Behavioral Health Division

OUR VISION
Promote a culture of health and wellness.

OUR MISSION
Champion the principles of integrated care and of new collaborative delivery systems that are person-directed care, holistic care and team-based care.

Championing Integrated Care
Collaboration
Integration
Wellness

Integrated Care is “the organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money.” ~The World Health Organization

“The Solution lies in integrated care – the coordination of mental health, substance abuse and primary care services. Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.”
~Substance Abuse & Mental Health Services Administration

Integration works.
It improves lives
It saves lives
And it reduces healthcare costs
OUR ENVIRONMENT

Overview

The Behavioral Health Division (BHD) was created April 1, 2014 as a means to support other Health and Human Services departments. BHD is a self-directed, cross functional team of six full time staff with a focus on four main functional areas: Clinical Care, Community-Provider Network(s), Cross System Collaboration and Provider Performance Outcomes. In addition to the core team of six, two additional part time staff are assigned to the BHD team and serve as “community liaisons” to projects and initiatives with Charlotte Mecklenburg Schools (CMS).

The fiscal year 2016 BHD budget is $11.8 million; this includes funding for 15 community organizations and 2 CMS initiatives: Reid Park Academy System of Care initiative and the School Based Mental Health Program.

Scope of Work

- Provide guidance, knowledge, and expertise to Health and Human Services Departments and to Criminal Justice Services specific to behavioral healthcare issues related to, and in the context of, consumers served within each of the Departments.
- Develop a community-provider network that is organized and structured around integrated primary health and behavioral health and that operates within the principles of Wellness and Recovery.
- Develop outcome and performance data to improve service delivery, promote consumer engagement and increase clinical effectiveness across all service settings (health, behavioral health and social services) and consumer populations.
- Manage County funds designated for the provision of behavioral health services in the context of integrated care and cross system collaboration.

Best Practice Model

The BHD team has adopted a wellness and recovery framework that consist of the following core values:
- Strength based
- Self-Direction and empowerment
- Community inclusion, partnership and collaboration
- Person-directed and family-directed
- Peer culture, support and leadership
- Person-first and culturally competent
- Trauma-informed
- Non-linear based on continual growth
- Personal responsibility

This model informs BHD initiatives and outlines how to successfully manage provider networks.

Continuous Quality Improvement

BHD strives for on-going quality improvement. To that end, BHD has adopted the “Model for Improvement”; the model is based on the Plan-Do-Study-Act (PDSA) cycle. BHD uses the model for internal and external improvement efforts. The model is used to set, assess, measure and improve division performance targets and as the standard framework to address the performance improvement needs of contracted providers.
OUR GOALS

BHD develops and facilitates partnerships and cross-system collaborations in conjunction with County departments and community providers to:

- Goal 1: Create a culture of health and wellness
- Goal 2: Improve consumer outcomes
- Goal 3: Develop integrated systems of care (health, behavioral health and social services).

A subset of FY2016 initiatives and collaborative participants include:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>County and Community Partners</th>
<th>Goal(s)</th>
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<tbody>
<tr>
<td>Clinical consultation and community resource development</td>
<td>BHD, DSS-YFS, Teen Health Connection</td>
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<tr>
<td>Clinical consultation, development of evidence based treatment and criminogenic models of intervention, and process improvement technical assistance</td>
<td>BHD, STEP Drug Treatment Court, Anuvia, Hope Haven, Family First Community Services, Community Choices, and Promise Resource Network</td>
<td>2,3</td>
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<tr>
<td>Transition Aged Youth Peer Support</td>
<td>BHD, Promise Resource Network, Teen Health Connection, and The Relatives</td>
<td>1,2,3</td>
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<tr>
<td>Reid Park System of Care</td>
<td>BHD, CMS, Communities in School, A Child’s Place, Charlotte Housing Authority, DSS and Bethlehem Center</td>
<td>1,2</td>
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<tr>
<td>School-based Mental Health Program</td>
<td>BHD, CMS, Thompson’s Child and Family Focus and Family First Community Services</td>
<td>2,3</td>
</tr>
<tr>
<td>Homeless Services Community Connections</td>
<td>BHD, CSS, Men and Women Shelters, Promise Resource Network and Anuvia.</td>
<td>1,2,3</td>
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DIRECTOR’S MESSAGE

As an internal support team within the County, our approach is to identify ways in which we can become a valued partner with Health and Human Services departments and Criminal Justice Services to effect positive change. In each initiative we seek ways to maximize resources across the county and within the community that ultimately will improve and build new relationships to support holistic and integrated approaches to the individuals supported by county funding. BHD has an experienced, talented and skilled team of professionals who have long-standing and established relationships within the County and the community. The BHD team looks for creative and non-traditional ways to approach each initiative and serves as an agent of change to improve the lives of residents of Mecklenburg County.
### GOAL 1: To Promote A Culture of Health And Wellness to Improve Consumer Outcomes

**Objective:** To implement recommendations from the DSS-YFS review conducted by Eckerd Kids

<table>
<thead>
<tr>
<th>Strategy A</th>
<th>Develop, manage and monitor provider contracts to ensure they contain measureable outcomes that support YFS in its mission to provide safety, permanency and wellbeing for the children they serve.</th>
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</table>
| Actions    | ◊ Identify # of contracts needed for FY17  
             Develop 3 phase approach in transitioning this function to BHD  
             Develop contract deliverables and outcomes to align with YFS’ development of a practice  
             Develop a Request for Proposal (RFP) template and a timeline for releasing RFPs  
             Conduct focus groups and facilitate provider and stakeholder input into contract and RFP development.  
             Develop timeline and schedule for provider site visits to monitor, provide technical assistance and quality improvement benchmarks  
             Develop consumer and fiscal dashboards per contracted provider |
| Performance Measures | ◊ % provider contracts in alignment with YFS practice model  
                          % provider outcomes achieved that ensure quality service/care |
<p>| ROI        | Devoting staff resources to develop and manage a provider network that is responsive to the needs of children in DSS custody will result in improved placement options, increased performance outcomes for children and families and fewer placement disruptions. |
| Comments   | This is a multi-year effort to establish appropriate contractual relationships with the right number of community providers to align with DSS-YFS’ practice model and philosophy and to effectively provide safety, permanency and well-being for the children they serve. |</p>
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<tr>
<th>Strategy B</th>
<th>Provide clinical expertise in development of YFS practice model and in establishing a Utilization Management Unit</th>
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| **Actions** | ◊ Research practice models for child welfare systems that have an integrated behavioral health component  
Provide clinical leadership and support to DSS Director and YFS leadership team in the development of a practice model and integration of utilization management function  
Develop policy and procedures specific to the day to day operational functions of the Utilization Management Unit  
Recruit, hire, train and supervise Utilization Management staff.  
Take lead role with Cardinal Innovations on securing authorizations for treatment services  
Provide clinical consultation to YFS social workers and supervisors  
Coordinate and mediate clinical decision making between YFS, providers and Cardinal as needed  
Take lead clinical role on all cross-system consultations, mediations, and/or presentations to include DJJ, Judges, Council for Children’s Rights and Community Providers. |
| **Performance Measures** | ◊ Improved access to appropriate level of care  
Reduction in time it takes to secure treatment service authorizations |
<p>| <strong>ROI</strong> | By creating a Utilization Management function children in custody will receive the right treatment services at the right time; it will maximize the use of Medicaid services and resources available; and, will reduce emergency placement costs to the County. |
| <strong>Comments</strong> | This is a multi-year task; the development of the Utilization Management function will need to align with and be integrated into YFS’ development of an outcome-focused practice model and philosophy. |</p>
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<th><strong>GOAL 2:</strong> To Develop Integrated Systems of Care and Cross-System Collaboration</th>
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<tr>
<td><strong>Objective 1:</strong> Maintain and increase employment placement options for individuals with behavioral health challenges who are also homeless or participants in Adult Drug Treatment Court</td>
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**Strategy A**
- Contract with an appropriate vendor to increase the capacity of Individualized Placement and Support (IPS) services; IPS is the only evidence-based approach for individuals who have a severe mental illness and co-occurring disorders who also experience homelessness and legal involvement.

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| ◊ Develop and manage contract  
Monitor vendor performance via quarterly reporting and case file review, discuss results and recommend improvement as indicated |

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<tr>
<th><strong>Performance Measures</strong></th>
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| ◊ # participating in IPS  
# individuals employed  
Length of time in employment  
# individuals engaged in training or educational pursuits  
# employers accepting placement |

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<td>Fidelity to this model consistently demonstrates a higher success rate for this population in gaining and maintaining employment in the competitive job market, improving their quality of life, and in ending the cycle of poverty.</td>
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<th><strong>Objective 2:</strong> Expand System of Care initiative (SOC) with Charlotte Mecklenburg Schools (CMS)</th>
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**Strategy A**
- Partner with Renaissance West and CMS to replicate the System of Care Initiative

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| ◊ Develop Memorandum of Understanding with CMS and Renaissance West Partners that details roles and responsibilities of each  
Assist Renaissance West in building capacity to replicate the SOC initiative in the Planned Charter School  
Define implementation activities and timelines  
Monitor performance and deliverables/outcomes  
Identify # children and families participating in initiative |

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| ◊ % implementation activities accomplished  
% outcomes achieved |

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<td>Success for this initiative is defined by: (1) a student’s increased proficiency in all academic areas; and (2) connection of the child and family to identified community resources needed, i.e., child care, job training, housing, medical.</td>
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