

**BRIDGING LOCAL SYSTEMS:
STRATEGIES FOR BEHAVIORAL HEALTH AND SOCIAL SERVICES COLLABORATION**

EASTPOINTE REGIONAL LEADERSHIP SUMMIT

**Wednesday, September 28, 2016
Rocky Mount, North Carolina
12:00 - 3:00 pm**

EXECUTIVE SUMMARY

The Eastpointe Leadership Summit included leaders of the LME/MCO, ten county Departments of Social Services and 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 identified and discussed areas of common interest. They also suggested some aspirational goals to consider in future meetings. Examples included:

- Enhance communication and cross training between DSS and the LME/MCO
- Create a protocol to trouble-shoot care coordination problems for clients we share
- Consider innovative ways to strengthen the existing provider network
- Create a regional work group to solve a specific NC FAST data entry problem. A solution will help Eastpointe recover substantial unreimbursed funds that may be applied to children's services.

Meeting Summary

Attendees

Kenneth Bausell, Lauren Benbow, Carol Bowles, Sarah Bradshaw, Walt Caison, Sarah Cashwell, Sandy Connor, Angela Ellis, Angela English, Lynn Fields, Anne Foglia, Stephanie Grischow, Jessica Guice-Albritton, Shavonne Harrell, Don Hicks, Mary Hooper, Nicky Lee, Kim McGuire, Vanessa McKnight, Janet Miller, Vanessa Moore, Kimberly Nicholson, Mark O'Donnell, Nanette Outlaw, Michael Owen, Stephen Potter, Amy Pridgen-Hamlett, Marva Scott, Dannette Sessoms, Lou Ann Simmons, Wendy Stanton, Kathy Stone, Sarah Stroud

OVERVIEW

Michael Owen (meeting facilitator) introduced the Bridging Local Systems project and the general goal 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 Eastpointe MCO, as well as ten of the twelve counties in the catchment area—Bladen, Duplin, Edgecombe, Greene, Nash, Robeson, Sampson, Scotland, Wayne, and Wilson. There were also representatives from the Consumer and Family Advisory Committee, NC Department of Health and Human Services and NC Council of Community Programs present.

Following introductions, Michael asked the attendees to consider and write down what they each, as an individual, hoped to achieve by participating in the leadership summit. Participants shared their goals with the group. Some of the recorded goals included:

- Understand the policies and organizational structures that may lead to issues the DSS agencies and the LME/MCO experience with coordination.
- Learn about available resources for serving children and families and document the need for assistance with developing additional resources where shortages exist.
- Develop an easier and faster placement process for children requiring therapeutic placement.

The subsequent discussion was structured around the group's assessments of what was working, what were the significant challenges regarding the overlap of child welfare and behavioral health, and what were the opportunities for improvement.

The conversation generally raised the following topics/issues:

COLLABORATION

Participants emphasized that the DSS agencies and Eastpointe shared a common interest in serving individuals and meeting their needs, but more could be done to improve collaboration on action plans for children and families in crisis. Participants expressed the desire to develop

stronger relationships between the agencies and a greater understanding of each organizations roles and barriers in serving their common interests.

Communication & Operations. The mental health system has been through constant change, several individuals expressed a need to establish a communication protocol outlining who to call in various situations (including fallback options) so that both DSS agency and Eastpointe staff can get the support they need when they need it regardless of staff turnover. This should be paired with training for staff of both systems on how to navigate the system.

It was also suggested that DSS leadership and Eastpointe leadership meet regularly to examine what's working and what is not, provide an opportunity for exchange, and help avoid crisis situations.

Training. Several attendees suggested that collaboration would benefit from cross-training to help staff of both systems better understand their common interests, respective roles, priorities, and limitations, and how to best help each other get their jobs done when it comes to meeting shared consumer needs.

PROVIDER NETWORK

Several county DSS representatives raised concerns about the gaps and quality of services and resources available, particularly in smaller and rural counties. In particular, a number of counties noted shortages of substance abuse resources and services for uninsured patients. Participants emphasized a need for a more robust service system with adequate monitoring and discussed some potential strategies for expanding the services and resources available. At multiple points in the conversation, the idea of a 'one-stop shop' offering services for both parents and children with any number of diagnoses was raised.

Limited Resources. Several counties, including Greene and Bladen, stated that despite good collaboration with Eastpointe, a lack of services or providers remained a primary barrier, noting that families had to go to other counties to receive services which raises additional complications such as transporting patients.

Provider Oversight. A number of questions were raised about the way in which provider performance is monitored. Common concerns included patients who do not show improvement, lapse in care due to transfers, and delayed requests for service authorization. Though Eastpointe has a committee devoted to provider monitoring and quality of care and methods for documenting complaints or grievances with providers, it did not appear to be meeting the needs of the DSS agencies' monitoring concerns.

Potential Strategies:

- Explore options for incentivizing providers to practice in shortage areas.
- Offer providers free office space in DSS facilities to improve access at reduced provider overhead expense.
- DSS voice at monthly Eastpointe provider network meetings.
- Strengthen the system by which DSS agencies can report provider grievances.
- Establish performance-based provider contracts create provider incentives.
- Incentivize evidence-based practices among providers with higher rates.

SERVICE DELIVERY

Timeliness. A challenge raised by several DSS agency representatives was the need to streamline access to services, placement, and authorization processes to avoid lapses in the services needed by individuals and unsustainable county costs.

Requests for authorization are submitted by providers to the LME/MCO. Eastpointe authorizes over 3,000 requests per month. Urgent requests for Medicaid authorization require a review of the needs and documentation within 72 hours and routine requests are authorized in 14 days. The process is delayed when the service request is not specific or the documentation and needs match the services requested. Several counties cited past difficulties getting initial therapeutic placement for children and paying high daily rates while waiting an average of 2-3 weeks, but up to 45-60 days for authorization, which results in significant county budget problems.

A streamlined process likely requires changes to DSS, provider, and LME/MCO protocols.

Eligibility. Participant recognized that services for parents are often critical to the care of the child. A few complicating factors were raised including parent ineligibility for Medicaid services after the child has been removed from the home, and the need for resources available to parents who are not citizens or do not speak English.

NC FAST

Eastpointe raised the issue of entering members' IN indicators in NC FAST to receive better reimbursement. Sarah Stroud, Eastpointe CEO, estimated that 7.9 million dollars could be

recouped if DSS agencies correctly set up members with NC FAST. Several counties reported having problems entering IN indicators in the NC FAST system. A small group from Eastpointe, Sampson DSS, and DMA offered to troubleshoot the NC FAST problems raised.

Eastpointe Reinvestment Plan. DSS representatives were interested in reinvesting the reimbursed funds in resources for children and families commonly served by the LME/MCO and DSS.

NEXT STEPS

- Each organization was tasked with considering potential strategies for how to address the identified goals to inform the discussion at the next meeting.
- NC FAST Troubleshooting Work Group
- The next meeting will be held Wednesday, October 26, 2016.