Building a Local System of Care: What Every CSA Coordinator and CPMT Member Should Know

Comprehensive Services Act Program
Fairfax-Falls Church

APRIL 21, 2015

SOC Research Outcomes for Youth

- Increases in behavioral and emotional strengths
- Reductions in suicide attempts
- Improvements in school functioning and attendance
- Fewer contacts with law enforcement
- Reduction in reliance on inpatient
- More stable living environment

SAMHSA , September 2011 Issue Brief: Strategies for Expanding the System of Care Approach (Maneuffel, Stephens, Brashears, Krivelyova, & Fisher, 2008)

SOC Research Outcomes for Caregivers and the Community

- Reduced strain associated with caring for a child with a serious mental health condition
- Fewer missed days of work due to the mental health needs of their child
- Improvement in overall family functioning
- Cost effective way of investing resources by redirecting funds from deep-end services (inpatient/residential treatment) to home and community based supports.

SAMHSA, September 2011 Issue Brief: Strategies for Expanding the System of Care Approach (Maneuffel, Stephens, Brashears, Krivelyova, & Fisher, 2008)

Definition of SOC

A comprehensive array of mental health and other services which are organized into a coordinated network to meet the multiple and changing needs of children and their families.

Fairfax-Falls Church System of Care Target Population

Youth with significant behavioral or emotional challenges which are present in several settings and who need services/ resources that require collaboration among multiple agencies/systems and/or coordinated interventions by multiple agencies and programs

System of Care Development

- 2004-2006: Leland House residential crisis stabilization program
- 2009: CPMT endorsed national system of care principles and issued reports on services, evidence-based practices and family engagement.
- 2010: Implemented ICC and Family Partnership Meetings, and increased CPMT parent representatives from 2 to 4.
- 2011: CPMT approved program and practice standards.
- 2012: CPMT approved a re-design of local team-based planning processes to better implement wraparound principles and practice standards.
- 2013: CPMT approved a comprehensive system of care training plan.
- 2014: CPMT implemented a DBHDS grant project to partner with a family organization to provide family support partners to families in ICC.

System of Care Outcomes

- Placements in long-term residential and group home programs were reduced by 56%, from 157 youth in January 2009 to 69 in January 2015.
- ICC successfully prevented 88% of youth served from entering residential placement
- 92% of youth served through CSA to prevent foster care remained with their families
- Youth had fewer risk behaviors and improved mental health, measured by CANS.

System of Care Principles (2009)

- Community-based services
- Least restrictive setting
- Keep families together
- Youth guided and family driven
- Inter-agency collaboration
- Individualized services
- Strength-based
- Coordinated care
- Flexible & responsive services
- Culturally and linguistically responsive
- Accountability for outcomes, safety and cost effectiveness

System of Care Practice Standards (2011)

- Family and Youth Participation in Service Planning
- Service Integration and Care Coordination Through Team-Based Planning
- Service Planning and Delivery Processes
- Community-Based Care and Placement Decisions
- Cultural Competency
- Accountability

Use of the Practice Standards

- **Inform the policies**, procedures and practices of inter-agency processes such as CSA
- **Form the basis** of an inter-agency training plan
- **Integrate** into agency policies, practices and procedures for serving youth with emotional and behavioral challenges
- **Evaluate** staff performance
- **Incorporate** into provider contracts
- **Disseminate** to youth and family agencies and organizations
- **Provide** to families participating in public services

Principles:

Community-based services
Keep families together
Least restrictive setting

Practice Standards:

- Public agency representatives and private providers engage families with the goal of safely meeting the needs of all youth while living with their families in the community.
- When youth require out-of-home placements it is for the minimum time necessary to address safety and the other needs that required family separation.

Principle:
Youth guided and family driven

Practice Standards:

- Team-based planning processes include the youth and family, extended family, representatives of youth-serving agencies that provide services to the youth and family, and others who are important in the family's life or know and can access potential resources.
- The team will respect the youth and family's right to make their own decisions within legal and regulatory limits.
- Participation of youth and families in meetings is expected, absent documented clinical or safety concerns.

Principle:

Inter-agency collaboration
Coordinated care

Practice Standards:

- Parent/legal guardians, youth, public agency representatives and private provider members of the team are responsible to complete team roles and assignments, and make decisions in consultation with the team.
- The team-based planning process necessitates that differences of opinion and concerns are raised in the team meetings and are resolved by the team. Unilateral service planning decisions are inconsistent with the practice standards.

Principle:
Accountability for outcomes, safety and cost effectiveness

Practice Standards:

- Teams, case managers and care coordinators will be accountable to their own agencies and to inter-agency bodies such as FAPT and CPMT for the prudent investment of public resources and the timely and accurate collection of data.
- Families will contribute toward the cost of care through processes that assess their ability to pay, and through accessing their health insurance and other financial resources as appropriate.

Re-Design of Team-Based Planning Processes (2010-2012)

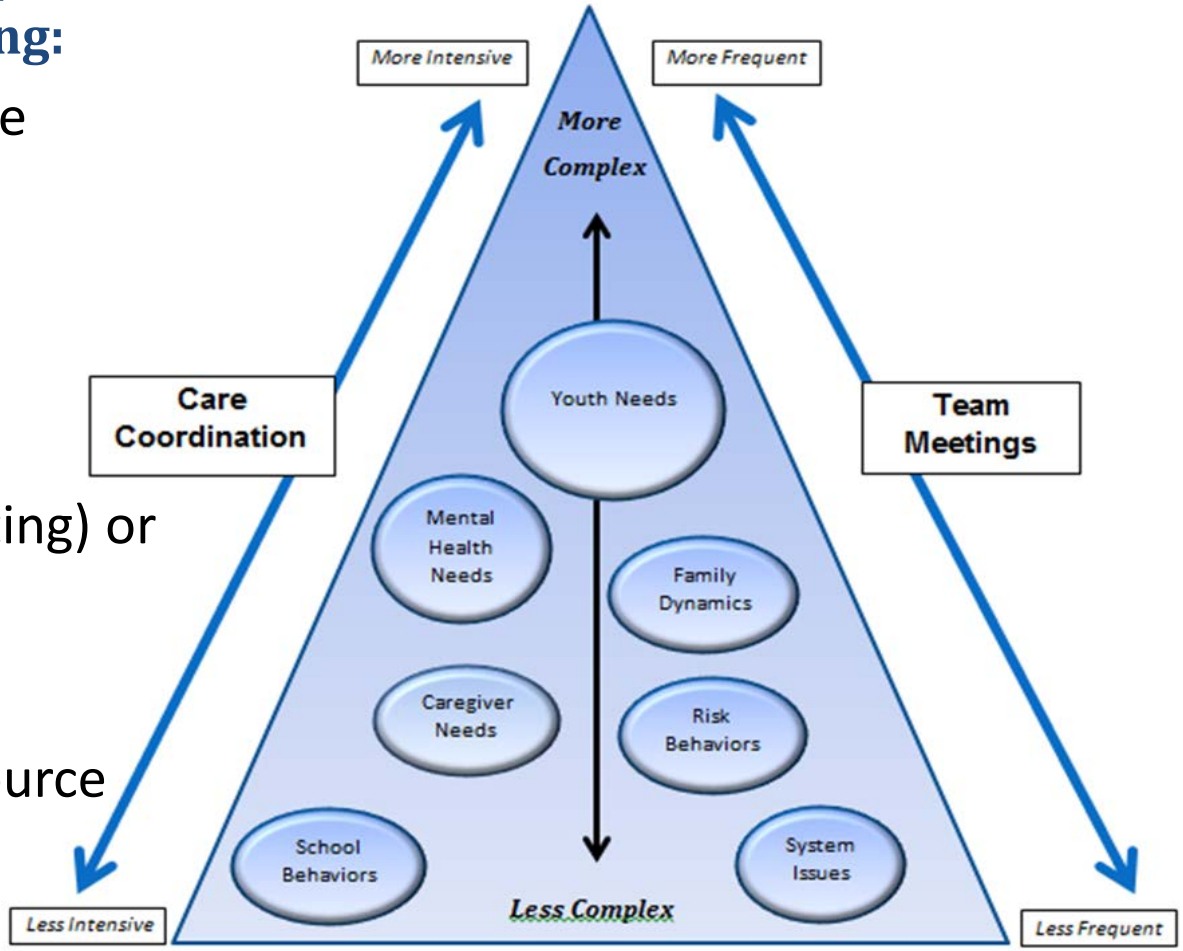
Purpose:

To engage families with the goal of safely meeting the needs of youth within the family and the community.

Team-Based Planning Continuum

Referrals will be assessed for the most appropriate team-based planning:

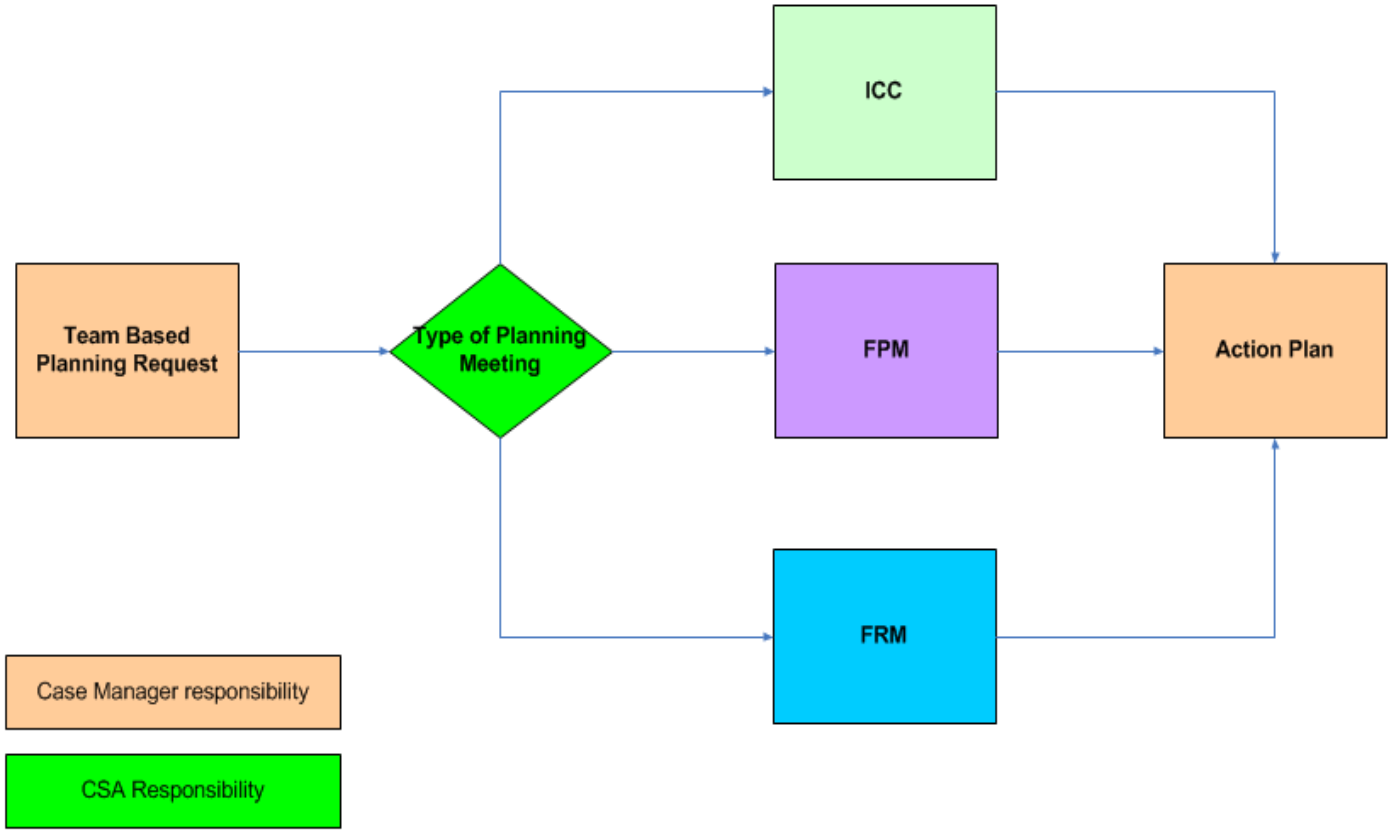
- ICC (Intensive Care Coordination)
- FPM (Family Partnership Meeting) or
- FRM (Family Resource Meeting)



Team-Based Planning Requests

- Requests are initiated by public agency workers, or families if necessary for access.
- A universal request for ICC, FPM and FRM is screened by CSA staff to determine the most appropriate team-based planning process.
- FPM requests for families involved with child welfare are handled internally by DFS.

Team Based Planning Process



Required Public Agency Participation in Meetings

CSB:

Significant behavioral health, S/A, or ID & significant risk factors

JDRDC:

Youth involved w/ court for delinquency or status offenses

SCHOOLS:

Significant school achievement, attendance or behavior issues

DFS:

Family is being served by DFS or has a history of involvement w/in the past year

Family Partnership in Our System of Care

"Parent involvement is not some kind of fad that will pass: it is the core of systems change. It is the ***only*** thing that can make ***true*** reform in human services"
~Naomi Karp

Family Engagement Practice Standards

- Families supported by natural and neighborhood resources
- Comprehensive array of community-based services
- Family-directed care coordination
- Ongoing professional development

Empowering Families in policy, management, and service delivery

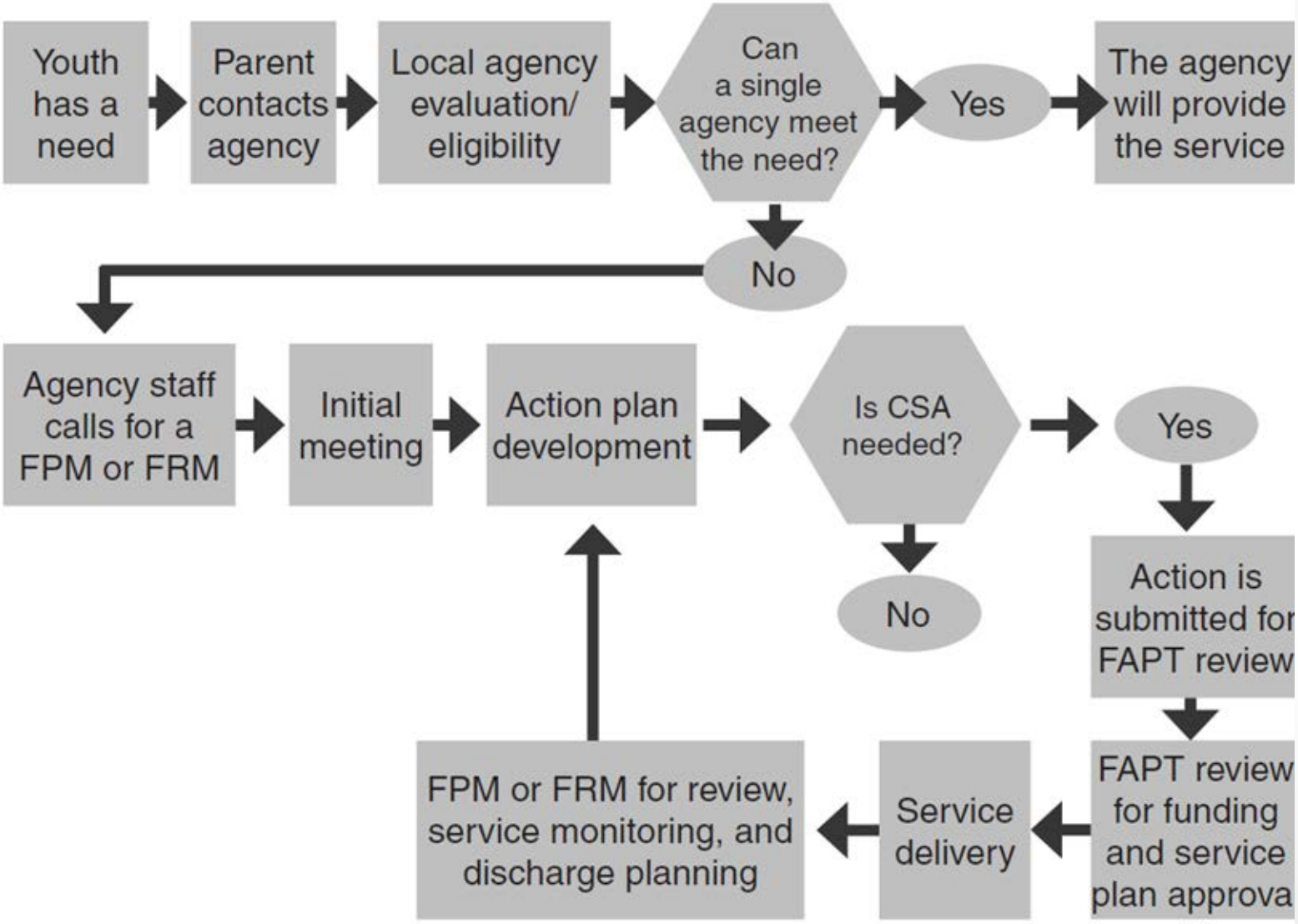
- **Policy Level**: Increase to four parent representatives on the CPMT; Parent Representatives participate on other state and local policy groups; Parent representatives share Fairfax's proposed policy changes for feedback to other family-driven groups such as NAMI, Formed Families Forward, and Community of Solutions.
- **Management Level**: As part of our SOC grant from the state, parent representatives now sit on interview panels for key SOC positions.
- **Service Level**: Role of the family in high fidelity wraparound; DBHDS Grant for family support partners

You are the expert concerning your child. No one knows your child better than you.

You know:

- How your child responds to changes
- Your child's strengths
- Your child's needs
- What motivates your child
- What discourages or angers your child
- What has helped your child in the past
- What has not worked for your child

Accessing Services from a Parental Point of View



Parent Support Partner Services

- Families of youth receiving Intensive Care Coordination Services (wraparound) through either Wraparound Fairfax or United Methodist Family Services (UMFS) may be considered for Parent Support Partners services.

- Parent Support Partners are provided through a contract between Fairfax county and National Alliance for Mental Illness' Northern Virginia affiliate.

Parent Support Partner Services

Parent Support Partners work with youth and families as follows:

- assist in the development of natural resources
- help families navigate systems like the schools and CSA
- teach parents how to engage in the team process

THE ROLE OF EVIDENCE-BASED INTERVENTIONS IN SOC

The Purpose of SOC

- Outcomes
- Results
- Change
- Improvement
- Transformation
- Better lives for children and families living with behavioral health care needs

Movement towards Evidence-based Interventions

- 20- 25 years ago, behavioral health care interventions began focusing on outcomes
- Research base for “what works” has grown considerably
- The field and the conversation has evolved
- Evidence-based interventions now accepted, growing more available, but not necessarily standard

EBPs, EBTs, etc.

Some terminology…..

- Evidence-based Treatments
- Evidence-based Practice
- Practice-based Evidence
- Evidence-informed Treatment
- Promising Practices

What works? What works for which type of issue? How do you know it works?

Backlash and Controversy

- EBTs cost money
- Practitioners who were trained in other methods not always willing to change
- Practitioners believing their outcomes were just as good
- Research model doesn't always translate to the community
- Real people are complex with layers of interconnected needs
- Families wanting choices
- "Research" showing that the relationship is the basis of change

EBT Workgroup

- SOC initiative included an workgroup tasked with identifying evidence-based interventions to adopt
- Recommendations resulted in emphasis on trauma-informed care (TIC) and trauma-specific interventions
- Surveyed private providers about adoption of TIC

Local Standards of Practice

- Assessments, service plans, reports will …
  - incorporate trauma-informed principles and evidence-based approaches that are appropriate based on the youth and family's needs.
  - Incorporate strengths-based principles.
- Providers will implement their stated treatment model (e.g., models that are evidence-based, evidence-informed, practice-based) with fidelity.

Progress to Date

- Efforts in place for cross-agency, system-wide training and adoption of TIC principles
- Sponsored grant-funded TF-CBT training for public and private clinical staff
- Cross-agency training in Motivational Interviewing
- High-fidelity wraparound implementation for ICC program

USING DATA IN SOC EVALUATION, PLANNING AND DECISION-MAKING

Investing in Data

- Plan ahead about what you want to know; what questions would data inform?
- Technology is a tool – a means to the end
- Staff time is needed to collect data, to enter data, to extract data, to analyze it, to put the data into context for leaders to use for decision-making

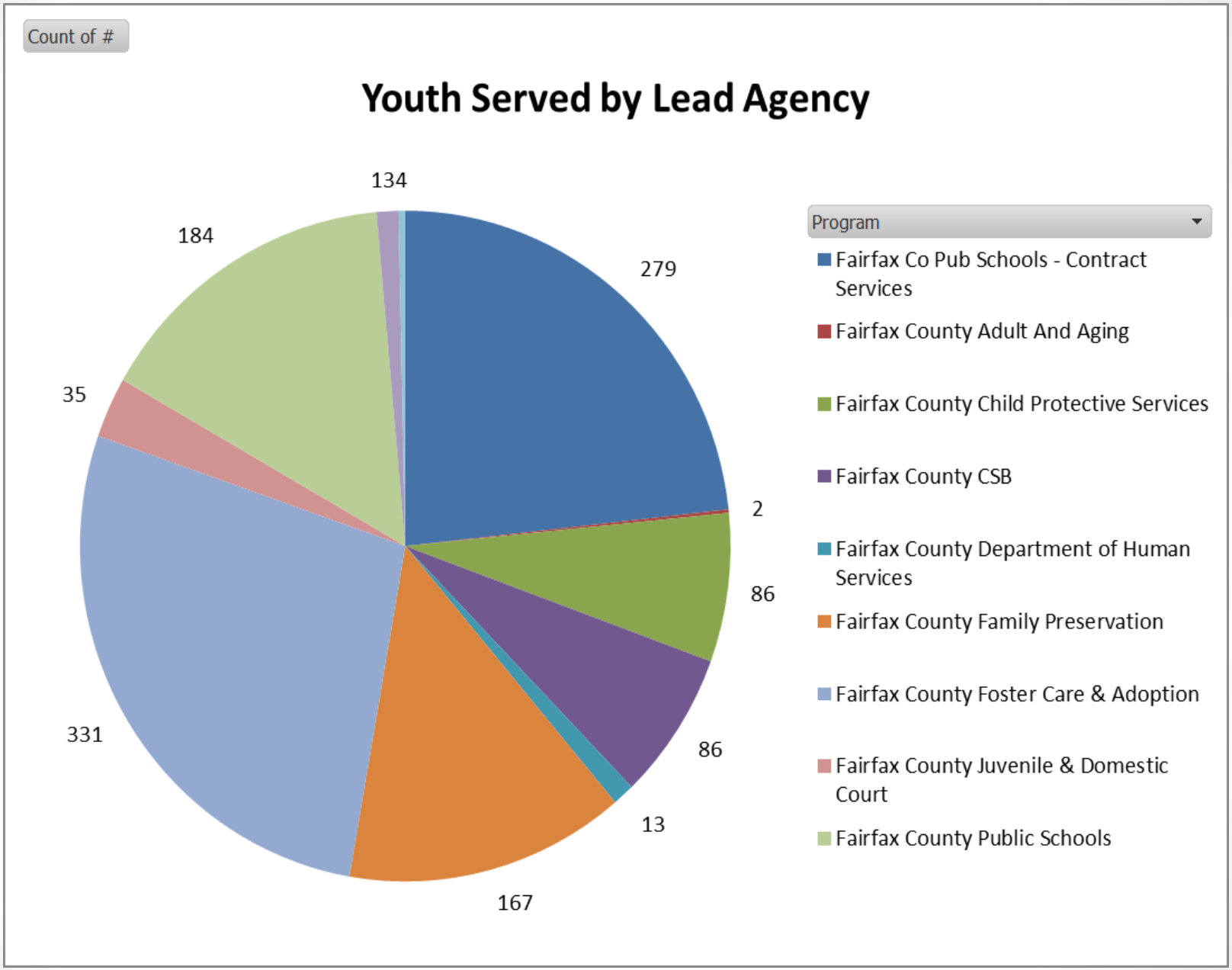
Data is critical

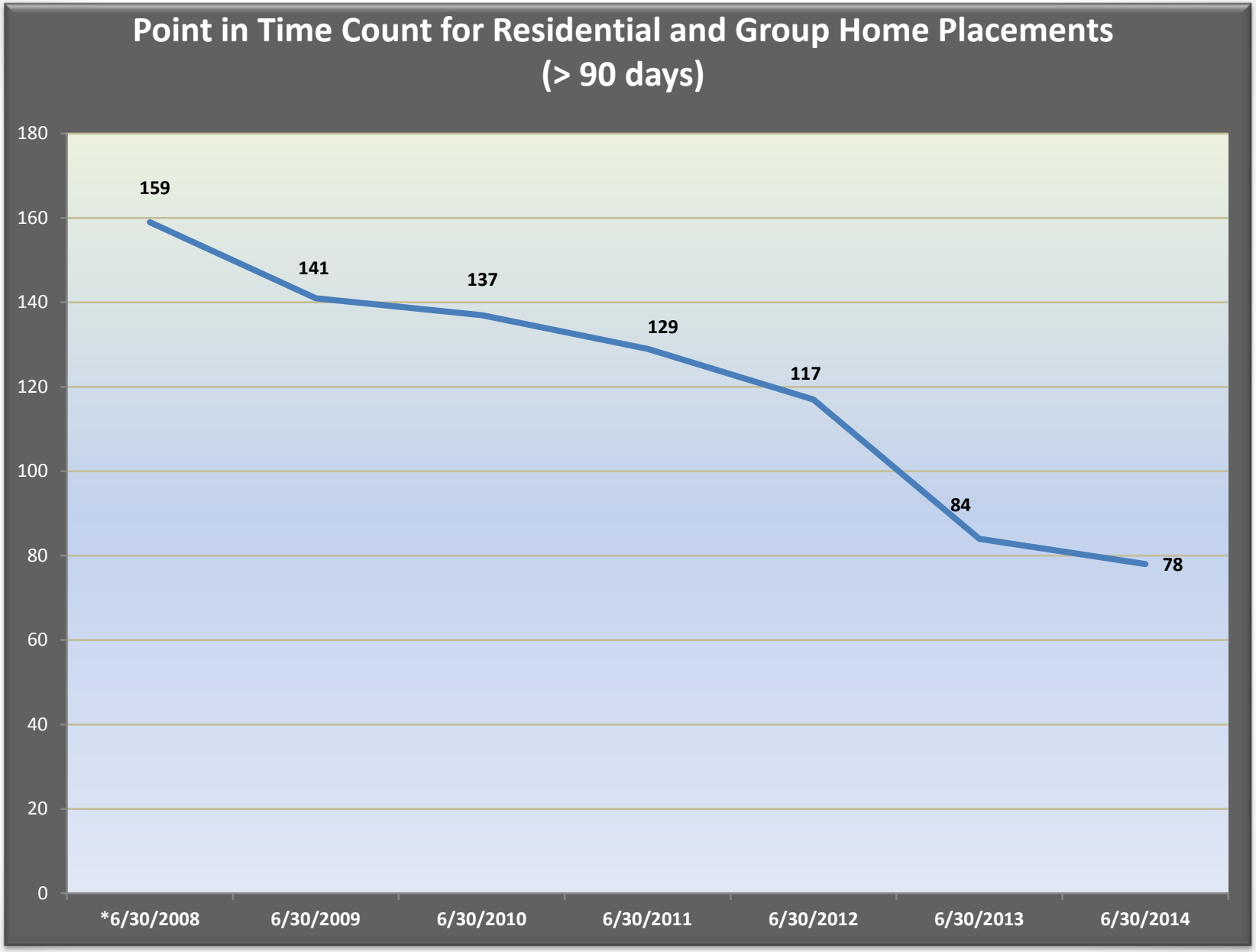
Typical questions relevant in any human service system:

- Who are we serving?
- What services? How many? How much? How often?
- How well are we providing the services (performance indicators)?
- What are the results of our efforts? Is anyone better off?

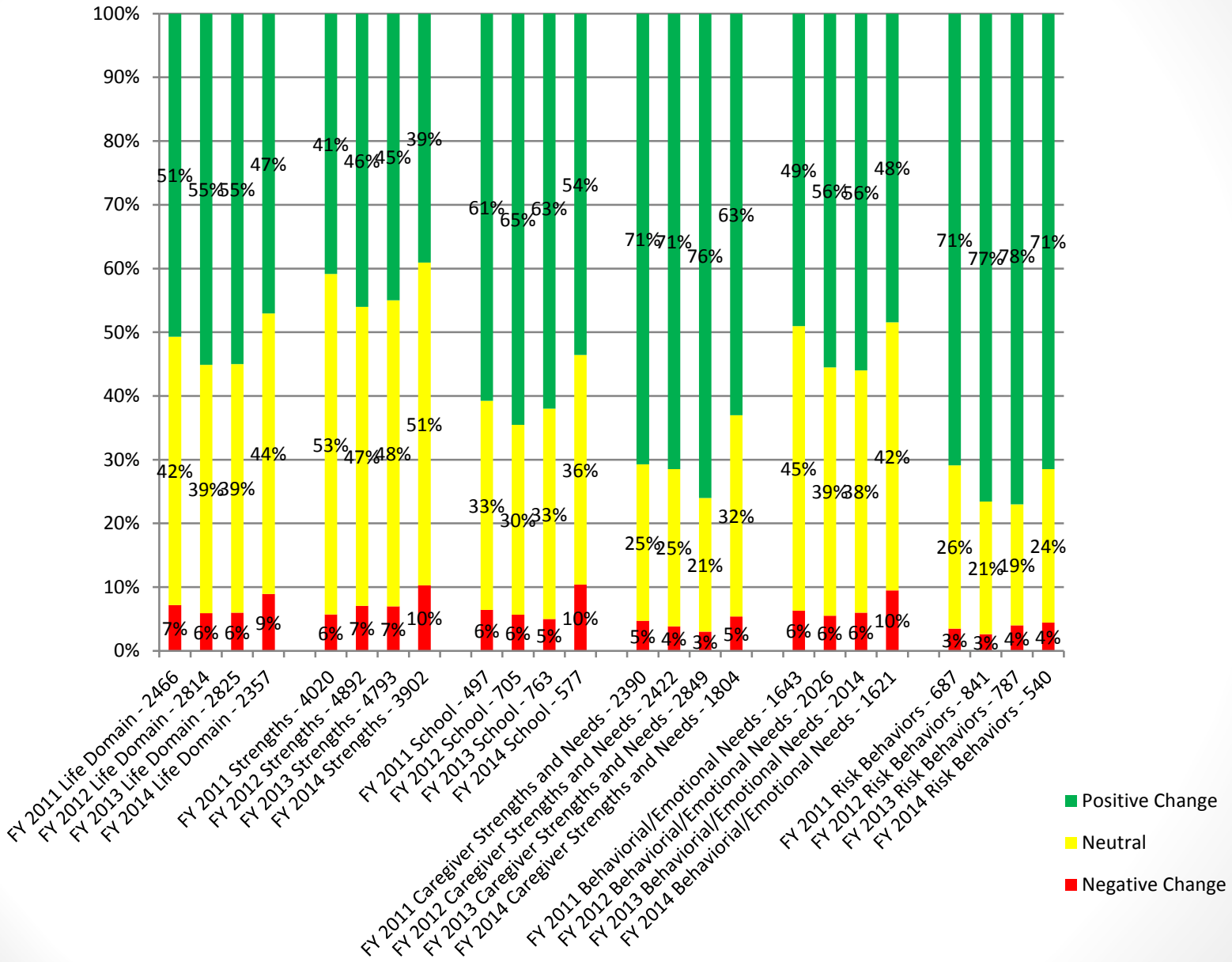
Fairfax SOC Outcome Goals

- Restrictiveness of Living
  - % of children served living in family settings
- Permanency
  - % of children served who were prevented from entering care
- Functional Outcomes
  - CANS
  - Educational
- Fiscal Accountability
  - Per capita expenditures
  - Annual per-child cost for residential/group home


Count of #
Youth Served by Lead Agency
134
184
279
35
2
86
331
86
13
167
Program
Fairfax Co Pub Schools - Contract Services
Fairfax County Adult And Aging
Fairfax County Child Protective Services
Fairfax County CSB
Fairfax County Department of Human Services
Fairfax County Family Preservation
Fairfax County Foster Care & Adoption
Fairfax County Juvenile & Domestic Court
Fairfax County Public Schools


Point in Time Count for Residential and Group Home Placements
(> 90 days)
180
160
140
120
100
80
60
40
20
0
159
141
137
129
117
84
78
*6/30/2008
6/30/2009
6/30/2010
6/30/2011
6/30/2012
6/30/2013
6/30/2014

CANS Domain Level of Need Across Fiscal Years



HOW TO DEVELOP AN INTER-AGENCY SYSTEM OF CARE TRAINING PLAN

Leadership in SOC Training

- Develop a charter for the training group to establish roles and assign responsibilities
- Designate program and training staff to participate on the Training Committee
- Allocate funding to support training efforts for technical support, consultation fees, speak fees, venue costs, supplies, and related expenses
- Develop training policy to define expectations and require minimum standards of practice and understanding of staff

Training Team Functions

- Meet regularly to plan training events
- Disseminate training information and requirements to agency staff
- Liaison between training team and program to determine agency SOC training needs as well as system training needs
- Share responsibilities to host training event
- Research training opportunities
- Report training needs to leadership quarterly
- Recommend policy changes, as needed
- Organize registration and schedule events

SOC Scholarships and Funding

- Georgetown Training Institutes
- Motivational Interviewing
- Consultation Services
- Child and Adolescent Needs and Strengths Conference
- Autism Conference
- CSA Annual Conference

Training Challenges

- Communication to staff about training schedule and requirements
- Ongoing or refresher courses for staff
- Cancellations and rescheduling
- Administrative support
- Technical assistance
- Limited use of technology and web-based trainings

INTRODUCTION TO THE ROLE OF CONTRACTING IN A LOCAL SOC

Role of Providers in SOC

- Providers participate in the multidisciplinary team (MDT) meetings
- Providers are members and participants on the FAPT teams
- Providers attend SOC trainings

SOC within the Purchase of Service Agreement

- Tenants of the contract specify System of Care Practice Standards and Principles as part of the delivery of services

- Acceptance of SOC is part of the contract approval process

SOC Principle: Flexible & Responsive Services

- Former contracting process was a closed pool of providers
- New contracting process
  - Opportunities for new providers to apply
  - Option for current providers to expand services as they respond to changing trends and needs in the community
  - Child specific contracts for individualized services

SOC Principle: Cultural and Linguistic Competence

- Address the cultural and linguistic needs of youth and families
- Clinical interventions available in multiple languages and provided by staff with understanding of the family's cultural experience
- Provider Directory list categorized by specialization (ex: language capacity)

Partnership with Providers

- Leland House is a level C residential program in Fairfax providing acute care in the community for youth between the ages of 13 and 18 years of age. Leland House is affiliated with United Methodist Family Services (UMFS). 45 day, 8 bed facility is staffed by two Fairfax County Public School teachers. Fairfax CSB Emergency Services make the assessment and referral to Leland
- Draws down Medicaid, CSA , and family insurance
- Allows bed purchase placement by surrounding counties

Questions, Comments….

Thank you for your participation.

For more information about this presentation, please contact :

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