. I appreciate the incredible amount of work that went into its creation. Thank you for highlighting your particular concerns and also laying out thoughtful, achievable recommendations for the new year.

There is no more important voice in our public system today than the voice of people with lived mental health, substance use, intellectual and developmental disability, and traumatic brain injury (MH/SU/IDD/TBI) experience. I thank you for the time you take year-round to convene, meet, assess, advocate, and create thoughtful recommendations reflective of people throughout the state that participate in our public MH/SU/IDD/TBI system.

Please find attached the DMHDDSUS response to each of your recommendations using the requested template. I look forward to reviewing each recommendation and our responses at the SCFAC meeting tomorrow. And I look forward to demonstrating progress on these initiatives over the course of the year. I've greatly appreciated the partnership and spirit of collaboration that I've experienced with all of the State Consumer and Family Advisory Committee members since I began this role in December of 2022. It is my hope that together we will continue to shape a more responsive and person-centered public MH/SUD/IDD/TBI system.

Many thanks,

A handwritten signature in black ink, appearing to read "K Crosbie".

Kelly Crosbie, MSW, LCSW
Director, DMHDDSUS

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