



Bridging Local Systems

Strategies for Mental Health and
Social Services Collaboration

Cardinal Innovations Southern Region

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Sponsors

- NC Institute of Medicine
- The Duke Endowment
- The NC Department of Health and Human Services and its Divisions of
 - MH/DD/SAS
 - Social Services
 - Aging and Adult Services
 - Medical Assistance
- The NC Council of Community Programs
- The NC Association of County Directors of Social Services

Goals of Bridging Local Systems

- Strengthen communication and collaboration between LME/MCOS and DSSs
- Improve shared outcomes for shared populations:
 - Children and families served by child welfare and behavioral health
 - Adults served by Adult Protective or Guardianship Services
- Develop metrics to measure collaboration between DSSs and LME/MCOs

Agenda

- Overview and introductions
- Review previous meeting
- Discuss relevant developments that have happened since the second meeting?
- Self-organize follow up and follow through
- Make recommendations for the Steering Committee
- Evaluate Bridging Local Systems

Cardinal: What can we accomplish?

- A clearer understanding of specialty treatment versus any treatment, and improved collaboration to stabilize children and families waiting for appropriate specialty treatment.
- Improved collaboration in the context of competing agendas:
 - DSSs are expected to reduce multiple placements and promote placement stability
 - MCO's are expected to provide least restrictive services which may result in multiple moves (e.g., child in PRTF steps down to level II, then level I, then home reunification).

Cardinal: What can we accomplish?

- Improving understanding of Cardinal's responsibility to review medical necessity
 - A Comprehensive Clinical Assessment (CCA) recommending a level of care is not sufficient
 - The CCA must include or be supplemented by supporting clinical justification for the interventions and corresponding level of care

DSS: What can we accomplish?

- Build on the strengths of the existing relationship
- Consider ways to strengthen collaboration with other public agencies at the county level
- The interagency relationship has improved over the past 5-7 years but we still have to argue for services – especially for adults
- Child and family teams are not always prepared for the toughest kids.

Your High Priority Issues

- Access to timely services and crisis management
- Services needs and care coordination
- Communication

Some Ideas You Suggested

- Over communicate – create routine methods for Cardinal and DSS to frequently touch base when dealing with a crisis.
- Create internal “SWAT team” at Cardinal to accelerate the response to crisis referrals
- Offer training for referral sources on how to write assessments with the UM perspective in mind
- Embed assessors in DSS agencies

Some Ideas continued

- Produce online training materials for DSS regarding service definition requirements, referral process, service continua, etc.
- Include directory of names and contact information for coordinators and regional managers
- Add crisis/respite beds in the region
- Expand availability of High Fidelity Wraparound services
- Expand availability of “Transitional Living” as a B3 services
- Expand use of Trauma-informed independent assessments

Have We Done That? Developments Since the last meeting.

- Access to timely services and crisis management
- Services needs and care coordination
- Communication
- Other

Suggestions/Commitments for Future Collaboration

- Access to timely services and crisis management
- Services needs and care coordination
- Communication
- Creating metrics to evaluate collaboration between MCO and DSS

Recommendations to the Steering Committee

Evaluation of BLS