NCIOM North Carolina Institute of Medicine
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BRIDGING LOCAL SYSTEMS:
STRATEGIES FOR BEHAVIORAL HEALTH AND SOCIAL SERVICES COLLABORATION
SANDHILLS REGIONAL LEADERSHIP SUMMIT

Tuesday, November 29, 2016
Seven Lakes, North Carolina
11:00 - 2:00 pm

EXECUTIVE SUMMARY

The Sandhills Leadership Summit included leaders of the LME/MCO, all nine county Departments of Social Services, representatives from the state Divisions of Medical Assistance, Social Services, and Mental Health, I-DD/ and SA. **A detailed meeting summary is attached.**

KEY TAKE-AWAY POINTS

Participants discussed topics and projects that were identified in the previous meeting of Bridging Local Systems. Topic and projects included:

- The DSS agencies and Sandhills Center described the "big picture" of how their funding streams support their work.
- Both agencies defined key terms ("crisis" and "emergency") from their organizational perspective.
- Participants discussed a draft proposal to blend funding from both agencies in order to create a performance-based contract with providers to expedite referral/assessment/authorization of some high need children. A cross-agency work group will be formed to refine this proposal prior to the next meeting.
- Participants discussed a proposal for DSS agencies to share monthly lists of children in foster care with the Sandhills Utilization Review team. A cross-agency work group will be formed to explore ways these lists can be beneficial for expediting referral for high risk children.
- Participants agreed to focus a portion of the next meeting on identifying the needs of adults with dementia and associated behavioral issues.

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Attendees
Lula Jackson, Mary Kendell, *Anson DSS*; Sharon Barlow, Jenise Horton-Davis, Cheryl Millmore, Heather Skeens, *Guilford DSS*; Kelly Kelly, Virginia Smith, *Harnett DSS*; Tamy Chaney, *Hoke DSS*; Maggie Johnson, Lesa Price, *Lee DSS*; Adrian Black, Sarah Smith, *Montgomery DSS*; John L. Benton, *Moore DSS*; Meghan Kology, Lisa Stern, *Randolph DSS*; David Richmond, Robby Hall, *Richmond DSS*; LaVerne V. Blue, *NC DAAS*; Renee Rader, *NC DMA*; Dennis Williams, *NC DMH*; Amanda Martin, *NC DSS*; Lucy Dorsey, Dorinda Robinson, Anthony Ward, *Sandhills Center MCO*; I. Azell Reeves, *Sandhills Center CFAC*; Anne Foglia, *NCIOM*; Michael Owen, *Summit Facilitator*

OVERVIEW
Michael Owen (meeting facilitator) welcomed the summit participants and briefly reviewed the goal of the Bridging Local Systems project shared by the state leadership and funders to strengthen communication and collaboration between the county DSS agencies and the LME/MCO system to improve the care delivery and outcomes for the shared population of families in need. Summit participants included representatives from the Sandhills MCO, as well as representatives from the DSS agencies in each of the nine counties in the region: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond counties. There were also representatives from the Consumer and Family Advisory Committee and the NC Department of Health and Human Services.

Michael gave a brief update on the summits taking place in other regions, highlighting the collaboration underway in the Partners Behavioral Health Management region to identify good candidates for the Transitions to Community Living Initiative.

A summary of the discussion from the Partners Regional Leadership Summit is available here.

FUNDING OVERVIEW
Anthony Ward (Deputy Director/COO, Sandhills Center MCO) summarized the three funding sources for behavioral health services available to Sandhills: (1) Sandhills receives about $240 million annually in Federal funding for Medicaid services on a ‘per member per month’ basis. In this model, the MCO is responsible for all costs that exceed the allocation, whereas cost savings

can be invested in making additional services available to Medicaid-eligible individuals, known as B3 services. (2) Sandhills receives about $30 million annually from the state of North Carolina to provide services to individuals not eligible for Medicaid. These services differ from those covered by Medicaid; examples include adult residential services, respite, and supported employment. (3) Sandhills receives about $12 million annually from the nine counties in the center's catchment area. Contributions range among the counties based on population and service prioritization. Investments made by an individual county fund services within the same county.

More information on funding for mental health and substance use services can be found in Chapter 2 of *Transforming North Carolina's Mental Health and Substance Use Systems: A Report from the NCIOM Task Force on Mental Health and Substance Use* here.

Robby Hall (Director, Richmond County DSS) and Heather Skeens (Director, Guildford County DSS) summarized the four funding sources available to local Departments of Social Services: federal, state, county, and grants that counties apply for individually and often require matched funds. Services are funded by a combination of these sources depending on the eligibility of the individual.

More information on funding for county social services can be found in Chapter 39 of *County and Municipal Government in North Carolina* available on the UNC School of Government website here.

CURRENT COUNTY PROJECTS

Anthony Ward (Deputy Director/COO, Sandhills Center MCO) gave a quick overview of the projects underway in each county following priority setting conversations with Sandhills Center. These local initiatives are funded using the county funding allocations. All of the counties prioritized detention center assessment and treatment as well as jail diversion initiatives. See below for a list of identified initiatives and priorities by county:

- Anson County – Crisis Intervention Teams (CIT) and Mental Health First Aid
- Lee County – Additional DSS guardianship spots; and a LCSW co-located at the local public health department
- Guilford County – Specialty courts and assessment and treatment planning in the courts; increased psychiatric services in the detention center; Access2Care screening kiosks located at the public health department and local library; Foster Care Chronicles project; and co-location of a LCSW and transportation assistance at the Piedmont Health Services and Sickle Cell Agency
- Harnett County – DSS guardianship; and Access2Care screening kiosks at the DSS office and county library
- Hoke County – Hoke and Richmond Counties are splitting the time and cost of a co-located LCSW at the local public health departments
- Montgomery – prevention staff; and psychiatric services including videoconference in the detention center

- Moore County – prescription drug program; assessment and treatment planning in the courts and detention center; and psychiatric services in the detention center
- Randolph County – psychiatric services in the detention center; and Foster Care Chronicles project
- Richmond County – psychiatric services including videoconference in the detention center; and co-location of a LCSW at the public health department in partnership with Hoke County

BUILDING A COMMON VOCABULARY

The summit participants discussed how the different uses of the terms "emergency" and "crisis" create tensions in inter-agency communication.

From the perspective of the DSS representatives, crises in which a social worker is working with a family to alleviate a situation evolve into an emergency when an individual in danger of permanent harm to themselves or others. When a DSS crisis is classified as emergent, a response is required within 2 hours in order to meet the individual's immediate safety needs, which often requires meeting placement needs.

Sandhills manages several crisis mental health and substance use services including call centers, outpatient crisis centers, and mobile crisis teams. The mobile crisis teams and call centers have a 2 hour response time to assess the needs of an individual and connect them with the appropriate outpatient or facility-based treatment services. Sandhills utilization management staff are expected to respond to crisis service requests (typically those associated with hospitalization or detox) within 72 hours, and respond to routine service requests within 14 days (the average timeframe is 7-8 days).

Robby Hall (Director, Richmond County DSS) shared an example of how Richmond County DSS has altered provider contracts to mitigate the cost of placing a child in the interim period while waiting for service approval: the DSS agency pays a reduced rate for an initial placement period, which incentivizes the provider to submit timely and complete service applications to Sandhills in order to maximize reimbursement after approval.

Throughout the conversation, summit participants noted that a fundamental difference that arises in interagency collaborations is that the DSS agencies are tasked with placement of individuals in need of services, whereas the MCO is tasked with connecting individuals with treatment services.

INFORMATION SHARING

Participants discussed the potential benefits of submitting a list of the children in DSS custody to Sandhills on a monthly basis. Robby Hall (Director, Richmond County DSS) and Lucy Dorsey (System of Care Coordinator, Shandhills Center MCO) proposed for discussion the following agreement:

(1) In order to increase communication/service coordination with Sandhills concerning At-Risk Kids in Foster Care, DSS will provide a monthly foster care list for treatment referral and service delivery to designated Sandhills Center Utilization Management Director on a monthly basis by fax.
(2) The Foster Care form will include: Name of County, Name, Phone number, and email of Contact person at each county. The list will also indicate children who are identified as high risk by the DSS, with an attached summary of risk/needs for each high risk child.

The goal of the information sharing proposal is to provide helpful information on high-risk children to the utilization manager to facilitate coordinated service decisions, with the assumption that the utility of such communication may evolve over time.
Subsequent discussion included concerns about how to define "high-risk" for this purpose, and opportunities for sharing aggregate data in return to support prevention and care management. Summit participants agreed to convene a subgroup to continue the discussion of information sharing regarding at risk kids in DSS custody by interested counties.

BLENDED FUNDING
Summit participants discussed opportunities to blend funding to provide a holistic service array and expedite the referral/assessment/authorization process for children served by both agencies. Robby Hall (Director, Richmond County DSS) and Lucy Dorsey (System of Care Coordinator, Shandhills Center MCO) presented the following proposal for consideration:

Children and Families served by DSS are the same population served by Sandhills. Eighty percent of substantiated cases involve substance abuse or mental health needs. Funding for Children and Families served by both agencies could be utilized to provide enhanced services. Example services include:

1. Blended finance committee will be formed between County DSS representatives and Sandhills to discuss and plan funding opportunities.
2. Enhanced rate Diagnostic Assessments for service identification and placement approval within 7 days of referral for foster children in DSS custody.
3. Short term placement payment contracts while awaiting approval for provider supported Therapeutic or Standard Foster Care with children in DSS custody, utilizing DSS funding. For example, $35/day for the first 7 days of placement.
4. Specialized training in Behavioral Health for standard foster homes in local DSS agencies (DSS foster care/adoption training funds & Sandhills Provider Funding). DSS has reimbursement for Foster Care/Adoption Training and licensing, would primarily need assistance with model development and professional training resources.
    a. Enhanced DSS board rates for special foster care populations (teenagers, or behavioral health needs) in traditional foster care settings could be future steps in this area.
5. Prioritized rapid response of Mobile Crisis Team for children and adults in DSS custody.
6. County Specific Behavioral Health fund supported by DSS & LME for client unmet needs or placement utilizing MOE funds and county match funds per county. (Example,

Adult and Child Placement after Emergency Behavioral Health Commitment Assessment)

Summit participants agreed that a subgroup of representatives from interested counties would work to coordinate blended funding strategies.

CONSUMER CONCERNS

I. Azell Reeves (Vice Chair, Consumer Family Advisory Committee) raised an issue of concern for consideration and future discussion in the leadership summit: when parents/legal guardians of individuals receiving Medicaid benefits, specifically Innovation Waiver Services, become eligible for SSA/Medicare benefits, they are being told they must reapply for Medicaid benefits on behalf of the individual in their custody. This re-eligibility process presents a significant burden to families and there is a lack of information and training available for both families and professionals. Ms. Reeves proposed addressing this need by creating and providing educational materials or training opportunities to parents/legal guardians, providers, LME/MCO staff, and DSS staff about the re-eligiblity process. These materials/training should explain the possible issues that may interfere with the receipt of Innovation waiver services and suggest strategies to address these issues and sources of assistance to overcome barriers.

NEXT STEPS

Sandhills will take the lead in convening a subgroup to continue working on the two projects identified by the summit participants: (1) routinely sharing a list of high-risk children in DSS custody with the MCO, and (2) opportunities for blended funding. Representatives of Harnett County, Richmond County, and Lee County expressed interest in participating in subsequent work on these projects.

The final agenda item identifying the needs of adults with dementia and associated behavioral issues will be a focus topic for the next summit meeting in February.

The next two meetings of the Regional Leadership Summit are scheduled for February 28, 2017 and March 28, 2017. Both meetings will be held from 11am – 2pm at 1120 7 Lakes Drive, Seven Lakes, North Carolina.