Inter-Agency Council Meeting Minutes
April 30th 2019 · 10am – 2pm
Minutes

Logistics

Location 2810 N Parham Road, Richmond VA 23294

Attendees

First and last name	Affiliation	YSAT Title	Email	Phone number
Kathleen Owens	DBHDS	Data Coordinator	Kathleen.owens@dbhds.virginia.gov	804-663-7254
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Scribe Kathleen Owens, DBHDS

Agenda

I. Welcome and introductions
II. State of YSAT Update
III. Malcolm
IV. FEP Grant
V. Senate Bill 1440
VI. Summer Site Visits
VII. Retention/recruitment
VIII. Closing remarks

Minutes

I. Welcome and introductions

Unfortunately, attendance was really low today. Rich and the team are going to put our heads together to figure out who should be on the council and how to increase attendance. We are looking at June 11th for another IAC meeting with better turn-out.

II. State of YSAT Update

We are nearing the end of year 2 of the treatment end of the grant, but really we are only a year in to services being offered due to hiring, training, and transition at each CSB (later for WTCSB).

We have the 4 geographically diverse sites up and running—Western Tidewater, Rappahannock Rapidan, Richmond Behavioral Health Authority, and Mount Rogers. WTCSB experienced complete staff turnover, and we had to restart the YSAT program there. They finally started actively seeing YSAT clients end of January. Other than that, MRCSB recently informed us their YSAT supervisor is leaving, although they already have a new supervisor training so that transition should be fairly smooth. Additionally, Rappahannock Rapidan lost their one YSAT counselor, so they are now training 3 new counselors to take over the program.

Despite the staff turnover, we are really happy with the progress of where we are at this point.

We are not yet at the point of looking at outcome data.

Our biggest problems right now are recruitment (finding the folks that need services) and retention (keeping them in treatment).

We have to use an EBP for assessment (GAIN) and treatment (ACRA)—both approved by SAHMSA at the beginning of the grant period. Everything we're hearing tells us everyone loves the ACRA—it is strength-based, community-based, family-oriented, and prosocial behaviors are a big focus.

The decentralized system in Virginia makes uniform actions hard, but as of January 1st 2019 all 40 CSBs are required to use DLA20 assessment tool which is huge for VA and hopefully the first step toward more cooperation among service providers.

Right now, this is how a hypothetical client's process works: Individual goes to RBHA → conducts the DLA20 → presents MH and SU issues → sent to YSAT program → conducts GPRA and GAIN across 2-3 sessions → 3-5 sessions later they can start treatment

What we are trying to do is request from the feds to replace the GAIN with the DLA20.

Right now, we have around 111 intakes, but only 71 are active/complete clients, so we have lost about 30% of clients. The door is only open to provide services for a short period of time, so we need to optimize the time that we do have them.

Before a client gets discharged, what do the providers do? Right now, the protocol varies at each CSB, but for the most part it entails several phone calls (to the client AND caregivers), letters home, and sometimes texts if the counselor has that level of rapport with them. Most counselors will do this process again a few weeks later before officially discharging. They do try to figure out WHY a client won't come back, but many times they do not get any sort of response.

Counselors have figured out that the biggest reasons are: losing the backing from probation/parole enforcement, redundancy of assessments/taking too long to get to the treatment portion, moving, and incarceration.

How questions are being asked probably impacts how a client does with these practices, too (GAIN has script, DLA20 does not).

GAIN is not geared toward our age group specifically, but the ACRA is, and the DLA20 has the 2 types of assessments for youth and adults.

To become a Certified Peer Recovery Specialist, there is a state certification processs. RBHA recently hired Cliff, and he has been doing incredible work. He helps with the transportation (therefore is given opportunities to bond in the car on the way to treatment). Additionally, he is getting trained in the ACRA so him and Rebecca (clinician) can split up the sessions so he can do some practical work (e.g., job-seeking skills) and she can focus on therapeutic/clinical work (e.g., trauma, conflict resolution).

The ACRA program is supposed to be a minimum of 14 sessions – 10 individual, 2 family, 2 caregiver; however, if an individual does not have any family or the counselors cannot get a caregiver to come to a session, modifications can be made. Additionally, many times they will do more than 10 individual sessions as needed.

According to the counselors, the ACRA is definitely working. People are getting off of probation/parole, finding and maintaining jobs, and being successful in recovery.

Between DJJ and DOE (and other entities), there are definitely a lot of kids out there that we are not even close to capturing, but we are getting closer.

Site updates on client outreach and engagement:

RBHA
-use of a Peer (described above) and the dynamic between peer and clinician
-gift cards and snacks for clients to complete assessments, show up to sessions, and to complete “homework” assignments (like family outing)

RRCSB
-telehealth exploring (see notes below)
-incentivizing referral sources
-snacks for in-session

MRCSB
-System Navigators—presenting at local community stakeholders, distributing brochures
-bowling night—open to the public, invited YSAT and non-YSAT CSB clients, will have information on CSB services and YSAT programming at the event

WTCSB

-mentorship program—pairing CSB staff (adults) with YSAT clients to promote success (all around) and recovery

-meetings with schools—Katy and Jerome will be attending one in a few weeks

Showed prosocial activities prezi – I want to add transportation options, and I want to call places to see if there are any pportunities for financial assistance/scholarships.

PLC and COBE summary – I attached the minutes from the Provider Learning Collaborative, and here is the website for this year's COBE conference (which was AWESOME!). http://cobe.vcu.edu/programs/cobe-town-hall/

III. Malcolm

Policy Academy – Malcolm, Katy, Mellie (from DBHDS), and De'Shawn Harper (DMAS) will be going to represent Virginia (as well as some folks from Mount Rogers possibly). We aren't quite sure what this conference is going to entail yet, but we will debrief folks once we go!

Trying to partner with FEP (see VII).

Jerome's project with VHI

Right now there are 2 data sources: CCS3 (monthly files from CSB) and VHI (all claims data). DBHDS just secured a contract with VHI, and we are in the process of analyzing that data to really dig deeper into our population of focus. Additionally, we updated the financial maps.

IV. FEP Grant – Jeff VanArnam

2 hand-outs (Katy will scan and attach PDFs here).

The primary components to reach these folks: team leader, peer specialist, strong focus on supportive employment and family engagement/outreach/education, primary health care, and general case management. This program is driven by client's individual needs. We are hoping to get better outcomes on functional components. Unfortunately, nothing from these reports really hits on SA components, so this is why we see an incredible opportunity for collaboration with YSAT; however, we don't even know if the CSBs talk to each other (FEP and YSAT teams). We are going to start combining our site visits to the overlap sites (RRCSB and WTCSB). Additionally, we are potentially going to embed one of the ACRA trained specialists into one the FEP teams.

V. Senate Bill 1440

This is a bill that came out of general assembly this year, requiring more MH services in schools. This could be a huge potential referral source, and we want to learn more about this.

VI. Summer Site Visits

We want family members to join. The reason we haven't done this yet is because people (CSBs) panic when they hear that the state is coming to visit, but we think we are finally over that stage. Katy is figuring out the summer site visits and we will include you all on that planning. They will probably happen between mid-August and early October.

VII. Retention/recruitment breakouts

Katy is working on researching the possibility of sites purchasing computers/tablets (e.g., iPads, chromebooks, etc.), and "renting" them out to clients (the same way public schools do) to use for telehealth to help alleviate the transportation problem. The idea would be that some sessions are in person and some would be via a HIPPA compliant video chat website. We are also looking into other activities clients could use the computers for (job seeking, resume, peer group chats, etc.). Finally, we can incentivize big milestones (completing treatment, finding a job, maintaining sobriety for X days) by giving the clients the computers!

VIII. Closing remarks

Notes from group input:

Magellan looking for more MH clients to work with

How do we obtain more/what population should we start with?

If you have a contact we can invite them to the next IAC to see if there are any areas for collaboration (Cornell Hubbert) in charge of communication and developmental section of Magellan

Peer use for networking/support for parents/caregivers

Potential members for IAC
Mobile Hope / homeless youth
VBoE – Hank (deals with families with kids that engage in truancy)
CARITAS
Re-entry advocates

Thank you,
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