

**BRIDGING LOCAL SYSTEMS:
STRATEGIES FOR BEHAVIORAL HEALTH AND SOCIAL SERVICES COLLABORATION
SANDHILLS REGIONAL LEADERSHIP SUMMIT**

**Tuesday, November 1, 2016
Seven Lakes, North Carolina
12:00 - 3:00 pm**

EXECUTIVE SUMMARY

The Sandhills Leadership Summit included leaders of the LME/MCO, county Departments of Social Services and representatives from the state Divisions of Medical Assistance, Social Services, and Mental Health, I-DD/ and SA. **A detailed meeting summary is attached.**

KEY TAKE-AWAY POINTS

Participants identified and discussed areas of common interest. They also suggested some aspirational goals to consider in future meetings. Examples included:

- Building a common understanding of vocabulary, funding streams, roles, and responsibilities
- Exploring blended-funding mechanisms (and other creative options) to expedite the referral/assessment/authorization of care for DSS kids
- Strengthening our communication and responsiveness



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STRATEGIES FOR BEHAVIORAL HEALTH AND SOCIAL SERVICES COLLABORATION**

SANDHILLS REGIONAL LEADERSHIP SUMMIT

**Tuesday, November 1st, 2016
West End, North Carolina
11:00 - 2:00 pm**

Attendees

Maggie Johnson, Virginia Smith, Sharon Barlow, Azell Reeves, Lucy Dorsey, Dennis Williams, Victoria Whitt, Tammy Chaney, Della Sweat, Dottie Robinson, Lesa Price, Dorinda Robinson, Adrian Black, Anthony Ward, Amanda Gilepskie, Renee Radar, Lisa Stern, Megan Kology, Kelly Kelly, Dave Richmond, Robby Hall, Tena Campbell, Amanda Martin, Heather Skeens, Mary Kendall, Lula Jackson, Lauren Benbow, Michael Owen

OVERVIEW

Michael Owen (meeting facilitator) introduced the Bridging Local Systems project and the general goal shared by the state leadership and funders to strengthen communication and collaboration between the county DSS agencies and the LME/MCO system to improve the care delivery and outcomes for the shared population of families in need. Summit participants included representatives from the Sandhills LME/MCO, as well as representatives from Anson, Guilford, Harnett, Lee, Montgomery, Randolph, and Richmond counties. There were also representatives from the Consumer and Family Advisory Committee and the NC Department of Health and Human Services.

Michael reviewed the background and context of the meetings, including previous meetings like the Project Broadcast project and ongoing projects like the Performance Improvement Plan. Because of the funding streams and both organizations' responsibility for the community, the Performance Improvement Plan will impact the DSS counties and the LME/MCOs. The group also discussed potential changes at the state and federal level, and the importance of focusing on the local partners and influencing the local community.

Michael summarized recent telephone interviews with the DSS agencies in the region and the leadership of Sandhills Center. Participants were asked to identify issues that they hoped to address in these DSS/LME-MCO meetings. Sandhills expressed an interest in:

- refining the understanding between DSS and Sandhills regarding roles and responsibilities
- working together to improve care coordination and case management
- resolving issues related to guardianship evaluations and other challenges with guardianship
- working with DSS to improve issues in therapeutic and traditional foster care

DSS agencies expressed interest in discussing:

- how to achieve quicker response when there is an urgent need for placement
- if there is a special set of funds for indigent adults
- if county money can be earmarked to take care of kids designated at risk

The DSS agencies also said they wanted to discuss how to take better care of adults with dementia and other behavioral issues and the difficulty in finding appropriate placements for children that are 13-17 years old.

Examples of Successful Collaboration:

Sandhills and the DSS agencies are having meetings called ‘collaboratives’ throughout the counties. They are being reinvigorated and reinvested right now. The DSS agencies and Sandhills also have emergency meetings or conference calls when they need immediate help with a crisis situation. Sandhills has special projects going on in various counties, including a prevention project, a case manager position, sharing lists of children in foster care so that Sandhills is aware of the child’s background.

High Priority Challenges:

The DSS agencies emphasized the need for faster clinical assessments for children who come into care. The children who receive an assessment are placed into care faster and services can be started. Some DSS agencies pay the providers directly and have incentivized the provider to perform this assessment quickly. Sandhills discussed the difficulty in knowing the date of system entry. Sandhills only has information on when an individual contacts the call center, how long until their first appointment, and whether the individual attends the appointment. Sandhills does not have information on when an individual enters DSS custody or when the leveling process begins. Sandhills and the DSS agency agreed to convene a working group to discuss this issue.

Other challenges that were raised included adults with children who have lost their Medicaid insurance and can no longer pay for the needed services. A new Medicaid waiver with the federal government has been requested to allow for a period of 12 months of Medicaid eligibility for parents who lose custody of their children. This would allow the parents to receive the necessary services. The DSS agencies and Sandhills discussed a local workaround that they have created; if a parent enters the health department without Medicaid they can receive intervention therapy for 6 weeks.

Sandhills discussed meetings earlier in the spring with county commissions and their guests to discuss the biggest needs in each county and which projects the individual counties wanted to pursue. Some counties chose child prevention, another chose co-location of behavioral health services. One county focused on parents without Medicaid and with substance use issues. Another county focused on the Court and prison system. Sandhills also asked that the DSS agencies contact them to discuss other projects to pursue in their counties. Michael asked that the counties and/or Sandhills prepare a short two-minute overview of the projects going on in their

area to summarize at the next meeting. Sandhills asked DSS agencies to contact them to discuss other priorities in their counties.

Sandhills and the DSS agencies discussed the need to define common language and agree on common language. For instance, what is an ‘emergency’ to each organization, what is a ‘crisis’ to each organization? The group also discussed the need to explain how funding works for each organization and the various funding streams. DSS discussed 4 (b) funds, IV-E money, and MAC funding that may be available to “blend” with MCO funding. Medicaid Administrative Claiming (MAC) funding allows the DSS agency to bill for services while determining whether or not the individual is Medicaid eligible or the services are covered by Medicaid. The group also discussed the potential opportunity in blending funding between the DSS agencies and the LME/MCO to create a multiplier effect in the region.

DSS agencies discussed the difficulty they have with the adult population, both those adults with dementia and those with mental health issues. The DSS agencies added that they are the last disinterested guardian available in the State and that this is a huge responsibility. Sandhills was also concerned with this issue and offered to provide funding to purchase slots with an entity. One county has already decided to do this and has contracted for 10 slots. Sandhills and DSS agreed to expand this to more counties.

Agenda for Second Regional Leadership Summit on November 29th, from 11-2 PM at 1120 Seven Lakes Drive, West End, North Carolina

Agenda

1. Where does our funding come from and where does it go? A brief overview of our funding streams. What county-specific projects are currently underway with Sandhills Center?
2. Building a Common Vocabulary – What are our definitions of “crisis” and “emergency?” Are there other key terms we need to define with each other?
3. Are there practical ways for Sandhills Center to access and use lists of children in foster care from each county?
4. Is it possible to create a blended funding mechanism to expedite the referral/assessment/authorization process for DSS kids?
5. Are there innovative ways we can assist parents of children in our custody who have lost their medical insurance?
6. Are there ways we can enhance our ability to respond to the needs of adults with dementia and associated behavioral issues, e. g. violent behaviors.
7. Can we agree on projects to work on prior to our next meeting?