



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

REGIONAL LEADERSHIP SUMMIT – VAYA HEALTH
NORTHERN SUBREGION

MEETING SUMMARY

Thursday, October 12, 2017
Lenoir, NC

ATTENDEES

Trish Baker, Laura Harrison, Kristen Icard, *Alexander County DSS*; Tommy McClure, *Ashe County DSS*; Jack Daulton, Will Wakefield, *Caldwell County HSS*; John Blevins, Kevin Brown, Hal Wilson, *Wilkes County DSS*; Dustin Burleson, Christina Dupuch, Christy Pruess, Donald Reuss, Zack Shepherd, Brian Shuping, Sara Wilson, *Vaya Health*; Sarah Dunagan, *Daymark Recover Services*; Derrick Jordan, *MHA*; Sandy Feutz, *RHA*; George Edmonds, *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 northern subregion is composed of eight counties: Alexander, Alleghany, Ashe, Avery, Caldwell, McDowell, Watauga, and Wilkes. 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.



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

REGIONAL GOALS AND DISCUSSION

More Local Interaction: Vaya expressed a desire to set up more local interaction including recurring county meetings to address systems challenges as well as specific case staffings to help prevent crises.

Better Resources for Adults: Several counties expressed concern about the lack of adequate resources and services for adults. DSS leaders reported that finding appropriate placements for adults (particularly young adults) with either diagnosed/undiagnosed mental illness or substance abuse is getting increasingly difficult and requires extensive time and effort devoted by DSS staff. DSSs reported having trouble with emergency and respite placements and that cases are further complicated when adults are uninsured, are not citizens, or are going through extended social security appeals processes. Counties commented that they felt they had good collaboration with their local providers and good communication with Vaya, but would like to see more Vaya involvement in finding appropriate placements.

Improved Transition Services for Jailed Adults: Assessments are needed to determine service needs and appropriate placements for adults transitioning out of jail; however, community providers are not reimbursed for assessments performed in jail settings. Jail health plans should include mental health assessments. Participants discussed the possibility of engaging law enforcement in the discussion of jail assessments and transition.

Improved Discharge Planning for Involuntarily Committed (IVC) Clients: DSSs would like to see better discharge planning to support the return of hospitalized patients to the community. Vaya reported its care coordination staff visit 10 hospitals, that protocol requires DSS involvement in discharge planning for clients in DSS custody, but client or legal guardian consent may be required to involve DSS in other cases. It was suggested that hospitals could request client or guardian consent when DSS services are likely to be needed.

Better Access to Services for Children Living Outside VAYA's Catchment Area: DSS leaders reported it can be difficult to contract with providers to serve children who are living outside the Vaya catchment area. Vaya reported it can typically arrange out-of-network contracts with providers within 72 hours and reimburse retroactively. Provider education may be needed to facilitate this process but may be a challenge to do proactively with distant providers.

Improved Access to Care Coordination: Some DSS leaders said on-call care coordination would be a valuable resource for handling after-hours crises.

Open Communication Between Agencies: Christina Dupuch, COO of Vaya, addressed the group and spoke of the large transition taking place in the state. She said Vaya wants to hear feedback directly and will do the best it can to address counties' concerns.



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

FEEDBACK ON THE YOUTH VILLAGES SERVICE CONTINUUM

Vaya staff invited feedback from the county DSS agencies regarding the new service continuum for DJJ and DSS involved youth in partnership with Youth Villages. The continuum starts with single point assessment at DSS and aims to better support children and families in their communities while reducing the number of children in residential placements.

The feedback from the county DSS staff was generally positive. Caldwell County reported high utilization of the services and has found the single point assessments to be very helpful. Alexander County reported a very positive experience with the Lifeset program but expressed a need for additional capacity. The Lifeset program is designed to help former foster youth and vulnerable young adults develop necessary life skills and transition successfully to adulthood. It is currently funded through a private-public partnership. To increase capacity, Vaya has submitted an in-lieu-of service definition to DMA, which, if approved, would make the service available to all Medicaid beneficiaries in the region.

A few counties reported capacity concerns with the single point assessments and referral services. Vaya and Youth Villages acknowledged that building capacity in rural areas can be difficult to do quickly, but they are working to resolve capacity issues.

Participants discussed the fact that access to services remains limited for children without Medicaid and undocumented children. Vaya reported that LME/MCOs are not allowed to use either Medicaid or state dollars to serve undocumented residents; however, county funding to Vaya could be used to serve this population.

In a discussion about what additional services and supports are needed, participants identified the need for unplanned respite placements to help prevent placing children in residential treatment. The respite beds could be used while a community placement situation is alleviated or wraparound services are put in place.

OVERVIEW: TRANSITIONS TO COMMUNITY LIVING INITIATIVE

Brian Shuping from Vaya gave a brief overview of the work being done in response to the state settlement with the Department of Justice. The goal of the Transitions to Community Living Initiative (TCLI) is to support the transition of individuals with serious mental illness out of adult care homes or the state hospital to independent community living arrangements. TCLI provides funding to build up extensive wraparound services and resources for clients to support successful transitions including assistance finding and furnishing housing, subsidized rent, and ACT teams. Vaya is required to do in-reach with eligible clients or their guardians every 90 days and is happy to explore the opportunities and risks in future conversations with DSS to help



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

overcome concerns. Vaya also invited DSS to refer additional clients who may be good candidates.

SYSTEM ISSUES & RECOMMENDATIONS

To close out the meeting, participants were asked to share system recommendations for state leadership. Recommendations included:

- Additional resources are needed to provide evaluation and treatment for uninsured individuals.
- North Carolina should explore options for streamlining and standardizing provider credentialing processes across the state as a strategy to streamline the contracting process with providers outside an LME/MCO's catchment area. Vaya shared that it would still need to contract with all providers but is open to reciprocity of credentialing with other LME/MCOs.
- The state should provide greater support to jail diversion efforts that divert individuals from detention, shorten the length of their detention, and support successful transitions to the community to prevent recidivism.