



# **Creative System of Care Collaboration: What Will it Take?**

**12th Annual CSA Conference  
October 17, 2023**

# Welcome and Introductions



# Agenda

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1. Welcome, introductions
2. Safe and Sound Task Force Overview
3. What Would It Take?
4. Demonstration
5. Resources
6. Call to action, closing

# Objectives

Increase understanding of the **“What Would It Take?”** approach in working with youth & families

01

Identify strategies for getting the right **partners to the table**

02

Leverage the flexibility, solutions, and actions available at the **local level**

03



# **Safe and Sound Task Force**

**Vision: children should grow up in safe, stable, and secure families that support their long-term well-being**

*Phase 1: April – June 2022*

End the phenomenon of youth who are displaced sleeping in local department of social services offices, hotels, or other unsuitable locations

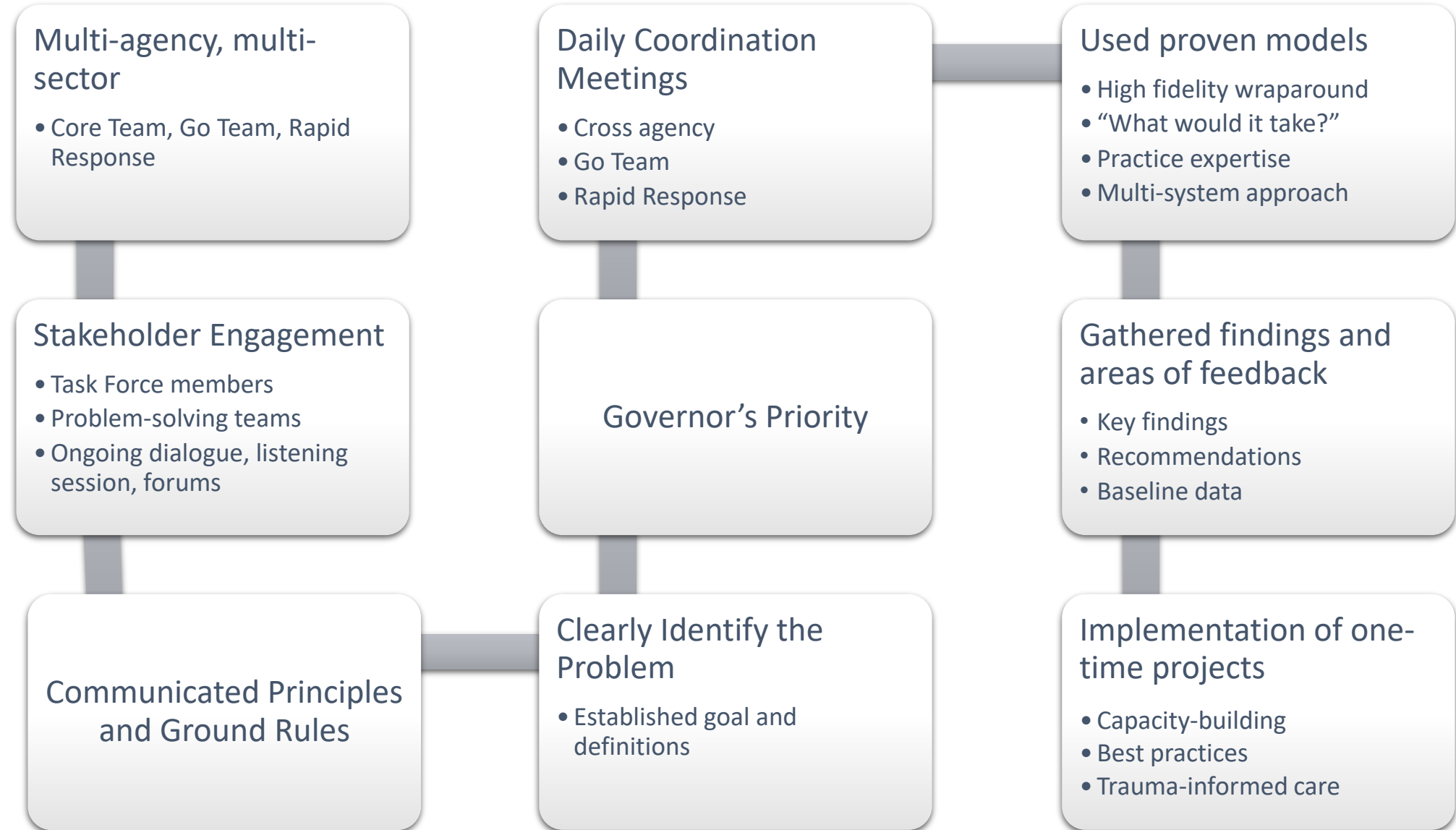
*Phase 2: June – May 2023*

Develop a “reservoir” of safe and appropriate placements for youth who may need them in the future

*Phase 3: June 2023 - on*

Enact policy and systems changes

# Approach



# Four Main Task Force Recommendations



Prioritize the recruitment, retention, and needs of relatives, kin, and foster parents.



Address gaps in children's community-based continuum and increase access to evidence-based services.



Improve residential treatment.



Improve integration and collaboration across child-serving systems, including the workforce.



# What Would It Take?

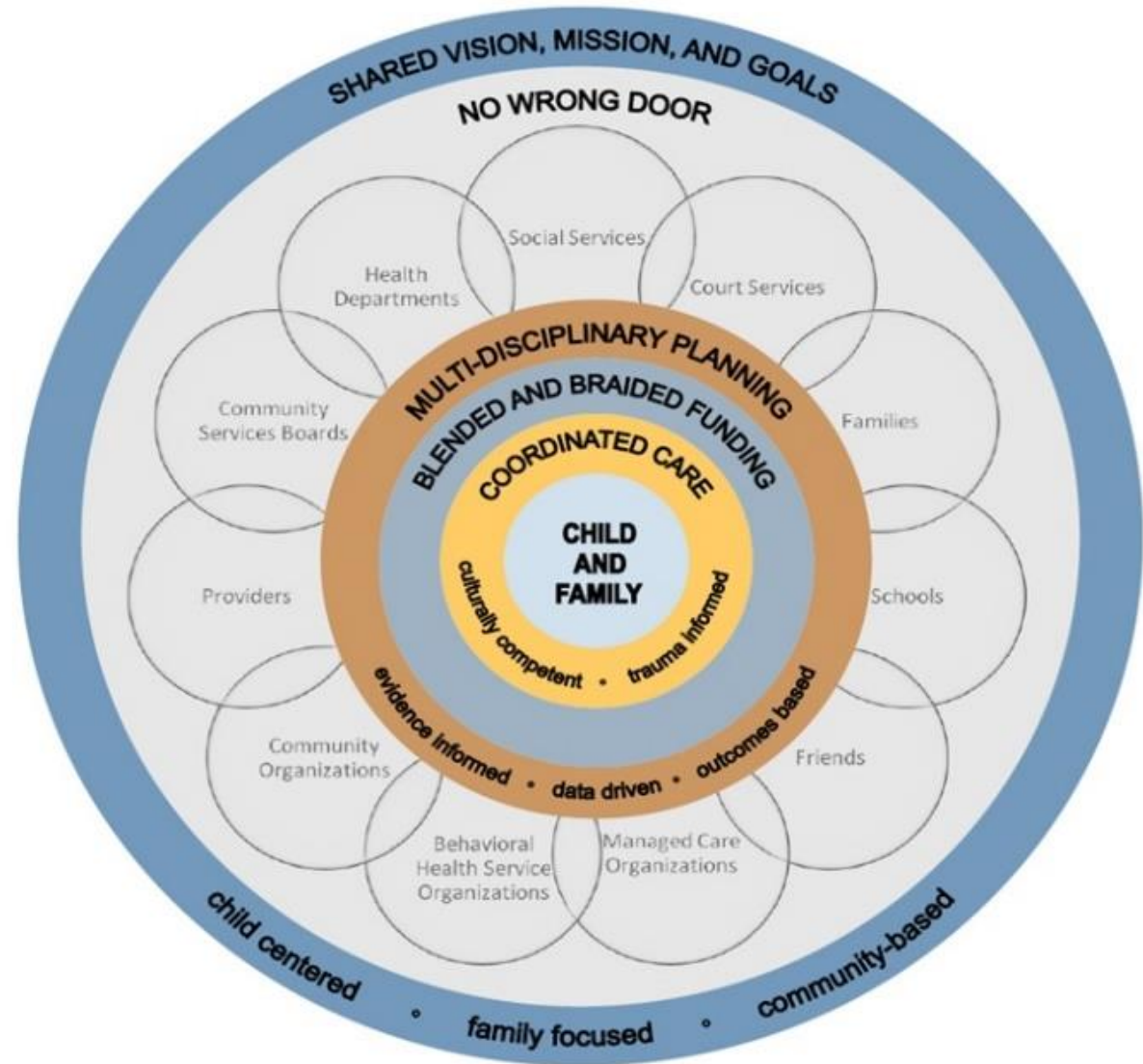


It is a framework for conversation that promotes collaboration and investment in System of Care principles.

It is a holistic, solution-focused approach to planning that builds on creativity, leveraging resources, best practices, and coordinated care.

It is a strengths-based approach. When thinking about needs at the micro and system level, it asks "what has worked" and "what can we do"?

*What  
Would It  
Take?*



# Demonstration

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# Resources

- Licensure Variances
- Crisis Continuum
- Children's Crisis Stabilization Units and Crisis Therapeutic Homes
- Mental Health Services in Juvenile Detention Centers
- Mental Health Initiative Funding

## Office of Licensing

Home » Clinical and Quality Management » Office of Licensing



**OUR MISSION:** To be the regulatory authority for DBHDS licensed service delivery system through effective oversight.

**OUR VISION:** The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.

## CONNECT Provider Portal Resources and Information

Click below for help using the CONNECT Provider Portal or to report an issue.

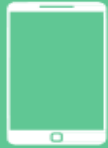
[CONNECT Help Desk](#)

[CONNECT User Resources](#)

[Initial Applicants](#)

[Log Into CONNECT](#)

## Someone to Call



### **Crisis Call Centers**

When someone calls 988, a trained crisis worker will provide support such as safety planning, referrals, and a listening ear. If needed, crisis workers can be connected to the full continuum of services. Through Virginia's Marcus Alert initiative appropriate calls to 911 can be routed to the 988 call centers.

## Someone to Respond



### **Mobile Crisis**

Mobile crisis teams are deployed in real-time, 24 hours a day, to the location of the individual experiencing a behavioral health crisis. These rapid responders provide on-scene evaluation, intervention, and connection to follow-up resources.

## Somewhere to Go



### **Crisis Stabilization Sites**

23-hour Crisis Receiving Centers and short-term residential Crisis Stabilization Units provide a safe, secure community-based environment for assessment, resources, and emergent crisis treatment.

Individuals in crisis should be matched with the appropriate level of care to meet their needs safely and effectively at that time.





**Crisis Therapeutic Home**

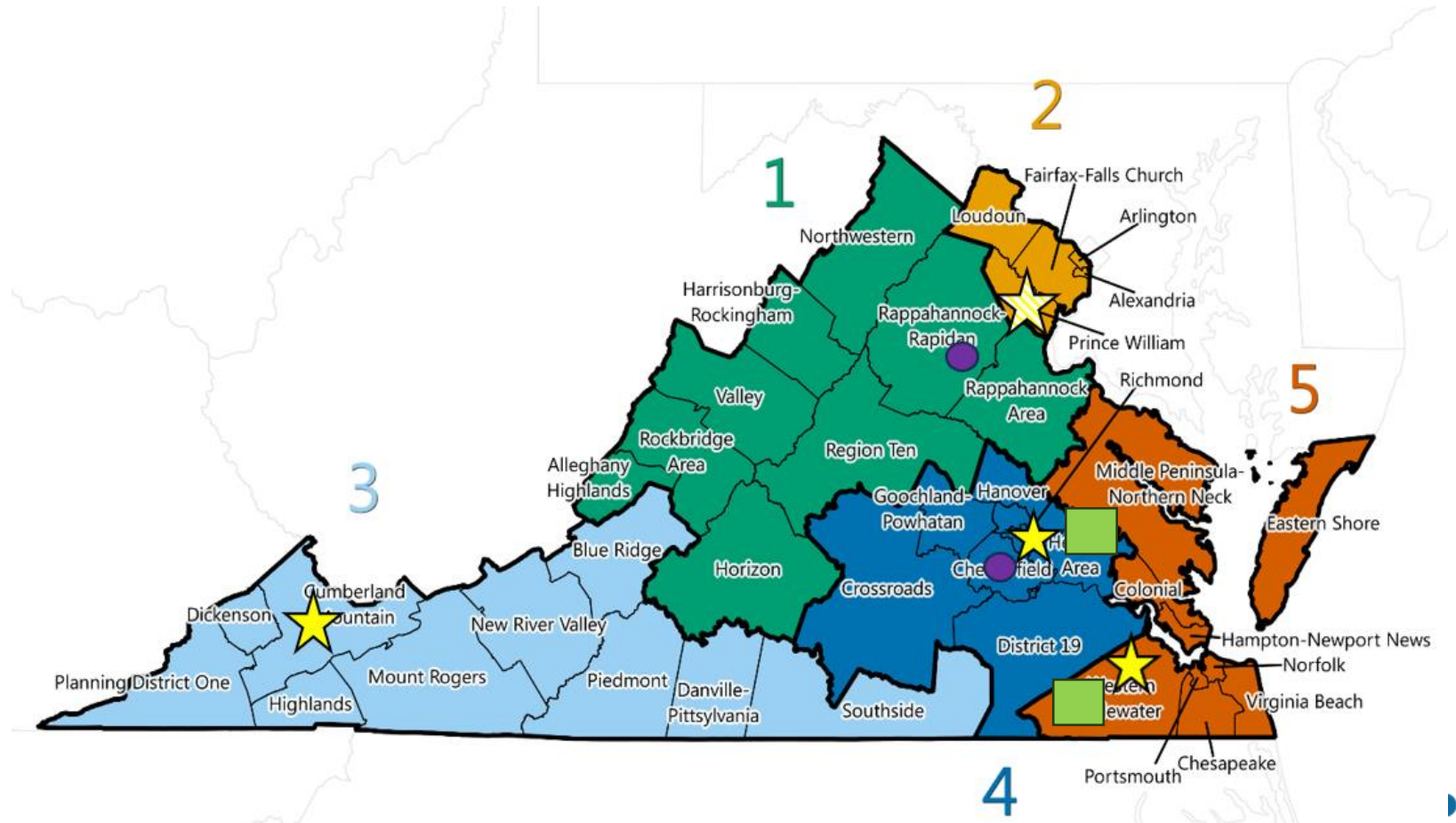
- Culpeper
- Chester

**Crisis Stabilization Unit**

- Max Meadows
- Richmond
- Windsor
- In development-Prince William

**Children's Crisis Receiving Centers**

- In development-Henrico
- In development-Western Tidewater



## To be used for

- Short term mental health and substance use services
- Examples of core services
  - Case management
  - Consumer monitoring
  - Assessment and Evaluation
  - Medical Services
  - Individual or group therapy when appropriate

## Community Services Boards shall

- Provide mental health and substance use services to youth detained in juvenile detention centers
- Provide discharge planning for community-based services for youth with identified behavioral health and/or substance use issues who return to the community
- Have a MOU, MOA, or contract with the juvenile detention center outlining roles and responsibilities as well as a plan for regular communication

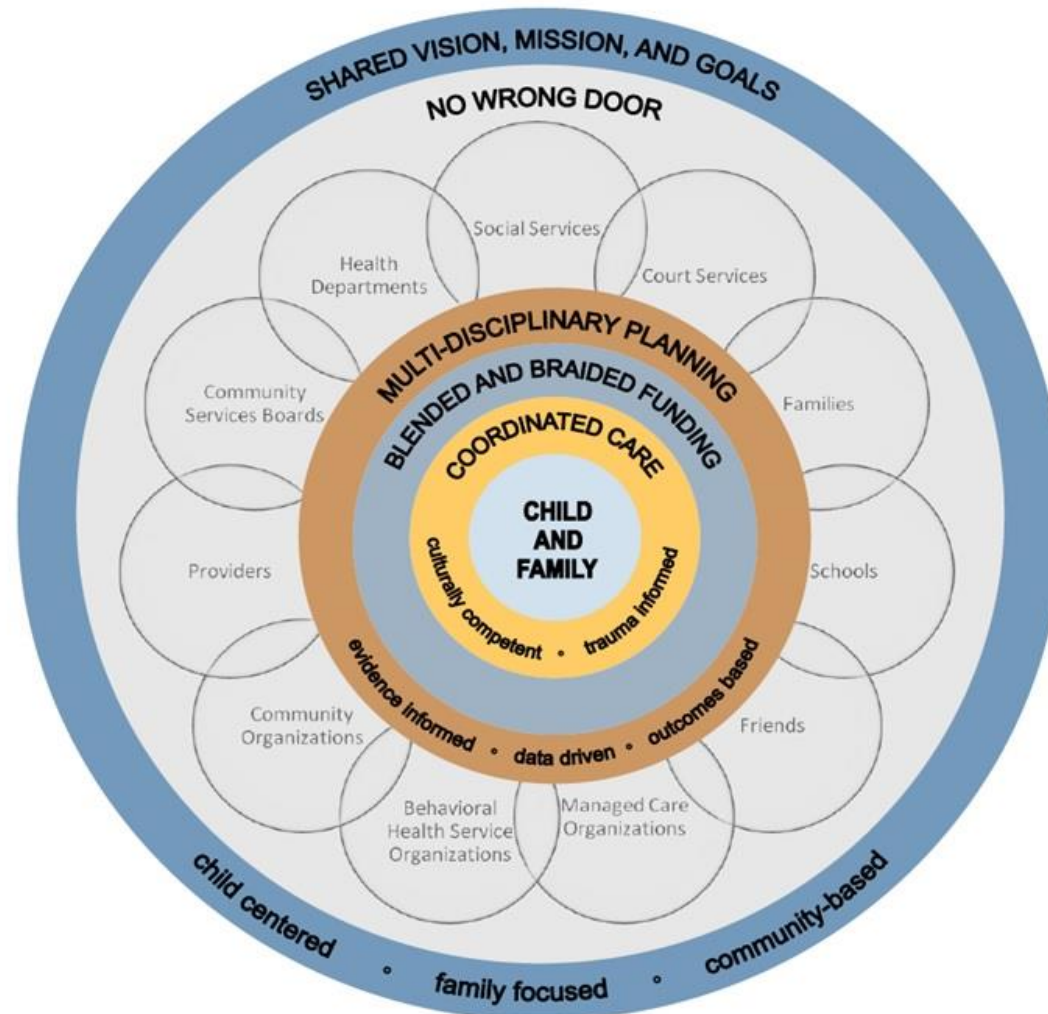
## To be used for

- Mental health services for children and adolescents with SED
- Children or adolescents who may be at risk for SED, and/or with co-occurring disorders
- At-risk for removal from the home
- Not mandated for services under the Children's Services Act

## Community Services Boards shall

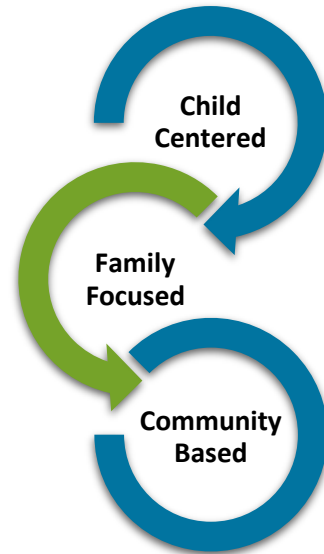
- Develop a Mental Health Initiative funding plan in collaboration with the local FAPT and/or CPMT.
- The funding plan shall be approved by the CPMT(s) of the localities.

# Virginia's Comprehensive System of Care



# The CSA Mission (§2.2-5200, COV)

“... to create a collaborative system of services and funding that is



... when addressing the strengths and needs of troubled and at-risk youths and their families  
... ”

# High Fidelity Wraparound

A **team-based, collaborative process** for developing and implementing **individualized care plans** for children with behavioral health challenges, and their families.



# Family/Youth Support Partners

- Lived experience navigating the child serving system
- Professional workforce member
- They understand the systems and barriers; they can be a bridge
- They have validity in the eyes of the family/youth members
- They ensure family/youth voice and choice
- They promote and strengthen healthy relationships





# Medicaid Behavioral Health Services Continuum: Youth (< 21)

Case Management and Resiliency Supports	<ul style="list-style-type: none"> <li>MH Case Management</li> <li>Treatment Foster Care Case Management</li> <li>Peer Recovery Support Services</li> <li>SUD (ARTS) Case Management</li> <li>Peer Recovery Support Services</li> </ul>
Outpatient Services	<ul style="list-style-type: none"> <li>Applied Behavior Analysis</li> <li>Outpatient Psychotherapy</li> <li>Outpatient Psychiatry</li> <li>ASAM 0.5 and 1.0 (Early Int/Outpatient)</li> <li>Preferred Office Based Addiction Treatment (OBAT) (18-20)</li> <li>Opioid Treatment Program (OTP) (18-20)</li> </ul>
Intensive Community Supports-Youth	<ul style="list-style-type: none"> <li>Functional Family Therapy</li> <li>Multisystemic Therapy</li> <li>Therapeutic Day Treatment</li> <li>Intensive In-Home Services</li> </ul>
Intensive Clinic Based Services	<ul style="list-style-type: none"> <li>MH Intensive Outpatient (IOP)</li> <li>MH Partial Hospitalization Program (PHP)</li> <li>ASAM 2.1 (Intensive Outpatient)</li> <li>ASAM 2.5 (Partial Hospitalization)</li> </ul>
Comprehensive Crisis and Transition Services	<ul style="list-style-type: none"> <li>Mobile Crisis Response</li> <li>23-Hour Crisis Stabilization</li> <li>Residential Crisis Stabilization</li> <li>Community Stabilization (Transition)</li> </ul>
Residential Services	<ul style="list-style-type: none"> <li>Psychiatric Residential Treatment</li> <li>Therapeutic Group Home</li> <li>ASAM 3.1 (Low intensity)</li> <li>ASAM 3.5 (Medium Intensity)</li> </ul>
Inpatient Services	<ul style="list-style-type: none"> <li>Inpatient</li> <li>ASAM 3.7 (Medically Intensive)</li> <li>ASAM 4.0 (Withdrawal Management)</li> </ul>



# Medicaid Behavioral Health Services Administrator (BHSA) Contract Transition

- Behavioral Health Fee-For-Service service authorizations will be managed by **Acentra** (formerly Kepro) beginning November 1, 2023.
- Acentra will manage the IACCT process for residential treatment services effective 11/1/2023.
  - The IACCT assessor will complete the assessment and assess for all levels of care and what best meets the needs of the youth and their family.
  - The Clinical Reviewer will follow the youth's care while in residential and assist with discharge planning.
- CSA will be notified when a residential inquiry is received by Acentra to coordinate and collaborate.

# MCO Foster Care Liaison Contacts

HEALTH PLAN	CONTACT
<b>Aetna Better Health</b>	<ul style="list-style-type: none"> <li>• Nora Pavlik, LCSW; Manager Clinical Health Services, 959-230-3819, <a href="mailto:pavlikn@aetna.com">pavlikn@aetna.com</a></li> <li>• Maggie Wise; Director, Clinical Health Services, 959-230-3961, <a href="mailto:wisem@aetna.com">wisem@aetna.com</a></li> </ul>
<b>Anthem Healthkeepers Plus</b>	<ul style="list-style-type: none"> <li>• Melissa McGinn, MSW, LCSW; Foster Care Manager, (804) 647-4541, <a href="mailto:melissa.mcginn@carelon.com">melissa.mcginn@carelon.com</a></li> <li>• <i>Please CC:</i> Compliance Mailbox to track issues needing attention: <a href="mailto:anthemmedallion@anthem.com">anthemmedallion@anthem.com</a></li> </ul>
<b>Molina Complete Care</b>	<ul style="list-style-type: none"> <li>• Anne Montante; Manager, Clinical Care Services, 804-240-8037, <a href="mailto:helen.poerstel-montante@molinahealthcare.com">helen.poerstel-montante@molinahealthcare.com</a></li> <li>• Gloria Stevens; Foster Care Community Connector, 804-661-8004, <a href="mailto:gloria.stevens@molinahealthcare.com">gloria.stevens@molinahealthcare.com</a></li> <li>• Pam Aldridge; Director of Health Services, 804-664-2589, <a href="mailto:pamela.aldridge@molinahealthcare.com">pamela.aldridge@molinahealthcare.com</a></li> </ul>
<b>Optima Family Care</b>	<p><u>For Optima Health members:</u></p> <ul style="list-style-type: none"> <li>• Erin McClaughry; Manager of Integrated Care Management, 757-800-2162, <a href="mailto:exmcclau@sentara.com">exmcclau@sentara.com</a></li> </ul> <p><u>For Optima Health (formerly Virginia Premier) members:</u></p> <ul style="list-style-type: none"> <li>• Brandi Barnes; Manager of Integrated Care Management, 804-819-5151x54489, <a href="mailto:bmbaldwi@sentara.com">bmbaldwi@sentara.com</a></li> </ul> <p>Please cc Program Administration Mailbox: <a href="mailto:Optima_Medicaid@sentara.com">Optima_Medicaid@sentara.com</a></p>
<b>United Healthcare</b>	<ul style="list-style-type: none"> <li>• Monica Cundiff; Manager of Clinical Case Management, <a href="mailto:monica_cundiff@uhc.com">monica_cundiff@uhc.com</a></li> <li>• Shane Ashby, MS, LPC; Associate Director of Clinical Medical Mgmt, 952-202-2249, <a href="mailto:shane_ashby@uhc.com">shane_ashby@uhc.com</a></li> </ul>



# **Virginia Department of Social Services**

# Exceptional Circumstances Payments

- To prevent disruption or placement in congregate care
- \$3000 per month for up to 90 days
- VDSS funds approved one month at a time
- Similar to the daily rate of a congregate care facility
- Intended to permit the family to take leave from work as needed, especially for children not yet enrolled in school and/or services
- Can be used to pay for non-traditional respite services: food deliver, laundry service, housekeeping, etc.
- Can be used by foster parents to pay for additional supports for them: another adult to provide supervision in the home or to support the foster parent during this period



# Enhanced Treatment Foster Care

- Currently being piloted as a service to prevent placement in congregate care
- Higher level of TFC than the traditional model
  - Includes at least one stay at home foster parent (who receives a stipend)
  - TFC agency provides a higher level of wrap around support
- All charges which are not CSA reimbursable are paid for by VDSS
- Intended to ensure that the family can meet the needs of children with high acuity behaviors, especially for children not yet enrolled in school and/or services
- Intended to be relatively short term; children accepted into the program need to have identified next placements
- Still only a small number of homes, but additional homes are coming on-line



# Task Force Resources

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- Go team and rapid response
- Universal referral
- SSTF Manual

# Closing activity and thank you

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