



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, introductions, background
- What other regions are talking about
- What are your goals?
- What challenges have you overcome already?
- What are the highest priority issues that you are facing now?
- Schedule and Plan for future meetings

Overview and Introductions

- Introductions of facilitator and participants
- Background and context

Summits in Other Regions

Summits have been completed for:

- Eastpointe
- Partners Behavioral Health Management
- Sandhills Center
- Alliance Behavioral Healthcare

Other Regions: Common Themes

- Collaboration & Communication
 - Co-funded positions
 - Joint planning for clients
- Education & Training
 - Service Continuum
 - Service Definitions & Criteria
 - Referral & Authorization Procedures
 - Funding, Evaluation & Regulations

Other Regions: Common Themes

- **Provider Network & Service Delivery**
 - Provider Shortage Areas
 - Performance-based Provider Contracts
 - Timeliness of Assessments & Referrals
 - Local & Stable Therapeutic Placements
- **Parent Services & Eligibility**
 - Treatment services for parents without Medicaid, or who lose Medicaid after children are removed from the home.

Other Regions: Common Themes

- Adult Services
 - TCLI collaboration on DSS nominated clients
 - Improved collaboration with other adults
- Joint Trauma-Informed Care Initiatives
- Development of shared data and outcomes

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. We need more alternatives.

What specific outcomes do **you** want to achieve by participating in this project?

What's Working?

What is working well already in your region between DSS and Behavioral Health?

What challenges have you already overcome?
How did you do it? What was your role in making it happen?

What Are Your Challenges?

What are the highest priority challenges or issues that you are facing now?

What's Next?

Focus for next meeting.

- What challenges or issues should we work on first?
- Can you identify “low hanging fruit?”

Preparation for next meeting?