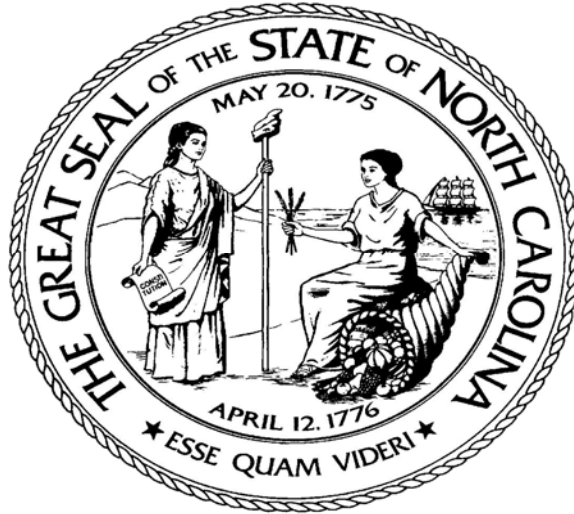


**Mental Health/Substance Use Disorder Central Assessment and
Navigation System Pilot Program**

Session Law 2017-57, Section 11F.7.(c)



**Interim Report to the
Joint Legislative Oversight Committee on Health and Human
Services**

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

October 17, 2018

Reporting Requirements

Session Law 2017-57, Section 11F.7.(c) Reports. – By July 1, 2018, the LME/MCO responsible for the management and provision of mental health, developmental disabilities, and substance abuse services in New Hanover County, in collaboration with the New Hanover Regional Medical Center and Recovery Innovations, Inc., shall submit an interim report on the effectiveness of the pilot program to the Department of Health and Human Services (Division). By October 1, 2018, the Division shall submit an interim report on the effectiveness of the program and the costs associated with administering the program to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

Program Requirements

Session Law 2017-57, Section 11F.7.(a) described the funding and the intended outcome of the Mental Health/Substance Use Disorder Central Assessment and Navigation System Pilot Program (MH/SU Central Assessment and Navigation pilot):

Pilot Program Creation. – Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of two hundred fifty thousand dollars (\$250,000) in nonrecurring funds for the 2017-2018 fiscal year and the sum of two hundred fifty thousand dollars (\$250,000) in nonrecurring funds for the 2018-2019 fiscal year shall be used to oversee, in consultation with the local management entity/managed care organization (LME/MCO) responsible for the management and provision of mental health, developmental disabilities, and substance use disorder services in New Hanover County under the 1915(b)/(c) Medicaid Waiver, the establishment of a two-year pilot program to focus on assessing and navigating individuals seeking mental health or substance use disorder services, or both, to appropriate community-based services or other community resources in order to reduce the utilization of hospital emergency department services for mental health and substance use disorder services.

Session Law 2017-57, Section 11F.7.(b) outlined some program requirements, including a general description of the activities to be performed to accomplish the intended outcome, as well as the team of individuals who would perform specific activities for this pilot program:

Program Design and Location. – The pilot program shall be conducted at New Hanover Regional Medical Center (NHRMC) and at Wellness City, operated by Recovery Innovations, Inc., by a three-person centralized team. The three-person team shall consist of the following individuals:

- (1) A master's level, fully licensed clinician to perform comprehensive clinical assessments of NHRMC patients and other New Hanover County residents exhibiting

symptoms of mental illness or substance use disorder who are referred to the pilot program.

(2) A qualified professional to assist patients, particularly those with a completed comprehensive clinical assessment, with identifying and accessing appropriate community-based services or other community resources.

(3) A North Carolina certified peer support specialist, with specialized training and personal experience in successfully managing his or her own serious mental illness or substance use disorder, to provide peer support services, including encouraging patients to take personal responsibility for managing their condition, assisting patients in establishing meaningful roles in society, and providing patients with transportation to and from appointments.

I. Conception of the Pilot program

This project was conceptualized in a conversation between NHRMC and Recovery Innovations, Inc., at which time there was concern about people repeatedly visiting the Emergency Department and/or in the Behavioral Health Unit at NHRMC. This was reportedly due to the lack of capacity and ability for the providers to complete comprehensive clinical assessments to determine the appropriate follow-up Outpatient Behavioral Health services, and then to facilitate the admissions of those individuals into the services that would meet their needs in a timely manner.

II. Pilot Inception

After addressing several implementation challenges (see below), the pilot's staffing positions were posted on February 26, 2018, and the team was hired by April 11, 2018. During the month of April, training was provided to the new staff, who also had to be enrolled and the service site credentialed for billing purposes; work flows were developed; Trillium Health Resources (LME-MCO) met with NHRMC Emergency Department staff, hospital Social Workers and Behavioral Health staff to educate them on this pilot program, sharing the hopes and parameters of it.

By May 1, 2018, the Pilot program staff, identified as the Peer Navigation Team, was ready to begin the program activities, and served the first individual on May 4, 2018.

III. Implementation Challenges

There were several delays to implementing this pilot, including:

- Sought clarification from the DHHS Office of Budget and Analysis to resolve a question about the purpose of the pilot program; due to the discrepancy between the description of the pilot program in Session Law and the corresponding Conference Committee Report; the latter of which stated that the funding was for a paramedicine project. DHHS Office of Budget and Analysis clarified that the Session Law language prevails; that is the special provision was intended to fund the MH/SU Central Assessment and Navigation pilot.
- A more detailed description of the draft scope of work, including a proposed budget, from NHRMC was sent to DMHDDSAS on October 17, 2017.
- DMHDDSAS and Trillium Health Resources communicated and held conference calls in October and November about the pilot program, the corresponding data collection measures and a reporting template, with the template being finalized by November 15, 2017.
- Allocation letter was drafted and submitted to DMHDDSAS Budget and Finance office on November 20, 2017.
- Allocation letter was approved and sent to Trillium on December 22, 2017.
- Trillium Health Resources requested a revision, at the behest of Recovery Innovations, Inc., to the allocation letter staffing requirement on February 2, 2018.
- Revised Allocation letter was approved by DMHDDSAS and was sent to Trillium on February 9, 2018.
- Trillium Health Resources reported, on February 21, 2018, a delay in executing a contract revision with Recovery Innovations, Inc., due to line-item budget concerns. Budget concerns were alleviated by February 22, 2018.
- Trillium and Recovery Innovations, Inc., executed a contract revision to perform the activities of this pilot program on February 26, 2018.

IV. Current Activities Performed

In the first month (May 2018) of service provision, all individuals referred to the Peer Navigation Team were offered face-to-face peer support and transportation to get to their next needed/scheduled appointments and/or services. Most individuals declined the assistance. In June, the Peer Support Specialist (or Qualified Professional) went to the referral source to complete the initial intake and brought the individuals to the Peer Navigation Team office for their Comprehensive Clinical Assessment if the individuals were available at that time. Otherwise, the Peer Support Specialist or Qualified Professional completed the intake and scheduled a Comprehensive Clinical Assessment with the Navigation Team, and offered to provide transportation for the scheduled time.

In the last week of June, NHRMC and the Peer Navigation Team again met with community partners and other provider agencies. As a result of input received during this meeting, additional elements were inserted into the Comprehensive Clinical Assessment,

and the group discussed the benefits of utilizing this team and accepting Comprehensive Clinical Assessments from Recovery Innovations, Inc. This process has led to an increased level of cooperation among the providers in New Hanover County.

V. Preliminary Data

In May and June 2018, twenty-four individuals were referred to the Peer Navigation Team. The following data reflect limited, (not personal health information) demographic information about these individuals.

**Table 1
Referrals: Sources and Persons Referred**

Referral Source	# Persons Referred to Peer Navigation Team
NHRMC Emergency Department	7
NHRMC Behavioral Health Unit	3
NHRMC Medical Tower	6
NHRMC Outpatient	1
Local Department of Social Services	3
Leading Into New Communities (re-entry program for persons returning from prison, providing transitional living and case management services)	3
Self-referral	1
Total	24

Of the total number of persons who were referred, 54% were males and 46% were females. Their ages ranged from 19 to 67 years, and the county of residence for all was New Hanover.

Table 2
Reason for Referral

Primary Diagnostic Concern	Percent of Referrals
Mental Health Issues	37.5%
Substance Use Issues	37.5%
Dual Diagnoses	17%
Unknown (no-show)	8%

Table 3
Payer Source

Payer	Number of Persons
Private Insurance	1
State-funded (IPRS)	12
Medicaid (including Pending)	8
Medicaid + Medicare	2
Unknown (no-show)	1
Total	24

The reported activities and/or services provided by Recovery Innovations, Inc.'s Peer Navigation Team are listed below, along with the number of persons with whom the Team engaged.

The Peer Navigation Team performed one or more activity or service for 22 of the 24 individuals who were referred. Table 4 lists the activities/services and the frequency with which they were provided.

Table 4
Activities/Services Provided

Activities/Services	Frequency
Connected to a clinical service	12
Crisis, connected with Mobile Crisis	1
Has a legal guardian that was not with him, so he could not be seen	1
No-shows or future re-scheduled appointments (not included within total count)	3
Connected to Wellness City (in addition to their treatment services)	7
Connected with an area shelter	5
Connected with primary care provider	1
Comprehensive Clinical Assessment's completed	8
Connected with other needs	3
Total	38

Though there was a relatively small number of Comprehensive Clinical Assessments completed (largely due to due to refusals), the Peer Navigation Team facilitated twenty-nine linkages of individuals to a variety of other clinical/medical services and supports.

With respect to impacting the utilization of the NHRMC Emergency Department (ED), which was the focus of this pilot program, there are only limited and preliminary data available. This means we are unable to currently judge the efficacy of the pilot.

NHRMC and Recovery Innovations, Inc., were able to identify and track (within the EPIC Electronic Medical Records System) a total of sixteen patients who had visits to the NHRMC Emergency Department and/or who had been admitted into an NHRMC inpatient bed in the six months prior to their first encounters with the Peer Navigation Team. Table 5 reflects the six months pre-encounter data for the sixteen patients, looking at NHRMC Emergency Department, medical inpatient, and behavioral health inpatient episodes, as well as the post-encounter. Table 5 also includes the preliminary data for those same patients since their encounters with the Peer Navigation Team.

Table 5
Frequency of ED and Inpatient Episodes of Care at NHRMC
Sample of 16 Patients

Location of Care at NHRMC	Pre-Encounter (6-Months) with Peer Navigation Team	Post-Encounter with Peer Navigation Team (up to 50 days since 1st Encounter)
Emergency Department	28	8
Medical Inpatient	6	0
Behavioral Health Inpatient	7	1

VI. Conclusion

In SFY 2018, DMHDDSAS received Financial Status Reports from, and issued payment to Trillium Health Resources, in the amount of \$26,031, for the attenuated implementation period of this pilot project.

Due to delays in implementation, a full evaluation of the effectiveness of the pilot project is not yet available. However, the project has already enhanced communication between involved parties and twenty-three individuals received assistance from the Peer Navigation Team in less than two months. These referrals are anticipated to increase by three or four-fold in the coming months, along with a corresponding increase in the number of completed Comprehensive Clinical Assessments.