



SANDHILLS CENTER

Network Development Plan:

Section Four of the 2017 Community Behavioral Health Service Needs, Providers and Gaps Analysis Report

FY 2015-2016: Community Needs Assessment/Gaps Analysis



ACCREDITED
Health Network
Expires 05/01/2019



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Health Call Center
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Management
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Section I: Executive Summary

This FY2017 Network Development Plan (Plan) is based on an analysis of the FY2017 Gaps Analysis Report, submitted June 1, 2017. Two (2) main components of the 2017 Gaps Analysis Report are summarized here briefly:

- A) Access and Choice Data and Findings, and
- B) Services Needs and Gaps Identified by Consumers/Family Members, Stakeholders, and Discussion Group findings.

Conclusions and Findings are in Section IV of this report.

A. *Access and Choice Data and Findings*¹

During FY 2015-2016 timeframe, the number of Medicaid members remained fairly constant with an average of 173,583, while the number of State-funded covered lives increased from 157,677 in July 2015 to 169,370 in June 2016, an increase of 11,693 covered lives. The unduplicated count of State-funded consumers receiving Mental Health/Developmental Disabilities/Substance Abuse services increased from 2,755 in July 2015 to 3,050 in June 2016, while the unduplicated count of Medicaid members receiving services increased from 13,184 to 13,321 for the same time period. In order to ensure that State-funded services remained open to indigent members from our area despite a funding decrease, Sandhills Center continued all State-funded contracts at the same funding levels from FY2015-2016 to FY2016-2017.

Sandhills Center met 100% of access standards for the following Medicaid and State-funded categories of services:

- Outpatient services
- Community/Mobile Services
- Inpatient Services
- C-Waiver Services

Medicaid funded Location-based Services: 100% access was met for all Medicaid services except Opioid Treatment.

- Opioid Treatment:² The access percentage of the Medicaid funded service increased from 80.75% last year to 87.46% for this year's report.

¹ To assist in mapping State-funded and Medicaid members, along with mapping provider availability for each service in the Mental Health, Intellectual/Developmental Disability and Substance Abuse continuum, Sandhills Center contracted with ACT Addiction Consulting & Training Associates.

² The Sandhills Center actively recruited opioid treatment providers to join the network. Three (3) additional opioid treatment providers have been approved to join the network upon successful completion of the credentialing process, which we expect will further increase the access and choice percentages for this service. Sandhills Center also increased the reimbursement rate by 13% in February 2016.

State-funded Location-based Services: 100% access was maintained for Psychosocial Rehabilitation and Substance Abuse Intensive Outpatient services. The exceptions in this category were:

- Child and Adolescent Day Treatment (99.31%)
- SA Comprehensive Outpatient Treatment Program (99.28%)
- Day Supports (97.29%)
- Opioid Treatment:³ The access percentage of the State-funded service increased from 78.24% from last year to 78.90% for this year's report.

*Crisis Services:*⁴ 100% of access standards were met for both Medicaid and State-funded services except for Facility-Based Respite, which showed zero (0) providers. Last year's report showed forty-eight (48) Medicaid providers and one (1) State-funded provider. It is believed the discrepancy is due to a service coding change for this year's report.

Specialized Services: The access standard for this category of service is at least one provider for both Medicaid and non-Medicaid consumers. There are nineteen (19) services listed under this category.

- For Medicaid only, all access standards were met with the exception of no providers for B3 I/DD Facility-based Respite.
- For Medicaid and State-funded, an exception request was generated for SA Non-Medical Residential Treatment.
- For State-funded only services, there were seven (7) services identified with no providers: Partial Hospitalization, Psychiatric Residential Treatment Facility (PRFT), Residential Treatment 2 other than Therapeutic Foster Care, Child MH Out of Home Respite, Non-Medically Monitored Community Residential Treatment, SA Halfway Houses, and I/DD Supported Living (non-Medicaid funded).⁵

B. Services Needs and Gaps Identified by Consumers/Family Members, Stakeholders, and Discussion Group Findings

To supplement access and choice data, service needs and gaps were identified by consumers, family members and other stakeholders through paper and electronic surveys. For the first time this year, respondents were able to access both the consumer and stakeholder surveys through QR codes that could be downloaded on their Smartphones. Eight hundred and ninety-two (892) consumer surveys and 419 stakeholder surveys were returned and responses analyzed. This is an increase of 72.3% for consumer responses and an increase of 21.1% for stakeholder responses

³ See footnote 2 above.

⁴ This year Facility-based Crisis for Children was included in this category for informational purposes only. This service is not included in the discussion.

⁵ Please see Section II of this report for service specific information regarding these exceptions.

from last year. In addition to the surveys, nine (9) discussions groups were facilitated with community stakeholder groups.

Consumer and Family Member Responses:

- 892 consumers completed the survey. The majority (792 or (90.51%) of consumers felt they were getting the services they needed.
- Additional comments by over half the respondents (N=134, 70 or 52.24%) were favorable regarding the services that they had received from Sandhills Center or one of its provider agencies. Several considered the services that they received to be “life changing” or “life-saving.” Others commented about how pleased they were with the services, staff, or facility.
- When asked what services are needed and not being provided (N=105), the majority of the responses fell in one of three categories:
 - Respondents had no or not enough therapy (22 or 20.95%)
 - Responses similar to those expressed in “perceived problem with the system,” below.
 - Support services (22 or 20.95%)
 - In terms of support services, respondents identified activities, day supports, employment, financial management, food, food stamps, legal services, referrals, sign language, and transportation.
 - Perceived problem with the system (14 or 13.33%), included:
 - Cancelled appointments,
 - Lack of follow up by Care Coordinator
 - Provider terminating services before consumer felt ready
 - Staff turnover changes in the therapist
 - Waiting time for Innovations slot approval

Stakeholder Responses:

- N=419, Respondents included stakeholders (317 or 75.66%), staff members (71 or 16.95%) and others (31 or 7.4%).
- In response to gaps in services, a total of 282 stakeholders identified gaps. A number of respondents (45 or 16.0%) identified a need for youth or child services. These services could be in any of the three disabilities including those individuals with multi-occurring disabilities. Of the three disabilities, (41 or 14.5%) said that treatment, services, or resources in substance use disorders (SUDs) were lacking; (32 or 11.3%) said services or resources for individuals with intellectual or developmental disabilities were lacking, and (31 or 11.0%) said mental health services, treatment, or resources were lacking.
- Service gaps by disability were then followed by a need for more residential services or treatment (e.g., group homes, psychiatric residential treatment facilities) (27 or 9.6%); transportation services (26 or 9.2%); crisis services or resources (24 or 8.5%); and access to services, treatment, or resources (21 or 7.4%).
- More than half of the stakeholders (232 or 58.0%) felt services were addressing consumer’s cultural and ethnic needs. Others (99 or 24.75%) were unsure and (69 or 17.25%) did not feel these needs were being met. The most frequently

occurring gaps that were identified by respondents were the need for non-English speaking services (primarily Spanish but also for immigrants/refugees) (40 or 81.6%).

- In response to the inquiry, “What additional feedback that you would like to give Sandhills Center LME/MCO?” (N=90), 22 (or 24.40%) made positive comments about services that Sandhills Center provided. The two complaints that stood out were the need for person-centered care (11 or 12.2%) and some policy changes (9 or 10.0%).

Discussion Group Responses:

Between January and March 2017, nine discussion groups were conducted. Seven of the nine groups responded to the same four questions related to service gaps, whether ethnic and cultural service needs were being met, whether service needs of individuals with co-occurring disorders were being met, and additional feedback.

In summary, the results of the nine discussion groups, together with feedback from the Juvenile Justice Substance Abuse/Mental Health Partnership (JJSAMHP) indicate that the following perceived service gaps are common across the nine counties of Sandhill’s catchment area:

- Access to services, which includes the lack of qualified treatment providers, the need for affordable transportation, and school-based outpatient individual and group treatment
- Community-based crisis beds, emergency shelters, and therapeutic group homes for children and adolescents
- Day treatment
- Spanish-speaking and culturally sensitive providers and interpreters
- Community education
- Treatment for sex offenders

Section II: Access and Choice Data: Service Gap and Potential Strategies to Address Service Gap⁶

A. Outpatient Services, Community/Mobile Services, Inpatient Services, and all C Waiver Services:

The Sandhills Center met the 100% access and choice standard for the following service categories: Outpatient Services, Community/Mobile Services, Inpatient Services, and all C Waiver Services.

B. Location-Based Service Exception Requests

The Medicaid access and choice standard for this category of services is 100% of eligible members must have a choice of two (2) different providers for each location within 30 minutes/miles (45 minutes/miles for rural counties) of their residences.

⁶ The State required an Exception Request for any service falling under 99.5% for the 100% access standard.

Sandhills Center met the 100% access standard for all Medicaid funded services with the exception of Opioid Treatment, see below.

The State-funded access and choice standard is 100% of eligible members must have access to one provider within 30 minutes/miles (45 minutes/miles for rural counties) of their residences. Sandhills Center met the 100% access standard for all State-funded services with the exception of:

Service Gap	Potential Strategies to Address Service Gap
State-Funded Child and Adolescent Day Treatment (99.31%)	For this year's report, H2012:HA was used for this category. Sandhills Center has fourteen (14) providers with H2012:HA. We are confident that we are well positioned to meet our member's needs for this state-funded service and could consider a Client Specific Agreement if needed.
State-Funded Day Supports (97.29%)	<p>For this year's report, YM580 was used for this category, and Sandhills Center has eleven (11) providers with this code.</p> <p>In addition to the above code, Sandhills Center has additional State-funded codes for equivalents for this service:</p> <ul style="list-style-type: none"> • YP660 (Day Activity): nine (9) providers, out of which one is client specific; • YP620 (ADVP): nine (9) providers; • YP610 (Developmental Day): five (5) providers; • YM580 (Day Supports) for client specific rates. <p>We are confident that when the above service codes are included, this comprehensive array of day supports with service codes listed above positions the Sandhills Center to meet our member's needs.</p>
State-funded SA Comprehensive Outpatient Treatment Program (SACOT) (99.28%)	Sandhills Center funds a total of thirteen (13) SACOT providers with our provider sites. At present, we know of no State funded individual, who is in need of the service. If a State funded individual is identified in need of the service, and cannot be served by another service appropriately, Sandhills Center will be glad to explore the possibility of a Client Specific Agreement to serve the individual through a non-network provider.
Opioid Services (State and Medicaid funded)	At the present time Sandhills Center has 7 Medicaid providers with 18 sites, and 1 non-Medicaid provider with 3 sites.

	<p>During last fiscal year, July 1, 2015 – June 30, 2016, a total of 410 individuals received Opioid Treatment. Of that number 263 (64%) were Medicaid eligible members and 159 (36%) were State funded individuals.</p> <p>During this portion of fiscal year, July 1, 2016 – May 2017, a total of 503 individuals received Opioid Treatment. Of that number 343 (68%) were Medicaid eligible members and 165 (32%) were State funded individuals. Not only are the number of members served increasing, the Sandhills Center actively recruited opioid treatment providers to join the network. We also increased the reimbursement rate by 13% in February 2016. As a result, the access and choice percentages for opioid treatment have improved this fiscal year from last year: Medicaid from 80.75% to 87.46% and non-Medicaid from 78.24% to 78.90%.</p>
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C. Crisis Services Exception Requests

The Medicaid and State-funded access standard is that 100% of eligible members must have access to at least one provider for each crisis service within the LME/MCO catchment area. Sandhills Center met the 100% access standard for these services with the exception of Facility-based Respite.

Service Gap	Potential Strategies to Address Service Gap
<p>Facility-based Respite (Medicaid and State)</p>	<p>This is a new service category for this year's Gaps Analysis Report. For this year's report, YA 213 was used for both Medicaid and non-Medicaid Facility based Respite. It is our understanding that YA213 is not a Medicaid code. Sandhills Center accesses two (2) providers for facility respite services for Medicaid and non-Medicaid members. These providers are Murdoch Therapeutic Respite Addressing Crisis for Kids (TRACK) Program and NC Start Program for adults. We are confident that although we do not use the coding that was used to pull data in our contracts with these entities, we have the service available for our members.</p> <p>In addition to the above, Sandhills Center's equivalent of this service is YP730 Community Respite, which can</p>

	<p>be provided in a facility. We currently contract with one (1) provider for this YP730 state-funded community respite. The Innovations code, S5150US (Respite Care- Community Facility) also covers Crisis respite services and Sandhills Center had 100% access to Out of Home Crisis in the C-waiver services category.</p>
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D. Specialized Services Exception Requests

The Medicaid and State-funded standard for Specialized Services is access to at least one provider agency for each specialized service. There are nineteen (19) services in this category.

Medicaid funded Specialized Services: Sandhills Center met 100% access standard for all Medicaid funded services within this category, with the exception of B3 I/DD Facility-based Respite.

Service Gap	Potential Strategies to Address Service Gap
B3 I/DD Facility-based Respite (Medicaid)	<p>This service category is new to this year's report with service code S5151. There are zero providers with this service code within the Sandhills Center network of providers. B3 service codes have a U4 modifier attached to the code. S5151 is in the HCPS manual for unskilled respite care per diem and this code is not in our system.</p> <p>At present we know of no Medicaid B3 eligible individuals in need of the service who is not receiving the service or a similar service. If a member is identified, Sandhills Center will explore the possibility of a Client Specific Agreement to serve the consumer.</p>
State-funded Partial Hospitalization	<p>At present, we know of no State funded individual, who is in need of Partial Hospitalization not receiving the service or a similar service. If a State funded individual is identified in need of the service, and cannot be served by another service appropriately, Sandhills Center will be glad to explore the possibility of a Client Specific Agreement to serve the individual.</p>

	<p>Since last year's 2016 Gaps Analysis Report, Sandhills Center has met with two local community hospitals to discuss adding partial hospitalization to their current State funded contracts, which currently receive a total of \$879,973. The hospitals are both exploring the possibility of adding an array of services and discussions are planned to continue around Partial Hospitalization for the next fiscal year.</p>
<p>State-funded Psychiatric Residential Treatment Facility (PRTF)</p>	<p>At present, we know of no State funded individual who is in need of this service as children removed from the home typically qualify for Medicaid. If a State funded individual is identified in need of the service, and cannot be served by another service appropriately, Sandhills Center will be glad to explore the possibility of a Client Specific Agreement to serve the individual.</p>
<p>State-funded Residential Treatment 2 (other than Therapeutic Foster Care)</p>	<p>At present, we know of no State funded individual who is in need of this service as children removed from the home typically qualify for Medicaid. If a State funded individual is identified in need of the service, and cannot be served by another service appropriately, Sandhills Center will be glad to explore the possibility of a Client Specific Agreement to serve the individual.</p>
<p>State-funded Child MH Out of Home Respite</p>	<p>For this year's report, code YA125 (hourly respite) was used for this category. Sandhills Center has a <i>non-UCR</i> contract with Pinnacle Family Services of North Carolina, LLC (formerly NC Mentor) for Out of Home Respite. Payment is based on expenditures, not units of service and would, therefore, not be picked up in the provider count. The service is crisis therapeutic foster care, for up to seven (7) days. This out of home service provides respite for the care giver as well as crisis intervention for the child/adolescent. Through May 2017, seven (7) adolescents have received this service.</p>

<p>State-funded SA Non-Medical Community Residential Treatment</p>	<p>For this year's report, code H0012HB was used for this category. The Sandhills Center's equivalent of this service is Group Living Moderate (YP770). We currently have State-funded contracts with two (2) providers for Non-Medical Community Residential Treatment.</p> <p>There are no state-funded members on a waiting list for this service. From July 1, 2016 to Present, 304 individuals have received Group Living Moderate services (YP770) for SA Non-Medical Community Residential Treatment.</p> <p>At this time, we know of no State-funded member in need of this service. If a state-funded member is identified to be in need of the service, Sandhills Center will explore the possibility of a Client-Specific Agreement to serve the member.</p>
<p>State-funded SA Medically Monitored Community Residential Treatment</p>	<p>For this year's report, code H0013 was used for this category. The Sandhills Center's equivalent of this service is Group Living High (YP780). We currently have State-funded contracts with four (4) providers for Medically Monitored Community Residential Treatment. From July 1, 2016 to Present, 853 individuals have received Group Living High services (YP780) for SA Medically Community Residential Treatment.</p>
<p>State-funded SA Halfway Houses</p>	<p>For this year's report, code H2034 was used for this category. Sandhills Center has a State-funded contract with one (1) provider for YP710 (Supervised Living Low) for residential services for SA adults as well as other periodic substance abuse treatment services. The contract amount is \$604,240, and this provider has 108 beds throughout the community. Sandhills Center also contracts for residential treatment services with five (5) substance abuse treatment providers for YP760 (Group Living-Low). We believe both YP710 and YP760 service codes are equivalent to H2034 and, therefore, meet service access intent.</p>
<p>State-funded I/DD Supported Living</p>	<p>This service category is new to this year's report and the State provided codes YP010 (individual respite) and YP011</p>

	<p>(group respite) for the service. Sandhills Center uses the following codes to support the equivalent of this service category:</p> <ul style="list-style-type: none"> • Supervised Living (YM812-816): There are 30 contracted providers and 1 client specific contract. Eleven (11) individuals received this service through May of this fiscal year. • Group Living Low (YP760): There are three (3) providers and fifty-three (53) individuals received this service through May of this fiscal year. • Group Living Moderate (YP770): there are three (3) providers and forty-eight (48) individual have received the service through May of this fiscal year. • Group Living High (YP780) has two (2) providers and one (1) I/DD individual has received the service through May of this fiscal year. <p>Sandhills Center is serving a total of 113 I/DD individuals with State-funded residential services in the community.</p>
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Section III: Consumer/Family Member/Stakeholder Surveys and Discussion Group Findings: Gap Identified and Potential Strategies to Address Gap

A. Consumer and Family Member Survey

There were 892 consumer surveys completed by consumers or consumer family members as a part of the Sandhills Center Annual Needs & Gaps Analysis. The counties represented in the survey included:

- Guilford 536 (or 60.09%)
- Randolph 109 (or 12.22%)
- Harnett 86 (or 9.64%)
- Montgomery 52 (or 5.83%)
- Lee 45 (or 5.04%)
- Other 25 (or 2.80%)
- Richmond 21 (or 2.35%)
- Moore 16 (or 1.79%)
- Anson 12 (1.35%)
- Hoke 7 (or 0.78%)

*Note: This is a duplicate count as consumers may receive services in more than one county.

Consumers represented in the survey received the following services:

- Adult Mental Health 546 (or 61.21%)
- Adult Substance Abuse 270 (or 30.27%)
- Adult Developmental Disabilities 125 (or 14.01%)
- Child/Adolescent Mental Health 69 (or 7.74%)
- Child/Adolescent Developmental Disabilities 22 (2.47%)
- Child/Adolescent Substance Abuse 6 (or 0.67%)

*Note: This is a duplicate count as consumers may receive more than one kind of service.

In response to the question: “Are you getting the services you need?” The majority (792 or 90.51%) of consumers felt they were getting the services they needed, and 83 responses (9.49%) indicated that they were not getting the services they need.

In response to the question “If not, what services do you need that you are not getting?” The majority of the responses fell in one of three categories:

(N=105)

- Respondents had no or not enough therapy (22 or 20.95%),
- Support services (22 or 20.95%), and
- Perceived problem with the system (14 or 13.33%).

In terms of support services, respondents identified activities, day supports, employment, financial management, food, food stamps, legal services, referrals, sign language, and transportation. If day supports, peer support services, housing, and case management services were included under support services, this category would garner the highest number of responses. Perceived problems with the system included cancelled appointments, lack of follow-up by the care coordinator, the provider terminating services before the consumer felt ready, staff turnover so changes in the therapist, and waiting for Innovations approval.

The final question of the consumer survey was: “Please provide any additional feedback that you would like to give us. (N=134) Over half the respondents (70 or 52.24%) were favorable regarding the services that they had received from Sandhills Center or one of its provider agencies. Several considered the services that they received to be “life changing” or “life-saving.” Others commented about how pleased they were with the services, staff, or facility.

Consumer Survey Identified Service Gap	Potential Strategies to Address Service Gap
Respondents had “no or not enough therapy” (22 out of 105 responses)	<p>The Sandhills Center Member Handbook provides information about member’s rights, including “the right for a second opinion for treatment”, “the amount, duration, and scope of behavioral health benefits,” and what a member can do if he/she has a grievance about his/her care and how to file a grievance. The Member Handbook is mailed to new members upon request and is also posted on the Sandhills Center’s website.</p> <p>Strategy: Through consumer/family and provider training, disseminate information about member’s rights and</p>

	grievance/appeal processes available. Discussion of member's rights will be discussed at upcoming Provider Forum meetings.
Support services needed (22 out of 105 responses)	<p>Some of the items identified fall outside the scope of Sandhills Center's role, i.e., financial management, food, food stamps, legal services, housing, and transportation. While some, i.e., referrals, sign language, day supports, peer support, and housing (for TCLI members) fall within the Sandhills Center mandate.</p> <p>Strategy: The Sandhills Center operates a 24/7 Customer Service line 1-800-256-2452, and staff are trained to provide information about the above items to the caller, including but not limited to transportation, language interpreters by phone or in person, TDD services for persons who are deaf or hard of hearing, local affordable housing information, referral to community resources concerning food, food stamps, etc. Strategy is to explore additional ways to distribute the Call Center number throughout the community. In addition, this information can be further disseminated to providers at upcoming Provider Forum meetings.</p> <p>With regards to peer support and employment services, Sandhills Center has worked to expand service capacity within current funding levels, and Sandhills Center has significantly expanded B3 services: B3 paid claims for FY 14-15 were almost doubled by the end of FY 15-16, representing a significant increase in the units of service being provided to consumers. Service coverage is also being tracked and has expanded throughout the catchment area. There are currently five (5) IPS-SE providers in the Sandhills Center service area, three of whom have attained fidelity status. As of March 2017, 155 members residing in eight (8) of nine (9) counties are receiving MH IPS-SE services. I/DD SE services are available to members residing in seven (7) of nine (9) counties. Based on paid claims and patient county of Medicaid eligibility, there are no coverage gaps in the following B3 services: Respite, individual and group, Community Navigator, Peer support group, and Personal Care. Sandhills Center will continue to monitor B-3 service availability and will review opportunities to expand service availability as appropriate.</p>
Perceived problem with the system (14 out of 105 responses). Items identified were: cancelled appointments, lack of follow-up by the care coordinator, the provider terminating services before the consumer felt ready, staff turnover	<p>Strategy: Make providers aware of the concerns identified by addressing at an upcoming Provider Forum. This would include: cancelled appointments, provider terminating services and provider staff turnover. Discuss lack of follow up by Sandhills Center staff at an upcoming Network Committee meeting, which includes attendance by department directors.</p>

so changes in the therapist, and waiting for Innovations approval.	With regards to waiting for Innovations approval, NC Non-Innovations Waiver Services are available for I/DD children and adults, who are functionally eligible but not enrolled in Innovations. Referral process – Access is coordinated through IDD Care Coordination and seven slots have been identified. Sandhills Center closely monitors the time between Innovations slot selection and the initiation of services to the identified member.
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B. Stakeholder Survey

There were 419 stakeholder surveys completed as a part of the Sandhills Center Annual Needs & Gaps Analysis. Respondents included stakeholders (317 or 75.66%), staff members (71 or 16.95%) and others (31 or 7.4%).

The counties represented in the survey included:

- Guilford 206 (or 49.16%)
- Randolph 110 (or 26.25%)
- Moore 102 (or 24.34%)
- Lee 71 (or 16.95%)
- Harnett 66 (or 15.75%)
- Richmond 62 (or 14.80%)
- Anson 48 (or 11.46%)
- Hoke 47 (or 11.22%)
- Other 46 (or 10.98%)
- Montgomery 44 (or 10.50%)

*Note: This is a duplicate count as stakeholders can represent more than one county.

Several areas to highlight in the open ended survey questions included input on gaps in services, the ability of services offered to meet consumer’s cultural and ethnic needs and related gaps, and the ability of the services offered for individuals with co-occurring physical and visual/hearing disabilities or other disabilities.

In response to gaps in services, a total of 282 stakeholders identified gaps. A number of respondents (45 or 16.0%) identified a need for youth or child services. These services could be in any of the three disabilities including those individuals with multi-occurring disabilities. Of the three disabilities, (41 or 14.5%) said that treatment, services, or resources in substance use disorders (SUDs) were lacking; (32 or 11.3%) said services or resources for individuals with intellectual or developmental disabilities were lacking, and (31 or 11.0%) said mental health services, treatment, or resources were lacking. Service gaps by disability were then followed by a need for more residential services or treatment (e.g., group homes, psychiatric residential treatment facilities) (27 or 9.6%); transportation services (26 or 9.2%); crisis services or resources (24 or 8.5%); and access to services, treatment, or resources (21 or 7.4%).

The top three (3) needs identified from community stakeholders were:

- Youth/child services (45)
- SUDs treatment/services/resources (41)
- I/DD services/resources (31)

Stakeholder Survey Identified Service Gap	Potential Strategies to Address Service Gap
Youth/child services	Please refer to Discussion Group table below.

<p>SUD treatment services/resources</p>	<p>Recognizing that the opioid use epidemic impacts people from all socioeconomic backgrounds, including our members, we have participated in our community's planning to address opioid addiction. Sandhills Center's recent efforts include:</p> <ul style="list-style-type: none"> • An increase of 13 percent in provider reimbursement rates for opioid addiction services that offer tailored plans and work along with outpatient therapy. We also have opened our network to new medication-assisted therapy providers, and seek new ways to address potential service gaps. • Funding for local providers to purchase naloxone, and connecting community partners to valuable education on the distribution and use of naloxone. • Matching funds for law enforcement to investigate and take action on illegal prescription abuse including "doctor shopping," stealing prescription medication and forging prescriptions. • Working with local partners to research national and state practices including a pilot "quick response" team in New Hanover County, NC that responds to overdose reversal scenes and determines if patients are prepared to enter treatment or should spend time in drug courts or jail. • Developing and implementing provider education that focuses on substance use disorders and opioid use while coordinating behavioral and physical healthcare, or Integrated Care. We continue to provide training and technical assistance in the areas of opioid treatment, harm reduction and therapy-interfering behaviors. • Involvement throughout the region in community education projects including the 2017 Substance Abuse and Mental Health Symposium: <i>The Prescribed Addiction</i>, held May 19, 2017. The event was sponsored by Randolph Community College and the Randolph Health Community Foundation. Staff also are active with Project Lazarus, which focuses on prescription drugs and other opioids. • Sandhills Center is very active in take-back events and resource fairs to share information with residents, schools, businesses and neighborhood watch groups. These efforts have expanded to rural areas, distribution of materials to physicians' offices and collaborating with other agencies through advertising and public relations.
<p>I/DD services/resources</p>	<ul style="list-style-type: none"> • Sandhills Center continues to provide State-funded services to I/DD consumers at FY15-16 funding levels. These services include residential services, respite, supported employment, day supports, and personal assistance, etc.

	<ul style="list-style-type: none"> • A number of B3 services have provided an additional resource to Medicaid individuals with I/DD. Sandhills Center has significantly expanded B3 services, with paid claims almost doubling between FY14-15 and FY15-16. Based on paid claims reports and patient county of eligibility, there are no coverage gaps in the following I/DD B3 funded services: Respite, Community Navigator, and I/DD Supported Employment. • NC Non-Innovations Waiver Services are available for I/DD children and adults, who are functionally eligible but not enrolled in Innovations. Referral process – Access is coordinated through IDD Care Coordination and seven slots have been identified. Sandhills Center closely monitors the time between Innovations slot selection and the initiation of services to the identified member.
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C. Discussion Groups

Between January 10 and March 14, 2017, nine (9) focus groups were conducted in the following counties:

- Consumer and Family Advisory Council (CFAC)
- Network Leadership Council representing all nine counties
- Planning and Program Operations Committee
- Re-entry Council
- School Health Advisory Council
- Veterans group
- Guilford County System of Care Collaborative
- Five County SOC Collaborative
- SOC Collaborative in Harnett and Lee counties

Four groups were held in Guilford County. While the four groups in Guilford County were distinct, their responses were similar on the four questions. Based on the responses, the bulk of the four discussions addressed the first question, service gaps in the county. Of particular concern in all four focus groups was access to services. The inability to access services was mentioned 24 times when the groups discussed service gaps, 5 times when addressing cultural and ethnic needs, once in discussing service needs, and 4 times in feedback for a total of 34 times across the four focus groups. These services were usually specific and addressed discrete groups, such as children, the LGBTQ community, those in incarceration, Veterans, and undocumented immigrants and refugees. The Re-entry Council identified case management (7), treatment services provided in jail (6), and access to medications (3) as top concerns when discussing access to services. For the SOC Collaborative, the primary concern was the lack of treatment providers, which was mentioned 12 times in the discussion about service gaps. Need for housing (4) and respite care services (3) were also mentioned for the Collaborative.

On January 9, a focus group for the Network Leadership Council was conducted, with all 9 counties (i.e., Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond) represented. In terms of service gaps, lack of treatment providers was noted twice, with the lack of psychiatrists and qualified providers of co-occurring mental health and intellectual and development disabilities singled out. Other gaps included crisis services,

integrated care, and collaboration between behavioral health providers in Lee County. Also noted was that funding in silos continues to be an issue. Participants felt that bilingual providers and interpreters were both lacking.

On January 13, the Five County SOC Community Collaborative met and discussed what they felt were service needs for the families living in the counties of Anson, Hoke, Montgomery, Moore, and Richmond. After a discussion of service gaps, members of the Collaborative identified the top four areas of need:

- More occupational therapy for young children ages 0-6
- More psychiatric beds for parents with children living in rural counties
- More support, respite care, and open communication for foster parents to avoid child having to go to higher level of care
- More awareness of prevention services available in the area

On January 17, members of the CFAC participated in a focus group, with 7 counties (i.e., Guilford, Hoke, Lee, Moore, Montgomery, Randolph, and Richmond) represented. Participants identified specific services as well as changes in policies. Specific services included access to treatment providers and services, including aftercare services; support services for individuals living independently; supported employment; housing in safe areas; bilingual interpreters; Family Partners; community education; and more public transportation routes.

On February 2, Moore County had a focus group of PPO. Service gaps included the need for a substance abuse intensive outpatient program, community-based Alternative Family Living arrangements, community education, and affordable transportation to appointments. The need for bilingual providers was the only service need noted for services that addressed cultural and ethnic needs. In terms of service needs of individuals with co-occurring disabilities, access to treatment providers that accepted Medicaid, interpreters for the deaf, and services for visually impaired were identified.

On March 14, the SOC Collaborative for Harnett and Lee counties identified what they considered to be the top four areas of need were:

- Day treatment
- Access to level III trauma-informed group homes for girls in rural counties
- Emergency shelters
- School-based individual and group outpatient treatment

The Juvenile Justice Substance Abuse-Mental Health Partnership (JJSAMHP) consists of an eight-county (i.e., Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond) program. Each program is comprised of four judicial districts, and each district includes a portion of the counties in the Sandhills Center MCO catchment area. Each district is led by a Chief Court Counselor. For the 2017 Sandhills Center needs and gaps assessment, Chiefs were asked to identify the top three behavioral health needs in their respective districts. Listed below are the needs identified by district and counties.

District 11 (Lee and Harnett counties):

1. Day treatment
2. Outpatient sex offender treatment
3. Adolescent outpatient substance abuse treatment

District 19 (Randolph, Montgomery, and Moore counties):

1. Treatment for sexual aggressive youth in Moore and Montgomery counties
2. Temporary crisis beds for up to 30 days for all three counties

3. Day treatment in all three counties

District 16 (Hoke county):

1. Lack of transportation for families to get to outpatient services (and child care for families trying to access treatment).
2. More providers of OP substance abuse services
3. Day treatment services

District 20 (Richmond and Anson counties):

1. Emergency shelter care for juveniles needing to be placed out of the home on a temporary basis or juveniles awaiting placement in a long-term placement (instead of housing these juveniles in detention awaiting placement or needing to remove them from the home because there is no other place to go).
2. Day treatment in Richmond County.
3. Sex offender treatment.

Summary of Discussion Groups and JJSAMHP Findings:

The results of the focus groups and the JJSAMHP indicate that the following services gaps are common across the nine counties of Sandhill’s catchment area:

- Access to services, which includes the lack of qualified treatment providers, the need for affordable transportation, and school-based outpatient individual and group treatment
- Community-based crisis beds, emergency shelters, and therapeutic group homes for children and adolescents
- Day treatment
- Spanish-speaking and culturally sensitive providers and interpreters
- Community education
- Sex offender treatment

Discussion Group Survey Identified Service Gap	Potential Strategies to Address Service Gap
Access to services which includes <i>qualified</i> treatment providers, school-based outpatient individual and group treatment	<ul style="list-style-type: none"> • <i>Quality Monitoring and Management:</i> Sandhills Center ensures that providers in our network provide evidence-based practices (EBP) through a provider EBP clinical evaluation process. Clinical evaluations are conducted under the supervision of the Chief Clinical Officer/Medical Director and the Provider Network Operations Director. Network Provider Monitoring trends and analyzes the review results and reports these results to the Quality Management (QM) Department through a quarterly summary report. An evidence-based practices library is posted on the Sandhills Center website. EBP assessment worksheets are completed during provider reviews by Network Provider Monitoring staff. Results are used to offer technical assistance to the provider, either on-site or by phone, when appropriate. Providers are introduced to EBPs in Provider Forums and through provider training. New topics may be added upon recommendation from the Chief Clinical Officer/Medical Director and the Clinical Leadership Team. • <i>Addressing Gaps in Service through Request for Proposals</i> is another way Sandhills Center seeks to promote quality services. In order to meet the

	<p>standard for facility based crisis services, Sandhills Center issued a Request for Proposal for <i>Facility-Based Crisis Services</i> in April 2016. Following a rigorous competitive bid process, Daymark Recovery Services, Inc. was selected to provide the service in Asheboro, NC. This location is centrally located within the catchment area, and the program is slated to open in the fall of 2017. In response to outpatient gaps identified through last year's stakeholder needs assessment surveys, Requests for Proposals were let for <i>Specialized Consultative Services (Behavior Plans)</i> and for a <i>Dialectical Behavior Therapy (DBT)</i> pilot program. Upon completion of the credentialing process, additional Licensed Independent Practitioners will increase network capacity for developing Behavior Plans for members, with a service start date of July 2017, and the service start date for a fidelity model DBT program is May 2017.</p>
<p>Community-based crisis beds, emergency shelters and therapeutic group homes</p>	<ul style="list-style-type: none"> • Sandhills Center is working to increase the availability of IAFT (Intensive Alternative Family Therapy) homes in Sandhills Center's catchment area in order to provide young children with complex needs with a more robust array of residential services. The following steps to meet that goals have been taken: Contact RRFF (Rapid Resources for Families – the agency that certifies and oversees IAFT programs) to ascertain their ability to launch a recruitment drive in the Sandhills Center area; identify contracted providers of IAFT services; work with RRFF to develop and deliver one or more recruitment drives targeting contracted IAFT providers in the catchment area, and provide appropriate Sandhills Center departments and community collaboration partners with information about expanded IAFT home availability. • Sandhills Center has a non-UCR contract with Pinnacle Family Services of North Carolina, LLC (formerly NC Mentor). The service is crisis therapeutic foster care, for up to seven (7) days. This out of home service provides respite for the care giver as well as crisis intervention for the child/adolescent.
<p>Day treatment</p>	<ul style="list-style-type: none"> • Sandhills Center announced a change to Day Treatment services to make the service unmanaged for the first 30 calendar days of Day Treatment services provided to child behavioral health members. It is believed this offering will allow individuals identified by participating providers as meeting the published criteria for Day Treatment services to gain faster access to it so they can quickly begin receiving benefits from the service.
<p>Spanish-speaking and culturally sensitive providers and interpreters</p>	<ul style="list-style-type: none"> • Although the Sandhills Center network is closed, we will continue to review exception requests by qualified, certified bilingual licensed independent practitioners (LIPs), on a case by case basis. • Sandhills Center will continue to offer culturally competency training to providers and will continue to provide language interpreters and sign interpreters to members who are deaf or hard of hearing. • Sandhills Center website has information for Spanish speaking members and their families and the Member Handbook is available in Spanish.
<p>Community education</p>	<ul style="list-style-type: none"> • Increasing consumer outreach and education are Sandhills Center priorities that began during FY15-16 and continue today. Two such projects were to improve the functionality of the Provider Directory and make it easier for consumers to identify available resources. The other was the Access2Care

	<p>screening tool to help people who may be experiencing behavioral health conditions.⁷</p> <ul style="list-style-type: none"> • Sandhills Center continues its strong commitment to educating the law enforcement community through expanded CIT training.⁸ • Sandhills Center has partnered with DMH/DHHS and UNC to offer a Mental Health First Aid (MHFA) “Train-the-Trainer Program.” To date there are 8 new instructors who are now able to facilitate the 8-hour certification course in their own communities. Additional accomplishments include: <ul style="list-style-type: none"> • Due to our partnership with DMH/DHHS and UNC, all Corrections Division staff have been trained (as part of a statewide initiative) in all nine Sandhills Center counties. • To date, Anson County has 65 county and city employees certified as “first aiders.” • In Guilford County, there are multiple instructors who are trained that currently offer classes through Cone Health, North Carolina A&T State University, local providers and nonprofit agencies. • Hoke County now has 20 Department of Social Services (DSS) employees who have received training. • Two Lee County DSS employees graduated from the MHFA instructor training. • In Montgomery County, DSS has 23 employees trained in MHFA. Also, a Montgomery County Community College faculty member has graduated from the instructor training and has started scheduling classes for other faculty and staff that will be open to county employees and, eventually, community members. • All Richmond County DSS and Health Department employees have completed MHFA training. • Seven new instructors graduated from the Sandhills Center-hosted train-the-trainer course in Randolph County. With two instructors now on staff, Randolph Health currently is scheduling classes for all hospital staff and plans to be a part of the effort to train all government employees. Randolph Community College sent three employees to the instructor training and are now scheduling classes for staff and the public after a preliminary class for staff and Health Department employees was held in 2016. All Randolph County Library employees were trained in MHFA, as well.
Treatment for Sex Offenders	<ul style="list-style-type: none"> • Sandhills Center has PRTF level of care that has adolescent sex-specific treatment programs, and contracts with outpatient providers who offer gender-specific treatment. We also have developed a Provider Resource Guide for Sex Offender Treatment that is located on our website:

⁷ Access2Care offers access to anonymous, confidential, online self-screenings, educational resources and referral information in English and Spanish. Available 24/7, two main features include an independent website -- www.SandhillsCenterAccess2Care.org -- and community kiosks. There are currently four (4) kiosks located throughout the catchment area, with the online screening tool being available to all members.

⁸ Sandhills Center has a strong commitment to CIT training and since 2008 has co-sponsored 41 CIT classes, graduating more than 900 police officers, sheriff’s deputies, 911 telecommunications and first responders. Participants learn skills to de-escalate situation, and how to recognize people in crisis so they can get the help they need. It also teaches tools to encourage people who need treatment to access services.

<http://www.sandhillscenter.org/index.php?gf-download=2017%2F03%2FSex-Offender-Guide.pdf&form-id=5&field-id=13&hash=ead6715e8ea74fc7d3e00ba16fdac4dcafcce90dff5f1603bc107674e71f03a>

- Child service providers have limited knowledge about Sandhills Center's contracted psychologists who can perform specialized assessments in areas such as sexual risk, autism spectrum disorders, and trauma. These specialized psychological assessments help drive appropriate treatment for complex, high needs youth with specialized needs. Our goal is for child service providers to increase their knowledge of psychologists in Sandhills Center's catchment area who can provide specialized assessments that better drive treatment for complex high risk youth in the areas of sexual risk, ASD, and trauma. The following steps to meet that goal have been taken to date: Consult with Network to identify all licensed psychologists contracted with Sandhills Center and develop a survey to be sent to identified psychologists inquiring about their specialty areas; review survey results and develop a list of providers, areas of expertise, location, and contact information; work with Sandhills Center departments (Call Center, Care Coordination, etc.) to distribute this information and make it available to child partner agencies (DSS, DJJ, etc.) and community collaborative networks that work with youth.

Section IV: Conclusion

A. Choice and Access Data

As detailed in Section II above, fourteen (14) exception requests were generated based upon 100% access standards. Of these, one (1) was Medicaid only funded (B3 I/DD Facility Respite); two (2) were Medicaid and State-funded (Opioid Treatment and Facility-based Respite Services), and the remaining eleven (11) requests were State-funded.

- *Medicaid Only- B3 I/DD Facility-based Respite.* This service category is new to this year's report with service code S5151. S5151 is in the HCPS manual for unskilled respite care per diem; this code is not in our system. At present we know of no Medicaid B3 eligible individuals in need of the service. If a member is identified, Sandhills Center will explore the possibility of a client specific agreement to serve the consumer.
- *Medicaid and State-funded Opioid Treatment.* Although improvement has been made from last year's report, Sandhills Center will continue to consider new qualified providers, on a case by case basis and supported by geographic location. Contracts will be issued to those providers successfully completing the credentialing and Board approval process.
- *Medicaid and State-funded Facility-based Respite.* This service was identified as a gap based on the State provided code YA213. It is our understanding that YA213 is not a Medicaid code. Sandhills Center members can access two providers for facility respite services through Murdoch Therapeutic Respite Addressing Crisis for Kids (TRACK) and the NC Start Program for adult. We believe that these resources meet our members' needs; however, if a member is identified whose needs are not met through the above resources, Sandhills Center will explore the possibility of a Client Specific Agreement.

As stated above, the remainder of the exception reports are State-funded, and below is a brief synopsis of those services:

- Two (2) state-funded exception requests (*Day Treatment, SACOT*) scored 99.28% or higher, and SHC confident that we are positioned to meet our member's needs, contingent upon availability of indigent funding.
- One (1) request (*Day Supports 97.29%*) is supported through 3 additional service codes (YP660, YP620, YP610), which are not included within the State's code guide. We believe that the inclusion of these additional codes would have resulted in meeting the 100% access standard.
- *State-funded Partial Hospitalization*: Sandhills Center has met with two (2) hospitals to discuss adding this service to their current State-funded contracts. Both hospitals are exploring the possibility of adding an array of services and this discussion is continuing for next fiscal year.
- *State-funded PRTF, and Residential Treatment Level II group homes for Adolescents*. At present, we know of no State funded individual, who is in need of this service as children removed from the home typically qualify for Medicaid. If a State funded individual is identified in need of the service, and cannot be served by another service appropriately, Sandhills Center will be glad to explore the possibility of a Client Specific Agreement.
- *Out of Home Respite*: For this year's report, the State provided the code YA125 (hourly respite) for this category. Sandhills Center has a non-UCR contract with Pinnacle Family Services of North Carolina, LLC (formerly NC Mentor). Payment is based on expenditures, not units of service and was not picked up in the provider count. The service is crisis therapeutic foster care, for up to seven (7) days. We believe inclusion of this resource would result in our meeting the 100% access standard.
- In all four (4) service categories below, Sandhills Center contracts for equivalent services and we believe inclusion of these equivalent service codes would result in our meeting the 100% access standard
 - *State-funded SA Non-Medical Community Residential Treatment*,
 - *SA Monitored Community Residential Treatment*,
 - *SA Half-way House services*
 - *I/DD Supported Living*

B. Survey and Discussion Group Gaps and Strategies

As detailed in Section III above, the strategies to address identified gaps include:

- Disseminate information at upcoming Provider Forums and internally at SHC Network Committee meetings regarding gaps in service.
- Explore ways to increase community education and understanding of member's rights, Customer Service hotline and information provided about resources.
- Continue to partner with and promote high quality services through Integrated Care Initiative, Evidence-Based Practice protocol, and Clinical Newsletters posted on the website.
- Continue to consider expansion requests in the network for opioid and SA treatment providers, certified Spanish speaking licensed therapists, sex offender treatment, and other identified providers, through established procedures and Request for Proposals.

- Continue to partner with community stakeholders with education and training through CIT trainings, Mental Health First Aid trainings, and addressing the Opioid Epidemic partnerships.