

# CRISIS INTERRUPTED

The Partnership Between Fairfax County and UMFS Empowers Families Through the Provision of Crisis Stabilization Placement and High Fidelity Wraparound Services

# Who are we?

- Marie Thomas – Leland House Program Director, UMFS
- Lauri Huitema – Resource Team Supervisor, Fairfax County CSB
- Doug Healey – WRAP Fairfax Supervisor, Fairfax County CSB
- Jessica Grimes – Intensive Care Coordination Supervisor, UMFS
- Rob Kitchel – Family Support Partner, UMFS

# Leland House



# Leland House Overview

- Voluntary, 24/7 unlocked 45 day short-term residential which is utilized as a youth crisis stabilization program for Fairfax County.
- Joint Collaboration between Fairfax County CSB and UMFS to provide crisis stabilization for Fairfax County youth.
- Crisis Stabilization provides an alternative to psychiatric hospitalization or longer term residential. As well as a integrated step down from a psychiatric hospitalization back into the community.
- Staffing: Program Director, Assistant Director, 2 Full Time Therapists, Clinical Case Manager, Nurses, Psychiatrist, Youth Counselors and Intensive Care Coordination team.
- Supported by a network of volunteers and 2 MSW Interns

# Program Overview (cont'd)

- Weekly team meeting and weekly clinical staffing of each youth
- Services received: at least 3 individual therapy sessions per week, 1 in person family session per week, 4 group therapy sessions, weekly psychiatric monitoring
- Supplemental therapeutic support: psychoeducation, recreation, family engagement, and pet assisted therapy
- Focus on Family therapy and Engagement within the program. Leland House has incorporated many strategies which align with the Building Bridges Initiative; Parent nights, Family Engagement activities, visitations, therapeutic passes/goals.

# Population Served

- Co-ed facility, ages 12- 17, Maximum of 8 youth
- Vast majority of youth are struggling with anxiety, depression, self harm, suicidal ideation, and/or emotion regulation. Majority of the population has experienced some level of trauma or neglect.
- The population served tends to internalize their struggles instead of externalize. More loss of hopelessness and self-harm, less defiance and aggression.
- Common co-occurring issues include challenges with reality testing, school refusal, substance use, unhealthy eating patterns, and family conflict.
- Current trend: youth in the LGBTQ community. Leland focuses on creating a welcoming and safe environment and utilizes preferred names and pronouns of youth served.

# Admission Criteria/Presentation

## Appropriate for Admissions

- Exacerbation of symptoms of psychiatric illness (anxiety disorders, thought disorders, and depressive symptoms, etc)
- Assaultive and disruptive behavior towards peers, family members and/or others; assault on police officer on a case-by-case basis
- Suicidal ideation and gestures
- Self-injurious behavior/self-mutilation
- Co-occurring substance use/alcohol use
- Sexually reactive behavior

## Not Appropriate for Admission

- Placement need due to lack of housing, need for respite care, or any reason other than the youth's emotional or behavioral crisis
- Extreme aggression that cannot be managed in the community-based setting; aggressive behavior without remorse
- Suicidal ideation with intent and/or plan
- Clearly unwilling/unable to commit to safety
- Intoxicated or in need of detoxification program.

# Admission Criteria/Presentation (continued)

## Appropriate for Admissions

- Fire setting
- Homicidal ideation
- Co-occurring medical conditions that can be managed in a community-based setting
- Girls in first or second trimester pregnancy on a case-by-case basis
- Disturbance in conduct as the result of underlying emotional disturbance
- Evidence of delusions, hallucinations, thought disorder
- IQ 85 and above, IQ 71 – 84 on a case-by-case basis – ability to integrate/benefit from milieu

## Not Appropriate for Admission

- Manifestations of current criminal sexually assaultive or abusive behavior
- Clearly unwilling/unable to commit to safety
- Significant co-occurring medical conditions or personal care needs that can not be managed in the community-based setting
- Girls in third trimester pregnancy, high-risk pregnancies, pregnant girls whose pregnancy precludes medication essential to stabilization, pregnant girls with high levels of aggression
- Significant Conduct Disorder in the absence of underlying emotional disturbance
- Unregulated psychosis
- IQ 70 and below

# Public/Private Partnership

- Fairfax County program which is operated and managed by UMFS
- Leland House has been operated by UMFS since its inception over ten years ago.
- Only able to accept Fairfax County residents
- UMFS receives a monthly monetary stipend.
- The facility and grounds are owned and maintained by Fairfax County.
- Fairfax County Integrated Alternative School site is located on campus. Youth are able to continue their educational progress and credits and maintain enrollment in Fairfax County Public Schools while also receiving intensive mental health treatment.

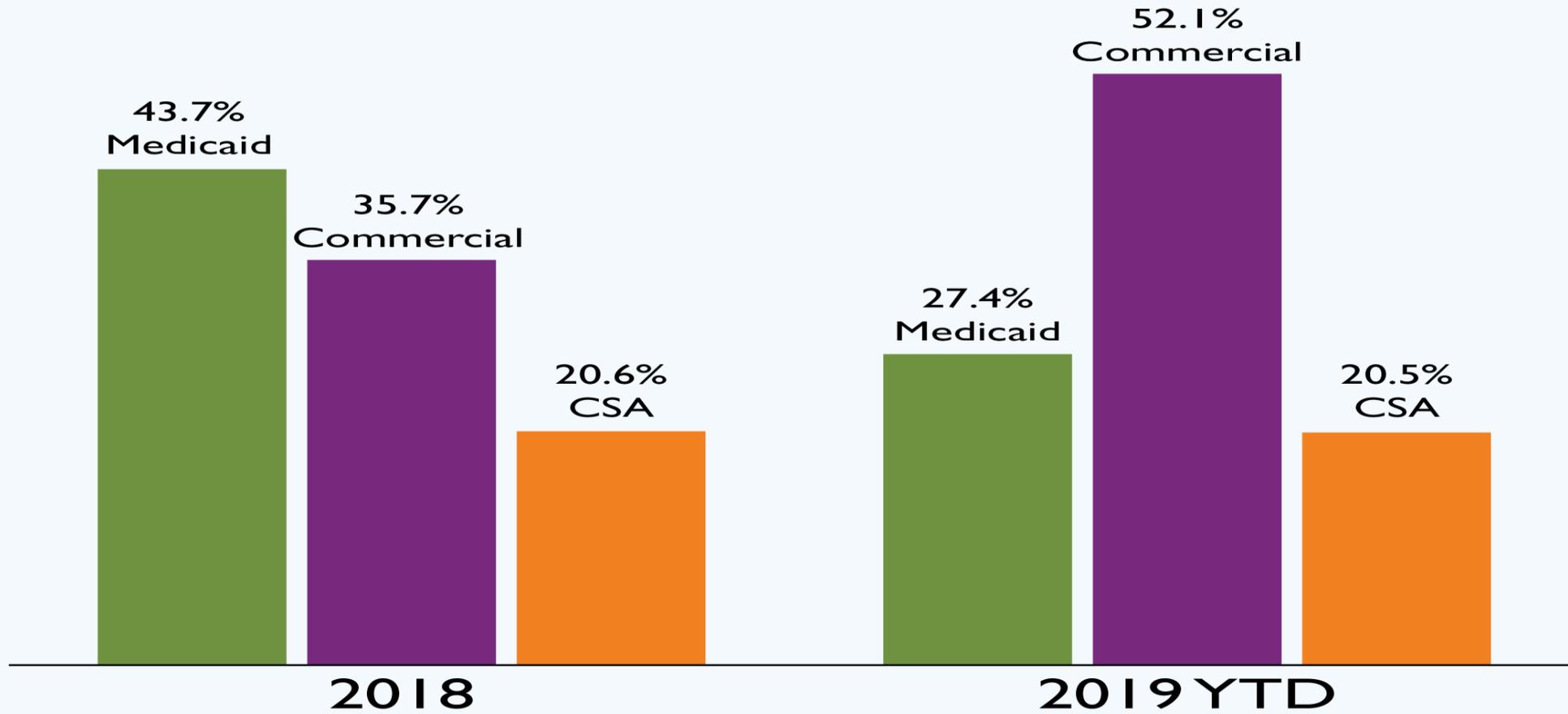
# Public/Private Partnership (cont'd)

- Community Services Board Emergency Services completes pre-screening for all community based admissions. Fairfax County CSB Resource Team completes prescreening for all step-down admissions. We have developed a process with 2 local psychiatric hospitals to allow for bed-to-bed step downs.
- Referral and screening process is collaborative. County completes formal screening and UMFS receives information and makes final placement decision.
- Once a youth is admitted to Leland the Fairfax County Liaison begins identifying a Fairfax County Human Services agency CSA Lead Case Manager, who is added to the youth's treatment team. The first Youth and Family Team meeting is scheduled within 8 days of admission to begin the process of discharge planning.
- CSA Lead Case Manager is responsible for attending YFT, encumbering for any recommended treatment services, and working hand in hand with the ICC facilitator to oversee implementation of treatment.

# Public/Private Partnership (cont'd)

- Ongoing nurturing and collaboration with Fairfax County agencies and stakeholders.
  - Quarterly interdisciplinary stakeholder meeting for both Leland House and ICC Services as well as Contract meetings and reviews.
  - Weekly conference call with local psychiatric hospitals within the area
  - Bi-weekly meetings with Leland House director and Fairfax County liaison
  - On-going community outreach to the schools, emergency services, and a variety of human services agencies
- UMFS submits quarterly reports to Fairfax CSA to track Serious Incident Reports, discharge out-comes, census, staffing patterns, funding coverage.
- The funding and documentation process is highly collaborative: UMFS Clinical Case Manager is responsible for completing admission forms and information, justifying additional criteria, supporting the family in applying for Medicaid, securing two most recent paystubs, and assisting the family with signing all the CSA required forms and consents. The case is then received by Fairfax FAPT to seek retroactive CSA funding for both Residential placement and ICC services.

# Funding Overview



# High Fidelity Wraparound



# What is High Fidelity Wraparound?

- *An evidenced-based planning process designed to meet a family's needs and vision*
- *Four Goals of High Fidelity Wraparound (VaSOC)*
  - *1. Meet stated needs prioritized by youth and family*
  - *2. Improve family's ability to manage own services/supports*
  - *3. Develop/Strengthen family's natural support system*
  - *4. Integrate work of services and supports into 1 plan*

# How does Wraparound work?

- A facilitator trained in the HFW model is assigned to the family
- The HFW facilitator, with the family's input, develops the HFW team (service providers, natural supports, system partners)
- The HFW facilitator moves the team through the 4 phases of Wraparound, staying focused on the family's needs

# The Wraparound Team

- The Youth and Family Team (YFT) is created from system partners, providers, natural supports and family members
- Meets monthly to create/adjust the plan
- Develops short-term, measurable goals for the team and family
- Models problem-solving techniques: prioritizing needs, short term goals, task assignment, accountability.

# Ten Principles of Wraparound

Family Voice  
and Choice

Team Based

Natural  
Supports

Collaboration

Community  
Based

Culturally  
Competent

Individualized

Strengths  
Based

Persistence

Outcome  
Based

Engagement



Planning



Implementation



Transition

*Phases of Wrap*

# What is required of families?

- Monthly meetings
- Home Visits (more in the beginning)
- Input in developing the plan, using natural supports and existing strengths

- Willingness to try new ways of doing things
- Completion of tasks
- Willingness to lead the YFT

# High Fidelity Wraparound Documents

## Strengths and Needs Discovery

Narrative of the family's  
vision, strengths and  
culture

Focused on the needs of  
the family

## Functional Assessment

An assessment of the  
prioritized behavior that  
informs the:

## Crisis Prevention Plan

A "how to" for the  
family to de-escalate a  
crisis

## Plan of Care

Developed based on  
needs and strengths

Short term, measurable  
goals

Assessed Monthly

# Leland House & HFW



# WRAP Fairfax and UMFS ICC

- Fairfax County has two agencies providing community HFW services to youth and families – Fairfax CSB and UMFS.
- Community-based referrals – Family Resource Meeting teams determine if a family would benefit from HFW ICC, then submit the request to FAPT for approval.
- UMFS ICC does accept community referrals, however the majority of UMFS ICC cases are generated upon admission to Leland House.
- WRAP Fairfax accesses Leland House as it accesses any other community resource as a crisis stabilization alternative to a longer term residential stay or psychiatric hospitalization.
- While a child is accessing Leland House services, the Leland team and the WRAP Fairfax YFT join to immediately begin collaborating on treatment and discharge planning.

# HFWR is an Evidence-Based Practice

- Fairfax CSA office administers various tools to both UMFS ICC and WRAP Fairfax to ensure fidelity to the HFWR model
  - WFI-EZ – survey administered to families, ICC Worker and LCM
  - DART – An extensive CSA-administered auditing tool
- ICC workers certified in High Fidelity Wraparound Model through initial state-wide HFWR trainings and annual recertification trainings.
  - Trainings provided through University of Maryland and/or DBHDS
- <http://www.systemofcare.virginia.gov/highFidelityWraparoundIndex>
- <https://www.csa.virginia.gov/Resources/FidelityWrapAroundCOE/>
- <https://nwi.pdx.edu/>

# UMFS Intensive Care Coordination

- Contracted by Fairfax County to provide Intensive Care Coordination to 44 families
- We currently have 4 full time ICC workers, 2 PRN staff carrying cases, and a case carrying supervisor.
- Serve families for 6 months with the option to extend up to 15 months
- Fairfax provides ICC teams with access to Fairfax CSA funding to put various supports in place such as therapeutic services, recreational services, and flex funding.

# UMFS ICC with Leland Clients

- Every youth coming into Leland House is eligible for ICC services
- County assigns Lead Case Manager to every ICC team.
- During Leland House
  - Initial YFT held within first 8 days of placement
  - Collaboration between Leland therapist and ICC workers
  - Coordination with team members
  - Second YFT about one to two weeks prior to discharge
- After Leland House
  - Weekly Home Visits from time of discharge to first community YFT meeting
  - Monthly YFT meetings and as needed Emergency YFT meetings
- Challenges to fidelity of the model
  - Discovery is not completed prior to the first YFT meeting
  - First face to face contact is usually at the initial YFT

# Family Support Partners



# UMFS NOVA Family Support Partners

- Trained in the High Fidelity Wraparound Model through state-wide DBHDS
- Contracted by Fairfax County to provide FSP services to ICC families and as a stand-alone service
- We currently have one fulltime FSP on staff and five part-time FSPs
- Primarily serve ICC families, and particularly Leland ICC families
- Community Based referrals with ICC

## Who Are FSPs?

- *Not clinicians, but we ARE professionals*
- *Lived experience/peer support*

## What Do FSPs Do?

- *A little of everything*
- *Provide guidance, advice and support to families*
- *Help parents learn about and access resources*
- *Help parents identify and build natural supports*

## Why are FSPs on the team?

- *Integral part of the HFW process*
- *Ensure team follows the HFW process and that the family is empowered*
- *Help prepare families for meetings (YFT, education, legal, therapeutic)*
- *Can serve as a “translator” between clinicians and families*

# Coaching Group

- The “special sauce”
- Allows the HFW workforce to practice skills and improve
- Brings ICC facilitators and FSPs together, unifying the HFW workforce in NoVA
- Key to building strong ICC teams

A stylized illustration of a landscape. The foreground features rolling green hills in various shades of green. On the left, a purple and pink flower with a brown stem and small white swirls grows on a hill. The background consists of a blue sky with wavy, layered bands of light blue and white. The word "Data" is written in a black, cursive font in the center of the image.

*Data*

# Clients Served

- FY '18: Leland House
  - 76 Youth
  - 6.59 on Average
- FY 18: Leland House ICC
  - 102 Youth
  - 36.96 on Average
  - Currently have 43 families engaged in ICC
- Family Support Partners
  - Currently have 39 open cases, 56 families served since inception in July 2017
    - 36 families were Leland ICC, 20 were WRAP Fairfax. Five were extended as standalone FSP cases
  - FY '18 – averaged 183 hours/month
  - FY '19 – averaging 248 hours/month (9 months)
- Over the last three years, 83% of youth served remained in their family environment 6 months after discharge from Leland House.



# *Susie's Story*

A stylized illustration of a landscape. The foreground features rolling green hills in various shades of green. On the left, a purple and pink flower with a dark brown stem and small white swirls grows on a hill. The background consists of a blue sky with wavy, layered bands of light blue and white. The word "Questions?" is written in a brown, cursive font in the center of the image.

*Questions?*