



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

REGIONAL LEADERSHIP SUMMIT – VAYA HEALTH
WESTERN SUBREGION

MEETING SUMMARY

Friday, September 29, 2017
Hayesville, NC

ATTENDEES

Cindy Palmer, Clesia Wells, *Cherokee County DSS*; Todd Goins, Deborah Mauney, Haven Phillips, *Clay County DSS*; Butch Sanders, *Graham County DSS*; Stoney Blevins, Kristy Smith, *Haywood County DSS*; Jennifer Abshire, Sheryl Williamson, *Jackson County DSS*; Patrick Betancourt, Lisa Hilliard, David Smith, *Macon County DSS*; Erin Pooser, Sheila Sutton, *Swain County DSS*; Shelly Foreman, Ruth Jordan, Lindy Monteleone, Donald Reuss, *Vaya Health*; Dianne Whitman, *DJJ*; Tabatha Brafford, *Appalachian Community Services*; Greta Metcalf, *Meridian Behavioral Health*; Brenda Triplett, *Youth Villages*; Anne Foglia, NCIOM; Warren Ludwig, Facilitator.

OVERVIEW & INTRODUCTIONS

Following introductions, Warren Ludwig, meeting facilitator, gave a brief overview of the Bridging Local Systems project. The primary goals 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 adults served by adult protective or guardianship services. In order to accommodate the travel challenges within Vaya's large, mountainous catchment area, the initial all-county meeting August 27, 2017 in Asheville ([Meeting Summary](#)) is being followed by single meetings in each of VAYA's three subregions to convene regional DSS leadership, Vaya staff, and providers.

Vaya's western subregion is composed of the seven counties that constituted the old Smokey Area Program and form a single judicial district: Cherokee, Clay, Graham, Haywood, Jackson, Macon, and Swaine. The counties meet together every other month, and include the regional mental health providers biannually.

Because the subregion summit meeting was attended by multiple counties and agencies not present at the initial meeting, the August 27 meeting was very briefly summarized and participants were invited to share their goals and concerns for improved collaboration between the LME/MCO and DSSs.



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FEEDBACK ON THE YOUTH VILLAGES SERVICE CONTINUUM

Vaya staff restated their desire to receive feedback from the county DSS agencies regarding the new service continuum developed for DJJ and DSS involved youth operated by Youth Villages.

Some feedback was offered about problems including a case in which a child was initially approved for an intensive service but then denied for reasons the DSS strongly disagreed with. It was agreed that such situations should be bumped up within Youth Villages or Vaya to see if they can be resolved. Some concerns were also expressed about waiting lists for high demand services such as Intercept—a community based service to divert youth from out-of-home placements or reunite them with their families.

Most of the feedback from the county DSS staff was positive – Macon and Clay counties both reported positive experiences utilizing the single point assessments. There was general consensus that all three providers collaborated well together, with the 7 counties, and with the juvenile justice system.

A lot of positive feedback was given about the regular staffings each county is holding with the providers (Meridian, Youth Villages, and Appalachian Community Services) and Vaya, which were reported to help build interagency relationships and enhance the services and transitions for children and families. Committing to regular staffings was described as critical.

REGIONAL PRIORITIES & NEXT STEPS

Warren asked the DSS, Vaya, and provider representatives to share where they saw potential for improvement. County DSS leaders reported several ongoing challenges and opportunities:

Involuntary Commitment (IVC) Cases: Several county leaders raised concerns regarding the local hospitals and struggles with IVC cases—in particular, they reported a pattern of disagreements in which the community evaluation for a patient indicated IVC was appropriate but the telepsych evaluation did not. Participants agreed that the next step in addressing this issue is for county DSS and DJJ leaders to reach out together to raise these concerns with the hospital leadership.

Treatment for Children Living with Grandparents: DSS leaders also reported recent difficulties helping children access treatment when they are in the care of grandparents who don't have legal custody/guardianship. Participants discussed options including existing statutes allowing for "in loco parentis" consent or child consent to treatment; however, providers may have liability concerns that further complicate the matter.



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Detox and Crisis Services for Youth:

- Accessing detox services for youth under age 18 years is also an ongoing challenge—Vaya shared plans to open a child crisis facility in Buncombe County that will have 16 beds for mental health and substance abuse services.
- In addition to the Buncombe child crisis facility, Vaya also reported plans to open two new respite facilities, and that a behavioral health urgent care is opening soon in Haywood county for both adults and children.
- Participants discussed the potential for training foster parents on the role of mobile crisis to help prevent emergency department visits.

IDD Services: DSS leaders reported the need for more qualified IDD services, noting that in these cases appropriate placement requires a qualified caretaker. Vaya has some respite homes specifically for dually diagnosed adults, and has created two new service definitions for enhanced therapeutic foster care for IDD children (still in the process of getting state approval) and long-term community supports for non-Innovations Medicaid recipients (ages 3-64).

Children Kicked Out of Treatment Placements: DSS leaders reported that it doesn't seem to take much, behaviorally, for children to be kicked out of a treatment placement which is an increasing challenge given the trauma histories of many of the children. Participants compared the licensure for child and adult providers that establish very different requirements for community responses to health and safety concerns. Vaya welcomed feedback on such trends or problems with providers in their network.

OVERVIEW OF GERIATRIC AND ADULT MENTAL HEALTH SPECIALTY TEAM

Vaya staff gave a brief overview of the types of education and supports available for professional staff and family caregivers through the Vaya Health Geriatrics and Adult Mental Health Specialty Team. The Team serves 28 counties across the Vaya and Partners catchment areas. The multidisciplinary team offers education and consultation to family caregivers in addition to a variety of community organizations and agencies including senior centers, meals-on-wheels, law enforcement, judicial system, and DSS.

The Geriatric and Adult Mental Health Specialty Team can be contacted at geriatric.team@vayahealth.com or 1-800-893-6246 (Asheville Ext. 5343, Sylva Ext. 1245).

SYSTEM ISSUES & STATE POLICY

To close out the meeting, participants were asked to share system recommendations for state leadership. The group identified the following recommendations and systemic issues:



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- Funding for multidisciplinary evaluations (MDEs) is a major crisis for both systems.
- Streamline paperwork for providers, MCOs and DSS agencies to free up professional time – the current burden is greatly increasing the cost of doing business.
- Continued reduction of funds for indigent care is dramatically impacting the ability to provide the services needed—particularly addiction services—which impacts the whole system. The state has identified substance abuse as a priority but is not providing adequate funding for treatment.
- Parents whose children enter foster care should be allowed to keep Medicaid to pay for treatment services while parents are working towards reunification.
- Face-to-face cross-system dialogues need to occur regularly at the state level between the DSS, Mental Health, and Medical Assistance divisions of the Health and Human Services Department.