



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

REGIONAL LEADERSHIP SUMMIT – CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS

MEETING SUMMARY

Monday, October 2, 2017
Chapel Hill, NC

ATTENDEES

Angela Cole, *Alamance County DSS*; Racquel Hughes, Dianne Moorefield, Michelle Waddell, *Caswell County DSS*; Jennie Kristiansen, *Chatham County DSS*; Lou Bechtel, *Granville County DSS*; Nancy Coston, Kimberly Lassiter Fisher, Duston Lowell; *Orange County DSS*; Carlton Paylor, *Person County DSS*; Krystal Harris, *Vance County DSS*; Christine Beck, Nicole McKinney, Jessica Moore, Jennifer Love Pennell, Will Woodell, Anna Yon, *Cardinal Innovations Healthcare Solutions*; Jeanne Preisler, *DHHS*; Anne Foglia, *NCIOM*; Warren Ludwig, *Facilitator*.

REVIEW OF SUMMIT GOALS

Warren Ludwig, meeting facilitator, briefly reviewed the initial objectives outlined by the county DSS and Cardinal leadership at the first meeting in July, 2017 ([Meeting Summary](#)):

Goals initially identified by Cardinal included:

- Clarify shared understanding of specialty treatments and improve collaboration to stabilize children and families waiting for appropriate specialty treatment.
- Improve collaboration in the context of conflicting institutional agendas:
 - DSSs are expected to reduce multiple placements and promote placement stability
 - LME/MCOs are expected to provide least restrictive services, which may result in multiple moves.
- Improved understanding that Cardinal's responsibility to review medical necessity requires that recommendations in a comprehensive clinical assessment be supported by a clinical justification.

Goals initially identified by DSS agencies included:

- Better collaboration and shared sense of urgency when dealing with crises.
- More efforts to work together to prevent crises and placement disruptions.
- More creative wrap-around services to keep children in family-based settings close to home rather than in distant residential treatment.



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- Access to treatment services closer to counties in the northern region.
- Treatment for parents, adults, and persons without Medicaid.
- Timely access to treatment to engage clients while they are receptive.
- Help navigating the complexity of the system, including ongoing cross-training needs.
- Identification of high-quality providers.
- Developing a joint strategy for addressing tough complex cases during times of crisis and to improve ongoing follow-up.

UPDATES

Communication

Cardinal shared a Care Coordination and Community Relations Department Overview & Leadership Directory handout to help further interagency communication. DSS leaders present shared contact information for agency leaders to help build a parallel contact sheet for the DSS agencies.

Cardinal staff also updated meeting participants on additional communications resources and initiatives being developed including a summary table of pilot services, a clinical initiatives stakeholder newsletter, and plans to collect a library of stakeholder resources on the updated website being launched at the beginning of 2018.

Strategies to Prevent Crises & Residential Treatment

Orange County is working with Cardinal to set up a pilot program aimed at strengthening local DSS-licensed foster families to reduce the need for therapeutic families and help place more children within the county. The proposed pilot includes both training for foster families as well as support services that can be authorized as a package including respite care.

Cardinal also shared that they are starting a pilot program in Mecklenburg County to help prevent children from going to the emergency department or entering DSS custody from the emergency department by offering 24-hour crisis response and 30-90 days of support services to help stabilize the current placement.

DSS representatives discussed the problem of facilities giving 30-day notices of discharge for clients in the absence of an appropriate discharge plan or alternative residential treatment. Cardinal responded that it would help DSS look for alternative wrap-around services or placements in these circumstances. Additionally, Cardinal representatives stated that they do not cut off authorization past 30 days in these circumstances and are willing to try to negotiate appropriate transitions with providers.



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Ongoing Collaboration

Cardinal and county leaders discussed the current venues to continue meeting regularly including county community partners meetings, quarterly DSS directors meetings, and proactive case staffings.

SYSTEM RECOMMENDATIONS

To close out the summit, meeting participants were asked to share system recommendations for state leadership. Statewide and systemic issues raised included:

- Both DSS and Cardinal leadership identified inadequate supply of psychiatric beds as a statewide issue.
- DSS agencies argue that case management is needed and care coordination is unable to fill all the gaps.
- Lack of funding to serve individuals who do not have Medicaid –
 - DSS leaders report that the process for qualifying for disability through social security—including appointments, appeals, and reviews—is onerous and can take up to four years. In the meantime, there is a lack of resources available to serve these individuals.
 - DSS leaders also argued that not guaranteeing access to services for parents who've lost custody of their children is counterproductive to supporting the reunification of families and is an ethical issue. They specifically cited parents' losing Medicaid when their children enter DSS custody as a problem.
 - Access to substance abuse treatment for adults in general and parents in particular was cited as a need.