



HAYWOOD COUNTY BOARD OF COMMISSIONERS

AGENDA REQUEST

*Must be presented to the County Manager's Office
NO LATER THAN 5 P.M. FRIDAY 10 DAYS BEFORE THE MEETING*

DATE OF REQUEST: July 25, 2016

FROM: Shelly Foreman

MEETING DATE REQUESTED: Nov. 7, 2016

Regular meetings: First (1st) Monday of the month at 9:00 am
Third (3rd) Monday of the month at 5:30 pm

SUBJECT: update on Smoky Mtn MCO Community Reinvestment Plan & County specific data.

REQUEST: update - No Action
(What action are you seeking?)

BACKGROUND:
(Research and justification of proposal and need; Alternatives evaluated; Legal Basis: Outcome-What will be achieved and how will it be measured?)

IMPLEMENTATION PLAN:
(How and when will staff undertake the action?)

FINANCIAL IMPACT STATEMENT:
(What is the cost? Where is the money coming from? Optional or mandated?)

SUPPORTING ATTACHMENTS: YES NO HOW MANY?

PowerPoint Presentation: YES NO

PERSON MAKING PRESENTATION AT MEETING: Shelly Foreman
TITLE SR. Director, County Relations
PHONE NUMBER: 828-308-9672
E-MAIL: shelly.foreman@smoky-mountains.com

THIS SECTION FOR OFFICE USE ONLY

Received (Date/Time): _____

County Manager / Clerk to the Board Comments: _____

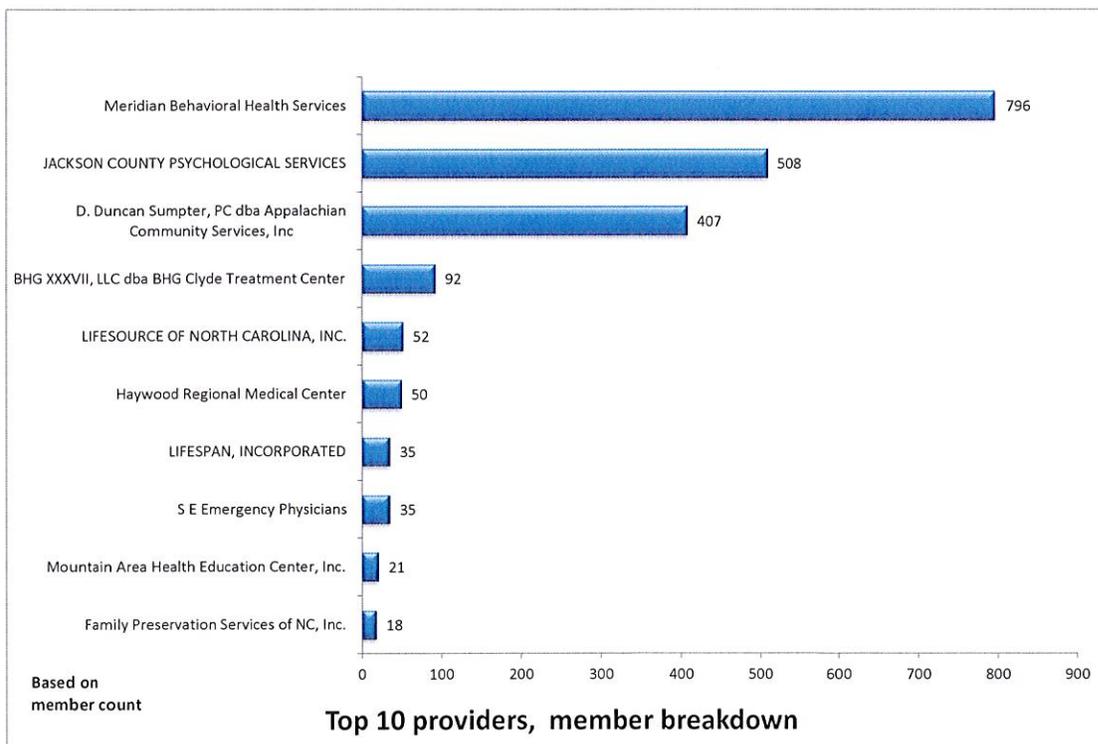
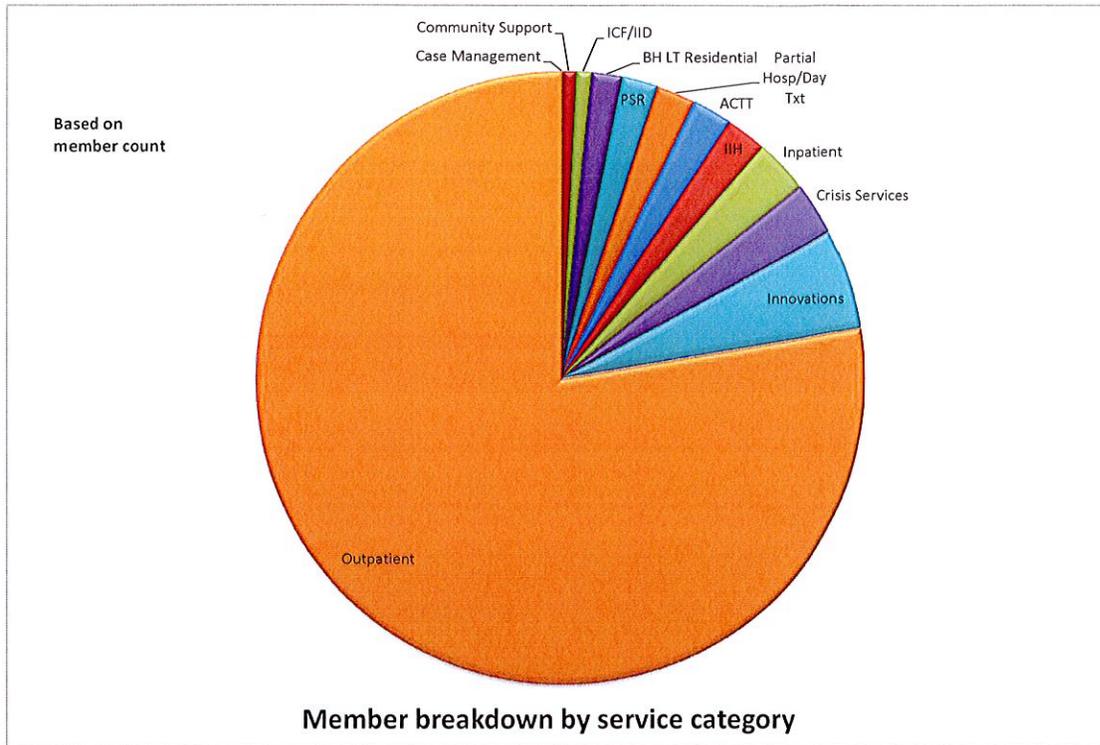


VAYAHEALTH

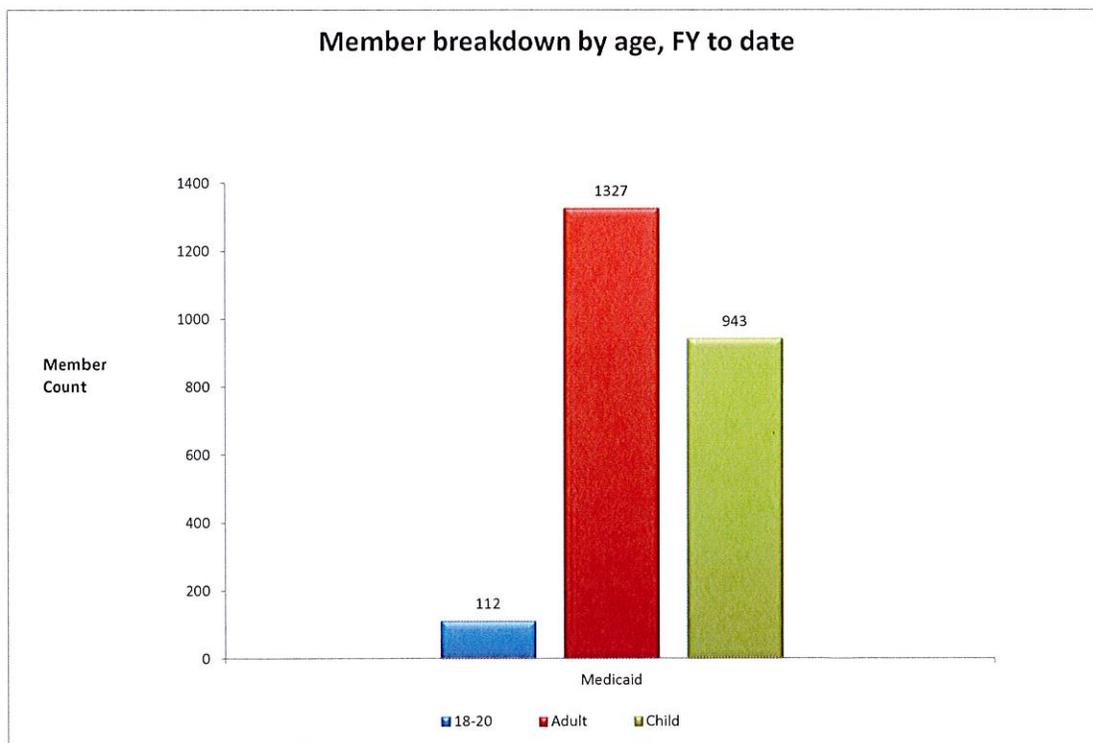
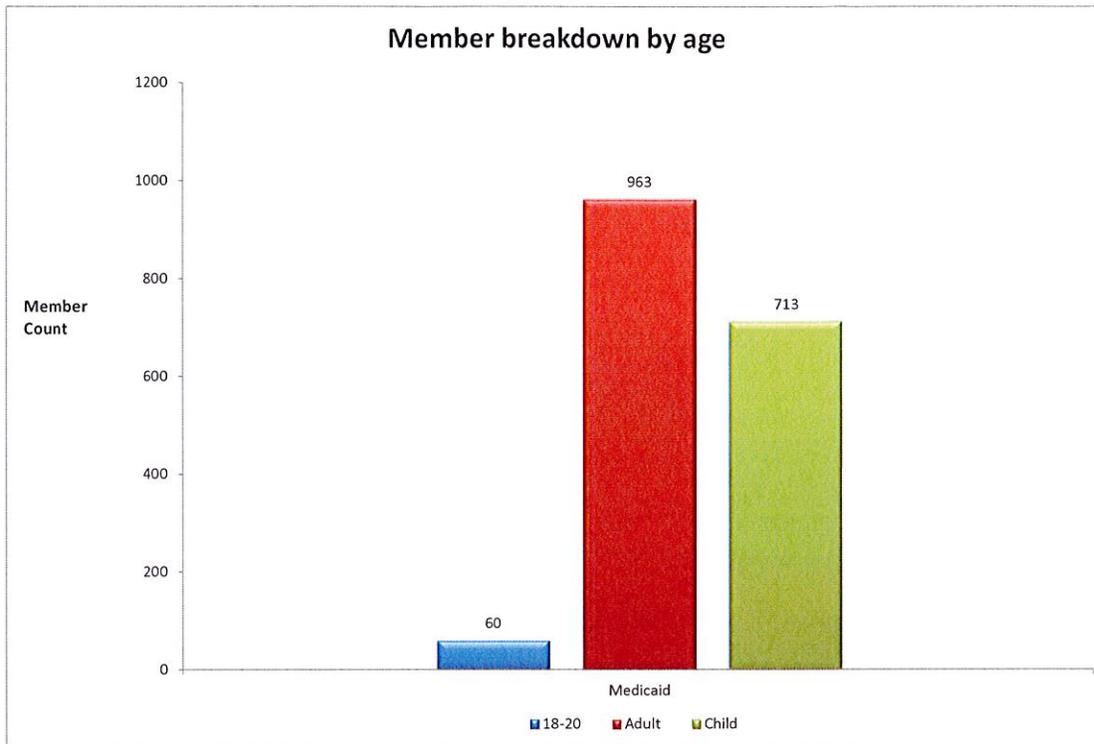
Helpful information and dates

- Our mission is not changing--only our name.
- Our services and supports will remain the same. Members or their loved ones do not need to do anything as a result of this change.
- This change does not affect our status as a public entity.
- Letters announcing the name change will begin arriving to members on Tuesday, September 20, 2016.
- Our new website is in final testing and will go live at the end of September. The site is designed to be searchable and easier to read, meeting our accreditation and DHHS requirements for members and families.
- Our phone numbers and extensions will remain unchanged.
- At the end of September, Smoky email addresses will be updated to end in @vayahealth.com, but the old Smoky email addresses will continue to work for at least six months to provide members and stakeholders time to adjust to the change.
- Printed materials are in production and will be available for distribution by the end of September when the website is live.

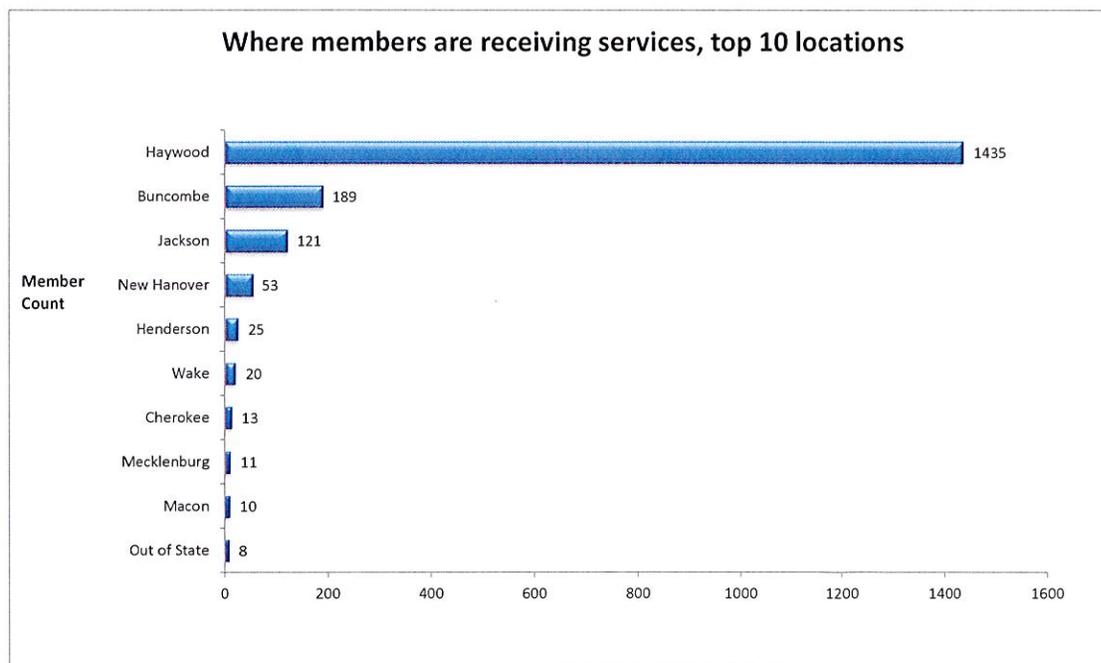
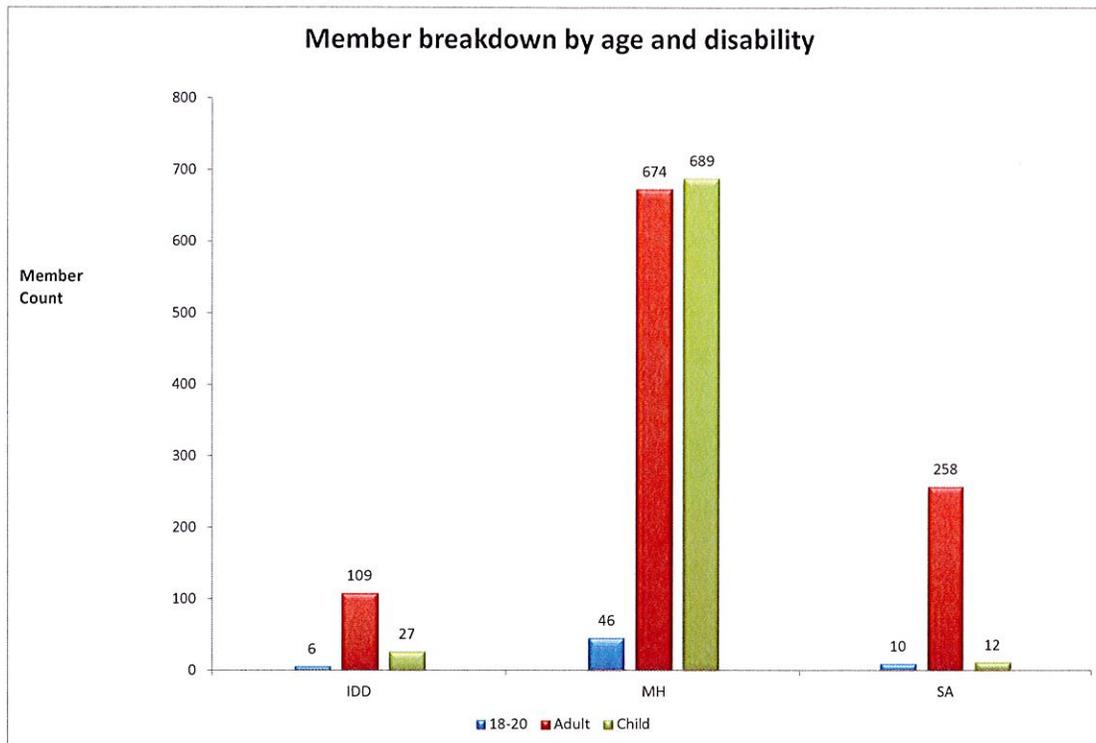
Smoky Mountain LME/MCO Medicaid member dashboard for Jan. - Mar. 2016 Haywood County



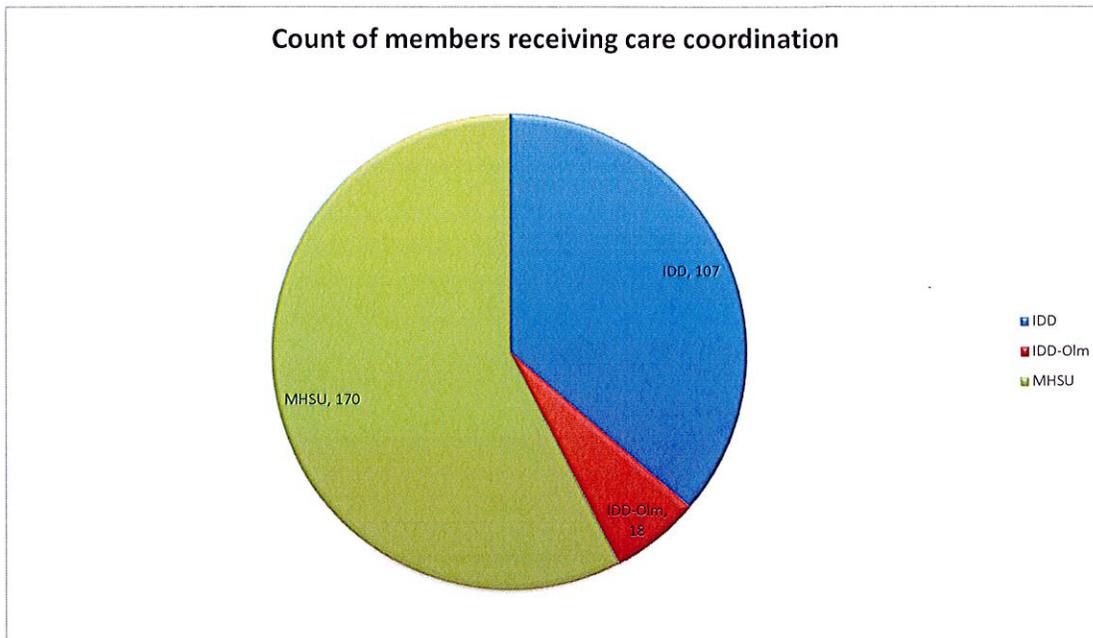
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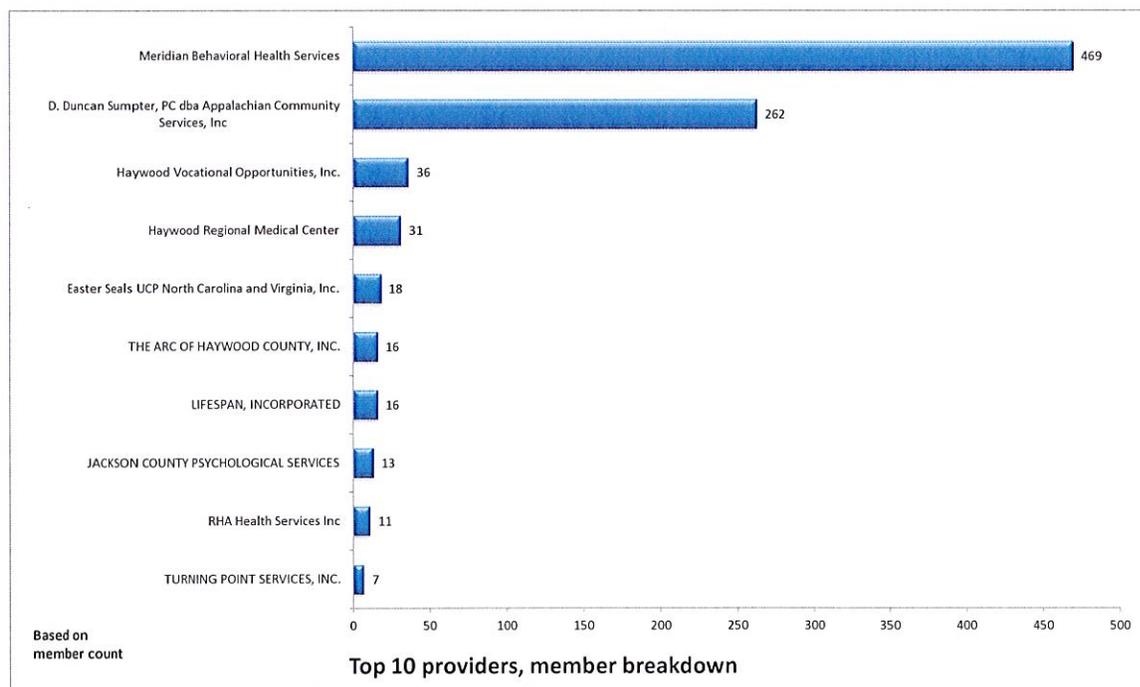
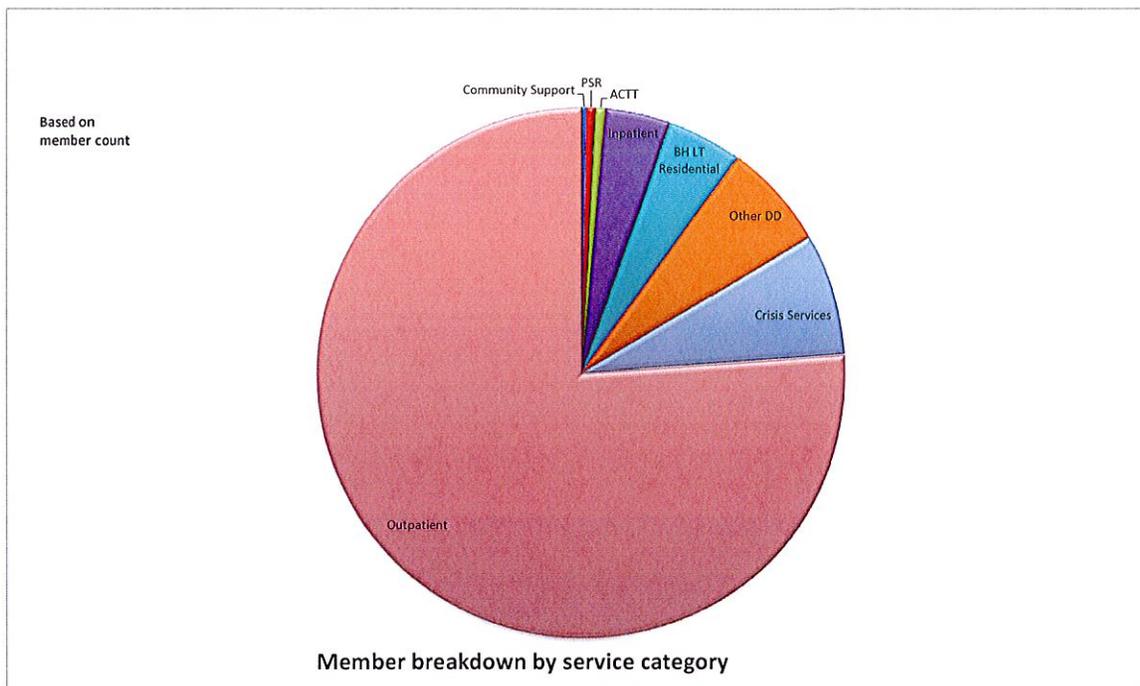
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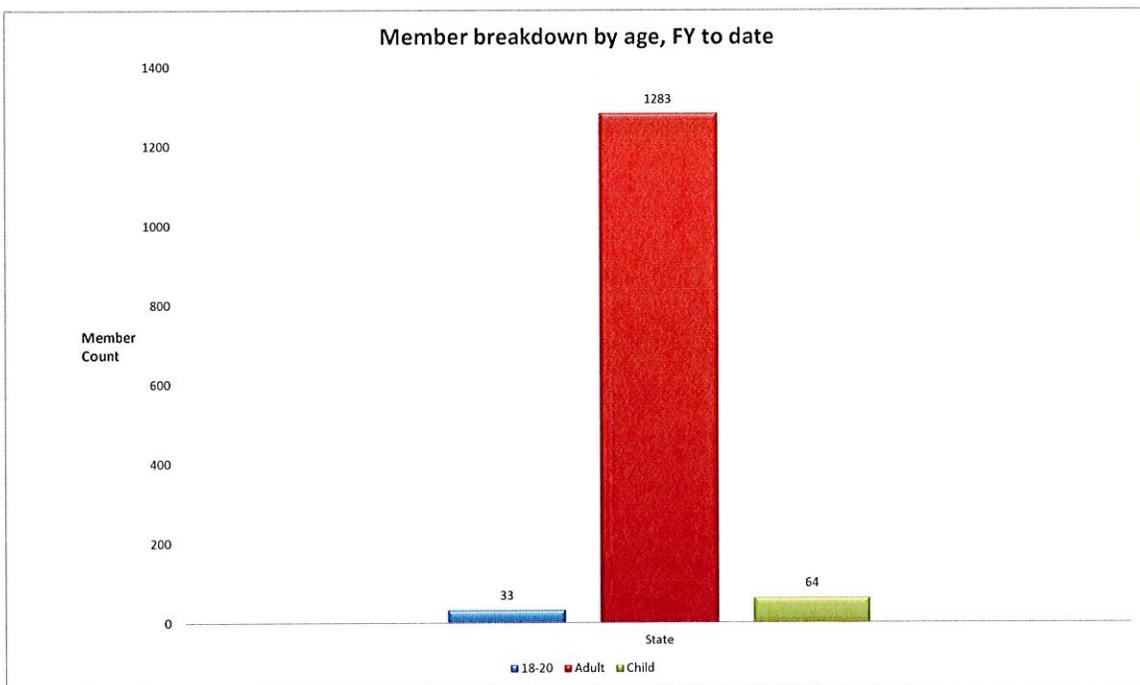
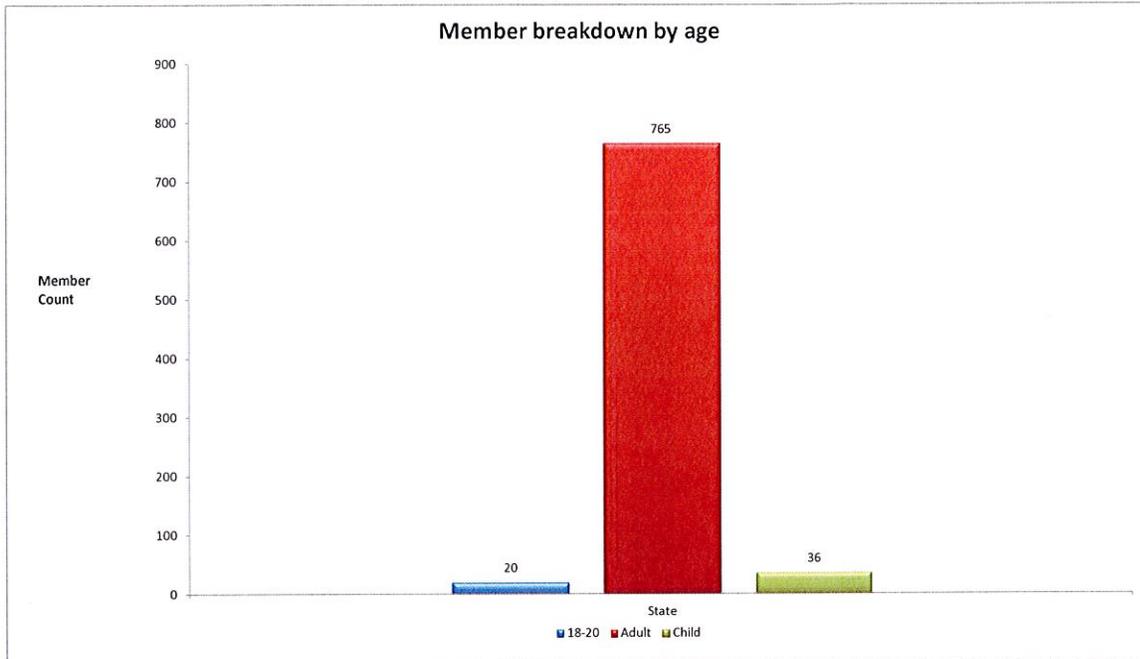
Notes:

- Due to claims lag, claims corrections and retroactive Medicaid eligibility these numbers subject to change over time.
- By definition, these data groupings produce some duplication within the charts. For example, a consumer receiving services from more than one provider will be counted once per each provider.
- Other Category: Services that are not mapped to a particular grouping. These tend to be ancillary services (e.g. ED-related)

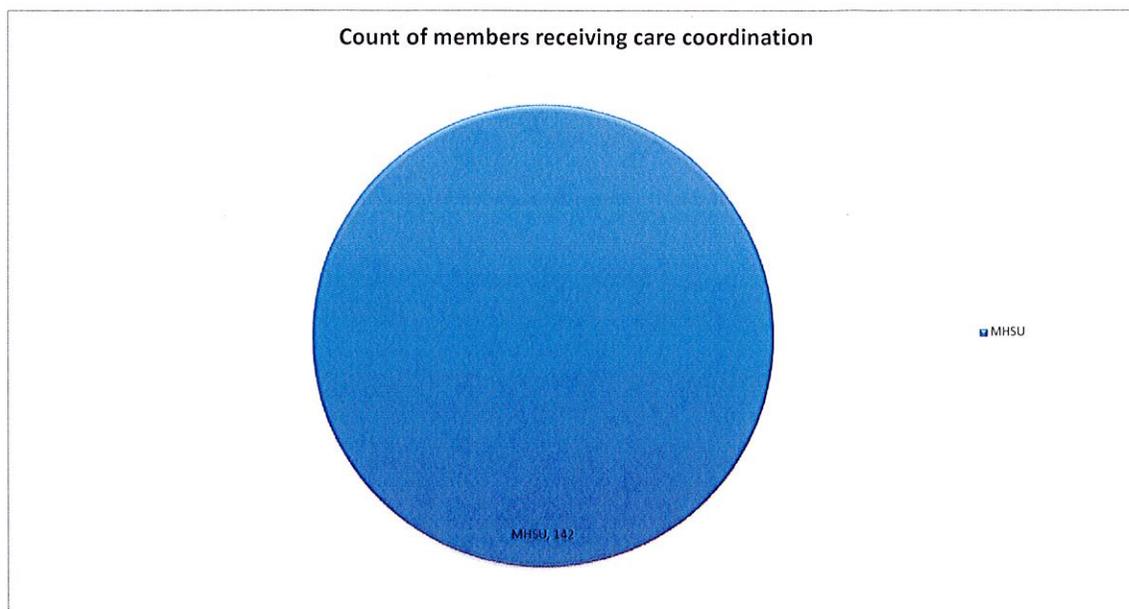
Smoky Mountain LME/MCO State Funded member dashboard for Jan. - Mar. 2016 Haywood County



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Stop State Funding Cuts to Smoky Mountain MCO Supporting 2015-2017 Capital and Community Reinvestment Plan

By the end of 2017, the North Carolina General Assembly will have cut \$262 million in state funds (“single stream funding”) that are managed by our LME/MCOs for Mental Health, Intellectual/Developmental Disabilities and Substance Use Disorder services. Each month, state funds support 25,000 uninsured or under-insured North Carolinians seeking MH/I-DD/SUD services. The 2016- 2017 budget bill cuts single stream funding by \$110,808,752 this year and \$152,850,133 next year. The General Assembly is requiring the LME/MCOs to replace cut state funds with their savings, or “fund balance” money.

However, the LME/MCOs cannot fill the gap left by another **\$152.8 million cut** next year without taking away potential for serving new consumers to our system and building a stronger system. These funds are critical to the implementation of Smoky’s Capital and Community Reinvestment Plan, which is the cornerstone of the public management for the Medicaid Waiver.

We are asking the General Assembly to restore these funds to ensure that our most vulnerable citizens receive the care that they need to be stable and productive North Carolinians.

Smoky’s Fund Balance in State Funding Reductions based on enacted Session Law 2015-241...

FY 2015-2016	\$14.8 Million
FY 2016-2017	\$20.6 Million

Smoky Capital and Community Reinvestment Plan & State Fund Replacement

Funds reserved for community and capital reinvestment as of December 31, 2015	\$10.2 million
Funds reserved for community and capital community reinvestment projects 2016-17	\$6.33 million
Pending FY 2017 single stream replacement	\$20.6 million

Toll-free access to services: 1-800-849-6127 | N.C. Relay 711 for hearing impaired
24 hours a day, 7 days a week | Online at www.smokymountaincenter.com



Smoky's Reinvestment Projects that May be Compromised:

- Crisis services and alternatives to Emergency Department use
- Evidence-Based Services and Supports in Community
- Integrated/Comprehensive, Whole Person Care
- Response to Addiction Crisis
- Housing
- Employment
- Technology

Why LME/MCOs Fund Balances Cannot Fill the Gap

- ✓ By July 1st, 2016, most available State reserve funds will be exhausted due to the 20.8 million cut this FY.

- ✓ LME/MCOs must use their savings to reinvest in the system. Reinvestment can mean maintaining adequate cash flow for providers' claims, expanding services, investing in local community priorities and setting aside necessary funds to cover operational risks.

- ✓ LME/MCO savings are being used to fund critical provider rate increases until Per Member Per Month (PMPM) rates are updated by the state and incorporated into payment structures.

- ✓ The DHHS Secretary has directed the LME/MCOs to consolidate from eight to four with no funding support. Consolidation and reorganization cost money, and can only be financed through savings.

- ✓ The LME/MCOs have responded to requests from the DHHS to cover the critical shortfall in funding of group homes and are using dollars from their fund balances to do so.

- ✓ The State requires the LME/MCOs to maintain a risk reserve, which is also a restricted fund balance. The risk reserve is funding that is set aside to protect the LME/MCOs and the state against financial losses.

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PERINATAL SUBSTANCE USE Making a difference in WNC

The use of opioids during pregnancy can result in a drug withdrawal syndrome in newborns called NEONATAL ABSTINENCE SYNDROME (NAS), which causes lengthy and costly hospital stays. According to the National Institute on Drug Abuse, a baby suffering from opioid withdrawal is born every 25 minutes in the country.

Scope of the problem

Approximately 400 babies were delivered last year at Mission Hospital with positive toxicology screens. At the same time, 320 Buncombe County children – half of whom were under age 5 – were in foster care, with 85 percent due to family substance use.

Community partnership

Substance use treatment providers and community partners across the region have been meeting over the past year to plan a comprehensive initiative addressing these issues. Partners include Smoky Mountain MCO, Mission Health, the Mountain Area Health Education Center (MAHEC), Community Care of Western North Carolina, Western Carolina Community Health Services and the Buncombe Department of Social Services. The group has established an Executive Advisory Council, as well as a task force of community providers. Smoky has hired a highly qualified consultant to serve as initiative coordinator.

Scope of initiative

This initiative will serve Smoky 23-county catchment area and address county and regional needs. This includes working with county DSS offices, hospitals and emergency departments, neonatal services providers, health departments and Federally Qualified Health Centers, behavioral health providers (including medication-assisted treatment providers, obstetrician offices, pediatric providers, judicial systems and other local community partners.

Initiative activities

This initiative aims to better connect pregnant women using substances with appropriate treatment and care, as well as strengthen referral systems and reduce the number of babies born with NAS. Specific activities include:

- With local partners, coordinate, collaborate and plan; establish workgroups on specific topics
- Establish policies, procedures and memoranda of agreement
- Identify community resources and address gaps in services or service delivery, including factors such as childcare and transportation challenges
- Develop a referral list of active services and protocols for referrals by region
- Identify, engage and provide care coordination and follow-up services to substance-using pregnant women, including connecting women to substance use treatment and prenatal/perinatal care.
- Identify a standardized screening instrument and drug screening panel for use by hospitals, gynecological practices and other providers
- Coordinate regional services, possibly including shared patient care plans across provider systems
- Provide education and training focused on pregnant women who are using substances
- Collect, analyze and evaluate data

Need more information?

To learn more about this initiative, contact Jesse Smathers, At Smoky Mountain MCO, at 828-225-2785, ext. 5923, or at jesse.smathers@smokymountaincenter.com.

Veterans Initiatives and Programs

SNEAK PEEK | AUTUMN 2016

In May 2016, Smoky Mountain MCO announced a new Veterans Initiative as part of a formal partnership with the N.C. Department of Military and Veterans Affairs. This initiative will target veterans and their family members living in each of the 23 western N.C. counties that Smoky serves.

Additionally, Smoky has designated a Veterans Affairs representative staff member to identify needs and gaps in services, as well as develop and implement plans and processes to address needs within local communities. While some elements of this initiative remain under development, current plans call for the development of the following initial programs and services.



Community education

- Advanced 16-hour Crisis Intervention Team (CIT) trainings for law enforcement and first responders (firefighters and rescue squad members) specially designed to focus on veterans issues
- Staff development at community colleges and universities on military competency and veterans resources in local communities
- Veteran-specific trainings in the community, such as Mental Health First Aid, Trauma and Resiliency, Wellness Recovery Action Plan (WRAP) and Self-Care
- Enhanced education for healthcare providers on veterans issues, care and resources

Direct services

- Mental health and addiction treatment services for military-connected families and veterans who are ineligible for VA healthcare and to fill gaps in TRICARE coverage, the healthcare program for uniformed service members.
- Supportive counseling services for spouses and family members
- Peer support training for veterans

Other issues being addressed

- Veterans homelessness
- Access to care and transportation issues

WHAT'S NEXT?

Stay tuned for a complete plan and execution strategy in spring 2017.

For more information, please contact Brandon Wilson at brandon.wilson@smokymountaincenter.com.



Balsam Center for Hope and Recovery

Expansion 2016

What is the Balsam Center Facility-Based Crisis Program?

The Balsam Center for Hope and Recovery Facility-Based Crisis Program (FBC) is located at 91 Timberlane Road in Waynesville, N.C. This program is operated by Appalachian Community Services (ACS), a local comprehensive behavioral healthcare provider.

The Balsam Center FBC accepts adults ages 18-64 who need short-term, inpatient crisis stabilization for mental health issues, substance use disorders or intellectual or developmental disabilities. The unit provides a safe, therapeutic option for someone who is under involuntary commitment (IVC) for a psychiatric illness, as well as those seeking voluntary admission.

How is this project being funded?

Major funding for the expansion comes from the Vaya Health Community Reinvestment Plan and from the Evergreen Foundation.

Additional safety upgrades have been completed and funded by ACS. ACS is responsible for operating the facility, with most services funded through reimbursements from Vaya Health.

For more information, contact Christy Satterfield at 1-800-893-6246, ext. 5995, or at christy.satterfield@vayahealth.com.

What changes are taking place at the Balsam Center FBC?

The Balsam Center FBC expanded from 12 to 16 beds in early August 2016, increasing the capacity for crisis treatment available closer to home for individuals in Haywood and other western N.C. counties.

ACS currently provides urine drug screens, pregnancy tests and head-to-toe nursing evaluations as a part of the center's FBC admission consideration process. This allows approximately 30 individuals to be admitted directly to the center every month, without having to visit an emergency department for a physical health assessment.

Additional changes are underway to enhance the Balsam Center FBC's capacity to serve area residents. These include the implementation of full medical clearance capabilities, which will permit direct admission to the FBC unit 24 hours a day, 7 days a week, without visiting an emergency department. Soon, the center's clinicians will be able to conduct on-site first examinations, which determine whether individuals meet the criteria for continued involuntary commitment to a treatment facility.

In partnership with ACS, Vaya Health and the Evergreen Foundation are working to increase the Balsam Center FBC's capacity to treat individuals who have more acute behavioral healthcare needs. These include building renovations, increased safety precautions and the addition of 24-hour security, every day of the year.

Enhancements are being implemented on an ongoing basis, and a project completion date will be determined in the near future. In the meantime, the Balsam Center continues to offer existing outpatient treatment services, including:

- ✓ Medication management
- ✓ Assistance with medications
- ✓ Clinical consultations
- ✓ DWI assessments and treatment
- ✓ Diagnostic assessments
- ✓ Substance Abuse Intensive Outpatient Program (SAIOP)
- ✓ Peer support services
- ✓ Crisis intervention services
- ✓ Individual and group therapy