

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

Division of Mental Health,  
Developmental Disabilities and  
Substance Use Services

# SCFAC Update

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Director of Strategy and Planning

NC DHHS Division of Mental Health,

Developmental Disabilities, and Substance Use Services

**June 12, 2024**

# Agenda

1. MH/SU/IDD/TBI System Announcements & Updates
2. DMHDDSUS' Strategic Plan
3. FY24: Accomplishments
4. Q&A

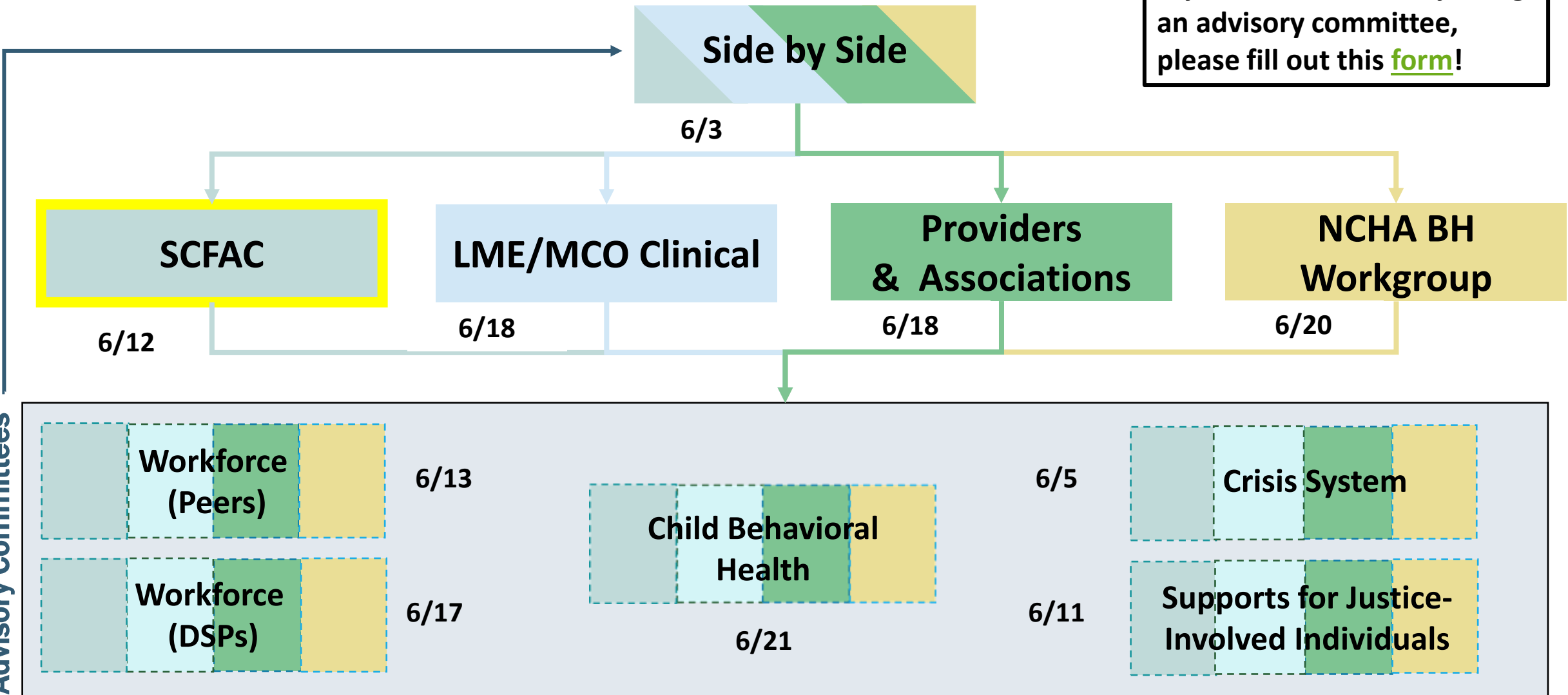
# MH/SU/IDD/TBI System Announcements & Updates



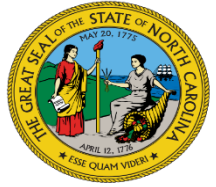
# June Community Collaboration

Topic: Supports for Justice-Involved Individuals

If you're interested in joining an advisory committee, please fill out this [form!](#)



Advisory Committees



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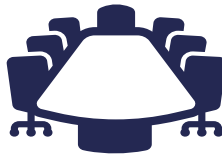
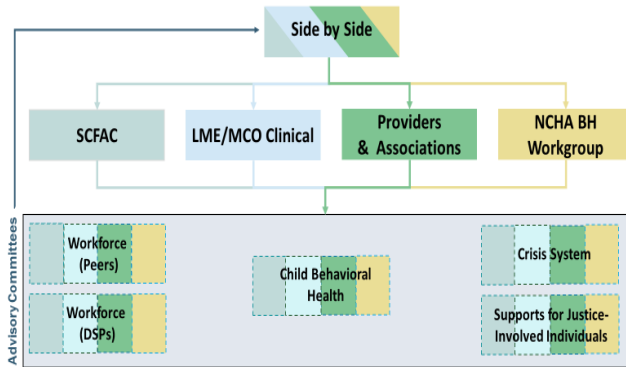
# Stay Connected with DMHDDSUS



- [Join our Side by Side Webinars](#)



## Community Collaboration



- [Join our Advisory Committees](#)



- [Join our Mailing List](#)



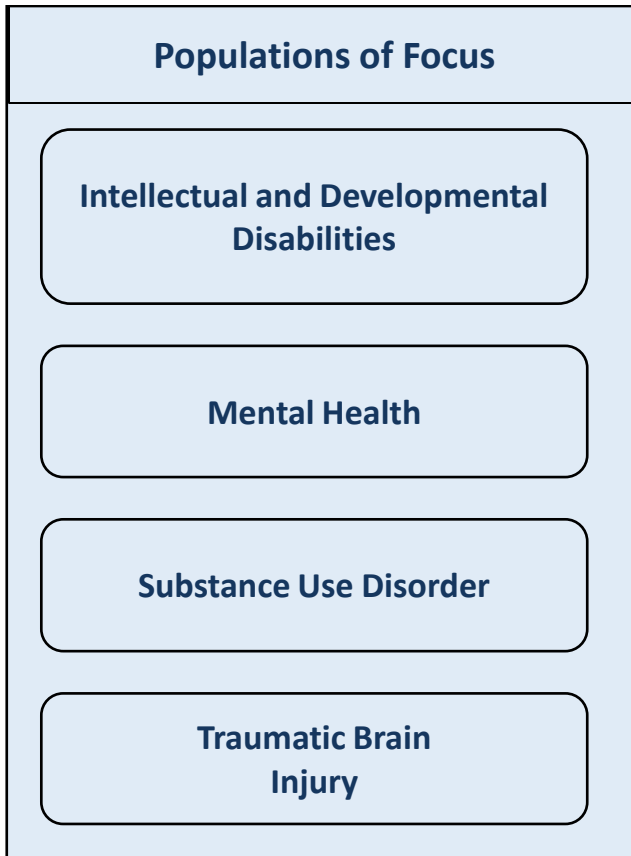
# DMHDDSUS' Strategic Plan

# DMHDDSUS' Mission, Vision, and Principles



Our Principles	
<b>Lived Experience.</b>	We value lived experience by listening to and advocating for individuals and families, championing the expertise of peers, promoting natural and community supports, and creating opportunities for meaningful partnership.
<b>Equity.</b>	We create policy that helps everyone get what they need to live healthy lives in their communities, with particular focus on improving access to services for historically marginalized populations.
<b>Inclusivity.</b>	We commit to ensuring that everyone who uses our systems feels welcomed, and our policies support the health and well-being of all North Carolinians, regardless of race, ethnicity, sex, gender identity and expression, sexual orientation, age, national origin, socioeconomic status, religion, ability, culture and experience.
<b>Quality.</b>	We promote the provision of high-quality, evidence-based services and supports that leverage the expertise and best-practices of our clinical partners.
<b>Trauma-Informed.</b>	We recognize the reality of trauma and promote a culture of kindness, understanding, and respect for every person.

# DMHDDSUS' Populations of Focus & Strategic Priorities





# The Strategic Plan in Action

The final release of the Strategic Plan will include initiatives that DMHDDSUS is working on, and measures used to show progress. The Division will publish a dashboard showing progress towards implementation in 2024.

Priority Area	Goal	Example Initiative	Example Measure
Expand Access to Quality I/DD and TBI Services	<b>2.1: Increase I/DD Services.</b>	Inclusion Connects, a cross-divisional initiative to connect individuals with I/DD and their families with community-based services to support their health and wellbeing	Number of individuals connected to community services for I/DD
Strengthen the Crisis System	<b>5.3: Increase Community Crisis Facility Use.</b>	DMHDDSUS is making investments to stand up new Behavioral Health Urgent Care centers and Facility Based Crisis centers across the state	Number of North Carolina residents within 30min driving time to a 24/7 crisis facility
Expand Services for Individuals in the Justice System	<b>6.2: Increase Successful Community Re-engagement.</b>	DMHDDSUS will invest in community reentry programs in counties that don't already have reentry services, which improve reentry services for the justice-involved population by delivering psychiatric and physical health care services along with connections to community supports	Number of counties with at least one reentry program

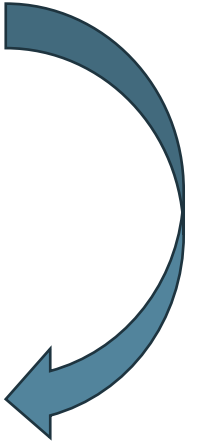
*This table includes a few illustrative examples. The final Strategic Plan will include goals, initiatives, and measures for six total priority areas.*

# Please share your feedback with us!

The Draft DMH/DD/SUS Strategic Plan for 2024-2029 was posted for public comment *today!*

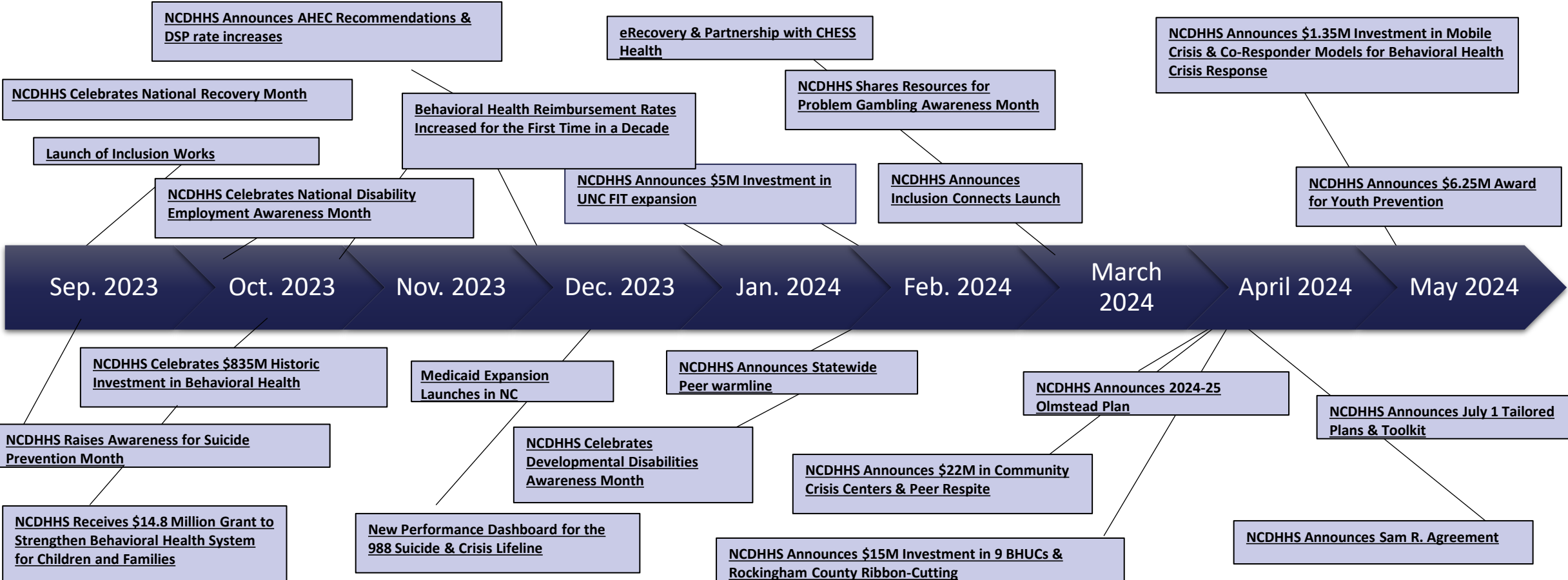
Use the QR code to read the plan and submit your feedback by **July 1, 2024.**

**SCAN ME!**



# FY 24: Accomplishments

# Increasing Awareness & Transparency of MH/SUD/IDD/TBI Services




# Promote Wellness & Recovery



## Goals to Promote Wellness & Recovery

- **Increase Treatment Initiation and Retention.** Make it easier for children, adolescents and adults of all ages – including individuals experiencing first episode psychosis – to access evidence-based services in a timely manner and stay in services for the recommended duration of treatment
- **Prevent Suicide.** Prevent suicide at all ages through evidence-based strategies and decreasing stigma connected to seeking care.
- **Improve Quality of Out-of-Home Interventions.** Invest in access along the continuum of care for children and improve the quality of out-of-home interventions.
- **Increase Caregiver Supports.** Promote services and supports for family members and caregivers.
- **Grow Recovery Supports.** Support the expansion of recovery supports and services, including employment and housing supports, for individuals with behavioral health disorders.

# Suicide Prevention



**Let's get through it together.**

**We care, we listen, we help.**

**Call, text or chat 988 – anytime.**


[988lifeline.org](http://988lifeline.org)

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**Let's get through it together.**

**We care, we listen, we help.**




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**988 SUICIDE & CRISIS LIFELINE**



**Peer Warmline**  
**1-855-Peers NC**  
Call someone who understands 24/7



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



**PRN** Promise Resource Network

[Click here](#) to access the 988 toolkit!

# Accessible Communications Campaign

Resources to help you prepare for Tailored Plans

- Essentials deck in [English](#) and [Spanish](#)
- One-page bilingual [flyer](#)
- Social media posts in [English](#) and [Spanish](#)
- Tailored Plan [landing page](#)
- Tailored Plans [communications toolkit](#)

More resources will be shared soon!

**Some people on  
NC Medicaid will get  
a new health plan  
called a Tailored Plan**



Mom and son smiling and holding a phone.

Tailored Plans cover services for physical care, prescription drugs, mental health, severe substance use, intellectual and developmental disability, and traumatic brain injury in one plan.

A letter will be mailed in mid-April to let you know if your Medicaid plan is going to become a Tailored Plan. This letter will tell you which Tailored Plan you are in. Your plan is assigned based on the county where you get your Medicaid benefits. The letter will also tell you how to pick a primary care provider (PCP).

**Pick a primary care provider (PCP) by calling your Tailored Plan.**

If you don't pick by May 15th, one will be assigned to you. This is the doctor you see when you feel sick, need a check-up, or for management of a chronic illness like diabetes. You can always change this doctor later.

The phone number for your Tailored Plan will be in your letter. The numbers for each Tailored Plan are:

- **Alliance Health:** 1-800-510-9132
- **Partners Health Management:** 1-888-235-4673
- **Trillium Health Resources:** 1-877-685-2415
- **Vaya Health:** 1-800-962-9003

You can also call the NC Medicaid Enrollment Broker for help at 1-833-870-5500 (TTY: 711 or [RelayNC.com](#))

Learn more about Tailored Plans at  
[medicaid.nc.gov/tailored-plans](https://medicaid.nc.gov/tailored-plans)

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04/2024



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# CBH Initial Investment: Trauma-Informed Environment of Care

*“Feeling physically, socially, or emotionally unsafe may cause extreme anxiety in a person who has experienced trauma, potentially causing re-traumatization. Therefore, creating a **safe environment** is fundamental to successfully engaging patients in their care.”*

## Key Ingredients for Trauma-Informed Care

### ORGANIZATIONAL



Lead and communicate about the transformation process



Engage patients in organizational planning



Train clinical as well as non-clinical staff members



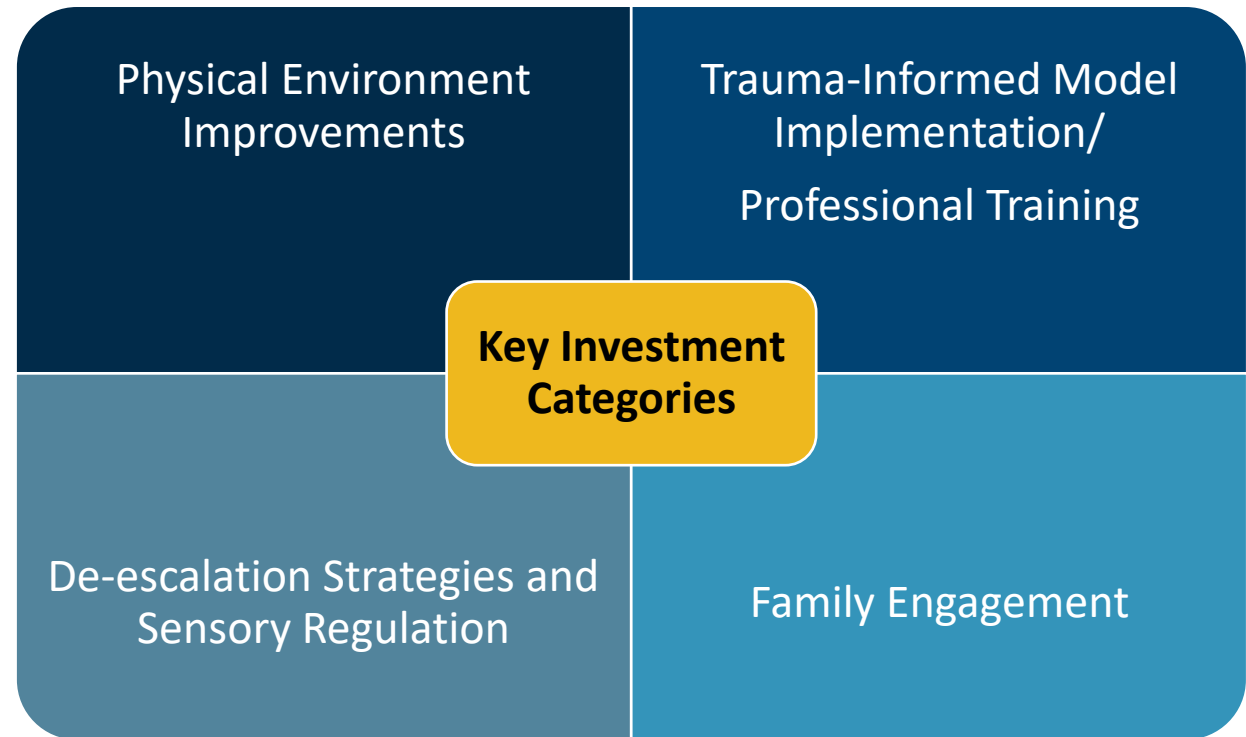
Create a safe physical and emotional environment



Prevent secondary traumatic stress in staff



Hire a trauma-informed workforce





# Strengthen the Crisis System



## Goals to Strengthen the Crisis System

- **Connect to Crisis Care.** Connect individuals to appropriate crisis services and facilitate seamless handoffs.
- **Increase Timely Mobile Crisis Care.** Ensure timely, quality crisis care in the community and connect individuals to the appropriate level of care.
- **Increase Community Crisis Facility Use.** Increase use of community-based behavioral health crisis facilities (e.g., BHUCs, FBCs) as an alternative to higher levels of care.
- **Decrease Inappropriate ED Stays.** Decrease inappropriate use of EDs for children, adolescents, and adults in crisis.

# The Statewide Peer Warmline Launched on 2/20!

- People are calling 988 looking for support and resources.
  - 40% of people are repeat callers
- The Peer Line is open 24/7/365
- People can call the Peer Warmline Directly OR 988 can do a warm transfer
- Peer Support Specialists are people living in recovery with a mental illness and/or substance use disorder
  - offer non-clinical support and resources to those who reach out
  - offer a unique perspective of shared experiences
- Read the press release [here!](#)



# Building a System from Crisis to Care

*NCDHHS is investing in behavioral health services that get people the right care, at the right time, in the right setting*

Launch of The Statewide Peer  
Warmline



\$1.5M Investment to Pilot  
Mobile Crisis and Crisis Co-  
Responder Services



\$15M Investment in 9 Behavioral  
Health Urgent Care Centers  
(BHUCs)



\$22 Million Investment in  
Community Crisis Centers and  
Peer Respite in Wake County



## Someone to Respond: Non-Law Enforcement Alternative Transportation Pilot



### What is it currently?

- Individuals who need transport between different levels of care will be transported by an unmarked vehicle by specially trained drivers

### Future Vision:

- Provide a trauma-informed, person-centered treatment that de-stigmatizes the receipt of behavioral health care

## Somewhere to go: BH Statewide Central Availability Navigator (BH SCAN)



### What is it currently?

- Bed Registry: captures data on open, operational, and licensed beds for psychiatric inpatients and facility-based crisis
- Allows for digital referrals to those facilities (in development)

### Future Vision:

- Bed registry has bed availability for inpatient, FBC, BHUC, PRTE, other residential levels of care, AND NEXT WEEK APPTS
- 988, Bed Registry, Mobile Crisis Deployment Management, and next day appts are connected





# Expand Services for Individuals in the Justice System

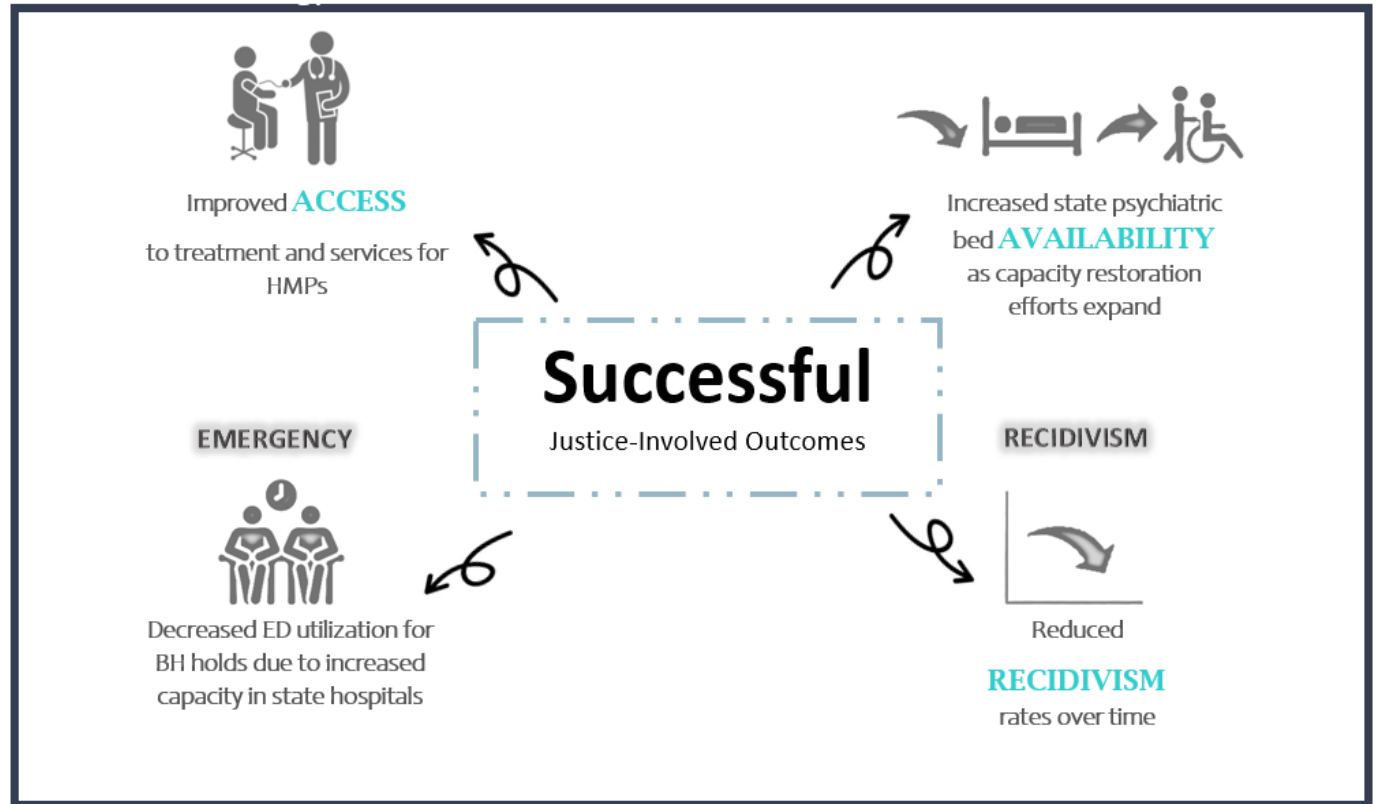


## Goals to Expand Services for Individuals in the Justice System

- **Increase Engagement in Deflection and Diversion Programs.** Increase linkages for people with mental health needs, SUD, I/DD or TBI to evidence-based care and services to provide an alternative to incarceration.
- **Increase Successful Community Re-engagement.** Ensure successful community reentry of justice-involved individuals with a broad range of needs.
- **Increase Use of Evidenced Based Programs for Justice Involved Youth.** Increase use of evidence-based programs and practices to support justice-involved youth.
- **Increase Access to Capacity Restoration.** Increase the capacity and use of detention-based and community-based capacity restoration pilots.

# Year 1 Investments: Re-Entry from Justice System to Community BH System

-  Expansion of Re-Entry Programs (includes housing and workforce investments)
-  Expansion of Capacity Restoration
-  Re-entry Transition Supports
-  Expansion of IDD/TBI Programs



# Year 1 Investments: Seamless Reentry from Prison



## North Carolina FIT Wellness

- *Integrated physical and behavioral healthcare with wraparound supports with in-reach and post-release services.*
- *Includes addition of new pilot sites in Orange, Durham, and New Hanover counties and expansion of the Wake County pilot program.*
- *Initiates a Psychiatric Residency program to conduct clinical rotations at each program site*
- *Investment will cover participant support costs and workforce expansion.*



### Program Data (as of December 2023):

- 98% enrollment rate.
- 62% of participants are Black/African American.
- 39% of participants have received housing assistance.
- 33% of participants have been connected to Medicaid.
- 22% of participants have received SUD treatment.



**Pathways and policies utilized for this program are informing the 1115 Re-entry Waiver and Reentry2030 strategies.**



**Key Outcome:**  
Increases access to medication in the first two weeks post-release.

# Year 1 Investments: Supporting Justice-Involved Individuals in Jails and Prisons



## Capacity Restoration Expansion

- *Expands the Detention Center Capacity Restoration Program (DCCRP) in Mecklenburg to 25 beds. Mecklenburg will accept individuals from surrounding counties*
- *Opens new detention-based programs in Wake and Pitt.*



Mecklenburg DCCRP has been operational since December 2022.

- **32 Incapable to Proceed (ITP) defendants** participated in year one, and **80%** were restored.
- Average restoration time was **45 days** at a cost of **\$400 per day**, which is **four times faster at 1/5 of the cost of hospitalization.**



Wake County DCCRP will launch in summer 2024 and serve **10 participants.**



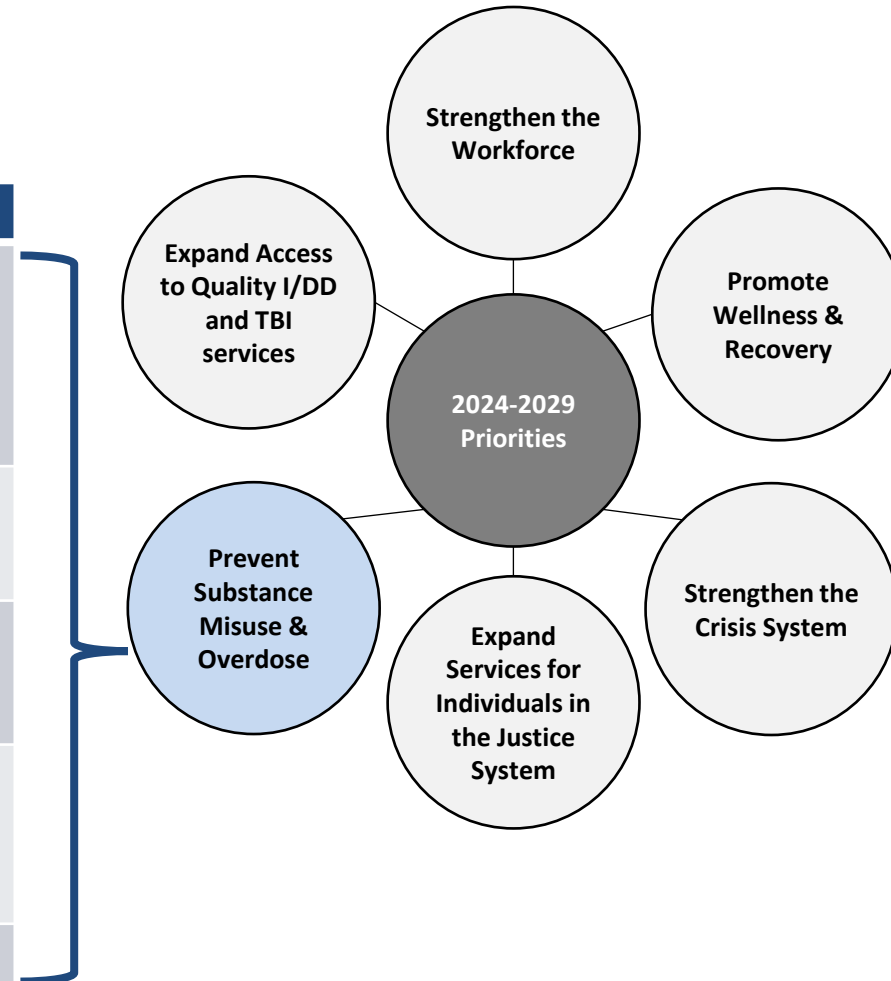
Pitt County DCCRP will launch in fall 2024 and serve **10 participants.** The program model will include **out-of-county participants.**



# Prevent Substance Misuse & Overdose

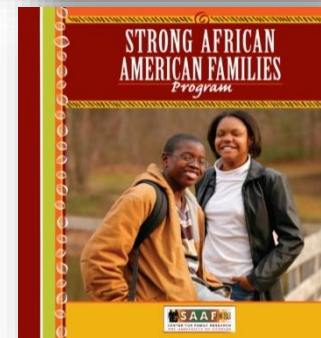
## Goals to Prevent Substance Misuse & Overdose

- **Increase Primary Prevention Engagement.** Delay initial substance exposure or use and deter access to substances that can be misused by children and adolescents and use harm reduction strategies to prevent escalation and misuse in young adults.
- **Increase Public Awareness of SUD.** Raise public awareness on substance misuse and accessibility of services and supports.
- **Increase Access to Evidence Based SUD Treatment.** Increase timely access to evidence-based SUD treatment services.
- **Increase Access to SUD Services.** Increase access to SUD treatment services in geographic areas and populations with low penetration rates relative to need.
- **Reduce Overdose Deaths.** Prevent deaths due to overdose.

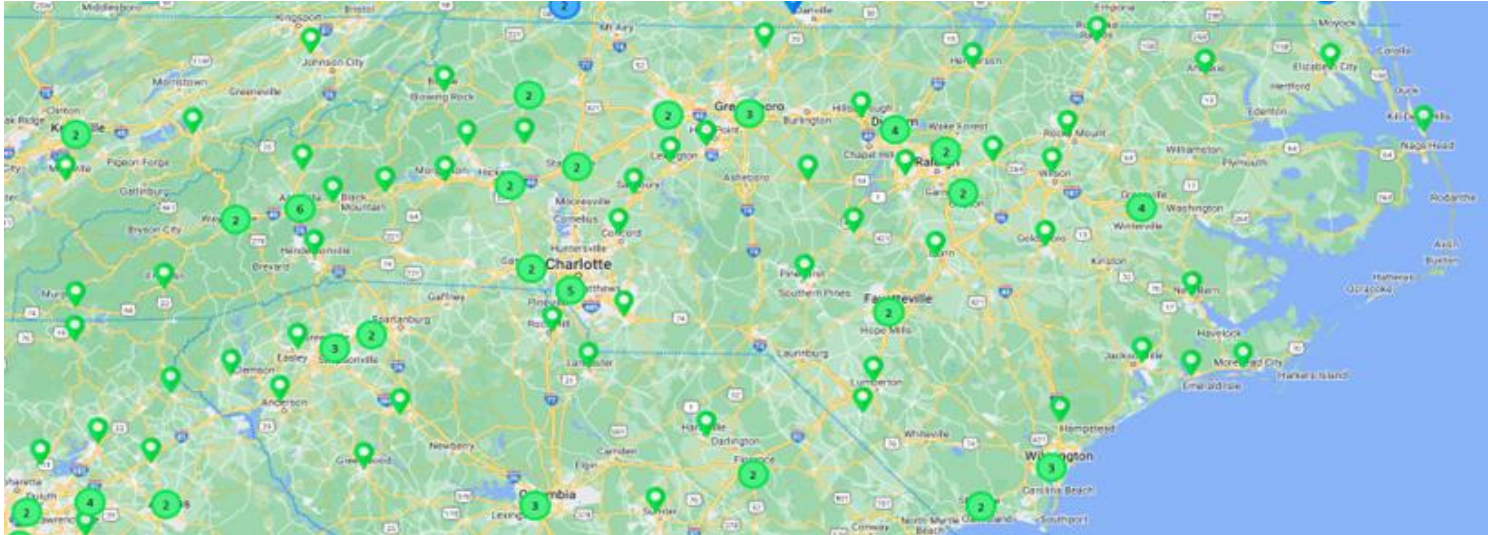


# Core Prevention Strategies

- **Prevention Education:** evidence-based programs
- **Community-based Processes:** ongoing collaborative initiatives with statewide and community ATOD prevention groups and coalitions
- **Synar:** reduce retail tobacco access to minors
- **Prevention Block Grant:** 20% of our total Substance Use Federal Block Grant. Total grant is about \$45m/year



# SUD Initiatives: Medications for Opioid Use Disorder



**There are currently 84 Opioid Treatment Programs across the state.**

- Currently over 21,600 individuals enrolled and receiving methadone, buprenorphine products or naltrexone
- Approximately 30,000 individuals receive treatment services through an OTP annually
- As of January 2023, ~ 22% of NC OTP participants had Medicaid
- **2025: Roll out Mobile OTP**
- **2025: Expand OBOT**

# SUD Initiatives: Collegiate Recovery Programs

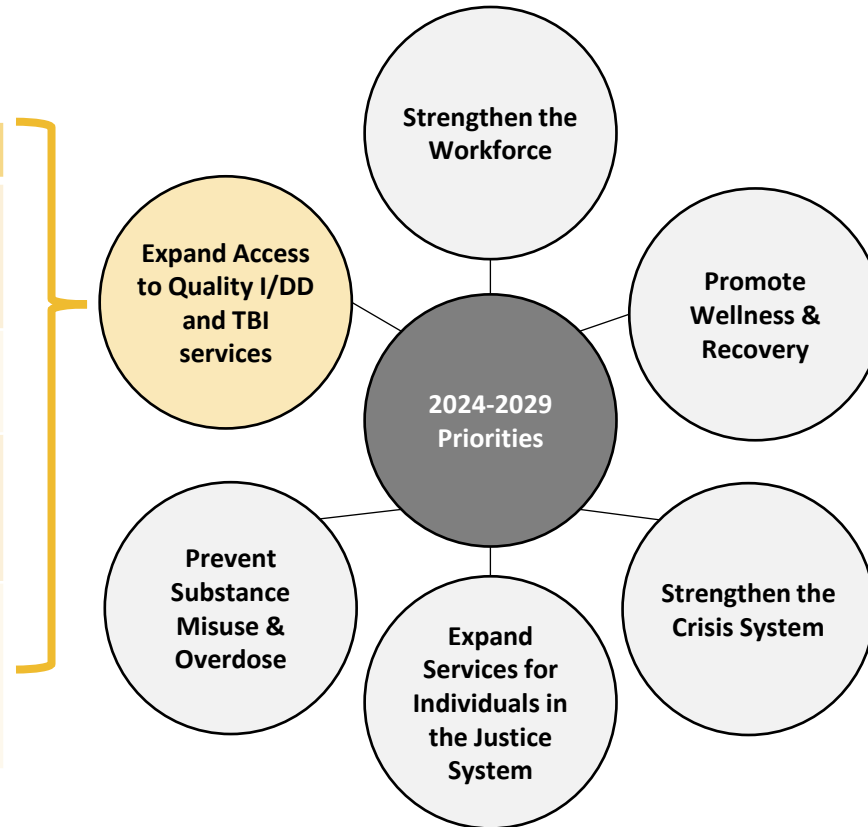


- Provide alternatives and opportunities for students to truly have that college experience while supporting their recovery and desire not to use substances
- NC DHHS first began funding 6 schools in 2015, this number has grown to **18**, including 5 HBCUs and 2 minority Serving institutions (including UNC Pembroke)
- **18** schools are supported with funds from the SUPTRS block grant with a total annual budget of over \$3m
- NC leads the nation in supporting its students who are in or seeking recovery with a total of **30** programs across the state

# Expand Access to Quality I/DD and TBI Services

## Goals to Expand Access to Quality I/DD and TBI services

- **Increase I/DD Services.** Increase the number of people with I/DD receiving high-quality services in their homes and communities.
- **Increase TBI Services.** Increase the number of people with TBI receiving high-quality services.
- **Increase Employment.** Among individuals with an I/DD or TBI choosing to be employed, increase the number of people who maintain employment.
- **Increase Independent Housing.** Increase the number of people with an I/DD or TBI who are in and maintain independent housing.



# In September 2023, NCDHHS Launched Inclusion Works

because everyone has a right to work in an integrated setting for fair pay if that is their choice.

**Inclusion Works** offers the following services to help individuals with I/DD find and maintain jobs in the community:

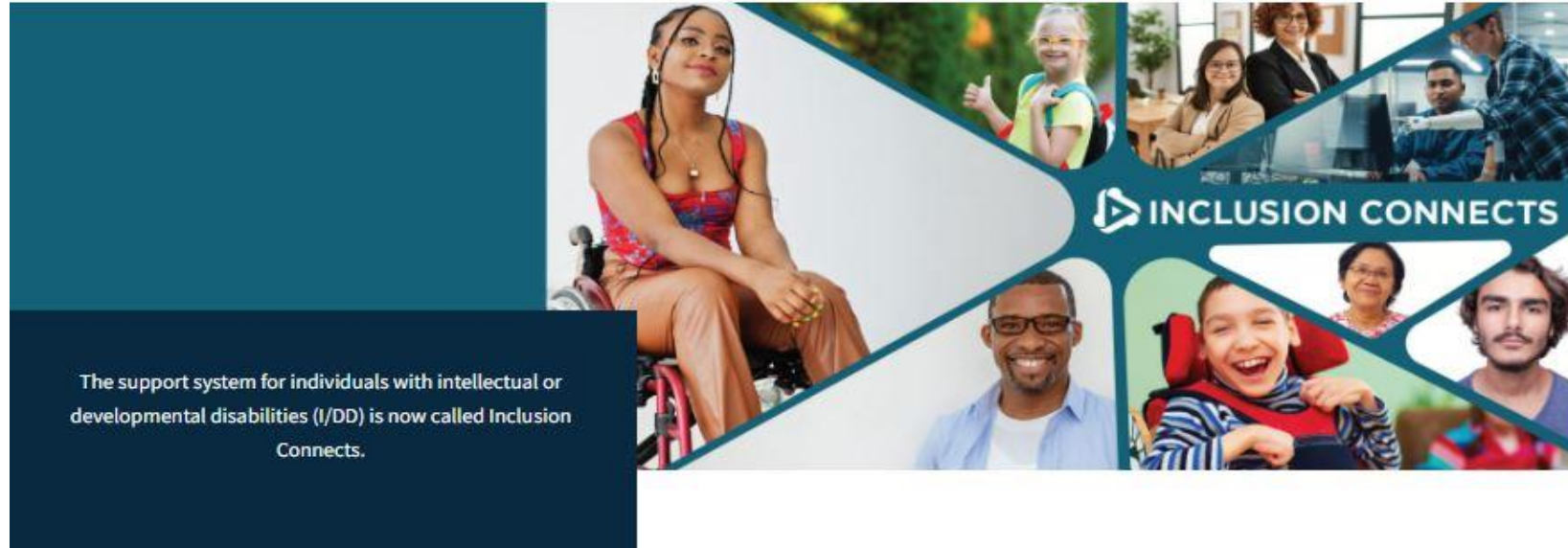
- Division of Vocational Rehab:
  - Career Counseling
  - Employment Assessments and Career Planning
  - Pre-Employment Transition Services
  - Job Training
  - Internships
- Supported Employment services (both Medicaid and State-funded)
- Additional services intended to lead to CIE that make up meaningful day
- Stay connected to learn about the 1915i Supported Employment options, new opportunities for community engagement, and Provider Innovation Training



To read the NCDHHS press release on Inclusion Works, click [here](#)

# Inclusion Connects Launched on 3/14!

NCDHHS initiative providing resources for connecting individuals with I/DD to services and supports available to live, work and play in their chosen communities.



Click [here](#) to visit the Inclusion Connects website and click [here](#) to read the [press release](#)

**Inclusion Connects** focuses on:

- Promoting **access to services** for all individuals in need of services, including those on the Innovations Waiver Waitlist.
- Addressing the **Direct Support Professional (DSP) Workforce** Shortage, including connecting DSPs with providers and individuals with I/DD.
- Improving access and enhancing the **housing** array for individuals with I/DD.

# Samantha R. Consent Order

The Consent Order is the result of an agreement between the parties to the lawsuit. The Consent Order sets clear goals to improve support for individuals with I/DD.



**In-Reach Expansion:** Institute and/or expand, through the LME/MCOs, In-Reach efforts to identify people with I/DD who wish to transition to the community and provide the services and supports needed to effectuate those transitions.



**1915(i) Services Provision:** Ensure timely assessment for and provision of 1915i services for people with I/DD to address some of the unmet needs reflected in the Innovations Waiver waiting list.



**LME/MCO Standards:** Implement and enforce standards for LME/MCOs to ensure that people with I/DD receive more authorized services.



**DSP Workforce Strategy:** Develop and enact a comprehensive DSP strategy that helps grow and maintain a more robust DSP workforce.



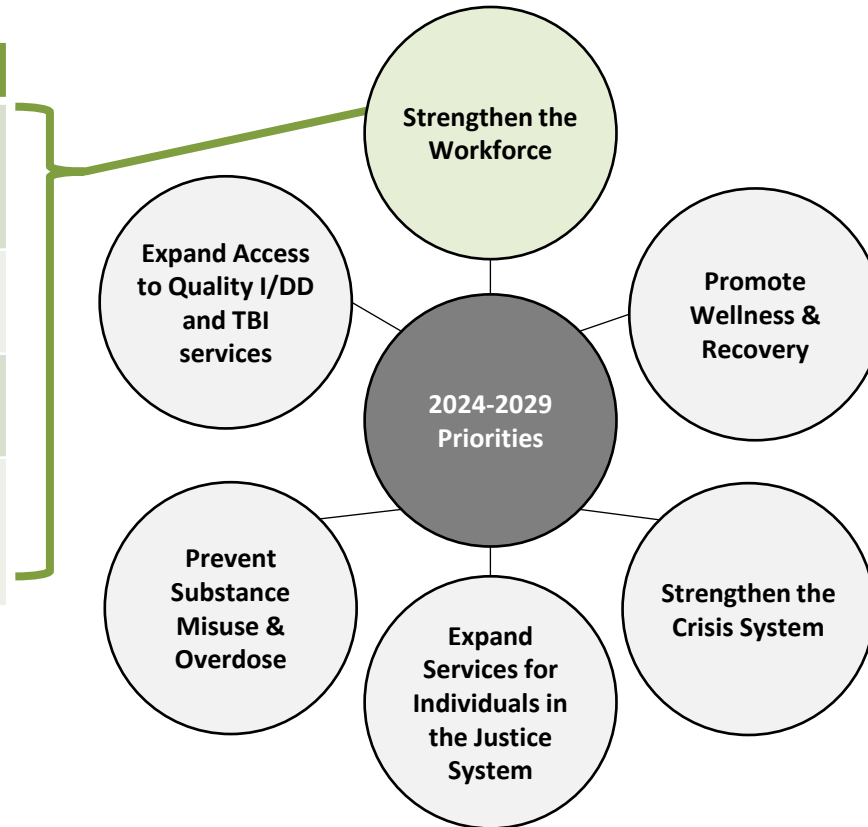
**Data and Reporting:** Provide regular data and information that will enable the parties and the Court to assess progress and determine what, if any, additional measures may be needed to address the Court's findings regarding the deficits in the I/DD system



# Strengthen the Workforce

## Goals to Strengthen the Workforce

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



# Investments to Strengthen the Behavioral Health & I/DD Workforce

01



Training program for Direct Service Professionals (DSP) with paid apprenticeships and rates tied to career advancement

02



Statewide Peer Support Certification

Job supports and incentives for Peers and employers.

03



Standardize and professionalize training for the unlicensed workforce (Qualified Professionals, APs)

04



Loan forgiveness, residencies, longevity bonuses for licensed professionals (i.e. Social workers, Psychologists)

05



Behavioral Health Rate Increases

# BH Reimbursement Rate Increases

Link: [Behavioral Health Reimbursement Rates Increased for the First Time in a Decade](#)



- The rate increases represent an approximate ~20% increase in overall Medicaid funding for behavioral health across all impacted services
- Rate increases should:
  - Recruit more BH providers into the public BH system
  - Improve access to inpatient psychiatric care in community hospitals
  - Invest in recovery-oriented services in the community

# NC Medicaid Innovations Waiver Provider Rate Increase

- The NC General Assembly appropriated **\$176 million** in state and federal recurring funding to raise NC Medicaid Innovations waiver services rates for DSPs.
- Services with an increase:
  - Residential Supports
  - Supported Employment
  - Respite Care
  - Community Living and Supports
  - Day Supports
  - Supported Living



[Link: Innovations Rate Increases for DSPs](#)

# DSP Workforce Plan Overview

A comprehensive, multi-year strategy to address the critical shortage of DSPs in North Carolina, enhancing service quality, and availability for individuals with Intellectual/Developmental Disabilities (I/DD).

## Key Components:

- 1. Plan Development:** Guided by the Behavioral Health Investment Funds from the General Assembly and the Samantha R. Consent Order.
- 2. Focus Areas:** Improved DSP retention, strategic recruitment, and enhanced training programs.
- 3. Stakeholder Engagement:** Incorporates feedback from individuals with disabilities, family members, community partners, and DSPs.
  - a) The Workplan was shared with the DSP Advisory Committee, and it will be posted on the Inclusion Connects webpage for community feedback soon.



**Will be posted for public comment soon!**

# Q&A



Questions and feedback are welcome at  
[BHIDD.HelpCenter@dhhs.nc.gov](mailto:BHIDD.HelpCenter@dhhs.nc.gov).

State CFAC – Annual Report  
Update  
June 12, 2024

SCFAC  
Deliverables

Area	Deliverable	SCFAC Due Date	Progress
Veterans	Continue to participate in Governor's Working Group	December 31, 2023	In-Progress
Veterans	Plan of Action developed for "Ask the Question" campaign	October 1, 2023	In-Progress
Veterans	Continued elevation of NC Serves. Continued conversation about needs of veterans/military/families and promote innovative and specialized treatment and resources that support the population.	December 31, 2023	In-Progress
Communications	Present Accessible Communications Plan	December 31, 2023	In-Progress
Reporting	Provide data to SCFAC on an annual basis after the start of Tailored Plan	TBD	In-Progress
Reporting	Develop and share plan for providing data to SCFAC prior to Tailored Plan launch	September 1, 2023	In-Progress





SCFAC  
Deliverables

Area	Deliverable	SCFAC Due Date	Progress
IDD	Advocate for additional Innovations slots	Ongoing	In-Progress
IDD	Develop and share comprehensive plan to address issues identified by Annual Report	November 29, 2023	In-Progress
Peer Support	Contract with Manatt to conduct a comprehensive review of NC CPSS Program	July through December 2023	Completed
Peer Support	Develop funding plan for FY 23 and FY 24 Peer Support initiatives that either maintains or exceeds current funding levels	September 1, 2023	In-Progress
Peer Support	Increase funding for Peer Support Services in successive years	FY24 and FY25	In-Progress
Peer Support	Re-open yearly application status for certification course	August 1, 2023	Completed

Veterans

**SCFAC Ask:** Develop a feasibility study about taking measures to advance the "Ask the Questions" campaign.

**DMH/DD/SUS Response:** Develop a committee and report to the SCFAC their findings.

# Ask the Question Campaign Update

- Completed an allocation through Alliance Health effective April 17, 2024, to contract with AVISO to implement the "Ask the Question" Campaign.
  - Will serve in Alliance's seven counties for the remainder of this current fiscal year.
  - Plans to consider statewide implementation in the 24-25 fiscal year.
-

— Coming Soon!

# Ask the Question!

Have You or Someone You Love Served in the Military?

Alliance Health & Aviso are partnering on this pilot program to improve access to and quality of services for veterans, former service members, and their families.

Sponsored by:



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



NC DEPARTMENT OF  
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**SCFAC Ask:** Continue to elevate and support NC Serves through funding, promotion, and integration of NC Care 360. Continue to participate in the NC Governor's Working Group for Veterans.

**DMH/DD/SUS Response:** Promote innovate and specialized treatment and resources that support the population. Continue to participate in Workgroup during monthly meetings.

# Working Group & Veterans Liaison

## **NC Governors Working Group for Veterans:**

- Deputy Director continues to serve as Vice Chair and provides DHHS updates at monthly meetings
- Veterans Liaison will serve on Workgroup Committees once the position is filled

## **DMH/DD/SUS Veterans Liaison**

- Position is in the final stages of HR Approval so that position can be offered to a candidate

# Accessible Communications



**SCFAC Ask:** Create and implement a robust, accessible, and testable communications strategy that addresses language barriers across the continuum when providing information to consumers and to providers.

**DMH/DD/SUS Response:** Develop a plan for providing and implementing an Accessible Communications Campaign including clear, concise, and accessible messaging for the individuals and communities we support.

# Project Overview



## OBJECTIVE

DMHDDSUS is embarking on a long-term effort to provide people with traumatic brain injury, serious mental illness and/or intellectual or developmental disabilities with **materials and information to help them better understand the programs and policies that affect their lives.**



## GOALS

- 1. Develop consumer-facing educational and training campaigns:** intended to promote better awareness of key programs and services that reach target audiences.
- 2. Improve specific materials:** so that they are more communicative and accessible for the target audience
- 3. Raise awareness about critical services.**

# Accessible Communications Campaign Updates

Initial focus for accessible language materials is on **Tailored Plans launch, Tailored Care Management, and 1915(I) services.**

## Tailored Plan Essentials Deck

### What is a Tailored Plan?

Tailored Plans are a new kind of NC Medicaid health plan. They cover your mental health, substance use, I/DD, traumatic brain injury services (or behavioral health services) and prescriptions in one plan.

If you get Medicaid services for these needs, your Medicaid may be moved to a Tailored Plan.

Tailored Plans include services for people with more intense needs, including people with:

Severe Mental Health Disorders

Substance Use Disorders

Intellectual/Developmental Disabilities


Traumatic Brain Injuries

### How will I know which Tailored Plan I am in?

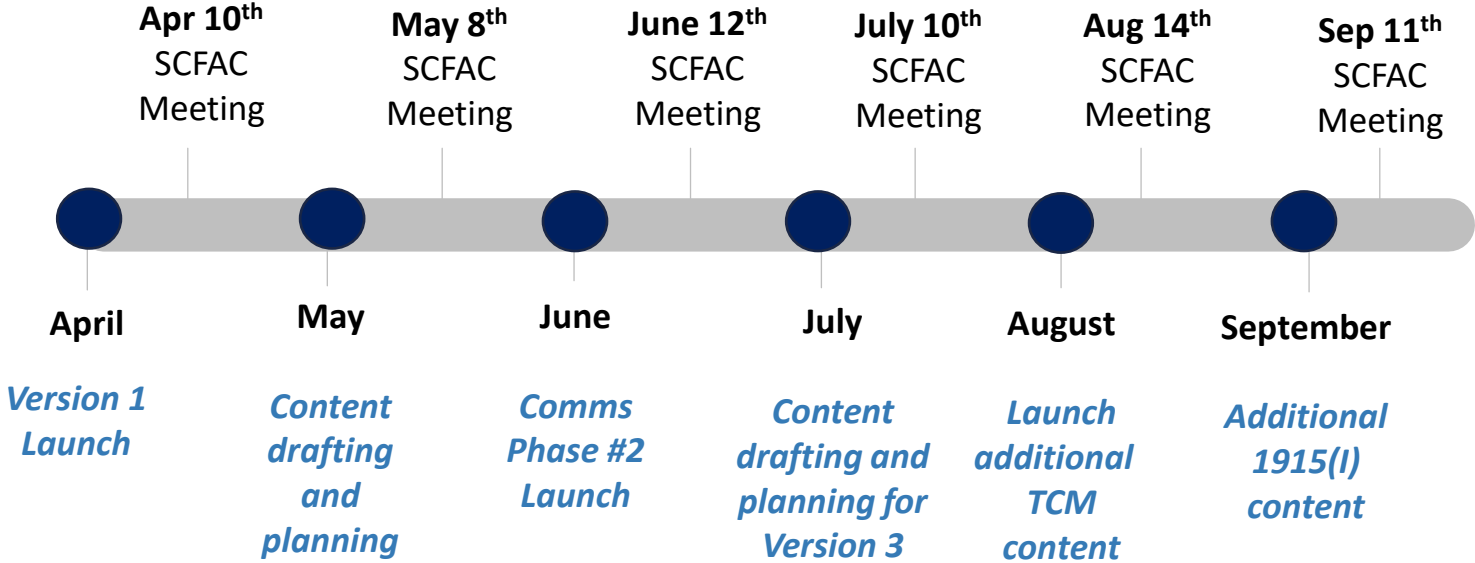
You will get a letter at the end of April. It will tell you which Tailored Plan you are in. Your plan is assigned based on the county where you get your Medicaid benefits.

### There is only one Tailored Plan per county

Your assigned Tailored Plan is based on the county that manages your Medicaid benefits. You cannot choose a different Tailored Plan.



**Next steps:** Creating and reviewing additional Toolkit materials & website updates for Comms Phase #2 launching TODAY, June 12!



# Accessible Communications Campaign Updates

Initial bilingual accessible resources were launched on April 10

Communications Phase #1 resources included:

- ✓ Essentials deck in [English](#) and [Spanish](#)
- ✓ One-page bilingual [flyer](#)
- ✓ Social media posts in [English](#) and [Spanish](#)
- ✓ Tailored Plan [landing page](#)
- ✓ Tailored Plans [communications toolkit](#)

## Bilingual Toolkit Available for Download

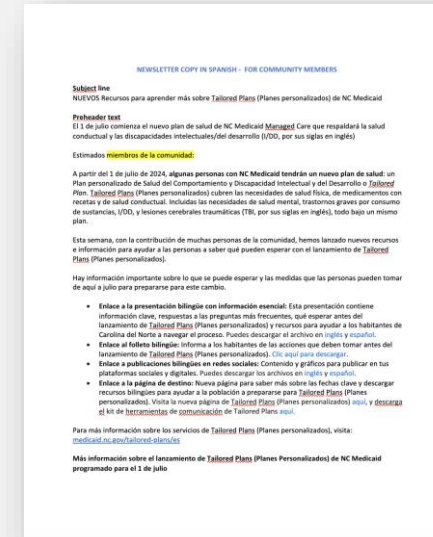
Essentials Presentation



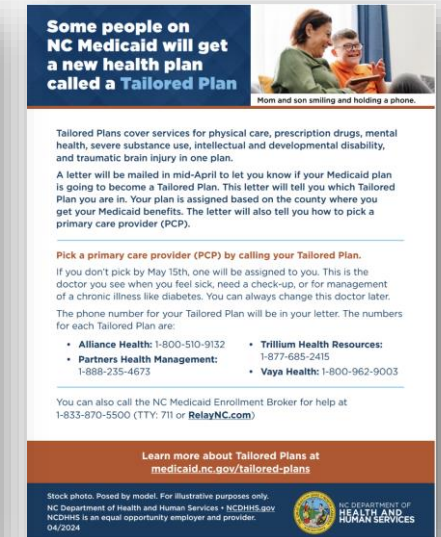
Social Media Posts & Graphics



Email Templates



Flyer



Learn more about Tailored Plans at [medicaid.nc.gov/tailored-plans](https://medicaid.nc.gov/tailored-plans)

Stock photo. Posed by model. For illustrative purposes only.  
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04/2024

# SCFAC Input

There are opportunities to participate and provide input monthly. Thank you for your participation!

TIMING AND DESCRIPTION OF ACTIVITIES	
January 2024	<ul style="list-style-type: none"><li>• Scan of existing research and program materials</li><li>• Identify research interviewees</li><li>• Draft interview invitation &amp; guide</li><li>• Invite interviewees</li></ul>
February 2024	<ul style="list-style-type: none"><li>• Online focus group input gathering during Feb. 7<sup>th</sup> SCFAC Meeting</li><li>• Conduct 10-12 interviews</li><li>• Initiate exploratory research</li></ul>
March 2024	<ul style="list-style-type: none"><li>• March 5 - March 7th: Website User testing</li><li>• March 11: Access Comms SCFAC presentation</li><li>• March 13: Essentials feedback session with SCFAC</li></ul>
April 2024	<ul style="list-style-type: none"><li>• April 23rd – April 25th: Website user testing</li><li>• Neimand provided initial resources available for download during the April 10 SCFAC meeting</li></ul>
May 2024	<ul style="list-style-type: none"><li>• May 13th – May 15th: Flyer user testing</li><li>• Neimand shared preview of new content during the May 8 SCFAC meeting.</li></ul>
June 2024	<ul style="list-style-type: none"><li>• Week of June 10th: TCM website &amp; flyer user testing</li><li>• SCFAC meeting on June 12 to promote the launch of new resources.</li></ul>

## Research Focus:

The project consists of the following:

- Existing research and program materials review
- Interviews
- SCFAC Input
- Exploratory research

# Toolkit: New Tailored Plan Materials Launch TODAY, June 12!

The toolkit will be updated with new materials to promote Tailored Plan launch and 1915(I) services:

- ✓ Bilingual: All items will be available in English and Spanish.
- ✓ Accessible: with improved readability on both text and visuals.
- ✓ User tested: Each item has been tested among the target demographic (SUD, SMI, TBI and I/DD members).

[Medicaid.nc.gov/Tailored-Plans/Toolkit](https://www.Medicaid.nc.gov/Tailored-Plans/Toolkit)



## Additional Bilingual Toolkit Materials Available for Download In Mid-June

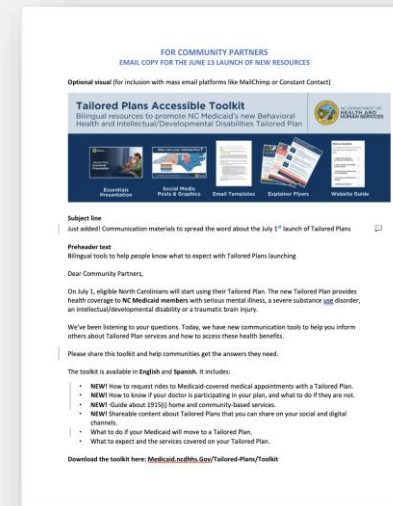
Essentials Presentation Updated Dates/Services



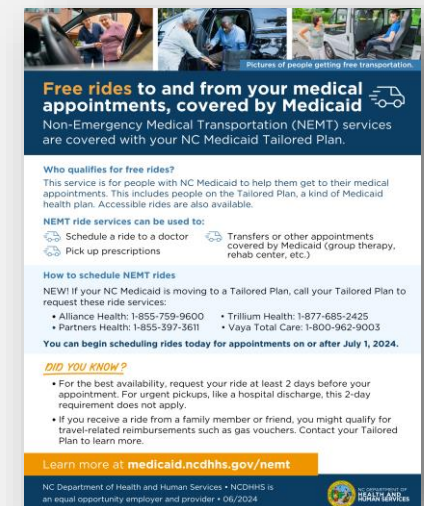
New! Social Media Posts & Graphics



New! Email templates for members and partners to download the toolkit



New! One-Page Flyers NEMT, provider coverage and 1915(I) services



# Website: New Tailored Plan Pages Going Live TODAY, June 12!

New website content will also go live during the June 12 launch of new bilingual resources.

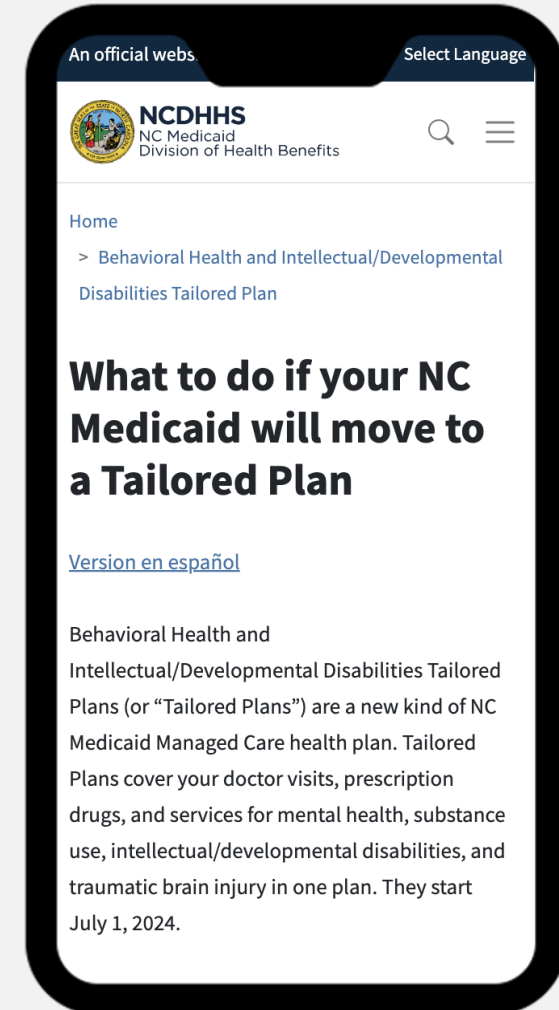
## New pages going live are:

- ✓ NEMT page
- ✓ 1915(I) page
- ✓ Provider coverage and flexibilities updates
- ✓ Tailored Care Management landing page

[Medicaid.ncdhhs.gov/tailored-plans](https://www.Medicaid.ncdhhs.gov/tailored-plans)



## New! Explainer pages for Tailored Plan services.



# Share Your Feedback!

Share your input to help us determine what we develop during the next communication phase!

[bit.ly/TailoredPlansSurvey](https://bit.ly/TailoredPlansSurvey)



## Priority Communications Survey



*Scan me*



# Comprehensive Reporting

**SCFAC Ask:** Provide an annual statewide gaps and needs report.

**DMH/DD/SUS Response:** Develop and share plan for providing data prior to Tailored Plan launch.

# Provide Annual Statewide Comprehensive Gaps and Needs Report

- Network analysis will be submitted to the State post Tailored Plan Go Live. Leading up to Tailored Plan Go Live the DMH/DHB network team is meeting regularly with the plans and monitoring service contracting and service access.
- In an effort to bring information to SCFAC about service access & consumer perceptions of service access prior to the network analysis being available. The DMH Quality Team has information available on our public web-page:
  - NC treatment Outcomes & Program Performance Data -[NC-TOPPS](#)
  - Prevalence & Penetration [Standard Data Points](#)
  - DMH Service trends by LME/MCO [Standard Data Points](#)
  - LME/MCO performance measures related to service access [DMH Reports Page: LME-MCO Performance Measures & Reports: DMHDDSUS Service Utilization Dashboard](#)
  - Consumer surveys [MH & SU Survey Perceptions of Care](#) & [IDD Survey National Core Indicators](#)

IDD

**SCFAC Ask**: Advocate for additional Innovations slots. Develop a comprehensive plan to address needs in annual report.

**DMH/DD/SUS Response**: Develop and share a comprehensive plan to meet the needs of individuals on the Innovation Waiver Waitlist (formerly the registry of unmet needs).



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Home > Department Initiatives

## Inclusion Connects

A large graphic banner for "Inclusion Connects". It features a central teal play button icon with the text "INCLUSION CONNECTS" to its right. The banner is composed of several overlapping images: a woman in a wheelchair, a young girl giving a thumbs up, a group of people in an office, a man in a wheelchair, a man with glasses, a woman, and a man. The background is a mix of teal and white geometric shapes.

The support system for individuals with intellectual or developmental disabilities (I/DD) is now called Inclusion Connects.



The Department created a detailed implementation plan with a goal to promote access to services for all individuals in need of services, including those on the Innovations Waiver Waitlist.



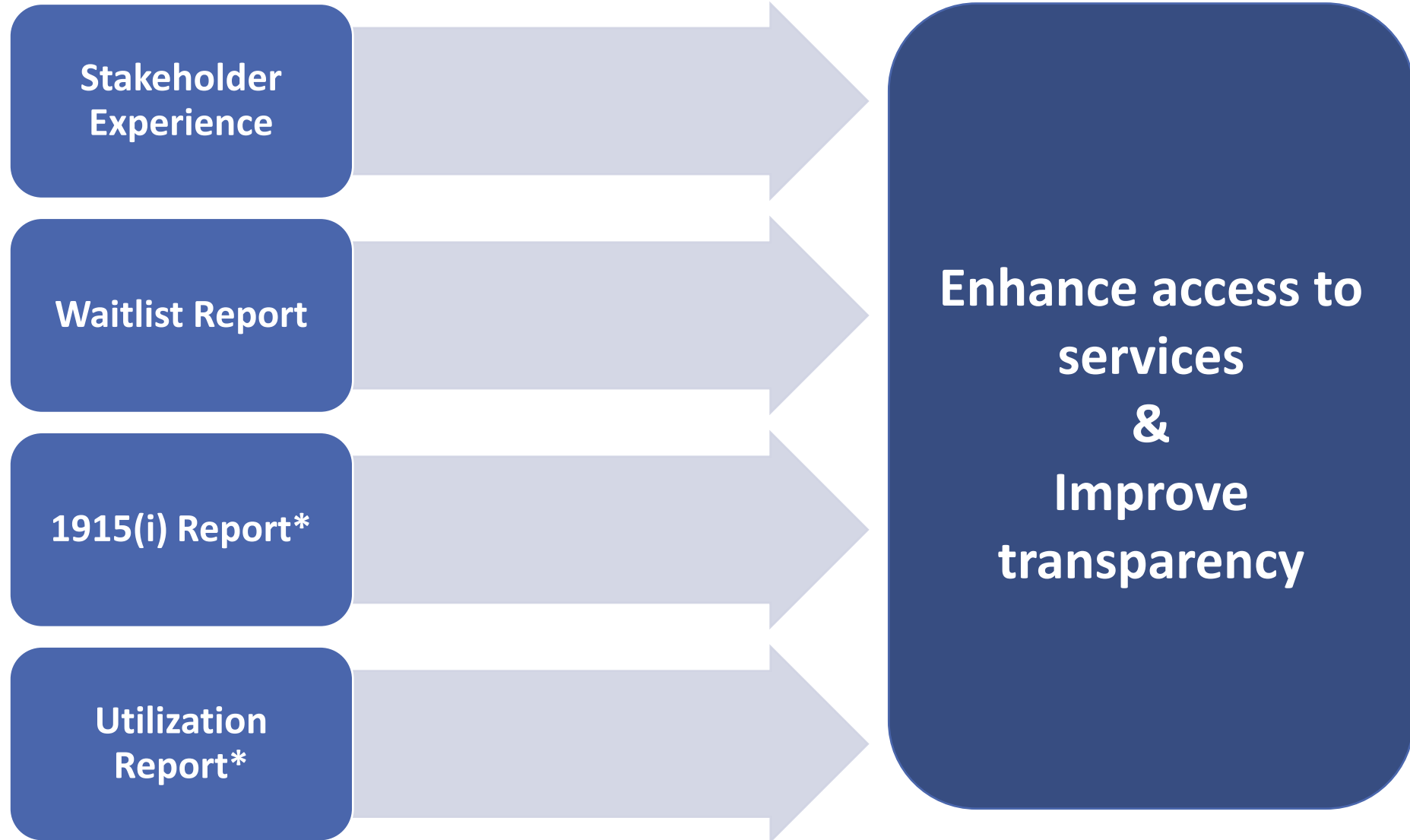
### Current Focus Areas

- Improving Data Quality for existing reporting
- Understanding current LME/MCO Waitlist Management Processes
- Understanding the current scope of needs for Individuals on the Waitlist
- Monitoring the transitions of all eligible individuals with open authorizations for 1915(b)(3) services to 1915(i)

### Target Outcomes

- Use Data to Ensure Individuals are receiving appropriate services
- Standardize LME/MCOs Waitlist Management Processes
- Increase the Number of Individuals on the Waitlist receiving 1915(i) services
- \*\*Create a Plain-Language Messaging Campaign for Potential Beneficiaries of the 1915(i) Service
- Individuals with I/DD with open authorizations for (b)(3) services transitioned to 1915(i) services by 6/30/2024

# Inclusion Connects Advisory Committee (ICAC)





The Department is creating a comprehensive, multi-year strategy to address the critical shortage of DSPs in North Carolina, enhancing service quality, and availability for I/DD.



### Current Focus Areas

- Drafting a DSP Workforce Plan including specific interventions
- Community College Recruitment and Training Pilot Program:
  1. Awareness and Recruitment
  2. Core Competency
  3. DSP Certificate Program
- DSP Directory Program
- Recruitment and Retention Grants

### Target Outcomes

- Increased Community Living Support (CLS) utilization rate\*
- Decreased wait time for services due to DSP availability
- Decreased DSP turnover
- Reduced DSP Onboarding time

\* An increase in CLS utilization rate is correlated to increased access to DSPs

# IDD & TBI

**SCFAC Ask:** Add extended State Plan Allied Health Services to the Innovation Waiver.

**DMH/DD/SUS Response:** Complete a comprehensive analysis of individuals on Innovations and the Waitlist receiving allied health services.

# Analysis Status Update

- DMHDDSUS and DHB have partnered with Quality Management to define parameters and pull data.
- Defined “allied health” as
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy

# Peer Support Services

**SCFAC Ask:** Increase capacity in community-based peer support services and conduct a comprehensive review of the NC CPSS Program.

**DMH/DD/SUS Response:** Contract with Manatt to conduct a comprehensive review of Peer Support Services throughout North Carolina.

# Guiding Principles for the Future of Peer Supports

These guiding principles are our targets throughout the implementation process for the future of Peer Support, in all settings and roles.

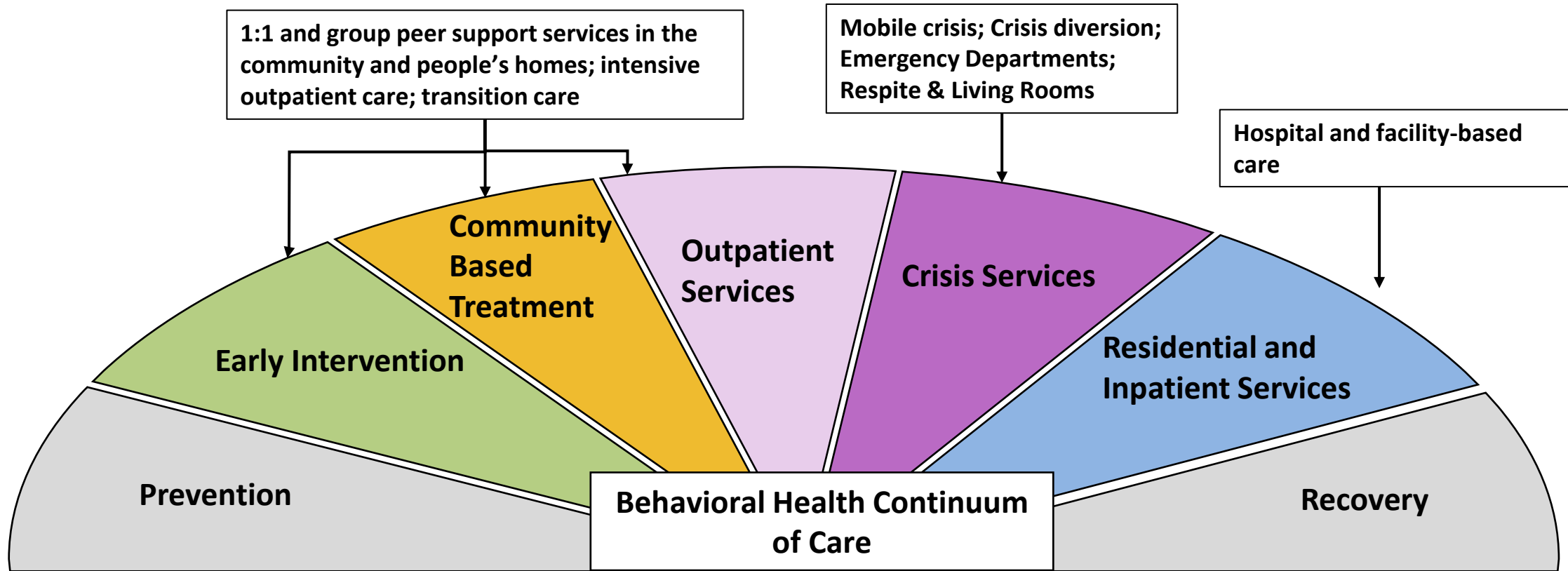
DMH/DD/SUS believes peer supports should:

- **Be accessible:** Be affordable and attainable, and available to all communities across the state
- **Be valued, respected, and supported:** Peers have valuable expertise, their voices should be respected and amplified by team members and policymakers.
- **Be well-defined, person-centered, and non-clinical:** Peers should have a clear role in the provision of whole person-centered care and able to provide an individualized and high-quality service
- **Represent all North Carolina communities:** Peer supports and training should be inclusive and available to all communities in a culturally competent way
- **Have a career path:** Peer support specialists should be able to grow in their career without leaving the field of peer support and able to elevate to supervisor roles
- **Be appropriately funded:** Peers should be paid a living wage, through sustainable funding streams



# Vision: Peer Supports Across the Behavioral Health Continuum

Peers provide care across the behavioral health continuum, and in a variety of settings.





# Current State: Strengths, Opportunities, and Gaps

Based on learnings from community partner interviews and research on the current landscape of peer supports in NC and nationally, we have identified several key strengths, gaps, and opportunities for NC's peer support program.

## Strengths

- Passionate and active community of peers who are supportive of making changes to strengthen the workforce
- Several robust peer-run organizations that are hubs for services and workforce development
- Long-standing contracting partnership with UNC-BHS to implement the peer support program

## Opportunities

- SAMHSA has developed clear national best practices for peer certification
- Movement toward expanding peers into new roles and with new services (people with I/DD, TBI, justice-involved, youth, families, etc.)
- Growing recognition among provider agencies of the importance of peers on care teams
- Medicaid pays for peer services, but advocates say the service definition and billing structure are too restrictive and burdensome

## Gaps

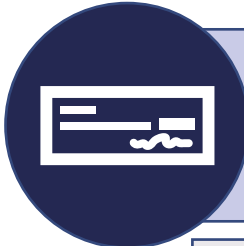
- Certification process is expensive and inconsistent
- Peers don't feel respected or valued by clinical supervisors / team members or employers
- Inconsistent access to peer supports across the state (especially in Eastern Region)
- Community partners feel their voices have historically been unheard during policy discussions
- Workforce doesn't represent the full diversity of the state

# Implementing Peer Initiatives

DMH/DD/SUS will take a phased approach to implementing initiatives, focusing on developing the foundation for a strong certification in the first year, and then implementing the workforce and funding initiatives in Year 2 and beyond.

Initiative	Implementation Timeline
<b>Strengthening the Workforce</b>	
• Two-Step Certification Curriculum	Year 1
• Certification Course Scholarships	Year 1
• Certification Exam	Year 1
• Continuing Education for Specialization & Professional Advancement	Year 2
• Supervision Requirements & Employer Technical Assistance	Year 2
<b>Expanding Access to Peer Supports in Communities Across the State</b>	
• Establishing Peer Funding Priorities	Year 2
• Updated Medicaid Scope of Coverage & Payment Policies	Year 2+
<b>Amplifying Peer Voices</b>	
• Engagement Efforts	Year 1
• Peer Support Leadership Within DMH/DD/SUS	Year 1

# Certification Course Scholarships



DMH/DD/SUS is working with UNC-BHS on a scholarship program for prospective peer support specialists to take certification courses at no cost.

Taking a peer support certification course in North Carolina can cost up to \$425, creating a significant barrier for people to enter the workforce.

The peer support certification scholarship program will:

- Fund prospective peer support specialists in taking an existing certification course after they have completed their 20 hours of additional training and applied via an application process
- **Improve access to the field for low-income and historically marginalized communities**
- **Be paid directly to the course administrator**

This is the first step among many to begin raising up the Peer Workforce. Hoping to launch scholarship program July 2024.

# Future State: Standardized 2-Step Certification Curriculum

## Step 1: Online “101” course

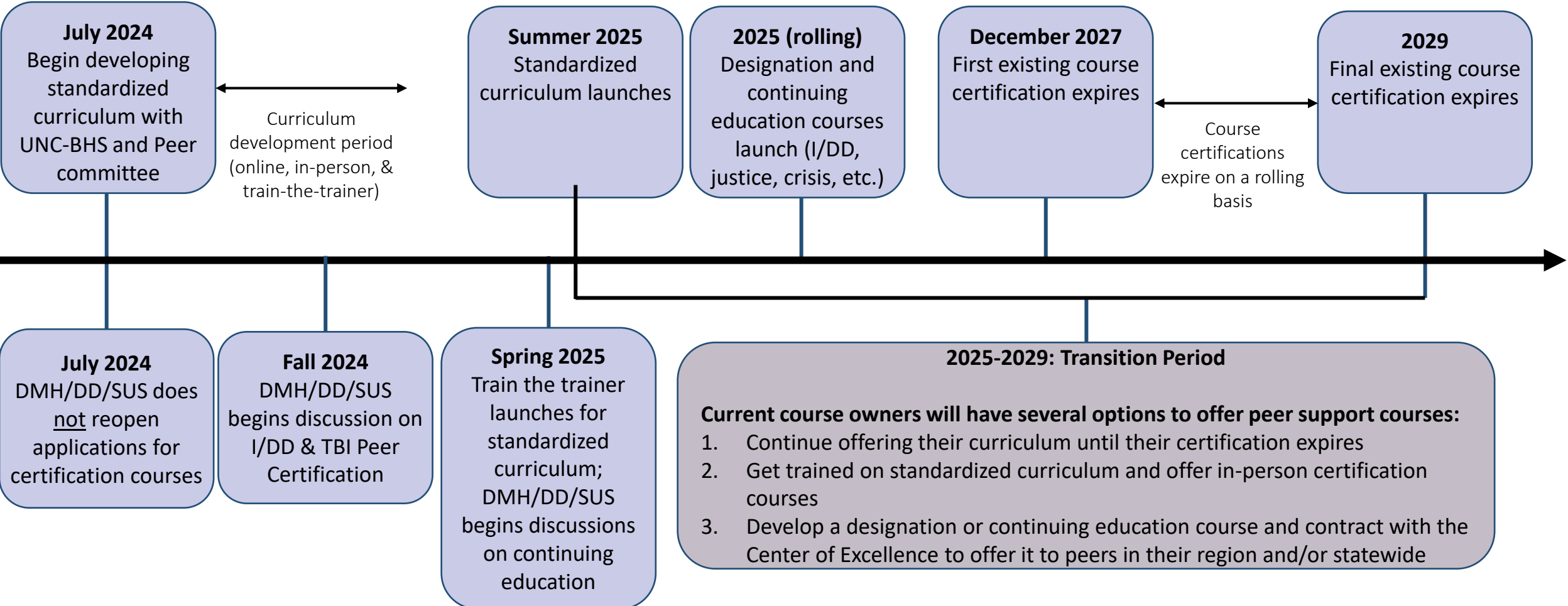
- **Self-paced** and with interactive elements (videos, mini-quizzes, etc.)
- Will focus on **basic competencies** required to start out as a CPSS
- Course will be **free**

**Within 6 months**  
Peer is getting **hands-on work experience** (with **additional supervision**)

## Step 2: In-person interactive course

- **30 to 40 hours** of content, in-person
- Fully interactive, **role-playing scenarios, crisis situations, and hands on components**. Trainers will be required to complete Train the Trainer program and must be CPSS
- Participants will be able to take the course for **low or no cost**

# Proposed Transition Plan for Existing Certification Courses & Development of New Courses



**SCFAC Ask:** Increase funding for Peer Support Services to expand access to services across the state.

**DMH/DD/SUS Response:** Develop funding plan for FY24/FY25 PS Initiatives that maintains or exceeds current funding levels.

# Opportunity to Strengthen the Workforce & Expand High-Quality Peer Supports through Funding Streams

Through significant budget investments in behavioral health, DMH/DD/SUS received **\$18 million** to support efforts to strengthen the peer support and direct support professional (DSP) workforce. This is a critical opportunity to make investments in a group of providers that have been historically overlooked.

	Provision	FY24	FY25
Workforce / Wellness / Recovery	Behavioral Health Workforce Training	~\$8M	\$10M
	NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
Workforce / Wellness / Recovery	Behavioral Health Rate Increases	\$165M	\$220M
	State Facility Workforce Investment	\$20M	\$20M
	Electronic Health Records for State Facilities		\$25M
	Child Welfare and Family Well-Being	\$20M	\$60M
	Collaborative Care	\$2.5M	\$2.5M

## Building out additional funding sources

- Working on additional RFA's for Peer Services using MHBG funding
  - Scholarship funding for current course owners using ARPA Funding potentially up to 1,500 scholarships
  - Working over the next 2 to 3 years to build a better Medicaid billing system and definition for Peer Support Services to include IDD, TBI, and National Family Partners. Also, build up the Peer Service definition to allow more billable services.
  - Building a Peer Services Map to include Grant Funded and Medicaid Billed Services throughout the State
-