



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

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

**MEETING SUMMARY**

**Thursday, July 20<sup>th</sup>, 2017  
Chapel Hill, NC**

**ATTENDEES**

Angela Cole, Latawnya Hall, Susan Osborne, Alamance County DSS; Racquel Hughes, Michelle Waddell, Caswell County DSS; Cim Brailer, Jennie Kristiansen, Chatham County DSS; Cindy Jones, Pamela Nelms, Franklin County DSS; Nancy Coston, Kimberly Lassiter Fisher, Duston Lowell, Orange County DSS; Carlton Paylor, Person County DSS; Ryan Whitson, Warren County DSS; Mirna Gereige, Artelia Trice, Vance County DSS; Christine Beck, Jennifer Love-Pennell, Nicole McKinney, Will Woodell, Anna Yon, Cardinal Innovations Healthcare Solutions; Eric Harbour, NC DMHDDSAS; Jeanne Preisler, NC DSS; Anne Foglia, Berkeley Yorkery, NCIOM; Warren Ludwig, Facilitator.

**OVERVIEW & INTRODUCTIONS**

Warren Ludwig (meeting facilitator) welcomed the summit participants to the first meeting of the Regional Leadership Summit for the northern counties of the Cardinal Innovations Healthcare Solutions catchment area (Alamance, Caswell, Chatham, Franklin, Granville, Halifax, Orange, Person, Vance, and Warren). Warren 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. Warren'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;
- Opportunities for additional education and training;
- Strategies for addressing concerns regarding the provider network and service delivery;



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- 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

Warren 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:
  - 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 Identified by DSS Agencies:

- 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.

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

- Continue to strengthen an already good working relationship.



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- Developing a joint strategy for addressing tough complex cases during times of crisis and to improve ongoing follow-up.

### **FACILITATED DISCUSSION**

After hearing from leaders what they hoped to get out of participation, Warren 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?**

- 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 monthly "staffings" and the role of the regional managers was reported as being a strength of the partnership.
- DSS leaders reported that clinical rounds calls, which pull together Cardinal clinical leaders, have been helpful for developing plans on difficult cases. These meetings are currently triggered by Cardinal protocols; however, Cardinal signaled an openness to considering requests for clinical rounds from DSS.

#### **WHAT ARE THE HIGHEST PRIORITY CHALLENGES?**

- Crisis Management—DSS and Cardinal leaders agreed that crisis prevention, response, and follow up were an area of continuing challenges to be addressed.
- Service Access & Delivery
  - DSS leaders reported foster children are not eligible for important services like emergency respite due to being in foster care.
  - Concern over a shortage of Level 2 and Level 3 group placements was raised. It was noted on the one hand that both Child Welfare and Mental Health systems are trying to decrease reliance on Level 3 group homes because there is a lack of evidence supporting improved outcomes; however, on the other hand, some children stepped down directly from placements like PRTFs to family based placements are not succeeding.
  - There was advocacy for more creative wrap-around services both to prevent children from needing group residential treatment or higher level placements and to successfully step children down to family-based placements. The state mental

health representative noted 5 sites in other regions are involved in a pilot project.

- DSS and Cardinal leaders acknowledged the lack of services for adults who are not Medicaid-eligible and the need for additional resources for younger adults with dual diagnoses. Discussion expanded on many challenges faced by DSS surrounding what was referred to as the “adult guardianship disaster.”
- DSS leaders reported that mobile crisis is not a useful service for adults when the mobile crisis provider declines to respond unless the adult in crisis gives verbal consent.
- Communication & Interagency Knowledge
  - DSS leaders expressed a need to better understand individual roles within the Cardinal organization as well as the managed care process and how service authorization decisions are made.
- Systemic Issues
  - Leaders noted the conflicting drivers behind the need to step down placements and maintain placement stability or achieve permanency. DSS leaders suggested that the need for stability should be part of the determination of medical necessity in cases when moving a child has negative impacts on their well-being.
  - The problem of accessing intensive services close to children’s homes in Cardinal’s northern region was discussed as having two systemic causes:
    - Cardinal’s more intensive services tend to be closer to its larger population centers in the southern region
    - Accessing services across MCO region-county lines despite proximity can be difficult.

#### **POTENTIAL STRATEGIES:**

- Additional ongoing care coordination and expansion of monthly staffings.
- Develop a “Crisis Roadmap” to outline who to contact and what services are available.
- Hold intensive reviews of cases that have not gone well to look for ways that both DSSs and Cardinal could have handled the situation differently for improved results in order to learn lessons to help with future cases. Orange County volunteered to suggest one of their cases to look at using a process like the state’s Child Fatality Intensive Review process.
- Review current cross-training opportunities and consider strategies for involving staff at all levels and accommodating the challenge of frequent DSS staff turnover.
- Review service definitions for restrictions based on innovations waiver/foster care.
- Increase trauma-informed training for foster care parents to promote placement stability.



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- Consider options for colocated staff at DSS agencies who could help with service navigation (e.g., colocated care coordinator, or colocated clinical provider).
- Share data on program and provider outcomes (including mobile crisis response outcomes) to inform further discussions of available treatment options.
- Review options for providing creative wrap-around services to reduce higher level placements farther from home.
- Review whether mobile crisis service providers can respond to adults in crisis without first receiving verbal consent.
- Partner to recruit therapeutic foster homes.

## **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.

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

- 12-3pm, Thursday, August 24<sup>th</sup>
- 12-3pm, Monday, October 2<sup>nd</sup>