



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

**REGIONAL LEADERSHIP SUMMIT REPORT:**

**SANDHILLS CENTER 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 Sandhills Center Regional Leadership Summit consisted of four meetings held November 1, 2016, November 29, 2016, February 28, 2017, and March 28, 2017. Summit participants included representatives from the Sandhills LME/MCO and the departments of social services in Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond Counties. Representatives from the Consumer and Family Advisory Committee, the North Carolina Department of Health and Human Services, and other interested stakeholders such as the Center for Child and Family Health also attended. The Summit meetings were facilitated by Michael Owen, a consultant and facilitator with extensive experience in the behavioral health and human services sector of North Carolina.

### **PRE-SUMMIT SUCCESSES**

Sandhills leadership stated that several key positions within the LME/MCO had been stable for many years which they felt had contributed to positive working relationships with most of the county DSS agencies in the region. Communication between the DSS agencies and Sandhills was described as a regional strength as evidenced by reinvestment in regular county collaborative meetings and the ability of agency staff to arrange emergency meetings or calls when in need of immediate assistance with a crisis situation.

Sandhills had also held priority-setting conversations with leadership in each county which generated a variety of local initiatives throughout the counties. Every county prioritized detention center assessment and treatment as well as jail diversion initiatives. Additional initiatives included co-locating LCSWs at county public health departments; setting up Access2Care behavioral health screening kiosks in public locations such as the public health department, county DSS agency, or local library; and establishing Crisis Intervention Teams.

### **IDENTIFIED CHALLENGES**

Representatives from DSS agencies and Sandhills leadership participated in brief telephone interviews prior to the initial summit meeting to identify regional strengths and challenges related to communication and collaboration. Additional input was solicited from participants at the beginning of the initial summit meeting. Participants identified and elaborated on high priority challenges to address through the leadership summit.

#### ***Communication & Interagency Knowledge***

Sandhills and the DSS agencies discussed the need to define commonly-used terms within both systems to improve communication (e.g., emergency, crisis, treatment, placement). Participants also discussed the need to refine their understanding of the roles, responsibilities, and funding streams of the LME/MCO and DSS agencies. Throughout discussions, summit participants noted



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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 LME/MCO is tasked with connecting individuals with treatment services.

### *Timely Clinical Assessments and Access to Care*

DSS leaders emphasized the need for faster clinical assessments for children who need treatment and/or therapeutic placement.

### *Adult Services*

Participants discussed the difficulty they have responding to the needs of the adult population, including older adults, adults with dementia, and adults with co-occurring mental illness and substance use disorders. The DSS and Sandhills leaders discussed the immense pressure associated with the DSS role in guardianship—DSS social workers are not experts in the many issues that arise in guardianship of adults of all ages, including competent decision-making, risk of financial exploitation, and do not resuscitate orders. Social workers also struggle to identify available resources, both in the community and the mental health and substance abuse service system. Sandhills leadership expressed interest and willingness to explore ways to support DSS with the challenges associated with guardianship.

Participants specifically identified several challenges accessing residential and treatment services for adults:

- There are no Medicaid-funded residential services for adults.
- It is difficult to find placements for adults with co-occurring mental illness and substance use disorders within the provider network. Adults with co-occurring mental illness and substance use disorders also need additional support to prevent placement disruptions.
- It is difficult to respond to the needs of adults who fail to recognize a need for services.
- Participants discussed the challenge of accessing treatment services for parents who are no longer eligible for Medicaid after their children enter foster care.

## **STRATEGIES & ACTION**

### *Communication & Interagency Knowledge*

DSS and Sandhills leaders used the summit meetings to share and define key terms within their agencies. Leaders from each system also prepared and delivered a brief presentation on their basic funding streams and the purpose and limitations of their sources of funding. Participants proposed annual cross-trainings to cover topics such as authorizations, leveling, funding, appeals, foster care, information sharing, court, and case plans.



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Participants also considered a proposal for DSS agencies to share a list of children in foster care with the Sandhills utilization management team on a monthly basis in order to facilitate communication and service coordination. Some participants expected that this information sharing might eventually facilitate quicker access to services. Interested counties agreed to pursue the proposal and seek ways to creatively apply the information.

### *Timely Assessments and Access to Care*

Regional leaders discussed opportunities to blend funding of DSS and the LME/MCO to provide a holistic service array and expedite the referral/assessment/authorization process for children served by both agencies. Participants formed a cross-agency workgroup of representatives from interested counties to coordinate blended funding strategies. Summit participants focused discussion on a proposal to develop a DSS-LME/MCO liaison position to help guide both agencies through the two systems, facilitate communication, and improve access to services for high risk children. Although this proposal was not considered relevant in all counties, Sandhills and interested DSS leaders agreed to continue discussing the feasibility of the proposal and potential adaptations to meet counties' unique needs.

DSS and Sandhills leaders also agreed that additional regional trainings for foster parents and staff serving adults may enhance their ability to handle the behavioral health needs of clients placed in their care and prevent placement disruptions and the need to move children and adults to higher levels of therapeutic care. Proposed training topics included protective factors, safety planning, behavior management, and needs in crisis—several potential training models and partners were suggested for further exploration.

### *Adult Services*

Participants discussed several strategies to better serve the adult population, including:

- Explore potential service definitions and Medicaid waivers employed in other communities to help create residential services for adults.
- Provide further training and support to adult group home staff and social workers to enable them to more effectively serve this population and improve employee retention.
- Collaborate to support DSS in their guardianship role—Sandhills has offered to provide funding to purchase slots with an entity to provide guardianship support. One county has already contracted for 10 slots, and leaders agreed to expand to additional counties.
- The DSS agencies and Sandhills discussed a local strategy they have implemented to provide parents who enter the health department without Medicaid with intervention therapy for 6 weeks.



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## SYSTEM RECOMMENDATIONS

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

- Participants suggested a future check-in with all the counties to identify impact of the regional leadership summits.
- Participants recommended that the Statewide Leadership Committee for the Bridging Local Systems project continue to meet and solicit input from local interagency groups, and sponsor periodic conferences to address the needs of both the LME/MCO and DSS systems with both regional and state level leadership participation.

## NEXT STEPS

Participants in the Leadership Summit agreed to continue convening quarterly regional leadership meetings between the DSS and Sandhills. Leaders agreed that a planning committee as well as standing committees on service needs and access points, blended funding opportunities, and information sharing would help the region assess needs and support ongoing communication and collaboration.



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**REGIONAL LEADERSHIP SUMMIT PARTICIPANTS**

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