REGULAR LEADERSHIP SUMMIT – CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS

MEETING SUMMARY

Tuesday, October 3, 2017
Kannapolis, NC

ATTENDEES

Dana Pastores, *Cabarrus County DSS;* Scott Craver, Katrina McCullough McMasters, Dale Moorefield, Robin Penninger, *Davidson County DSS;* Laura Wasson, *Mecklenburg County DSS;* Daina Frederick, *Rowan County DSS;* Melissa Robinson, *Stanly County DSS;* Tracy Henry, *Union County DSS;* Christine Beck, Jennifer Love Pennell, Will Woodell, Anna Yon, *Cardinal Innovations Healthcare Solutions*; Jeanne Preisler, *DHHS;* Anne Foglia, *NCIOM;* Michael Owen, *Facilitator*.

OVERVIEW & AGENDA

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(s)
- Discuss Relevant Developments
- Self-organize Follow Up & Follow Through
- Recommendations for the Statewide Leadership Committee
- Evaluate Bridging Local Systems

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

REVIEW OF GOAL SETTING IN PREVIOUS MEETINGS

Michael 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:
  - o DSSs are expected to reduce multiple placements and promote placement stability

- o 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.
- 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.

High priority issues identified from these goals included:

- Access to timely services and crisis management
- Services needs and care coordination
- Communication

Some strategies suggested for addressing these issues included:

- Over communicate – create routine methods for Cardinal and DSS to frequently touch base when dealing with a crisis.
- Create internal "SWAT team" at Cardinal to accelerate the response to crisis referrals
- Offer training for referral sources on how to write assessments with the UM perspective in mind
- Embed assessors in DSS agencies
- Produce online training materials for DSS regarding service definition requirements, referral process, service continua, etc.
- Include directory of names and contact information for coordinators and regional managers
- Add crisis/respite beds in the region
- Expand availability of High Fidelity Wraparound services
- Expand availability of "Transitional Living" as a B3 services

- Expand use of Trauma-informed independent assessments

RELEVANT DEVELOPMENTS & EDUCATION ON PRIORITY ISSUES

Michael asked participants to reflect on what had been accomplished thus far in addressing the high priority issues.

Access to Timely Services and Crisis Management

- Union County expressed an interest in embedding a community assessor at the public health department to improve access.

Services Needs and Care Coordination

- Cardinal staff gave a brief explanation of their Population Health telephonic monitoring program that offers 30-90 days of transition support out of care coordination to both children and adults.
- Cardinal staff introduced an internal initiative in development referred to as a SWAT Team that will provide additional support to care coordinators when handling difficult or complex cases.
- 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.
- Cardinal is working with Partnering for Excellence to build up a high-quality trauma-informed assessments provider network in Rowan and Davidson Counties. This initiative has included designing a standardized assessment, credentialing providers, and reviewing and coaching assessors to improve quality.

Communication

- Cardinal shared a Care Coordination and Community Relations Department Overview & Leadership Director handout to help further interagency communication.
- Davidson County reported weekly conference calls about a difficult case with Cardinal as well as the facility as an example of successful "over-communication."
- Davidson County also reported progress addressing a specific concern—diverting children from DSS custody when transitioning out of DJJ—at a recent quarterly county Issues Workgroup meeting. Other county leaders expressed interest in replicating the Issues Workgroup in their own counties and were invited to attend to observe a working model. These meetings are differentiated from the System of Care Collaborative meetings as well as the quarterly Community Partnership meetings, described as more oriented towards concrete problem-solving rather than information-sharing.

PLANS FOR FUTURE COLLABORATION

Leaders discussed opportunities for ongoing communication and collaboration moving forward including engagement in the community gaps analysis and needs assessment as well as participation in partnership meetings such as the System of Care Collaborative, Community Partnership, Issues Workgroup, or DSS Directors meetings. Proactive case staffings with care coordination were also suggested as a positive forum for ongoing communication and collaboration around more specific cases—these are available upon request.

SYSTEM ISSUES & RECOMMENDATIONS

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

- Reflecting that the ultimate goal in many foster care cases is family reunification, participants argued that there need to be services and supports available to parents towards this end. Currently, parents who are no longer eligible for Medicaid after losing custody of their children do not have access to adequate services.
- Gaps in the availability of and community knowledge of services for intellectual or developmental disabilities (IDD) were cited as an ongoing problem.
- Cardinal and county DSS leaders agreed that North Carolina should work to move upstream and develop a more proactive system that places a greater focus on evidence-based prevention and early intervention.

ADDITIONAL RESOURCES DISCUSSED THROUGHOUT THE MEETING

- [NC Council Conference – December 6-8, 2017](#)
- [White Paper on Medicaid Transformation](#)
- [House Bill 630](#)
- [Advocating for Child and Adolescent Mental Health Services Course](#)