



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

**REGIONAL LEADERSHIP SUMMIT – CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS
SOUTHERN REGION**

MEETING SUMMARY

**Wednesday, July 19th, 2017
Kannapolis, NC
12 – 3 pm**

ATTENDEES

Jane Cauthen, Cheryl Harris, Anthony Hodges, *Cabarrus County DSS*; Scott Craver, Katrina McCullough McMasters, Dale Moorefield, Robin Penninger, *Davidson County DSS*; Tracie Murhpy, *Davie County DSS*; Charles Bradley, Laura Wasson, *Mecklenburg County DSS*; Felissa Ferrell, Cathy Murray, *Rockingham County DSS*; Donna Fayko, Daina Frederick, *Rowan County DSS*; Tammy Schrenker, *Stanly County DSS*; Stacy Elmes, *Stokes County DSS*; Lisa Kawyn, Alisa Eppers, Dave Flaherty, Tracy Henry, *Union County DSS*; Christine Beck, Jennifer Love-Pennell, Nicole McKinney, Will Woodell, Anna Yon, *Cardinal Innovations Healthcare Solutions*; Jeanne Preisler, *NC DSS*; Anne Foglia, *NCIOM*; Michael Owen, *Facilitator*.

OVERVIEW & INTRODUCTIONS

Michael Owen (meeting facilitator) welcomed the summit participants to the first 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 gave a summary review of the Bridging Local Systems project including the sponsors and goals. The primary goals of the Regional Leadership Summits are to strengthen communication and collaboration between LME/MCOs and DSSs, and to improve shared outcomes for the jointly served populations, including children and families served by child welfare and behavioral health, and adults served by adult protective or guardianship services. Michael's slides are available [here](#).

SUMMITS IN OTHER REGIONS: COMMON THEMES

Anne Foglia (NCIOM project director) briefly reviewed some of the common themes that have surfaced in summit discussions throughout the state thus far, including:

- Methods for enhancing collaboration and communication;



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- Opportunities for additional education and training;
- Strategies for addressing concerns regarding the provider network and service delivery;
- Challenges regarding parent services and eligibility;
- Opportunities to collaborate around adult services;
- Implementation of trauma-informed care initiatives; and
- Development of shared data and outcomes.

Additional information regarding other regional leadership summit discussions and outcomes is available on the [NCIOM website](#) and summarized in a progress summary [here](#).

SUMMIT GOALS

Michael reviewed summit goals participants shared prior to the meeting:

Goals Identified by Cardinal:

- 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:
 - DSS 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 Identified by DSS Agencies:

- Build on the strengths of the existing relationship and reduce the need to "argue"/"battle" for services for children and adults.
- Consider ways to strengthen collaboration with other public county agencies.
- Develop alternatives to child and family teams that are better prepared for complex cases.

Michael also asked the attendees to consider and share additional goals they personally hoped to achieve by participating in the leadership summit. Responses included:

- Improve timely access to services for both children and adults in custody. DSS leaders noted that "treatment" and "placement" could not be separated.
- Collaborate to better address the substance abuse service needs of parents.
- Move the collaboration in a more concrete, solutions-focused direction.



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- Improve the coordination of care for children and adults prior to the development of a crisis situation, when possible. To do this successfully requires identifying and meeting trauma needs early.
- Explore opportunities to share the cost of creative solutions.

FACILITATED DISCUSSION

After hearing from leaders what they hoped to get out of participation, Michael led the group in a discussion focused on identifying (1) what is working well already in the inter-agency communication and/or collaboration; (2) the highest priority issues that the agencies are currently facing; and (3) potential strategies for addressing the priority issues.

WHAT'S WORKING?

- DSS leaders participating in Partnering for Excellence has facilitated a good working relationship with Cardinal. The initiative brings the agencies together to raise issues, problem solve, and strengthen the partnership while moving towards evidence-based practice. Cleveland, Davidson, and Rowan Counties are currently part of Partnering for Excellence.
- Quarterly meetings with a county workgroup of stakeholders provide opportunities to learn about specific topics, discuss difficult cases, and better understand what's going on at each agency.
- Proactive collaboration around difficult cases including "Staffing Time" was reported as being a strength of the partnership.
- DSS leaders reported that Cardinal was responsive to grievances filed regarding providers, though the process was described as time-consuming and cumbersome.
- Davidson County described a positive experience partnering with Cardinal on a Crisis Services Task Force to engage local law enforcement.
- DSS leaders reported that Cardinal has provided good trainings to DSS staff.
- Cardinal engagement with county commissioners in addition to DSS agencies was considered a current strength in the relationship.

WHAT ARE THE HIGHEST PRIORITY CHALLENGES?

- Access to Timely Services & Crisis Management
 - Improving timeliness and access to crisis services/placement that meet the needs of the child.

- In addition, communication between Cardinal and DSS agencies about what the timeliness challenges are (e.g., clinical assessment quality) needs to be improved.
- DSS are experiencing a significant funding burden when paying for interim placement and treatment services while waiting for authorization or for specialty care to become available.
- How to best manage the crisis situations that need placement while therapeutic treatment is being secured?
- Service Needs & Care Coordination
 - More local services are needed for kids in non-removal family situations.
 - How can services be better coordinated for children and adults who have co-occurring mental health and intellectual and developmental disability needs?
 - Innovations Waiver has a significant waiting list.
 - More residential service options are needed for younger adults in DSS custody—nursing/assisted living homes are not appropriate placements.
 - More trauma-informed assessments and treatments are needed.
 - Expand proactive case staffing with care coordination team to identify complex cases to additional counties. It is already working well in some counties.
- Communication
 - Line staff communications are not as strong as leadership communication—more needs to be done to clarify for line staff who is responsible for what and who to contact within each agency.
 - Better communication is needed regarding provider network eligibility for reimbursement—when providers do not meet new performance indicators and are removed from the network, they often do not disclose their status change to the DSS agencies.

NEXT STEPS

The high priority issues and potential strategies identified will be used to develop a tentative agenda for the subsequent regional Leadership Summit meetings. Potential discussion items for the next meeting include:

- Challenges around timely access to services; and
- Services for children and adults with co-occurring mental health and IDD, including education on the available residential treatment service spectrum for adults.

The remaining summit meetings are scheduled as follows at the same location:

- 12-3pm, Tuesday, August 22nd
- 12-3pm, Tuesday, October 3rd