Comprehensive Services Act

Community Inventory

Karen Reilly-Jones

Chesterfield/Colonial Heights CSA

&

Victor Evans

Prince William CSA

System of Care Basics

- **Shared vision and goals**

- **Commitment and investment** (trust)

- **Collaboration and communication** (effectiveness and relationships)

- **Integration of Services** (public and private)

Rate *your* SOC community

1- lowest
- No evidence

5
- Doing Ok- making progress

10- Highest
- Total implementation- mastered

SOC VISION

- Identified and clearly stated

- Practiced

- Shared across all systems

- Children and families integrated

- "Right" stakeholders involved

- Allowed to evolve based on needs

Collaboration and Coordination

- Leadership

- Communication

- Accountability

- Effectiveness

- Stream lining processes

Family & Child Engagement

- Family driven

- Strengths based

- Individualized

- Ongoing feedback opportunities

Culturally Aware

- Staff awareness

- Ongoing training

- Service provider availability

- Service system and policies address needs

Trauma Informed

- Staff awareness

- Ongoing training

- Service provider availability

- Service system and policies address needs

Evidence Driven/Based Practices

- Staff awareness

- Ongoing training

- Service provider availability

- Service system and policies address needs

Outcome-Goal Directed

- Are SOC desired outcomes clearly defined?

- Everyone have the same goal?

- Everyone defines success the same?

- Are goals realistic and measurable?

- Ongoing evaluation of progress?

- Who is responsible in attaining the goal?

Data Informed Driven

- Clarity and purpose on how data is collected and used

- Support for collection and use of data

- Used to make decisions on service level and program level.

Quality Service

- **Define effective and quality services**
  - Community based
  - Least restrictive
  - Family engaged
  - Strengths based

- **Established & clear expectations and roles of stakeholders**

- **Ongoing system evaluation** – feedback loop

Shared Responsibility

- Leadership invested SOC practices

- Support given to service level staff for implementing SOC strategies

- Evident Partnerships across public and private agencies

Results?
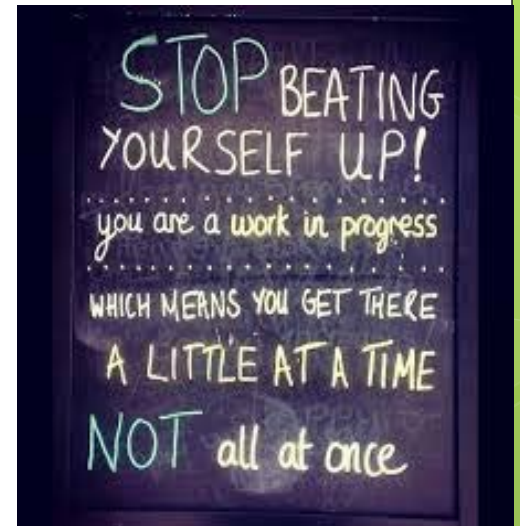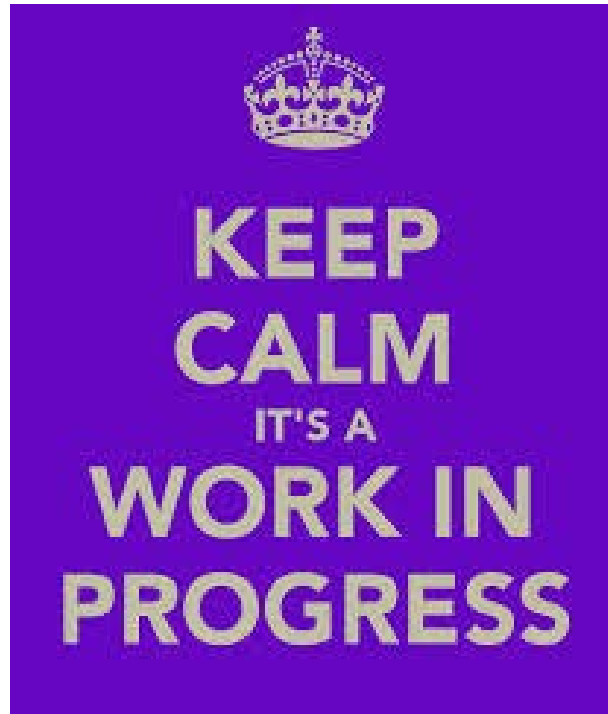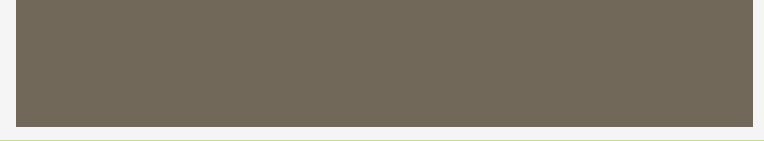
WHAT…
is a Community Inventory?

- Strategic planning tool for communities

- Directed conversation starter

- Strengths and needs analysis

- Training topic guide

Why?

- **Strategic Plan**

- **Training Plan**

- **But wait… there is more!**
  - Conversation starter
  - Relationship builder across agencies
  - Develop new and/or stronger partnerships
  - Increase understanding
  - Clarify roles and expectations

Community Inventory

- http://www.csa.virginia.gov/html/training_technical/Resource_Library.cfm

- Guide & Purpose
- Template

http://www.csa.virginia.gov/html/training_technical/Resource_Library.cfm

Bing

CSA Manual | Virginia Comprehensiv... ✕

Page ▾ | Safety ▾ | Tools ▾

• Interstate Compact Information

Trauma Resources

- DBHDS listing of Trauma-Focused Cognitive Behavior Therapy (TF-CBT) Providers
- Trauma Informed Care Perspectives and Resources

Standard/Model Forms

- Magellan Release of Information Form
- Sample Vendor Satisfaction Survey
- CSA Community System of Care Self-Assessment 2015
- CSA Community System of Care Self-Assessment - User Guide
- Sample CSA Coordinator Job Description
- IFSP Model
- Standard Model Contract
- REQUEST FOR EXCEPTION TO POLICY "USE OF STATE POOL FUNDS FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES"
- Model Community-based Behavioral Health Services Eligibility Form

Compliance Monitoring and Audits

- Specifications for Audits of Counties, Cities, and Towns

Archived "Ask OCS" Questions

Done | Internet | Protected Mode: Off | 100%

Community Inventory

- Shared Mission, Vision and Goals

- Service Array and Access to Services

- Management, Coordination and Communication

- Interagency Planning and Coordination

- Family, Children, and Youth (FCY) Involvement

- Culturally Competent / Trauma Informed Care

- Political and Economic Support

- Strategic Financing Strategies

How?

- Annual/regular leadership planning sessions

- Team retreats
  - CPMT
  - FAPT

CSA Community Inventory

Vision and philosophy	We have a clear vision and philosophy that actively guides the CSA system.					
	1 SD	2 D	3 N	4 A	5 SA	Comments
A clear vision is identified and upheld. (COV, LPP)				25%	75%	• Our mission and vision is clear and concise and coincides with the state level mission and vision statement. • Based on information shared/discussions, the mission and vision is upheld with available resources.
The needs of children/youth and families are integrated into the vision, philosophy and goals of the CSA system.				15%	85%	• It appears that there is great dedication by the CPMT staff to address the needs of the children/youth/families that uphold the mission and vision.
The "right" key stakeholders representing the diversity of the community are involved in the CSA process. (BP)				50%	50%	• I do know that within the CPMT there have been additional members added, including a parent representative. The CPMT is diverse and multi-disciplinary in nature however the ethnicity of the group is limited. It may however, be representative of the population served. Most notably is a lack of representatives from the Latino community and Asian American community.
Values and principles are continuously redefined. (BP)		10%		70%	20%	• Refined and reinforced well.

CSA Community Inventory

A framework to implement changes at the policy, system and practice levels exists and is shared across the system. (LPP, BP)			10%	40%	50%	• It seems that there is a successful process locally as our director is proactive. Based on my learning curve through discussions, it does appear that an improvement at the statewide level would be beneficial to the localities.
Vision and philosophy Objectives	**What are successes?**		**What are weaknesses (internal)?**		**What are barriers (external)?**	
	• Recent review/completion of code of ethics document. • The continued reflection on our shared vision and philosophy. • Defined vision, mission, and code of ethics. • Invested community partners • Exceptional vision with emphasis on youth. • Good articulation of vision and philosophy		• Not sure community able to see how vision drives practice • Having available a parent rep on all FAPT teams. • Complicated system with high demands that takes focus off of vision/philosophy and onto basic survival • Perhaps include vision, philosophy statements embedded in agenda and other documents to keep us reminded.		• State mandates inhibit local agency practices • lack of appreciation/understanding for what CSA does • Sometimes competing priorities for stakeholders	

CSA Community Inventory

Service Array	We have a service array that meets the needs of our children, youth and families.					
	1 SD	2 D	3 N	4 A	5 SA	Comments
Services that families and youth find useful are <u>created</u> as their needs change. (BP)				80%	20%	• It appears that there is advocacy and action at the local level to ensure families and youth have the most beneficial services and that adjustments are made when needs change. There has been recent focus on intensive care coordination and increasing wrap around services, etc. • I think that the CSA staff work in an exceptional way to meet the varied needs of the youth and families that we serve. • Did a great job last year with a case returning from out-of-state residential
Access to appropriate & effective services has increased over time to meet changing needs. (BP)			10%	70%	30%	• Demonstrated by the success of keeping youth in the community and back to their families. The needs continue to grow, especially in acute assessment and acute care. • When appropriate, staff works with providers to develop services that meet unique needs of children and families.

CSA Community Inventory

Mechanisms for providing individualized (incl. cultural & linguistic), integrated, and coordinated planning are implemented. (COV, LPP)			20%	70%	10%	• I am not as aware of the coordinated planning on the part of community partners.
Mechanisms to decrease reliance on out-of-community placements are in place in the CSA system. (COV, LPP)			45%	35%	20%	• Need to learn more about this effort. • Additionally, strategies are in place to reduce the length of stay when placements are made outside the community and/or family. • Not familiar with this specific process.
Training and technical assistance on evidence- based services is coordinated and offered across the agencies involved with CSA. (BP)			25%	50%	25%	• Numerous trainings provided have been highlighted. • CANS helpdesk troubles with certification

Service Array Objectives	What are successes?	What are weaknesses (internal)?	What are barriers (external)?
	- Blue team created to meet a unique need and other FAPTs are also creative - Adding more FAPT teams when necessary - Expanded use of non-traditionally defined services like Parent Support Services. - Creativity of services - CSA does a good job of collaborating with the private sector, in an attempt to ensure that adequate & quality services are available in the community. - Efforts in this area with free community trainings, but more can be done to assist in service providers to fit individualized needs. - Never enough services for varied issues -creative service array available for student returning from out-of-state residential program.	• Flexibility in funding • Tend to think about service needs through the lens of the currently available service categories. • Thinking that more the services = better the outcomes • Schools folks need more information and support so that non-mandated education wrap-around services can be more effectively utilized.	• Consistency among teams • inconsistent service providers • Continue to encourage providers to think outside the box. • Provider choice and availability • State mandate and changes in policy. • No cap on what Providers can charge for services. • Lack of information from service providers on effectiveness of services (performance outcomes)