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

REGIONAL LEADERSHIP SUMMIT REPORT:

ALLIANCE BEHAVIORAL HEALTHCARE 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.

The Alliance Behavioral Healthcare Regional Leadership Summit consisted of four meetings held December 2, 2016, January 20, 2017, March 24, 2017, and April 21, 2017. Summit participants included representatives from the Alliance LME/MCO and the departments of social services in Cumberland, Durham, Johnston, and Wake Counties. Representatives from the North Carolina Department of Health and Human Services, and other interested stakeholders such as Center for Child and Family Health also attended. The Summit meetings were facilitated by Warren Ludwig, a consultant with extensive experience leading public child welfare and mental health services in North Carolina.

PRE-SUMMIT SUCCESSES

Alliance Behavioral Healthcare is unique among North Carolina's LME/MCOs in that it covers four relatively populous counties rather than the 8 to 24 counties in other LME/MCO catchment areas. Perhaps for this reason, significant work had already done prior to the beginning of the Building Local Systems summits to build relationships between Alliance and each of the departments of social services in its catchment area. However, the relationship and accomplishments with each county were different.

Cumberland County

An Alliance care coordination position is housed at Cumberland County DSS to help collaborate on both child and adult services. Additionally, Cumberland County's community collaborative has held a series of well-attended foster family summits to address training needs in response to a high incidence of placement disruptions among juvenile justice involved youth. Plans were also underway to co-locate a clinician at Cumberland County DSS to help prevent placement disruptions and moves to higher levels of care.

Durham County

Because Alliance grew out of Durham County's previous local area program, Durham County DSS and Alliance have the longest relationship. Durham County DSS sees Alliance as an extension of county government and as the backbone of its system of care. Alliance leaders meet regularly with leaders of Durham County human service agencies and the local community college. Durham County DSS and Alliance have a co-funded position (a mental health coordinator) co-located at the Durham DSS office and a joint proposal for Tier 3 case management with a high fidelity wraparound component.

Johnston County

Johnston County, is unique in that it has maintained its old county LME staff and structure. The county LME is the interface between Alliance and Johnston County DSS and is funded, in part, by Alliance. Leadership and staff of the LME and Johnston County DSS meet bimonthly.

Wake County

Wake County, which previously provided mental health services to child welfare families, had developed three contracts with Alliance for specialized services to children and adults involved with child welfare. A Medicaid service definition had also been developed to cover crisis diversion beds for use during inpatient assessment.

Alliance reported that it has championed evidence-based and trauma-informed treatment.

IDENTIFIED CHALLENGES

County DSS and Alliance leadership began the summit by sharing objectives for moving collaboration forward in their region. Durham and Wake Counties said that they would like to move beyond collaboration with Alliance to working together on shared outcomes for vulnerable populations. Cumberland said it wanted to build capacity and improve crisis services, while Johnston also identified improved crisis services as a goal. Alliance acknowledged the need for crisis services but said it had greater capacity for working with counties on upstream projects that would reduce the number of crises and produce better outcomes for children and families.

Together, the participants identified a cluster of interrelated challenges facing the region associated with serving children involved with Child Welfare as well as concerns regarding adult services and guardianship.

Inadequate Supply of Local Child Placements

The county DSSs reported an inadequate supply of placements at all levels of care including regular foster care, therapeutic homes, other treatment placements, and crisis placements. The shortage of foster homes is compounded by an increase in children entering foster care and foster homes being converted to therapeutic homes. Durham County reported the shortage is forcing DSS to pay therapeutic home rates for children who only need regular foster care.

In addition, the overall capacity challenge is exacerbated by the fact that many of the foster and therapeutic placements in each county are filled by children from other counties. Out-of-county results in more disruption in children's lives, less efficient use of county resources, and higher costs for both systems.

Though many of the issues raised are consistent with a national foster care crisis and not unique to the Alliance catchment area, Summit participants pushed to identify strategies to address the placement needs of children locally.

High Rate of Child Placement Disruptions

Participants observed a high rate of disruption from foster and therapeutic placements, which results in additional trauma for children. Participants reviewed child placement data by county

from the Jordan Institute website, county-specific data provided by Cumberland and Johnston Counties, and data from Alliance on providers and placements funded through their system. The data suggested high numbers of moves from therapeutic homes requested by therapeutic parents or agencies due to children's behavioral needs. County DSS leaders raised concerns that the high rate of placement disruptions is due, in part, to the skill level of network providers who may need additional training or supports for successful placements.

Alliance expressed interest in focusing on preventing disruptions resulting in children moving to higher levels of care, while DSS representatives stressed that disruptions resulting in lateral moves are also harmful to children. The county DSSs and Alliance agreed that an upstream focus on reducing placement disruptions was a shared objective with the potential to improve child outcomes and reduce costs for both systems.

Adult Services & Guardianship Challenges

Participants identified the following challenges related to adults:

- Some adults are inappropriately declared incompetent and made wards of departments of social services.
- County DSSs expressed concerns that in the Transition to Community Living Initiative (TCLI), Alliance approaches adult wards when their DSS guardian does not think it in their best interests.
- Funding for adult services is much less adequate than funding for children's services because of the lower percentage of adults with Medicaid and the higher percentage reliant on very limited state funds.
- Lack of supported housing and, even for adults qualifying for TCLI services, lack of affordable housing in parts of Wake County.

STRATEGIES & ACTION

Development of Shared Data

After participants reviewed child placement data by county, county DSS representatives requested additional data on in-county placements and placement moves by provider so that they could make placement choices based on provider performance. Alliance agreed to share provider specific data after taking the following steps:

- Improving the validity of the data by moving from agency self-report to data that the Alliance systems is starting to generate.

- Reviewing reports with provider agencies and including the sharing of agency specific data in the FY 18 provider agency contracts.

Participants also began discussions to develop a core list of shared outcomes that the region will focus on reporting and improving.

Building Capacity, Placing Children Locally, and Preventing Placement Disruptions

County DSS and Alliance leadership discussed several potential joint strategies for addressing the placement needs of children locally:

- Explore how Alliance might help DSS recruit, license, and retain regular foster parents.
- Collaborate to provide services to parents to prevent children entering foster care or to prepare parents for reunification.
- Establish consistent and clearly differentiated expectations of regular and therapeutic foster parents, and explore options for strengthening training and supports for both regular and therapeutic foster parents to help placements succeed.
    - The North Carolina Children's Treatment program reported that parent-child psychotherapy, an intervention for children under 5 and their caretakers that has been found to reduce foster care placement disruptions, is available through a Wake County provider and that training for providers also is available.
- Jointly communicate to the provider network a priority to place children close to home, and explore options for providing incentives to child placement agencies to serve children within their home counties.
- Use geo-mapping of providers to facilitate placements made closer to home.
- Explore implementing a system model of trauma-informed care.

Alliance reported on new funding for two initiatives to:

- Establish a child crisis facility in southern Wake County, a location as central as possible to the catchment area. The facility will accommodate 16 crisis beds as well as providing behavioral health urgent care for assessment and disposition.
- Provide tiered case management to youth involved in multiple systems (DJJ, DSS, and Alliance). The program will start in Durham County.

The Alliance therapeutic foster care collaborative and the county community collaboratives were identified as potential forums for working on next steps to improve shared outcomes for children

and youth. Participants discussed the need to increase meeting structure and strengthen representation.

Adult Services & Transitions to Community Living Initiative

Alliance gave an overview of the lawsuit settlement that led to the Transitions to Community Living Initiative (TCLI), the availability of intensive and flexible services to assist individuals moving from facility to community settings, and their responsibility under the settlement to offer in-reach to eligible adults. Participants discussed a few strategies for continued education and communication:

- Alliance invited counties to send representatives to a four-part educational series on the history, philosophy and provisions of the Olmstead settlement and TCLI process.
- Wake County invited an Alliance representative to attend a DSS guardianship meeting to exchange information about their programs and explore how the two agencies can better collaborate.
- Participants agreed to hold further regional discussions focusing on collaboration on adult issues. Representatives from the Division of Aging and Adult Services agreed to help convene a meeting.

System Recommendations

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

Communication and Collaboration

- Leadership around how LME/MCOs and DSSs can work together to meet the shared objective of reducing foster care placement disruptions. The agencies sometimes have conflicting goals; however, working towards this shared objective could improve child outcomes and reduce costs for both systems.

Broader Systems

- Case management is a critical service for children and families with complex problems involved with multiple service systems. Tiered case management could improve child outcomes and reduce costs for both systems.
- Invest in serving vulnerable populations—over the past two years, LME/MCOs have had funding cuts while the population in need of services has increased. These cuts have limited the ability of LME/MCOs to expand services or undertake innovative initiatives with collaborative partners. This has been especially damaging to the capacity to serve

uninsured adults (including parents whose children are in DSS custody that are working towards reunification).

- If regional DSS agencies are created as described in House Bill 608, DHHS should consider aligning regions with LME/MCO catchment areas.

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