

Francina Parrish MS, LCAS

EDUCATION:

Lincoln University, 2007, Lincoln University, Pennsylvania.
Masters in Human Services; UDC, Washington DC
undergraduate studies in Human Services

CERTIFICATIONS:

NCSAPPB LCAS #1721
Maryland State Board of Professional Counselors and
Therapist *Certified Supervised Counselor Alcohol and
Drugs*

SKILLS:

Excellent oral and written communication skills; strong
interpersonal skills, organizational skills, proficient with
computer software; Knowledgeable of clinical coverage
policy, Locus/Calocus and Snap and finally extensive
knowledge with evidenced based practices for mental
health and substances use disorders including 12 core
functions.

EMPLOYMENT

July 2021 – Present

**Sandhills Center
Call Center Licensed Clinician**

- triaging calls to determine the severity of needs and appropriate connections.
- Gather the information necessary from members or their representatives to assess the need for MH/SUD and/or IDD services and complete enrollment.
- Provides arrangement, linkage, and or integration of services for members in need of MH/SUD and/or IDD acute levels of care.
- Use clinical criteria to evaluate information gathered from providers, system records or narrative information provided to make clinically sound recommendations on levels of care.
- Provide brief therapy and/or crisis intervention as needed.
- Perform formal triage of calls to determine the urgency of the individual's needs Provide direct support to non-licensed call center staff regarding clinical areas.
- Provide members and/or their representatives with education regarding benefit structures, verification of benefits and information about managed care systems.
- Refer member to appropriate network providers to meet clinical and geographic needs, including immediate linkage to mobile crisis providers when indicated.

- Link members to alternative community resources when appropriate based on the presenting needs identified.
- Divert members from acute levels of care when clinically appropriate to avoid unnecessary emergency room visits or inpatient stays.
- Generate referral documentation for the transmission to appropriate providers for provision of treatment and ensuring payment for services.
- Assure that call volume is maintained adequately to ensure quality consumer service in a timely manner.
- Maintains Call Center performance standards.
- Completes all required call documentation timely including referrals to providers or referrals to other internal business units.
- Maintains expected availability status in the call center work queues during work hours.
- Meets all expected call metrics which include average talk times, calls handled, abandon calls.
- Meets expected standards on quality audits, inclusive of but not limited to following call scripts, providing positive customer service, following standardized process/protocols for call handling.
- Demonstrates flexibility for shift coverage or schedule adjustments to meet the overall business needs of the call center determined by call volume or other identified needs.

July 2016 – 2021

Cardinal Innovations Healthcare Access Clinician

- triaging calls to determine the severity of needs and appropriate connections
- Gather the information necessary from member or their representative to assess the need for MH/SUD and/or IDD services and complete enrollment.
- Provides arrangement, linkage, and or integration of services for members in need of MH/SUD and/or IDD acute levels of care.
- Use clinical criteria to evaluate information gathered from providers, system records or narrative information provided to make clinically sound recommendations on levels of care
- Provide brief therapy and/or crisis intervention as needed.
- Perform formal triage of calls to determine the urgency of the individual's needs Provide direct support to non-licensed call center staff regarding clinical areas.

- Provide members and/or their representatives with education regarding benefit structures, verification of benefits and information about managed care system.
- Refer member to appropriate network providers to meet clinical and geographic needs, including immediate linkage to mobile crisis providers when indicated.
- Link members to alternative community resources when appropriate based on the presenting needs identified.
- Divert members from acute levels of care when clinically appropriate to avoid unnecessary emergency room visits or inpatient stays.
- Generate referral documentation for the transmission to appropriate providers for provision of treatment and ensuring payment for services.
- Assure that call volume is maintained adequately to ensure quality consumer service in a timely manner.
- Maintains Call Center performance standards
- Completes all required call documentation timely including referrals to providers or referrals to other internal business units
- Maintains expected availability status in the call center work queues during work hours
- Meets all expected call metrics which inclusive of average talk times, calls handled, abandon calls
- Meets expected standards on quality audits, inclusive of but not limited to following call scripts, providing positive customer service, following standardized process/protocols for call handling
- Demonstrates flexibility for shift coverage or schedule adjustments to meet the overall business needs of the call center determined by call volume or other identified needs

Oct. 2013 – July 2016

**CenterPoint Human Services Utilization Management
Clinician MH/SU**

- Process incoming and outgoing calls for customer care services pertaining to UM functions.
- Conducts utilization reviews live on the phone and submitted request for service authorization in the areas of mental health and substance abuse.
- Conducts utilization review for service authorization requests in the areas of mental health and substance abuse; reviewers have expertise in the disability area for which they are authorizing services. Oversees the UM process for individuals with MH and/or SA issues to

assure the medical necessity, clinical appropriateness, efficiency and effectiveness of health care services authorized for enrollees.

- Assures that identified resources are managed through a utilization review process to assure enrollees are appropriately served within the available resources; follows authorization procedures as determined by the MCO and in accordance with DMA requirements.
- Conducts clinical reviews of authorization requests and supporting documentation, which includes comprehensive clinical assessments, Person-Centered Plans, or treatment plans with service order and crisis plan, and LOCUS, CALOCUS, and ASAM as appropriate per disability; reviews documentation to verify that the assessment supports the diagnoses and that the goals and interventions on the plan are related to the diagnoses and appropriately address the client's symptoms.
- Ensures that medical necessity criteria are met. In the case of IPRS authorizations, assures that the enrollee's target population is eligible for the service being requested.
- Monitors the UM process to determine that enrollees meet the criteria set out for Medicaid enrollees, and those funded by State and County funds. The UM process relies on Medicaid Service Definitions, evidence-based practices and other approved clinical review tools to assure enrollees meet criteria for the requested service(s) and that the most appropriate level of care is authorized.

Dec 2010 – Oct. 2013

Alcohol and Drug Services Outpatient Services Team Lead

- Maintain full client census for Outpatient Services
- Maintain Medicaid and State, and Funding requirements
- Maintain full staff complement.
- Provide supervision and evaluate staff.
- Provide and coordinate staff training.
- Ensure delivery of clinical services to clients and maintain quality improvement system.
- Prepare and submit required reports

January 2007 to Dec 2009

Gaudenzia Training Institute, Instructor

- Provide trainings to Human Service Professionals
- Therapeutic Community: Principle & Philosophies (5day training)
- Ethics
- Clinical Record Keeping and Current Standards (2 day training)
- Group Counseling (2 days)
- Confidentiality
- Homophobia
- Introduction to Counseling

Gaudenzia, Inc. Program Director, Landover

Gaudenzia, Inc. Program Director, Women's and Women's and Children Program

- Maintain full client census for Residential Services
- Maintain CARF, COMAR, and Funding requirements
- Maintain full staff complement.
- Provide supervision and evaluate staff.
- Provide and coordinate staff training and hiring.
- Ensure delivery of clinical services to clients and maintain quality improvement system.
- Prepare and submit required reports
- Prepare and submit required reports
- Develop professional relationship with MD. Dept. of Correction and other agencies and programs to improve community resources.

Reference upon request