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

REGIONAL LEADERSHIP SUMMIT REPORT:

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS 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.

Because the catchment area for Cardinal Innovations Healthcare Solutions extends over a large geographic area and includes a large percentage of the state's population, the decision was made to divide the Cardinal catchment area into northern and southern regions and hold three meetings for each region. The meetings, conducted between July and October 2017, were held in Chapel Hill for the northern region and in Kannapolis for the southern region. Summit participants included representatives from the Cardinal LME/MCO and the departments of social services in Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, and Stokes Counties. Representatives from the North Carolina Department of Health and Human Services also attended. The Summit meetings for the northern region were facilitated by Warren Ludwig, a consultant with extensive experience leading public child welfare and mental health services in North Carolina. The summit meetings for the southern region were facilitated by Michael Owen, a consultant and facilitator with many years of experience in the behavioral health and human services sector of North Carolina.

Pre-summit Successes

Representatives from DSS agencies and Cardinal leadership participated in brief telephone interviews prior to the initial Summit to identify regional strengths and challenges related to communication and collaboration. Additional input was solicited from participants at the beginning of the initial Summit meetings. Identified regional strengths included:

- DSS leaders identified collaboration around difficult cases including proactive monthly "staffings" and clinical rounds calls to develop case plans as a strength of the partnership.
- Leaders in both regions reported quarterly county stakeholder meetings provide opportunities to learn about specific topics, discuss difficulty cases, and better understand what is going on at each agency. Additional trainings provided to DSS staff were also considered a strength.
- Some DSS leaders stated that having a specific Cardinal representative assigned to their counties was helping build and maintain positive working relationships.
- DSS leaders from Davidson and Rowan Counties, which are participating in Partnering for Excellence, reported that it has facilitated a good working relationship with Cardinal. The initiative brings the agencies together to raise issues, problem solve, and strengthen the partnership while moving towards evidence-based practice.
- DSS leaders reported that Cardinal is responsive to grievances filed regarding providers.
- Davidson County described a positive experience partnering with Cardinal on a Crisis Services Task Force to engage local law enforcement.

- Cardinal's engagement with county commissioners was considered a current strength in the relationship.

IDENTIFIED CHALLENGES

Communication & Interagency Knowledge

Participants expressed a shared desire for improved understanding of the system interface. In particular, DSS leaders requested help building their knowledge of individual roles within Cardinal's organization, appropriate contacts for assistance with complex cases, how service authorization decisions are made, and how to identify and secure high-quality providers within the network.

Crisis Management & Timely Access to Services

DSS and Cardinal leaders agreed that crisis prevention, response, and follow up were an area of continuing challenges to be addressed. In addition to increased collaborative efforts to prevent crises and placement disruptions, participants expressed a need to improve collaboration to stabilize children and families while waiting for appropriate specialty treatment. DSS leaders reported that interim placement and treatment services while specialty care is being authorized or secured creates a significant funding burden for counties.

DSS leaders also raised specific concerns about current interactions with mobile crisis service providers who require verbal consent from adults in crisis before responding.

Service Needs & Resources

Participants discussed specific service needs for both child and adult clients. Services discussed to improve support for children and families included trauma-informed assessments and treatment; emergency respite placements for children in foster care; and creative wrap-around services to support children remaining in or successfully stepping down to family-based settings close to home.

DSS and Cardinal leaders also discussed the service needs of adults and acknowledged the lack of services available for uninsured adults and younger adults with dual-diagnoses. DSS leaders also reported that the process for qualifying for disability through social security is onerous and can take several years. The lack of resources available for adults without Medicaid make it challenging to serve these individuals in the meantime.

DSS leaders in the northern region raised specific concerns about accessing intensive treatment services closer to home, reporting that these more intensive services tend to be located closer to larger population centers either in Cardinal's southern region or neighboring LME/MCO catchment areas.

Participants also discussed the need to better coordinate services for children and adults with co-occurring mental health and intellectual or developmental disability needs. Specific

challenges cited included the significant waiting list for Innovations Waiver services, and the growing need for appropriate residential treatment options for younger adults in DSS custody.

Understanding and Resolving Conflicting System Agendas

Cardinal and DSS leaders noted that the two systems operate in a context of conflicting organizational agendas: DSSs are expected to promote placement stability or permanency, while LME/MCOs are expected to provide least restrictive services, which may result in multiple moves between placements. DSS leaders suggested that the need for stability be included in determinations of medical necessity in cases when moving a child may be detrimental to their well-being.[1]

STRATEGIES & ACTION

Communication & Interagency Knowledge

Cardinal and DSS leaders discussed communication protocols and expectations to facilitate better collaboration. Cardinal staff described their organizational expectation to have Care Coordinators provide daily status updates to DSS staff regarding urgent cases. Leaders also shared key contact information: Cardinal shared a Care Coordination and Community Relationship Department overview and leadership directory, and DSS agencies shared director and program manager contact information.

Cardinal is also developing additional communications resources including a summary table of pilot services, a clinical initiatives stakeholder newsletter, and a library of stakeholder resources to be included on its updated website in early 2018.

Crisis Management & Timely Access to Services

Cardinal and DSS leaders agreed further joint conversations with providers are needed to discuss issues raised related to crisis prevention and response. Future strategies may include developing new service definitions. Cardinal and DSS leaders also reported several strategies to prevent crises and accelerate crisis response underway by the end of the Summit:

- DSS and Cardinal leaders discussed expanding proactive case staffings with the care coordination team in some counties to help prevent complex cases from becoming crises.

[1] All Medicaid-funded services must be determined by a health care professional to be medically necessary to improve or maintain the recipient's health. Screening to determine whether a beneficiary meets the criteria for a particular treatment service must be conducted before the service can be approved for Medicaid reimbursement. Furthermore, as a beneficiary's condition improves, he/she may no longer meet the criteria for a particular level of treatment services and need to step down to a less intensive treatment service.

- Orange County is working with Cardinal to pilot an initiative to strengthen foster homes through additional training and support services, including respite, that can be authorized as a package.
- Cardinal described a newly-developed internal "SWAT team" that will reallocate care coordination resources to better respond to urgent circumstances.
- A new pilot crisis response and stabilization service in Mecklenburg County will work to divert children from the emergency department and from DSS custody by offering 24-hour crisis response and 30 to 90 days of support services to preserve and stabilize placements.
- Cardinal agreed to help DSSs negotiate appropriate transitions and identify alternative placements and wrap-around services when facilities give 30-day discharge notices in the absence of an appropriate discharge plan.
- Cardinal and DSS leadership also discussed the possibility of co-locating a provider at the county DSS agency or local public health department to expedite clinical assessments as has been done previously in Union County.

In response to concerns regarding mobile crisis, Cardinal reported communicating with mobile crisis providers and securing agreement that a verbal consent over the phone from a client in crisis will no longer be required before mobile crisis responds. Clients can still refuse treatment after mobile crisis arrives, but an increase in mobile crisis responses has already been noted.

System Recommendations

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

- North Carolina should work to move upstream and develop a more proactive system that places a greater focus on evidence-based prevention and early intervention.
- Additional resources are needed to serve individuals without Medicaid—there is a lack of mental health and substance abuse services available for uninsured adults.
- Parents working towards reunification should have access to needed mental health and substance abuse treatment services when their children are placed in foster care. Support was expressed for maintaining Medicaid benefits when their children enter foster care so long as they are working towards reunification. However, it was noted that this would help with services for a minority of families with children in foster care.

- The summit participants noted that lack of psychiatric beds statewide is a barrier to appropriate and timely care.
- 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.

Next Steps

Cardinal and DSS leaders discussed opportunities for ongoing communication and collaboration including participation in System of Care Collaborative, Community Partnership, Issues Workgroup, and DSS Directors meetings in addition to proactive case staffings.

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