



Office of
Children's Services

Virginia's System of Care

A presentation for the
New CSA Coordinator Academy

March 2017



Office of
Children's Services

SOC: 30 Years in the Making





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A National Model



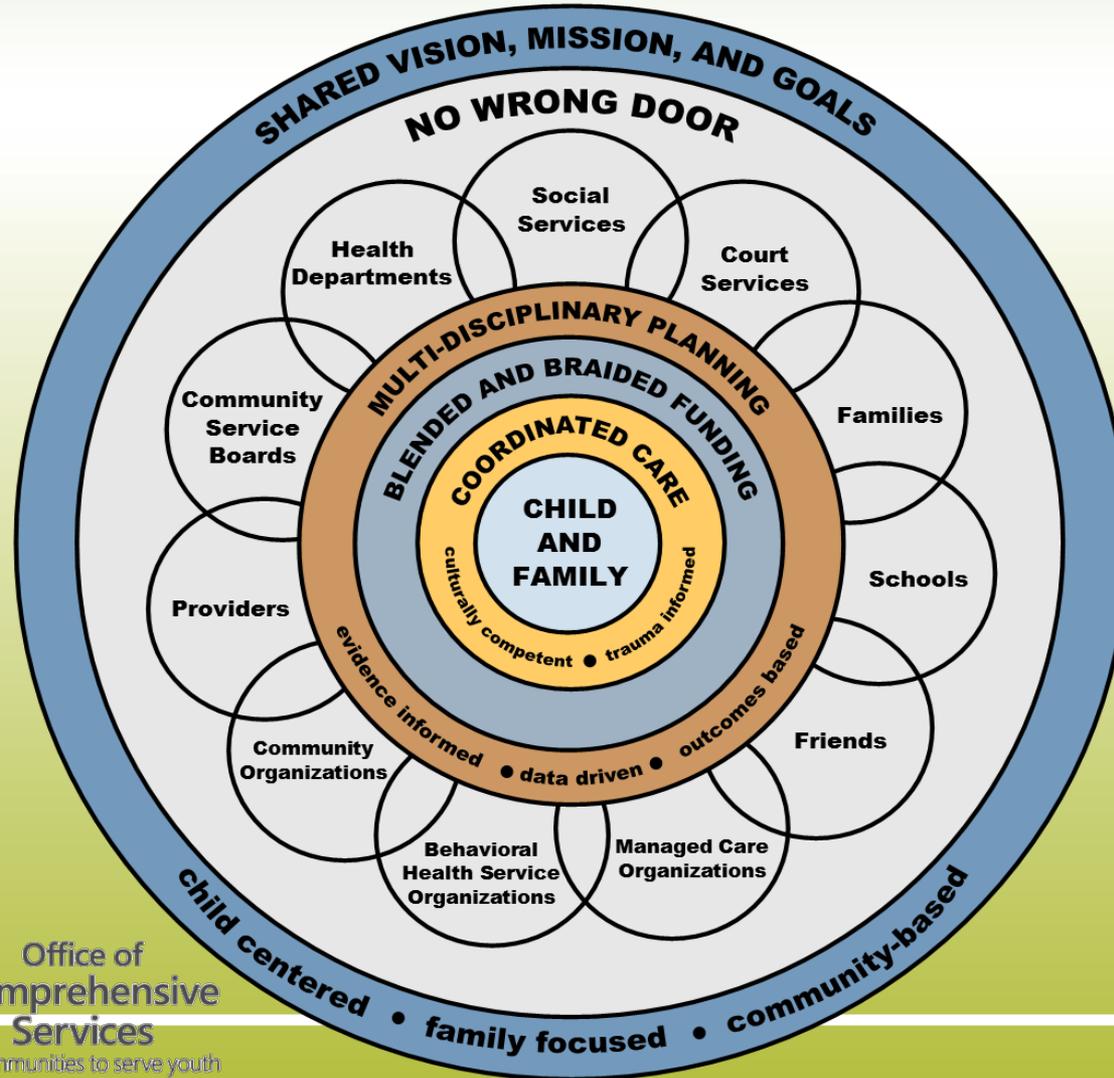


The mission of the CSA is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth.



Office of Children's Services

Virginia's Comprehensive System of Care



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Empowering communities to serve youth



SOC: Small Group Questions:

1. A brief explanation of what the principle means
2. One example of a strength implementing that principle
3. One area for improvement implementing that principle
4. One opportunity for change that would improve the system of care as it applies to the principle



Shared Vision, Mission & Goals

Virginia:

There is a shared belief across the Commonwealth that all children who are at-risk deserve access to a coordinated array of critical services which will produce the best possible outcomes for them and their families.



Shared Vision, Mission & Goals

PAST ACTIVITIES

- Enactment of the CSA (1993) established the mission for serving the Commonwealth's youth
- Children's Services Systems Transformation (2009) and adopted "Practice Model"
- DBHDS - SAMHSA Planning Grant for expanding systems of care (2011)
- System of care training

PRESENT/FUTURE ACTIVITIES

- DMAS - private Managed Care Organization and Behavioral Health Service Organization (Magellan, 12/1/2013) managing children's health and behavioral health services
- Implementation of State Executive Council strategic goals
- DBHDS - SAMHSA Implementation Grant for expanding systems of care (2012-2016 and 2016-2020)
- System of care training and the HFW Center of Excellence



No Wrong Door

At-risk youth and families have access to funding and services regardless of how they come to the attention of those responsible for serving them.



No Wrong Door

Virginia's Strengths:

- Local policies must address how parents can refer their children to FAPT



No Wrong Door

Virginia's Challenges:

- Awareness, understanding and referrals to multi-disciplinary planning vary by locality
- Disparate local policies and practices governing access to funding and services



Multi-disciplinary Planning

There is collaboration and cooperation in the planning for youth and families to address diverse and complex needs without limitations that might otherwise be imposed by operating within the parameters of individual agencies.



Multi-disciplinary Planning

Virginia's Strengths:

- Mandated multi-agency teams to access state Pool Funds
- Mandatory uniform assessment that examines needs across all domains
- Required individual family services plans



Multi-disciplinary Planning

Virginia's Challenges:

- Duplicative or poorly coordinated teams across agencies and stakeholder groups
- Service planning inconsistently driven by the unique strengths and needs of each child and family
- Varying use of data driven decision-making
- Variable knowledge and application of core philosophies and evidenced-informed practices, e.g., trauma-informed care, cultural and linguistic competence, family engagement/family voice and choice



Blended and Braided Funding

Financial structure encourages effective and efficient use of all available resources and maximization of federal funding streams. Access to available funding resources is available in one place and through one mechanism.



Blended and Braided Funding

- Blended funds – fund streams are melded into a single “pot” where one can no longer be distinguished from another.
- Braided funds – fund streams are woven together and used in coordinated fashion.



Blended and Braided Funding

Virginia's Strengths:

- Enactment of the CSA blended eight fund streams to create the state's Pool Funds
- SEC Strategic Plan includes the goal to align policies across core fund streams



Blended and Braided Funding

Virginia's Challenges:

- Some children, youth, and families fall through the cracks of individual fund stream eligibility requirements
- Non-pooled funds continue to be viewed in silos
- All localities do not utilize non-mandated funds



Coordinated Services

Effective individualized care planning and management processes address the unique strengths and needs of children and families holistically, value and respect family and youth input, deliver care in the family setting, and care for families in the context of their communities.



Coordinated Services

- Evidence informed practices
 - Standardized practice models
 - Data driven/outcomes based care
- Care coordination
 - Basic case management
 - Managed care
 - Targeted case management
 - Intensive Care Coordination



Coordinated Services

Virginia's strengths:

- Mandatory uniform assessment
- Partnership with private providers
- Required utilization review and utilization management
- Support and advocacy for the use of ICC (HFW)



Coordinated Services

Virginia's challenges:

- Disparate implementation across the Commonwealth
- Wide range in the availability of services and/or service providers



Coordinated Services

PAST ACTIVITIES

- Intensive Care Coordination established
- Annual "CSA Service Gaps Survey"
- DBHDS analysis and recommendations regarding availability of children's behavioral health services

PRESENT/FUTURE ACTIVITIES

- Education/training: High Fidelity Wraparound for Intensive Care Coordinators and supervisors
- Improved management by data (data integration and analysis)
- Education/training on evidence-informed practices
- Standardize service names and definitions; identify standard practice models



Family Focused- Child Centered

- Family and child are partners in planning
- Family and child voice is heard and respected
- Goals and services represent family and child desires
- Family and child strengths and needs drive service planning
- Families and children are empowered to achieve success



Child Centered- Family Focused

Virginia's Strengths:

- Parent Representation on SEC and SLAT
- Required Parent Representative on CPMT and FAPT
- Local policies must address how parents can refer their children to FAPT
- Growing number of parent and youth leaders
- Model IFSP includes section for Family Input



Child Centered- Family Focused

Virginia's Challenges:

- Multiple localities do not have Parent Representative on FAPT and/or CPMT
- Many FAPT meetings occur without the youth and/or family present
- Decision making “about us” still occurs “without us”- cookie cutter plans that are not built upon the unique strengths and needs of the youth and family



System of Care Resources

- Virginia CSA Web Site:
www.csa.virginia.gov
- National Wraparound Initiative:
<http://nwi.pdx.edu/>
- National Technical Assistance Center for Children's Mental Health:
<https://gucchdtacenter.georgetown.edu/>
- Youth Move National:
<http://www.youthmovenational.org/>



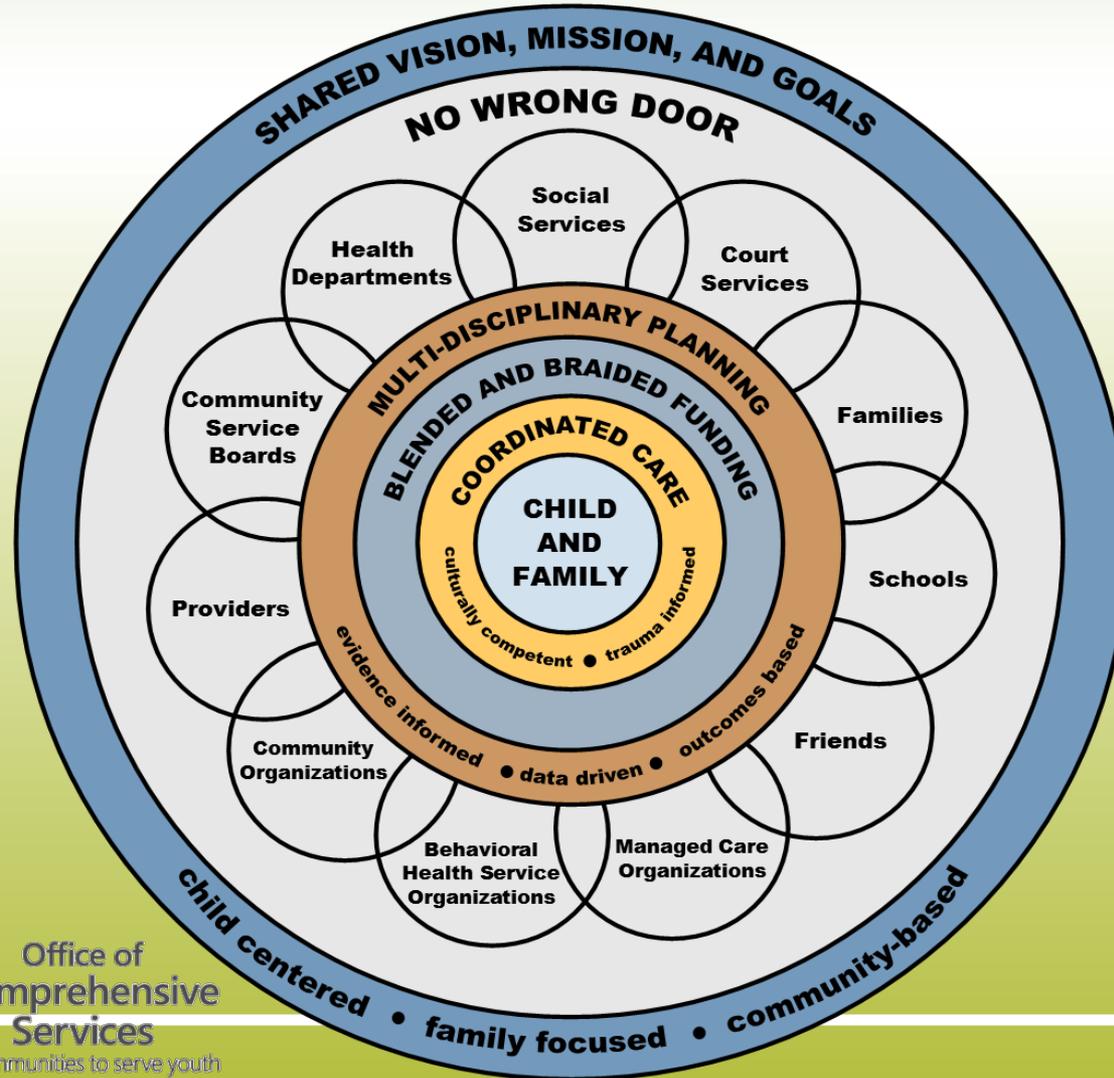
System of Care Resources

- The Institute for Innovation and Implementation:
<https://theinstitute.umaryland.edu/about.cfm>
- The Virginia Family Network:
<http://namivirginia.org/programs/for-parents-of-children-and-youth-virginia-family-network/>



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