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# Customer Service 101

First Friday Discussion and Stakeholder Panel  
September 4, 2020



# Agenda

- Virginia Practice Model
- SAMSHA Trauma Informed Care Principles
- EBA Contract Terms
- Stakeholder Panel



**SAMSHA  
Trauma  
Informed Care  
Principles**

**Virginia Services  
Practice Model**

**DSP Agency  
Mission/Vision**

- Agency Training
- Personal Approach
- Relationships

**Contract Terms**

- EBA and DJJ Requirements
- Licensure/DMAS
- Model Fidelity

*We will define and connect components of quality case coordination outlined by:*

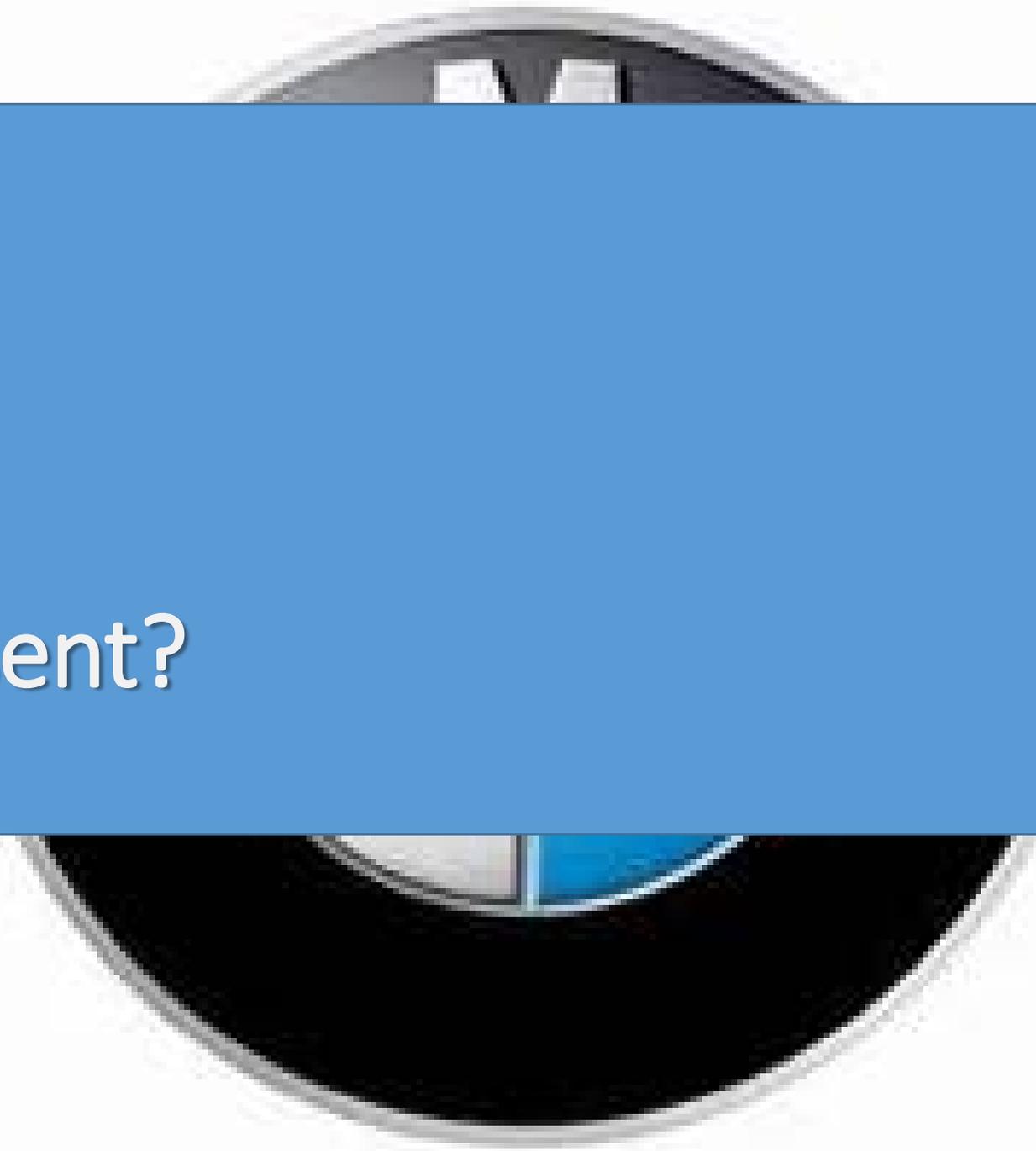
- *Your agency mission and vision*
  - *the EBA Subcontract Agreement*
    - *VA Practice model*
    - *TIC principles*
- 

*Enhanced by a stakeholder panel and discussion;  
with the goal of helping you improve service delivery.*



What's the Logo?

What does it represent?





What's the Logo?

What does it represent?

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What's the Logo?

What does it represent?





How do you represent?

*Yourself – Youth - Agency*



# EBA Contractual Requirements

# EBA Contract



- Starting Cases : Prior to commencing the delivery of Services, and within **three (3) days of receipt of a referral packet or POSO**, PROVIDER shall notify the EBA and designated DJJ staff of the available Service start date and assigned staff.... (Section E)
- **(J) Service Plan** must be consistent with, and describe a reasonable plan to meet, the goals of the court. It must comport with the Youth's court supervision status, the criminological needs identified in the referral packet, YASI, and other related assessments.
- All serious incidents, *actual or alleged*, relating to a Youth shall be reported by the PROVIDER...
  - Verbal notification of the incident shall be provided to the youth's parent(s)/custodian(s) and designated DJJ staff on the day of the incident and (3) Written notification of the incident, shall be provided to the PRIME CONTRACTOR and designated DJJ staff within one business day of the incident.
- Progress reports shall include all case-related contacts.

# Content of service plans and monthly reports



Service Plans must be consistent with, and describe a reasonable plan to meet, the goals of the court and must **comport with the Youth's court supervision status, the criminogenic needs identified in the referral packet, YASI...**



Specific measurable, achievable, time-limited goals;



Related task indicators for the achievement of identified outcomes as they apply to the Youth's discharge from services; and



Signatures of the Youth, (where applicable) the Youth's parent(s)/custodian(s), and CSU Staff



Monthly report addressing each goal of the Service Plan .. and shall include:



Progress towards the identified measurable objectives listed in the Service Plan



Specific activities and strategies worked on during the month



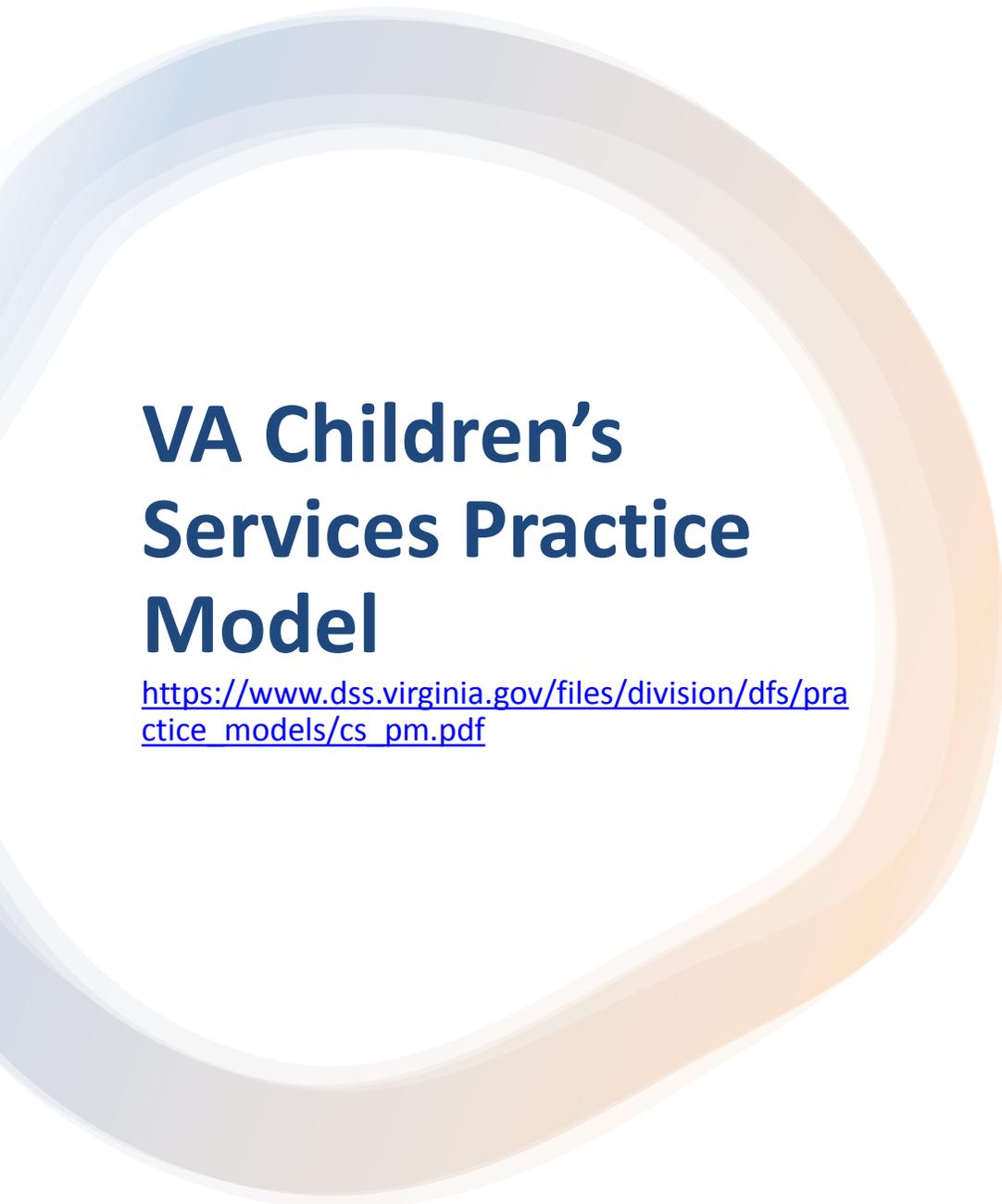
Assessment of level of family engagement



Completion date or anticipated completion of each objective (And Revisions as needed)



Date, time, duration of each service; the names of the individuals involved in the service; and the location, as needed.



# VA Children's Services Practice Model

[https://www.dss.virginia.gov/files/division/dfs/practice\\_models/cs\\_pm.pdf](https://www.dss.virginia.gov/files/division/dfs/practice_models/cs_pm.pdf)

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Children's Services. The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

**The basic tenets of the practice model are:**

- **We believe that all children and communities deserve to be safe.**
- **We believe in family, child, and youth-driven practice.**
- **We believe that children do best when raised in families.**
  - **We believe that all children and youth need and deserve a permanent family.**
- **We believe in partnering with others to support child and family success in a system that is family focused, child-centered, and community-based.**
- **We believe that how we do our work is as important as the work we do.**

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the work we do.

1. The people who do this work are our most important asset. Children and families **deserve trained, skillful professionals to engage and assist them.** We strive to build a workforce that works in alignment with our practice model. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation, and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for **open, respectful communication, collaboration,** and accountability at all levels.
3. Our organizations are focused on **providing high quality, timely, efficient, and effective services.**
4. **Relationships and communication** among staff, children, families, and community providers are conducted **with genuineness, empathy, and respect.**
5. The practice **of collecting and sharing data and information** is a non-negotiable part of how we continually learn and improve. We will use **data to inform management, improve practice,** measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.
6. As we work with children, families, and their teams, **we clearly share with them our purpose, role, concerns, decisions, and responsibility.**

# Trauma Informed Care (TIC) Guidelines



Safety



**Trustworthiness  
& transparency**



Peer support &  
mutual self-help



**Collaboration &  
mutuality**



Empowerment,  
voice, & choice



Cultural,  
historical, &  
gender issues



# Panel Introductions

Western: Felicia, Robbie

Northern: Eva, Erin

CAP: Emily

Central: Sheri, Abby, Alex

# Panel Discussion

## Disclosure



- EBA requested CSU participation in a panel discussion for contracted providers for their personal opinions and working styles! We did not ask for, and they will not speak to, DJJ's formal position or departmental policies (that is a different call).

## Acknowledgements!



- We (The collective "WE" – panel members, participants, EBA, and the provider community...) know and understand each court service unit is different and PO's function in unique ways based on individual personality, leadership, local judges, and other community stakeholders.

## The Goal



- We ARE LOOKING FOR a RICH CONVERSATION that captures opinions, stylistic differences and a collection of personal approaches when meeting the needs of youth and when connecting with stakeholders/providers.



## Introductions of the Panel

Name, Title/ role

What is your **one-word priority** in choosing a provider or service?



Can you share how you select  
priority needs or services?

# Communication



- On a scale of 1 to 5, how often do you participate in treatment planning or discharge planning meetings?
  - Would you have liked to answer that question differently?
- How often do you want updates from providers?
- What is the best way for a Provider to communicate ongoing progress or needs?

# Documentation and Billing



- What do you most look for in written monthly report documentation?
- Do you receive the monthly reports timely and with billing files?
- Are there reoccurring challenges when approving billing? (i.e. Do they align well with reports?)



# COVID

- How has COVID impacted your cases and workflow?
- What unique needs are you seeing?
- How are you educating families about service options? Or screening for accessibility for or risk factors within the home?
- Can Providers do anything different during this time?
- How frequently have providers shared their service delivery model with you?

# Service Specific Questions



- Can you provide any examples of how you learned about a new EBP model through a provider's documentation and/or interactions?
- Why do you request assessments or evaluations?
- How do you want communication when an assessment indicates a different need than what was requested?

Thank you for joining the Friday Call

**AND A SPECIAL THANK YOU TO THE CSU PANEL**

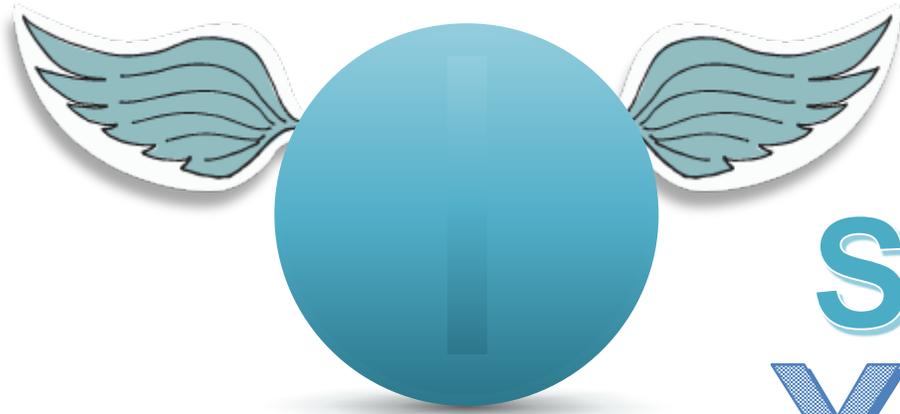


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Remember to sign in for today's training:

<https://share.hsforms.com/1-YjIF7NkSgGD6F55hXq2YQ4iyla>

Next First Friday Call: October 2<sup>nd</sup> @ 10 AM



**SPREAD  
YOUR WINGS  
AND TRY  
SOMETHING NEW**