

YSAT Interagency Council Meeting
September 25th 2018 • 10 AM-2 PM
Minutes

Logistics

Location: Virginia Tech Richmond Center
2810 N. Parham Road
Henrico, VA 23294

Total Attendees: 12
See attendance roster below

Scribe: Kathleen Owens, YSAT Data Coordinator, DBHDS

Agenda

Introductions and Grant Review – Rich

Financial Mapping – Jerome

Site Visit Review – Katy

Data Mapping – Jerome

Community Supports – Rich

CSBs and Capacity

Transportation and Referrals

Conclusion

Attendance Roster

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Meeting Minutes

Introduction – Rich

Just to review some integral components of the grant and where we are so far:

*had a 2 year planning grant (2015-2017) before this implementation grant (2017-2021)

*selected 4 Community Service Boards (CSBs) to serve as pilot sites – Western Tidewater CSB, Rappahannock Rapidan CSB, Mt. Rogers CSB, and Richmond Behavioral Health Authority

*required to select an Evidence-Based Practice (EBP) for both an assessment tool and a treatment – GAIN – Global Appraisal of Individual Needs (assessment) and A-CRA (Community Reinforcement Approach – Adolescent) (treatment)

*all 4 sites have been working towards getting fully certified in both of these tools, with one major hiccup at WT (staff turnover)

*our grant focuses on the fact that young people need wrap-around services and the workforce needs to be prepared to work with them outside of just providing SUD treatment specifically

*reached out to a variety of local agencies (e.g., DJJ, Interagency Council members, etc.) regarding how to integrate our efforts with those that already exist

*foci on: replication, expansion, sustainability

Questions we have been asking ourselves lately:

*How do we provide supports, move beyond the requirements of the grant, and develop a workforce that is capable and diverse?

*working on the Workforce Training Plan – big focus of next meeting!

*What is going on at teach site?

*conducting on-site technical assistance visits

*trying to build trust and relationships—not conduct punitive audits

*supportive and informative

Quick review of grant requirements:

*GAIN – assessment tool that, many times, follows a CSB intake process and sometimes other interviews as well; we are finding that it is a duplicative, time-consuming process, and we are trying to figure out a way to streamline all the assessments

*A-CRA – providing well-rounded counseling and therapy with regard to not only SUD but also family, relationships, employment, housing, mental health, etc.

*each CSB also submitted their own proposals when applying for this grant that included their own specific goals (e.g., hiring positions, number of clients served, creating marketing tools, etc.)

Is this something that we [e.g., Rams in Recovery] can get involved/connected with? We focus on getting individuals support/help with a variety of things including getting their GED, community college, recovery supports, etc. YES!

Financial Mapping

*because we are decentralized this may be more of a compliance activity than something that can be genuinely helpful/informative

*idea is to look at all the money that's coming in to serve this population, where is that money going, how is it being used?

Jerome:

*we want to look at DMAS data and VHI all-payers claim database – should be able to get most of the data surrounding our population, figure out costs, what grant money are we actually spending there

*we predict this will be a lot more accurate data than what we have worked with previously

*data forecasting – what areas do we see high risk/cost, and what procedures can we do to mitigate that?

*data collection – using the GAIN (Chestnut product) and SPARS (federal product) – a lot of this is redundant, plus CSB-specific intake, plus EHR – duplication/rude/inconsiderate → state of VA going to DLA-20, idea is to use that more than GAIN AND have that feed the EHR

**Can we look at data from the schools?* Looking at that, but very bureaucratic—manpower heavy though; maybe what we need to do is train within the school regarding data collection and maintenance and transfer

**homeless* – got a TA grant (specifically for homeless data) to work with a consultant to pull from multiple data bases to a cloud, in the cloud it de-duplicates data, sends to a dashboard where we can work with that data, BUT we can't get access to any data that is covered by HIPAA; would be able to pull individuals from database who are in this age range, homeless, and have an SUD

Site Visit Review

*completed ¾ -- won't be able to conduct the one at WTCSB for a month or so while they are training their new staff

*common barriers:

*GAIN – already switched from I-Lite to Q3 (condensed version), but it is still very long and duplicative compared to intake processes

*understaffed – either have open positions that they struggle to fill with qualified/credentialed employees, or they do not have the funds to hire additional employees and the workload for the current team is a lot

*transportation

*RBHA – issues with parents not wanting kids to take the bus (safety, stigma) or have a city van pick them up; safety concerns with sending a clinician to do home visits

*rural areas – huge catchment areas; public transportation does not go where the clients live; no Uber or Lyft in the towns to even contemplate that idea

*currently brainstorming an idea to give each CSB money to fund their own transportation program regarding their specific needs

*referrals/client retention – have spaces for more clients but not getting referrals from other organizations; some getting clients to come to first and second session but then dropping out or not showing up

*common strengths:

*A-CRA well-received by clients and clinicians

*great discussions surrounding transportation program funding

*Mt. Rogers – site visit with them will be the model for future visits – well-prepared, discussion questions ready, still a conversation

*DBHDS well-received after initial “fright” was subsided for each of the site visits so far 😊

Community Supports

*we are meeting with a VCU Social Work major (senior) who is going to engage in a research project for us; she will look into what community supports are available (particularly no-cost/low-cost) for individuals in each of our 4 communities

*we need to do more social marketing—hopefully working with another grant on this in the near future

Transportation

*may have money to seed something; asking each site to write a short proposal regarding what they could use funds for with regard to transportation

*ideas?

-some people may have cars but no gas – gas cards

-if CSBs have vans – using those vans to get kids to YMCA, school, programs, etc., city vehicles that just sit most of the time (Chesterfield CSB as an example)

-community churches and other faith-based organizations – a lot of them have their own vehicles

-ride share programs

-Open Table (MRC SB) – movement where tables are created and people get trained to sit at the table and they get to learn about overcoming poverty – “meet their needs” like employment, housing, etc.

-other community supports that already exist, volunteer organizations, civic organizations, military supports/VA/TriCare

-other places in the community: coffee shops, libraries, etc. (remove the “you come to me to get better” idea)

-Virginia Family Network (Laura May, Amanda Long)

Referrals

*jails and schools

*DSS

*Family First act

*homeless service system

*children's mental health resource center

*local police department and fire and rescue

*this relationship should be initiated by CSBs already

*good relationship builder idea – CSB staff doing ride-alongs

*health department?

*CBOs (community-based organizations)

*CSB staff!!

Next meeting – most likely second Tuesday in January (January 8th, 2019) but Rich will send out a confirmation email!

If you need clarification regarding my short-hand, please let me know!

Thanks,

Kathleen Owens

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