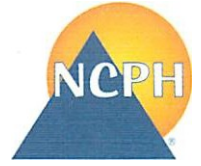




## **RICHMOND COUNTY HUMAN SERVICES DEPARTMENT**



**North Carolina  
Public Health**

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Robby Hall  
Social Services Director

Tommy Jarrell, Ph.D.  
Human Services Director

11-28-16

Re: Sandhills Regional Leadership Summit Report 11-29-16

To: Sandhills Regional Leadership Members

The following summary is in response to potential action steps that can be taken by local DSS and Sandhills LME/MCO in order to improve access and service delivery to At-Risk Children and Families involved with Child Protective Services, Prevention and Foster Care.

### **Increased Access & Case Management**

DSS could hire a Mental Health Case Manager/Clinician (MHCC) to evaluate needed services, facilitate referrals, and provide direct diagnostic/treatment services to children and families. DSS would fund 50% of the position and manage FTE on-site (MAC Funding, Other funding Sources, SEE- Child Welfare Funding Attachment A). Sandhills would provide reimbursement for contract clinical supervision to the position, assist with establishing billing processes and arrange 50% funding through (Medicaid, MOE, and Provider Contracts).

DSS MHCC will provide a monthly foster care list for treatment referral and service delivery to designated Sandhills Center Utilization Management liaison, and coordination of information sharing for all treatment services.

DSS/Sandhills Options: Shared Case manager, Licensed or Provisionally licensed clinician to provide direct diagnostic or treatment services.

### ***Primary DSS Funding Source***

#### **MAC. Medicaid Administrative Claiming**

Title XIX of the Social Security Act authorizes federal reimbursement to states for quarterly expenditures for medical assistance under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. Funds are made available to states to arrange medical and behavioral health services to Medicaid and North Carolina Health Choice (NCHC) eligible adults and children

through the claiming of Medicaid administrative activities. Activities eligible for reimbursement include: Medicaid outreach; Medicaid eligibility determinations; referral to Medicaid services; case planning, review, and management; development of an individual plan of care for Medicaid Services; and coordinating transportation needed to access Medicaid services.

### ***Primary LME/MCO Funding Sources***

County *Maintenance of Effort* funds provided by each individual county, Medicaid.

### **Information Sharing**

Each local DSS and Sandhills will enter into a MOA to facilitate the following:

1. In order to increase communication/service coordination with Sandhills concerning At-Risk Kids in Foster Care, DSS will provide a monthly foster care list for treatment referral and service delivery to designated Sandhills Center Utilization Management Director, on a monthly basis at eFax number 1- 336-389-6543, attention Sabrina Russell.
2. The Foster Care form will include: Name of County, Name, Phone number, and email of Contact person at each county. The list will also indicate children who are identified as high risk by the DSS, with an attached summary of risk/needs for each high risk child..

### **Blended Funding**

Children and Families served by DSS are the same population served by Sandhills. Eighty percent of substantiated cases involve substance abuse or mental health needs. Funding for Children and Families served by both agencies could be utilized to provide enhanced services (SEE- DSS Blended Funding Sheet Attachment B). Example services include:

1. Blended finance committee will be formed between County DSS representatives and Sandhills to discuss and plan funding opportunities.
2. Enhanced rate Diagnostic Assessments for service identification and placement approval within 7 days of referral for foster children in DSS custody.
3. Short term placement payment contracts while awaiting approval for provider supported Therapeutic or Standard Foster Care with children in DSS custody, utilizing DSS funding. For example, \$35/per day for the first 7 days of placement).
4. Specialized training in Behavioral Health for standard foster homes in local DSS agencies (DSS foster care/adoption training funds & Sandhills Provider Funding). DSS has reimbursement for Foster Care/Adoption Training and licensing, would primarily need assistance with model development and professional training resources.
  - a. Enhanced DSS board rates for special foster care populations (teenagers, or behavioral health needs) in traditional foster care settings could be future steps in this area.
5. Prioritized rapid response of Mobile Crisis Team for children and adults in DSS custody.

6. County Specific Behavioral Health fund supported by DSS & LME for client unmet needs or placement utilizing MOE funds and county match funds per county. (Example, Adult and Child Placement after Emergency Behavioral Health Commitment Assessment.

### **Monitoring & Assessment**

1. Inclusion of performance based measures for DSS Custody children in contracting with all Sandhills providers to include timeliness of assessment, access/utilization of services, placement moves for children, and behavioral health outcome measures. Language inclusion in contracts could be the first step toward realization of this goal.
2. DSS and Sandhills Stakeholder Continual Quality Improvement meeting to occur two times per year hosted by Sandhills and a local rotating county DSS.

Robby Hall  
Director – Richmond County Department of Social Services

Lucy Dorsey  
System of Care Coordinator – Sandhills Center MCO