



**FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for
AT-RISK CHILDREN, YOUTH & FAMILIES**



**December 3, 2021
Community Policy and Management Team (CPMT)**

Agenda

1:00 p.m. -- Convene meeting ~

1. **MINUTES:** Approve minutes of October 29, 2021 meeting.

2. **ITEMS:**

- **Administrative Items**

- Item A – 1:** Revision to Policy on Expedited Service Approval

FINAL

- **Contract Items**

- Item C – 1:** Monthly Out-of-State Placement Approvals – None

- **Information Items**

- Item I – 1:** Budget Report

- Item I – 2:** Residential Entry and FAPT Report

- Item I – 3:** Accomplishments of the Fairfax-Falls Church Children's Behavioral Health System of Care Blueprint for 2016-2020

- **NOVACO – Private Provider Items**

- **CPMT Parent Representative Items**

- **Cities of Fairfax and Falls Church Items**

- **Public Comment**

3:00 p.m. – Adjourn



**FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for
AT-RISK CHILDREN, YOUTH & FAMILIES**



October 29, 2021

**Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures**

Meeting Minutes

Attendees: Lesley Abashian (office), Staci Alexander (home), Michael Becketts (office), Jacqueline Benson (home), Robert Bermingham (office), Michelle Boyd (home), Cristy Gallagher (home), Joe Klemmer (home), Richard Leichtweis (home), Dawn Schaefer (office), Deborah Scott (office), Rebecca Sharp (office), Lloyd Tucker (office), Daryl Washington (home)

Attended but not heard during roll call: Chris Leonard

Absent: Gloria Addo-Ayensu, Annie Henderson, Nancy Vincent, Deb Evans

HMF Attendees: Peter Steinberg, Jim Gillespie, John Raekwon (intern)

CSA Management Team Attendees: Kelly Conn-Reda, Xu Han, Barbara Martinez, Terri Byers, Jessica Jackson, Tim Elcesser, Barbara Martinez, Jesse Ellis, Matt Thompson, Kamonya Omatete, Muhammad "Usman" Saeed,

Stakeholders and CSA Program Staff Present: Janet Bessmer, Patricia Arriaza, Sarah Young, Samira Hotochin, Kristina Kallini, Shana Martins, Lisa Morton, Suzette Reynolds, Tiffany Robinson, Jeanne Veraska,

FOIA Related Motions:

I move that each member's voice may be adequately heard by each other member of this CPMT.
Motion made by Rick Leichtweis; second by Lesley Abashian; all members agree, motion carries.

Second, having established that each member's voice may be heard by every other member, we must next establish the nature of the emergency that compels these emergency procedures, the fact that we are meeting electronically, what type of electronic communication is being used, and how we have arranged for public access to this meeting.

State of Emergency caused by the COVID-19 pandemic makes it unsafe for this CPMT to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CPMT and the physical presence of the public, cannot be implemented safely or practically. I further move that this CPMT may conduct this meeting electronically through a dedicated Zoom conferencing line, and that the public may access this meeting by calling Toll Free Call In: 1 888 270 9936 Participant access code: 562732. It is so moved.

Motion made by Rick Leichtweis; seconded by Jackie Benson; all members agree, motion carries.

Finally, it is next required that all the matters addressed on today's are statutorily required or necessary to continue operations and the discharge of the CPMT's lawful purposes, duties, and responsibilities.

Motion made by Rick Leichtweis; seconded by Lesley Abashian; all members agree, motion carries.

1. **MINUTES:** Approve minutes of Sept 24, 2021. *Motion made by Bob Bermingham; second by Rebecca*

Approved:

Sharp; all members agree, motion carries.

2. ITEMS:

- **ADMINISTRATIVE ITEMS:**

Item A – 1: Revision to the Policy on Expediated Service Planning and Emergency Access. Presented by Janet Bessmer. Local policy manual has been updated to include policy regarding expediting services for youth at risk for hospitalization. Changes include implementing temporary services through the FAPT consent agenda process and offering a new 60-day waiver for parental contribution. Daryl Washington suggested “ED boarding” should be clearly defined in the policy. CSB defines this as “anytime a psychiatric hospital bed cannot be found within 8 hours or less”. Mr. Washington also suggested that the Youth Community Crisis Stabilization program be able to use the same process to access expediated services if referred to the CSA within 14 days. Janet responded that the definition of ED boarding will be added. The suggestion regarding the Crisis Stabilization program will need further discussion to clarify details of implementation. Mr. Washington suggested that if members approve the policy today, further discussion regarding adding crisis stabilization is planned at a future meeting. Michael Becketts asked how the cap for cost of services was determined. Janet Bessmer responded that calculation was estimated based on the typical hours of homebased services in a month (\$3,500) and additional funding (\$2,000) to account for care coordination and meetings. Jackie Benson asked who determines if a child needs psychiatric hospitalization when a youth is taken to the emergency room. Daryl Washington responded that the person who determines psychiatric hospitalization varies on a case-by-case basis. Ms. Benson also asked how difficult it would be to get a team together to begin planning. Janet Bessmer responded that our Team Based Planning Coordinator can assist with getting a team together, however this would depend on the volume of cases. Lesley Abashian suggested collecting data on this information. Daryl Washington informed members that CSBs around the Northern VA region have started tracking ED boarding. Janet Bessmer offered to present updates and data on progress/implementation of this policy at the January 2022 CPMT meeting. Michael Becketts suggested that any challenges that come up should also be presented. Janet Bessmer asked if everyone is comfortable with the 60-day copay waiver to expediate services for new families. Members expressed agreement with this policy. *Motion to approve made by Joe Klemmer; second by Lesley Abashian; all members agree, motion carries.*

Item A -2: Public Comment to OCS – Policy 3.2 FAPT/MDT and Policy 3.3 Family Engagement. Request for CPMT to approve submission of public comment regarding proposed State policy manual changes. Bob Bermingham suggested that agencies with strict schedules/limitations that would prohibit workers from meeting outside of traditional work hours should review their policies and revise to meet the families’ needs. Lloyd Tucker agreed that policies that create barriers for families to meet outside of traditional hours should be reviewed/revised. Regarding meetings that need to be in person, Mr. Tucker offered/reminded members that there are many resources/community meeting spaces that are open outside of traditional work hours and arrangements can be made to reserve said spaces. CPMT will not provide a public comment to OCS.

CSA CONTRACT ITEMS:

Item C – 1: Monthly Out-of-State Placement Approvals – None.

- **CSA INFORMATION ITEMS:**

Item I – 1: Budget Report – Summary of the budget report (see meeting materials) was presented by Usman Saeed.

Item I – 2: Quarterly CPMT Data Report. Summary of report (see meeting materials) was presented by Jeanne Veraska.

Item I – 3: CSB Hospital Diversion Project. Summary and status of this project were presented by Jim

Approved:

Gillespie. CSB will expediate case management for up to 20 cases at risk of hospitalization. Currently CSB staff will manage these cases until new staff are hired. Pilot was built on the concept that CSA services would be expediated, however, since CPMT just approved policy revisions (see Item A-1) this will require further discussion and redesign of this project.

- **NOVACO – Private Provider Items** – none
- **CPMT Parent Representative Items** – none
- **Cities of Fairfax and Falls Church Items** – none
- **Public Comment** – Mary Ottinot (parent in foster care program) expressed concern regarding her experience with DFS Foster Care. Ms. Ottinot formally requested a full investigation of her foster care case.

Next Meeting: Dec 3, 2021, 1:00 – 3:00pm TBD

Adjourn 2:19 pm – *Motion made by Bob Bermingham. Second by Michael Becketts. All members approved.*

Approved:

MEMO TO THE CPMT

December 3, 2021

Administrative Item A- 1: Proposed Revision to Policy on Expedited FAPT Service Planning and Emergency Access to Services

ISSUE: That CPMT approve an additional update to the section of the local policy manual about Expedited FAPT Service Planning and Emergency Access to Services.

BACKGROUND:

On October 29 2021, CPMT approved changes to the local policy on expedited service planning to allow access to short-term services to youth who are part of the hospital diversion initiative. Staffing shortages and a reduction in capacity at acute psychiatric hospitals for youth have created challenges for local emergency departments.

Using the FAPT for expedited service planning will offer children and families quicker access to up to 60 days of supports while still permitting CSA staff to review documentation for compliance with funding requirements and provide an authorization prior to the initiation of services. The CSA Management Team supports a request by the CSB adjust the timeline from 14 days to 21 days from a qualifying event.

- that the initial phase of implementation for hospital diversion offer services to youth who either have been 1) assessed by CSB Emergency Services within the past 14 21 calendar days, 2) are currently admitted to an acute psychiatric hospital or boarding at a hospital emergency department, or 3) have been discharged from the above-mentioned facilities within the past 14 21 calendar days.

FISCAL ANALYSIS:

No anticipated fiscal impact in change from 14 to 21 days.

ATTACHMENT:

Draft Policy Revision

STAFF:

Janet Bessmer, Ph.D., CSA Director

Attachment: Proposed Policy Manual

8.2 Services Eligible for Expedited FAPT Service Planning

FAPT reviews requests for services specified on the IFSP-EZ form and can provide expedited team-based service planning on a limited basis. Services are not authorized to begin prior to review of complete documentation by the FAPT.

1. Services that support team-based planning (e.g., Case Support, Family Partnership Meetings, and Family Peer Support Partners) may be requested using the IFSP-EZ form.
2. Time-limited services may be requested for youth who are identified for psychiatric hospital diversion. Hospital diversion referrals may be made for children who have been 1) assessed by CSB Emergency Services within the past **14 21** calendar days, 2) are currently admitted to an acute psychiatric hospital or boarding at a hospital emergency department, or 3) have been discharged from the above-mentioned facilities within the past **14 21** calendar days. Up to 60 days of short-term, community-based services may be approved. Additional services beyond 60 days may be requested using standard procedures with compliance to all CSA requirements.
3. For children in foster care and children at-risk of entering foster care served by DFS Children, Youth and Families (CYF) Division, the following services may be requested with standard language incorporated in the IFSP/MAP. The use of standard language incorporated in the IFSP/MAP or IFSP-EZ to request services for children at-risk of entering foster care served by DFS CYF is limited to six months after the initial CSA service approval.

Service	Foster Care	CPS/PPS/Kinship*
Camp/Socialization/Recreation programs and activities	✓	✓
Summer youth employment programs	✓	✓
Youth & family travel costs for visitation, appointments and training related to the IFSP/MAP or foster care service plan (not for Medicaid or IV-E eligible expenses)	✓	✓
Parenting and anger management classes	✓	✓
Family Partnership Meetings	✓	✓
Translation/Interpretation services to support clinical services only	✓	✓
Court testimony (8 hours per subpoenaed provider per day per hearing; not for expert testimony)	✓	✓
Respite (in-home and out of home)	30 days/year maximum	Maximum of \$5,000 and/or 15 calendar days over 6 months and not to exceed 14 consecutive days out of home

Service	Foster Care	CPS/PPS/Kinship*
Non-Medicaid reimbursable medical expenses excluding behavioral health care services	✓	\$1,000 annual maximum
Legal fees	✓	
Driver's education	✓	
School-related fees (excluding private school tuition)	✓	
Out-of-State public school tuition	✓	
Foster/adoptive home studies	✓	
Court-ordered evaluations/assessments from CSA-contracted providers	✓	
Tutoring	\$3,000/year max	
*reference UR service authorization note for eligible dates of service		

Emergency Situations Eligible for Expedited FAPT Service Planning

CSA pool funds may not be used to implement service plans developed outside of the FAPT/MDT process. However, CPMT is charged with developing local policy to allow immediate access to pool funds for emergency services. State pool funds may be used for emergency placements/services if the child or youth is assessed by the FAPT/MDT within 14 days of placement/service initiation and the emergency placement/service supported by the FAPT, consistent with the locality's policies. All CSA requirements must be met.

Emergencies are defined as those crisis situations in which the lead case manager and his/her supervisor, in consultation with the family when possible, agree that the child needs immediate placement or the child and family is in need of immediate services in order to prevent foster care placement of the child. If the child/family has a case manager within another agency/department, the agency taking the emergency action will notify that case manager of the emergency authorization as soon as possible. Per Virginia Code, prior to placing a child outside Fairfax-Falls Church, it is required that all appropriate community services for the child be explored. Fairfax-Falls Church CPMT permits initiation of emergency services prior to FAPT review in the following three situations:

1. Foster Care Services - When a child in DFS custody must be placed in congregate care on an emergency basis, treatment foster care services may be approved by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.

Per Virginia Code, Medicaid providers must be used when available and appropriate. Additionally, providers under contract shall be used when available and appropriate.

2. Foster Care Prevention Services for Abuse and Neglect - When a child has been determined in need of immediate services to prevent foster care placement, documented by a DFS worker' signature on the CSA Eligibility form, designated community-based services may be supported by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.
3. Leland House Services When a youth meets criteria for admission to Leland House based on assessment by CSB Emergency Services or Resource Team staff and has been accepted for

admission by the provider, services may commence on an emergency basis. CSA funding is permissible if the service is subsequently reviewed within 14 days and supported by the FAPT AND the FAPT determines that the youth meets CHINS Parental Agreement eligibility criteria. Only mandated funds can be used to purchase such services. Funds are not set aside for emergency services for non-mandated youth; therefore, a service authorization must be obtained, and non-mandated funds must be available

Procedures for Approval for Emergency Services

A FAPT review must occur within 14 calendar days after services have commenced. Required documentation must be submitted within 2 business days of services commencing to include:

- IFSP-EZ
- Consent
- CANS (current <30 days)
- Eligibility Determination Form
- Parental Contribution Assessment (if applicable)

CSA funding is not available for any services that have not been reviewed and supported by FAPT within the specified timelines stated above. Additionally, the agency initiating emergency services shall be financially responsible if CSA funding is not available.

Emergency Psychiatric Hospitalizations

In the case of the need for emergency hospitalizations in a private psychiatric facility, all children must be found eligible for acute care through an emergency services evaluation (e.g., CSB Mental Health Services). The purpose of this process is to explore alternatives to hospitalization; determine whether voluntary or involuntary status is appropriate if hospitalization is necessary; assist in securing a bed and to facilitate the hospitalization; and make use of public resources, to include Medicaid. Evaluations and pre-screenings can be arranged through the local CSB Mental Health Resource Team member from the office located in the area where the youth reside. Psychiatric hospitalizations are typically funded through private insurance or Medicaid and are generally not a CSA-funded service. Youth in foster care who require acute psychiatric hospitalizations and have no other funding source may access CSA funding through standard language incorporated in the IFSP/MAP. In situations where extended acute psychiatric hospitalization is needed while waiting for a residential placement to become available, the acute service must be included on the IFSP/MAP and supported by FAPT.

8.3 Parental Placements Initiated Prior to CSA Authorization

Parental placements are not eligible for expedited FAPT service planning or emergency access to CSA funding. Families not following the local CSA policies or who place their child in a residential facility prior to participating in a FAPT meeting assume the costs incurred for the placement. All CSA requirements and documentation (such as execution of the CHINS Parental Agreement), including the use of approved providers, shall be met to access CSA pool funds. If, after following the CSA service planning process, the youth is deemed eligible for CSA funds with an approved IFSP, funding is effective no earlier than the date of the FAPT meeting – CSA funds are not retroactive.

Information Item I-1: October Budget Report & Status Update, Program Year 2022

ISSUE:

CPMT members monitor CSA expenditures to review trends and provide budget oversight.

BACKGROUND:

The Budget Report to the CPMT has been organized for consistency with LEDRS reporting categories and Service Placement types.

The attached chart details Program Year 2022 cumulative expenditures through October for LEDRS categories, with associated Youth counts. IEP-driven expenditures for Schools are separated out. Further information on the attachment provides additional information on recoveries, unduplicated youth count, and:

- Average cost per child for some Mandated categories
- Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home, Education placements.

Total Pooled Expenditures: Pooled expenditures through October 2021 for FY22 equal \$5.6M for 643 youths. This amount is a decrease from last year of approximately \$808K, or 12.7%. YTD Pooled expenditures for FY21 equaled \$6.4M for 676 youths.

	Program Year 2021	Program Year 2022	Change Amt	Change %
Residential Treatment & Education	\$960,521	\$516,176	(\$444,345)	-46.26%
Private Day Special Education	\$3,268,739	\$3,378,930	\$110,191	3.37%
Non-Residential Foster Home/Other	\$1,362,084	\$1,137,392	(\$224,692)	-16.50%
Community Services	\$834,599	\$801,355	(\$33,244)	-3.98%
Non-Mandated Services (All)	\$221,450	\$99,435	(\$122,014)	-55.10%
Recoveries	(\$282,279)	(\$376,461)	(\$94,181)	33.36%
Total Expenditures	\$6,365,114	\$5,556,828	(\$808,286)	-12.70%
Residential Treatment & Education	47	33	(14)	-29.79%
Private Day Special Education	211	213	2	0.95%
Non-Residential Foster Home/Other	188	194	6	3.19%
Community Services	366	374	8	2.19%
Non-Mandated Services (All)	108	63	(45)	-41.67%
Unique Count All Categories	920	877	(43)	-4.67%
Unduplicated Youth Count	676	643	(40)	-5.92%

Note: The number of youths served is unduplicated within individual categories, but not across categories.

Expenditure claims are submitted to the State Office of Children's Services (OCS) through September.

RECOMMENDATION:

For CPMT members to accept the September Program Year 2022 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Timothy Elcesser, Xu Han, Terri Byers and Usman Saeed (DFS)

NOTE:

PIT (point in time) counts for 3 areas in October FY21 vs FY22:

Treatment Foster home has a small decrease in October PIT count (63 – 54), outmatched by a larger % drop in dollars. The cost paid for this area is \$304k lower than that of same period last year.

Special Education has a small decrease in October enrollment count (251 – 239), YTD expenditure paid slightly higher than that of same period last year.

Residential Treatment Facility PIT count remains level (35 – 35) but cost paid is lower by \$44k. Residential area overall cost is down, mainly due to less residential education services paid for fewer youths YTD.

Program Year 2022 Year To Date CSA Expenditures and Youth Served (through October Payment)

Mandated/ Non-Mandated	Residential/ Non-Residential	Serv Type Descrip	Local	County	Youth in	Schools	Youth in	Total	
			Match Rate	& Foster Care	Category	(IEP Only)	Category		Expenditures
Mandated	Residential	Residential Treatment Facility	57.64%	\$222,811	21			\$222,811	
		Group Home	57.64%	\$60,683	3			\$60,683	
		Education - for Residential Medicaid Placements	46.11%	\$13,883	2	\$132,259	4	\$146,141	
		Education for Residential Non-Medicaid Placements	46.11%	\$0	0	\$66,384	2	\$66,384	
		Temp Care Facility and Services	57.64%	\$20,157	1			\$20,157	
	Residential Total				\$317,533	27	\$198,643	6	\$516,176
	Non Residential	Special Education Private Day	46.11%	\$65,328	5	\$3,313,602	208	\$3,378,930	
		Wrap-Around for Students with Disab	46.11%	\$54,130	26			\$54,130	
		Treatment Foster Home	46.11%	\$538,689	59			\$538,689	
		Foster Care Mtce	46.11%	\$342,978	78			\$342,978	
		Independent Living Stipend	46.11%	\$91,363	21			\$91,363	
		Community Based Service	23.06%	\$691,125	288			\$691,125	
		ICC	23.06%	\$110,231	86			\$110,231	
		Independent Living Arrangement	46.11%	\$110,232	10			\$110,232	
Non Residential Total				\$2,004,075	573	\$3,313,602	208	\$5,317,677	
Mandated Total				\$2,321,609	600	\$3,512,245	214	\$5,833,853	
Non-Mandated	Residential	Residential Treatment Facility	57.64%	\$25,487	3			\$25,487	
		Temp Care Facility and Services	57.64%	\$724	1			\$724	
	Residential Total				\$26,211	4	\$0	0	\$26,211
	Non Residential	Community Based Service	23.06%	\$64,709	38			\$64,709	
		ICC	23.06%	\$8,515	21			\$8,515	
Non Residential Total				\$73,224	59	\$0	0	\$73,224	
Non-Mandated Total				\$99,435	63		0	\$99,435	
Grand Total (with Duplicated Youth Count)				\$2,421,044	663		214	\$5,933,289	

Recoveries								
Total Net of Recoveries								-\$376,461
Unduplicated child count								\$5,556,828
Key Indicators								643

Cost Per Child		2021 YTD	2022 YTD
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)		\$9,416	\$8,642
Average Cost Per Child Mandated Residential (unduplicated)		\$22,870	\$17,799
Average Cost Per Child Mandated Non- Residential (unduplicated)		\$9,279	\$8,952
Average Cost Mandated Community Based Services Per Child (unduplicated)		\$2,230	\$2,400
Average costs for key placement types			
Average Cost for Residential Treatment Facility (Non-IEP)		\$13,343	\$10,610
Average Cost for Treatment Foster Home		\$10,277	\$9,130
Average Education Cost for Residential Medicaid Placement (Residential)		\$27,077	\$24,357
Average Education Cost for Residential Non-Medicaid Placement (Residential)		\$29,471	\$33,192
Average Special Education Cost for Private Day (Non-Residential)		\$15,492	\$15,864
Average Cost for Non-Mandated Placement		\$2,050	\$1,578

Category	Program Year 2022 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2022	\$694,188	\$51,533	93%
Non Mandated Program Year 2022	\$1,630,458	\$58,863	96%
Program Year 2022 Total Allocation	\$42,187,551	\$5,556,828	87%

MEMO TO THE CPMT

December 3, 2021

Information Item I- 2: FY 22 Quarter 1 Residential Entry and FAPT Report

ISSUE: That the CPMT receive regular management reports about the utilization and performance of residential placements.

BACKGROUND:

As per § 2.2-5206 the powers and duties of the Community Policy and Management teams, each CPMT “shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall:

13. Review and analyze data in management reports provided by the Office of Children's Services in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;”

The CSA program provides quarterly data reports to the CPMT to facilitate oversight of key outcomes.

ATTACHMENT:

First Quarter FY 22 Residential Entry and FAPT Report

STAFF:

Sarah Young, FAPT Coordinator
Jeanne Veraska, UR Manager

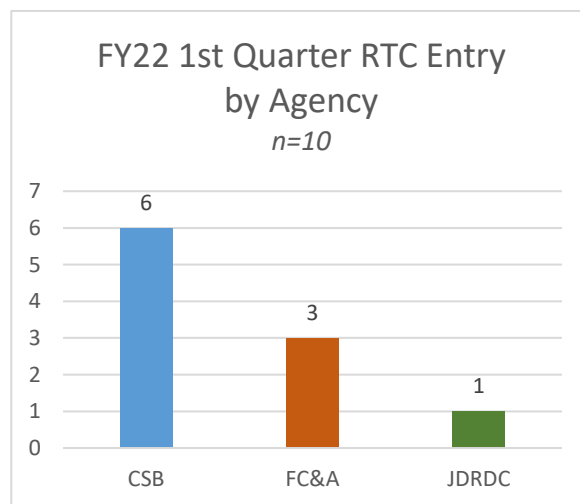
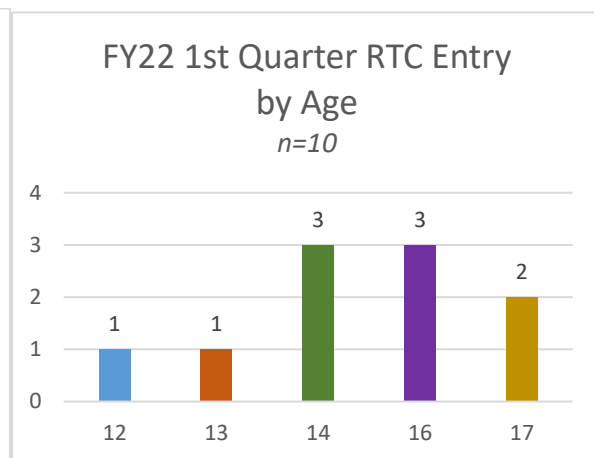
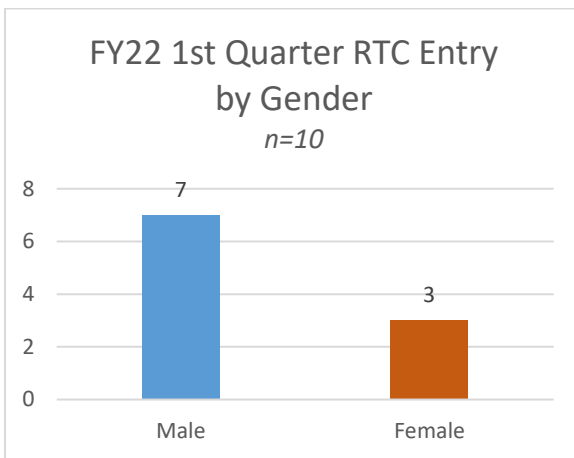
FY 22 FIRST QUARTER RESIDENTIAL ENTRY AND FAPT REPORT

Residential Entry Report

As stated in the local CSA policy manual under Section 4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams, *prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CSA Program Manager who shall inform the CPMT at its next scheduled meeting.*

Ten (10) youth entered long-term residential settings FY22 1st Quarter:

- July - 4
- August - 2
- September - 4
- Group Home placements – 7
- RTC placements - 3



FAPT Report

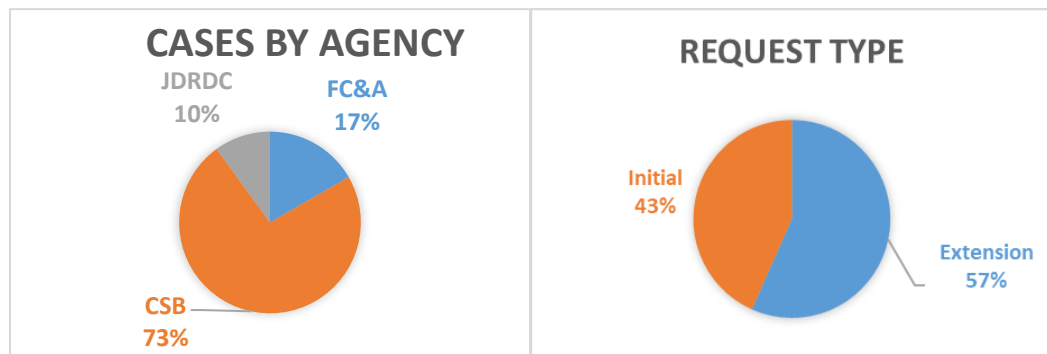
For FY22 Q1, **30** meetings were held with the two standing FAPT teams. Of those **30** meetings:

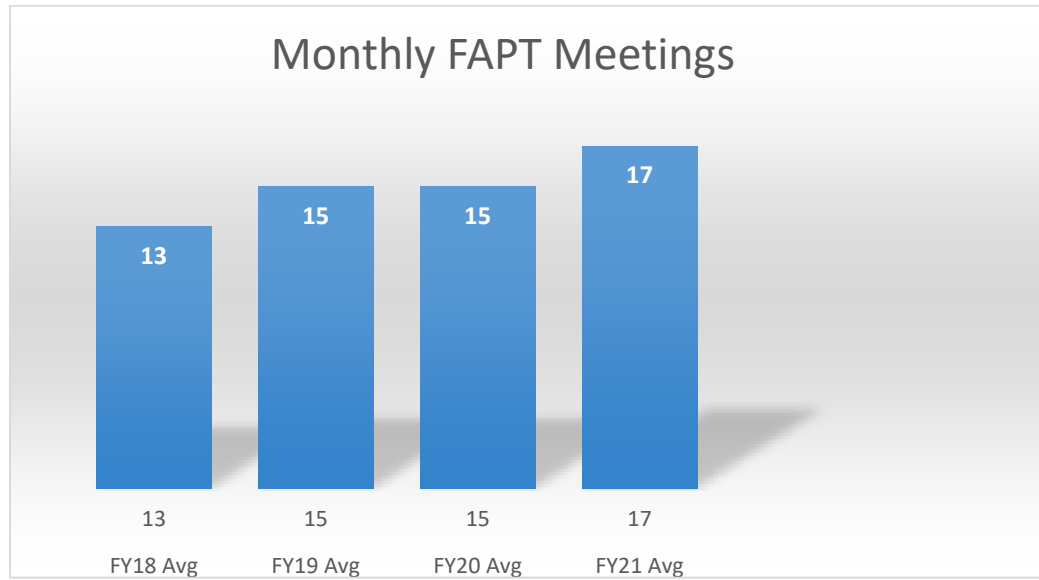
- **22** referrals were from CSB (73%)
- **5** referrals were from FC&A (17%)
- **3** referrals were from JDRDC (10%)

Of those **30** meetings:

- **17** were requests for extensions of current placement/step down (**57%**)
 - Extensions supported ranged from 2 weeks to 6 months
- **13** were requests for initial placements (**43%**)
 - **7 (54%)** initial requests were supported with a plan for RTC/GH placement of up to 4 months
 - **6** initial requests (**46%**) had plans developed including use of community-based services only; **this is a significant increase over previous quarters, which are more typically in the single to low double-digit percentage range**
 - **4** initial requests (**31%**) were actively receiving ICC services at the time of the FAPT meeting
 - **1** family who came to FAPT with requests for congregate care placement for two siblings, filed a CPMT appeal of the FAPT's community-based plans for each sibling; the appeal panel supported RTC placement for one sibling and upheld the community-based plan for the second sibling. To date the sibling with the RTC support has not yet been placed.
- **1** youth was privately placed by his family prior to the FAPT meeting

- For this quarter the average time it took from receipt of a complete FAPT request in the CSA office to the actual FAPT meeting date was **13.4** calendar days





Respectfully submitted by *Jeanne Veraska, UR Manager and Sarah Young, FAPT Coordinator*

MEMO TO THE CPMT
DECEMBER 3, 2021

Information Item I-3: Summary of the Accomplishments of the Fairfax-Falls Church Children's Behavioral Health System of Care Blueprint for 2016-2020

ISSUE:

Review of accomplishments of the Fairfax-Falls Church Children's Behavioral Health System of Care Blueprint 2016-2020

BACKGROUND:

In March 2016 the CPMT approved a multi-year children's behavioral health system of care Blueprint. It represents goals and strategies to be implemented by and with the support of Fairfax County human services departments and Fairfax County Public Schools. Wherever possible and appropriate, the public entities responsible for implementation of strategies noted in the plan work in conjunction with family, consumer and other non-profit organizations, and provider agencies. Consistent with the system of care principles, families and consumers are involved in planning, implementation and evaluation of activities to implement the blueprint. The Blueprint serves as the strategic plan for Healthy Minds Fairfax, a program established by the County Board of Supervisors to improve access to and the quality of children's behavioral health services. A full report on the accomplishment of Blueprint goals and strategies, as well as work still to be done, will be sent to the CPMT when it is finalized later this month.

ATTACHMENT:

Revised Children's Behavioral Health Blueprint (link)

<https://www.fairfaxcounty.gov/healthymindsfairfax/sites/healthymindsfairfax/files/assets/documents/pdf/draft-system-of-care-blueprint.pdf>

Snapshot of Accomplishments

STAFF:

Janet, Bessmer, CSA Program Manager

Jesse Ellis, NCS Prevention Manager

Jim Gillespie, Healthy Minds Fairfax Director

Peter Steinberg, Children's Behavioral Health Collaborative Program Manager

Healthy Minds Fairfax Blueprint:

A Snapshot of Accomplishments

- Behavioral Health Training for Pediatricians
- Expansion of CR 2 Services
- Expansion of Multicultural Services by expanding the Violence Prevention and Intervention Program
- Fairfax Consortium for Evidenced-Based Practice
- Family Support Partners
- Healthy Minds Fairfax Family Advisory Board
- Healthy Minds Fairfax Website
- Healthy Minds Fairfax Youth Advisory Council
- HMF Behavioral Integration Plan: Strategies to Promote and Support Behavioral Health Integration with Primary Care and Schools (2018)
- Innovative Behavioral Health Strategies for Underserved Populations (2018).
- Psychiatric Consultation for Primary Care Providers
- Recovery Youth Peer Support Group and Parent Support
- Short Term Behavioral Services (STBH)
- Transitional Age Youth Case Management