

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

EASTPOINTE REGIONAL LEADERSHIP SUMMIT

**Wednesday, April 5, 2017
Beulaville, NC
12:00 - 3:00 pm**

ATTENDEES

Janet Miller, Vickie Smith, *Bladen DSS*; Kim Hedrick, *Duplin DSS*; Vanessa Moore, *Robeson DSS*; Sandy Connor, Kimberly McRae, Wendy Stanton, *Scotland DSS*; Don Hicks, Kathy Stone, *Wilson DSS*; Angela English, Lynnette Gordon, Victoria Jackson, Karen Salacki, Lou Ann Simmons, *Eastpointe*; Beverly Bell, Walt Caison, Adgenda Turner, Dennis Williams, *DHHS*; Anne Foglia, *NCIOM*; Michael Owen, *consultant/facilitator*.

OVERVIEW & SUMMIT PROGRESS

Michael Owen (summit facilitator) reviewed the overarching goal of the Bridging Local Systems project to strengthen communication and collaboration between the LME/MCO and DSS systems to improve outcomes for the jointly served population.

Following this review, Michael asked participants to write down one or two things that had been accomplished or on which progress had been made by participating in the past three summit meetings. Examples shared with the group included:

- Improved communication—developed a more effective communication style, helped to bridge the language gap between the two agencies, and increased familiarity among agency staff and knowledge of whom to contact for help with specific issues;
- Increased general knowledge of how each system operates and understanding of the differences in regulations governing the two systems;
- Identified systemic barriers to accessing treatment;
- Developed an preliminary proposal for a LME/MCO-DSS liaison position;
- Began developing an educational resource suite to aid in cross-training of staff and improve understanding of how to navigate the system and help clients access services;

Michael also summarized some of the progress made at previous summit meetings:

- Develop a series of orientation webinars to educate staff on a number of common issues surrounding regulations, processes, and inter-agency communication.
- Strengthen collaboration discharge and Transition to Community Living Initiative planning.
- Create LME/MCO-DSS liaison positions proposal.

UPDATES FROM WORKGROUPS

Before hearing from workgroup members, Victoria Jackson, Clinical Director at Eastpointe, updated the group on the pending merger with Cardinal Innovations Healthcare Solutions. Eastpointe continues to operate as usual while the LME/MCOs wait for approval to move forward with the merger from DHHS Secretary Mandy Cohen. Eastpointe is partnering with Cardinal to discuss current processes and prepare for a smooth transition.

LME/MCO-DSS LIAISON POSITIONS

Sarah Bradshaw, Director of Sampson County DSS, and Victoria Jackson, Clinical Director at Eastpointe, updated the group on the development of a proposal for the establishment of a Mental Health Liaison Position housed at the local DSS as a starting point for local discussions. Sarah and Eastpointe partners met with the Sampson County Manager to begin discussions about designating county allocations for a liaison position.

Potential position responsibilities include:

- 1) Accessing and navigating services through the Eastpointe LME/MCO for children in the child welfare system and adults at risk in connection with APS;
- 2) Coordinating behavioral health (clinical based) seminars throughout the year at the least quarterly or every two months;
- 3) Serving as the LME/MCO Representative at our Family Team Meetings when appropriate;
- 4) Provide annual training sessions for DSS staff on:
 - a. Recognizing/acting on symptoms of secondary trauma and
 - b. Quarterly stress management training sessions.

The suggested funding for the position leverages a combination of the County LME/MCO contribution, LME funds, and DSS contribution of the necessary space, furniture, supplies, phone, computer, etc.

WEBINAR CROSS-TRAINING

Eastpointe is working with the IT department to work out the logistics of developing web training materials. Eastpointe also requested DSS feedback on the list of potential topics distributed following the February meeting.

DISCHARGE PLANNING & TRANSITION TO COMMUNITY LIVING INITIATIVE (TCLI)

Lynette Gordon of Eastpointe shared a contact list for TCLI staff and updated the group on the progress made by the workgroup to improve communication and determine eligibility for potential TCLI participation of members involved with Adult Protective Services. The workgroup proposed establishing a yearly regional meeting between Eastpointe and the adult DSS workers, the creation of a web-based means for referrals, and continuing to share and update contact information as needed.

HOW CAN WE BETTER SERVE OLDER ADULTS?

The meeting participants discussed the difficulties faced in finding placements for adults, particularly those with dual-diagnoses.

RECOMMENDATIONS

- The Statewide Steering Committee should be meeting and listening to the needs of local partnerships regularly.
- Clinical coverage policy should incorporate a transition period at the end of a service authorization to aid discharge planning and smooth the transition to less intensive treatment services.
- Social work curricula should incorporate a greater focus on Medicaid and clinical policies governing the services available to child or adult clients.
- Address the gaps in access and reports to the Health Care Registry (HCR), Responsible Individuals List (RIL), and Central Registry (CR)—the DSS and Easpointe leadership report having different roles in reporting to multiple registries in the event that a foster parent or group home manager is found to have mistreated a child. Similarly, the systems have differing access to the registries to avoid contracting with or placing children in the care of those individuals in the future. The protocols for use of these registries by LME/MCOs, DSS agencies, and providers should be clarified and any identified gaps should be addressed.
- The conflicting federal policies prioritizing placement stability for the DSS agencies and the impact of determining medical necessity for Medicaid treatment on stability need to be resolved. Functionally, DSS and LME/MCO leadership need to continue having face-to-face conversations about how to apply the policies on a case-by-case basis.
- Participants felt that North Carolina is ill-equipped to respond to the “silver tsunami” as the number of older adults continues to increase. State leadership should study projected needs and resources and develop a state plan to support counties in meeting the increasing demand.

NEXT STEPS

A brief report summarizing the outcomes of the Regional Leadership Summit will be circulated for participant comments before being shared with the Statewide Advisory Committee and other regions in the state.