



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



**April 28, 2023  
Community Policy and Management Team (CPMT)**

**Agenda**

**FINAL**

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

1. **MINUTES:** Approve minutes of February 24, 2023 meeting
2. **ITEMS:**
  - **Administrative Items**  
**Item A – 1: Approve Plan for Mental Health Initiative State Funds for FY 24**
  - **CSA Contract Items**  
**Item C – 1: Child Specific Contracts in Out of State Residential Facilities**
  - **CSA Information Items**  
**Item I – 1: Proposed Calendar of FY 24 CPMT Meetings**
  - **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



February 24, 2023  
Community Policy and Management Team (CPMT)  
Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

**Attendees:** Gloria Addo-Ayensu (Fairfax, VA), Michael Axler (Fairfax, VA), Michael Becketts (Fairfax, VA), Joe Klemmer (Fairfax, VA), Richard Leichtweis (Fairfax, VA), Chris Leonard (office), Dana Jones (office), Dawn Schaefer (office), Rebecca Sharp (office), Lloyd Tucker (home),

**Attended but not heard during heard during roll call:**

**Absent:** Michelle Boyd, Deb Evans, Annie Henderson, Matt Thompson, Daryl Washington, Staci Alexander

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

**CSA Management Team Attendees:** Barbara Martinez, Jessica Jackson, Kamonya Omatete, Kelly Conn-Reda, Mary Jo Davis, Tim Elcesser, Desiree Roberts, Julie Bowman, Stephanie Pegues, LaVurne Williams

**Stakeholders and CSA Program Staff Present:** Janet Bessmer, Jamie Mysorewala, Tiffany Robinson, Jeanne Veraska, Sarah Young, Lisa Morton, Samira Hotochin

**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 auto conferencing line, and that the public may access this meeting by calling: 571-429-5982; participant access code: 132 680 697#. It is so moved.

*Motion made by Chris Leonard; seconded by Michael Becketts; 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 Lloyd Tucker; all members agree, motion carries.*

Approved:

1. **MINUTES:** Approve minutes of January 27, 2023 CPMT meeting. *Motion made by Rick Leichweis; seconded by Michael Becketts; all members agree, motion carries.*

2. **ITEMS:**

• **ADMINISTRATIVE ITEMS:**

- **Item A-1:** Proposed Plan for April Meeting – Janet Bessmer. Plan for April in-person meeting is to have a facilitator to join the meeting and use the time to work on reengagement and strategic planning. This meeting would begin at 12:30 (rather than 1pm) and will include lunch for CPMT members. Joe Klemmer asked if the earlier start time would be a onetime change. Janet Bessmer clarified that the 12:30pm start time will only apply to the April meeting and the remainder of the meetings will begin at 1pm. *Motion to approve made by Dana Jones; seconded by Dawn Schaefer; all members agree, motion carries.*

• **CSA CONTRACT ITEMS:**

- **Item C – 1:** Out of State Contracts – none

• **CSA INFORMATION ITEMS:**

- **Item I – 1:** Budget Report – Presented by Desiree Roberts. Currently we are serving fewer youth however the cost per youth has increased approximately 22%. Janet Bessmer mentioned that the system is approving funding, however providers do not have capacity. There is also a waitlist for children waiting on case management. Chris Leonard commented that this is an issue throughout the state. Janet Bessmer also commented that due to the provider waitlists, youth are getting worse during the wait period and then requiring higher level of care.
- **Item I – 2:** Quarterly Residential Entry and FAPT Report – Jeanne Veraska & Sarah Young. There has been an increase in need for residential level of care. As mentioned before, there is a struggle finding providers with capacity, and case management.
- **Item I – 3:** Quarterly Serious Incident Report – Jeanne Veraska. There were no corrective action plans this quarter. The issues that did come up were handled through partnerships, communication and improvement of processes and procedures. CSA has reached out to providers that submitted late reports to discuss timely communication of SIRs.
- **Item I – 4:** Report on Time to Service Data – Presented by Janet Bessmer. CSA has been collecting data to determine time to service for the past 6-7 years. OCS is now doing a data collection project and they have asked that CSA submit information regarding time to services. The data shows there is approximately 3-4 weeks between the time the initial meeting takes place and when services are requested. Michael Becketts asked if there are any systemic issues that are causing a delay in implementing services. Janet Bessmer and Sarah Young mentioned it takes time to complete some of the required documents, such as the copay or provider reports. Collecting signatures sometimes takes time since some agencies do not have means to obtain electronic signatures. Provider reports are also required for extension of services, which sometimes take time to obtain. Chris Leonard stated that this information is beneficial and could help us come up with strategies to improve the process.
- **Item I – 5:** CSA Coordinator Report – Presented by Janet Bessmer. Current trends and issues were shared with the CPMT. Issues include limited capacity for case management and providers which is causing a delay in services.
- **Announcement:** CSA Symposium and Vendor Fair will be held on March 15, 2023. There will be a plenary session in the morning and two workshops in the afternoon. CPMT members are invited to

Approved:

attend the CPMT Roundtable in the afternoon.

- **Private Provider Items** – Rick Leichtweis shared CSA symposium with be held March 15.
- **CPMT Parent Representative Items** – none.
- **Cities of Fairfax and Falls Church Items** – Dana Lewis stated that the marcus alert is ready and we are working on a plan for use of the opioid funds.
- **Public Comment** – none.

**Adjourn 2:05pm:** *Motion to adjourn made by Chris Leonard.*

*Next Meeting: April 28, 2023, 1:00 – 3:00pm (Herrity Building, Rm 106/107)*

Approved:

MEMO TO THE CPMT

4/28/2023

**Administrative Item A - 1 : Plan for MHI State Funding for FY 24**

**ISSUE:**

The CSB Youth and Family Division is required to develop an updated budget for FY 24 to utilize the Mental Health Initiative State funds. CPMT approval of the plan is required to ensure coordination across children’s behavioral health care in each community.

**BACKGROUND:**

The Mental Health Children and Adolescent Initiative (MHI) is a Virginia Department of Behavioral and Developmental Health (DBHDS) funding allocation to CSBs dedicated to serving children and adolescents with serious emotional disturbance and other disorders who are not mandated to receive services under the Children’s Services Act (CSA). The annual MHI allocation to the Fairfax-Falls Church CSB is \$515,529. Plans for use of these funds are to be coordinated with the CPMT and require their approval annually. The purpose of this proposal is to address the accrued balance of \$715,000.

It is important to note that MHI State funds are specifically targeted for “non-mandated” youth using CSA eligibility criteria. Approximately 10 years ago, eligibility criteria for CSA foster care prevention funding was expanded to include a category of youth determined eligible as “Child in Need of Services” either by a juvenile court judge or the FAPT. The expansion of the CSA mandates combined with the reduction in use of expensive residential placements has significantly eased budgetary pressure on non-mandated funding. The amount of funding available appears to exceed the number of non-mandated youth who are identified using current processes. Outreach and public information campaigns may be necessary to raise awareness and educate parents about access to available funding for services.

In developing the plan for MHI funding, the current climate in the pandemic recovery period regarding children’s behavioral health needs have been considered. The Board of County Supervisors recently approved the updated Children’s Behavioral Health Plan (CBHP). The plan is heavily focused on prevention and education, navigation and accessing services, and system-level changes. Families have indicated that they experience challenges understanding what services are available and appropriate to meet their children’s needs. Case management is one method to support families in accessing care.

Both CSA and CSB offer services and funding for non-mandated youth. Generally, referral sources do not need to determine which program will be used; the decision is made administratively based on eligibility criteria. MHI State funding should be accessed first, and children who are identified as mandated can be served under CSA funding. See below for comparison of funding sources.

<b>Mental Health Initiative - State</b>	<b>Children’s Services Act</b>
Copayment – none, free to families	Copayment – assessed based on ability to pay
Funding – all state funds, no local match, these funds should be exhausted first	Funding – state and local match
Limitations – community based only	Limitations – full range of services including residential

Services – wrap “flex funds” – transportation, interpretation, assessment, therapy, mentoring, home-based, provision of needs such as, food.	Services – wrap supports permitted
Case management – by 4 MHIS state CSB staff	Case management – public agency staff
Privatized Case Support – proposed private provider to expand capacity for care coordination activities	Privatized Case Support – private provider agency to expand capacity for care coordination activities
Case Support Liaison – manages the Purchase Orders for private agency Case Support cases	Privatized Case Support Liaison – public agency case manager/FRM rep to manage Purchase Orders
Targeted population – non-mandated youth - Court diversion youth, FCPS SW identified youth, youth not eligible for Medicaid/uninsured	Targeted population – Mandated and Non-mandated youth

In FY 24, the plan to expend accrued MHI funds would provide privatized Case Support for two years. If the need continued for this service, the funding could be transitioned to CSA for Case Support.

Description of Proposed Funding	Budget
Continued funding of 4 CSB MHI State positions for case management	\$410,000
Continued funding for direct community-based services to non-mandated youth	\$105,000
<b>Annual allotment</b>	<b>\$515,529</b>
Additional funding for direct community-based services to non-mandated youth	\$95,000
Develop public information campaign about options available to access behavioral health care for youth	\$ 20,000
Identify CSB liaison (POC) for families seeking services to conduct screening and connect them to MHI State care coordinator or another referral	\$ 0 (use 1 MHI position below)
Balance of accrued funds for year 1 will expand privatized case management (Case Support service) – supervisory support and 2 Case Support coordinators (15 cases per staff); utilize existing APOS and service description developed by CSA for Case Support	\$ 300,000 (year 1)
Balance of accrued funds for year 2 for Privatized Case Support	\$300,000 (year 2)
<b>Total for accrued funds</b>	<b>\$715,000.00</b>

Implementation Plan:

1. Develop plan in collaboration with the CSA MT and CPMT. Obtain approval from CSA MT by March 15<sup>th</sup> followed by presentation to CPMT for their approval by April 28<sup>th</sup>.
2. Identify liaison of MHI State Plan from MHI State clinicians case manager/care coordinators who is responsible for ensuring completion of the CSB Credible requirements.

3. Establish a short-term workgroup of the CSA MT members or designees to complete the following goals:
  - a. Create electronic screening form to be utilized for MHI non-mandated clients that adheres to DBHDS requirements outlined in Exhibit D.
  - b. Conduct case finding to identify non-mandated youth who can benefit from services in the community, preventing them from needing higher levels of care. Possible new targeted youth could be CPS screen-outs, youth receiving juvenile diversion, and youth referred by school SWs. Consider using Tier II criteria developed by FCPS with Project Aware or other initiatives to increase early identification of youth with moderate needs. Consider the connections between school-based MH, STBH and non-mandated services in developing referral criteria and procedures to prevent duplication.
  - c. Utilize the workgroup to review and approve the public information and outreach campaign.
  - d. Finalize process and procedures for screening, referrals to care coordinators, service plan authorizations, and purchase orders.
4. Expand privatized Case Support with agency currently under contract with CSA.
  - a. Develop criteria for referring cases to the private provider vs. use of the CSB MHI State case managers/care coordinators.
  - b. Explore funding alternatives to fee for service, child specific purchase required for CSA case support.
  - c. Expand capacity of provider as needed to fund supervisory support and additional case support coordinators.

**RECOMMENDATION:**

CSA Management Team supports the proposed plan for MHI State funding to include a public information campaign for outreach to children and families as well as expansion of privatized case support services.

**ATTACHMENT:**

None

**INTERNAL CONTROL IMPACT:**

Privatized case support will require a CSB liaison who completes data entry in the Credible system, and some fiscal processes.

**FISCAL IMPACT:**

CSB receives \$ 515,529 annually and has a carryover balance of \$715,000. DBHDS is requiring an updated plan for FY 24 to spend down the funds or they may be returned to the state

**STAFF:**

LaVurne Williams, CSB Youth and Family Division Director  
Janet Bessmer, CSA Director

**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 three (3) Child Specific Contract Requests 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
3/16/2023	Hazelden Betty Ford	Plymouth, MN	No	CSB	Opiate involved SUD needing detox	3/20/2023
3/20/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox	3/20/2023
3/24/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox	3/24/2023

**BACKGROUND:**

As of January 29, 2021, the CPMT has delegated authority for the approval of out of state residential placements for youth to the CSA Management Team. For each month in which a contract is approved, a report of the contract activity is required by the CPMT to identify both new child specific contract placements and any existing child specific contracts that remain active. In the consideration of each contract placement request, all clinically appropriate Medicaid providers located in Virginia under Agreement for Purchase of Services (APOS) with the County were considered and were determined not appropriate due to the individual needs of the youth.

**CURRENT SITUATION:**

Since the last CPMT, there were three (3) new child specific contracts approved by the CSA Management Team as noted above. In addition to the newly approved Child Specific Contract, there were a total of ten (10) active Child Specific Contracts for youth with out of state facilities as detailed below:

Provider	Location	Case Managing Agency	Barrier to Contract Pool of Providers	Date of Approval <sup>1</sup>
Devereaux - CIDDS (Kanner)	Pennsylvania	FCPS-MAS	IEP for Residential School under the category of Multiple Disabilities with physical aggression	5/1/2015 (CPMT)

<sup>1</sup> Child Specific Contracts approved by the CPMT, prior to the delegation to the CSA Management Team, are noted accordingly.



Benedictine School	Maryland	FCPS-MAS	IEP for Residential School Setting	1/24/2020 (CPMT)
Maplebrook 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
Judge Rotenberg Center	Canton, MA	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.	2/14/2022
Sandy Pines Residential Treatment Center	Jupiter, Florida	DFS-FC&A	Young age, level of criminal offenses, and aggression	5/20/2022
Millcreek of Pontotoc Treatment Center	Pontotoc, MS	DFS-FC&A	Borderline IQ, run risk, self-injurious	6/13/2022
Millcreek Behavioral Health	Fordyce, AR	DFS-FC&A	Borderline IQ, run risk, self-injurious	10/10/2022
Sandy Pines Residential Treatment Center	Jupiter, FL	DFS-FC&A	IQ of 68, history of fire setting.	10/24/2022
Hazelden Betty Ford	Plymouth, MN	CSB	Opiate involved SUD needing detox	1/23/2023

**ATTACHMENT:** None

**STAFF:**

Barbara Martinez, DPMM

MEMO TO THE CPMT

April 28, 2023

**Information Item I-1: Approve FY24 CPMT Meeting Schedule**

**ISSUE:** Request that the CPMT approve the public calendar of meetings for FY 2024.

**BACKGROUND:**

The CPMT typically meets nine times per year on the fourth Friday of every month. The November and December meetings are often combined to accommodate the holiday season. One meeting is held over the summer, and the March meeting may be canceled to allow attendance at the annual CSA Symposium's CPMT Roundtable. Members are requested to determine if the May meeting is scheduled on the third Friday to avoid the Memorial Day weekend. The calendar will be posted on the [county's public website](#) and the [Healthy Minds Fairfax](#) site to fulfill requirements for notice of public meetings.

**RECOMMENDATION:** That the CPMT adopt this calendar for FY24.

**ATTACHMENT:** Proposed FY24 CPMT Meeting Schedule

**STAFF:**

Janet Bessmer, Program Manager, Children's Services Act

# Community Policy & Management Team (CPMT)



CPMT SCHEDULE FY24 (July 2023 – June 2024)			
Meeting Date	Room #	Time	Notes
Jul. 28, 2023	TBD	1:00-3:00pm	
Sept. 22, 2023	TBD	1:00-3:00pm	
Oct. 27, 2023	TBD	1:00-3:00pm	
Dec. 8, 2023	TBD	1:00-3:00pm	
Jan. 26, 2024	TBD	1:00-3:00pm	
Feb. 23, 2024	TBD	1:00-3:00pm	
Apr. 26, 2024	TBD	1:00-3:00pm	
May 17, 2024	TBD	1:00-3:00pm	
June 28, 2024	TBD	1:00-3:00pm	

Schedule Approved by CPMT: