Provider Learning Collaborative Meeting
October 1st 2019 • 11am-3pm
Minutes

Logistics

Location — 2810 N. Parham Rd, Richmond VA

Attendees — See roster below.

Scribe — Kathleen Owens, DBHDS

Roster

Name	Agency	Email
Kathleen Owens	DBHDS	Kathleen.owens@dbhds.virginia.gov
Richard Firth	DBHDS	Richard.firth@dbhds.virginia.gov
Jerome Dixon	DBHDS	Richard.dixon@dbhds.virginia.gov
Ashley Clark	RRCSB	AClark@rrcsb.org
Andrew Peddy	MRCSB	Andrew.peddy@mrcsb.state.va.us
Morgan Greer	MRCSB	morgan.greer@mrcsb.state.va.us
Latril Mariano	WTCSB	lmariano@wtcsb.org
Tanetta Hassell	WTCSB – SKIP	THassell@wtcsb.org
Natalia Tague	WTCSB – SKIP	ntague@wtcsb.org
Damara Beckett	WTCSB	dbeckett@wtcsb.org
Kate Faina	RBHA	Katherine.faina@rbha.org

Minutes

I. Greetings and overview
II. State of the state
   a. Malcolm update (Rich)
      i. Malcolm has been out on medical leave for a couple months, but he is doing very well now. He is coming back on a part-time basis remotely, and Rich and he will continue to share YSAT activities and responsibilities. We are thrilled with his progress.
   b. Progress updates (Katy) – As of *September 1st 2019*:
      i. 166 clients introduced to YSAT program
      ii. 56 3-month follow-ups
      iii. 15 6-month follow-ups
      iv. 75 discharges (this number is even higher – we need discharge entries for any non-active clients!)
      v. Our biggest goal for Year 3: to decrease discharges and reach 80% 6-month follow-up rates! We know that it is impossible to maintain the entire caseload and those discharges are going to happen. What we heard from you all was that the two bigger issues were over-assessment and transportation barriers, and we will continue to work to alleviate those challenges in year 3.

c. New GPO and change of scope (Rich)
    i. Matthew Clune – our new SAMHSA contact.
    ii. Matthew is fairly new to SAMHSA and comes from a provider background. One of the first things we talked with him about was the GAIN redundancy/over-assessment barrier. Within a few weeks we got notified of the change of scope acceptance, and it seems like he is a huge supporter of our activities and goals.
d. Money (Rich)
    i. Today is the first day of Year 3, and you should receive the money by October 16th.
    ii. **If you do not have it by then please reach out to Rich as soon as possible**.
e. RoundTrip – brief overview (Katy and Rich)
    i. We are officially LIVE with our partnership with RoundTrip at RRCSB and MRCSB.
    ii. After the pilot phase, if the partnership was beneficial or seems like it would fit well with our other sites, we will consider expansion/replication at other YSAT sites and/or presentations at non-YSAT providers.
f. VHI and data mapping projects – brief overview (Jerome)
    iii. All-payers claim database – This is from a DMAS initiative/general assembly laws such that all Medicaid providers have to submit data to this dataset. Just recently the GA said they can't charge money and everyone in the field should have access to these data. Jerome is extracting the data for our four locations to do some forecasting regarding services, prescription medications, etc. They drop a file into Jerome's BOX account and he does analysis with that. He can request specific information.
    iv. The biggest thing for us is that we will be able to see any patterns in treatments or services our folks/population are getting.

III. Western Tidewater – Suffolk Co. schools presentation
a. History
    i. Historically, WTCSB has offered TDT in our schools, but we started to see: issues were outside a TDT's ability to address especially with same-day access (crisis, truancy, etc.); insurance was cracking down on TDT approval; and a lot of schools had several providers at each school which was over-saturated but also very disconnected. We needed to re-think what we are doing here. We reached out to the Asst. Superintendent of Suffolk Co Public Schools, and let them know that we don't want to do TDT services anymore; rather, we wanted to partner with TDT providers and the schools and offer better, more-connected services. We created a workgroup that included 20 public schools in Suffolk, and we assigned 6 schools to each provider so each school only had one provider. If they didn't do well, then that provider wouldn't come back next year. We met for round-table discussions once a month for a while with higher-ups in SCPS and TDT providers in attendance. It was nice that for once none of us were in competition with each other, but rather we could collaborate to help the kids and grow caseloads.

ii. We found that it helped tremendously to have a direct link to schools and service.

b. How this model ended up looking

iii. The point of contact at the particular school would reach out to the assigned case manager on site (WT) with the referral form (pdf copy (a) at the end of the minutes), and then they can do the intake there so the insurance problem is now easier, there is more efficient billing, and we have direct access to the child and their family.

iv. This year we offered professional development (PD) for teachers where clinicians went out and trained them on different mental/behavioral health topics (brochure (b) at the end of the minutes).

v. We have a mobile crisis response team that responds to the school when there are any threats/crises, do brief overview assessments of the student, and decides if they need a higher level of care or if the child can be referred to the case manager at the school.

vi. *How do you pay for this?* There is no competition – we can bill for case management and TDT cannot, so it has a natural separation to force everyone to work together. We created case load expectations – 28 kids on their case load covers their salary and the mobile crisis team. Any revenue we make after we break even goes to Dr. Rice's (superintendent) decision – can cover non-Medicaid cases, school supplies, etc.

vii. There are some scholarship slots for non-Medicaid kids or we do "case management-like" services when they are not covered by Medicaid.

viii. We've made an effort to go out and meet with our community partners – shelters, domestic violence orgs, after school providers, B&Gs clubs, communities in schools, etc., especially when they have youth in their program that can benefit from our services.

ix. *Are there other school divisions that you all are trying to work with?* We have a meeting coming up with Isle of Wight (principals' meeting) to offer a piece of this there and then grow it over time (same with Franklin County).

x. *Is relationship with SCPS governed by an MOU?* We don't think so. Dr. Rice was very supportive, and she is fairly new at her position. *What if Dr. Rice leaves tomorrow?* We got feedback from the schools and it was overwhelming positive--they just wanted more case managers, so it seems like this program would sustain itself even without Dr. Rice.

xi. The mobile crisis team responds to all kids, not just those covered by Medicaid (they can bill crisis services).

xii. There are new requirements regarding school counselors' time. They now need to dedicate 80% to providing direct care to students. One counselor is clearly not enough for some of the huge schools, so that is a problem we foresee.

xiii. There were about 200 kids when we started, and now we're serving around 400!

xiv. We have gotten some feedback from TDTs saying that insurance has approved of a lot less units.

xv. *Are teachers receiving the training well, or are they hard to train?* Tinetta met with all of the teachers and administrators in Franklin – it was definitely a tough crowd, stuck in their own systems, and very terrified of suicide, but it was also an awesome opportunity. It sort of turned into a therapy session for them.

xvi. MRCSB – SN housed at one of the alternative schools but the school doesn't want them to provide services at the school because it "steps on people's toes."

IV. Lunch

V. Site presentations and discussion

a. MRCSB

Staff: Morgan Greer (took over KJ's role), Andrew Peddy (took over Jason's role), Opal Currico (clinician), Michelle Cantrell (clinician), Darlene Vaughan (clinician), Carla Mullis (System Navigator), Debbie Vaughan (System Navigator)

CSB Information: You could drive almost 2.5 hours across the catchment area. There are two "sides" of the mountain, each with its own team. We are at the cross-section of two major interstates, so there is a lot of drug trafficking. Galax has the Life Center (a private treatment center). Some people get pulled over on the interstate, their kids go into the foster system, and then they'll stay in the area. Several of our counties are double the average poverty rate. Galax is probably the highest because it attracts more people because of affordable housing and actually has public transit (though it is minimal). Our biggest employers are: factories, hospital, prison, and MRCSB.

Barriers: We have had a lot of YSAT staffing changes as well as agency staff changes – it has been difficult to communicate that we can serve the 16-25 year old population when we are so broadly located because it is hard to stay connected. With the Medicaid expansion we have more individuals with funding but a lot of open job postings, and it's very difficult to recruit staff. Transportation has always been a huge barrier for us, but we are hoping the RoundTrip pilot project will help with that. It has been hard to engage individuals who are mandated into services. We have seen a lack of family supports which may stem from a lot of generational use and it being difficult to change the whole system in the family. There is a normalization of drug use in our area, including seeing marijuana as not a big problem. We see different drugs on either side of the mountain.

Successes and strengths: We have seen individuals get sober and reach remission. We have had clients get closed to probation or DSS or keep custody of their kids. We have had some kids in foster care do really well and are doing fostering futures or returning to families rather than drop out of the program. Many clients are seeking jobs/obtaining jobs. The incentives are helping maintain sobriety (e.g., art supplies for one client) and prosocial skills. Clients have better coping skills and we have seen a reduction in cutting. Our bowling night allowed entire families to come and was really successful (over 150 people attended). We have made a lot of connections with community partners including a newly opened recovery court. We are working on staff training and development.

Year 3 service goals: maintain caseload of about 70 but really keeping schedule full; want to increase the SN's caseload (right now she's doing a lot of outreach)

Other goals: retain those staff and help them continue to develop training and certifications; both SN's seeking CSAC's so want to build programs where they can use that; increase engagement of 18-25 year olds
Sustainability plan: keep agency aware and updated; continue networking

b. RBHA

Staff: Kate Faina (program manager and supervisor), Rebecca Cohen (clinician), Cliff Jones (CPRS)
It has been a little difficult integrating Cliff in with young adults because many of our kids "don't have a drug problem," so it has been hard to connect with the adolescents. We want him to do more of a therapeutic mentor-style with them, but we are still working on that.
CSB Information: RBHA is in an urban setting with a big minority population in the city of Richmond. Almost all of our clients are uninsured or under-insured. We are located one block away from a housing project and half a block from juvenile court and close to other housing projects.
Barriers: We are seeing that POs are less involved than they used to be/than we'd like. When they are more involved engagement tends to be higher. Referrals have been slow over the summer. Parental engagement has been really difficult even for just getting families there for the minimal requirements for the program. When Cliff picks them up at home, it's good to go into the home and meet the family, and maybe do some things at home and slowly draw them out and engage them (we did this more frequently when we had our contact with probation).
Successes and strengths: Cliff has been really good with transportation, working on job-seeking skills, and getting families to reapply to Medicaid. We have had 9 completions with 7/9 continuing after completing, 7/9 getting off probation and/or employed, 4 still engaged, and 2 with over one year of engagement. When we were going through the certification process we took on any clients from our residential facility to get certified, but a few of those adults are still seeing our clinician! We served 35 this year (our goal was 20). Both Kate and Rebeca are certified trauma treatment professionals (earned CCTP credential).
Year 3 service and other goals: Our goal is to serve another 20 individuals. We are about to add adolescent IOP using ACRA as one of the curricula. We are looking to implement CRA skills and procedures in adult IOP, so we may be taking on another clinician to get involved in YSAT. Additionally, our clinician is trained in CRAFT and pursuing certification.
More information on adolescent IOP: We got licensed in May but haven't started yet. Our start date is scheduled for Nov. 4th, and we are planning to have 3 sessions (M/T/Th nights) for 2 hours with classes. We will be engaging the peer on M/T for transportation assistance, while Th will be more family focused with caregiver sessions. Our office associate is trained in Medicaid transportation and that sort of thing. We need 6/9 hours to bill. We've been giving them bus tickets because we don't have an agency vehicle onsite or else she would just bring them home.
Sustainability plan: We would like to continue to help with Medicaid applications and assisting with transportation. We plan to absorb positions into our SUD Outpatient team. We want to increase adolescent SUD services provided by the agency.

c. RRCSB

d. **Staff:** Ashley Clark (supervisor) – currently training ***all*** counselors in ACRA, although we have 3 main ones that will be working with the YSAT clients.
   Amanda Loeffler and Kaitlin Nixon (Support Coordinators)
e. **CSB Information:** We have 5 counties that are all very different – 3 very rural, Faulkier thinks they're NOVA so they don't want to be served by a CSB. We have limited transportation resources. Most of our services are provided to individuals with limited income (Medicaid and self-pay).
f. **Barriers:** We have to compete with free clinics. We are seeing high co-pays because of high deductibles. We lost trained A-CRA staff, and it has been very hard to recruit staff. We have had 6 empty counselor positions for over 2 years. License-eligible staff get licensed and then move up to NOVA to get paid up to 50% more. We saw a lot of client drop out due to data collection. Clients are terminating early due to probation ending early (referrals were really late in the timeline). Training all of our staff has taken a lot of time and resources. We are struggling to develop strong relationships with referrals sources and are having some issues with probation miscommunicating with our clients (e.g., telling clients that all services are free or open late hours when that isn't true).

We are part of the National Health Service core for loan reimbursement but we haven't had anyone successful in getting that. They want you available to see clients 80% of the time even if they no-show or something comes up where you don't actually see clients that often. MR has tried to partner with the schools (VT and RU) for internships, and RR has done that too, but as soon as they finish or reach whatever goal they move to the higher-paid areas.

g. **Successes and strengths:** We are getting all of our counselors trained in the A-CRA. We have utilized incentives and are putting together a kids' room. Ashley also did the trauma training. We are excited about using RoundTrip soon.
h. **Year 3 service goals:** We want to provide services to 48 individuals (average of 4 new clients per month). We want to complete the training of all out-patient staff to be able to provide ACRA interventions (and maybe certify them). We want to engage with referral sources. We want to integrate additional trauma informed trainings for all staff. We will utilize RoundTrip to improve access.
i. **Sustainability plan:** We will absorb YSAT staff into the agency so they can continue to provide those services.

j. WTCSB

Staff: Latril Mariano (program supervisor), Damara Beckett (clinical supervisor), Anthony Hoskins (clinician), Brittany Sesek (clinician), Madeline Knerr (data coordinator)
CSB Information: We have a large catchment area with a few cities but also some rural areas. We are incredibly diverse (especially in SES).
Barriers: When we are doing the ACRA the clients will come for individual appointments but then for the caregiver only sessions or family sessions they don't show up. We are seeing low family engagement. We are experiencing poor follow-up with clients because of incarceration or inpatient treatment. The court will give a referral for YSAT but with pending charges so the client doesn't stay in the program for very long. We initially implemented the mentoring

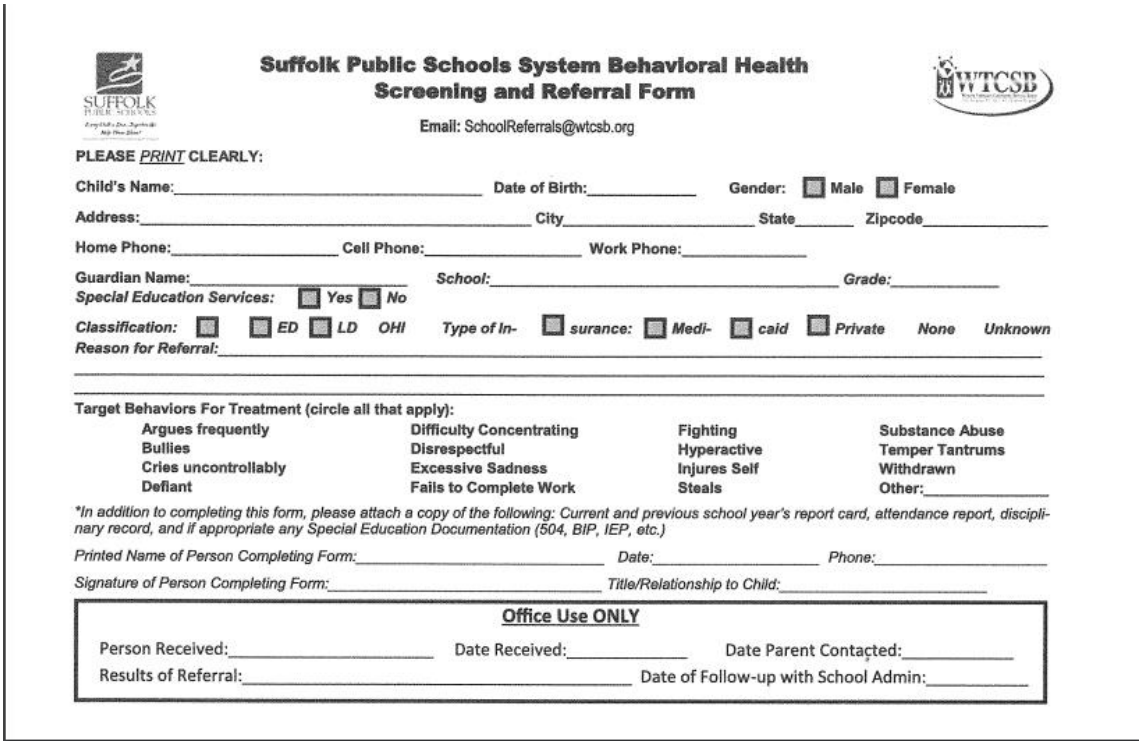
program to begin after treatment but that wasn't working well so we started to do mentoring during treatment.
Successes and strengths: The mentoring program implementation has increased client successes and engagement. We have seen enhanced client engagement with the incentives programs. We have made several community partners (ASAP, probation and parole, FAPT, Suffolk CPS). We started pushing internal referrals (FEP, SDA, case management, court services).
Year 3 service goals: We want to enroll at least 35 clients during the year.
Other goals: We want to engage at least half of our YSAT caseload in the mentoring program; however, some individuals don't like mentoring, especially the older ones. We want to see increased enrollment and successful discharges. We want more community partners/relationships. We want to strengthen our follow-up procedures, decrease readmits, increase family engagement, increase community involvement with events, visibility, and marketing (promotional materials for WTCSB community events), and to complete clinician trainings/certifications.
Sustainability plan: In terms of billing we will bill Medicaid and other private providers. We received 2 AMI (the funding source through DJJ) referrals and several FAPT team referrals. ASAP has an income based sliding scale.

VI. Other topics
    a. CRAFT training and certification
        i. Any YSAT staff doing it? Rebecca (RBHA), Carla Mullis (MRCSB), maybe Opal and Michelle from MRCSB as well, Brittany and Damara (WTCSB), Ashley and maybe another person (RRCSB)
        ii. Certification – Certified ACRA clinicians don't need to repeat a few procedures such as functional analysis, communication skills, problem solving, and maybe others. You just have to email Dr. Meyers when you are ready to start sending in tapes and let him know you are already ACRA certified, and then he will let the coder know you already passed several sessions.
    b. State trainer initiative – Katy is pursuing becoming the state trainer for both ACRA and CRAFT evidence-based practices.
VII. Year 2 report surveys – please complete by the end of next week!
VIII. Supplemental funds – we are hoping to be able to do supplemental programs like last year, but we need to assess carryover funds and obligatory spending first.
IX. Reminders about site visits:
    a. RBHA Oct 15 @ 2pm
    b. RRCSB Oct 17 @ 10am
    c. MRCSB Oct 22 @ 2pm
    d. WTCSB Nov 7 @ 2pm

Thanks,
Kathleen Owens
Kathleen.owens@dbhds.virginia.gov

Materials from WTCSB's school partnership presentation:

(a) Health Screening and Referral Form:



Suffolk Public Schools System Behavioral Health Screening and Referral Form

Email: SchoolReferrals@wtcsb.org

PLEASE *PRINT* CLEARLY:

Child's Name:_____ Date of Birth:_____ Gender: ☐ Male ☐ Female

Address:_____ City_____ State_____ Zipcode_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Guardian Name:_____ *School:*_____ *Grade:*_____

Special Education Services: ☐ *Yes* ☐ *No*

Classification: ☐ ☐ *ED* ☐ *LD* *OHI* *Type of In-* ☐ *surance:* ☐ *Medi-* ☐ *caid* ☐ *Private* *None* *Unknown*

*Reason for Referral:*_____

Target Behaviors For Treatment (circle all that apply):

Argues frequently	Difficulty Concentrating	Fighting	Substance Abuse
Bullies	Disrespectful	Hyperactive	Temper Tantrums
Cries uncontrollably	Excessive Sadness	Injures Self	Withdrawn
Defiant	Fails to Complete Work	Steals	Other:_____

**In addition to completing this form, please attach a copy of the following: Current and previous school year's report card, attendance report, disciplinary record, and if appropriate any Special Education Documentation (504, BIP, IEP, etc.)*

*Printed Name of Person Completing Form:*_____ *Date:*_____ *Phone:*_____

*Signature of Person Completing Form:*_____ *Title/Relationship to Child:*_____

Office Use ONLY

Person Received:_____ Date Received:_____ Date Parent Contacted:_____

Results of Referral:_____ Date of Follow-up with School Admin:_____

(b) PD brochure

Training and Workshop Topics for School Personnel

Length: 45-60 minutes each.

Each training can be tailored to the school's individual needs.

1. How Trauma Affects Youth in the Classroom
2. What is ADHD (and what is not) in the Classroom
3. Sensory Processing Issues
4. Anxiety and Disruptive Behaviors
5. Common Misdiagnoses in Children
6. Social Media and Depression
7. Self-Injury vs. Suicidal Behaviors
8. LGBTQ Unique Considerations
9. Helping Traumatized Children Learn
10. Substance Use and Youth
11. Sexual Abuse: Signs, Symptoms and Reporting
12. Bullying/Cyber-bullying
13. Executive Functioning: What is it and What is its Impact on Youth School?
14. Military Families Unique Considerations
15. Responding Effectively to Disruptive Students
16. Defiance: When to be Concerned
17. Family Violence
18. Family and Substance Abuse
19. Family Dysfunction and its Impact on Youth
20. Depression and Suicide

+ Other topics as requested by the school

If you have interest in any of these or other training topics, please contact the SCIP Program Manager:

Tanetta Hassell
thassell@wtcsb.org
(757) – 377- 6037

(c) Suffolk Public Schools School-Based Services

SUFFOLK
PUBLIC SCHOOLS

THERAPEUTIC DAY TREATMENT

Therapeutic Day Treatment is a Medicaid funded school - based service for at-risk students exhibiting behavioral or emotional difficulties impeding their ability to function appropriately in school.

SUFFOLK PUBLIC SCHOOLS
SCHOOL - BASED SERVICES

CRISIS SERVICES

In agreement with Suffolk Public Schools, WTCSB provides Crisis and Outpatient Counseling Services to students. Every Middle and High school has an on-site, Masters level, crisis clinician that works closely with school administration, Case Management and the TDT provider to assure that students' needs are being met. Every student in these schools has the opportunity to receive individual and group counseling, as well as assessment of risk to self or others, which can be provided to the school with parental consent. WTCSB also provides Children's Mobile Crisis Services for Elementary, Middle and High schools as needed. This service assists in assessing student safety as well as links to resources and hospitalization as needed. The crisis clinician works closely with WTCSB's Children's Crisis Stabilization Unit (CCSU), which is a 6-bed facility available for short term residential crisis supports.

CASE MANAGEMENT SERVICES

In addition to Crisis support, WTCSB provides Case Management Services in each of the district's schools. We support students and families to create stability in their lives by connecting with families and assessing need, linking to needed supports, monitoring those supports and coordinating follow up intervention as necessary. This is accomplished through collaboration between the schools, providers, and families. Case Managers also provide advocacy on behalf of students and their families.

This document was created by Intercept Youth Services, in collaboration with Suffolk Public Schools and WTCSB

(d) SCIP Flyer

What is SCIP?

The School Intervention Program (SCIP) is a service designed to identify areas of need for youth and their families in the city of Suffolk and respond to crises as they arise. Youth and their families will have an advocate to identify community based resources, link and coordinate these services and monitor progress. SCIP also provides direct access to crisis counseling and ongoing mental health support.

Eligibility

WTCSB has partnered with Suffolk Public Schools to place a case manager on site at each of the elementary, middle and high schools throughout the city. All youth from Kindergarten to 12th grade have the potential to be eligible for services. A referral should be completed for initial screening to assess program eligibility.

Goals of SCIP

- Increase school attendance
- Reduce the number of mental health and emotional crises experienced by youth
- Support families, teachers and school staff as they focus on academic goals

Highlights of SCIP Services

- Support youth while in school setting
- Mobile crisis intervention
- Direct access to crisis counseling services and ongoing mental health services
- Coordination and linkage of community based resources as needed
- Ongoing support and monitoring of services for families

Indicators of Need

The following are some examples that indicate a need for SCIP Services. This is not an exhaustive list, but can be helpful when considering who to refer:

- Emotional Disturbances
- Mental Health Challenges
- Threats to harm self or others
- Difficulty focusing or disruptive behaviors
- Bullying type behaviors
- Sudden/recent changes to living situation
- Economic crises
- LGBTQ specific needs

Email referrals to SchoolReferrals@WTCSB.ORG

Additional WTCSB Services

- Outpatient Therapy
- Early Intervention
- Psychiatric Medical Services
- Crisis Stabilization Unit (Bridges)
- 24 hour Emergency Services
- Youth Substance Abuse Program

Contact Information

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Suffolk, VA 23434
Office Phone: 757.925.1950
Fax: 757.925.2221
Website: wtcsb.org

Program Managers:
Angela Myrick– 757.635.8639
amyrick@wtcsb.org

Chey Williams– 757.408.6056
cwilliams@wtcsb.org

SCIP Supervisor:
Tanetta Hassell– 757.377.6037
thassell@wtcsb.org

Western Tidewater Community Services Board

WTCSB
Western Tidewater Community Services Board
The Purpose Of Life is a Life With Purpose

School Intervention Program (SCIP)

The purpose of Life is a Life with Purpose