



SOC Expansion Advisory Team Meeting
March 13, 2019
Virginia Tech Richmond Center
1-4pm

Meeting began at 1:08pm and started with introductions and celebrations

Participants

- Pam Fisher
- Bernnadette Knight
- Cristy Corbin
- Patrice Beard
- Robin Church
- Amanda Long
- Stephanie Lomax
- Anna Antell
- Sayyeda Hall
- Martha Montgomery

Phone Participants

- Kyle Mason
- Kim Curtis
- Karen Grabowski
- Susan Barry
- Tanisha Johnson
- Laura May

Commonly used Acronyms:

- DBHDS: Dpt. Of Behavioral Health and Developmental Services
- FSP: Family Support Partner
- HFW: High Fidelity Wraparound
- PRS: Peer Recovery Specialist
- SOC: System(s) of Care

Review of minutes from last meeting by group. Minutes were approved by a supermajority consensus and will become official record.

Introduction of Cristy Corbin as State Family Lead

- Cristy Corbin was recently hired as the State Family Lead for SOC efforts. In her role, Cristy will work toward developing sustainability for HFW (all components) both within and outside grant areas. This work will be a collaborative effort with United Methodist Family Services, DBHDS, and SOC/HFW providers.

Announcement of PRS/FSP Overview

- The goal of the PRS curriculum (and certification) is to provide a means for Medicaid reimbursement for peer services.
 - Specific to SOC, the goal is to use this training a way to sustain the FSP component of HFW through a reimbursement mechanism.
 - Before billing for reimbursement you have to complete certification, training requirements, site for certification through the VA certification board and register through the board of counseling.
 - Timeframe: (72 hours total – 60 classroom; 12 homework)



- On April 3, Cristy and DBHDS Office of Recovery Services will host a PRS informational session to inform individuals of the process. The session will include a curriculum overview, inform attendees of the resource library to assist during training (FSP specific info), process to get certified and registered and Medicaid billing.
- Cristy and DBHDS office of Recovery Services, SOC grant partners and other collaborative partners will be there to help with this day.
 - Event location: NAMI VA conference room. Flyer will be disseminated on Friday (3/15/19) on the list services and various organizational contacts.
 - Target audience: FSP, SOC Task Leads, Regional Task Leads and any interested in FSP program and getting this started.

Military Culture Overview

- Pam announced to the group that she is a member of a DBHDS Virginia Military and Veterans Coordinating Committee. The committee works to raise awareness and provide support for issues affecting military (active/reserve), veterans and their families. It is part of a larger initiative by Brandi, Jancaitis, DBHDS Behavioral Health Veterans Service Coordinator.
 - The “Ask the Question” campaign is a current committee initiative which helps frame the question of military service in order to help assist with service provision.
- Pam is co-chairing a subcommittee which specifically addresses family needs.
 - One goal of subcommittee will be to serve as a means of resource exchange.
- Pam would like to invite Brandi to an expansion team meeting to discuss military culture and potential barriers to receiving mental health treatment/services.

Upcoming trainings

- Pam is working with Glencora Gudger, (DBHDS Health Equity Consultant), office colleagues and Side-By-Side to host three CLC trainings in VA focused on social and mental health issues affecting the LGBTQ+ community. The program will include a panel discussion. Details of the events will be forthcoming in upcoming months.

Site Visit Overview Review

Pam, Bernnadette, and participating localities provided a brief presentation of the site visit experience.

Next steps based on visit:

- Development of trainings specific to areas that may have impact on family and youth receiving SOC services:
 - Racism and implicit bias
 - There is a Mental Health and the Black Church conference in Petersburg on May 18th (9-4pm) which provides some insight. Other trainings sponsored by the grant may be forthcoming.
 - Current Governor’s challenge around suicide prevention is also underway in VA. This could be a resource used to tie into larger SOC work.
- Pam is currently working on a Request for Proposal for a Wraparound Fidelity Implementation Center. The Center will provide general oversight, training coordination, fidelity monitoring and workforce development.
- MPNN is on track to have a youth support partner involved in HFW services. Anticipated start date is April 1st. UMFS is also working on this component of HFW to increase youth involvement.
 - Anyone and/or organization can develop the youth involvement outside MPNN and UMFS. Pam and larger SOC group hopes more locations and organizations will get involved. Currently the HFW training/skill rubrics for youth are similar/same as FSP but tweaked when youth are trained. In the future, as more youth are involved, the goal would be to have separate trainings for youth specific to skills in their role.



SOC Website Unveiling

- The SOC website was unveiled to the group for review and feedback.
- Initial feedback shared by the group for the site was interest in way to include HFW locations not funded by the grant.
- Bernnadette mentioned an email search function was added throughout the website to prevent spam.
- Additional audio of family stories will be added to website to help show outcomes of HFW.

WordCloud Presentation and feedback

- The WordCloud was unveiled to the group for review and feedback. It will also be included on the SOC website.
- One suggestion posed by the group was to use alternate wording for CLC. Other options presented were Culturally responsive, health equity.



Elevator Speech Work

- The group reviewed our latest work, the original intent of speech development and next steps. From this, we came to a consensus it would be beneficial for the group to have one general elevator speech to provide a broad overview of SOC, its purpose, outcomes and talking points (2-3) specific to each target audience (providers, family and legislators).
- The goal of the talking points would be to serve as pointers on either what to say or where to look for info if asked follow-up questions from the general speech.

General Language Developed by Advisory Team

“SOC is all the systems working together to ensure family-driven and youth-guided collaborative services, utilizing community resources to help promote self-sufficiency and positive outcomes. We recognize children and families as full partners in their own care because they are the experts in their own lived experiences. In a SOC, we build upon the strengths of the family, youth and all team members; focusing on what they have rather than what they don’t have. This results in better, individualized long-lasting outcomes.”

Rough Draft of Group work is presented in the table after action steps.

Action Step: We ended the discussion with a goal of gathering talking points from group members to consider for inclusion to each target audience. *If you have any talking points you currently use, please email to me or bring to our next meeting **May 8, 2019; 1-4pm VT Richmond Center.*** Once finalized, we will place everything on the new SOC website as a resource.



Most current updates completed at 3/13/19 meeting

Flow of Elevator Speech: Lead in question -> General Overview -> Talking points (as needed)

Target audience	Initial work for elevator speech
Providers	<ul style="list-style-type: none"> Lead-in: Have you ever been in a situation where decisions were made about you without your input? (Pause) <p>General: SOC is all the systems working together to ensure family-driven and youth-guided collaborative services, utilizing community resources to help promote self-sufficiency and positive outcomes. We recognize children and families as full partners in their own care because they are the experts in their own lived experiences. In a SOC, we build upon the strengths of the family, youth and all team members; focusing on what they have rather than what they don't have. This results in better, individualized long-lasting outcomes.</p> <p>Remaining info from original work:</p> <ul style="list-style-type: none"> How invested were you in the plan or process that resulted? System of Care (SOC) is a philosophy and approach that recognizes children and families as full partners in their own care because they are the experts in their own lived experiences. When working in a SOC approach, we ensure the family's voice drives the process, and services, supports, and finances are coordinated such that interaction is seamless. In a SOC we build upon the strengths of the family, youth and all team members; focusing on what they have rather than what they don't have, this results in better, long-lasting outcomes. A 2014 multi-state analysis found significant cost savings from SOC approach. These savings result from decreased use of inpatient psychiatric and residential treatment, decreased use of juvenile correction and other out-of-home placements and decreased use of physical health services and ER's. Children and youth were also less likely to drop out of school and caregivers missed fewer days of work due to caring for their children's mental health conditions (Return on Investment in Systems of Care, Georgetown University, February 2015).
Parents/Family	<ul style="list-style-type: none"> Lead-in: Have you ever been in a situation where decisions were made about you without your input? (Pause) <p>General: SOC is all the systems working together to ensure family-driven and youth-guided collaborative services, utilizing community resources to help promote self-sufficiency and positive outcomes. We recognize children and families as full partners in their own care because they are the experts in their own lived experiences. In a SOC, we build upon the strengths of the family, youth and all team members; focusing on what they have rather than what they don't have. This results in better, individualized long-lasting outcomes.</p>
Legislators	<ul style="list-style-type: none"> Lead-in: Have you ever been in a situation where decisions were made about you without your input? (Pause)



Target audience	Initial work for elevator speech
	<p>General: SOC is all the systems working together to ensure family-driven and youth-guided collaborative services, utilizing community resources to help promote self-sufficiency and positive outcomes. We recognize children and families as full partners in their own care because they are the experts in their own lived experiences. In a SOC, we build upon the strengths of the family, youth and all team members; focusing on what they have rather than what they don't have. This results in better, individualized long-lasting outcomes.</p> <p>Remaining info from original work:</p> <ul style="list-style-type: none"> • (data needs to be geared toward their specific region) • When care is family driven and youth focused; allows for better outcomes (outcomes that are more relatable to the family because they help to drive this outcome; hopefully less fragmentation of services and better outcomes.) • All families have their unique culture and are the experts in their care. (relying on family to be the expert and that my biases will not infringe on the process) • Families would be able to navigate and help to shape the system (might be more specific to provider language) • Families educate themselves when first seeking services of what is available • Families are experts in their care and what they need; navigation can be hindered by barriers inadvertently placed by service provides and the system; we help to break down barriers (keep this bullet point; shows how service if related to family) • Family services would be accessible • Having family voice in evaluation (development of eval., services, and supports) to learn what works best • A 2014 multi-state analysis found significant cost savings from SOC approach. These savings result from decreased use of inpatient psychiatric and residential treatment, decreased use of juvenile correction and other out-of-home placements and decreased use of physical health services and ER's. Children and youth were also less likely to drop out of school and caregivers missed fewer days of work due to caring for their children's mental health conditions (Return on Investment in Systems of Care, Georgetown University, February 2015).

Meeting ended at 4:01pm.

Next Meeting Time: **May 8, 2019; 1-4pm VT Richmond Center**

Minutes by Bernnadette Knight, SOC Evaluation and Data Coordinator