Arlington Community Services Board (CSB)
Children and Youth Committee
12/7/16 – Department of Human Services, 2100 Washington Boulevard, Room D-LL,

Committee Present: Joanne Del Toro, Frank Haltiwanger, Marguerite Tomasek, Betsy Greer, Naomi Verdugo

Child and Family Services Division (CFSD) Staff: Norma Jimenez, Linh Nghe, Laura Ragins, Violetta Battle, Sharon Lawrence, Tiffany Lee

Called to Order: 6:32 pm

Presentation: Systems Mapping Presentation pt. 2

Behavioral Health received questions regarding the screening process and financial planning and assessment. The financial process of intake was discussed, including the forms reviewed with client and family to include, but not limited to, privacy practices, ROI, IDD/SA/MH record sharing, insurance carrier. Even if the client has Medicaid (Magellan) financial planning still occurs to ensure that the client is aware of financial process in the event their status changes.

Q: Is there more than one financial account manager? Is there a back log?
A: No she is the only account specialist assigned to Children's Behavioral Health and is able to address all needs without a backlog.

Q: Does the financial assessment delay/impact service delivery?
A: No, we just assist the family in determining the best option for them. Ultimately, we do not end services if a person cannot afford services.

Q: Who developed the sliding fee scale and should we review it?
A: Unsure of the developer but the scale is from 1-20. Five dollars being the minimum and $120 being the maximum. May add a review of the sliding fee scale in the next meeting or a future meeting.

System Mapping Presentation

Please note that due to the Magellan, VICAP process change, the system map may need editing to reflect change.

Q: Is there a standard assessment that is used
A: Yes

Q: What is RAMP?
A: Risk Assessment and Management Plan

Q: What is CAS?
A: Customer Account Specialist

Q: What is EHR?
A: Electronic Health Record

Q: Does this occur in person or remotely?
A: This happens in person unless there are extenuating circumstances (hospitalization) in which we conduct minimal assessment on the phone but meet with them as soon as we are able to

Q: What about the financial assessment is that in person?
A: Everything happens at the same time, unless the parent has to leave for some reason and they will complete the financial assessment and return for the remainder of the assessment

Q: What is ROI?
A: Release of Information.

Q: What's the criteria for Case Management?
A: There are questions on the form that will assess for needs outside of behavioral health needs. If they answer yes to those questions, then we will recommend case management services.

Q: Do the clients have a diagnosis after they leave or does that follow?
A: Usually the family is able to leave with a diagnosis.

Q: If I choose to go the private insurance route, I am still able to go through this process and receive my diagnosis and take my information from my assessment to a private provider?
A: Yes, at that time you have signed a release of information so that your records can be shared with other providers.
A: Although every clinician will want to provide their own diagnosis so it is a possibility that you may have a different diagnostic impression.

Q: I like that you are able to conduct an assessment within 10 days, but are you able to see them sooner?
A: Yes, and most often we will try to see them sooner.

Q: On the map it says that the clinician will follow up within 30 days of intake engagement, does it take that long?
A: No, we try to re-engage with them much sooner and make attempts. That's the state law and bare minimum standards but we reach out more frequently and often than 30 days.

Q: What clinical disciplines are involved in the assessment?
A: LCSW (Licensed Clinical Social Worker)

Q: That person administers the screening but if she identifies that an additional discipline is required, will that be in the treatment plan?
A: Yes, we will integrate that into the services provided.

Q: What about children with an IDD diagnosis, how do you refer those to other providers?
A: Those providers are also located in this building so if we need to make that referral, we can partner with that agency. DHS is a one stop shop.

Q: Does the survey address how clients received information about DHS (referral source)?
A: It's not in the survey but it's in the screening and assessment documentation.

Q: In the past, there were issues with families getting billed after a lengthy amount of time after services rendered (sometimes a years' worth of services) is that happening still?
A: No, we have gotten much better and more fiscally responsible. If your balance is more than 50 dollars, you get 3 reminders and then it's sent to collections, but clinically we are engaged with our families so we speak with them about their hardships in hopes of addressing before it even reaches that level. We also connect with FMB to ensure that our families are not being erroneously billed. We also implemented "pay at the point of service." We discuss with them any outstanding billing when they come in for our appointments and it helps them stay on top of their billing.

Q: How common is it for people to use their own insurance?
A: It's pretty common. It depends on what works best for the family.

Q: How does our policy compare to others related to using private insurance?
A: I am not sure, but we make sure that our families are aware of all of their choices so they are aware of the benefits.
A: The intent is that there are no barriers to services (including fees). If there are experiences that you are aware of communicate to CSB leaders to make sure that we work through barriers.

Q: I think we should do more regarding accepting insurances. The adult side has a host of insurances that they use but the children's division doesn't have those same benefits.
A: There are more adults with private insurance than children which is why we don't currently accept private insurance. It's certainly something that we can explore and it definitely does sound like a chicken vs. egg phenomenon but we can definitely explore it. We have had a conversation with Blue Cross Blue Shield in the past and I am not sure of where we are with them but it's a conversation that we can revisit.

Q: If I am an Arlington resident and I have a child that needs an assessment who is undocumented, can they receive an assessment?
A: Yes, we have undocumented children.

Monthly Stats/Outreach Updates/Upcoming

Monthly Stat Review

S. Lawrence explained the new intake indicators on the report to assist with a breakdown and provide clarity of the numbers presented.

Q: Is there any way that we can look at zip codes of residents served (total number of youth)?
A: Yes, we can look at that.

Q: Are we wanting to look at the number of youth vs. the number of households?
A: We would want to look at the number of households with children divided by the number of children served.

Q: Intake for Psychiatric Services really jumped. Any reason why?
A: That number is typically high during the beginning of the school year.
A: We also have kids in meds-only services that are only linked to the Psychiatrist for services. It serves as a step down service.

Q: Someone called CR2 on Thanksgiving and a week later and was told that they were busy and could not address them.
A: There are 13 people and two people on call 24-7. There are two offices, one in Annandale, and another location. S. Lawrence will identify the other location and provide to committee. We have even been told, if they are at max that they cannot help us.

Q: Is there a way to collect data on the number of calls that are placed for CR2 in an effort to lobby for more money for a staff to assist with backlog?
A: Yes, I will inquire about the data.

Outreach Update Handout
Provided two additional handouts (Yorktown Patriots Substance Abuse Forum and Support Group)

Financial cost
If the family is selecting tele-psychiatry there's a cost. There isn't a cost with any other services for CR2.

Minutes review/approval: September and November Minutes approved by Frank Haltiwanger (Initial Motion), Marguerite Tomasek (Second Motion), and the committee.

New Business: CR2 issue (previously discussed)

Old Business:

Q: Linda had a friend that called last year but the call went through the cracks. What are we doing to make sure that, that isn't happening?

A: When the person stated that no one called them back, we had called back within 3 hours of the initial call and once we were able to reach them they stated that they were working and didn't want to discuss further. S. Lawrence received a call from Linda who apologized.

Q: Last MH Wellness partnership meeting, several members were not added on the email and therefore there was a low attendance. When the APS person started talking about referral services and DHS was not mentioned as a referral source

A: S. Lawrence trying to work with Arlington Public Schools (Laura Newton, Kelly Mountain, and Pam McClellan) about connecting with her to make sure that they understands our relationship and knows to refer to us.

Earl Conklin will bring some information about what's happening in the juvenile court system to the next meeting.

We now have brochures in English and Spanish. Please take them.

Announcements:

Next Meeting: January 9, 2017 @ 6:30pm