

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



February 24, 2023 Community Policy and Management Team (CPMT)

Agenda



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

- 1. MINUTES: Approve minutes of January 27, 2023 meeting
- 2. ITEMS:
- Administrative Items

Item A - 1: Proposed Plan for April Meeting

CSA Contract Items

Item C - 1: Out of State Contract Approvals - None

• CSA Information Items

Item I − 1: Budget Report

Item I - 2: Quarterly Residential Entry and FAPT Report

Item I – 3: Quarterly Serious Incident Report

Item I - 4: Report on Time to Service Data

Item I – 5: CSA Coordinator 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 CHILDREN'S SERVICES for AT-RISK CHILDREN, YOUTH & FAMILIES



January 27, 2023 Community Policy and Management Team (CPMT) Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

<u>Attendees</u>: Lesley Abashian (home), Staci Alexander (Alexandria, VA), Michael Becketts (Fairfax, VA), Deb Evans (Chantilly, VA), Annie Henderson (Lorton, VA), Joe Klemmer (Fairfax, VA), Chris Leonard (office), Dana Jones (home), Dawn Schaefer (office), Matt Thompson (Fairfax, VA)

Attended but not heard during heard during roll call: Lloyd Tucker

<u>Absent:</u> Gloria Addo-Ayensu, Michael Axler, Michelle Boyd, Richard Leichtweis, Rebecca Sharp, Daryl Washington

HMF Attendees: LaVurne Williams, Philethea Duckett, Tracy Davis, Hilda Calvo Perez

<u>CSA Management Team Attendees:</u> Barbara Martinez, Jessica Jackson, Kamonya Omatete, Andrew Janos, Kelly Conn-Reda, Mary Jo Davis, Tim Elcesser, Desiree Roberts, Julie Bowman, Stephanie Pegues,

<u>Stakeholders and CSA Program Staff Present:</u> Janet Bessmer, Kendra Rascoe, Jamie Mysorewala, Tiffany Robinson, Jeanne Veraska, Sarah Young, Lisa Morton, Chris Metzbower

FOIA Related Motions:

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

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

State of Emergency caused by the COVID-19 pandemic makes it unsafe for this CPMT to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CPMT and the physical presence of the public, cannot be implemented safely or practically. I further move that this CPMT may conduct this meeting electronically through a dedicated auto conferencing line, and that the public may access this meeting by calling: 571-429-5982; participant access code: 279 261 068#. It is so moved.

Motion made by Chris Leonard; seconded by Staci Alexander; all members agree, motion carries.

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

Motion made by Chris Leonard; seconded by Matt Thompson; all members agree, motion carries.

1. **MINUTES:** Approve minutes of December 9, 2022 CPMT meeting. *Motion made by Dana Jones;* seconded by Michael Becketts; all members agree, motion carries.

2. ITEMS:

ADMINISTRATIVE ITEMS:

- **Item A-1:** Mental Health Initiative-State (MHI) Funding Approval for Transportation Services Jessica Jackson. The state required CPMT approval to use these funds on transportation. Service must be linked to individual. CSB does not anticipate this will be high cost or usage. *Motion to approve: Matt Thompson; seconded by: Staci Alexander; all members agree, motion carries.*
- Item A-2: Parental Contribution Accounts Services Fee for Credit Card Payments Janet Bessmer. To date CSA does that have means to accept credit cards, however, many parents have requested to pay their parental contribution fee via credit card. CSA is currently establishing a process for payment via credit cards. If families are charged the service fee, they will not be able to use the health spending accounts since it is not permitted by health spending accounts. Joe Klemmer and Dawn Schafer commented that it makes sense for CSA to cover this fee. CSA is requesting approval from CPMT to cover the credit card service fee of 2.35% using program support funds. Motion to approve: Lesley Abashian; seconded by: Michael Becketts; all members agree, motion carries.

CSA CONTRACT ITEMS:

• Item C – 1: Out of State Contracts – Barbara Martinez. One request was approved for inpatient SUD treatment in Minnesota since there are no SUD inpatient providers in VA. Currently there are 10 out of state placements.

CSA INFORMATION ITEMS:

- Item I 1: Budget Report Presented by Desiree Roberts. This budget report in based on numbers through November 2022. Joe Klemmer asked how these percentages compare to pre-COVID. Janet Bessmer commented that we have noticed a reduction in CSA referrals since COVID therefore our overall costs are decreasing. There are also fewer children being served through the IEP due to capacity issues as well as the seclusion/restraint policy. In general, voluntary services (referrals through the CSB, FCPS, etc.) are steady, but some other programs have seen a decrease in referrals since COVID. Desiree Roberts commented that costs have increased for residential education services. Cost per child has increased since COVID, but there is a decrease in the number of youths served. Chris Leonard requested that we complete a report comparing numbers before/after COVID.
- Item I 2: State Reporting of Administrative Costs for CSA Program Janet Bessmer. The state has requested an annual report on the cost administrative cost to run the CSA program locally. The report that was submitted to the state was shared with the CPMT.
- Item I 3: Fiscal Analysis of Private Day Rate Setting Methodology Janet Bessmer. The state fiscal impact confirms the local analysis that costs will increase collectively by 12%. Local data on 180 youth currently being served in Virginia-based Private Day schools comparing FY23 rates to FY24 rates indicates a net expenditure increase to the CSA budget. Total cost to the county if FCPS is required to supplement CSA funding to some of the providers would add an additional \$0.7 million or \$1.5 million to the County's expenditures due to the new structure.
- Item I 4: Overview of the Children's Behavioral Health Plan New plan presented by Peter Steinberg and LaVurne Williams. Key areas of plan include Prevention/Education, Access to Services, Navigation of Services, and System Level.

- Private Provider Items none
- **CPMT Parent Representative Items** none
- Cities of Fairfax and Falls Church Items none
- **Public Comment** Janet Bessmer introduced Mrs. Anahita Renner, a citizen of Fairfax City, who has been nominated to serve as a parent representative to the State Executive Council. Mrs. Renner shared that the governor and the state are discussing staffing and recruitment concerns.

Adjourn 2:17pm: Motion to adjourn made by Chris Leonard.

Next Meeting: February 24, 2022, 1:00 – 3:00pm (location TBD)



February 24, 2023

Administrative Item A - 1: Proposed Plan for April CPMT Meeting

ISSUE:

That CPMT will resume regular meetings in person beginning April 28th and the in-person format presents an opportunity for re-engagement and discussion about CPMT for FY24. An earlier start time of 12:30 pm is recommended to support facilitated dialog.

BACKGROUND:

CPMT has been meeting virtually since March, 2020. Regular opportunities for strategic planning have not been as feasible during this time. The local Declaration of Emergency has now ended, and in-person meetings will resume as of March 1, 2023. For the first in-person CPMT meeting in April, it is proposed for members and stakeholders to convene earlier at 12:30 pm to allow time for a facilitated dialog. Lunch will be provided to accommodate the earlier start time.

The proposed plan is for members and stakeholders to respond to a survey in March/early April regarding the goals and objectives for the CSA program, the best structure to support achieving those goals, and the role of the CPMT and CSA Management Team. The survey results will then be used at the April 28th meeting to guide a facilitated dialog about strategic planning for the CPMT and CSA program for FY24 and beyond. Future CPMT meetings can then be used to confirm the recommendations and agreements identified. This proposed process will permit examination of programmatic goals and alignment with current human service priorities.

RECOMMENDATION:

That CPMT approve the earlier start time of 12:30 pm for the April 29th meeting only to provide additional time for the proposed meeting structure.

ATTACHMENT:

None

INTERNAL CONTROL IMPACT:

None

FISCAL IMPACT:

Costs for the activities will be absorbed by the CSA Program Support budget.

STAFF:

Janet Bessmer, CSA Director

Information Item I-1: December Budget Report & Status Update, Program Year 2023

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 2023 cumulative expenditures through December 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 December 2022 for FY23 equal \$11.4M for 739 youths. This amount is a decrease from last year by approximately \$245K, or 2.10%. YTD Pooled expenditures for FY22 equaled \$11.6M for 741 youths. Total number of youths served is down by 119 youths in comparison to pre-pandemic levels, in FY 19, 858 youth were served with YTD pooled expenditures of \$12.2M.

	Program Year 2019	Program Year 2022	Program Year 2023	Change Amt	Change %
Residential Treatment & Education	\$1,360,967	\$1,785,163	\$1,921,462	\$136,299	7.64%
Private Day Special Education	\$7,076,088	\$6,501,969	\$5,735,218	(\$766,751)	-11.79%
Non-Residential Foster Home/Other	\$3,612,530	\$2,184,826	\$3,120,782	\$935,956	42.84%
Community Services	ψ3,012,330	\$1,512,791	\$767,633	(\$745,158)	-49.26%
Non-Mandated Services (All)	\$579,338	\$159,250	\$282,967	\$123,717	77.69%
Recoveries	(\$420,408)	(\$505,583)	(\$434,634)	70,949	-14.03%
Total Expenditures	\$12,208,516	\$11,638,416	\$11,393,428	(244,988)	-2.10%
Residential Treatment & Education	74	60	59	(1)	-1.67%
Private Day Special Education	269	233	196	(37)	-15.88%
Non-Residential Foster Home/Other	717	238	237	(1)	-0.42%
Community Services	/1/	482	431	(51)	-10.58%
Non-Mandated Services (All)	47	85	132	47	55.29%
Unique Count All Categories	1,182	1,098	1,055	(43)	-3.92%
Unduplicated Youth Count	N/A	741	739	(2)	-0.00%

Program Year 2023 Year To Date CSA Expenditures and Youth Served (through December Payment)

Trans Descrip Payment

			Local	County	Youth in	Schools	Youth in	Total
Mandated/ Non-Mar	nd: Residential/ Non-Residential	Serv Type Descrip	Match Rate	& Foster Care	Category	(IEP Only)	Category	Expenditures
Mandated Resident	Residential	Residential Treatment Facility	57.64%	\$664,515	31			\$664,515
		Group Home	57.64%	\$60,990	2			\$60,990
		Education - for Residential Medicaid Placements	46.11%	\$75,349	7	\$678,164	10	\$753,513
		Education for Residential Non-Medicaid Placements	46.11%	\$178,268	3	\$264,176	6	\$442,444
	Residential Total			\$979,122	43	\$942,340	16	\$1,921,462
	Non Residential	Special Education Private Day	46.11%	\$157,104	5	\$5,578,115	191	\$5,735,218
		Wrap-Around for Students with Disab	46.11%	\$97,715	41			\$97,715
		Treatment Foster Home	46.11%	\$1,581,946	85			\$1,581,946
		Foster Care Mtce	46.11%	\$428,137	71			\$428,137
		Independent Living Stipend	46.11%	\$102,609	20			\$102,609
		Community Based Service	23.06%	\$905,332	312			\$905,332
		ICC	23.06%	\$293,113	119			\$293,113
		Independent Living Arrangement	46.11%	\$474,520	19			\$474,520
		Psychiatric Hospital/Crisis Stabilization	46.11%	\$5,044	1			\$5,044
	Non Residential Total			\$4,045,518	673	\$5,578,115	191	\$9,623,633
Mandated Total				\$5,024,640	716	\$6,520,455	207	\$11,545,095
Non-Mandated Non Residential	Non Residential	Community Based Service	23.06%	\$228,555	77			\$228,555
		ICC	23.06%	\$54,412	55			\$54,412
	Non Residential Total		20.0070	\$282,967	132			\$282,967
Non-Mandated Total				\$282,967	132			\$282,967
Grand Total (with Du	plicated Youth Count)			\$5,307,607	848		207	\$11,828,062
Recoveries								-\$434,634
Total Net of Recoveri	<u> </u>							\$11,393,428
Unduplicated child co	ount							739
Key Indicators								
		Cost Per Child					Prog Yr 2022 YTD	Prog Yr 2023 YTD
		Average Cost Per Child Based on Total Expenditures /A	III Services (undu	uplicated)			\$15,706	\$15,417
		Average Cost Per Child Mandated Residential (undupli	cated)				\$35,003	\$36,254
		Average Cost Per Child Mandated Non- Residential (un	duplicated)				\$15,021	\$17,844
		Average Cost Mandated Community Based Services Pe Average costs for key placement types	er Child (unduplio	cated)			\$3,302	\$2,781
		Average Costs for Residential Treatment Facility (Non-II	ED)				\$17,083	\$21,436
		, ,	-F <i>)</i>				\$17,083	\$21,436
		Average Cost for Treatment Foster Home	mont (Docident	al)			\$16,322	
		Average Education Cost for Residential Medicaid Place	· ·	-			• •	\$44,324
		Average Education Cost for Residential Non-Medicaid	•	uentiai)			\$94,425	\$49,160 \$29,261
	Average Special Education Cost for Private Day (Non-Residential) \$27,90							
		Average Cost for Non-Mandated Placement					\$1,874	\$2,144
Category		Program Year 2023 Allocation	Year to Date	Expenditure (N	et)			Percent Remaining
	rogram Year 2023 Allocation	\$694,188	\$87,641					87%
Non Mandated Progr		\$1,630,458	\$259,052					84%
Program Year 2023 T		\$35,416,365	\$11,393,428					68%
1 10g1aiii 16ai 2023 I	otal Allocation	700,TTU,300	711,333,420					00/0

February 24, 2023

Information Item I-2: FY 23 Quarter 2 Residential Entry and FAPT Report

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

BACKGROUND:

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

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

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

ATTACHMENT:

Second Quarter FY 23 Residential Entry and FAPT Report

STAFF:

Jeanne Veraska, UR Manager Sarah Young, FAPT Coordinator Note: The number of youths served is unduplicated within individual categories, but not across categories.

Expenditure claims have been submitted to the State Office of Children's Services (OCS) through December 2022.

RECOMMENDATION:

For CPMT members to accept the December Program Year 2023 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Desiree Roberts

NOTE:

Residential Treatment & Education increased by \$136k with 1 less youth served. Most of the increased cost is due to increases for the education for residential Medicaid and non-Medicaid placements.

Private day special education costs paid YTD have decreased by \$767K with 37 less youths served.

Non-Residential Foster Home/Other has increased by 936k with 1 less youth served than FY22.

Community Services decreased by \$745k with 51 less youth served in FY23.

CPMT February 24, 2023

FY 23 Q2 RESIDENTIAL ENTRY AND FAPT REPORT

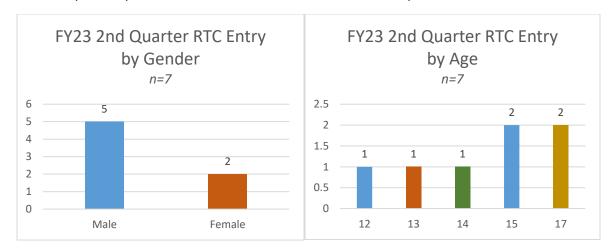
Residential Entry Report

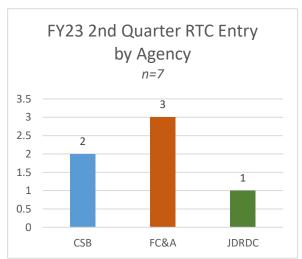
As stated in the local CSA policy manual under Section 4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams, prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no appropriate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

Seven (7) youth entered* long-term residential settings FY23 2nd Quarter:

- October 3November 2December 2
- Group Home placements 4

■ RTC placements - 3





^{*}Three (3) youths who have been in residential care made transfers during the second quarter. One was a lateral move, one was placed in a more restrictive setting (group home to residential), and one stepped down from residential to a group home. The three youths are not captured in the above data.

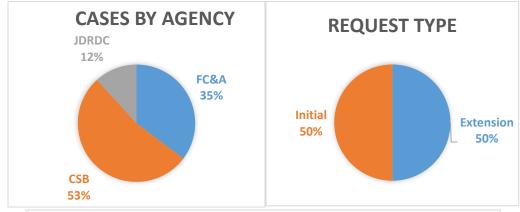
FAPT Report

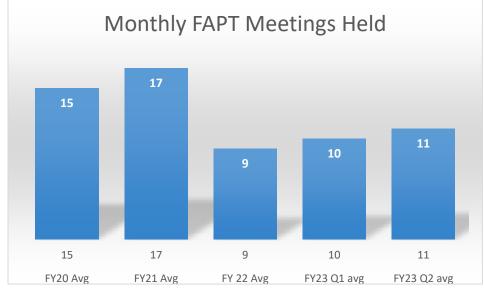
For FY23 Q2, **34** meetings were held with the two standing FAPT teams. Of those **34** meetings:

- ➤ **18** referrals were from CSB (53%)
- > 12 referrals were from FC&A (35%)
- ➤ 4 referrals were from JDRDC (12%)

Of those **34** meetings:

- ➤ 17 were requests for extensions of current placement/step down (50%)
- > 17 were requests for initial placements (50%)
 - 14 (82%) initial requests were supported with a plan for RTC/GH placement of 1 to 4 months
 - 3 initial requests (18%) had plans developed including use of community-based services only
 - No youth were actively receiving ICC services at the time of the FAPT meeting
- 1 foster care youth was placed prior to the FAPT meeting
- 2 youth had been placed by their parent(s) prior to the FAPT meeting
- ➤ There were no FAPT Appeals during this quarter





February 24, 2023

Information Item I-2: Serious Incident Report, FY23 Quarter 2

<u>ISSUE</u>: That the CPMT receive information about the disposition of reports of serious incidents that impact youth and families receiving services within the system of care as they relate to contractual requirements and service delivery.

BACKGROUND: The contract (Agreement for Purchase of Services) specifies provider requirements for reporting serious incidents to both the case managing agency and to the CSA program. The CSA policy manual contains procedures describing staff responsibilities in the event of serious incidents for youth receiving CSA funded services.

When serious incidents occur, contracted providers are required to give verbal or email notification of the incident to the case manager and guardian within 24 hours and a written report to the CSA Utilization Review Manager within 72 hours of the incident. This centralized reporting enables the CSA Program to review and collate reports by both the individual youth and facility.

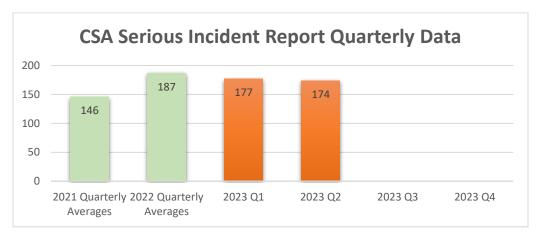
This update includes information on adverse incidents for youth receiving CSA-funded services that have the potential to impact the safety/well-being of youth due to allegations of:

- Alleged criminal activity by the provider to include abuse/neglect of clients;
- Legal/Risk Management issues to include unsafe conditions;
- Ethical/Licensure issues to include boundary and dual relationships; and
- Contractual violations/fiscal issues to include failure to report SIRs and billing misconduct.

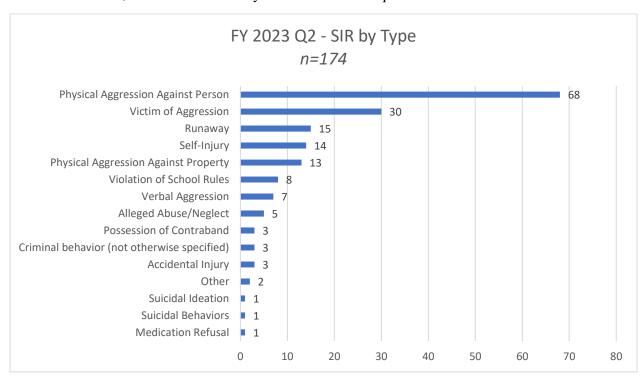
When the incident meets the criteria stated above, the CSA UR Manager and the CSA Contracts Coordinator review the details and decide if immediate action is needed to ensure the safety of the involved youth and other youth in the program/facility. During periods of investigation, contracts are "frozen" and removed from the local CSA Provider Directory and notifications are made to case managers of youth served by the provider. Based on information provided by UR Manager and Contracts Coordinator, the CSA Management Team decides regarding future referrals and contracts. The CSA Program Manager informs appropriate Human Services Leadership when a situation requires such escalation. When necessary, case managers, CSA staff, and contracts analyst make site visits to assess the facility and any continued risk to the youth receiving services funded by the County.

<u>UPDATES TO CSA MANAGEMENT TEAM</u>: During FY23 Q2, there were no corrective action plans. Serval conversations were held with providers regarding quality of care and clinical clarity around child safety. All conversation resulted in further clarity, stronger partnership and communication processes, and opportunities for learning together to refine practices on behalf of children and families.

<u>VOLUME OF SIRS</u>: Due to some late submissions, we had additional SIRs reported from the first quarter during this reporting period. This increased the number of SIRs in Q1 from 162 to 177. In FY23 Q2, 174 Serious Incident Reports were received. This remains in the average range for SIRs that occur in a quarter.

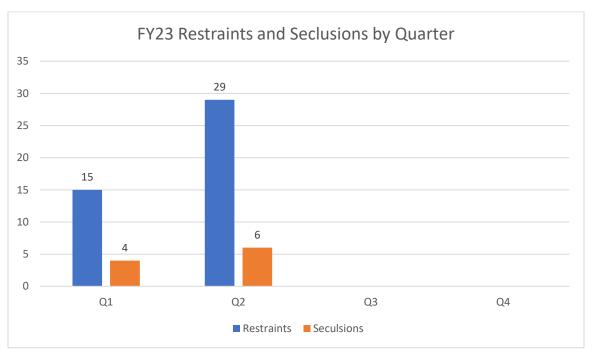


Physical aggression against a person continues to be the most common type of incident that occurs, with a total of 68 for Q2. Victim of Aggression was the second most common type of incident with 30 reports. Runaway and self-injury were the third and fourth most common type of incident with a total of 15 and 14 reports; at the last reporting period, self-injury had been the second most common incident. Serious Incident Reports for FY23 appear to be increasing again as compared to FY20 an FY21 incidents, mostly likely due to COVID-19 not suspending instruction and students now attending school on a regular schedule. However, it has remained steady across the first two quarters of FY23.



In Q2, there were a total of 29 restraints. One (1) youth accounts for 12 of the restraints and CSA staff have reached out to the facility to discuss this further. Most restraints resulted from physical aggression against a person. In one instance, the youth ran and when the staff caught up to the youth, the youth than engage in a physical altercation with the staff member. In two of the incidents the child was engaging in destruction of property and was restrained.

This quarter there was six (6) seclusions reported that occurred across two (2) day schools and one (1) residential treatment facility.



Follow up continues to be conducted on serious incidents that require more information to ensure that youth are safe in their placements and that restraints are handled appropriately and only when necessary.

STAFF:

Jeanne Veraska, Children's Services Act, UR Manager Barbara Martinez, Contract Analyst Supervisor

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Information Item I- 4: Report on Time to Service Data

ISSUE:

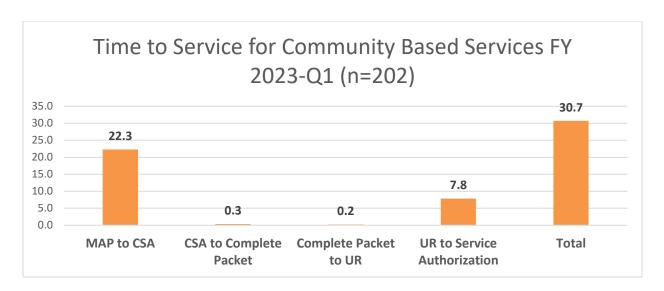
Fairfax-Falls Church CSA collects Time to Service data as part of internal performance measures. The Office of Children's Services (OCS) has requested localities participate in a data collection exercise for two months to assess Time to Service. CSA will be providing data to OCS as per their request.

BACKGROUND:

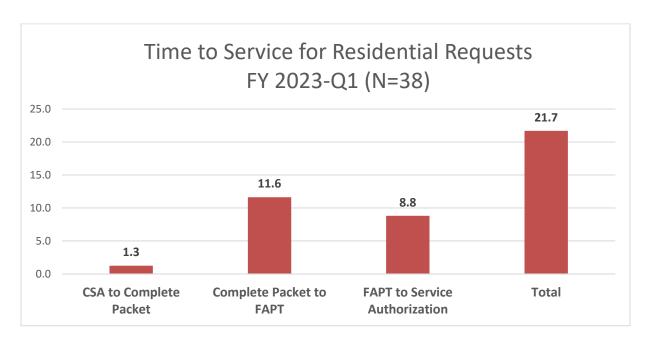
State-wide one of the criticisms of CSA is that the process takes a long time. OCS was recommended by JLARC to gather data and analyze the actual Time to Service to address these concerns. The Fairfax-Falls Church CSA office developed Time to Service measures and established timelines for CSA staff internal processes. The measures are used to manage performance standards for the CSA staff and to share with leadership and our stakeholders how long the process takes. One of the valuable uses of this data has been to describe the steps necessary for accessing CSA funded services and provide accurate information about how long those steps take on the agency-side of the work. When someone says "CSA" takes a long time, our data illustrates that "CSA" is not just about the work of the internal CSA staff but rather reflects the case management tasks, the parent/caregivers' response times, and provider availability. The entire process often does take time.

Internal Fairfax-Falls Church CSA staff timelines are as follows:

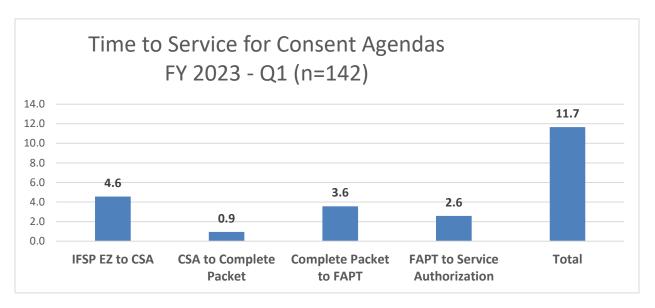
- Service requests submitted to the CSA program will be responded to in 1 business day.
 Case managers are provided feedback in writing whether their request is complete or incomplete with required documents necessary for moving forward.
- Complete requests for residential and community-based services are forwarded to UR for review and authorization within 1 business day.
- Community-Based Service Requests: MDTs develop an Individual Family Service Plan (IFSP), called a Meeting Action Plan (MAP). Community-based services are reviewed and authorized within 5 business days, provided all necessary information is available. Requests may be pended. (Time to Service 1)



FAPT Reviews for Residential: Residential requests are reviewed by FAPT within 10 business days. UR Analysts have five business days to complete their report prior to the FAPT. After FAPT, the authorization is written by UR only after the case manager has submitted required documentation including the Parental Agreement in which the provider has been identified. (Time to Service 2)



 Expedited and Emergency Access: CPMT has approved a limited number of specific services that can be accessed on an "expedited" basis to respond to emergency situations. The services are generally short-term for up to 60 days to allow time for the regular CSA process to occur as needed. These requests are reviewed and approved at the next available FAPT. (Time to Service 3)



 After authorization, Fiscal staff have three business days to prepare a Purchase Order when complete information is provided by the case manager, after authorization by UR.

The CSA program does not collect data about when the Purchase Order request is submitted to finance, how long it takes for them to be complete and then the time finance staff require to create the PO. For purposes of the OCS project, CSA is working with finance staff to collect this information for two months. Timeliness of the PO is a recurrent theme in feedback to our system and this data will be helpful in understanding how to improve our processes.

ATTACHMENT:

None

STAFF:

Janet Bessmer, CSA Sarah Young, CSA Chris Metzbower, CSA

February 24, 2023

Information Item I- 5: CSA Coordinator Report to CPMT

ISSUE:

To improve communication, engagement and oversight of the CSA program, the CSA Coordinator will provide the CPMT with a summary of current trends and issues in the service delivery system.

BACKGROUND:

The CSA Management Team, CSA Program staff and DFS Fiscal Management staff provide administrative and operational support for our local implementation of the Children's Services Act. To facilitate the CPMT's long-range planning, monitoring and oversight of the effectiveness of the CSA program, the CSA Coordinator will provide a summary of trends and issues for CPMT's consideration.

- § 2.2-5206. Community policy and management teams; powers and duties
- 4. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under § 16.1-309.3;

The following issues summarize current needs and challenges identified in our service delivery system:

<u>Issue #1:</u> Case Management Capacity – capacity limitations for voluntary cases- from schools and CSB

- Staff turnover requires more training/coaching/supervision
- Privatized Case Support proof of concept before expansion
- Expansion of who in agencies carries cases

<u>Issue #2</u>: Provider Capacity

- Wait lists from staff turnover, difficulty replacing/hiring, quality issues, service delays; youth needs increasing during wait/delay
- Need for specialized intensive services such as treatment of Eating Disorders, Opioids/ Primary Substance Use Disorder
- Recruitment of providers, expansion of network to increase capacity

Issue #3: Outreach/Communication – phased outreach to community if/after case management capacity increases

- Planned updates to CSA public website family friendlier with forms and payment portal
- Review of demographics of youth served, broader outreach to multi-cultural community
- Time to Service, delays in obtaining care; new expedited access

ATTACHMENT:

Voluntary CSA Involvement – CSB and FCPS SW Case Management

STAFF:

Janet Bessmer, CSA Director

More Youth Served by CSB and FCPS are Voluntary rather than System-Involved

CSA Agency Case Management by FY

(Case Manager agency at the end of the FY)

