



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

**PARTNERS BEHAVIORAL HEALTH MANAGEMENT REGIONAL LEADERSHIP  
SUMMIT**

**Friday, February 24, 2016  
Hickory, North Carolina  
12:00 - 3:00 pm**

**ATTENDEES**

Karen Harrington, *Catawba County DSS*; Karen Ellis, *Cleveland County DSS*; Anna Trietley, *Gaston County DSS*; Lisa York, *Iredell County DSS*; Tony Carpenter, Susan McCracken, *Lincoln County DSS*; Kim Harrell, *Yadkin County DSS*; Tara Conrad, Jeffery Eads, Allison Gosda, Lynne Grey, Rhett Melton, Jeffrey Sanders, Andrew Schrag, Leah Williams, *Partners BHM*; Gayle Mitchell, *Partners CFAC*; LaVerne Blue, Yvonne French, Roslyn Thompson, *DHHS*; Mellicent Blythe, *NC Child Treatment Program*; Anne Foglia, *NCIOM*; Warren Ludwig, *consultant/facilitator*.

**WELCOME & ANNOUNCEMENTS**

Warren Ludwig (meeting facilitator) welcomed everyone to the final meeting of the regional leadership summit, reviewed the proposed agenda for the day's meeting, and welcomed group announcements. Anne Foglia (project director) requested that participants complete a one-page regional leadership summit feedback survey before the end of the meeting. Anne also outlined what to expect in the regional and statewide Bridging Local Systems reports which will summarize the project and process, as well as local successes, challenges, action, and recommendations.

**SUMMARY OF INITIATIVES FROM OTHER ONGOING REGIONAL LEADERSHIP SUMMITS**

One of the goals of the regional leadership summits taking place across the state is to share information and strategies for overcoming barriers across regions. Anne Foglia and Warren Ludwig shared some of the discussion highlights and proposed goals and initiatives from the concurrent regional leadership summits taking place in the Eastpointe, Sandhills Center, and Alliance Behavioral Healthcare regions. Examples shared included review of contact information and communication protocols, proposals for LME/MCO Liaison positions at the DSS to facilitate communication and service coordination, the

development of cross-training webinars, education on funding streams for each organization, opportunities for expanding parent services and eligibility, data sharing, and an emphasis on preventing placement disruptions. Summary materials provided can be viewed here: [Summary](#) and [Summary Presentation](#).

## **POLICY RECOMMENDATIONS**

Partners and the county DSS made several joint recommendations for action by DHHS and/or the legislature:

- Develop and support a cross-system effort of prevention, treatment, and funding initiatives to effectively address the impact of parental substance use on children. The effort should include:
  - Community prevention initiatives that include social services, public health, law enforcement, and provider partners. Prevention efforts should include adopting best practices for prescribing controlled substances; addressing unresolved trauma; and providing easy and safe disposal of medications.
  - Improved availability and accessibility of addiction treatment services for parents whose children are at risk of or have entered foster care including Suboxone medication and residential programs that allow mothers with young children to live together throughout treatment.
  - Alternatives that allow parents whose children enter foster care to receive continuing Medicaid benefits to support family reunification.
- Maintain or expand Medicaid benefits. Reductions in Medicaid benefits and services are very damaging to the vulnerable children and families served by the DSSs and LME/MCOs.
- Maintain or expand state funding of behavioral health services for North Carolina citizens. Cutting funding to LME/MCOs reduces the ability of the LME/MCO to provide addiction treatment to uninsured adults, and contribute to innovative local initiatives such as trauma-informed services.
- Incorporate trauma-informed training into the training for all foster parents.

## **UPDATE ON COUNTY TRAUMA-INFORMED CARE INITIATIVES**

Karen Ellis and Andrew Schrag reported that in Cleveland County, Partners has finished most of the trauma-informed training of therapeutic foster parents aimed at improving foster parents' understanding of and ability to manage trauma and triggers. Thus far, about 8 children have received the trauma screening assessment, which has provided essential insight into how to best care for the children. Future directions include expanding the trainings to group home caregivers and addressing trauma-informed care training needs in school and juvenile justice settings.

Catawba County, which has a free-standing mental health clinic, is continuing to provide trauma screenings to children entering care and has focused the mission of the clinical team on serving the children and families entering the system. 100% of the staff are trained in trauma-informed principles using National Child Traumatic Stress Network (NCTSN) materials.

Gaston County has also expressed an interest in implementing similar trauma-informed practices, but is working to fill several vacancies before moving forward. Partners is currently developing trauma-informed care training for child welfare workers.

Susan McCracken raised the issue that placement disruptions—initiated by both the DSS and LME/MCO—further harm children with trauma histories. It is detrimental to the children’s well-being, chances of achieving permanence, and risk of future emotional-behavioral problems. Susan argued that the two systems need to figure out a way to minimize disruptions for these children. Strategies discussed included training to help prevent upward moves and working with therapeutic foster families to encourage steps down within the same home. Enabling children to step down within homes may require adjustments to the financial/rate structure currently in place. The group agreed to look at how this can be addressed systemically in future meetings.

The group also discussed the need to address the trauma-informed care needs of adults. In particular, trauma-informed training and education should be provided to adult care home staff as well as foster parents.

#### **UPDATE ON TRANSITION TO COMMUNITY LIVING INITIATIVE**

Jeffrey Sanders provided a brief update on the lawsuit settlement and the January meeting held to discuss the Transition to Community Living Initiative (TCLI) in greater detail. The justice department filed a motion in January 2017 stating North Carolina is not meeting the requirements of the settlement agreement. The state requested an extension to respond by March 1, 2017. More information about the impact of this motion will follow in the next few months.

At the January 10, 2017 meeting, representatives learned more about the TCLI program, the settlement requirements, and the options and resources available to individuals. Representatives also exchanged contact information and discussed ways to improve communication between Partners and the DSS adult services supervisors regarding specific issues and concerns, guardianship, individual candidates for transition, and how to ensure the appropriate community resources are in place prior to transition.

## **REGIONAL LEADERSHIP SUMMIT WRAP-UP**

Recognizing that the Partners and DSS leadership around the table had already accomplished a lot in terms of establishing collaborative working relationships prior to the Bridging Local Systems Regional Leadership Summit, Warren asked the group to reflect on what had been accomplished during the summit and how the group intended to move forward.

Partners shared the intention to continue meeting with county DSS leadership and maintain open communication regarding what in the partnership is/is not working. Some DSS representatives expressed an interest in continuing to meet on occasion as a region in order to facilitate collaboration and learning across county lines.

County leadership valued the ability to have blunt conversations, commiserate over challenges faced rather than lay blame, and improve services and collaboration as a result. Leaders expressed the desire to help get other staff members to the same level of comfort and understanding.