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

REGIONAL LEADERSHIP SUMMIT – VAYA HEALTH
CENTRAL SUBREGION

MEETING SUMMARY

Friday, October 13, 2017
Asheville, NC

ATTENDEES

Angie Garner, Tammy Shook, *Buncombe County HSS*; Jerrie McFalls, *Henderson County DSS*; Paula Holtsclaw, *Mitchell County DSS;* Josh Kennedy, *Polk County DSS*; Amanda Tanner-McGee, *Rutherford County DSS*; Dona Johnson, *Transylvania County DSS*; Becky Davis, Michelle Rogers, *Yancey County DSS*; Meredith Comer, Christina Dupuch, Shelly Foreman, Celeste Ordiway, Donald Reuss, Rebecca Sharp, Brian Shuping, Mark Van Tuyl, *Vaya Health*; Julie Klipp Nicholson, *Family Justice Center;* Samantha Morrison, William Westbrook, Joe Yurchak, *Family Preservation Services*; Krista Engels, Kurt Wilder, *RHA Behavioral Health Services*; George Edmonds, 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 central subregion is composed of eight counties: Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, and Yancey. 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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REGIONAL GOALS AND DISCUSSION

Continue Recent Progress: Counties expressed interest in continuing to build on strong interagency communication in recent years to further expand and develop community partnerships with Vaya, providers, and schools.

Challenges in Smaller Counties: Polk County raised concerns about access to services including:

- providers are not always available at the same times that clients are available or "ready" for services;
- many services are not available in-county and the travel required for clients to receive services creates additional barriers (e.g., a parent who has to leave at 6am to receive Medication-Assisted Treatment (MAT) for addiction in another county may not have someone who can get their child ready and on the bus to school in the morning).

Other smaller counties agreed that services are less available in their counties even though communication with VAYA and providers was generally positive. Participants discussed the challenges the MCO and providers face in serving smaller counties with low numbers of clients.

Continuity of Services when DSS Involvement Ends: Providers noted a pattern of seeing clients stop treatment after DSS is no longer involved and then cycle back into the system—how can treatment services be prolonged beyond the end of DSS involvement?

Prevention Services: Participants expressed the need to move the system further upstream to address social determinants of health and take a more preventative approach that includes DSS, Vaya, providers, schools, and law enforcement as well as other stakeholders addressing client needs such as housing and food security.

Post-Sobriety Services: Participants expressed concern that clients often struggle to get jobs after getting sober and stable, which can lead to future relapse. North Carolina offers supportive employment to Medicaid beneficiaries, but many clients who need such services are not beneficiaries—how can community partners help clients with this critical next step after intervention?

Case Management: Participants stated that the lack of case management is a problem when serving children with high needs that are ongoing or recurring.

Adult Services and Placements: 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 from DSS staff. Cases are further complicated when adults are uninsured, are not citizens, or are going through extended social security appeals processes.

Promising Pilot Programs: Several strategies and pilot programs were described as working well:

- Buncombe County reported a very positive experience with both a co-located therapist administering comprehensive clinical assessments (CCAs) for adults (and children, as needed) as well as an embedded Vaya care coordinator.
- Buncombe County also began implementing the evidence-informed model START (Sobriety Treatment & Recovery Teams) in July. START pairs parent mentors with child welfare workers to support families, and Buncombe County has seen a noticeable difference in staff culture. Evaluation data from other communities shows START reduces the length of time families are DSS-involved. Other counties, including Rutherford, expressed an interest in the START program, but ran into barriers identifying funding for the evidence-based model.
- RHA has started a comprehensive case management program in Buncombe County targeting clients with high utilization of the emergency department for mental health needs. An embedded team at the hospital helps facilitate clients transition to working with case managers in the community for up to 6 months to address housing, food, community support, and other needs.

Regional Partnerships and Funding: Vaya and the leaders from the county DSS agencies recognized that the availability of services and pilot programs is limited in smaller counties relative to bigger counties such as Buncombe. How such services can be made available across the region more broadly was a recurring theme in the meeting discussion. Participants discussed the possibility of subsequent meetings to discuss possible regional partnerships to expand accessibility of services in more sparsely populated counties—both partnerships among smaller counties and partnerships linking smaller counties with larger counties were discussed.

The group also briefly discussed funding strategies to make intensive services and innovative practices more accessible including:

- Developing Medicaid service definitions—Vaya is pursuing this strategy for several services.
- Seeking philanthropic and other grant funding. It was discussed that a growing awareness exists nationally about an urban-rural divide, which may make foundations more interested in funding solutions to rural service shortages.
- Utilizing blended county-MCO investments. This is easier for affluent counties but less affluent counties might consider this route if evaluations of innovative programs demonstrate cost savings.

Feedback on 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 which starts with single point assessment at DSS aims to better support children and families in their communities and reduce the number of children in residential placements.

The feedback from county DSS staff was generally positive. Youth Villages and Vaya encouraged any DSS agencies that were not already participating in regular case staffings with Vaya and the providers to consider starting.

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 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:

- The state should be investing in prevention across the service spectrum including MCOs, DSS agencies, and health departments (this should not be Medicaid funding).
- 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.
- Parents should continue to receive Medicaid while their children are in foster care to support family reunification.
- Incentive rates should be provided for evidence-based programs and high-quality specialty services.

- The Medicaid payment structure should move towards paying for performance/outcomes.
- Additional supports such as health insurance or income subsidies should be provided to therapeutic foster parents to enable a stay-at-home parent to serve high need children.
- The state should not further reduce MCO resources—continued reduction of funds dramatically impacts the ability of MCOs and local DSS to innovate or provide needed services to uninsured clients.