



Comprehensive Services Act (CSA) Program

Newsletter

Info for accessing resources across the public child serving agencies for at-risk youth and families

A Partnership of CSA, DAHS, DFS, CSB, JDRDC, FCPS, Families and the Private Provider Community

January 19, 2016

Headed in a New Direction

CSA Manager's Message

Happy New Year! CSA staff are busy working on plans for the upcoming year. The System of Care division recently sponsored a strategic planning process for children's behavioral health care with agency and community stakeholders. Important goals and strategies have been proposed to enhance service delivery to children and their families. The planning process continued at the CPMT retreat on January 15th with the purpose of developing a three-year action plan to guide the work of the CSA program. In addition, the CSA Stakeholder workgroup has several meetings scheduled to work on two projects: development of a provider evaluation process and a review of the parental copayment policy and procedures. We look forward to sharing these plans and program improvements as they occur.

Copayment Exceptions and Exemptions

Once in a while a parent or care-giver will not have documentation of income, due to circumstances beyond their control. Documentation of income is required as part of the copayment assessment procedures to verify gross household income and to determine a family's ability to contribute towards expenses for their child and family's care. Perhaps, a parent is self-employed, a contractor or paid in cash. If two consecutive paystubs are not submitted for each working adult household member, then a family member may provide his or her 2015 r tax forms (1040). The CSA copayment agreement expires after 12 months and waivers including PPS/CPS and hardship as well as reductions expire after 6 months. Give families ample time to gather the required income documents prior to requesting CSA funding and to extend service requests. Service authorization may not extend past the copayment expiration date. If extenuating circumstances prevent a family from obtaining documentation of income, CSA may accept a memo explaining the situation from the case manager with an estimate of gross household income with the signed copayment agreement.

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CONSENT TIPS

CSA has been getting some questions about how to complete the "Consent To Exchange Confidential Information." As always, feel free to call our office with your questions. Please note, as a result of your feedback, an error was identified on the form that has been corrected. Please download your forms off the CSA website to ensure you are using the most up-to-date forms. Here are a few tips to eliminate any confusion:

1. Consents need to cover the length of service. Expiration dates need to be a precise date and can be up to 2 years from the date signed (ex. 1/12/17)
2. Check boxes only if the family does NOT want specific information shared.
3. Youth over the age of 18 need to sign the consent.
4. Consents for a parent or caregiver do not include the youth's name.

**The Behavioral Health System of Care (BH-SOC)
Office for Children, Youth and Families....
What Lies Ahead?**



In 2014, the Board of Supervisors approved an expansion of the System of Care approach to a larger population of children and youth with behavior health issues. The initial vision of the Board of Supervisors was that this new office would address behavioral human services requirements in schools and the larger community and provide contractual services for mental health and substance abuse treatment, as well as intensive in-home and community-based services for families. The Board of Supervisors allocated \$1,080,571 to this effort in FY2016. In early 2015, Jim Gillespie, LCSW, MPA, former Program Manager of CSA, was hired to be the new Director. In June 2015, Betty Petersilia, LCSW, former long-time employee of the Community Services Board, signed on to be the Program Manager. And in October 2015, Desiree Gordon, M.A., also a former veteran employee of the CSB, joined the team as the Management Analyst III. In addition, Janet Bessmer, CSA Program Manager and Jesse Ellis, NCS Prevention Program Manager both work collaboratively and actively with the BH-SOC office as part of the team. As the office grew, some developing ideas began to take shape and three areas of work began to evolve.

Those areas included work in developing a pilot initiative for a short-term outpatient intervention for students identified as having mental health issues requiring timely intervention, addressing the need for system navigation tools and processes for families and finally, in partnership with other stakeholders, address recommendations of the CDC report on youth suicide. In addition, the System of Care office needed to engage in a collaborative planning process to identify its mission, vision, principles and goals and strategies.

When Betty joined the staff this June, she hit the ground running to join the already existing workgroup targeting the development of the short-term outpatient intervention comprised of members from FCPS and the CSB to develop a pilot initiative to provide timely behavioral health services to FCPS youth who experienced repeated barriers to access these services. The good news is that that work has resulted in the development of the "The Short Term Behavioral Health (STBH) Service for Youth", launching on January 20th. The BH-SOC office has successfully contracted with approximately sixteen private providers, including solo practitioners and non-profit agencies in the community to offer this service. Four high schools (Annandale, Lee, Stuart and Robinson) have been selected to participate in this pilot initiative where school psychologists and social workers, the primary referral sources, can refer income eligible students to participate in this program. The BH-SOC office will fund up to eight sessions. In addition, if a referred youth needs longer term help, the provider will work with SOC staff & FCPS to connect the youth to available long term counseling so that if a transition needs to be made, it can occur as smoothly as possible. Betty never knew how many details could be involved in launching a new program. Suffice it to say, they are endless!

The planning process mentioned earlier has occurred at breakneck speed with the technical assistance of Sherry Peters, Senior Policy Associate of the National Technical Assistance Center for Children's Mental Health located in Georgetown University's Center for Child and Human Development. In two four hour sessions, a group of thirty county human services staff, FCPS staff, parent and child representatives, community non-profits joined together to develop a proposed vision, mission, guiding principles and goals and strategies to round out a comprehensive blueprint for the new BH-SOC office. With the capable facilitation of Kathaleen Karnes of NCS, this plan will then be reviewed and approved by the Community Policy and Management Team (CPMT) and eventually come before the Successful Children and Youth Policy Team (SCYPT) for final review and approval. There are potentially many exciting areas of opportunities for action ranging from creating a system navigation tool/process for children, youth and families and involved professionals, to deepening our system of care approach, to reducing incidents of youth suicide in our community to strengthening our youth and parent/family peer support, to embedding trauma-informed care and practices throughout our system. And that's not even the full list! Jim, Desi, Janet and Jesse have been instrumental in making this planning process work!

I hope you can see from the above that it takes all of us to comprise a system of care. It takes all of us to work towards providing quality services that are community based, family driven and youth guided, and culturally and linguistically competent. It takes tremendous collaboration across the continuum from prevention to intervention to intensive intervention services to make our system of care what it is today and what it will become in the future. We look forward to the many exciting developments that are yet to come and to continue the culture of collaboration among all stakeholders, county and community, to make them happen.

Understanding CSA Contracts and Services

Do you know the difference between In-home Services and Family Support Services?



Your team has decided that your client needs home-based services. There are so many types of in-home services to choose from, how do you decide which in-home service to use. The array of in-home services that may be purchased have varying target populations and focuses of treatment depending on the needs of the youth and family. Below are a few of the most commonly purchased in-home services for CSA youth and families. Take time to browse the definitions of in-home services listed below to familiarize yourself with the options and appropriate use. As always, make sure that your referral includes specific target

behaviors to address, so that the scope of services is directed to the needs identified by your team. With your help of monitoring the service, reviewing the treatment reports, and re-assessing the treatment plan as needed, in-home service is proven to be an effective community-based intervention. Be sure to use the appropriate name and codes on your encumbrance.

For a full list of definitions, go to <http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/CSA-Provider-Directory.aspx>

Harmony/ Encumbrance code	State Standard Service Name (special note)	Service Definition
ISS	Individualized Support Services (Old IH-Svcs, Beh Mgt)	Support and other structured services provided to strengthen individual skills and/or provide environmental supports for individuals with behavioral/mental health problems. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis. Service includes "Supportive In-home Services" licensed by the Department of Behavioral Health and Developmental Services.
IIHS	Intensive In-Home Services (Medicaid level Only)	IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities, and coordination with other required services. Service also includes 24-hour emergency response. Requires VICAP. If intervention is focused on the youth
FSS	Family Support Services	A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care etc.) and behavioral interventions.
FSS-IFPS	Family Support Services –Intensive Family Preservation Services	Family preservation interventions for children and adolescents who are at-risk of serious emotional disturbance, including individuals who also have a diagnosis of mental retardation (intellectual disability), with parent/caregiver needs which impact care for the child. Family preservation service is usually time-limited and is provided typically but not solely in the residence of an individual. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services. This services is similar to the Medicaid Intensive In-Home Services—with the family being the primary client instead of a specific child in the family.

CSA FACTS	December Monthly & 2nd Quarter Statistics (Oct/Nov/Dec)
Number of Referrals for ICC	5
Non-DFS Initial Family Resource Meetings/Family Partnerships Meetings	21/63 Quarter
Number of Wraparound Fairfax cases	45
Number of Leland UMFS - ICC cases	30
Number of Family Partnership Meeting referrals	92
Number of copayment assessment, waivers, and reductions	54/132
Number of CANS	247/725
Number of FAPT Plans	18
Number of Request for community based and residential services	174
Number of Medicaid submissions for TFC	Dec. 63/Quarter 163
Number of Medicaid submission for RTC	Dec. 9/Quarter 19
Number of direct parent inquiries	Dec. 8/ 27Quarter
Number of Service Expenditure Summaries sent/returned	644/640



CSA is a small office with only 10 staff members, but served more than 1343 youth and families in FY 15.

Like a tiny ant, CSA is small but mighty!



Riddle Me This: How does CSA manage to do so much with so few staff?

Answer: Training, Training, & More Training!

If you want to learn more about the CSA program consider attending the CSA Annual Conference to learn more about the program's compliance and implementation of state requirements. This conference is relevant to those involved with CSA and serves as a training opportunity on best practices for serving youth and families through CSA.

Scholarship opportunities are available for CSA stakeholders. Contact your agency's SOC Training Team member or Shanise Allen, LCSW at 703-324-8241 or Shanise.Allen@Fairfaxcounty.gov by March 1st for more information.

Save the Date
5th Annual Commonwealth of Virginia
CSA Conference
April 27-28, 2016
Roanoke, Virginia

Save the Date
Regional Training Event!

WHOSE ANXIETY IS IT?
Complex Issues Within the
Continuum of Care



Registration begins Feb. 1st thru Feb. 26th!

15th Annual CSA Symposium and Provider Expo
George Mason University Johnson Center
4477 Aquia Creek Lane
Fairfax, Virginia 22030

Tuesday, March 8, 2016

8:00 a.m. – 3:15 p.m.

This event is sponsored by the CSA Managers for the jurisdictions of Arlington County, City of Alexandria, City of Manassas, Fairfax-Falls Church, Loudoun County, and Prince William County, as well as NOVA-CO, the northern region's coalition of private provider associations.



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CSA Website: <http://infoweb/hs/csa/>

Upcoming System of Care New Worker Training

Fall CSA/SOC	Date/Location/Time
Part I: Intro to SOC and TBP	Friday, January 29 2015 9:00am – 12:00pm Pennino Bldg Room 200 12011 Government Center Pkwy. Fairfax, VA 22035
Part II: Intro to Accessing CSA Services	Thursday, February 18, 2015 9:00am – 12:00pm South County Center 8350 Richmond Highway Alexandria, VA 22309
Part III: Facilitating Family Resource Meetings	Wednesday, March 9, 2015 1:00pm – 4:00 pm Herrity Building Room # 106 12055 Government Center Pkwy. Fairfax, VA 22035

Within the first 12 months of hire, new CSA case managers and supervisor are required to attend the above training sessions and to annually obtain CANS certification. CYF staff are exempt from the requirement to attend Part III.

Providers, parent representatives, and CSA involved partners are welcome to attend SOC training sessions with registration.

REGISTRATION:

FCPS and Non-county staff may register by creating an external account by following the directions below or email

Tanisha.Capers@FairfaxCounty.Gov For additional information contact Tanisha Capers, Project Specialist at 703-324-5634. County staff should register on the Employee U Learning Center at <http://externallearning.fairfaxcounty.gov/Default.aspx>