

Division of Services Improvement, Clinical Technical Assistance Project
Technology-Assisted Care
Randolph County Caring Community Partnership
Call Summary
October 21, 2014 • 2:00 p.m. ET

Submitted to: Wilson Washington and Randolph County Caring Community Partnership

Date of Submission: October 22, 2014

Attendees

Substance Abuse and Mental Health Services' Administration (SAMHSA): Wilson Washington

Randolph County Caring Community Partnership (RCCCP): Lorna Miles and Brian Williams

JBS International (JBS): Dave Wanser, Iris Chai, and Leslie McElligott

Meeting Purpose

This call was intended to discuss RCCCP's progress on the TAC project and to determine if there might be opportunities where technical assistance could help.

Discussion

Technology Platforms

RCCCP uses several forms of technology to deliver client care via the Client Access and Services Exchange (CASE) project, including a client portal called Mobile CASE which is linked to an electronic health record (EHR) system certified for meaningful use known as Community Connection Missouri (CCMo). The CCMo EHR and Mobile CASE portal (developed by First Call Alcohol/Drug Prevention and Recovery, Inc.) have the capacity to refer clients to wraparound services (e.g., housing, education) offered by partner agencies based on information supplied by the client (many of whom are unaware of their need for or the availability of certain services).

RCCCP has also incorporated the Virtual World Counseling 3-D program (developed by Preferred Family Healthcare) to supplement peer-to-peer and behavioral health treatment activities using an avatar platform similar to the Second Life social network.

Service Delivery Challenge: Accessibility vs. Affordability

RCCCP intended to capture 100 unique client intakes each year to satisfy their Government Performance Results Act (GPRA) target. Program staff have discovered that their client population exhibits significant need for long-term mental health and substance abuse services to address a range of issues including suicide, depression, and post-traumatic stress disorder. RCCCP's program budget, however, cannot support this level/intensity of care.

RCCCP is encountering more high need clients (inclusive of behavioral health and primary care conditions) than current program dollars can support. Staff are concerned that the quality of care will be compromised if GPRA target numbers are maintained at the current level. The program would like to consider lowering their GPRA target in order to more fully support clients who may require services beyond the 6-month follow-up period.

RCCCP is confident that they could meet GPRA targets; however, clients will only receive a minimal amount of care unless RCCCP can procure additional resources. Wilson Washington (SAMHSA) said that a request to change GPRA targets is unlikely to be approved.

The TAC grant requires creativity to adequately allocate resources that, in turn, optimize service capacity. Program dollars should be focused on building a foundation for using technology to expand access to care in place of providing direct clinical support. Unfortunately, technology increases service accessibility but does not necessarily decrease cost.

Wilson stated that the grant is not intended to be a comprehensive behavioral health solution for clients, but rather an opportunity to expand access to services. It may be unlikely, then, that RCCCP will be able to fully address all issues presented by the client. It should instead consider the severity index of client needs to determine what is feasible to treat and how to plan with other agency partners to develop a shared responsibility for supporting provision of needed treatments.

Financial Landscape

Missouri did not approve Medicaid expansion within the state; therefore, clients who are ineligible for Medicaid and who do not earn enough for private insurance must go without health coverage altogether. RCCCP's insurance marketplace resource is unable to assist clients who fall into this category. There are some State dollars available via the Community Mental Health Treatment (CMHT) program (previously known as MH3); however, resource and service opportunities are fairly limited.

RCCCP has explored off-setting costs among partner agencies (the heads of which they meet with on a quarterly basis); however, facilities across the state are dealing with ongoing budget cuts that impact the availability of dollars to support service delivery. Foundation dollars are also scarce. As a result of program cuts, clients who would otherwise receive care find themselves on the streets or in criminal detention facilities.

Financial Strategic Planning

Dave Wanser (JBS) recommended that program staff and partner agencies consider mapping out a plan for sustainability that includes a financial strategy that accounts for pervasive state-wide budget cuts. The plan should consider the most appropriate level of service that can be offered within the constraints of the program budget.

RCCCP's role as a partner and service coordinator can act as a convener to bring partners together as their own managed-care system and develop a financial strategy in which all providers take a role in generating a plan (and sharing a solution for) optimizing services for non-Medicaid eligible clients.

RCCCP may wish to consider re-negotiating costs associated with using First Call and Preferred Family Healthcare platforms. There may be other missed opportunities for service integration. Getting the

partners together can help to identify these discrepancies. Technology can be used as a vehicle to increase patient access while also spurring community partners to think creatively about potential solutions within their respective organizations.

Action Steps

RCCCP should consider submitting a technical assistance request to develop a financial strategy that will account for the role of technology in delivering client care.

JBS can assist RCCCP in developing a technical assistance request, but cannot submit the request on their behalf. JBS will work with RCCCP to generate the appropriate language for the request.