FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for AT-RISK CHILDREN, YOUTH & FAMILIES
December 6, 2019
Community Policy and Management Team (CPMT)
GC, 120C

FINAL

Agenda

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

1. **MINUTES:** Approve minutes of October 25, 2019 meeting

2. **ITEMS:**

   - **CSA Administrative Item**
     Item A – 1: Endorse Statement of Intent for Evidence-Based Treatments Eligible for Title IVE and CSA Funding

   - **CSA Contracts**
     Item C – 1: Approve New Providers for FY 20
     Item C – 2: Approve Outpatient Services Rates effective January 1, 2020

   - **CSA Information Item**
     Item I – 1: Review CSA Budget Report
     Item I – 2: Review Proposed Amendments to the CPMT Bylaws
     Item I – 3: Review Proposed Revisions to the CSA Local Policy and Procedures Manual

   - **HMF Information Items**
     Item I – 4: Children's Behavioral Health Blueprint Quarterly Report

- **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 Community Policy and Management Team
October 25, 2019

Attendees: Michael Becketts, Jacqueline Benson, Robert Bermingham, Cristy Gallagher, Annie Henderson, Teresa Johnson, Joe Klemmer, Rick Leichtweis, Chris Leonard, Deborah Scott, Rebecca Sharp, Jane Strong, Nancy Vincent, Daryl Washington, Michael Lane, Lesley Abashian

SOC Attendees: Jim Gillespie, Desiree Gordon, Peter Steinberg, and Jesse Ellis

CSA Management Team: Adam Cahuantzi, Kamonya Omatete, Jessica Jackson, Mary Jo Davis

Stakeholders and CSA Program Staff Present: Janet Bessmer, Patricia Arriaza, Chris Metzbower, Kim Jensen

1. **Approve minutes of September 27.2019 meeting:**
   Motion made by Robert Bermingham, seconded by Jane Strong. Motion Approved by all CPMT members.

2. **Items:**

- **HMF Administrative Item:**

  - Item A-1: Approve Children's Behavioral Healthy Minds Blueprints Revisions
    Motion made by Chris Leonard, seconded by Robert Bermingham. Motion Approved by all CPMT members.
    - Presentation by Jim Gillespie, HMF Director and Peter Steinberg, HMF Program Manager. Reviewed specific changes to goals/strategies in HMF Blueprint and requested approval and extension through Dec 2020. Most of these changes are based on recommendations from the workgroups associated with each goal/strategy.
    - Question regarding follow up for trainings for pediatricians: training includes 6 months follow up trainings with trainers. After that they will receive training through Project Echo – a teleconference consultation where pediatricians can staff specific cases.
    - Question regarding metrics that are being used to track progress of each initiative. HMF is working with a consultant to review/update each evaluation plan to collect service specific data. In terms of population data, a workgroup has been established to determine what data is most relevant to the Blueprint and information that would be of interest to the CPMT.
  - Item A-2: Approve Nomination of Private Provider Representative to the Board of Supervisors for appointment – Janet Bessmer, CSA
    - Request that CPMT approve the nomination for private provider representative, Deb Evans, for her to be reappointed as a member of the CPMT. Motion made by Chris Leonard, seconded by Robert Bermingham. Motion Approved by all CPMT members.

- **CSA Contracts:**

Approved: 12/6/2019

- Item C – 1a: Child Specific Contract Request for Devereux Texas – Barbara Martinez, CSA Contracts, Kamonya Omatete, DFS
  Motion made by Chris Leonard, seconded by Robert Bermingham. Motion Approved by all CPMT members.
  - Question: it seems there have been several requests for out-of-state placements, is data being collected to analyze/solve the issue of several out-of-state placement? Contracts office has collected data but have not analyzed the data. Working with CSA program and DFS to discuss this issue with VA Medicaid. CSA coordinators around the state have met with a panel of providers and representatives to discuss this and it known that this a state-wide problem.
  - Question: Does Fairfax have a representation on State & Local Advisory Team (SLAT)? Currently Fairfax county does not have a representative but is working on having a representative in the future.
  - Has child been admitted for acute or long-term treatment? Goal is to bring her home as soon as possible and engage the family (from Texas and VA) for a smooth and quick return home. Have been working with Magellan on this case and they are aware of the situation.

- **CSA Information:**
  - Item I – 1: Review CSA Budget Report - Tim Elcesser
    Based on the reports provided, more youth have been served this year. Furthermore, there has been an increase in RTC costs. A request was made for further explanation and processing the issue that accounts for the increase. Chris Leonard suggested that the budget report brought later in fiscal year after expenditures have stabilized.

  - Item I – 2: DAFA Schedule of Events for CPMT and CSA MT – Eduardo Leiva
    Provided overview of DAFA process including activities progression chart and report out events where CPMT invited.

  - Item I – 3: Quarterly CPMT Data Report – Patricia Arriaza
    Reviewed standard charts. PIT increase to 43 for Quarter 1. Length of Stay data.

  - Item I – 4: Residential Entry and FAPT report (not in packet) – Kim Jensen, UR Manager
    Reviewed trends and possible solutions to prevent RTC placements. Site visits process reviewed. Single case agreements with Medicaid will be pursued when possible.

  - Item I – 5: Quarterly SIR Report (not in packet) - Kim Jensen, UR Manager
    Report presented. Currently working with one HB agency on complaints about improper billing, frequent cancellation of therapist. The agency was asked to submit a Corrective Action Plan (CAP). Once CAP is received program will be placed on 60-day probation status and must provide in-service sessions log to ensure sessions took place as reported. For existing cases, there will be increased monitoring; no new referrals until CAP.

- **HMF Information item:**
  - Item I – 6: Intent to Partner with the Family Acceptance Project (FAP) - Jesse Ellis, NCS
    - Question regarding use of peer support for parents - FAP will not provide peer supports partner services but will be working closely with our Family Support Partner programs to provide consultation/technically services to provide skills and guidance to work with parents of LGBTQ kids.
    - Question regarding funding for this project – currently short-term funding is provided by CSB. For long term sustainability will be reaching out to other agencies/programs to obtain funding.

- **NOVACO – Private Provider Items:**
  - Northern VA Coalition of Private Providers (NOVACO) have monthly meetings to discuss and issues that need to be brought to the attention of the CPMT.
  - GMU professor has offered to meet with NOVACO and provide the same presentation she provided to Fairfax
  - CSA Symposium keynote speaker: Charles Hunt

- **CPMT Parent Representative Items:**
  - No report
- **Cities of Fairfax and Falls Church Items:**
  Per Nancy Vincent - City of Falls Church, Alexandria and Arlington have hired a consultant to review utilization of NOVA detention center to determine if the facility should continue or close. Report should be complete in January. Robert Bermingham reports that he has meet with the consultant to discuss if Fairfax could be an alternative as Fairfax county has some financial stake in the building. There will be some community meetings to get public input as well.

- **Public Comment:**
  - No report

Motion to Adjourn by Robert Bermingham, second by Chris Leonard. All members approve.

NEXT MEETING: Friday December 6, 2019; Government Center Room 120-C

MEMO TO THE CPMT

December 6, 2019

Administrative Item A - 1: Endorse Letter of Intent for Evidence-Based Treatments Eligible for Title IVE and CSA Funding

ISSUE: That the CPMT provide a Letter of Intent to the Virginia Department of Social Services and the Office of Comprehensive Services for contracting with providers offering selected Evidence-Based Treatments.

BACKGROUND:
According to the information provided on the Virginia Department of Social Services (VDSS) website, the Family First Prevention Services Act (Family First) was adopted as a federal law in February 2018. Family First includes historic reforms to child welfare funding. The Act will provide federal funding for prevention services to families of children who are at imminent risk of entering foster care. It underscores the importance of children growing up in families and seeks to avoid the traumatic experience of children being separated from their families and entering foster care. Specifically, federal reimbursement will be available for trauma-informed mental health services, substance use disorder treatment and in-home parenting skills training to safely maintain in-home family placement. It also aims to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in residential treatment, and instead place children in the least restrictive, most family-like setting appropriate to their individual needs.

Virginia's Department of Social Services (VDSS) has five strategic priorities for implementation that include offering prevention services, supporting family-based placements, reducing inappropriate use of non-family based placements, promoting effective use of resources and fiscal accountability as well as supporting the implementation of evidence-based, trauma-informed services. The initial list of evidence-based interventions is listed in the Title IVE Prevention Services Clearinghouse.

The initial training costs for these services can be prohibitive for providers. VDSS has obtained over $800K in training funds from the General Assembly to support the initial implementation of these treatments. The three treatments that are currently being promoted for implementation are:

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Parent Child Interaction Therapy (PCIT)

VDSS sponsored a series of informational webinars in November for interested providers and stakeholders. Providers may apply to be accepted for training funds beginning in mid-November with notification of acceptance in January. VDSS training funds will be used to pay the selected provider's costs to be certified in the interventions.

VDSS and the Office of Children's Services (OCS) also solicited interested localities to determine readiness and sustainability for these interventions. Fairfax and other large neighboring jurisdictions attended an interest meeting and have agreed that there is interest in using these interventions should they become available. CSA Agreements for Purchase of Services can be offered to providers allowing CSA-eligible youth to be referred and funded if the service were appropriate to meet their needs.

Given the interest expressed by providers and the outreach by state officials, the Fairfax-Falls Church CPMT is requested to review the proposed evidence-based interventions and officially indicate interest through our Letter of Intent. The state did not request the letter nor is it required, but the CPMT's formal endorsement allows staff to proceed in discussions.

RECOMMENDATION: That the CPMT endorse a Letter of Intent that signifies our interest in contracting for Evidence-Based Treatments that have been identified by the Title IVE Clearinghouse.

ATTACHMENT:
Summary of Title IV-E Evidence-Based Interventions
Proposal for the Northern Virginia Regional Evidence-Based Treatments Service Areas

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:
Janet Bessmer, CSA

Training Opportunities

As VDSS works to implement Family First in Virginia, VDSS is investing in the community based provider network to offer training in Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT) in order to support the provider workforce to deliver these critical services to families of children who are at imminent risk of entering foster care.

These programs are all rated as well-supported on the Title IV-E Prevention Services Clearinghouse. Evidence-based programs refers to the quality of the program being offered. To be called Evidence-based, a program has to meet a series of rigorous standards that show it is effective. Research of the program must illustrate that it actually helps children and families meet their treatment goals.

Multisystemic Therapy

Multisystemic Therapy (MST) is an intensive treatment for troubled youth delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12- to 17-year-old youth. The MST program addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, and school and community. The intervention strategies are personalized to address the identified drivers. The program is delivered for an average of three to five months, and services are available 24/7, which enables timely crisis management and allows families to choose which times will work best for them. Master's level therapists from licensed MST providers take on only a small caseload at any given time so that they can be available to meet their clients' needs.

Multisystemic Therapy Training Applications Due No Later than December 20, 2019

- Family First Overview
- Multisystemic Therapy Overview
- MST Training Application
- MST FAQ
- Recorded MST Webinar (11/6/19)
- MST Webinar (11/19/19)

Functional Family Therapy

Functional Family Therapy (FFT) is a short term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11 to 18 year old youth who have been referred for behavioral or emotional problems. The program is organized in five phases that consist of 1) developing a positive relationship between therapist/program and family, 2) increasing hope for change and decreasing blame/conflict, 3) identifying specific needs and

characteristics of the family, 4) supporting individual skill-building of youth and family, and 5) generalizing changes to a broader context. Typically, therapists will meet with the family face-to-face for at least 90 minutes per week and for 30 minutes over the phone, over an average of three to five months. Master's level therapists provide FFT. They work as a part of a FFT-supervised unit and receive ongoing support from their local unit and FFT LLC.

Functional Family Therapy Training Applications Due No Later than December 20, 2019

- Family First Overview
- Functional Family Therapy Overview
- FFT Training Application
- FFT FAQ
- Recorded FFT Webinar (11/6/19)
- FFT Webinar (11/19/19)
- Functional Family Therapy Overview (11/19/19)

Parent-Child Interaction Therapy

In Parent-Child Interaction Therapy (PCIT), parents are coached by a trained therapist in behavior-management and relationship skills. PCIT is a program for two to seven-year old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Therapists use "bug-in-the-ear" technology to provide live coaching to parents or caregivers from behind a one-way mirror (there are some modifications in which live same-room coaching is also used). Parents or caregivers progress through treatment as they master specific competencies, thus there is no fixed length of treatment. Most families are able to achieve mastery of the program content in 12 to 20 one-hour sessions. Master's level therapists who have received specialized training provide PCIT services to children and caregivers.

Parent-Child Interaction Therapy Training Applications Due No Later than December 9, 2019

- Family First Overview
- Parent-Child Interaction Therapy Overview
- PCIT Equipment Requirements
- PCIT Training Application
- PCIT FAQ
- Recorded PCIT Webinar
- PCIT Brochure
- Recorded PCIT Webinar (11/19/19)

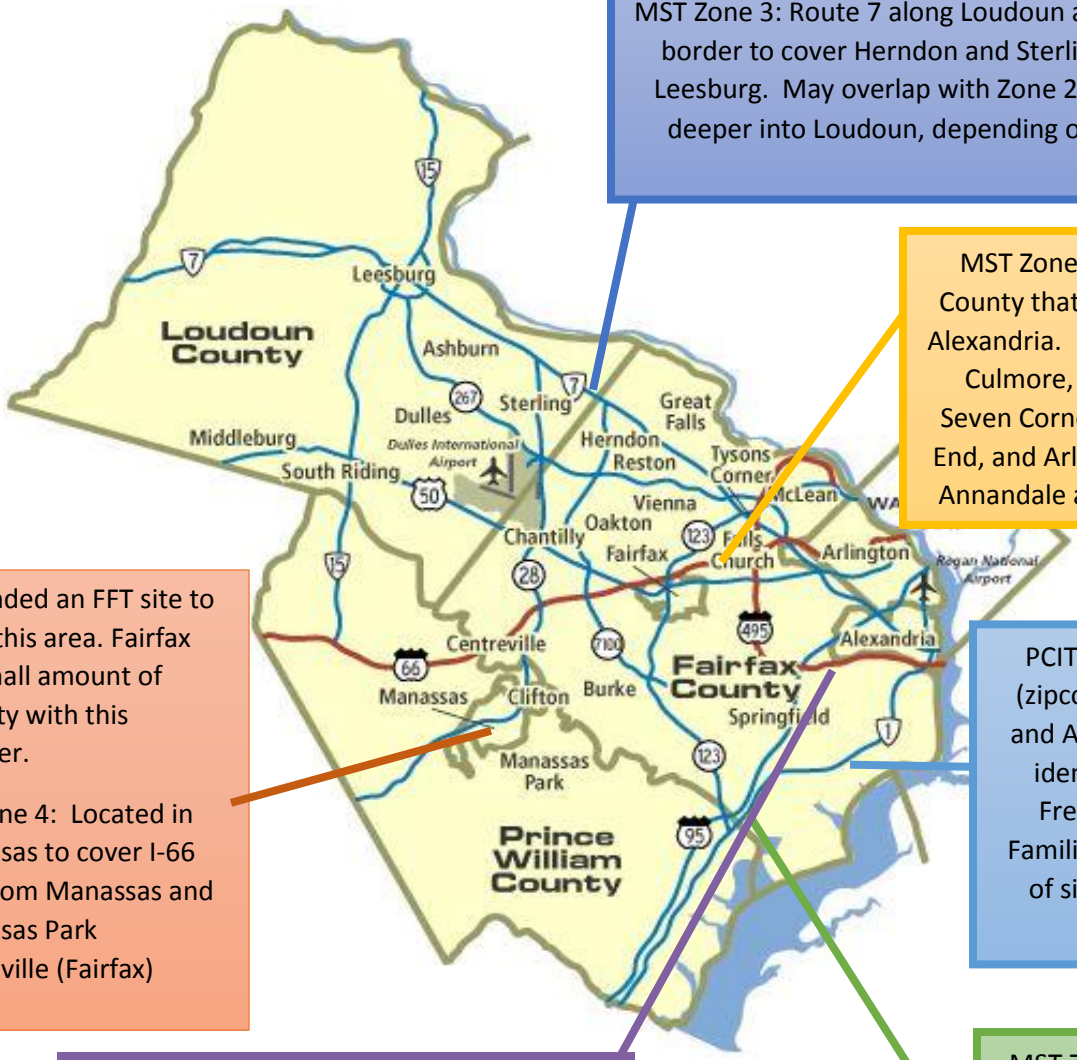
Proposal for Northern Virginia Regional Evidence-based Treatment Service Areas

MST Zone 3: Route 7 along Loudoun and Fairfax border to cover Herndon and Sterling up to Leesburg. May overlap with Zone 2 or move deeper into Loudoun, depending on need.

MST Zone 2: Section of Fairfax County that adjoins Arlington and Alexandria. Route 7 area to include Culmore, Bailey's Crossroads, Seven Corners, Alexandria's West End, and Arlington. Springfield and Annandale areas may be covered.

DJJ funded an FFT site to cover this area. Fairfax has small amount of capacity with this provider.

FFT Zone 4: Located in Manassas to cover I-66 area from Manassas and Manassas Park Centreville (Fairfax)



PCIT Zone 1: South County (zipcodes 22306 and 22309) and Annandale (22003) were identified in DAFA as CPS Frequently Encountered Families with a concentration of single parents of young children.

FFT Zone 5: Central County location for FFT. Possible UMFS FFT expansion for Fairfax County. UMFS will accept our referrals for their Fredericksburg program.

MST Zone 1: Route 1 Corridor from Woodbridge (Prince William) through South County of Fairfax up to Alexandria. Springfield and Annandale areas may also be covered.

Other Planned Evidence-based Interventions:

- TF-CBT providers have been trained by the SOC Training Consortium and by private agency funding. An additional Fairfax- sponsored TF-CBT training is tentatively scheduled for April/May, 2020.
- DBT is offered by a private provider in Arlington. CSA is working on a contract. Kellar Center is developing a full DBT program with approximate start April/May, 2020.

Memo to the CPMT
December 6, 2019

CONTRACT ITEM C 1 - New Providers beginning January 1, 2020

ISSUE: CPMT approval of providers for open Agreements to Purchase Services with providers new to the Fairfax-Falls Church System of Care and Children's Services Act Program. During the last application period, all current providers of outpatient services were required to apply. 51 providers applied, 41 of them were current providers in the system of care. Of the 9 new applicants to the become providers, four (4) have been approved by the CSA Management Team for award of an Agreement for the Purchase of Services.

RECOMMENDATION: The CSA Management recommends approval of these qualified new providers for open Agreements to Purchase Services beginning January 1, 2020:

Provider Name & Location	Type of service	Type of Licenses	VA Medicaid Provider
EquiBliss / Ioana Marcus	Equine Assisted Psychotherapy	Individual Clinicians	Not Applicable
NeuroSound Music Therapy, LLC	Outpatient Therapy--Music Therapy	DOE and BCMT	Not applicable
Tutoring For Success	TUTORING-EDUCATIONAL	None required	Not Applicable
Vicktory Life, LLC	mentoring	Individual clinician	No

BACKGROUND:

Per Local CSA Policy, an open application period was help from September 1, 2019 through October 31, 2019 to all interested providers of services for eligible youth and families served by the Fairfax-Falls Church CPMT. All current providers of Outpatient therapy services, including evaluations, were required to apply as their current contract end on December 31, 2019. Applicants were reviewed by the CSA MT per the following policy:

> Before entering into any agreements with a service provider, the CPMT has tasked the CSA Management Team with screening potential providers and approving appropriate providers for the necessary services. New providers, or new services with existing providers, will be considered during a bi-annual "Open Application Period."

Potential New Providers Applications are evaluated during a two-month period each calendar year. During this "Open Application Period," potential providers may submit the Fairfax-Falls Church CSA System of Care Network Application to the CSA Contracts Team with all of the required supporting documentation. Once all required documentation is received, the CSA Contract Analyst for the service category will review the application, documentation, contact reference and engage staff from the CSA Management Team or Single Agency Liaison for presentation of the application.

During the two-month application period, potential providers will be contacted if additional documentation is needed.

If the provider meets the minimum requirements for the service category, the application is presented to the CSA Management Team for review and recommendation to the CPMT. Once approved by the CSA Management Team, the application is presented to the CPMT for approval as an In-Network Provider.

Minimum Standards for Tier I System of Care Network Provider enrollment:

- Located in the State of Virginia
- Enrolled with the Department of Medical Assistance Services (DMAS) as a Medicaid Provider**
- Insured for appropriate limits, per the Office of Risk Management for Fairfax County.
- Licensed for the contracted services by the State of Virginia.
- Accept the SOC Practice Standards.
- Ability to provide services and treatment modalities asserted by the SOC Evidence Based Practice Work Group to be accepted by the SOC and ability to provide verification of certification in requested treatment modalities.

The listed providers submitted applications to be providers of services for the Fairfax-Falls Church CSA System of Care during the open application period between September 1, 2019 and October 31, 2019 and are qualified per CPMT policy. The CSA Management Team has reviewed the applicants and confirms the requirements have been met for the eligible services.

Attachment: List of FY20 Fall CSA Provider Applicants

STAFF:
Barbara Martinez

List of FY20 Fall CSA Provider Applicants

Provider	Existing Provider	Service	License Type
Autumnleaf Group, Inc.	**Y**	Outpatient Therapy	Individual Clinicians
Biofeedback WORKS in Virginia, PLLC	**Y**	Outpatient Therapy	Individual Clinicians
Capital Music Therapy Services, LLC	**Y**	Outpatient Therapy	Individual Clinicians
CAROLYN LOUISE MURPHY	**Y**	Outpatient Therapy	Individual Clinicians
Center for Adoption Support & Education	**Y**	Outpatient Therapy	Individual clinicians
Center for Attachment & Trauma Services (CATS)	**Y**	Outpatient Therapy	Individual Clinicians
CENTER FOR CLINICAL AND FORENSIC SERVICE (CCFS)	**Y**	Outpatient Therapy	Individual Clinicians
Comprehensive Neuropsychology / Sonal Kishor Pancholi Doran	**Y**	Outpatient Therapy	Individual Clinicians
Creative Health Solutions	**Y**	Outpatient Therapy--OT & Speech	Individual Clinicians
Dean Consulting, Inc.	**Y**	Outpatient Therapy	Individual Clinicians
Donald Wilhelm, LCSW	**Y**	Outpatient Therapy	LCSW
Family Priority, LLC	**Y**	Outpatient Therapy	DBHDS-IIHS and individual clinicians
GEORGE MASON UNIVERSITY	**Y**	Outpatient Therapy	Individual Clinicians
Gil Institute for Trauma Recovery and Ed	**Y**	Outpatient Therapy	Individual Clinicians
Health Connect America	**Y**	CBS/TFC/Outpatient	DBHDS/VADSS
IMPROVING OUTCOMES LLC	**Y**	Outpatient Therapy	Individual Clinicians
INOVA Kellar Center	**Y**	Outpatient Therapy	DBHDS OutPatient

MULTICULTURAL CLINICAL CENTER	**Y**	Outpatient Therapy	DBHDS-Outpatient Mental Health
National Counseling Group	**Y**	Outpatient Therapy	DBHDS OutPatient
Nicole W McGarry LPC PLLC	**Y**	Outpatient Therapy	Individual Clinician
NOVA THERAPEUTIC RIDING PROGRAM	**Y**	Outpatient Therapy	Equine
Occoquan Counseling, LLC	**Y**	Outpatient Therapy	Individual Clinician
POTOMAC CENTER INC	**Y**	Outpatient Therapy	Individual Clinician
Spirit Open Equestrian Program, Inc.	**Y**	Outpatient Therapy	Equine
Transitions...The Process of Change	**Y**	Outpatient Therapy	Individual Clinicians
Trauma and Hope	**Y**	Outpatient Therapy	LCSW/LPC/LMFT
U.S. Care	**Y**	outpatient	DBHDS CB and Outpatient
WILLIAM D LING PHD INC	**Y**	Outpatient Therapy	Individual Clinician
1Life1Love, Inc	**N**	COMMUNITY BASED	DBHDS Community Based
Enduring Connections, PLC	**N**	Outpatient Therapy	Individual Clinician
EquiBliss / Ioana Marcus	**N**	Equine Assisted Psychotherapy	Individual Clinicians
Impact Living Services	**N**	TFC/Outpatient	DSS/Child Placing Agency

NeuroSound Music Therapy, LLC	**N**	Outpatient Therapy--Music Therapy	DOE and BCMT
Quadrant Family Services	**N**	Mentoring/Coaching	Individual Clinician
Tutoring For Success	**N**	TUTORING-EDUCATIONAL	none required
Vicktory Life, LLC	**N**	mentoring	Individual clinician

Memo to the CPMT
December 6, 2019

CONTRACT ITEM C2 - Outpatient Services Rates beginning January 1, 2020

ISSUE: Outpatient Therapy and Services rates for new contract period, January 2, 2020 through December 31, 2022. The rates have been held for the last contract period from January 1, 2017 through December 31, 2019.

RECOMMENDATION: A rate increase of 2% for each of the past years and an additional 2% to address holding the rates for the next three years for a total of 8% is recommended. This increase keeps the pool at a competitive rate that is still under the average reported private pay rate of $150 an hour and under the CSB's public rate.

Clinician Credential/Evaluation Type	Hourly or Unit rate	MRA of 2% for each of 3 past years	Proposed rate increase	Additional 2% for Holding for 3 Years	Proposed rate increase	Total Proposed New Rate (rounded to Nearest Dollar)
LCSW, LPC, LMFT	$101.00	6.00%	$6.06	2%	$2.14	**$109.00**
PhD/PsyD-Clinical Psychologist	$112.00	6.00%	$6.72	2%	$2.37	**$121.00**
Psychiatrist	$140.00	6.00%	$8.40	2%	$2.97	**$151.00**
LCSW, LPC, LMFT	$101.00	6.00%	$6.06	2%	$2.14	**$109.00**
PhD/PsyD-Clinical Psychologist	$112.00	6.00%	$6.72	2%	$2.37	**$121.00**
Psychiatrist	$140.00	6.00%	$8.40	2%	$2.97	**$151.00**
LCSW, LPC, LMFT	$42.00	6.00%	$2.52	2%	$0.89	**$45.00**
PhD/PsyD-Clinical Psychologist	$45.00	6.00%	$2.70	2%	$0.95	**$49.00**
Psychiatrist	$50.00	6.00%	$3.00	2%	$1.06	**$54.00**
Mental Health Assessment	**clinician's hourly rate**					
Trauma Informed Mental Health Assessment	**clinician's hourly rate**					
Co-Occurring (Substance Use/Abuse) Assessment	**clinician's hourly rate**					
Parent Child Relational Assessment	$845.00	6.00%	$50.70	2%	$17.91	**$914.00**
Psychological Evaluations for young children	$600.00	6.00%	$36.00	2%	$12.72	**$649.00**
Psychological Evaluation	$1,200.00	6.00%	$72.00	2%	$25.44	**$1,300.00**
Psychological Reassessment	**clinician's hourly rate**					

Neuropsychological Evaluation	$1,400.00	6.00%	$84.00	2%	$29.68	**$1,514.00**
Neuropsychological Evaluation complete	$2,600.00	6.00%	$156.00	2%	$55.12	**$2,812.00**
Psychosexual Risk Assessment	$500.00	6.00%	$30.00	2%	$10.60	**$540.00**
Parenting Capacity Evaluation	$1,000.00	6.00%	$60.00	2%	$21.20	**$1,081.00**
Psychiatric Evaluation	$561.00	6.00%	$33.66	2%	$11.89	**$607.00**
Medication Assessment	$253.00	6.00%	$15.18	2%	$5.36	**$274.00**
Medication Management Visit	$62.00	6.00%	$3.72	2%	$1.31	**$67.00**

BACKGROUND:

All Outpatient therapy contracts hold the providers to a flat rate during the life of the contract. Due to the increased cost of providing therapy and evaluations, it is becoming more difficult to maintain a pool of clinicians that are trained and actively apply evidence-based models. After the next round of contract requirement revisions, the CPMT may offer incentives for EBPs with a tiering of rates for clinicians who demonstrate fidelity to EBP models.

A review of the market by CSA Utilization Review has found:

An example of negotiated rates with one Fairfax private practice group with a number of insurance plans:

	90791 (initial diagnostic interview w/out med services)	**90837 (psychotherapy-60 minutes)**
Aetna	$ 80	$ 72
BCBS (some variance among plans)	$ 123.65	$ 109.43
Anthem	unknown	$ 109.58
Cigna	$ 109	$ 75
Tricare	$ 120	$ 110.96
United Healthcare	$ 123.65	$ 80.37 (may only bill for 90834-45 min)

In a review of therapists on Psychology Today who practice out of Fairfax, the following information was found:

- 14/25 therapists reviewed billed more than one insurance company. The rates ranged from $80-$250/session, with most offering a sliding scale.

The CSB rates are:

90791(initial diagnostic interview w/out med services)-$150;

90837(psychotherapy-60 minutes)-$143.01.

The CSB bills most major insurance companies, and offers a sliding scale based on ability to pay.

Below is an analysis of the CSA Outpatient Services expenditures for each of the past three years and a projected increase should the CSA MT approve the rate increase.

Fund	CSA			
Sum of Amount				
Row Labels	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020 to date**
Day Treatment	11,200	20,955	25,459	
Eval SVCS – Mental Health Assessment	3,589	2,260	2,670	
Eval SVCS – Neuropsychological	30,821	9,400	64,450	1,400
Eval SVCS - Other	15,651	23,973	42,222	3,495
Eval SVCS – Parent/Child	42,490	39,730	29,095	1,000
Eval SVCS – Psychological Evaluation	118,891	75,200	58,200	1,200
Eval SVCS Psychiatric Evaluation	1,581	561	1,683	
Eval SVCS Psychological Reassessment	1,800			
EVAL-Services	6,070		2,200	
Outpatient-Appearances (court, Family Resource Meetings)	3,078	6,608	1,244	5,010
Outpatient Therapy-Family	31,908	18,771	37,589	5,206
Outpatient Therapy-Group	6,361	3,067	10,671	544
Outpatient Therapy-Individual	204,750	166,374	226,036	18,071
Grand Total	**478,190**	**366,899**	**501,519**	**35,926**
with 2% increase:	487,754	374,237	511,549.37	
with 6% increase:	506,881	388,913	531,610.13	
with 6% + 2% increase			541,640.94	
Variance 2%	9,564	7,338	10,030.38	
Variance 6%	28,691	22,014	30,091.14	
Variance 6% + 2%			40,121.94	

STAFF:
Barbara Martinez, DPMM Contract Analyst Supervisor
Kim Jensen, Utilization Review Manager
Xu Han, Financial Specialist

MEMO TO THE CPMT
December 6, 2019

Information Item I-1: October Budget Report & Status Update, Program Year 2020

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 2020 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 2019 for FY20 equal $6.7M for 705 youth. This amount is an increase from October last year of approximately $1.3M, or 24.17%. Pooled expenditures through October 2018 for FY19 equal $5.4M for 735 youth.

	Program Year 2019	Program Year 2020	Change Amt	Change %
Residential Treatment and Education [1]	$379,410	$895,568	$516,158	136.04%
Private Day Special Education	$3,258,467	$2,994,130	($264,336)	-8.11%
Non-Residential Foster Home and Community Services [2]	$1,763,615	$2,798,271	$1,034,656	58.67%
Non-Mandated Services (All)	$278,659	$180,102	($98,557)	-35.37%
Recoveries	($267,958)	($147,958)	$120,000	-44.78%
Total Expenditures	**$5,412,193**	**$6,720,113**	**$1,307,920**	**24.17%**
Residential Treatment and Education	36	43	7	19.44%
Private Day Special Education	238	208	(30)	-12.61%
Non-Residential Foster Home and Community Services	560	659	99	17.68%
Non-Mandated Services (All)	116	63	(53)	-45.69%
Unique Count All Categories	**950**	**973**	**23**	**2.42%**
Unduplicated Youth Count	**735**	**705**	**(30)**	**-4.08%**

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 October.

RECOMMENDATION:
For CPMT members to accept the October Program Year 2020 budget report as submitted.

ATTACHMENT:
Budget Chart

STAFF:
Timothy Elcesser, Xu Han, Terri Byers (DFS)

NOTE:

[1] The increase in Residential treatment and education is mainly driven by the facts that:

- Payment for School youths' services is more up to date than last year, CSA finance team has received and processed more invoices
- There are more County youth in residential placement with IEP that requires special education in public school, accounting for a $350k increase
- One youth is receiving translation service averaging $38k per month.

[2] The increase in Non-residential Foster Home and Community Services is caused by serving more youth for first 4 months this year than same period last year.

- Treatment Foster Home is up 36 youth and $482k
- Community Based Service is down 6 youth however expenses are up $195k
- CSA continues to seek to maximize Non-residential treatments and Community Services.

Program Year 2020 Year To Date CSA Expenditures and Youth Served (through October Payment)

Mandated/ Non-Mand	Residential/ Non-Residential	Serv Type Descrip	Local Match Rate	County & Foster Care	Youth in Category	Schools (IEP Only)	Youth in Category	Total Expenditures
Mandated	**Residential**	Residential Treatment Facility	57.64%	$379,007	21		0	$379,007
		Group Home	57.64%	$52,884	2		0	$52,884
		Education - for Residential Medicaid Placements	46.11%	$29,978	3	$226,742	8	$256,720
		Education for Residential Non-Medicaid Placements	46.11%	$19,173	2	$187,405	5	$206,578
		Temp Care Facility and Services	57.64%	$378	2		0	$378
	Residential Total			$481,420	30	$414,147	13	$895,568
	Non Residential	Special Education Private Day	46.11%	$409	1	$2,993,722	207	$2,994,130
		Wrap-Around for Students with Disab	46.11%	$142,851	44		0	$142,851
		Treatment Foster Home	46.11%	$1,114,565	105		0	$1,114,565
		Foster Care Mtce	46.11%	$333,602	85		0	$333,602
		Independent Living Stipend	46.11%	$40,506	15		0	$40,506
		Community Based Service	23.06%	$697,130	301		0	$697,130
		ICC	23.06%	$284,205	95		0	$284,205
		Independent Living Arrangement	46.11%	$182,052	13		0	$182,052
		Psychiatric Hospital/Crisis Stabilization	46.11%	$3,360	1		0	$3,360
	Non Residential Total			$2,798,680	660	$2,993,722	207	$5,792,402
Mandated Total				**$3,280,100**	**690**	**$3,407,869**	**220**	**$6,687,969**
Non-Mandated	**Residential**	Group Home	57.64%	$36,575	2		0	$36,575
	Residential Total			$36,575	2	$0	0	$36,575
	Non Residential	Community Based Service	23.06%	$112,445	50		0	$112,445
		ICC	23.06%	$31,082	11		0	$31,082
	Non Residential Total			$143,527	61	$0	0	$143,527
Non-Mandated Total				**$180,102**	**63**	**$0**	**0**	**$180,102**
Grand Total (with Duplicated Youth Count)				$3,460,202	753	$3,407,869	220	$6,868,071
Recoveries								-$147,958
Total Net of Recoveries								$6,720,113
Unduplicated child count								705
Key Indicators								

	Cost Per Child	Prog Yr 2019 YTD	Prog Yr 2020 YTD
	Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$7,364	$9,532
	Average Cost Per Child Mandated Residential (unduplicated)	$12,239	$22,963
	Average Cost Per Child Mandated Non- Residential (unduplicated)	$7,762	$9,008
	Average Cost Mandated Community Based Services Per Child (unduplicated)	$1,636	$2,316
	Average costs for key placement types		
	Average Cost for Residential Treatment Facility (Non-IEP)	$10,436	$18,048
	Average Cost for Treatment Foster Home	$9,165	$10,615
	Average Education Cost for Residential Medicaid Placement (Residential)	$8,760	$23,338
	Average Education Cost for Residential Non-Medicaid Placement (Residential)	$12,541	$29,511
	Average Special Education Cost for Private Day (Non-Residential)	$13,691	$14,395
	Average Cost for Non-Mandated Placement	$2,402	$2,859

Program Year 2020 Year To Date CSA Expenditures and Youth Served (through October Payment)

Category	Program Year 2019 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2020 Allocation	$717,020	$140,172	80%
Non Mandated Program Year 2020	$1,630,458	$169,063	90%
Program Year 2020 Total Allocation	$38,340,860	$6,720,113	82%

MEMO TO THE CPMT

December 6, 2019

Information Item I - 2: Review Proposed CPMT Bylaw Changes

ISSUE: That the CPMT bylaws be updated periodically to reflect current Code sections and membership with recommended language from Office of County Attorney.

BACKGROUND:
The CPMT Bylaws may be amended at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting, provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. These bylaws may also be amended at any time without advance notice by unanimous vote of all members of the CPMT.

Proposed changes include:

- Updating the code sections referenced in Article I
- Adding duties to Article IV to reflect the Code
- Moving local government elected official or designee to Section 2: state mandated members
- Revise/remove Director of Department of Administration for Human Services from Section 3
- Optional members: Correct/amend number of private service providers from 2 to 1
- Adding sections related requirements for public meetings such as FOIA, record retention and notices

DISCUSSION:

The county attorneys who reviewed and proposed amendments to the Bylaws requested the following issues be discussed and decided by the CPMT:

Va. Code Ann §2.2-5204 states that the cities and counties who come together to create a CPMT shall JOINTLY establish the team; it is this office's advice that the 3 jurisdictions of the CPMT, Fairfax County BOS, City of Fairfax and City of Falls Church Councils must adopt by-law changes and approve certain CPMT actions.

- Under Article V, Section 1 Memberships, Section 3 Locally Mandated Members and Section 4, Optional Members, and Section 5, Appointments and Terms, we included the City Councils in the approval process. Is that how the Cities want to proceed?

- Article 13, Removal: We included the City Councils in this too thinking they may not wish the FCBOS having all this authority. The FCBOS was left in the Absences section since that only involves notice.

- Article XV, Amendments: We included all 3 jurisdictions in approval of any amendments to CPMT By Laws based on the §2.2-5204 language.

ATTACHMENT: Proposed revisions to CPMT bylaws

STAFF:
Janet Bessmer, CSA Program Manager
Deborah Laird, Assistant County Attorney
Martin Desjardins, Assistant County Attorney

BYLAWS OF
THE FAIRFAX-FALLS CHURCH
COMMUNITY POLICY AND MANAGEMENT TEAM

ARTICLE I: PURPOSE

It is the purpose of the Community Policy and Management Team (CPMT) to implement the Children's Services Act pursuant to Va. Code Ann. § 2.2-5200 *et seq*.

ARTICLE II: MISSION

The Fairfax-Falls Church CPMT is committed to ensuring that all children, youth, and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities that further their social, emotional, mental, and behavioral health and that promote resiliency.

ARTICLE III: PARTICIPATING JURISDICTIONS AND NAME

The governing bodies of Fairfax County and the cities of Fairfax and Falls Church have agreed to work jointly on implementing the Children's Services Act. Therefore, this body shall be known as the "Fairfax-Falls Church Community Policy and Management Team."

ARTICLE IV: RESPONSIBILITIES

As set forth in the *Code of Virginia*, the CPMT has the following duties and authority:

1. Develop interagency policies and procedures to govern the provision of services to children and families;

2. Develop interagency fiscal policies governing access to the State pool of funds by the eligible populations including immediate access to funds for emergency services and sheltered care;

3. Coordinate long range, community-wide planning which ensures the development of resources and services needed by children and families;

4. Establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams and a process to review the teams' recommendations and requests for funding;

5. Establish Family Assessment and Planning Teams as needed;

6. Establish quality assurance and accountability procedures for program utilization and funds management;

7. Obtain bids and enter into contracts for the provision or operation of services in accordance with the Fairfax County Public Purchasing Resolution;

8. Establish procedures for the management of funds in the interagency budget allocated to the community from the state pool of funds, the Trust fund, and any other source;

9. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;

10. Submit grant proposals upon approval by the Fairfax County Board of Supervisors;

11. Serve as its community's liaison to the State Management Team, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services;

12. Collect and provide uniform data to the State Executive Council as requested by the Office of Children's Services;

13. Review and analyze local and statewide data provided by the Office for Children's Services; 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 in residential settings, 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;

14. Administer funds pursuant to § 16.1-309.3;

15. Have authority upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services, provided that funds described as the state pool of funds under § 2.2-5211 are not used;

16. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Va, Code Ann. §37.2-403 *et seq*., exclusive of group homes, was sought but was unable to be obtained by the reporting entities*;*

17. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program; and

18. Establish policies and procedures for appeals by youth and their families. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations

governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

ARTICLE V: MEMBERSHIP, APPOINTMENTS AND TERM OF OFFICE

Section 1. Memberships.

The CPMT shall have no more than twenty-one (21) members. Eleven (11) members have legally mandated status under the Code of Virginia. Four (4) members are locally mandated by the Fairfax County Board of Supervisors, the Falls Church City Council and the Fairfax City Council Six (6) members may be appointed by the Fairfax County Board of Supervisors, the Falls Church City Council and the Fairfax City Council on an optional basis. Of the twenty-one CPMT members, eight (8) are filled on a limited term basis by the Board of Supervisors.

Section 2. State Mandated Members.

The following representatives are mandated under *Virginia Code* to serve as members of the CPMT:

- Deputy County Executive, Human Services
- Director of Court Services for the Fairfax County Juvenile and Domestic Relations Court
- Director of the Department of Family Services
- Executive Director of the Fairfax-Falls Church Community Services Board
- Director of the Department of Health
- Director of Special Services, Fairfax County Public Schools
- One (1) representative of the Falls Church City Public Schools
- One (1) human services representative appointed by the Fairfax City Council
- One (1) human services representative appointed by the Falls Church City Council
- One (1) representative of private service providers*
- One (1) parent representative who is not an employee of any public or private provider of services to youth*

Section 3. Locally Mandated Members.

The following representatives are designated by the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council to serve as members of the CPMT:

- Director of the Office of Strategy Management
- Director of the Department of Neighborhood and Community Services
- Director of Special Education Procedural Support, Fairfax County Public Schools
- Director of Intervention and Prevention Services, Fairfax County Public Schools

Section 4. Optional Members.

The Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council may appoint the following positions as members of the CPMT:

- One (1) representatives of private service providers*
- Up to four (4) parent representatives who are not employees of any public or private provider of services to youth*
- One (1) community representative*

Section 5. Appointments and Terms for Limited Term Members

The eight (8) members identified by an asterisk (*) in Sections 2, 3, and 4 above shall serve limited term appointments. The term shall be for two (2) year appointment and re-appointments may be made for additional consecutive terms upon approval by the CPMT, the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council. The terms of private service provider representatives shall expire in alternating years.

All jurisdictions shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall forward the CPMT's recommended nominee for membership to the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council for approval. For the parent representatives, the Chair will appoint a Nominating Committee of three members with at least one parent representative to assist in obtaining nominations for these limited term members.

ARTICLE VI: OFFICERS AND THEIR DUTIES

Section 1. Officers.

The officers of the CPMT shall consist of a Chair and Vice Chair.

Section 2. Duties of the Chair.

The duties of the Chair shall be:

a. To set the agenda for and preside at all meetings of the CPMT.
b. To appoint committees as needed to support the work of the CPMT.
c. To keep the State Management Team, the Fairfax County Board of Supervisors, and the Councils of the participating cities informed of the activities of the CPMT.
d. To perform other duties as determined by the CPMT.

Section 3. Duties of the Vice Chair.

The Vice Chair shall, in the absence of the Chair, perform the duties of the Chair and other duties determined by the CPMT.

ARTICLE VII: ELECTION OF THE OFFICERS AND TERM OF OFFICE

Section 1. Elections.

Election of officers shall be conducted by the CPMT acting as a Nominating Committee of the Whole. The election shall be held at the last meeting of the County fiscal year or as needed, and in accordance with the voting provisions of Article X of these bylaws.

Section 2. Term of Office.

The term shall be for the County fiscal year. There is no term limit on the number of terms which a person may serve.

Section 3. Replacement of Officers.

If an office becomes vacant for any reason, it shall be filled by an election at the next regular meeting having a majority of members present. The newly elected officer shall complete the unexpired term of the officer succeeded. Prior to the election of any replacement officer, all members shall be provided with notice of the proposed election before the meeting at which the replacement is elected.

ARTICLE VIII: MEETINGS

Section 1. Meetings.

The CPMT shall hold a sufficient number of meetings to properly conduct its business.

Section 2. Absences.

Absences shall be managed in accordance with Fairfax County Procedural Memorandum01-02, which states that upon notification by staff, the Clerk will communicate with the Board of Supervisors regarding members who are absent from three or more consecutive meetings.

Any optional member who misses three consecutive meetings or more than half of the scheduled meetings within a 12-month period, or who fails to participate in the work of the CPMT without good cause acceptable to a majority of the other CPMT members may be subject to removal from the CPMT in accordance with Article XIII of these bylaws.

Section 3. VFOIA.

All meetings shall be open to the public except as provided under the Virginia Freedom of Information Act, Virginia Code § 2.2-3700 *et seq.*, as amended ("VFOIA"). Pursuant to Virginia Code § 2.2 3701, "meeting" or "meetings" means the meetings including work sessions, when sitting physically, or through electronic communication means pursuant to § 2.2-3708.2, as a body or entity, or as an informal assemblage of (i) as many as three members or (ii) a quorum, if less than three, of the constituent membership, wherever held, with or without minutes being taken, whether or not votes are cast, of any public body.

Section 4. Notice and Agenda.
Notice and the agenda of all meetings shall be provided as required under the VFOIA. All meetings shall be preceded by properly posted notice stating the date, time, and location of each meeting. Notice of a meeting shall be given at least three working days prior to the meeting. Notice of emergency meetings, reasonable under the circumstances, shall be given contemporaneously with the notice provided to CPMT members. Notices of all meetings shall be provided to the Office of Public Affairs for posting at the Government Center and on the County Web site. All meetings shall be conducted in public places that are accessible to persons with disabilities.

Section 5. Public Access.
For any meeting, at least one copy of the agenda, all agenda packets, and, unless exempt under the VFOIA, all materials furnished to members shall be made available for public inspection at the same time such documents are furnished to the members. Pursuant to the VFOIA, any person may photograph, film, record, or otherwise reproduce any portion of a meeting required to be open, but such actions may not interfere with any CPMT proceedings.

Section 6. Records.
County staff shall ensure that minutes of meetings are recorded as required under the VFOIA. Minutes shall include: (1) the date, time, and location of each meeting; (2) the members present and absent; (3) a summary of the discussion on matters proposed, deliberated, or decided; and (4) a record of any votes taken. Such minutes are public records and subject to inspection and copying by citizens of the Commonwealth or by members of the news media. The supporting County department shall provide staff support to review and approve records and minutes of the meeting.

Section 7. Staff Support.

The Chair shall assign Fairfax County staff designated by the Deputy Executive for Human Services to maintain the minutes of all meetings, to prepare agendas, and to distribute meeting minutes.

ARTICLE IX: QUORUM

A majority of the members of the CPMT including the Chair or Vice-Chair, present in person, constitutes a quorum at all meetings of the CPMT for the transaction of business.

ARTICLE X: RULES OF ORDER

Section 1. Voting.

Both officially appointed members and their designees may participate in discussions. However, only the officially appointed members may vote.

A quorum is necessary for a vote. In making any recommendations, adopting any plan, or approving any proposal, action shall be taken by a majority vote of the CPMT members present and voting. Upon the request of any member, the vote of each member on any issue shall be

recorded in the minutes. All votes of CPMT members shall be taken during a public meeting, and no vote shall be taken by secret or written ballot or by proxy.

Section 2. Conduct and Procedure.

The CPMT shall generally work by consensus. Except as otherwise provided by Virginia law or these bylaws, all meetings shall be conducted in accordance with *Robert's Rules of Order, Newly Revised*, and except as specifically authorized by the VFOIA, no meeting shall be conducted through telephonic, video, electronic, or other communication means where the members are not all physically assembled to discuss or transact public business. All issues of parliamentary procedure shall be referred to the Chair or presiding officer, whose decisions shall be final.

ARTICLE XI: COMMITTEES

Committees may be established as needed. Membership is not limited to members of the CPMT.

All meetings of any such committees shall comply with the notice and other requirements of the VFOIA. To the extent practicable, any such committees shall be composed of at least four members. Committee meetings may be held at the call of the Chairperson or at the request of two members, with notice to all members.

ARTICLE XII: CONFIDENTIALITY

All information about specific youth and families obtained by CPMT members in discharge of their responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements.

ARTICLE XIII: REMOVAL

Optional member(s) may be recommended to the Fairfax County Board of Supervisors. City of Fairfax Council and City of Falls Church Council for removal from the CPMT for cause, including but not limited to cause as set forth in Article VIII, Section 2, by a two-thirds majority vote of all of the CPMT members. The members' authority to recommend removal under these bylaws neither limits nor waives the Board of Supervisors' authority to remove members from the CPMT as provided by law.

ARTICLE XIV: COMPLIANCE WITH LAW AND COUNTY POLICY

The CPMT shall comply with all Virginia laws, including, but not limited to, the VFOIA, and the Virginia State and Local Government Conflict of Interests Act, Virginia Code § 2.2-3100 *et seq.*, as amended, with all County ordinances, and with all County policies concerning the activities of its boards, authorities, and commissions. In case of a conflict between a provision of these bylaws and any applicable ordinance or law, the provisions of the applicable ordinance or law, as the case may be, shall control.

ARTICLE XV: AMENDMENTS

These bylaws may be amended by adopting the proposed amendment or amendments at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. Proposed amendments to these bylaws may also be adopted at any time without advance notice by unanimous vote of all members of the CPMT. Any proposed amendments are subject to, and shall not become effective until, approval by the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council.

These bylaws were last approved by the Board of Supervisors on [INSERT DATE OF APPROVAL HEARING WITH BOS].

GIVEN under my hand this _____ day of _____, 2019.

_____
Jill G. Cooper
Clerk for the Board of Supervisors
Department of Clerk Services

BYLAWS OF
THE FAIRFAX-FALLS CHURCH
COMMUNITY POLICY AND MANAGEMENT TEAM

ARTICLE I: PURPOSE

It is the purpose of the Community Policy and Management Team (CPMT) to implement the Children's Services Act ~~as specified in Sections 2.1-745 through 2.1-759 of the~~pursuant to Va. Code ~~*of Virginia.*~~Ann. § 2.2-5200 *et seq.*

ARTICLE II: MISSION

The ~~mission of the~~ Fairfax-Falls Church ~~Community Policy and Management Team (~~CPMT~~)~~ is committed to ~~provide leadership in the development of new concepts and approaches in the provision of services to~~ ensuring that all children, youth~~ and families of Fairfax County~~, and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and ~~the cities of Fairfax and Falls Church. The primary focus of the CPMT is to lead the way to effective services to children already at risk of experiencing~~opportunities that further their social, emotional~~/~~, mental, and behavioral ~~problems, especially those at risk or in need of out of home placements, and their families.~~health and that promote resiliency.

ARTICLE III: PARTICIPATING JURISDICTIONS AND NAME

The governing bodies of Fairfax County and the cities of Fairfax and Falls Church have agreed to work jointly ~~in~~on implementing the Children's Services Act. Therefore, this body shall be known as the "Fairfax-Falls Church Community Policy and Management Team."

ARTICLE ~~TV~~IV: RESPONSIBILITIES

As set forth in the *Code of Virginia*, the CPMT has the following duties and authority:

1. Develop interagency policies and procedures to govern the provision of services to children and families;

2. Develop interagency fiscal policies governing access to the State pool of funds by the eligible populations including immediate access to funds for emergency services and sheltered care;

3. Coordinate long range, community-wide planning which ensures the development of resources and services needed by children and families;

4. Establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams and a process to review the teams' recommendations and requests for funding;

5. Establish Family Assessment and Planning Teams as needed;

6. Establish quality assurance and accountability procedures for program utilization and funds management;

7. Obtain bids and enter into contracts for the provision or operation of services in accordance with the Fairfax County Public ~~Procurement Act~~Purchasing Resolution;

8. Establish procedures for the management of funds in the interagency budget allocated to the community from the ~~State~~state pool of funds, the Trust fund, and any other source;

9. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;

10. Submit grant proposals upon approval by the Fairfax County Board of Supervisors; ~~and,~~

11. Serve as its community's liaison to the State Management Team, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services~~.~~;

12. Collect and provide uniform data to the State Executive Council as requested by the Office of Children's Services;

13. Review and analyze local and statewide data provided by the Office for Children's Services; 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 in residential settings, 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;

14. Administer funds pursuant to § 16.1-309.3;

15. Have authority upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services, provided that funds described as the state pool of funds under § 2.2-5211 are not used;

16. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Va, Code Ann. §37.2-403 *et seq*., exclusive of group homes, was sought but was unable to be obtained by the reporting entities;

17. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program; and

18. Establish policies and procedures for appeals by youth and their families. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

ARTICLE V: MEMBERSHIP, APPOINTMENTS AND TERM OF OFFICE

Section 1. Memberships.

The CPMT shall have no more than twenty-one (21) members. ~~Ten (10~~Eleven (11) members have legally mandated status under the Code of Virginia. ~~Five (5~~Four (4) members are locally mandated by the Fairfax County Board of Supervisors~~. Seven (7~~, the Falls Church City Council and the Fairfax City Council Six (6) members may be appointed by the Fairfax County Board of Supervisors, the Falls Church City Council and the Fairfax City Council on an optional basis. Of the twenty-one CPMT members, eight (8) are filled on a limited term basis by the Board of Supervisors.

Section 2. State Mandated Members.

The following representatives are mandated under *Virginia Code* to serve as members of the CPMT:

- Deputy County Executive, Human Services
- Director of Court Services for the Fairfax County Juvenile and Domestic Relations Court
- Director of the Department of Family Services
- Executive Director of the Fairfax-Falls Church Community Services Board
- Director of the Department of Health
- Director of Special Services, Fairfax County Public Schools
- One (1) representative of the Falls Church City Public Schools
- One (1) human services representative appointed by the Fairfax City Council
- One (1) human services representative appointed by the Falls Church City Council
- One (1) representative of private service providers*
- One (1) parent representative who is not an employee of any public or private provider of services to youth*

Section 3. Locally Mandated Members.

The following representatives are designated by the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council to serve as members of the CPMT:

- ~~Deputy County Executive, Human Services~~
- Director of the ~~Department~~Office of ~~Administration for Human Services~~Strategy Management

- Director of the Department of Neighborhood and Community Services
- Director of Special Education Procedural Support, Fairfax County Public Schools
- Director of Intervention and Prevention Services, Fairfax County Public Schools

Section 4. Optional Members.

The Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council may appoint the following positions as members of the CPMT:

- ~~Two (2~~One (1) representatives of private service providers*
- Up to four (4) parent representatives who are not employees of any public or private provider of services to youth*
- One (1) community representative*

Section 5. Appointments and Terms for Limited Term Members

The eight (8) members identified by an asterisk (*) in Sections 2, 3, and 4 above shall serve limited term appointments. The term shall be for two (2) ~~years~~year appointment and re-appointments may be made for additional consecutive terms upon approval by the CPMT ~~and~~, the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council. The terms of private service provider representatives shall expire in alternating years.

All jurisdictions shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall forward the CPMT's recommended nominee for membership to the Fairfax County Board of Supervisors ~~or other appointing authority~~, the Falls Church City Council, and the Fairfax City Council for approval. For the parent representatives, ~~The~~the Chair will appoint a Nominating Committee of three members with at least one parent representative to assist in obtaining nominations for these limited term members.

ARTICLE VI: OFFICERS AND THEIR DUTIES

Section 1. Officers.

The officers of the CPMT shall consist of a Chair and Vice Chair.

Section 2. Duties of the Chair.

The duties of the Chair shall be:

a. To set the agenda for and preside at all meetings of the CPMT.
b. To appoint committees as needed to support the work of the CPMT.
c. To keep the State Management Team, the Fairfax County Board of Supervisors, and the Councils of the participating cities informed of the activities of the CPMT.
d. To perform other duties as determined by the CPMT.

Section 3. Duties of the Vice Chair.

The Vice Chair shall, in the absence of the Chair, perform the duties of the Chair and other duties determined by the CPMT.

ARTICLE VII: ELECTION OF THE OFFICERS AND TERM OF OFFICE

Section 1. Elections.

Election of officers shall be conducted by the CPMT acting as a Nominating Committee of the Whole. The election shall be held at the last meeting of the County fiscal year or as needed, and in accordance with the voting provisions of Article X of these bylaws.

Section 2. Term of Office.

The term shall be for the County fiscal year. There is no term limit on the number of terms which a person may serve.

Section 3. Replacement of Officers.

If an office becomes vacant for any reason, it shall be filled by an election at the next regular meeting having a majority of members present. The newly elected officer shall complete the unexpired term of the officer succeeded. Prior to the election of any replacement officer, all members shall be provided with notice of the proposed election before the meeting at which the replacement is elected.

ARTICLE VIII: MEETINGS

Section 1. Meetings.

The CPMT shall hold a sufficient number of meetings to properly conduct its business.

Section 2. Absences.

Absences shall be managed in accordance with Fairfax County Procedural ~~Memorandum Number 99~~Memorandum01-02, which states that ~~the names of the~~upon notification by staff, the Clerk will communicate with the Board of Supervisors regarding members who are absent ~~for~~from three or more consecutive ~~regularly scheduled~~ meetings ~~are to be transmitted to the Clerk to the Board of Supervisors or other appointing authority for appropriate action~~.

Any optional member who misses three consecutive meetings or more than half of the scheduled meetings within a 12-month period, or who fails to participate in the work of the CPMT without good cause acceptable to a majority of the other CPMT members may be subject to removal from the CPMT in accordance with Article XIII of these bylaws.

Section 3. VFOIA.

All meetings shall be open to the public except as provided under the Virginia Freedom of Information Act, Virginia Code § 2.2-3700 *et seq.*, as amended ("VFOIA"). Pursuant to Virginia Code § 2.2 3701, "meeting" or "meetings" means the meetings including work sessions, when sitting physically, or through electronic communication means pursuant to § 2.2-3708.2, as a body or entity, or as an informal assemblage of (i) as many as three members or (ii) a quorum, if less than three, of the constituent membership, wherever held, with or without minutes being taken, whether or not votes are cast, of any public body.

Section 4. Notice and Agenda.

Notice and the agenda of all meetings shall be provided as required under the VFOIA. All meetings shall be preceded by properly posted notice stating the date, time, and location of each meeting. Notice of a meeting shall be given at least three working days prior to the meeting. Notice of emergency meetings, reasonable under the circumstances, shall be given contemporaneously with the notice provided to CPMT members. Notices of all meetings shall be provided to the Office of Public Affairs for posting at the Government Center and on the County Web site. All meetings shall be conducted in public places that are accessible to persons with disabilities.

Section 5. Public Access.

For any meeting, at least one copy of the agenda, all agenda packets, and, unless exempt under the VFOIA, all materials furnished to members shall be made available for public inspection at the same time such documents are furnished to the members. Pursuant to the VFOIA, any person may photograph, film, record, or otherwise reproduce any portion of a meeting required to be open, but such actions may not interfere with any CPMT proceedings.

Section 6. Records.

County staff shall ensure that minutes of meetings are recorded as required under the VFOIA. Minutes shall include: (1) the date, time, and location of each meeting; (2) the members present and absent; (3) a summary of the discussion on matters proposed, deliberated, or decided; and (4) a record of any votes taken. Such minutes are public records and subject to inspection and copying by citizens of the Commonwealth or by members of the news media. The supporting County department shall provide staff support to review and approve records and minutes of the meeting.

Section 7. Staff Support.

The Chair shall assign Fairfax County staff designated by the Deputy Executive for Human Services to maintain the minutes of all meetings, to prepare agendas, and to distribute meeting minutes.

ARTICLE IX: QUORUM

A majority of the members of the CPMT including the Chair or Vice-Chair, present in person, constitutes a quorum at all meetings of the CPMT for the transaction of business.

ARTICLE X: RULES OF ORDER

Section 1. Voting.

Both officially appointed members and their designees may participate in discussions. However, only the officially appointed ~~member~~members may vote.

A quorum is necessary for a vote. In making any recommendations, adopting any plan, or approving any proposal, action shall be taken by a majority vote of the CPMT members present and voting. Upon the request of any member, the vote of each member on any issue shall be recorded in the minutes. All votes of CPMT members shall be taken during a public meeting, and no vote shall be taken by secret or written ballot or by proxy.

Section 2. ~~Decisions~~ Conduct and Procedure.

The CPMT shall generally work by consensus. Except as otherwise provided by Virginia law or these bylaws, all meetings shall be conducted in accordance with *Robert's Rules of Order, Newly Revised*, ~~shall be used as a guide in conducting Management Team~~and except as specifically authorized by the VFOIA, no meeting shall be conducted through telephonic, video, electronic, or other communication means where the members are not all physically assembled to discuss or transact public business. All issues of parliamentary procedure shall be referred to the ~~Chairman~~Chair or presiding officer ~~where~~, whose decisions shall be final ~~or binding~~.

ARTICLE XI: COMMITTEES

Committees may be established as needed. Membership is not limited to members of the CPMT.

All meetings of any such committees shall comply with the notice and other requirements of the VFOIA. To the extent practicable, any such committees shall be composed of at least four members. Committee meetings may be held at the call of the Chairperson or at the request of two members, with notice to all members.

ARTICLE XII: CONFIDENTIALITY

All information about specific youth and families obtained by CPMT members in discharge of their responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements.

ARTICLE XIII: ~~AMENDMENTS~~REMOVAL

Optional member(s) may be recommended to the Fairfax County Board of Supervisors. City of Fairfax Council and City of Falls Church Council for removal from the CPMT for cause, including but not limited to cause as set forth in Article VIII, Section 2, by a two-thirds majority vote of all of the CPMT members. The members' authority to recommend removal under these bylaws neither limits nor waives the Board of Supervisors' authority to remove members from the CPMT as provided by law.

ARTICLE XIV: COMPLIANCE WITH LAW AND COUNTY POLICY

The CPMT shall comply with all Virginia laws, including, but not limited to, the VFOIA, and the Virginia State and Local Government Conflict of Interests Act, Virginia Code § 2.2-3100 *et seq.*, as amended, with all County ordinances, and with all County policies concerning the activities of its boards, authorities, and commissions. In case of a conflict between a provision of these bylaws and any applicable ordinance or law, the provisions of the applicable ordinance or law, as the case may be, shall control.

ARTICLE XV: AMENDMENTS

These bylaws may be amended by adopting the proposed amendment or amendments at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. ~~These~~Proposed amendments to these bylaws may also be ~~amended~~adopted at any time without advance notice by unanimous vote of all members of the CPMT. Any proposed amendments are subject to, and shall not become effective until, approval by the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council.

These bylaws were last ~~amended at a regular meeting of the CPMT held on March 24, 2017 and~~ approved by the Board of Supervisors on ~~June 20, 2017.~~[INSERT DATE OF APPROVAL HEARING WITH BOS].

GIVEN under my hand this _____ day of _____, 2019.

Jill G. Cooper
Clerk for the Board of Supervisors
Department of Clerk Services

MEMO TO THE CPMT

December 6, 2019

Information Item I - 3: Review of Proposed CSA Policy Manual Revisions

ISSUE: The Healthy Minds Fairfax/Children's Services Act Policy Manual requires updating and revisions as part of the CSA program's plan to review each section in alternating years.

BACKGROUND: Proposed changes to the manual are needed to reflect current practice, add the Parental Contribution Policy changes that were approved by the CPMT on 7/26/2019 and include disclaimer language that indicates the use of the manual requires comprehensive knowledge of the CSA program, policies and procedures of partner agencies. Individuals interested in receiving CSA funding are advised to seek the assistance of their child's case manager or the CSA office.

ATTACHMENT: Summary of changes, Proposed policy manual changes

STAFF:
Patricia E. Arriaza, CSA

Updates to Fairfax-Falls Church Children's Services Act
Policy and Procedures Manual
December 6, 2019

Policy/Procedure/Action	Changes & Comments	Section/Page
Disclaimer	Added disclaimer – use of manual requires comprehensive knowledge of CSA program, individual agency policies, processes, etc. Members in the community should request assistance from case manager or agency staff if looking to reference sections of the manual.	page 2
Authorization of IFSP	Corrected language that indicated FAPTs authorize services.	4.5, page 29
References to CONs	Removed references to required submission Certificates of Need.	5.1, page 41
Non-mandated CHINS	Review non-mandated residential - change "other out of placement procedures" to CHINS; added language about IACCT process to reflect current practice.	page 41
CSA Eligibility	Removed 3rd bullet to reflect completion of task.	5.1, page 47
UR approval procedures	Updated language of 2nd bullet (non-mandated youth) to reflect current practice.	8.1, page 60
Remove "FAPT authorization"	Removed references to FAPT authorizing services.	pages 63, 65, 100, 101
UR approval of CSA Funding	Updated language to reflect current practice - replaced reference to budget analyst with "internal CSA tracking procedures".	8, page 61
Budget Management	Updated language in various sections to reflect current financial practices.	9.3, pages 65, 66 9.4, pages 66, 67 9.5, pages 67, 68
Payment documentation procedures	Deleted reference to CSB cases and transferring via FOCUS.	15.10, page 80
Medical necessity documentation	Added language to reflect need for backup documentation for clinical services (IIS, MHSB, TDT) as required by the State.	15.10, page 80
Medicaid and CSA	Removed bullets 1 & 2 under CSA Case Manager Responsibilities to reflect current practice.	Section 16.5, page 84
Provider responsibilities - SIRS	Updated language of 3rd bullet to reflect current practice - added submission of SIRS to UR manager and removed the contracts supervisor.	17.3, page 87
SIRS reporting	Updated language to reflect current practice - reporting of SIRS to CPMT.	17.7, page 88

Policy/Procedure/Action	Changes & Comments	Section/Page
Parental Contribution	Added updated parental contribution policy language; changed parental contribution agreement to parental contribution assessment where appropriate. Policy changes approved by CPMT at July 26, 2019 meeting.	25, page 92-94
Annual cost allocations	Updated language to reflect current practice.	27, page 99
Contracts Management	Removed requirement that purchase orders must be signed by provider and CPMT designee (CSA Fiscal Manager) to reflect current practice and align process with County policy around purchase orders.	29, page 102

Changes and Updates to Policy and Procedures Manual

Fairfax-Falls Church Children's Services Act

a program of

Healthy Minds Fairfax

December, 2019

Updates to Fairfax-Falls Church Children's Services Act
Policy and Procedures Manual
December 6, 2019

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Text to be deleted is stricken through;
corrected/updated text is highlighted in green.

About this Manual

The local policy and procedures manual defines the procedures for case managers and supervisors engaged in direct service delivery and the administrative processes and legal mandates that support or regulate them. Unless otherwise noted, all local policies and procedures, except those specifically designated for the Children's Services Act, also apply to services provided directly or through contract by the Children's Behavioral Health Collaborative Program.

CSA forms may be accessed through the county's FairfaxNET at http://fairfaxnet.fairfaxcounty.gov/Dept/DFS/csa/Pages/default.aspx or by contacting the CSA program office at (703) 324-7938 if you do not have access to FairfaxNET.

Disclaimer

This manual is intended for use by public human service agency staff and school personnel who have been trained in policies, procedures and practice standards relevant to the Children's Services Act. County and school staff are also responsible for following all relevant agency and organizational requirements that may not be fully specified in this manual but are implied and embedded in the work of staff such as procurement, financial procedures, etc. Anyone who has not received mandatory CSA/SOC training and mandatory county/school staff training may not be aware of all the required steps necessary to access CSA funding.

The policies, procedures and standard practices described in this manual are reviewed periodically, in part or as a whole, to ensure that they continue to reflect current thinking and practice as well as changes required by the Virginia Office for Children's Services. The Children's Services Act reserves the right to modify this manual, amend or terminate any policy, procedure at any time.

Accessing Children's Services Act funding is contingent on the child/youth meeting eligibility criteria and adherence to the State and local requirements. Individuals interested in receiving Children's Services Act funding should contact their child's case manager or the CSA office for assistance.

Review and Amendment of the Policies and Procedures Manual

These policies and procedures may be amended at any regular meeting of the Community Policy and Management Team (CPMT) by a majority vote of those present and voting. CPMT delegates to the CSA Management Team authority to amend any section of the manual titled "procedures", "methodologies" or "responsibilities" through a majority vote at any regular meeting of the CSA Management Team. The CSA Management Team shall report such amendments at the following regular meeting of the CPMT.

Prior to recommending to CPMT a policy amendment, or to considering amending any section of the manual titled "procedures", "methodologies" or "responsibilities", the CSA Management Team shall evaluate the impact of the proposed amendment on the CSA internal control system, to include providing reasonable assurance that the following objectives are met: assets are safeguarded; reliable information/data; effective and efficient operations; and compliance with applicable laws, regulations, policies, procedures and contracts. A summary of the evaluation shall be submitted to the CPMT for review.

- Closing remarks by Chair, to include when the decision will be rendered and how the parents, case manager, and FAPT/MDT will be notified.
- CSA staff confirms CPMT decision in writing within 5 business days to parents, case manager, and FAPT/MDT leader.

4.5 Individual Family Service Plans (IFSP) /Meeting Action Plans (MAPs)

Individual Family Service Plans (IFSPs) (referred to as Meeting Action Plans (MAPs) in Fairfax-Falls Church CSA) that request CSA funding for services must be developed through a team-based planning process as described in the Team-Based Planning section of this manual (Section 6). The IFSP/MAP is a written assessment of the youth and family's strengths and needs and recommends a plan for the provision of services.

Action plans for community-based services developed through team-based planning processes are submitted for review to the CSA office when CSA pool funds or Mental Health Initiative Funds are needed to purchase services. A Utilization Review analyst will review the action plan and required supporting documentation for consistency with the CSA practice standards and compliance with CPMT policies and state and federal laws and policies. Upon review and approval, the action plan becomes the CSA IFSP/MAP.

Funding for short-term crisis stabilization placements, as well as FPM and ICC services, shall be requested via submission of the IFSP-EZ form and required supporting documentation to the CSA office. ~~These requests will be reviewed by one of the two standing FAPTs to who are responsible for the authorization of such services.~~ These requests will be reviewed by one of the two standing FAPTs prior to being reviewed by a Utilization Review analyst for authorization

When the team-based planning process is unable to develop or to agree upon a safe and effective community-based plan of care, long-term residential or group home treatment may be considered via a referral to the FAPT.

The IFSP/MAP and the Court

In any matter properly before a court for which state pool funds are to be accessed, the court shall, prior to final disposition, and pursuant to COV § 2.2-5209 and 2.2-5212, refer the matter to the Community Policy and Management Team (CPMT) for assessment by a local Family Assessment and Planning Team authorized by policies of the CPMT for assessment to determine the recommended level of treatment and services needed by the child and family. The FAPT making the assessment shall make a report of the case or forward a copy of the Individual Family Services Plan to the court within 30 days of the court's written referral to the CPMT. The court shall consider the recommendations of the FAPT and the CPMT. If, prior to a final disposition by the court, the court is requested to consider a level of service not identified or recommended in the report submitted by the FAPT, the court shall request the CPMT to submit a second report characterizing comparable levels of service to the requested level of service. Notwithstanding the provisions of this subsection, the court may make any disposition as is authorized or required by law. Services ordered pursuant to a disposition rendered by the court pursuant to this section shall qualify for funding as appropriated under this section. (COV § 2.2-5211E) In Fairfax-Falls Church, only plans that were developed by FAPTs or state-approved multi-disciplinary teams with funding subsequently authorized by UR shall be submitted to the court as recommendations of the CPMT.

The target population shall be the following:

1. Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;
2. Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;
3. Children and youth for whom foster care services, as defined by COV § 63.2-905, are being provided;
4. Children and youth placed by a juvenile and domestic relations district court, in accordance with the provisions of COV § 16.1-286, in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of COV § 16.1-284.1; and
5. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance COV § 66-14.

Prioritization of CSA Non-Mandated Services

For access to CSA non-mandated services priority will be given to:

- Children placed by a juvenile and domestic relations district court, in accordance with the provisions of COV § 16.1-286, in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of COV § 16.1-284.1.

- Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance COV § 66-14. COV § 2.2-5211 B.

Non-Mandated Residential and Other Out-Of-Home Placements

Parental Agreement for CHINS and Non-Mandated Placements

When the FAPT and the legal guardian agree on an out-of-home placement that is the most appropriate and least restrictive service, and non-mandated funding is available, the public case management agency, the legal guardian and the CSA Program must enter into a Parental Agreement. This Parental Agreement requires the legal guardian who retains custody to agree to place the child and the CPMT to agree to provide funding in accordance with CPMT policies and procedures. A discharge plan for returning the child home as quickly as appropriate must be included as part of the IFSP/MAP.

Parental Agreements

The Parental Agreement requires the legal guardian who retains custody to agree to place the child and the CPMT to agree to provide funding in accordance with the CPMT's policies and procedures. Per CPMT decision the CSA Program must also be a party to the Parental Agreement. A discharge plan for returning the child home as quickly as appropriate must be included as part of the IFSP/MAP.

The public case management agency designated and the legal guardian shall develop an agreement that provides for:

- Family participation in all aspects of assessment, planning and implementation of services;

will be referred to the Division of Child Support Enforcement (DCSE), as is required of all foster care cases. In addition to a written placement agreement, these non-custodial out-of-home placements require that the initial Foster Care Service Plan be completed within sixty (60) days of placement and adopted by the court. (COV § 16.1-281) The service plan must be in the agency case record.

Non-Mandated Residential and CHINS ~~Other Out-of-Home Placement Procedures~~

When FAPT recommends a placement outside the home and determines that the child meets the eligible population for CSA services, the following process shall be followed:

~~1.~~ After verification of availability of non-mandated funding, UR shall authorize CSA funding for the placement and document eligibility in the electronic record. CSA funding is contingent on receipt of the Parental Contribution Assessment, IFSP/MAP, Medicaid application, and current CANS. ~~and Certificate of Need (if appropriate).~~ If youth has active Medicaid at time of placement, the IACCT process must be completed prior to service authorization.

2. ~~After UR authorization,~~ The case management agency and legal guardian shall develop and sign a Parental Agreement, based on the state model and modified to the requirements of the specific case. The sections in the state model may not be deleted or modified.
3. The CSA Program Manager or designee signs the Parental Agreement confirming that the request is in policy compliance. ~~CSA Utilization Review staff or others may be consulted as appropriate.~~ Parental Agreements are not valid without the signatures of the parent/legal guardian, public agency representative and CSA Program Manager or designee.

~~4.~~ CSA funding for the placement shall not begin prior to UR authorization. ~~and completion of the Parental Agreement.~~

5. The public agency case manager completes a CSA encumbrance form to generate a purchase order, after which placement can be made.

Procedure for Accessing Non-Mandated Funding

The budget analyst will monitor the CSA non-mandated budget and keep the FAPTs and UR staff informed of the availability of funding for new and continuing service authorizations.

Case Management and Case Support Services

All youth served in CSA have an identified Lead Agency Case Manager who has specified duties and responsibilities described in this manual. Youth who are served in more than one agency will have an identified case manager in each agency, with one of them being deemed the “lead CSA case manager” for purposes of CSA functions. The case manager for children in foster care is the foster care specialist assigned to them.

Families who do not have current agency involvement may contact the CSA program directly to self-refer. (See Section 6.3 for more information.) The Team-based Planning Coordinator will accept these self-referrals, obtain a consent to exchange information, screen for CSA eligibility, and gather basic information about the youth’s needs before connecting the family with an appropriate case manager for the initial team-based planning meeting.

Youth are served by whichever entity first identifies the case and brings the youth forward for service funding. The broad access (i.e., no wrong door) approach has been helpful in gaining access for all families but presents challenges regarding the match of case manager skills and system role with youth needs. The state’s funding category of Case Support presents an opportunity to match youth who are served in the CSA system of care who have behavioral health care needs with staff from our public

- When notified by DFS Accounts Receivable that a family's account is delinquent the case manager should then contact the family to discuss barriers to payment, determine if the family may benefit from requesting a reduction or waiver, or contact finance to develop a payment plan.

Service Plan and Family Participation

- Document efforts made to involve family members on the IFSP/MAP. A parent or legal guardian must sign the IFSP/MAP. When present and appropriate, the youth involved will also sign. The IFSP/MAP cannot be implemented without the consenting signature of a custodial parent and/or agency or individual legally serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate appeals process, or authorized by law, or where a youth over the age of fourteen (14) exercises his or her right to treatment without parental consent. The lack of a consenting signature of a parent on an IFSP/MAP will not interfere with procedures to provide immediate access to funds for emergency services and shelter care.

Medicaid

- Obtain the DSM diagnosis of a youth in need of RTC or Community-Based Residential Treatment in a group home enrolled with DMAS. If a complete DSM diagnosis is not available, it is the responsibility of the case manager, in consultation with their supervisor and/or program manager to determine whether it should be pursued. A DSM diagnosis should not be pursued solely to ensure eligibility for Medicaid reimbursement for RTC.
- For non-mandated youth, as of July 1, 2015, service requests will be submitted with the specific provider identified. The service authorization will include the provider and allow non-mandated funds to be released subject to availability, in a more timely fashion, resulting in reductions in Time to Service.
- ~~For the first year of implementation of the restructured service authorization process, case managers will be allowed/encouraged to identify the provider before funding request submitted. Training for team-based planning members will include emphasis on review of appropriate provider options in the planning discussion. During the implementation process, the CSA MT will address and resolve any questions or concerns that arise. After the first year, the CSA MT will review this practice change and make a final determination.~~
- Encourage families whose child is placed through an IEP in a Medicaid enrolled residential facility to apply for Medicaid.

Administrative

- Prepare a Children's Services Act Authorization form to encumber funds for payment and submitting it to CSA Finance staff if CSA funds are authorized within five days of the service authorization.
- Complete a Case Status Change form if lead case management changes or there are changes in the child or family's information that need to be entered into the HARMONY information system such as change of address or admission of child into a different residential program.
- Coordinate and monitoring delivery of service.

Foster Care Prevention Services

- Consult with the DFS case manager who has an active case regarding the family, if the Team-based Planning Meeting is considering recommending Foster Care Prevention services. Or, in cases where DFS does not have an active case, contacting the Team-based Planning Coordinator for DFS and requesting that a DFS staff member attend a Team-based Planning Meeting for the

- Contact with the case manager and any other relevant collateral sources to obtain any updates or additional information, as needed, and to discuss questions, issues, and concerns.

3. UR Analysts will have a maximum of five business days to complete the service authorization process. For requests requiring a written Utilization Report, UR Analysts will have a maximum of 10 business days from receipt to complete their review and determination about authorization.

Approval Procedures

1. If the requested services are approved by UR, UR analysts will document in Harmony the service authorization, and send copies of the authorization to the case manager via secure email as well as to the CSA central file. A service authorization consists of a specific start and end date, the name of the approved service type(s), and units of service necessary to generate purchase orders. Approvals will be designated by one of the following statuses:
   a. Status: **Approved**
   b. Status: **Approved with comments/recommendations** – The current request is approved, but in the notes UR staff may offer resources, suggestions and/or consultation about the service request. The comments may include directions that are relevant for any future requests. For example, application for a Medicaid waiver may be a required action step before any additional CSA funded services will be approved.
   c. Status: **Approved with amendments** – UR staff will work collaboratively with the CM and/or supervisor to adjust/refine some aspect of the request such as number of hours, type of service. The decision about the service authorization, however, is made by the UR Analyst and is subject to an administrative appeal based on the criteria below.

~~2.~~ For non-mandated youth, UR Analysts will verify the availability of funding for the services via internal CSA tracking procedures. ~~the Budget Analyst for CSA who maintains and tracks the funding availability.~~

3. If the requested services are not approved based on the information provided, the UR Analyst must respond in a secure email to the case manager and supervisor one of the following statuses:
   a. Status: **Pending** – Ex. if additional information is needed (report, documentation), if the CANS needs to be updated/corrected. Timely response from the case manager/supervisor or other agency designee who can provide the information is necessary for disposition of the request. The case manager will have up to five business days from time of notification to provide the requested information or communicate a plan for getting the information along a different timeline. If the information is not received or the case manager has not communicated in that timeframe, UR will change the determination to "Status: Not approved", and notify the worker and supervisor via secure email that the request is no longer under consideration. The request itself will be securely shredded. The CSA program will not keep copies nor return it to the worker.
   b. Status: **Not approved** – UR staff will document the reasons for not approving the service citing SOC practice standards, level of care, CANS, missing information, etc.
   c. Status: **Not eligible** – For situations where CSA law and/or state and local policy does not allow the service, such as Medicaid reimbursable expenses where no justification or inadequate justification has been provided to support "unavailable" or "inappropriate."

Decision Review Procedures

1. **Parent Notification**: Case managers shall advise all parents/legal guardians of the existing appeal process as well as the administrative reconsideration process and provide them with the written appeal procedure as part of their orientation to CSA, as per current policy.
2. **Administrative Reconsideration**: The UR Analyst will provide the case managers/supervisors with the reason that the service request was "Not approved," "Not eligible" or "Approved with

authorized by the CPMT to approve the payment of foster care maintenance according to local and state CSA policies and procedures.

9.2 Encumbrances

1. Provide to the CSA or FCPS Finance Team a CSA Authorization to Encumber in hard copy or electronically within five business days of the ~~FAPT~~ UR service authorization.
2. For IEP-required services, in lieu of a FAPT review, the FCPS CSA case manager shall enter the state-required data elements into the Management Information System (MIS), provide a current CANS according to the CPMT-approved administration schedule, and a current IEP Services Page and Placement Page documenting the need for a private special education placement.
3. Provide to the FCPS Finance Team a CSA Authorization to Encumber in hard copy or electronically within five business days of completion of an IEP for private special education placement.
4. Report to the CSA Office within five working days the initiation or termination of the following services:
    - residential treatment;
    - group home placement;
    - therapeutic foster care placement;
    - home-based services; and
    - intensive care coordination.

9.3 Budget Management

Budget Analyst Responsibilities

1. Monitor and report CSA Pool fund expenditures to the CPMT (or its designee) at regularly scheduled meetings ~~on a monthly basis~~. Report additional data as requested by the CPMT and FAPTs on expenditures and encumbrances.
2. Ensure the availability of CSA State Pool funds for monthly reimbursement.
3. Prepare the CSA Pool Reimbursement Request report on a monthly basis for the local CPMT Fiscal Agent's review and final submission to the State. In addition to preparing expenditures by required categories, include expenditure refunds by the amount and type of service expenditure credited.
4. ~~Report to the state CSA Fiscal Agent the expenditure refunds on the Pool Reimbursement Request form by the amount and type of service expenditure credited;~~
5. Provide expenditure and encumbrance data to the ~~Prioritization Committee~~ UR Manager for Non-Mandated cases on a weekly basis, giving the unencumbered balance.
6. Serve as the principal liaison to the local Fiscal Agent on the annual Pool Allocation Plan (budget) and expenditure issues.
7. As needed, and after consulting with the CSA Program Manager, prepare the Supplemental Allocation request for signoff by the CPMT Chair and approval by the Fiscal Agent. Report this request to the CPMT at the next regularly scheduled meeting. ~~and coordinate the process for obtaining CPMT approval of Supplemental State Pool funds.~~
8. Communicate to the CSA Program Manager and DFS Finance Manager the State approval of supplemental requests and new appropriations.
9. ~~Prepare the CPMT approved Administrative Funds Budget Plan for the state's share of the Administrative Funds allocation. The sheet is then reviewed and submitted to the State CSA Fiscal Agent by the local CPMT Fiscal Agent.~~ Ensure submission of Administrative Funds Budget Plan by the CSA Manager to the CPMT Chair, with final approval by the Fiscal Agent. State administrative

funding shall be used to support the cost of a local CSA Program Manager and other staff to administer the CSA program as necessary.

~~9.~~

10. Ensure ~~that all~~ the separation of Administrative Funds and CSA Pool funds ~~expenditures are tracked so they are clearly identifiable~~ in the County's financial system.

~~11. Ensure that CSA Pool funds are not used for administrative expenses that may be incurred for support services to the CPMT and the FAPTs.~~

Financial Management

The Finance Teams are the CPMT's or its designee's liaison with service providers regarding invoices and payments. Team members are assigned to support specific program units in the human service agencies in the local CSA structure to ensure consistency and familiarity with each unit's case manager and consumer's particular needs. In addition, FCPS has its own team of staff dedicated to processing FCPS case-managed cases.

- Fairfax County Department of Family Services (DFS) and Fairfax County Public Schools (FCPS) both maintain a Finance Team to process encumbrances, issue purchase orders (PO), and set up ~~process~~ invoices for payment.
- CSA cases that are case managed by FCPS school case managers have their encumbrances and payments processed by the FCPS Finance Team.
- FCPS Finance PO's are reviewed and mailed by the Fairfax County DFS Finance Team to ensure the PO has been properly created.
- ~~Fairfax County Finance Team issues all payments for CSA.~~
- FCPS Finance payment batches are reviewed by Fairfax County Finance Team when check runs are set up to ensure the payments are correct and proper.
- The Fairfax County Department of Finance issues all payments for CSA.

9.4 CSA & FCPS Finance Teams Responsibilities

The CSA Finance Teams will:

1. Maintain financial records related to CSA reimbursable expenditures.
2. Receive from the CSA case manager requests to encumber funds and verify that the encumbrance complies with CSA policy and procedures.
3. Encumber funds and process invoices for ~~authorized~~ contracted providers for services delivered to children and their families who are eligible to receive services funded from CSA Pool funds.
4. Within five business days of receipt of a complete and accurate encumbrance request with all required case documentation, create a Purchase Order (PO) containing appropriate codes to allow for the service to be tracked to the correct funding category for reporting purposes and send it to the identified service provider. If the encumbrance request is not complete and accurate, or does not nor include all required case documentation, inform the case manager within three business days of receipt.
5. At the time of PO creation, also create an enrollment for all CSA-funded services, not including those listed as exceptions to the requirement for an IFSP/MAP developed through a team-based planning process in the Team-Based Planning section of this manual. Treatment foster care and respite services are also to be enrolled.
6. Receive invoices from the service providers for services authorized by the case managers. Invoices for FCPS clients are transferred electronically by the CSA Finance Team to the FCPS Finance Team for payment.

7. Respond to provider questions about payment of invoices, verifying ~~FAPT~~ UR authorization of the service and current contract with the provider for the service.
8. Terminate purchase orders throughout the fiscal year upon the request of a case manager indicating that services are completed to release unused encumbered funds.
9. Terminate all previous year purchase orders (POs) by November ~~1st~~ 15th. Note: Previous year's expenses cannot be paid after September 30th.
10. ~~Work~~ Collaborate with case managers, assigned workers, supervisors, and CSA Contracts staff and CSA staff to support efficient access to services.
11. CSA Finance Team only: Verify with Self-Sufficiency staff that purchase orders for IV-E services are eligible for IV-E reimbursement. Verify ~~with the FRU unit staff youth~~ potential eligibility for Medicaid reimbursement by reviewing the Management Information System Federal Reimbursement Unit (FRU) notes.

CSA Finance Manager or Designee Responsibilities

1. Oversee all CSA financial management ~~activities~~ payments.
2. Ensure that the local CSA payment data interfaces with the County's financial system within the established accounting structure.
3. Serve as the principal liaison to independent auditors.
4. Serve as primary liaison to FCPS Finance Team.

CSA Program Manager Responsibilities

1. Ensure that CSA Pool funds are not used to supplant federal or state funds supporting existing programs.
2. Authorizes use of CSA administrative expenses for program use.

Local CPMT Fiscal Agent or Designee Responsibilities

1. The local representative (for Fairfax/Falls Church, it is the Deputy Director of the Department of Finance) is assigned by the CPMT to be locality's fiscal agent.
2. Serve as the CPMT liaison with the State CSA Fiscal Agent on the annual Pool Allocation Plan (budget) and expenditure issues.
3. Approve and file the monthly CSA Pool Reimbursement Request as well as any Supplemental Allocation requests and the Administrative Funds Budget Plan to the State Fiscal Agent.

9.5 Policy for Use of Administrative Funds

~~The CPMT will make decisions on specific uses of Administrative Funds available to the CPMT for the added costs incurred by the CPMT in implementing the CSA. An Administrative Funds Budget Plan will be prepared in accordance with CPMT decisions. State administrative funding shall be used to support the cost of a local CSA Program Manager and other staff to administer the CSA program as necessary.~~

Procedures for Recovery of Funds from Other Sources

1. The CPMT designates DFS to receive and disburse funds recovered and paid to the CSA Pool for individual clients.
2. The Special Welfare Fund ledger is the designated control ledger for all funds recovered and paid to the pool for individual client accounts i.e., Social Security, Supplemental Security Income, Veterans Administration benefits, client trusts (child support), and other funds collected for specific CSA eligible children.

3. Accounting Team Supervisor and Accounting Staff enter the receipt of funds from other sources for a CSA-eligible child in Harmony and reconcile details on the child, CSA-eligible category, funding source, and anticipated duration of funding and confirm with CSA case managers.
4. CSA case manager requests that benefits and support payments be made payable to Fairfax County.
5. ~~CSA forms and billing direct checks and money orders to be mailed to Fairfax County Department of Family Services, P.O. Box 3406, Fairfax, Virginia 22035.~~ All payments are received by ACH direct deposit.
6. Funds are deposited into the Special Welfare Fund per the County's Accounting Technical Bulletin on cash/check handling.

Responsibilities of Accounting Staff for Special Welfare Fund

1. Establish a special welfare account, unless an account already exists, in the name of the CSA eligible child for whom funds were deposited. The child-specific account is the ledger sheet on which all receipts and disbursement are recorded. Disbursement of funds from other sources (i.e. Social Security~~, SSI, Veterans Administration~~ benefits, ~~client trusts~~ child support) are expenditure refunds in the CSA Pool Funds reporting and are in accordance with existing State policy and are tracked in the County's financial information system. These expenditure refunds and a breakdown of their sources must be reported on the Reimbursement Request form.
2. Determine what funds from other sources can be refunded to ~~the CPMT cost center~~ CSA Pool funds for expenditures made on behalf of the CSA eligible child.
3. Refund ~~the CPMT cost center~~ CSA Pool funds for expenditures made on behalf of children in foster care in accordance with State Policy Manual Volume VII, Section III, Chapter B, 14 a-f, pp. 403-41.
4. Refund ~~the CPMT cost center~~ CSA Pool funds for expenditures made on behalf of children placed by the Juvenile and Domestic Relations District Court or the State Division of Youth and Family Services.
5. ~~Special welfare account balances are disbursed after the child leaves foster care custody. An accumulated special welfare account balance is disbursed to the parent, guardian or foster child at age of maturity when the child leaves foster care custody.~~ Social Security and SSI funds must be applied to current services that a child is receiving. In the case where a child leaves CSA services for a home trial period or permanent placement, the Accounting Staff will forward any Social Security or SSI funds received by the County to the parent or guardian. When a child reaches the age of maturity, the Accounting Staff will return any child-specific Social Security or SSI and related interest earned to the Social Security Administration.
6. ~~If, after due diligence, DAHS staff cannot locate the responsible parent, guardian or foster child at age of maturity, return the child-specific SSA/SSI savings or other investments and interest earned on the funds to the Social Security Administration. The LDSS must seek written approval from the SSA to disburse these funds to a new payee rather than returning it to SSA. Disburse the remaining special welfare account balance to the State Treasurer in accordance with "The Uniform Disposition of Unclaimed Property Act", Title 55, Chapter 11.1, Sections 55-210.2.10, Code of Virginia.~~

9.6 Restrictions on Use of Pool Funding

Non-Duplication of Case Management Services

Medicaid prohibits concurrent funding of more than one case management service, regardless of funding source. Therefore, a child may not receive more than one purchased case management service at a time.

The relevant case management services include:

15.9 Reporting Requirements

1. The Crisis "Bandaid" plan is due to the case manager within 14 days after initial face to face contact with the family.
2. The Plan of Care is due to case manager within 45 days after initiation of ICC.
3. The Individualized Care Plan and the Safety Stabilization Plan are due to case manager within 45 days after initiation of ICC.
4. The Plan of Care shall be updated monthly and shared with the Lead Case Manager, including a summary of services provided.
5. Serious Incident Reports shall be reported as per the provisions in the CSA Agreement for Purchase of Services.

Note: Date of initiation of ICC is defined as the date ICC provider assigns the youth/family to an IC facilitator.

15.10 Finance and Payment Documentation Procedures

1. The initial encumbrance form shall be completed by the CSA case manager and includes ICC services beginning with the date ICC was initiated and continuing for up to six months thereafter.
2. Upon receipt of the encumbrance form, Finance staff will create POs and corresponding invoices and send them to the provider. ~~For CSB cases, CSB Finance will complete the invoices (based on the CSB billing system) and send them to Finance, which will initiate a Transfer Voucher in FOCUS.~~
3. The beginning and final month of ICC is paid on a pro-rated amount. The PO amount shall not exceed the contracted rate for a six-month period.
4. Community-based and short term out-of-home (90 days or less) interventions may be accessed by the intensive care coordinator through the approved encumbrance process. Total expenditures for such services shall not exceed $25,000 in the first six months of the ICC intervention.
5. If the Plan of Care includes specific community-based clinical services with Medicaid medical necessity criteria, the team will ensure that an independent clinical assessment by a licensed clinician documents that the criteria are met prior to accessing CSA funds. These specific services are Intensive In-Home, Therapeutic Day Treatment, and Mental Health Skill Building. The record must contain documentation that the Medicaid criteria were met even for youth who are not enrolled in Medicaid.
6. If ICC is approved for continuation beyond the first six months, expenditures for community-based and short-term out-of-home interventions shall not exceed $25,000 for the subsequent six-month period and $10,000 for the final three months. The total ICC intervention shall not exceed 15 months.
7. Total expenditures during ICC shall not exceed $60,000. If the youth requires an out-of-home service during the ICC intervention, the expenditure is deducted from the overall ICC budget.
8. Over the 15-month intervention, the types and amounts of services that may be selected by the ICC Youth and Family Team and encumbered by the CSA case manager include:
   - In-home and out of home respite for caregivers–up to $18,000.
   - In-home and residential crisis intervention/stabilization in a short-term program with a planned length of stay of 90 days or less–up to $20,000.
   - Flexible funds–up to $5,000.
   - Community-based Interventions (e.g., home-based services, ABA, mentoring, interpretation, psychiatric services, transportation, recreation) up to $38,000.
9. CSA Management Team approval is required to authorize expenditures in excess of the limits for each subcategory above and for extensions of ICC services beyond the 15 months. ICC shall present a written request for signed approval by the CSA Management Team.

submitting the documentation to the designated Department of Medical Assistance Services (DMAS) subcontractor for the utilization review or, in the case of CBRT, maintaining the case file documents required for Medicaid coverage. For RTC and TFC claims submitted by the provider, the DMAS subcontractor will advise the provider as to whether the child is eligible to receive services through Medicaid. Failure by the provider to submit Medicaid paperwork according to the APOS guidelines may result in CSA non-payment for Medicaid eligible services.

The provider is asked to notify the FRU directly of the status of Medicaid approvals and denials, and to fax or send by secure email a copy of the written communications from Magellan regarding the status. A facsimile (fax) line is designated to receive information from providers regarding Medicaid status. The FRU maintains data regarding the submission of all documentation of youth to providers for RTC, CBRT and TFC Medicaid services while the case is open to CSA funded services. When the case is closed, the FRU will forward the documents to CSA staff for integration in the CSA file. The FRU provides reports to CSA and Finance staff regarding Medicaid submissions, approvals and denials.

Department of Medical Assistance Services

DMAS will reimburse providers for the covered services for RTC, CBRT and TFC for each eligible child at a daily rate agreed upon between the CPMT and the provider. This negotiated rate cannot exceed a maximum established by DMAS for these services. For TFC and CBRT services, Medicaid reimburses only for case management. For RTC services, Medicaid provides a per diem rate for residential treatment. The per diem rate should include room and board and combined residential, however, if the youth is Title IV-E eligible and the RTC placement is Title IV-E reimbursable, then room and board is not included in the Medicaid per diem rate.

The education expenses may be paid by CSA pool funds. The psychiatric, professional, and pharmacy, as well as the occupational therapy, physical therapy, and speech and language therapy services provided by an outside agency may all be billed to Medicaid separately by the enrolled provider. Reimbursement for RTC will be at the rate agreed upon between the CPMT and the RTC provider, subject to an upper limit set by the Medicaid agency.

CSA Contracts Management Staff Responsibilities

1. Negotiate rates with providers, including the agreed upon rate for Medicaid reimbursement, and obtain CPMT approval of all contracts.
2. Maintain a listing of Medicaid enrolled providers who have a current, approved contract with the CPMT. The information is included in the local CSA Provider Manual Medicaid Directory which is maintained electronically on County FairfaxNET.

CSA Case Manager Responsibilities

The CSA Case Manager will:

~~1. Complete and submit to CSA a Certificate of Need (CON) and include supporting documents necessary for submission for Medicaid reimbursement.~~
~~2. Coordinate obtaining the signature of a physician to review and sign the CON for new placements in Medicaid enrolled residential and group home placements.~~
1. Notify the FRU Medicaid Analyst of TFC placement changes including moves between foster homes and admissions to residential and group home placements.
2. Case managers are not responsible for obtaining rate certification letters /documentation for or submitting them to providers.

- Abuse or neglect;
- Criminal behavior;
- Death;
- Emergency treatment;
- Facility related issues such as fires, flood, destruction of property;
- Food borne diseases;
- Serious illnesses (communicable diseases such as such as TB, meningitis, influenza, etc.);
- Serious injury (accident or otherwise);
- Sexual misconduct/assault;
- Substance abuse;
- Suicide attempt; and
- Other incidents which jeopardize the health, safety, and well-being of the youth.

17.3 Provider Responsibilities

1. Shall notify the proper authorities, consistent with state regulation, and take appropriate action to re-establish the health, safety, and well-being of the youth.
2. Report the incident, within 24 hours of the incident, via telephone, to the case manager of the placing agency of each youth involved.
3. Complete and submit within 48 hours of the incident, a written report, for each youth involved, to the case manager of the placing agency and CSA Utilization Review Manager. ~~and effective July 1, 2006, to the local CSA Contracts Supervisor~~. The written report should give a factual, concise account of the incident and include, minimally, the following information:
   - Name of facility;
   - Name of person completing form;
   - Date and time of incident;
   - Date of this report;
   - Youth's name, age, gender, race, reason for placement, disability;
   - Placing agency;
   - Placing agency Case Manager's name;
   - Where the incident occurred;
   - Description of incident (including what happened immediately before, during and after the incident);
   - Names of witnesses;
   - Action taken by staff in response to incident;
   - Names and agency of others notified (family, legal guardian, child protective services, medical facility, police);
   - Resolution of incident;
   - Signature of person completing report; and
   - Facility director's signature and date.
4. Separate reports should be completed and submitted for each youth involved. The Provider should not disclose the identity of other persons involved in the incident in each individual report.

17.4 Case Manager of Placing Agency Responsibilities

1. Assess the risk to the child within 24 hours of receiving a verbal serious incident report, and take appropriate action to ensure the child's health, safety, and well-being. Consult with UR and Contracts' staff if unable to ensure health, safety, and well-being of the child;

2. Follow the placing agency's internal serious incident reporting guidelines.
3. Notify CSA Utilization Review staff of any serious incidents that may meet criteria for CSA Management Team review.

17.5 CSA UR Manager or Designee Responsibilities

In concert with the CSA Contracts Manager or designee, monitor all serious incident reports and follow the Administrative Response Protocol (see Section 17.1).

17.6 UR Staff Responsibilities

1. Review content of SIR. Check compliance of required elements as stated in the APOS. Consider quality of response and follow-up with provider in UR review.
2. If contract requirements have been followed, and there are no concerns about quality or response to incident, the UR Analyst will initial SIR document and submit for filing. No further action is needed.
3. If follow-up is required, the UR Analyst will attach documentation regarding actions taken (e.g., email, log of correspondence with dates/points of contact/nature of follow-up, etc.). If resolved, UR Analyst will initial SIR document and submit all documentation for filing.
4. For issues around quality, the UR Analyst will take the lead. For issues regarding contract violations, Contracts staff will take the lead.
5. If concerns remain unresolved, the UR Analyst will staff the SIR with the UR Manager.
6. The UR Manager will consult with Contracts Manager and bring to CSA Management Team for further direction.
7. The UR Manager and Contracts Manager present SIRs report to CPMT quarterly.

17.7 CSA Contracts Staff Responsibilities

1. Follow Administrative Response Protocol (see Section 17.1).
2. ~~Collect, collate, and~~ Monitor serious incidents occurring at each facility and utilize this data, as well as reports from state licensing agencies when processing provider contracts for renewal.
3. ~~The Contract workgroup will periodically review serious incident reporting with the CSA Management Team and/or the CPMT.~~ The Contract manager along with the UR manager will summarize serious incident reporting and prepare a report for the CPMT quarterly.

18. Management of Records and Data Security

1. CSA client records (physical or electronic) shall be retained for three years after CSA case closure. These include but are not limited to the documents listed on the Virginia Office of Children's Services CSA Uniform Documentation Inventory Form. Child specific team documents are also included in this requirement.
2. CSA client records shall be destroyed with six months of the end of the above three-year period, according to the process set forth in COV § 42.1-86.1, Disposition of public records.
3. CSA contract records shall be retained according to the GS-2 fiscal schedule for five years after contract expiration or until audit, whichever is longer, and then destroyed within six months according to the process set forth in COV § 42.1-86.1.

8. For documents that need to be shared within specific county regions, the S: or I: Drives are additional locations to save them, provided confidential files are password protected.
9. To save a database containing confidential information, it has to be password protected or placed in restricted folder on the L: Drive.
10. Confidential data MUST be password protected on the shared network drives.
11. The document should be placed in a password or active directory protected network folder when possible. These can be set up by your program area's Security officer.
12. In addition to not being secure, Information stored on the C: Drive is not automatically backed up as in the case of the network drives and will be lost in case of a computer hardware failure.

25. Parental Contribution Policy

Pursuant to Va. Code Ann. §2.2-5206 (3) of the Children's Services Act and Va. Code Ann. §16.1-286, the CPMT has approved procedures for the active involvement of parents or other legally responsible parties in the planning, delivery, and financing of services for their children. Virginia law requires parents to participate in treatment and services recommended for their child and to contribute financially to the cost of those services based on their ability to pay.

All families accessing CSA pool funds shall be assessed a parental contribution (co-payment) for services using a CPMT-approved sliding fee scale, with the following exceptions:

- Children who are in foster care with the Department of Family Services;
- Children who are receiving only the specific educational services designated by the child's IEP for residential or private day placement
- Children referred by DFS Protection and Preservation Services and Child Protective Services for CSA-funded community-based foster care prevention services may be considered for a time-limited waiver when necessary for the safety of the child.
- CSA-eligible youth who are aged 18 or older.

The Parental Financial Contribution is determined based on the total gross annual income of the household (IRS Form 1040, Line 6). The household is defined as including one or more adults who are acting in a caregiving capacity and dependent children residing in the same home. If a parent is absent from the home but retains custody rights, his/her income shall also be included in the determination of the parental financial contribution unless the parent who is absent from the home is providing child support payments. If the household includes adults who are not acting in a caregiving capacity (e.g. a young adult child living with parents, an aged parent living with adult child), these adults will not be included when determining household income. The income of kin and fictive-kin who are caretakers is not counted when determining the parental financial contribution for *community-based services only*. The income of live-in significant others is not included in the parental contribution assessment.

The household income is used to determine the parental contribution for community-based and residential services.

The table below details the incomes that will be considered when determining the household income.

Household Income Determination*		
Person	Community-Based Services	Residential Services
Parent(s) (including stepparent and adoptive parent(s))	Yes	Yes
Divorced Parent 1. Joint custody 2. Paying child support	1. Both incomes used in calculation 2. Income of custodial parent considered	1. Both incomes used in calculation 2. Income of custodial parent considered
Kin/Fictive Kin	No	Yes
*In cases of questions or appeals, CSA may request additional financial information to resolve the matter. As appropriate, individuals are encouraged to utilize the administrative reconsideration process prior to making an appeal. The appeal process is outlined in section 4.4, page 26 of this manual.		

In assessing a parental contribution (co-payment), the household income will be adjusted by the number of dependent children in the home. To determine Adjusted Household Income

When a family's assessed ability to pay exceeds the average monthly cost of services, the family will be responsible for paying the service providers directly. These families may receive agency case management (not including case support) for assistance with activities such as service planning and provider identification without charge. For residential care, the cost of the service to be covered by the family presumes use of Medicaid and excludes CSA-eligible education costs.

25.1 Parental Contribution Fee Scale

The parental contribution fee is based upon charging the family a percentage of their monthly Adjusted Household Income (AHI) from 1.65% to 10% for community-based services and 3.33% to 20% for residential services.

Tier	Adjusted Household Income (AHI)	Community-Based Services	RTC / Group Home
1	$48,599 - And Below	$0	$0
2	$48,600 - $55,599	$67	$135
3	$55,600 - $62,599	$77	$154
4	$62,600 - $69,599	$86	$174
5	$69,600 - $76,599	$96	$193
6	$76,600 - $83,599	$106	$213
7	$83,600 - $93,599	$203	$361
8	$93,600 - $103,599	$228	$405
9	$103,600 - $113,599	$252	$448
10	$113,600 - $123,599	$276	$491
11	$123,600 - $133,599	$301	$534
12	$133,600 - $143,599	$325	$578
13	$143,600 - $158,599	$454	$799
14	$158,600 - $173,599	$501	$882

15	$173,600 - $188,599	$548	$966
16	$188,600 - $203,599	$596	$1,049
17	$203,600 - $218,599	$643	$1,133
18	$218,600 - $233,599	$691	$1,216
19	$233,600 - $324,999	5% of AHI ÷ 12	10% of AHI ÷ 12
20	$325,000 - $374,999	8% of AHI ÷ 12	15% of AHI ÷ 12
21	$375,000 - and Above	10% of AHI ÷12	20% of AHI ÷ 12

25.2 Parental Contribution Fee Waiver/Reduction

The CSA Program Manager or designee may waive or reduce the parental contribution (co-payment) amount based upon documentation of financial hardship. In the absence of such a waiver or reduction, parents/legal guardians are required to pay the assessed parental contribution (co-payment) amount for their children to receive CSA-funded services.

If the parents' income level qualifies the family or child for income-based benefits such as Medicaid, SNAP, TANF, and Free or Reduced school lunches, the family may submit proof of the benefit in lieu of submitting income verification. The CSA Program may verify benefits and eligibility through intra-agency data sharing with DFS Self-Sufficiency or other human services agencies with proper consent. The school social worker may verify eligibility for federal school lunch benefits by signing the Parental Contribution Assessment. Eligibility for qualifying income-based benefits must be confirmed annually when the Parental Contribution Assessment is renewed.

When families have incomes within Tiers 19 – 21 on the Parental Contribution Scale and request a reduction or waiver of the parental contribution, they must provide the two most recent paystubs together with a copy of their most recent tax return. Families requesting a waiver or reduction must also provide documentation regarding their assets including investments, property ownership, and business holdings. The CSA program may consult with the County Attorney's Office and the tax administration to determine "ability to pay" in situations where families have extensive assets in addition to high income.

25.3 Assessing Parental Contribution when Multiple Children in the Family are Receiving CSA Services

When a family has more than one child receiving CSA funded services that require a parental contribution (co-payment), the parental contribution shall be assessed for the child subject to the highest contribution unless the family is granted a Parental Contribution Waiver based on the above-listed exceptions. The parental contribution may be waived for the other children receiving CSA funded services. If services are discontinued for the child for whom the parental contribution (co-payment) is assessed, then the contribution shall be charged for the sibling receiving CSA services.

25.4 Changes to Parent Income or Household Size

Parents are responsible for promptly reporting to the case manager changes in income or household size, which shall be used to re-assess the parental contribution (co-payment) amount by completing and submitting a new Parental Contribution Assessment to the CSA office. The parental contribution (co-

- a data field indicating the circumstances under which the child ends each service; and
- a data field indicating the circumstances under which the child exits the Children's Services Act program.

The current requirements can be found at https://www.csa.virginia.gov/html/pdf/LEDRS.xlsx.

In addition to the requirements above, the following are also new requirements:

- PO details including service and provider details;
- Recoveries, refunds, SSI, SSA, parental contributions, etc.;
- State Student Testing Identifier.

All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public;" COV§2.2-2648 D. 16.

27. Annual Cost Allocation Plan and Management of the Interagency Budget

The cost allocation plan amount to be allocated to Fairfax-Falls Church is defined by the total Medicaid target and the total non-Medicaid pool allocation as specified in the Appropriations Act. Effective July 1, 2000, the state pool funds for the Medicaid target and non-Medicaid allocations are distributed to Fairfax-Falls Church based on the greater of Fairfax's percentage of actual 1997 CSA program expenditures to total 1997 program expenditures or the latest three-year average of program expenditures.

The base year for CSA expenditures is 1997 actual program year expenditures and therefore, the local match for the base year funding consisting of the actual aggregate local match rate based on actual total 1997 program expenditures for the "Children's Services Act for At-Risk Youth and Families." (2003 Appropriations Act, Item 935, Item 299, section D2). The funds used for local match must be "cash" (i.e., in-kind resources cannot be used). Matching funds may be from any source other than state or federal funds received under the CSA, unless otherwise prohibited. Local match for Medicaid eligible expenditures is based on the aggregate local match rate based on 1997 program year expenditures.

This match rate will be applied to the gross service expenditure less the federal Medicaid participation amount. The CPMT has centralized the CSA Pool fund budget, financial management and reporting functions in the Department of Family Services. Expenditures and encumbrances of CSA Pool funds for individual eligible children are to be maintained by DFS through combined utilization of the County's CSA information and financial management systems.

~~Supplemental Requests for CSA State Pool Funds for the unanticipated costs of the mandated/targeted populations will be prepared by the Budget Analyst and subsequently submitted through the Local CPMT Fiscal Agent to the State Fiscal agent after receiving CPMT approval.~~ Supplemental Requests for CSA State Pool Funds for the unanticipated costs of the mandated/targeted populations will be prepared by the Budget Analyst, reviewed by the CSA Manager and approved by the Fiscal Agent. The submission of the Supplemental Request will be done via the CSA Local Government Reporting application, available online.

into three categories of System of Care Providers: Tier I, Tier II, and Tier III. Such agreements do not represent any specific request for service or guarantee of use. Rather, as each child specific requirement for service arises, an individual Purchase Order is issued pursuant to the Agreement for Purchase of Services specifying the service(s) required, the rate(s) of the services and the unit number of services being contracted for the specific client. ~~The purchase order must be signed by both the provider and the CPMT designee. The CPMT signature authority on the purchase order is delegated to the CSA Fiscal Administrator or designee.~~

29.1 Categories of Approved Providers

Tier I Providers

Are approved as "open access," or "In-Network Providers," are listed on the CSA Provider Directory and are accessible by CSA Case Managers for purchases on behalf of CSA eligible clients. Case Managers are responsible for meeting CSA requirements including but not limited to acquiring authorization, submitting encumbrances, and Utilization Management.

These providers are:

- Located in the State of Virginia or close proximity to the Washington DC Metro area;
- Enrolled with the Department of Medical Assistance Services (DMAS) as a Medicaid Provider, as appropriate per type of service;
- Insured for appropriate limits, per the Office of Risk Management for Fairfax County;
- Licensed for the contracted services by the State of Virginia or their respective jurisdiction for the provider location;
- Willing to accept the SOC Practice Standards;
- In the Virginia State Service Fee Directory (SFD) or willing to enter their organization, services, and current rates, with the exception of individual outpatient therapy providers in the SFD.

Tier II Providers

Are approved as restricted access and are not listed on the CSA Provider Directory. They are accessible on a Child Specific basis. The providers have a signed contract in place and all required documentation is current. CSA Case Managers and Team-Based Planning Teams may access these providers after additional review and approval by the CSA Management Team. Case Managers are responsible for acquiring ~~FAPT~~ UR authorization, submitting the Contract Request for Out of Network Provider Form to the CSA Contracts Management Team and submitting encumbrances once approval is given by the CSA Management Team.

These providers:

- May or may not be in the State of Virginia;
- Commit to working with DMAS as a Medicaid Provider for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) as appropriate for the services to be provided;
- Are insured for appropriate limits, per the Office of Risk Management for Fairfax County;
- Licensed for the contracted services by the jurisdiction of their location;
- Accept the SOC Practice Standards;
- Must be listed in the Virginia State Service Fee Directory (SFD) or willing to enter their organization, services, and current rates, with the exception of individual outpatient therapy providers prior to providing services in the SFD;

MEMO TO THE CPMT

December 6, 2019

Information Item 1-4: Healthy Minds Fairfax Blueprint Quarterly Report

ISSUE: CPMT review of the quarterly progress report on implementation of strategies in the Children's Behavioral Health System of Care Blueprint

BACKGROUND:
When CPMT approved the Blueprint in March 2016 it directed that staff provide quarterly progress reports. The full progress report for the period July through September 2019 is attached.

ATTACHMENT:
Quarterly Report on Blueprint Strategies to the Community Policy and Management Team, July - September 2019

STAFF:
Jim Gillespie, Healthy Minds Fairfax Director
Janet Bessmer, CSA Manager
Peter Steinberg, Children's Behavioral Health Collaborative Manager
Jesse Ellis, NCS Prevention Manager

FAIRFAX-FALLS CHURCH CHILDREN'S BEHAVIORAL HEALTH
SYSTEM OF CARE BLUEPRINT FOR 2016-2019
Quarterly Report on Blueprint Strategies to the Community Policy and Management Team
July - September 2019

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

GOAL 1: Deepen the Community "System of Care" Approach
Coordinator: Jim Gillespie

Governance Structure:

A. *Establish a Children's Behavioral Health System of Care oversight committee as the locus of SOC management and accountability.* Accomplished through designating CPMT as the oversight committee.

B. *Establish cross-system behavioral health system of care practice standards, policies and procedures.* Revised system of care principles and practice standards have been approved by the CPMT. In December 2017 CPMT approved revisions to local policies and procedures, based on the revised practice standards, and these have been incorporated in the SOC training curriculum.

C. *Generate support for the SOC approach among the general public and policy makers and administrators at the state and local levels.* Results Based Accountability (RBA) measures were developed for the BHSOC Blueprint, approved by CPMT in September 2017 and quarterly reports have been presented to since February 2018. In 2017 the system of care initiative was re-named Healthy Minds Fairfax (HMF). On October 5 HMF had a table at the Fairfax County Public Schools Mental Wellness Conference, attended by approximately 1,000 parents and FCPS staff; on August 9a table at the Justice High School Pyramid Back to School event, attended by approximately 3,000 students and parents; on August 17 had a table at the South Lakes High School Pyramid Back to School event, attended by approximately 2,000 students and parents; on September 21 had a table at the NAMI Northern Virginia Walk, attended by approximately 400; on October 9 had a table at the Latin Partnership for Success Back to School Resource Fair, attended by approximately 400 students and parents; on October 2 had a table at Mom's Demand Action suicide prevention event, attended by 53 parents.

D. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.* Work on this strategy was scheduled to begin in January 2018, but a workgroup has not yet been assembled.

Financing Strategies:

E. *Coordinate county budgeting, including but not limited to Diversion First, to maximize the possibility of high priority children's behavioral health needs being funded.* To complete these strategies a matrix of youth services has been developed and fiscal mapping conducted. This strategy has now been folded into a fiscal mapping strategy for children's services. It was presented to SCYPT in April 2019 and also to DMB leadership at the end of June. Both groups received the fiscal map and its process quite well and gave approval to proceed with fine-tuning the data.

Service Quality and Access:

F. *Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff. Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff.* A master calendar for children's behavioral health trainings and events and a children's behavioral health resources page were added to the Healthy Minds Fairfax public website in August of 2018. In the first quarter, the training events calendar and the community resources website pages received the following visits:

Number of visits/page views for training events calendar website page:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19
36/50	N/A	N/A	N/A	36/50	89/119

Number of visits/page views for community resources website page:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19
46/60	N/A	N/A	N/A	46/60	166/272

A training for case managers on High Fidelity Wraparound will be held in the 2nd Quarter.

Number of Staff, providers & families trained on community resources, insurance access, evidence-based/informed practices, & High-Fidelity Wraparound:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
0	N/A	N/A	N/A	0	206	0

G. *Collect and regularly report on community outcomes and assess gaps in the array of services and supports necessary for the success of the SOC in preventing and treating behavioral health issues.* The annual CSA service gap survey has been revised locally and by the state. The CSA Management Team is collaborating with OCS and VDSS to implement the evidence-based interventions of MST and FFT in our locality as part of the state's Family First Prevention Services Act initiative.

H. *Review intake, assessment, triage, referral protocols across all levels of care, and lead case management assignments with the goal of supporting families in accessing both public and community provided resources.* HMF funding has expanded the regional mobile stabilization and response service by 15%.

GOAL 2: Data Systems

Coordinator: Jim Gillespie

A. *Increase cross-system data sharing.* The HS IT Advisory Committee meets monthly and is consulted on various topics such as Document Management, the "Front Door," and the Services taxonomy to ensure that recommendations meet CSA needs. CSA has requested to meet with planning facilitators to review the unique needs of the CSA program as an existing cross-agency collaboration. CSA is presently implementing OpenText document management and is working with DFS Finance about how records might be integrated.

B. *Use cross-system data to improve decision-making and resource use*. The FY20 Data Analytics Fellowship Academy (DAFA) is evaluating CSA data on the effectiveness of Foster Care Prevention Services as provided across our system of care service agencies. In addition, the George Mason Psychology Department has provided free consultation on the statistical analyses of CSA data to include client demographics, service utilization and CANS ratings. Results from both evaluations will be shared with the CPMT and CSA Management Team.

GOAL 3: Family and Youth Involvement

Coordinator: Jim Gillespie

A. *Increase the presence and effectiveness of family leadership through a sustained family-run network* and

B. *Increase family and youth involvement in system planning and implementation.*
A network of more than 10 regional family- and children-focused nonprofit organizations meets quarterly to collaboratively address its mission of 'elevating the voices of families to improve outcomes for children, youth and young adults across systems of care'.

C. *Include youth and family participation in the evaluation of publicly and privately provided services, with prompt action for improvement when necessary.* CSA has hired a Management Analyst to support evaluation of services which includes youth and family participation and feedback about services received.

D. *Expand evidence-based peer to peer groups, family/community networks*. See Goal 5, Strategy B.

GOAL 4: Increase Awareness and Reduce Stigma
Coordinator: Jesse Ellis

A. *Implement "gatekeeper trainings" to increase layperson understanding of mental illness, recognition of signs and symptoms of mental illness or emotional crisis, and support of others in accessing help, using a cultural competency lens.* Gatekeeper trainings continue to be provided in a number of ways through Mental Health First Aid, and the Kognito suite of online trainings (including a peer training for teens), and Signs of Suicide. Multiple new Kognito modules became available this summer, including early childhood, military families, postvention, and trauma-informed schools modules. HMF funding has helped expand the implementation of Signs of Suicide to cover all FCPS middle and high schools. The Eric Monday Foundation is developing a web-based training specifically for youth sports coaches; FCPS and multiple youth sports organizations have committed to implementing the training with their coaches.

B. *Promote youth-led initiatives to combat stigma associated with mental illness, treatment, and accessing help.* The CSB awarded nine mini-grants for youth-led projects to address stigma, funded by the regional suicide prevention grant, for FY20. Fifteen high schools are currently implementing Our Minds Matter clubs, developed by the Josh Anderson Foundation, and more are planning to do so.

C. *Increase public awareness of issues surrounding mental illness and behavioral health care.* The public service announcements developed by the Health Department have been running in theaters since June 2016. The contract for television and online placement ended in June 2018, so current data is based only on YouTube views.

Number of views of PSAs promoting help-seeking behaviors:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
85	N/A	N/A	N/A	85	619	6,597,856	3,298,928

Number of crisis texts/calls:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
352/2010	N/A	N/A	N/A	352/2010	1675/7780	1815/5597	1087/4927

D. *Maintain a speaker's bureau and/or list of approved presenters to school and community groups.* To be completed in FY20.

GOAL 5: Youth and Parent/Family Peer Support
Coordinator: Jim Gillespie

A. *Create a Family Navigator program.* Through the Virginia Department of Behavioral and Developmental Services, the county was selected as a sub-recipient for a federal SAMHSA grant that will fund family navigator/parent support partner services for the next three years. In October 2017 NAMI Northern Virginia was selected as the provider through September 2020. The goal is to serve approximately 100 youth and families annually**.** In FY 2019, 190% more families were served than in FY 2018.

Number of families served by parent support partners:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
90	N/A	N/A	N/A	90	160	55

B. *Expand evidence-based peer to peer groups, family/community networks.*
In February 2019 the CSB launched "Heads Up" and "Talk It Out", resource groups for parents and teens (ages 14-17). The groups are available in weekly concurrent sessions. Teens talk about successful, sustainable recovery and resilience through mental health or substance use challenges. Parents acquire resources and discuss ideas on how to help their teen live their healthiest, fullest lives in the aftermath of trauma or through times of emotional distress.

Number participating in expanded parent/family peer support service programming:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
44 parents, 39 youth	N/A	N/A	N/A		22 parents, 20 youth	0

GOAL 6: System Navigation

Coordinator: Peter Steinberg

A. *Develop an accurate, accessible and real time database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance, and their areas of expertise, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services.* A listing of the REACH training pediatricians has been added to the redesigned Healthy Minds Fairfax website that had a soft launch during the Summer 2019. A listing of the clinicians that have attended the Healthy Minds Fairfax & George Mason University co-sponsored training consortium events will be added the fiscal year. Both listings will be maintained and updated on a regular basis.

Total Number of Visits for All Visitors to HMF Website:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
N/A	N/A	N/A	2,223	2,223	8,649	2,848	0

Number of Visits for Returning Visitors:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
N/A	N/A	N/A	1,273	1,273	5,968	1,994	0

Number of Visits for New Visitors:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
N/A	N/A	N/A	950	950	2,681	854	0

FY20 (1st Qtr.) Top Content Viewed by Number of Visits:

Content	Visits
Healthy Minds Fairfax Homepage	692
Children's Services Act	524
Pediatric Behavioral Health Integration Resources for Primary Care Physicians	218
About Healthy Minds Fairfax	115

Children's Services Act Staff Roster	108
Community Policy and Management Team	89
Mental Health Crisis Response	72
Ger Help in an Emergency	61

B. *Create a clearing house for information on children's behavioral health issues and resources.*
The updated Healthy Minds Fairfax website has been redesigned and had a soft launch during the Summer 2019. Current work on the website includes a feedback survey, a weblink policy and adding additional resources for the mental health screening tool.

GOAL 7: Care Coordination and Integration
Coordinator: Jim Gillespie

A. *Provide behavioral health consultation to primary care providers and patients.*
The Virginia Mental Health Access Program (VMAP) has launched, making psychiatric consultation and other resources available to pediatricians all over the state of Virginia. More information can be found at: http://www.virginiapediatrics.org/vmap/ Later in the fiscal year the pediatricians will also have the support of a care navigator. Through HMF funding a George Mason University a psychology resident is currently placed in a local pediatric primary care office to provide behavioral health services. The plan is for this placement to last at least two years with the second year of service being fully funded by the pediatric primary care office.

B. *Promote resources to implement tiered levels of integration based on capacity and readiness.*
HMF co-sponsored a REACH behavioral health training for 35 pediatricians in early May. In 2018 an inter-agency workgroup headed by Dr. Gloria Addo-Ayensu developed a community plan to implement integration, including but not limited to consultation, facilitated referral, co-location and full integration, which was endorsed by CPMT in June 2018. The workgroup also developed a project to safely divert youth from hospitalization when appropriate through expansion of CR2 mobile crisis response services, which approved in the county and HMF budgets for FY 2020. CR2 services have been expanded by 15%.

Number of pediatric primary care psychiatric consults:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
8	N/A	N/A	N/A	8	0	0

C. *Increase the appropriate implementation of behavioral health screenings and referrals in primary care settings.* The workgroup recommended screening tools for use in primary pediatric care, based on the recommendations of the American Academy of Pediatrics and the REACH curriculum.

GOAL 8: Equity/Disparities
Coordinator: Peter Steinberg

A. *Promote the adoption of culturally and Linguistically Appropriate Services (CLAS) Standards among BH providers.* This strategy has been achieved.

B. *Increase access and availability to behavioral health services for underserved populations.*
Fourteen youth have been referred to the Violence Prevention Intervention Program (VPIP). Youth and their families on average received services for up to 3 months so at this time there are no outcomes to report. The expansion of the Our Minds Matter program to the Teen Centers operated by Neighborhood and Community Services will be taking place in the next quarter. Healthy Minds Fairfax is working with

the Community Services Board Wellness Health Promotion and Prevention Services to bring mental awareness trainings to groups representing the underserved population.

C. *Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers.* The SOC Training Committee is exploring various trainings on cultural competence that will be rolled it in the near future.

D. *Implement support structures for LGBTQ youth.* The Family Acceptance Project will be providing trainings on their model to youth serving staff and school staff on helping families learn to support their LGBT children.

GOAL 9: Reduce Incidence of Youth Suicide in our Community
Coordinator: Jesse Ellis

A. *Identify universal suicide and/or depression screening tool(s) for use by the community.* The team developing guidance and protocols for suicide/depression screening by community organizations has finalized a toolkit for publication; it will be incorporated into the new website.

B. *Develop and publish guidelines for service providers on the availability and effective use of crisis services.* The CSB has published new information (including printable fliers) on accessing the Mobile Crisis Unit and on Involuntary Psychiatric Hospitalization of Minors.

C. *Develop a common and coordinated approach to youth suicide postvention.* A resource for community organizations on implementing suicide postvention will be published on the redesigned website. An extension of the committee has begun meeting to discuss opportunities for coordinated community postvention outreach and services. A new Kognito module on postvention is now available. The ConnerStrong Foundation developed "Help is at Hand," a booklet with guidance and supports for survivors; plans for widespread availability and dissemination are in development.

D. *Continue to make available and promote the suicide prevention hotline, including textline.*
The PRS CrisisText Connect program engaged in 1675 text conversations with 1615 unique individuals in FY19. This represents a slight increase (2%) in the number of individuals and a slight decrease (7%) in the number of conversations over FY18. However, the number of hotline calls answered continued to significantly increase. In FY19, PRS CrisisLink answered 7780 calls, a 39% increase over FY18 and a 58% increase over FY17. Of these calls, 325 were from youth under 18, and 608 were from individuals 18 to 24; this represented an 89% increase over FY18 (following a 42% increase from FY17 to FY18). To date in FY20, the number of calls continues to increase, while the number of text conversations continues a slight slowing (see 10.C. for details).

E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Fairfax Training Consortium for Evidence Based Practice has offered trainings on the Family Intervention for Suicide Prevention, Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), Core Competencies, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

Number of BH providers trained in evidence-based suicide prevention treatment:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
0*	N/A	N/A	N/A	0*	70	178	0

***** Trainings begin in January 2020

GOAL 10: Evidence-Based and Informed Practices

Coordinator: Peter Steinberg

A. *Develop definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment.* The Evidenced-based Workgroup will be creating a chart that will match evidenced-based practices offered by the Fairfax Consortium on Evidenced-based Practices with common childhood mental health diagnosis's and the age group the practice is best suited for. Additionally, this chart will include the evidenced-based practices that are listed on the Title VI Clearinghouse as well supported and the Virginia Department of Social Services is sponsoring training for in Spring 2020. These practices include Functional Family Therapy, Multi-Systemic Therapy (MST), and Parent-Child Interaction Therapy (PCIT).

B. *Establish a set of core competencies based on service type for all public & contracted provider staff.* This strategy has been met. A set of core competencies has been developed and presented to CPMT as well as members of the leadership team at the Fairfax-Falls Church Community Services Board.

C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.* The next round of the Core Competency Training will begin in January 2020

D. *Incentivize the use of EBPs among providers.*
It is anticipated that a list of providers who have trained in Evidenced-Based Practices will be posted on the Healthy Minds Fairfax website by March 2020. The idea of providing incentives to those who utilize evidenced-based practice in the work is being explored. The CSA Provider Directory will also note which providers are certified in the evidenced-based practices that are listed on the Title VI Clearinghouse.

Number of BH providers trained in trauma evidence-based treatment:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
0*	N/A	N/A	N/A	0*	113	0	0

***** Trainings begin in January 2020

Number of BH providers trained in evidence-based suicide prevention treatment:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
0*	N/A	N/A	N/A	0*	70	178	0

***** Trainings begin in January 2020

GOAL 11: Trauma Informed Care

Coordinator: Jesse Ellis

A. *Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions.* In the spring of 2018, the Fairfax Consortium for Evidence-Based Practice trained over 100 clinicians in the Family Intervention for Suicide Prevention (FISP), which is a trauma-informed treatment protocol for suicidal ideation. In November 2018, 45 clinicians were trained in Trauma-Focused Cognitive Behavioral Therapy. The enrollment requirements for this training included a commitment from accepted clinicians to pursue certification. The Core Competency Training offered this year to 70 clinicians included a trauma specific session. Also, in 2019, approximately 50 clinicians working with children ages 7-12 were trained in MATCH-ADTC- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems. Trainings in TF-CBT, MATCH-ADTC and Core Competencies will be held again in

the winter and spring of 2020, with a focus on recruiting private providers to join our CSB and county contracted providers in developing the capacity to offer these evidence-based treatments.

B. *Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.* The Fairfax County Trauma-Informed Community Network has reached over 6000 people with their 90-minute Trauma Awareness 101 Training, which is also available on-demand as a 30-minute webinar. The TICN continues to host full day sessions of their Trauma-Informed Supervisor Training and have reached hundreds of supervisors from county human services agencies, schools, and non-profit partners. The TICN training subcommittee also developed a training on Secondary Traumatic Stress in the workforce (The Cost of Caring) that has reached over 300 professionals to date. Trainings and resources (including a mini-grant opportunity to fund small space improvement projects) on developing trauma-informed spaces are also available.

The TICN continues to offer screenings and discussions on the documentary *Resilience*; over 6,000 people have seen it to date. The TICN hosted two screenings of *Broken Places* at the Fairfax County Government Center Board Auditorium for 250 people, which addresses community trauma.

The TICN has developed a "Guide to Educating Children, Youth and Families about Trauma & Resilience" to prepare the human services workforce to provide psychoeducation to kids and families. The guide has already been widely distributed to a variety of audiences across the child and youth serving system.

C. *Inform the community at large on the prevalence and impacts of trauma.* The TICN continues to host and sponsor screenings of the documentary *Resilience* and began screening *Broken Places* in May. Led by the TICN's representative from the Fairfax County Council of PTAs, the Network presented a new version of Trauma 101, specifically for parents, at the FCCPTA Family Engagement Conference in October, at the Virginia statewide PTA conference last winter and at the National PTA Conference in June. In April, the TICN and CSB facilitated a training of trainers in ACE Interface; 30 county, school, and partner staff participated. They are currently developing a broad implementation plan for the initiative; 26 presentations have been completed to date, with more planned for a variety of audiences in the coming months.

D. *Develop shared screening and referral process for individuals impacted by trauma for school and human services agency staff using nationally recognized screening tool.* This is in development.

E. *Human service agency leaders will integrate the concepts of trauma-informed care into their organizational culture.* County Health and Human Services agencies are each implementing plans to ensure their organizations are trauma informed. The Health Department and the Department of Housing and Community Development are among agencies whose staff are currently participating in agency-wide TICN trainings. HCD recently shared an update on their work on the RHA's public website and in their annual report.

GOAL 12: Behavioral Health Intervention

Coordinator: Peter Steinberg

A. *Develop empirically validated cross system human services and schools screening process available to determine needs, resources, & desirable outcomes.* Healthy Minds Fairfax staff continues to work on a protocol for screening tools. The Brief Screening for Adolescent Depression (BSAD) is available for families and youth on the Healthy Minds Fairfax Website as well as the website for the Falls Church-Fairfax County Community Services Board.

Number of BH screenings

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
15	N/A	N/A	N/A	15	89	88	108

B. *Create capacity to address behavioral health needs of children 0-7.* The Office for Children (OFC) hosts a 48-hr. Social-Emotional Competencies certificate program. The Office for Children offers a 48-hour Social-Emotional Competencies Certificate Program. The four courses in this series explore the importance of establishing nurturing relationships that promote positive social development and foster effective interactions with young children. In addition, OFC offers a 48-hour Introduction to Early Childhood Certificate Program. The four courses in this program explore developmentally appropriate approaches to early education and provide many opportunities for educators to integrate knowledge and strategies into their daily practice. The Kognito on-line trainings now include an early childhood module, as of Summer 2019. The Office for Children is in the process of establishing a behavioral health consultation program for early childhood providers. One of the evidence-based interventions supported by FFPSA, listed in the Title IVE Clearinghouse is Parent-Child Interaction Therapy (PCIT) which is designed for children 3 – 7 years old. Implementation of FFPSA services may include PCIT within our continuum of care in the future.

C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* The Fairfax Consortium for Evidenced Based Practices has entered its third year and new trainings will began in January 2020

D. *Expand access to timely and available behavioral health services for school age children and youth with emerging behavioral health issues who have not been able to access such services.*
Healthy Minds Fairfax Short-Term Behavioral Health Services (STBH) is available to children and youth who attend any of the 38 designated Fairfax County Public Schools. Children and youth who have to wait for services at the Falls Church-Fairfax Community Services Board will be screened for STBH services. As a reminder, this service continues to link income eligible youth and families from select school communities to timely and available short-term mental health counseling (up to 8 sessions), funded by Healthy Minds Fairfax.

Number of youth served through Short-Term Behavioral Health Services:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
0*	N/A	N/A	N/A	0*	215	126	57

***** No one has completed services to date

E. *Develop recommendations for the Board of Supervisors Public Safety Committee that reflect Diversion First initiatives needed for youth who come in contact with the criminal justice system.* CSB and JDRDC staff continue to meet to address the behavioral health needs of the court that can be provided by the CSB.

F. *Reduce youth substance abuse and use.* Substance Abuse Prevention Services (SAP) are available all Fairfax County School pyramids. This program works collaboratively with CSB staff which allows for a warm hand-off from those students who need outpatient substance abuse treatment.

GOAL 13: Service Network for High Risk Youth

Coordinator: Janet Bessmer

A. *Increase availability/capacity of provider community to offer trauma assessments and evidence-based trauma treatment; trauma services shall be offered in languages and in locations that are accessible to families.* This goal overlaps with roles of TICN and the Training Consortium. Private providers who offer trauma assessments and treatments are identified in the CSA provider directory. There continues to be a

need for providers to offer evidence-based trauma assessments and treatment. TFCBT training was offered by the consortium, supplemented by CSA funding, for 44 clinicians in November 2018 and will be offered again in Spring 2020.

B. *Identify and implement an evidence-based parenting program designed for parents of adolescents (12+); language capacity and location/accessibility shall meet the needs of families.* Functional Family Therapy is being considered for youth with chronic school absences related to behavioral concerns. CSA is currently under contract with one provider organization to provide this EBP and is working on finalizing the contract with a second provider.

C. *Identify and implement an evidence-based parenting program designed for parents of children (<12); language capacity and location/accessibility shall meet the needs of families.* DFS has provided foster parents with training in the Reflections curriculum, based on the ARC model (Attachment, Regulation and Competency) that the authors have adapted specifically for use with foster families. This curriculum has been well-received by foster families and DFS has plans to expand the training for other caregivers, including birth parents and kinship families. The contract for the ARC Reflections Train-the-trainer is pending. As noted earlier, PCIT is one of the initial evidence-based treatments supported by FFPSA. Our community will need to consider implementation of this service.

D. *Monitor utilization of ICC and Case Support and increase capacity/staffing so that youth with identified behavioral health care needs receive appropriate case management services.* UMFS and Wraparound Fairfax are fully staff with ICC facilitators. UMFS has 4 with a supervisor who will carry cases part-time. Wrap FFX has 7 facilitators. The CSB Resource Team has filled 7 positions and their new staff have accepted new cases. There is no longer a waiting list for CSB case management.

E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* The results of the annual state OCS survey were provided to the CPMT in April 2019. The qualitative responses were considered very informative. The next survey will be released in Jan-March of 2020.

F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* CSA produces a monthly newsletter that contains training announcements and other information pertinent for system partners. See social marketing goals for more information about outreach efforts. DFS has been facilitating a quarterly home-based provider meeting to share information about FFPSA implementation.

G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services*. The WFI-EZ is used to determine fidelity to the High-Fidelity Wraparound model by capturing the family and facilitator satisfaction with the wraparound process. Planning for the next round of WFI-EZ surveys (WFI-EZ FY19 Cycle 2) took place in Quarter 1. Thirty-one families received services for the designated survey period (January 2019 through June 2019); of those 31 families, 15 were randomly selected to receive the WFI-EZ (per the protocol set forth by the Office for Children's Services). Survey responses will be collected in the 2nd Quarter. The annual file review, which uses the DART (Document Review Assessment Tool), will be conducted in the 2nd Quarter – the same list of families used in the WFI-EZ will be used for the DART review. Additionally, in order to help agency case managers fully understand the role of the ICC facilitator, an ICC/Wraparound training was developed in FY19 and will continue to be held in FY20. The first FY20 training for case managers will be held in the 2nd Quarter.

H. *Provide IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management.* CSA is working with DFS IT staff to implement existing county technology for improved efficiency and streamlining for incoming documentation and file maintenance. CSA is part of a pilot using NINTEX forms to replace the current encumbrance form and begin using an

electronic workflow. Additional work is focused on reviewing options for portals for non-County entities including providers and schools as well as electronic workflows.

I. *Explore opportunities for expanding available financial resources to serve youth on diversion or probation who need intensive behavioral health services.* CSA staff have met with court staff to review the requirements for CSA-funded services and train staff to access these funds. Court staff have been active participants in recent CSA training and supervisory booster sessions. HMF staff participated in the court's sponsored Dual Status training in October, 2019.

J. *Increase family and provider membership on the CPMT.* FAPT parent representative positions have been filled. All vacant CPMT positions were filled as of September 24, 2019.

GOAL 14: **DD/Autism Services**
Coordinator: Tracy Davis

Develop expanded continuum of care of services for youth with DD/autism. The workgroup has refined the direction of the work on this goal. Two main deliverables were identified:

Deliverable #1: Revised SOC Blueprint Goal 14, DD/Autism Services, with updated action steps and dates

Deliverable #2: DD/Autism Services Case Management Recommendations with a Statement of Need

The two deliverables for Goal 14 stated above have been accomplished.

Updates on each blueprint strategy are addressed below:

A. *Conduct needs assessment and service inventory of the existing continuum of services and supports and identify critical service gaps for youth with DD/Autism.* Status: No further action is required on Strategy A. For Action Steps 1- 4: The workgroup had consensus that the urgent need is to serve the 1,000 youth that are on the DD waiver waitlist and that the largest service gap is for case management along with the need for behavioral supports, respite, crisis supports (such as Reach), transportation and attendant care giver support. The workgroup determined that there is no further needs assessment and inventory needed however consolidating the inventory information and possibly reexamining the needs could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

B. *Utilize results of needs assessment and gap analysis to develop a plan to address critical service gaps.* Status: No further action is required on Strategy B. For Action Steps 1- 5: The workgroup determined that there may be a need for focus groups/discussion with service providers such as Grafton, Jill's House and/or other homebased/ABA providers. Jill's House or Autism Society can bring together families to be sure the plan is addressing their needs. The Welcoming Inclusion Network (WIN) and CSB Supported Employment should be included in all future discussions to address critical gaps. The workgroup determined that these tasks may be completed in conjunction with priority strategy areas E, F & G and therefore there is no further work required for this strategy. Reassessment of utilizing the results of the needs and service gaps should be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

C. *Ensure that DD/Autism BH services are included in System Navigation.* Status: Strategy C will be combined with D & H in the revised version of this blueprint goal. No further action is required on Strategy C, D & H. Current efforts are ongoing however possibly reexamining the needs and the services could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

D. *Develop outreach and social messaging campaign to promote earlier identification of youth with DD/Autism who would qualify for and benefit from referral to services.* Status: Strategy D will be

combined with C & H in the revised version of this blueprint goal. No further action is required on Strategy C, D & H. Current efforts are ongoing however possibly reexamining the needs and the services could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

E. *Improve transition planning for children with intellectual disabilities or chronic residential needs.*

F. *Ensure access to crisis stabilization services designed for youth with DD/Autism with providers trained to serve this population*

G. *Increase case management and care coordination capacity for children and youth with DD, particularly for younger children.*
Status of Strategy E, F and G: Strategy E, F & G were identified as high priority areas. The objective for the workgroup is to address Blueprint Strategy E, F & G. The DD/Autism services workgroup presented a recommendation to take the CSA process that currently exists to accurately assess children for appropriate supports to prevent crisis and applying it to 347 of the more than 1,300 youth who have open cases with the CSB Developmental Disabilities Services Unit. On November 7, 2019, the recommendations were presented to the CSB DD Support Services leadership team. The CSB will assume responsibility going forward for implementing the recommendations that they determine to be most beneficial. Implementation should begin within the next few months.

H. *Strategy H - Develop community awareness campaign regarding special needs of youth with DD/Autism.*
Status: Status: Strategy H will be combined with C & D in the revised version of this blueprint goal. No further action is required on Strategy C, D & H. Current efforts are ongoing however possibly reexamining the needs and the services could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

GOAL 15: Transition Age Youth
Coordinator: Peter Steinberg

Provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school. Reduce the number of youth of transition age who are living with unidentified and untreated serious mental illness who have signs and/or symptoms of a serious mental health condition that emerged before they transition out of youth serving systems/programs.

A final report will be presented to the CBHC and CPMT in Spring 2020.