

Whole Person Care Evolving in TCLI

The State of North Carolina has been in a settlement with the U.S. Department of Justice since 2012 because the Courts found that NC was not offering individuals with Severe Mental Illness (SMI) opportunities to live in the community and that this was causing those individuals to live in more restrictive institutionalized settings such as Adult Care Homes. The State created a Transitions to Community Living Initiative (TCLI) for individuals with SMI who meet criteria to successfully live in the community. In partnership with the LME/MCOs, the State has been working to meet the standards of the US DOJ settlement--to identify individuals who can live in the community and to build appropriate community-based MH services for those individuals as set forth in the federal Olmstead Act.

The State's 2016 Annual Report on the US DOJ Settlement revealed that 5094 individuals had been identified as qualifying under the settlement, and that 1470 of those individuals had either moved from an Adult Care Home or been diverted from an Adult Care Home or institutionalization into a community housing placement. Many more individuals tapped into key community services such as in-reach (5094 individuals served), Assertive Community Treatment Team (5057 individuals served), Supported Employment (1199 individuals served) and wrap-around Behavioral Health services to maintain individual stability in the community. Multiple studies have shown that individuals with significant behavioral health needs also have high physical health care needs. In fact, a 2006 study published by the federal Centers for Disease Control (CDC) conducted a study of eight states and found that mental health and physical health are intertwined. The study concluded that the Years of Potential Life Lost (YPLL) for individuals with SMI across the states averaged between 13 and 30 years as compared to cohorts without mental illness. The main causes of death were similar to cohorts without mental illness—heart disease being the major cause of death. ¹

Community Living and Addressing Physical Health

One specific effort that recognizes the important of addressing physical health is occurring at the Sandhills Center LME/MCO. Chief Medical Officer, Dr. Anthony Carraway, and care coordination staff observed that there were a significant number of individuals who fit the criteria of the US DOJ settlement and the TCLI program but who were at high risk of disrupted placements in the community because they also had pervasive physical health needs that must be addressed. Dr. Carraway's solution was to bring in Dr. Kenneth J. Marks, a Board-certified psychiatrist with experience in inpatient BH as well as medical surgery. Dr. Marks has been charged with assessing the physical and behavioral health needs of individuals who fit the criteria under the settlement to pre-empt any disruption in their placements in the community. The care coordination and in-reach staff identify individuals who need follow-up assessments.

¹ Colton, C.W. and Manderscheid, R.W. (2006) Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 3(2), 1–14, Centers for Disease Control.

Dr. Marks assesses the individuals to identify any steps that need to be taken, e.g. when there are medical medications that have side effects manifesting in behavioral ways.

Dr. Carraway noted that this effort is addressing both the clinical and ethical responsibilities that Sandhills Center holds to ensure individuals with SMI can be stable and successful living in the community. He also noted that, from a business perspective, this is a method for risk mitigation. Sandhills Center began this effort in May and will be evaluating the need for new policies and changes in their policies that ramp up their work on whole person care.

Victoria Whitt, Sandhills Center CEO sees the emphasis on integrating physical and behavioral health care as a priority for the work of her organization. “Recognizing that our responsibility is to improve the lives of individuals, in whole rather than just in part, is a responsibility we take very seriously. Finding innovative ways with which to do this is a hallmark of our organization, and one in which I take a great deal of pride.”