



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

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

**MEETING SUMMARY**

**Thursday, August 24<sup>th</sup>, 2017  
Chapel Hill, NC**

**ATTENDEES**

Adrian Daye, Latawnya Hall, Susan Osborne, Alamance County DSS; Dianne Moorefield, Michelle Waddell, Caswell County DSS; Wilder Horner, Chatham County DSS; Nancy Coston, Duston Lowell, Orange County DSS; Carlton Paylor, Person County DSS; Ryan Whitson, Warren County DSS; Krystal Harris, Vance County DSS; Christine Beck, Jennifer Love-Pennell, Jessica Moore, Will Woodell, Anna Yon, Cardinal Innovations Healthcare Solutions; Eric Harbour, NC DMHDDSAS; Jeanne Preisler, NC DSS; Terri Reichert, System of Care Expansion Grant; Anne Foglia, Adam Zolotor, NCIOM; Warren Ludwig, Facilitator.

**INTRODUCTIONS & AGENDA**

Warren Ludwig (meeting facilitator) welcomed the summit participants to the second 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 briefly reviewed the outcome of the July 20<sup>th</sup> meeting (summary available [here](#)) and the meeting agenda:

- Collaboration in crises
  - Developing crisis roadmaps that include information for both DSS agencies and Cardinal regarding who to contact, how to contact them, and what services are potentially available in crisis situations.
  - Understanding the different mandates of DSS agencies and LME/MCOs and ideas for bridging the gap during treatment/placement crises to achieve shared outcomes.
  - Other strategies.
- Cross-training strategies
- Strategies to prevent crises and residential treatment including trauma training for foster parents and creative wrap-around services.
- Follow up on the reported problem of mobile crisis declining to respond to adults without first getting verbal consent.



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- Other?
  - How can we do a better job of sharing innovative strategies and staying abreast of what strategies are being tried throughout the state?
  - How can we improve the skill level of therapeutic and traditional foster parents?

## **COLLABORATION IN CRISES**

Developing crisis roadmaps that include information for both DSS agencies and Cardinal regarding who to contact, how to contact them, and what services are potentially available in crisis situations was identified as a priority area by July meeting participants. Cardinal and DSS leaders agreed to share the contact information for Cardinal care coordination contacts, DSS Directors, and DSS managers for adult services and child welfare services. The resource will include names, email and phone contact information, short description of the role, and crisis response expectation guidelines. Anna Yon from Cardinal agreed to coordinate the development and distribution of this document.

Cardinal and DSS leaders also discussed the information gap regarding what resources are available to their clients—DSS workers are not familiar with all of the services, particularly those being piloted in specific communities. It was agreed that resources and training materials on the service continuums that review the services, break down complex service definitions, and note where the service is available would be useful tools. Such resources would both serve as education and training aids for the DSS agencies, and facilitate clearer communication between DSS employees and Cardinal’s care coordination and utilization management staff.

DSS leaders also raised questions about the role and accountability of the providers in alleviating crises—timely assessments and service authorization requests are a critical component of responding to clients in crisis who urgently need appropriate treatment and/or placement. Cardinal and DSS leaders agreed that joint conversations with providers are needed to establish parameters. A corresponding need is that for safe placements for children and adults in crisis while assessments and service authorizations are processed. Meeting participants discussed various options for addressing this need including facility-based crisis and assessment facilities, rapid response respite beds, and placing children with therapeutic families during assessment. Cardinal and DSS leaders agreed to explore service definition options at the next quarterly regional meeting.



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### **CROSS TRAINING STRATEGIES**

Cardinal and DSS leaders discussed potential strategies for supporting further cross training including a web library for resources, webinars, and community trainings addressing topics such as health-related social needs, stigma, and trauma-informed care.

### **STRATEGIES TO PREVENT CRISES AND RESIDENTIAL TREATMENT**

Some attendees are also participating in discussions regarding the training and wrap-around supports available to foster homes with the goal of identifying strategies to strengthen and family foster homes and prevent future placement disruptions.

### **FOLLOW UP: MOBILE CRISIS**

Mobile crisis services contracting with Cardinal are no longer declining to dispatch providers—individuals can still refuse treatment when mobile crisis arrives, but an additional verbal consent over the phone is no longer necessary as of August. A notable increase in mobile crisis responses has already been recorded.

### **NEXT STEPS**

The final summit meeting is scheduled for 12-3pm, Monday October 2<sup>nd</sup> at the Cardinal Innovations office in Chapel Hill.