



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Where the Rubber Meets the Road: Aligning State Priorities to the Needs of Local Communities

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December 3, 2020

What We Will Cover

- Overview of North Carolina's Response
- COVID-19 Behavioral Health Drivers, Outcomes, and Mitigations
- NC DHHS Priorities and Behavioral Health & IDD Strategy

Know your Ws!



WEAR a cloth mask over your nose and mouth.



WAIT 6 feet apart. Avoid close contact.



WASH your hands or use hand sanitizer.

The SCOOP on Managing Stress

- | | |
|--|---|
| S Stay connected to family and friends. | Social connections build resiliency. |
| C Compassion for yourself and others. | Self-compassion decreases trauma symptoms and stress. |
| O Observe your use of substances. | Early intervention can prevent problems. |
| O Ok to ask for help. | Struggling is normal. Asking for help is empowering. |
| P Physical activity to improve your mood. | Exercise boosts mood and lowers anxiety. |

HOPE  4 NC HELPLINE 1-855-587-3463

NC's Early Action to Fight COVID-19

- North Carolina took early and aggressive action to slow the spread of the virus, manage shortages of testing and PPE supplies, develop hospital surge plans, and build testing and contact tracing capabilities.
 - Our collective actions prevented our health care systems from being overwhelmed and provided valuable time to build our state's capacity to respond to the crisis.
 - The risk of COVID-19 remains as more North Carolinians are leaving their homes for work and other needs.
-

Strategies to Slow the Spread of the Virus

	WHAT THE STATE IS DOING	WHAT THE PUBLIC CAN DO
Slow the Spread Prevention	<ul style="list-style-type: none">• Phased reopening of sectors/activities to minimize spread of COVID-19• Require <u>face coverings</u> when physical distancing of 6 feet is not possible	<ul style="list-style-type: none">• <u>Practice the 3Ws</u> and encourage family and friends to do the same• Employers should follow <u>NCDHHS guidance</u> for specific settings
Know Who Has COVID-19 and Who Has Been Exposed Testing and Tracing	<ul style="list-style-type: none">• Build a statewide <u>testing</u> & <u>contact tracing</u> infrastructure• Surge resources in hardest hit communities & populations	<ul style="list-style-type: none">• Get <u>tested</u> if <u>symptomatic</u> or if you think you are exposed to COVID-19• Answer the call from the <u>contact tracing</u> team
Support People to Stay Home Isolation and Quarantine	<ul style="list-style-type: none">• Ensure access to <u>non-congregate shelters</u> for people who need to isolate• Enact policies to enable people to miss work and stay at home, leverage <u>NCCARE360</u> to connect to supports	<ul style="list-style-type: none">• Stay home when you can, especially when sick• Support employees to stay home when sick to minimize the spread of COVID-19

Prevention Strategies

- “Dimmer Switch” approach to reopening:
 - **Responsible, incremental adjustments** and easing of restrictions, rather than on/off, has **helped prevent major spikes in NC** that were seen in other states
 - **Currently in Phase 3** (until at least November 13th) based on the trajectory of surveillance data, confirmed cases, % positive tests, testing and tracing capabilities, hospitalizations, and PPE availability
- “The 3Ws”
 - **Wear** a cloth face covering
 - EO 147, issued June 24th, implemented a **statewide mandate requiring face coverings** in public where 6’ distance is not possible
 - “**Whatever Your Reason**” public campaign launched in Sept 2020
 - **Wait** 6 feet apart – aka “physical or social distancing”
 - **Wash** your hands

If you leave home, know your 3 Ws!



North Carolina's Testing Efforts

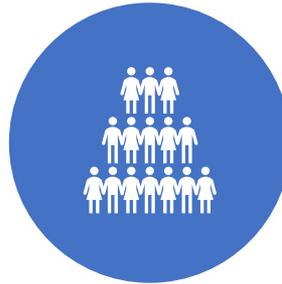
Since the start of the pandemic, North Carolina has deployed a variety of resources to enable North Carolinians to get tested

Tools to identify testing needs and locations

Increased access to no-cost testing



Check my Symptoms



Historically Marginalized Populations



Priority Counties



Find my Testing Location



Skilled Nursing Facilities

While building testing & contact tracing infrastructure, we're also working to surge assets in communities and populations that have been hardest hit by COVID-19 – focusing on communities with highest level of community spread and historically marginalized communities.

Protecting Residents of Long-Term Care

Prevention:

- Distributed PPE packs proactively to over 3,000 LTC facilities
- Recommend all patients entering LTC be placed in 14 days of quarantine and recommend universal mask-wearing by staff
- Released a series of time-limited Medicaid rate increases to support long-term care providers in COVID response

Testing and Managing Outbreaks:

- Testing on a weekly basis
- Contract with CVS/Omnicare for one-time proactive testing of all residents and staff of nursing homes
 - 400 nursing homes – approximately 36K residents and over 30K staff
 - Testing will begin in July and continue through August
 - Testing in state operated SNFs complete

Capacity:

- Helping fill LTC staffing shortages through a partnership with ECU School of Nursing to match Registered Nurses and Certified Nursing Assistants with facilities
- Conducted infection prevention and control consultation through partnership with CDC and NC Statewide Program for Infection Control and Epidemiology (SPICE)
- Developed an online toolkit & held trainings and webinars for thousands of long-term care facility staff

Case Investigation & Contact Tracing

Sources of exposure:

- Of cases linked to an outbreak or cluster, common sources of exposure include nursing homes, meat processing plants, correctional facilities, residential care facilities, and IHEs

Progress to date:

- Over 2,700 active case investigators and contact tracers
- Over 60% of Contact Tracing (CT) surge staff hired are Black/African American or Hispanic/Latino; Roughly 48% of CTs are bilingual
- Over 95,000 texts, emails, and calls from 11/12 to 11/18

SlowCOVIDNC Exposure Notification App released 9/22:

- Free, anonymous, 100% optional, and no personal info is stored
- Over 487,00 residents have downloaded the App



Focus on Historically Marginalized Populations

- NCDHHS awarded \$100k grants to 5 local organizations to help support disease prevention measures in high-risk Hispanic/LatinX communities.
 - Prioritized working with minority-owned businesses: 14 of 26 testing & tracing vendors are minority owned.
 - Contact tracers hired to reflect communities they serve:
 - 24% are Black or African American
 - 26% are Hispanic or Latino
 - 47% are bilingual
 - Focus on deploying new testing sites in ZIP codes with historically marginalized populations.
 - Launched radio and video messages to reach historically marginalized populations.
 - **Dedicated stream of work for Behavioral Health and IDD populations**
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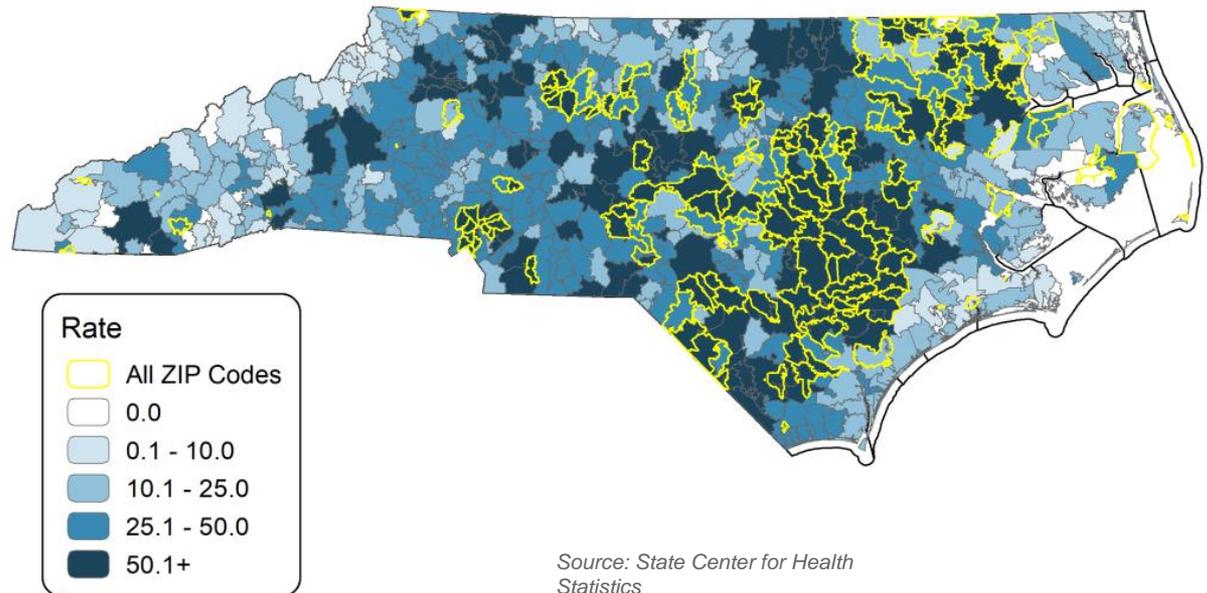
Using State Resources to Deploy High-throughput Testing Sites in Historically Marginalized Communities (CHAMP)

DHHS analyzed of the current testing landscape (including capacity, accessibility, and equity) and recommended additional testing sites by zip code, with a focus on serving historically marginalized communities

Community Testing Overview:

- 174 zip codes in 72 counties
- Specifically focusing on 2.3 million from HMP communities
- Unique features of Task Order include:
 - ✓ Requirement to partner with Community groups
 - ✓ Linkage to medical home
 - ✓ No money collected or billed to patients
 - ✓ Culturally and linguistically appropriate services

North Carolina All Selected Zip Codes and Number of Laboratory Confirmed COVID-19 Cases per 10,000 persons by County of Residence (as of June 17)



Supports for COVID-19 Patients and Families

- **Support services, coordination, and referral:**
 - Support in **20 targeted counties** for people who are asked to isolate or quarantine due to COVID-19 and need assistance such as **food, relief payments, transportation, access to primary medical care/telehealth, medication delivery, and/or COVID-related over-the-counter supplies**
 - People will be connected to a **Community Health Worker (CHW)** who will coordinate needed services
 - Builds on the platform of **NCCARE360**, the first-of-its-kind statewide coordinated care network to electronically connect those in need with community resources – implemented in all 100 NC counties
- **Non-Congregate Sheltering:**
 - Provides **secure hotel and motel rooms**, as well as essential wrap around services, for individuals with no other safe place to quarantine, isolate or social distance due to COVID-19.

Ahead of the Curve with Healthy Opportunities

“Healthy Opportunities,” commonly referred to as the social determinants of health, are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes & risks.

- As the pandemic response prompted isolation & diminished access to in-person services, Healthy Opportunities and the NCCARE360 platform gave NC DHHS a jump start in providing critical isolation supports.
- **NCCARE360** first statewide coordinated network that unites health care and human services organizations with a shared technology platform allowing for a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.

North Carolina's Healthy Opportunities Priority Domains

Housing



Food



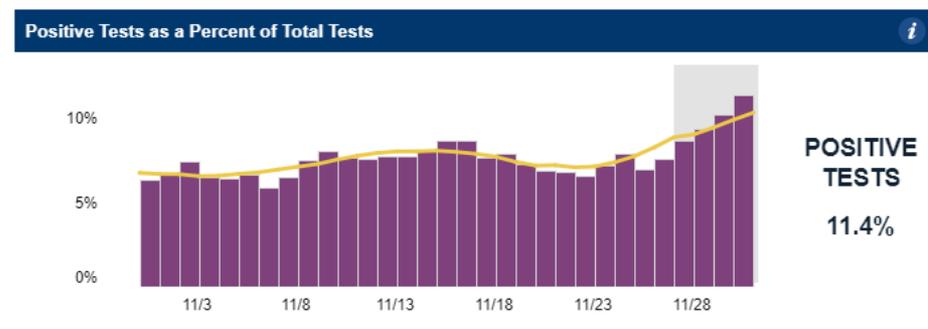
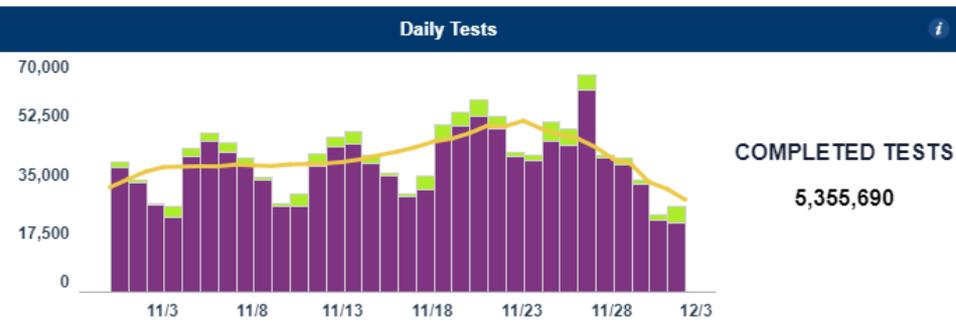
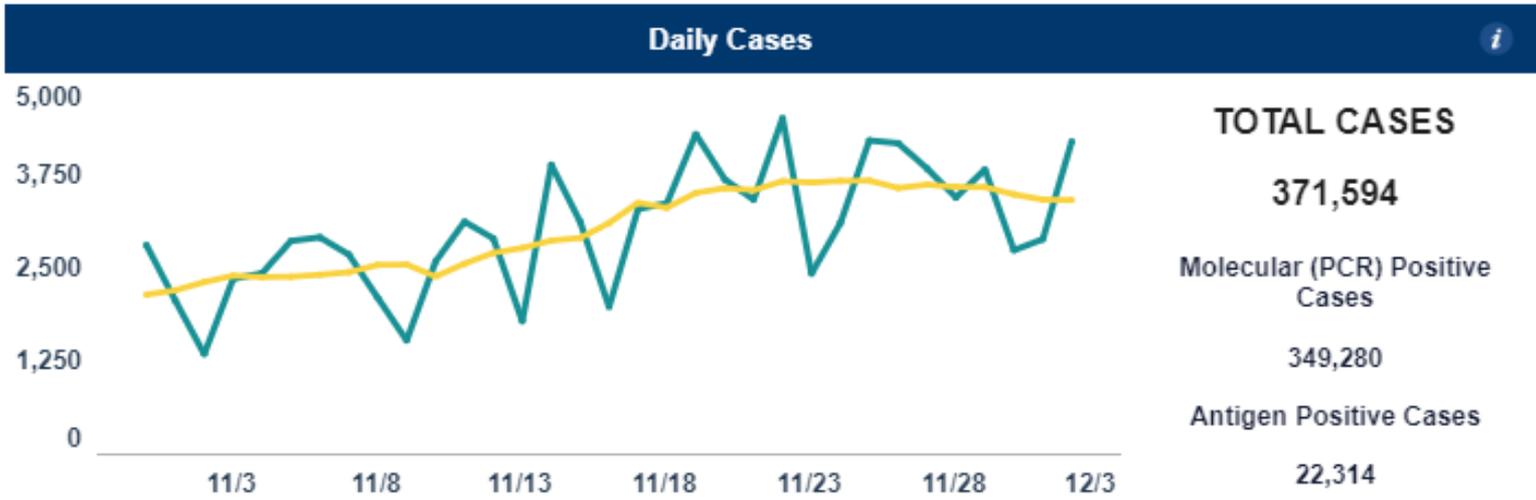
Transportation



Interpersonal
Violence



Tracking Key COVID-19 Metrics

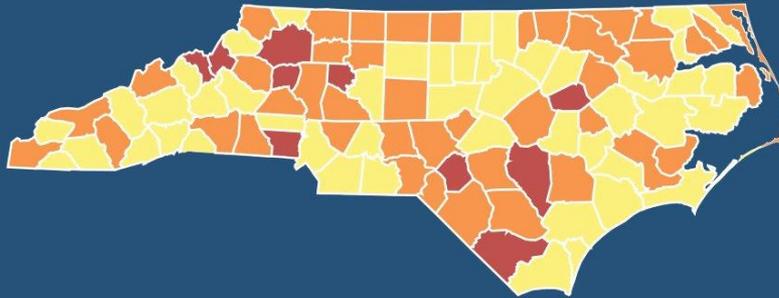


Data as of Wednesday December 2, 2020

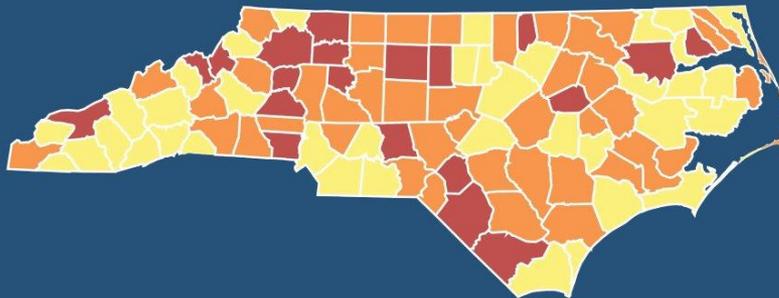
COVID-19 County Alert System

COVID-19 County Alert System

11/17/20



11/23/20



- **Case Rate:** The number of new cases in 14 days per 100,000 people
- **Percent Positive:** The percent of tests that are positive over 14 days
- **Hospital Impact:** A composite score based on the impact that COVID-19 has had on hospitals including percent of COVID-19 hospitalizations, COVID-19 related visits to the Emergency Department, staffed open hospital beds, and critical staffing shortages over 14 days

Yellow: Significant Community Spread

Orange: Substantial Community Spread

Red: Critical Community Spreads

Vaccine Development and Distribution

Developing, Manufacturing and Distributing a COVID-19 Vaccine

Multiple COVID-19 vaccines are being developed. Thousands of people have volunteered as part of research trials to see if a vaccine prevents COVID illness and to learn more about its safety in these overlapping steps. Promising vaccines are being manufactured at the same time they are being tested, so there will be an initial supply ready to go right away when the science shows which vaccines are found to be safe and effective. Once we have a vaccine or vaccines, it will still be some time before it is widely available to everyone. States will receive limited supplies at the start. North Carolina is drawing upon the experience and expertise of leaders from historically marginalized communities to develop and implement its vaccine distribution plan.

PHASE 1 & 2: Safety & Dosing

10s-100s of healthy volunteers

- Are there any side effects? How many volunteers experience side effects?
- What is the best vaccine dose to create an immune response with the fewest tolerable side effects?

PHASE 2 & 3: Safety & Efficacy

>30,000 of volunteers

- Does the vaccine prevent COVID-19 infection?
- What are the most common side effects?
- Do the benefits of the vaccine outweigh the risks?

Approval & Distribution

- FDA reviews the safety and efficacy data to determine if benefits are greater than risks
- An independent, non-FDA scientific committee reviews findings
- Vaccine is authorized and recommended for use (may only be for certain populations)
- Vaccine is labeled for use, benefits, side effects

Manufacturing Preparation:

Manufacturing development, scaling up, quality-control testing

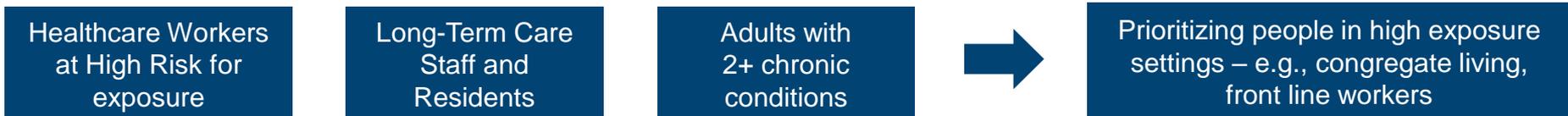
Large-Scale Manufacturing: Making millions of vaccine doses for nationwide distribution, continued quality-control testing of vaccine batches and manufacturing facilities, FDA and CDC continually monitor vaccinated patients for safety

Availability: Limited availability in the beginning. More widely available over time.

Vaccine Development and Distribution

	Planning <i>Where we are now</i>	Implementation <i>Begins when first vaccine doses are allocated to states</i>	Adjustment <i>Large number of vaccine doses available</i>	Transition <i>Sufficient supply of vaccine doses for entire population</i>
Populations	<ul style="list-style-type: none"> Establish priority groups 	<ul style="list-style-type: none"> Phase 1 populations Stabilize health care delivery system and protect individuals at highest risk 	<ul style="list-style-type: none"> Continue to move through phased populations as vaccine supply allows 	<ul style="list-style-type: none"> Offer vaccination to all populations through Phases 3 and 4
Vaccination Channels	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Through local health departments and on-site vaccination clinics (in closed settings) 	<ul style="list-style-type: none"> Require more points of access, mass vaccination clinics, and broad vaccination sites 	<ul style="list-style-type: none"> Vaccination in established channels Fewer mass, mobile, or community-based clinics
Enrollment/ Ordering/ Allotment	<ul style="list-style-type: none"> Identify/enroll priority providers Expect CDC centralized distribution to providers 	<ul style="list-style-type: none"> Continue to enroll providers Allocations to state, allotted to enrolled providers 	<ul style="list-style-type: none"> Transition to provider ordering vaccines based on need for population and local demand 	<ul style="list-style-type: none"> Ordering similar to annual seasonal flu vaccine campaign
Shipment	<ul style="list-style-type: none"> None shipped Expect vaccine and anc. supplies procured and distributed by fed gov't 	<ul style="list-style-type: none"> Shipment in increments of 1,000 for some 2-dose series that may require ultra-cold storage 	<ul style="list-style-type: none"> Shipment minimum of 100 for most vaccines 	<ul style="list-style-type: none"> Move to high supply/lower demand
Data	<ul style="list-style-type: none"> Confirm capability for required functionality, data collection, and reporting 	<ul style="list-style-type: none"> Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements 	<ul style="list-style-type: none"> Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements 	<ul style="list-style-type: none"> Data systems for ordering, scheduling, dose tracking, inventory, data collection and reporting requirements

Four phases of risk-based prioritization*



*based on National Academy of Medicine and refined by NC COVID-19 Vaccine Advisory Committee. May be revised based on additional federal guidance, data from clinical trials, EUA criteria, and Advisory Committee for Immunization Practice recommendations

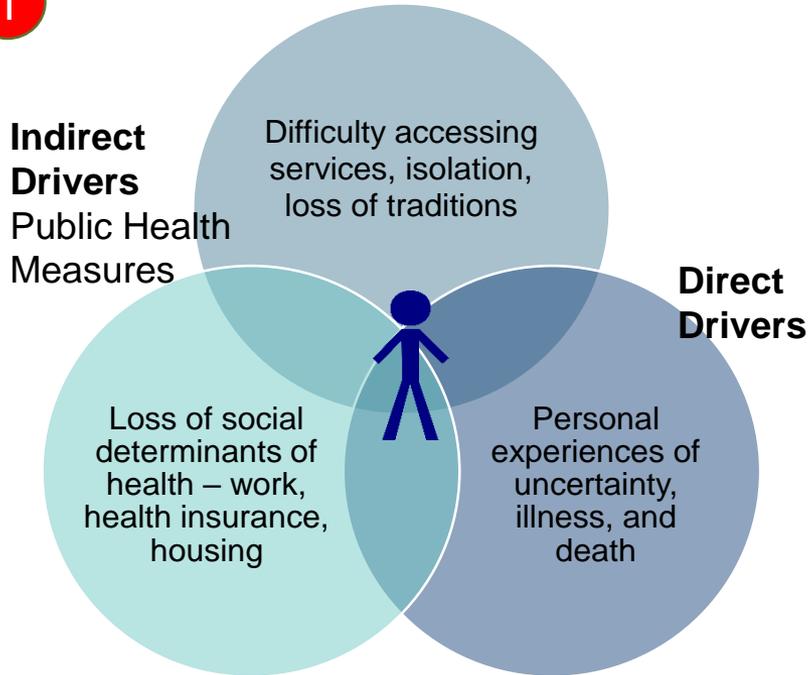
Behavioral Health & IDD: ***Impacts of COVID-19***

Pre-Pandemic – Existing (unmet) need

- LME/MCOs spent **\$359 million** to serve about **101,000 uninsured individuals** in SFY20 – 52,000 uninsured individuals each quarter
 - This works out to an **average spend of \$1424/person** and a **median spend of \$396/person**
- In a given year (2017-2018) more than **1.5 million North Carolinians** over the age of 18 had a **mental illness** – and **1 in 5** of them **did not receive services** at all
- In the given year approximately **578,000 North Carolinians** over the age of 18 had **any substance disorder**, and **8 out of 9 needed but did not receive treatment** at a special facility for substance use
- In 2012 **suicide** became the leading cause of injury death in North Carolina and remained so in subsequent years.
 - For **veterans**, the average suicide rate was 2.4x that of the general population.
 - From 2013-2017, 54% of suicides among the general public in North Carolina involved a **firearm**
 - Among veterans, 74% of suicides involved a firearm

COVID-19 Drivers, Outcomes, and Mitigations

1



3

Mitigation strategies include sustaining services, normalizing and managing crisis, and targeted interventions

Policy modification, telehealth, provider guidance, and funding to support services

Increased awareness, normalization, access to crisis services, resiliency

Specific interventions for disproportionately impacted communities and outcomes

2

Individual's genetics, experiences, and coping mechanisms result in **varied outcomes**

Wellness Spectrum

Increased frequency and intensity

Anger and Hostility

Excessive Use or Misuse

Persistent Depression

Violence towards self/others

Situational loneliness, anxiety

Withdrawal from community

Inability to Cope

Extreme Mood Changes

Altered Perception

Chronic and Persistent Illness

The NC Behavioral Health Impacts of COVID-19

1. Enhanced health risks in congregate care settings

- People with IDD are 4 times as likely to contract COVID-19 and 2 times as likely to die from COVID-19, compared to the general population.
- 2,550 individuals with serious mental illness transitioned to community living in permanent supportive housing.

2. Behavioral Health Issues and Indicators

• Anxiety & Depression

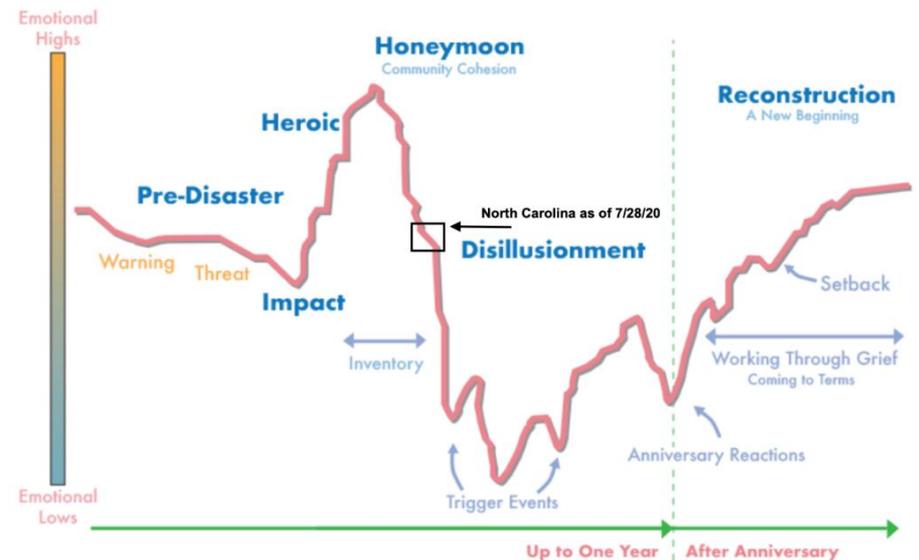
- Three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9 in 2019.
- Younger cohorts (18-29) report higher prevalence of anxiety and depression, while prevalence among racial groups is relatively consistent.

• Substance Use – Alcohol & Opioids

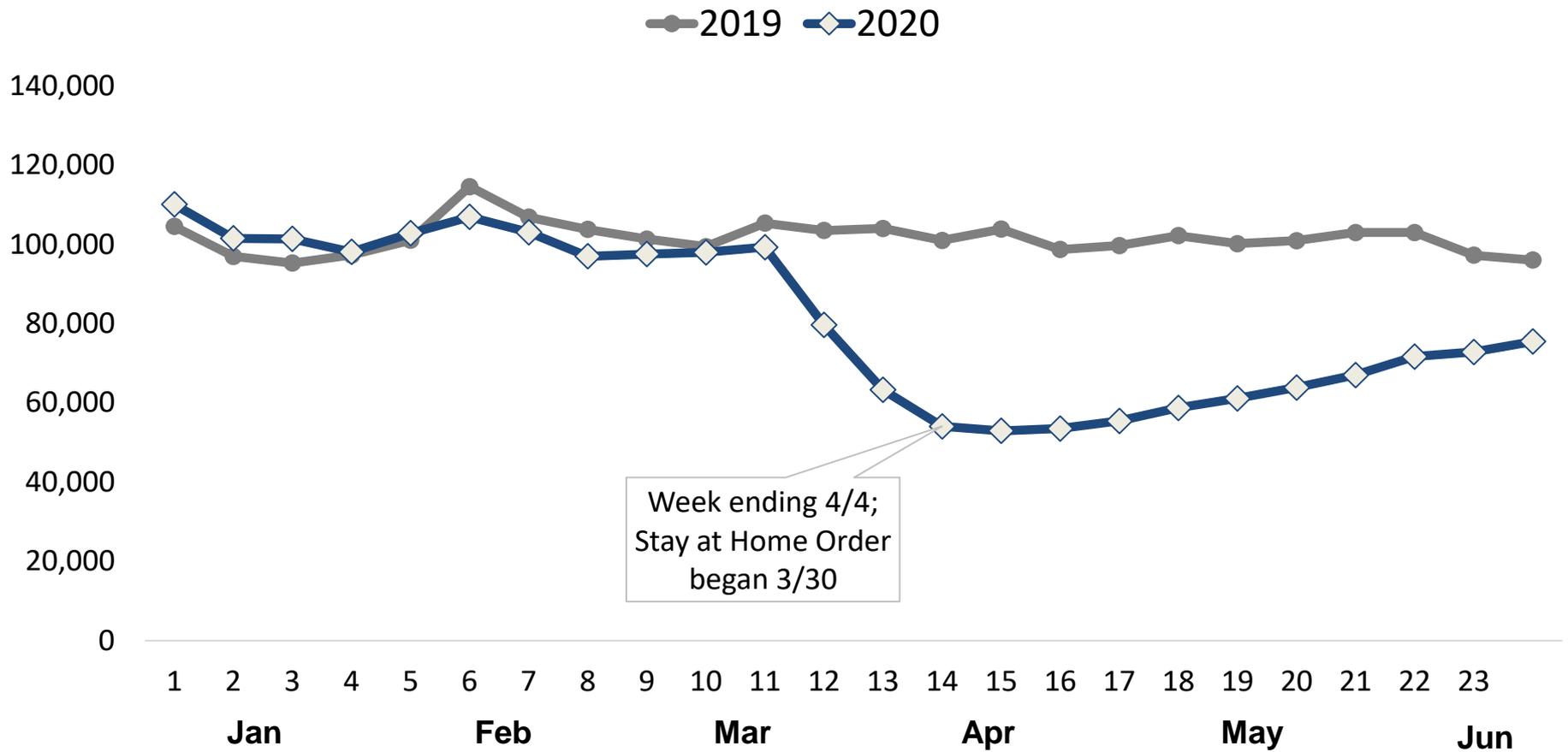
- Liquor sales in North Carolina increased 12% in State Fiscal Year 2019-20
- Recent nationwide survey found that 1 in 4 respondents reported binge drinking at least once (up from 1 in 6 in 2019).
- In 2020, while NC has experienced a 19% decrease in overall Emergency Department visits, we have seen a 21% increase in Medical/Drug Overdose ED visits – largely driven by a 24% increase in opioid overdose ED visits.

• Suicide

- For every five-percentage point increase in the rate of unemployment, an additional 304 North Carolinians would be expected to die each year from suicide (126) and drug overdose (178).



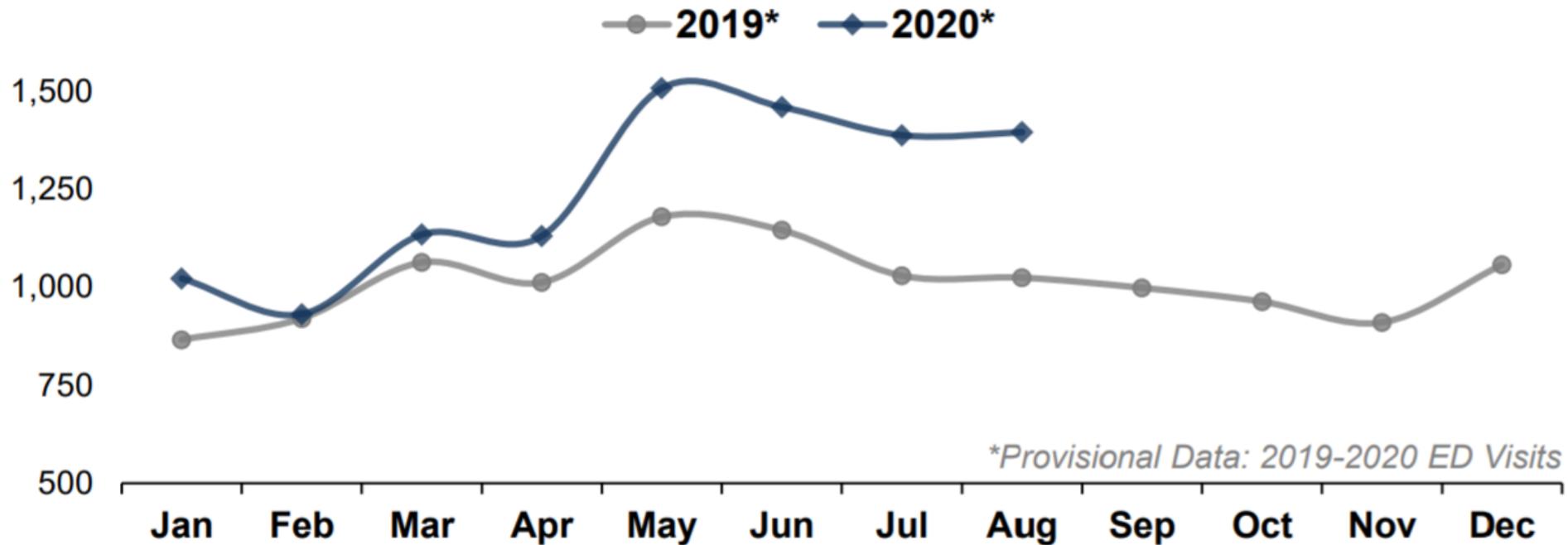
This year, NC has experienced a 19% decrease in overall ED visits



Week ending 4/4;
Stay at Home Order
began 3/30

Note: Provisional Data
Source: NC DETECT ED Visits, 2019-2020

Yet, NC has seen a 21% increase in Med/Drug Overdose ED visits in 2020



Note: Provisional Data

Source: NC DETECT ED Visits, 2019-2020

Awareness, Managing Crisis, Resiliency

- **Hope4NC (1-855-587-3463)**
 - The Hope4NC Helpline connects North Carolinians to mental health and resilience supports
 - Available statewide, 24 hours a day, seven days a week during the COVID-19 crisis
 - Hope4NC includes a Crisis Counseling Program tailored for COVID-19, which will provide immediate crisis counseling services to individuals affected by the ongoing COVID-19 public health crisis.
- **Hope4Healers Helpline (919-226-2002)**
 - Partnership with the North Carolina Psychological Foundation
 - Provides mental health and resilience supports for health care professionals, emergency medical specialists, first responders, other staff who work in health care settings who are experiencing stress from being on the front lines of the state's COVID-19 response
 - Available 24 hours per day, seven days a week, staffed by licensed mental health professional for follow-up
- **Evidence-based Behavioral Health messaging aimed at prevention**



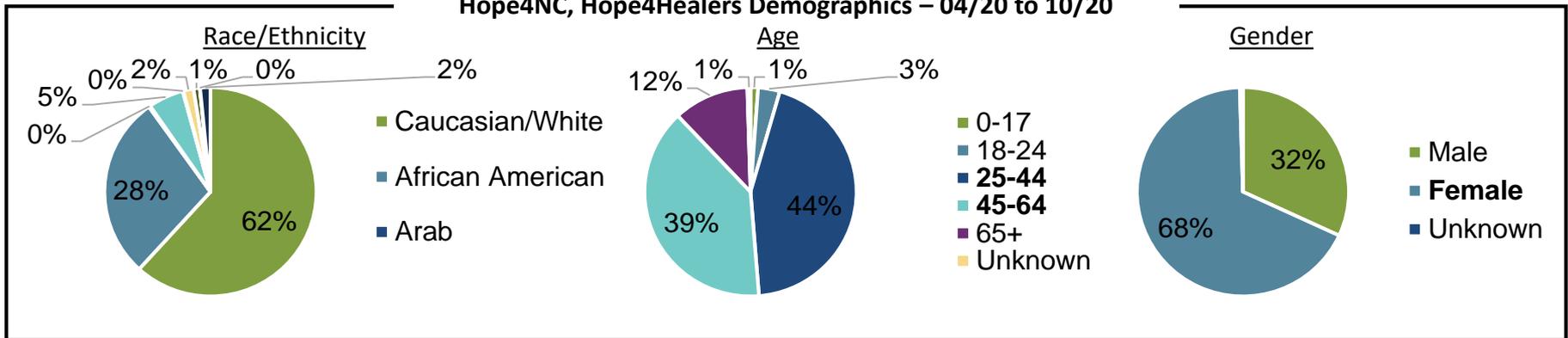
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O Ok to ask for help.	Struggling is normal. Asking for help is empowering.
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HOPE 4 NC

- Calls received from all 100 North Carolina counties
- 38% people of color, 68% female, 82% first-time callers
- Top reasons for seeking help:
 - Disaster (pandemic) related distress; fear, concern for health/safety of others
 - Depression
 - Interpersonal Conflict
 - Anxiety
 - Community Resources
 - Finances

Hope4NC, Hope4Healers Demographics – 04/20 to 10/20





When stress

overwhelms you,



we're here 24/7 with
crisis support and resources.

855.587.3463

hope is on the line

HOPE  4 NC

HOPE  4 NC

HOPE  4 NC



When your
child's anxiety

is beyond your help,



we're here 24/7 with
support and resources.

855.587.3463

hope is on the line

HOPE  4 NC

HOPE  4 NC

HOPE  4 NC



Concerned
your drinking

is out of control?



Call us 24/7 for
support and resources.

855.587.3463

hope is on the line

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HOPE  4 NC

Targeted Interventions

\$116 M in funding from the CARES Act and \$3.5 M from other federal sources have been allocated to address emerging issues – crisis, prevalence of specific disease, etc. -- targeted toward specific populations. These efforts are designed to leverage other programs for a coordinated response that drives systemic change.

A. Congregant Care Settings

3 months of temporary funding to support increased staffing and care costs at residential facilities and group homes

\$17.6 M

B. Managing Crisis, tying into Hope4NC and other programs

6 months of community-based services and peer-warmline to stabilize crisis and reduce emergency department visits

\$13.5 M

C. Increased State Funded Services for Underinsured

15% increase of mental health and substance use services due to increased need or loss of health insurance

\$88 M

D. Substance Use Disorder - Prevention

Doses of naloxone for increased risk of accidental overdose stemming from both modified services and broader drivers

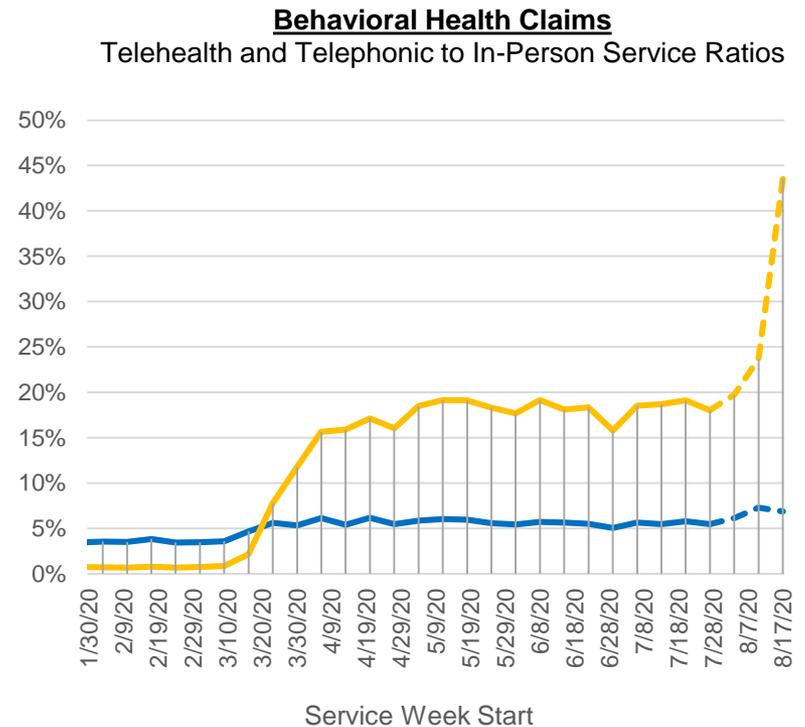
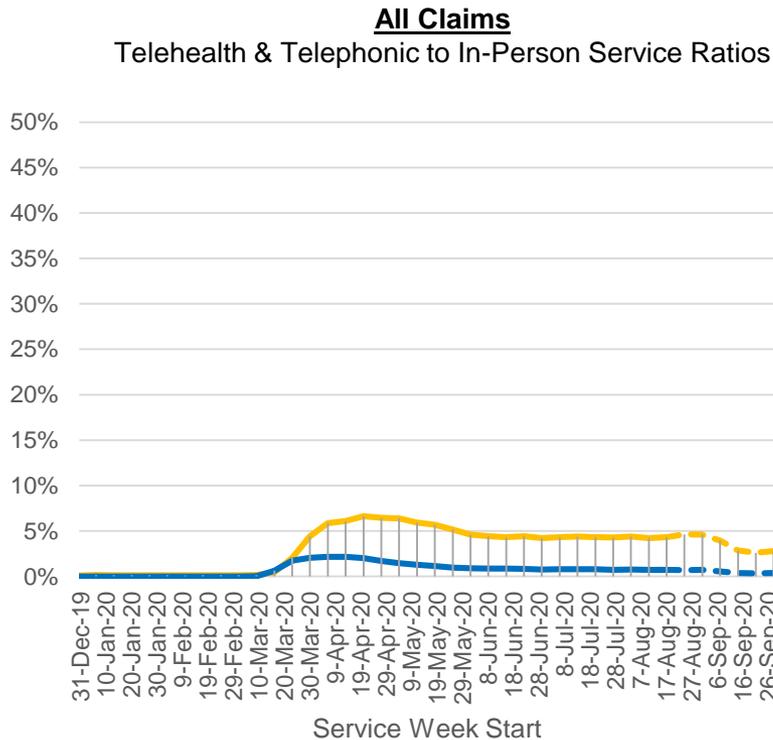
\$400K
(+ \$1.6M)

Targeted Interventions: CARES Act Funding

- Of the **\$88 million** in CARES Act funding directed to LME/MCOs to address Behavioral Health impacts of COVID-19, **over \$77 million** has already gone toward providing services to over **66,000 individuals**.
- **Primary Services** (by dollars)
 - Facility Based Crisis Services
 - Services in Group Homes
 - Inpatient Hospitalization
 - Substance Abuse Intensive Outpatient Services
 - Opioid Treatment
 - Crisis Intervention and Stabilization Support
 - Individual Therapy

Targeted Interventions: Telehealth

Combination of **steep increases in telehealth and telephonic claims** along with decrease in-person claims combined to produce dramatic increases in telehealth and telephonic claims ratios for both physical and behavioral health services – but **behavioral health services utilizing telehealth modality at a higher rate.**



- **8 out of 10** people surveyed reported that (MH/SUD) **telehealth services they received were as helpful, or more helpful, than their typical in-person services** with their health provider.
- 92% of respondents reported that they were able to get the support they needed from their MH or SUD service provider

Behavioral Health & IDD: *Key Strategic Initiatives*

Ensuring Access – Parity

- **Mental illness** is experienced by nearly **1 in 5 adults in North Carolina**
 - 1 in 5 do not receive needed services*
 - 1 in 7 are uninsured*

*Prior to the COVID-19 pandemic



- There are **significant disparities** in the provision of behavioral healthcare and medical/surgical healthcare
 - Patients utilize out-of-network services at a much higher rate for behavioral healthcare
 - In 2017 in North Carolina, as compared to the corresponding rate for medical/surgical services, the rate of out-of-network...
 - **behavioral health inpatient facility services** was **9.2x higher**
 - **behavioral health outpatient facility services** was **6.9x higher**
 - **behavioral health office visit services** was **7.6x higher**

Growing Stronger – Children’s Mental Health

- Addressing **Access**
 - North Carolina is **42nd** in the country in youth access to needed **behavioral health services**
 - North Carolina has seen an almost **25% increase** in the number of **uninsured children** from 2016 to 2019
 - **142,000 North Carolina children** were **uninsured** in 2019
 - **90 of the 100 counties** in NC faces a **severe shortage of child Psychiatrists**. 64 counties have no child Psychiatrists.
- Addressing **Siloed Systems**
 - **Over 11,600 youth** in foster care, up **35%** since **July 2012**
- Addressing **Mental Health in Schools**
 - Of the **1.5 million children** in NC public schools, **up to 300,000 – 1 in 5** will experience a **mental health disorder** in a given year.
 - Only **75,000** will receive treatment

True Justice – Justice-Involved Populations

- **Serious mental illness** affects an estimated **14.5% of men** and **31% of women** in **jails**
- **60% of jail inmates** reported having had **symptoms of a mental health disorder** in the prior twelve months
- **83% of jail inmates** with mental illness did not receive mental health care after admission
- **68% of people in jail** have a **history of drug use and/or misuse of alcohol**
- Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are...
 - **40 times** more likely to die from an opioid overdose
 - **74 times** more likely to die from a heroin overdose
- Juvenile Justice
 - **Over half of youth** in the justice system have a diagnosed behavioral health issue
 - **Two-thirds of youth** in justice facilities have a diagnosable mental health disorder compared to only 9 to 22% of general adolescent population

True Justice – Tackling the ‘Twindemic’

- **\$10.6 Million RFA** to fund community-based projects to **prevent opioid overdoses** for people who are involved in the **justice system**
- Community-based organizations, local law enforcement agencies, substance use disorder treatment providers, and others may apply for grants of up to \$350,000 per year for two years to:
 - Create and expand **pre- and post-arrest programs** to divert people with substance use disorders from jail to appropriate treatment options,
 - Create **re-entry programs** that help connect people to care upon release from incarceration

But wait, there’s more!

- A **second RFA** funded through Bureau of Justice Assistance’s Comprehensive Opioid Abuse Program (COAP) grant will be released in January 2021 to support:
 - **Pre-arrest or pre-conviction diversion** programs
 - Comprehensive **jail-based medication assisted treatment (MAT) programs**
 - **Overdose prevention** education and **naloxone distribution** programs

Three Continuing Broad Areas of Focus

1. Crisis Services & Response: **Address** lasting increases of need, loss of insurance, desire to keep pressure off emergency departments, and existing fragmented crisis system **With** prevention, awareness of crisis services, enhanced coordination, and movement toward statewide line integrated to other services and the national suicide lifeline.

2. Mental Health for a Generation of Children: **Address** the experience of personal and family trauma from COVID-19, loss of family income, and isolation and disruption due to remote schooling. **With** evidence-based interventions that train teachers, provide healthy coping mechanisms, stabilize children in crisis, and build resiliency in the generation.

3. Keeping the Epidemic at bay during the Pandemic: **Address** the opioid epidemic and evolving substance use disorders intensified by COVID-19 and already depleted federal funding **With** increasing focus on prevention and innovative induction and treatment strategies ripe for this moment of increased flexibility and need.

Questions/Discussion