STATEWIDE BRIDGING LOCAL SYSTEMS REPORT

The goal of the Bridging Local Systems project was to improve collaboration and outcomes for North Carolinians who are clients of both local departments of social services and the Local Managing Entities/ Managed Care Organizations. The project facilitated 3 state level and 30 regional leadership summit meetings which included 337 unique participants from all seven LME/MCOs and 88 of 100 county DSS agencies in North Carolina. Detailed reports on each regional summit are available on the NCIOM website (http://nciom.org/bridging-local-systems-strategies-for-behavioral-health-and-social-services-collaboration-2/). This report summarizes the cross-system strategies being used to improve collaboration and outcomes as well as the recommendations that emerged from these meetings. The following sections are included in the report:

- Background and Project Design
- Summit Findings
    - Strategies
    - Recommendations
- Appendix
    - Statewide Steering Committee
    - Regional Leadership Meeting Participants

BACKGROUND

The Bridging Local Systems project was a collaborative effort between the North Carolina Institute of Medicine (NCIOM) and the North Carolina Department of Health and Human Services (NC DHHS) funded by The Duke Endowment. Guided by a statewide steering committee, the project convened 30 summit meetings across the state between the leaders of state's seven regional Local Managing Entities/ Managed Care Organizations (LME/MCOs) and 100 county departments of social services (DSSs). The primary goal was to improve communication and collaboration between county Departments of Social Service (DSS) agencies and Local Management Entities/Managed Care Organizations (LME/MCOs) to improve outcomes for two groups of shared clients:

- Children and families served by child welfare and behavioral health
- Adults served by adult protective or guardianship services.

Although DSSs and LME/MCOs seek positive outcomes for their shared clients, collaboration to achieve those outcomes has been a challenge. DSSs and LME/MCOs have different missions and cultures, separate budgets, management, mandates, rules, and financial incentives that sometimes conflict. Collaborative relationships have also been disrupted by system change. Over the past 15 years, the 41 local area programs that provided direct MH/DD/SA services

consolidated and transformed into seven LME/MCOs that manage services from private vendors. This transformation required LME/MCOs to learn new roles and form new relationships with DSSs. As the summit meetings were conducted, participants were aware of proposals for new, sweeping changes to both statewide systems.

Regional leadership summits

The Building Local Systems project convened meetings between the LME/MCO and the DSS leadership in each of the seven LME/MCO regions between September 2016 and October 2017. LME/MCO participants included six CEOs as well as operations, clinical, care coordination, utilization management, and community relations leaders and representatives from Child and Family Advisory Committees (CFAC). DSS participants included 64 DSS directors as well as program managers and supervisors of child welfare and adult services. Representatives from several DHHS divisions and the i2i Center for Integrative Health (formerly the North Carolina Council of Community Programs) also attended meetings. A statewide leadership committee helped plan the summits and consider summit lessons and recommendations. The Summit meetings were facilitated by either Warren Ludwig, a consultant with extensive experience leading public child welfare and mental health services in North Carolina; or Michael Owen, a consultant and facilitator with many years of experience in the behavioral health and human services sector of North Carolina. A complete list of project participants is available beginning on page 15.

The structure and schedules of the summit meetings varied slightly across LME/MCO regions. The Alliance Behavioral Healthcare (Alliance), Sandhills Center (Sandhills), Partners Behavioral Health Management (Partners LME/MCO), and Eastpointe summits consisted of four meetings scheduled over about five months (eight months for Eastpointe because of Hurricane Matthew), and all counties in the catchment area were invited to every meeting. The summits for Cardinal Innovations Healthcare Solutions (Cardinal), Vaya Health (Vaya), and Trillium Health Resources (Trillium) were structured differently due to the greater number of counties and larger geographic area. The Cardinal catchment area was divided into two regions, with each 10-county sub-region participating in three meetings over the course of four months. The Vaya Health and Trillium Health Resources regions each held an initial meeting for all 23 or 24 counties followed by a single subsequent meeting in each of three sub-regions within the catchment areas.

In total, the Bridging Local Systems project facilitated 30 three-hour regional leadership summit meetings in 14 counties across North Carolina and engaged 337 unique participants from all seven LME/MCOs and 88 of 100 county DSS agencies in North Carolina.

At the first summit meeting in each region, participants were asked to identify their goals for the summits, what was already working well (successes) between the two systems, and key challenges or issues. Participants spent most of the remaining time in the summit meetings

exploring and working on the challenges they prioritized. When relevant, facilitators shared information about strategies being tried in other regions. Finally, participants were invited to make recommendations on state-level policy, resource or funding decisions that would facilitate successful collaboration at the local level to improve outcomes.

This statewide report summarizes many of the cross-agency collaborative activities that were already underway or that emerged during the meetings. The collaboration efforts are organized under several common themes. The report concludes with recommended opportunities for state leadership. Project facilitators and staff reviewed and consolidated the recommendations from across the 8 summit regions, including recommendations raised across multiple regions. Common themes were reviewed with the statewide steering committee to identify, clarify, and consolidate recommendations for statewide agencies that could eliminate barriers to collaboration at the regional level.

A draft of this statewide report was distributed to the steering committee and project participants, and many of their comments were incorporated into this final report.

SUMMIT FINDINGS

General Observations

The summit meetings took place in the context system change and previous efforts to build relationships and collaboration. Meetings were affected by participants' experiences with those efforts. It was notable that agency leaders played key roles welcoming discussion and modeling transparency by how they opened the meetings or responded to concerns.

LME/MCOs and DSSs in every region were involved in collaborative and innovative efforts as the summit meetings began. In many cases, DSSs and LME/MCOs used the summit meetings to plan how to build on current strategies within counties or to expand strategies to new counties. In many cases, DSSs and MCOs agreed on actions to take between meetings and reported back on progress.

The LME/MCOs and the DSSs began the summits in different stages of collaboration across and even within LME/MCO regions. For example, while many DSSs expressed a need for more information about how the LME/MCO worked and who to contact to solve problems, other DSSs expressed confidence that they knew who to call and that their calls would be responded to promptly. Some participants expressed satisfaction with the interagency relationship—even when desired services could not be accessed—and reported that their agencies were working to solve problems together. Other participants described far less satisfaction with the quality of interagency trust and collaboration. In some regions and sub-regions, strong interagency

collaboration seemed to rely on the quality of key individual relationships and were, therefore, fragile when those individuals moved.

Agreement existed between LME/MCOs and DSSs across regions about certain challenges including:

- Mandates, expectations, and incentives that are in conflict between the two systems.
- The need for additional services for uninsured adults including adults with severe mental illness, parents needing services for their children to live safely at home, adults with substance abuse problems including opioid addiction, and adults needing multi-disciplinary evaluations.
- Difficulty accessing services in rural areas.

Strategies for Improving Access to Existing Behavioral Health Services

Participants in all seven regions spent substantial time at the summit meetings discussing how to improve timely access to existing services.

Cross-training of DSS and LME/MCO staff

Improving the knowledge of DSS regarding how to access services and authorizations through LME/MCOs was a priority for DSS agencies and LME/MCOs. Likewise, improving knowledge of LME/MCO staff regarding DSS procedures and state and federal mandates was also a priority. Participants acknowledged the challenge was exacerbated by high staff turnover. LME/MCO participants expressed optimism that improved understanding within DSS agencies of the referral and service authorization procedures would result both in better access and reduced frustration. Likewise, improved understanding within LME/MCO agencies of the procedures and mandates of DSSs would result in better collaboration and coordination for their shared client populations.

- LME/MCOs presented information during summit meetings on their service continua, on utilization management procedures, and on what was needed to satisfy medical necessity requirements
- LME/MCOs presented information on the Transition to Community Living Initiative and participants discussed how to better collaborate on the administration of this settlement agreement initiative.
- DSSs shared information about their organizations' goals including, the need to have immediate safe placements for children with challenging behaviors, the importance of placement stability to foster children's wellbeing, and the fact that placement stability is a measured outcome for their programs.

- Participants discussed holding ongoing trainings and developing better online information and training resources.

Establishing contact people who can resolve problems

Some DSS participants expressed the need to know who to call within their LME/MCO to resolve problems not being resolved at the staff level. Some DSS leaders expressed frustration that they had no back-up contacts if their primary contact was not in the office. They did not see the 24-hour access line as a resolution to this issue.

- Participants in some summit meetings exchanged leadership directories
- Several LME/MCOs have established regional directors as primary points of contact.
- DSSs in some meetings encouraged LME/MCO staff to contact supervisors or administrators when unable to contact the caseworker.
- Some DSS and LME/MCO leaders meet regularly and have each other's cell phones numbers.
- One LME/MCO revised its communication protocol to enable DSS staff to contact key staff members at the LME/MCOs without going through the call center.

Improving timely assessment and care management services

- Some LME/MCOs have a position housed at some county DSSs to provide assessments or care management. In some cases, such positions are jointly funded or funded with directed county contributions. Additional DSSs and LME/MCOs agreed during the meetings to explore options for co-locating staff.
- Some LME/MCOs and counties have established regular visits by care management staff to the DSS; additional DSSs and LME/MCOs agreed during the meetings to explore this option.
- Some LME/MCOs have special processes for conferencing high needs cases and participants discussed possibilities for increasing utilization of the conferences at some meetings.
- One LME/MCO, as part of its continuum of care for child welfare and juvenile justice youth, has established a single-point-of-assessment process.

Improving the timeliness of response to crises

Crisis response was a major focus at several meetings, representing a significant source of tension between DSSs and LME/MCOs. DSS participants expressed that LME/MCOs did not seem to share their sense of urgency when dealing with crises. DSS participants described their

responsibility to place children in foster care with behavioral health problems the same day they entered care or are disrupted from a placement. This was contrasted with LME/MCO performance standard of making expedited authorization decisions within 3 days of receiving completed authorization requests. For DSSs, the problem is exacerbated by their typically being dependent on provider agencies to submit authorization requests, together with required assessments and plans, to the LME/MCO before the authorization time clock begins. DSS participants expressed concern that they had to commit county money to pay for residential treatment or therapeutic home placements, not knowing if the treatment would eventually be authorized.

- LME/MCOs stressed the importance of DSS workers referring clients for assessments early in their involvement and identifying clients at risk for crisis to allow for proactive planning, rather than waiting for a crisis to begin the referral process.
- DSS and LME/MCOs reported sometimes working together to identify placement resources. However, there is not a clear understanding of which agency is primarily responsible for finding appropriate placements so which agency takes the lead and how much they work together varies across the state.
- One LME/MCO discussed its commitment to "over-communicating" during crises
- Some LME/MCOs have agreed to go beyond contract requirements to expedite authorization decisions on crisis treatment placements for children in foster care.
- LME/MCOs reported they will pay for authorized services back to the day the authorization request with required information was submitted.
- With respect to crises resulting when a child has to leave a placement, LME/MCO participants clarified they could not force residential treatment programs to keep a child but could extend authorizations and assist with transition.

<u>Identifying and resolving specific problems accessing existing services</u>

- DSS leaders in one region reported during a summit meeting that mobile crisis could not be accessed for adults because the provider would not respond unless the adult in crisis consented over the phone. At the next meeting, the MCO/LME reported the provider had agreed to not require telephone consent before response.
- Summit participants identified problems accessing hospital admissions and agreed to explore jointly engaging the hospitals on these issues
- Summit participants identified problems accessing jail discharge planning and agreed to explore jointly engaging jail officials on these issues.
- DSS leaders cited difficulties accessing services for children in foster care in relative or treatment placements outside the LME/MCO catchment area. LME/MCOs discussed procedures for credentialing and contracting out of area providers.

Strategies for Enhancing Behavioral Health Services

Participants also discussed efforts to improve outcomes by making more effective services available and filling service gaps. Participants discussed innovative service strategies and strategies to fund such services.

Service continua tailored to meet the needs of jointly served special populations

- The Vaya summits presented and discussed a continuum of care provided in conjunction with Youth Villages designed specifically for children involved with juvenile justice and child welfare. Their continuum includes a single point of assessment located in DSS offices, evidence supported services, and specialized intensive services.
- Alliance is working to open a 16-bed child crisis facility in a central part of its catchment area to prevent unnecessary hospitalizations and to provide urgent care when needed for assessment and rapidly connect clients to services.
- Vaya is planning to open a child crisis facility in Buncombe County that will have 16 beds for mental health and substance abuse services, two new respite facilities, and a behavioral health urgent care in Haywood County for both adults and children.
- Cardinal has developed a pilot crisis response and stabilization service in Mecklenburg County which will work to prevent unnecessary emergency department visits and foster care entries by offering 24-hour crisis response and 30 to 90 days of support services to preserve and stabilize placements.
- Cardinal is working to open a 16-bed child crisis facility for children and youth in Mecklenburg County to prevent unnecessary hospitalizations and to provide urgent care for assessment and disposition.
- Cardinal has introduced a pay-for-performance structure for therapeutic foster care providers to drive timely access to care, increased capacity and improved clinical outcomes.
- Sandhills and local DSSs have implemented a strategy to provide uninsured parents who seek services at the health department with outpatient behavioral health services for six weeks. They provide this service irrespective of current DSS involvement.
- Buncombe County, in partnership with Vaya, is implementing a comprehensive case management program targeting clients with high utilization of the emergency department for mental health needs.
- Alliance is working to establish tiered case management for youth involved in multiple systems (juvenile justice, DSS and Alliance), starting in Durham County. Partners LME/MCO has begun similar work.

Funding service enhancements

Participants at several meetings discussed strategies to 1) fund services and strategies not in the state Medicaid plan; 2) services to persons who do not have Medicaid; and 3) to rural areas where the cost of providing services is higher.

- Several MCOs have pursued or plan to pursue approval of Medicaid in-lieu-of service definitions for services such as crisis centers, tiered case management, and services in the Youth Villages continuum.
- Several initiatives including Project Broadcast and the Youth Villages continuum for youth involved with Juvenile Justice or child welfare have received grant funding to help pay for services and/or for evaluation of service results.
- Summit participants in Sandhills discussed a proposal to blend funding of DSS and the LME/MCO to create a shared liaison position to expedite the referral/assessment/authorization process for children served by both agencies.
- Several initiatives in larger counties have been funded jointly by the county and the LME/MCO. (See regional reports for more information)
- LME/MCOs report using re-investment dollars to fund innovative strategies

Strategies to Integrate and Align Service Delivery and Outcomes

Participants in several summits went beyond discussing how to improve access for DSS clients to existing or enhanced behavioral health services to discussing how to integrate strategies across the two systems in pursuit of shared outcomes.

Creating trauma-informed systems of care

- Project Broadcast[a] and Partnering for Excellence are two initiatives that began prior to the summits to develop trauma informed systems of care that include providers of both DSS and behavioral health services. Goals include improving outcomes for children and families, reducing placement disruptions, and reducing service costs in both systems. Many DSSs and LME/MCOs have partnered on this work, for example:
    - Partnering for Excellence was successfully implemented with Cardinal in Rowan County. Cardinal plans to expand the tenets and principles of this model to Forsyth County and potentially other Counties in the future.
    - Cleveland County and Catawba County are both working with Partners LME/MCO to implement trauma informed systems of care (Partnering for Excellence in Cleveland and Benchmarks in Catawba). The counties and Partners LME/MCO worked within and outside the summit meetings to identify common data elements that will help the MCO and DSSs jointly assess service needs and evaluate service impact. Partners LME/MCO offered during the meetings to

[a] Project Broadcast was a five-year grant awarded to the NC Department of Health and Human Services, Division of Social Services by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau between 2011-2016. The project focused on improving the well-being of children and families through the development of a trauma-informed child welfare system in nine demonstration counties (Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson). The project has expanded and is now being implemented in 32 counties.

explore with other counties how trauma-informed care initiatives could be individualized to their needs and available resources, and Lincoln and Gaston Counties initiated discussions with Partners LME/MCO.

Integrating behavioral health strategies into traditional foster care

Several summits discussed that improving the quality and stability of foster care placements was a strategy with potential to improve children's wellbeing, achieve permanency for children, and reduce the need for costly residential treatment. Several summits discussed integrated efforts by DSSs and LME/MCOs to accomplish this objective.

- Cardinal and Orange County are working to pilot an initiative to strengthen foster families through additional training and support services, including respite authorization as a package.
- Sandhills and DSS leaders agreed that additional regional trainings for foster parents and staff serving adults might enhance their ability to handle the behavioral health needs of clients placed in their care and prevent placement disruptions and the need to move children and adults to higher levels of therapeutic care.
- Alliance and DSS participants agreed they have a joint interest in preventing foster placement disruptions, with Alliance expressing greater interest in reducing disruptions to higher levels of care and DSS participants advocating for reducing all placement moves. DSS participants noted difficulty retaining an adequate number of traditional foster homes, in part because therapeutic home providers were recruiting traditional foster parents to be therapeutic parents. DSS participants suggested Alliance consider helping recruit, license and retain foster families.

Committing to shared outcomes and outcome measures

Participants in some summit meetings described data that they track and explored possibilities for developing shared measures or using data to improve outcomes. Participants also discussed how mandates for LME/MCOs and DSSs conflict and how they might be resolved.

- At both the Partners LME/MCO and Alliance meetings, participants reviewed data on stability of Medicaid funded treatment placements kept by the LME/MCO and data on the stability of foster care placements from the Jordan Institute Management Assistance website. The LME/MCO data included treatment placements of both children in foster care and children in their parents' custody. The data from the Jordan Institute included both treatment and non-treatment placements.

  - Partners LME/MCO held a meeting with interested counties between summit meetings to work on developing shared measures to track to evaluate their joint trauma informed initiatives.
  - Participants at Alliance meetings discussed sharing provider specific data as a possible strategy to improve outcomes by placing more children with agencies with good records for placement stability and successful discharges. They also discussed using geo-mapping data as a strategy to place children in therapeutic homes closer to home.
- In some regions, DSS agencies share the names of children in foster care with the LME/MCO to ensure they have the most current information as well as provide them the names of children who might be at greatest risk. In the Sandhills region, participants agreed to begin doing this.
- Participants in some summits discussed that the expectation that LME/MCOs will step children down as soon as they are ready to less restrictive placements conflicts with the expectation for DSSs to maintain placement stability. In several meetings, there was discussion regarding the *tenuous nature of the placement* aspect of medical necessity as it relates to placement stability and how that should be given more consideration prior to stepping down placements.

Strategies for Rural Areas

Participants described problems residents of rural areas had accessing behavioral health services across regions of the state. Facility based services and intensive services in the existing service array cluster in population centers where a demand threshold allows economic viability. Evidence-based and other innovative service strategies are also more prevalent in larger counties for the same reason and because those counties are better able to contribute funding.

- Vaya has taken the approach in its large, mountainous, mostly rural catchment area of creating a very limited provider network of comprehensive providers. Providers are required to deliver unprofitable services in sparsely populated counties as a condition for providing more profitable services in more heavily populated counties.

- The possibility was discussed that the growing awareness about an urban-rural divide may increase awareness and interest among philanthropic foundations in funding solutions to rural service shortages.

- Participants discussed the possibility of forming regional partnerships to expand accessibility of services in more sparsely populated counties. Both partnerships among smaller counties and partnerships linking smaller counties with larger counties were discussed with Buncombe committing to organize a possible meeting to explore the latter strategy.

OPPORTUNITIES FOR STATE LEADERSHIP

During each regional summit, participants recommended state-level policy, resource and funding decisions that would facilitate successful collaboration at the local level to improve outcomes. These ideas were reviewed for consistency across the regions and developed into recommendations with input from the steering committee.

Recommendation 1: Increase Cross-System Communication and Planning at the State Level

Leaders from the Divisions of Social Services (DSS); Medical Assistance (DMA), Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SAS), and Aging and Adult Services (DAAS) within the North Carolina DHHS should engage regularly in dialogue to improve cross-system alignment at the state level.

DSS, DMH/DD/SAS, and DAAS leaders should establish or strengthen lines of communication with other divisions or departments whose services are critical to the clients jointly served by DSSs and LME/MCOs including the Division of Public Health, the Department of Public Safety, the Administrative Office of the Courts, the Division of Health Services Regulation, the Division of Motor Vehicles, the Department of Corrections, the Department of Public Instruction, and the Division of Child Development and Early Education.

Recommendation 2: Support Cross-System and Cross-Region Communication and Collaboration

DHHS leadership should actively support cross-system and cross-region communication between DSSs and LME/MCOs to strengthen collaboration and improve outcomes. For example, DHHS leaders should:

a) Explore contractual options to support communication and collaboration between DSSs and LME/MCOs.
b) Facilitate the collection and dissemination of lessons learned, innovative strategies, and successes achieved in each region with cohorts in other regions.
c) Ensure best practices are shared across regions either via DHHS office or incentivizing the LME/MCOs.
d) Explore options for facilitating access to services when children are living outside their LME/MCO region.
e) Consider convening opportunities (e.g., conferences, virtual meetings) that pull together DSS and Behavioral Health leaders from across the state to develop and share strategies for collaboration and innovation.

Recommendation 3: Work to Identify and Resolve Conflicts in Expectations and Performance Measures and to Establish Shared Outcome Measures

Leaders from DSS, DMH/DD/SAS, and DAAS within NC DHHS should:

a) Identify and resolve competing rules or objectives in state policy or contracts for the social services and MH/DD/SAS systems including inconsistencies in system of care expectations. An example is cross-system differences in philosophies and requirements for Child and Family Team meetings.
b) Introduce contract language and/or policy expectations for both the LME/MCOs and county DSS agencies that identify shared outcomes for the agencies to work towards collaboratively with shared accountability. Stakeholders suggested that DHHS look to the Department of Juvenile Justice and Juvenile Justice Substance Abuse Mental Health Partnerships as an example for identifying shared outcome metrics.
c) Explore options for bringing system expectations for LME/MCOs and DSSs for responding to crises into better alignment.
d) Look for strategies at state level to resolve the conflict between the expectation that LME/MCOs move children to lower levels of care and the expectation that DSSs will maximize stability of placement.
e) Provide guidance to DSS and LME/MCO leadership on how to manage conflicting policies originating in federal contracts or policies.

Recommendation 4: Build a Proactive System that Encourages Cross-System Collaboration on Prevention

Leaders from DSS, DMH/DD/SAS, and DAAS within NC DHHS should collaboratively support community prevention initiatives that include social services, public health, law enforcement, and provider partners. Cross system collaboration should aim towards promotion of strong families and positive mental health and prevention of child maltreatment and substance abuse (including opioid addiction).

Recommendation 5: Support Efforts to Maintain and Reunite Families

Leaders from the DSS, DMH/DD/SAS, and DAAS within NC DHHS should explore potential methods of providing uninsured parents the mental health and substance use disorder treatment services needed to prevent removal of children or to work towards reunification.

Potential strategies discussed by participants include:

- Change the rule that discontinues Medicaid to parents whose children enter foster care so long as the plan is reunification. Some participants predicted that the Medicaid waiver under consideration would make this option available though they

noted it would affect only parents who had Medicaid when their children entered foster care.
- Improve the availability and accessibility of substance use disorder treatment services for parents whose children are at risk of or have entered foster care including medication assistance therapy and residential programs that allow parents with young children to live together throughout treatment.
- Pursue Medicaid expansion.
- Seek to redefine child need to include the treatment needs of caregivers critical to a child's welfare.
- Prioritize MH/DD/SAS services to parents needed for family preservation or reunification.

Recommendation 6: Enhance Training and Workforce Development

Leaders from DSS, DMH/DD/SAS, and DAAS within NC DHHS should explore opportunities to build capacity among those serving children, adults, and families involved with the social and behavioral health service systems.

Potential strategies discussed by participants include:

- Incorporate a greater focus within university social work curricula on Medicaid and clinical policies governing the services available to child and adult clients.
- Develop and make available training to build the capacity of DSS staff to understand and fill the responsibilities of adult guardians including knowledge and skills for determining and accessing needed services.
- Provide enhanced training and skill-building for adult care staff, IDD caregivers, and therapeutic foster parents.
- Incorporate trauma-informed training into the training for all foster parents.
- Develop and frequently update online training for child welfare line staff on how to communicate and collaborate with their LME/MCO. Content should include pathways to ensure access to services for DSS clients. Participants from both DSS agencies and LME/MCOs expressed interest in the online training on this content that is now offered via the Jordan Institute for Families.

Recommendation 7: Invest in Needed Services

Participants identified a number of areas where additional resources would be beneficial to meeting shared needs. Issues identified by meeting participants included:

- Increase funding for multidisciplinary evaluations (MDEs). Participants in several summits stated that the $38,000 available statewide for MDEs is typically exhausted very early in the year.

- Develop a state plan to support counties in meeting the increasing demands from the growing older adult population. North Carolina's local DSSs are ill-equipped to respond to the significantly increasing number of older adult residents. There is a need for guidance from state leadership to project needs and resources and develop a state plan to support counties in meeting the needs of this population.
- Guidance from state leadership on how to access and pay for services for adults involved with DSS, particularly guardianship clients.
- Ensure LME/MCOs have the resources to meet new/changing needs and innovate to better meet the needs of the populations they serve. Across summits, participants expressed concerns that funding cuts experienced over the past two years by LME/MCOs have limited the ability of LME/MCOs to respond to increasing needs or to reinvest savings to undertake innovative initiatives with collaborative partners. Participants described cuts as especially damaging to the capacity to provide evaluation and treatment for uninsured individuals.

Recommendation 8: Establish a DSS and Behavioral Health Leadership Conference

Participants in some regions recommended that the leadership from LME/MCOs and DSS agencies convene in a conference setting once or twice a year. The conference should focus specifically on opportunities to strengthen the capacity to serve people served by both systems.

APPENDIX

STATEWIDE LEADERSHIP COMMITTEE

Wayne Black
Director
Division of Social Services
North Carolina Department of Health and Human Services

Sherry Bradsher
Former Deputy Secretary
North Carolina Department of Health and Human Services
Associate
Cansler Collaborative Resources

Walt Caison
Section Chief, Community Mental Health
Division of Mental Health, Developmental Disability, and Substance Abuse Services – Community Services and Supports
North Carolina Department of Health and Human Services

Catharine Goldsmith
Former Children's Behavioral Health Services Manager
Division of Medical Assistance – Community Based Services
North Carolina Department of Health and Human Services

Eric Harbour
Child Behavioral Health Services Team Leader
Division of Mental Health, Developmental Disability, and Substance Abuse Services
North Carolina Department of Health and Human Services

Mary Hooper
Executive Director
NC Council of Community Programs

Kevin Kelley
Former Section Chief, Child Welfare Services
Division of Social Services
North Carolina Department of Health and Human Services

Joyce Massey-Smith
Section Chief, Adult Services
Division of Aging and Adult Services
North Carolina Department of Health and Human Services

Karen McLeod
President and CEO
Benchmarks, NC

Suzanne Merrill
Director
Division of Aging and Adult Services
North Carolina Department of Health and Human Services

Kristin O'Connor
Assistant Chief, Child Welfare Services
Division of Social Services
North Carolina Department of Health and Human Services

Mark O'Donnell
Former LME-MCO System Performance Liaison
Division of Mental Health, Developmental Disability, and Substance Abuse Services
North Carolina Department of Health and Human Services

Jeff Olson
Former Local Support Team Manager
Division of Social Services
North Carolina Department of Health and Human Services

Susan Osborne
Director
Alamance County Department of Social Services

Jeanne Preisler
Child Trauma and Behavioral Health Coordinator
Division of Social Services
North Carolina Department of Health and Human Services

Dave Richard
Deputy Secretary
Division of Medical Assistance
North Carolina Department of Health and Human Services

Teresa Strom
Local Support Team Manager
Division of Social Services
North Carolina Department of Health and Human Services

Sandra Terrell
Clinical Director
Division of Medical Assistance
North Carolina Department of Health and Human Services

Jason Vogler
Senior Director
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

Dennis Williams
Former LME-MCO System Performance Liaison
Division of Mental Health, Developmental Disability, and Substance Abuse Services
North Carolina Department of Health and Human Services

Tamika Williams
Program Officer
The Duke Endowment

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

ALLIANCE BEHAVIORAL HEALTHCARE REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Cumberland County Department of Social Services

Crystal Black, *Adult Services Section Chief*
Sarah Guill, *Child Protective Services & Foster Care*
Brenda Jackson, *Director*
Mary McCoy, *Children's Services Section Chief*
Bobbie Redding

Durham County Department of Social Services

Michael Becketts, *Former Director*

Johnston County Department of Social Services

Pamela Bowen, *Child Welfare Program Manager*
Denise Boyette, *Deputy Director*
Tony Harris, *Former Foster Home Licensing Supervisor*
Wendy Whitfield, *Adult & Family Services Program Manager*

Wake County Human Services

Craig Burrus, *Adult Services Program Manager*
Lisa Cauley, *Child Welfare Division Director*
Linda Keely
Antonia Pedroza, *Economic & Adult Services Division Director*
Regina Petteway, *Human Services Director*

Alliance Behavioral Healthcare

Vaughn Crawford
Moya Foster, *Interim Senior Vice President of Clinical Operations*
Beth Melcher, *Chief Clinical Officer*
Ann Oshel, *Senior Vice President of Community Relations*
Kate Peterson
Rob Robinson, *CEO*
Sean Schreiber, *Former Chief Clinical Officer*
Doug Wright, *Director of Consumer Affairs*

Other Participants

Mellicent Blythe, *Center for Child and Family Health*
Yvonne French, *LME Liaison, NC Department of Health and Human Services*
Michelle Ries, *North Carolina Institute of Medicine*
Mary Wise, *Center for Child and Family Health*

CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Alamance County Department of Social Services
Angela Cole, *Children's Services Program Manager*
Adrian Daye, *Deputy Director*
Latawnya Hall, *Adult Services Program Manager*
Susan Osborne, *Director*

Cabarrus County Department of Social Services
Jane Cauthen, *Foster Care & Adoption Program Manager*
Anthony Hodges, *Adult and Aging Services Program Administrator*
Cheryl Harris, *Child Welfare Program Administrator*
Dana Pastores

Caswell County Department of Social Services
Racquel Hughes, *Child Placement Supervisor*
Dianne Moorefield, *Director*
Michelle Waddell, *Adult Services Supervisor*

Chatham County Department of Social Services
Cim Brailer, *Family Services Program Manager*
Wilder Horner, *Foster Care and Adoption Services Supervisor*
Jennie Kristiansen, *Director*

Davidson County Department of Social Services
Scott Craver, *Deputy Director*
Katrina McCullough McMasters, *Child Protective Services Program Administrator*
Dale Moorefield, *Director*
Robin Penninger, *Foster Care & Adoption Supervisor*

Davie County Department of Social Services
Tracie Murphy, *Director*

Forsyth County Department of Social Services
Debra Donahue, *Director*

Franklin County Department of Social Services
Cindy Jones, *Adult Protective Services Social Worker*
Pamela Nelms, *Adult Services Supervisor*

Granville County Department of Social Services
Louis Bechtel, *Director*

Mecklenburg County Department of Social Services
Charles Bradley, *Director of Youth & Family Services*
Laura Wasson, *Senior Manager of Services for Adults*

Orange County Department of Social Services
Nancy Coston, *Director*
Kimberly Lassiter Fisher
Duston Lowell, *Child Welfare Program Manager*

Person County Department of Social Services
Carlton Paylor, Sr., *Director*

Rockingham County Department of Social Services
Felissa Ferrell, *Director*
Cathy Murray, *Services Program Manager*

Rowan County Department of Social Services
Donna Fayko, *Director*
Daina Frederick, *Adult Protective Services Supervisor*

Stanly County Department of Social Services
Donza McLean, *Social Work Program Manager*
Melissa Robinson, *Adult Protective Services Supervisor*
Tammy Schrenker, *Director*

Cardinal Innovations Healthcare Solutions
Christine Beck, *Vice President of Clinical Operations*
Nicole McKinney, *Director of Community Relations*
Jessica Moore, *Director of Care Coordination (IDD)*

Stokes County Department of Social Services
Stacey Elmes, *Director*

Union County Department of Social Services
David Flaherty, *Shelter Care Services Coordinator*
Tracy Henry, *Adult Guardianship Program Supervisor*
Lisa Kawyn, *Children's Services & Family Welfare Program Administrator*
Alisa Etters, *Foster Care & Adoptions Program Manager*

Vance County Department of Social Services
Mirna Gereige, *Foster Care & Adoptions Supervisor*
Krystal Harris, *Director*
Meredith Houchins, *Social Work Program Administrator*
Artelia Trice, *Adult Services Supervisor*

Warren County Department of Social Services
Ryan Whitson, *Director*

Jennifer Love Pennell, *Director of Care Coordination (MH/SUD)*
Will Woodell, *Chief Operations Officer*
Anna Yon, *Vice President of Community*

Other Participants
Janet Breeding, *LME-MCO Liaison, NC Department of Health and Human Services*
Terri Reichert, *System of Care Expansion Grant*

EASTPOINTE REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Bladen County Department of Social Services
Janet Miller, *Social Work Program Manager*

Dannette Sessoms, *WorkFirst Social Worker*
Vickie Smith, *Director*
Tommy Thompson, *Advisory Committee Member*

Duplin County Department of Social Services
Kim Hedrick, *Child Protective Services Supervisor*
Nanette Outlaw, *Director*

Edgecombe County Department of Social Services
Kimberly Nicholson, *Interim Social Work Program Manager*
Marva Scott, *Director*

Greene County Department of Social Services
Angela Ellis, *Director*
Shavonne Harrell, *Former Child Welfare Supervisor*
Veronica Lee, *Adult Services Supervisor*

Nash County Department of Social Services
Stephanie Grischow, *Foster Care Supervisor*
Amy Pridgen-Hamlett, *Deputy Director*

Robeson County Department of Social Services

Vanessa McKnight, *Foster Care Supervisor*
Vanessa Moore, *Foster Care Supervisor*

Sampson County Department of Social Services
Sarah Bradshaw, *Director*
Lynn Fields, *Social Work Program Manager*

Scotland County Department of Social Services
Jennifer Byrd, *Child Protective Services Supervisor*
Sandy Connor, *Social Work Program Administrator*
Kim McRae, *Adult Protective Services Supervisor*
Wendy Stanton, *Children's Services Supervisor*

Wayne County Department of Social Services
Sarah Cashwell, *Foster Care Supervisor*
Kimberly McGuire, *Social Work Supervisor*
Stephen Potter, *Program Manager*

Wilson County Department of Social Services
Don Hicks, *Child Abuse Prevention Supervisor*
Kathy Stone, *Child Welfare Section Leader*

Eastpointe
Carol Bowles, *CFAC*
Catherine Dalton
Angela English, *Assistant Director of Utilization Management*
Lynnette Gordon, *Assistant Clinical Officer*
Victoria Jackson, *Chief of Clinical Operations*
Karen Salacki, *Chief of External Operations*
Lou Ann Simmons, Care Coordination Supervisor
Sarah Stroud, *CEO*

Other Participants
Kenneth Bausell, *Division of Medical Assistance, NC Department of Health and Human Services*
Beverly Bell, *Division of Medical Assistance, NC Department of Health and Human Services*

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

Jessica Guice-Albritton, *Division of Social Services, NC Department of Health and Human Services*

Adgenda Turner, *Division of Social Services, NC Department of Health and Human Services*
Dennis Williams, *Former LME Liaison, NC Department of Health and Human Services*

PARTNERS BEHAVIORAL HEALTH MANAGEMENT REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Burke County Department of Social Services
Kathy Craig, *Adult and Child Welfare Services Administrator*
Jamie Pearson, *Child Protective Services Supervisor*

Catawba County Department of Social Services
John Eller, *Former Director*
Karen Harrington, *Director*
Robert Powers

Cleveland County Department of Social Services
Alison Clark, *Social Work Program Manager, Child Permanency/Adoptions*
Karen Ellis, *Director*
Lana White

Gaston County Health and Human Services
Angela Karchmer, *Social Services Division Director*
Melanie Lowrance, *Children and Family Services Administrator*
Anna Trietley, *DHHS Special Projects Manager*

Iredell County Department of Social Services
Angela Williams, *Program Administrator, Foster Care, Adoptions and Adult Services*
Lisa York, *Program Administrator, Child Protective Services*

Lincoln County Department of Social Services
Dean Bethea, *Adult Services Program Manager*
Tony Carpenter, *Services Program Administrator*
Sandy Kennedy, *Foster Care and Adoptions Program Manager*
Susan McCracken, *Director*

Surry County Department of Social Services
Kristy Preston, *Director*

Yadkin County Human Services
Kim Harrell, *Director*

Partners Behavioral Health Management
Tara Conrad, *Regional Director of Community Operations*
Jeffery Eads, *Regional Director*
Mike Forrester, *Chief Clinical Officer*
Lynne Grey, *Utilization Management Manager*
Allison Gosda, *Mental Health/Substance Use Clinical Director*
Barbara Hallisey, *Associate Clinical Services Director*
Beth Lackey, *Provider Network Director*
Rhett Melton, *CEO*
Gayle Mitchell, *CFAC*
Jeffrey Sanders
Donna Sallstrom, *CFAC*
Andrew Schrag, *Regional Director*
Leah Williams, *Research Director*

Other Participants

LaVerne Blue, *Division of Aging and Adult Services, NC Department of Health and Human Services*
Mellicent Blythe, *NC Child Treatment Program*
Heather Burkhardt, *Division of Aging and Adult Services, NC Department of Health and Human Services*
Yvonne French, *LME Liaison, NC Department of Health and Human Services*
Lisa Jackson, *Division of Medical Assistance, NC Department of Health and Human Services*
Roslyn Thompson, *Division of Social Services, NC Department of Health and Human Services*

SANDHILLS CENTER REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Anson County Department of Social Services
Lula Jackson, *Director*
Mary Kendall, *Children Services Supervisor*

Guilford County Department of Social Services
Sharon Barlow, *Children's Services Division Director*
Jenise Horton-Davis, *Aging & Adult Services Division Director*
Cheryl Millmore, *Aging & Adult Services Program Manager*
Heather Skeens, *Director*

Harnett County Department of Social Services
Kelly Kelly, *Adult Services Program Manager*
Virginia Smith, *Children Services Program Manager*

Hoke County Department of Social Services
Tammy Chaney, *Adult Services Supervisor*
Della Sweat, *Director*

Lee County Department of Social Services
Maggie Johnson, *Foster Care Supervisor*
Lesa Price, *Adult Services Supervisor*

Montgomery County Department of Social Services
Dottie Robinson, *Director*
Adrian Black, *Team Coordinator for Children's Services*
Sarah Smith

Moore County Department of Social Services
John Benton, *Director*

Randolph County Department of Social Services
Amanda Gilepskie
Meghan Kology, *Child Welfare Supervisor for In-Home Services*
Lisa Stern, *Foster Care Program Supervisor*

Richmond County Department of Social Services
Robby Hall, *Director*
David Richmond, *Foster Care Supervisor*

Sandhills Center
Tena Campbell, *Innovations and I/DD Clinical Director*
Lucy Dorsey, *Child MH/SA Care Coordination Clinical Director*
Azell Reeves, *CFAC*
Dorinda Robinson, *Care Coordination Director*
Anthony Ward, *Deputy Director/Chief Operating Officer*
Victoria Whitt, *CEO*

Other Participants
LaVerne Blue, *Division of Aging and Adult Services, NC Department of Health and Human Services*
Mellicent Blythe, *NC Child Treatment Program*

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

Amanda Martin, *Division of Social Services, NC Department of Health and Human Services*
Karey Perez, *Division of Aging and Adult Services, NC Department of Health and Human Services*
Renee Rader, *Division of Medical Assistance, NC Department of Health and Human Services*
Dennis Williams, *LME Liaison, NC Department of Health and Human Services*

TRILLIUM HEALTH RESOURCES REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Beaufort County Department of Social Services
Lisa Gibbs Lee, *Children Services Supervisor*
Susan Hudson, *Income Maintenance Supervisor*

Brunswick County Department of Social Services
Daphne Green, *Social Work Program Administrator*
Cathy Lytch, *Director*
Tanya Madden, *Foster Care Social Work Supervisor*

Camden County Department of Social Services
Craig Patterson, *Director*

Carteret County Department of Social Services
Donna Grant, *Substance Abuse-Mental Health Liaison*
Cindy Holman, *Consolidated Human Services Director*
Clint Lewis, *Deputy Director*
Pam Stewart, *Social Work Program Manager*

Craven County Department of Social Services
Kent Flowers, Jr, *Director*
Geoffrey Marett, *Deputy Director*
Mary Guilfoyle, *Children's Services Social Work Program Administrator*
Mary Ann Mehan, *Adult Social Work Services Program Manager*

Currituck County Department of Social Services
Tyeshia Brothers-Phelps
Samantha Hurd, *Director*
Carla Meban, *Adult Protective Services Supervisor*

Dare County Health and Human Services
Charles Lycett, *Social Services Division Director*
Sally Helms
Sally Laws, *Children's Services Supervisor*

Gates County Department of Social Services
Ann Holley, *Director*
Phyillis Parker, *Child Protective Services Supervisor*

Hyde County Department of Social Services
Julie Collin

Jones County Department of Social Services
Jessica Adams, *Child Welfare and Family Support Manager*
Chris Harper, *Director*

New Hanover County Department of Social Services
Wanda Marino, *Assistant Director for Social Work*
Mary Beth Rubright, *Child Protective Services Manager*
Michelle Winstead, *Director*

Northampton County Department of Social Services
Shelia Evans, *Director*

Pamlico County Human Services Center
Sheila Stansberry, *Program Manager*

Lauren Weatherly, *Children's Services Supervisor*

Pasquotank County Department of Social Services
Kathy Ford, *Social Work Program Administrator*

Pender County Department of Social Services
Wesley Stewart, *Director*
Tyshea Harris-Sutton, *Adoption/Foster Care Supervisor*
Keisha Hooks, *Child Protective Services Supervisor*
Jackie Williams, *Social Work Program Manager*

Perquimans County Department of Social Services
Susan Chaney, *Director*

Trillium Health Resources
Bland Baker, *Regional Director*
Jackie Beck, *TCLI Director*
Rose Burnette, *Senior Director – IDD Care Coordination & IDD Clinical Director*
Julie Brinson
Nancy Cleghorn, Senior Director - *MHSU Care Coordination*
Jennifer Cox
Cindy Ehlers, *Vice President - Clinical Operations*
Hope Eley, *System of Care Coordinator*
Rob Fibel
Robert Heubel, *Comprehensive Child Care Coordination Manager*
Amy Horgan, *System of Care Coordinator*
Keith Letchworth, *System of Care Coordinator*
Beth Mabry

Angela Jordan, *Children's Services Supervisor*

Pitt County Department of Social Services
Jan Elliott, *Director*
Gwen Burns, *Human Services Deputy Director*
Tammy Lewis, *Child Welfare Program Administrator*

Tyrrell County Department of Social Services
Brandy Mann, *Interim Director*
Valerie Phelps, *Social Work Supervisor*

Washington County Department of Social Services
Clifton Hardison, *Director*
Demaine Hill
Karma Warren, *Children's Services Supervisor*

Kristy Maddox Reed
Regina Manly, *Regional Director – IDD Care Coordination*
Cathy Mathis
Juanita Murphy, *Regional Director – IDD Care Coordination*
Angela Noe
Dave Peterson, *Regional Director*
Karen Reaves, *System of Care Coordinator*
Ashley Rhea, *Call Center Operations Manager*
David Tart, *Regional Director*
Chinita Vaughan, *System of Care Coordinator*
Leza Wainwright, *CEO*
Darlene Webb, Director of Adult MHSU Care Coordination
Tracey Webster, *System of Care Coordinator*

Other Participants

Tasha Griffin, *Division of Medical Assistance, NC Department of Health and Human Services*

Adgenda Turner, *Division of Social Services, NC Department of Health and Human Services*

Aimee Watson-Green, *Division of Social Services, NC Department of Health and Human Services*

VAYA HEALTH REGIONAL LEADERSHIP SUMMIT PARTICIPANTS

Alexander County Department of Social Services
Trish Baker, *Director*
Laura Harrison
Kristen Icard, *Adult & Child Services Program Manager*

Ashe County Department of Social Services
Tommy McClure, *Adult Services Supervisor*

Buncombe County Health & Human Services
Angie Garner
Jim Holland, *Director*
Tammy Shook, *Social Work Services Division Director*
Katie Swanson, *Child Protective Services and Adult Services Program Administrator*
Trish Wallin

Caldwell County Department of Social Services
Jack Daulton, *Adult and Family Support Program Administrator*
Will Wakefield, *Director*

Cherokee County Department of Social Services
Cindy Palmer, *Director*
Clesia Wells, *Foster Care Supervisor*

Clay County Department of Social Services
Todd Goins, *Foster & Adoption Services Supervisor, Adult Protective Services Supervisor*
Deborah Mauney, *Director*
Haven Phillips

Graham County Department of Social Services
Butch Sanders, *Director*

Haywood County Department of Social Services
Stoney Blevins, *Director*
Kristy Smith, *Child Protective Services Team Leader*

Henderson County Department of Social Services
Kevin Marino, *Social Work Program Administrator*
Jerrie McFalls, *Director*

Jackson County Department of Social Services
Jennifer Abshire, *Director*
Sheryl Williamson, *Social Work Program Manager*

Macon County Department of Social Services
Patrick Betancourt, *Director*
Lisa Hilliard, *Foster Care & Adoption Services Supervisor, Adult & Family Services Supervisor*
David Smith, *Child Protective Services Supervisor*

Madison County Department of Social Services
Connie Harris, *Director*

Mitchell County Department of Social Services
Paula Holtsclaw, *Director*

Polk County Human Services
Josh Kennedy, *Director*

Rutherford County Department of Social Services
Amanda Tanner-Mcgee, *Social work Program Manager*

Swain County Department of Social Services
Erin Pooser, *Children's Services/Intake Supervisor*
Sheila Sutton, *Director*

Transylvania County Department of Social Services

Vaya Health
Dustin Burleson, *Care Coordination Manager*
Meredith Comer
Rhonda Cox, *Chief Population Health Officer*
Christina Dupuch, *Chief Operating Officer*
Shelly Foreman, *County Relations Representative*
Brian Ingrahm, *CEO*
Ruth Jordan, *Care Coordination Manager*
Lindy Monteleone
Celeste Ordiway
Dona Johnson

Wilkes County Department of Social Services
John Blevins, *Director*
Kevin Brown, *Child welfare and Family Support Manager*
Hal Wilson, C*hild Protective Services Program Manager*

Yancey County Department of Social Services
Becky Davis, *Foster Care and Adoptions Supervisor*
Michelle Rogers, *Adult Services Supervisor*
Christy Pruess, *Care Coordination Manager*
Donald Reuss, *Senior Director of Provider Network*
Rebecca Sharp
Zack Shepherd, *Care Coordination Manager*
Brian Shuping, *County Relations Representative*
Mark Van Tuyl
Sara Wilson, *Senior Director of Care Coordination*

Other Participants
Tabatha Brafford, *Appalachian Community Services*
Sarah Dunagan, *Daymark Recover Services*
George Edmonds, *Youth Villages*
Krista Engels, *RHA Health Services*
Sandy Feutz, *RHA Health Services*
Derrick Jordan, *MHA*
Julie Klipp Nicholson, *Buncombe County Family Justice Center*
Greta Metcalf, *Meridian Behavioral Health*
Samantha Morrison, *Family Preservation Services*
Brenda Triplett, *Youth Villages*
Brain Vogl, *Division of Social Services, NC Department of Health and Human Services*
William Westbrook, *Family Preservation Services*
Dianne Whitman, *Division of Juvenile Justice, Department of Public Safety*
Kurt Wilder, *RHA Health Services*
Joe Yurchak, *Family Preservation Services*

PROJECT STAFF

Lauren Benbow
Former Project Director, NCIOM

Anne Foglia
Project Director, NCIOM

Warren Ludwig
Consultant & Summit Facilitator

Michael Owen
Consultant & Summit Facilitator

Berkeley Yorkery
Associate Director, NCIOM

Adam Zolotor
President & CEO, NCIOM