



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

REGIONAL LEADERSHIP SUMMIT – CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS
SOUTHERN REGION

MEETING SUMMARY

Tuesday, August 22nd, 2017
Kannapolis, NC

ATTENDEES

Anthony Hodges, *Cabarrus County DSS*; Scott Craver, Katrina McCullough McMasters, Dale Moorefield, Robin Penninger, *Davidson County DSS*; Debra Donahue, *Forsyth County DSS*; Laura Wasson, *Mecklenburg County DSS*; Daina Frederick, *Rowan County DSS*; Donna McLeon, *Stanly County DSS*; Alisa Ethers, Tracy Henry, *Union County DSS*; Christine Beck, Jennifer Love-Pennell, Nicole McKinney, Jessica Moore, Will Woodell, Anna Yon, *Cardinal Innovations Healthcare Solutions*; Janet Breeding, *DMHDDSAS*; Jeanne Preisler, *NC DSS*; Anne Foglia, *NCIOM*; Michael Owen, *Facilitator*.

INTRODUCTIONS & OVERVIEW

Michael Owen (meeting facilitator) welcomed the summit participants to the second meeting of the Regional Leadership Summit for the southern counties of the Cardinal Innovations Healthcare Solutions catchment area (Cabarrus, Davidson, Davie, Forsyth, Mecklenburg, Stanly, Stokes, Rockingham, Rowan, and Union). Michael summarized the discussion from the July 19th meeting (summary available [here](#)) including what's working and the high priority issues identified at that meeting:

- Crisis Management and Timely Access to Services
- Communication & Training
- Service Needs & Care Coordination

CRISIS MANAGEMENT & TIMELY ACCESS TO SERVICES

DSS leaders outlined their concerns that delays in treatment services and/or placement for children involved in child welfare is both detrimental to the well-being of the child and costly. County leaders acknowledged that this is often a North Carolina mental health system wide problem rather than a Cardinal-specific problem; a general lack of services and placement availability results in significant waits, subpar interim placements, and difficult placement



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transitions/disruptions. Several county leaders reported experiences with providers turning away children, further limiting the treatment/placement options.

DSS and Cardinal leaders discussed the current processes and expectations regarding assessment and treatment authorization. Meeting attendees acknowledged that the agencies have different priorities and work on different timeframes—DSS agencies need timely appropriate treatment for children in their custody, but also urgently need safe placements for children in the meantime. The organizational differences often lead to a perception that there is not a shared sense of urgency to resolve a crisis situation. Cardinal care coordination staff acknowledged that they are working on correcting this perception.

Meeting participants discussed various options for addressing the need to speed up the assessment and authorization processes as well as the need for safe placements for children and adults in crisis while assessments and service authorizations are processed. Potential strategies for speeding assessment and service authorization include: embedding independent assessors in DSS agencies, implementing a “one-stop shopping” model of assessment, and provider trainings to improve service recommendations along the guidelines for medical necessity. Potential strategies for meeting the need for safe placements and treatment opportunities prior to service authorization include: facility-based crisis and assessment facilities, rapid response respite beds in local group homes, and placing children with therapeutic families during assessment.

COMMUNICATION & CROSS TRAINING STRATEGIES

Cardinal and DSS leaders discussed potential strategies for supporting communication and further cross training including a web library of resources for DSS agencies, sharing organizational directories and organizational charts, and increased communication regarding pilot services and internal initiatives relevant to partner organizations.

NEXT STEPS

The final summit meeting is scheduled for 12-3pm, Tuesday October 3rd, at the Cardinal Innovations office in Kannapolis.