



**BRIDGING LOCAL SYSTEMS:
STRATEGIES FOR BEHAVIORAL HEALTH AND SOCIAL SERVICES COLLABORATION**

ALLIANCE REGIONAL LEADERSHIP SUMMIT

**Friday, December 2nd, 2016
Durham, North Carolina
12:00 - 3:00 pm**

ATTENDEES

Mark O'Donnell, NC Division of Mental Health; Mary Hooper, NC Council of Community Programs; Catharine Goldsmith, NC Division of Medical Assistance, Doug Wright, Alliance; Ann Oshel, Alliance; Teresa Strom, NC DSS; Mellicent Blythe, NC CTP; Michael Becketts, Durham County Department of Social Services; Warren Ludwig, Tony Harris, Johnston County DSS; Denise Boyette, Johnston County DSS; Mary McCoy, Cumberland County DSS; Bobbie Redding, Cumberland County DSS; Antonia Pedroza, Wake County Human Services; Eric Harbour, NC Division of Mental Health; Lisa Cauley, Wake County Human Services; Sean Schreiber, Alliance; Linda Keely, Wake County Human Services; Rob Robinson, Alliance; Anne Foglia, NCIOM; Lauren Benbow, NCIOM.

OVERVIEW

Warren Ludwig (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 shared outcomes for jointly served populations of families and adults. He put the meetings in the context of past efforts and current events including similar meetings taking place between other MCOs and the counties in their jurisdictions.

INITIAL STATEMENTS OF OBJECTIVES

Following introductions, Warren asked the attendees to discuss specific outcomes they want to achieve by participating in this project.

Wake and Durham both stated they were ready to move beyond collaboration to working together on shared outcomes for vulnerable populations.

Cumberland said it wants capacity building and crisis services, and Johnston County said it wants improved crisis services for placements.

Alliance acknowledged the need for crisis services but said it has greater capacity for working collaboratively with counties on upstream projects that decrease the number of crises and believes joint upstream projects will produce better outcomes for children and families. Alliance has championed evidence based treatment and trauma informed treatment.

WHAT'S WORKING AND WHAT CHALLENGES HAVE BEEN OVERCOME

The counties described the different histories of their relationships with Alliance.

Durham has the longest relationship with Alliance and sees it as an extension of county government and the backbone of its system of care. Alliance leadership participates in Durham County with other directors of Human Services agencies who get together regularly to talk about high level policy. Durham and Alliance have a co-funded position.

Until recently, Wake Human Services provided mental health services to Child Welfare clients. Wake now has developed three contracts with Alliance for specialized services to children and adults involved with Child Welfare. At present, a contract for assessments of parents is challenged by a shortage of services to meet needs identified by the assessment. For adult services, Wake perceives a loss moving from its LME to the Alliance MCO because Alliance follows more of a medical model and is less involved helping build capacity for housing and other needs of mentally ill adults.

Cumberland reported Alliance has a care coordination position housed at Cumberland DSS that helps collaborate on services to both children and adults.

Johnston reported feeling like a little fish in a big pond. Johnston reported it is the only county that maintained its own LME, that it accesses emergency help through its LME and meets with the LME director and staff bimonthly. Alliance confirmed that the LME is the interface between the MCO and Johnston County and that it is funded at least in part by Alliance.

OPPORTUNITIES FOR COLLABORATION:

Collaborative Community Programs

Durham requested information on all the special programs that Alliance is conducting in each county, suggesting all could benefit by knowing what is being done elsewhere. Wake expressed interest in identifying a support package of behavioral health services that every DSS needs. Warren spoke briefly about some of the collaborative efforts being tried in other parts of the state and said sharing information about joint efforts will be part of the Bridging Local Systems process. Cumberland suggested educating communities about available services.

Building Capacity, Placing Children Locally, Preventing Disruptions, and Sharing Data

Johnston and Cumberland County both emphasized the need for capacity building, with Johnston stating that more placement beds are needed at all levels including regular foster care.

Durham County stated a major capacity problem is that 80 beds in Durham County are filled by children from other counties, making those beds unavailable locally and resulting in Durham receiving requests to make 80 child visits a month for other counties.

Disruptions in placement were discussed as reducing effective bed capacity, leading to poorer permanency and wellbeing outcomes and placements in higher level, higher cost mental health settings that tend to be ineffective. Alliance expressed interest in focusing on disruptions leading to higher level placements, but the DSS point of view was that disruptions resulting in lateral

moves are also harmful to children and make them more likely to eventually be referred to higher level treatment placements. Whereas a primary focus on averting higher level treatments sparked concerns that Alliance would inappropriately limit high end treatment for children with high end needs, a upstream focus on reducing placement disruptions was a shared objective with potential to improve child outcomes while reducing costs in both systems. Several strategies for reducing placement disruptions were discussed including improved training and support for foster and therapeutic home providers and placements.

The need to share and review data was discussed as an initial step in efforts to build capacity, place children locally, and reduce disruptions.

Adults & Guardianship

Alliance and the DSS agencies discussed the growing adult population and the need to collaborate on guardianship issues, especially if a clerk of court enters an MDE. Alliance and the DSS agencies agreed that the LME/MCO should be notified in order to ensure that treatment is in place, and that both organizations need to closely monitor these cases. The group also discussed concerns that some adults are inappropriately being declared incompetent. It was proposed that Alliance and DSSs meet jointly with local hospitals to discuss evaluations, and issues of incompetency versus mental health issues.

ACTION STEPS BE TAKEN PRIOR TO THE JANUARY 20 MEETING

- Data
 - Warren will compile data on child placements in each county from the Jordan Institute website
 - Each DSS agency will send a report to Anne Foglia based on internal data each county keeps on the DSS keeps on placements including the total number of children in legal custody, types of placements, placement stability and the number of moves, and reasons for placement moves. The report should cover the last four quarters ending in September. The expectation is that DSSs will send a report they already have capacity to produce and will also send a report on adult placements if available.
 - Alliance will send Anne Foglia a report from its system on placement and placement stability by county, also for the four quarters ending September 30, 2016. It is understood the Alliance data will be for Alliance funded treatment placements. If possible, Alliance will also share data it is starting to gather on providers' model of care and outcomes.
- Alliance will prepare a list of county specific collaborative projects with a short paragraph on each project.

AGENDA FOR MEETING FRIDAY, JANUARY 20, 2017, NOON TO 3 PM.

- 1) Review of list of county specific collaborative projects
- 2) Review of County, Alliance, and Jordan Institute data reports
 - a. What data is most helpful?
 - b. What data elements should the MCO and the DSSs follow together?
 - c. What are the implications of the data for efforts to build capacity, place children locally, and prevent disruptions?
- 3) Discussions of strategies to build capacity, place children locally, and prevent disruptions
- 4) Opportunities to collaborate on adult and guardianship clients
- 5) Other opportunities and next steps