

# SMOKY MOUNTAIN MCO

---

## FY 2016 Annual Report



***Serving the North Carolina counties of:*** Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes and Yancey



# WHO WE ARE

Smoky is a public manager of care for individuals facing challenges with mental illness, substance use and/or intellectual/developmental disabilities. Our goal is to successfully evolve in the healthcare system by embracing innovation, adapting to a changing environment and maximizing resources for the long term benefit of the people and communities we serve.



## WHAT WE'RE BUILDING

Communities where people get the help they need to live the life they choose.

## WHAT WE BELIEVE IN

**Person-Centeredness:** Interacting with compassion, cultural sensitivity, honesty and empathy.

**Commitment:** Dedicated to partnering with consumers, families, providers and others to foster genuine, trusting, respectful relationships essential to creating the synergy and connections that make lives better.

**Integration:** Caring for the Whole Person within the home and community of an individual's choice.

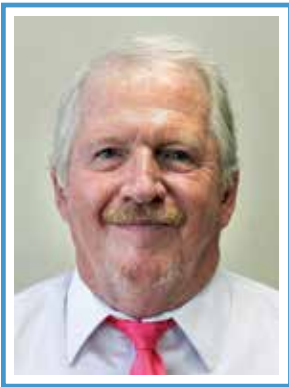
**Integrity:** Ensuring quality care and accountable financial stewardship through ethical, responsive, transparent and consistent leadership and business operations.

# OUR REGIONAL OFFICES





# OUR BOARD OF DIRECTORS



**RICK FRENCH**  
*Board Chair*

**At Smoky, we put a great deal of thought behind our mission, vision and values statements. We commit ourselves to following these principles in everything from daily activities to major initiatives.**

Looking at the past year, our goal of “maximizing resources for the long-term benefit of the people and communities we serve” stands out in particular. Working with our providers and partners, we’ve developed comprehensive care centers in each county we serve, allowing more uninsured and underinsured individuals greater access to treatment services.

We didn’t stop there. We collaborated with Buncombe County and Mission Hospital to plan for and fund the C3356 Comprehensive Care Center in Asheville. Operated by RHA Health Services, this facility opened in the spring. C3356 offers outpatient services, 24-hour behavioral health urgent care, free and retail pharmacies, a peer living room and more, with a 16-bed crisis unit opening soon.

We’re also upgrading and expanding the Balsam Center in Haywood County. We’re working to add 24-hour behavioral health urgent

care and a 12-bed crisis unit to Caldwell County’s existing center, a project that includes upgrades to McDowell County’s center. Plans are underway for a new facility-based crisis center in Wilkes County.

These are but a few examples of how we’re investing in our communities over the long run. We’re contributing not only funds, but also time and effort, to build a care continuum that serves our members not only now, but also for years to come.

## BOARD MEMBERS WHO SERVED DURING FY15-16

### Executive Committee

- Rick French, Board Chair
- Michael Lavender, Vice Chair
- Ronnie Beale
- Judy Poe
- Mandy Stone

### Members of the Board

- Nancy Baker
- Jack Cahn, MD
- Casey Cooper (resigned 9/24/15)
- Carolyn Coward, JD
- Larry Cox (resigned 10/21/15)
- Ira Dove, JD
- Joyce Edwards
- Maggie Faulkner (resigned 4/28/16)
- Vicki Greene
- Myrna Harris
- Jeff Heck, MD
- Judy Johanssen

- Billy Kennedy
- Pat McGinnis
- Marche Pittman
- Duncan Sumpter
- Charles Vines (resigned 2/25/16)

### Board Attorney

- J.K. Coward, JD

# OUR EXECUTIVE LEADERSHIP TEAM



**BRIAN INGRAHAM**  
CEO

**Our mission, vision and values guide our operations and daily interactions with our plan members, providers and community partners. One part of our mission that is especially relevant now and in years to come is our commitment to successfully evolve in the healthcare system by embracing innovation and positive change that improves the health outcomes of our members. This innovation combined with our high touch approach is a winning solution for our members.**

## EXECUTIVE LEADERSHIP TEAM

- Christina Carter, Chief Operations Officer
- Tracy Hayes, General Counsel & Chief Compliance Officer
- Craig Martin, Chief Medical Officer
- Fred Nirdé, Chief Financial Officer
- Steve Timmons, Chief Business and Marketing Officer
- Robert Webb, Chief Information Officer

In 2016, we took a leading role in embracing and promoting innovation in western North Carolina and beyond. In May, we sponsored a regional healthcare technology expo and conference, the first of its kind. We continue to identify ways technology enabled care can help individuals we serve realize their capabilities to the fullest extent possible.

Other forms of innovation are harder to see, hear or touch—but they have been felt. Advances in thought, policy or program design are equally important. To battle the opioid epidemic, we funded more than 2,600 supplies of Narcan®, the first and only FDA-approved naloxone nasal spray, which reverses the effects of opioid drug overdoses. We also co-sponsored the regional U.S. Attorney's Office's 2016 summit to examine the latest trends and advances in opioid use prevention and treatment.

In April, we and more than a dozen community partners celebrated the opening of Asheville's C3356 Comprehensive Care Center. A groundbreaking model of care, the center brings together a wide array of services and supports under one roof including 24/7 behavioral health

urgent care for children and adults with mental health, substance use, and intellectual and developmental disability (IDD) needs. In each of our four regions, we're leading efforts to create or expand comprehensive care centers like C3356 that combine multiple services and provide a seamless, easily accessible continuum of care. Plans are also underway to develop one of the state's only crisis stabilization facilities specifically for children.

Meanwhile, we're pursuing opportunities and partnerships to bring integrated, whole-person care to our region. A worldwide movement, integrated care combines different types of services and supports into streamlined systems and can include physical health, behavioral health, intellectual or developmental disabilities, pharmacy needs, peer support – even housing and employment assistance.

You'll read more about our key initiatives in this report. It is our honor to support individuals, families and communities throughout western North Carolina and add value to the entire North Carolina health system.



LYNNE SEAGLE



DR. GABOR MATÉ



LUIS PEREZ

# PURSuing OUR MISSION

## Embracing Innovation

**Smoky was a proud catalyst and sponsor of Carolina HealthTec Live—the premier technology enabled healthcare conference in the Southeast. Industry experts, policy makers, health plan members and family caregivers came together from all corners of North Carolina for interactive discussions on the incorporation of technology into behavioral health and long-term support services. Due to the high demand and glowing reviews, Carolina HealthTec Live will now become an annual event!**

The conference was an opportunity to learn about innovative behavioral health success stories and gain first-hand experience with the latest technologies in care and services management. The event also featured over 30 vendors demonstrating everything from technology-equipped apartments that facilitate independent living to screening tools that identify and track health risks in vulnerable populations.

## PURSuing OUR MISSION

*Dreams do come true! A look at the services and technology that support independent living*

**Meet David. He was born in 1989 in Murphy, NC with Down Syndrome, but his intellectual disability hasn't stopped him from achieving his dreams. David is a participant in NC Innovations, a Medicaid health plan managed by Smoky, which provides the supports David needs to live a meaningful and productive life.**

From participating in the Special Olympics to performing with the Murphy School of Dance to completing a two-year education program at Western Carolina University, David stays engaged in his community through the supports he receives with his individual health plan. David also has a job at Graham County EMS and gives back to his community through regular volunteer work. What's more, with his NC Innovations supports, David is continuing to hone his independent living skills in his technology equipped apartment so that he can soon accomplish his dream of building a cabin in our mountain community.

David was a WLOS Person of the Week. Learn more about his inspiring story here:  
<http://bit.ly/1TYb4cD>.



**DAVID MAENNLE**





---

# ADAPTING TO A CHANGING ENVIRONMENT



# What is Changing?

## NATIONALLY

We are on the verge of a massive shift in the financing and delivery of public healthcare. Services and supports mental health, substance use (MH/SU) and intellectual/developmental disabilities (IDD) are now being systematically integrated into comprehensive managed care plans that are organized by large healthcare systems. The goal of these changes is to meet the need for whole person care, as well as the universally agreed upon concepts of the triple aim: Better health and improved care at a lower cost.



***Our focus remains the same: to sustain the efforts necessary to provide more integrated care for our members and to strengthen our relationships with the healthcare community. We look forward to building upon our existing collaborative efforts to establish strong partnerships for Western N.C.***

*- Brian Ingraham,  
Smoky Mountain CEO*

## IN NORTH CAROLINA

In September 2015, lawmakers in North Carolina enacted Medicaid reform legislation. The reform builds upon what is working, with four outcomes required of the NC Department of Health and Human Services (DHHS). These include budget predictability, quality and patient satisfaction, cost effective administration and a sustainable service delivery system. This Medicaid reform requires NC DHHS to create statewide managed care for all Medicaid and NC Health Choice services, including physical health, behavioral health and long-term services and supports. DHHS created the Division of Health Benefits to carry out this transformation and manage Medicaid.

## LOCALLY

The NC DHHS Report did not contain many details on how this reform will impact LME/MCOs. However, the report stated that “LME/MCOs will take on more responsibility for physical healthcare for individuals with SMI and substance use disorders, as well as for those with I/DD.” The legislation mandated six healthcare regions, and the Secretary has recommended that the seven current LME/MCOs merge to create four LME/MCOs. It is Secretary Brajer’s desire that Smoky join forces with Partners Behavioral Health Management. You can find a map of the proposed healthcare regions here: <http://bit.ly/1XSTwkN>.

Read the full press release and view Secretary Brajer’s announcement letter here: <http://bit.ly/2fMvAxj>.

# How Do We Prepare?

*We take to heart our responsibility to the citizens of our communities.*

**In 2010, we kept Medicaid transformation in mind while preparing for the Medicaid 1915 (b)/(c) Waivers. We continue to keep our finger on the pulse of the discussion about the delivery and financing of healthcare, both on state and federal levels. No matter what, we will continue to do what we do best:**

## **EXCEL**

We will continue to excel and make improvements in our daily operations to meet the needs of our members and communities. We will continue to demonstrate our expertise in specialty care management.

## **PARTNER**

Through our relationships and collaborations with our natural partners, Mission Health and the Mountain Area Health Education Center (MAHEC), we advanced the whole person care paradigm. We also strengthened our relationships to create health solutions to meet the needs of the State, physicians, hospitals, specialty providers and—most importantly—the people we serve through the Medicaid program. These efforts have evolved into a comprehensive health integration project.

## **STRATEGIZE**

We developed a strategic plan to successfully navigate the rapidly evolving healthcare marketplace, as well as to provide flexibility to adapt to any change in the Medicaid landscape. We will continue to leverage our expertise as a manager of complex care that demonstrates value and outcomes. We will also continue to incorporate cost-effective, high-quality business service solutions.







## PURSuing OUR MISSION

**\$333,896,124**  
SPENT ON  
SERVICES FOR  
**MEMBERS**

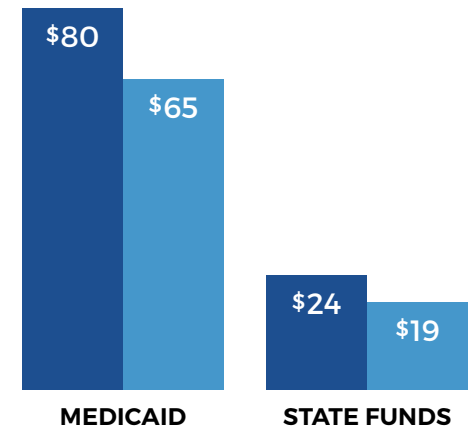


## Maximizing Resources

We stretch every dollar we receive in order to have maximum impact in our community. As a result, we consistently reach more people with every dollar than any other MCO in the state. This is true for both our Medicaid members and those who are underinsured or uninsured.

**Rate of Medicaid Enrollees and Uninsured Receiving MH/IDD/SU Services per 1,000, Smoky vs NC Average, Aug 2015 - May 2016**

■ Smoky Mountain  
■ NC Total



# Investing in Our Communities

*At Smoky, we are dedicated to the communities we serve.*



Joined by elected officials and community members, Smoky CEO, Brian Ingraham, and NC DHHS Secretary, Rick Brajer, cut the ribbon for C3356.

**In SFY 15-16, the Smoky Board of Directors approved a community and capital reinvestment plan that totaled more than \$10.2 million.**

This plan is designed to leverage community and grant funding as well as enhance the existing crisis services delivery system in western North Carolina. C3356 came about from the combined efforts of Smoky, Buncombe County and Mission Hospital. The access to services and supports under one roof, including 24/7 behavioral health urgent care for children and adults with mental health, substance use, and intellectual and developmental disability needs, is a valuable expansion of services for the community.

We are expanding our resources to include investment in other crucial needs, such as jail diversion services, expansion of rural transportation services, suicide prevention, substance use prevention and anti-stigma initiatives. Smoky is also working to develop further collaborative care pilot programs throughout western North Carolina. Learn more about these exciting projects here: <http://bit.ly/2erMdSI>.





**\$2,335,791 SPENT**  
TO DEVELOP ADDITIONAL  
SERVICES FOR MEMBERS



# FOCUSING ON OUR VISION



## Building Communities

### THE RECOVERY RALLY

On September 19th, 2015, more than 600 people gathered at Lake Junaluska for the inaugural Western Regional Recovery Rally. People of all ages came to spread the message that recovery is no longer the exception—it's the expectation.

Individuals shared personal stories of sustained recovery from alcohol, drugs, mental health concerns and other life challenges. Six Recovery Champion awards were given out, including one to the Appalachian South chapter of the National Alliance on Mental Illness, honored for its work to eliminate stigma and support people in recovery from mental illness and addiction.



# Crisis Intervention Team (CIT) Training

**This year, Smoky held more CIT trainings than ever before, preparing more than 140 officers and first responders. In the past five years, Smoky has trained more than 819 law enforcement officers and first responders within our 23 counties.**

CIT Training is a valuable resource that trains officers and responders to recognize signs and symptoms of mental illness, co-occurring disorders, and to utilize effective de-escalation techniques. According to the National Alliance on Mental Illness (NAMI), between 25% and 40% of Americans with mental illness will pass through the criminal justice system. However, individuals with mental illness are far more likely to be the victims of violence, not the perpetrators. If individuals become violent and require law enforcement intervention, it is likely they have failed to receive the right treatment at the right time. CIT is a critical training that increases safety in the interaction between law enforcement and persons with a behavioral health issue. Most of our CIT curricula include material on intellectual/developmental disabilities, older adult issues, trauma and delirium. The training also seeks to divert persons with mental illnesses from the jails and into treatment.

Learn more about our CIT Training here: <http://bit.ly/1sqNGvp>.



***“McDowell EMS, like other agencies, has seen a steady rise in behavioral health emergencies over the past several years. By conducting CIT Training, our employees are now better equipped with the knowledge they need to provide a higher level of care for behavioral health patients.”***

*- McDowell EMS Director William Kehler,  
CIT Training Participant*



***“The ability to give our deputies and detention officers the tools needed to de-escalate, mitigate and facilitate clear outcomes is invaluable. The use of CIT provides increased safety for our personnel and those we encounter. CIT provides our personnel with confidence in volatile situations while maintaining respect and dignity for those we serve.”***

*- Chief Deputy Jeffrey Haynes,  
Haywood County Sheriff's Office*

# Helping People

## SAVING LIVES

In March 2016, Smoky partnered with the North Carolina Harm Reduction Coalition (NCHRC) to distribute life-saving naloxone nasal spray kits throughout the rural counties we serve. Smoky contributed \$100,000 to purchase naloxone so that individuals in remote mountain areas were the first in the state to have access to these free kits. The NCHRC will continue to distribute the kits through volunteers and law enforcement agencies, as well as opioid treatment centers.

NCHRC's Tessie Castillo emphasized that, based on reports, there is at least one success reversal for every ten reversal kits distributed. This is an important goal of the Governor's task force mentioned later in this report.

## IN SYNC WITH NATIONAL INITIATIVES

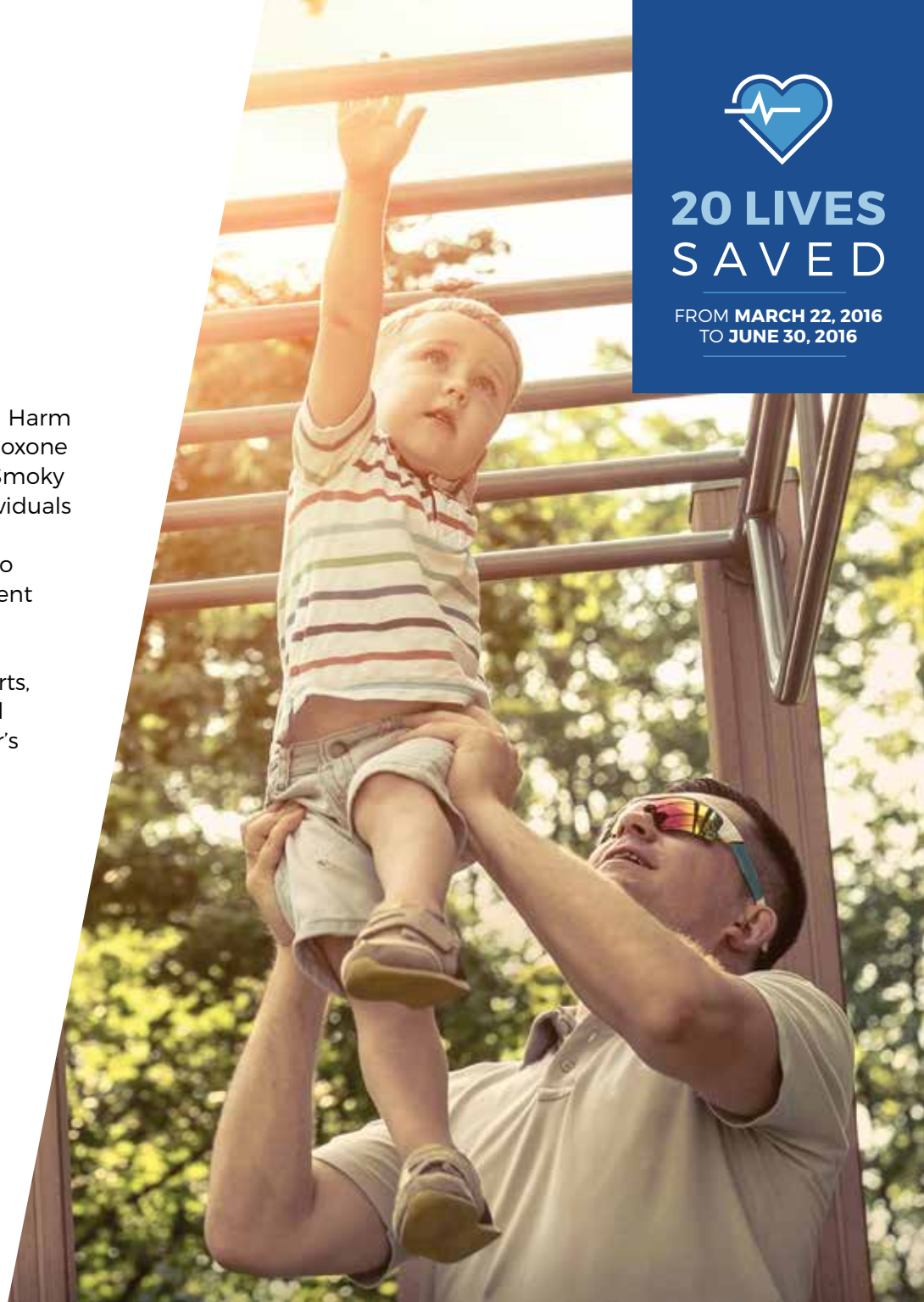
The Centers for Disease Control reported that 2014 was the first year in which the number of nationwide deaths caused by heroin surpassed 10,000.

In a March 2016 press release, the President announced that additional actions to address prescription opioid abuse and the heroin epidemic are crucial. An interagency task force was created to advance access to mental health and substance use treatment, as well as promote best practices. Our community initiatives coincide with these national efforts. Learn more about the President's announcement here: <http://bit.ly/1ROdY5S>.



**20 LIVES  
SAVED**

FROM **MARCH 22, 2016**  
TO **JUNE 30, 2016**





## FOCUSING ON OUR VISION

### PARTICIPATING IN EFFORTS TO IMPACT THE GROWING OPIOID EPIDEMIC

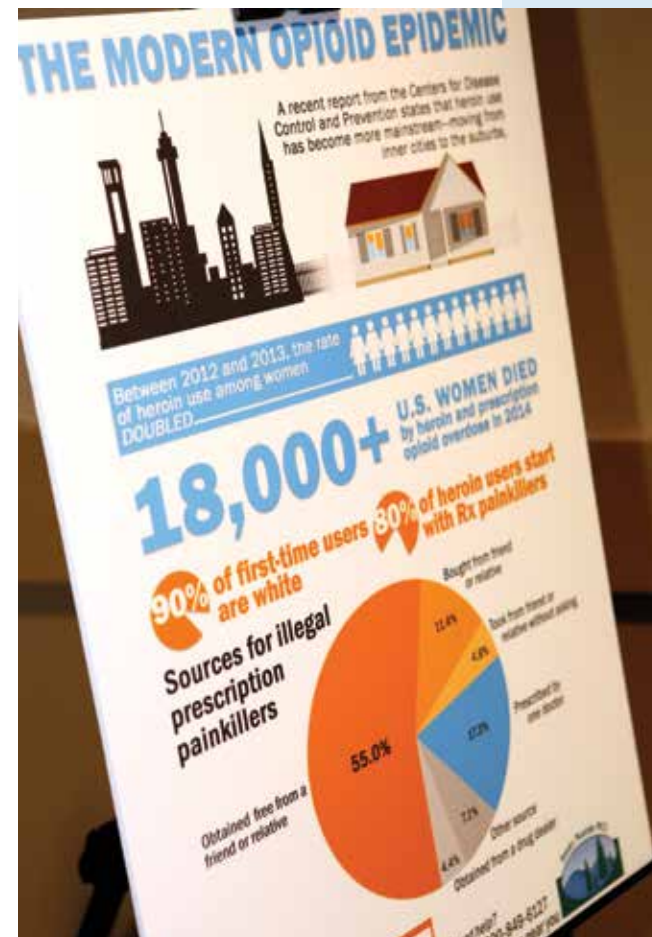
To impact the opioid epidemic, on April 20, 2016, Smoky joined federal and local experts at UNCA's Wilma M. Sherrill Center to discuss the heroin and prescription drug problem in North Carolina. The event, sponsored by the U.S. Attorney's Office (Western District of NC), was co-sponsored by the U.S. Drug Enforcement Agency, Buncombe County Sheriff's Office, the Asheville Police Department and Smoky. Law enforcement, service providers and other interested members of the community attended the event.

### MENTAL HEALTH FIRST AID

These 8-hour trainings are designed to give community members the essential skills they need to help someone showing signs of a mental health or substance use problem, or assist someone who is experiencing a mental health crisis. The course covers a range of real-life situations, including how to help a person who is having a panic attack, what to do if someone is contemplating suicide, or how to help someone struggling with substance abuse.



TWENTY-SIX  
8-HOUR TRAININGS  
350 PEOPLE TRAINED



## Creating Choices WHERE TO LIVE



DYLAN BOGGS

**Meet Dylan.** Due to neglect and abuse, Dylan was removed from his mother's home at just four years old. He was then shuttled to over 60 placements—including foster families, group homes and even prison. It was when Dylan was living in a psychiatric residential treatment center that he met Jen Branham, our Olmstead/SIS Manager, and his life began to change for the better.

Working with Jen, Dylan was able to find an Alternative Family Living (AFL)\* home and return to his hometown of Asheville and finally reside in a room of his own with the Campbell family.

The Campbells and Dylan think of each other as family. "We love Dylan," the Campbells said. Dylan even says he would be happy living with the

Campbells forever. "Life is fun now. I get to go outside, go to football games, do things I've never gotten to do." Dylan also participates in his community by volunteering with Meals on Wheels and playing in an adult football league.

*\*AFL is a support option allowed under the Innovations waiver that enables an individual to live with a paid caregiver and the caregiver's family.*

## TRANSITION TO COMMUNITY LIVING (TCL)



CHANEY BROWN

**Meet Chaney.** For six years, Chaney lived in a supervised family care home setting; however, it was a stressful environment for him. With the help of the Transition to Community Living Initiative\* (TCLI), Chaney was able to move from the family care home into his own apartment in Asheville. Now Chaney says, "I have free will to do what I want, take a shower in my own bathroom and have privacy."

One of the special features of Chaney's new home is the sofa bed in his living room that enables visits with his daughter and grandson.

*\*TCLI was developed after the State of North Carolina entered into a settlement agreement with the United States Department of Justice in 2012 to ensure that persons with mental illness can live in their communities in the least restrictive settings of their choice. Learn more here: <http://bit.ly/2g6G1MX>.*

59  
PEOPLE   
**MOVED INTO HOMES  
OF THEIR CHOICE -  
A RECORD HIGH**





**MATTY (STEPHEN PAOLETTI); Behind  
Matty are Polly & Mark Harding (restaurant  
owners) and Genell Carson (job coach)**

### WHERE TO WORK

**Meet Matty.** Matty (Stephen Paoletti) has been a Special Olympics star for years. When Matty decided he was ready to get a job, everyone knew that he would be a great employee. Smoky engaged one of our supported employment providers to get the ball rolling. After shadowing positions at a few local businesses, he set his sights on working at his favorite area restaurant, Village Wayside Bar & Grille. Motivated, patient and steadfast in sharpening his skills, Matty kept his eye on the prize. In August 2015, it paid off.

Matty works part-time as a dining room attendant. He wipes down tables and chairs, washes windows, cleans the ledges, prepares the place settings and fills the sugar caddies. He works with restaurant staff when he starts his day. Later in the morning, his job coach arrives to provide feedback and support in completing and transitioning through his tasks more independently. Matty and his co-workers get along really well. In fact, the restaurant owner sponsored Matty for the 2016 Special Olympics' Summer Games!

### CRISIS SUPPORT

We've allocated over \$3.7 million to crisis services in order to provide individuals in behavioral health crisis better outcomes. The funds go primarily to comprehensive care centers providing crisis prevention, early intervention and response and stabilization services/supports. These locations are alternatives to emergency department (ED) visits and inpatient admissions for an individual under involuntary commitment for a psychiatric illness.

OVER  
\$3.4 MILLION  
ALLOCATED TO  
CRISIS SERVICES



---

NINE 12-HOUR  
TRAININGS  
189 PEOPLE TRAINED

---



---

# STAYING TRUE TO OUR VALUES

## Person-Centeredness

### PERSON CENTERED THINKING

Person centered thinking skills provide people with the skills they need to better partner and plan with the individuals they support. Person centered thinking allows the individuals we serve to have more positive control over their lives and achieve better outcomes—outcomes they actually want for themselves. We offer a two-day, 12-hour Person Centered Thinking Workshop designed to introduce these principles. Participants are taught about the origins, research and values of person centered thinking. They are challenged to establish person-centeredness in their daily lives. They are then given practical skill sets to take with them outside of the workshop. Activities and real-world applications for use in a group, as an individual and in family work are an essential component of the experience.



***“Thank you! I wasn’t sure this training would be applicable to my position, but the tools are easily adaptable to any situation in this field.”***

*PCT  
Participant,  
Watauga*







## Meeting People Where They Are

### IN SCHOOLS

Smoky has been going back to school! Our staff recently visited several middle schools, including Granite Falls MS, Madison MS, East McDowell MS and West McDowell MS. We are spending time with our youth, as well as the faculty and staff, to discuss topics about mental health. We talk about what mental illness is and point out signs and symptoms. We learn about the students' concerns. We talk about risks and protective factors. And we let students know it's okay to ask for help, what that help will look like and where to go to get it.

### IN RECOVERY WITH WELLNESS RECOVERY ACTION PLANS (WRAP®)

WRAP® is an evidence-based, self-management recovery system developed by a group of people with mental health difficulties. These individuals struggled to incorporate wellness tools and strategies into their lives. As a result, WRAP® offers a way for individuals to evaluate and manage their overall wellness, as well as deal with any potentially stressful life situations. By outlining plans for daily wellness, wellness tools, triggers and responses, how to recognize when things aren't going well, what to do if a crisis occurs and how to move on post-crisis, WRAP® is an easy, self-directed practice to achieve a higher level of wellbeing. It improves quality of life by empowering people to decrease troubling feelings and behaviors and instead achieve their personal goals.



***“One student shared with me that one of her friends at another school had posted some suicidal ideation/plan on social media...she knew she needed to tell someone because of the recent conversations. We were able to help a child get resources in place—something that might not have happened without that concerned student coming forward.”***

*Shannon Cox,  
School Counselor,  
Granite Falls  
Middle School*

## Integration

**We encourage whole person care throughout our provider network. Whole person care coordinates health, behavioral health, intellectual/developmental disabilities and social services in a person-centered manner. Considering all domains of an individual's life when assessing and addressing needs improves health outcomes and increases efficiency and effectiveness of resources.**

### WHOLE PERSON CARE (WPC)

**Training** – In addition to staff training, we collaborated with Mountain Area Health Education Center (MAHEC) to provide 32 trainings for providers and other interested parties on whole person care in our 23 counties. MAHEC reports that 1736 providers, stakeholders and Smoky staff were trained over the course of this six-month campaign.

**Learning Collaboratives** – We've created year-long Learning Collaboratives with MAHEC. The Learning Collaboratives use an approach that has proven successful in promoting an exchange of knowledge, tools and ideas among providers, to increase implementation of whole-person care. During the Learning Collaboratives, providers use quality improvement methods to make advances and share with others their progress, tools and success.



***"This training will assist our organization in identifying opportunities to eliminate waste, reduce variation, save money and, most importantly, provide a better health experience for our members and their families."***

*Provider  
Participant in  
Whole Person  
Care training*







---

## STAYING TRUE TO OUR VALUES

### **INTELLECTUAL/ DEVELOPMENTAL DISABILITY (IDD) HEALTH HOME**

We've collaborated with Karen Luken, a national Disability and Health Consultant expert, to help IDD providers understand and develop an orientation to whole person care. We are providing access to necessary health information (in compliance with privacy regulations) and are helping develop protocols for communication and documentation.

### **PROJECT ACCESS**

Our Customer Services Department is working with Western Carolina Medical Society primary care providers to help find mental health, substance use or intellectual/developmental disabilities services for their patients with no insurance.

### **WILKES COUNTY COLLABORATIVE CARE PROJECT**

This effort, in collaboration with Daymark Recovery Services, Northwest Community Care Network and Wilkes Regional Medical Center, improves both the experience and the outcomes of individuals who receive services in Wilkes County. We want our members to experience a decreased need for visits to the emergency room, an increase in their satisfaction with services, an increase in attending aftercare appointments and better treatment adherence.

# Commitment

## TO OUR COMMUNITIES

**Community Collaboratives** - Twenty of our counties host community collaboratives in which all twenty-three counties participate. Alleghany, Ashe, Avery, Watauga and Wilkes Counties have strong collaboratives working on important community initiatives such as: strengthening integrated care, summer options for children with special healthcare needs, suicide prevention, Special Olympics, parent education and Special Education PTA (SEPTA) groups. They were also active supporters of the trauma-informed and resiliency movements.

**Community Resiliency Model (CRM)** - This program teaches people to manage daily stress and empowers them to then share the tools they learn with others. CRM skills help individuals understand their nervous system and learn to track feelings connected to their own well-being. We presented this training (developed by Elaine Miller-Karas) throughout our region to behavioral health providers, social services staff, law enforcement and first responders, educators and child care providers, church communities and many others.

**Darkness to Light: Stewards of Children** - This prevention training program teaches adults how to prevent, recognize and react responsibly to child sexual abuse. This two-hour program is the only nationally distributed, evidence-based program proven to increase knowledge, improve attitudes and change child protective behaviors. Throughout the Smoky region, community members and law enforcement officers reported that this training has made a positive difference in young lives.

“

*“The Community Resiliency Model is changing the practice of our school counselors, social workers and teachers. By guiding our students to be aware of their sensory responses and use that knowledge to self-regulate, we are able to redirect students back to academics. I expect we will see great improvement in academic assessments due to these efforts.”*

*- David Thompson, Director of Student Services, Buncombe County Schools*



**73 CRM TRAININGS**

1,661 PEOPLE TRAINED



**17 “DARKNESS TO LIGHT” TRAININGS**

391 PEOPLE TRAINED



## STAYING TRUE TO OUR VALUES

### Access to Care 24/7/365



**55,532 CALLERS**

PROVIDED INFORMATION AND/OR  
APPOINTMENTS FOR SERVICES

### Managing Care



**COORDINATING CARE FOR**

**2,289** MEMBERS WITH I/DD,

**7,997** MEMBERS WITH MH AND/OR SU



**47,805** REQUESTS APPROVED,

**OVER 5.8 MILLION** HOURS OF  
SERVICES AUTHORIZED

### Community Training



**EIGHT 40-HOUR**

**PEER SUPPORT TRAININGS**

152 PEOPLE TRAINED

**Stay up to date with our operations  
by subscribing to our Newsletter:  
<http://bit.ly/2gxVOVH>**

“

***“I was impacted greatly this week, mainly by the hope for my chance to become certified and help others. I believe in myself more because of [the instructors].”***

*- Peer Support Services Training Participant*

### TO OUR MEMBERS

#### **Consumer and Family Advisory Committee (CFAC) -**

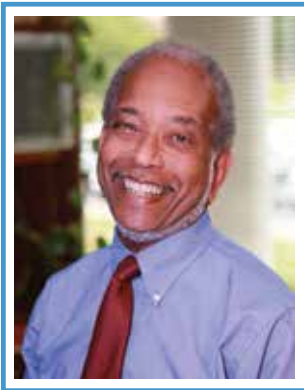
We engage in valuable collaboration with consumers and family members through our CFAC, established in July 2002. This dedicated body gives a voice to individuals and family members who have mental health, developmental disability and/or substance abuse needs. We are grateful for the assistance they provide in identifying local service needs. In addition, members of CFAC serve on multiple committees within Smoky, including our governing board.

**Peer Support Services Training** - Since October 2015, we have been in the community training and certifying peer support specialists. The 40-hour, week-long training includes activities and discussions related to integrated care, spreading hope and recovery messages.

### TO OUR PROVIDERS

We remain committed to being transparent, keeping our stakeholders informed and partnering with key collaborators to ensure a smooth transition throughout the reform process over the next few years. In September 2015, we hosted a Provider Summit for our network providers. The highlight was a Medicaid Roundtable, a panel of experts who talked with the audience about the status and future of Medicaid reform. The panel featured Brian Ingraham as well as special guests: Lanier Cansler, former NC DHHS Secretary; Dave Richard, Deputy Secretary NC DHHS; Karen McLeod, President and CEO of Benchmarks; Dr. Jeff Heck, President and CEO of MAHEC; and Mark Malloy, Sr. VP, Health Plan Solutions of Mission Health.

# Integrity



**FRED NIRDÉ**  
CFO

**It is an honor to serve at an organization that spends its resources in talent, people, time and dollars to provide services that support people with behavioral health challenges and individuals with disabilities.**

As a steward of public dollars, we spend the majority of our funds to provide community-based services and supports in the least restrictive setting, leveraging and enhancing community supports wherever possible. These services are rendered through a network of agreements, contracts, business processes and operations that are fully accountable not only to the public at large, but also to the individuals we serve every day.

This approach lies at the core of Smoky's values that honor the dignity of the person as a unique individual with the right to a life in the community. Financial resources are marshalled to advance this cause in a transparent and responsible manner. With layers of checks and balances, reports, reviews, audits, segregation of duties and oversight by the Board of Directors and NC DHHS, we embrace our duties of reliable and responsible management, as well as leadership in the use of financial resources.

## QUALITY IMPROVEMENT & FRAUD PREVENTION ACTIVITIES

Smoky is committed to robust Compliance and Quality Management (QM) programs that ensure access to services and a well-qualified provider network. We are also committed to the detection and prevention of healthcare fraud. Trained investigators routinely monitor care delivered by Smoky's network of providers, including mental health, substance abuse and intellectual/developmental services provided in outpatient, inpatient/hospital, residential and community-based settings. In addition, Smoky staff resolve complaints and grievances filed by members and assess clinical outcomes and indicators.

# 2015-2016 YEAR-END FINANCIAL REPORT

	2016	2015
Current Assets	\$108,012,376	\$110,724,325
Restricted Cash	24,877,639	18,618,950
Pension Asset	-	1,747,654
Capital Assets	3,330,239	3,203,719
<b>Total Assets</b>	<b>136,220,254</b>	<b>134,294,648</b>
Deferred Outflows of Resources	3,259,690	2,980,160
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$139,479,944</b>	<b>\$137,274,808</b>
Current Liabilities	\$33,510,536	\$31,272,857
Pension Liability	1,621,946	-
Long-Term Liabilities	2,791,986	2,059,562
<b>Total Liabilities</b>	<b>37,924,468</b>	<b>33,332,419</b>
Deferred Inflows of Resources	843,011	4,259,461
<b>NET POSITION</b>		
Net Investment in Capital Assets	3,330,239	3,203,719
Restricted	24,877,639	18,618,950
Unrestricted Net Position	72,504,587	77,860,259
<b>Total Net Position</b>	<b>100,712,465</b>	<b>99,682,928</b>
<b>Total Liabilities, Deferred Inflows of Resources, and Net Position</b>	<b>\$139,479,944</b>	<b>\$137,274,808</b>

	2016	2015
<b>REVENUES</b>		
Intergovernmental:		
Local	\$2,934,598	\$2,939,599
Federal	7,336,586	7,040,660
State	57,678,880	55,338,806
Medicaid	314,073,589	305,331,457
Other Income	3,456,487	2,181,792
<b>Total Revenues</b>	<b>385,480,140</b>	<b>372,832,314</b>
<b>EXPENSES</b>		
Personnel	31,350,825	28,866,091
Professional Services	3,620,408	2,995,381
Supplies	228,541	320,880
Current Obligations and Services	3,301,254	2,861,025
Fixed Charges and Expenses	5,295,160	4,315,180
Capital Outlay	2,009,193	677,219
Depreciation	577,099	457,986
Contracts and Grants	338,289,237	308,989,462
<b>Total Expenses</b>	<b>384,671,717</b>	<b>349,483,224</b>
<b>NONOPERATING INCOME (LOSS)</b>		
Loss on Disposal of Capital Assets	(8,726)	(122,939)
Interest Income	229,840	154,678
<b>Total Nonoperating Income</b>	<b>221,114</b>	<b>31,739</b>
<b>REVENUES OVER EXPENSES</b>	<b>1,029,537</b>	<b>23,380,829</b>
<b>CONTRIBUTED CAPITAL</b>	<b>-</b>	<b>742,700</b>
<b>INCREASE IN NET POSITION</b>	<b>1,029,537</b>	<b>24,123,529</b>
Net Position - Beginning of Year	99,682,928	75,559,399
<b>NET POSITION - END OF YEAR</b>	<b>\$100,712,465</b>	<b>\$99,682,928</b>





***“Partnership and collaboration  
are crucial in supporting veterans  
who are coming home.”***

*- Cornell Wilson, Major Gen. USMC  
(ret.), Secretary of the NC DMVA*

---

# PARTNERING TO MAKE THINGS HAPPEN

## WITH THE MILITARY

Smoky teamed up with the NC Department of Military and Veterans Affairs (DMVA) to create a mental health initiative for veterans and their families in six western North Carolina counties. The program includes the delivery of mental health and addiction treatment services to families who might otherwise fall through the cracks of the veterans' healthcare system. “The state of North Carolina is stepping up like never before,” says Cornell Wilson, Major Gen. USMC (ret.), Secretary of the NC DMVA.

## WITH THE STATE

Two of our own—Brian Ingraham, Chief Executive Officer, and Ronnie Beale, Board of Directors—were appointed by the Governor to serve on his Task Force on Mental Health and Substance Use. The goal was to assemble recommendations for improving the lives of North Carolinians with mental illness and substance use disorders. The recommendations from that group were published in May 2016. Governor McCrory said, “Their recommendations provide us with a road map that will help shape our systems for care, recovery and prevention.” Read the recommendations here: <http://bit.ly/1TsryJN>.





### **WITH OTHER MCOS**

With two other North Carolina Medicaid behavioral health MCOs, we jointly launched a workforce-development initiative to offer training resources to frontline professionals who provide services to people with disabilities. This initiative offers access to training resources and curricula from DirectCourse, an online training program for support and care professionals. Classes offered will include frontline supervision and management, employment services, personal assistance and caregiving and recovery community and inclusion.

### **WITH PROVIDERS WHO SERVE INDIVIDUALS WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES**

When we discovered that only 12% of our members with an intellectual or developmental disability had received a mental health assessment within the past two years—even though 56% had received a mental health intervention during that same time frame—we knew something needed to change.

We engaged Dr. Rob Fletcher, CEO and Founder of NADD, to train 40 providers and Smoky in “Mental Health Approaches to IDD”. We are also training 200 Smoky Staff and 100 provider staff in appropriate assessment and treatment in order to better connect our members with the right services.

### **WITH OUR COMMUNITY HOSPITALS**

Three of our crisis coordinators are now onboarded with Mission, meaning they have access to view the status of our members who are in Mission and Mission-member hospital emergency departments. The result is improved efficiencies in communication with Mission behavioral health staff and better coordination of care for our members.

### **WITH OUR COMMUNITY STAKEHOLDERS**

Our staff members support the 20 local Crisis/Emergency Department Initiative committees in which all 23 counties participate. Hospitals, Mobile Crisis Management (MCM) providers, walk-in center providers, other behavioral health providers, DSS, law enforcement, magistrates and other community stakeholders attend these meetings. We support community education and awareness regarding prevention, early intervention and options for crisis care.

---

# OUR ADVISORY PARTNERS

## CONSUMER AND FAMILY ADVISORY COUNCIL (CFAC)

- Jere Annis
- Judith Annis
- Genevieve Austin
- Nancy Baker
- Barbara Bradley
- Kristie Brown
- Bill Cook
- Joe Crowder
- Brainard Cummins
- Nell Cummins
- Larry Davis
- Karen Gross
- Debra Hamrick
- Jason Hedrick
- Lillian Hensley
- Amy Hopke-Oxentine
- Leslie Huntley
- Susan Jenkins
- Judy Johannsen
- Kyle Keeter
- Jane Lindsey
- John Loftis
- Bill Manware
- Fred Martin
- Pat McGinnis
- Justin G. Mikel
- Susan Monroe
- Tammy Newbery
- Patsy Panther
- Ken Roberts
- Hank Rowe
- Tammy Sanabria
- Amy Swanger
- Tracey Turner
- Herbert Van der Ven
- Lori Whitt
- Mary Ann Widenhouse
- Dreama Wilson
- Anne Margaret Wright

## COUNTY COMMISSIONER ADVISORY COMMITTEE

- Larry Yoder - Alexander County
- Wade Bobby Irwin - Alleghany County
- William Sands - Ashe County
- Blake Vance - Avery County
- David Gantt - Buncombe County
- Mike LaBrose - Caldwell County
- C.B. McKinnon- Cherokee County
- Clay Logan- Clay County
- Connie Orr - Graham County
- Bill Upton - Haywood County
- Charles Messer - Henderson County
- Vicki Green - Jackson County
- Ronnie Beale - Macon County
- Wayne Brigman - Madison County
- Barry McPeters - McDowell County
- Vern Grindstaff - Mitchell County
- Michael Gage - Polk County
- Bryan King - Rutherford County
- Phil Carson - Swain County
- Page Lemel - Transylvania County
- Billy Kennedy - Watauga County
- Gary D. Blevins - Wilkes County
- Jeff Whitson - Yancey County

## PROVIDER ADVISORY COUNCIL

- Duncan Sumpter, President
- Jeanne Duncan, Vice President
- Carson Ojamaa, Secretary



# LOOKING TOWARD OUR FUTURE



[WWW.VAYAHEALTH.COM](http://WWW.VAYAHEALTH.COM)

## A “BRAND” NEW NAME

In January 2016, Smoky launched a comprehensive rebranding initiative to better represent the work we do to serve our growing number of members, community partners and providers. We seek to be a people-focused organization with the commitment and integrity to care for the whole person, taking members forward to a place of healing, recovery and hope. This determination to move ahead with energy and optimism is the inspiration for our new name, Vaya Health. Vaya literally means “to go.” It invokes an energetic, passionate spirit that charges us to do all we can for our members, always striving to achieve the best possible outcomes.

## RESOURCE ALLOCATION BEGINS NOVEMBER 1, 2016

Equity is the primary goal of the revisions to the 1915(c) Waiver, or Innovations. As of November 1, 2016, the level of services and supports an individual receives will be more directly related to that person’s level of need. This means that all individuals who are participants on the waiver will get the right supports, in the right amount, for the right duration.

Innovations participants will have individual budgets to make this happen. Individual budgets maximize flexibility. For example, with an individual budget, a person chooses services in a way that fits their day to day life, rather than trying to fit a life into whatever services are available. Services can change as needed. If an individual has life changes that impact the budget, then that person’s budget can change, too. Individual budgets are designed to help the person centered planning team quickly adapt to meet the individual’s needs.

## GOOD THINGS TO COME IN FY17

**Vaya Total Care Health Integration Project** – With the State’s application for a 1115 Medicaid demonstration waiver, Vaya Health is able to pilot an unprecedented collaborative venture to enhance care and improve outcomes for individuals who receive Medicaid benefits and have the highest levels of need. This collaboration with Mission Health Partners and MAHEC provides an opportunity to build on Smoky’s expertise and experiences from the 1915 (b)/(c) waiver implementation. We intend to show positive results for a demonstration site and then expand to full implementation. Evidence of success will begin with an established process for determining benchmarks and measuring improved quality of care and life outcomes for our members, as well as ensuring increased satisfaction for both our providers and our members.

 LinkedIn

 facebook.com/VayaHealth

WWW.VAYAHEALTH.COM



Smoky Mountain MCO  