



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

REGIONAL LEADERSHIP SUMMIT – TRILLIUM HEALTH RESOURCES

MEETING SUMMARY

Wednesday, August 30, 2017
Wilmington, NC

ATTENDEES

Cathy Lytch, *Brunswick County DSS*; Clint Lewis, Pam Stewart, *Carteret County DSS*; Jessica Adams, Chris Harper, *Jones County DSS*; Wanda Marino, Michelle Winstead, *New Hanover County DSS*; Tyshea Harris, Keisha Hooks, Wesley Stewart, Jackie Williams, *Pender County DSS*; Amy Hogan, Beth Mabry, Dave Peterson, Karen Reeves, Ashley Rhea, David Tart, Darlene Webb, *Trillium Health Resources*; Tasha Griffin, Jeanne Preisler, Adgenda Turner, Dennis Williams, *DHHS*; Anne Foglia, *NCIOM*; Michael Owen, *Facilitator*.

INTRODUCTIONS & OVERVIEW

After introductions, Michael Owen (meeting facilitator) reviewed the sponsors and goals of the Bridging Local Systems project as well as the meeting agenda:

- Overview & Introductions
- Review Previous Meeting: What do you want to accomplish?
- Discuss Relevant Developments
- Self-organize Follow Up & Follow Through

Michael's slides are available [here](#).

REVIEW OF PREVIOUS MEETING: WHAT DO YOU WANT TO ACCOMPLISH?

Michael reviewed the strengths, challenges, and strategies identified by the Southern Trillium Region participants at the June meeting in Greenville ([Meeting Summary](#)) and asked meeting participants to reflect and share any additions:

Strengths: What's working?

- The Child and Family Teams are working well.



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- Trillium is upgrading mobile crisis services in some communities in response to county feedback. DSS reported that the communication regarding the new mobile crisis provider has been effective.
- County DSS agencies 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—she is accessible and effective when problems arise.
- 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.
- Guardians of adult and child clients are good about coming to team meetings and participating actively in the process of their care.

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?
- The appeals process for service authorizations is long, tedious, and complicated.
- The interagency communication in response to both placement and treatment crises was also raised during discussion as an issue requiring additional work.



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STRATEGIES & NEXT STEPS

How can DSS line staff better understand the service array and how to access it?

Trillium delivers presentations to counties on their infrastructure and operations relevant to DSS. Craven County has done this and requested a follow up presentation to cover service definitions in greater detail. Pitt County has also requested an overview presentation. Participants agreed it would be helpful to make other counties in the region aware of such presentations in case they wanted to send staff. Presentations could include updated guidance on who to call when under pressure (e.g., Friday afternoon). Trillium is also in the process of updating their provider directory to make it easier to search.

How can DSS and Trillium address concerns about service authorization denials?

Participants discussed possible reasons for service authorization denials but focused primarily on failure to demonstrate medical necessity. DSS leaders asked what protocols could be set up to streamline the process when another service is identified as more clinically appropriate rather than receiving a simple denial and needing to either appeal or start the assessment and referral process over. Participants also discussed the need for providers to be held accountable for providing quality assessments and recommendations to avoid unnecessary steps in the authorization process.

In addition, participants discussed the need for additional respite services to serve children during the service authorization and appeals process.

How can DSS and Trillium partner to improve the interagency response to placement and treatment crises?

DSS and Trillium leaders agreed that conducting a deep dive analysis as a team of some complex case examples would be a useful exercise in helping to improve communication and collaboration, look for systemic solutions, and learn for the future. A deep dive analysis could be the focus of future regional leadership meetings.

Participants also discussed the use of mobile crisis services, which has been helpful in diverting clients from the hospital or jail, as well as the potential for piloting an expanded mobile response and stabilization service definition that stay involved with clients to help them get engaged in services.

Trillium is also in the process of developing a web-based crisis service database that will help care coordinators and DSS agencies identify available crisis placements.



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How can our communities be more helpful to uninsured residents?

Participants acknowledged that there are very limited, highly regulated state funds to provide services for uninsured individuals. Example projects funded using savings or state dollars include: providing Naloxone kits to sheriff's departments; offering CIT and Mental Health First Aid trainings to sheriff's departments; and Child First.

ADDITIONAL RESOURCES DISCUSSED THROUGHOUT THE MEETING

- [Advocating for Child and Adolescent Mental Health Services Course](#)
- [NC Council Conference – December 6-8, 2017](#)