



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

REGIONAL LEADERSHIP SUMMIT – ALLIANCE BEHAVIORAL HEALTHCARE

MEETING SUMMARY

Friday, April 21, 2017
Durham, NC

ATTENDEES

Crystal Black, Sarah Guill, *Cumberland County DSS*; Lisa Cauley, Regina Petteway, *Wake County Human Services*; Beth Melcher, Ann Oshel, Kate Peterson, Doug Wright, *Alliance Behavioral Healthcare*; Mellicent Bythe, Mary Wise, *Center for Child and Family Health*; Yvonne French; Teresa Strom, *DHHS*; Anne Foglia, Adam Zolotor, *NCIOM*; Warren Ludwig, *Facilitator*.

INTRODUCTIONS & ANNOUNCEMENTS

Following introductions, meeting participants shared some announcements:

- [House Bill 608](#) was filed earlier in April with bipartisan support. The bill includes several components including: (1) the development of a plan to convert from 100 county departments of social services to no more than 30 regional departments; (2) an RFP for a third party to develop a plan for system reform both of the state social services system and of child welfare.
- Mellicent Blythe and Mary Wise with the [Center for Child and Family Health](#) spoke briefly about the learning collaboratives and training opportunities available through the center in addition to relevant research on preventing placement and increasing placement stability. DSS leaders suggested that additional training with social workers around the need for early childhood models might help program referrals.
- Durham County's Department of Social Services director, Michael Becketts, has been appointed as assistant secretary for Human Services at the NC Department of Health and Human Services.
- Alliance has been awarded two Division of Mental Health, Developmental Disabilities, and Substance Abuse Services grants to provide the following services:
 - Tier IV Behavioral Health Urgent Care and Child Facility Based Crisis – Alliance will be renovating a facility to accommodate a 16-bed crisis facility attached to a behavioral health urgent care for assessment and disposition. The crisis facility will be operated by KidsPeace and will have the capacity to serve ages 6-12 and 13-17, all genders. Alliance anticipates closing on a site in Fuquay in



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June. DSS leaders are invited to participate in a community stakeholder group to shape the facility's role in the community.

- Tiered Case Management – Alliance will be partnering with Youth Villages to provide tiered case management to youth involved in multiple systems (DJJ, DSS, and Alliance). The program will start in Durham County. Included services range from family and system navigators providing soft touch case management in Tier 1, to onsite trauma-informed assessments in Tier 2, and to a high fidelity wraparound model providing intensive case management in Tier 3.

REVIEW OF SUMMIT GOALS, PROGRESS & NEXT STEPS

Warren Ludwig, summit facilitator, briefly reviewed the initial objectives outlined by the four counties and Alliance at the first meeting in December, 2017 ([Meeting Summary](#)):

- Wake and Durham Counties both expressed the desire to move beyond collaboration to work on shared outcomes;
- Cumberland and Johnston Counties both emphasized the need for crisis services; and
- Alliance urged the group to focus their collaborative work on upstream projects to produce better outcomes and reduce the number of crises.

Warren asked the DSS and LME/MCO leaders to reflect on these objectives—are these still the priority issues? Where do things stand now? And what are the next steps?

Wake County suggested that a different forum, such as the county community collaboratives, may be more effective for identifying specific methods for working to improve shared outcomes. The next step would be to determine who needs to be at the table—DSS staff at different levels, Alliance staff, and providers—and build up the necessary structure (i.e., planned agendas, communication and implementation pathways, etc.).

Participants also noted that the summit discussions have highlighted the differences in organizational vocabularies as well as mandates; they argued that future discussions will be more productive if this is acknowledged and the two systems continue to work to breakdown communication barriers and understand the regulations and mandates under which the other is operating.

DSS and Alliance leaders discussed the challenges they face in tackling the adult issues raised during the summit discussions—primarily an overwhelming lack of resources that make additional services difficult to support.

To help meet education and training needs, Alliance offered to expand co-hosted cross-agency trainings that have been successful in Wake and Durham to Cumberland and Johnston Counties



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if interested. These trainings focus on different topics each month (e.g., crisis services, mobile crisis, LGBT needs) and include a broader subset of the community depending on the topic, including providers, schools, law enforcement, the health department, and EMS.

SYSTEM RECOMMENDATIONS

To close out the summit, meeting participants were asked to share system recommendations for state leadership. Recommendations included:

- Expand tiered case management to every county—from the DSS perspective case management is the best way to bridge the gaps for complex cases involved in multiple systems.
- Invest more in serving vulnerable populations—the system has been greatly challenged by funding cuts that limit opportunities to expand services and explore new opportunities. Particularly problematic is the lack of services available for uninsured adults—a gap that, according to local leaders, continues to grow. Most of the adults who need substance abuse services, for example, are not Medicaid eligible. One strategy proposed for helping to close this gap is the expansion of Medicaid to adults in NC. Currently, limited Medicaid eligibility paired with the reduction in state funds exacerbates unmet needs and results in more children entering DSS custody.
- If regional DSS agencies are created as described in House Bill 608, they should be aligned with MCO regions.