

Nothing About Us Without Us



***EMPOWERING FAMILIES TO BRING
SYSTEMS OF CARE TO SCALE IN
FAIRFAX-FALLS CHURCH***

April 28, 2016

CPMT Vision and Mission



Vision

- To engage the community in providing 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

- To ensure that 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.

SYSTEM OF CARE



- 2006-System of Care reform undertaken by the CPMT to address the difficulty in meeting the needs of youth and families with the most complex issues and highest risk factors
- Leland House, a short-term crisis stabilization program, was created as an alternative to long-term residential interventions
- CPMT initiated intensive care coordination in 2010 to enhance community-based services for youth with complex issues and high risk factors, and their families

INTENSIVE CARE COORDINATION



- Intended for youth at risk for residential or transitioning out of residential
- Based on principles of High Fidelity Wraparound
- Designed to facilitate collaborative relationships among youth, his/her family, natural supports, and child-serving agencies to support families to meet their needs
- In order enhance ICC's fidelity to the wraparound model, CPMT decided to implement the use of Peer Support Partners through a DBHDS grant

VIRGINIA DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES SYSTEM OF CARE GRANT



- The grant provides \$425,000 in state funding from January 2014 through September 2016. Fairfax County is one of five grant recipients statewide.
- The project goal is to improve outcomes through enhancing family engagement in our system of care by engaging or establishing an organization of families of children with serious emotional disturbance and empowering that organization with meaningful roles in the system of care, including but not limited to provision of parent support partners.

TARGET POPULATION



- Children through age 21 with a serious emotional disturbance that is diagnosable under the DSM-IV. Specifically, the target population must have one or more of the following: a mental health problem, a co-occurring mental health and substance abuse problem, contact with the social services system, juvenile justice or court system, require emergency services, or require long term community mental health and other supports.

PARENT SUPPORT PARTNERS



- Support Partners have been provided to families who are participating in high fidelity wraparound through ICC.
- Beginning in July 2015 Support Partners are offered to families participating in CSA multi-disciplinary teams.
- Support Partners can be linked with parents, youth, extended family or fictive kin.
- Selection Criteria
 - Difficulty engaging in the wraparound process
 - CANS scores on the Planned Permanency Caregiver Domain

PARENT SUPPORT PARTNER PROVIDERS



- **United Methodist Family Services (UMFS) provided Parent Support Partners through September 30, 2014. UMFS served 30 youth and their families with 628.5 hours of Parent Support Partner Services.**
- **In October 2014 the National Alliance for the Mentally Ill (NAMI) Northern Virginia, a local family organization, assumed provision of Parent Support Partner Services.**
- **From October 2014 through March 2016 1,669 hours were provided to 69 families, an average of 24.2 hours per family.**

SYSTEM OF CARE SUPPORTS



- **During the project NAMI Northern Virginia will:**
 - Coordinate the nomination of CPMT and FAPT parent representatives with the CSA Program Staff
 - Disseminate proposed policies to consumer families and elicit feedback for parent representatives to present to decision-making bodies
 - Participate in wraparound fidelity monitoring and other quality improvement processes

SYSTEM OF CARE SUPPORTS



- Participate in evaluating system performance, including but not limited to participating in the planning and implementation of the annual CSA service gaps analysis
- Participate in recruiting and selecting key system of care personnel, including participating on at least ten interview panels annually as requested by members of the Community Policy and Management Team
- Participate in training of public agency and provider staff, including presenting at least ten training sessions annually at the request of the CSA System of Care Training Committee

SUSTAINABILITY



- By the end of the grant period Parent Support Partner services will continue through the support of Comprehensive Services Act funding, and more than pay for themselves by contributing to a reduction in the number of long-term residential placements.
- As part of the project financing plan, NAMI Northern Virginia became a CSA provider of Parent Support Partner services in April 2015, and will generate \$100,000 in CSA purchase of service revenue during the course of the grant.

SUSTAINABILITY



- **NAMI can bill CSA for face-to-face, telephonic or electronic communication with the client, extended family, others on the youth and family team, 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.**

SUSTAINABILITY



- NAMI charges \$50/hour and bills monthly.
- PSP purchase orders are for five hours a week.
- In FY 2015 CSA paid NAMI \$17,525 for PSP services for 17 families.
- For FY 2016 YTD CSA has paid NAMI \$ \$22,268 for PSP services for 21 families.
- For FY 2016 YTD the county has a contract with NAMI for \$10,000 for MDT parent representative services for 100 families (average \$100/meeting).

NAMI PARENT REPRESENTATIVES ON CSA MDTs



- **Multi-Disciplinary Teams**
- The Virginia Office of Comprehensive Services has approved Family Partnership Meetings, Family Resource Meetings and ICC Youth and Family Teams as Multi-Disciplinary Teams to develop IFSPs for the following CSA-funded services:
 - Community-based services such as home-based interventions, respite, evaluations, and outpatient services
 - Treatment Foster Care
 - Supervised apartment programs for young adults (ages 18 – 21)

NAMI PARENT REPRESENTATIVES ON CSA MDTs



The MDT includes 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. Families are partners in decision-making around the assessment and delivery of services for their children.

NAMI PARENT REPRESENTATIVES ON CSA MDTs



When CSA funding for services will be requested, the MDT shall include participants with expertise on the needs to be addressed.

- *CSB participation is required* when significant behavioral health, substance abuse and/or intellectual disability needs are to be addressed, and the youth has significant risk factors,;
- *JDRDC participation is required* when the youth or other family member is involved with the juvenile and domestic relations district court for delinquency or status offenses,;
- *DFS participation is required.* when the family is being served by DFS Child, Youth and Family Services or has a history of involvement with public child welfare within the past year,
- *FCPS or FCCPS participation is required* when the youth has significant school behavior, achievement or attendance issues, or When the youth is in a private special education program.

NAMI PARENT REPRESENTATIVES ON CSA MDTs



Every effort will be made to identify a Parent Representative from the family's informal support system to participate in the MDT meeting. Every effort will also be made to identify a Youth Representative from the family's informal support system to participate in the MDT meeting. If the family is unable to identify a Parent Representative they will be offered the participation of a Parent Representative trained to serve on a FAPT. Prior to the MDT the family shall be informed in writing of their right to Parent Representative participation in the MDT, but may decline. When a parent declines participation of a Parent Representative it shall be documented on the IFSP.

NAMI PARENT REPRESENTATIVES ON CSA MDTs



Parent representatives shall meet with the family, in-person or by phone, prior to the meeting to explain the meeting process and the family's role in service planning, and to remind the family of their rights and responsibilities. During the meeting the parent representative ensures that the family is supported to actively participate, and that their voice and choice are elicited and considered.

PROJECT STRENGTHS



- **Inter-agency sponsorship**
- **Partnership with NAMI Northern Virginia (NOVA)**
- **NAMI-NOVA involvement in SOC policy & management**
- **Existing public and private HFW providers**
- **CSA funding to sustain project services**
- **Family involvement in project planning & oversight**
- **Availability of a non-profit service provider (UMFS) to initially stand up FSP service**
- **State provided training for FSPs**
- **County support for system of care approach**

PROJECT CHALLENGES



- **Developing a business model that supports provision of FSP services through fee-for-service by a local family organization**
- **Lack of Medicaid coverage for HFW and FSP services**
- **Provision of FSP services and HFW by different agencies creates coordination challenges**
- **Convincing public agency case managers of FSP value**
- **Convincing families of FSP value**
- **Addressing the needs of families from diverse cultural backgrounds and limited English proficiency**
- **Efficiently serving a large geographical area**
- **Preventing the need for SPED IEP residential placements**



UMFS
Unwavering champions
for children and families.





www.theopentable.org

**From Transaction to
Transformation.
From Poverty Community.
One Person at a Time.**

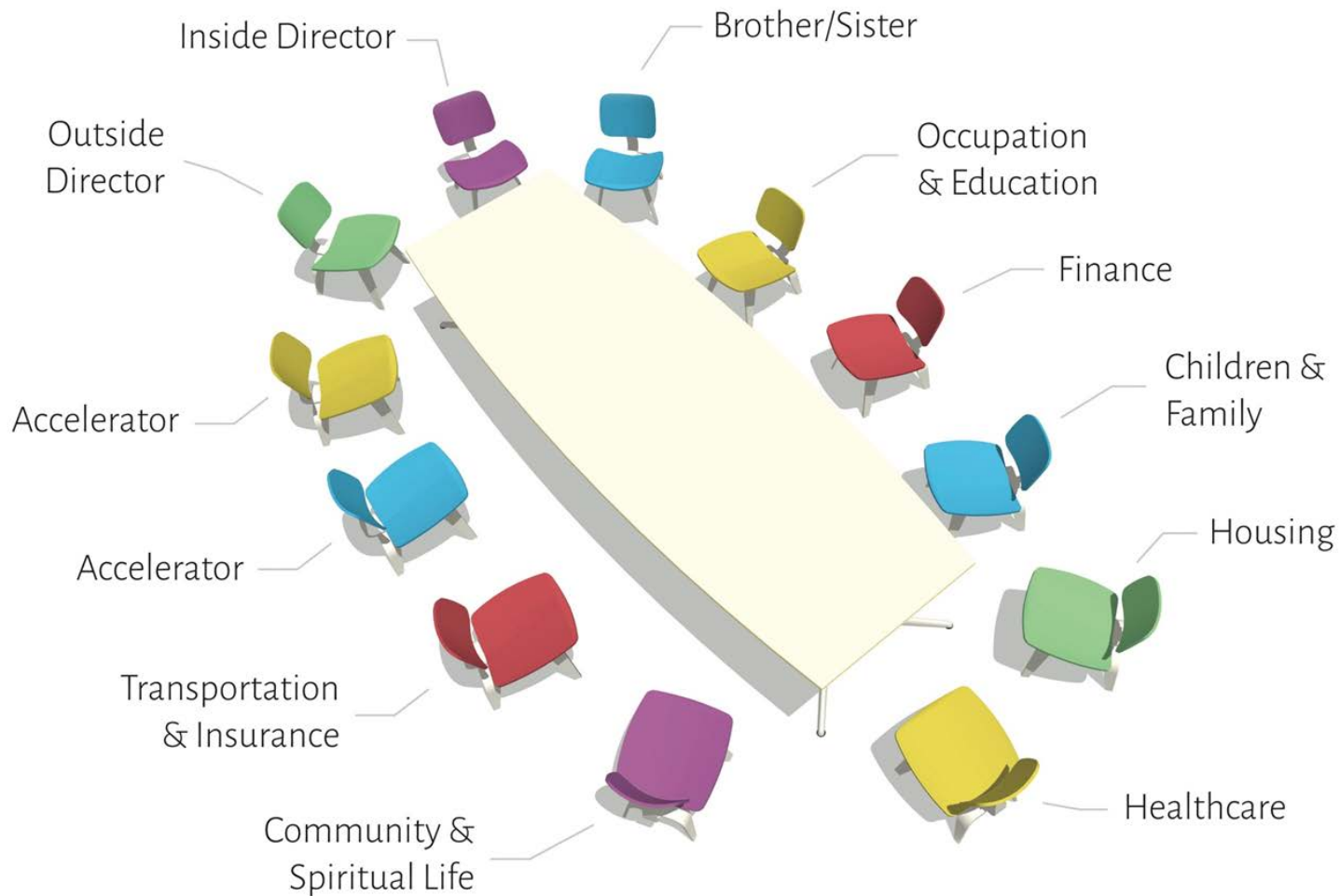
A Poverty Transformation Movement



A way to partner with the faith based community to allow the youth and families we serve to have natural supports with in the community. The goal is that Open Table can work to transform families lives so that the SOC work is sustainable within the community.

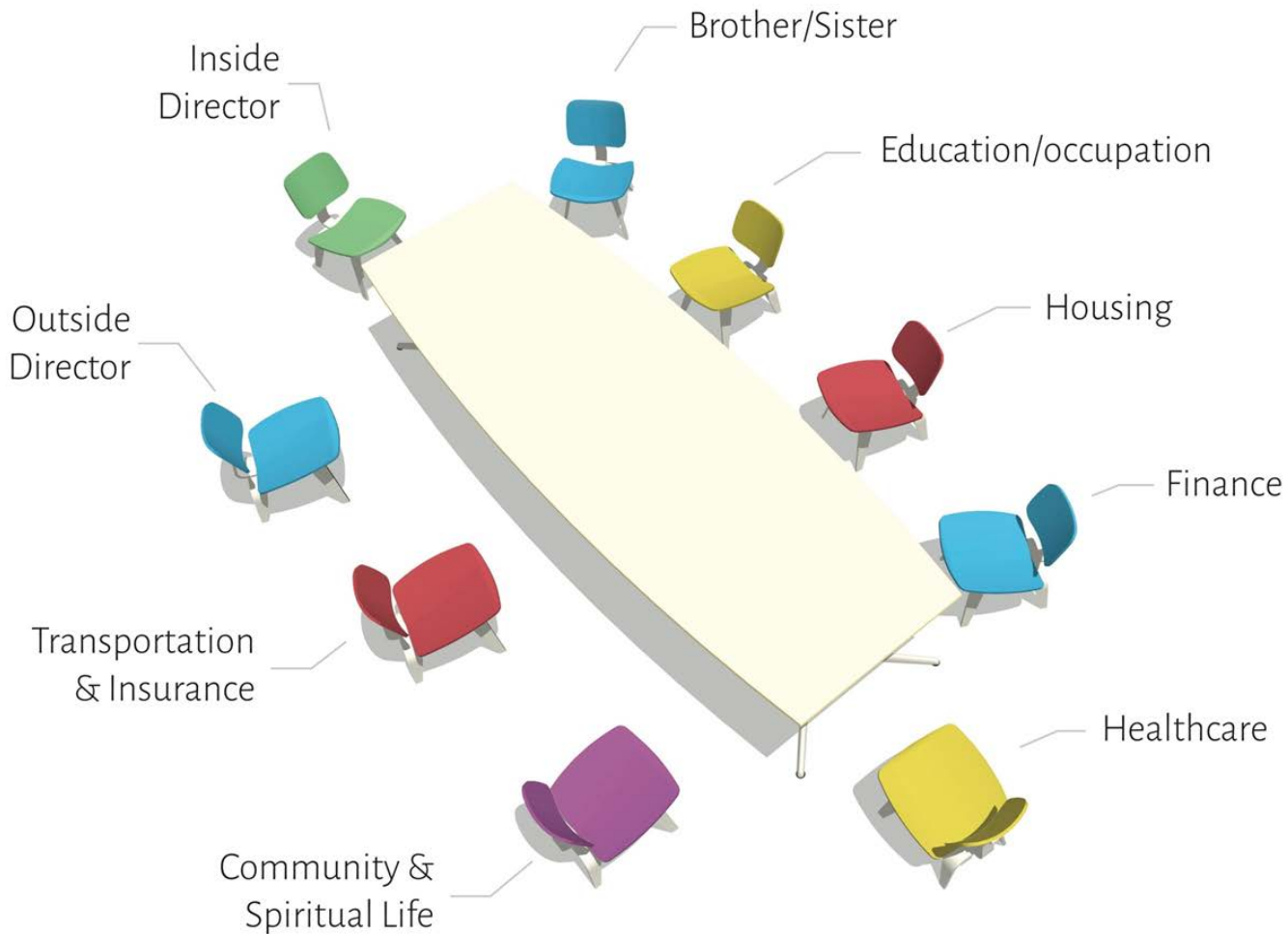


The Open Table Model



** In addition to these chair roles, one Table member will also serve as an advocate for the Brother/Sister*

Young Adult Version



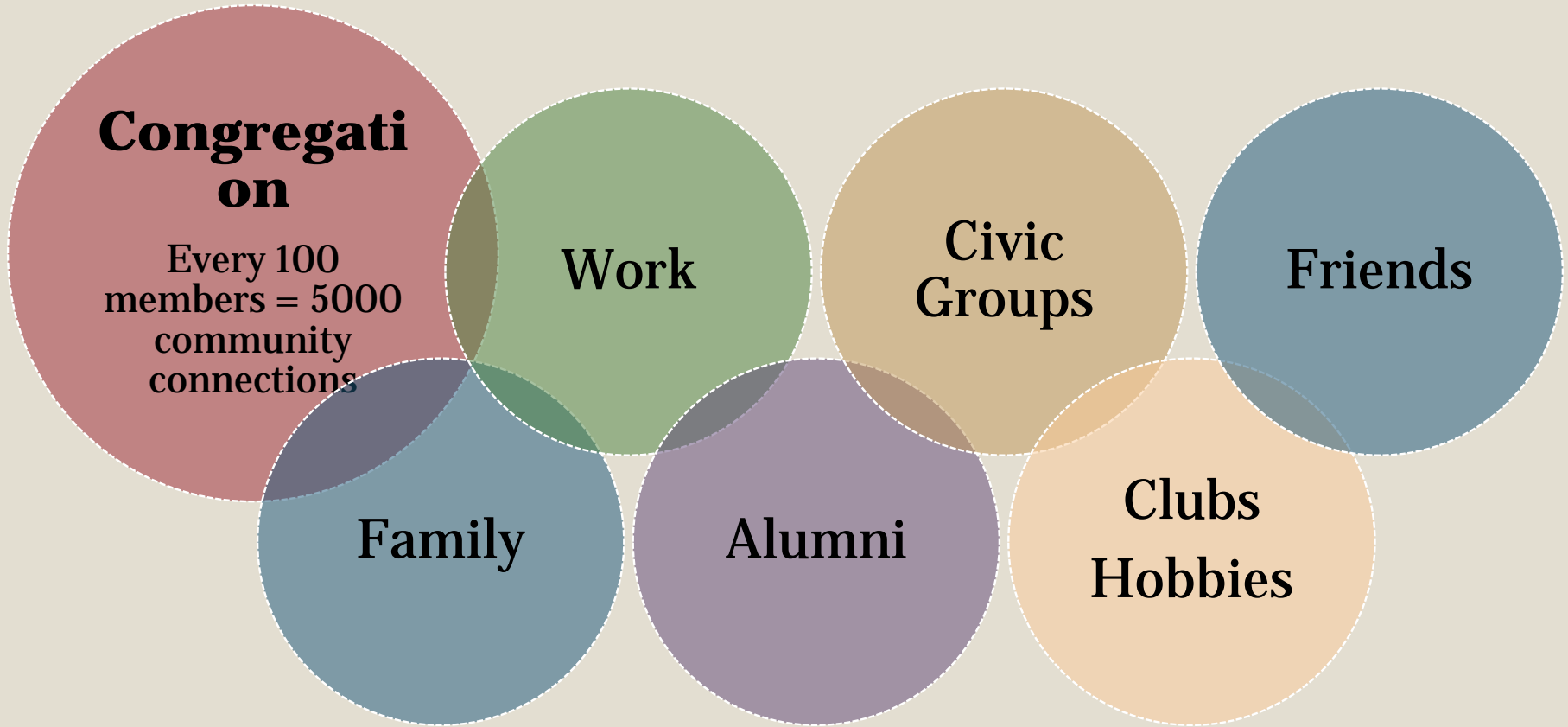
** In addition to these chair roles, one Table member will also serve as an advocate for the Brother/Sister*

*** The Table size for Young Adult with no parenting responsibilities is 6 to 8 Table members, for Young Adults with parenting responsibility the Table size must be 10 to 12 Table members*

© The Open Table, Inc., 2015-2016

© The Open Table, Inc., 2015

The Secret Sauce: Networking



On Going Sustainability.....



95% of participants have long term relationships with one or more of their former Table members.

95% of participants report that they are self-supporting at this time or are confident that they will be self-supporting in the future

100% of participants have more optimism about my future and feel like I am headed in the right direction