SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
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2018

Community Mental Health, Substance Use and Developmental Disabilities Services

Network Adequacy and Accessibility Report

FY 2016-2017 Reporting Period

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SECTION ONE: NETWORK AVAILABILITY & ACCESSIBILITY

Outpatient Services

	Medicaid				Non-Medicaid Funded			
Categories	# of providers accepting new Medicaid consumers	# of enrollees with choice of two providers within 30/45 miles/ minutes	# of Medicaid enrollees	% (# of enrollees with choice/# of enrollees)	# of providers accepting new non-Medicaid funded consumers	# of consumers with choice of two providers within 30/45 miles/ minutes	# of consumers	% (# of consumers with choice/# of consumers)
Reside in urban counties		18658	18658			8124	8124	
Reside in rural counties		10576	10576			3750	3750	
Total (standard = 100%)	664/691 (96.09%)	29234	29234	100.00%	102/102 (100.00%)	11874	11874	100.00%
Adults (age 18+)		16549	16549			11175	11175	
Children (age 17 and younger)		12685	12685			699	699	
Total (standard = 100%)	644/691 (96.09%)	29234	29234	100.00%	102/102 (100.00%)	11874	11874	100.00%

Location-based Services

	Medicaid				Non-Medicaid Funded			
Location-based Services	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded consumers	# and % of consumers with at least one provider within 30/45 miles/minutes of their residences		Total # of consumers
		#	%			#	%	
Psychosocial Rehabilitation	122/123 (99.19%)	16549	100.00%	16549	14/14 (100.00%)	9143	100.00%	9143
Child and Adolescent Day Treatment	41/41 (100.00%)	13662	99.80%	13690	11/11 (100.00%)	551	97.87%	563
SA Comprehensive Outpatient Treatment Program	50/51 (98.04%)	29230	99.99%	29234	11/11 (100.00%)	5125	99.24%	5164
SA Intensive Outpatient Program	93/94 (98.94%)	29234	100.00%	29234	16/16 (100.00%)	5164	100.00%	5164
Opioid Treatment	14/15 (93.33%)	14085	85.11%	16549	3/3 (100.00%)	4970	97.49%	5098

Location-based Services	Medicaid				Non-Medicaid Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two providers within 30/45 miles/minutes of their residences		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid funded consumers	# and % of consumers with at least one provider within 30/45 miles/minutes of their residences		Total # of consumers
		#	%			#	%	
Day Supports					9/9 (100.00%)	914	97.75%	935

Community/Mobile Services

Community/ Mobile Service	Medicaid				Non-Medicaid-Funded			
	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid consumers	# and % of consumers with access to at least one provider agency within the LME-MCO catchment area		Total # of Consumers
		#	%			#	%	
Assertive Community Treatment Team	51/52 (98.08%)	16549	100.00%	16549	11/11 (100.00%)	9143	100.00%	9143
Community Support Team	94/96 (100.00%)	16549	100.00%	16549	3/3 (100.00%)	10805	100.00%	10805
Intensive In-Home	131/132 (99.24%)	13690	100.00%	13690	19/19 (100.00%)	563	100.00%	563
Mobile Crisis	49/50 (98.00%)	29234	100.00%	29234	14/14 (100.00%)	11874	100.00%	11874
Multi-systemic Therapy	11/11 (100.00%)	13690	100.00%	13690	4/4 (100.00%)	563	100.00%	563
(b)(3) MH Supported Employment Services	23/23 (100.00%)	29234	100.00%	29234				
(b)(3) I/DD Supported Employment Services	23/23 (100.00%)	29234	100.00%	29234				
(b)(3) Waiver Community Guide	9/9 (100.00%)	29234	100.00%	29234				
(b)(3) Waiver Individual Support (Personal Care)	11/11 (100.00%)	29234	100.00%	29234				
(b)(3) Waiver Peer Support	11/11 (100.00%)	29234	100.00%	29234				
(b)(3) Waiver Respite	31/31 (100.00%)	29234	100.00%	29234				
I/DD Supported Employment Services (non-Medicaid-funded)					16/16 (100.00%)	935	100.00%	935

	Medicaid					Non-Medicaid-Funded		
Community/ Mobile Service	# of providers accepting new Medicaid consumers	# and % of enrollees with choice of two provider agencies within the LME-MCO catchment area		Total # of Medicaid enrollees	# of providers accepting new non-Medicaid consumers	# and % of consumers with access to at least one provider agency within the LME-MCO catchment area		Total # of Consumers
		#	%			#	%	
Long-term Vocational Supports (non-Medicaid-funded)					22/22 (100.00%)	730	100.00%	730
MH/SA Supported Employment Services (IPS-SE) (non-Medicaid-funded)					9/9 (100.00%)	10805	100.00%	10805
I/DD Non-Medicaid-funded Personal Care Services					78/81 (96.30%)	935	100.00%	935
I/DD Non-Medicaid-funded Respite Community Services					7/7 (100.00%)	935	100.00%	935
I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility					31/31 (100.00%)	935	100.00%	935
Developmental Therapies (Non-Medicaid)					36/36 (100.00%)	935	100.00%	935

Crisis Services

	Medicaid				Non-Medicaid Funded			
Crisis Service	# of providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid consumers	# and % of consumers with access within the LME-MCO catchment area to at least one provider agency		Total # of Consumers
		#	%			#	%	
Facility-Based Crisis - adults	18/18 (100.00%)	16549	100.00%	16549	3/3 (100.00%)	11175	100.00%	11175
Facility-Based Respite	0	0	0.00%	29234	0	0	0.00%	11874
Detoxification (non-hospital)	21/21 (100.00%)	29234	100.00%	29234	1/1 (100.00%)	5164	100.00%	5164
FOR INFORMATION PURPOSES ONLY: Facility-Based Crisis - children		0	0.00%	13690	0	0	0.00%	699

	Medicaid				Non-Medicaid Funded			
Crisis Service	# of providers accepting new Medicaid consumers	# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency		Total # of Medicaid Enrollees	# of providers accepting new Non-Medicaid consumers	# and % of consumers with access within the LME-MCO catchment area to at least one provider agency		Total # of Consumers
		#	%			#	%	
	0							

Inpatient Services

	Medicaid				Non-Medicaid-Funded			
Service	**# of providers accepting new Medicaid consumers**	**# and % of enrollees with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Medicaid Enrollees**	**# of providers accepting new Non-Medicaid consumers**	**# and % of consumers with access within the LME-MCO catchment area to at least one provider agency**		**Total # of Consumers**
		#	%			#	%	
Inpatient Hospital–Adult	145/169 (85.80%)	16549	100.00%	16549	8/8 (100.00%)	10805	100.00%	10805
Inpatient Hospital – Adolescent/Child	145/169 (85.80%	13690	100.00%	13690	8/8 (100.00%)	563	100.00%	563

Specialized Services

Give the number of parent agencies, not service sites, with LME/MCO contracts.

Service	Number Parent Agencies with Current Medicaid Contract	Number Parent Agencies with Current Contract for Non-Medicaid Funded Services
Partial Hospitalization	7	0
MH Group Homes	44	28
Psychiatric Residential Treatment Facility	22	0
Residential Treatment Level 1 (H0046)	3	0[1]
Residential Treatment Level 2: Therapeutic Foster Care	37	2
Residential Treatment Level 2: other than Therapeutic Foster Care (H2020)	12	0

[1] In the following footnotes there is a discrepancy between funding sources listed in Appendix C and what is listed on actual report. For example, Appendix C lists this service code as not being DMH/State funded.

Service	Number Parent Agencies with Current Medicaid Contract	Number Parent Agencies with Current Contract for Non-Medicaid Funded Services
Residential Treatment Level 3 H0019	43	0[2]
Residential Treatment Level 4 H0019 HK	1	0[3]
Child MH Out-of-home respite YA 125	Not Medicaid funded[4]	0
SA Non-Medical Community Residential Treatment	4	0
SA Medically Monitored Community Residential Treatment	0	0
SA Halfway Houses		0
I/DD Out-of-home respite (non-Medicaid-funded) YP 010, YP 011		13
I/DD Facility-based respite (non-Medicaid-funded) YP 730		4
I/DD Supported Living (non-Medicaid-funded) YM 716, YM 850		0
(b)(3) I/DD Out-of-home respite	12	
(b)(3) I/DD Facility-based respite	0	
(b)(3) I/DD Residential supports	6	
Intermediate Care Facility/IDD	107	Not DMH/State funded[5]

C-Waiver Services

C-Waiver Services-Choice of Two Providers					
Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of C-Waiver Enrollees
			#	%	
Community Living and Supports	✓	✓	1138	100.00%	1138
Community Navigator	✓	✓	1138	100.00%	1138
Community Navigator Training for Employer of Record	✓	✓	1138	100.00%	1138
Community Networking	✓	✓	1138	100.00%	1138
Crisis Behavioral Consultation	✓	✓	1138	100.00%	1138
In Home Intensive	✓	✓	1138	100.00%	1138
In Home Skill Building	✓	✓	1138	100.00%	1138
Personal Care	✓	✓	1138	100.00%	1138
Crisis Consultation	✓	✓	1138	100.00%	1138
Crisis Intervention & Stabilization Supports	✓	✓	1138	100.00%	1138
Residential Supports 1	✓	✓	1138	100.00%	1138
Residential Supports 2	✓	✓	1138	100.00%	1138
Residential Supports 3	✓	✓	1138	100.00%	1138
Residential Supports 4	✓	✓	1138	100.00%	1138
Respite Care - Community	✓	✓	1138	100.00%	1138
Respite Care Nursing – LPN & RN	✓	✓	1138	100.00%	1138

[2] Appendix C list this service code as not being DMH/State funded.
[3] See above.
[4] Appendix C lists service code as not being Medicaid funded.
[5] Appendix C lists service code as not being DMH/State funded.

C-Waiver Services-Choice of Two Providers					
Services	Adult	Child	# and % of enrollees with choice of two provider agencies within the LME/MCO catchment area		Total # of C-Waiver Enrollees
			#	%	
Supported Employment	16 & older		1051	100.00%	1051
Supported Employment – Long Term Follow-up	16 & older		1051	100.00%	1051
Supported Living	18 & older		948	100.00%	948
C-Waiver Services – Access to at Least One Provider					
Day Supports	✓	✓	1138	100.00%	1138
Out of Home Crisis	✓	✓	1138	100.00%	1138
Respite Care - Community Facility	✓	✓	1138	100.00%	1138
Financial Supports	✓	✓	1138	100.00%	1138
Specialized Consultative Services (at least one provider of one of multiple services)	✓	✓	1138	100.00%	1138

Geo Maps: See Appendix A

Access to Care

I) Current DMA and DMH/DD/SAS contracts include requirements related to consumer access to care for emergent, urgent and routine services. Describe how your LME/MCO assures adequate provider capacity and service access for new members engaging in services.

Sandhills Center's Provider Network Access and Availability policy is to ensure that members have timely and easy access to behavioral health services and that network providers have the availability to meet the needs of members based on intensity of need criteria.

Appointments: Services are available to members as follows:

- Emergency care: receive face-to-face emergency care within no more than **two hours** after the request for care is initiated; life-threatening emergencies: immediately;
- Urgent care: receive first face-to-face service (assessment and/or treatment) within **48 hours** of the request for care; and
- Routine care: receive first face-to-face (assessment and/or treatment) within **10 working days (14 calendar days)** of the date of request for care.

Office Wait Times: Services are available to members as follows:

- Scheduled appointment: within one (1) hour of scheduled appointment;
- Walk-in: within two (2) hours or schedule for subsequent appointment;
- Emergencies: receive face-to-face emergency care within no more than two hours after the request for care is initiated; life-threatening emergencies: immediately.

After-Hours Emergency and Referral: Services are available to members as follows:

- There is a toll-free telephone emergency and referral line available twenty-four (24) hours per day.
  - Return calls to Members: Telephone inquiries made by enrollees after hours for access/information must be responded to within one (1) hour of receiving the call.

Monitoring Network Access, Availability and Adequacy

Sandhills Center reviews information on a quarterly (as needed) and annual basis to ensure that the network has remained stable and that standards for access and availability are being met. The annual review and analysis of the Provider Network is more extensive in nature and encompasses all elements.

Additionally, analyses are completed whenever there is a significant change in Sandhills Center's operations that would affect adequate capacity and services including changes in services, in geographic service areas, payments or enrollment of a new population.

In completing the analyses, two (2) main components are considered: the needs of the community and provider capacity. Critical questions to be addressed are:

- Based on paid claims data, current membership numbers, characteristics, and needs, including the cultural and language needs of members;
- Numbers and types of providers required to provide the contracted services, including training, experience and specialization;
- The number of Network providers who are not accepting new referrals; and
- The geographic locations of providers and members, considering travel distances, travel time, and physical access for members with disabilities.

The following types of information will be reviewed in completing the analyses:

- LME-MCO statistical reports;
- Sandhills Center Annual Local Community Needs Assessment and Provider Capacity Report;
- Customer Services–Clinical Triage and Referral information to determine abandonment rate of calls made to the Customer Services-Clinical Triage and Referral.
- Service utilization based on paid claims data reviewed by service, by county, and by provider. This information provides a snapshot of access in each county for each of the services. If there are indicators that any county or counties in the geographic area have trends pointing towards deficits with wait times, over-utilization, or under-utilization, geo-access mapping and/or paid claims studies will be prepared to determine penetration rates in the county or counties in question.
- Mapping to determine if the requirements are being met relative to access standards.
- Complaints concerning access, availability, and network composition. Network Development will routinely investigate the nature and disposition of these kinds of complaints, as follows:
  - Needs/Gaps Strategic Plan document to determine if services named in complaints were also identified as gaps in services in the annual assessment;
  - Paid claims data for penetration rates surrounding identified service(s);
  - Information from the Finance Department regarding paid claims associated with the services named in the complaint;
  - Member Satisfaction Survey and grievance (complaints) data that identify the number of members of a particular racial/ethnic group who prefer to see only practitioners from the same ethnic group or are culturally competent;
  - Member Satisfaction Survey data that identify concerns about office wait times.
- Quality Management to determine if monitoring activities or incidents have identified issues related to access and availability;

- Annual review of cultural, ethnic and linguistic member data to determine if member needs are being met, to include census data, provider language and ethnicity data.

Following completion, the Annual Local Community Needs Assessment and Provider Capacity Report is presented to the Health Network Committee and the Quality Management Committee for review and recommendations.

SECTION TWO: ACCOMMODATION/DEMOGRAPHIC DATA[6]

Cultural Competence – LME/MCOs must ensure the availability and delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

I) Describe the population make-up of the LME/MCO's catchment area, including the size and geographic locations/distribution of specific cultural and special populations.[7]

Sandhills Center Population 2017

County	Total Population
Anson	25,626
Guilford	523,962
Harnett	130,847
Hoke	53,343
Lee	59,337
Montgomery	27,865
Moore	97,597
Randolph	144,672
Richmond	44,892
Sandhills Center Catchment Total	**1,108,141**

[6] Demographic data compiled by ACT Associates, June 2018.

[7] **Geographic, cultural or special populations** include, but are not limited to: ethnic groups; people with traumatic brain injuries; people with physical disabilities; people with visual impairments; people who are deaf or hard of hearing; veterans, military members and their families; pregnant women with substance use disorders; people who are LGBTQ; people who are in jails or prisons; youth in the juvenile justice system; people who are homeless or have unstable housing; people who have transportation barriers, and people with food insecurity.

North Carolina Total	10,272,692

Source: N.C. Office of State Budget and Management.

Sandhills Center Percent of Medicaid Enrolled - June 30, 2017

County	Total Medicaid Enrolled	Total Population	% Medicaid Enrolled
Anson	7,232	25,626	28.2%
Guilford	109,506	523,962	20.9%
Harnett	25,325	130,847	19.4%
Hoke	13,516	53,343	25.3%
Lee	14,479	59,337	24.4%
Montgomery	7,081	27,865	25.4%
Moore	14,650	97,597	15.0%
Randolph	30,851	144,672	21.3%
Richmond	15,155	44,892	33.8%
Sandhills Center Catchment Total	**237,795**	**1,108,141**	**21.5%**
North Carolina Total	**1,995,696**	**10,272,692**	**19.4%**

Sandhills Center Non-Elderly* Adult Uninsured (ages 18-65)

County	Number of Non-Elderly Uninsured	Population of Non-Elderly	Percentage of Non-Elderly Uninsured
Anson	2,437	18,427	13.2%
Guilford	49,069	430,804	11.4%
Harnett	14,048	111,965	12.5%
Hoke	7,693	47,432	16.2%
Lee	7,231	49,350	14.7%
Montgomery	3,245	21,041	15.4%
Moore	8,367	72,494	11.5%
Randolph	18,029	117,863	15.3%
Richmond	4,944	35,998	13.7%
Sandhills Center Catchment Total	**115,063**	**905,374**	**12.7%**
North Carolina Total	**1,023,107**	**8,355,457**	**12.2%**
Source: U.S. Census Bureau, 2016 Small Area Health Insurance Estimates. Released 7/17. Current as of 4/18/18.			

Sandhills Center Race/Ethnicity of Service Area - 2017

County	White Alone	Black or African-American	American Indian and Alaskan Native Alone	Asian - Pacific Islander	Other Race	Hispanic/ Latino
Anson	12,190	12,359	231	393	453	1,153
Guilford	297,485	182,615	4,365	26,097	13,400	47,832
Harnett	93,396	27,111	3,077	1,773	5,490	17,178

Hoke	27,429	16,936	5,265	929	2,784	7,907
Lee	44,053	11,979	964	751	1,590	13,376
Montgomery	21,781	4,970	266	442	406	4,641
Moore	80,770	12,457	992	1,450	1,928	7,140
Randolph	129,133	8,897	2,029	2,011	2,602	18,253
Richmond	27,508	13,880	1,769	584	1,151	3,636
Sandhills Center Catchment Total	**733,745**	**291,204**	**18,958**	**34,430**	**29,804**	**121,116**
North Carolina Total	**7,282,509**	**2,267,346**	**175,234**	**297,380**	**250,223**	**1,070,446**

Source: N.C. Office of State Budget and Management

The race and Hispanic origin categories used by the Census Bureau are mandated by Office of Management and Budget Directive No. 15, which requires all federal record keeping and data presentation to use four race categories (White, Black, American Indian and Alaska Native, Asian and Pacific Islander) and two ethnicity categories (Hispanic, non-Hispanic). These classifications are not intended to be scientific in nature but are designed to promote consistency in federal record keeping and data presentation.

Sandhills Center Hispanic Origin Population July 1, 2017

County	Hispanic		Non-Hispanic	
	Total	%	Total	%
Anson	1,153	4.5%	24,473	95.5%
Guilford	47,832	9.1%	476,130	90.9%
Harnett	17,178	13.1%	113,669	86.9%
Hoke	7,907	14.8%	45,436	85.2%
Lee	13,376	22.5%	45,961	77.5%
Montgomery	4,641	16.7%	23,224	83.3%
Moore	7,140	7.3%	90,457	92.7%
Randolph	18,253	12.6%	126,419	87.4%
Richmond	3,636	8.1%	41,256	91.9%
Sandhills Center Catchment Total	**121,116**	**10.9%**	**987,025**	**89.1%**

North Carolina Total	1,070,446	10.4%	9,202,246	89.6%

Source: North Carolina OSBM, Standard Population Estimates, Vintage 2017 (Current vintage of the OSBM population estimates and the 2017-2037 population projections. Accessed 4/4/18.)

Traumatic Brain Injury[8]
2017

County of Residence	Unduplicated Member Count
Anson	
Guilford	7
Harnett	
Hoke	
Lee	2
Montgomery	
Moore	
Randolph	2
Richmond	3
Sandhills Center Catchment Total	14

Sandhills Center Special Populations: Physical Disabilities, Visual Impairments, Deaf/Hard of Hearing, Pregnant with SA Disorders, and LGBTQ

County	Number of Disabled[1] Adults Enrolled in Medicaid	Number of Blind[1] Adults Enrolled in Medicaid	Estimated Number of Deaf or Hard of Hearing[2]	Estimated Number of Pregnant Women, ages 15-25 who use Opioids (Rate 1.5%)[3]	Estimated Number of Pregnant Women, ages 15-25 who use Illicit Drugs (Rate 5.9%)[4]	Estimated Number of Pregnant Women, ages 15-25 who Drink Alcohol (Rate 8.5%)[5]	Estimated Number of LGBTQ[6]

[8] Unduplicated count of TBI members receiving services from Sandhills Center during calendar year 2017.

Anson	1,365	9	3,243	3	10	15	918
Guilford	15,206	89	64,931	69	271	391	18,377
Harnett	3,565	15	15,150	15	60	87	4,288
Hoke	1,731	8	5,852	6	23	33	1,656
Lee	1,902	7	7,074	6	24	35	2,002
Montgomery	969	5	3,450	3	12	18	976
Moore	2,222	10	12,308	8	32	46	3,483
Randolph	4,299	24	17,867	16	62	90	5,057
Richmond	2,725	7	5,508	5	19	28	1,559
Sandhills Center Catchment Total	**33,984**	**174**	**135,383**	**131**	**515**	**742**	**38,316**
North Carolina Total	**298,046**	**1,661**	**1,265,527**	**1,120**	**4,404**	**6,345**	**358,168**

Sources: Accessed 5/24/18.

1 N.C. Division of Medical Assistance. June 30, 2017.

2 Deaf and Hard of Hearing: National Health Interview Survey 2014-2016, 2017

3 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services, 2017

4 Forray, 2016

5 Forray, 2016

6 Gallup, Inc., 2018

Sandhills Center Veteran Population - 4-Year Trend

County	9/30/2014	9/30/2015	9/30/2016	9/30/2017
Anson	1,667	1,652	1,635	1,618
Guilford	33,104	32,533	31,967	31,411
Harnett	14,034	14,279	14,525	14,772
Hoke	6,705	6,928	7,145	7,365
Lee	4,252	4,215	4,178	4,143
Montgomery	1,961	1,939	1,916	1,894
Moore	10,315	10,226	10,130	10,034
Randolph	11,007	10,901	10,786	10,664
Richmond	3,633	3,580	3,529	3,478

Sandhills Center Catchment Total	86,678	86,253	85,811	85,379
North Carolina Total	**775,022**	**773,881**	**772,424**	**770,854**

Source: National Center for Veterans Analysis and Statistics. Accessed 4/6/18.

Sandhills Center Prison/Jail Population - December 31, 2017

County	Prison/Jail Population	Female	Male
Anson	**134**	10	124
Guilford	**2,274**	143	2,131
Harnett	**364**	23	341
Hoke	**238**	10	228
Lee	**228**	16	212
Montgomery	**94**	7	87
Moore	**305**	27	278
Randolph	**487**	57	430
Richmond	**215**	15	200
Sandhills Center Catchment Total	**4,339**	**308 (7.10%)**	**4,031 (92.90%)**
North Carolina Total	**37,263**	**2,978 (7.99%)**	**34,285 (92.01%)**

Sources: North Carolina Department of Public Safety, Office of Research and Planning. A.S.Q. Custom Offender Report. Accessed 5/15/18.

Sandhills Center Juvenile Justice - Table A

County	POPULATION AGE GROUPS			COMPLAINTS RECEIVED							RATES		SUPERIOR COURT TRANSFERS
	Juvenile Population Ages 6-15	Juvenile Population Ages 6-17	Juvenile Population Ages 10-17	Violent Class A-E	Serious Class F I, A1	Minor Class 1-3	Infraction	Status (Undisciplined)	Total Delinquent Complaints	Total Complaints	Undisciplined Rate per 1,000 Age 6-17	Delinquent Rate per 1,000 Age 6-15	Number of Juveniles Transferred to Superior Court
Anson	3,135	3,798	2,540	0	10	29	0	0	39	39	0	12.44	0
Guilford	65,091	78,842	53,574	81	551	908	2	79	1,542	1,621	1	23.69	1
Harnett	20,009	23,870	15,781	19	83	253	1	31	356	387	1.3	17.79	0
Hoke	8,990	10,623	6,758	0	47	87	0	3	134	137	0.28	14.91	0
Lee	8,317	10,021	6,556	5	59	242	2	27	308	335	2.69	37.03	1
Montgomery	3,571	4,360	3,014	1	42	52	0	15	95	110	3.44	26.6	0
Moore	11,344	13,837	9,567	2	46	105	0	17	153	170	1.23	13.49	0
Randolph	18,653	22,681	15,456	5	68	246	1	47	320	367	2.07	17.16	0
Richmond	5,946	7,272	4,913	1	49	162	4	10	216	226	1.38	36.33	0
Sandhills Center Catchment Total	**145,056**	**175,304**	**118,159**	**114**	**955**	**2,084**	**10**	**229**	**3,163**	**3,392**	**1.31**	**21.81**	**2**
North Carolina Total	**1,314,230**	**1,582,313**	**1,064,658**	**890**	**7,588**	**17,166**	**93**	**2,428**	**25,737**	**28,165**	**1.53**	**19.58**	**16**

Source: North Carolina Department of Public Safety. 2017 Juvenile Justice County Databook. Last updated 4/24/18. Accessed 5/15/18.

Sandhills Center Juvenile Justice - Table B

County	DETENTION			YDC COMMITMENTS		COMMUNITY PROGRAMS				
	Distinct Juveniles Detained *, **	Detention Admissions ***	Detention Admission Rate	YDC Commitments	YDC Commitment Rate per 1,000 Youth Age 10-17	JCPC Youth Served	Alternatives to Commitment Youth Served	JCPC Endorsed Level II Programs Youth Served	Residential Contractual Programs Youth Served	Community Based Contractual Programs Youth Served
Anson	7	8	2.11	0	0	37	0	0	2	4
Guilford	132	197	2.5	12	0.22	2,006	0	0	40	18
Harnett	11	13	0.54	4	0.25	134	0	0	7	10

Hoke	5	6	0.56	0	0	47	1	0	3	2
Lee	10	14	1.4	2	0.31	101	0	0	4	9
Montgomery	0	0	0	0	0	90	0	0	3	2
Moore	3	4	0.29	1	0.1	149	1	0	6	2
Randolph	8	11	0.48	2	0.13	366	0	0	7	12
Richmond	22	26	3.58	1	0.2	100	0	0	11	4
Sandhills Center Catchment Total	**198**	**279**	**11**	**22**	**0.19**	**3,030**	**2**	**0**	**83**	**63**
North Carolina Total	**1,805**	**2,672**	**1.69**	**187**	**0.18**	**21,238**	**111**	**217**	**598**	**597**

Source: North Carolina Department of Public Safety. 2017 Juvenile Justice County Databook. Last updated 4/24/18. Accessed 5/15/18.

DETENTION:

*"Distinct" in the County Databook is a count of juveniles detained per billed county.
** Statewide Distinct Juveniles Detained does not include 6 juvenile admissions from the Reservation.
***Admissions are the number of times all juveniles were admitted to detention from each respective county. This data does not include transfers between centers (within the detention system).

COMMUNITY PROGRAMS:

Community Programs' data for columns V-AA are defined as youth served during the 2016-17 school/fiscal year.
Column AA data are defined as admissions during calendar year 2017 for assessment or secure custody purposes.

DATA SOURCES:

Population Data Source: https://ncosbm.s3.amazonaws.com/s3fs-public/demog/countytotals_singleage_2016.html
Data Source Columns G-U: NC-JOIN
Data Source Column V: https://www.ncdps.gov/documents/juvenile-crime-prevention-council-report-2018

Sandhills Center Social Determinant Factors: Homeless/Unstable Housing; Transportation Barriers, and Food Insecurity

County	Percentage Reporting Lack of Access to Food[1]	Percentage of Low Income Population and Do Not Live Close to a Grocery Store[1]	Percentage of Public School Students Receiving Free or Reduced Price Meals[2]	Percentage Households with No Motor Vehicles[3]	Percentage of Households with Severe Housing Problems[3]	Population Receiving SNAP (Food Stamp) Benefits[4]
Anson	3%	22%	96.65%	11.33%	16%	11.5%
Guilford	7%	19%	65.37%	7.12%	17%	7.5%
Harnett	4%	17%	61.14%	5.14%	16%	6.3%
Hoke	9%	19%	74.33%	6.82%	21%	8.0%
Lee	9%	16%	69.47%	6.57%	16%	7.7%
Montgomery	0%	17%	79.15%	9.55%	19%	7.0%
Moore	6%	14%	45.11%	5.50%	14%	4.7%
Randolph	7%	14%	61.54%	5.20%	14%	6.6%
Richmond	5%	21%	99.70%	10.53%	17%	13.8%
Sandhills Center Average Percentage	**6%**	**18%**	**72.50%**	**7.53%**	**17%**	**7.4%**
North Carolina Percentage	**7%**	**18%**	**59.82%**	**6.52%**	**17%**	**6.4%**

Sources: Accessed 5/17/18.

1. Robert W. Johnson 2017 County Health Rankings. Accessed 5/16/18. www.countyhealthrankings.org
2. N.C. Department of Public Instruction
3. U.S. Census, American Community Survey. Community Commons. https://assessment.communitycommons.org/CHNA/report?page=2&id=246&reporttype=libraryCHNA
4. NC DMA https://www2.ncdhhs.gov/dss/stats/docs/FNSCA/FNSCA_12-17.pdf

Sandhills Center Mortality - Suicide

County	Number of Deaths	Death Rate per 100,000 persons
Anson	5	19.6
Guilford	60	11.5
Harnett	11	8.4
Hoke	8	15.0
Lee	10	16.8
Montgomery	5	18.2
Moore	13	13.6
Randolph	26	18.1
Richmond	10	22.3
Sandhills Center Catchment Total/Rate	**148**	**13.5**
North Carolina Total/Rate	**1,373**	**13.5**

Source: Vital Statistics, 2016—Volume 2, October 2017 North Carolina Department of Health and Human Services Division of Public Health, State Center for Health Statistics Accessed 4/24/18.

Intentional Overdose Comparison

Sandhills Center Catchment All Intents Overdose Death Comparison* - Table 1

County (County is based on county of residence of the decedent)	Medication & Drug Poisoning Deaths[1] (Any mention of a medication and/or drug poisoning as primary cause of death - includes prescription, over-the-counter, and illicit drugs)			Opiate Poisoning Deaths[2] (Any mention of opiates, including synthetic)			Commonly Prescribed Opioid Medication Deaths[3] (Any mention of other opioids, methadone, *excluding* synthetic opioids in the multiple cause of death fields on the death certificate)			Heroin Poisoning Deaths[4] (Any mention of heroin in the multiple cause of death fields on the death certificate)		
	2014	**2015**	**2016**	**2014**	**2015**	**2016**	**2014**	**2015**	**2016**	**2014**	**2015**	**2016**
Anson	2	3	**3**	2	1	**1**	2	0	**1**	0	0	0
Guilford	52	63	**98**	42	47	**73**	10	19	**24**	24	23	41

Harnett	15	18	**18**	11	10	**14**	10	8	**9**	0	1	5
Hoke	6	4	**5**	4	2	**3**	4	1	**1**	0	0	1
Lee	6	10	**10**	4	7	**8**	4	3	**3**	0	5	4
Montgomery	0	3	**0**	0	3	**0**	0	2	**0**	0	1	0
Moore	11	13	**16**	7	11	**14**	6	8	**9**	0	1	2
Randolph	19	37	**37**	12	30	**30**	8	18	**14**	1	12	12
Richmond	12	13	**6**	9	11	**5**	8	9	**3**	0	2	1
Sandhills Center Catchment Total	**123**	**164**	**193**	**91**	**122**	**148**	**52**	**68**	**64**	**25**	**45**	**66**
North Carolina Total	**1,306**	**1,498**	**1,965**	**913**	**1,110**	**1,518**	**554**	**636**	**722**	**253**	**369**	**552**

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 4/25/18.

* Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

1 - Codes used: First listed cause of death (cod1) X40-X44, Y10-Y14, X85, X60-X64.

2 - Codes used: Any mention (cod1-cod21) of T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

3 - Codes used: Any mention (cod1-cod21) of T40.2 (Other Opioids), and/or T40.3 (Methadone). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables. Previous versions of this table used the definition for "prescription opioid" which included any mention of T40.2 (Other Opioids), T40.3 (Methadone), and/or T40.4 (Other synthetic opioid). Previous versions of this table used the definition for "prescription opioid" which included any mention of T40.2 (Other Opioids), T40.3 (Methadone), and/or T40.4 (Other synthetic opioid). Due to the increase in illicitly manufactured fentanyl and its analogues, which are coded as other synthetic opioids, T40.4 is not included in the revised definition for commonly prescribed opioid medications displayed in this table.

4 - Codes used: Any mention (cod1-cod21) of T40.1 (Heroin). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

Sandhills Center Catchment All Intents Overdose Death Comparison* - Table 2

County (County is based on county of residence of the decedent)	Methadone Poisoning Deaths[5] (Any mention of methadone in the multiple cause of death fields on the death certificate)			Other Synthetic Opioid Poisoning Deaths[6] (Any mention of synthetic opioids in the multiple cause of death fields on the death certificate)			Cocaine Poisoning Deaths[7] (Any mention of cocaine in the multiple cause of death fields on the death certificate)			Benzodiazepine Poisoning Deaths[8] (Any mention of benzodiazepines in the multiple cause of death fields on the death certificate)		
	2014	**2015**	**2016**	**2014**	**2015**	**2016**	**2014**	**2015**	**2016**	**2014**	**2015**	**2016**
Anson	0	0	0	1	1	**0**	0	0	**1**	0	0	**0**
Guilford	2	4	4	18	11	**35**	14	20	**35**	13	13	**23**
Harnett	3	1	1	1	2	**7**	2	5	**6**	2	6	**6**
Hoke	0	0	0	0	2	**1**	0	1	**1**	2	1	**1**
Lee	0	0	1	1	3	**4**	1	5	**2**	1	1	**2**
Montgomery	0	0	0	0	1	**0**	0	1	**0**	0	2	**0**
Moore	0	0	0	1	3	**7**	1	2	**1**	3	8	**5**
Randolph	1	2	0	4	5	**9**	1	1	**8**	8	13	**12**
Richmond	3	2	0	1	2	**2**	1	5	**3**	6	3	**2**
Sandhills Center Catchment Total	**9**	**9**	**6**	**27**	**30**	**65**	**20**	**40**	**57**	**35**	**47**	**51**
North Carolina Total	**127**	**110**	**124**	**207**	**288**	**612**	**228**	**318**	**529**	**275**	**398**	**538**

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 4/25/18.

* Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

5 - Codes used: Any mention (cod1-cod21) Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

6- Codes used: Any mention (cod1-cod21) of T40.4 (Other Synthetic Opioids). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

7 - Codes used: Any mention (cod1-cod21) of T40.5 (Cocaine). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

8 - Codes used: Any mention (cod1-cod21) of T42.4 (Benzodiazepine). Note: Counts by any mention of drug type are not mutually exclusive; if a death involved multiple drugs it could be listed in additional tables.

Opioid Prescribing Rates

Sandhills Center Rate of Retail Opioid Prescriptions Dispensed per 100 persons

County	2014	2015	2016
Anson	91.3	86.9	77.1
Guilford	88.9	84.0	74.5
Harnett	93.7	86.5	79.8
Hoke	66.5	60.2	61.2
Lee	130.6	119.9	129.6
Montgomery	74.9	70.9	65.3
Moore	135.7	134.3	127.3
Randolph	79.8	76.1	71.5
Richmond	160.3	134.9	151.6
Sandhills Center Catchment Average	**102.4**	**94.9**	**93.1**
North Carolina Total	**93.7**	**88.4**	**82.5**

Data is from the CDC US Prescribing Rate Maps and is subject to change. Prescribing data source: QuintilesIMS Transactional Data Warehouse (TDW) 2006–2016. QuintilesIMS TDW is based on a sample of approximately 59,000 retail (non-hospital) pharmacies, which dispense nearly 88% of all retail prescriptions in the U.S. For this database, a prescription is an initial or refill prescription dispensed at a retail pharmacy in the sample, and paid for by commercial insurance, Medicaid, Medicare, or cash or its equivalent. Does not include mail order pharmacy data.

Source: N.C. DHHS, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health. Accessed 4/25/18.

II) Describe obstacles and barriers to serving specific geographic, cultural or special populations, as well as gaps they experience in mental health, developmental disabilities and substance use disorder services, access, quality, or outcomes.

- *Percent of Medicaid Enrolled* (See table on p. 11, above.)
  Seven (7) of Sandhills Center's 9 counties are over the State average (19.4%) with Richmond (33.8%), Anson (28.2%), and Hoke (25.3%) being the highest.
  Obstacles and Gaps:
    - Medicaid enrollment correlates with children living in poverty. For the counties identified above, the Social Determinant table found on page 20 also shows higher

rates of lack of access to food, children receiving free or reduced price school lunches, and lack of transportation.

- *Sandhills Center Non-Elderly Adult (ages 18-65) Uninsured* (See table on p. 12, above).
  Eight (8) of Sandhills Center's 9 counties have non-elderly adult uninsured populations over the State average of 12.2%, with Hoke (16.2%), Montgomery (15.4%), Randolph (15.3%), Lee (14.7%), Richmond (13.7%), and Anson (13.2%) being the highest within catchment.
  Obstacles and Gaps:
    - Although Sandhills Center has been able to maintain former IPRS funding levels, continuing IPRS funding cuts have eliminated the option of increasing access and expanding service arrays for the uninsured in the catchment area.

- *Sandhills Center Hispanic Origin Population* (See table on p. 14, above.)
  Five (5) of Sandhills Center's 9 counties have Hispanic populations over the State average of 10.4%: Lee County (22.5%), Montgomery (16.7%), Hoke (14.8%), Harnett (13.1%), and Randolph (12.6%).
  Obstacles and Gaps:
    - Need more qualified, certified Spanish speaking licensed independent practitioners, particularly in the southern region of Sandhills Center's catchment area.
    - Reluctance of Hispanic population to seek services due to immigration status.
    - Cultural differences in seeking professional behavioral health services.
    - Lack of knowledge about available interpreter services.

- *Juvenile Justice* (See tables on pp. 18-19)
  Lee County has the highest rate of delinquent youth in the catchment (37.03 per 1,000), followed by Richmond (36.33 per 1,000). These significantly exceed the NC State rate of 19.58 per 1,000.
  Obstacle:
    - Building accessible, culturally appropriate behavioral health services for youth and families in these counties, including day treatment.

- *Sandhills Center Social Determinant Factors* (See table on p. 20, above.)
    - Two (2) counties in the Sandhills Center's catchment area are over the State average (7%) with residents reporting of lack of access to food. These are Hoke and Lee, both at 9%.
    - Eight (8) of 9 counties in Sandhills Center's catchment are over the State percentage (59.82%) of public school students receiving free or reduced price meals, with Richmond (99.70%) and Anson (96.65%) having the highest percentages.
    - Five (5) Sandhills Center counties are above the State average (6.52%) of households with no motor vehicles. (Anson (11.33%), Guilford, Hoke, Montgomery, Richmond (10.53%).
    - Three (3) Sandhills Center counties are above State average (17%) of households with severe housing problems, with the highest percentage in Hoke (21%) and Montgomery (19%).
      Obstacles:
        - Unemployment, lack of insurance, poverty levels, lack of access to food correlate to vulnerable populations.
        - Lack of affordable housing.

    - Lack of transportation is a re-occurring barrier identified in consumer/family member and stakeholder surveys. Four (4) of the counties identified (Anson, Hoke, Montgomery, and Richmond) are rural and without access to public transportation.

- *Mortality-Suicide* (See table on p. 21, above.)
  Six (6) of 9 catchment counties are above the State rate of 13.5 per 100,000 persons for suicides. Richmond (22.3), and Anson (19.6) are the two highest.
  Obstacles:
  - The counties identified are rural counties with higher rates of unemployment, lack of insurance for adults, free or reduced price meals at public schools, higher poverty levels, lack of access to transportation, and severe housing problems.

- *Sandhills Center Rate of Retail Opioid Prescriptions Dispensed per 100 persons* (See table on p. 24, above.)
  Three (3) of Sandhills Center's counties are significantly above the State average (82.5 per 100). They are Richmond (151.6 per 100), Lee (129.6 per 100), and Moore (127.3 per 100).
  Obstacles:
  - Although the number of opioid prescriptions dispensed decreased between 2014 and 2015, they increased between 2015 and 2016. In some cases the increase was significant: Lee (119.9 per 100 (2015) to 129.6 in 2016. Richmond was 134.9 per 100 in 2015 and increased to 151.6 in 2016. For these two counties (Richmond and Lee) overprescribing remains an issue with all other counties showing a consistent decline over the 2 year period.

- *Sandhills Center Catchment All Intents Overdose Death Comparison* (See table 2 on p. 23, above.)
  The number of deaths from synthetic opioids, cocaine, and benzodiazepine are trending up, with Guilford, Harnett and Randolph as hot spots with significant increases.
  Lee and Cumberland counties, the latter of which is adjacent to our catchment area, have the highest number of overdose deaths in North Carolina.
  Obstacles:
  - Increased availability of street drugs such as cocaine;
  - Increased availability of prescription drugs such as synthetic opioids and benzodiazepine.

SECTION THREE: ACCEPTABILITY/CONSUMER AND STAKEHOLDER SURVEYS[9]

Sandhills Center reached out to consumers, family members and stakeholders to identify and prioritize needs, gaps and opportunities for ensuring the system is more responsive and accessible to its consumer's and stakeholders' needs across the 9-county service area.

Sandhills Center completed its annual surveys and focus groups which concentrates on the service system and the people that live within the 9-county catchment area. The data and information compiled

[9] Survey Analysis conducted by ACT Associates, June 2018.

from the surveys and focus groups helps Sandhills Center to determine where and what services are needed as well as who utilized available services.

In an effort to look across the system at various points, Sandhills Center also reviewed the following additional surveys conducted during SFY 17 which included the following:

- 2017 NC CAHPS® 3.0 Adult Medicaid ECHO® Report
- 2017 NC CAHPS® 3.0 Child Medicaid ECHO® Report
- 2017 Provider Satisfaction Survey Results: Sandhills Center

By reviewing input from the above surveys, Sandhills Center staff had the ability to identify common themes across surveys conducted during the same time period. The following chart shows a comparison of the number of respondents who participated in each survey process reviewed and analyzed for this report.

Comparison of Sandhills Center Survey Respondents

	2017 NC CAHPS® 3.0 Adult and Child ECHO® Report1	**Sandhills Center Consumer and Family Surveys**	**Sandhills Center 2017 Provider Satisfaction Surveys2**	**Sandhills Center Stakeholder Surveys**
Total Number of Survey Respondents	135	744	313	400

1December 2017: North Carolina CAHPS® 3.0 Adult Medicaid ECHO® Report; December 2017: North Carolina CAHPS® 3.0 Child Medicaid ECHO® Report
2December 2017: Sandhills Center 2017 Provider Satisfaction Survey Results

I) Describe methods used to get input from consumers and family members regarding service needs, gaps and strategies. Include efforts to achieve geographic and disability-specific representation.

Sandhills Center conducted the Consumer Community Needs Assessment survey between April 25, 2018 and June 10, 2018. The consumer survey, in English and Spanish, was posted on the Sandhills Center website and was emailed to all providers in the network. Providers were asked to print out and distribute paper surveys at their sites and to return completed paper surveys to Sandhills Center to be entered electronically. Nine (9) Spanish surveys were received, and 18 surveys were received that were in English, but those respondents chose their primary language as Spanish. Community partners and advocate groups were asked to distribute the survey to their members and constituents. Also, respondents were able to access both the consumer and stakeholder surveys though Quick Response (QR) codes that could be downloaded on their tablets or smart phones. Seven hundred and forty four (744) consumer and family members completed the survey.

The geographic representation of the consumer survey was as follows (n=744):[10]

[10] Some respondents left choices blank and did not answer question(s), so number does not total 744.

- 253 (or 34.01%) Guilford
- 195 (or 26.21%) Randolph
- 51 (or 6.85%) Anson
- 51 (or 6.85%) Moore
- 47 (or 6.32%) Richmond
- 37 (or 4.97%) Harnett
- 30 (or 4.03%) Hoke
- 28 (or 3.76%) Lee
- 6 (or 0.81%) Montgomery

Consumers represented in the survey received the following services (n=744):[11]

- 215 (28.90%) Adult Mental Health
- 127 (17.07%) Adult Substance Abuse
- 126 (16.94%) Adult Intellectual/Developmental Disabilities
- 78 (10.48%) Child Mental Health
- 36 (4.84%) Child Intellectual/Developmental Disabilities
- 10 (1.34%) Child Substance Abuse

Emerging themes from the Consumer and Family Survey include:

- The majority of respondents were White (434 or 56.81%) or Black (221 or 28.93%).
- English was reported as the primary language spoken at home (704 or 94.62%).
- The majority (523 or 70.30%) of respondents felt that they were getting the services that they needed. Even though respondents were given the opportunity to identify which services they needed, few provided concrete examples.
- Of the 529 who responded to the question as to whether services had helped, 489 (92.44%) said yes.

II) For each disability group (mental health, developmental disabilities and substance use disorder) what service gaps were identified by consumers and family members?

The majority (523 or 70.30%) of respondents felt that they were getting the services that they needed. Even though respondents were given the opportunity to identify which services they needed, few provided concrete examples. The chart below indicates the top gaps that respondents identified within each disability group.[12]

Mental Health Gaps (n=35)	**Intellectual-Developmental Disability Gaps (n=26)**	**Substance Use Disorder Gaps (n=18)**
• More therapy (8 or 22.86%) • More providers (6 or 17.14%)	• Innovations waiver services (3 or 11.54%) • Mental disabilities (including dementia and stroke/seizure) (3 or 11.54%)	• Treatment for SUDs (10 or 55.56%) • Methadone (3 or 16.67%)

[11] See above.

[12] Numbers reflect only those individuals who commented on specific needs and gaps.

• Treatment services for depression (5 or 14.29%) • Transitional and social skills services (4 or 11.43%) • Treatment services for anxiety (3 or 8.57%) • Treatment services for PTSD (3 or 8.57%)	• Support groups (3 or 11.54%)	

In terms of social determinants, consumers identified the following (n=415):[13]

- 66 (15.90%) I have trouble with transportation
- 34 (8.19%) I have trouble with housing
- 25 (6.02%) I have trouble always getting enough to eat or eating in a healthy manner
- 24 (5.78%) I am homeless

Seventy four (74) respondents made additional comments. Almost half of those respondents' comments (35 or 47.30%) were favorable regarding specific services or providers. Respondents reported how pleased they were with the services and facilities and that they appreciated the help they received.

III) Describe methods used to get input from stakeholders other than consumers and family members regarding service needs, gaps, and strategies.

The Stakeholder Needs Assessment survey was also completed between April 25, 2018 and June 10, 2018. Four hundred (400) respondents completed this survey. The survey was posted on the Sandhills Center website and emailed to all staff and to various community groups, including crisis services, collaborations for integrated care, housing, child/adolescent developmental disability groups and other services, special populations, community colleges, justice systems, NC Council of Community Programs, service providers, health departments, DSS departments, CFAC, JJSAMHP partnerships, and hospitals. Agencies that were identified as serving Latino families at the time of this survey were contacted directly by phone including Family Service of the Piedmont, YWCA in High Point, the Latino Community Coalition and Day Star Church. The survey was also presented face-to-face and distributed to CFAC members, schools, advocacy groups and collaborative partners. Sandhills Center met with the Center for New North Carolinians (UNCG). Other community organizations that were part of face-to-face meetings include the Mental Health Association in Greensboro, Guilford Child Development, Montagnard Dega Association, and the staff of the Children's Home Society. A full list of stakeholders that participated in the stakeholder survey can be found in Appendix B.

Respondents to the stakeholder survey were as follows: N=400, Respondents included community stakeholders (284 or 71.00%), Sandhills Center staff members (65 or 16.27%), others (39 or 9.75%), CFAC member (9 or 2.25%) and Board member (3 or 0.75%). The counties represented in this survey included:

- Guilford 157 (21.93%)
- Randolph 127 (17.74%)
- Moore 96 (13.41%)

[13] See above.

- Lee 59 (8.24%)
- Harnett 56 (7.82%)
- Richmond 56 (7.82)
- Anson 49 (6.84%)
- Hoke 49 (6.84%)
- Montgomery 46 (6.42%)
- Other 21 (2.93%)

It is important to note that respondents were able to pick all of the counties in which their organization has offices or the county in which they lived at the time of this survey. There were a total of 2 stakeholder surveys that were received and translated into Spanish.

IV) For each disability group (mental health, developmental disabilities and substance use disorder) what services gaps were identified by other stakeholders?

A total of 217 or 54.25% of respondents reported that there were MH/SA/IDD service gaps where they lived or where services were located. In response to services needed, a total of 499 identified gaps.[14] Respondents were asked to list the top 3 services they felt were needed. The top three services identified were substance abuse treatment and supports (75 or 15.03%), mental health treatment and supports (69 or 13.83) and child services, which do not include child placements (54 or 10.82%). There were 41 (8.23%) of respondents who reported needing more services in general.

Out of 350 respondents, 87 (24.86%), felt that the MH/IDD/SUD services offered were not addressing the cultural and ethnic needs of their community, while 133 (38.00%) responded that they were not sure. Stakeholder respondents identified the following cultural or ethnic groups that they felt were experiencing needs at the time of the survey:

- African American/Black 65 (36.93%)
- Hispanic 56 (31.82%)
- Asian American, including Burmese, Hmong, Korean, Montagnard (an ethnic minority from Vietnam), and Pakistani, 12 (6.82%)
- Immigrant, refugee and undocumented 10 (5.68%)
- All 9 (5.11%)
- LGBTQ 9 (5.11%)

Two hundred twenty-three (223) respondents reported the top three services needed by the previously identified cultural or ethnic groups included:

- Substance abuse treatment and services (including detox) 35 (15.70%)
- Culturally competent services (training), including clinicians speaking the same language 29 (13.00%)
- Mental health treatment and services 26 (11.66%)

In terms of social determinants, stakeholders identified the following (n=1,589):

- 259 (16.30%) Transportation as an issue
- 214 (13.47%) Individuals do not have Medicaid and are unable to pay for services
- 144 (9.06%) Basic needs of adequate food and/or shelter are an issue

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[14] Some stakeholders identified more than one gap or need, resulting in more gaps than respondents.

When asked what special populations needed additional MH/SA/IDD services, the following social determinants were identified:

- 208 (11.95%) People who are homeless
- 205 (11.77%) People with transportation barriers
- 187 (10.74%) People with unstable housing
- 120 (6.89%) People who do not have enough food/nutritious food to eat

Additional information provided by stakeholders (n=86) included comments concerning observations (13 or 15.12%), suggestions (13 or 15.12%) and changing policies (9 or 10.47%). Respondents reported observations that included: how addiction cannot only be treated with pharmaceuticals; isolated attention needs to be given to mental health instead of combining it with intellectual/developmental disabilities and substance abuse; levels of support need to continue to increase not decrease because it is the supports that gets the person where he/she needs to be; and that representation on Juvenile Crime Prevention Council (JCPC) is not adequate.

One respondent reported, "It has become extremely challenging to serve persons with MH/SA/IDD issues. We are not aware of what services are available and/or told that our customers don't meet criteria, putting them at risk for harm. Often they have to wait for months (years) to get services resulting in hospitalization, incarceration, homelessness, and crisis with little to no response from MCO or contracted providers. MCO staff are quick to say what they can't do, would like to know/hear what they CAN do."

Another respondent reported, "Difficulties for people who have been in jail or prison who have never been diagnosed. Many of the people have gone their entire lives undiagnosed. If a person has acquired a disability after the charges and later in life needs help...the system makes it very difficult for them to get help. People with MH/SA/IDD and legal issues have a huge barrier to overcome for services."

Others made observations concerning consumer access to services, the current need outweighs the available resources, that some strong providers have opted out of serving Medicaid clients and that there is always room for improvement of services.

Summary of Sandhills Center Discussion Groups 2018

Between May and June 2018, discussion groups were conducted to determine needs and gaps in behavioral health services. Groups varied in the number of participants. Feedback was obtained from the Sandhills Center Network Leadership Council, the Five County Collaborative, JJSAMHP Eight County Leadership Team, JJSAMHP Needs and Gaps, and the JJSAMHP Focus Group held at Guilford County Department of Social services. The focus groups identified the following needs:

Discussion Group	Needs Identified
Network Leadership Council	• Housing for individuals with mental illness • Day treatment • Transition skills • Social setting detox • Psychological assessments • Individual therapy for children • IDD treatment and support services • Education and services for immigrants and refugees • Services for LGBTQ

	• Transportation to services • MAT for individuals with opioid use disorders • Need for collaboration • Open the network for providers
JJSAMHP Focus Group held at Guilford County DSS	• Mental health treatment and support services in schools • Parental access to services • Need for collaboration between providers, schools and courts • Difficulty navigating Sandhills Center system • Need for mental health services for adolescent males • Services and resources for immigrants • Bilingual services, especially Spanish • Need for more local residential programs for children and teens • Early intervention substance abuse services beginning at age 11 • Services for Vietnamese • More State funding • Improve response time • Services for youth with Autism Spectrum Disorder • Directory of services in Guilford County • Resources for deaf and hard of hearing • Need to educate consumers • Financial challenges of consumers
JJSAMHP Eight County Leadership Team Moore, Montgomery, Richmond, Anson, Hoke, Lee, Harnett and Randolph	• Day treatment • Level IV placement options (contracts) • Preventative services • Spanish-speaking outpatient services/providers • Services for 16-19 year olds (*Raise the Age)* • Crisis shelter for children/teens • Transportation • Emergency/temporary/respite care • Inpatient acute beds for children • Access to more substance abuse treatment and support services • Case management for complex mental health/substance abuse cases • Lack of collaboration for those outside the Sandhills Center network • Transitional services for 18-21 year olds • School-based individual and group therapy • School/mental health communication/partnership • Sex offender assessment, evaluation, outpatient treatment and residential treatment

	• Level III residential temporary shelter and residential treatment • Parental classes/training • Emergency shelter for juveniles awaiting placement • Outpatient substance abuse services for adolescents • Residential replacement • Treatment for 6-11 year olds

The service needs that focus groups identified confirmed those named by stakeholders and by consumer and family members. The following comments originated from the Network Leadership Council:

> *We see a tremendous need for people with mental illness that lack housing and support. We regularly see individuals struggling with mental illness that are kicked out of men's and women's shelters for exhibiting symptoms of their illnesses. They often lack resources to secure safe accommodations, and they often aren't even linked to available resources such as food stamps, Medicaid/healthcare access, SSI/SSDI, transportation, and other resources and/or services that increase stability and decrease expensive hospitalizations.*

SECTION FOUR: SPECIAL POPULATIONS

Transitions of Community Living Initiative (TCLI)

A. ***Community-based Supportive Housing Slots: Describe service gaps and needs, obstacles and barriers, and recent activities and projects in the LME/MCO to:***

1. ***Identify and engage eligible individuals in the TCLI priority population.***
Currently eligible clients are identified through a statewide list of 5 priority populations created by the State, which includes PASSAR screening. On 11/1/18, new priority populations will be added, individuals with SPMI, unstable housing, and homeless individuals, and a Diversion Screening process will be initiated. There is some concern about how the expansion of the priority populations will unfold in practice. With the addition of the new priority population, members must still meet one of the original 5 priority populations' in order to be approved for a housing slot.

   Obstacles and Barriers to engage eligible individuals: Prior to 2013 and the TCLI initiative, common thinking was that individuals with mental illness could not live independently in the community. This mind set remains prevalent today. It is difficult to engage individuals to live independently when the first response of the individual, his/her families and providers is to remain in a facility setting. In addition, individuals are afraid of losing their benefits if they leave the facility, and in many cases when it took them years to get those benefits. Isolation continues to be a big concern as members do not become fully acclimated with their community. Also, members with extensive criminal and credit backgrounds present a barrier to members transitioning as does the lack of available housing in the designated areas of members' choice. Sandhills Center has a DOJ Workgroup that meets once a month to stay abreast of changes and to discuss barriers regarding the TCLI Program.

Activities and Projects to engage eligible individuals: IN REACH staff use the State generated list and go into adult care homes and state facilities to talk with these individuals about the TCLI program and to address concerns and issues. The staff follow up monthly with individuals who have previously declined to participate, to see if there are additional issues/concerns they can address for the individual. There are currently 2 staff people employed with RHA who are now tasked with the responsibility of performing community integration activities with the eligible individuals. These activities include assisting members in viewing available units, touring the Psychosocial Rehabilitation Programs, meeting with other members who have transitioned, and going to breakfast or lunch to establish therapeutic relationships.

2. Provide access and transition individuals to community-based supported housing.
Obstacles and Barriers: TCLI programs are encouraged to take advantage of "targeted key units," and these units have limited availability for our TCLI clients, making it more difficult to obtain affordable housing. From a geographical standpoint, there is a deficit of housing in Harnett, Lee, and Montgomery counties in our catchment area. The TCLI team is not aware of the availability of the targeted/key units due to a recent change in the referral process. Often, when Transition Coordinators are notified of a vacancy, the member has transitioned to other units in the community.

Activities and Projects: Sandhills Center employs 2 Housing Specialists who work to maintain and build positive relationships with landlords and to increase the availability of supported housing in the community. Housing is also sought in locations that are within walking distance to grocery stores, etc. The Housing Specialists also attempt to expand the landlord list by discussing the availability of landlords at the quarterly Resident Discharge Team Meetings with the Department of Social Services in our 9 county catchment area. The landlord list is not only made available to Sandhills staff but is also available to provider agencies and other outside entities as well. Also, an annual landlord breakfast is held to recruit landlords who are interested in partnering with Sandhills Center.

3. Transition individuals within 90 days of assignment to a transition team, and
Obstacles and Barriers: It is extremely difficult to find community-based housing for registered sex offenders and for individuals with a significant criminal record. It is also difficult to find affordable housing in some locations where the clients want to live, Wake County, for example.

Activities and Projects: Sandhills Center is expanding the role of the housing specialist to develop relationships with landlords to increase the availability of affordable housing options for our clients.

4. Support individuals; housing tenure and ability to maintain supportive community-based housing.

Obstacles and Barriers: As noted earlier, the TCLI initiative requires a paradigm shift in thinking that individuals with mental illness cannot live independently in the community. This mind set remains prevalent today. It is difficult to maintain housing

tenure and community-based housing when the first response of the individual, his/her families and providers is to move the individual back into a facility.

Activities and Projects: Sandhills Center's Medical Director and Associate Medical Director are conducting a retroactive review (of clients already placed in the community) and current review (of clients to be placed in the community) to develop recommendations on how best to meet the client's behavioral health and physical health needs in the community. This recommendation is based on a review of the client's CCA and PCP. Sandhills Center participates in clinical team meetings regarding TCLI members as needed to address issues, develop additional interventions and strategies to assist members in maintaining their community based housing.

B. IPS-Supported Employment:

1. Describe the network adequacy of IPS-Supported Employment services, including number, locations and capacity of fidelity teams; the LME-MCO's total service capacity requirements (including but not limited to the TCLI population); and service gaps and needs.

Network Adequacy: Sandhills Center has 5 IPS-Supported Employment providers, 4 of which have met fidelity.[15] These 5 providers serve 6 of 9 counties in the catchment area, with the bulk of paid claims originating in Guilford County. All five (5) IPS-SE providers report capacity to serve additional clients. Patient counties without paid claims for IPS-SE are Anson, Hoke and Randolph[16]. A Request for Proposal for IPS-SE was recently let for the southern counties including Anson and Hoke. The evaluation committee has scored the application(s) and an interview has been scheduled. Recommendation will be made by early February 2019. Thereafter, upon successful completion of credentialing and Board approval, a new IPS-SE provider will be admitted to the Sandhills Center network. In FY15-16, paid claims for IPS-SE individual was $277,415; this increased to $447,372 in FY17-18, an increase of 62%.

Gaps and Needs: Paid claims reports are used to generate a monthly report that tracks patient counties without paid claims. This allows Sandhills Center Management to identify gaps. Recently one (1) IPS SE provider notified us that they would no longer be able to accept new clients in the southern counties due to fidelity model issues and co-location with a behavioral health entity. A Request for Proposal will be let in September 2018 to solicit additional IPS-SE provider team in the southern counties.

2. Describe obstacles and barriers as well as recent activities and projects to engage and refer individuals living in or act risk of entry to adult care home.

Eligible individuals are reluctant to engage in IPS-SE for fear of losing their benefits, and in many cases it took those individuals years to qualify for benefits. As a result, family members tend to discourage members not to return to work. Also, some members have been in adult care homes over 10 years and have difficulties in overcoming the stigma of having a mental illness.

[15] The one provider that did not meet fidelity standards is scheduled for re-review in November 2018. Update: this provider passed the November review with a score of 93.
[16] Three (3) IPS-SE providers located in Guilford County have capacity to serve members in adjacent Randolph County.

Individuals currently receiving IPS-SE services must meet criteria for being at risk of entry to adult care home in order to be counted toward the IPS-SE quota, which each LME-MCO must meet in order to be in compliance with DOJ settlement requirements.

Activities and Projects: FY 18-19 non-UCR funding has been made available to reimburse credentialed Work Incentive Practitioners (CWIPs) or Certified Work Incentive Counselors (CWICs). These Benefits Counselors work with potential IPS-SE participants to discuss employment and the impact it can have on individual benefits. Sandhills Center will make arrangements for credentialed and certified benefit counselors to meet with our IPS-SE agencies, in order to set up a process for client referrals for benefits counseling. The DOJ Workgroup has approved a SE fact sheet to assist the TLCI staff in engaging members regarding SE.

C. Community-Based Mental Health Services

1. **Describe the array and intensity of community-based mental health services provided to individuals living in supportive housing, as well as their sufficiency, as individuated by the individuals' ability to obtain and maintain stable housing and by other personal outcomes indicative of great integration in the community. Personal outcomes addressed in response should include the following:**
    a. **Supportive housing tenure and maintenance of chosen living arrangement;**
    b. **Hospital, adult care home, or inpatient psychiatric facility admissions;**
    c. **Use of crisis beds and community hospitals admissions;**
    d. **Emergency room visits;**
    e. **Incidents of harm;**
    f. **Time spent in congregate day programming;**
    g. **Employment;**
    h. **School attendance/enrollment, and**
    i. **Engagement in community life.**

During fiscal year 2016-2017, there were a total of 122 consumers in housing or who transitioned to a supportive living arrangement during the fiscal year. Of these 122 consumers, 11 lost or exited housing due to death, eviction, jail, return to an adult care home, admission to mental health group home, admission to skilled nursing facility, or to live with a family member.

Of the consumers participating in the TCLI program, approximately 50% of them were connected with ACTT services while the other 50% of consumers received Transition Management Services. Additional services, including crisis services, were accessed by these consumers as follows:

Service	Number/Percentage of Consumers Accessed
Psychiatric Inpatient	1 – < 1%
ED-Behavioral Health	15 – 12%
Mobile Crisis Team	9 – 7%
Facility-Based Crisis	0 – 0%
Psychosocial Rehabilitation	18 – 15%
IPS-SE	8 – 7%
Incidents of Harm	1 – < 1%
School Enrollment/Attendance	4 – 3%

The vast majority of TCLI consumers participate in community life. This includes going to the park, church, Walmart/grocery store, senior center, library, visiting friends/family members, as well as a variety of other community activities. During their transition meetings, the transition coordinators assist consumers in identifying their community interests and help to get them connected with these activities upon their transition. Ongoing engagement and participation in community life is directly attributable to the service providers to which TCLI consumers are connected.

ACTT providers assist TCLI consumers by providing services at the intensity and frequency needed based on each consumer's level of need. This includes interaction with Peer Support Specialist, Substance Use Specialist, Vocational Specialist, Housing Specialist in the event of an eviction/housing loss, medication evaluations/reassessment, crisis intervention, teaching of ADLs, integration into the community, making referrals to additional resources/services including physical health providers, and wellness management.

TMS and Peer Support workers assist in maintaining housing by teaching ADLs individually in the home environment, assisting with tenancy issues, connecting with additional services/resources including physical health providers, integration into the community, assisting with making and keeping behavioral and physical health appointments. PSR providers assist members with social interaction and building social skills, wellness management, as well as teaching ADL skills in a group environment.

IPS-SE services assist TCLI consumers in maintaining their living arrangements in the community by assisting them to find competitive employment in the job of their choosing, which contributes to the consumers' recovery and their financial stability. Unfortunately, there has been a gap in IPS-SE services in Sandhill Center's rural counties in recent months. However, while this gap is being addressed, Sandhills has indicated a willingness to offer a single-case agreement to any consumer in our rural counties who expresses an interest in this service. CST is also a valuable service to our TCLI members as they help consumers maintain their housing by teaching wellness skills, teaching/modeling behaviors such as appropriate social interactions, providing psychoeducation to members and their families, providing psychotherapy and substance abuse interventions, teaching relapse prevention strategies, connecting with other needed services and resources both for behavioral and physical health. At this time, there are 4 counties with limited coverage for CST services, including Anson, Montgomery, Richmond, and Moore. As we prepare for the revised CST service definition, we expect that the service will be expanded and available to all Sandhills Center's consumers.

Assertive Community Treatment Team Services (ACTT), Transition Management Services, Community Support Team, Psychosocial Rehabilitation Services, Peer Support Services, Individual Support Services, and Supported Employment Services are available services that TCLI eligible participants can choose from as they make plans to transition to the community. Depending on the needs and preferences of the member, one or more of the above services is offered to the member. The service definitions for this set of services are written to ensure that these services (if administered properly) will offer the members the support, assistance, and skills that they need to obtain and maintain stable housing and move forward to achieve an optimal level of community integration. Utilization of the appropriate supports would serve to mitigate inpatient psychiatric admissions, emergency room visits, incidents of harm, use of other psychiatric crisis interventions. It would also foster involvement in community life, school attendance, and employment in the targeted population. Gaps in the successful engagement in these services are apparent as providers of several services, developed to provide the most intensive interventions, are too frequently opting to assist the members to return to a

congregate living situation at the initial stages of adjusting to an independent living arrangement.

2. Describe gaps and needs in the community-based mental health services provided to individuals in community-bases supportive housing. Note that this items refers to gaps and needs related to the provision and outcomes of services, and not solely to the access and choice standards addressed in Section One.
50% of TCLI members are enrolled with an ACTT provider; those not enrolled with ACTT receive TMS services. Providers of different services, such as ACTT or TMS, may have differing views about whether or not adults with mental illness can be appropriately served in the community, and their initial response to issues may be that the individual should be returned to the adult care home setting. In our experience Peer Support providers are more receptive to the idea of adults with mental illness being served in the community.

Sandhills Center, in coordination with the UNC Center for Excellence in Community Mental Health, has developed a training series for our contracted ACTT providers to develop more advanced skills in direct service staff. This training series will be offered during the course of this fiscal year offering a total of 10 days of training to the identified program staff. This training follows a similar joint training developed with the UNC Center and offered to providers last fiscal year.

3. Describe the obstacles and barriers as well as recent activities and projects to address gaps in the array, intensity, and sufficiency of community-based mental health services provided to individuals in supportive housing.
Based on member feedback, isolation and loneliness are two of the biggest obstacles to remaining in the community. Members report that they missed the social and community aspects of living in an adult care home with others.

Activities and Projects: TCLI members are taught how to use Medicaid transportation and peer support specialists also provide transportation for members.

D. Crisis Services

1. Describe the network adequacy of the LME/MCO crisis service systems, including the geographic availability, array and intensity of services; the sufficiency to offer timely and accessible services and supports to individuals experiencing a behavioral health crisis; and service gaps and needs. Note that this item refers to gaps and needs related to the provision and outcomes of services, and not solely to the access and choice standards addressed in Section One.
The majority of TCLI members have Medicaid funding, and as stated above, 50% of TCLI members receive ACTT services. Daymark Recovery Services, Inc. is contracted to provide ACTT coverage in Anson, Harnett, Hoke, Lee, Randolph, Montgomery and Moore Counties. EasterSeals is operating out of Harnett County, and 3 other ACT Teams are operating out of Guilford County with coverage in Randolph County.

Array and intensity of services;

In addition to the ACT services referenced above, additional services available during crisis situations include:

- Transition Management Services that include personal crisis management and relapse prevention plans for TCLI members.
- Community Support Team services.
- Walk-In Crisis Units in all 9 counties of the catchment area.
- Mobile Crisis coverage across the catchment area.
- Emergency Department coverage, and
- Inpatient hospitalization

Sufficiency to offer timely and accessible services and supports to individuals experiencing a behavioral health crisis;

- ACT services are “first responders” available 24/7, and this service includes crisis response and the development of a crisis management plan. Sandhills Center meets 100% access standard for ACT services.
- Community Support Team (CST) services are available 24/7, and this service includes crisis management, crisis planning and prevention. Sandhills Center meets 100% access standard for CST services.
- Walk-In Crisis Unit is open 24/7 in Guilford County and is available 8 am – 5pm in the remaining 8 counties of the catchment area.
- Mobile Crisis response to a crisis in community is 2 hours and the team will make referrals and will facilitate 911 transport to Emergency Departments and hospitals as needed.
- Emergency Department and inpatient coverage is 24/7.

Service gaps and needs.
We are not aware of gaps in the availability of timely crisis services to the TCLI population.

2. Describe the extent to which crisis services are provided in the least restrictive setting and consistent with an already developed individual community-based crisis plan or in a manner that develops such a plan as a result of the crisis situation, and in a manner that prevents unnecessary hospitalization, incarceration or institutionalization.
TCLI members receiving an enhanced service have a crisis plan to be followed when the member is experiencing a crisis situation. In addition, Daymark is contracted to provide Walk-In/Crisis Units in Anson, Harnett, Hoke, Lee, Montgomery, Randolph and Richmond Counties. Therapeutic Alternatives provides Mobile Crisis services in all of Sandhills Center’s 9 counties.

3. Describe obstacles and barriers as well as recent activities and projects to address gaps related to crisis service availability, delivery, sufficiency, and outcomes.
There are currently no obstacles or barriers related to crisis services available to TCLI consumers. In the Access and Availability section of this Report, 100% of Sandhills Center members (both Medicaid and IPRS funded) had access to at least 1 provider in catchment area for Facility-based Crisis Services for adults. Following a competitive bid process, Sandhills Center awarded a contract to Daymark Recovery Services, Inc. for Facility-based Crisis (FBC) Services to be located in Randolph County, a central location in the catchment area. This facility will house 23-hour observations beds and 16 FBC beds and it is slated to open early 2019.

II) Children with Complex Needs

"Children with Complex Needs" are defined as Medicaid eligible children ages 5 to 21 with a developmental disability (including Intellectual Disability and Autism Spectrum Disorder) and a mental health disorder, who are at risk of not being able to enter or remain in a community setting due to behaviors that present a substantial risk of harm to the child or to others.

A. Describe service gaps and needs as well as obstacles and barriers to identifying and linking children with complex needs to appropriate levels of services including Case Management and all service provided by NC START.

- Targeted Case Management is no longer provided as a service definition for Mental Health and/or Intellectual/Developmental Disability services, and most contracted providers are not offering this service. We have one provider in network that is currently providing targeted case management for our members. This provider has indicated to Sandhills Center they will train staff as needed, with additional requests and recommendations for case management.
- Residential Treatment Services for younger children with Autism Spectrum Disorders and a dual diagnosis of a mental health disorder are difficult to locate, with only a few providers in Network and "out of network" that provide a program for these children. There is difficulty in linking children with a diagnosis of Autism/MH to residential treatment if their "level of care" needs are between a Level II therapeutic foster care home and a PRTF level of care. Sandhills Center has one contracted provider for Therapeutic Foster Care that has developed a program with staff and therapeutic foster parents that are trained to provide for this population. Currently, Level III residential treatment services are not appropriate placements for children that are dually diagnosed with Autism/Mental Health needs because of the treatment approaches used for oppositional behaviors that are not appropriate for children with Autism, and their milieu is not appropriate for children with Autism. Two PRTFs that specialize in Autism treatment with dually diagnosed mental health issues are available in-network, but are located out of state.
- Children who have been expelled from school or children that are assigned to home-bound instruction could benefit from an increased availability in Day Treatment with special programming for children with Autism and dually diagnosed mental health diagnosis.
- ABA is a challenging service to link to a "child with complex needs" because of a lack of staffing in ABA companies that leads to wait-lists. Challenges are also presented when an ABA company has a client-specific agreement and is not yet enrolled in Medicaid, which leads to delayed time in serving members.

B. Describe recent activities, projects, and initiatives in the LME/MCO to identify children with complex needs, link them with services including Case Management, ABA therapy and NCSTART services, and address related service gaps and needs, obstacles, and barriers.

- To support children with complex needs in residential services and in their homes, NC START provides crisis training and coaching to staff and parents.

- Sandhills Center provided additional funding for NCSTART to make services accessible to a large portion of the members who are identified “children with complex needs”.
- Sandhills Center has arranged for a contracted psychologist to provide specialized consultative services and develop behavioral plans for children who are identified as a “child with complex needs”.
- A weekly “Intensive Review Committee” is assigned to review and screen all referrals to Care Coordination in Sandhills Center that originate from the I/DD Referral Committee and from the Call Center that are requests for children with both dual diagnoses of Intellectual/Developmental Disabilities and mental health diagnosis. High risk/high need children identified for an exception are also assigned to this review process. These referrals are reviewed with the criteria for “Children with Complex Needs” to be identified, referred to services, and followed by the Acute Clinical Care Specialty Unit. Information on their access to services is reported to the State.
- The review committee identifies cases of treatment refractory for referral to Acute Clinical Care Coordination services. Recommendations are made to the assigned care coordinators in IDD and MH for the cases that are not assigned to Acute Clinical Care Coordination Services. Assessments for identified “children with complex needs” receive an in-depth review by a licensed specialist and recommendations are sent to the care coordinators regarding the current needs in their assessments.
- A cohort group of “children with complex needs” was flagged in the RELIAS data base to be reviewed for trends and to be screened as to high level of emergency department visits and enhanced services utilization with no improvement.
- While the entire cohort group is not serviced by Acute Care Coordination, individuals in this group may be serviced by Care Coordination, and this process also addresses some of the barriers of case management with access to a high level of Care Coordination.
- Care Coordination maintains a list of ABA providers, and makes referrals when this service has been recommended by Murdoch assessment clinic, a physician or by TEACCH, or a request is made by a guardian for ABA services for their child.
- There are currently two contracted in-network ABA providers, and three providers with client-specific agreements. Sandhills Center Network Operations continues to review requests from ABA providers to join the closed network, and recently completed the DMA capacity survey with current providers, with 100% participation.

SECTION FIVE: NETWORK ACCESS PLAN

Section One: Executive Summary

I) Provide a summary of the 2018 Network Adequacy and Accessibility Analysis Report and the areas of focus that will be addressed in the upcoming year.

Network Availability and Access

Gaps identified through the Network Availability and Access tables are addressed individually in Exception Requests attached to this report. Briefly, for location-based services,[17] we believe the less than 100% access rate is due to site cleanup that we had to do to increase our encounter acceptance rate at NC Tracks. For Opioid Treatment, Sandhills Center has recruited 9 Medication Assisted Treatment (MAT) providers in the past year, and the access percentages will improve for next year's report.

For Specialized Services, Sandhills Center has 5 State-funded adolescent residential service levels with no provider identified. These are Residential Treatment Levels 1 -4, and PRTF. Typically adolescents served in a residential facility would qualify for Medicaid as a "household of one." In cases where this does not occur, Sandhills Center would consider state-funded client specific contracts. For 5 other non-Medicaid funded services,[18] Sandhills Center uses service codes that are different from the ones provided by the State. We believe that we meet the standard with these "equivalent" service codes, with multiple providers serving many members. For Partial Hospitalization, one hospital has added Partial Hospitalization but only for a private insurance subset. We're continuing to work with this hospital to add it for our population and are still working with another hospital to add it as well. For Child Mental Health Out-of- Home Respite, Sandhills Center has a non-UCR contract with Pinnacle Family Services of North Carolina, LLC for child mental health respite, up to 7 days. Payment is based on expenditures, not units of service and, therefore, would not be picked up in the provider count. We believe inclusion of this resource would result in our meeting the 100% access standard. And finally, B3-I/IDD Facility-based Respite could be addressed through a client specific contract, should the need arise.

Accommodations-Demographic Data and Consumer/Family Member and Stakeholder Feedback

For geographic, cultural, or special needs identified in Section Two of the report, and for feedback identified from surveys and discussion groups in Section Three of the report, Sandhills Center will undertake or continue to pursue the following actions:

- Closely monitor State funding to re-allocate unexpended funds mid-year and thereafter.
- Address needs at quarterly provider forums and remind outpatient providers that services can be provided in community-based settings, and to encourage providers to expand their hours of operation, thereby increasing access to our members including non-elderly adults, our Latino population, and individuals without access to transportation.
- Encourage network providers to actively recruit qualified Spanish speaking therapists, and discuss the availability of interpreter services during at least one quarterly provider forum.
- Work with System of Care groups to explore appropriate alternatives for students who have been expelled from school, including Day Treatment.
- Continue to actively recruit substance abuse treatment providers throughout the catchment area, particularly Medication Assisted Treatment (MAT) providers.

[17] Day Treatment, SACOT, Opioid Treatment, and Day Supports.

[18] SA Non-Medical Community Residential Treatment, SA Medically Monitored Residential Treatment, SA Halfway House, IDD Support Living, Crisis Service- Facility-based Respite.

- Continue to present evidence-based monitoring tools[19] at provider forums and to utilize the tools when monitoring network providers. Provide technical assistance to providers with the goal of improving quality of care and client outcomes.
- Continue to track the use of B3 funding in order to increase capacity and access to appropriate services for eligible Medicaid members.
- With regards to the social determinants of transportation, food insecurities and housing, Sandhills Center will link with local United Ways and Departments of Social Services to jointly explore resource availability for basic need services, such as food pantries, rent and utility assistance, and affordable housing that are relative to poverty.
- o Internal paid claims reports are now available to track services funding, county, disability, age (claims linked to the date of birth of the member served), service, language, and specialty. This will enable us to monitor the availability of services, to identify gaps and to recruit as needed.
- o Sandhills Center will continue to provide provider cultural competency training, at least annually, during FY18-19. This training is provided to all Sandhills Center staff and during Provider Forum meetings. Based on stakeholder feedback, a portion of the training will be devoted to serving African American and Hispanic communities.
- o Sandhills Center will increase provider education initiatives around Clinical Coverage Policy 1A-41, Office-Based Opioid Treatment: Use of Buprenorphine and Buprenorphine-Naloxone. This service definition includes Medication Assisted Treatment, a service that mandates a model of integrated mental health/substance use care. The elements of this service will be discussed at provider forums. Additionally a descriptor of this service will be placed on the "Provider Enrollment" page of the Sandhills Center website.
- o Sandhills Center will increase consumer education initiatives around Clinical Coverage Policy 1A-41 as well. This will include adding a user-friendly description of Medication Assisted Treatment to the "For Consumers", "Resource" section of the Sandhills Center website.
- o Sandhills Center will continue to partner with and promote high quality services through the Integrated Care Initiative, Evidence-Based Practice protocol, and Clinical Newsletters posted on the website. All 9 Evidence-Based Practice tools include questions on coordination of care between service providers and consumer stakeholders. Technical assistance is provided to increase provider knowledge and level of buy-in of coordination of care.
- o Sandhills Center will develop a plan to identify providers that specifically treat adolescent substance use disorders and clarify these services within the network.

II) Describe progress of activities, projects, and initiatives development and/or implemented to address service gaps and service exceptions <u>identified in last year's gaps analysis report</u>. For areas in which continued gaps exist and service exceptions are still needed, what barriers have been identified and addressed?

This response has 2 parts: a) Network Availability & Accessibility Gaps, and b) Consumer/Family Member, Stakeholder and Discussion Group feedback.

a) **Network Availability & Accessibility**

Gaps identified in last year's 2017 Report were addressed through Exception Requests for those services that did not meet required access standards. Of these, one (1) was Medicaid

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[19] Opioid Treatment, Suicide Prevention and Assessment, PTSD Assessment, Autism Spectrum Disorder Assessment, ADHD Assessment, Major Depressive Disorder, Major Depressive Disorder Clinical Self-Report, and Alcohol and Other Drug Sue Disorder Monitoring.

only funded (B3 I/DD Facility Respite); two (2) were Medicaid and State-funded (Opioid Treatment and Crisis Service - Facility-based Respite), and the remaining eleven (11) requests were State-funded.

- *Medicaid Only- B3 I/IDD Facility-based Respite*. For 2018, the service code provided was S5151, and this remains a gap in the 2018 Report. 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*. For 2018, the 100% access standard was not met. Medicaid-funded opioid treatment dropped from 87.46% (2017 Report) to 85.11% (2018 Report). We believe this is due to site cleanup that we had to do to increase our encounter acceptance rate at NC Tracks. State-funded opioid treatment increased from 78.90% to 97.49%. Sandhills Center has recruited 9 Medication Assisted Treatment (MAT) providers to the network and we expect these percentages to improve, upon successful completion of the credentialing process and Board approval.
- *Crisis Service - Medicaid and State-funded Facility-based Respite.* This service was identified as a gap based on the State provided code YA213, and for 2018 the access standard was not met. It is our understanding that YA213 is not a Medicaid code. Sandhills Center provides facility-based respite through an "equivalent" code YP730, and we currently have 6 contracted providers for this service. In addition, 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 adults. 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.

For 2017, 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*) remain below the 100% access standard in 2018. The percentages are 97.8% and 99.24%, respectively. We had a number of provider/sites that dropped off from 2017 to 2018. We believe this is due to site cleanup to increase our encounter acceptance rate at NC Tracks.
- One (1) request (*Day Supports 97.29%)* is supported through 3 additional service codes (Day Activity YP660, ADVP YP620,Development Day YP610), which are not included in the State's service code list. We believe that the inclusion of these additional codes would have resulted in meeting the 100% access standard.
- *State-funded Partial Hospitalization*: One hospital has added Partial Hospitalization but only for a private insurance subset. We're continuing to work with them to add it for our population and are still working with another hospital to add it as well. The second hospital is considering it as part of a larger array.
- *State-funded PRTF, and Residential Treatment Level II group homes for Adolescents.* Typically adolescents served in a residential facility would qualify for Medicaid as a "household of one." At present, we know of no non-Medicaid

funded individual in need of this service as children removed from the home typically qualify for Medicaid. If a non-Medicaid funded individual is identified and cannot be served by another service appropriately, Sandhills Center will explore the possibility of a Client Specific Agreement.

- *Child Mental Health Out of Home Respite*: For this year's report, the code YA125 (hourly respite) was provided for this category. Sandhills Center has a non-UCR contract with Pinnacle Family Services of North Carolina, LLC for child mental health respite, up to 7 days. Payment is based on expenditures, not units of service and, therefore, would not be picked up in the provider count. 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 stipulated 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) Consumer/Family Member, Stakeholder and Discussion Group Feedback

The following strategies were identified in Sandhills Center's Network Development Plan submitted June 30, 2017:

- *Disseminate information at upcoming Provider Forums and internally at Sandhills Center's Network Committee meetings regarding gaps in service.*
    - 2017 Gaps Report was posted on the Sandhills Center website and was announced at Provider Forum. It was presented at a CFAC meeting through a power point presentation. Findings from the Report was presented to Network Committee and to Network Leadership Council.
    - Results from the Provider Satisfaction survey, ECHO survey, Client Rights survey were presented at a quarterly Provider Forum, Network Committee, Quality Management Committee, and Network Leadership Council.
- *Explore ways to increase community education and understanding of member's rights, Customer Service hotline and information provided about resources.*
    - Guidelines on role of Customer Service Hotline, Clinical Call Center and Provider Help Desk technical assistance was presented to providers during a quarterly Provider Forum.
    - Review of member's rights and Member Handbook was reviewed at a Provider Forum. The Handbook is posted on the Sandhills Center website; it is mailed to newly enrolled members, and is available in Spanish on both the website and hard copy.
    - Sandhills Center CEO, Deputy Director, Care Coordination Director and Community Relations Director continue to meet with local stakeholders at the county level, rotating each month to a different county in the catchment area.
    - Review on how to navigate Sandhills Center website took place during Provider Forum Orientation in May of each year.
    - The Provider Directory, which is posted on Sandhills Center's website, was updated and simplified. Visitors to the Provider Directory can search by funding, disability, service, specialty, and county.

- *Continue to partner with and promote high quality services through Integrated Care Initiative, Evidence-Based Practice protocol, and Clinical Newsletters posted on the website:*

  Integrated Care Pilot Project

  - The Integrated Care Pilot Project was initiated as a response to CMS and DMA directives to move toward whole-person care, reduce overall health care costs, and improve the quality of community health. The project began in May 2016 and received clinical oversight through a clinical oversight workgroup led by the Chief Medical Officer. Initially Sandhills Center invited 8 network providers to participate in the project. The project was expanded to a total of 12 providers for fiscal year 2018 to include 2 PRTFs and 2 additional community mental health providers. The addition of the PRTF programs allows expansion of the pilot to include enhanced services focusing on adolescents. Discussions are currently in process to add a hospital provider to the project.

    The goals for FY 2018 are to provide more clinical education for providers to demonstrate more agency wide buy-in to integrated care through increased clinical oversight and to support providers in developing increased focus on evidence-based, data-informed practices. Sandhills Center purchased the Relias Learning Library as a resource for participating providers, which offers a comprehensive selection of evidence based-focused articles, training courses, and materials addressing topics of care coordination, documentation, billing, standard treatment for the most common mental health problems and some disease-specific management practices. The Relias Learning Library allows the providers to enhance their professional growth and knowledge, improve accountability and transparency between Sandhills Center and providers and increase engagement in the project. Providers have access to ProAct, a Relias database which is built on paid Medicaid claims and state pharmacy claims. Providers develop skills to access and interpret the data in meaningful ways and base their integrated care practices on the data outcomes. An Integrated Care Orientation curriculum was developed through the learning library that includes basic concepts of integrated care. On-site training of the data analytic system was provided for the new providers joining the project in addition to being recommended to two initial providers.

    Technical assistance is provided upon providers' request or as Sandhills Center identifies a need for additional guidance. Face-to-face meetings, webinars, conference calls and onsite clinical consultative services are ways technical assistance is given.

    Sandhills Center monitors the pilot project progress with a standard report that is submitted quarterly and includes trend markers for various data and performance outcomes. Monitoring of standard performance markers reflects provider demonstration of effective data collection, interpretation and skills for modifying practices to improve compliance outcomes. These reports result in transparency and accountability between the providers and the LME-MCO. The Medicaid Mega-Rules are a fundamental component in expansion of the project, and are incorporated in the monitoring process done quarterly.

The overall outcomes of the Integrated Care Pilot project are to support providers toward implementing a global, population-oriented approach to integrated care, as opposed to an individual, client-specific focus. Through the Integrated Care Project, Sandhills Center directs and guides providers to develop protocols that implement data-driven clinical decisions and succeed in reaching integrated care goals for promoting healthier communities.

Evidence based Practice Monitoring

- Sandhills Center has developed the following 9 monitoring tools: Opioid Treatment, Suicide Prevention and Assessment, PTSD Assessment, Autism Spectrum Disorder Assessment, ADHD Assessment, Major Depressive Disorder Monitoring, Major Depressive Disorder Clinical Self-Report (for licensed providers only), Alcohol and Other Drug Use Disorder Monitoring Tool. These instruments are presented during Provider Forum meetings, are posted on the Sandhills Center website, and are used during monitoring visits and randomized clinical-level reviews. All Evidence Based Practice reviews are followed up by technical assistance to providers. Their purpose is to improve quality of care and client outcomes.

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.

- Good Hope Hospital Psychiatric Beds Expansion
  - Good Hope is continuing its expansion of an additional 16 adult inpatient beds, expanding capacity to 32 adult beds. Sandhills Center's Board of Directors has approved financial assistance to the hospital for non-construction expenses, including preconstruction activities, project management, startup costs, furniture and equipment, etc. Funding is to be allocated over two fiscal years for a total projected amount of $600,410.
- Samaritan Colony Proposed 14 Bed Women's Substance Abuse Treatment Facility
  - Samaritan Colony is continuing its plans for expansion of 14 adult chemical dependency treatment beds for women in the Sandhills Center catchment area. They have applied for a Certificate of Need with award expected at the end of August 2018. Sandhills Center's Board of Directors approved a request for financial assistance in the amount of $50,000.
- Facility Based Crisis (FBC) Services Update – Randolph and Richmond Counties
  - Architectual and Engineering Construction documents have been submitted to the Sandhills Center Board of Directors for approval. When complete, the renovated facility will house 23-hour observation beds and 16 FBC beds. Services to be provided by Daymark Recovery Services, Inc.
- At the Sandhills Center Network Level:
  - Nine (9) Medication Assisted Treatment (MAT) providers have been added to the network pending final credentialing and Board approval.
  - Sandhills Center is in the process of identifying qualified sex offender treatment providers in network. This is complicated by the fact that with the exception of licensure, there are no other uniform standards that apply to

sex offender treatment; however, we do have list of qualified LIPs based on training and experience.

- Sandhills Center has identified rostered and certified Trauma Focused-Cognitive Behavioral Therapy providers in network through our ProviderJoin application process.
- One (1) Day Treatment provider has been approved to join the network, pending final credentialing and Board approval. This was based on feedback from stakeholders and JJSAMHP discussion groups.
- Increase number of Spanish speaking LIPs in network. Sandhills Center has approved a Medication Assisted Treatment (MAT) practice with qualified Spanish speaking LIPs in Cumberland County, which is adjacent to Harnett, Moore and Hoke counties (in our catchment area).
- Creation and Expansion of Internal Reports: A workgroup of department directors and managers met to discuss the number and type of Internal Reports needed to assist Sandhills Center staff. These reports are now available. Services can be researched by funding, disability, language, service, specialty, county, and paid claims. The reports are available to Clinical Call Center, Care Coordination (MH/SA, IDD, and Innovations), and Network staff to identify active providers and providers with paid claims, in order to make appropriate client referrals and to identify gaps.

Continue to partner with community stakeholders with education and training through CIT trainings, Mental Health First Aid trainings, and addressing the Opioid Epidemic partnerships.
Please see the following activities and events related to the above strategies for FY 16-17:

- Mental Health First Aid Training

County	Number of Sessions	Number of Participants
Harnett	1	19
Hoke	1	12
Lee	1	7
Montgomery	3	50
Moore	7	113
Randolph	5	106
Total	18 sessions	307 participants

- Crisis Intervention Team (CIT) Training

County	Number of Classes	Number of Participants
Guilford	5	86
Lee	2	21
Moore	3	46
Randolph	1	7
Statewide conference	1	15
Total	12 classes	175 CIT participants

- *Participation in the following opioid County collaboratives:*
  - Guilford - CURE Triad
  - Hoke – Hope-n-Hoke Drug Task Force
  - Lee – Lee County Opioid Task Force
  - Richmond County Drug Endangered Families Task Force
  - Drug-Free Moore County
  - Project Lazarus (Randolph and Lee)

  Participation in these collaboratives informs about gaps in service, including the need to increase the number of MAT providers in our network. Sandhills Center has increased reimbursement rates for select opioid related services and assists to help link resources within communities.

Section Two: Access Plan

1) ***Describe the actions that are underway or will be taking place over the next fiscal year to address the identified service gaps in Section One: Network Availability and Accessibility.***
   Actions that are underway or will be taking place:
   To avoid redundancy, please see pages 40-44 above for a review of actions that are underway to address identified service gaps in Section One: Network Availability and Accessibility, specifically as they relate to Exception Requests and to expansion of network services.

2) ***Describe the actions that are underway or will be taking place over the next fiscal year to address a) geographic, b) cultural, or c) special populations needs identified in Section Two: Accommodation-Demographic Data.***
   Sandhills Center Non-Elderly Adult <u>Uninsured</u>*, see p.25 above*
   Geographic and Special Population Needs
   Actions that are underway or will be taking place:
   - Sandhills Center will closely monitor State funding to re-allocate unexpended funds mid-year and after, if funds available.
   - Sandhills Center will address this and other gaps at quarterly Provider Forums and will remind outpatient providers that services can be provided in the office or the community, including places convenient to non-elderly adults.

   Sandhills Center Hispanic Origin Population (See table on p. 14, above.)
   Geographic and Cultural Needs
   Actions that are underway or will be taking place:
   - Sandhills Center will encourage current network providers to actively recruit qualified Spanish speaking therapists and staff, especially in those counties with high percentage of Latino population. This will be addressed through website postings and announcements at Provider Forum.
   - Discuss possibility of outpatient network providers to establish relationships with community organizations to provide outpatient services for Latino population.
   - Sandhills Center will discuss the process for accessing and the availability of interpreter services at Provider Forums during FY18-19.

- Sandhills Center already has the following information available in Spanish: Member Handbook, Access to Care brochure, general information about Sandhills Center brochure. There are also handouts in Spanish about Transition to Community Living (TCLI) program, Supported Employment, and Supported Housing. The following sections of our website are Spanish: main landing page, Complaint form, Contact Us form. CFAC Minutes are also translated into Spanish and posted on our website.

Juvenile Justice (See tables on pp. 18-19.)
Geographic and Special Population Needs
Actions that are underway or will be taking place:

- Lee County has the highest rate of delinquent youth in the catchment (37.03 per 1,000), followed by Richmond County (36.33 per 1,000). These significantly exceed the NC State rate of 19.58 per 1,000. Sandhills Center will work with the established System of Care groups in the southern counties to explore appropriate alternatives for students who have been expelled from school. The established System of Care groups include the regional Chief Court Counselors, who will be important in the discussion.

Sandhills Center Social Determinant Factors (See table on p. 20, above.)
Geographic and Special Population Needs
Actions that are underway or will be taking place:

- Sandhills Center will actively update and maintain local resource guides, by county, for food banks, shelters, including shelters for families with children, housing assistance and transportation. This information will be shared at Provider Forums and other community meetings in each county.

Mortality-Suicide (See table on p. 21, above.)
Special Population Needs
Actions that are underway or will be taking place:

- In order to increase capacity in our catchment area (both staff and external providers), Sandhills Center is scheduling a class in the suicide prevention QPR curriculum. This is a day-long training. Participants will be selected through an application process and the expectation is that participants will also commit to conduct 1-2 three classes to train more individuals. These classes will not be the day-long curriculum but will be for up to two hours.
- QPR training is offered during CIT classes for first responders.
- Sandhills Center reviews all suicides and suicide attempts quarterly. If the individual has been served by a network provider, Sandhills Center requests the member's clinical records. Multiple providers may be contacted to establish a clinical background. The records are reviewed by our Medical Director or his designee prior to being sent for outside clinical peer review and recommendations. External peer review and recommendations are reviewed by Sandhills Center's Medical Director or his designee and are shared with the provider at a peer-to-peer level.

Sandhills Center Rate of Retail Opioid Prescriptions Dispensed per 100 persons (See table on p. 24, above.)
Special Population Needs
Actions that are underway or will be taking place:

- o Sandhills Center is actively recruiting medication assisted treatment substance abuse providers to the network and is tracking paid claims of these providers through a special modifier.
- o Medication Assisted Treatment resources are listed separately in the Provider Directory that is accessible by the public; this information is also available internally to the Clinical Call Center and MH/SA Care Coordination staff to assist in making appropriate referrals.
- o Two suboxone pilots have been developed with community providers. Initial data is being collected to determine the success of each pilot and will be used in the determination of a possible expansion of the pilot projects.

Sandhills Center Catchment All Intents Overdose Death Comparison (See table 2 on p. 23, above.)

Special Population Needs

Actions that are underway or will be taking place:

- o Sandhills Center tracks polypharmacy issues linked with network providers. If the provider has a MD/prescriber linked to its agency, our Associate Medical Director reaches out to the prescriber on a peer-to-peer basis. If the agency does not have a prescriber linked to its agency, letters are sent to the Executive Director of the agency with recommendations.
- o Sandhills Center follows the process described under Mortality-Suicide above for overdose deaths and also for accidental overdoses.

3) Describe the actions that are underway or will be taking place over the next fiscal year to improve consumer and stakeholder experience as identified in Section Three: Acceptability-Consumer and Stakeholder Surveys and Discussion Groups.

Consumer and Family Member Survey Results:

For 2018, the following trends were identified:

- Expansion of Mental Health services, specifically for depression, anxiety, PTSD, and increase accessibility of services
- Expansion of Intellectual/Developmental Disability services for dementia, support groups, and increase number for Innovations slots
- Expansion of Substance Abuse services, including Methadone/Suboxone.

In terms of social determinants, consumers identified trouble with transportation, stable housing, and difficulty getting enough to eat or eating in a healthy manner.

Actions that are underway or will take place:

- o With regards to mental health/substance abuse service needs identified above, Sandhills Center has developed the following 9 monitoring tools: Opioid Treatment, Suicide Prevention and Assessment, PTSD Assessment, Autism Spectrum Disorder Assessment, ADHD Assessment, Major Depressive Disorder, Major Depressive Disorder Clinical Self-Report (for licensed providers only), Alcohol and Other Drug Use Disorder Monitoring Tool. These instruments are presented during Provider Forum meetings, are posted on the Sandhills Center website, and are used during monitoring visits, and randomized clinical-level reviews. All EBP reviews are followed up by technical assistance to providers. Their purpose is to improve quality of care and client outcomes.
- o With regards to substance abuse treatment and Methadone, Sandhills Center is actively recruiting for treatment providers throughout the catchment area and nine

(9) Medication Assisted Treatment (MAT) providers have been invited to join the network, pending final credentialing and Board approval. Sandhills Center has eight (8) methadone Medicaid network providers, and in FY16-17, 416 individuals were served. For State-funded opioid treatment, there are three (3) providers and 180 individuals were served.

- To increase access to mental health/substance abuse treatment services, Sandhills Center will encourage Medicaid funded network providers to expand their hours of operation to accommodate members after work hours, and will remind outpatient providers that services can be provided in the office and in the community.
  - A work group will be formed to examine the possibility of network outpatient providers working with local community organizations to offer outpatient services on-site at their respective locations. The goal is to reduce barriers, to increase local access, especially in those counties with lack of access to transportation, and those counties with a high percentage of Latino population.
- With regards to I/DD gaps identified from the surveys, in June 2017, Sandhills Center served 567 individuals (39%) on the IDD wait list with B3 and State-funded services. This is an increase from 460 individuals (32%) in June 2016.

  A review of B3 services[20] provided show the following increases, by service, from FY15-16 though FY17-18:

B3 SERVICE	Service Code	Pd. Claims FY 15-16	Pd. Claims FY 16-17	Pd. Claims FY 17-18	SARS FY 17-18 through 6/30/2018
Respite Ind. Child	*H0045HAU4*	*$487,891.42*	*$543,711.90*	*$685,899.90*	523
Respite Ind. Adult	*H0045HBU4*	*$160,057.56*	*$307,541.87*	*$368,476.16*	237
Respite Grp. Child	*H0045HAHQU4*	*$13,974.00*	*$26,904.00*	*$28,845*	25
Respite Grp. Adult	*H0045HBHQU4*	*$5,916.00*	*$8,868.00*	*$3,261*	7
Community Navigator	*T2041U4*	*$91,505.02*	*$197,104.59*	*$334,334.84*	398
Peer Support Ind.	H0038U4	$466,932.26	$798,916.62	$889,343.90	650
Peer Support Grp.	H0038HQU4	$3,246.58	$14,299.77	$18,083.83	156
IPS-SE Grp	H2023HQU4	$460.46	$4,923.38	$2,292.18	19
IPS-SE MH	H2023U4HE	$277,415.40	$360,427.90	$487,132.24	197
IPS-LTVS MH	H2026U4HE	$5,074.16	$11,697.30	$30,108.48	10
SE-IDD	H2023U4	$238,147.03	$194,717.70	$326,659.40	124
LTVS-IDD	H2026U4	$108,758.82	$156,054.41	$201,163.45	330
Personal Care	T1019U4	$665,039.00	$732,820.00	$609,828	170
Total		**$2,524,417.71**	**$3,357,987.44**	**$3,985,428.38**	

[20] I/DD B3 services are italicized.

Sandhills Center will continue to track the use of B3 funding in order to increase capacity and access to appropriate IDD services for our members.

- o With regards to the social determinants of transportation, food insecurities and housing, Sandhill Center will reach out to build partnerships with community non-profits and churches at the local, county level. It will update, expand and maintain local resource guides (at the county level), which will be distributed at Provider Forums and county meetings.

Stakeholder Survey Results
A total of 217 or 54.25% of stakeholder respondents reported that there were MH/IDD/SA service gaps where they lived or where services were located. The top three services identified were substance abuse treatment and supports, mental health treatment and supports, and child services which does not include child placements (54 or 10.82%).
Actions that are underway or will take place:

- o With regards to substance abuse treatment and supports, mental health treatment and support, please refer to the Actions Planned section of the Consumer and Family Member survey immediately above, as similar gaps and needs were identified. Briefly the actions planned are:
  - o Development and implementation of 8 Best Practice Monitoring tools.
  - o Active recruitment of Medication Assisted Therapy providers.
  - o To increase access to MH/SA treatment services by expanding office hours, partnering with community organizations to offer outpatient services in the community.
  - o Other actions undertaken: Provider Directory internal paid claims reports are now available to track services funding, county, disability, age (claims linked to the date of birth of the member served), service, language, and specialty. This will enable us to monitor the availability of services, to identify gaps and to recruit as needed.

24.86% of stakeholder respondents felt that the MH/IDD/SA services offered were not addressing the cultural and ethnic needs of their community, while 133 (38.00%) responded that they were not sure.
Actions that are underway or will take place:

- o Sandhills Center will continue to provide provider cultural competency training, at least annually, during FY18-19. Based on stakeholder feedback, a portion of the training will be devoted to serving African American and Hispanic communities.
- o Sandhills Center will continue to encourage network providers to recruit qualified Spanish speaking LIPs and staff.
- o A work group will be formed to examine the possibility of network outpatient providers working with community organizations to offer outpatient services on-site at their respective locations. The goal is to reduce barriers and to increase local access, especially in those counties with lack of access to transportation, and those counties with a high percentage of Latino population.

Stakeholders identified special populations in need of additional services: people who are homeless, with transportation barriers, with unstable housing, and people who do not have enough food/nutritious food to eat.
Actions that are underway or will take place:

- As noted above, Sandhill Center will update, expand and maintain local resource guides (at the county level) and these resource guides will be posted on our website and distributed during Provider Forum and county meetings.

Additional Information provided by Stakeholders on page 31 above.
Actions that are underway or will take place:

- Sandhills Center will increase provider education initiatives around Clinical Coverage Policy 1A-41, Office-Based Opioid Treatment: Use of Buprenorphine and Buprenorphine-Naloxone. This service definition includes Medication Assisted Treatment, a service that mandates a model of integrated mental health/substance use care. The elements of this service will be discussed at provider forums. Additionally a descriptor of this service will be placed on the "Provider Enrollment" page of the Sandhills Center website.
- Sandhills Center will increase consumer education initiatives around Clinical Coverage Policy 1A-41 as well. This will include adding a user-friendly description of Medication Assisted Treatment to the "For Consumers", "Resource" section of the Sandhills Center website.
- Sandhills Center will continue to partner with and promote high quality services through the Integrated Care Initiative, Evidence-Based Practice protocol, and Clinical Newsletters posted on the website. All 9 Evidence-Based Practice tools include questions on coordination of care between service providers and consumer stakeholders. Technical assistance is provided to increase provider knowledge and level of buy-in of coordination of care.

Discussion Group Feedback
Actions that are underway or will take place:

- Sandhills Center is intentionally evaluating requests to add to Spanish-language providers to the closed network. Sandhills Center provides 5 sessions of language interpretation for providers, as funding is available, and will develop and promote a directory of local language interpretation resources.
- Sandhills Center staff participate in Juvenile Crime Prevention Councils in every county, attending 4 collaboratives that comprise the nine county catchment, with Health Departments, DJJ, Departments of Social Services, providers and school system representatives. These collaboratives strengthen local networks of support to families involved with the Juvenile Justice system. Nine (9) providers have signed MOA for JJSAMHP in collaboration with Juvenile Court Counselors. Sandhills Center will continue to provide support and leadership in these collaborative efforts.
- Sandhills Center added one new Multi-Systemic Therapy (MST) provider in the Harnett/Lee area. This new provider adds greater access and increases capacity in the catchment.
- One child/adolescent Day Treatment provider was approved to move services into the catchment area. Sandhills Center has eight (8) active Day Treatment providers and will continue to assess and respond to providers requesting to add Day Treatment services to the network to improve distribution and access throughout the catchment.
- Sandhills Center will link with local United Ways and Departments of Social Services to jointly explore resource availability for basic need services, such as food pantries, rent and utility assistance, and affordable housing that are relative to poverty.
- Providers who can offer community-based outpatient therapy in school and home settings will be encouraged and supported by Sandhills Center. Sandhills Center has 26 active Intensive In-Home providers, well-dispersed throughout the catchment.
- Fifteen active providers offer Therapeutic Foster Care services, and Sandhills Center will encourage and support these providers to recruit and license additional Therapeutic Foster

families to meet network member needs. Sandhills Center contracts with one provider to supply crisis residential services in the catchment, and one provider for community-based mental health respite care.

- Sandhills Center has eight active contracted providers of individual and group respite care for children and adolescents, and 27 providers of Level III group home service fairly well dispersed throughout the catchment area.
- Sandhills Center will develop a plan to identify providers who specifically treat adolescent substance use disorders and clarify these services within the network.

Section Three: In lieu of and Alternative Services

I. For Medicaid-funded "In Lieu of" Services: H2022 ZI; H2022 Z2; H2022 HE Family Center Treatment, address the following:

A. Geographic area covered by each approved "in lieu of" service;
H2022 FCT covers our entire catchment area.

B. Service capacity of each "in lieu of" service;
Pinnacle is able to serve up to 300 members.
H2122Z1: 283 members served.
H2022Z2: 216 members served.
H2022HE: 238 members served.

C. Demonstrate how each "in lieu of" service filled the gap it was intended to address, including the number and characteristics of members served and how they accessed the service;
FCT has provided an Evidence Based Treatment model for in home services for children. It is intended to prevent children from progressing to higher levels of care and address any family systems issues. Members were able to access this service by direct referral to the provider or the member could be referred by our Care Coordination Department.
It has been very helpful for members served by MHSA Care Coordination, as it offers more intensive psychotherapy than would be provided by Intensive In-Home services.

D. Barrier encountered or challenges experienced during implementation.
Challenges encountered during implementation were ensuring that the new service clearly identifies the members who could benefit from the service without duplicating efforts of other services in the array. Adjusting the structure of the program to provide effective clinical oversight of the work being done was another critical element in the program's early work.

II. For approved non-Medicaid funded alternative services:

A. YA 308 (Peer Support), YA 309 (Peer Support group B3?)
B. YA 352 Assertive Engagement (QP Licensed and Unlicensed),
C. YA 353 Assertive Engagement (AP and Paraprofessional) and
D. YA 382 CAET School to Work Transition – Group

A. Geographic area covered by each approved "in lieu of" service;

- ***YA 308 (Peer Support), YA 309 (Peer Support group)***
  Peer support covers our entire catchment area.

- ***YA 352 Assertive Engagement (QP Licensed and Unlicensed) and YA 353 Assertive Engagement (AP and Paraprofessional)***
  Coverage in southern 8 of 9 counties in catchment area.

- ***YA 382 CAET School to Work Transition – Group***
  One (1) provider located in Harnett County.

B. Service capacity of each "in lieu of" service;

- ***YA 308 (Peer Support), YA 309 (Peer Support group B3?)***
  Sandhills Center has 4 providers for this service.
  YA 308: 120 members served.
  YA 309: 67 members served.

- ***YA 352 Assertive Engagement QP (Licensed and Unlicensed)***
  Sandhills Center has 4 providers for this service, with 232 members served.

- ***YA 353 Assertive Engagement (AP and Paraprofessional)***
  1 provider, with 219 members served.

- ***YA 382 CAET School to Work Transition – Group***
  1 provider with 12 members served.

C. Demonstrate how each "in lieu of" service filled the gap it was intended to address, including the number and characteristics of members served and how they accessed the service;

- ***YA 308 (Peer Support), YA 309 (Peer Support group)***
  The expected outcomes of this service are supporting recovery and reducing the need for a higher level of care. This service promotes integration into the community at large and self-reliance, rather than reliance on paid supports. Compared to previous twelve (12) months without Peer Supports there will be a: Reduction in use of formal treatment based services such as Community Support, Psychosocial Rehabilitation and reduced crisis and psychiatric hospital utilization because the recipient has reliable contacts and a customized Crisis Plan to shortened hospital stays.
  For TCLI members, peer support is an invaluable service. The Peer Support Service workers take consumers out into the community and help them shop/take care of errands, get to various appointments (using all these as teachable moments), and advocate for the individuals when needed. This is a valuable service for the TCLI members.

- ***YA 352 Assertive Engagement (QP Licensed and Unlicensed) and YA 353 Assertive Engagement (AP and Paraprofessional)***

This service promotes treatment engagement and retention in services, reduces the need for crisis services and stops the cycle of readmission to higher levels of care. This service is intended to serve members who have severe and/or serious mental illness, and/or those who are dually diagnosed with mental illness and addictive disorders, and/or are developmentally disabled, and who have not effectively engaged with treatment for the disorder(s). Members can access this service via referral from inpatient facility or hospital liaison.

The Hospital Transition Team service is available and offered to consumers (both Medicaid and IPRS) who are being discharged from State psychiatric/SA facilities and 3-way hospitals (First Health, Moses Cone, Good Hope). It is a very short-term service that helps consumers get re-integrated into the community following their inpatient admission and get connected with needed services and resources, including aftercare appointments.

- ***YA 382 CAET School to Work Transition – Group***
  Individuals with intellectual/developmental disabilities and/or co-occurring mental illness diagnoses, and/or a traumatic brain injury are eligible to receive this service. This service is to be provided on an individual or group basis. Participation will be scheduled as defined in the goals of the individuals' person-centered plan. School-to-Work Transition is a day/night community service that provides organized activities for students transitioning from school to work. CAET activities include participation in community-based vocational training. The service is designed to support the individual's personal independence and self-sufficiency and to promote social, physical and emotional well-being through activities such as integrated employment, social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.

D. Barrier encountered or challenges experienced during implementation.

- ***YA 308 (Peer Support), YA 309 (Peer Support group)***
  The only barrier currently is that most of the existing providers have wait lists due to the abundance of referrals received.

- ***YA 352 Assertive Engagement (QP Licensed and Unlicensed) and YA 353 Assertive Engagement (AP and Paraprofessional)***
  We are not aware of any barriers with regard to referrals or implementation of this service.

- ***YA 382 CAET School to Work Transition – Group***
  We are not aware of any barriers regarding access and implementation of the service.