

2026 Spring Conference and Annual Meeting

May 20-21, 2026

Hilton Oceanfront (3001 Atlantic Avenue, Virginia Beach, VA 23451)

Virginia’s behavioral health system isn’t just evolving – it’s being rebuilt in real time.

New leadership. Major Medicaid redesign. Rising pressure on crisis services.
Increasing operational and financial challenges for providers.

The pace of change isn’t slowing down, and the implications for
community-based providers are significant.

The VACBP 2026 Spring Conference and Annual Meeting is designed to help you navigate what’s happening now and prepare for what’s coming next. Over two days, you’ll hear directly from state leadership, dig into the details of system transformation, and engage in candid, solutions-focused conversations about what’s working, what’s not, and what needs to change.

This isn’t just about staying informed.

It’s about being part of the conversation shaping the future of behavioral health in Virginia.

AGENDA

WEDNESDAY, MAY 20, 2026

REGISTRATION AND CONTINENTAL BREAKFAST

8:30 a.m. – 9:00 a.m.

WELCOME/CONFERENCE KICK-OFF

9:00 a.m. – 9:15 a.m.

SESSION ONE

9:15 a.m. – 10:00 a.m.

LEADERSHIP AND VISION: AN INTRODUCTION TO VIRGINIA’S HHR SECRETARY

Be among the first to hear directly from Virginia’s new Secretary of Health and Human Resources, Marvin B. Figueroa, just four months into his role.

In this opening session, Secretary Figueroa will share his background, leadership approach, and early priorities for Virginia’s health and human services system. He’ll offer insight into his vision for strengthening access to care, improving outcomes, and advancing practical, results-driven solutions across the Commonwealth. Importantly, this conversation will also explore the critical role of private-sector, community-based providers—and how the state and providers can work together to build a more responsive, effective system.

This is a unique opportunity to hear firsthand how HHR leadership is thinking about the road ahead—and what it means for you and the communities you serve.

Learning objectives:

By the end of this session, participants will be able to:

- Describe the leadership approach and early priorities of Marvin B. Figueroa as they relate to Virginia’s health and human services system
- Identify key policy and system-level priorities shaping access to care, service delivery, and outcomes across the Commonwealth
- Understand how current and emerging state initiatives may impact community-based providers operationally and strategically
- Assess opportunities for alignment and collaboration between state agencies and private-sector, community-based providers
- Recognize the role providers can play in informing and supporting system improvements that enhance responsiveness, effectiveness, and outcomes

Social work principles:

This session will allow participants to:

- Integrate a systems perspective to understand the interaction between policy, service delivery, and client outcomes.
- Evaluate how trauma-informed and recovery-oriented approaches can be reflected in statewide policy and program design.
- Recognize ethical considerations in balancing access, quality, and resource allocation within publicly funded systems.



Presenter:

The Honorable Marvin B. Figueroa

*Virginia Secretary of Health and Human Resources
Commonwealth of Virginia*

Marvin B. Figueroa currently serves as Governor Spanberger’s Secretary of Health and Human Resources for the Commonwealth of Virginia. Across the private and public sectors, he has focused on expanding access to affordable care, strengthening programs that support families, and improving how government meets the needs of communities. His career has been guided by a core belief that policy should widen opportunity and give

people a fair shot.

Figueroa has held senior leadership roles across the federal government, advancing bipartisan efforts to improve health outcomes and modernize national policy. As a senior official at the U.S. Department of Health and Human Services, he worked closely with governors, state agencies, and local leaders to carry out national priorities and strengthen the delivery of essential services. During his time as Health Policy Advisor to U.S. Senator Mark Warner, he helped craft and pass the CHRONIC Care Act, landmark legislation that improved care for individuals with complex medical needs and strengthened Medicare’s ability to support people living with chronic conditions. He later served as a Chief of Staff in the U.S. Senate.

A longtime Virginian, Figueroa previously served as Deputy Secretary of Health and Human Resources under Governor Ralph Northam. In that role, he collaborated with agency leaders, health systems, and community partners to expand Medicaid, broaden behavioral health supports, strengthen social services, and improve public health operations. These efforts expanded the Commonwealth’s capacity to deliver services across both rural and urban communities and helped ensure programs were dependable and responsive to residents’ needs.

Figueroa shares Governor Spanberger’s commitment to practical, results-driven solutions that matter at the kitchen table. Throughout his career, he has worked across party lines to improve access to care, respond to

community challenges, and ensure government delivers meaningful progress. His approach to public service emphasizes listening first, building strong partnerships, and focusing on outcomes people can see and feel.

Figuroa is a graduate of the University of Virginia Sorensen Political Leaders Program and Lead Virginia.

Originally from La Ceiba, Honduras, and a POSSE Foundation Scholar, he earned degrees from Vanderbilt University and Harvard University.

BREAK

10:00 a.m. – 10:15 a.m.

SESSION TWO

10:15 a.m. – 11:45 a.m.

BEYOND THE CRISIS: DRIVERS, GAPS, AND SOLUTIONS FOR VIRGINIA'S BEHAVIORAL HEALTH SYSTEM

Behavioral health crisis services are under increasing strain, but the real conversation goes beyond the services themselves.

Join Curt Gleeson, Assistant Commissioner of Crisis Services at the Virginia Department of Behavioral Health and Developmental Services, for a candid discussion on what's driving behavioral health crises across Virginia, and how the system is responding.

This session will examine:

- The underlying factors contributing to rising behavioral health crises
- How Virginia's crisis continuum—Medicaid-funded and beyond—is functioning in practice
- Key challenges, gaps, and pressure points across the current system
- Strategies underway (and still needed) to strengthen prevention, response, and follow-up care
- The role community-based providers can and should play in preventing crises and supporting those experiencing one

Participants will also engage in small-group, solutions-focused discussions to share real-world challenges and identify practical strategies that can be applied across settings.

Finally, we'll tackle a critical question: *How do we define and measure success?* From preventing crises altogether to improving outcomes for those experiencing one, this session will explore what meaningful progress actually looks like and how we get there.

Learning objectives:

By the end of this session, participants will be able to:

- Identify key drivers contributing to the rise in behavioral health crises across Virginia, including systemic, clinical, and social factors
- Describe how Virginia's crisis continuum is designed to function, including both Medicaid-funded services and complementary community-based supports
- Analyze current gaps, pressure points, and challenges within the crisis system, including barriers to access, capacity limitations, and coordination issues
- Evaluate strategies and initiatives aimed at improving crisis prevention, response, and follow-up care across the continuum
- Assess the role of community-based providers in reducing crisis incidence, supporting stabilization, and improving long-term outcomes
- Apply insights from peer discussion to identify practical, real-world strategies that can be implemented within their own organizations or service settings

- Examine approaches to defining and measuring success in crisis services, including metrics related to prevention, diversion, access, and outcomes

Social work principles:

This session will allow participants to:

- Evaluate how current crisis systems align with social work values of dignity and worth of the person, service, and social justice.
- Apply person-in-environment and ecological frameworks to assess gaps in the crisis continuum and identify opportunities for intervention.
- Analyze the balance between individual needs and system constraints when designing and delivering crisis services.

Presenter:



J. Curt Gleeson, LPC

Assistant Commissioner, Crisis Services

Department of Behavioral Health and Developmental Services

Formerly a middle and high school teacher, Curt completed his Master of Education degree in Clinical Mental Health Counseling at Lynchburg College in 2012. He began his clinical career that year with Region Ten Community Services Board as a full-time prevention specialist and a part-time Certified Preadmission Screening Clinician and became a Licensed Professional Counselor in 2017. Finding his passion in crisis intervention, he ultimately became the Director of Emergency Services at Region Ten in 2016. While in that role he served as chair of the VACSB statewide Emergency Service Council and participated in numerous statewide policy and practice workgroups.

Curt believes in service and feels privileged to serve in this role to help change the paradigm of how we serve and care for each other in times of crisis.

LUNCH

12:00 p.m. – 1:00 p.m.

SESSION THREE

1:00 p.m. – 2:45 p.m.

**LEADERSHIP DISCUSSION AND LISTENING SESSION
WITH DBHDS COMMISSIONER AND DMAS DIRECTOR**

Join Steve Ford, Director of the Virginia Department of Medical Assistance Services, and Daryl Washington, Commissioner of the Virginia Department of Behavioral Health and Developmental Services, for a candid, first-of-its-kind conversation about the future of Virginia’s behavioral health system.

In this interactive session, both leaders will share their professional journeys, leadership perspectives, and early priorities as they guide two of the Commonwealth’s most critical agencies. Through a moderated discussion, we’ll explore how their visions align, and where they see the greatest opportunities to strengthen coordination, improve outcomes, and support providers across the continuum of care.

This session is designed to be as much about your voice as it is about theirs. It will conclude with a structured listening experience, where attendees will engage in small-group discussions to surface the realities on the ground – what’s working, what isn’t, and where the system has the greatest opportunity to improve. Participants will break into small groups where they will be encouraged to share candid perspectives on the challenges they’re facing, the pressures keeping them up at night, and the ideas and innovations they believe could move the system forward.

As new leaders shaping the direction of DMAS and DBHDS, Director Ford and Commissioner Washington will be making decisions with far-reaching implications for providers across Virginia. This session is a critical opportunity to ensure that private-sector provider perspectives are clearly heard – bringing forward the challenges you’re navigating every day, as well as the opportunities you see to strengthen and improve the system.

Learning objectives:

By the end of this session, participants will be able to:

- Describe the leadership priorities and early strategic direction of Steve Ford and Daryl Washington as they relate to Virginia’s behavioral health system.
- Identify key opportunities and challenges in aligning Medicaid, behavioral health services, and system-wide coordination across agencies.
- Assess how emerging policy and operational priorities may impact community-based providers, including service delivery, funding, and regulatory expectations.
- Analyze system-level barriers and gaps surfaced through peer discussion, including issues related to access, workforce, and administrative burden.
- Develop actionable strategies to effectively communicate provider challenges, priorities, and solutions to state leadership.
- Apply insights from facilitated small-group discussions to inform organizational or system-level improvements.
- Evaluate opportunities for collaboration between state agencies and private-sector providers to strengthen system performance and outcomes.

Social work principles:

This session will allow participants to:

- Analyze how power, policy, and system structures influence service access and outcomes for individuals with behavioral health needs.
- Apply social work advocacy skills to effectively represent provider and client perspectives in discussions with policymakers.
- Evaluate how system design aligns (or fails to align) with principles of equity, inclusion, and person-centered care.

Presenters:

Daryl Washington

Commissioner

Department of Behavioral Health and Developmental Services (DBHDS)



In January 2026, Daryl Washington was appointed by Governor Abigail Spanberger as Commissioner of the Virginia Department of Behavioral Health and Developmental Services (DBHDS). DBHDS is a state agency that operates 12 state hospitals and centers with over 6,500 employees and oversees a \$2 billion system that annually serves over 200,000 Virginians and families with behavioral health disorders and developmental disabilities.

Prior to joining DBHDS, Daryl served as Executive Director of the Fairfax-Falls Church Community Services Board (CSB), a role he was appointed to in 2018. In this role, he was responsible for overall operations at the CSB, which is the public behavioral healthcare and developmental disability services agency for the County of Fairfax and Cities of Fairfax and Falls Church. Prior to serving as the executive director, Daryl served as the Deputy Director of Clinical Operations for the CSB.

Daryl has 32 years of experience in the behavioral healthcare field and has been a Licensed Clinical Social Worker for the past 30 years. During Daryl’s professional career, he has also worked for Fairfax County Public Schools as a

school social worker and several private behavioral healthcare organizations. He has clinical training to provide services to youth, adolescents, adults and couples. Daryl served as a board member of the Virginia Opioid Abatement Authority, National Association of County Behavioral Health and Developmental Disability Directors, and Volunteer Fairfax.

Daryl holds a master's degree in social work from the University of North Carolina at Chapel Hill and a bachelor's in social work from North Carolina State University. Daryl is a native of Virginia and lives in the Centreville area with his wife and kids.

Steven Ford

Director

Department of Medical Assistance Services (DMAS)



Steve Ford serves as Director of the Virginia Department of Medical Assistance Services (DMAS), the agency responsible for administering Virginia's Medicaid program. He was appointed to this role in 2026 by Governor Abigail Spanberger to lead one of the Commonwealth's largest and most complex programs, which provides health coverage to nearly two million Virginians and manages tens of billions of dollars in annual spending.

Ford is widely regarded as a seasoned expert in Medicaid policy, financing, and operations, bringing decades of experience in Virginia health care policy. Prior to his appointment as Director, he held multiple senior leadership roles within DMAS, including Deputy Director and Division Director, where he worked on core aspects of the program such as reimbursement policy, eligibility, appeals, and budget development.

In addition to his public service, Ford has significant experience in the private and nonprofit sectors. He previously served as Senior Vice President for Policy and Reimbursement at the Virginia Health Care Association, where he focused on Medicaid and Medicare reimbursement methodologies, delivery system design, and regulatory policy affecting long-term care providers.

Throughout his career, Ford has been closely engaged with the Virginia General Assembly, state agencies, and federal partners, including the Centers for Medicare & Medicaid Services, on complex policy and financing issues. He is known for his analytical approach to Medicaid reimbursement and his deep understanding of the intersection of policy, operations, and fiscal management.

Ford is a graduate of the College of William & Mary, where he earned both his undergraduate degree in government and a Master of Public Policy.

BREAK

2:45 p.m. – 3:00 p.m.

SESSION FOUR

3:00 p.m. – 5:00 p.m.

**PREPARING FOR TRANSITION TO REDESIGNED MEDICAID SERVICES:
COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT FOR ADULTS**

Community Psychiatric Support and Treatment (CPST) for adults is coming, and it's not a simple swap. This new, multi-component service will require meaningful changes to how providers structure services, staff teams, and deliver care.

This session is designed to help you move from confusion to clarity. You'll break down what CPST actually looks like in practice, how it differs from current services, and what you need to do now to prepare for go-live.

Walk away with a clear understanding of:

- What CPST includes—and who is responsible for delivering each component
- How the clinical model applies to adults with serious mental illness
- Where your current service model may fall short—and how to fix it
- The key differences between current Medicaid requirements and what's coming next

If you're responsible for operations, clinical oversight, or implementation, this is a must-attend session to make sure you're ready.

Learning objectives:

By the end of this session, participants will be able to:

- Describe the structure, core components, and service requirements of Community Psychiatric Support and Treatment (CPST) for adults.
- Differentiate CPST from Mental Health Skill Building and Psychosocial Rehabilitation, including key changes in service delivery, staffing, and Medicaid requirements.
- Identify the roles and responsibilities of multidisciplinary team members within the CPST service model.
- Apply the CPST clinical model to common presentations of adults with serious mental illness (SMI).
- Assess gaps between current service models and CPST requirements within their own organizations.
- Develop an actionable plan to modify staffing, workflows, and service delivery approaches in preparation for CPST implementation.
- Evaluate operational, clinical, and compliance considerations necessary for successful transition to CPST.

Social work principles:

This session will allow participants to:

- Integrate evidence-informed and trauma-informed practices within the CPST model.
- Evaluate alignment of CPST with core social work values, including dignity and worth of the person, service, and social justice.
- Balance clinical best practices with regulatory and operational requirements in redesigned service delivery.

Presenters:

Michael A. Southam-Gerow, Ph.D.

Director

Center for Evidence-Based Partnerships in Virginia



Dr. Southam-Gerow is a professor of psychology at Virginia Commonwealth University (VCU) and the director of the Center for Evidence-based Partnerships in Virginia. His research focuses on the partnership-driven implementation of behavioral health treatments in community-based, publicly-funded settings. Dr. Southam-Gerow also studies emotion processes (e.g., emotion regulation) in children and adolescents and treatment fidelity. He is Associate Editor of the *Implementation Research and Practice*, the author of scores of scholarly papers, and is the author of *Practitioner's guide to emotion regulation in children and adolescents*, now available in paperback (translated into Dutch and Korean) and *Exposure therapy for children and adolescents*, both published by Guilford Press.

Lisa Jobe-Shields, Ph.D., L.C.P.

*Director, Behavioral Health Division
Virginia Department of Medical Assistance Services*



Lisa Jobe-Shields is the Behavioral Health Division Director for Virginia Department of Medical Assistance Services (DMAS). The Division of Behavioral Health oversees the programmatic aspects of behavioral health services in Virginia Medicaid, including substance use and mental health services. Prior to coming to DMAS, she served as Assistant Commissioner for Community Behavioral Health at Department of Behavioral Health and Developmental Services (DBHDS). Lisa adheres to the scientist-practitioner model and is a licensed clinical psychologist in Virginia. She is passionate about the coordination of child and adult behavioral health and social services to help vulnerable families thrive and learning about how complex systems can be designed, managed, and improved to achieve the outcomes that matter most to communities, families, and individuals. Outside of work, Lisa stays busy raising three sons (ages 15, 12, and 9), spending time outdoors, and reading.



Kari M. Savage, M.S.

*Director, Office of Child and Family Services
Department of Behavioral Health and Developmental Services (DBHDS)*

Kari Savage is the Director for the Office of Child and Family Services at the Department of Behavioral Health and Developmental Services (DBHDS) and has been working with children in the behavioral and mental health field for 24 years. Kari moved to Richmond in 2005 to pursue her undergraduate degree in Psychology and achieved a Master of Science (both from VCU) in Rehabilitation Counseling in 2009. Kari and her wife reside in the city of Richmond with their 4-year-old daughter.

Laura Reed, LCSW

*Behavioral Health Senior Program Advisor
Department of Medical Assistance Services*

Laura Reed is the Behavioral Health Senior Program Advisor in the Behavioral Health Division at the Virginia Department of Medical Assistance Services. Laura’s role within the Department is to lead the implementation of the Project BRAVO initiative and oversee all Mental Health policy development. Laura has more than 19 years’ experience in child and family clinical social work practice and program management. Laura holds a Bachelors of Sociology (BA) from the University of Virginia and a Masters of Social Work (MSW) degree from Virginia Commonwealth University. She has held her Virginia LCSW license since 2008.



RECEPTION AND CONFERENCE TRIVIA NIGHT

5:00 p.m. – 6:30 p.m.

Wrap up the first day of the VACBP Spring Conference and Annual Meeting with a fun and engaging networking reception. Enjoy light refreshments while connecting with fellow providers, policymakers, and partners in a relaxed setting. This year, we’re adding a twist: **Conference Trivia Night!** Test your knowledge, team up with colleagues, and compete for bragging rights (and prizes!) in a friendly game of trivia. It’s the perfect way to unwind, share some laughs, and continue the day’s conversations in a lively atmosphere. Strengthen relationships, build new connections, and don’t miss the chance to show off your trivia skills!

THURSDAY, MAY 21, 2026

CONTINENTAL BREAKFAST

8:30 a.m. – 9:00 a.m.

WELCOME

9:00 a.m.

SESSION FIVE

9:00 a.m. – 10:15 a.m.

LIABILITY, RISK, AND RESILIENCE:

NAVIGATING GROWING EXPOSURE IN COMMUNITY-BASED SERVICES

Liability insurance costs are rising—but insurance is only part of the story.

Community-based behavioral health, SUD, therapeutic foster care, and residential providers are facing a rapidly changing risk environment. Litigation trends, operational vulnerabilities, evolving expectations for supervision and documentation, and emerging policy proposals in Virginia are all contributing to increased exposure—and higher costs.

This session expands the conversation beyond insurance to examine the full landscape of provider liability. Through real-world scenarios and expert perspectives, panelists will explore how risk is developing, how it is impacting coverage and costs, and what providers can do to better protect their organizations.

Attendees will hear various perspectives on how liability is showing up across operations, legal risk, and the insurance market—and how these pieces are increasingly interconnected.

This session will cover:

- The drivers behind rising liability insurance costs and why the market is tightening.
- How broader liability exposure is increasing across provider types and service settings.
- Real-world cases: where organizations became vulnerable and what could have reduced risk.
- The connection between operational practices and insurance outcomes (what underwriters are actually looking for).
- Recent and emerging Virginia policy proposals that could increase provider liability and costs, and what they mean in practice.
- Practical risk mitigation strategies: hiring, supervision, documentation, communication, and incident response
- How rising liability and insurance pressures are affecting service delivery, access, and sustainability.
- Strategies for leadership teams to proactively manage risk, not just react to it.

Learning objectives:

By the end of this session, participants will be able to:

- Describe the key factors driving rising liability insurance costs and broader liability exposure for community-based providers
- Identify areas of heightened risk across different service types, including behavioral health, SUD, residential, and therapeutic foster care programs
- Analyze how operational practices (e.g., supervision, documentation, staffing) influence both liability risk and insurance outcomes
- Evaluate how recent or proposed policy changes in Virginia may increase provider vulnerability and financial exposure
- Interpret how liability trends are impacting insurance availability, pricing, and coverage considerations

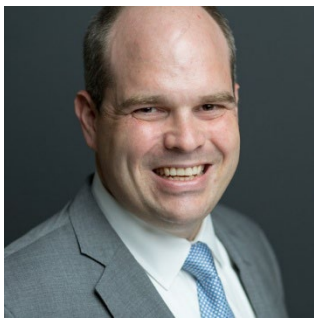
- Apply practical strategies to reduce liability risk and strengthen organizational safeguards
- Assess the impact of rising liability and insurance pressures on service delivery and organizational sustainability
- Develop actionable approaches to better align risk management, insurance strategy, and operational decision-making

Social work principles:

This session will allow participants to:

- Apply social work advocacy principles to respond to policy changes that may increase provider liability or limit access to services
- Evaluate how system-level pressures (e.g., insurance, litigation, regulation) influence ethical practice and service delivery
- Promote equitable and trauma-informed approaches while navigating risk, liability, and compliance requirements

Presenters:



Sherwood Bowditch

*Executive Producer/Agency Principal
Winters-Oliver Insurance Agency*

Sherwood Bowditch has 25 years of experience working with business in the human and social services to arrange their commercial insurance, risk management and loss prevention strategies. He and Ben Winters are partner at Winters Oliver Insurance Agency Inc. based in Richmond. Winters Oliver specializes in working with private sector behavioral health providers. With a client base across the Mid-Atlantic Winters Oliver has become a recognized specialist working with behavioral health community to

navigate a very difficult insurance market.

Sherwood is a graduate of Hampden-Sydney College with his BA in Economics and an MBA from the University of Richmond. When not working tirelessly for his clients he can be found with his wife hiking in the mountains or exploring the Chesapeake Bay.



Robert McCartney, MSW

*Chief Executive Officer
The Barry Robinson Center*

Robert E. McCartney, MSW, “Rob,” is the Chief Executive Officer for The James Barry-Robinson Institute, historically known as The Barry Robinson Center, a behavioral health system in Norfolk, Virginia. Rob has led the growth of The James Barry-Robinson Institute to be recognized internationally for the work that they provide military youth and their families. Under Mr. McCartney’s leadership, the “Institute” has also experienced significant growth in their foster care program and has become a leader in Hampton Roads in the treatment of substance abuse for youth and young adults. Rob has also been instrumental in the

development and opening of Next Step To Success, a high-priority initiative to address chronic poverty in Norfolk.

The Barry Robinson Center has transitioned from a typical residential treatment center to a premier program whose primary mission is to help military-connected children and their families heal. Since 2013, The Barry Robinson Center has provided care to over 1000 military children, adolescents, and their families from over 47 states and nine countries. Rob will tell you, “We don’t get it right all the time, but we do get it right most of the time. Go look at the smiles.”

As the son of a CPA and a Professor of Nursing, Rob says he was destined to become a social worker. He started his journey of helping young people while in college, working at a juvenile detention facility. After receiving his undergraduate degree from Michigan State University, Rob took time off to see the United States, but after several years of what his mother called "wanderlust," he returned to Michigan State to earn his Master's in Social Work.

The first half of his career was clinically focused, working in a variety of settings, including foster care, residential, hospitals, and outpatient, serving clients from ages 5 to 85. Those who know Rob will tell you he has never truly grown up, and that is why he always migrates back to working with children. In the second half of his career, Rob has focused on clinical and operational leadership. He has served as a Clinical Supervisor, Executive Director, Regional Director of Operations, Chief Operations Officer, and Chief Executive Officer. Rob has experienced success in starting up new programs and turning around struggling ones. He credits this success to the teams he has been able to develop. "I hire good people and try to stay out of their way."

Rob's professional life has been strongly influenced by his personal life: father of two boys, divorced, remarried, stepfather to two girls the same age as his sons, "The Brady Bunch without Alice," and now "Papa." Knowing he and Shirley (his wife) would have four kids in college at the same time, Rob moved to administration. The influence of family followed Rob to Hampton Roads, as he was closer to his grandchildren, two of whom are military-connected, their father being a Marine. When Rob assumed leadership at The Barry Robinson Center, one of his goals was to have a program good enough for his grandkids. He believes he has succeeded. He tells parents, "Kid tested. Grandparent approved."

In summary, one of Rob's colleagues says it best: "Rob is a compassionate leader who puts the clinical needs of children and families first. He has strong operational skills and can become laser-focused when needed. We have been successful because of his leadership."

Michael D. Pierce

Partner

O'Hagan Meyer

Mike is a partner in O'Hagan Meyer's Norfolk and Richmond offices. His practice includes representing public and private entities and individuals in commercial litigation matters across the Commonwealth as well as in other states. Mike regularly appears in state and federal courts for trials and hearings where he represents the interests of large entities, regional corporations, local businesses, non-profits, entrepreneurs, and individuals. He has significant experience counseling and advising clients in risk mitigation and risk management.



Mike also develops presentations on a wide range of topics both for commercial clients as well as for attorneys and members of the legal profession. His covers a broad swath of issues including workplace harassment, diversity, corporate compliance, and individual mental health and wellness. Whether directing boardroom discussions on how to create more inclusive workplaces or speaking on behalf of distinguished jurists, Mike uses his voice to enhance the business community.

Prior to joining O'Hagan Meyer, Mike worked as judicial law clerk for several federal and state court judges. Mike's extensive experience working with the judiciary has enhanced his understanding of the litigation process. Ultimately, these skills empower him to successfully advocate for clients both in and out of court.

BREAK

10:15 a.m. – 10:30 a.m.

SESSION SIX

10:30 a.m. – 12:00 p.m.

PREPARING FOR TRANSITION TO REDESIGNED MEDICAID SERVICES: COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT FOR YOUTH IN COMMUNITY AND SCHOOLS

Community Psychiatric Support and Treatment (CPST) is replacing Intensive In-Home and Therapeutic Day Treatment—and this transition will require more than minor adjustments. For providers serving youth in community and school settings, this is a fundamental shift in how services are structured, staffed, and delivered.

This session is designed to help you move from uncertainty to action. You'll break down what CPST looks like in practice across both community and school settings, how it differs from current services, and what your organization needs to do now to prepare.

You'll walk away with:

- A clear understanding of the CPST service model and team roles
- Key differences between current services and upcoming Medicaid requirements
- Insight into how the clinical model applies to common youth presentations
- Practical strategies to identify gaps and begin aligning your services for go-live

If you're responsible for clinical oversight, program design, or implementation, this session will help ensure you're not just informed—but ready.

Learning objectives:

By the end of this session, participants will be able to:

- Describe the structure, core components, and service expectations of Community Psychiatric Support and Treatment (CPST) for youth in both community and school settings.
- Differentiate CPST from Intensive In-Home Services and Therapeutic Day Treatment, including key changes in service delivery, staffing, and Medicaid requirements.
- Identify the roles and responsibilities of multidisciplinary team members within the CPST model across settings.
- Apply the CPST clinical model to common behavioral health needs of youth, including how services are delivered in real-world community and school environments.
- Explain how the Managing and Adapting Practice (MAP) framework supports the delivery of CPST services for youth.
- Assess gaps between current service models and CPST requirements within their own organizations.
- Develop an actionable plan to modify staffing, workflows, and service delivery approaches in preparation for CPST implementation.
- Evaluate operational, clinical, and compliance considerations necessary for successful transition to CPST.

Social work principles:

This session will allow participants to:

- Integrate evidence-informed frameworks (e.g., MAP) within a social work approach to youth service delivery.
- Evaluate alignment of CPST with core social work values, including dignity and worth of the person, importance of human relationships, and social justice.
- Balance clinical best practices with system and regulatory requirements in school- and community-based settings.



Presenters:

Michael A. Southam-Gerow, Ph.D.

Director

Center for Evidence-Based Partnerships in Virginia

Dr. Southam-Gerow is a professor of psychology at Virginia Commonwealth University (VCU) and the director of the Center for Evidence-based Partnerships in Virginia. His research focuses on the partnership-driven implementation of behavioral health treatments in community-based, publicly-funded settings. Dr. Southam-Gerow also studies emotion processes (e.g., emotion regulation) in children and adolescents and treatment fidelity. He is Associate Editor of the *Implementation Research and Practice*, the author of scores of scholarly papers, and is the author of *Practitioner’s guide to emotion regulation in children and adolescents*, now available in paperback (translated into Dutch and Korean) and *Exposure therapy for children and adolescents*, both published by Guilford Press.

Lisa Jobe-Shields, Ph.D., L.C.P.

Director, Behavioral Health Division

Virginia Department of Medical Assistance Services



Lisa Jobe-Shields is the Behavioral Health Division Director for Virginia Department of Medical Assistance Services (DMAS). The Division of Behavioral Health oversees the programmatic aspects of behavioral health services in Virginia Medicaid, including substance use and mental health services. Prior to coming to DMAS, she served as Assistant Commissioner for Community Behavioral Health at Department of Behavioral Health and Developmental Services (DBHDS). Lisa adheres to the scientist-practitioner model and is a licensed clinical psychologist in Virginia. She is passionate about the coordination of child and adult behavioral health and social services to help vulnerable families thrive and learning about how complex systems can be designed, managed, and improved to achieve the outcomes that matter most to communities, families, and individuals. Outside of work, Lisa stays busy raising three sons (ages 15, 12, and 9), spending time outdoors, and reading.



Kari M. Savage, M.S.

Director, Office of Child and Family Services

Department of Behavioral Health and Developmental Services (DBHDS)

Kari Savage is the Director for the Office of Child and Family Services at the Department of Behavioral Health and Developmental Services (DBHDS) and has been working with children in the behavioral and mental health field for 24 years. Kari moved to Richmond in 2005 to pursue her undergraduate degree in Psychology and achieved a Master of Science (both from VCU) in Rehabilitation Counseling in 2009. Kari and her wife reside in the city of Richmond with their 4-year-old daughter.

Laura Reed, LCSW

Behavioral Health Senior Program Advisor

Department of Medical Assistance Services



Laura Reed is the Behavioral Health Senior Program Advisor in the Behavioral Health Division at the Virginia Department of Medical Assistance Services. Laura’s role within the Department is to lead the implementation of the Project BRAVO initiative and oversee all Mental Health policy development. Laura has more than 19 years’ experience in child and family clinical social work practice and program management. Laura holds a Bachelors of

Sociology (BA) from the University of Virginia and a Masters of Social Work (MSW) degree from Virginia Commonwealth University. She has held her Virginia LCSW license since 2008.