



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

### REGIONAL LEADERSHIP SUMMIT – VAYA HEALTH

#### MEETING SUMMARY

Friday, August 4<sup>th</sup>, 2017  
Asheville, NC

#### ATTENDEES

Trish Baker, *Alexander County DSS*; Lisa Osborne, *Alleghany County DSS*; Jim Holland, Tammy Shook, Katie Swanson, Trish Wallin, *Buncombe County HSS*; Butch Sanders, *Graham County DSS*; Kevin Marino, *Henderson County DSS*; Patrick Betancourt, *Macon County*; Connie Harris, *Madison Count DSS*; John Blevins, *Wilkes County DSS*; Stoney Blevins, Haywood County; Rhonda Cox, Christina Dupuch, Shelly Foreman, Brian Ingrahm, Donald Reuss, Brian Shuping, Sara Wilson, *Vaya Health*; Sherry Bradsher, *Consultant to Vaya Health*; Julie Klipp Nicholson, *Family Justice Center Coordinator*; Jeanne Preisler, Brian Vogl, *NC DHHS*; Anne Foglia, NCIOM; Warren Ludwig, Facilitator.

#### OVERVIEW & INTRODUCTIONS

To accommodate the travel challenges within the VAYA's large, mountainous catchment area, the first summit meeting was scheduled as part of the quarterly Western NCACDSS meeting. The morning began with a presentation by Donald Reuss, Senior Director of the Vaya Provider Network, on the service continuum VAYA has developed with Youth Villages. The continuum is tailored to the needs of children and families involved with child welfare and juvenile justice and begins with a single point of assessment with options for referral to services of various intensities. Several services that are evidence supported or considered best practices. He also reported positive outcome data for YV Life Set, a program funded by the state, VAYA, and philanthropic foundations helping child welfare and juvenile justice involved youth aged 17 through 22 transition to adulthood.

After the service continuum presentation, Warren Ludwig (meeting facilitator) thanked the county DSS and Vaya leadership for attending and gave a summary of the Bridging Local Systems project including the sponsors and goals. 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 behavioral health, and adults served by adult protective or guardianship services. Warren's slides are available [here](#). Warren also explained that local follow up meetings will be planned for each of three sub-regions in VAYA's coverage area (eastern, central, and western) with a possible final meeting of all sub-regions together.



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### 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;
- 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](#).

### FACILITATED DISCUSSION

Warren asked the leaders present to share what outcomes they hoped to achieve by participating in the summit and invited the VAYA leadership to make opening remarks if they wished. Chistina Dupuch (COO at Vaya) thanked the DSS directors for inviting Vaya to their quarterly meeting and providing an opportunity for interagency discussion at the executive leadership level. She welcomed honest feedback from the DSS leadership and expressed a commitment on behalf of Vaya to transparency and working out any regional issues in the partnership.

Brian Vogl, regional DSS representative, expressed concerns about the single point of assessment. He referenced a past experience in which the providers completing mental health assessments tended to restrict their recommendations to services provided by the assessor's agency rather than recommending what the client needed. Donald Reuss, Senior Director of the Vaya Provider Network, reported that this was the very problem that the new single point assessment with Youth Villages was designed to address. He explained the expectation with Youth Services was very clear that the assessment was to recommend whatever services were needed irrespective of what Youth Villages provided. Patrick Betancourt of Macon County said that his experience was the Youth Villages assessments were phenomenal.

In addition to positive feedback about timely access to high quality assessments through Youth Villages, several county directors reported that communication with Vaya regarding shared cases has been working well – Vaya was described as accessible and timely in their responses.

Facilitated discussion also highlighted the unique network management approach among MCOs developed by VAYA. VAYA has made strategic decisions to have a smaller provider network with



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one or two major providers operating in each county. To improve service access to a fuller complement of services, VAYA requires these providers to offer services on which they do not make a profit in addition to providing services that are relatively profitable for the provider.

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

- Care for the Uninsured
  - DSS directors reported that even in resource rich areas, necessary treatment services for uninsured patients are prohibitively expensive making accessing appropriate treatment for parents who have lost Medicaid that would facilitate reunification within the 12-month timeline extraordinarily difficult.
  - VAYA agreed that the availability of important treatment services for uninsured clients, especially adults, was a major problem even though VAYA has the highest penetration for the non-Medicaid population in the state. VAYA pointed out that the MCO budget reductions in the past 2 years make addressing this issue more difficult.
- Communication
  - While communication was generally praised by both DSSs and VAYA, some county leaders expressed a desire for more opportunities for face-to-face communication with both Vaya and providers.
  - Henderson County reported providers do not always show up for planned meetings.
  - Alexander County reported they had trouble reaching anyone at VAYA when their original point of contact was on vacation and that they had been waiting for a promised placement for months. (These concerns were addressed with the VAYA regional representative outside of the meeting.)
- Geographic Challenges
  - The region is large and, in some areas sparsely populated, and the mountainous terrain creates additional challenges for transportation. Vaya is making an effort to make services accessible in every county, but having services within reasonable travel times to clients remains challenging. Specifically, challenges accessing Medication Assisted Treatment for substance dependence (MAT) and managing mobile crisis services were discussed.
- Lack of adequate resources and services for adults
  - The growing number of adults in guardianship is a continuing challenge for the DSS agencies.
  - The total of \$38,000 available statewide for multi-disciplinary evaluations was cited as especially inadequate.



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### POTENTIAL STRATEGIES:

- Policy recommendations—leaders discussed the need for changes at the state level including funding for multidisciplinary evaluations, funding to serve the non-Medicaid population, and increased budgetary flexibility to coordinate services.
- Organizing events to help re-establish local relationships between providers, care coordination, and DSS staff where needed. Previous events in Cherokee and Clay counties were considered successful.
- Implement regular interagency meetings to continue to build relationships in spite of turnover, address what's working or not working, address complex cases proactively, and/or develop advocacy strategies for the needs of the shared population.
- One county director said private behavioral health providers had difficulty sustaining a presence in small counties and expressed interest in exploring whether counties could hire and embed a behavioral health clinician to enhance access. VAYA leaders responded that they have supported that arrangement but cautioned the state is moving in a different direction.

### NEXT STEPS

Anne Foglia (NCIOM Project Director) will work with participants to schedule follow up Regional Leadership Summit meetings in three locations across the region. Participants agreed that additional DSS agency staff, regional representatives, and providers will be invited to the follow up meetings.

The high priority issues and potential strategies identified will be used to develop a tentative agenda for the subsequent meetings.

Tentative agenda items include:

- Presentation on Transition to Community Living Initiative (TCLI) and adult services
- Discussion of the continuum of care for Child Welfare and Juvenile Justice involved children to include feedback both from counties. VAYA expressed interest in hearing from counties about barriers to using the services as well as hearing from counties who have found the continuum to be helpful
- System issues and recommendations