

## Appendix A: Full Recommendations of the Task Force on Mental Health and Substance Use

### **Recommendation 2.1: Support and expand availability of a full array of mental health and substance abuse services through LME/MCOs.**

- 1) The North Carolina General Assembly should:
  - a. Allow LME/MCOs to invest fund balances in expansion of community-based services in future budgets.
  - b. Allocate proceeds from the sale of the Dorothea Dix property to the Trust Fund for Mental Health, Developmental Disabilities, and Substance Abuse Services with at least half of the funds going towards providing a full array of mental health and substance abuse services.
- 2) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and Division of Medical Assistance contracts with LME/MCOs should require LME/MCOs to submit plans detailing how they plan to use their fund balances to expand or innovate services over the next year. Plans should require approval from the Secretary of the Department of Health and Human Services before implementation.

### **Recommendation 2.2: Provide case management and recovery navigation.**

The state Medicaid agency should create stand-alone billable case management services with well-defined eligibility criteria, as well as navigator and step-down services for individuals needing less intense case management.

### **Recommendation 2.3: Require North Carolina agencies to share data cross-agency.**

The Department of Health and Human Services, the Department of Public Instruction, the Department of Corrections, and other agencies working to meet the mental health and substance use prevention, treatment, and recovery needs of North Carolinians should:

- 1) Contribute their data to the Government Data Analytics Center and establish a memoranda of understanding to allow cross-agency data sharing.
- 2) Provide funding to support data analysis through the GDAC.
- 3) Use data to guide policy decisions and measure their impact.

### **Recommendation 2.4: Assess and address disparities in the LME/MCO system.**

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services should:

- 1) Require LME/MCO to complete an analysis of type/severity of diagnosis, duration of services, use of psychotropics, and outcomes when available, by demographic data including gender, age, and race/ethnicity as part of the annual gaps analysis.
- 2) Require each LME/MCO to develop strategic plans to address disparities identified in the gaps analysis.

### **Recommendation 2.5: Expand access to mental health and substance use services.**

The North Carolina General Assembly should increase access to and utilization of mental health and substance use services for uninsured residents.

### **Recommendation 2.6: Increase utilization of evidence-based mental health and substance use services and tie payment to positive health outcomes.**

- 1) Payers, both private and public, should develop service definitions, contracts, and/or value-based payments to reward providers based on:
  - a) Completion of approved training for evidence-based treatment services and consistently providing evidence-based treatment.

- b) Use of evidence-based screening and assessment instruments to identify people with mental health and substance use conditions.
  - c) Case mix and the severity of patients' needs.
- 2) Insurers, both private and public, should work together to develop mental health and substance use process and outcome measures (or adopt those developed by CMS) and define value-based payments and/or performance-based incentives for improving health outcomes. Value-based payments and/or incentives should be developed to reward providers based on:
- a) Consistently reporting process and outcome measures.
  - b) Achievement of positive outcomes for patients.
  - c) Severity of need and case mix of patients

**Recommendation 3.1: Educate communities on available mental health and substance use services.**

- 1) The Division of Medical Assistance (DMA), in partnership with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), local management entities/managed care organizations (LME/MCOs), private insurance providers, provider organizations, the National Alliance on Mental Illness (NAMI), Care Share Health Alliance, Area Health Education Center (AHEC), and other partners should develop and disseminate model curricula and tools to educate and train patients and family members about the public mental health system including:
- a) Who is eligible for services
  - b) What types of services are available
  - c) How to access services and navigate the system
  - d) Alternatives to the emergency department for crisis treatment
- 2) DMH/DD/SAS, LME/MCOs, DMA, AHEC, and private insurers should develop trainings for providers who interact with individuals with mental health and substance use needs in their communities (e.g., health providers, pharmacists, public health, emergency medical personnel, local law enforcement, judges, social workers, and the Department of Justice) understand how the mental health and substance use system works, what services are available, who is eligible for services, and how different populations can access services. Specifically these trainings should:
- a) Work with professional associations, continuing education programs, and local communities to disseminate these training materials.
  - b) Integrate this information into Mental Health First Aid training.

**Recommendation 3.2: Develop a common access point for the mental health and substance use prevention, treatment, and recovery system.**

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), Division of Medical Assistance (DMA), local management entities/managed care organizations (LME/MCOs), private insurers, first responder systems, and other stakeholders should work together to develop a common access point for the mental health and substance use system, particularly for those in crisis.

**Recommendation 3.3: Increase the number of North Carolinians trained in Mental Health First Aid.**

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) should work with LME/MCOs, providers, and others to increase the number of individuals across the state trained in Mental Health First Aid.

- 1) Local Boards of Education, the North Carolina Center for Afterschool Programs, the YMCA, and other organizations serving youth, should encourage school staff and others who work with youth to receive the Youth Mental Health First Aid training.
- 2) The Mental Health, Substance Use, and Aging Coalition should work with DMH/DD/SAS to:
  - a) Encourage existing Mental Health First Aid trainers to become certified as trainers for the Mental Health First Aid for Older Adults program.
  - b) Promote the Mental Health First Aid for Older Adults program among those providing various services to older adults including caregivers, continuing care retirement communities, senior housing, senior centers, senior support programs, local law enforcement, emergency medical services, older adults, and others.

**Recommendation 3.4: Involve consumers and local communities in the LME/MCO service gaps improvement process.**

DMH/DD/SAS should work in partnership with local LME/MCOs to establish best practices for how to involve local communities in the service gaps improvement process. Best practices should include ensuring that special populations are part of the process

**Recommendation 3.5: Support and encourage crisis response stakeholders to collaborate.**

- 1) Hospitals and health care systems, local law enforcement, emergency medical services (EMS), LME/MCOs, community leaders, primary care and specialty providers, patients and families, and others involved in the crisis system in communities should collaborate to improve the response to mental health crises in communities, particularly for adolescents and older adults. These collaboratives should also work together to address other impediments to accessible, timely, quality mental health and substance use services, as well as prevention.
- 2) Community foundations and other philanthropic organizations should support the development of local stakeholder collaboratives to improve collaboration and coordination between all organizations involved in crisis response, or other aspects of the mental health and substance use system, within their community.

**Recommendation 3.6: Develop new payment models to support community paramedicine programs with mental health and substance use crisis response.**

The North Carolina Department of Health and Human Services should convene a working group including representatives from the Department of Insurance, health care systems, facilities, and public and private payers, including accountable care organizations, managed care organizations, and provider-led entities to develop new payment models to support community paramedicine programs implementing mental health and substance use crisis response.

**Recommendation 3.7: Strengthen training and workforce development.**

The North Carolina professional associations for the mental health and substance use workforce should work together with LME/MCOs, North Carolina's community colleges, colleges, universities, and AHEC to ensure there are courses and continuing education opportunities for the mental health and substance use workforce to develop:

- 1) Foundational skill training (core competencies) that encompasses a variety of evidence-based models and ranges across disciplines, (e.g., patient-guided practice, cultural and linguistic competence, screening, assessment and referral, treatment planning, systems knowledge, quality improvement).
- 2) Expertise in providing context-specific services to consumers (e.g., brief intervention, crisis).
- 3) The knowledge and skills to provide services in both specialty mental health settings (e.g., mental

health clinics, psychiatric hospitals, rehabilitation/reintegration, crisis centers) and non-specialty mental health settings (e.g., schools, social service agencies, integrated care).

- 4) Expertise and skills needed to work with adolescents, older adults, and/or those with co-occurring mental health and substance use needs.

**Recommendation 3.8: Develop a more robust transition to practice system for mental health and substance use professionals.**

The North Carolina professional associations for the mental health and substance use workforce should work with the state Medicaid agency, DMH/DD/SAS, Division of Social Services, University of North Carolina System, AHECs, and LME/MCOs to:

- 1) Address barriers to developing an effective workforce to meet the clinical needs of North Carolinians with mental health and substance use needs.
- 2) Develop a plan to create more clinical training sites, with appropriate supervision, in both specialty mental health settings and non-specialty mental health settings and with populations of all ages. Training and supervision are particularly needed for professionals seeing individuals with dual diagnoses, adolescents, older adults, and individuals of all ages with substance abuse concerns.
- 3) Strengthen and improve licensing requirements.

**Recommendation 3.9: Support practice and system transformation towards integrated care.**

- 1) Organizations including the Center of Excellence for Integrated Care, Community Care of North Carolina, AHEC, and others that work directly with providers should provide technical assistance to practices and health systems aiming to provide more integrated care. Technical assistance should be available to both primary care and mental health and substance use providers who are interested in providing integrated care. Technical assistance should include help in identifying ways to support integrated care through billing, implementing necessary modifications to workflow and culture change, training on new tools, and mentoring.
- 2) The North Carolina Department of Health and Human Services should include supporting integrated care as a core goal of the future Medicaid and NC Health Choice Transformation Innovations Center.
- 3) Under Medicaid reform, contracts with future Medicaid managed care organizations and provider-led entities should include a requirement to provide funding for technical assistance to practices providing, or moving toward providing, integrated care.
- 4) North Carolina foundations and philanthropic organizations should provide funding for technical assistance for practices moving toward providing integrated care.

**Recommendation 3.10: Update DMA's telepsychiatry policy.**

The Division of Medical Assistance should revise Clinical Coverage Policy 1H Section 6.2 to:

- 1) Explicitly state that the policy covers the use of telepsychiatry for the provision of ongoing direct services.
- 2) Expand the list of providers eligible to bill for telepsychiatry professional services to include all providers eligible to bill for outpatient mental health and substance use services under Clinical Coverage Policy 8C.

The Division of Medical Assistance should also explore the implications of certifying alternative telepsychiatry sites and credentialing programs rather than individual providers.

**Recommendation 3.11: Maintain adequate funding for the NC-STeP Program.**

The North Carolina Department of Health and Human Services should continue to provide adequate funding to support the NC-STeP Program.

**Recommendation 3.12: Standardize credentialing across systems.**

Hospitals and health systems, the North Carolina Hospital Association, and LME/MCOs should explore strategies to make the process of credentialing in multiple systems less burdensome for providers, including standardizing the requirements for credentialing across systems, and explore opportunities for reciprocal and delegated credentialing.

**Recommendation 4.1: LME/MCOs should act as a lead player in cross-system collaboration.**

DDMH/DD/SAS contracts with LME/MCOs should require commitment to the System of Care (SOC) model as well as participation in local Community Collaboratives. As part of this commitment, LME/MCOs should:

- 1) Ensure that LME/MCO leadership (not just SOC coordinators, but also appropriate LME/MCO decision-makers) meet quarterly with leadership from the Department of Social Services, local departments of health, school districts, juvenile courts, primary care providers, and juvenile justice groups (i.e., Reclaiming Futures, Juvenile Crime Prevention Councils, Juvenile Justice Substance Abuse Mental Health Partnerships, and Juvenile Justice Treatment Continuum groups) within their catchment areas.
- 2) Include at least one youth and one youth family member in all Community Collaboratives.
- 3) In counties where there is not a functioning Community Collaborative, partner with a similar collaborative organization (e.g., Juvenile Crime Prevention Councils, Juvenile Justice Mental Health Substance Abuse Partnerships, Reclaiming Futures) and encourage the group to consider acting as a SOC Community Collaborative.
- 4) In partnership with Community Collaboratives, LME/MCOs should establish guidelines for screening youth for mental health and substance use when they encounter any system and develop pathways for youth with positive screens to access assessment and treatment services as indicated.
- 5) In partnership with Community Collaboratives, LME/MCOs should establish guidelines for consolidating case plans when children and families are served by more than one system.
- 6) Lead efforts to enhance coordination of care within and across systems for youth and families and identify pathways for access to care and ongoing case/care management when needed.

**Recommendation 4.2: Support and further develop local System of Care (SOC) Community Collaboratives.**

1) The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DDMH/DD/SAS) should:

- a) Develop outcome measures to indicate whether or not System of Care (SOC) is working.
- b) Provide training and technical assistance for SOC coordinators to conduct Community Collaborative assessments, strengthen Collaborative membership, use data in creation of priorities, and develop local agreements to increase collaboration for the youth with the most complex needs.
- c) Work with other key public child-serving agencies to inventory existing training and technical resources across public agencies that can be utilized to support the development of local systems of care and Community Collaboratives.

2) LME/MCO SOC/Community Collaborative coordinators should work to:

- a) Strengthen and diversify Community Collaborative membership including increasing family and youth representation.
- b) Develop and monitor progress on data-supported priorities, including disparities in access and treatment by age, gender, race/ethnicity, or other factors.
- c) Develop local agreements to increase coordination of care across public agencies.
- d) Assure that, as LME/MCO consolidation proceeds, SOC coordinator funding and staffing is

adequate to meet the needs of a growing number of communities in the catchment area of the LME/MCO.

**Recommendation 4.3: Educate school personnel on the behavioral health needs of adolescents.**

To increase the knowledge and skills of school personnel,

- 1) The North Carolina Department of Public Instruction should:
  - a) Work with local superintendents and schools to publicize the online credits for current professional modules related to student behavioral health.
  - b) Work with the public and private institutions of higher education and with educator and school counselor preparation programs to ensure that elective courses on adolescent development and behavioral health qualify towards degree credit.
  - c) Work with the North Carolina Sheriffs' Education and Training Standards Commission to make Youth Mental Health First Aid a credit-earning course for student resource officers and explore making Youth Mental Health First Aid a requirement for student resource officers. The Department of Public Instruction should work with the Commission to make crisis intervention trainings and courses on adolescent development credit-earning electives as well.
- 2) Local boards of education should encourage school staff and others who work with youth to receive Youth Mental Health First Aid training and Trauma-Informed Care training. (see Recommendation 3.3 Increase Number of North Carolinians Trained in Mental Health First Aid).
- 3) Each school district should ensure that at least two staff are trained in Youth Mental Health First Aid, ideally as instructors. These staff serve as the point persons to assist in the event of a crisis and coordinate staff training.

**Recommendation 4.4: Encourage partnerships between schools and LME/MCOs.**

- 1) The Department of Public Instruction and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should develop models for effective, coordinated efforts between LME/MCOs and schools, school-based health centers, service providers, and school systems. Model memoranda of agreement should be developed and shared with the North Carolina School Boards Association, superintendents, and principals. Memoranda of agreement should not exclude service types, particularly evidence-based programs delivered to fidelity. The agreements should include:
  - a) Model memorandum of agreement between a school district and their LME/MCO that outlines how these entities can partner to meet the mental health and substance use needs of students and their families.
  - b) Model memorandum of agreement between a school, LME/MCO, and service providers that outlines how these entities can work together to meet the mental health and substance use needs of students and their families.
- 2) Local school boards should encourage schools in their district to explore ways to partner with providers to meet the mental health and substance use needs of children and their families.

**Recommendation 4.5: Support the implementation of trauma-informed child and family serving systems across North Carolina counties.**

The North Carolina Department of Health and Human Services should:

- 1) Promote the integration of trauma-informed practices and policies across human service and public safety agencies serving youth.
- 2) Introduce trauma-informed services into the core education and training for child and family serving human service and public safety agencies.
- 3) Emphasize interdisciplinary collaboration and relationship-building across child and family serving human service and public safety agencies.
- 4) Develop a Trauma Advisory Council to help oversee efforts to develop trauma-informed systems.

**Recommendation 4.6: Submit a Medicaid waiver to best serve youth with serious emotional disturbance.**

The North Carolina General Assembly should instruct the North Carolina Division of Medical Assistance/ Division of Health Benefits to submit a 1915(c) Medicaid waiver to serve children with serious emotional disturbance in home and community-based settings.

**Recommendation 5.1: Establish statewide coordinated leadership to oversee older adult health.**

- 1) In order to develop a more robust and coordinated behavioral health system for older adults, it is recommended that the North Carolina General Assembly:
  - a) Appoint a subcommittee of the Joint Legislative Oversight Committee to focus on the mental health and substance use needs of older adults during the next legislative session.
  - b) Re-establish the North Carolina Study Commission on Aging, with a mission to study and evaluate the existing public and private delivery systems for state and federal services for older adults and make recommendations to improve these systems to meet the present and future needs of older adults. The study commission should be charged with examining the mental health and substance use system for older adults as one of its first areas of focus.
- 2) The Secretary of the Department of Health and Human Services (DHHS) should establish a working group within DHHS to address older adult mental health and substance use. This group should include leadership from the Division of Mental Health, the Developmental Disabilities and Substance Abuse Services, the Division of Medical Assistance, the Division of Aging and Adult Services, the Division of Public Health, and the Department of Transportation. This group should also include older adults in recovery from mental health and substance use disorders and should focus on developing a comprehensive system of care that delivers high quality, timely, and accessible care to meet the mental health and substance use needs of older adults in the most appropriate settings across the state. The working group should report to the Joint Legislative Oversight Committee or Study Commission on Aging annually, before the beginning of the General Assembly's session.

**Recommendation 5.2: Increase support for SHIP program.**

- 1) The North Carolina Congressional Delegation should advocate to maintain or increase funding to the State Health Insurance Assistance Program.
- 2) The North Carolina General Assembly should allocate adequate recurring funding for the North Carolina SHIP program to support community-based coordinating sites that provide assistance to older adults. This funding should take into account the federal funding level and the increases in the senior population.
- 3) Senior centers and primary care providers should partner with the local SHIP coordinating sites to ensure that the Medicare population receives education on how to contact the North Carolina SHIP program.



**Recommendation 5.3: Use GAST teams to train communities on issues of older adult mental health.**

The GAST teams should provide training on the behavioral health needs of older adults to adult and family care homes, nursing facilities, and organizations that work with older adults in the community such as senior centers, adult day programs, faith-based organizations, law enforcement, the judicial system, and veteran affairs centers. GAST programs should market the training they provide to as many organizations the team is able to contact.

**Recommendation 5.4: Improve capacity of primary care practices to screen, treat, and refer older adults to treatment for behavioral health needs.**

Alliant Quality, along with Community Care of North Carolina, the Center of Excellence for Integrated Care, and others who provide education and technical assistance to primary care practices, should provide education and training to primary care providers and practices on:

- 1) Using evidence-based methods to screen for mental health and substance use among older adults, with a particular focus on depression,
- 2) Providing brief intervention, and
- 3) Referring patients to treatment for behavioral health needs. The percentage of older adults receiving screening for depression and substance use disorder should increase by 25% per year.

**Recommendation 5.5: Increase care management services for older adults.**

Organizations including Alliant Quality, Community Care of North Carolina, the Area Health Education Centers, professional associations, and others that work with providers should provide education and technical assistance to practices and health systems to help them increase chronic care management services for older adults.

**Recommendation 5.6: Increase number of eligible behavioral health care providers billing Medicare.**

- 1) The primary care and behavioral health specialty associations (or coordinating council) in partnership with the Center of Excellence for Integrated Care and Area Health Education Centers should work with members to:
  - a) Provide continuing education around the special needs in behavioral health care of older adult populations.
  - b) Provide practice level technical assistance to facilitate credentialing, quality measurement, and billing, including health and behavior services codes.
  - c) Increase health and behavioral code billing. The professional associations should work with the North Carolina chapter of the National Association of Social Workers to allow social workers to bill under health and behavioral codes.
  - d) Advocate to the American Medical Association's Relative Update Committee (an advisory group to CMS) to review the health and behavioral codes and their work value.
- 2) Alliant Quality, Community Care of North Carolina, the Area Health Education Centers system, professional associations, and others that provide education and technical assistance should provide educational opportunities on how to manage Medicare patients and develop referral networks, as well as host learning collaboratives to share best practices, in order to increase the number of behavioral health care providers billing Medicare.
- 3) Private insurers should reimburse for health and behavior services codes if they do not already cover them.