



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

REGIONAL LEADERSHIP SUMMIT – TRILLIUM HEALTH RESOURCES

MEETING SUMMARY

Thursday, August 31, 2017
Greenville, NC

ATTENDEES

Lisa Gimsley, *Beaufort County DSS*; Kent Flowers, Geoff Maret, Mary Ann Mehan, *Craven County DSS*; Sally Helms, Sally Laws, *Dare County DSS*; Julie Collin, *Hyde County DSS*; Sheila Stansberry, *Pamlico County HSC*; Gwen Burns, Jan Elliott, Tammy Lewis, *Pitt County DSS*; Brandy Mann, Valerie Phelps, *Tyrrell County DSS*; Julie Brinson, Rob Fibel, Keith Letchworth, Dave Peterson, Ashley Rhea, Chinita Vaughn, *Trillium Health Resources*; Jeanne Preisler, Aimee Watson-Green, *DHHS*; Anne Foglia, *NCIOM*; Michael Owen, *Facilitator*.

INTRODUCTIONS, OVERVIEW, & ANNOUNCEMENTS

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

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

DEVELOPMENTS SINCE THE JUNE MEETING

- In response to feedback during the June meeting regarding the centralized call center, Trillium care coordinators' phone numbers will be unblocked to enable direct calls.
- Pitt County reached out to request a training in September on adult services as well as the operations of the call center, utilization management, and care coordination.
- Craven County met with call center and care coordination staff to address specific questions about 4-5 clients.



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

Michael reviewed the strengths, challenges, and strategies identified by the Central 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 and System of Care meetings are working well. The System of Care meetings help to incorporate a broader set of community stakeholders.
- Care coordination is working well once a coordinator is assigned.
- Partners reported that some adult crisis situations are being handled well.
- DSS directors reported that the Trillium Regional Directors are helpful resources and connections to the LME/MCO.
- A few counties reported that the Trillium trainings they had received were useful, and there was discussion of whether these could be done annually or posted to Trillium's online learning portal.

Highest Priority Issues:

- Communication—
 - Contact lists were requested for and by both the Trillium and DSS staff to aid in interagency communication. The online [DSS Directory](#) was also mentioned as a useful resource.
- Partners identified weekend and night placement crises as a priority area, including:
 - Clarifying role expectations for the DSS, LME/MCO, and providers;
 - Availability of mobile crisis services and crisis respite placements;
 - And educating social workers on service definitions and clarification of medical necessity.
- Adult services were also identified as a priority issue for focus in future discussions.
 - DSS leaders reported that finding appropriate placements for adults (particularly young adults) with either diagnosed/undiagnosed mental illness or substance abuse is getting increasingly difficult. Cases are further complicated when adults are uninsured.
 - Some DSS leaders expressed safety concerns regarding clients who were moved into the community through the Transitions to Community Living Initiative (TCLI).
- The appeals process for service authorizations is long, tedious, and complicated.



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STRATEGIES & NEXT STEPS

- Strengthen Communication—
 - Develop and share contact lists and organizational charts for each partner agency.
 - When a care coordinator is assigned, DSS social workers should give the care coordinator the contact information for both the social worker and the supervisor. Social workers are often on the road and care coordinators should know that it's okay to reach out to the supervisor as a second point of contact.
- Develop a workgroup to explore crisis solutions for disrupted placements.
 - Establish clear guidelines for roles & responsibilities.
 - Address both child and adult placements needs.
 - Include mobile crisis providers in the workgroup.
- Explore Ways to Increase Availability of Mobile Crisis Services and Crisis Respite Placements—
 - DSS leaders discussed access to mobile crisis services, noting that the sheriff's department gets a different response than DSS. Trillium staff clarified the expectations for mobile crisis response—Trillium staff emphasized that DSS should not need to go through the sheriff's office to access mobile crisis services.
 - Participants also discussed the potential for piloting an expanded mobile crisis response in order to help stabilize clients and help them get engaged in services.
 - Explore models for respite beds that pay a lower rate to keep a bed available and increase rate when filled.
- Develop online training resources that target content to DSS line staff.
- Explore methods to include more housing partners in an integrated system and expand placement options for adults.
- Reconvene quarterly leadership meetings to strengthen interagency collaboration and/or facilitate Trillium participation in Eastern County Directors Association meetings to continue interagency communication.

ADDITIONAL RESOURCES DISCUSSED THROUGHOUT THE MEETING

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