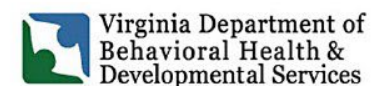
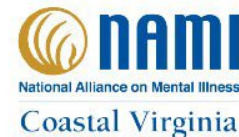
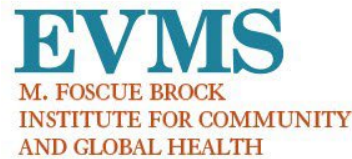


2023 JOINT MENTAL HEALTH SUMMIT

The Future of Mental Health Wellness: Exploring Patient Engagement Through Technology, Clinical Care and the Workforce

EVENT PRESENTED BY:



Welcome & Opening of 2023 Summit

Cynthia C. Romero, MD, FAAFP
Director, M. Foscue Brock Institute for
Community & Global Health,
Eastern Virginia Medical School,
Norfolk, VA



Summit Learning Objectives

- 1) Explain impacts of mental health on individuals, families, employees and the community.
- 2) Describe the challenges in recruiting and retaining a robust and diverse mental health workforce.
- 3) Define best practices in addressing mental health education, community resources, support services and leveraging technology for improved patient care.

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Eastern Virginia Medical School and M. Foscue Brock Institute for Community and Global Health at Eastern Virginia Medical School, Bon Secours Hampton Roads, Children's Hospital of the King's Daughters Medical School, Hampton VA Medical Center, Sentara Healthcare, Virginia Department of Health, Department of Behavioral Health and Developmental Services, Old Dominion University, Virginia Department of Veteran Services, and VISN 6: VA Mid-Atlantic Health Care Network. Eastern Virginia Medical School is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Eastern Virginia Medical School designates this live activity for a maximum of 4.75 *AMA PRA Category 1 Credits*TM. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Disclosure Statement

The planning committee members have no relevant financial relationships with ineligible companies to disclose. Dr. Nicole Wells receives grant funding from Woebot. All financial relationships have been mitigated.

Claiming CME Credit

An attestation survey will be sent via Survey Monkey following the conference.

In order to receive CME credits, you must complete the survey. Once the survey is complete you will receive an electronic certificate.

If you have any questions regarding the attestation process, please contact EVMS CME at **757-446-6140**.

Continuing Education Statement - Psychologists

Psychologists will be awarded up to 4 hours of continuing education credit.

The Eastern Virginia Medical School Department of Psychiatry and Behavioral Sciences is approved by the American Psychological Association to sponsor continuing education for psychologists and maintains responsibility for this program and its content.

For questions about CE for psychologists, please contact Jennifer Flaherty, PhD, at Flaherjm@evms.edu.

History

JOINT MENTAL HEALTH SUMMIT

- First established in 2014, the need for an annual summit grew out of frustrations with inefficiencies in the delivery of effective psychiatric services to and the desire to discover and correct the reasons for these inefficiencies.
- Engages stakeholders, lead discussion regarding gaps, develop strategies in collaboration with community partners to improve efficiency and effectiveness of services, and implement qualitative and quantitative measures to track improvements.

JMHS Planning Team

- **EVMS**, Cynthia Romero, MD, Matt Herman, MPH, CHES, Ashley Cilenti, Brett Sierra, DHSc, Kelly McCoy, Julia Dieter, Lisa Fore-Arcand, PhD
- **Bon Secours**, Phyllita Bolden
- **CHKD**, Sandra Fabian, Stephanie Osler, LCSW, Jennifer Flaherty, PhD, Carl Petersen, MD
- **HAMVAMC**, Teresa Godoy, Maninder Singh, MD
- **NAMI Coastal Virginia**, Jen Williams
- **Sentara**, Khairi Rahman, Paul Bennett, MSW, LCSW
- **The UpCenter**, Tina Gill
- **Virginia Department of Veteran Services**, Deidre Bryant

Housekeeping

- All sessions are being recorded
- In-person
 - Restrooms are immediately outside the lecture hall
 - Parking validations at registration desk
 - Encouraged to visit with community partner exhibitors
- Virtual
 - Participants will be muted to minimize background noise
 - Please submit questions using the Chat Function

EVMS Welcome Remarks

Alfred Abuhamad, MD

President, Provost, Dean

Eastern Virginia Medical School, Norfolk, VA

KEYNOTE #1

Transforming the Future of Mental Health to Mental Wellness: Changin' the Game

Kermit Crawford, PhD

Clinical Associate Professor Emeritus
Boston University School of Medicine

Mental Health to Mental Wellness: *Changin' the Game*

Emeritus Clinical Associate Professor

Department of Psychiatry

Boston University School of Medicine

KACrawfrd@bu.edu

**Rear Admiral
Dr. Grace Brewster Murray Hopper**

December 9, 1906 – January 1, 1992



“
The most dangerous phrase
in the language is ‘we’ve always
done it this way.’

- Grace Hopper



Forbes

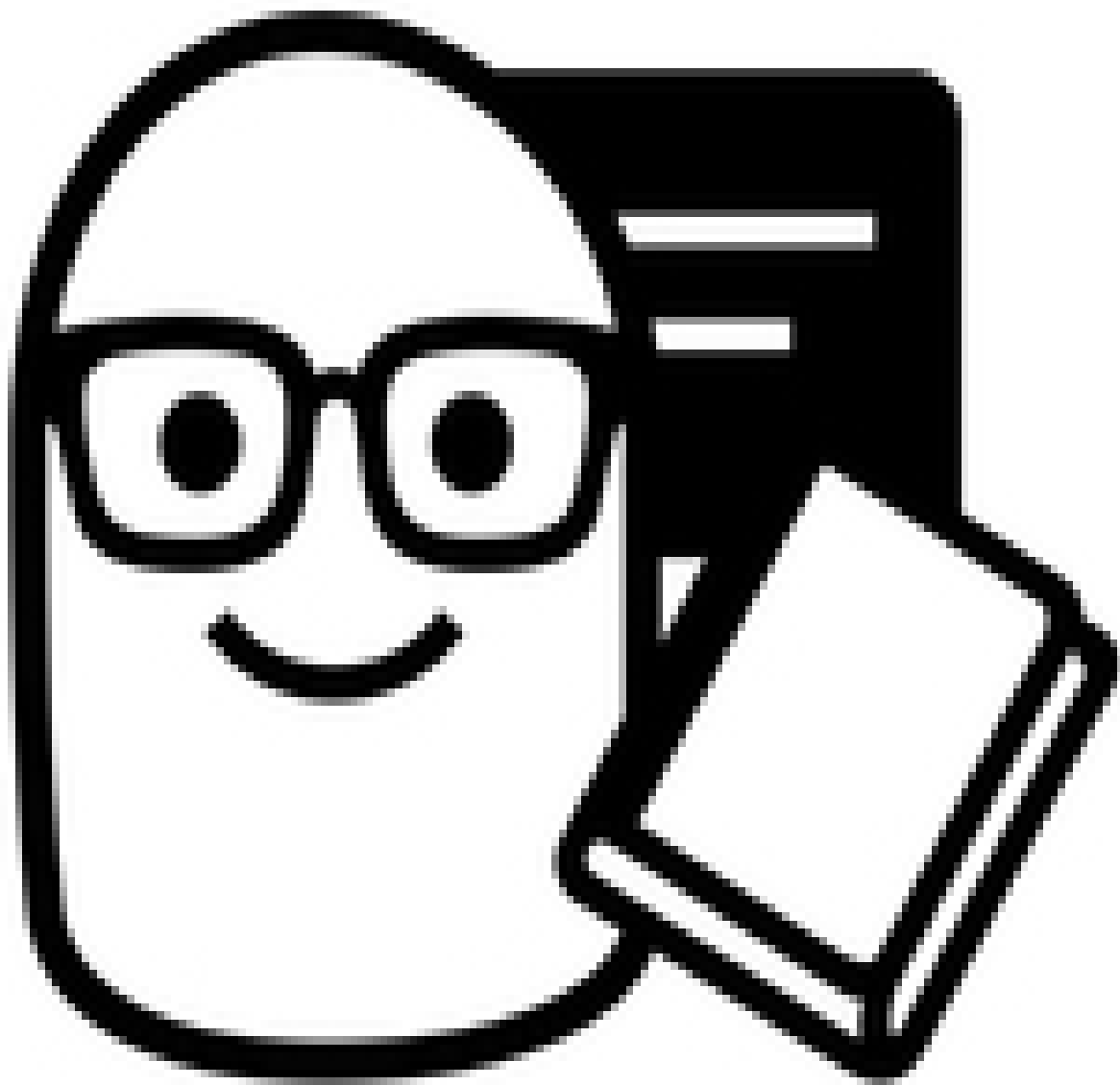
Los Angeles
Business
Council

Ben Zimmerman

Forbes Councils Member

Forbes Los Angeles Business Council

*“The Most Dangerous Phrase In Business:
We've Always Done It This Way”* Jan 28, 2019, 07:00am ET



Keepin' the Values and the Faith

*Evolution and/or Revolution
(Critical Need for Progress)*

Getting Past the "Bought-In"

"Crisistunity"

MENTAL HEALTH

“Mental health can be defined as the absence of mental disease or it can be defined as a state of being that also includes the biological, psychological or social factors which contribute to an individual’s mental state and ability to function within the environment.”

What is Mental Health?

“Our results suggest that any practical use of a definition of mental health will depend on the **epistemological and moral framework through which it was developed**, and that the mental and social domains may be differentially influenced than the physical domain...

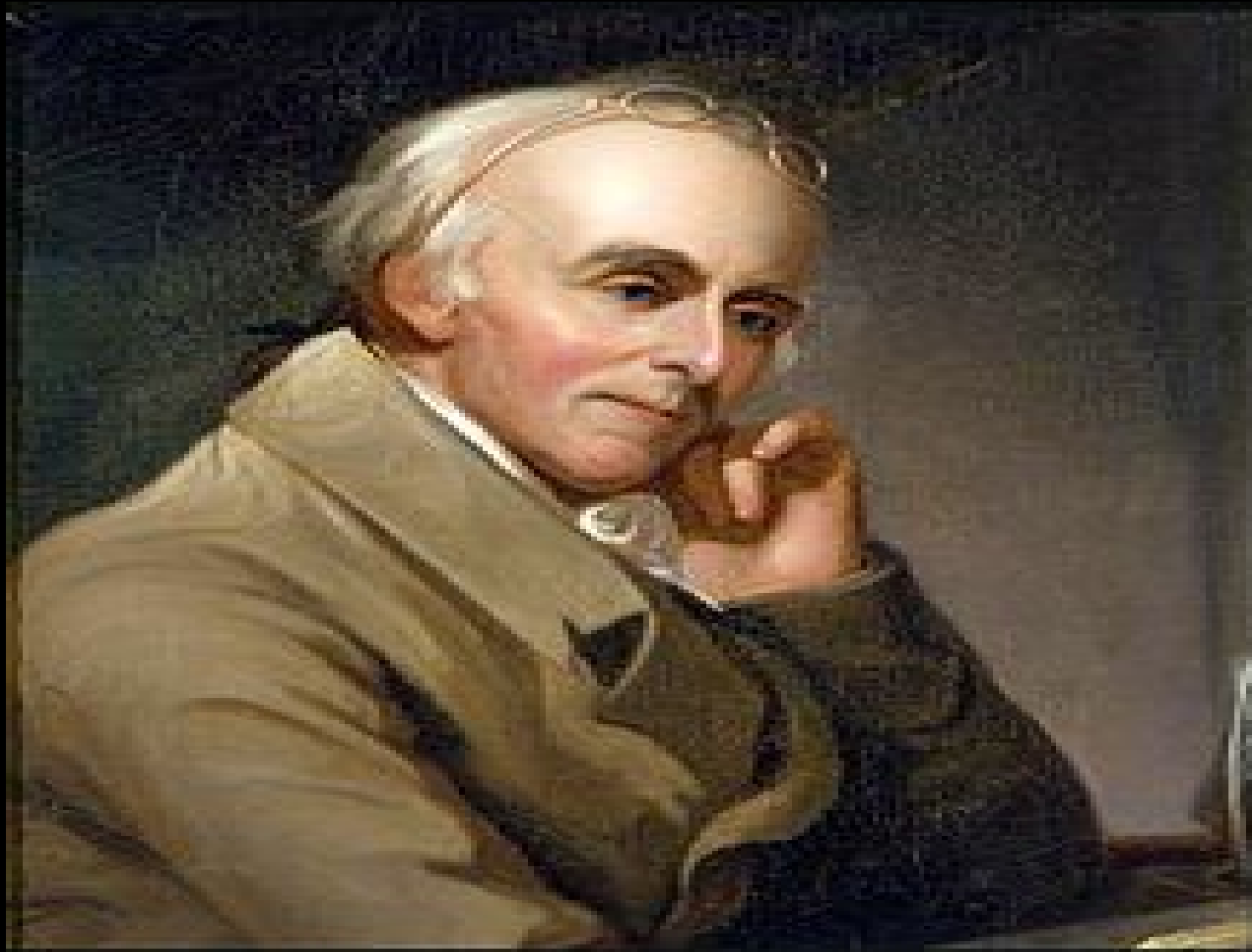
Understanding the history and evolution of the concept of mental health is essential to understanding the problems it was intended to solve, and what it may be used for in the future.”

Zeitgeist

“Spirit of the Times”

- Economics
- Political
- Cultural
- Technical
- Social
- Etiology/Epistemology



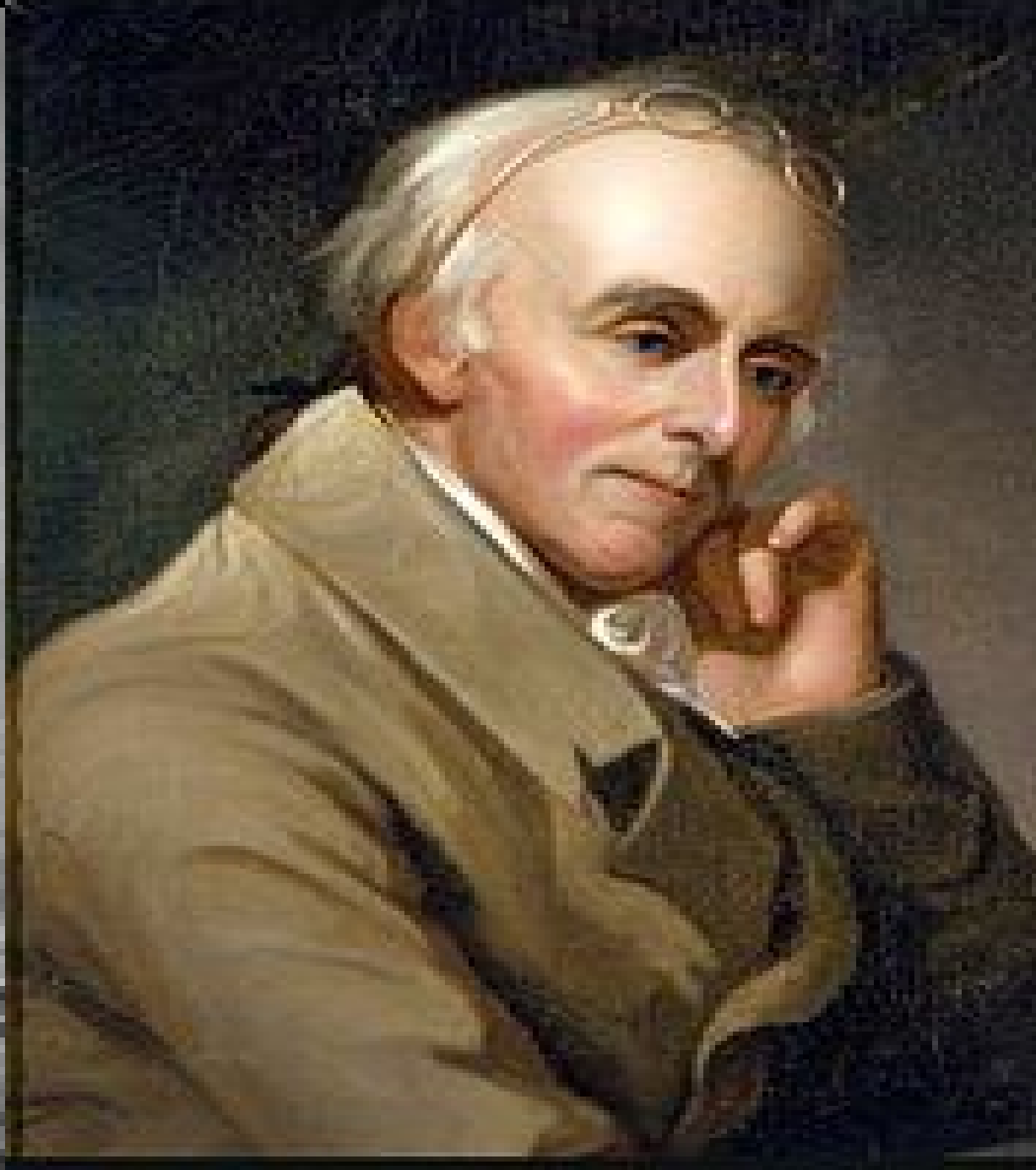


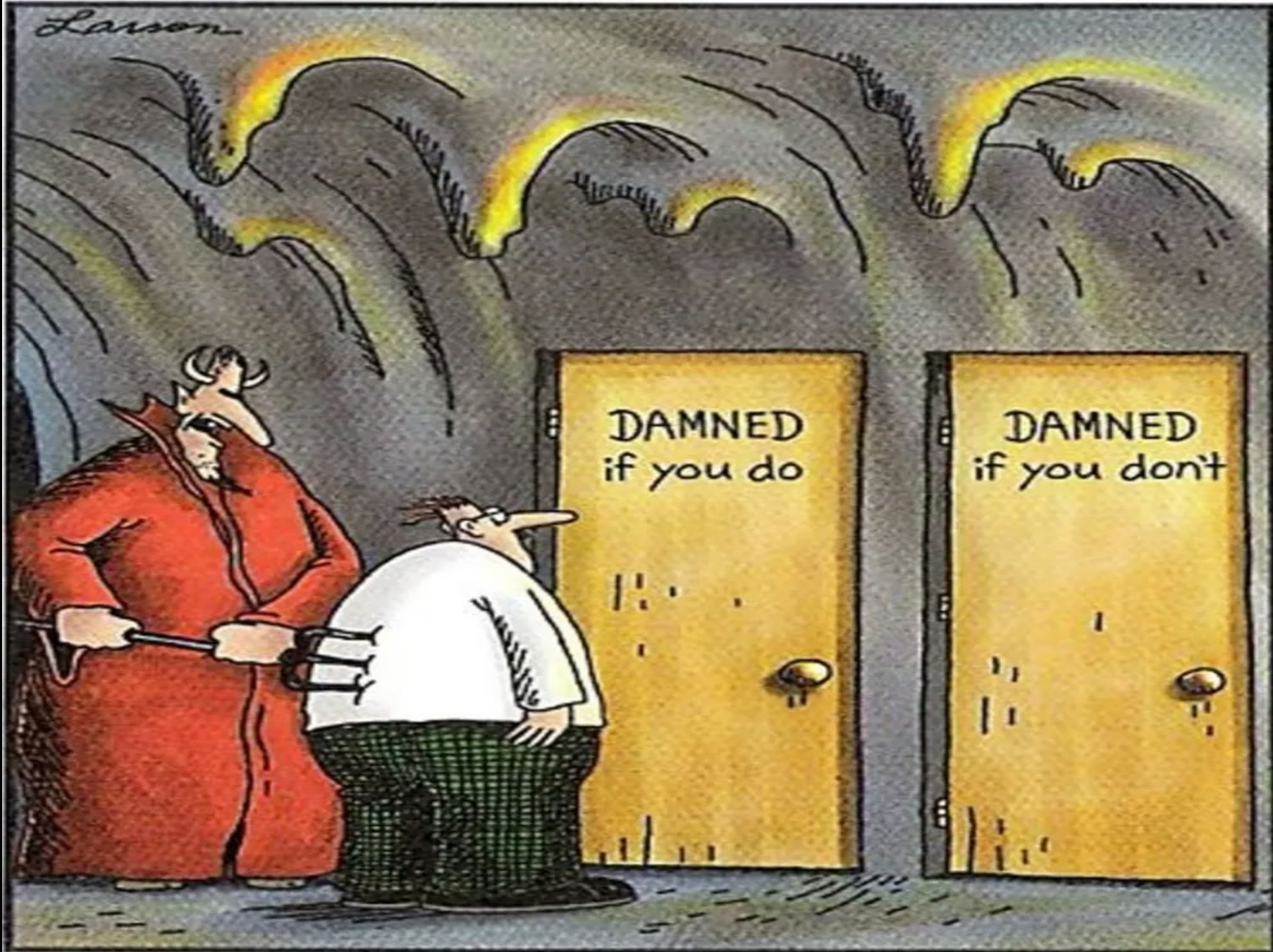
Benjamin Rush
1746-18146
Father of American Psychiatry

https://en.wikipedia.org/wiki/Benjamin_Rush



Benjamin Rush





“C’mon, c’mon—it’s either one or the other.”

MENTAL HEALTH

MENTAL WELLNESS

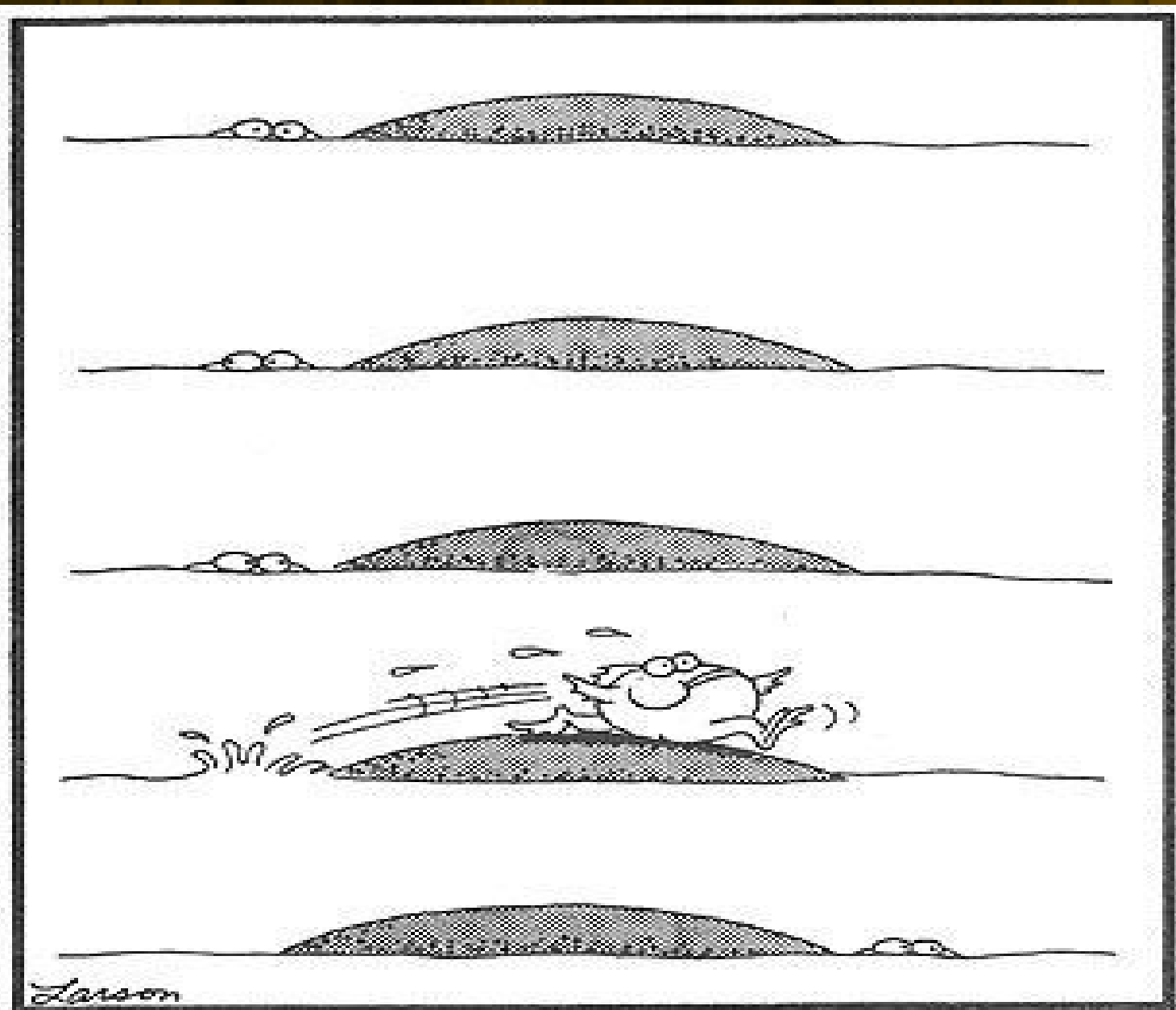
Definition from the WHO in 1950

“Mental hygiene refers to all the activities and techniques which encourage and maintain mental health. Mental health is a condition, subject to fluctuations due to biological and social factors, which enables the individual to achieve a satisfactory synthesis of his own potentially conflicting, instinctive drives; to form and maintain harmonious relations with others; and to participate in constructive changes in his social and physical environment.”

Bertolote, World Psychiatry, 2008

WHO Definition of “Mental Wellness”

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”

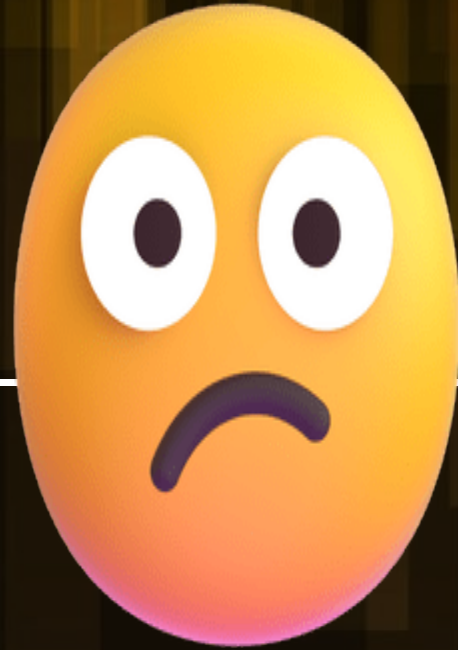


Another great moment in evolution

Prevalence of Mental Illness in US

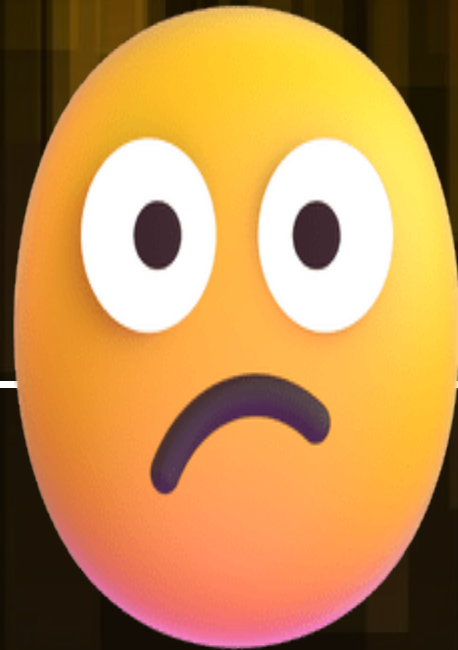
- **National Co-Morbidity Survey Series (1990-2005) 26-29% Lifetime**
- **National Comorbidity Survey Replication (NCS-R) estimated the incidence of mental illness for Americans aged 18 and older is 26.2%**
- **National Institutes of Health 22.8 %**
- **Johns Hopkins University (18 and older) 26%**
- **Mental Health America 2019-2020 21%**

Thomas Kuhn



Huey Lewis

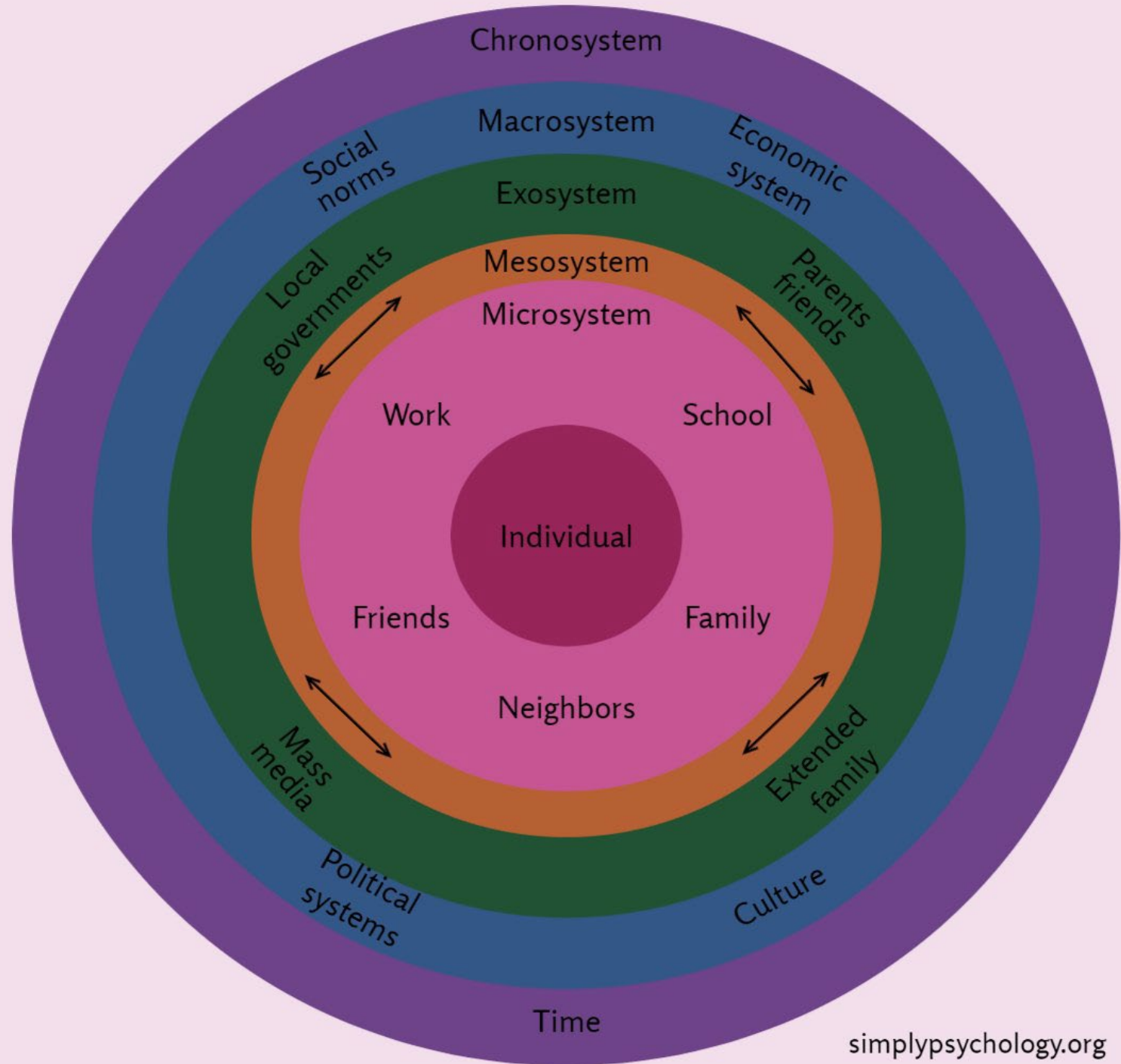
Thomas Kuhn

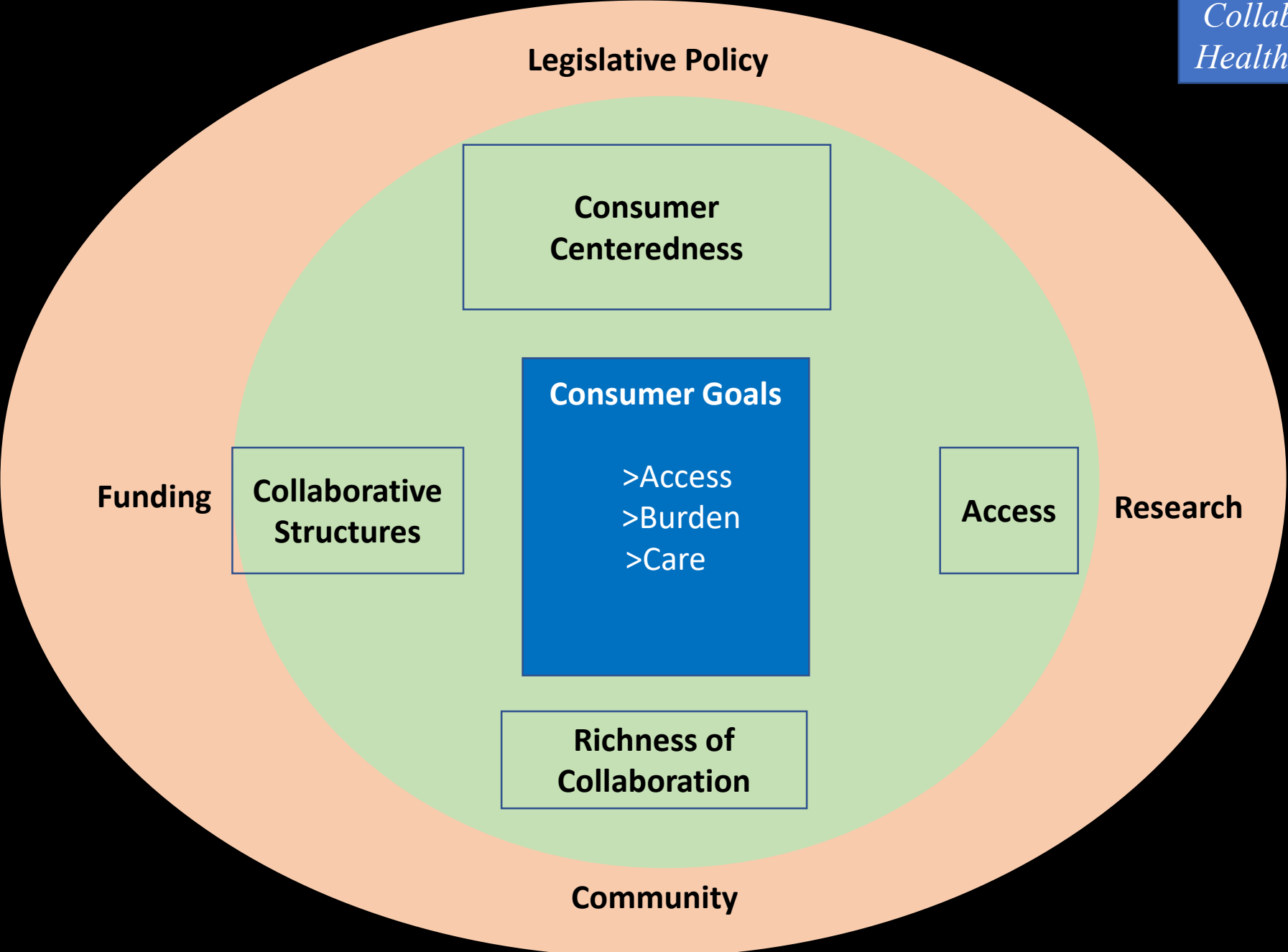


Huey Lewis

[R]evolutions

- **Humane**
- **Scientific**
- **Therapeutic/Deinstitutionalization**
- **Privitization/Healthcare Business**





Legislative Policy

Consumer Centeredness

Consumer Goals

- >Access
- >Burden
- >Care

Collaborative Structures

Access

Richness of Collaboration

Funding

Research

Community



Crisistunity *(from episode of the Simpsons)*

- Aligning partners, policies and practices toward a “new constituency” for mental health advocacy
- Stay committed
- Robust Integration of behavioral health with primary care/expand triage capability

Crisistunity *(cont'd)*

- Transparent and inclusive use technology tools
- Expand inclusive evidence-based research and continuum of care
- Rethinking workforce policies and practices to better meet real need (of providers and consumers)

**Social Transformation of American
Medicine, Paul Starr, 1984, page 1**

*“The dream of reason did not
take power into account.”*

AI (cont'd)

“Artificial intelligence (AI), sometimes known as machine intelligence, refers to the ability of computers to perform human-like feats of cognition including learning, problem-solving, perception, decision-making, and speech and language.”

<https://www.psychologytoday.com/us/basics/artificial-intelligence>

AI *(cont'd)*

Machine Learning: use of data and algorithms to replicate the way that humans learn.

Deep Learning or Intelligence: imitates the way humans acquire certain types of knowledge, mimicking the neural network,

Algorithm: instructions used for solving a problem or performing a specific or set of computations.

Chatbot: simulation of human language with humans

Data analytics: data analysis that uses machine learning to process large amounts of data to identify relationships, patterns and trends.

AI in BH Action

- **Virtual Therapy and Chatbots**
 - **Engagement in coping strategies**
- **Early detection and diagnosis**
 - **Analyze large amounts of data: patient records, behavioral data, genetic data, self report**
- **Screening and Assessment**
 - **Administer standardized instruments and use NLP technics: spoken and written responses**
- **Individualized Treatment Planning**
 - **Developing personalized treatment plans: individual characteristics, preferences, treatment history**

AI in BH Action *(cont'd)*

- **Predictive analytics and relapse prevention**
 - **Analyze data from a number of sources: wearable devices, cellphones, social media**
- **Natural Language Processing (NLP) in therapy**
 - **Transcription, analysis of therapy sessions, identity patterns, themes and sentiment**
- **Research and data analysis**
 - **Process large amounts of research on patterns not apparent to researchers**

Mental Health to Mental Wellness: *Changin' the Game*

Emeritus Clinical Associate Professor

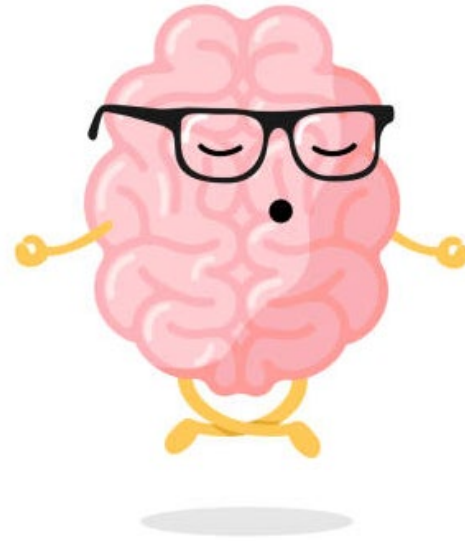
Department of Psychiatry

Boston University School of Medicine

KACrawfrd@bu.edu

Break/Transition

10 minutes



Next Up:

Panel Discussion with Regional Experts –
*Beyond the Office: Exploring the Role of Technology in
Mental Health Care Service Delivery*

Panel Discussion:

Beyond the Office: Exploring the Role of Technology in Mental Health Care Service Delivery

Panel Objectives:

1. Utilize innovative strategies for delivery of services addressing challenging mental health needs.
2. Examine the current role and future potential of technology-based care such as telehealth, phone apps and web-based treatment in increasing patient engagement.

Moderator:

Paul Bennett, MSW, LCSW, Team Lead PHP/IOP, Sentara

Panelists:

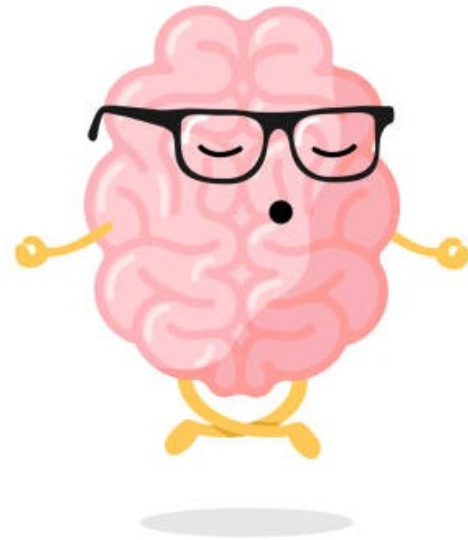
Cristina Bain, Ph.D. , Psychology Program Manager & Assistant Director, PCMHI, Hampton VAMC

Janette Mance-Khourey, Ph.D., LCP , Psychology Program Manager & Director, PCMHI, Hampton VAMC

Andreas Bienert, Ph.D., LPC, LSATP, CSAC, NCC, Chief Clinical Officer, Master Center

Break/Transition

10 minutes



Next Up:

Keynote #2

Fostering Inclusive Environments for Mental Wellness

KEYNOTE #2

Fostering Inclusive Environments for Mental Wellness

LaConda G. Fanning, PsyD, RN, LPC, LSATP

Director, GME Early Assessment and Mentoring Program

Assistant Professor, Department of Internal Medicine

Associate Director Britt Pre-Faculty Development Program

GME, Diversity, Equity and Inclusion Officer

Eastern Virginia Medical School



Fostering an Inclusive Environment for Mental Wellness Through the Lens of Diversity

EVMS
Eastern Virginia Medical School
Community focus. World impact.

LaConda Fanning, Psy.D.
Director of Early Assessment Mentorship, GME D&I Officer

Licensed Professional Counselor
Licensed Substance Treatment Practitioner
Registered Nurse



Dr. Fanning offers over 30 years of Nursing, Psychology, Counseling, and Education. Her wealth of expertise include critical incident stress debriefing, organizational assessment, professional coaching, cultural humility and health inequity .

Dr. Fanning serves Eastern Virginia Medical School's Graduate Medical Education (GME) Team as the Director of the Mentorship and Assessment program.

Dr. Fanning serves as the Diversity and Inclusion Officer for the Graduate Medical Education Office where she spearheads DEI Initiatives in collaboration with the Office of Diversity and Inclusion and Office of Health Equity.

1

Learners will be oriented to DEI core concepts vital to promote a wellbeing

2

Learners will identify their attitudes, opinions and perspectives on race, ethnicity.

3

Explore the influence of bias on decision making and the impact on overall wellbeing



Objectives



Point to Ponder

How can Diversity Equity and Inclusion influence or hinder your wellbeing ?

Take a look
at this
photo.

What do
YOU see?



The background features a complex design. On the left, there's a dark blue area with overlapping, semi-transparent geometric shapes in various shades of blue, creating a low-poly effect. On the right, there's a white area with a cluster of blue and purple splatters and circles of varying sizes, some with soft edges. A horizontal bar with a white top and a dark blue bottom is positioned across the middle. The title 'DEI Core Concepts' is centered in the white part of this bar. Below the bar, the subtitle 'Diversity, Implicit Bias, Equity, Equality, Inclusion & Wellbeing' is centered in the dark blue part. The bottom of the slide has a thin red line on the left and a thin blue line on the right.

DEI Core Concepts

Diversity, Implicit Bias, Equity, Equality, Inclusion & Wellbeing

D Everyone is invited
to the casting call

E Everyone has a chance
to sing

I Everyone has a voice





Implicit Bias

Attitudes Beliefs and Stereotypes
we have towards others

What factors influence implicit bias?



Building Trust and and Promoting Inclusivity



COMMUNICATION AND
COLLABORATION



RECOGNIZE AND ACCEPT
DIFFERENCES



EMBRACE CULTURAL
HUMILITY AND
INCLUSIVITY



ADVOCACY AND
ACCOUNTABILITY FOR
PROMOTING SAFETY

A human brain is shown in the center, held gently between two hands. The hands are positioned as if cradling or supporting the brain. The background is a solid teal color. The text 'Psychological Safety' is overlaid on the image in a white font on a black rectangular background.

Psychological Safety

Psychological safety is **the belief that you won't be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes.** At work, it's a shared expectation held by members of a team that teammates will not embarrass, reject, or punish them for sharing ideas, taking risks, or soliciting feedback.





Critical factor of Diversity Equity Inclusion

It is a Foundational Principle not a passive frame of reference!

Principle for Inclusive Leadership

Mitigating Factor for DEI Initiatives

Collaborative Partner to Trust and Communication

Collaborative Partner to Psychological Safety

There is a direct correlation between **communication**, **trust**, and **relationships**.

Communication + Trust = Relationships

*Key principle of courageous conversations



“Remember the social cultural context has a profound influence on the way people behave and you as the leader are responsible for that context”

Safety Disrupters

Disregarding and Dismissive (Words or Actions)

Devalues Safety !

This creates **Distance** that **Disconnects** Authenticity

Dismantling our ability to Connect, Communicate and Care





Diversity. Equity. Inclusion.

Why is terminology and language important? How does language and terminology impact your wellbeing?

Inclusion is.... A sense of belonging ; feeling respected, valued and seen for who we are as individuals.

Inclusion is a level of supportive energy and commitment from leaders, colleagues, and others so that we individually and collectively can do our BEST work.

Creating a climate of Inclusivity

Ways to increase climate inclusivity are as follows:

1. Create a safe environment where everyone feels their opinions are included, valued and respected even if others do not always agree
2. Establish an environment of accountability
3. Acknowledge that differences exist
4. Eliminate any bias and assumptions in assessment and evaluation processes
5. Implement student and parent/guardian surveys
6. Facilitate professional development training
7. Demonstrate positive inclusive behavior

Intentional Inclusion

Awareness- How often do you interact with people from diverse groups or backgrounds?

Expand the diversity of your network. There are many areas to consider age, gender, race, religion, sexual orientation, physical conditions, cultural background or country of origin, etc.)

Seek guidance on how to interact with others who are different from you if needed.

Make time to discuss cross-cultural issues when they arise.

Avoid making jokes that may offend an individual or a group.

Never make assumptions. If you have a question, ask respectfully and if necessary, privately.



EXAMPLES OF INCLUSIVE BEHAVIORS



Greetings

Greet others with genuineness, dignity and respect.



Sense of Safety

Create a sense of safety for your colleagues, staff and patients.



Success is Key!

Work for the common good and shared success.



Empowerment Requirement

You must be comfortable with empowering others to advocate for themselves if they have an alternative point of view.



Provide Support

Address misunderstandings and resolve disagreements.



Trust Matters

Do what you say you will do and honor confidentiality.

The Value of the Interdependent Relationship of Diversity, Equity, and Inclusion and Wellness

- Parts vs Holistic Framework
- Identify Barriers within Each System
- Language and Meaning are not synonymous
- Social Risk and Determinants of Health Cannot be ignored

Complexity of Moving from Inequality to Equity

Hinders Inclusive
culture and hinders
Physical, Emotional
and Psychological
Safety

Systematic Barriers

Social Support

Fragmented Systems

Lack of Resources

“If we don’t intentionally include, we unintentionally exclude. The power of diversity thrives in a culture of inclusion.”

Corey L. Jamison and Frederick A. Miller.

They are things. They get on the walls, they get in your wallpaper. They get in your rugs, your upholstery, and your clothes, and finally, into you.”

Maya Angelou



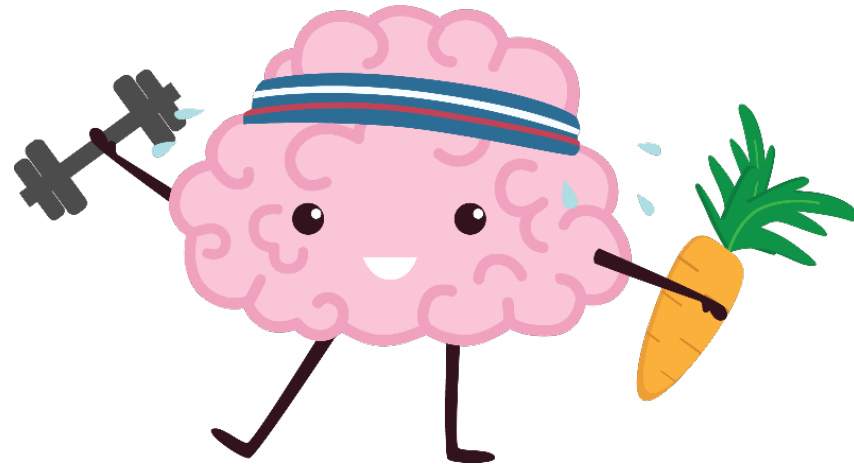
Thank You

LaConda Fanning, PsyD, RN, LPC,
LSATP

fanninglg@evms.edu



Lunch Break



Please enjoy lunch, available now in the lobby.
We will return at 12:30 for the next presentation:
State of Behavioral Health in the Commonwealth

State of Behavioral Health in The Commonwealth of Virginia

Nelson Smith, MBA

Commissioner

Virginia Department of Behavioral Health &
Developmental Services

Transforming the BHDS System

May 23, 2023

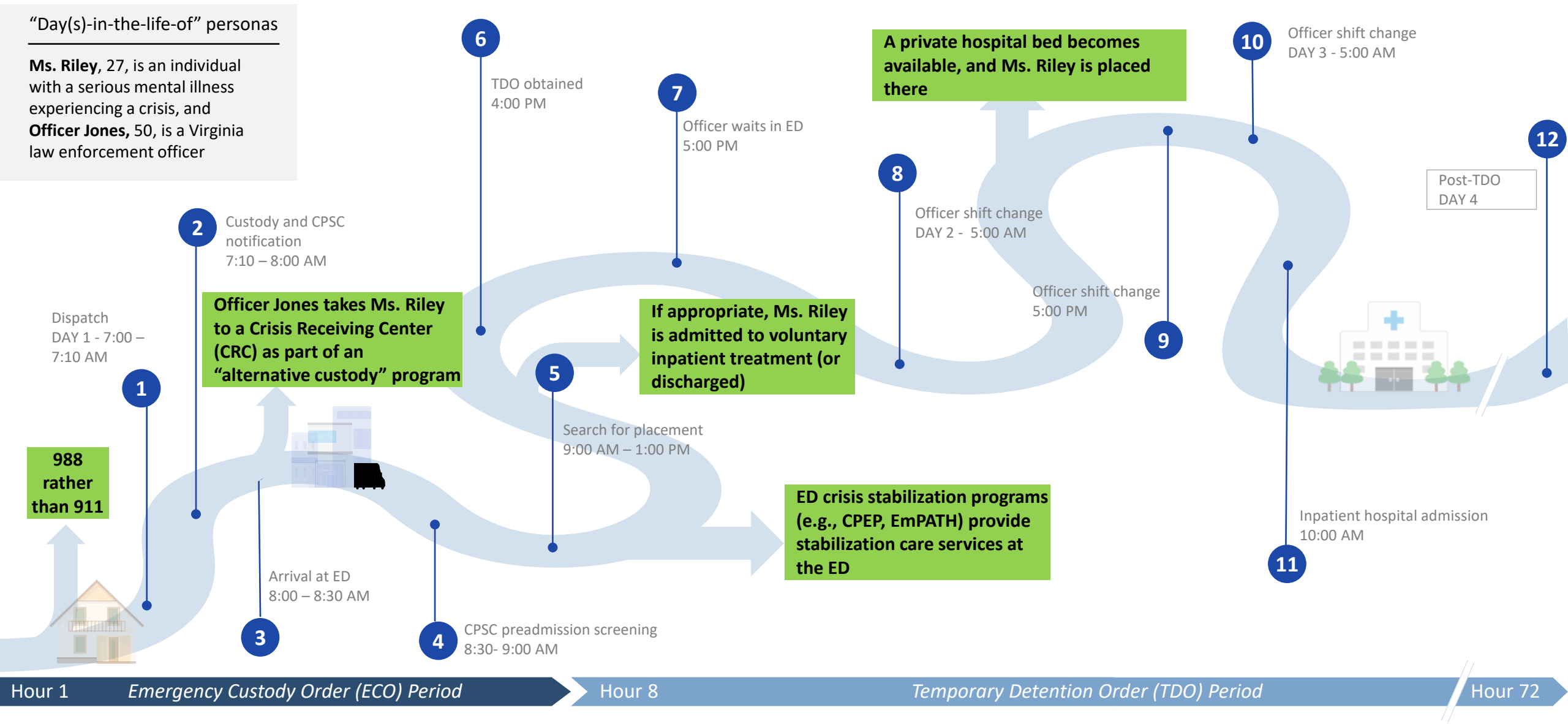
Nelson Smith
Commissioner

Virginia Department of Behavioral Health
and Developmental Services

Illustrative “Day(s)-in-life-of” journeys: Potential “off-ramps” could improve the experience of an individual in crisis

“Day(s)-in-the-life-of” personas

Ms. Riley, 27, is an individual with a serious mental illness experiencing a crisis, and **Officer Jones, 50**, is a Virginia law enforcement officer



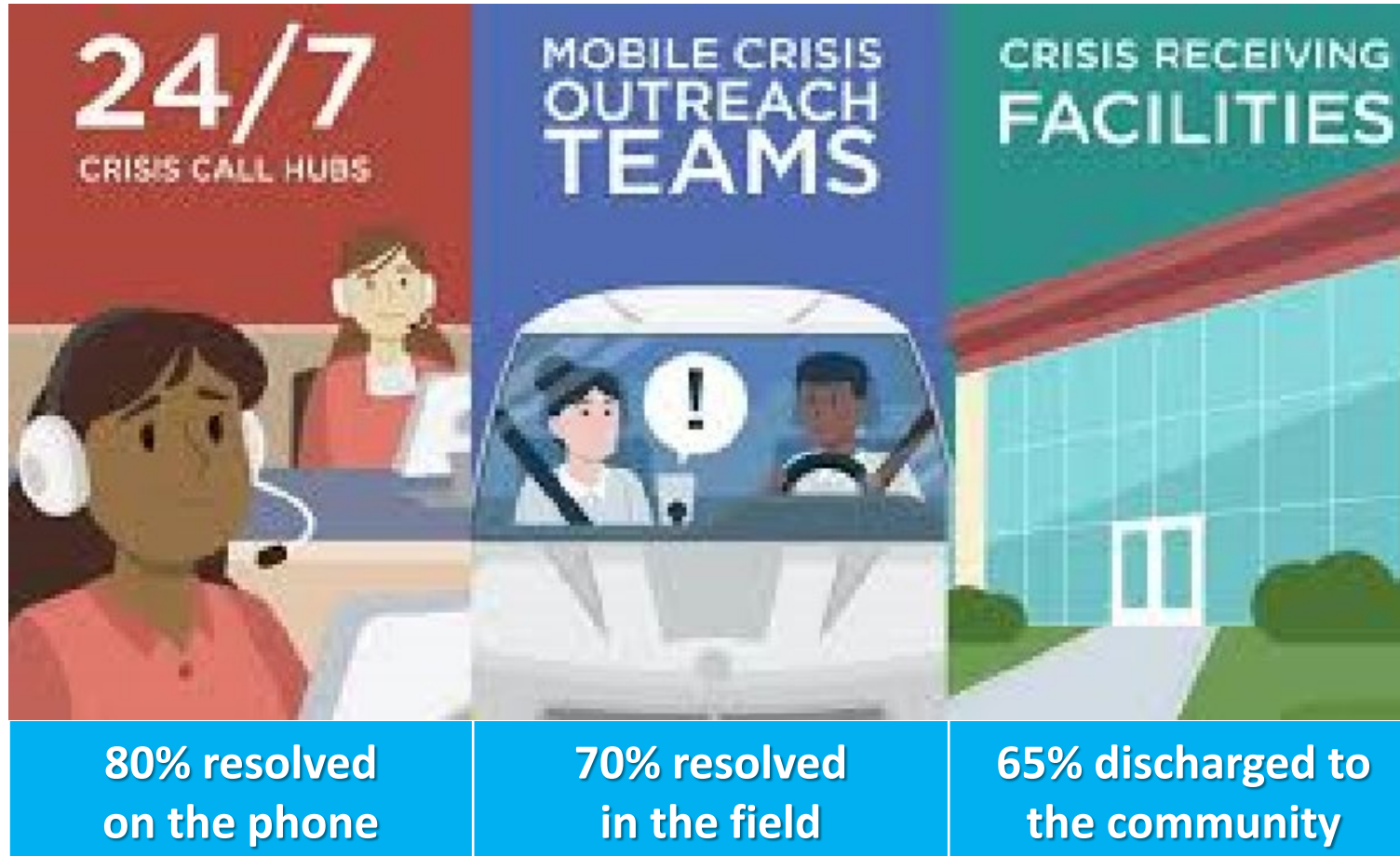
6 Pillars of the Right Help, Right Now Plan



1. Ensure same-day care for individuals experiencing behavioral health crises
2. Relieve law enforcement's burden and reduce the criminalization of mental health
3. Develop more capacity throughout the system, going beyond hospitals, especially community-based services
4. Provide targeted support for substance use disorder and efforts to prevent overdose
5. Make the behavioral health workforce a priority, particularly in underserved communities
6. Identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Crisis Transformation

With a full system build out, we should experience:



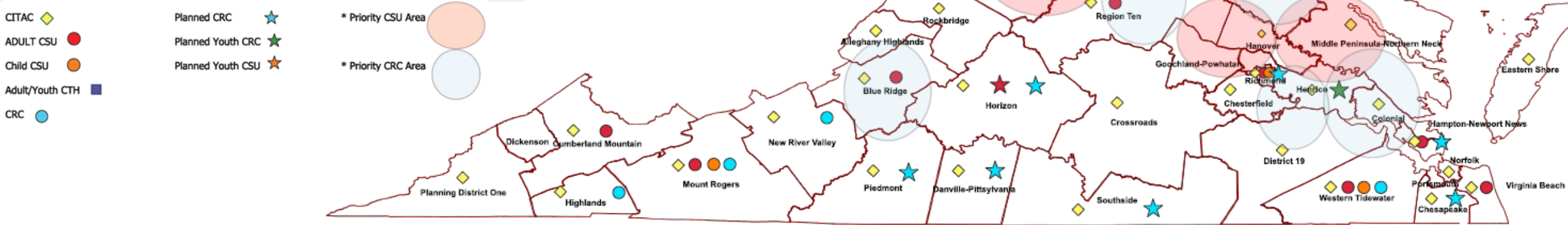
Crisis Sites in Development

- Southside CRC/CITAC
- Danville/Pittsylvania CRC/CITAC
- Piedmont CRC/CITAC
- Fairfax CRC/CSU
- Blue Ridge CRC/CSU
- Western Tidewater CRC/CSU
- Highlands CRC/CSU
- Prince William CRC/CSU
- Hampton Newport News CRC/CSU
- Horizon CRC/CSU
- New River Valley CRC/CSU
- Chesapeake CRC/CSU
- Arlington CRC/CITAC
- Northwestern CRC

Distribution of Projects

Existing and Planned Crisis Sites, Including Priority Areas

- Shaded areas noted as priority sites considering TDO rates per population and current access to services.
- DBHDS will evaluate new funding proposals based upon set criteria to equitably distribute funds for projects across the state, including consideration of priority sites.



Statewide	Current Sites Funded in Base	Funding FY 2023	Requested FY 2024 Funding
Crisis Stabilization Units (CSUs)	13	1	3
Youth CSUs	3	0	2
CSU Site Receiving Enhancements	0	0	15
Crisis Intervention Team Assessment Centers (CITAC)	37	0	0
Crisis Receiving Centers (CRCs)	12	6	9
Total	65	7	29

Same Day Crisis Care (Pillar 1)




Advance comprehensive crisis services – Continues expansion and modernization of the statewide crisis services system by investing in crisis receiving centers and crisis stabilization units. Funds 5 administrative positions to support the crisis system.

Provide one-time funds for mobile crisis units – Contract with community providers to establish mobile crisis units in underserved areas.

Pursue inpatient alternatives – Builds hospital-based psychiatric emergency alternatives and/or supplemental payment programs to redirect care to more appropriate settings.

Law Enforcement Relief (Pillar 2)

In FY 2022, there were 21,110 ECOs, 64,767 CSB crisis evaluations, and 21,099 TDOs



There are currently approximately 58 new ECOs, 177 new evaluations, and 58 new TDOs across Virginia every day

Support off-duty officer program

Contracts with law enforcement for off-duty officers to transport/maintain custody of someone awaiting admission to a mental health facility.

Allow flexible use of mental health pilot program funds

Amends currently earmarked language for alternative inpatient treatment options to allocate \$1.5 million for non-inpatient services for individuals at risk of discharge from a private inpatient setting into a state facility setting.

Capacity Building (Pillar 3)

Expand school-based mental health pilot – Expands pilot for licensed and non-licensed mental health professionals to work in schools through public or private partnerships to provide a variety of behavioral health services.

Expand housing opportunities for people with serious mental illness (SMI) – Supervised residential care for people with SMI.

Sustain waiver management system (WaMS) interoperability – Maintains and upgrades WaMS to ensure relevancy and efficiency, and to support interoperability with CSBs.

Support additional waiver slots with two additional positions – Two positions (service authorization and provider development) for 500 additional DD Medicaid waiver slots.

Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program – Grant application submitted to SAMHSA.



Waiver Slots (DMAS) (Pillar 3)

Add 500 developmental disability (DD) waiver slots – Increases the number of DD waiver slots on July 1, 2023 to 1,100 by adding 500 additional slots. This increases new 2024 slots as follows:

- Family and Individual Supports slots from 500 to 930
- Community Living slots from 100 to 170

Increase rates for personal care, respite, and companion services – Increases provider rates for agency and consumer-directed personal care, respite, and companion services by five percent effective July 1, 2023.

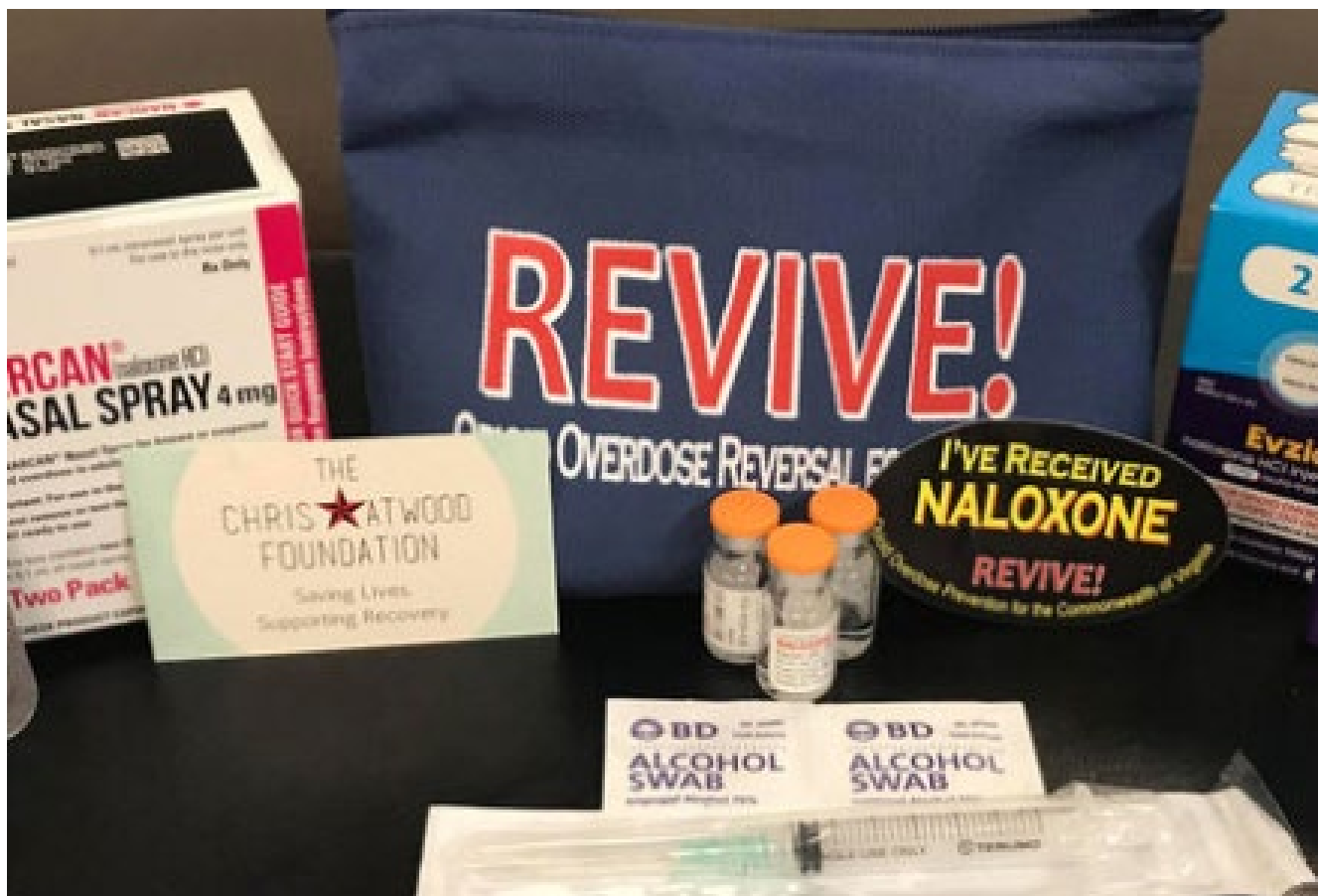
Currently enrolled on DD Waiver (12/30/22):

16,547 Individuals

Overall waiting list:
14,433

Priority 1 Projected to need services in one year	Priority 2 Expected to need services in 1-5 years	Priority 3 Expected to need services in 5+ years
3,199 Individuals	6,243 Individuals	4,991 Individuals

Support for Substance Use and Overdose Protection (Pillar 4)



Additional funding for naloxone

Increases the supply of naloxone available for distribution to community partners from amounts received in settlement of legal claims against opioid manufacturers and distributors.

Workforce (Pillar 5)

Food services and environmental services

Funds targeted salary increases to food services and environmental services employees at DBHDS state facilities to reduce turnover and vacancy among the lowest paid positions.



Right Help, Right Now and DBHDS

Governor's Right Help, Right Now Workstreams

**RIGHT HELP.
RIGHT NOW.**

Workstream 1 Ensure same-day care for those in BH crises

Workstream 2 Relieve law enforcement burden / reduce criminalization

Workstream 3 More capacity in community-based services

Workstream 4 Targeted support for substance use disorder & preventing overdose

Workstream 5 Prioritize BH workforce

Workstream 6 Identify innovations & close capacity gaps



Virginia Department of
Behavioral Health &
Developmental Services

DBHDS is implementing RHRN as well as modernizing its core systems and processes through three DBHDS-specific focus areas:

Domain 1 – Workforce

Develop a robust, strong, well-trained, and sustainable workforce

Domain 2 – Continuum of Care

Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities

Domain 3 – Modernization

Modernize systems and processes that leverage best practices to drive and sustain high-quality service outcomes

DBHDS Dashboard

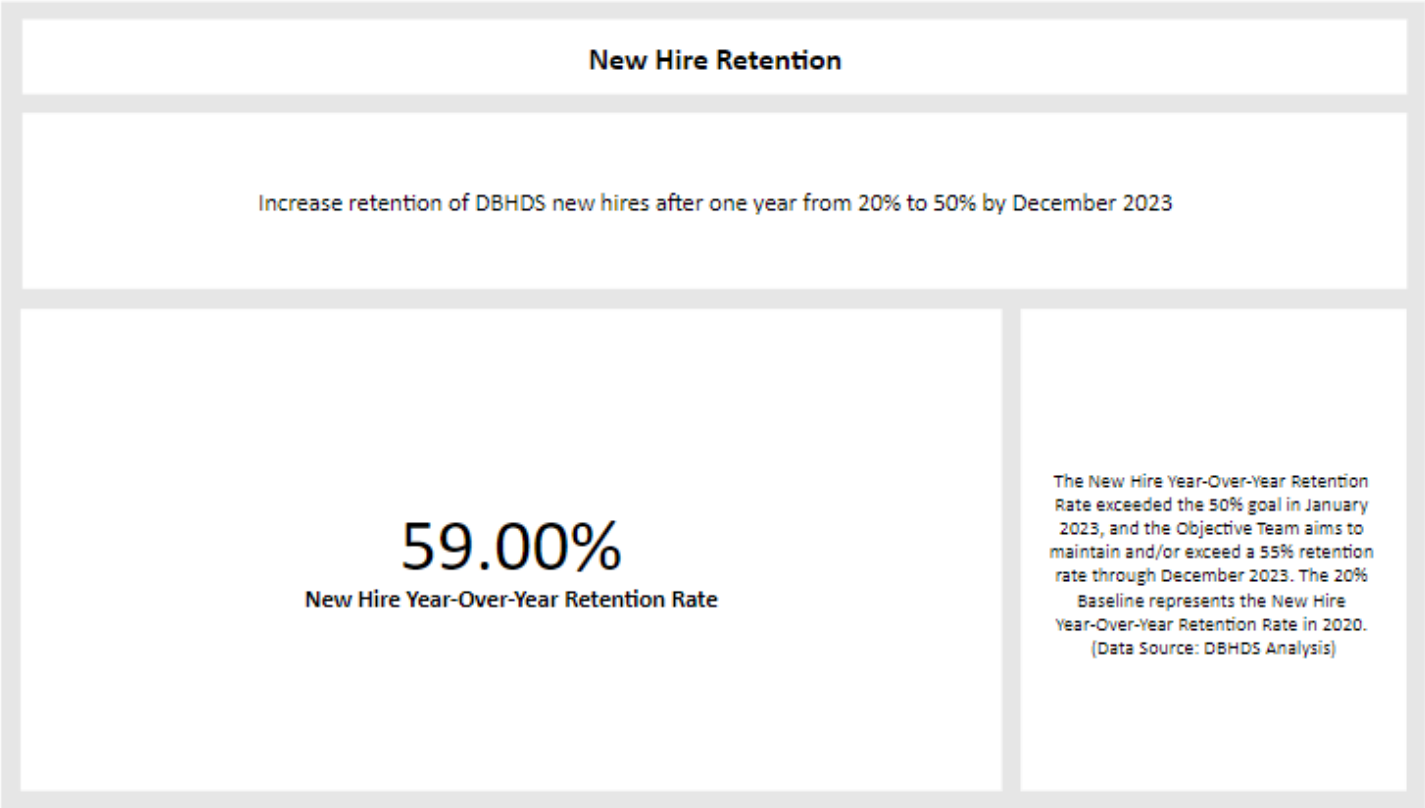
- Coordinates with the Right Help, Right Now plan
- Shows status of 9 goals and outcomes to advance workforce, continuum of care, and system modernization
- Located at:

Tracks progress as DBHDS furthers its mission to support individuals by promoting recovery, self-determination, and wellness in all aspects of life.

Goal 1: Workforce Recruitment and Retention

Key Results:

- New Hire Retention Rate
- Vacancy Rate of Prioritized Service Positions
- Access Public System Workforce Capacity
- Peer Recovery Specialists



dbhds.virginia.gov/about-dbhds/strategic-plans/

Tidewater Area Projects



Local projects are underway to improve the crisis continuum and psychiatric inpatient experience. Examples include:

- New CRC/CSUs
- CHKD pediatric mental health hospital
- Chesapeake Regional Hospital
- Riverside Regional Medical Center

Goal 2: Workforce Sustainability

Key Results:

Provider Administrative Burden

Licensure Process

Provider Administrative Burden

Align, de-conflict, and simplify licensure and human rights process to reduce administrative burden on providers by 20% by July 2024

Average Days on Waitlist



The average time on waitlist for priority providers was reduced from 1.5 years to 2.5 days following the implementation of the Priority Services Waitlist. (Data Source: DBHDS Analysis)

Goal 3: Prevention, Early Intervention & Youth Services

Key Results:

- Community Prevention & Response Capacity
- Virginia Mental Health Access Program (VMAP)
- Coordinated Specialty Care (CSC) Programs
- Coordinated Specialty Care (CSC) Service
- Part C Early Intervention Services
- Opioid-Related Deaths
- Lapses in Care for Transitioning Students with Disabilities
- Teen Substance Use

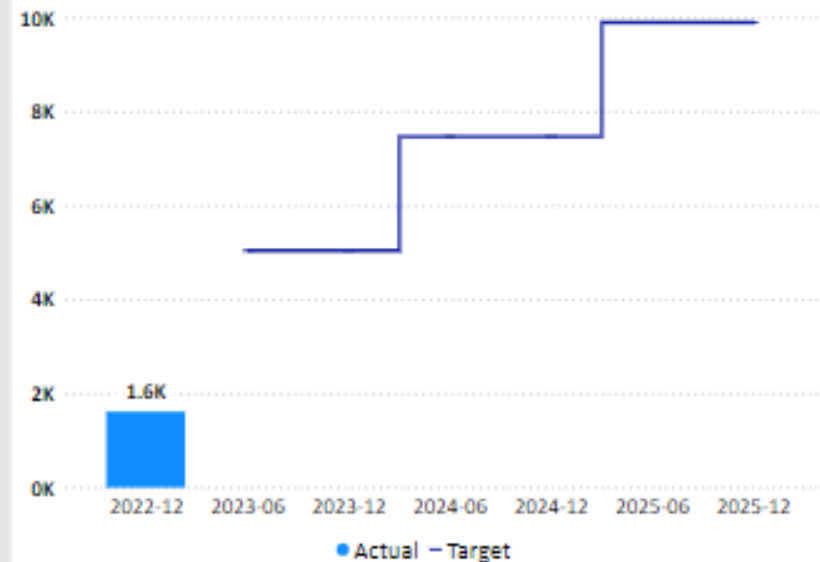
Community Prevention & Response Capacity

Increase community capacity to prevent and respond to substance use, adverse childhood events, and mental health challenges by 2025 through annual training (3,500 individuals in Mental Health First Aid, 3,600 individuals in Adverse Childhood Experiences (ACES), 1,500 individuals in Suicide Prevention)

Filter by Training

- Adverse Childhood Experiences (ACES)
- Mental Health First Aid (MHFA)
- Suicide Prevention (SP)

Trainings Completed



1,613
Trainings Completed to Date

As of December 2022, DBHDS and community partners have conducted 14,640 Adverse Childhood Experiences, Mental Health First Aid, and Suicide Prevention trainings to address mental health challenges. (Data Source: DBHDS Analysis, Community Service Boards)

Goal 4: Integrated Settings

Key Results:

Priority 1 Waiver Waitlist

DOJ Settlement Housing

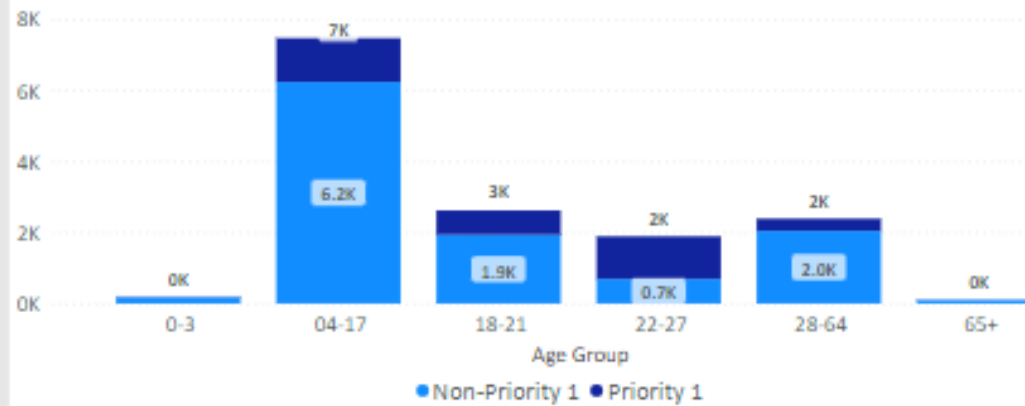
DOJ Settlement Agreement
Indicator Compliance

Developmental Disabilities
Waiver / Waitlist

Priority 1 Waiver Waitlist

Eliminate Priority 1 waiver waitlist by June 2024

DD Waiver Waitlist by Age Group



There are 14,666 individuals on the DD waiver waitlist; over 50% of the individuals on the DD waiver waitlist are ages 4-17. (Data Source: DBHDS Analysis)

14,666

Individuals on DD Waiver Waitlist

500

Additional DD Waiver Program Spots Coming Onboard July 1, 2023

Goal 5: Quality of Service Outcomes

Key Results:

Behavioral Health Quality Management System Metrics

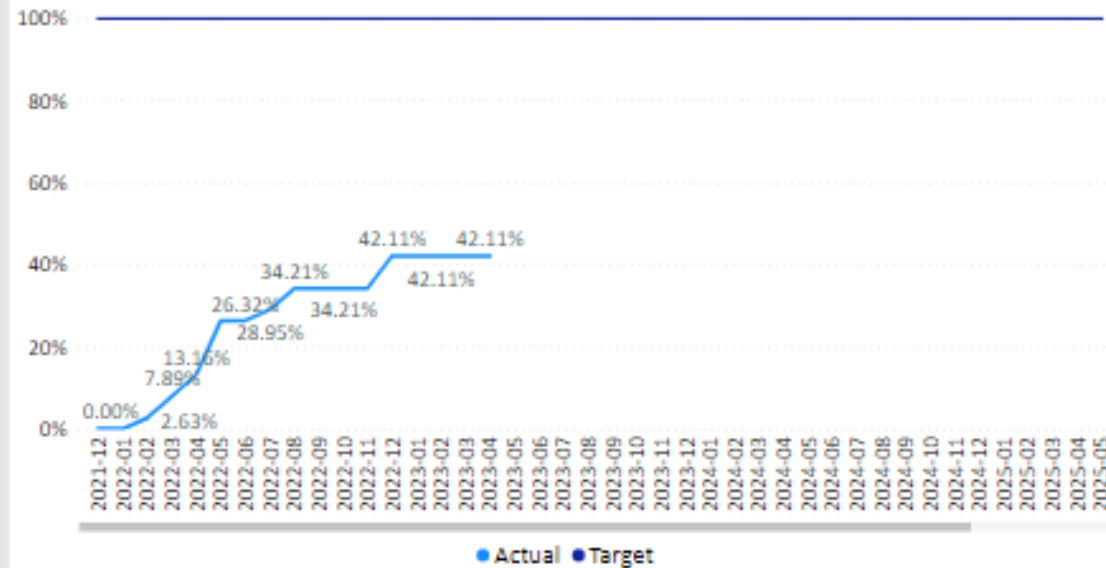
Developmental Disability QMS Annual Review

Assertive Community Treatment (ACT) Outcomes

Behavioral Health Quality Management System Metrics

By July 2023, the Behavioral Health Quality Management System (QMS) will establish 3 metrics related to health, safety, and wellbeing; integrated settings; and provider competency and capacity that quality committees will measure

Percent Complete



The 'Percent Complete' represents the progress made on the project plan associated with this Key Result. (Data Source: DBHDS Analysis)

Goal 6: Crisis Services

Key Results:

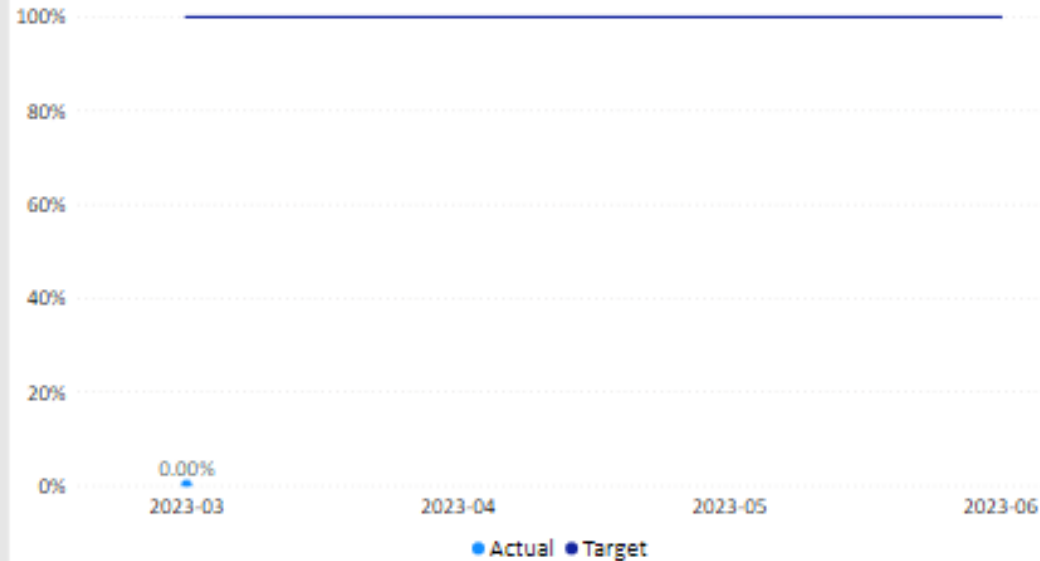
Crisis Services Infrastructure

Temporary Detention Order (TDO) Volume

Crisis Services Infrastructure

Assess current crisis infrastructure needs and develop a data-driven plan to expand complete access and funding for crisis services for all Virginia residents by June 2023

Percent Complete



The 'Percent Complete' represents the progress made on the project plan associated with this Key Result. (Data Source: DBHDS Analysis)

Goal 7: Services Administration

Key Results:

Structural Improvement

Process Improvement Plan

Customer Satisfaction Tool

Structural Improvement

Develop an implementation plan for structural changes to enhance the financing and delivery of Behavioral Health / Developmental Disabilities services, encompassing Community Service Boards (CSBs), Private Providers and State Facilities by August 2023

The following key milestones are being tracked for Virginia's adoption of the CCBHC model: (1) identification of the CCBHC model as the future behavioral health model for Virginia, (2) completion of a comprehensive needs assessment, (3) certification of CSBs, and (4) demonstration of CCBHC program model. (Data Source: DBHDS Analysis)

Goal 8: Facility Systems Modernization

Key Results:

Millennium EHR

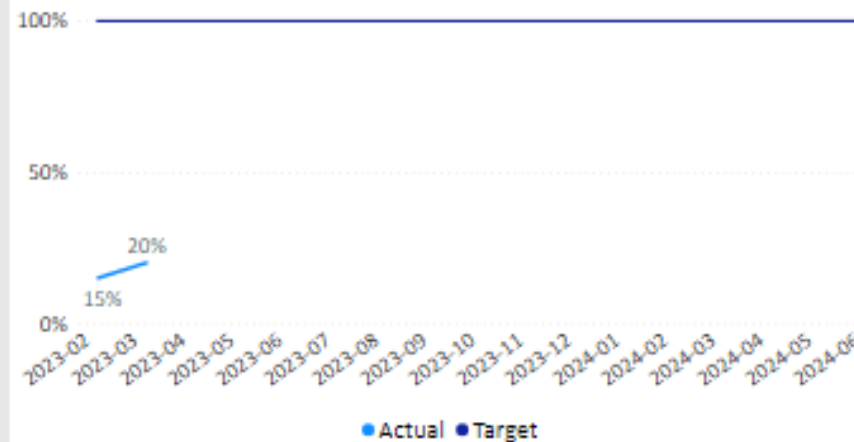
IT Enterprise Assessment

Facility Financials & Operations

Millennium Electronic Health Records (EHR)

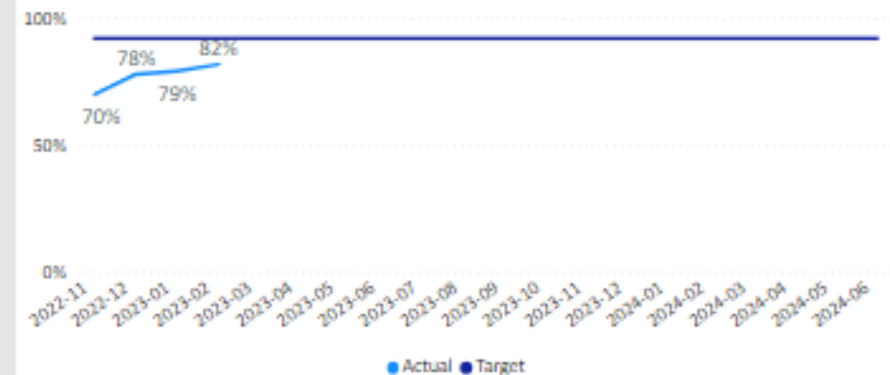
Improve overall state facility efficiency and effectiveness by: (1) automation of 25% of applicable Electronic Health Records (EHR) administrative manual processes, thereby improving direct care to patients, by June 30, 2024 (10% by March 31, 2024, 15% by June 30, 2024); (2) improve provider time and efficiency using the EHR system for all patient documentation as evidenced by a 92% Computerized Provider Order Entry (CPOE) rate by June 30, 2024; and (3) enhance clinical documentation within the EHR system to demonstrate a 95% authorization approval rate by June 30, 2024

Percent Complete



The 'Percent Complete' represents the progress made on the project plan associated with this Key Result. (Data Source: DBHDS Analysis)

Computerized Provider Order Entry (CPOE) Rate



DBHDS is tracking Computerized Provider Order Entry (CPOE) Rate as a metric to illustrate the adoption of Cerner across facilities to improve provider time and efficiency; the CPOE Rate is currently trending toward the 92% target. (Data Source: DBHDS Analysis)

Goal 9: Statewide Data Exchange

Key Results:

Data Governance

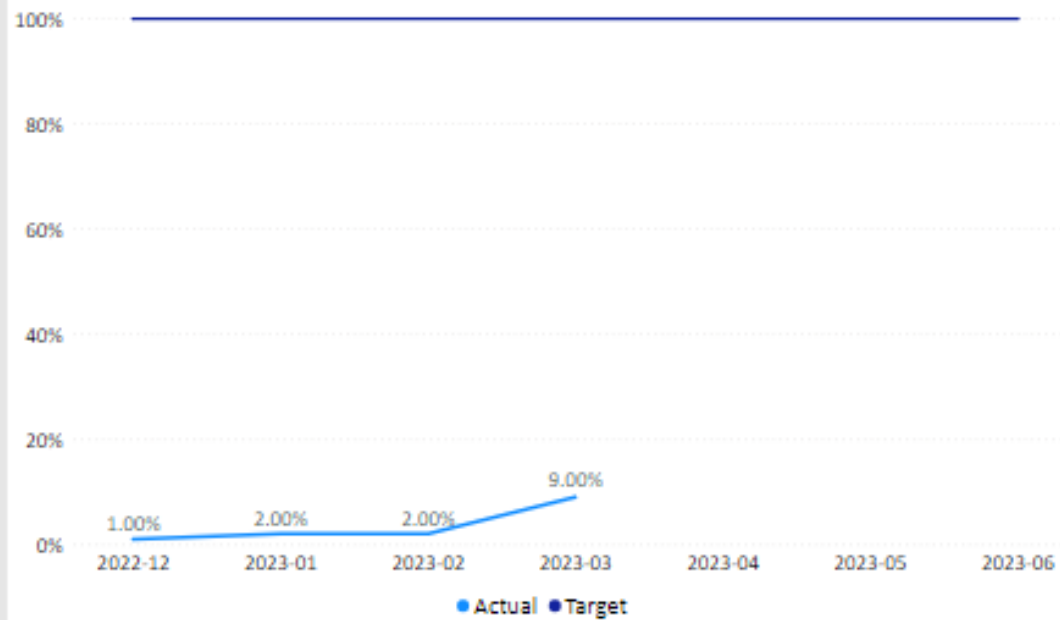
Data Warehouse

Data Exchange

Data Governance

Implement data governance policy, processes, and tools by June 2023

Percent Complete

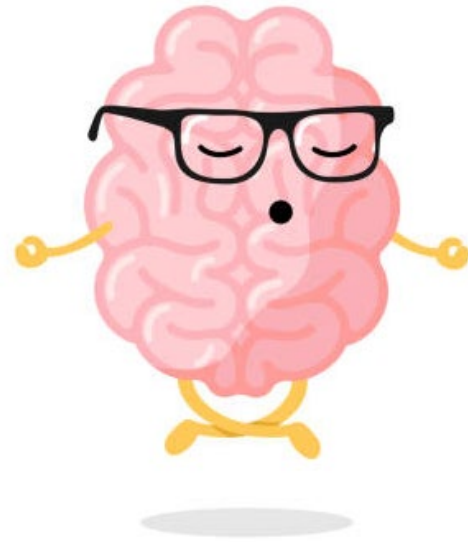


The 'Percent Complete' represents the progress made on the project plan associated with this Key Result. (Data Source: DBHDS Analysis)

dbhds.virginia.gov/about-dbhds/strategic-plans/

Break/Transition

5 minutes



Next Up:

Community Partner Highlights—
Steven A. Cohen Clinic, NAMI Coastal Virginia

Community Partner Highlights

Steven A. Cohen Military Family Clinic

Korrissa Lambert

Outreach Manager

NAMI Coastal Virginia

Colin Lowther

Secretary, Board of Directors

COHEN VETERANS
HEROIC MISSION
HONORABLE PATRIOTIC
DEDICATED RESPECT
DUTY ALWAYS
SERVICE COUNTRY
BRAVE SEMPER
READY DEFEND
COMMITMENT
COURAGEOUS
SELFLESS
INTEGRITY
VALIANT
NETWORK

the **UP** center
SINCE 1883

MISSION



The Steven A. Cohen
Military Family Clinic
at The Up Center



We are committed to partnering with children, families, and communities to improve lives and outcomes through prevention, intervention, and support services

The Steven A.
Military Fam
at The Up Cent



We seek to improve the quality-of-life for all post 9/11 veterans, including those from the National Guard, Reserves, Active duty and their families. Regardless of discharge status. CVN works to strengthen mental health outcomes and complement existing support.

WHO WE SERVE



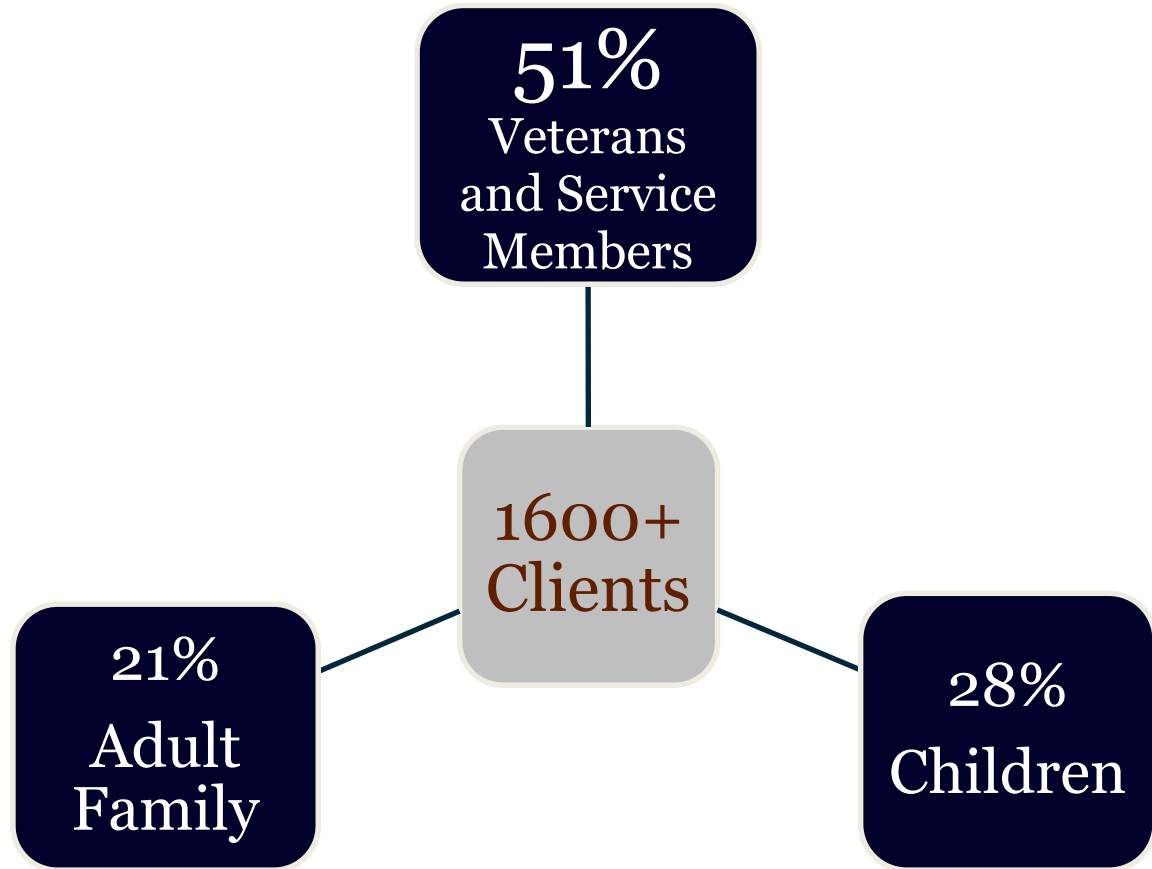
The Steven A. Cohen
Military Family Clinic
at The Up Center



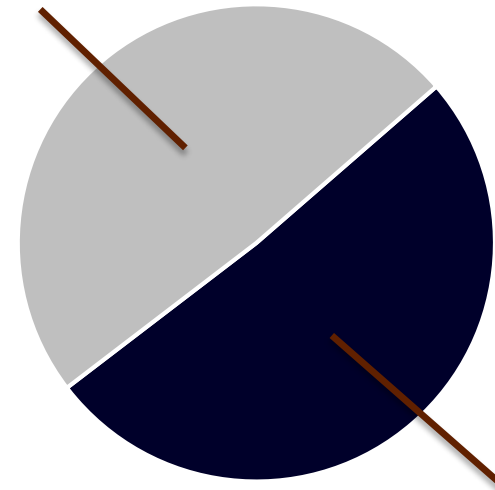
- All post 9/11 veterans regardless of discharge status and their families
- Those in need of short to medium term care
 - In person and telehealth
- Children
 - Therapist and play therapy room
- Couples therapy and family therapy
- Groups and workshops

HEROIC ★ HONORABLE ★ DEDICATED ★ DUTY ★ SERVICE ★ BRAVE ★ READY ★ COMMITMENT ★ COURAGEOUS ★ SELFLESS ★ INTEGRITY ★ VALIANT
MISSION ★ PATRIOTIC ★ RESPECT ★ ALWAYS ★ COUNTRY ★ SEMPER ★ DEFEND

CLIENT POPULATION



49%
FEMALE
VETERANS



51%
MALE
VETERANS

OUR SUCCESS

OF CLIENTS SURVEYED AFTER TREATMENT

95%

of clients who completed the post-discharge survey said they would refer a friend or family member (agreed or strongly agreed).

92%

of clients said that their needs were met.

96%

of clients were satisfied with the quality of services.

95%

of clients showed an improvement in overall functioning.

EVIDENCE BASED TREATMENT



The Steven A. Cohen
Military Family Clinic
at The Up Center

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Problem Solving Therapy
- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- EMDR: Eye Movement Desensitization and Reprocessing



HEROIC ★ HONORABLE ★ DEDICATED ★ DUTY ★ SERVICE ★ BRAVE ★ READY ★ COMMITMENT ★ COURAGEOUS ★ SELFLESS ★ INTEGRITY ★ VALIANT
MISSION ★ PATRIOTIC ★ RESPECT ★ ALWAYS ★ COUNTRY ★ SEMPER ★ DEFEND

OUR DIFFERENCE



The Steven A. Cohen
Military Family Clinic
at The Up Center

- Military connected clinicians/military culture training
- Morning and evening appointments
- Transportation to the clinic
- On-site childcare
- Telehealth or face-to-face therapy
- Ongoing support for employment, housing, finances, and education
- Integrated case management to coincide with therapy



HEROIC ★ HONORABLE ★ DEDICATED ★ DUTY ★ SERVICE ★ BRAVE ★ READY ★ COMMITMENT ★ COURAGEOUS ★ SELFLESS ★ INTEGRITY ★ VALIANT
MISSION ★ PATRIOTIC ★ RESPECT ★ ALWAYS ★ COUNTRY ★ SEMPER ★ DEFEND

INTAKE



The Steven A. Cohen
Military Family Clinic
at The Up Center

Call or email
cohenclinic@theupcenter.org
757-965-8686

Receive Screening Call
Paperwork via DocuSign

Initial Assessment with
Clinician
90 min BPSA
Can be in person or telahealth

CLINIC HOURS



The Steven A. Cohen
Military Family Clinic
at The Up Center

- Monday: **8a - 6p**
- Tuesday: **8a - 6p**
- Wednesday: **8a - 7p**
- Thursday: **8a - 7p**
- Friday: **8a - 1p**

757-965-8686

**828 Healthy Way
Virginia Beach, VA**

CONTACT



The Steven A. Cohen
Military Family Clinic
at The Up Center

Intake

757-965-8686

cohenclinic@theupcenter.org

Outreach

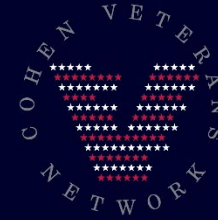
757-965-8627

korrissa.lambert@theupcenter.org

Lead Clinician

Jennifer.black@theupcenter.org

ADDITIONAL RESOURCES



The Steven A. Cohen
Military Family Clinic
at The Up Center



For Youth

- Foster Care & Adoption
- Team Up Mentoring
- Youth Counseling

For Families

- Family & Child Counseling
- Housing & Financial Counseling
- Mediation & Supervised Visitation
- Parent Education

For Mental Health

- Outpatient Counseling
- Community Based Counseling
- Substance Use

For People with Disabilities

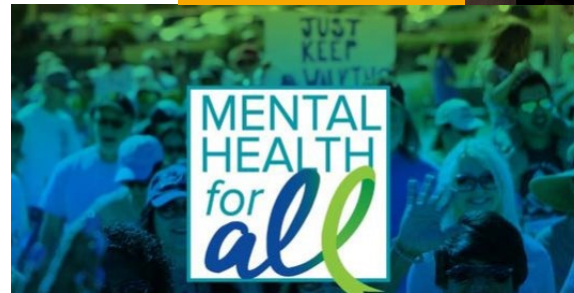
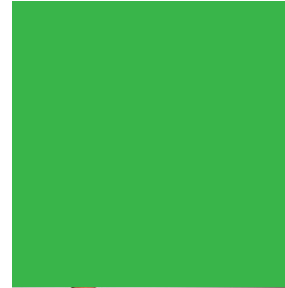
- Representative Payee Services
 - Including a Veteran Payee
- Sponsored Homes



NAMI

National Alliance on Mental Illness

Coastal Virginia



Myths about Mental Health

- Mental health problems are results of poor parenting, poverty or evil spirits
- People with mental health problems can snap out of it if they try hard enough
- People with mental health problems are violent and unpredictable
- Mental health conditions are a choice, and can be fixed with an attitude adjustment



The Truth:

- **50%** of all mental health disorders begin by 14 years old, and **75%** by age 24
- Nearly **60%** of adults and **50%** of youth in need of services were unable to receive treatment in the prior year
- Individuals with a mental health condition are **10x** more likely to be the victims of violence than commit violence
- Minority communities face especially challenging obstacles to treatment including more **stigma**, less access to treatment/insurance, poorer quality of care, cultural insensitivity and discrimination

1 in 5 Adults
experience mental illness
each year in the U.S.

1 in 6 Youth
aged 6-17 experience a mental
health disorder each year in the U.S.



Conduct Disorder

Attention deficit hyperactivity

ANXIETY disorder (ADHD)

DEPRESSIVE DISORDERS

OBSESSIVE

Schizophrenia

ADD

COMPULSIVE

ANXIETY

DISORDER

DISORDERS

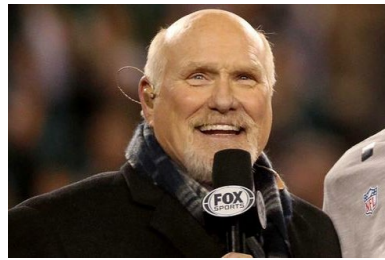
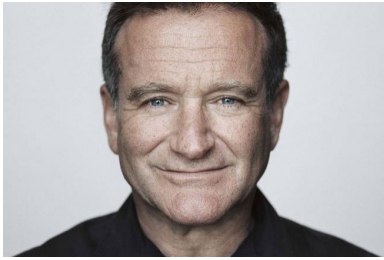
EATING DISORDERS

Disruptive Mood Dysregulation Disorder

DEPRESSION

Oppositional Defiant Disorder

Diagnoses can give us information, but it is important to see the person, not the label. Everyone's experience is unique and individual to them!





STIGMA

- Stigma harms the 1 in 5 Americans affected by mental health conditions.
- It shames them into silence and prevents them from seeking help
- People experiencing mental health conditions often face rejection, bullying and discrimination.
- Mental health conditions are the leading cause of disability across the United States.
- Even though most people can be successfully treated, less than half of the adults in the U.S. who need services and treatment get the help they need.
- The average delay between the onset of symptoms and intervention is 8-10 years.
- Suicide is the second leading cause of death of youth ages 15-24 and the tenth leading cause of death for all Americans

How do I know if this is a temporary situation, or a mental health condition?



Intensity

How severe
are the
symptoms?



Duration

How long do
symptoms last?



Distress

How much do symptoms
impair daily functioning?

The 10 Common Warning Signs

Feeling very sad or withdrawn for more than 2 weeks

Drastic changes in mood, behavior, personality or sleeping habits

Intense worries or fears that get in the way of daily activities

Sudden, overwhelming fear for no reason

Severe out-of-control, risk-taking behaviors

Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain

Seeing, hearing, or believing things that are not real

Repeatedly using drugs or alcohol

Extreme difficulty in concentrating or staying still

Seriously trying to harm or kill oneself or making plans to do so

Have a Conversation

Would you like me to go with you to a support group or a meeting? Do you need a ride to any of your appointments?

I really want to help, what can I do to help you right now?

"I've noticed that you haven't been acting like yourself lately. Is something going on?"

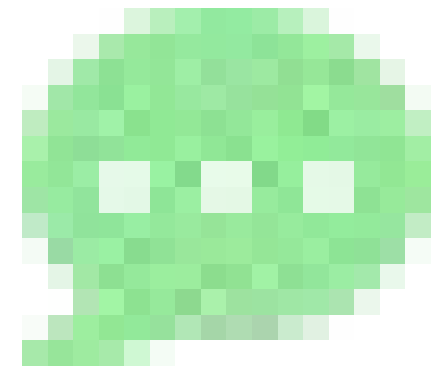


Open-Ended, Strength-Based Questions:

- Can you think of things you have done to help things go well?
- What stops things from working better for you?
- Tell me about what a good day looks like for you? What makes it a good day?
- What are the things in your life that help you keep strong?
- What do you value about yourself?
- You are resilient, what do you think helps you bounce back?
- How would you describe the strengths, skills & resources you have in your life?
- What could you ask others to do, that would help create a better picture for you?
- Can you think of one small manageable step that would improve _____ ?
- What resources such as community, people, aids, do you have now?
- Do you know of other resources that might be helpful for you?

It is okay to talk about suicide.

- Suicide is the 2nd leading cause of death among people aged 15-24 in the U.S., roughly 1 death every 40 seconds, and the 10th leading cause of death in the U.S.
- 90% of people who die by suicide had shown symptoms of a mental health condition, according to interviews with family, friends and medical professionals
- Lesbian, gay and bisexual youth are 4x more likely to attempt suicide than straight youth
- 78% of people who die by suicide are male
- Annual prevalence of serious thoughts of suicide, by U.S. demographic group:
 - 4.8% of all adults
 - 11.8% of young adults aged 18-25
 - 18.8% of high school students
 - 46.8% of lesbian, gay, and bisexual high school students



Signs someone may be considering suicide:

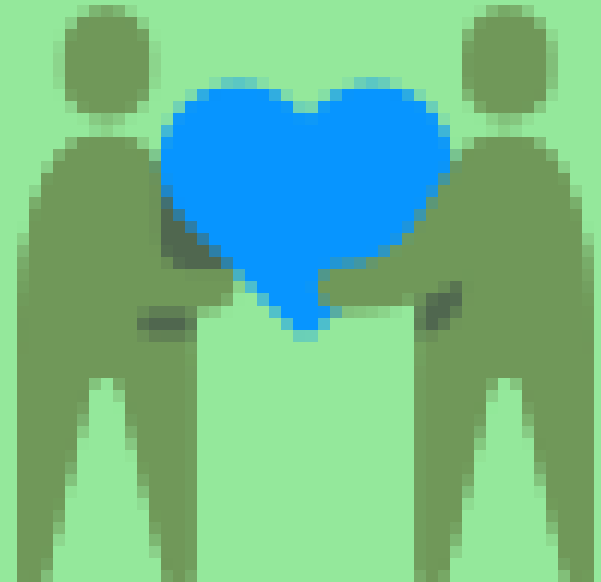
- Talking, writing, drawing about death; preoccupation with death
- Talking about having no reason to live, being a burden to others
 - Feeling hopeless, desperate or trapped
- Loss of interest in things they care about, giving away possessions
 - Anger, irritability, violence, reckless behavior
 - Looking for ways to attempt suicide

If you believe someone is considering suicide, action must be taken immediately. You do not have to do it alone.

- Ask the question "are you thinking about suicide?" Do not leave the individual alone
- Know the appropriate mental health contacts in your community
 - Call the Crisis Response number 988 or 757-656-7755
 - If it's necessary to call 911 always ask for a CIT (Crisis Intervention Team) Officer
- Share the process with the individual - let them know why you are concerned and what steps you will take together.

Individuals experiencing mental health conditions can live fulfilling lives with an individual treatment plan - including an active, caring support system!

- Early access to treatment
- Recovery looks different to everyone, and isn't always linear
- See the person, not the diagnosis
- Everyone has mental health!



What NAMI? Is



National Alliance on Mental Illness

A nonprofit, self-help, support and advocacy organization, founded in 1979 by family members of people living with mental illnesses, their families, and friends.

The nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

More than 650 local affiliates in 49 states who work in their communities by providing FREE support groups, FREE educational classes, FREE programs & advocacy.

We

Educate



We

Advocate



We

Support



In Our Coastal Community





NAMI

National Alliance on Mental Illness

Coastal Virginia

Education

- **NAMI Peer-to-Peer**

Free 8-Session educational program for adults with mental illness who are looking to better understand their condition and journey toward recovery

- **NAMI In Our Own Voice**

People with mental health conditions share powerful personal stories in this engaging presentation, changing attitudes, assumptions, & stereotypes by describing the reality of living with mental illness.

Support Groups

- **NAMI Connections**

Recovery Support Groups

Peer-led support group for any adult who has experienced symptoms of a mental health condition

- **BIPOC Connections**

Peer-led support for people of color led by people of color.

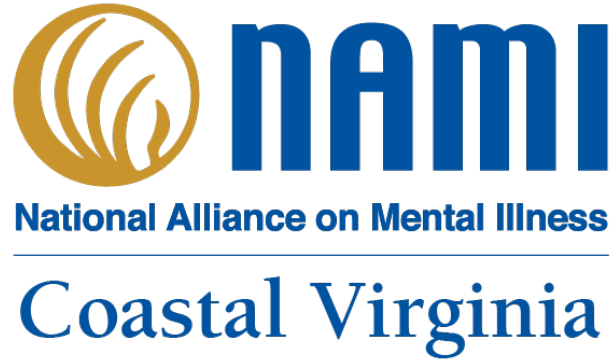
Resource

- **Resource Cards**

Printable & already printed cards available with local and national resources to promote mental and physical wellness

- **Crisis Intervention**

988 Local & National Crisis Hotline. NAMI Helpline and guides on navigating a mental health crisis and how to interact with law enforcement



Resources for Friends & Families

Family-to-Family Class

Free 8-session educational program for family, significant others, and friends of people living with mental illness. Family-to-Family is taught by NAMI-trained family members who have been there, & includes presentations, discussion, and interactive exercises.

Virginia Family

VFN is Virginia's Statewide Family Network and voice for families. We work in partnership with our statewide affiliates, mission-aligned organizations and individual parents and youth to build this grassroots capacity.

Family Support Group

Free peer-led support group for family members, caregivers, and loved ones of individuals living with mental illness. Gain insight from the challenges and successes of others facing similar circumstances.

Children's Challenging Behaviors

A free 6-hour workshop for parents of children and youth with mental health needs. Identify behaviors, learn when and how to seek help, gain resources and support and more - taught by parents who have been on similar journeys.



National Alliance on Mental Illness

Coastal Virginia

Resources for

Conversation

- **NAMI Ending the Silence**

Free 50-minute presentation & discussion. The presentation's message of empathy and hope encourages students to actively care for themselves and their friends.

- **NAMI Say it Out Loud.**

This interactive experience gets teens talking about their mental health and helps to reduce stigma

Groups & Resource

- **Youth MOVE Virginia**
(Motivating Others through Voices of Experience) is a statewide network and platform for young people to share their story and inspire others.

- **Resource List**

Visit our website for a frequently updated list of local resources including scholarships.

Support

NAMI Virginia lists support groups for both teens, and their parents, that are available at NAMI affiliates throughout the state, some of which are by Zoom.

Visit www.namivirginia.org for the latest information.

NAMI Walks

YOUR WAY
Virginia

- Our largest and most successful mental health awareness fundraising event
- The walk provides an opportunity to engage our community and build better lives for individuals and families affected by mental health conditions
- In 2022, over \$50,000 raised . Create a team to help us help others!
- NAMI Coastal Virginia has been the #1 fundraising affiliate for the past 8 years



2022 Accomplishments

NAMI Family-to-Family

85 Family Members Assisted

NAMI Peer-to-Peer

Over 60 individuals living with mental illness participated

NAMI Connections &

Over 2,663 participants

Family Support Groups

Over 2,000 individuals reached

Advocacy & Awareness Programs

Over 400 requests for assistance

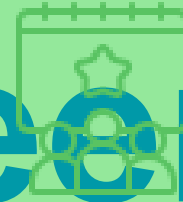
Join NAMI and



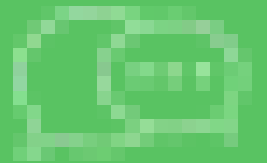
**Support
Group**



**Program
Leaders**



**Event Table
Representative**



**Community
Event**



**Facilitators
NAMI Walks**



**Office
Volunteers**



Fundraisin



**Speakers
Mental Health
Ministry**

Contact Us

Website www.namicoastalvirginia.org

Email contact@namicoastalvirginia.org

Phone 757-499-2041

Address 291 Independence Blvd., Suite 542
Virginia Beach ,VA 23462

Facebook @NamiCoastalVirginia

Instagram @NamiCoastalVA





If you or someone you know need help,
contact NAMI HelpLine

Mon. – Fri. from 10 a.m. – 10 p.m. ET

Call: 1-800-950-NAMI (6264)

Text: 62640

Email: helpline@nami.org

Chat: nami.org/help