



*Bridging Local Systems:
Strategies for Behavioral Health
and Social Services Collaboration*

REGIONAL LEADERSHIP SUMMIT REPORT:

EASTPOINTE CATCHMENT AREA

BACKGROUND

The Bridging Local Systems project is a collaborative effort between the North Carolina Institute of Medicine (NCIOM) and the North Carolina Department of Health and Human Services (DHHS) with the primary goal of improving communication and collaboration between county Departments of Social Service (DSS) agencies and Local Management Entities/Managed Care Organizations to better meet the needs of children, families, and adults receiving services across systems. Ensuring timely access to effective behavioral health services is often critical for children and families involved with child welfare and for disabled adults served by adult protective services, guardianship, and other local DSS programs. Getting children, adults, and families into the appropriate behavioral health services requires coordination and alignment between DSS and the local mental health, developmental disabilities, and substance abuse service system. A lack of alignment and coordination between the two systems can exacerbate the challenge of accessing and providing services that meet the needs of these vulnerable populations.

The North Carolina public mental health, developmental disabilities, and substance abuse service system has changed dramatically over the past 15 years, with local area programs that both provided and contracted for services transforming first into Local Management Entities (LMEs) and then into combined LME/Managed Care Organizations (MCOs). In the process, more than 40 local area programs have consolidated into 7 regional LME/MCOs that manage capitated Medicaid funds for Medicaid beneficiaries and state and local funds for uninsured and underinsured residents. In many aspects, the relationships between the LME/MCOs and each of the 100 county DSSs in their catchment areas have shifted and evolved to accommodate the new system through intensive work between the LME/MCOs and their partner county DSS offices. However, the interface between the DSS and the mental health, developmental disabilities, and substance abuse treatment system can be complicated by differing organizational cultures and missions, state and federal requirements, and resource gaps.

The NCIOM and DHHS convened Regional Leadership Summits in each LME/MCO region in North Carolina to engage system leaders in discussions exploring strengths, challenges, and strategies for improving the service interface. Each Summit included the LME/MCO and the county DSS offices in their catchment area. A Statewide Leadership Committee has also been convened to consider shared lessons and recommendations for statewide action that arise from the regional summits.



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The Eastpointe Regional Leadership Summit consisted of four meetings held September 28, 2016, January 18, 2017, February 15, 2017, and April 5, 2017. Summit participants included representatives from the Eastpointe LME/MCO and the departments of social services in Bladen, Duplin, Edgecombe, Greene, Nash, Robeson, Sampson, Scotland, Wayne, and Wilson Counties. Representatives from the Consumer and Family Advisory Committee and the North Carolina Department of Health and Human Services. The Summit meetings were facilitated by Michael Owen, a consultant and facilitator with extensive experience in North Carolina in the behavioral health and human services sectors.

PRE-SUMMIT SUCCESSES

The Eastpointe LME/MCO has undergone substantial changes in organization, leadership, and structure during a period of statewide restructuring of the behavioral health, intellectual or developmental disabilities, and substance use disorder service systems. Due, in part, to these changes, the relationships between the LME/MCO and some of the county DSS agencies are in a process of renewal. Current Eastpointe leadership has communicated a strong interest and commitment to strengthening the communication and collaboration with DSS agencies in the region. Likewise, DSS leadership has communicated a desire to improve communication and collaboration with Eastpointe in order to better serve children, adults, and their families.

IDENTIFIED CHALLENGES

Collaboration, Communication, & Education

Participants emphasized that the DSS agencies and Eastpointe shared a common interest in serving children, adults, and their families, but more could be done to improve collaboration between the two systems. Specific areas identified for focus included:

- A need for a common understanding of key policies, procedures, and organizational structures within both county DSS agencies and the LME/MCO.
- A need for greater knowledge among DSS staff of the available resources for serving children and families and a method for documenting the need for assistance where service shortages exist.
- A need to establish a communication protocol.
- A need for regularly scheduled meetings between LME/MCO and county DSS leadership to examine what is and is not working in the partnerships, exchange information, and help avoid crisis situations.
- A need for improved communication regarding discharge planning for DSS wards.



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Provider Network

Several counties raised concerns about the availability and quality of services and providers in the network. County DSS representatives described a need for a more service providers, particularly in smaller and rural counties. When families must go to other counties to access services additional complications, such as transportation, arise. Several counties specifically noted shortages of substance abuse services, services for uninsured patients, and resources for non-English speaking families. County DSS agencies also identified improving provider quality and performance as a regional goal.

Service Delivery

Several DSS agencies described a need to streamline access to services—including assessment, referral, authorization, and placement—for individuals requiring therapeutic placement to avoid lapses in needed services and unsustainable county costs.

Participants also identified the challenges faced in providing services to uninsured parents that are often critical to the care of the child.

NC FAST

A specific issue was raised by Eastpointe related to reimbursement for Innovations Waiver clients. Follow-up indicated a system glitch was the source of the problem and that Eastpointe will be reimbursed as batches of backlogged individual cases are re-adjudicated.

STRATEGIES & ACTION

Participants prioritized three strategies on which to focus their attention and effort. Three participant workgroups developed the following strategies for addressing regional challenges.

Cross-training of DSS & LME/MCO Staff

Participants identified cross-training for county DSS and LME/MCO staff on policy, procedure and communication channels as a primary strategy to enhance communication and collaboration. An Eastpointe workgroup began planning the development a series of training webinars for DSS agency staff with key information. Identified training topics included:

- How to Refer to Services
- Service Eligibility
- Utilization Management
- Provider Network
- Eastpointe Organizational Structure



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- Transition to Community Living Initiative
- Evidence-based Practices

The online training platform will maintain the capacity to include additional content from county DSS agencies that targets relevant Eastpointe staff.

Consideration of LME/MCO/DSS Liaison Positions

Several county DSS agencies expressed the need for a point of contact for navigating the LME/MCO system with an onsite presence at the county DSS. A cross-agency workgroup developed a proposal to establish a non-clinical Mental Health Liaison position to help the DSS and their clients navigate the behavioral health service system.

Potential responsibilities of the proposed position include:

- Accessing and navigating services through the Eastpointe LME/MCO for children in the child welfare system and adults at risk in connection with APS;
- Coordinating behavioral health (clinical based) seminars throughout the year at the least quarterly or every two months;
- Serving as the LME/MCO Representative at Family Team Meetings when appropriate;
- Provide annual training sessions for DSS staff on:
 - Recognizing/acting on symptoms of secondary trauma, and
 - Quarterly stress management training sessions.

The suggested funding for the position will leverage a combination of the County LME/MCO contribution, LME funds, and DSS contribution of the necessary space, furniture, supplies, phone, computer, etc.

Eastpointe and Sampson County began discussions about implementing the proposal. If successful, this model may be adapted to meet the unique needs of other counties in the region.

Collaborative Discharge Planning & Transitions to Community Living Initiative

A cross-agency workgroup discussed strategies for improving communication regarding discharge planning for DSS-involved clients leaving inpatient treatment settings, and identifying clients who would benefit from participation in the Transitions to Community Living Initiative (TCLI). The workgroup proposed establishing a yearly regional meeting between Eastpointe and the adult DSS workers, the creation of a web-based means for referrals, and continuing efforts to share and update contact information as needed. Eastpointe also shared with each DSS agency an updated contact list for TCLI staff.



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SYSTEM RECOMMENDATIONS

The summit participants identified the following system needs/recommendations for consideration by statewide leadership:

Communication and Collaboration

- Having a platform to discuss communication/collaboration around shared populations is helpful at the local level, as is having a means to communicate concerns up to state agencies. The Bridging Local Systems Statewide Leadership Committee should meet regularly to hear and address the needs of local DSS-LME/MCO partnerships.
- For DSS and LME/MCOs to best meet the needs of those they serve, guidance on how to deal with conflicting federal policies prioritizing placement stability for the DSS agencies and medical necessity for Medicaid treatment authorization is needed.¹ Functionally, DSS and LME/MCO leadership need to continue having face-to-face conversations about how to apply the policies on a case-by-case basis.
- Address the gaps in access and reports to the Health Care Registry, Responsible Individuals List, and Central Registry—the DSS agency and Eastpointe leadership report having different roles in reporting to multiple registries in the event that a foster parent or group home manager is found to have mistreated a child. Similarly, the agencies have differing access to these registries to avoid contracting with or placing children in the care of those individuals in the future. The protocols for use of these registries by LME/MCOs, DSS agencies, and providers should be clarified and any identified gaps should be addressed.

Broader System

- DSS and LME/MCOs could better meet the needs of those they serve if the Medicaid clinical coverage policy incorporated a transition period at the end of a service authorization to aid discharge planning and smooth the transition to less intensive treatment services. Discharge and transition planning can help improve the chances that the next placement is successful.
- Social work curricula should incorporate a greater focus on Medicaid and clinical policies governing the services available to child and adult clients.

¹ All Medicaid-funded services must be determined by a health care professional to be medically necessary to improve or maintain the recipient's health. Screening to determine whether a beneficiary meets the criteria for a particular treatment service must be conducted before the service can be approved for Medicaid reimbursement. Furthermore, as a beneficiary's condition improves, he/she may no longer meet the criteria for a particular level of treatment services and need to step down to a less intensive treatment service.



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- Participants felt that North Carolina is ill-equipped to respond to the significantly increasing number of older adult residents. State leadership should study projected needs and resources and develop a state plan to support counties in meeting the increasing demand.

NEXT STEPS

At the final summit meeting, a merger was pending between Eastpointe with Cardinal Innovations Health Care Solutions. The Eastpointe and county leadership expressed an intention to proceed with the action steps above and continue moving forward with establishing and strengthening collaborative relationships for the benefit of the regional residents.



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REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

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Vickie Smith, *Director*
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