YSAT Provider Learning Collaborative Meeting
November 6th 2018 • 10am – 3pm
Minutes

Logistics

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

Total Attendees:

Scribe: Kathleen Owens, DBHDS

Attendees:

Name	Organization/Locale	Email Address	Phone Number
Richard Firth	DBHDS	Richard.firth@dbhds.virginia.gov	
Kathleen Owens	DBHDS	Kathleen.owens@dbhds.virginia.gov	804-663-7254
Jerome Dixon	DBHDS	Richard.dixon@dbhds.virginia.gov	804-663-7254
Malcolm King	DBHDS	Malcolm.king@dbhds.virginia.gov	
Anthony Hoskins	WTCSB		
Jason Poston	MRCSB	Jason.poston@mrcsb.state.va.us	276-23-3291
Amanda Loeffler	RRCSB	aloeffler@rrcsb.org	
Ashley Clark	RRCSB	aclark@rrcsb.org	540-825-3100x3153
Rebecca Cohen	RBHA	Rebecca.cohen@rbha.org	
Kate Faina	RBHA	Katherine.faina@rbha.org	804-317-8990
Damara Beckett	WTCSB	dbeckett@wtcsb.org	757-717-6742
Rachel Townes	WTCSB	rtownes@wtcsb.org	757-408-5826
Latril Mariano	WTCSB	lmariano@wtcsb.org	757-376-7393

DBHDS team tasks indicated in bold/blue
CSB tasks indicated in bold/red

Agenda:

- Welcome and introductions
- Review of grant
- Review of proposals
- Site updates
- Successes
- Challenges
- DJJ discussions
  - Insurance question
  - Catchment areas
  - Expediting individuals with SA legal charges

    - Current relationships with regional service coordinators
- Transportation ideas
- Data mapping
- Data discussion
- Budgets
- Site visits
- Other?

Welcome and introductions

Review of Provider Learning Collaborative and grant

- Provider Learning Collaborative (PLC) is a requirement of the grant, but we want to invest in this for our providers to learn from one another's experiences, problem solve, and brainstorm ways to enhance YSAT processes
- DBHDS team serve as the *facilitators*, but we want to hear from the CSBs as they are the experts regarding how the process is going
- Review of grant: 2 year planning grant (2015-2017) to figure out how substance abuse (SA) treatment services were for transition-age youth (TAY), an incredibly underserved population; selected 4 providers and 2 evidence-based practices (EBP) (GAIN—assessment; A-CRA—treatment) for implementation; implementation began October 2017 (until September 2021)
- Mission: to improve services for TAY with SUD/COD via EBPs
- Several things we want to accomplish: improve inter-agency collaboration; improve workforce and education surrounding SA services (especially around TAY); enhance mechanisms for youth and family engagement in the recovery process; promote comprehensive/coordinate systems of care for TAY; reduce fragmentation between child and adult services; stress important of data quality assurance and analysis

Review of proposals

- Katy emailed the CSBs their proposals before the first round of site visits during Summer 2018, and Rich handed out hard copies of each proposal at the PLC

Site updates

Mount Rogers CSB (MRCSB):

- acquired and trained another counselor for the other side of the mountain
- both counselors have finished A-CRA training and supervision
- biggest issues: having clients meet the criteria for these services; staff/adult workers facilitating referrals (staff have been re-trained on YSAT information)
- we are getting more referrals from probation; Jason met with them to inform them about YSAT services
- DSS has also referred a bunch of clients
- New System Navigator is working out really well
- Connected with Police Chief

Western Tidewater CSB (WTCSB):

- WTCSB has a brand new YSAT team; currently transitioning/getting things started
- Anthony is the licensed clinician
- Many referrals will be coming from court liaisons

Rappahannock Rapidan CSB (RRCSB)

- 27 clients enrolled to date
- 8 have completed the program
- Carlos works with most of them
- For the most part, we have no big issues with parents' engagement
- Experienced some issues with court/incarceration barriers
- Clients want the therapy, not the assessments; 16 year olds don't want to sit through assessment questions—they barely want (if at all want) to sit through treatment
- Many times we see a client will only come to one session, but if they hit the 4-5 mark they usually stay with it
- One barrier is that court officers have not held their feet to the fire so the external motivations are not really there
- Always have transportation issues
- Biggest successes—seeing the changes in client behavior from the first session to the later/last sessions

Richmond Behavioral Health Authority (RBHA):

- Kate has completed all training
- Rebecca is 2 procedures away from completing A-CRA and is fully done with GAIN
- 14 people enrolled in the program
- Many admissions come from adult teams, but having a hard time getting referrals from adolescent team and court
- Get referrals from RBHA person positioned a the court, but not from probation/parole on their own
- Biggest issues: transportation and trauma (which A-CRA does not address)
- Trauma—need to balance addressing trauma timely and teaching coping skills while also doing A-CRA procedures
- Difficulty getting some parents engaged
- Referrals have been steady from our person at the court (Jen Cosick)—we have met with her a few times
- Usually positive screen for marijuana, but not always pure SUD
- Expecting referrals to taper off around the holidays and pick back up in February
- **Rich is going to talk to the Chestnut people about how to incorporate trauma services**

DLA20 conversation

- Right now it is *evidence-supported*, not *evidence-based*

- We would love for it to replace the GAIN, but we need to find the appropriate language/support to do so
- We also want to use it to populate SPARS—biggest difference right now is SPARS goes back 90 days whereas DLA20 goes back 30
- CSB staff agree it would make their lives much easier to switch from GAIN
- RRCSB has used it for 2 years; find it very valuable; it helps clients invest in seeing change; definite repetition with GAIN and GPRA

Challenges

Transportation

- RBHA: parents don't want children riding bus alone; one kid rides bike from Southside all by himself (incredibly dangerous); others walk and refuse the bus tickets; one mom takes off wok to bring her kid; others are always late because of not wanting to ride bus or bus being unreliable
- MRCSB: we don't even have a city bus; public transportation only runs certain lines on certain days, but not even in a viable way; kids would need separate transportation just to get to the bus, and folks may be 30+ miles away
- RRCSB: many of the same issues as MRCSB; a lot of parents do not have cars, so they are relying on other people that are less invested in treatment
- WTCSB: anticipating that transportation will be an issue, but luckily we provide services at any of our locations to try and make treatment accessible for kids to walk safely

DJJ Discussions

- We are trying to push from the top down to increase referrals and enhance this interagency relationship
- We went to regional managers—they are very excited about this collaboration
- *Insurance question*—if client has no insurance this should not be an issue as YSAT money covers the GAIN/ACRA as well as salaries (agreed)
- *Catchment areas*—client outside catchment area, can they get served? WTCSB has contract with DJJ/AMI yes; RBHA has done this—residential treatment facility for SUD who gets out-of-catchment clients who get referred to them
- *Expediting individuals with SA legal charges*—getting treatment immediately could affect them getting adjudicated immediately—can they get access that quickly? Yes from all!
- *Current relationships with regional service coordinators*—WT and MR do; RR and RBHA do not; WT has an issue where if their relationship with DJJ expands they may not be able to meet those demands; RR has one program with DJJ in one county, problem is our region splits in between their region; RBHA had a meeting with the higher-ups in DJJ, interested in starting a pilot program using (drug name) prior to release then they'd go to Rebecca

Transportation ideas

- Requested proposals from all sites so we can provide money for transportation and incentives

- Solutions may be different from each site
- We are willing to give up to $5k now as seed money, and then an additional $5k after plans are implemented and successful (Spring 2019)
- You can hire part-time staff to drive, but you cannot buy a car
- Chesterfield uses the YMCA to be their broker—they give money to the Y, and the Y gives out Uber account information for folks to use
- Keep thinking of other things that may help

Data mapping

- Once we have elements mapped, we may have a way to populate the systems to reduce the redundancies
- SPARS system may be a barrier to this attempt—Jerome is working on this

Emily—VCU Psychology/SA undergraduate student

- She is doing a needs assessment research project (working with Katy and Jerome)
- Looking at each CSB catchment area to see what prosocial activities are available for TAY that are free/low-cost/scholarship-opportunities
- Examples: libraries, religious organizations, BBBS, recreation sports, recreation centers, sports facilities, rock climbing, pools, art, music, cooking, volunteer opportunities, vocational skills training, etc.
- Also looking at the demographics of each catchment area (age spread, gender differences, number enrolled in community colleges, etc.)
- ***If there are specific things you wish for her to investigate, please let Katy know!***

Renewal due date soon – input

- We want to hear from you all! What would you change? Keep the same?
- GAIN – takes too much time and it too redundant with other tools; could split it up across sessions, but just want to get it over with; could do over the phone, but a lot of kids don't have access (WiFi, phone, data, etc.); snacks and fidget toys help them get through it; some questions are so specific that streamlining may be tough
- Rebecca (RBHA) – haven't found anyone that can be thrown all the procedures/needs all procedures in order to get them graduated; Ashley (RR) said you don't need to do all the procedures with them if they do not apply, rather they will get a reduced level of care after graduating and get the next service they need

Data discussion

- Describe process/timeline for what a client goes through as well as what you all do behind the scenes (i.e., data reporting)
    - RBHA: assessed through Rapid Access (RA) or court liaison → meet with Rebecca → administer GAIN (enters into computer with the client) and GPRA (either enters herself after or gives to admin. assistant) in first 2 sessions → fills in personal excel document with date of intake that tracks 3 month follow-up
    - RRCSB: assessed through RA (DLA20 entered) → meets with Support Coordinator → GAIN/GPRA (entered by Ashley or staff conducting it, goal for entering data is within 3 days) → client scheduled for SA counseling

- MRCSB: standard assessment → referred to SA counselor → SA counselor does GAIN (and enters) → Jason enters GPRA information (within a week) and also has personal spreadsheet
- Katy will start sending out monthly emails with: number of intakes in SPARS and GAIN and reminders for clients who are eligible for follow-up; CSBs will respond with whether the intake number is accurate, and if it is not they will enter data ASAP/explain why the number is not accurate
- Katy will also start sending out weekly reminders (most likely automated) to enter data for that week—probably on Thursday afternoons
- *Plan B if data does not get entered in a timely manner* – We can start using a data collection tracking system, where after each intake you shoot me an email with the date and client ID#, then I can match that up with SPARS and GAIN reports, and we can send reminders for individuals that need data entered (not going to start this yet)
- ***Please enter data into GAIN and SPARS AS QUICKLY AS POSSIBLE so we can continue getting funding from SAMHSA!! ☺***

We need a report on your year 1 activities (WTCSB is exempt from this)

- **No more than 1 page**
- **Accomplishments, barriers/challenges, needs specific to your localities, how many clients you have entered during the first year (up to September 30 2018), and why (why high/low)**

Budgets

- From this day forward, **spend all your money!**
- We do not want to have leftover funds from year 2 (like we did with year 1)
- **We will distribute carry over funds via separate proposals—short and concise—"budget justification for carry over funds" – include how much money you are requesting and why you want those funds (be specific); do not include cents**
- Allowable: incentives (within reason), bus tickets, prosocial activities, possibly to fund another position within the grant (has to be 100% grant-related), trainings, site visits, possibly pay increases for increases in cost-of-living
- Carryover money will be documented on FFR which does not have to be in to SAMHSA until Dec. 30, and there will be no response until Feb./March, by January we need your information
- The money will have to be spent by September 2019
- We do not want to have to do this again, so spend all of it—put as much as possible into services/the community
- Malcolm and the CSB fiscal person know how much each CSB has leftover

Site visits

- We would like everyone that is associated with the YSAT grant to attend (counselors, system navigators, etc.)

- It would be great for us to speak to a client for a 10-15 minute period so we can talk about the process from that point of view (if you have a client that would be willing)
- **What would you all like to see out of these visits?**
- Going to schedule RRCSB and RBHA for December and MRCSB and WTCSB for January (hopefully)

Practioner questionnaire

1) *Describe 1-2 clients where the process went really well*

RBHA: client in young 20s using H, started doing ACRA and was very standoff-ish, in DV situation, did problem solving, got out of shelter, breaking point in report and relationship, stable job and housing now, let her know she could take charge; court-ordered/on probation—I'm not telling your PO what we talk about, but if you don't show you'll have to deal with consequences

RR: A did assessment and hand them over to Carlos, smooth transition

MR: successfully used job-seeking skills to get a job; caregiver and client session, building report with whole family (siblings not in treatment);

2) *Describe 1-2 clients where the process did not go well*

RBHA: 18 year old trying to get GED, rides from random people, missing appointments, late, not getting anywhere because he's on his phone and wants to leave early; turns out he had a lot of issues coming to this building because he got shot 3x next door

RR: when referring clinician didn't know as much about YSAT services/not leaving them with their first appoint; retrained front office/calling office that is more confident in services; a few already involved in treatment and they were transferred over because the counselor recognized it wasn't working and YSAT may work better

MR: a lot of stuff comes from probation; once they're released from probation they're gone; even the kid that got the job; office staff sent client away

Primary contact person at each location:

RR: Ashley Clark, 540-825-3100 x3153, aclark@rrcsb.org
RBHA: Kate Faina, 804-767-6593, Katherine.faina@rbha.org
MR: KJ Holbrook, 276-223-3291, kj.holbrook@mrcsb.state.va.us
WT: Latril Mariano, 757-376-7393, lmariano@wtcsb.org