

**BRIDGING LOCAL SYSTEMS:  
STRATEGIES FOR BEHAVIORAL HEALTH AND SOCIAL SERVICES  
COLLABORATION**

**PARTNERS BEHAVIORAL HEALTH MANAGEMENT REGIONAL LEADERSHIP  
SUMMIT**

**Monday, October 24, 2016  
Gastonia, North Carolina  
12:00 - 3:00 pm**

**Attendees**

Kathy Craig, *Burke County DSS*; John Eller, Karen Harrington, Robert Powers, *Catawba County DSS*; Alison Clark, Karen Ellis, *Cleveland County DSS*; Heather Burkhardt, Angela Karchmer, Melanie Lowrance, *Gaston County DSS*; Angela Williams, Lisa York, *Iredell County DSS*; Tony Carpenter, Susan McCracken, *Lincoln County DSS*; Kristy Preston, *Surry County DSS*; Kim Harrell, *Yadkin County DSS*; Tara Conrad, Jeffery Eads, Allison Gosda, Lynne Grey, Barbara Hallisey, Beth Lackey, Rhett Melton, Jeffrey Sanders, Andrew Schrag, Leah Williams, *Partners BHM*; Gayle Mitchell, Donna Sallstrom, *Partners CFAC*; Yvonne French, Lisa Jackson, Joyce Massy-Smith, Suzanne Merrill, Roslyn Thompson, *DHHS*; Anne Foglia, *NCIOM*; Warren Ludwig, *consultant/facilitator*.

**AGENDA**

- 1) Report from Partners on Adult Services
- 2) Discussion of data used by and available to Partners and DSSs
- 3) Reports back from Partners and individual DSSs on county specific projects/priorities
- 4) Identification of next steps including development of the agenda for meeting 3.

**ADULT SERVICES**

**Overview of Adult Services offered by Partners**

Lynne Grey, Mental Health/Substance Abuse Utilization Management Manager at Partners, gave an overview of the adult MH/SA services including:

- 1) 24/7 Access line (1-888-235-4673).
- 2) Walk-in center hubs operating 5 days a week within each county.
- 3) Utilization Management including medical necessity and procedures for denials and appeals

- 4) The adult mental health services continuum
- 5) The adult substance abuse service continuum

Ms. Grey's slides are available here: <http://www.nciom.org/wp-content/uploads/2016/09/MHSU-Adult-Services-training-for-DSS.pdf>

### **Discussion of Adult Services**

- 1) In response to a question about whether all services are available regardless of insurance status, Partners answered yes except for B3 services. However, not every provider is contracted to provide every service. Additionally, Rhett Melton explained that funding for services to adults without Medicaid is much more limited. Some services are available to uninsured clients on a self-pay basis.
- 2) In response to questions about the location of services and statements of the difficulties for clients getting to distant services, Partners acknowledged the limited locations of some services. Partners reports it uses a 30-40 mile radius rather than county lines in yearly needs assessments. Rhett also acknowledged practical issues of scale impact provider decisions on locating some facility based services.
- 3) In response to a question about social services staff being present when adults request services through the access line, Partners answered this is allowable but they do not have data on how often it occurs.
- 4) Problems with the waiting list for IDD services was discussed.

### **Transition to Community Living Initiative (TCLI)**

Jeffrey Sanders from Partners, gave an overview of TCLI.

Mr. Sanders explained that TCLI began in 2012 following a court settlement regarding adult individuals with a primary mental health diagnosis living in adult care homes, which were considered mini mental institutions in the lawsuit. Each MCO is assigned an annual goal for the number of adults to be transitioned into the community. Last year, Partners transitioned 69 persons compared to its goal of 85.

In the discussion that followed, DSS leaders expressed concern that some of the persons that Partners had proposed transitioning were guardianship clients of DSS that DSS believed were not prepared to be successful and for whom attempts to transition would be unsafe. Mr. Sanders responded that Partners always honors the DSS guardian's statement that the adult is not ready.

DSS leaders expressed concern that they are criticized for saying no to transitions. They asked if they could see the potential list of persons to be transitioned to identify for Partners who had potential to be successful and who did not. Mr. Sanders indicated he was not sure that the list could be shared.

In further discussion, DSS leaders stated that they know adults (both guardianship providers and others receiving services) that meet TCLI eligibility criteria and have the potential to make successful community transitions with TCLI services. Additionally, DSS leaders stated DSSs have services that are currently underutilized by TCLI that would help with successful transitions.

### **Action Plan for TCLI Services**

- 1) Partners, DSSs, and DHHS representatives agreed that a focus on individuals that DSS believes can be successful would be a constructive step.
- 2) Partners will take the lead to convene a group meeting of TLCI staff and DSS adult services managers to develop a process for working together to transition TCLI clients. Partners will contact DSSs during the first week in November to schedule a meeting in late November.
- 3) Following the group meeting to develop a process, Partners TLCI staff will schedule meetings with individual DSSs to offer training regarding TLCI, identify individuals in each county likely to succeed, and gain local insights for moving forward together.

## **DATA**

Leah Williams and Barbara Hallisey from Partners presented charts and graphs of Medicaid data and also DSS placement data from the UNC-CH Jordan Institute website (<http://ssw.unc.edu/ma/>).

The information was clustered into handouts with the following titles

- *Services to Children with Medicaid Due to Foster Care Status: Paid Claims July 1, 2015 to June 30, 2016.* Data included paid claim totals by county for children with Medicaid due to foster care, the number of foster children served, the total expense, and the average expense per child served. The amount expensed for each category of service was shown for each county. (Handout available here: <http://www.nciom.org/wp-content/uploads/2016/09/Services-to-Children-Handout-revised.pdf>)
- *All Medicaid Eligibles and Foster Care Eligibles by County, FY 13 – 16.* Data included the total of all Medicaid eligible by county and by fiscal year each of the past four years and the total of all children eligible because of foster care by county and by fiscal year each of the past four years. (Handout available here: <http://www.nciom.org/wp-content/uploads/2016/09/Medicaid-Foster-Care-Eligibles-by-County-Handout-revised.pdf>)

- *Paid Claims July 2014 – July 2016.* Data included the number of children by county placed in Medicaid funded placements and the number of children who moved from one Medicaid funded placement to another Medicaid funded placement during the year. (Handout available here: <http://www.nciom.org/wp-content/uploads/2016/09/Paid-Claims-Handout-revised.pdf>)
- *Placement Stability by County.* Data, drawn from Jordan Institute management assistance website, included the number of children in each county’s placement authority in each of the last three years and the number of children who have been in one placement, two placements, three placements, or 4 or more placements during their stays in foster care. This data differs from the Medicaid placement data because all placements, not just Medicaid placements, are counted. Other data on the Jordan Institute website (not in the handouts) include cohort measures of placement stability that control for the time in placement (Placement stability in the first year of custody; the new CFSR Round 3 measure of placement stability that divides the number of moves by the number of child days in foster care). (Handout available here: <http://www.nciom.org/wp-content/uploads/2016/09/Placement-Stability-by-County-Handout-revised.pdf>)

### **Action Plan for Data**

Leah Williams from Partners will convene a subgroup to identify data elements that will help the MCO and the DSSs jointly assess service needs and evaluate service impact and performance. The subgroup will include Mike Forrester from Partners, a Catawba County DSS representative, Alison Clark (Cleveland County), Sue McCracken (Lincoln County), and a Gaston County representative.

### **COUNTY PRIORITY-SETTING CONVERSATION REPORTS**

Partners regional directors and DSS leaders discussed their conversations since the first meeting to identify priorities for ongoing collaboration:

#### *Burke*

- Assessments for CPS-involved adults.
- Collocating a therapist at DSS to improve access to assessments (this arrangement has been working well in Lincoln & Gaston).
- Immediate placement needs; no longer using South Mountain Children’s Home

#### *Catawba*

- Preventive initiative to insure families receive trauma-informed assessment and care with goals of preventing entry into foster care and improving outcomes for children who do enter.
- Guardianship initiative; reconsider surrogate decision making using trained volunteers in the community; educate the community on guardianship.

- Children’s agenda – committee developing a community plan, strategies to take before the commissioners in December 2016; aligns with other agencies’ strategic plans (following up a recent success developing an Aging plan).
- Giving some thought to dealing with children aging out of care into the adult services continuum.

#### *Cleveland*

- Partnering for Excellence, trauma-informed program (partnership with Benchmarks).
- Social determinants of health – collaborative partnerships with schools and local government.
- Collocated psychologist to provide parental fitness assessments.

#### *Gaston*

- Focus on assisting & training staff with trauma-informed care.
- Take a closer look at handling challenging placements.

#### *Lincoln*

- Collocated therapist is working well.
- Focus on preventive efforts, such a co-parenting program.
- Discussing domestic violence services for victims.

#### *Iredell*

- Preventive interventions. Focus on drug free Iredell – a high number of children entering foster care are coming from families with SA issues.
- Looking for opportunities to embed a clinician/liaison to serve as a resource for families.

#### *Surry*

- Starting with the basics following a period of high turnover. Focus on education and relationship-building.

### **Action Plan for County Specific Collaborations**

Individual counties and Partners will continue with their local priority setting and collaborations.

### **NEXT MEETING**

The next meetings are scheduled for January 6<sup>th</sup> and February 24<sup>th</sup> from 12-3pm at 1985 Tate Blvd., Suite 529, Hickory, NC 28602. The agenda for the next meeting will focus on updates regarding the three action plans summarized above.