



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

REGIONAL LEADERSHIP SUMMIT REPORT:

PARTNERS BEHAVIORAL HEALTH MANAGEMENT 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



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consider shared lessons and recommendations for statewide action that arise from the regional summits.

The Partners Behavioral Health Management Regional Leadership Summit consisted of four meetings held October 3, 2016, October 24, 2016, January 6, 2017, and February 24, 2017. Summit participants included representatives from the Partners LME/MCO and the departments of social services in Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin Counties. Representatives from the Consumer and Family Advisory Committee, DHHS, and other interested stakeholders such as the NC Child Treatment Program also attended. The Summit meetings were facilitated by Warren Ludwig, a consultant with extensive experience leading public child welfare and mental health services in North Carolina.

PRE-SUMMIT SUCCESSES

The hard work of establishing lines of communication and constructive relationships was already well underway between Partners and county DSSs. Rhett Melton, CEO of Partners, opened the first meeting by stating that the name Partners has meaning and that he hopes his organization will hear how they can partner better with the DSSs in their catchment area. Several DSS Directors and representatives praised Partners' efforts to collaborate. While acknowledging the loss of the relationships with the smaller local programs that preceded Partners, all said the efforts of the expanded Partners LME/MCO to reach out to them had made a real difference in the past two years.

The following activities and initiatives already in progress were specifically referenced throughout the summit:

- Partners regional directors were perceived as especially helpful and available to county DSS staff for assistance with difficult cases, even on holidays and weekends.
- Partners staff are co-located with DSS in several counties including Cleveland and Iredell.
- Regular staff meetings or roundtables between the Partners and DSS staff are held in several counties including Cleveland and Iredell.
- Trauma-informed care initiatives are being implemented jointly by DSS and Partners in Cleveland and Catawba Counties.

IDENTIFIED CHALLENGES

The following were identified as challenges facing Partners and the DSSs:

- Achieving the same progress working together on adult services as had been achieved for children's services. Specifically:
 - Improved communication regarding the state's 2012 settlement agreement with the United States Department of Justice and the Transition to Community Living Initiative (TCLI). How can DSS work with Partners to meet the requirements of the settlement without putting individuals for whom they are the legal guardian at risk if they are not ready for community living?
 - Mental health and substance abuse services are limited for uninsured adults.
- Finding appropriate treatment placements and preventing placement disruptions:
 - County DSSs and Partners representatives discussed the difficulty in finding emergency treatment placements for children and appropriate treatment placements for hard-to-serve children such as children with additional medical or developmental needs.
 - Although the two systems have different criteria for evaluating placements, both agreed that placement disruptions have a human cost for the child and a financial cost for both systems.
 - Local DSSs argued that the differences between the LME/MCO and DSS priorities and criteria for placement need to be resolved. Specifically, DSSs perceived medical necessity determinations required for Medicaid reimbursement as forcing the disruption of stable placements,¹ and slowing the accommodation of emergency placement needs.
- The opioid epidemic has exacerbated the need to make substance abuse treatment services accessible to parents in order to prevent the need to place children in foster care and to promote family reunification.

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 service and need to step down to a less intensive treatment service.



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- Developing high quality shared data to objectively evaluate service needs and outcomes and to guide and measure joint efforts
- Achieving the same level of partnership and collegiality among line staff as had been achieved between the Partners and DSS leadership.

STRATEGIES & ACTION

County-specific Collaborations

The Partners leadership reached out to individual county DSSs between the first and second summit meetings to discuss ongoing and possible future collaborations customized to the needs of each county. The Partners regional directors and county DSS directors set individualized goals and objectives to work on outside the summit meetings. County-specific initiatives being discussed or pursued include:

- Co-locating therapists to improve access to assessments
- Co-locating clinicians to do parent evaluations
- Holding an opioid summit
- Improving access to level 2 and 3 placements
- Working through some challenging placements and looking together at the utilization management and placement processes
- Re-examining guardianship for adults
- Adult services for children aging out of foster care
- A multi-agency collaborative for looking at crisis services for adults
- Co-parenting initiative
- Domestic violence services for victims
- Education and relationship building

Adult Services and Transition to Community Living Initiative

At the second summit meeting, Partners presented information on its adult service continuum and the Transition to Community Living Initiative (TCLI) program. DSS leaders expressed concern about the safety of transitioning some guardianship clients who were not ready for community living, and volunteered that they knew adults eligible for TCLI who had potential to benefit and



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transition successfully. Further, DSS leaders indicated that the county DSSs provide services that could help adults transition successfully that were being underutilized. Partners convened a meeting in January 2017 with interested county representatives to discuss the initiative further. Participants in the January meeting learned more about the TCLI program, the settlement requirements, and the options and resources available to individuals. Representatives also exchanged contact information and discussed ways to improve communication between Partners and the DSS adult services supervisors regarding specific issues and concerns, guardianship, individual candidates for transition, and how to ensure the appropriate community resources are in place prior to transition.

Trauma-Informed Care Initiatives

Cleveland and Catawba Counties have engaged with Partners in ambitious system-wide trauma-informed care initiatives with goals of improving the functioning of children involved with DSS, reducing placement disruptions, and reducing treatment costs. The Cleveland County initiative, Partnering for Excellence, is in collaboration with Benchmarks.² The Catawba County initiative is based on Project Broadcast.³ The Partners MCO indicated its willingness to explore trauma-informed care initiatives with other counties that could be individualized to their needs and available resources. Lincoln and Gaston Counties have initiated discussions with Partners.

Development of Shared Data

Shared data is an excellent tool for communication. Partners shared data from its system on the number of residents eligible for Medicaid in each county, the claims paid for services to children in foster care by service category for each county, and the number and stability of treatment placements in each county. Partners also shared foster care placement and placement stability data from the Jordan Institute website by county. Partners held a subgroup conference call in November 2016 with Catawba and Cleveland Counties to identify common data elements that will help the MCO and DSSs jointly assess service needs and evaluate service impact and performance. The identified indicators of interest focused on tracking issues relevant to the implementation of trauma-informed care initiatives.

² Benchmarks is a non-profit association of provider agencies across a broad continuum of behavioral health, child welfare, education, developmental disabilities, and residential support services. Benchmarks strives to improve the quality and accountability of services to children, adults, and families in North Carolina (www.benchmarks.nc.org).

³ Project Broadcast was a five-year grant awarded to the NC Department of Health and Human Services, Division of Social Services by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau between 2011-2016. The project focused on improving the well-being of children and families through the development of a trauma-informed child welfare system in nine demonstration counties (Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson).

SYSTEM RECOMMENDATIONS

The summit participants including Partners and the county DSSs developed and endorsed several system recommendations for consideration by DHHS and/or the legislature:

- Develop and support a cross-system effort of prevention, treatment, and funding initiatives to effectively address the impact of parental substance use on children. The effort should include:
 - Community prevention initiatives that include social services, public health, law enforcement, and provider partners. Prevention efforts should include adopting best practices for prescribing controlled substances; addressing unresolved trauma; and providing easy and safe disposal of medications.
 - Improved availability and accessibility of addiction treatment services for parents whose children are at risk of or have entered foster care including Suboxone medication and residential programs that allow mothers with young children to live together throughout treatment.
 - Alternatives that allow parents whose children enter foster care to receive continuing Medicaid benefits to support family reunification.
- Parents working towards reunification should have access to needed mental health and substance abuse treatment services when their children are placed in foster care.
- Maintain or expand state funding of behavioral health services for North Carolina citizens.
- Incorporate trauma-informed training into the training for all foster parents.

NEXT STEPS

Partners and the county DSSs expressed strong commitments to continue working together. All agencies endorsed continuing Partner's process of working individually with each county with several also voicing support for holding occasional larger group meetings to share information about initiatives and work on common issues.



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REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

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