



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

TRILLIUM REGIONAL LEADERSHIP SUMMIT

MEETING SUMMARY

Monday, June 19, 2017

Greenville, NC

**ATTENDEES**

Lisa Gibbs-Lee, Susan Hudson, *Beaufort DSS*; Daphne Green, Tanya Madden, *Brunswick DSS*; Craig Patterson, *Camden DSS*; Donna Grant, Cindy Holman, Pam Stewart, *Carteret DSS*; Kent Flowers, Mary Guilfoyle, Geoff Marett, Mary Ann Mehan, *Craven DSS*; Samantha Hurd, Tyeshia Phelps, *Currituck DSS*; Sally Helms, Sally laws, Charles Lycett, *Dare DHHS*; Mary Beth Rubright, *New Hanover DSS*; Shelia Manley-Evans, *Northampton DSS*; Lauren Weatherly, Sheila Stansberry, *Pamlico DSS*; Kathy Ford, *Pasquotank DSS*; Keisha Hooks, Wes Stewart, Tyshea Sutton, Jackie Williams, *Pender DSS*; Susan Chaney, Angela Jordan, *Perquimans DSS*; Gwen Burns, Jan Elliott, Tammy Lewis, *Pitt DSS*; Brandy Mann, Valerie Phelps, *Tyrrell DSS*; Clifton Hardison, Demaine Hill, Karma Warren, *Washington DSS*; Bland Baker, Julie Brinson, Nancy Cleghorn, Cindy Ehlers, Rob Heuber, Regina Manly, Juanita Murphy, Angela Noe, Dave Peterson, Kristy Maddox Reed, Ashley Rhea, Leza Wainwright, Darlene Webb, *Trillium*; Walt Caison, Aimee Watson-Green, *DHHS*; Anne Foglia, Berkeley Yorkery, *NCIOM*; Michael Owen, *consultant/facilitator*.

**OVERVIEW & INTRODUCTIONS**

Michael Owen, summit facilitator, introduced the Bridging Local Systems project and its goal to strengthen communication and collaboration between the county DSS agencies and the LME/MCO system to improve the care delivery and outcomes for the jointly-served population. Summit participants include representatives from the Trillium LME/MCO, as well as 16 of 24 counties in the catchment area—Beaufort, Brunswick, Camden, Carteret, Craven, Currituck, Dare, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, and Washington. There were also representatives from the NC Department of Health and Human Services present.

Leza Wainwright, CEO of Trillium, thanked everyone for attending the summit meeting, welcomed the social services leadership, and introduced the Trillium staff present. The rest of the DSS and state leaders in attendance introduced themselves next.



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After briefly noting the legislative context in which the summit is taking place including the recently passed DSS legislation (Session Law 2017-41) and the LME/MCO legislation currently under deliberation (HB 403), Michael Owen, summit facilitator, reviewed the summit rules:

- Encourage creativity and flexibility
- Look for opportunities to lead
- Discourage non-productive criticism of each other
- Avoid getting “lost in the weeds” of individual cases

### **SUMMIT GOALS: WHAT DO YOU WANT TO ACCOMPLISH?**

Following introductions, Michael asked the attendees to consider and write down what they each hope to achieve by participating in the project and share with other participants. Some of the goals included knowing who to call for assistance at each agency; having a greater understanding of each other’s strengths, weaknesses, opportunities and threats; and moving the discussion from how to help the DSS and Trillium to how to help the kids and families in our community. Michael’s meeting overview slides are available on the NCIOM website: <http://www.nciom.org/wp-content/uploads/2017/06/6.19-Owen-Slides.pdf>.

After the individual goal-sharing exercise, Michael reviewed the summit goals participants shared prior to the meeting.

Goals Identified by Trillium:

- Our money has been reduced just like yours has. Can we offset some of the impact of reduced funding by finding new ways to help each other out?
- Can DSS get the Innovations Waiver indicator in more promptly so we can be paid appropriately?
- Are there ways for our clients to get their food stamp applications processed faster?
- Can DSS provide day care subsidies for children with IDD?
- Can we agree to talk to each other before having our attorneys summon us to court?
- How can we better educate clients (and maybe each other) about travel reimbursement for medical appointments for Medicaid covered individuals?
- Can DSS provide in-home special assistance for more people who choose to live at home?



*Bridging Local Systems:  
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and Social Services Collaboration*

Goals Identified by DSS Agencies:

- How can we get more help for adults with residential placement needs? Special Assistance is often not enough. This is an APS issue.
- Can our frontline staff get easier access to Trillium staff? The 1-800 # is perceived by some as an obstacle.
- Can we figure out how to coordinate more effectively for individuals transitioning from facilities and state hospitals into the community?
- Can we get more stable funding for Community Support Teams? Problem: as consumers stabilize, services decrease which leads to destabilization and hospitalization.
- How can we reduce the rate of service denials for Intensive in-home services, therapeutic foster care, PRTF?
- How can we decrease the time required for service authorizations? This can take up two weeks or longer and if there is an issue you are starting over again and the child welfare agency “picks up the tab.”
- How can we work together to ensure consistent, high quality providers?
- Are the denial rates for services substantially increasing?
- Can our System of Care strengthen its ability to make changes and improvements in the system in addition to networking and cross training?
- How can we continue to meet challenges with accessing effective “mobile crisis” intervention?
- How can families get help navigating access to higher levels of behavioral healthcare?
- How does Trillium balance its values related to cost saving versus service delivery?

## **COLLABORATIONS IN OTHER REGIONAL LEADERSHIP SUMMITS**

Michael reviewed some of the work that has come out of the Leadership Summits held in other regions including the Partners Behavioral Health Management and Sandhills Center Regions. Some of the focus issues in those Regional Leadership Summits included improving collaboration around the Transitions to Community Living Initiative, building a more common vocabulary, and exploring opportunities to utilize blended funding. Additional summary information from Regional Leadership Summits taking place across the state in 2016-2017 can be found on the NCIOM website: [http://www.nciom.org/task-forces-and-projects/?bridging\\_local\\_systems](http://www.nciom.org/task-forces-and-projects/?bridging_local_systems).



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

## REGIONAL GOAL-SETTING

The summit participants divided into three groups according to the Trillium Northern, Central, and Southern regions to focus the discussion on identifying (1) what is working well already in the inter-agency communication and/or collaboration; (2) the highest priority issues that the agencies are currently facing; and (3) strategies for addressing the priority issues. After the regional discussions, the small groups shared with the full group.

### *Northern Region*

Counties in the Northern Trillium Region include: Bertie, **Camden**, Chowan, **Currituck**, Gates, Hertford, Martin, **Northampton**, **Pasquotank**, and **Perquimans** (emphasis indicates a representative from the county was present for this discussion).

- What's working?
  - DSS leaders reported timely responses to calls—particularly those made outside the call center using direct phone numbers.
  - The System of Care meetings are working well and the System of Care coordinator was reported to be a helpful resource.
  - Care coordination working well once a coordinator is assigned.
- Highest Priority Issues:
  - The development of communication protocols for the partner agencies was identified as a priority issue, including identifying who to contact for what and how to reach them directly.
  - Partners identified a need for more common language and increased understanding of
    - Each agency's role and responsibilities;
    - What drives decision-making in each agency;
    - What governs services in each agency;
    - How services are authorized;
    - And where is there flexibility for collaboration?
  - Several counties raised concerns about adult protective services—staff in some smaller counties do not encounter specific problems often.
- Strategies:
  - Convene regional meetings to facilitate further communication and collaboration.
  - Develop and share contact lists and organizational charts for each partner agency.



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

*Central Region*

Counties in the Central Trillium Region include: **Beaufort, Craven, Dare, Hyde, Pamlico, Pitt, Tyrrell, and Washington** (emphasis indicates a representative from the county was present for this discussion).

- What's working?
  - The Child and Family Teams and System of Care meetings are working well. The System of Care meetings help to incorporate a broader set of community stakeholders.
  - Care coordination is working well once a coordinator is assigned. One county shared success using an online application for care coordination.
  - Partners reported that adult crisis situations are being handled well.
  - DSS directors reported that the Trillium Regional Directors are helpful resources and connections to the LME/MCO.
  - A few counties reported that the Trillium trainings they had received were useful, and there was discussion of whether these could be done annually or posted to Trillium's online learning portal.
- Highest Priority Issues:
  - Contact lists were requested for and by both the Trillium and DSS staff to aid in interagency communication.
  - Partners identified weekend and night placement crises as a priority area, including:
    - Clarifying role expectations for the DSS, LME/MCO, and providers;
    - Availability of mobile crisis services and crisis respite placements;
    - And educating social workers on service definitions and certificate of medical necessity.
  - Adult Placements were also identified as a priority issue for focus in future discussions.
- Strategies:
  - Develop online training resources.
  - Make other counties aware of online care coordination application.
  - Reconvene quarterly leadership meetings to strengthen interagency collaboration.
  - Develop and share contact lists and organizational charts for each partner agency.
  - Develop a workgroup to explore crisis solutions for disrupted placements.
    - Establish clear guidelines for roles & responsibilities.
    - Address both child and adult placements needs.



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*Southern Region*

Counties in the Southern Trillium Region include: **Brunswick**, **Carteret**, Jones, **New Hanover**, Onslow, and **Pender** (emphasis indicates a representative from the county was present for this discussion).

- What's working?
  - The Child and Family Teams are working well.
  - Trillium is upgrading mobile crisis services in some communities in response to county feedback. DSS reported that the communication regarding the new provider has been effective.
  - Pender County reported good interagency communication.
  - DSS leadership reported that Trillium has been a helpful partner regarding Adult Services on the Interagency Committees.
  - Participants felt the partnership was strong regarding IDD and individual care coordination.
  - County DSS reported a positive experience working with the System of Care Coordinator, claiming she is accessible and effective when problems arise.
  - While some counties felt that the call center was working well, other counties reported the system was cumbersome and email was a more efficient and effective method of communication.
- Highest Priority Issues:
  - Communication was raised as a key area for improving the collaborative partnership. In particular, participants
    - made suggestions for better communication regarding what services are available and how to access them including educating the community on the service array (e.g. Opioid services) and the process for connecting with services, and notifications of changes to the provider network;
    - discussed the value of interpersonal relationships in building communication and collaboration and how to balance this with the 1-800 call center;
    - and discussed the need to clarify who to call in each agency when under pressure (e.g., Friday afternoon).
  - Partners acknowledged the difficulties that arise when trying to treat individuals either due to Medicaid policy, or a lack of insurance.
  - Partners identified case management as another priority area, asking what are the functions of case management that we miss and what strategies can we employ to accomplish these functions within the current framework?



*Bridging Local Systems:  
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## NEXT STEPS

The high priority issues and potential strategies identified by each region will be used to develop the agendas for the subsequent regional meetings that will be held for the Northern, Central, and Southern regions:

- *Northern Region* – Monday, August 21<sup>st</sup>, 12-3pm  
Trillium Health Resources Ahoskie Office  
144 Community College Road, Ahoskie, NC 27910
- *Southern Region* – Wednesday, August 30<sup>th</sup>, 12-3pm  
Trillium Health Resources Wilmington Office  
3809 Shipyard Blvd., Wilmington, NC 28403
- *Central Region* – Thursday, August 31<sup>st</sup>, 12-3pm  
Trillium Health Resources Greenville Office  
201 W 1<sup>st</sup> St, Greenville, NC 27858