

# CSA Monthly Newsletter



Children's Services Act Program

June 20, 2016

## Farewell to CSA's First Program Manager, Gail Ledford, Ph.D.



In the beginning, there was CSA. And then there was Gail Ledford, the pioneering leader in Fairfax-Falls Church forging the way to establish the new state mandate in the early 90's to provide coordinated planning, services, and funding to youth and families in need of help. It was no small feat to implement the CSA program as the first Program Manager, but Gail's commitment to children services prevailed and subsequently policies, procedures, and lots and lots of forms were developed. Soon thereafter, the culmination of her efforts bore access to services and funding for children and families. And then, a program was born. After 13 years, Gail left CSA and went on to do more great things and was promoted to the Director position within the Department of Administration for Human Services. But her time within CSA was never forgotten by those who revered her. As Gail enters retirement after more than 30 years of public service, we wish her as much success in the next phase of her life as the tremendous impact she has had on this community.

In speaking with Gail, she noted that her time with CSA was one of the most rewarding times in her career. She shared that she values the dedication, commitment, and willingness of so many stakeholders – both public and private - that sought to see beyond their own boundaries to work collegially and collaboratively as a system to achieve great results. Gail expressed her appreciation to each of you for your efforts to keep your child and family focus at the forefront of all you do." All the best, Gail!

### I'm Telling and So Should You! Time to Talk about Medicaid

**What do you need to do to continue  
\$\$\$ CSA services after June 30, 2016?**  
See the answer on page 6!

There are times when tattling is a good thing. If there is a risk of loss of life or limb, telling is okay. For CSA, if there is a potential loss of Medicaid funding, it is time to speak up. CSA is heavily impacted by Medicaid reimbursement to defray the cost of services for children from CSA's budget. Loss of Medicaid dollars can result in spending more CSA funds. The CSA/FRU Medicaid Case Analyst pays special attention to all things concerning Medicaid and needs to be notified by email from a case manager whenever there is any type of placement change, preferably before it occurs. In Fairfax, all Medicaid issues are handled centrally by one person to process Medicaid materials. If a provider requests information from you, please direct them to contact Vickie.Grazioli@Fairfaxcounty.gov at 703-324-7120. If one of the below scenarios takes place, you know what to do. Tell Vickie!

- When a child is being admitted to a TFC or RTC placement, tell Vickie.
- When a child is being discharged from a placement, tell Vickie.
- When you have questions about applying for Medicaid for a residential placement, ask Vickie.
- When someone tells you to send them Medicaid materials, tell Vickie.
- When a provider asks you to send a CANS, a CON or a rate sheet to them, tell Vickie.
- When a provider sends you documents to sign, tell Vickie.
- When in doubt about Medicaid, call Vickie.



## Behavioral Health System of Care Blueprint FY 2017 Action Plan

### Jim Gillespie, LCSW, MPA

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" was developed by the planning team and approved by CPMT on March 25. The April CSA Newsletter presented the Blueprint vision, mission and goals. This edition presents specific strategies to be accomplished in FY 2017. In July we will present Blueprint strategies for FY 2018 and 2019.

The CPMT tasked the CSA Management Team and the Behavioral Health System of Care Committee to oversee the implementation of the FY 2017 Blueprint Action Plan strategies. The CPMT will receive updates on the progress of implementing the FY 2017 Action Plan at least four times during the year. For additional information on the BHSOC Blueprint please contact Janet Bessmer, Jesse Ellis or Jim Gillespie or Betty Petersilia.

Below are the major objectives that will be addressed in FY 2017 for each Blueprint goal:

#### Goal 1: Deepen Community System of Care Approach

Generate support for the System of Care approach by implementing a social marketing plan to include prevention, behavioral health services and CSA

Make most efficient use of resources through coordinating coordinated cross- agency budgeting, re-deploying funds, and maximizing third party revenues such as CSA and Medicaid.

Collect and regularly report on system and community outcomes, and assess service gaps.

Review intake, screening, assessment, triage, referral protocols across all levels of care, and lead case management assignments with the goal of supporting families in accessing both public and community provided resources.

Revise existing SOC policy and develop training curricula to include providers and families, and to address community resources, insurance access, evidence-based/informed treatments, ICC /high fidelity wraparound, and the CANS and GAINSS.

#### Goal 2: Data Systems

Develop an infrastructure to support information sharing across systems beyond consents to the development of an informational IT system

#### Goal 3: Family and Youth Involvement

Develop a local network of family-run organizations and begin to use it to better provide information and education for families, identify needs, design and evaluate services, and promote family involvement.

Expand evidence-based peer-to-peer groups

#### Goal 4: Increase Awareness and Reduce Stigma

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

#### Goal 5: Youth and Parent/Family Peer Support

Implement family navigators to help families navigate the system

#### Goal 6: System Navigation

Develop an accurate, accessible and real time 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, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services



## Behavioral Health System of Care Blueprint FY 2017 Action Plan , continued

### **Goal 7: Care Coordination and Integration**

Begin the process of integrating primary pediatric care and behavioral health care in the county through developing a community-wide integration plan and identifying tools for primary care providers to screen for behavioral health issues and processes for them to make successful behavioral health referrals.

### **Goal 8: Equity Disparities**

Identify and require relevant trainings to improve service options for the unique needs of LGBTQ youth with behavioral health needs

Identify underserved communities through a review of current population and service data, identify main strengths and barriers to providing and accessing behavioral health services among these populations, and develop and implement strategies to address identified barriers

Promote the adoption of Culturally and Linguistically Appropriate Services (CLAS) Standards among BH providers.

Require training in cultural competence for County, FCPS, and County-contracted behavioral health service providers.

### **Goal 9: Reduce Incidence of Youth Suicide**

Develop protocols for suicide and depression screening by community-based organizations.

Continue textline service and promotion.

Develop and publish guidelines for service providers on the availability and effective use of crisis services.

Develop a common and coordinated approach to suicide postvention.

Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.

### **Goal 10: Evidence-Based and Informed Practices**

Revise existing SOC policy and develop training curricula to include providers and families, and to address community resources, insurance access, evidence-based/informed treatments, ICC /high fidelity wraparound, and the CANS and GAINSS. Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.

Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions

Implement evidence-based parenting programs for parents of children and adolescents

### **Goal 11: Trauma Informed Care**

Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions

Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.

Human service agency leaders integrate the concepts of trauma-informed care concepts into their organizational culture

Ensure trauma and trauma-focused treatments and support services are included in common screening and referral tools and practices.

### **Goal 12: Behavioral Health Intervention**

Expand Youth Short-Term Behavioral Health Services to additional communities

Serve youth on diversion or probation who need behavioral health services

### **Goal 13: Service Network for High Risk Youth**

Implement evidence-based parenting programs for parents of children and adolescents

Develop and implement a CSA provider evaluation process

Provide information technology structure to support data collection

Increase capacity of ICC and Case Support as necessary

### **Goal 14: DD/Autism Services**

Expand access to CSA services for children with IDDD and their families through training CSB ID staff to serve as CSA lead case managers.

Ensure access to crisis stabilization services

### **Goal 15: Transition Age Youth**

Adapt primary care transition resources/tools for use in behavioral health care, promote their adoption and improve transition planning for youth in need of adult behavioral health services.



## 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 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.

### **The next cohort of CSA SOC training is tentatively scheduled for the fall.**

#### 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.*

Thursday, September 29, 2016, 1:00 pm to 4:00 pm

Pennino Building, 12011 Government Center Parkway, Room 206A

#### \*Part II: Facilitating Family Resource Meetings (DFS-CYF exempt)

*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, October 13, 2016, Time (TBD)

Government Center, 12000 Government Center Parkway, Room (TBD)

#### Part III: Accessing CSA Services

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

Thursday, November 3, 2016, 1:00pm – 4:00 pm

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

### **CANS Refresher Course**

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.*

Thursday, September 8th from 1:00 pm to 3:00pm

Pennino Building, Room 200, 12011 Government Center Parkway, Fairfax, VA 22035

### **REGISTRATION REQUIRED**

To register for any of the above training sessions, contact [Peter.Flint@fairfaxcounty.gov](mailto: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.



## Good news from the SOC's Short Term Behavioral Health Service for Youth Betty Petersilia, LCSW, BH-SOC Program Manager

The Behavioral Health System of Care (STBH) Service for Youth pilot initiative started in January 2016. By soliciting participation from the private provider community we developed a cadre of over 25 providers who can offer short term behavioral health services, up to eight sessions funded by our office, to FCPS referred students from four high schools in our community. We have served over thirty youth so far and we wanted to share a snapshot of a recent discharge summary we received. This young woman was referred for symptoms of depression, anxiety, and suicidal ideation. She attended all eight sessions and has “benefitted greatly” from the program. She shared that she felt her relationship with her parents had also “improved greatly since entering the program” and she is “succeeding in school more”. She reported that she passed her first Math SOL since her early elementary school years. She felt “thankful” for the therapy services she has “needed for years”. This young woman and her family also accepted the STBH therapist’s offer to continue to see them at an agreed upon reduced rate to monitor her changes and support her as she prepares to enter college in the Fall. This is just one of a number of positive outcomes from the services the STBH Service for Youth has offered. Other good news, we will be expanding our pilot to include two additional high schools in the Fall and will look to the possibility of further expansion in the future.

### Trauma Tip #5

Questions to ask prospective trauma treatment providers. You’ve identified the need for a trauma assessment, but how do you find a qualified provider? Here are some suggested questions to ask prospective providers.

- 1) How do you conduct a trauma assessment? What standardized tests or scales do you use? Any provider trained in an evidence-based trauma treatment will begin by conducting a trauma history screen and identifying the presence of PTSD symptoms. The youth and the caregiver should be interviewed separately due to the difficulty youth and caregivers face when talking about the trauma together in the beginning stage of treatment.
- 2) Do you have any clinicians trained in evidence-based trauma treatments? If so, what treatment models do you use? How do you work with caregivers? Caregivers need to walk through the trauma treatment, not just be updated on progress. Be sure to check the National Registry of Evidence-Based Programs and Practices (NREPP) and the California Evidence-Based Clearinghouse for Child Welfare if you are unfamiliar with the approaches offered.
- 3) How is fidelity to the model monitored? Is there ongoing clinical supervision and consultation? Many providers will say they are “trauma informed” or have expertise in trauma treatment. However, when examining their practice, there is often no evidence of any particular model being used. In fact, many providers unwittingly re-traumatize clients by encouraging trauma processing before creating the structure and skill development needed in order to do this safely often resulting in worsening of symptoms and trauma avoidance.

The National Child Traumatic Stress Network Position Statement on prerequisite clinical competencies for implementing effective, trauma-informed interventions include the following as core competencies: basic assessment, risk assessment, case conceptualization, treatment planning, treatment engagement, treatment implementation, and treatment quality monitoring. When monitoring CSA-funded services, be sure to inquire about these competencies. For more information on trauma-informed practice, please visit the National Child Traumatic Stress Network website at <http://nctsnet.org/>.



<b>CSA by the Numbers May Data</b>			
Number of Full FAPT planning meetings	11	Number of Referrals for ICC	11
Number of requests for community-based and residential services	217	Non-DFS Initial Family Resource Meetings/Family Partnerships Meetings	29
Number of Medicaid submissions for TFC	62	Number of Wraparound Fairfax cases	53
Number of Medicaid submission for RTC	30	Number of ICC cases- Leland UMFS Community	11
		Number of ICC cases- Leland UMFS Residential	20
Number of direct parent inquiries to CSA	6	Number of Family Partnership Meeting meetings	
Number of Service Expenditure Summaries sent Number of Service Expenditure Summaries returned	653	Number of copayment assessments	62
Number of CANS entered	163	Number of waivers and reductions	30

**END OF FISCAL YEAR REQUIREMENTS TO CONTINUE CSA FUNDING**

As of June 30, 2016, the CSA fiscal year comes to an end. Current purchase orders issued for FY 16 will expire and ongoing services authorizations will not continue without a new encumbrance. For all services continuing after June 30, 2016, a new encumbrance form must be sent to the CSA finance office. First, go to the provider directory to find the new rate. If your provider is not listed on the Provider Directory, don't panic. Contact a member of CSA Contracts to inquire about the new FY 17 rates which are being updated daily. Do not send finance an encumbrance with old rates or blank rates which cannot be processed. CSA Contracts staff can be reached as follows: Barbara Martinez for day school and specialized services at (703) 324-8484, Tracy Davis for Home based and treatment foster care at (703) 324-5235, Ameer Vyes for residential treatment, group home, and outpatient therapy services at (703)324-7853.

**How to complete your encumbrance to continue CSA funded services!**

Case example: If services are authorized for home-based for six months from 5-1-16 through 11-30-16. To continue services, you must complete a new encumbrance form for 7-1-16 to 11-30-16 to continue services.



Questions, Concerns, Compliments

Please don't hesitate to let us know!

CSA Office

DFSCSA@fairfaxcounty.gov or 703-324-7938

