



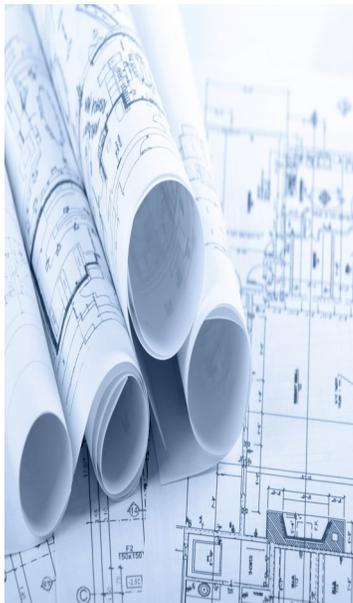
CSA Manager's Message

Janet Bessmer, Ph.D., LCP

We invite you to read about exciting plans to further develop our system of care for children and families in our community. The SOC blueprint for behavioral health describes our multi-year plan for increasing training, evidence-based and trauma-informed services to our community through an integrated and collaborative approach across the schools and county public human services agencies in partnership with families and private providers. The blueprint includes plans for CSA program developments but also broadens the scope of services to youth needing less intense community services and includes a prevention focus. We are excited to begin implementation for these important system enhancements.

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FAIRFAX-FALLS CHURCH CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE

Blueprint for 2016 – 2019

James Gillespie, LCSW, MPA , Systems of Care Director

In August 2015 the CPMT initiated the development of a multi-year plan for children's behavioral health services in the Fairfax-Falls Church community. They directed that the plan support the creation of a system of care framework that addresses the full continuum of behavioral health services, from prevention through intensive intervention. In November and December 2015 a thirty member planning team comprised of county human service staff, school staff, non-profit representatives, family organizations, family representatives and George Mason University faculty was convened. The planning team was charged with developing a vision and mission for the initiative and with establishing goals, strategies, action steps and a timetable for their accomplishment.

The plan, or "blueprint", developed by the planning team and approved by CPMT on March 25 establishes the following vision, mission and goals for our local behavioral health system of care. The May CSA Newsletter will present specific strategies and action steps to be accomplished in FY 2017, and in June we will cover Blueprint strategies for FY 2018 and 2019.

Vision:

Provide a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, so that all children and youth in the Fairfax-Falls Church community are socially, emotionally, mentally, and behaviorally healthy and resilient.

Mission:

We, the Fairfax-Falls Church community, collectively ensure all children, youth, and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities to promote resiliency and further their social, emotional, mental, and behavioral health.

Links to the blueprint, as well as to a complete inventory of county and FCPS children's behavioral health services are available here: <http://www.fairfaxcounty.gov/csa/BHSOC.pdf>

Continuation on page 3. See Blueprint Goals



Old Brain, New Brain

Jean Bartley, LCSW, CSB Youth Resource Program Manager

We still have the brains of our ancestors, wired for survival – it’s a fact of life we can’t change. Back in the day, survival required that we first looked to reduce any threats to our physical lives – like an oncoming saber-tooth tiger – and then look for rewards – like a comfy grassy spot in the shade for a snack. Like other mammals, early humans also learned that survival was more likely when they grouped together, sharing child rearing, hunting, shelter-building, and yes, fighting off predators. So, in order to survive, in the non-conscious, automatic parts of our brains, we became wired to be social, to band together and tune in to those we live with.

In this way, another set of threats and rewards emerged – those related to our social lives.

Today, we still gather in groups: families, churches, sports fans, book clubs, etc., etc. For those of us working in Fairfax County’s youth and family serving system, some of the groups we are involved with are FRMs, FPMs, and YFTs, or our agency teams. Like our ancestors, the benefits of being in groups maintain the need to have them. In any youth and family serving team, identification of specific needs, creativity, and robust plans are a few of the positive outcomes of these groups.

An important consideration as such social creatures, is understanding that our non-conscious brains are still assessing the environment for threats, as we did in the past. While we no longer scan the savannah for an oncoming mammoth, we are checking our rear view mirrors and who is in the parking lot at night. We also look to see how well we are accepted in a social setting, because we are still wired to survive by being members of a group. This is part of the reason why it can be difficult for people from “different groups” to come together and establish a working relationship – because the brain thinks they are “other,” and not from a familiar group. It is easy for people to take things the wrong way since perceptions are going to be skewed toward survival. On the flip side, this is also why people respond to compliments and being appreciated – they are seen as a valued member of the group, and thus (the brain assesses) have a better chance of surviving.

So, the next time you are in a group setting, it might be interesting to observe your responses, and those of others, from this perspective. Might a reaction you are having be more about your perceived social “status” or your perception that something is unknown to you? Or, is someone responding because they are perceiving something is unfair? Maybe you can move things forward by offering a “social reward” such as valuing others with the provision of infor-

Trauma Tip #3

Kim Jensen, LCSW, Utilization Review Analyst

According to research by Dr. Seth Pollack and others, children exposed to physical abuse tend to interpret neutral faces as anger. This may result in a greater likelihood of aggressive behaviors in children exposed to trauma. Helping caregivers to understand these reactions and to strategize ways to respond when it happens may help lessen the frequency and duration of these aggressive episodes. Caregivers who understand the behavior in the context of their child’s trauma history may be better able to respond in a way to help the child calm and soothe. Caregivers who are able to modulate their own feelings will be better prepared to avoid reactions that will further provoke and escalate the aggressive behaviors.



**Questions, Concerns, Compliments
Please don’t hesitate to let us know!**

**CSA Office
DFSCSA@fairfaxcounty.gov
703-324-7938**



Children's Behavioral Health System of Care Blueprint Goals

Continuation from page 1

Goal 1: Deepen Community System of Care Approach

Deepen the system of care approach to inform the entire continuum of behavioral health services for children, youth and families through: (1) a governance structure that guides the entire continuum, (2) financing strategies that support sustainability and improve capacity and, (3) continuous improvement to service quality and access.

Goal 2: Data Systems

Increase collaboration through the implementation of a cross-system data sharing.

Goal 3: Family and Youth Involvement

Increase the presence and effectiveness of family leadership through a sustained family-run network.

Goal 4: Increase Awareness and Reduce Stigma

Use social messaging to promote awareness and help seeking behaviors and reduce the stigma surrounding mental illness and behavioral health care.

Goal 5: Youth and Parent/Family Peer Support

Develop and expand youth and parent/family peer support services.

Goal 6: System Navigation

Educate/inform/assist families on how to access services and navigate the system to include developing an accurate and accessible database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance and their areas of expertise.

Goal 7: Care Coordination and Integration

Improve care coordination and promote integration among schools, primary care providers and mental health providers, including the integration of primary and behavioral health care.

Goal 8: Equity/Disparities

Implement targeted strategies to address disparities in outcomes and access based on race, ethnicity, sexual orientation, socio-economic status, geography and other factors.

Goal 9: Reducing Incidents of Youth Suicide in our Community

Reduce the incidence of youth suicide in our community.

Goal 10: Evidence-Based and Informed Practices

Increase the availability of and capacity for evidence-based practices/interventions along the continuum of prevention through treatment.

Goal 11: Trauma-Informed Care Community

Enhance the community's ability to effectively identify and respond to children and families who have been exposed to trauma.

Goal 12: Behavioral Health Intervention

Address the needs of children and youth with emerging behavioral health issues who have not been able to access appropriate, timely and matching treatment services in the community.

Goal 13: Service Network for High Risk Children

Develop an improved service network for high risk children to include appropriate evidence-based practices, care coordination, and crisis intervention/stabilization, in order to improve the outcomes for those served.

Goal 14: Developmental Disability/Autism Services

Develop expanded continuum of care of services for youth with DD/Autism.

Goal 15: Transition Age Youth

Provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school. Reduce the number of youth of transition age who are living with unidentified and untreated serious mental illness who have signs and/or symptoms of a serious mental health condition that emerged before they transition out of youth-serving systems/programs.

CSA by the Numbers March Data			
Number of Full FAPT planning meetings	12	Number of Referrals for ICC	17
Number of requests for community-based and residential services	183	Non-DFS Initial Family Resource Meetings/Family Partnerships Meetings	21
Number of Medicaid submissions for TFC	57	Number of Wraparound Fairfax cases	48
Number of Medicaid submission for RTC	23	Number of Leland UMFS - ICC cases	14
Number of direct parent inquiries to CSA	9	Number of Family Partnership Meeting meetings	130
Number of Service Expenditure Summaries sent/returned	634	Number of copayment assessments	61
Number of CANS entered	343	Number of waivers and reductions	25



Mental Health Awareness Day

Join the Fairfax County Board of Supervisor's on behalf of all residents of Fairfax County in proclaiming **May 5th** Children's Mental Health (MH) Awareness Day. All residents are urged to pause and pay attention to children and generate awareness to meet the mental health needs of children, youth and families!

WHEREAS, the well-being of children has a profound, immediate and lasting impact on our community; and

WHEREAS, nationally over one in five children and youth have a mental health issue; and

WHEREAS, only half of children and youth with behavioral health issues receive treatment; and

WHEREAS, based on national statistics approximately 36,000 Fairfax County children and youth have a diagnosable mental health condition; including 3,960 with significant impairment and 1,800 with extreme impairment; and

WHEREAS, multiple barriers may prevent families from accessing timely and appropriate behavioral health services, including high deductible/high co-pay insurance plans, and lack of providers that accept Medicaid and insurance; and

WHEREAS, well-developed and coordinated approaches to prevention have the potential to reduce the incidence and prevalence of behavioral health problems by 20 percent within a decade, according to national experts; and

WHEREAS, in the FY 2015 budget the Board of Supervisors approved an expansion of behavioral health services for youth and families in order to address Fairfax youth behavioral health needs in the community; and

WHEREAS, Fairfax County Human Services, Fairfax County Public Schools, non-profit agencies, family and consumer organizations are together implementing a multi-year Children's Behavioral Health System of Care Blueprint to address barriers to accessing services through coordinating prevention, early intervention, and intensive treatment services across the human services system, schools and private providers; and

WHEREAS, the Federal Substance Abuse and Mental Health Services Administration has declared May 5 to be National Children's Mental Health Awareness Day.

BE IT RESOLVED, that the Fairfax County Board of Supervisors, on behalf of all residents of Fairfax County, does hereby proclaim May 5, 2016, as Children's Mental Health Awareness Day!

For more information on MH Awareness Day activities, go to <http://www.samhsa.gov/children/national-events>

CSA SOC Trainings

New Worker Training

Within the first 12 months of hire, CSA lead case managers, supervisors of lead case managers, Family Assessment and Planning Team (FAPT) members, and CSA staff are required to attend CSA-SOC training events, Parts 1, 2, & 3. Attendance is required of DFS-CYF staff, FCPS and FCCPS school social workers, FCPS-MAS staff, probation officers, and CSB therapists who work with the CSA program. Families and providers are invited and encouraged to attend.

Part I: Intro to System of Care and Team Based Planning

Objective: Overview of Systems of Care principles and Practice Standards and methods to effectively facilitate team based planning meetings.

Wednesday, May 19, 2016, 9:00 am – 12:00 pm

Pennino Building, 12011 Government Center Parkway, Room 206A

*Part II: Facilitating Family Resource Meetings

Objective: Overview on preparing the youth, family and team members for the meeting; developing an action plan during the meeting; identifying needs, strengths, objectives and tasks; assessing risk and identifying resources and referrals; and keeping the group focused and moving through the meeting process.

Thursday, June 16, 2016, 1:00 pm – 4:00 pm

Government Center, Conf. 9/10, 12000 Government Center Parkway

*DFS-CYF staff are exempt from Part III due to participation in state required training.

Part III: Accessing CSA Services

Objective: Overview of CSA eligibility criteria, referral process, forms, CANS requirements, resources, contracts, and utilization review process.

Thursday, July 28, 2016, 9:00pm – 12:00 pm

Herrity Building, Room # 106, 12055 Government Center Pkwy.

Child Adolescent Needs and Strength Assessment (CANS)

The CANS is the mandatory uniform assessment instrument required for children and youth served through the Comprehensive Services Act. New CANS users or those who need to recertify will access the new site for CANS training, certification and recertification.

CANS Training and Certification

Step 1: Go to www.canstraining.com

Step 2: Set-up ID and password

Step 3: Do practice tests

Step 4: Take CANS exam and pass with a score over .70

Step 5: Send copy of certificate to Victor.Fisher@fairfaxcounty.gov or CSA fax at (703)653-1369

CANS Refresher Course

Thursday, April 28, 2:00 pm to 3:30 pm **(South County)**

600A Multipurpose Room, 1850 Cameron Glen Dr., Reston, VA 20190

Thursday, August 4, 12:00 pm to 1:30 pm **(Reston)**

Room 217, 8350 Richmond Highway, Alexandria, VA 22309

Tuesday, November 8, 10:00 am to 11:30 am **(Fairfax)**

Herrity Building, Room 107, 12055 Government Center Pkwy, Fairfax, VA 22035

Copayment Training

Objective: Overview of the copayment form, income documentation, copay waivers and exemptions, financial hardships, Medicaid impact, and the billing process.

June 30th, from 1:00 pm to 4:00pm, Government Center, Conference room 4/5

REGISTRATION REQUIRED

To register for any of the above training sessions, contact Peter.Flint@fairfaxcounty.gov or 703-324-5858. Please register at least 3 days prior to each session. Training sessions will be cancelled without a minimum number of registered participants.

Questions: Contact Shanise Allen, LCSW at 703-324-8241 with any questions about CSA SOC training sessions.