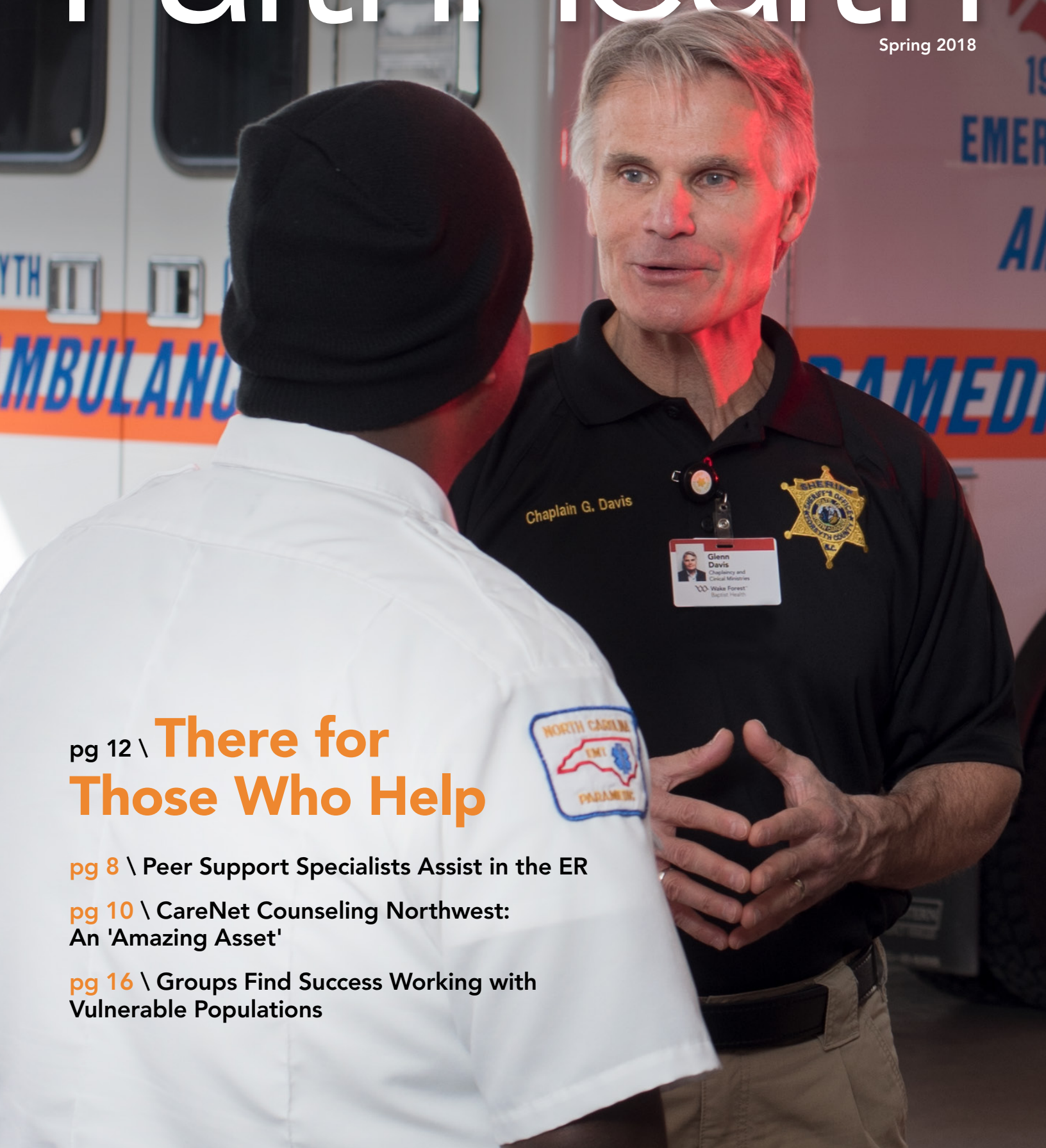


FaithHealth

Spring 2018



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Find a Complex Challenge, You'll Find Someone of Faith at Work

Dear friends,

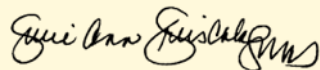
Since coming to Wake Forest Baptist Medical Center last summer, I've learned many things. I've come to see what is possible when a great academic medical center finds its heart of bravery to go with its science. Among the continuing surprises has been the many ways that FaithHealth and its extraordinary number of brave partners are to be found wherever the problems of our patients and neighbors are most difficult.

As a surgeon, I am constantly amazed at how the body can heal when the parts are reattached, especially when the mind and spirit are brave. Recovery of any kind is never quite what we expect it will be. Sometimes in the process of finding our way to healing, we find our capacity to face the challenges of life that need courage.

Communities are this way, too. I have come to know the terrific shocks and traumas that have hit our state—the thousands of jobs lost, entire communities with a broken economic heart. We can't treat that like I might as a surgeon approaching a severed tendon. These kinds of shocks are profound, lasting and complex. They demand that all of us involved lay down the things that separate us, make eye contact with each other and act out of our faith that together we can be the people God intends.

I do know that in North Carolina whenever you find your way to the most painful, difficult and complex challenges, you'll find someone of faith already there. The simple genius of FaithHealth is go to where the work is most daunting in a spirit of courageous service, willing to lend our all for as long as it takes. This isn't something we need to imagine; it is something we can see happening in real time in real communities.

You'll see some of these stories in the following pages. I suspect you'll know of others in your own community. Please let us know where you see hope breaking through. Your story will make us all braver.



Julie Freischlag, MD
Chief Executive Officer, Wake Forest Baptist Medical Center
Dean, Wake Forest School of Medicine



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Cover photo: Emergency lights reflect off the face of Chaplain Glenn Davis, supervisor of the First Responder Chaplaincy Program, as he speaks with a first responder.

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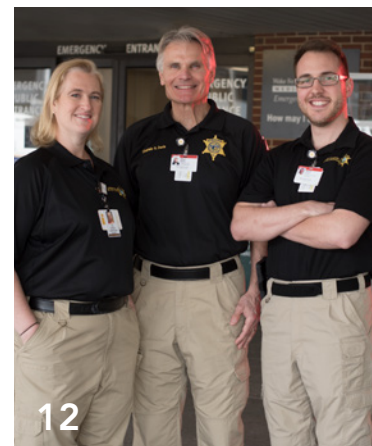
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The Deep End of the Pool: An Adult Swim

BY GARY GUNDERSON

It is common in professional circles to warn young professionals to “stay in their lane,” borrowing from a swimming metaphor, where you can’t hurt people or embarrass yourself by wandering into someone else’s lane.

It’s a way of telling someone to work within his or her limits and keep their mind on the problem with which they are qualified to deal. This is good advice, except when the problem doesn’t fit in anyone’s lane (usually 6 feet wide and 25 yards long). What if the problem doesn’t fit inside the building or inside the reach of any one kind of organization, government or church? What if the problem runs out of control from one generation to the next?

Then it’s time to abandon the idea of lanes and indoor pools entirely, along with the kiddie floats. It’s time for an adult swim out beyond the breakers, where the tides run strong and strange creatures lurk.

In the deep end, you’ll find opioids mixed with poverty and the cycles of incarceration, education that doesn’t fit the real world, and families coming apart or never coming together at all. You’ll find faith untethered from facts, with congregations wondering what happened to their neighborhoods. You’ll notice that the leading causes of death are all linked to choices we seem incapable of getting right: tobacco, pain medications, unhealthy food, too much sugar and alcohol consumption, business and government off the rails.

These problems confound us and defy answers. They are all part of a class of problems known in public health as “wicked.” While they may not want to imply the moral resonance of the work, people of faith see that as the key to understanding; all of these problems go way beyond the technical and live right in the heart of the shadows the

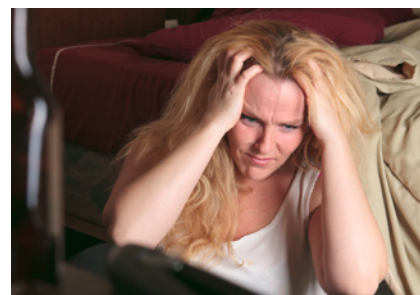
great prophets addressed. To paraphrase Micah: “You know where to start, with the love of mercy, commitment to justice and walking humbly in the light of God’s intentions.”

The challenges that now face us seem new and overwhelming, but this is true only if we think we can deal with them inside this discipline or that specialty. It’s true if some problems were only for government, some for business, some for nonprofit organizations and a few left over on the end of the list for churches.

Wicked Problems: Nothing New

This is not all new. Thoughtful people have been reflecting on the disconnection between our astonishing wealth, our sophisticated engineering and science, and the seemingly intractable problems of our age.

In 1973, Horst Riddle and Melvin Webber wrote the seminal article about wicked problems that define the modern age. Their key insight was that wicked problems are poorly engaged by single-answer engineering minds (the same folks who want people to stay in lanes). They noted 10 characteristics of wicked problems. They both died well before the



opioid epidemic hit its current peak, but neither would have been surprised since it fits all 10.

Their most interesting insight is that wicked problems tend to be defined by whatever answer you already have on the shelf. A pharmacist looks at opioids as a problem of the pills, an economist as a “market,” others as working-class vulnerability that makes them work through pain, a poor fit between education and jobs, failure of spirit or political collapse.

In 1922, leaders of the Baptist Convention of North Carolina looked at the 100 counties they intended to serve and saw wicked problems. They thought that a children’s home and a hospital would be part of the answer, but not off on their own. They intended that the nurses educated there would work with the congregations so that God’s complex, many-faceted healing would flow through many channels, hands and sites into the community.

That was a good idea. And still is.

In its essence, that is the simple idea of FaithHealthNC. We have a lot more science to work with and more wealth than the Baptists of the 1920s would ever have imagined (their little \$60,000 hospital is now the hub of a \$3.5 billion medical center with 14,000 doctors, nurses and staff).

On the other hand, they might echo the words of a visitor from Norway last year who, looking at America’s medical systems, wondered at how we can do little with so much. With all our science and tools, we are still overwhelmed by problems that seem way too much like the ones of the early 20th century — the wicked ones tied to global economics, shattered families and towns left behind. Many within the medical systems ask the same question as they are forced to treat the patients of poverty with the blunt instrument of an emergency room.

Answering with Fierce and Faithful Commitment

What is the opposite of wicked problems? Rather than the fractured, disconnected parallel approach (there are those lanes again!), we need a fierce and faithful commitment to those most tangled in the deadly and wicked webs. For God so loved the world, that we find the power to love it, too.

What first? A) Go to the point of pain where everyone else is running away and open your mind, heart and spirit as wide as possible. Take it all in — every bit — and don’t look away. B) Look around and see who else is there with you. You’ll probably find some folks you don’t know and didn’t expect (just as they didn’t expect you).

To get an idea, stand in the parking lot of any hospital, and you’ll see the ambulance pulling up with opioid overdoses every hour. Of course, notice (and say a prayer for) the one on the gurney. And their kids, friends, brother, sister, mom and uncle. But who is driving the ambulance? Care for them, too (can you imagine doing that 12 hours in a row?).

Notice the police officer, who probably called the medics, and the staff in the emergency room, which these days includes specialized people called “peers” who are living on the other end of addiction. You’ll find a chaplain, maybe with tattoos and lived experience of their own, tuned to the tough streets and the possibilities of release from their many kinds of captivity.

You won’t see them in the ED much, but if you went to the streets, you’d find other staff making the living connections emerging on the boundaries right in between the hospital, congregations and the many other community partners.



10 CHARACTERISTICS OF WICKED PROBLEMS

1. NO DEFINITIVE FORMULATION OF A PROBLEM.
2. NO STOPPING RULE (NO WAY TO KNOW WHEN IT’S FIXED).
3. NOT TRUE-FALSE BUT BETTER OR WORSE (“GOOD-BAD”).
4. NO IMMEDIATE OR ULTIMATE TEST OF SOLUTION.
5. EVERY SOLUTION IS ONE-SHOT WITH LONG CONSEQUENCES THAT CHANGE CONDITIONS.
6. NO ENUMERABLE SET OF POTENTIAL SOLUTIONS.
7. EVERY PROBLEM IS UNIQUE—ESSENTIALLY.
8. EVERY PROBLEM IS A SYMPTOM OF ANOTHER PROBLEM SO INCREMENTAL STEPS CAN BE UNHELPFUL IF AT THE WRONG LEVEL OF THE PROBLEM.
9. EXPLANATION DETERMINES THE NATURE OF THE PROBLEM’S RESOLUTION SO THERE IS NO RULE TO DETERMINE “CORRECT” PROVEN OR “EVIDENCE.”
10. PLANNER HAS NO RIGHT TO BE WRONG. IT’S A HUMAN EXPERIMENT ON OTHER HUMANS.

The opposite of wickedly complex problems is blessedly complex webs of trust, committed to embodying hope by loving mercy, doing justice, humbled by the power of God’s endless and undefeatable compassion.

continued >

The Deep End ... *continued*

Show Up

It begins with showing up. And then quickly leads to wanting the skills, insights and partners equal to the fears and more. Once you know the names of those caught in the web of problems and the names of those rising up in the web of trust, you can never go back to the anonymity of mere data and political abstractions.

In little Winston-Salem today, someone who works for the Division of FaithHealth — or one of our closest working partners among the first responders, or homeless, recovery, hunger or jail — knows the names and faces of nearly every single one of the brothers or sisters or mama's kids involved. These

aren't abstract victims or numbers; they are the ones whom God so loves — and makes it possible for us to love, too.

Just as wicked problems interweave with each other making their solution nearly impossible to imagine, so too do the blessedly interwoven webs of trust. Each facet of the answer is an asset to another part emerging, converging, lending strength and intelligence to the whole hopeful ensemble. You can't really plan it any more than one person could fix a wicked problem. But you can set your sail expecting the wind of the spirit to blow toward the safe harbor, away from the rocks.

JUST AS WICKED PROBLEMS INTERWEAVE WITH EACH OTHER MAKING THEIR SOLUTION NEARLY IMPOSSIBLE TO IMAGINE, SO TOO DO THE BLESSEDLY INTERWOVEN WEBS OF TRUST.

Don't wait for the wind; work on the sail and learn navigation while it is just a whisper. Be ready and train. That's what we're doing today—building the team through acting with trust, working, training, with eyes wide open ... to what might be possible even yet.

Gary Gunderson, MDiv, DMin, DDiv, is Vice President of the Division of FaithHealth, Wake Forest Baptist Medical Center. He has worked extensively with the White House Office of Faith-Based and Neighborhood Partnerships, and serves as secretary of Stakeholder Health, a group of health systems nationally that are committed to more effective engagement with the poor in their communities.

Nashville, N.C., Police Break with Tradition, Provide HOPE to Drug Users

It's not your typical law enforcement model, to invite people with opioid addiction to come to the police department, turn in their drugs and get treatment help, with no judgment, no arrest and no jail.

But it's working in Nashville, N.C. Based on the Gloucester, Mass., Angel Program, and a first in North Carolina, Nashville's HOPE Initiative approaches substance abuse disorder as an illness, not a moral failing. It is working to reduce the stigma and get people into long-term sustained recovery so they can become productive again.

According to Nashville Police Chief Thomas Bashore, HOPE is helping people get healthy, which helps the community get healthy in terms of crime prevention, medical care, the drain on support services and the tax base.

"We take a person-centered approach," he explains. "There's no cookie-cutter here. We don't hand people a book and say, 'Hey, go make some phone calls, and we hope it works out.' We advocate for them, we walk them through the system, we offer financial support, we stay in contact with as many people as we can."



Thomas Bashore

The proof is in the numbers: So far, only 60 of the 301 program participants have gone back to using.

Bashore is a big believer in grassroots action, with an emphasis on act.

"One of the things I rail against is what I call Planning Paralysis: You have a good idea, you sit on it for 12 to 18 months, you try to work out all the details and bugs, and by the time you're ready to finally start, things have changed," he says. "We launched the

HOPE Initiative in less than four months. Obviously, we didn't get it all right, we hit bumps along the way, but we adapted."

He recommends jumping in with both feet.

"One of my favorite quotes is from the movie *Field of Dreams*: 'If you build it, they will come,'" Bashore says. "We built it, we launched it and people just started to come—the participants, the volunteers, the community, the hospital, county governments, law enforcement agencies, the donors and faith-based treatment centers. It's all about having faith—not so much in the program, but in doing something to help people."

— MELANIE RASKIN

Housing is Health Care at Charlotte's Moore Place

BY MELANIE RASKIN

In a world where even the business of helping others lives and dies by the metrics of potential success, Charlotte's Urban Ministry did something different.

Its leaders filled their Moore Place apartments for the homeless with the most vulnerable people, instead of the most successful, and kicked off a program that keeps contributing to the community.

Moore Place opened in 2012 and houses 85 former chronically homeless adults. With a housing stability rate of an impressive 81 percent (tenants were homeless an average of seven years), the premise is simple: Instead of asking the homeless to solve their health, job, criminal and other problems, then reward them with housing, provide housing first, then address their other needs.

It's called HousingFirst, an evidence-based model that recognizes the fundamental right to housing, regardless of mental health, physical disability or addiction. By housing people first, those in need are better able to work on challenges, meet goals and stay housed.

According to Urban Ministry Executive Director Dale Mullennix, 85 percent of Urban Ministry's clients are homeless due to a job loss, divorce or death in the family. Once connected to resources, they're usually out of homelessness within 45 days.

The other 15 percent of clients, though, are more difficult cases. Research has shown they spend their time in five places: the emergency room (ER), the hospital as a patient, a detox center, a mental health facility or jail. That was illuminating, says Mullennix.



"We found we needed a different approach," he says. "It wasn't 'Hey, go find a job.' We had to address their health first, and the best way to do that was to house them first. Housing is health care."

Moore Place tears off the "Band-Aid" of shelter, hospital, ER and jail, which costs communities approximately \$39,000 a year for a chronically homeless person, and replaces it with a stable home, health care, case management and support programs for around \$14,000 a year.

Beyond the savings of \$25,000 are the positive outcomes in the health, stability

Residents of Charlotte's Moore Place, which opened in 2012 and houses 85 formerly homeless adults

and sobriety of the formerly homeless tenants. What's the invitation to other communities facing challenges?

"You don't have to have all the answers," Mullennix advises. "Just see where God is busy, and go get in the middle of it."

The Power of Shared Experience

Personal Experiences Help Peer Support Specialists Provide Emergency Room Care

BY WAYNE MOGIELNICKI

There's a new level of care in Wake Forest Baptist Medical Center's Emergency Department (ED).

To better serve patients who exhibit both obvious and less-apparent signs of substance abuse or mental health issues, the ED currently has two full-time peer support specialists with strong credentials for the job: personal experience.

"I can be a good example or a horrible warning," says Bob Richardson, a one-time alcoholic who has been sober since 1997. He and Terry Cox are the

peer support specialists who have been working in Wake Forest Baptist's ED since August.

"As we identify these patients, Bob and Terry, with their shared experience, are able to find common ground with them more easily than we as providers can," says Christopher "Crick" Watkins, DO, an emergency medicine physician at Wake Forest Baptist. "They can bridge the gap in a non-judgmental way and open an avenue of communication to help a patient identify that they might have a problem, but more importantly to let them know that there is hope and opportunity for recovery."

That counsel doesn't come in a one-size-fits-all package, though.

"Often times I won't even bring up the idea of substance abuse with the patient," says Richardson, who has done peer support since 2005. "I just say that I'm there to support them, and they get to define that. Over the course of time, I've gotten pretty good at figuring out whether to go right in like a bull in a china shop or be a little more subtle."

There is a peer support specialist on duty in the ED from 8 a.m. to 10 p.m. Monday through Friday, with Richardson and Cox alternating day and night shifts. Their work isn't limited to the confines of the hospital; they also provide follow-up support to help the patients navigate the ins and outs of the recovery process.

Providing peer support in emergency departments is not a new concept, but "across the country it's still pretty rare," Watkins says.

At Wake Forest Baptist, the idea was introduced "a few years ago" by Steve Scoggin, PsyD, LPC, associate vice president of behavioral health and president of CareNet Inc. "I saw it as filling a gap in our care model," Scoggin says.

A grant to Wake Forest Baptist from the Hanley Family Foundation is funding the salaries of four peer support specialists — two specialists work with Medical Center inpatients — for one year.

"The grant has two specific goals," Watkins says. "One is to reduce recurring visits by patients with substance-use disorders, particularly alcohol. The other is to permanently establish peer support specialists within the culture of how we provide care here."

Christopher "Crick" Watkins, DO, with Bob Richardson and Terry Cox, who work as peer support specialists



Health and Human Services Partnership Center Offers Tools to Address **Opioid Crisis**

BY HEIDI CHRISTENSEN



Drug addictions and abuse are among the most prevalent, complex and destructive illnesses in human society. They are found in every segment of our communities, regardless of race, religion and socioeconomic class as well as every walk of life: farmers and musicians, lawyers and construction workers, stay-at-home moms, military veterans, high school sports stars and the homeless.

And the epidemic touches every age, with growing numbers of overdoses among adolescents and increased misuse by those 50 and older.

Between the statistics, headlines and, for too many of us, the up-front and personal experiences in our homes and communities, this epidemic can easily look like a downward, out-of-control spiral.

Every day, though, we also witness something new and hopeful in the smart, compassionate and innovative initiatives happening in congregations and communities around the country.

We see community members, walking alongside one another, literally saving people from dying of overdoses,

WE SEE COMMUNITY MEMBERS, WALKING ALONGSIDE ONE ANOTHER, LITERALLY SAVING PEOPLE FROM DYING OF OVERDOSES, CONNECTING THEM TO TREATMENT AND RECOVERY PROGRAMS, BRINGING RESTORATION TO THE LIVES OF INDIVIDUALS AND FAMILIES WHO HAVE SUFFERED THE CONSEQUENCES OF ADDICTION, AND BUILDING THE RESILIENCE OF YOUNGER GENERATIONS.

connecting them to treatment and recovery programs, bringing restoration to the lives of individuals and families who have suffered the consequences of addiction, and building the resilience of younger generations — empowering young people with the life skills that will help them to make better decisions for their futures.

Opioid Epidemic: A Practical Toolkit and Online Forums

The U.S. Department of Health and Human Services and the HHS Center for Faith-based and Neighborhood Partnerships offers *The Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities*.

Throughout 2018, we will also host webinar forums featuring community-based innovative and promising practices including those that educate and increase awareness; support those seeking treatment and recovery; focus on youth and prevention efforts; and demonstrate the effectiveness of collaborative efforts and coalition building.

The toolkit is available online at www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html. To join our mailing list, please send your contact information to Partnerships@hhs.gov.

Heidi Christensen is the Public Affairs Specialist at the Center for Faith-based and Neighborhood Partnerships (HHS Partnership Center) within the U.S. Department of Health and Human Services.

CareNet Counseling Northwest:

‘Amazing Asset’ Ready to Expand Outreach to Those in Need

BY LES GURA

Robert Willis, director of CareNet Counseling Northwest Region, has lived in the area for more than a decade. He's well aware that the average household income is \$13,000 less per year than the North Carolina state average.

But Willis also is familiar with the resilience of the people who live in the rural and often geographically remote parts of CareNet Counseling Northwest's coverage area, which is Alexander, Alleghany, Ashe, Caldwell, Iredell, Surry, Watauga, Wilkes and Yadkin counties.

"People here want to take care of themselves," Willis says. "They have a 'I-want-to-stand-on-my-own-two-feet' mentality. It's an amazing asset to the community."

Many area residents find uplifting ways to overcome financial and emotional barriers in their lives, but Willis and CareNet Counseling Northwest are committed to reaching those who struggle.

Working in a new partnership with the FaithHealth team that is now part of Wake Forest Baptist Health Wilkes Medical Center, CareNet Counseling Northwest is planning new initiatives to reach people who traditionally have not sought assistance in difficult times.

One concept of the FaithHealth program — helping those most in need via outreach to congregations — is perfectly in line with CareNet's model of integrating faith into care, a practice the agency has carried out since 1982.

In fact, CareNet Counseling Northwest has for several years offered a mental health first aid program aimed at educating people in Wilkes County and beyond to understand and recognize basic mental health problems.

More than 300 people, including pastors, mental health professionals, teachers and lawyers, have already been trained through the CareNet Counseling Northwest program, which was funded by the Health Foundation of Wilkes.

"There is a cultural piece in the community that says mental health should be treated differently than physical health," Willis says. "We are helping people understand that (poor) mental health is an illness. We want folks to receive support and care with whatever they're struggling with."

Teresa Cutts, assistant professor of social sciences and health policy with Wake Forest Baptist, says CareNet Counseling Northwest is "way ahead of the bandwagon" when it comes to resiliency and outreach to those most in need.

With steady declines in manufacturing in recent years, many people lost their jobs or had to take lower-paying positions. As economic situations change, people sometimes turn to alcohol or drugs, Cutts notes, and stressors on families increase.

One tenet of FaithHealth — a goal shared by CareNet Counseling Northwest — is reaching people before they find themselves in an emergency room in distress.



Teresa Cutts, PhD
Assistant Professor of
Social Sciences and
Health Policy

"We're working to find that sweet spot where we engage the community and bring behavioral health in to help people," she says. "Wilkes itself is a huge, geographically diverse county. We want to do anything we can to help people better deal with stressors."

"If we can build a better safety net, we will be able to make a difference."

Rev. Graylin Carlton, raised in Boomer and North Wilkesboro, recently became chaplain with Wake Forest Baptist Health Wilkes Medical Center, after serving on the FaithHealth team in Winston-Salem.

He believes the commitment of CareNet Counseling Northwest to reach more people, especially those in need, aligns perfectly with his chaplaincy and FaithHealth outreach. He says his goal is to make connections with patients, their families and the community. The result, he says, can be a natural growth of referrals to CareNet Counseling Northwest.

In Winston-Salem, the problems of those in need often went beyond physical or behavioral health to encompass life difficulties such as paying bills, taking prescribed medications or remembering follow-up doctors' appointments.

"Being rural presents different problems," Carlton says. "Transportation is much more difficult. And people here

MORE THAN 300 PEOPLE, INCLUDING PASTORS, MENTAL HEALTH PROFESSIONALS, TEACHERS AND LAWYERS, HAVE ALREADY BEEN TRAINED THROUGH THE CARENET COUNSELING NORTHWEST PROGRAM.

are used to making it on their own. So, we have to help change the mindset somewhat.”

Willis says CareNet Counseling Northwest looks forward to working with Carlton and the FaithHealth team.

“The CareNet model is we don’t ask people to check a part of themselves at the door,” he says. “We want them to bring their spiritual assets and also their spiritual injuries, their relational assets and their relational injuries. Our counselors not only have clinical

training, but (most) have gone through a two-year residency program in faith integration.”

Bill Warden, a Wake Forest Baptist Medical Center board member who has lived in Wilkes County since 1976, says that in a rural area where people “are closely bound to their churches ... faith-based counseling certainly has the potential to be more effective than other forms of counseling.”

Willis says over the first six months of 2018, he expects to work with members

of the FaithHealth team to create a more formal plan to address the region’s greatest needs. From CareNet Counseling Northwest’s perspective, he says, that means focusing on mental health and awareness.

“We want to open up mental health care access to more folks,” Willis says. “And I would say the opposite would be true also — that our longtime presence in Wilkes opens up access to more folks for FaithHealth.”

Robert Willis (left), executive director of CareNet of Wilkes, with Wilkes County native Rev. Graylin Carlton





Chaplains (from left) Dana Patrick, Glenn Davis and Aaron Eaton work with Forsyth County's first responders, who number more than 3,000

There for Those Who Help

Team of Chaplains Answers Call of First Responders

BY TOM PETERSON

As the name implies, first responders are often the first to reach scene of a trauma.

In the course of a normal week, they may have to deal with homicides, suicides, accidental deaths or the use of deadly force. They often deliver traumatic messages to survivors, including death notifications. Many are exposed to death in the line of duty.

These high-level sensory exposures and other work-related tasks can lead to health challenges such as chronic stress, social isolation, suppressed immune systems, anxiety or hypertension—all of which can contribute to poor health and shortened lifespans.

To address these concerns, Wake Forest Baptist Medical Center created a team of first-responder chaplains to serve fire, EMS and law enforcement agencies.

The chaplains also work with campus police, hospital security and others in Forsyth County. It's a large community, adding up to more than 3,000 first responders, not to mention their families and loved ones.

The program began in July 2016 when Wake Forest Baptist brought the Rev. Glenn Davis onto its Division of FaithHealth staff. A chaplain for 26 years with the Forsyth County Sheriff's Office, Davis had also informally served other area agencies. A service agreement between the sheriff's office and Wake Forest Baptist created this much-needed countywide network of chaplaincy support, wellness education and crisis intervention services for the area's most at-risk public servants.

"There's something wrong if we just went out and dealt with victims of crime

or domestic violence but we didn't care for the people who are responding to them," Davis says. "They're not going to stay in it long. The beneficiary of caring for responders are the communities they serve."

Davis now leads a team of three that includes Rev. Dana Patrick, a full-time staff chaplain, and Rev. Aaron Eaton, a second-year chaplain resident assigned to the program as part of his Clinical Pastoral Education training. Their duties include support during crisis intervention and support for families of those affected, death notification, and crisis response training for congregations. The group splits the responsibilities and coverage so there's a presence in the sheriff's office, the hospital or ready for deployment into the community at any time.

The chaplains being “embedded” with the first responders makes a big difference, Davis says.

“Showing up and building trust before something bad happens makes it more likely we will get turned to when something does erupt,” he says.

Dealing with Trauma

Trauma hits all of the senses.

“Even if you were just a visitor at the hospital, you could witness something that could be disturbing enough to partially incapacitate you or impair your ability to return to work,” Davis says.

The chaplains provide crisis intervention, not counseling, but they are on the lookout for those who may need counseling.

“People who have a healthy support system recover quite well from trauma,” Davis says. “But you hear people say, ‘I

“Sometime later,” he says, “you look up at a kitchen table or on the front porch, and you realize 30 minutes ago this house was filled with chaos: five people looking for a suicide note, people taking pictures and others interviewing people, the hoard of neighbors. You may be there with just one family member or a handful of people. The world’s been rocked here. Something about the presence of a chaplain somehow honors that space, and you’re the last person to leave.”

One of Patrick’s first solo calls led her to a scene where a young woman had died of a drug overdose. During the holidays, Patrick wanted to check in on people who had recently lost someone.

“So, I called the mother of this overdose victim and left her a message letting her know that if she needed anything to get back with me,” Patrick says. “She called me back the next day

in tears and said, ‘I’m so glad you called because today I just completely lost it and didn’t know what I needed to do.’”

Patrick says she was able to offer the woman some follow-up care for the most difficult of times—when a loved one has died.

Right after that conversation, Patrick happened to bump into the investigator who covered that case and was able to provide the investigator an update on the family.

“It was a nice closed circle, offering the follow-up care, being able to connect with both the law enforcement person as well as this family,” she says.

“The better we care for our responders, the better they are equipped to care for the community. It helps us to better care for the community’s most vulnerable.”

THE CHAPLAINS PROVIDE CRISIS INTERVENTION, NOT COUNSELING, BUT THEY ARE ON THE LOOKOUT FOR THOSE WHO MAY NEED COUNSELING.



have no pastor’ or ‘I have relatives but don’t know where they are.’ Those kinds of statements paint a picture of a person already in a vulnerable place before a traumatic incident ever happened.”

The team refers those people to a pastor or a counseling service.

Even with the disturbing images he has encountered, Davis is reminded of “how resilient the human spirit is and how people do have post-traumatic growth. We come away with so much knowledge and insight from having suffered with people, and we’re changed by the mystery of that.”

There for the Community

The chaplains are also ready to serve the larger community. Davis talks of going to calls crowded with whole waves of people.



SAFETY NET CLINICS

COLLECTIVELY SERVED 351,000
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Unique Collaboration Forms in Response to N.C. Medicaid Managed Care

North Carolina has had a rich history of caring for people without health care insurance through a loosely organized group of providers known colloquially as the “safety net.”

The prospects of Medicaid Managed Care reform in North Carolina provided the momentum for safety net providers to start thinking about working together for the common good. More than a year ago, many of these providers began organizing into a “system of health.”

The primary consideration for starting the endeavor was to prepare safety net providers for negotiating favorable Medicaid provider contracts with managed care organizations (MCO).

Why is this important?

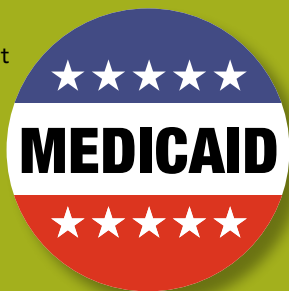
Safety net clinics collectively served 351,000 Medicaid patients over a recent 12-month period and plowed the proceeds from those encounters back into serving another 485,480 people who are uninsured. That’s roughly 44 percent of the state’s 1.1 million uninsured being seen within the safety net primary care health system.

Medicaid revenue is the single most important revenue source to safety net primary care clinics. Without the revenue collected through it, the system would collapse.

How Medicaid MCO contracts are negotiated will have a profound impact on the financial health of safety net providers and a corresponding impact on where the state’s uninsured can be accommodated.

In acknowledging the importance of Medicaid revenue on access for the uninsured, it also becomes important to recognize the common thread and patient demographic shared between the Medicaid and uninsured populations.

In the most recent period on record, there were 710,000 new Medicaid enrollees while 626,000 people unenrolled. Almost certainly, most of those who enrolled/unenrolled either came from or returned to being uninsured, although that statistic is not presently tracked. How future Medicaid contracts are awarded will in part determine whether patients must change primary care providers as they transition on and off Medicaid.



The N.C. Safety-Net Health System (NCSNHS) emerged from a strong history of collaborative activities among the state associations for community health centers, local health directors, free and charitable clinics, rural health centers and school-based clinics.

The jointly sponsored annual primary care conference and collaboration with the N.C. Office of Rural Health on its Community Health Grant program are two examples of collaboration by safety net providers.

In fact, the increased level of collaboration by N.C. safety net providers is already paying dividends for safety-net providers in significant areas:

- ▶ Safety-net providers from across the state successfully joined voices and advocated for increased funding of the critically important Community Health Grant program; the North Carolina General Assembly rewarded their efforts with a \$7.5 million increase effective July 2017.
- ▶ Discussions with the N.C. Health Information Exchange, known as N.C. HealthConnex, have resulted in important concessions involving the process and deadlines with connecting safety net clinics to the state’s central health data repository and their concomitant ability to query data.
- ▶ The effort has engaged MCOs around their interests in creating pilot projects or other efforts to demonstrate innovative approaches to serving N.C. Medicaid beneficiaries.
- ▶ Safety-net providers are getting to the negotiating table with MCO/PLE representatives and reviewing participating provider contracts or letters of intent, as well as forging relationships that allow each side a better understanding of what would make a contract mutually beneficial.

Today, the safety net and NCSNHS are poised to play an important role in addressing social determinants of health—the structural drivers and conditions in which people are born, grow, live, work and age.

Innovative approaches that are routinely housed in the safety net have the chance to help lead the way on using non-medical dollars to impact health. NCSNHS aims to help the safety net continue to meet its role of setting a welcoming table where all are cared for in equal measure.

– TIM GALLAGHER

KNOWLEDGE, PASSION AND STREET SMARTS

Groups Develop Winning Formula for Working with Vulnerable Populations

BY LES GURA

Most don't see the most vulnerable people in the community or they choose to look away when they walk right past on the street. But two organizations in Winston-Salem are right there with these homeless folks, seeking them out in abandoned warehouses, hiding behind highway bridges or living in the woods.

Their goal? Have a conversation. And slowly, ever so slowly, build their trust so they might have a better chance to survive — with food, access to care, maybe even a place off the street.

Obie Johnson's personal experiences give him a particular empathy in his job as team lead for The Empowerment Project, a nonprofit whose small staff works with the hardcore homeless — people on the street who often have two or more simultaneous diseases or conditions such as addiction, mental illness or physical illness. Many have been banned from homeless shelters or cannot cope with the rules and boundaries set within a shelter.

Johnson understands his clients; he has 30 years of sobriety after he went through years of addiction and depression as a young man.

Assistance for those who are homeless, and who may have addiction



Obie Johnson (center), team lead for The Empowerment Project, with staff members Bree Ferguson and Elizabeth Blake

THE EMPOWERMENT PROJECT WAS CREATED FOUR YEARS AGO AS A NEWER VERSION OF A FEDERAL PROGRAM THAT BEGAN IN THE 1980S AND TARGETED HOMELESS PEOPLE WITH A HISTORY OF SEVERE AND PERSISTENT MENTAL ILLNESS.

or mental health problems, is not always obvious, Johnson says.

"A person living in the woods could probably be best served if he had a place to stay, but if that person, at that moment of contact, is not ready for housing but would prefer a sandwich and some socks, then that's what we do," he says. "We meet them right where they are."

Many of more than 200 people reached by The Empowerment Project in 2017 came directly from staff members heading out into those hidden places of Winston-Salem. Johnson says it is all part of the effort to have a conversation.

"We build relationships. We want to help them, but not to dictate to them or tell them what's best," he says.

Homeless people often are leery of authorities, Johnson says, so trust is built by talking and bringing people little things they need.

Over time, he says, his staff can help some clients understand what they want and begin to advocate for them. That might mean helping them receive assistance for physical or mental health care, food, housing or even employment. The Empowerment Project was created four years ago as a newer version of a

federal program that began in the 1980s and targeted homeless people with a history of severe and persistent mental illness.

In its new incarnation, The Empowerment Project partners with Wake Forest Baptist Health's Division of FaithHealth and has a broader ability to reach people with chronic substance abuse problems. The program is housed within Samaritan Ministries on Northwest Boulevard in Winston-Salem, which gives team members immediate access to those who eat at Samaritan's soup kitchen or stay at its shelter.

Staff members with The Empowerment Project frequently work with another Winston-Salem nonprofit organization, City with Dwellings. Lea Thullbery, case coordinator with City with Dwellings, says the organization got its start in late 2013 to provide overflow beds for existing homeless shelters that were full.

With churches stepping in to offer space and a strong team of volunteers pitching in, arrangements have been made each year since to handle overflow shelter housing from Dec. 1 through March 31, as many as 90 beds.



Beyond shelter, though, the City with Dwellings team has engaged in finding people, similar to The Empowerment Project, including both beds and other assistance.

Thullbery says hospitals and treatment centers often call City with Dwellings when a patient or client is being discharged and does not have family or friends to take them in or provide a place to stay. City with Dwellings works to place all of its referrals, even if a person is struggling with dependency or addiction.

"Hundreds of people now in Winston-Salem experiencing homelessness consider us trustworthy," Thullbery says. "We're the only low-barrier shelter in town."

City with Dwelling team members not only exchange referrals and information with The Empowerment Project, but also work closely with the FaithHealth team at Wake Forest Baptist to begin connecting discharge patients with other services.

Starting in February 2017, City with Dwellings also opened a two-day-a-week (Tuesdays and Thursdays) day center, open from 9 to 11 a.m. year-round at 633 W. 3rd Street in Winston-Salem. The day center is open to all just to talk with volunteers or team members. In addition, clients can have a free cup of coffee, access resources, or take art therapy, yoga or tai chi classes.

Thullbery says even though the overflow shelters are only open four months a year, the number of visitors to the day center has remained steady year-round at about 40 per session.

Although the overall number of people seen by City with Dwellings declined from 450 in its first year to under 300 in 2016-17, this year's numbers are well on their way over 400 again. Thullbery says that points



"THESE ARE PEOPLE WITH CHALLENGES, BUT THEY ARE DESERVING OF A SMILE JUST LIKE EVERYONE ELSE."

out the importance of the work of her organization and The Empowerment Project.

"We don't want to be an overflow shelter. We'd love to be able to close our doors," she says. "But we are making a difference, and not just with our clients."

Thullbery notes the organization has 500 volunteers each overflow shelter season, and those who volunteer get to meet, talk and know the men and women who are homeless.

"Half of what City with Dwellings does is try to transform not so much the heart but the minds of our housed neighbors to know that this issue exists in our city," she says. "My favorite thing to hear from a volunteer is when they meet someone they have helped on the street and have a conversation with them, and introduce them to their spouse."

"These are people with challenges, but they are deserving of a smile just like everyone else."

Teresa Cutts, an assistant professor of social sciences and health policy with Wake Forest Baptist, is director with The Empowerment Project and a member of the City with Dwellings' board. She says the accomplishments of the two agencies are critical in that they reach the most vulnerable people in our society when no one else will.

"They know the life of people on the street," she says. "These programs fill a niche that other programs don't."

People *and* Events

New Website for CareNet: www.carenetnc.org

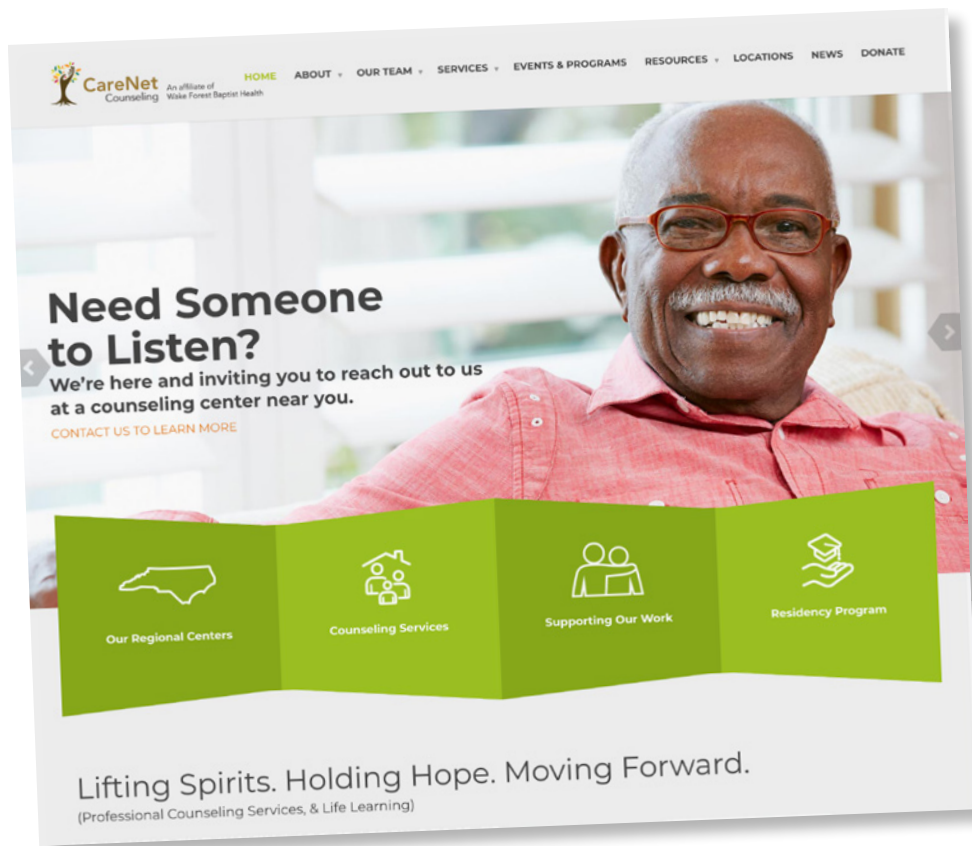
Started in 1972, CareNet is a statewide network of 32 CareNet counseling centers across North Carolina that provide care to people in 80 counties. Services include counseling for adults, young children, teens, families, seniors and couples. In addition to individual counseling, the organization offers group counseling and counseling for ministers, improving mood, immune system productivity and stress level.

Congratulations

Rev. Graylin Carlton has taken on the role of manager of spiritual care services for Wake Forest Baptist Health Wilkes Medical Center. The move is a homecoming for Carlton, who was born and raised in the township of Boomer in Wilkes County. Wilkes Medical Center is now part of the Wake Forest Baptist Health system, and the FaithHealth presence in the county is strong. That presence includes a part-time FaithHealth coordinator and a CareNet Counseling Center with five therapists. Carlton will focus on spiritual care at Wilkes Medical Center and on building connections with congregations in the community. Jay Foster, director of Chaplaincy and Clinical Ministry at Wake Forest Baptist, says, "We are thrilled to see Graylin step into this important new role."



Rev. Enrique Catana Ramiro received the 2018 Martin Luther King Jr. Young Dreamers Award during a ceremony at City Hall in Winston-Salem on Jan. 16. The annual award from the city recognizes one male and one female outstanding young adult leader who "has produced a meaningful result in community inclusiveness and race relations." Ramiro was honored along with Magalie Yacinthe, owner of Yacinthe Event Services.



New Hires

- **Chandler Baggett, Rebecca Setzer, Roseann Pawlyszyn and Elizabeth Young** are associate behavioral health clinicians at CareNet.
- **Bruce Johnson** is staff chaplain.
- **Virginia Martin** is senior secretary at CareNet.

FaithHealthNC

For updates, visit our website:
faithhealthnc.org

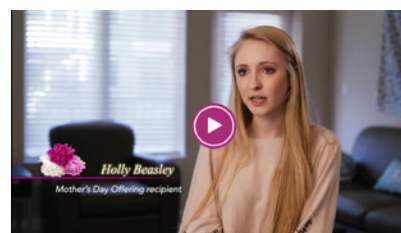
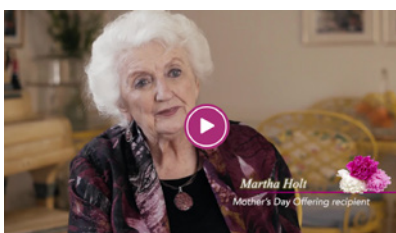
Support the annual

Mother's Day Offering

Since 1924, North Carolina Baptists have given to the Mother's Day Offering to "extend the healing ministry of Jesus Christ, especially to the needy."

Your gifts to the Mother's Day Offering continue that work to assist patients in financial need at Wake Forest Baptist Health.

To donate and make a life-changing difference and to listen to the stories below of how these gifts have changed lives, visit mothersdayoffering.org or call **336-716-3027**.



*Give, and it will be given to you. A good measure, pressed down,
shaken together and running over, will be poured into your lap.
For with the measure you use, it will be measured to you.*

– Luke 6:38



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RESOURCES

CareNet Counseling,

a professional, community-based counseling organization, helps clients restore and maintain mental wellness.

carenetcounseling.org

Center for Congregational Health

provides ministry and training for hundreds of churches, clergy and lay leaders each year.

healthychurch.org

Chaplaincy and Pastoral Education

provides spiritual care for hospitalized patients and their loved ones, and offers accredited programs in Clinical Pastoral Education. For information, or to contact a chaplain, call **336-716-4745**.

WakeHealth.edu/Chaplaincy-and-Pastoral-Education

Please send address changes to:

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Medical Center Boulevard
Winston-Salem, NC 27157

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faithhealthnc.org \ 336-716-3027

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