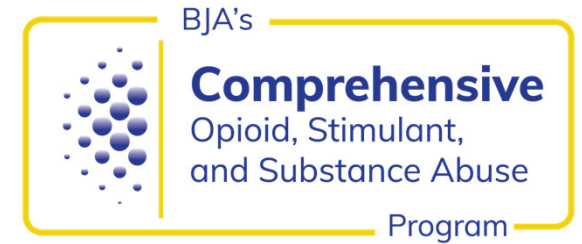# Funding and Sustaining Programming

Overview

- Practical examples of how to obtain funding and resources from various sources to support behavioral health programming in the jail and during re-entry.

- Speakers:

  - Carlyle Johnson, Alliance Health

  - Sarah Gayton, Buncombe County Sheriff's Office

  - Trish Blackmon, Consultant for Onslow County, North Carolina

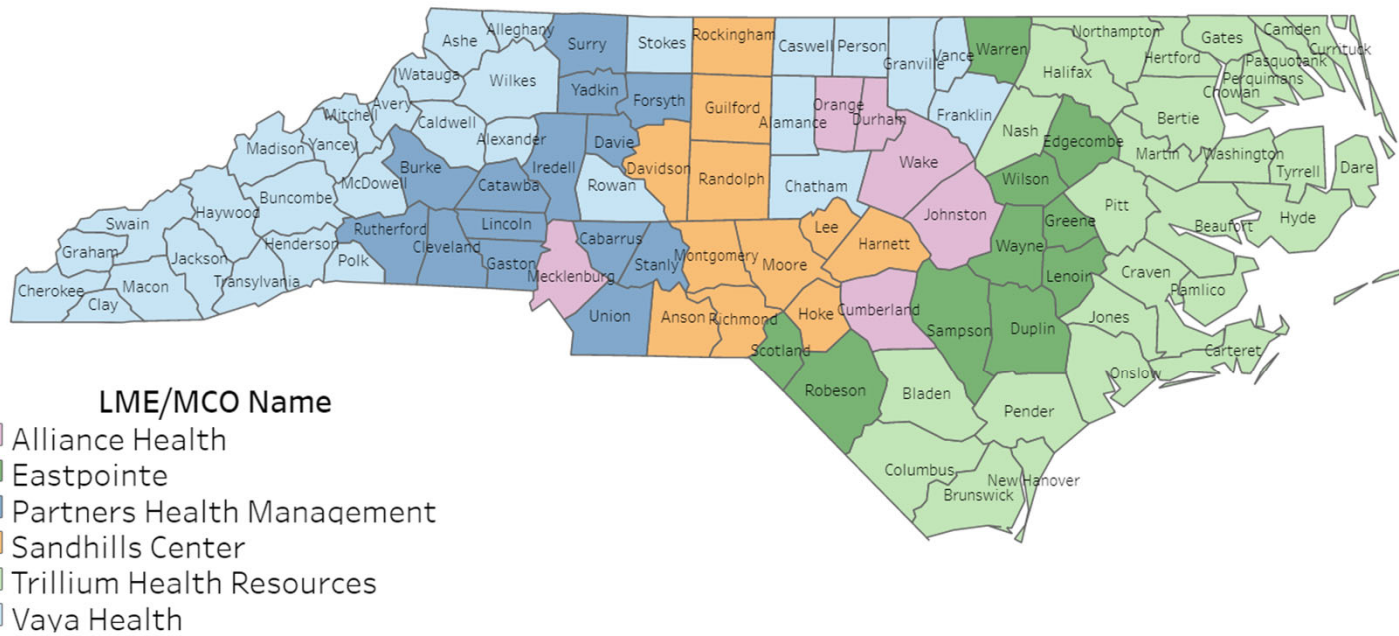 - Sheri Slater, Assistant County Manager, Onslow County

North Carolina Local Management Entity/Managed Care Organizations (LME/MCOs)

Carlyle Johnson, PhD, LP

Director of Provider Network Strategy & Initiatives

Alliance Health

North Carolina LME-MCOs (future Tailored Plans)

LME/MCO Name
- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

This map shows LME/MCO configuration as of 2/1/22.

https://www.ncdhhs.gov/providers/lme-mco-directory

Upcoming Changes:

- Transitioning from LME-MCOs to *Tailored Plans*

- Management of whole person health effective **December 1**

- New Care Management function

- TPs will continue to manage behavioral health services for uninsured

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Functions and Roles of the LME-MCO

- Member and Recipient Services (24/7 Call Center)
- Network Development, Management and Provider Relations
- Contracting, managing utilization, and reimbursing providers
- Community stakeholder collaboration and initiatives to address social determinants of health (housing, transportation)
- Care Management
- Quality Management
- Clinical oversight and guidance
- Legal, Compliance, Government Relations
- Business Operations and administrative functions

Benefits of LME-MCO Collaboration

- Identification of community resources and stakeholders

- Developing resources for post-release treatment

- Accessing resources for training, community engagement, and technical assistance

- Clinical guidance and quality assurance: development of low-threshold, evidence-based and recovery-oriented system of care

- Funding for services and aftercare

  - SOR, SABG, Medicaid and Non-Medicaid FFS, grant opportunities

  - Advocacy for additional funding through LME-MCO, grants, and other sources

- Sustainability planning, including outcomes measurement, community education

Sources of Funding

- Medicaid funding through Standard Plans and LME-MCOs (future Tailored Plans) through 'Fee-for Service' (aka Unit Cost Reimbursement or UCR) billing

- Non-Medicaid (federal, state and local) funding through LME-MCOs
  - UCR claims for services by contracted providers
  - Non-UCR contracts: reimbursement of program expenditures billed by invoices instead of through claims process
  - Funding sources include State Opioid Response, SA Block Grant and other funds

- Local funding (county or municipality funds, opioid settlement funding, etc.)

- Federal or State direct contracts (e.g., ARPA funds, SAMHSA or DHHS RFAs)

Durham Detention MOUD: Collective Impact Example

- Began as county opioid crisis initiative, with support from the sheriff, county commissioners, community
- Broad range of partners:
  - Durham County: sheriff's office, detention staff, jail medical provider, Criminal Justice Resource Center, public health, county leadership and Board of Commissioners
  - Community opioid treatment providers and stakeholders (e.g., harm reduction, FIT Program)
  - University researchers, addiction professionals
  - Alliance Health and DHHS (State Opioid Treatment Authority)
- Driven by shared community goal, perception of detention center as part of larger inter-connected system, each component having limited ability to achieve goals in isolation
- Collective approach to goal-setting, program development, communication, collaborative learning, problem-solving and resource identification
- Leadership commitment of component organizations and identification of champions
- Resource identification and commitment of funds resulted from shared commitment to objectives.
- Funding sources changed over time based on availability of funds and shared objectives

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County Demographics

Population: 262,452 (2020)   Area: 660 mi²

Federal Classification: Urban (prolific rural communities)

6 Municipalities

10 (+) LEO organizations (City/Towns, Universities, Airport, BCSO,NCHP, Fed)

2 Prisons; 1 Detention Facility

Detention Facility

Location: Downtown Asheville – City Center/Court Complex

604 Beds (Male and Female)

Average Daily Population: 560   Pre-Covid-19

Average Daily Population: 450   Current

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Phase 1: Pre-Funding (Feb 2019–June 2019)

Leveraging shared objectives in Public Health to develop safety-net programming and overlapping services

HHS, Opioid Coordinator:
1) Naloxone Dispensing/ Distribution order, inventory and coordination
2) Grant: Reentry Linkage to Care – MAT
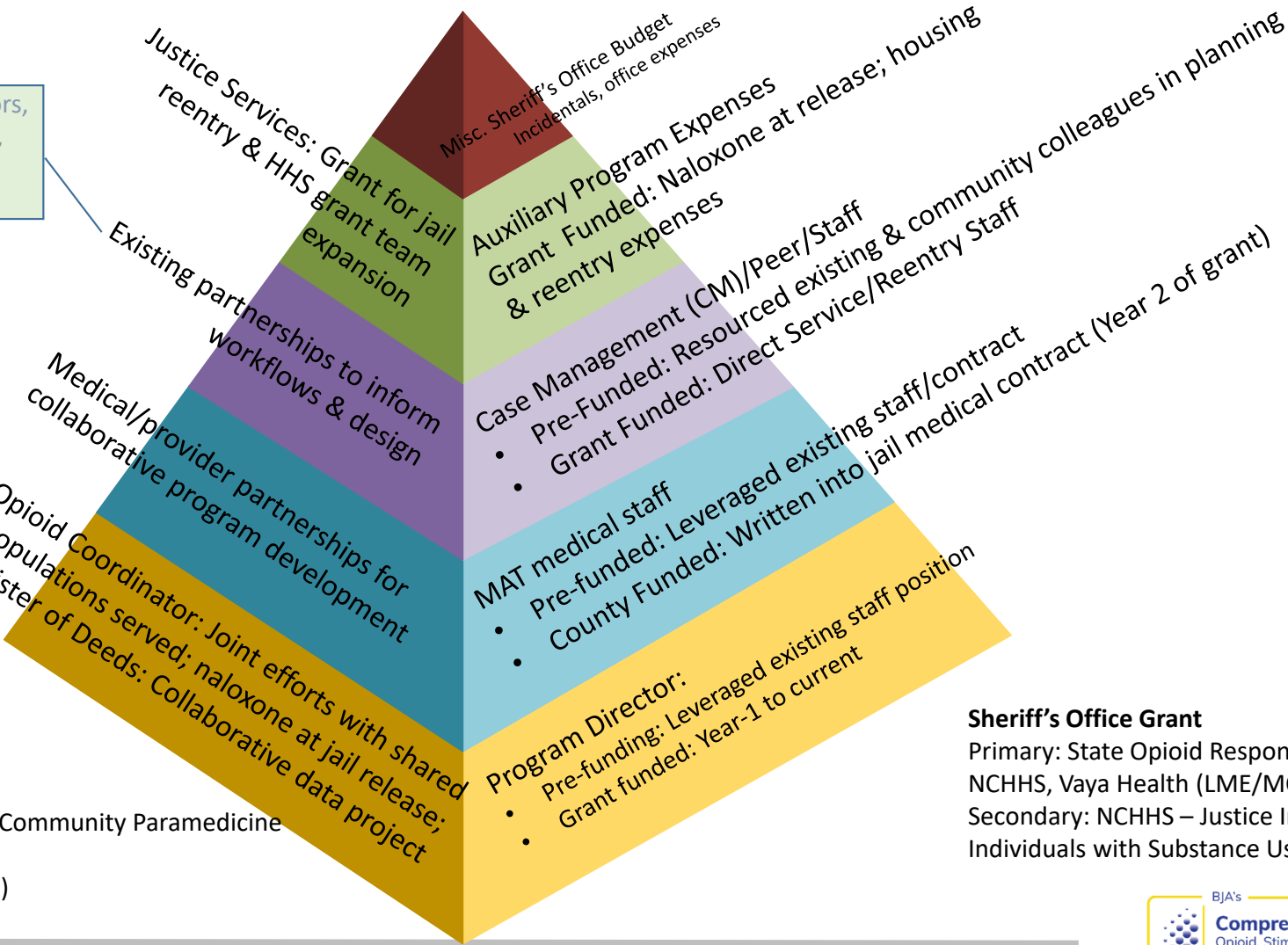3) Grant: Post Overdose Response Team (PORT)
4) Syringe Exchange Services

Pre-Funding Program Development: Justice Health Partnership

Sheriff's Office, Detention
1) Project Assignment
2) Research and planning
3) Leverage existing resources for 'start now strategies'

Leveraging existing staff for project management

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Pyramid labels (top to bottom):

- Misc. Sheriff's Office Budget: Incidentals, office expenses
- Justice Services: Grant for jail reentry & HHS grant team expansion
- Auxiliary Program Expenses: Grant Funded: Naloxone at release; housing & reentry expenses
- Existing partnerships to inform workflows & design
- Case Management (CM)/Peer/Staff
  - Pre-Funded: Resourced existing & community colleagues in planning
  - Grant Funded: Direct Service/Reentry Staff
- Medical/provider partnerships for collaborative program development
- MAT medical staff
  - Pre-funded: Leveraged existing staff/contract
  - County Funded: Written into jail medical contract (Year 2 of grant)
- 1) HHS Opioid Coordinator: Joint efforts with shared objectives and populations served; naloxone at jail release;
- 2) Register of Deeds: Collaborative data project
- Program Director:
  - Pre-funding: Leveraged existing staff position
  - Grant funded: Year-1 to current

NGO's, Contractors, Jail Volunteers, Community Stakeholders…

Justice Services: Grant (Foundation)
- Jail Reentry Team

HHS: Grants
- Linkage to Care (NCHHS)
- Post Overdose Response/Community Paramedicine (BJA)
- Syringe Exchange (NCHHS)

Sheriff's Office Grant
Primary: State Opioid Response (SOR)
NCHHS, Vaya Health (LME/MCO)
Secondary: NCHHS – Justice Involved Individuals with Substance Use Disorder

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Buncombe MAT/Reentry Funding Distribution

	MAT meds	MAT Appt.	Transportation	Essential ID's	Recovery Housing	Basic Needs Food & Clothing	Phones	Naloxone	Primary Funding	
									Grant	County
Sheriff's Office	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Justice Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HHS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Staffing									✓	✓
Other Funding	• LME/MCO • RxAssist	• LME/MCO • FQHC's • Self-pay (adjusted rates)	• NGO's • BCHHS • Medicaid & Medicare	• NGO's	• NGO's	• NGO's • Nutrition Assistance		• NGO's • LME/MCO		

NGO's – Non-Government Organizations (Private/non-profit industry)
LME/MCO – Local Management Entity/Managed Care Organization (State/Federal benefits funding)
BCHHS – Buncombe County Health and Human Services
FQHC – Federally Qualified Health Care

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Money Matters

PRICELESS

- ❖ Community feedback panels
- ❖ Partnering with the recovery community
- ❖ Building networks and collaborative groups
- ❖ Partnering with current MAT providers and addiction specialists
- ❖ Identifying and addressing stigma early on
- ❖ Encourage your: LEO's, 1st responders (EMS, fire, police and 911 operators)! Compassion fatigue is real. Overdoses of epic proportion were not covered in training or career evaluation (+ pandemic)
- ❖ Information dissemination on naloxone and treatment access
- ❖ Good questions and front-line insight

MAT Medication Assisted Treatment – Specific to Buncombe Jail/region
- Medication (jail): $300-$700/month (15-50 patients)
- Medication (community): $50- $90/person/month
- Appointments (community): $200/visit - $350/month

Staff Misc. (salary/benefits)
- Project Manager: $90+
- RN: $90+
- Program Coordinator: $70K+
- Case Manager: $60K+
- Peer Specialist: $50K+

Program Misc.
- Naloxone: $8+/kit (2 vials/syringes) - $40+/each (nasal)
- Recovery Housing: $650-$1250/month
- Data Systems: $20K+ (annual renewal/user fees) *ODMAP: Free*
- Reentry Expenses
  - ID (DL, SS, Birth Cert.): $20+
  - Clothes: $30+
  - Food basics: $30+
  - Transportation - Court/treatment: $15-30/i.e., Uber/Lyft; bus $1/each
  - Phone and service -3 months: $60+
- Indirect Costs
  - Data analysis
  - Infrastructure
  - Collaborative initiatives
  - Media and messaging

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START NOW *Free* Strategies

- Provide educational or resource handouts

- Forward 'MAT in Jail' trainings and informational toolkits to operational stakeholders

- Talk to your health department or LME/MCO about naloxone for your population at release

- Schedule a meet and greet with your regional stakeholders (OTP's, Jail Administrators and sheriff, medical provider, LME/MCO contact, etc.)

- Gather data for daily census projections: Count how many MAT recipients are booked/month and calculate average length of stay

Budget Example Buncombe County Detention MAT	
FY2020	$285K: 3 FTE's - Program Director, Case Manager, Peer, medications, reentry funds
FY2021	$375K: 4FTE's - Program Director, RN, 2 Peers, medications, reentry programming
FY2022	$460K: 5FTE's - Program Director, RN, 2 Peers + 1 Supervisor medications, expanded reentry programming (regional justice and prison reentry support)

Funding: Grants, LME, County and Regional Partners, Foundations, NGO's, Stakeholder Engagement and Support

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Key Considerations

➢ Grant funding announcement does not equal funding awarded (time-lapse impacts)
  - Reality: Awards can be delayed in notification, contracting, and reimbursements; months can separate notification and contracting completion
  - Potential Impacts: Unable to hire, subcontract, purchase, reimburse program expenses, planning details sunset, partners exit, situations change (#COVID)
  - Considerations: How will lagged funding impact your ability to launch and/or impact program partners?
  - Pro Tip: Anticipate and account for funding lags in project timeline with funding stream back-ups

Examples (forged in the fire):
1. Contractors operate with $0 for 9 months, left with 3 months to spend down entire year of funding
2. HR need to reclassify 'grant-funded position' each year to maintain employment between contract gaps and funding periods
3. Planned program partnerships for initial launch timeline; organizational changes during contract/award delay inhibits ability to move forward with projected partners and/or key staff

➢ Grants require a *significant* amount of administrative action, oversight, and technical knowledge
  - Take care to adequately resource program development, management **and** grant administration
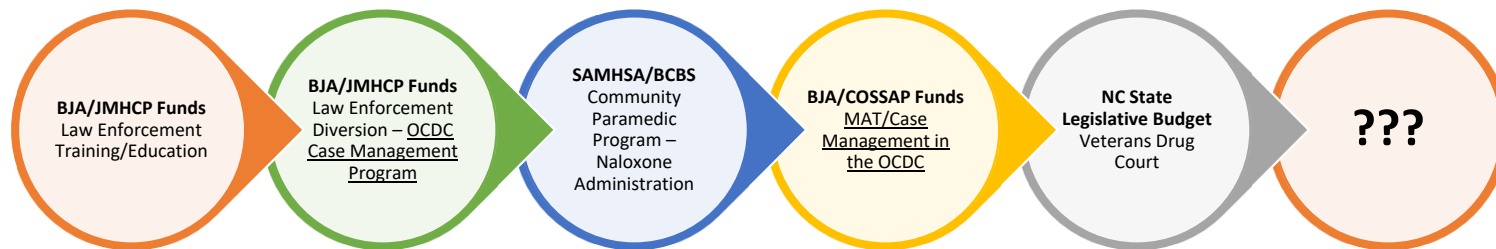
Onslow County, North Carolina Recovery Oriented System of Care

Trish Blackmon, BSN, MPH
ACT Associates

Sheri Slater
Onslow County Assistant County Manager

'A ROSC is a coordinated network of services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.'

2017–2022

BJA/JMHCP Funds
Law Enforcement
Training/Education

BJA/JMHCP Funds
Law Enforcement
Diversion – OCDC
Case Management
Program

SAMHSA/BCBS
Community
Paramedic
Program –
Naloxone
Administration

BJA/COSSAP Funds
MAT/Case
Management in
the OCDC

**NC State
Legislative Budget**
Veterans Drug
Court

???

Grant Process

- Know what you need

    - Start with a good needs and gaps assessment

    - Bring everyone to the table

- Make strong partnerships

- Data, Data, Data!

- Look for funding opportunities that fit your needs and will help you meet your goals and then tell your story

- How will you sustain after the grant funding ends?

Grant Management

- Identify subject experts
  - Knowledge of Onslow County
  - Knowledge of the problem
  - Knowledge of current, evidence-based responses

- Ability to bring people together for a common goal

- Ability to collect, organize, and analyze data

- Ability to determine outcomes and report objectively

- Don't be afraid to write the cost of this position into the grant budget

- Having a strong grant manager will put you a better position for the next opportunity

Bureau of Justice Assistance's
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center
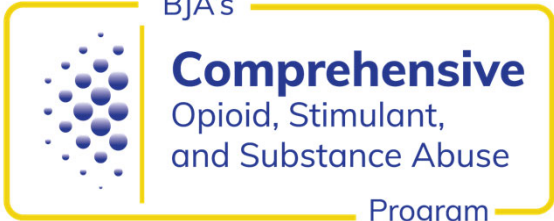

www.cossapresources.org

COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation's substance abuse crisis. ***You do not need to be a COSSAP grantee to request support***. TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at https://cossapresources.org/Program/TTA/Request.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at https://www.cossapresources.org/Program/Applying.

Join the COSSAP community! Send a note to COSSAP@iir.com with the subject line "Add Me" and include your contact information. We'll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.

Questions?