



## **PROMISING PRACTICES**

### **Richmond City**

***Forget local or state funding....go for other possible funding options***

#### **Headlines—What your community did/services that were created:**

- Prioritized the provision of services to youth with serious emotional disorders
- Maximized the use of Medicaid revenue by building services around those targeted schools with the highest poverty levels, and creating programs built around Medicaid reimbursable services.
- Redirected CSB resources away from providing services that are readily available in the private sector (i.e. in-home), in order to minimize the amount of service duplication occurring in the community.

#### **Goals and Incentives; Leverage Points:**

- Largest number of children in local and state psychiatric facilities as well as in foster care
- No state or local money allocated for children's mental health

#### **Barriers:**

- Role confusion, especially related to the role of the CSB.
- Apathy to active resistance from CSB's across the state due to the fact that historically that system has been focused primarily on providing services to adults.

#### **Strategies for overcoming barriers:**

- The CSA structured network (FAPT, CPMT) has led to increased understanding of the various roles of the different community partners.
- Personal relationships
- Never saying "no"...always finding a way

#### **Strategies for Continuous Quality Improvement:**

- Use of outcome measures - EBP's whenever possible

#### **Funding:**

- Demonstration grant money from DMHMRSAS, CSA funding, and Medicaid reimbursement.

#### **Resources for more information:**



- Beth Rafferty, Director of Mental Health, RBHA; Elizabeth Graham, Richmond CSA Office; Anne Kisor, RDSS Director and Stephanie Garrison, Director of RCSU