



## *Policy Advancing Transformation and Healing (PATH): A Young Adult Mental Health Policy and Systems Change Initiative*

### **Utah team meeting with CLASP**

**May 21-May22, 2019**

#### **Meeting Objectives:**

- Learn more about the state and project context from Utah PATH Team
- Build a strong working relationship between and within the CLASP and Utah teams
- Solidify project goals/workplan for the Utah PATH Team and identify key next steps
- Begin to address high priority TA requests

### **Meeting Notes**

#### **Unpacking the UT PATH Plan**

##### Considerations

- Why place the office in DSAMH vs. somewhere else? (i.e. UBHC)
- UBHC primarily focuses on 16-18 year olds
- Youth in Transition Office is a great lead to provide structure across youth providers
- Because the state is not good at serving TAY yet, it is hard to know what will support them better as far as financing

##### Medicaid Context

- Since April 1, 8000 new enrollees
- 2000 are brand new to the program
- 3 new bundled rates rolled out recently; seem to be working well
- Medicaid is "cautious" about additional bundled rate proposals
- Occupational therapy, cognitive support are not covered under mental health
- Targeted Adult Medicaid (TAM): for adults experiencing homelessness, substance abuse disorders, or in the justice system; provides one year of continuous coverage, but requires very low income (\$50/month or less)
- Expansion Medicaid: month to month reassessment of income
- Expansion Medicaid is also Fee for Service, although this population may move to managed care in the future
- Expansion waiver excludes EPSDT for 19 and 20 year olds
- 7/1/20= drop dead date for waiver approval or eligibility level goes to 138% FPL
- No particular push to enroll uninsured young adults 18-24 to date

## Existing Youth Service Array

<b>Domains</b>	<b>Clinical Treatment</b>	<b>Recovery Support</b>	<b>Prevention and Promotion</b>
<b>Employment</b>		<ul style="list-style-type: none"> <li>- Individual Placement Support</li> <li>- Case Management</li> <li>- Peer Support</li> </ul>	
<b>Education</b>			<ul style="list-style-type: none"> <li>- Supportive Education</li> </ul>
<b>Living Situation</b>		<ul style="list-style-type: none"> <li>- Transitional Housing (not youth specific)</li> <li>- Supportive housing (foster youth set aside)</li> <li>- Vouchers/Chafee Dollars (Foster Youth)</li> </ul>	
<b>Community-Life Functioning</b>	<ul style="list-style-type: none"> <li>- Occupational Therapy</li> </ul>	<ul style="list-style-type: none"> <li>- First Episode Psychosis (FEP)</li> </ul>	
<b>Personal Wellness</b>	<ul style="list-style-type: none"> <li>- Nutrition/Exercise</li> <li>- Link with Primary Care</li> </ul>		<ul style="list-style-type: none"> <li>- Long-term support</li> <li>- Mindfulness</li> <li>- Mental and physical health</li> </ul>

## Needs Assessment: Preliminary Results and Next Steps

### FEP

- Four counties: Wasatch, Utah County, Weber, Davis
- Needs Identified to date
  - Improve Mental Health and Health Outcomes
  - Supports education, employment, voc rehab, cognitive support, transportation
  - Training model for law enforcement/first responders
  - Better access to treatment by reducing barriers (ID, insurance)

### SLC Homeless with Mentally Illness

- Needs identified to date
  - Minimize barriers to stable and safe housing
  - Access to supportive Healthcare (mental, physical, and behavioral health)
  - Continuity of care after being housed
  - Increase protective factors, decrease risk factors
- Healthy Transitions grant in Utah County and SLC
  - Pilot focused on 300 youth: including 240 homeless youth, 60-100 for FEP interventions
  - Idea is to then generalize model across state

### Next Steps

- Additional focus groups over the next three months
- Review quantitative data

### Links to PATH work

- Pilot populations for PATH innovations
- Facilitate collaborations
- Generalize findings

## Bundled Rate Brainstorm

### Goals

- Work on feasible solutions
- Better understanding of systems to help educate, support
- Understanding of services covered/not covered by Medicaid, array of services, who is billing for services

### Qualifications (what's the "heart attack")

- psychiatric disorder
- trauma
- Leaving DHS custody, turning 18 (DCFS, JJS)
- Losing Housing
- Insurance Loss
- Lack of money/ funding
- Medicaid Loss
- Cultural life change
- Losing safety
- Anyone who desires to return to school
- Anyone who desires to work

### Services

- Peer support for transition-even after case is closed (Billable, low rate)
- Cross-agency liaison/case manager (billable, SOC limited)
- Employment support services (not billable)
- Education support services (not billable)
- Cognitive health training (billable, training gap)
- OT for young people who have experienced severe trauma, experiencing psychosis (billable under health, not mental health)
- Case Management (Billable; non-client time i.e. coordination with other resources is not billable)
- Physical Health Supports (Billable)
- Mental Health treatment services (Billable)
- Homeless support services, linked
- Social interaction services/social connections (not billable)
- Mentor Supports navigation and support (not billable)
- SUD services (Billable)
- Physical Health Supports (Billable)

### Providers

- CMHCs
- Volunteer Organizations, providers of life skills training
- Education Services
- Homeless Service
- Religious organizations
- Cultural organizations
- Coverage in rural areas as well
- DCFS
- JJS (juvenile justice system)
- DWS

- LMHA
- LSSA
- DSPD
- Vocational Rehab
- Job coaching
- Higher education

### Bundled Rate Alternatives

- Care coordination (integration pilots)
- Navigators
- Rate Renegotiation
- Health Home Models
- UMIC (Medicaid care integration pilot – WASATCH, starting 1/1/20)
  - o Contractual obligation to have care coordination piece
  - o VOA, Weber, Davis, Wasatch, Mountainlands, FQHCs- 3 pilots with nurse/other coordinator as care coordinator
- PBHCI grant- integration of primary care in behavioral health
- More formal linkages from carved out youth systems to relevant adult system

## Racial Equity Impact Analysis and the UT PATH Team

Are the racial/ethnic groups affected by Utah's PATH Project represented "at the table"?

<b>Group</b>	<b>Invited</b>	<b>Came</b>
PRIDE Center	X	X
Latino Behavioral Health	X	
Urban Indian Center	X	
Refugee and Immigrant Center	X	X
Pacific Islanders		
Tribes-On Reservation		

How will the structure and membership of the PATH team affect each group?

- Perceived as "One more thing"-groups are asked to do a lot of things
- None of these groups are represented on the core team
- Meeting time/schedule/location may not be convenient

How will the structure and membership of the PATH team be perceived by these groups?

- Solutions will only work for those represented on the team
- What is the ask? - Established mutual benefits

Does the Structure + Membership of the PATH Team worsen disparities or have other unintended consequences?

- Existing disparities – Latinos rural communities

Based on the above, what revisions are needed to the structure and membership of the PATH team?

- Invite Sacred Circle
- Invite PI group (national Tongan Am. Society)
- Rotate meeting location
- Tribal consultation: final proposals
- Tighten up the ask emphasizing mutual benefit
- Agenda structure
- Better use of technology?
- Meeting Times
- Vetting ideas with groups

## Timeline

- Building data with team to build case for YIT office, to eventually get legislative support
- Have idea of team by December 2019-March 2020
- Explore Possibility of UMIC expanding to include YIT (even though Medicaid is past development phase)
- Revise timeline to accommodate alternative exploration for Medicaid financing

## TA Next Steps

- EPSDT-share resources
- Share Focus Group Work re: Law enforcement
- Map Child and Adult Funding Streams
- Bundled Rate Examples Memo
- Alternative Financing Strategies Memo
- Explore UMIC
- Develop list of currently billable services with associated Medicaid codes
- Explore options for reimbursing unreimbursed services