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

March 25, 2022
Community Policy and Management Team (CPMT)

Agenda

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

1. **MINUTES:** Approve minutes of January 28, 2022 meeting

2. **ITEMS:**

- **Administrative Items**
  Item A – 1: Approve Nomination to Reappoint Private Provider, Rick Leichtweis

- **CSA Contract Items**
  Item C – 1: Monthly Out-of-State Placement Approvals
  Item C – 2: Change to Open Enrollment & Contract Procedure for CSA Providers

- **CSA Information Items**
  Item I – 1: Budget Report
  Item I – 2: Quarterly Residential Entry Report
  Item I – 3: Code of Ethics for Non-Licensed Providers/FPSP
  Item I – 4: Update on Increasing Availability of Case Management Through Expansion of Case Support

- **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 28, 2022
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

Attendees: Lesley Abashian (office), Staci Alexander (home), Jacqueline Benson (home), Joe Klemmer (home), Chris Leonard (office), Dana Lewis (home), Dawn Schaefer (home), Deborah Scott (home), Lloyd Tucker (office), Daryl Washington (home)

Attended but not heard during roll call: Michael Becketts, Annie Henderson, Michelle Boyd, Cristy Gallagher,

Absent: Gloria Addo-Ayensu, Richard Leichtweis, Deb Evans, Rebecca Sharp, Matt Thompson,

HMF Attendees: Peter Steinberg, Jim Gillespie

CSA Management Team Attendees: Kelly Conn-Reda, Xu Han, Barbara Martinez, Jessica Jackson, Tim Elcesser, Barbara Martinez, Kamonya Omatete, Muhammad "Usman" Saeed, Andrew Janos, Terry Byers, Lee Ann Pender, Mary Jo Davis

Stakeholders and CSA Program Staff Present: Janet Bessmer, Patricia Arriaza, Sarah Young, Samira Hotochin, Kristina Kallini, Lisa Morton, Tiffany Robinson, Jeanne Veraska, 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 Joe Klemmer; all members agree, motion carries.

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

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

1. **MINUTES:** Approve minutes of December 3, 2021. *Motion made by Joe Klemmer; second by Daryl Washington; all members agree, motion carries.*

Approved:

2. **ITEMS:**

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

- **CSA INFORMATION ITEMS:**

Item I – 1: Budget Report – Review of budget report presented by Usman Saeed. Joe Klemmer asked what non-mandated services are, and why there is such a great decrease. Janet Bessmer responded that non-mandated is a category of children who don't meet a CHINS criteria or are not involved in Special Edu or Foster Care but still have significant mental health needs. The youth count for this category decreased which is why there is a greater decrease in the expenditures for this category. Jackie Benson asked what happens when funds are not used. Janet Bessmer responded that unused funds that are a local match return to county's general fund budget. CSA cannot keep unused state funds, but they reset the next budget year. Jackie Benson asked if allocated funds decrease in future years if they are not used. Janet Bessmer stated that it is possible for the funds to reduce if they are not used, but the non-mandated funds have not changed in the past.

Item I – 2: Results of OCS Triennial Audit – Review of audit findings presented by Janet Bessmer. Overall, the outcomes were favorable. New policies/procedures are currently being developed/implemented to address the issues that were discovered during the audit.

Item I – 3: Quarterly CPMT Data Report – Data presented by Jeanne Veraska. CSA has made some changes in the data collection. There are now two needs that will be tracked to determine what kind of case management is needed. Michael Becketts inquired about the sharp decrease in the length of stay. Jeanne Veraska stated that there were 2 children that had a significant length of stay but further research will need to be conducted to answer the question. Michael Becketts asked if in future the number of children represented in each quarter could be included in the report.

Item I – 4: Quarterly Serious Incident Report – Presented by Patricia Arriaza. Michael Becketts asked if there was any indication of inappropriate an inappropriate relationship between the staff member and student that were communicating outside of the child's stay at the placement. Patricia Arriaza stated that there was no indication of any sexual behavior in the communication, however CSA management team felt that the communication was inappropriate and required further investigation/action.

Item I – 5: FCPS Seclusion and Restraint Policy: Implementation Issues for Private IEP Services – Presented by Dawn Schafer. Beginning next school year (2022-2023) FCPS cannot enter a contract with any private or residential schools that use seclusions or restraints. If a child is already placed at one of the schools that use these methods prior to the 2022-2023 school year then they will be allowed to remain in the school, however, FCPS will no longer be permitted to place new children at these schools. Lesley Abashian asked what happens if a parent pushes for a particular program. Fairfax County would still not be permitted to place the youth in one of those facilities, but parents can place them at their own expense. Michael Becketts asked if there has been an analysis of the current provide providers who practice restraints/seclusions. FCPS is working on that as there are still several providers, they are speaking with to determine where they stand on this issue. This policy change will have many implications on local placements. Lesly Abashian asked is the any indication that FCPS will be assisting providers with this change. FCPS would be opened to exploring partnerships with providers. Jackie Benson asked if it will be difficult to place children once this policy is implemented. FCPS responded that yes, this change will impact placement, budget, etc.

Item I – 6: Proposed Rate Setting for Private Day Schools in FY23: Fiscal Impact – Presented by Kelly Conn-Reda (FCPS) and Tim Elcesser (CSA Finance). Janet Bessmer shared that, if permitted by the

CPMT, CSA would like to take the estimates and information gathered and shared today and present it to the work group and Scott Reiner at the State as well as ask them additional questions regarding the implementation of this policy change. Michael Becketts asked if it would be possible for Scott Reiner to attend a CPMT meeting to discuss this in further detail. Janet Bessmer will reach out to Mr. Reiner to set up a meeting.

Item I – 7: Case Support Capacity: Discussion of Options for Expansion. CSA management team is exploring the idea of expanding case support services to be provided by schools and/or private providers. Michael Becketts asked if this expansion would build new capacity or is it to relieve some work from the existing case managers. Mary Jo Davis replied that this expansion would do both. Janet Bessmer clarified that FCPS would create three new positions rather than convert current positions into this role. Mary Jo Davis stated that current social workers will have the opportunity to apply for the new positions. Daryl Washington requested that when working on this expansion there is a clear distinction between case support and case management so there is no confusion between the positions. Janet Bessmer requested feedback on whether CSA management should continue to pursue this expansion. Michael Becketts requested graphics/charts illustrating the projected growth of this expansion. Daryl Washington requested information regarding the standard qualifications for case support positions. Lesley Abashian requested information regarding how many staff in each agency provide CSA case management. CSA management team will continue to work on the expansion and incorporate all the suggestions provided. Please contact Janet Bessmer to provide additional feedback.

- **NOVACO – Private Provider Items –** none
- **CPMT Parent Representative Items –** none
- **Cities of Fairfax and Falls Church Items –** Introduction to Dana Lewis, New Director of Human Services for City of Falls Church.
- **Public Comment –** none

Next Meeting: February 25, 2022, 1:00 – 3:00pm (location TBD)

Adjourn 2:46pm

Approved:

MEMO TO THE CPMT

March 25, 2022

Administrative Item A - 1: Approve Nomination of Private Provider Representative to the Board of Supervisors

ISSUE: That the CPMT approve the nomination of a Private Provider Representative to the Board of Supervisors for appointment.

BACKGROUND:
The CPMT Bylaws denote required members and optional members. State mandated members include:

- One (1) representative of private service providers

The Fairfax County Board of Supervisors may appoint the following positions as members of the CPMT:

- One (1) representative of private service providers

The term shall be for two (2) years and re-appointments may be made for additional consecutive terms upon approval by the CPMT and Board of Supervisors. The terms of private service provider representatives shall expire in alternating years.

RECOMMENDATION: For the CPMT to nominate to the Board of Supervisors Richard Leichtweis for re-appointment as a CPMT provider representative. It is requested that his term expire on June 30, 2024 to maintain staggered terms for provider representatives as required by the CPMT Bylaws.

ATTACHMENT: None

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:
Janet Bessmer, CSA

MEMO TO THE CPMT
March 25, 2022

CPMT Contract Information Item C-1: Out of State Residential Child Specific Contract Activity

ISSUE: That the CPMT receive regular reports on the CSA Management Team approvals of placements in out of state residential facilities. Since the last CPMT meeting, DPMM processed one (1) Child Specific Contract Request for out of state residential facilities.

Date Received by DPMM	Provider	Location	Medicaid Participating/ Single Case Agreement	Requesting Department	Barrier to Contract Pool of Providers	CSA MT Approval Date
2/9/2022	Judge Rotenberg Center	Canton, MA	No	DFS-FC&A	Include Intellectual Disability, Autism, ODD, ADHD, and a seizure disorder with a history of physical aggression towards others, property destruction, self-injury and elopement. Seven month stay at Commonwealth Center for Children and Adolescents.	2/14/2021
3/10/2022	Seven Stars at Elevation RTC	Syracuse, UT	No	FCPS-MAS	IEP Driven Placement, Parental Choice. Diagnoses include Autism, "twice exceptional,"	3/21/2022

BACKGROUND:

The CSA Management Team has delegated authority to approve out of state residential placements for youth. For each month in which a contract is approved, a report of the contract activity is required by the CPMT as a part of the delegation of the approval authority. In the consideration of each request, all clinically appropriate Medicaid providers located in Virginia under APOS were considered and were not appropriate due to the individual needs of the youth.

At the time of this CSA MT approval, there were nine (9) child specific contracts for youth with out of state facilities.

Provider	Location	Case Managing Agency	Barrier to Contract Pool of Providers	Date of Approval
Devereaux - CIDDS (Kanner)	Pennsylvania	FCPS-MAS	IEP for Residential School under the category of Multiple Disabilities with physical aggression	5/1/2015 (CPMT)
Devereux-Brandywine	Pennsylvania	FCPS-MAS	IEP for residential School Setting. ASD and aggression	4/19/2020 (CPMT)

Benedictine School	Maryland	FCPS-MAS	IEP for Residential School Setting	1/24/2020 (CPMT)
Change Academy of the Ozarks (CALO)	Missouri	FCPS-MAS	IEP for Residential School references ADHD, RAD, Emotional Disability, and Learning Disabilities. VA facilities would not accept.	5/29/2020 (CPMT)
Chamberlain Intl School	Massachusetts	FCPS-MAS	IEP for Residential School	9/20/2020 (CPMT)
Justice Resource Institute (Glenhaven Academy)	Massachusetts	CSB	Diagnosis of ASD and physical aggression	3/22/2021
Maplewood School	Armenia, New York	FCPS-MAS	Parental Placement of student with IEP for Private Day School Setting. Contract for Education costs only.	9/09/2021
Latham Centers	Brewster, Massachusetts	FCPS-MAS	Prader-Willi Syndrome with severe aggression and other complicating medical issues.	9/20/2021

STAFF:

Barbara Martinez, DPMM

MEMO TO THE CPMT
March 25, 2022

Contract Item C-2: Children's Services Act Policy & Procedures Manual Updates

ISSUE: The Healthy Minds Fairfax/Children's Services Act Policy Manual requires updating and revisions to ensure the policies and practices are best serving the system of care a reflecting the current business structure.

BACKGROUND:
Language updates to the manual are needed to reflect the role and responsibilities of the Department of Procurement and Material Management and improve current practice and policies.

While the current two open application periods a year provider structure and transparency for prospective providers, it imposes limits on frequency that are not needed. By allowing for continuous submission of applications with a minimum of quarterly reviews of submissions, DPMM will be able to assist the CSA Management Team and the system of care in targeted recruitment and still provide structure and transparency for prospective providers.

ATTACHMENT:
Proposed policy manual changes using track changes (additions are underlined with a different color font and deletions are ~~struck through~~ with a font color change).

INTERNAL CONTROL IMPACT:
None

FISCAL IMPACT:
None

STAFF:
Barbara Martinez, DPMM CSA Contracts Coordinator

29.2 Protocols for Becoming a System of Care Network Provider

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

As the purchasing authority for Fairfax County, the Department of Procurement and ~~&~~ Material Management facilitates all contracting processes on behalf of the CPMT in coordination with the CSA Management Team. Through a non-competitive solicitation, DPMM accepts applications from potential providers on an ongoing basis. These applications are reviewed quarterly by the A~~a~~pplication R~~r~~eview T~~t~~eam (ART) comprised of representatives from CSA participating public child serving departments. Applications received from ~~a~~ targeted provider recruitment ~~In the event of targeted provider recruitment that do not sync up with a quarterly review, applications~~ may be reviewed out of cycle.

~~Potential New Providers Applications are evaluated during two two-month periods each calendar year. During these "Open Application Periods,"~~ Through the DPMM facilitated process, 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 quarterly period ends, ~~the CSA Contract Analyst for the service category will review the application, documentation, contact references and~~DPMM staff complete an initial review prior to ~~engage~~ engaging ~~staff from the CSA Work Group or~~the ART~~Application Review Team~~ for review. At times a Single Agency Liaison, such as FCPS-MAS and DFS-FC&A~~, for presentation of the application.~~ may be the only reviewer. ~~After the two-month application period,~~P ~~p~~otential providers will be contacted if additional documentation is needed. If the provider meets the minimum requirements for the service category, and the ART deems them appropriate for the system of care, the ~~application~~ provider will be presented to the CSA Management Team for approval of award of contract. ~~Once approved by the CSA Management Team, the award of a new provider contract will be presented to the CPMT in the Quarterly Contract Activity Report.~~ The CSA Contracts Team will communicate with the potential providers to notify them of the CSA Management Team's decision.

MEMO TO THE CPMT
March 25, 2022

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

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

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

The attached chart details Program Year 2022 cumulative expenditures through February 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 February 2022 for FY22 equal $16.7M for 806 youths. This amount is a decrease from last year of approximately $436k, or 2.55%. YTD Pooled expenditures for FY21 equaled $17.1M for 833 youths.

	Program Year 2021	Program Year 2022	Change Amt	Change %
Residential Treatment & Education	$2,409,514	$2,564,887	$155,373	6.45%
Private Day Special Education	$9,202,473	$9,172,918	($29,555)	-0.32%
Non-Residential Foster Home/Other	$3,541,647	$3,208,431	($333,217)	-9.41%
Community Services	$1,974,019	$2,145,255	$171,236	8.67%
Non-Mandated Services (All)	$580,653	$250,254	($330,399)	-56.90%
Recoveries	($612,412)	($682,247)	($69,835)	11.40%
Total Expenditures	**$17,095,894**	**$16,659,497**	**($436,396)**	**-2.55%**
Residential Treatment & Education	93	67	(26)	-27.96%
Private Day Special Education	243	250	7	2.88%
Non-Residential Foster Home/Other	272	267	(5)	-1.84%
Community Services	514	563	49	9.53%
Non-Mandated Services (All)	152	101	(51)	-33.55%
Unique Count All Categories	**1,274**	**1,248**	**(26)**	**-2.04%**
Unduplicated Youth Count	**833**	**806**	**(27)**	**-3.24%**

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

Expenditure claims have not yet submitted to the State Office of Children's Services (OCS) through February.

RECOMMENDATION:
For CPMT members to accept the February Program Year 2022 budget report as submitted.

ATTACHMENT:
Budget Chart

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

NOTE:

Residential Treatment & Education increased by $155k with 26 fewer youths served. RTC enrollment PIT count is higher in FY22 vs FY21 (35 – 33). Residential area overall cost is up, mainly due to increased Residential service and Residential education cost paid YTD

Private day special education costs are almost same as last year with 7 more youths served. Average private day special education costs per youth have decreased by only 3% as compared to last year. PIT count in FY22 vs. FY21 (244 – 252) has also decreased by only 8 youths.

Non-Residential Foster Home/Other has decreased by $333k with 5 fewer youths served then in same period last year. PIT count for TFC is at 69% level of FY21 (42 – 61) due to more youths are placed with relatives and resulting TFC costs and transportation costs are down.

Community Services increased by $171k with 49 more youth served year to date, average community services cost per youth is almost same as last year.

Non-Mandated Services expenses have decreased by $330k with 51 fewer youths served, average non-mandated services cost has also decreased by 35%.

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

Mandated/ Non-Manda	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%	$781,451	34			$781,451
		Group Home	57.64%	$208,484	6			$208,484
		Education - for Residential Medicaid Placements	46.11%	$58,681	2	$847,255	17	$905,936
		Education for Residential Non-Medicaid Placements	46.11%	$47,748	1	$595,051	6	$642,799
		Temp Care Facility and Services	57.64%	$26,217	1			$26,217
	Residential Total			$1,122,581	44	$1,442,306	23	$2,564,887
	Non Residential	Special Education Private Day	46.11%	$249,907	7	$8,923,011	243	$9,172,918
		Wrap-Around for Students with Disab	46.11%	$137,234	36			$137,234
		Treatment Foster Home	46.11%	$1,806,342	77			$1,806,342
		Foster Care Mtce	46.11%	$727,491	104			$727,491
		Independent Living Stipend	46.11%	$183,221	31			$183,221
		Community Based Service	23.06%	$1,711,039	420			$1,711,039
		ICC	23.06%	$434,216	143			$434,216
		Independent Living Arrangement	46.11%	$354,143	19			$354,143
	Non Residential Total			$5,603,592	837	$8,923,011	243	$14,526,603
Mandated Total				**$6,726,173**	**881**	**$10,365,317**	**266**	**$17,091,490**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$53,147	5			$53,147
		Temp Care Facility and Services	57.64%	$724	1			$724
	Residential Total			$53,871	6	$0	0	$53,871
	Non Residential	Community Based Service	23.06%	$162,633	57			$162,633
		ICC	23.06%	$33,750	38			$33,750
	Non Residential Total			$196,383	95	$0	0	$196,383
Non-Mandated Total				**$250,254**	**101**		**0**	**$250,254**
Grand Total (with Duplicated Youth Count)				**$6,976,427**	**982**		**266**	**$17,341,744**

Recoveries	**-$682,247**
Total Net of Recoveries	**$16,659,497**
Unduplicated child count	806

Key Indicators

Cost Per Child	**Prog Yr 2021 YTD**	**Prog Yr 2022 YTD**
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$20,523	$20,669
Average Cost Per Child Mandated Residential (unduplicated)	$35,434	$45,802
Average Cost Per Child Mandated Non- Residential (unduplicated)	$19,782	$19,604
Average Cost Mandated Community Based Services Per Child (unduplicated)	$3,685	$4,074
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$17,983	$22,984
Average Cost for Treatment Foster Home	$20,776	$23,459
Average Education Cost for Residential Medicaid Placement (Residential)	$34,135	$47,681
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$47,028	$91,828
Average Special Education Cost for Private Day (Non-Residential)	$37,870	$36,692
Average Cost for Non-Mandated Placement	$3,820	$2,478

Category	Program Year 2022 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2022 Allocation	$694,188	$131,507	81%
Non Mandated Program Year 2022	$1,630,458	$186,048	89%
Program Year 2022 Total Allocation	$42,187,551	$16,659,497	61%

MEMO TO THE CPMT

March 25, 2022

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

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

BACKGROUND:

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

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

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

ATTACHMENT:
Second Quarter FY 22 Residential Entry and FAPT Report

STAFF:
Sarah Young, FAPT Coordinator
Jeanne Veraska, UR Manager

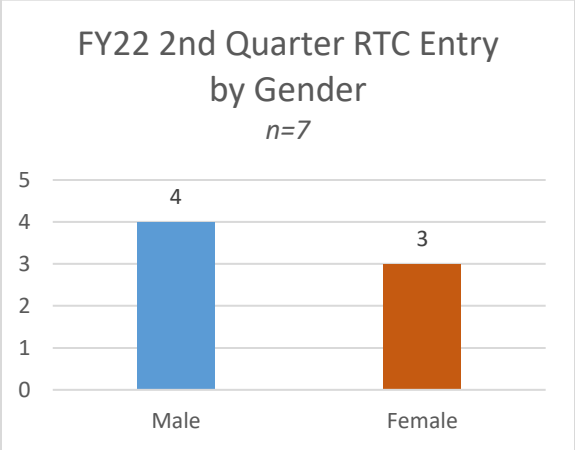
FY 22 SECOND QUARTER RESIDENTIAL ENTRY AND FAPT REPORT

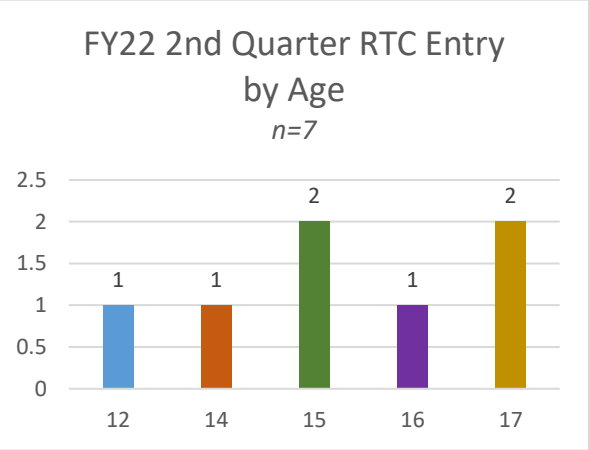
Residential Entry Report

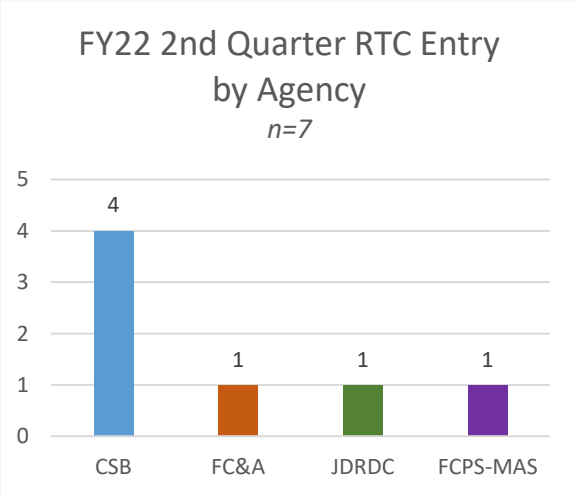
As stated in the local CSA policy manual under Section 4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams, *prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no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

Seven (7) youth entered* long-term residential settings FY22 2nd Quarter:

- October - 4
- November - 0
- December - 3
- Group Home placements – 0
- RTC placements - 7







*One youth who has been in residential care made two lateral moves through facilities during this timeframe and is not captured in the above data.

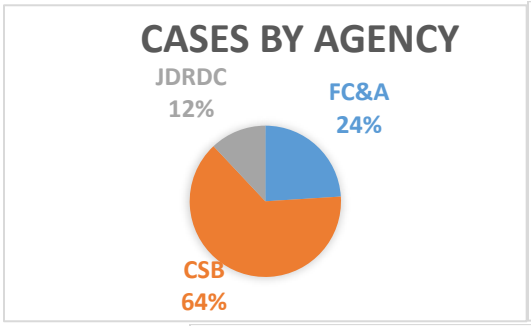
FAPT Report

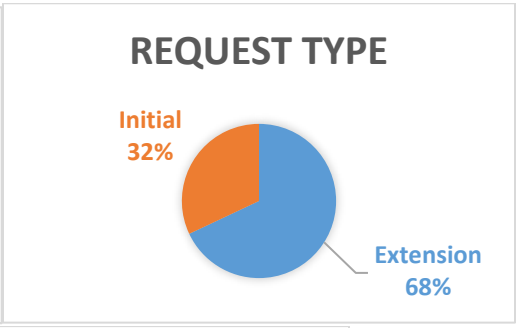
For FY22 Q2, **25** meetings were held with the two standing FAPT teams (1 meeting was rescheduled due to the parent not being present). Of those **25** meetings:

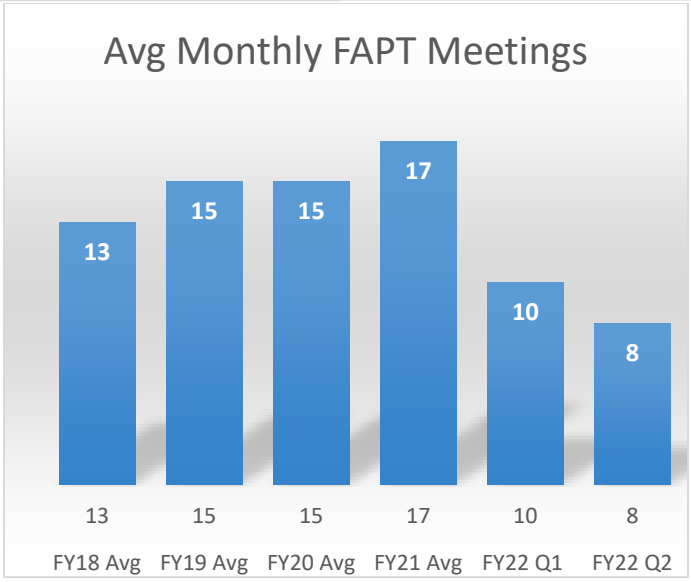
- **16** referrals were from CSB (64%)
- **6** referrals were from FC&A (24%)
- **3** referrals were from JDRDC (12%)

Of those **25** meetings:

- **17** were requests for extensions of current placement/step down (**68%**)
- **8** were requests for initial placements (**32%**)
  - **6 (75%)** initial requests were supported with a plan for RTC/GH placement of up to 4 months
  - **2** initial requests **(25%)** had plans developed including use of community-based services only
  - **3** initial requests **(38%)** were actively receiving ICC services at the time of the FAPT meeting
- **1** youth was privately placed by his family prior to the FAPT meeting
- There were no FAPT Appeal requests during this quarter
- For this quarter the average time it took from receipt of a complete FAPT request in the CSA office to the actual FAPT meeting date was **13.8** calendar days







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

MEMO TO THE CPMT

March 25, 2022

Information Item I- 3: Proposed Contract Language for Unlicensed Providers: Code of Ethics

ISSUE: That our contracts should include new language to reference a Code of Ethics for unlicensed providers.

BACKGROUND: The Children's Services Act will be adding a contract requirement that providers of Family Peer Support Partner services must have an established Code of Ethics policy. This is intended to ensure that Family Peer Support Partners have a clear understanding of their role and responsibilities as well follow a clear code of conduct when working with families. Because of their personal experience, Family Peer Support Partners have the ability to build unique relationships with the parents and caregivers they serve. Unlike other professionals (e.g., licensed clinicians or social workers) Family Peer Support Partners are not required to be certified and may not participate in any ethics training prior to working with clients. We see this as a gap and would like to address it through the contract process.

Attached is a sample of suggested contract language as well as the Code of Conduct that is referenced in the contract language draft. This code of conduct was developed by the National Federation of Families for Children's Mental Health and can be used by providers as a guide as they develop their own policies.

The stakeholder group for the Family Peer Support Partners (FPSP) will be asked to recommend the appropriate code and standards for this service, researching national models and consulting with entities offering peer support services.

Proposed New Policy Manual Section: Code of Ethics
Family Peer Support Partners are trained parents and caregivers who use their personal experience to provide support to parents and caregivers involved with our system of care. Because of the unique connection that is built between a parent/caregiver and the FPSP, FPSPs must have a clear understanding of their role and responsibilities as well as follow a clear code of conduct to ensure that families are being served in an ethical and productive manner.

At minimum, Family Peer Support Partners must practice only within the boundaries of their competence, based on their education, training, and supervised experience. FPSPs must inform parents/caregivers of the purposes, goals, procedures, limitations and benefits to the service to be provided.

Additionally, agencies providing Family Peer Support Partner services shall have in place an Ethics Policy that clearly outlines how FPSPs are to conduct themselves when serving families. Providers will develop or use a third-party resource to train and support FPSPs in delivering services with an ethical commitment to parents and caregivers. (See National Federation of Families Certified Family Peer Specialists Code of Ethics). When possible, providers will

support FPSPs in completing the certification process to become Certified Family Peer Specialists as outlined by the National Federation of Families.

ATTACHMENT: Code of Ethics from National Federation of Families

STAFF:
Janet Bessmer, CSA Director
Patricia Arriaza, CSA

NFFCMH

National Federation of Families for Children's Mental Health

Code of Ethics for Nationally Certified Family Peer Specialists

Family Peer Specialists empower caregivers and families to define and work toward goals that will improve wellness for their children, themselves and their families. Our Certified Family Peer Specialists (CFPSs) pledge to uphold the values and principles below in order to live out their ethical commitment as peers with lived experience.

The following is the Code of Ethics for Nationally Certified Family Peer Specialists:

1. Share my experience as a family member/caregiver when it may help others
2. Acknowledge that each family member's experiences may be different than mine
3. Take responsibility for clarifying my role as a Certified Family Peer Specialist and as a family member/caregiver of a child who has experienced and/or is experiencing emotional, mental health, and/or substance use challenges
4. Build partnerships with others who are involved in the care of our children
5. Commit to honesty in all my interactions as a Certified Family Peer Specialist and expect the same from others
6. Commit to a non-judgmental and respectful attitude in my interactions with and discussions regarding families
7. Commit to a non-adversarial approach to advocacy in my role as a Certified Family Peer Specialist

In order to fulfill this pledge, Certified Family Peer Specialists agree to abide by the following principles, rules, and procedures:

Principle 1 – Integrity

In order to maintain high standards of competence and integrity, I will:

1. Apply the principles of resiliency, wellness and/or recovery, family-driven approach, youth-guided approach, consumer-driven approach and peer-to-peer mutual-learning principles in everyday interactions with family members
2. Champion family members' ethical decision-making and personal responsibility consistent with their culture, values and beliefs
3. Champion family members' voices and articulate their values in evaluation and planning related to their child(ren)'s behavioral health
4. Teach skills, mentor, coach and support family members to articulate goals that reflect their needs and strengths
5. Demonstrate respect for culturally based values of family members engaged in peer support
6. Communicate information in ways that are developmentally and culturally appropriate
7. Empower family members to be fully informed and prepared to make decisions and to understand the implications of those decisions

8. Maintain high standards of professional competence and integrity
9. Will not discriminate against or refuse services to anyone based on race, ethnicity, gender, gender identity, religion/spirituality, culture, national origin, age, sexual orientation, marital status, language preference, socioeconomic status or disability
10. Only assist family members whose concerns are within my competency as determined by my training, experience and on-going supervision/consultation
11. Will not establish or maintain a relationship for the sole purpose of financial remuneration
12. Terminate a relationship when it becomes reasonably clear that a peer relationship is no longer desired by the family member

Principle 2 – Safety

In order to maintain the safety of all family members involved with CFPS services, I will:

1. Comply with all laws and regulations applicable to the jurisdiction in which peer support services are provided
2. Maintain confidentiality in personal and professional communications and ensure that family members have authorized use or release of any and all information about themselves or family members for whom they have legal authority, including but not limited to verbal statements, writings or the re-release of documents
3. Respect the privacy of the agencies and refrain from distributing internal or draft documents or sharing private or internal conversations
4. Comply with all laws and regulations applicable to the jurisdiction in which peer support services are provided
5. When complying with laws and regulations involving mandatory reporting of harm, abuse or neglect, make every effort to involve the family members in the reporting process and ensure that no further harm is done to family members as the result of the reporting
6. Discuss and explain to family members the rights, roles, expectations, benefits and limitations of the peer support process
7. Always ensure clarity about my role and the role of family members
8. Maintain positive relationships with family members, and refrain from a premature or unannounced termination of the relationship until a reasonable alternative arrangement is made for continuation of services
9. Abstain from engaging in intimate emotional or physical relationships with family members engaged in a peer support relationship
10. Neither offer nor accept gifts related to the professional service of peer support, including, but not limited to personal barter services, payment for referrals or other remunerations. This also includes participating in personal financial transactions with family members engaged in a peer support relationship

Principle 3 - Professional Responsibility

Through educational activities, supervision and personal commitment, I will:

NFFCMH

National Federation of Families for Children's Mental Health

1. Stay informed on current research, policy and developments in the field of family /peer support and children's behavioral health which relates to my practice area and children's general development, health and well-being
2. Engage in helping relationships that include skill-building not exceeding my scope of practice, experience, training, education or competence
3. Seek appropriate professional supervision/consultation or assistance for personal problems or conflicts that may impair or affect my work/volunteer performance, judgment or the peer relationship
4. File a complaint with the NFFCMH when there is reason to believe that another Certified Family Peer Specialist is or has been engaged in conduct that violates the law or this code (Note: Filing a complaint to the NFFCMH is an additional requirement, not a substitute for or alternative to any duty of filing report(s) required by statute or regulation.)
5. Refrain from distorting, misusing or misrepresenting my experience, knowledge, skills or research findings
6. In the role of a supervisor/consultant, be responsible for maintaining the quality of my own skills as a supervisor/consultant
7. I will give credit to persons for published or unpublished original ideas, take reasonable precautions to ensure that their employer or affiliate organization promotes and advertises materials accurately and factually

Principle 4 - Certification Responsibilities

As a Certified Family Peer Specialist, I will:

1. Remain current on certification fees
2. Comply with the Code of Ethics and re-certification requirements set by the NFFCMH
3. Only use the CFPS (Certified Family Peer Specialist) credential or represent myself as having that credential when in full compliance with the credentialing requirements
4. Always utilize the Certified Family Peer Specialist (CFPS) designation appropriately and use the current CFPS logo on any printed materials
5. Cooperate with any ethics investigation by any professional organization or government agency, and truthfully represent and disclose facts to such organizations or agencies when requested or when necessary to preserve the integrity of the peer support profession
6. Notify the NFFCMH of any legal action with potential impact on the practice of peer support, including but not limited to: the filing in any court of an information, complaint, indictment, conviction, revocation of suspended imposition of sentence, revocation of probation/parole, filing of any charge or action before a state, tribal or federal regulatory agency or judicial body concerning the practice of peer support or related professions, or a matter before another certification body. Such notification shall be made within sixty (60) days of the filing of such charge or action, and they shall provide documentation of the resolution of such action within sixty (60) days of that resolution.

MEMO TO THE CPMT
March 25, 2022

Information Item I- 4: Increasing Availability of Case Management Through Expansion of Case Support Services

ISSUE: That sufficient case management capacity is available to meet intensive behavioral health care needs of at-risk youth and their families in our community.

BACKGROUND:

CSA was originally designed to support mandated agency services where case management is included in the responsibilities of the agency staff such as child welfare practitioners, special education liaisons, or probation officers. As service delivery has moved from mandated, system-involved youth to serving more youth on a voluntary basis with earlier identification, available case management capacity has not kept pace. Although the CSB has grown case management capacity in the Resource Team, there are times when through high demand, turnover, and competing staffing needs, a case manager may not be available. The school division also provides a significant amount of case management for youth who have been identified as needing intensive intervention. Early identification of at-risk youth by school staff has significant benefits. However, social workers' workload and responsibilities may mean that taking on CSA case management duties is beyond their means. COVID has added to the existing need for increased case management capacity. Increased needs and increased acuity for youth must be matched by having sufficient staff to connect youth with existing services.

The CSA Management Team supports exploring two new options to address a lack of sufficient case management capacity by expanding Case Support to:

- FCPS Social Workers serving as dedicated CSA case managers funded through Case Support
- Private Providers being recruited and trained to provide Case Support

FCPS Social Workers: This option requires some additional development and will be presented when more information is available.

Private Provider Case Support: Private providers may be recruited and trained to provide additional case management capacity. If the CPMT approves, the CSA Management Team supports recruiting a private agency specializing in serving multi-cultural members of our community to increase our system's capacity and outreach to underserved populations. A second provider could also be recruited perhaps with expertise in working with youth with developmental disabilities/autism. The need for Case Support by private providers is difficult to estimate. CSA requests no specific cap on the number of referrals. Each provider would be asked to train 2-3 staff to provide Case Support, permitting their staff to have mixed caseloads and accept Case Support as the need arises.

Additional information:

In an email from Scott Reiner, Executive Director of the Office of Children's Services (OCS), our local CSA program was given permission to proceed with contracting with a private provider. Mr. Reiner

agreed that such action was consistent with the responsibilities of the CPMT and outlined several considerations *(with local response in italics)*:

- That the provider be trained and certified in the CANS but that public agency staff enter the CANS in the state system, CANVAS. *Our FRU analyst can complete this task.*
- That local policy address potential conflict of interest where a private provider serving as the case manager is not neutral in referring youth to other provider organizations when appropriate. *CSA can contract with a provider that does not offer a range of community-based services themselves. UR staff also review all service requests and can monitor neutrality.*
- That public agencies such as the CSB continue to fulfill their role as the behavioral health care representative. That youth and families have a "home" within public agency work. *Cases may be assigned to private providers as an overflow when CSB or FCPS SW does not have capacity. It is possible that this option may be helpful when youth do not clearly fit within any one agency's scope.*

The CSA Management Team also supported some additional guidelines for this expansion:

1. Private providers would not manage residentially-placed youth. Case Support for both FCPS SW and private providers would be for community-based interventions only. CSB would continue to manage residential cases.
2. The current Agreement for Purchase of Services for Case Support would be used for any entity offering the service using existing rate structure, monitoring and oversight processes.
3. The CSA program will assume the role of managing assignment of cases to private providers.

FISCAL IMPACT:

Consistent with Office of Children Services guidance, a monthly case management rate would be applied to fund these services. Private Provider case management support for 45 students, funded at the current monthly rate of $700, would be an impact of $378,000. The cost of the associated community-based, CSA purchased services is approximately $234,206. The full year impact of expanding case support through the use of private providers with expertise in certain populations is estimated at $612,270 of which approximately $471,080 would be reimbursed by the state. Funding is available for these case management services within the existing FY 2022 CSA appropriation approved by the Board ofSupervisors.

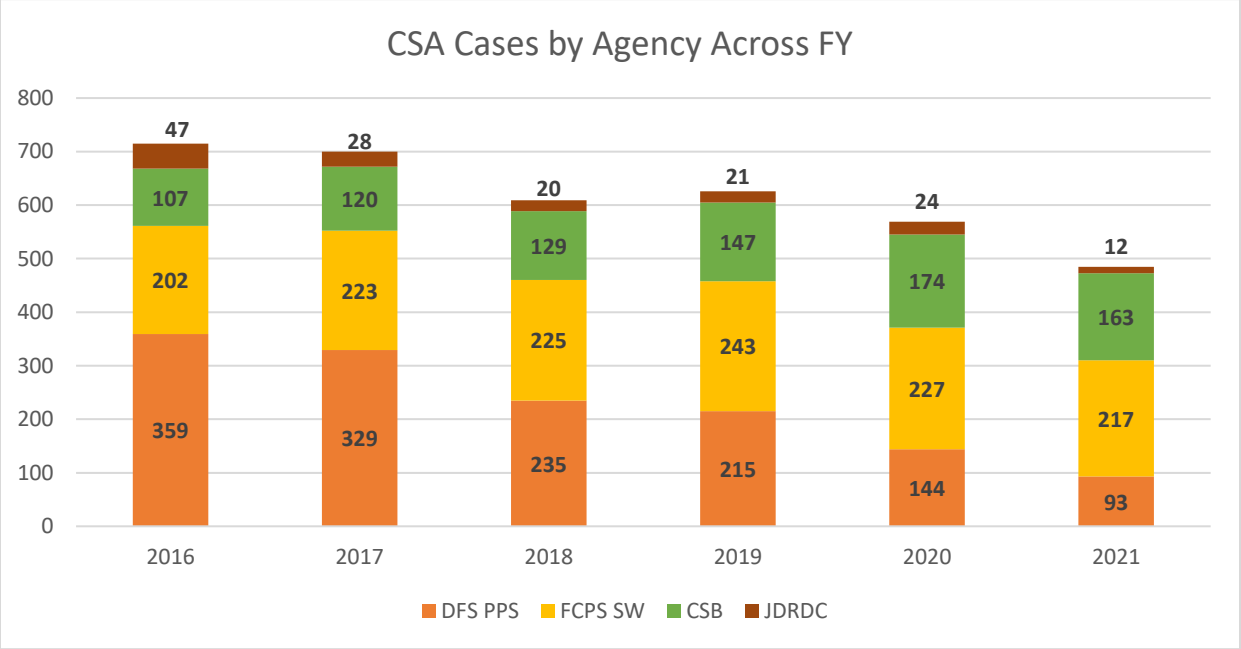
ATTACHMENT: None

STAFF:

Janet Bessmer, CSA Director

Additional Justification for Case Support Expansion

- The number of youth referred to CSA has been declining over the past two years. The referrals are lower from programs like CPS, PPS and the court.
- CSB case managers and FCPS SWs carry a large number of "voluntary" behavioral health care cases for CSA-funded services (3 year annual average = 390)
- The standard established for a full-time mental health CSA case manager is a caseload equivalent of 15 cases.



Eligibility for MH Case Management using CANS ratings

CANS criteria have been established for MH Case Management using ratings on the CANS Risk Behavior and Emotional/Behavioral Scales. The criteria consists of one actionable rating on Risk and two actionable scores on Emotional/Behavioral. Using FY21 CANS data with youth in foster care removed, 267 youth out of 439 met the criteria for MH case management.

- 18 full time CSA case managers would be needed to manage that volume
- CSB currently has 9 case managers, is filling 3 vacancies and plans to add 3 new positions
- Approximately 3- 6 additional case managers from the private sector may be needed to meet the need for MH case management

Service Definition for *CSB* Case Support Service

The Case Support Service may be purchased ~~from a public child-serving agency and~~ includes basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker's activities are not funded outside of the State Pool. Services may include:

- Administration of the CANS
- Assisting individuals and their families with access to services and supports
- Collection and summary of relevant history and assessment data and representation of such information to the FAPT
- Development of the IFSP/MAP for community-based services to include natural supports and transition planning as appropriate
- Liaison between the family and service providers
- Attendance and provision of behavioral health care expertise at any necessary FRM's and FPM's
- Quality assurance of service provision by monitoring direct service providers, and progress towards goals by maintaining regular contact with clients and team members
- Documentation of activities in agency electronic health care record in compliance with State Performance Contract, team practice and contract agreements
- Completion of the responsibilities assigned to CSA case managers and TBP participants in local CSA policy

Needs-based Criteria for Case Management/Case Support

Using the state mandatory uniform assessment instrument, the CANS, youth can be matched to the appropriate case management entity based on their needs rather than how they were referred to the system of care.

Criteria for ~~CSB~~ *MH* Case Management/Case Support
Youth who meet the CANS criteria on the Behavioral/Emotional and Risk Behavior subscales are eligible for Case Management/Case Support provided by the CSB. Other funding supports for the CSB provide for additional capacity to provide case management and serve as the lead case manager for CSA.

CANS criteria to define significant Actionable level of need by domain:
Behavioral/ Emotional Domain = Two 2s or two 3s
Risk Behavior Domain = One 2 or One 3 (exception: Intentional Misbehavior is excluded due to scoring concerns)

CANS criteria for ~~CSB~~ *MH* Case Management/Case Support:
Youth with significant Actionable needs under Risk Behavior with significant Actionable needs under the Behavioral/Emotional domain

Of the youth who are eligible, the CSB will provide Case Management/Case Support within agreed upon caseload and capacity data, except for:

- Youth who are currently in foster care
- Youth who are currently placed in residential for purposes of meeting their IEP (Res IEP only)
- Youth who are currently being served in the community by Child Protective Services (CPS), Protection and Preservation Services (PPS) and the DFS Kinship Unit
- Youth who are currently on probation

The CSB will prioritize acceptance of the following CSA-eligible cases that a) meet the CANS eligibility criteria for Case Support, 2) are not served by an agency listed above, and 3) meet at least one of the circumstances below listed in order of priority:

1. Youth who require discharge planning from mandated, state-funded psychiatric hospitalization.
2. Youth who are under consideration for residential treatment or a group home level of care and will be referred to FAPT who are currently receiving lead CSA case management from a school social worker, DFS PPS or kinship care staff, DFS court liaisons, or court diversion staff.
3. Youth who have been served by a mandated agency listed above, but the agency's involvement is scheduled to end and the youth will require ongoing behavioral health care supports. (Examples: diversion or probation is ending, CYF PPS is closing the case).
4. Youth who do not have any current system involvement. (Examples: direct parent referrals to CSA, private psychiatric hospital referrals) Youth who are receiving private day IEP services and require case management for community-based, ancillary services for clinical, non-educational needs occurring in the home and community.

CSA Staff will refer youth to private providers trained to offer Case Support when another public agency is not available to provide case management within a reasonable timeframe.