

Community Collaboratives

History

In North Carolina, Community Collaboratives focus on ensuring better outcomes for children with mental health and substance use challenges and their families. Family and youth representatives and staff from child-serving agencies across a community come together to develop a coordinated network that:

- Puts the family in the center of care for their children
- Is culturally and linguistically responsive
- Offers timely access to effective and individualized services and supports

Growing out of several federal System of Care grants in North Carolina, Community Collaboratives are now required as a way for each Local Management Entity/Managed Care Organization (LME/MCO) to support local system of care development in their catchment areas.

Community Collaboratives must be clear in focus. Local data should be used to drive priorities and monitor progress. Community Collaboratives help create a community where children with mental health and substance use challenges are identified early and supported in accessing effective, community-based, trauma-informed, coordinated, and family driven services. In these Systems of Care, families have the support, information, training, and voice to make decisions and plans for their child and family's care and for system-level improvements for all families.

Membership

Community Collaboratives shall consist of **family members/caregivers** of children served in our systems, **youth representatives**, and **program level decision-makers** from the following local human service agencies:

- Local Management Entities/Managed Care Organizations
- Social Services
- Local School Systems
- Juvenile Court
- Foundations and Businesses Supporting Families
- Child and Family Serving Non-Profits
- Partnerships for Children
- Faith Communities
- Courts/Guardian ad Litem
- Providers of Behavioral Health Services
- And other local community individuals who support healthy outcomes for children and their families

The **SOC Coordinator** at the LME/MCO will serve as staff to the Community Collaborative(s). In partnership with all members, the LME/MCO SOC Coordinator will recruit and maintain membership that includes family and youth representatives, child-serving agencies and community partners.

For more information, please contact Terri Grant at the DMH/DD/SAS at Terri.grant@dhhs.nc.gov or (919) 715-2447

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Expectations for Community Collaboratives:

FY 2017 (July 2016-June 2017)

- **Develop work plan with two priority areas** to strengthen the Community Collaborative based on Collaborative Self-Assessment completed in the spring of 2016. The Collaborative Self-Assessment includes two sections: 1) collaborative functioning and 2) system partner and family perception on availability of child behavioral health services. The Collaborative functioning section becomes basis of FY 17 work plan and perception of services information is shared with LME/MCO Provider Networking Department.
- Develop a plan to **ensure broad membership** that includes family members, youth, child-serving agencies and community partners as well as the cultural and linguistic diversity of the community. This plan includes strategies to ensure shared leadership so Collaborative and work groups are co-chaired by an agency representative and a family representative and all governing processes ensure an equal voice for agency and family representatives.
- Develop a **community training plan** to identify and prioritize training needs across all the child-serving agencies in order to address the complex needs of families with children with mental health and substance abuse challenges.
- **Develop reporting mechanism** so the Collaborative routinely has reports from JJMHSAP/JJTC/Reclaiming Futures.
- **Inventory** community groups who conduct **multi-agency reviews** (Community Child Protection Team. Community Child Fatality, Care Review). Develop mechanism to **report trends** re: behavioral health needs of children and their families to the Community Collaborative.

FY 2018 (July 2017-June 2018)

- **Map available services and supports** in one area of the community (i.e. prevention services, safety net organizations).
- **Maintain broad membership** that includes family members, youth, child-serving agencies and community partners as well as the cultural and linguistic diversity of the community. **Ensure shared leadership** so Collaborative and work groups are co-chaired by an agency representative and a family representative and all governing processes ensure an **equal voice for agency and family representatives**.
- **Develop work plans** for two of the three required work groups (youth involved with DSS, school based mental health, integrated care).
- **Develop a community training plan** to identify and prioritize training needs across all the child-serving agencies in order to address the complex needs of families with children with mental health and substance abuse challenges.
- Maintain mechanism for **routine reporting** from JJMHSAP/JJTC/Reclaiming Futures, newly developed work groups, and community multi-agency review teams.

FY 2019 (July 2018-June 2019)

- Develop a **strategic plan** to develop a trauma informed, coordinated network of services and supports for youth with mental health and substance abuse challenges and their families. Include work plans from at least the three mandated work groups (youth involved with DSS, school based mental health, and integrated care).
- **Map available services and supports** from prevention to the most restrictive interventions.
- **Maintain broad membership** that includes family members, youth, child-serving agencies and community partners as well as the cultural and linguistic diversity of the community. **Ensure shared leadership** so Collaborative and work groups are co-chaired by an agency representative and a family representative and all governing processes ensure an equal voice for agency and family representatives.
- **Develop a community training plan** to identify and prioritize training needs across all the child-serving agencies in order to address the complex needs of families with children with mental health and substance abuse challenges.
- Maintain mechanism for **routine reporting** from JJMSAP/JJTC/Reclaiming Futures, newly developed workgroups, and community multi-agency review teams.

Community Collaboratives will:

- Meet a minimum of 6 times per year though at least 10 meetings are recommended.

Community Collaboratives can:

- Merge with other community groups if the above minimum expectations can be more efficiently met through combining.
- Include several counties, as long as minimum expectations that address the diverse needs of the involved counties are met.

County/Regional Leadership including County Commissioners

Community Collaboratives

- Uses Collaborative Self –Assessment to establish priorities for FY 17
- Develops plan to start workgroups in FY 18 if they do not current exists
- Compiles recommendations from all the workgroups into unified report in FY 18
- Develops plan to become trauma informed system in FY 18

Recommendations from the Work Groups are Coordinated into Report for State Collaborative and State Agencies

Mandated Work groups: FY 18 and 19

Optional Work Groups

JJMHSAP/
Reclaiming
Futures/ JJTC
Inform
Collaborative
of current
Work plan

DSS
involved
Youth and
Families

School
Based
Mental
Health
Services

Primary and
Behavioral
Health
Integrations

Early
Childhood
MH

MH/SA
Awareness
MHFA

SA Prevention
Domestic
Violence
Family
Homelessness
Emerging Adults
Other Special
Projects

Each mandated group will develop a work plan that addresses:

- Timely access to evidence informed services and supports for their target area
- Family voice, family and youth peer support, family driven care for their target area
- Coordination of care

Work Plan obtains, reviews, and uses data to develop priorities and track progress.