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

REGIONAL LEADERSHIP SUMMIT REPORT:

VAYA HEALTH 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 Vaya Health Regional Leadership Summit consisted of four meetings held August 4, 2017, September 29, 2017, October 12, 2017, and October 13, 2017. To accommodate the travel challenges within Vaya's large, mountainous catchment area, the first meeting was scheduled as part of the quarterly Western North Carolina Association of County Directors of Social Services meeting in Asheville, NC, and subsequent meetings were held in each of VAYA's three subregions. The western subregion met in Hayesville, the northern subregion in Lenoir, and the central subregion in Asheville. Summit participants included representatives from the Vaya LME/MCO and 19 of the 23 departments of social services in the catchment area including Alexander, Ashe, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Mitchell, Polk, Rutherford, Swain, Transylvania, Wilkes, and Yancey Counties. Representatives from the North Carolina Department of Health and Human Services and the providers in the region 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

Significant efforts were already underway in the Vaya region to enhance communication, improve access in a rural, geographically sprawling region, and to implement innovative services.

Communication

Participants generally praised communication between Vaya, the DSSs, and the providers and saw it as a regional strength on which to build. Vaya has established regular, face-to-face meetings with many of the county DSSs in the region both to discuss system issues and to staff individual cases. A culture of collaboration has also developed among the small network of providers, who typically attend meetings with Vaya and county DSS agencies. The western subregion, which comprises the catchment area for Vaya's smaller predecessor—the Smokey Area Program, has an especially collegial culture. These counties have the longest history of working with Vaya and also comprise a single judicial district. The DSS directors in this subregion meet regularly, and periodically invite Vaya and the chief juvenile court counselor to their meetings.

Access

Each of the three Vaya subregions are served by two to three behavioral health service providers in addition to Youth Villages, which operates a new continuum of services focused on child welfare and juvenile justice involved children and their families. Vaya leadership articulated a strategy of requiring its providers to deliver unprofitable services (often in sparsely populated counties) in return for being allowed to provide more profitable services (often in more heavily populated counties).

New Continuum of Services and Innovative Pilots

Vaya is implementing a new service continuum tailored to the needs of children and families involved with child welfare and juvenile justice. The continuum, which is operated by Youth Villages, begins with a single point assessment. The expectation is that the assessment will lead to a referral to the most appropriate service, irrespective of whether the service is provided by Youth Villages or another provider and without a requirement that youth receive less intensive services first. Several of the services in the continuum are evidence-based or considered best practices.

Several collaborative pilot projects are also already underway, including three projects in Buncombe County: a therapist co-located in the DSS office to provide comprehensive clinical assessments; the evidence-informed model START (Sobriety Treatment & Recovery Teams) that pairs parent mentors with child welfare workers to support families; and a comprehensive case management program targeting clients with high utilization of the emergency department for mental health needs.

IDENTIFIED CHALLENGES

Communication

Though interagency communication was generally described as strong, a few concerns were raised in the meetings:

- Some county leaders expressed a desire for more opportunities for face-to-face communication with both Vaya and providers, and Vaya expressed desire for more face-to-face meetings with some counties.
- Some DSS leaders requested on-call care coordination to improve communication during after-hours crises.

Service Accessibility in Rural Counties with Smaller Populations

Service accessibility in rural counties was a recurring theme across summit meetings. Mountainous terrain with long travel distances between sparsely populated counties magnifies the challenges of access to facility-based and other services that require a threshold number of clients to be financially viable. Vaya is trying to make services accessible in every county, but providing services within reasonable travel times for clients remains challenging. Smaller population county DSSs specifically emphasized challenges accessing medication assisted treatment (MAT) for substance dependence, mobile crisis services, some of the intensive services in the Youth Villages continuum, and other innovative pilot services.

Long travel times to access services create additional barriers to treatment. Polk County gave an example of struggles linking consumers with distant MAT options that require public transit (which can pick up as early as 6 a.m.), vouchers, or private transport. This can be particularly

difficult for parents for whom early morning departures for treatment may conflict with their child's school bus schedule, leading to an additional struggle to find appropriate early morning child care for their children. Similarly, some county DSSs expressed a need for services to be available during the hours that clients are able to receive them.

Adult Services

Difficulty accessing and paying for adult services was another recurrent theme. The problem is compounded by increasing demand, high numbers of adults who are uninsured, and funding cuts that have limited the ability of LME/MCOs to pay for services to uninsured clients. Specific challenges cited included:

- The growing number of adults for whom DSS has guardianship and the increasing number of young adults seen by Adult Protective Services.
- The difficulty finding appropriate placements including emergency and respite placements for adults (particularly young adults) with mental illness or substance abuse. The challenge is compounded when adults are uninsured, are not citizens, or are involved in the lengthy process of qualifying for disability benefits through social security. DSS leaders report staff devote extensive time to looking for placements.
- The complete inadequacy of the $38,000 available statewide annually for multidisciplinary evaluations.[1]
- The difficulty and prohibitive expense of accessing treatment services for parents to avoid child removal or to facilitate reunification. This problem is compounded by parents' loss of Medicaid eligibility when their children enter foster care.
- Participants discussed challenges accessing supportive employment services especially for uninsured adults—once adults achieve sobriety, finding and keeping employment is an important step in avoiding relapse.

Additional Access Challenges

DSS leaders raised several other challenges related to accessing services in specific cases or the availability of specific services:

- Though Vaya can typically arrange out-of-network contracts with providers outside their catchment area within 72 hours and reimburses providers retroactively, DSS leaders reported difficulty finding providers to serve children whose foster care placement is outside the Vaya catchment area. Provider education may be needed to facilitate this process but educating distant providers proactively is a challenge.

[1] A multidisciplinary evaluation (MDE) is an evaluation that includes current medical, psychological, and social work evaluations and is prepared at the direction of the Clerk of Superior Court to inform incompetency and adult guardianship proceedings (G.S. 35A-1111).

- DSS leaders reported difficulties accessing treatment for children in the care of grandparents who don't have legal custody/guardianship. Participants discussed options including statutes allowing for "in loco parentis" consent or child consent to treatment; however, providers may have liability concerns that further complicate the matter.

- DSS leaders raised concerns specifically regarding the accessibility of respite services, as well as mobile crisis and detox services for youth. DSS leaders reported the need for more services for individuals with intellectual or developmental disabilities (IDD), noting that appropriate placement requires a qualified caretaker. Vaya has some respite homes specifically for dually diagnosed adults.

Coordination with Hospitals and Jails

The western and northern subregion meetings both expressed a desire to improve relationships with psychiatric hospitals. Several western DSS leaders expressed significant frustration over a pattern of disagreements in which the community evaluation found a need for involuntary commitment but the telepsychiatry evaluation did not. Northern DSS leaders expressed the need for improved discharge planning to support hospitalized patients' return to the community. Vaya's care coordination staff visit 10 hospitals in the region and protocol requires DSS involvement in discharge planning for clients in DSS custody, but client or legal guardian consent may be required to involve DSS in other cases.

Northern DSS leaders also discussed the need for assessments of jailed adults to improve transition planning as well as the need for services in the community to appropriately divert mentally ill adults from jail. Jail assessments are not funded by Medicaid, but jail health plans should describe how assessments will be accessed.

Other Identified Challenges

- DSS leaders reported that it doesn't seem to take much, behaviorally, for children to be kicked out of a treatment placement which further compounds the trauma histories of many of the children. Participants discussed the licensure for child and adult providers which establish very different requirements for community responses to health and safety concerns. Vaya welcomed continued feedback on such trends or problems with providers in their network.

- Participants expressed the need to move the system further upstream to address social determinants of health and take a more preventative approach that includes DSS, Vaya, providers, schools, and law enforcement as well as other stakeholders in addressing client needs such as housing, food, and job security.

STRATEGIES & ACTION

Communication

- Several counties and Vaya expressed interest in establishing or re-establishing regular visits by Vaya representatives to individual counties for face-to-face meetings to build and maintain relationships, address system challenges, and proactively staff cases to prevent crises. The possibility was also discussed of organizing events where needed to help re-establish local relationships between providers, care coordination, and DSS staff. Previous events in Cherokee and Clay counties were considered successful.
- Time was allocated in each of the three subregion meetings for counties to give feedback to Vaya and Youth Villages on the new service continuum.
- Vaya made a brief presentation on the Transitions to Community Living Initiative at the northern and central subregion meetings summarizing eligibility, rules, and services available. Vaya invited counties to refer adults they think are eligible and will benefit.

Regional Partnerships to Improve Service Access and Capacity

Participants in the central subregion discussed the possibility of convening subsequent meetings to discuss possible regional partnerships to expand accessibility of services in more sparsely populated counties. Both partnerships among smaller counties and partnerships linking smaller counties with larger counties were discussed.

Participants discussed multiple funding strategies to make intensive services and innovative practices more widely accessible including:

- Submitting in-lieu-of service definitions to the Division of Medical Assistance to make enhanced services Medicaid-reimbursable. Vaya is currently pursuing this strategy for:
    - Services in the Youth Villages continuum that currently funded in part through grants
    - Enhanced therapeutic foster care for IDD children
    - Long-term community supports for non-innovations IDD clients age 3 to 64 years.
- Seeking philanthropic and other grant funding. It was discussed that the growing awareness about an urban-rural divide may make foundations more interested in funding solutions to rural service shortages.
- Utilizing blended county-MCO investments. These are easier for affluent counties, but less affluent counties might consider them if evaluations of innovative programs demonstrate cost savings (e.g., if investments in intensive services in family settings are offset by savings in foster care and residential treatment costs).

Additional Strategies to Improve Service Access and Capacity

Vaya also discussed that service utilization and referrals in counties influence provider and LME/MCO decisions on where it is economically viable to locate service resources. Vaya and Youth Villages reported on efforts to increase capacity in the new continuum to respond to demand.

Vaya shared plans to open a child crisis facility in Buncombe County that will have 16 beds for mental health and substance abuse services, as well as two new respite facilities, and a behavioral health urgent care in Haywood County for both adults and children.

DSS leaders discussed the possibility of training foster parents on the role of mobile crisis services to increase utilization of mobile crisis to prevent emergency department visits.

Coordination with Hospitals and Jails

Participants agreed that the next step in addressing the issues identified with respect to involuntary commitments and psychiatric hospital discharge planning was for county DSS agencies and Vaya to engage hospital leadership in dialogue. Similarly, it was agreed that addressing the identified issues with respect to jail assessments and transition planning would require engaging with law enforcement in individual counties.

System Recommendations

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

Communication and Collaboration

- The Social Services, Mental Health, and Medical Assistance divisions within North Carolina Health and Human Services Department should further engage in face-to-face cross system dialogue to improve system alignment at the state level and avoid competing priorities, mandates, and financial incentives.

Broader System

- Additional resources are needed to provide evaluation and treatment for uninsured individuals. Funding cuts over the past two years have limited the ability of LME/MCOs to serve uninsured adults—this has been particularly damaging to the capacity to provide necessary substance abuse services.

- 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.

- Identify more resources for multi-disciplinary evaluations (MDEs).

- More attention is needed to support to efforts to divert individuals with mental health, developmental disability, or substance abuse problems from jail, shorten the length of their detention, support successful returns to the community, and prevent recidivism.
- North Carolina should explore options for streamlining and standardizing provider credentialing processes across the state as a strategy to streamline the contracting process with providers outside an LME/MCO's catchment area.
- Paperwork requirements for providers, LME/MCOs and DSS agencies should be streamlined to free up professional time to provide services and to reduce excessive costs.
- North Carolina should invest in prevention across the service spectrum including LME/MCOs, DSS agencies, and health departments.

NEXT STEPS

- Vaya and DSS leaders are committed to continuing the regular face-to-face meetings already in place and to reaching out to each other to establish meetings in counties where needed.
- Vaya is committed to continuing to implement the innovative continuum of services for children involved in the child welfare and their families and to efforts to increase the continuum's capacity.
- DSSs and Vaya will explore possibilities for regional partnerships and funding strategies to address identified service accessibility problems in rural counties.
- Vaya and DSSs will consider engaging representatives from hospitals and law enforcement to improve collaboration with those systems.

REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Alexander County Department of Social Services
Trish Baker, *Director*
Laura Harrison
Kristen Icard, *Adult & Child Services Program Manager*

Ashe County Department of Social Services
Tommy McClure, *Adult Services Supervisor*

Buncombe County Health & Human Services
Angie Garner
Jim Holland, *Director*
Tammy Shook, *Social Work Services Division Director*
Katie Swanson, *Child Protective Services and Adult Services Program Administrator*
Trish Wallin

Caldwell County Department of Social Services
Jack Daulton, *Adult and Family Support Program Administrator*
Will Wakefield, *Director*

Cherokee County Department of Social Services
Cindy Palmer, *Director*
Clesia Wells, *Foster Care Supervisor*

Clay County Department of Social Services
Todd Goins, *Foster & Adoption Services Supervisor, Adult Protective Services Supervisor*
Deborah Mauney, *Director*
Haven Phillips

Graham County Department of Social Services
Butch Sanders, *Director*

Haywood County Department of Social Services
Stoney Blevins, *Director*
Kristy Smith, *Child Protective Services Team Leader*

Henderson County Department of Social Services
Kevin Marino, *Social Work Program Administrator*
Jerrie McFalls, *Director*

Jackson County Department of Social Services
Jennifer Abshire, *Director*
Sheryl Williamson, *Social Work Program Manager*

Macon County Department of Social Services
Patrick Betancourt, *Director*
Lisa Hilliard, *Foster Care & Adoption Services Supervisor, Adult & Family Services Supervisor*
David Smith, *Child Protective Services Supervisor*

Madison County Department of Social Services
Connie Harris, *Director*

Mitchell County Department of Social Services
Paula Holtsclaw, *Director*

Polk County Human Services
Josh Kennedy, *Director*

Rutherford County Department of Social Services
Amanda Tanner-Mcgee, *Social work Program Manager*

Swain County Department of Social Services
Erin Pooser, *Children's Services/Intake Supervisor*
Sheila Sutton, *Director*

Transylvania County Department of Social Services
Dona Johnson

Wilkes County Department of Social Services
John Blevins, *Director*
Kevin Brown, *Child welfare and Family Support Manager*
Hal Wilson, C*hild Protective Services Program Manager*

Yancey County Department of Social Services
Becky Davis, *Foster Care and Adoptions Supervisor*
Michelle Rogers, *Adult Services Supervisor*

Vaya Health

Dustin Burleson, *Care Coordination Manager*
Meredith Comer
Rhonda Cox, *Chief Population Health Officer*
Christina Dupuch, *Chief Operating Officer*
Shelly Foreman, *County Relations Representative*
Brian Ingrahm, *CEO*
Ruth Jordan, *Care Coordination Manager*
Lindy Monteleone
Celeste Ordiway
Christy Pruess, *Care Coordination Manager*
Donald Reuss, *Senior Director of Provider Network*
Rebecca Sharp
Zack Shepherd, *Care Coordination Manager*
Brian Shuping, *County Relations Representative*
Mark Van Tuyl
Sara Wilson, *Senior Director of Care Coordination*

Other Stakeholders

Tabatha Brafford, *Appalachian Community Services*
Sarah Dunagan, *Daymark Recover Services*
George Edmonds, *Youth Villages*
Krista Engels, *RHA Health Services*
Sandy Feutz, *RHA Health Services*
Derrick Jordan, *MHA*
Julie Klipp Nicholson, *Buncombe County Family Justice Center*
Greta Metcalf, *Meridian Behavioral Health*
Samantha Morrison, *Family Preservation Services*
Brenda Triplett, *Youth Villages*
Brain Vogl, *Division of Social Services, NC Department of Health and Human Services*
William Westbrook, *Family Preservation Services*
Dianne Whitman, *Division of Juvenile Justice, Department of Public Safety*
Kurt Wilder, *RHA Health Services*
Joe Yurchak, *Family Preservation Services*

Statewide Leadership Committee

Wayne Black
Director
Division of Social Services
North Carolina Department of Health and Human Services

Sherry Bradsher
Former Deputy Secretary
North Carolina Department of Health and Human Services
Associate
Cansler Collaborative Resources

Walt Caison
Section Chief, Community Mental Health
Division of Mental Health, Developmental Disability, and Substance Abuse Services – Community Services and Supports
North Carolina Department of Health and Human Services

Catharine Goldsmith
Former Children's Behavioral Health Services Manager
Division of Medical Assistance – Community Based Services
North Carolina Department of Health and Human Services

Eric Harbour
Child Behavioral Health Services Team Leader
Division of Mental Health, Developmental Disability, and Substance Abuse Services
North Carolina Department of Health and Human Services

Mary Hooper
Executive Director
NC Council of Community Programs

Kevin Kelley
Former Section Chief, Child Welfare Services
Division of Social Services
North Carolina Department of Health and Human Services

Joyce Massey-Smith
Section Chief, Adult Services
Division of Aging and Adult Services
North Carolina Department of Health and Human Services

Karen McLeod
President and CEO
Benchmarks, NC

Suzanne Merrill
Director
Division of Aging and Adult Services
North Carolina Department of Health and Human Services

Kristin O'Connor
Assistant Chief, Child Welfare Services
Division of Social Services
North Carolina Department of Health and Human Services

Mark O'Donnell
Former LME-MCO System Performance Liaison
Division of Mental Health, Developmental Disability, and Substance Abuse Services
North Carolina Department of Health and Human Services

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

Jeff Olson
Former Local Support Team Manager
Division of Social Services
North Carolina Department of Health and Human Services

Susan Osborne
Director
Alamance County Department of Social Services

Jeanne Preisler
Child Trauma and Behavioral Health Coordinator
Division of Social Services
North Carolina Department of Health and Human Services

Dave Richard
Deputy Secretary
Division of Medical Assistance
North Carolina Department of Health and Human Services

Teresa Strom
Local Support Team Manager
Division of Social Services
North Carolina Department of Health and Human Services

Sandra Terrell
Clinical Director
Division of Medical Assistance
North Carolina Department of Health and Human Services

Jason Vogler
Interim Senior Director
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

Dennis Williams
Former LME-MCO System Performance Liaison
Division of Mental Health, Developmental Disability, and Substance Abuse Services
North Carolina Department of Health and Human Services

Tamika Williams
Program Officer
The Duke Endowment

Project Staff

Anne Foglia
Project Director, NCIOM

Warren Ludwig
Consultant & Summit Facilitator

Berkeley Yorkery
Associate Director, NCIOM

Adam Zolotor
President & CEO, NCIOM