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

REGIONAL LEADERSHIP SUMMIT REPORT:

TRILLIUM HEALTH RESOURCES 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 Trillium Health Resources Regional Leadership Summit consisted of four meetings held June 19, 2017, August 21, 2017, August 30, 2017, and August 31, 2017. The first meeting was held in Greenville, NC and was intended to launch the summit with participation from the entire region. The August meetings, were held in Ahoskie, Greenville, and Wilmington in order to accommodate the travel challenges presented by a large geographic region and target the needs of the Northern, Central, and Southern sub-regions. Summit participants included representatives from the Trillium LME/MCO and the departments of social services in Beaufort, Brunswick, Camden, Carteret, Craven, Currituck, Dare, Gates, Hyde, Jones, New Hanover, Northampton, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell and Washington Counties. Representatives from the North Carolina Department of Health and Human Services also attended. The Summit meetings were facilitated by Michael Owen, a consultant and facilitator with extensive experience in the behavioral health and human services sector of North Carolina.

PRE-SUMMIT SUCCESSES

Representatives from DSS agencies and Trillium 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 meeting. Identified strengths of the interagency partnerships in the region included:

- Some DSS leaders reported good interagency communication, including knowing who to call and receiving timely responses.
- The System of Care Coordinators and Trillium Regional Directors are considered valuable resources.
- Strong interagency partnership regarding adult services, intellectual or developmental disability (IDD) services, and care coordination.
- Trainings and information sessions conducted by Trillium for DSS staff as well as county commissioners.
- Trillium is upgrading mobile crisis services in some communities in response to county feedback. DSS reported that the communication regarding a new mobile crisis provider has been effective.
- Guardians of adult and child clients consistently attend team meetings and participate actively in the process of their care.

IDENTIFIED CHALLENGES

Interagency Communication & System Knowledge

The need for a communication protocol was identified as a priority, including guidance regarding who to contact within Trillium and at the DSSs for what purpose and how to reach relevant staff directly.

DSS leaders also expressed the need for improved understanding of the behavioral services that are available and how to access them, as well as timely notification about changes within the provider network.

Some participants raised specific concerns about whether the child and family team meetings meet the system requirements of both the DSS and LME/MCO, describing a lack of clarity when undergoing state and federal reviews.

Crisis Response

Participants identified the need for closer interagency collaboration to meet the needs of children and families when agencies are under intense pressure. Specific challenges cited included identifying providers with the skills to prevent placement disruptions; an ongoing shortage of respite and crisis services; and a lengthy and complicated service authorization appeals process.

Adult Services

DSS leaders reported that finding appropriate residential services for adults (particularly young adults) with coexisting disorders is getting increasingly difficult. Accessing treatment services for uninsured adults is particularly difficult.

In addition, social workers face many difficult issues regarding guardianship of adult clients. And some DSS leaders expressed safety concerns regarding individuals who were moved into community settings through the Transitions to Community Living Initiative (TCLI).

STRATEGIES & ACTION

Interagency Communication & System Knowledge

DSS and Trillium leadership discussed methods of strengthening communication including developing contact lists and organizational charts for each partner agency; enabling direct calls to care coordinators; and providing care coordinators with both social worker and supervisor contact information for each case.

Participants also identified additional training and the development of online resources as a next step to improve communication and system knowledge. Potential topics for the proposed resources and/or trainings include definitions of key vocabulary within each system (e.g., crisis,

medical necessity, treatment, placement);[1] adult services; and organizational operations (e.g., call center, utilization management, care coordination, adult protective services, child protective services, Medicaid enrollment, and waivers).

Participants agreed that ongoing interagency communication and collaboration should be strengthened through continued face-to-face meetings. Several potential forums were suggested including quarterly regional leadership meetings, System of Care collaboratives, or the meetings of the Eastern North Carolina Association of County Directors of Social Services.

Crisis Response

Participants across the three subregions identified several strategies for improving the interagency response to placement and treatment crises including the development of an interagency workgroup to conduct a "deep dive" analysis of some complex case examples, establish clear guidelines for agency roles, and consider residential and other service needs of both children and adults. It was suggested that providers, including mobile crisis also participate in the workgroup.

Additional strategies proposed targeted education and skill-building to help prevent crisis situations, as well as developing services to better meet the needs of children in crisis. Participants discussed opportunities to educate communities about the availability and referral process for mobile crisis and respite services; enhance training of therapeutic foster care providers; and explore alternative service definitions and licensing options that can better serve northeastern North Carolina. There was particular interest in the northern subregion in licensing options available in other states that allow facilities greater flexibility to serve emergency or respite needs.

Adult Services

Participants in the central subregion suggested exploring methods to include more housing partners in an integrated system as a strategy for expanding residential service options for adults.

NEXT STEPS

- Trillium and county DSS agreed to consider convening a workgroup to closely study examples of complex adult and child cases that include placement disruptions or other

[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.

crisis situations and identify possible strategies to prevent or improve the collaborative response to future crises.

- Trillium has made contact information for care coordinators available to DSS staff, and DSS leaders agreed that social workers will provide care coordinators with both their own and their supervisor's contact information for each case.
- Trillium will continue to provide information or training sessions to county DSS agencies upon request.
- Trillium and DSS agreed to consider reconvening quarterly regional meetings of the LME/MCO and DSS leadership or identify an existing forum to facilitate ongoing leadership collaboration.

TRILLIUM HEALTH RESOURCES REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

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