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

September 25, 2020
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19

Agenda

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

1. **MINUTES:** Approve minutes of June 26, 2020 meeting

2. **ITEMS:**

   - **CSA Administrative Items**
     Item A – 1: Appointment of new Family Assessment and Planning Team members

   - **HMF Administrative Item**
     Item A – 2: Endorsement of the Healthy Minds Fairfax FY 2022 and FY 2023 Funding Requests and Health and Human Services Resource Plan Submissions

   - **CSA Contract Items**
     Item C – 1: Child-Specific Contract Request from FCPS-MAS

   - **CSA Presentation Item**
     Item P – 1: High Utilizers Report: CCCA Analysis

   - **CSA Information Items**
     Item I – 1: State Workgroup on Residential Entry: HB 728/SB 734
     Item I – 2: ICC Extension Procedure Change
     Item I – 3: Review of Proposed CPMT Bylaw Revisions
     Item I – 4: Update on Private Day Services: 2% Rate Cap and Rate Setting Study
     Item I – 5: Legislative Update: Budget Amendment on Private Day Rates
     Item I – 6: Serious Incident Quarterly Report Q4 FY20
     Item I – 7: CPMT Quarterly Data Report Q4 FY20
     Item I – 8: Budget Report FY 20 Q4

   - **HMF Information Item**
     Item I – 9: Children's Behavioral Health Blueprint Quarterly Report

- **NOVACO – Private Provider Items**
- **CPMT Parent Representative Items**
- **Cities of Fairfax and Falls Church Items**
- **Public Comment**

3:00 p.m. – Adjourn

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

June 26, 2020
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

Attendees: Tisha Deeghan (home)**,** Michael Becketts (office), Jacqueline Benson (home), Annie Henderson (office), Teresa Johnson (home), Michael Lane (home), Richard Leichtweis (home), Christy Gallagher (home), Nancy Vincent (home), Joe Klemmer (home), Deborah Scott (home),

Present but not heard during roll call: Staci Jones Alexander, Lesley Abashian, Chris Leonard

Absent: Gloria Addo-Ayensu, Deb Evans, Robert Bermingham, Rebecca Sharp, Jane Strong, Daryl Washington

HMF Attendees: Jim Gillespie, Desiree Gordon, Peter Steinberg, Tracy Davis

Stakeholders and CSA Program Staff Present: Janet Bessmer, Patricia Arriaza, Sarah Young, Kim Jensen, Samira Hotochin, Chris Metzbower, Xu Han

FOIA Related Motions:

I move that each member's voice may be adequately heard by each other member of this CPMT.
Motion made by Tisha Deeghan; seconded by Michael Lane; 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.

The 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 audio-conferencing line, and that the public may access this meeting by calling Toll Free Call In: 1 866 434 5269 Participant access code: 3743216.
Motion made by Tisha Deeghan; seconded by Joe Klemmer; 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 Tisha Deeghan; seconded by Annie Henderson; all members agree, motion carries

1. **MINUTES:** Approve minutes of May 29, 2020 meeting. *Motion made by Joe Klemmer; seconded by Michael Lane; approved by all members.*

2. **ITEMS:**
   - **CSA Administrative Items**

Approved:

DRAFT

Item A – 1: Approve FY21 CPMT Calendar of Meetings

July meeting will likely be virtual or hybrid due to COVID-19. As per usual, there will be no meeting in August or March. Nov and Dec meetings will be combined. The calendar will be publish once approved. *Motion made by Rick Leichtweis; seconded by Jackie Benson; approved by all members.*

- **CSA Presentation Item**
  Item P – 1: Foster Care Prevention Services: Results from the 2020 Data Analytics Fellowship Academy (DAFA) Presentation regarding CSA Foster Care Prevention Services. DAFA analyzed the following topics provided by the CSA management team:
    - Characteristics of youth receiving CSA Foster Care Prevention Services
    - Needs of youth and families receiving these services
    - Services the youth and families were receiving, and which are effective
    - Did certain combinations of services produce better outcomes?
    - Is there a relationship between cost of services or length of services and outcomes?

  CSA management team plans on using this information to improve programs and learning more about using the strategies of analyzing the CANS to gather more outcomes.

- **CSA Information Items**
  Item I – 1: Budget Report – presented by Xu Han. Expenditures have increased compared to amount spent last year at the same time. Total expenditures to date are more than the FY20 allocation but still within the amount approved by the Board of Supervisors. We will need to request supplement allocation for FY21. No questions.

  Item I – 2: Quarterly Residential Entry and FAPT Report – report presented by Sarah Young. No questions. Kim Jensen, UR manager will be leaving CSA and transitioning to a new role as a school social worker with FCPS.

  Item I – 3: Quarterly Serious Incident Report – report presented by Patricia Arriaza. Slight changes to way data will be gathered and reported to CPMT. The report will still contain restraint information, but will also include reporting on behavior that led to a restraint. This will allow us to determine trends and better examine the data. No questions.

  Item I – 4: Quarterly CPMT Data Report – report presented by Patricia Arriaza. No questions.

- **HMF Information Item**
  Item I – 5: Status report on the recommendation listed in the Innovative Behavioral Health Strategies for the Under served Populations (June 18, 2018). Summary of work that has been done since 2018 toimplement recommendations was presented by Peter Steinberg. Moving forward the group will focus on continuing the work that has begun, discuss strategies to meet needs of LGBT community, explore methods of reducing black youth suicide and increase diversity in service providers. When asked how CPMT will receive the additional information, the team indicated that their work has been paused due to COVID and they will report to CPMT late fall with any new work.

- **NOVACO – Private Provider Items - None**
- **CPMT Parent Representative Items –** Joe Klemmer wondered how others are managing kids with the COVID19 lockdown, specifically trying to do distance learning for special needs kids. Annie Henderson stated it has been difficult managing work and lack of childcare and increase cost of meals, etc. Christy Gallagher wondered if CSA has a say in the decisions that FCPS make for future learning plan.

DRAFT

Theresa Johnson responded that FCPS is still waiting to hear from the school board as they gather and review all the community feedback. FCPS has been spending a lot of time with the health department toexplore safe options for education. Social workers have still been providing services through telehealth platform (thisis also true for human services). Jackie Benson asked whether parents who do not have special needs kids or have not been introduced to the system, and are having a difficult time with being in lock down have resources. Theresa Johnson encourage them to please reach out to school-based staff for additional virtual resources to assist during this time.

- **Cities of Fairfax and Falls Church Items –** Lesley Abashian indicated they are hearing parents' concerns about schools' plan for the Fall. Lesley has been appointed to the State and Local Advisory team for CSA as a local representative. Lesley indicated she will be the chair of the committee starting Aug, which gives her a seat on the State Executive Committee and she will be able to keep Fairfax County up to date regarding upcoming plans.
- **Public Comment – None**

Adjourn 2:43pm - *motion made by Joe Klemmer; seconded by Annie Henderson; approved by all members.*

Next Meeting: July 24, 2020 1:00-3:00pm

DRAFT

Approved:

Memo to the CPMT
September 25, 2020

Administrative Item A-1: APPOINTMENT OF NEW FAMILY ASSESSMENT AND PLANNING TEAM (FAPT) MEMBERS

ISSUE:
That CPMT approve the following persons to serve on the FAPT:

JDRDC
- Mariana Barros

CSB
- Ashley Alexander

BACKGROUND:
These candidates have shadowed existing members at FAPT meetings and attended All-FAPT member training. They are prepared to serve as representatives of their respective agencies on the FAPT.

RECOMMENDATION:
Approve the appointment of the nominees as a FAPT representatives.

FISCAL IMPACT:
None

STAFF:
Sarah Young, FAPT Coordinator

Memo to the CPMT

September 25, 2020

Administrative Item A – 2: CPMT Endorsement of the Healthy Minds Fairfax FY 2022 and FY 2023 Funding Requests Health and Human Services Resource Plan Submissions

RECOMMENDATION:
That the CPMT Endorse the Healthy Minds Fairfax FY 2022 and FY 2023 Funding Requests Health and Human Services Resource Plan Submissions

BACKGROUND:
In March 2016 the CPMT endorsed the Children's Behavioral Health System of Care Blueprint, a community plan for improving access and quality of behavioral health services for children and youth. Implementation began almost immediately, and the CPMT has received regular updates on progress. Workgroups are currently working on implementation of at least 20 different Blueprint actions; some of the actions that require little to no funding or are already funded for FY 2022 include:

- Developing a website that will serve as a hub of information and connect families to services;
- Supporting the adoption of trauma-informed practices and promoting public awareness of
- trauma and its impacts;
- Providing short-term outpatient mental health interventions to children and youth with emerging mental health issues;
- Training pediatricians in best practice interventions for children and youth mental health issues;
- Providing telephonic psychiatric consultation for pediatricians;
- Expanding mobile crisis response services for children and youth by 15%.

Two proposed strategies for FY 2022 require additional funding and are included in the Healthy Minds Fairfax budget request. They were reviewed and endorsed by the HMF Family Advisory Board on September 10 and the Children's Behavioral Health Collaborative Management Team on September 21.

The two funding requests are:

- $200,000 in FY 2022 annually thereafter to continue provision of family support partner services for the parents and caregivers of children and youth with mental health issues;
- $125,000 for training to implement evidence-based behavioral health treatment practices now being required by many federal and state funding sources for behavioral health care.

EQUITY:
Both proposals are designed to promote equity by supporting increased access to behavioral health services for typically underserved populations. Family Support Partners are paraprofessional peer support staff with lived experience as parents and caregivers of children and youth with behavioral health issues. They are recruited from all cultural groups in our community, and speak to families in their own language, literally and figuratively. They break down stigma and ease access to services by sharing their own stories of realizing and accepting that their child has mental health issues, and accessing helpful services. Family Support Partners meet with families in their homes or other non-governmental sites in communities throughout the county. Services are provided by a non-profit agency. Evidence-based practices are behavioral health interventions demonstrated by research to be effective in addressing behavioral health issues. Asa group they tend to be strength-based and solution-focused, and avoid stigmatizing labels. The early versions of EBPS were often tested on homogenous populations but many are now developed and tested for diverse populations.

FAMILY ADVISORY BOARD REPORT
On May 29, 2019 CPMT established a Healthy Minds Fairfax Family Advisory Board (FAB) to increase family involvement in system planning and implementation. The Board consists of the CPMT and FAPT parent representatives, the Children's Behavioral Health Collaborative Management Team family representatives and a representative of the Northern Virginia Family Network. It shall provide comment on pending CPMT decisions through an administrative item section titled "Family Advisory Board Report."

On September 10, the Family Advisory Board reviewed and endorsed the budget requests and HHS Resource Plan submissions presented in this report. The Board recommends that expansion of Short-Term Behavioral Health Services include provision for family self-referral, so that families can access services without having to rely on the involvement of busy school staff.

ATTACHMENTS:
None

PRESENTERS:
Jim Gillespie and Peter Steinberg, Healthy Minds Fairfax

HEALTHY MINDS FAIRFAX FY 2021 BUDGET REQUESTS

Family Support Partners: $200,000 in FY 2022 and Beyond
Family Support Partners (FSPs) are trained parents of young adults with mental health issues who provide support, education and assistance with accessing services to parents of children and youth with mental health issues. Funding would support serving 100 self-referred families annually who have children or youth with mental health issues with approximately 10-20 hours of Family Support Partner (FSP) services each. In addition, it will fund FSP participation in 300 family resource meetings and family partnership meetings annually. These are inter-agency meetings convened by county and FCPS child-serving staff to plan services for youth with complex and high-risk behavioral health needs. FSPs attend to provide support and education to the participating parents and to offer their services. Since January 2017 FSP services have been funded through a federal grant, which expires in September 2020. In FY 2020 155 families were served. The proposed county funding will be supplemented by Children's Services Act funding for the children and youth with complex and high-risk issues who are eligible for that program, including youth in foster care and the juvenile justice system.

FSPs are paraprofessionals receive professional supervision and extensive training. They work collaboratively with the child-serving professionals involved with the family. They provide families with support, education and assistance with navigation guidance. Particular activities include helping with the paperwork associated with accessing services, connecting parents to community resources, providing support during service planning meetings, periodic face-to-face meetings and regular phone/text/email communication.

Evidence-Based Practice Training: $125,000 in FY 2022 and beyond

Evidence-Based practices (EBPs) in behavioral health care are interventions proven by research to be effective in addressing specific mental health and substance use disorders, resulting in children and youth having reduced symptoms and risk behaviors, and improved functioning at home, in school and in the community. The use of EBPs is or soon will be a requirement for accessing state and federal funding to

support provision of behavioral health care to children, youth and families. State agencies that currently require use of evidence-based practices are the Department of Juvenile Justice and the Department of Social Services. Agencies that will soon have such a requirement are the Department of Behavioral and Developmental Services and the Department of Medical Assistance Services (Medicaid).

Implementing evidence-based practices is expensive due to the extensive training and oversight required. The Community Services Board, and local non-profit agencies that provide behavioral health care to the most vulnerable children and youth in our community do not have the funding to meet these training requirements. Healthy Minds Fairfax is partnering with George Mason University and Inova to sponsor evidence-based practice training for public and private behavioral health providers. The three-year pilot project has thus far trained 438 therapists in a variety of evidence-based practices. This collaboration has proved to be a very cost-effective method of providing EBP training. The request is for $125,000 in FY 2022 and it is requested that funding be recurring. Funding will be allocated annually to support the following tasks:

1. Funding will be used to train 330 clinicians who work in a public or private child serving behavioral settings in various evidenced-based practices. Trainings consists of an average of 3 days. Participants are required to participate in bimonthly supervision calls. The days of training depend on the evidenced based practice being taught. It is anticipated that 1,000 days (one person attending one day) of training will be provided. The cost to provide the training is $75,000. In addition to attending the training, all clinicians will be required to participate in supervisory telephone calls at a cost of $15,000. Telephone calls will take place twice a month and last approximately 2 hours. The purpose of the calls is to provide support to the clinicians in their utilization of EBP's and to help the clinicians adhere to the fidelity of the EBP.

2. In order to successfully implement EBPs agencies must review and usually re-structure all or part of their service delivery systems and revise their training plans to accurately assess the needs of children and youth entering services and match them with appropriate EBPs. Funding is requested to provide consultation to the Community Services Board and local non-profit behavioral health providers in implementing EBPs within their agencies. The estimated cost of providing consultation is $15,000 to provide approximately 100 hours of consultation.

3. This funding request includes $20,000 to measure to what degree of fidelity the clinicians following the training protocols. At each training, clinicians are given a pre and post survey to gauge their confidence in using the skill and if they increase their knowledge in that area. A follow-up survey will be sent out to each clinician to measure their usage of the EBP and which EBP they use most often. Agency and providers who send staff to the trainings will be asked to agree to allow for satisfaction surveys to be sent to their clients after treatment ends as part of the standard of care. An annual report on the status of EBP implementation will be presented to the Community Policy and Management Team.

To provide additional support for the implementation of EBPs, county staff will collaborate with FCPS, local non-profit organizations and providers in accomplishing these activities. Addition funding is not necessary.

1. Develop and implement annual plans for training local providers on EBPs that meet state and federal requirements and address the needs of local children, youth and families. Ensure that capacity is enough to meet the EBP training needs of CSB therapists and those of the local non-profit child-serving agencies. Monitoring will include, but is not limited to, the EBP

requirements of the federal Families First Prevention Services Act and the Virginia Department of Behavioral and Developmental Services STEP Virginia initiative.

2. Access state and federal funding for EBP training whenever possible to offset local costs.

HEALTHY MINDS FAIRFAX FY 2022 RESOURCE PLAN SUBMISSION

Short-Term Behavioral Health Services Expansion: $250,003

The Short-Term Behavioral Health (STBH) Services for youth and their families is a program that provides short term outpatient therapy to eligible youth and their families. Outpatient services are purchased from contracted private providers and is for students with depression, anxiety and other emerging mental health issues. The six to eight session duration is based on a cognitive therapy approach and providers have been trained to address trauma issues. Referrals are made by Fairfax County Public Schools (FCPS) clinical staff and school counselors who work in one of the 38 designated STBH schools. The schools were selected based on the mental health needs of the students as identified in the Fairfax County Youth Survey and socioeconomic needs as assessed by the percentage of students receiving free or reduced lunches. Referrals are also made by the Community Services Board (CSB). The program is available to youth whose families has an income less than 400% of the poverty level and who cannot access services due to lack of insurance, lack of providers who accept their insurance, or providers having long waiting lists for treatments. For some of these families, transportation or location of the providers may also be a barrier to access treatment. Currently, one full time Management Analyst III manages the administration of the program.

Two hundred and thirty-two families received free counseling services in FY 2019-20. Of those youth who completed both the initial and second Global Assessment of Individual Needs (GAIN), 67% indicated that their behavioral health symptoms had improved, an increase of five percentage points over FY 2019. After services concluded, the parents completed a satisfaction survey administered by a third party. The survey is conducted by telephone and in the language that the parents speak. Ninety-three percent of responses indicated parents strongly agreed their child improved overall after receiving services, an increase of four percentage points over FY 2019.The total request is for $250,003 and the request is recurring and is broken down as follows:

This request is to expand STBH services to an additional 17 FCPS schools so STBH services will be available to youth attending every high school, middle school, and secondary school in Fairfax County. Additionally, expanding to the program to students attending nontraditional schools will be explored and a pilot will be developed to assess the feasibility of accepting family self-referrals. It is anticipated that an additional 205 youth will benefit from STBH at a cost of $123,000. This amount goes directly to contracted providers.

To reduce barriers to services, STBH services plans to provide transportation services to eligible families through a contracted vendor. This service will be available to all eligible families who receive STBH services. The cost of this request is $7,500.

A new Management Analyst II position is requested to help not only with the implementation of this expansion but also to provide program and technical assistance to the entire STBH program. The cost of this request is $119,503 ($79, 573.10 salary and $39,929 for fringe benefits).

MEMO TO THE CPMT
September 25, 2020

CONTRACT ITEM C-1 Child Specific Contract Request

ISSUE: Fairfax County Public Schools requests approval of a child specific Agreement for the Purchase of Services (APOS) for a Residential School with The Chamberlain International School.

RECOMMENDATION: The CSA Management Team recommends approval of a child specific APOS for a Residential School with The Chamberlain International School for Harmony# to be assigned.

PROVIDER:

The Chamberlain International School
One Pleasant Street
PO Box 778
Middleboro, MA 02346
www.chamberlainschool.org
Phone: 508-946-9336

MEDICAID ENROLLMENT: The Chamberlain International School does not participate with Virginia Medicaid.

LICENSE/ACCREDITATION: The Chamberlain International School is accredited by the Massachusetts Department of Elementary and Secondary Education.

INSURANCE STATUS: The Chamberlain International School is insured with the appropriate limits for Fairfax County Government.

PROGRAM DESCRIPTION (from the website https://www.chamberlainschool.org/):

"The Chamberlain International School was founded in 1976 to serve a diagnostically diverse student population, ages 11-21. Chamberlain serves students with a wide range of learning and emotional challenges, including those with specific learning disabilities, bipolar disorder, ADHD, Autism Spectrum Disorder, Non-Verbal Learning Disorder, anxiety disorders, depression, and students with borderline personality traits. Traditionally our students require increased supervision and support in order to be successful. Faculty and staff are available to provide social skills coaching, assist with mood regulation, and redirection of challenging behaviors. Our students benefit from low student to faculty ratios to receive the support needed to maintain positive behavior and/or access curriculum. From the beginning the school has based its service delivery on interdisciplinary treatment teams, which come together to provide a range of comprehensive services to our students. Chamberlain has a long history of assisting students in achieving academic, social, and clinical success. Chamberlain's success is based upon the belief that all children are capable of achieving their goals in vital areas of their life if they are provided the support they need. Our guiding principle is to engage and teach the students and their families to develop the skills necessary to manage their lives to their highest potential.

These services are clustered into three main disciplines (educational, clinical and student life) working cooperatively and jointly towards successful goal completion.

Our mission is to provide comprehensive and diverse therapeutic programming in an environment which inspires academic success and personal growth. We motivate and support our students throughout their school experience and teach them to recognize, nurture, and celebrate their individual strengths as they prepare for life."

OTHER CONTRACTED PROVIDERS CONSIDERED:

All clinically appropriate providers were considered but are not compatible with the youth's needs.

Black Mountain Academy	☒ Yes	☒ Yes	IEP proposed placement. Unable to meet needs due to current enrollment	Denied
Little Keswick	☒ Yes	☒ Yes	IEP proposed placement. Unable to meet needs based on historical pattern of aggression	Denied
UMFS/Charterhouse School	☒ Yes	☒ Yes	IEP proposed placement. Official response not provided	Denied

FISCAL IMPACT:

Chamberlain Total Annual Cost: $184,109.51
Residential Room and Board: $217.78/bed day= $79,489.48 for 365 days
Residential Education: $484.35/day=$104,620.03 for 216 days

For comparison:
Black Mountain Academy Total Annual Cost: $148,800
Residential Room & Board: $4,200/month=$50,400 for 12 months
Residential Education: $212.39/day=$48,000.14 for 226 days
Clinical Services: $4200/month=$50,400 for 12 months

Attachment: OCS-Residential Placement of Students with Disabilities

STAFF:
Adam Cahuantzi, FCPS-MAS
Barbara Martinez, DPMM-GSP

Residential Placement of Students with Disabilities

	CSA Placement	Parental Placement
Educational Purpose	1 IEP identifies residential placement as Least Restrictive Environment	3 Parent makes unilateral placement to meet student's educational needs
Non-Educational Purpose	2 IFSP identifies need for residential placement	4 Parent makes placement for treatment purposes

NOTES: *A placement made through a signed Parental Agreement with a public child-serving agency is a CSA placement. A placement made through Adoption Assistance is a parental placement.*

1 IEP identifies private residential placement as LRE

- §2.2-5211.B1 – "Special Education Mandate" - CSA pays for IEP services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for placement. (Medicaid does not fund the educational portion of services.)
- School division remains responsible for FAPE (IEP, re-evaluation, progress reporting).

2 IFSP developed by the FAPT identifies need for residential placement

- §2.2-5211.B2 – "Special Education Mandate" - CSA pays for all services. When child is Medicaid eligible and meets medical necessity criteria for residential treatment, Medicaid funds may be used for residential treatment services. (Medicaid does not fund the educational portion of services.)
- School division of child's residence remains responsible for FAPE (IEP, re-evaluation, progress reporting).

3 Parent makes unilateral educational placement

- Child gives up right to FAPE, i.e., child does not have access to public school services. Parent holds fiscal and oversight responsibilities for all services including educational services. (8 VAC 20-81-150.C.7.c.)

4 Parent makes placement for treatment purposes

- Child maintains right to FAPE – school division of child's residence is responsible to ensure student has services necessary to benefit from the residential facility's educational program.
- School division identifies appropriate services in the IEP and how they will be delivered, e.g., may provide direct services, arrange with another school division to provide services, or negotiate with provider for purchase of appropriate services. See VDOE: SESS FAQ 014-11 for more information. Link: http://www.doe.virginia.gov/special_ed/regulations/state/faq_implementing_regulations/2011/014-11_parent_placement_of_student_residential.shtml.
- If the least restrictive environment identified in the IEP is private day school, it is appropriate to utilize CSA funds for the services necessary to ensure the child's access to FAPE if such services are to be purchased from a private provider.

MEMO TO THE CPMT

September 25, 2020

Presentation Item P- 1: High Utilizers: Commonwealth Center (CCCA) Analysis

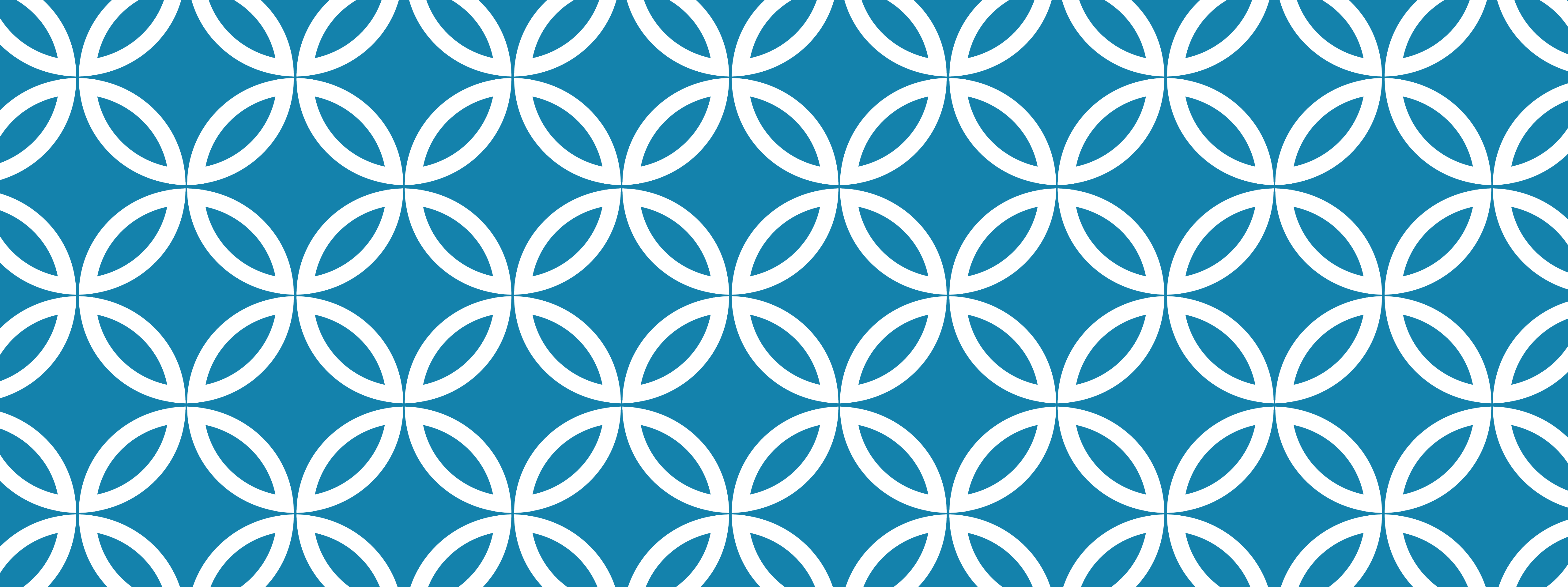
ISSUE: That state officials raised concerns across the Commonwealth about youth staying at the state adolescent inpatient hospital due to delays in discharge planning.

BACKGROUND: Concerns were raised by CCCA officials about the length of time some youth were remaining in the state's acute inpatient setting after they were deemed ready for discharge. Some youth were also having repeated admissions which might indicate that their services were insufficient to meet their needs. The CSB is mandated to provide discharge planning for youth from their jurisdiction and serves as a liaison to CSA services if needed. Across the state, CSA and the FAPT process was identified as one potential barrier to timely discharge, particularly when children needed a residential placement. Staff from CSB, CSA, and DFS attended a meeting at CCCA to discuss how Fairfax could support more timely discharge. In addition, the CSB convened a team of agency stakeholders from CSA, DFS, FCPS and DPMM to conduct an analysis and review of how many youth had remained after discharge criteria had been met, how many youth had repeated admissions, and the characteristics of the needs and issues of "High Utilizers" of CCCA services.

The report was prepared and presented to the CSA Management Team. The report's recommendations are for information at this time.

ATTACHMENT: Presentation of High Utilizers Analysis

STAFF:
Jessica Jackson, CSB
Sarah Young, CSA
Barbara Martinez, DPMM



CCCA HIGH UTILIZERS

Representatives from:
Children's Services Act (CSA)
Community Services Board (CSB)
Department of Family Services (DFS)
Fairfax County Public Schools (FCPS)

HIGH UTILIZERS VS. DUAL/MULTI STATUS YOUTH

For the purpose of this report, a "High Utilizer" was limited to a specific cohort of youth within our System of Care who had been readmitted to CCCA within the given timeframe (**July 2017-June 2019**). The names of these youth were provided by CCCA. However the issue of dual/multi status youth became apparent during this study.

When a youth and family are being served by multiple County agencies OR when a youth and family have several complex needs but are only being served by one County agency and there is a need for other County agencies to join the team…

These youth should then be considered "dual status" or "multi status" as they are in need of multiple services, supports and case management, as well as possible new/unconventional interventions than have not been tried.

CCCA HIGH UTILIZER PROFILE

Cohort: youth from Fairfax admitted to CCCA more than once between July 2017-June 2019 (17 total youth identified)

Primary reasons for initial admission to CCCA:

- 8 (47%) involved suicidal ideation or gesture
- 8 (47%) involved aggression
- 1 (6%) involved self-injury

14 youth (82%) had a CPS call history

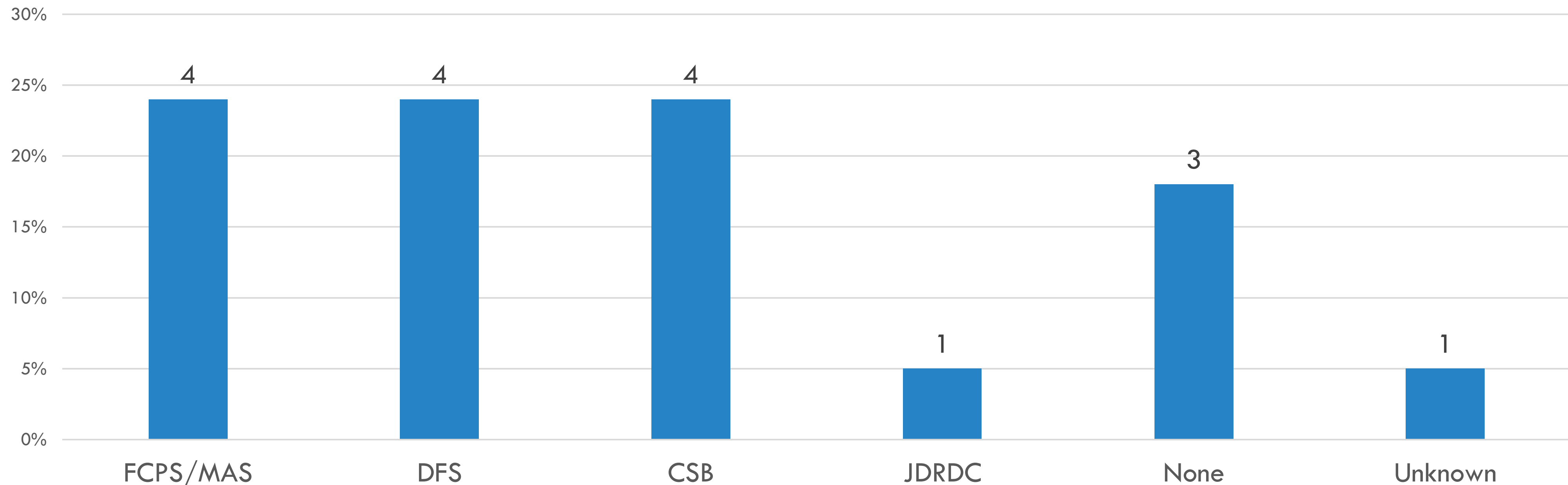
13 youth (76%) had an involved Court Liaison

5 youth (30%) had a diagnosis of Autism Spectrum Disorder (ASD), Intellectual Disability (ID), or both

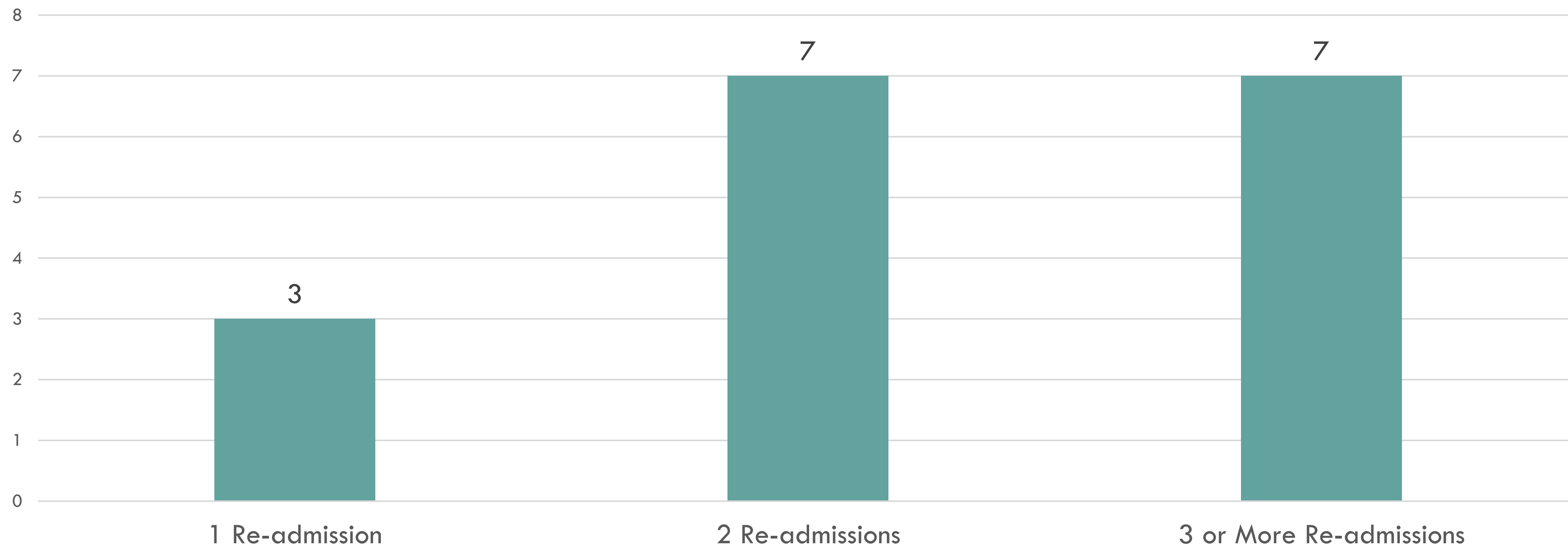
4 youth (24%) were involved or had suspected involvement in trafficking

4 (24%) of the youth or their families had a language barrier

CASE MANAGEMENT AGENCY AT TIME OF FIRST ADMISSION



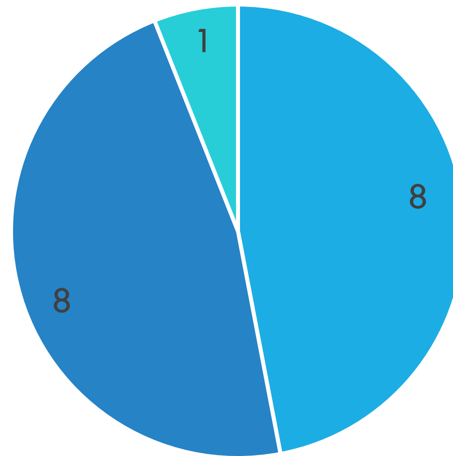
RE-ADMISSIONS TO CCCA JULY 2017-JUNE 2019



PRIMARY REASON FOR INITIAL ADMISSION TO CCCA

The first admission primary reason for referrals were primarily due to suicidal ideation and/or gestures or aggression

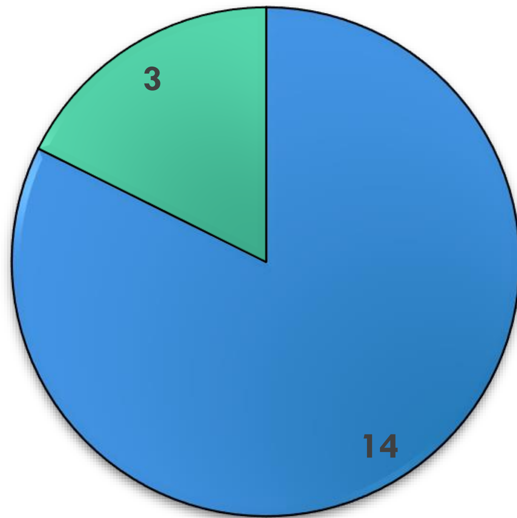
Source: CSA Case File

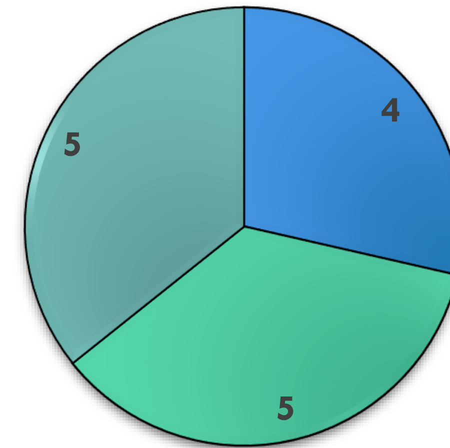


Suicidal Ideation/Gesture   Aggression   Self Injury

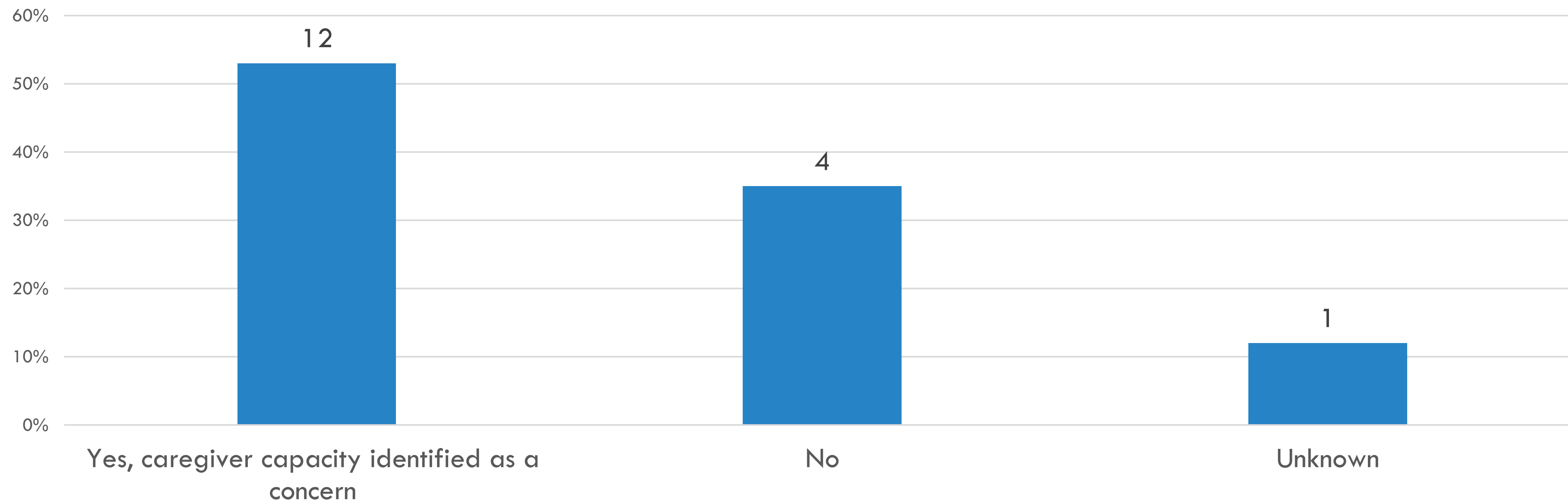
CHILD PROTECTIVE SERVICES (CPS) CONTACT

14 (82%) youth had CPS contact prior to admission; 10 (59%) of those14 youth had 5 or more CPS calls

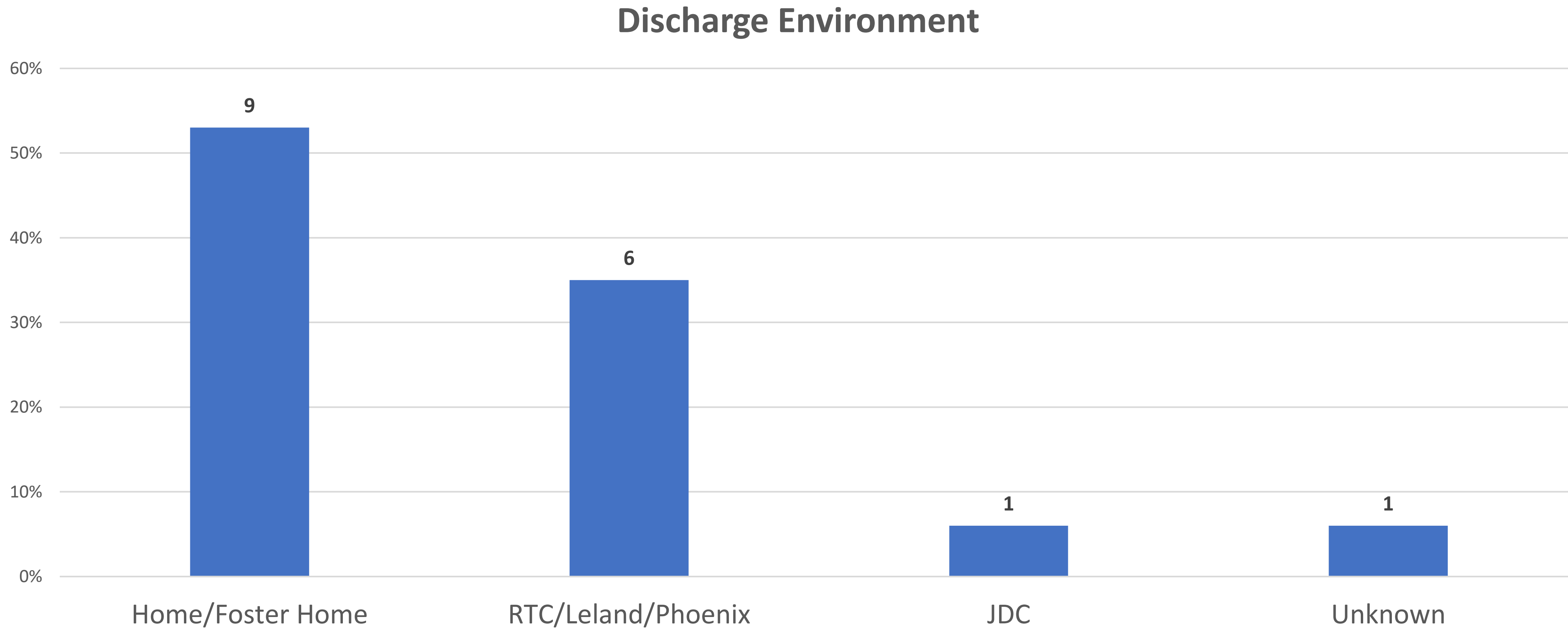




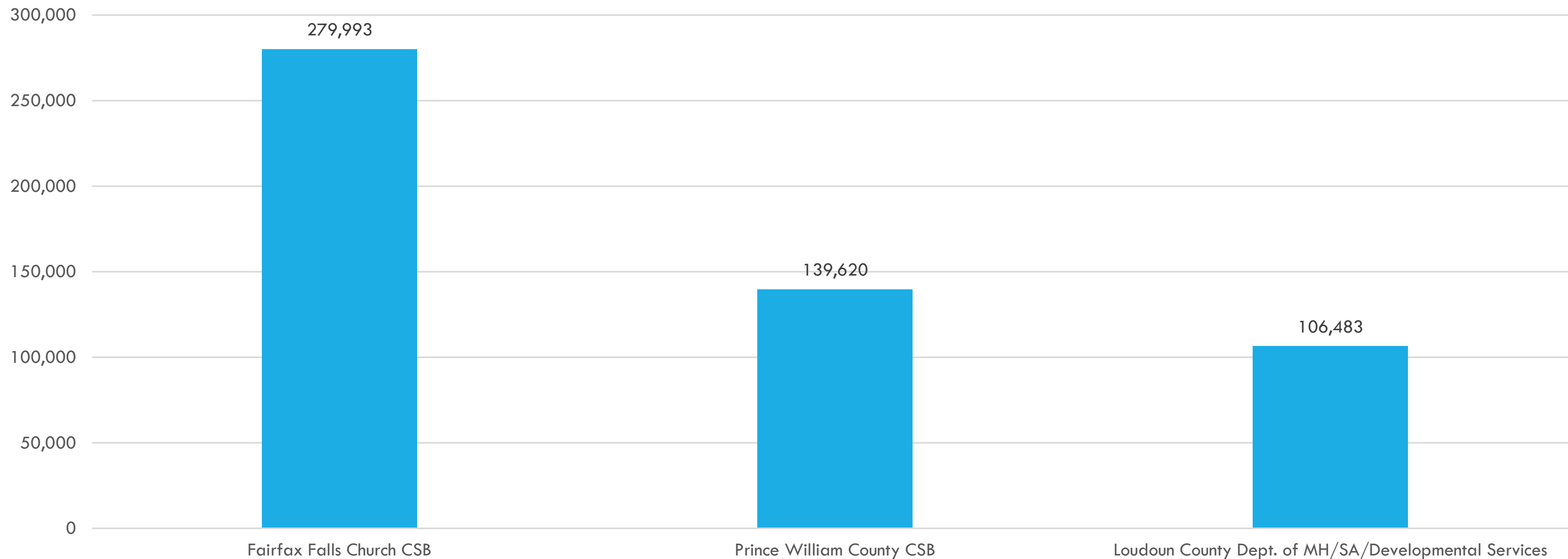
CAREGIVER CAPACITY CONCERNS



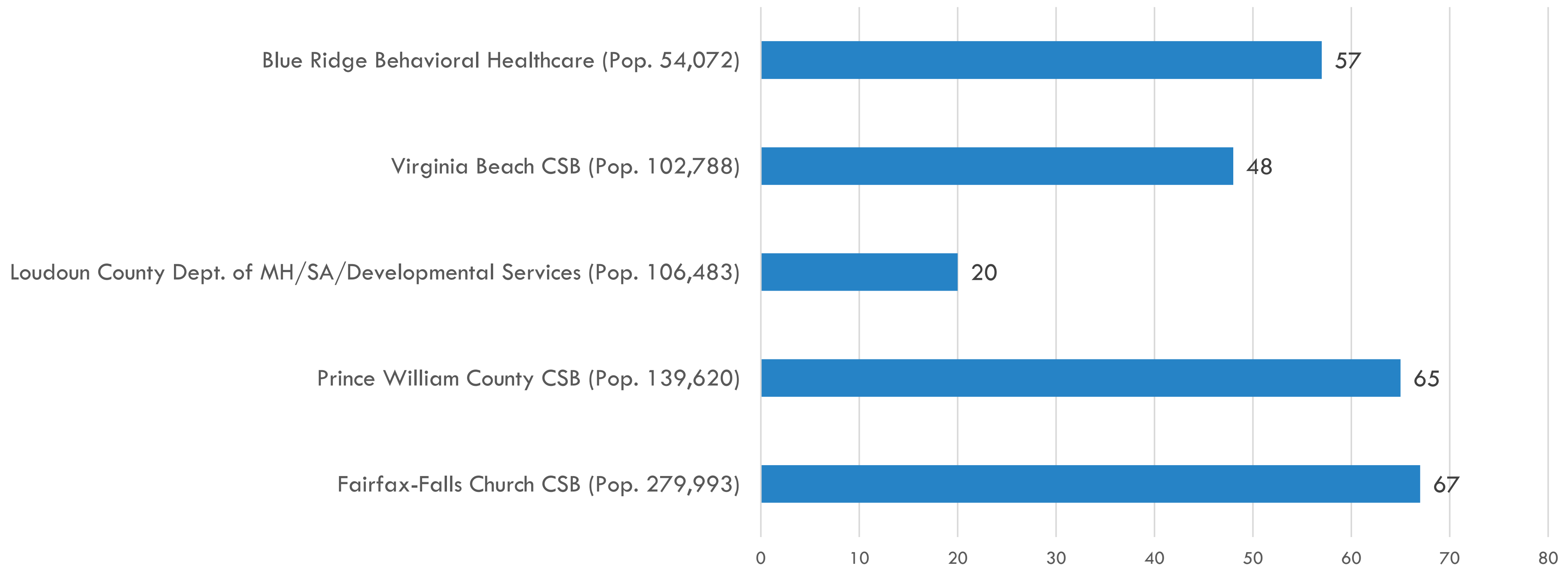
DISCHARGE ENVIRONMENT FOLLOWING 1ST ADMISSION



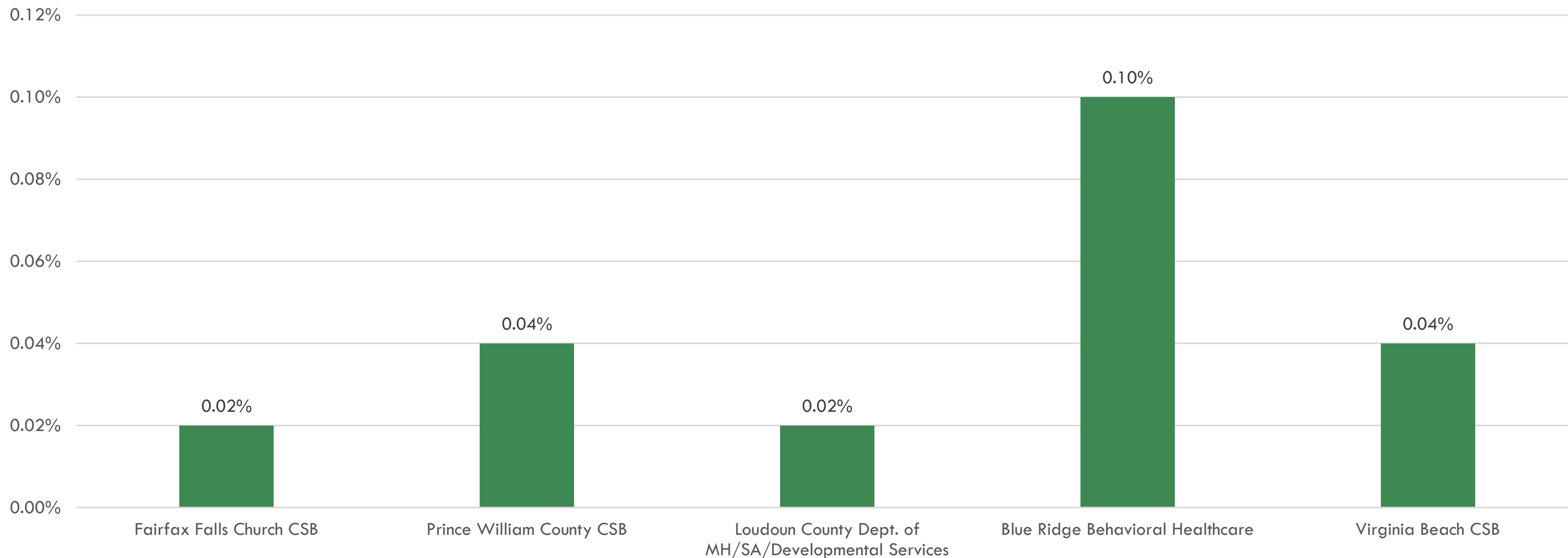
VIRGINIA CSB LOCALITIES POPULATION COMPARISON:



NUMBER OF ADMISSIONS TO CCCA ACROSS 5 LOCALITIES:



PERCENTAGE OF CCCA ADMISSIONS BASED ON THE TOTAL POPULATION OF YOUTH UNDER 18



CHILD SPECIFIC CONTRACTS FOR RTC PROGRAMS

There has been a significant increase in client specific contracts over the past 3 fiscal years:

- FY2018: There were 7 child specific contracts for RTC services, 6 of which were for out of state programs
- FY2019: There were 20 child specific contracts for RTC services, 11 of which were for out of state programs
  - 6 youth in this High Utilizers cohort were later enrolled in a total of 8 child-specific contracted facilities, all of which were initiated in FY19 and 5 of which were out of state
- FY2020: In the first 6 months of FY20 there have been 7 child specific contracts; 3 of which were for out of state programs

RECOMMENDED/PROPOSED ACTION:

- When a youth is identified as meeting criteria of a dual/multi status youth (lots of agency involvement, little to no progress or movement), elevate to the CSA Management Team; selection of case manager and other team members for that youth/family can be made based on client specific characteristics or needs to best match experience and skill set with youth/family needs
- Provide training to case managers on how to present cases to CPS, especially when there are concerns about psychological and/or emotional abuse
- Create a special protocol for CPS screeners when a referral is being made by a mental health professional or system case manager
- Identify and approach select CSA service providers to attend a "listening session" outlining the needs of these youth and asking for commitments to serve them here in-state (why are they currently saying No and what would get them to Yes?)
- Train case managers on case conceptualization and trauma-informed program referrals

MEMO TO THE CPMT

September 25, 2020

Information Item I- 1: State Workgroup on Residential Entry: HB 728/SB734

ISSUE: That state officials have convened a workgroup to study how to expedite the process for entry of youth into residential care from private acute psychiatric hospitals.

BACKGROUND:
HB 728 directs that the Secretaries of Education and Health and Human Resources shall establish a work group to consist of the Commissioner of Behavioral Health and Developmental Services, the Superintendent of Public Education, the Director of Medical Assistance Services, the Commissioner of Social Services, and the Director of the Office of Children's Services, or their designees, and representatives of hospitals providing services to children and adolescents, providers of residential psychiatric services for children and adolescents, community services boards, and behavioral health advocacy groups to

(i) review the current process for approval of residential psychiatric placements and barriers to timely approval of residential psychiatric services for adolescents and children,
(ii) develop recommendations for improving such process and ensuring timely approval of residential psychiatric placements and services for adolescents and children, and
(iii) develop recommendations for a process to expedite approval of requests for residential psychiatric placements and services for adolescents and children who are receiving acute inpatient psychiatric services.

The Commissioner of Behavioral Health and Developmental Services and the Director of Medical Assistance Services shall serve as co-chairs of the work group. The work group shall report its findings and recommendations to the Chairmen of the House Committee on Appropriations, the Senate Committee on Finance and Appropriations, and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century by December 1, 2020. This bill is identical to SB 734.

The initial meeting occurred on 9/1/20 with presentations from the Commissioner of the Department of Behavioral Health and Developmental Services, Magellan and the Office of Children's Services. Discussion of barriers to timely service identified a number of issues and the workgroup will utilize the following three subgroups to develop recommendations about these processes: 1) the IACCT process; 2) the FAPT process, and 3) identifying placements.

The goal of our System of Care is focused on providing timely access to the appropriate, least restrictive interventions and to follow the duties outlined below:

§ 2.2-5208 In the Code of Virginia, the Family Assessment and Planning Team (FAPT) shall *"Identify children who are at risk of entering, or are placed in, residential care through the Children's Services Act program who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities. For each child entering or in residential care, in accordance with the policies of the community policy and management team developed*

pursuant to subdivision 17 of § 2.2-5206, the family assessment and planning team or approved alternative multidisciplinary team, in collaboration with the family, shall (i) identify the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments, including but not limited to information gathered through the mandatory uniform assessment instrument, (ii) identify specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths, (iii) implement a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care, and (iv) provide regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family;"

Fairfax-Falls Church CPMT members have the opportunity to provide input to the workgroup through a local representative, associations and advocacy groups. Proposed recommendations from our System of Care for CPMT members to consider include:

- develop a process for Medicaid/Magellan to assist in identifying placements and to approve single case agreements for youth who cannot be served within the network for in-state, Medicaid enrolled residential providers
- state support for development of short-term residential programs like Leland House that are connected to Intensive Care Coordination or case management;
- support for Intensive Care Coordination which may include coverage by Medicaid;
- additional training funds for providers to adopt evidence-based interventions at all levels of care to include residential, and
- outreach efforts between acute psychiatric hospitals and local CSA offices to clarify processes and identify points of contact for referrals.

ATTACHMENT: None

STAFF:
Janet Bessmer, CSA

MEMO TO THE CPMT

September 25, 2020

Information Item I- 2: Procedure Change for Intensive Care Coordination Services Extension

ISSUE: That the CSA Management Team has approved a change to the procedure for requesting extensions and funding amounts for ICC services.

BACKGROUND:
ICC services can be authorized for up to 15 months with a total budget of $60,000. In instances where the Youth and Family Team determine that time beyond the 15 months and or more money is needed, CSA Management Team approval is required.

> "CSA Management Team approval is required to authorize expenditures more than the limits for each subcategory above and for extensions of ICC services beyond the 15 months. ICC shall present a written request for signed approval by the CSA Management Team." (CSA Policy and Procedures Manual, page 79)

To ensure a uniform process and to help Youth and Family Teams structure their request, a form was developed that will capture the information necessary for CSA Management Team to determine the appropriateness of the extension request. To align the process with other ICC procedures, the CSA Management Team determined that the extension request must be submitted by the Lead Case Manager who is also responsible for submission of reauthorization requests and CANS assessments. The form captures length of time of ICC services, expenditures, the reason for the extension/budget request, as well as concrete goals to be met if the extension is approved. The form also captures the action steps the Youth and Family Team will take should the extension request not be approved by the CSA Management Team.

The extension/budget request form is to be submitted to the UR Manager for utilization review. UR will be used the information on the form, along with other ICC documents (e.g. Plan of Care, safety plan and Strength and Needs Discovery) to make a recommendation to the CSA Management, who will make the final decision.

ATTACHMENT: ICC Request Form

STAFF:
Patricia Arriaza, CSA

Fairfax-Falls Church Children's Services Act
Intensive Care Coordination Budget/Extension Request

Requests to extend Intensive Care Coordination (ICC) length of service or increase the budget for ICC are subject to utilization review (UR) for the purpose of informing the CSA Management Team who will render a decision. Please send request to the UR Manager at least 5 days prior to date of CSA Management Team review. Request must be accompanied by the most recent Youth and Family Team (YFT) plan of care, safety plan, and Strengths and Needs Discovery document.

Type of Request:	☐ Budget	☐ ICC Extension	
Child's name		Harmony #	
Start of ICC		Total months of ICC received to date	
Number of months being requested	☐ 3 months	☐ 6 months	☐ Other*_____ month(s)
Funds spent to date	$	Requested funds	$
*Cannot be longer than 6 months			

1. Please describe the reason for the budget/extension request. Please include any barriers that have been identified and how they will be addressed.

2. **For extension requests:** Please include the goals to be accomplished during the extension - providing concrete goals and action steps that will prepare the family/youth for a successful graduation from Wraparound or transition to other needed services.

3. Please describe the action steps to be taken should the budget/extension request not be approved.

Office Use Only

UR Review Date:	UR Recommendation: ☐ Approved ☐ Denied ☐ Amend ______________________________
MT Review Date:	MT Decision: ☐ Approved ☐ Denied ☐ Amend ______________________________

MEMO TO THE CPMT

September 25, 2020

Information Item I - 3: Review Proposed CPMT Bylaw Revisions

ISSUE: That the CPMT Bylaws be updated as needed to reflect county standards for bylaws, current Code sections and membership requirements with recommended language from the Office of County Attorney.

BACKGROUND:

The revised Bylaws were approved by the CPMT on May 29, 2020, City of Fairfax on July 28, 2020, and Falls Church City on August 10, 2020. Further revisions have been recommended by the County Attorney's Office since CPMT approved the revisions on May 29, 2020. Approval of these revisions will be requested at the Oct 2020 CPMT meeting.

DISCUSSION:

Major proposed changes include:

- **ARTICLE V: MEMBERSHIP, APPOINTMENTS, AND TERM OF OFFICE**
  ARTICLE V: Section 2 Legally Mandated Members
- Assistant Superintendent, Department of Special Services, Fairfax County Public Schools
- **ARTICLE VII: ELECTION OF CERTAIN OFFICERS AND TERM OF OFFICE**
  Election of officers other than the Chair shall be conducted by the CPMT acting as a Nominating Committee of the Whole.
- **ARTICLE XIII: REMOVAL OF MEMBERS**
  Prior to the CPMT vote to recommend removal of a Limited Term member, the CPMT shall inform the representatives of the Falls Church City Council and the Fairfax City Council of its intention to recommend removal of a Limited Term member.

ATTACHMENT: Additional proposed revisions to CPMT bylaws

STAFF:

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

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

ARTICLE I: PURPOSE

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

ARTICLE II: MISSION

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

ARTICLE III: PARTICIPATING JURISDICTIONS AND NAME

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

ARTICLE ~~IV~~IV: RESPONSIBILITIES

As set forth in the *Code of Virginia*, the ~~CPMT has~~CPMT's authority and duties include, but are not limited to, the following~~ duties and authority~~:

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

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

3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by

federal or state law, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;

~~3.~~4. Coordinate long range, community-wide planning which ensures the development of resources and services needed by children and families;

~~4.~~5. Establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams and a process to review the teams' recommendations and requests for funding;

~~5.~~6. Establish Family Assessment and Planning Teams (FAPT) and/or collaborative, multidisciplinary teams (MDT) as needed;

~~6.~~7. Establish quality assurance and accountability procedures for program utilization and funds management;

~~7.~~8. ~~Obtain bids~~Establish procedures for obtaining bids on the development of new services and enter into contracts for the provision or operation of services in accordance with the Fairfax County ~~Public Procurement Act;~~Purchasing Resolution;

~~8.~~9. ~~Establish procedures for the management of~~Manage funds in the interagency budget allocated to the community from the ~~State pool~~state pools of funds, the ~~Trust~~trust fund, and any other source;

~~9.~~10. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;

~~10.~~11. Submit grant proposals that benefit this community to the state trust fund and enter into contracts for the provision or operation of services upon approval ~~by the Fairfax County Board of Supervisors; and,~~of the participating governing bodies;

~~11.~~12. Serve as ~~its~~the community's liaison to the ~~State Management Team~~Office for Children's Services, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services~~.~~;

13. Collect and provide uniform data to the State Executive Council as requested by the Office for Children's Services in accordance with subdivision D 16 of §2.2-2648;

14. 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, 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, and 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;

15. Administer funds pursuant to § 16.1-309.3;

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

17. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to § 37.2-403 *et seq.*, exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning teams or participating community agencies authorized in § 2.2-5207;

18. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648; and

19. Establish policies and procedures for appeals by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

ARTICLE V: MEMBERSHIP, APPOINTMENTS, AND TERM OF OFFICE

Section 1. Memberships.

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

Section 2. ~~State~~Legally Mandated Members.

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

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

Section 3. Locally Mandated Members.

The following representatives are designated by the Fairfax County Board of Supervisors to serve as members of the CPMT:

- ~~Deputy County Executive, Human Services~~
- Director of the ~~Department~~Office of ~~Administration for Human Services~~Strategy Management
- Director of the Department of Neighborhood and Community Services
- Director of Special Education Procedural Support, Fairfax County Public Schools
- Director of Intervention and Prevention Services, Fairfax County Public Schools

Section 4. Optional Members.

The Fairfax County Board of Supervisors may appoint the following ~~positions as members of the CPMT~~limited term members to the CPMT after all participating jurisdictions have had the opportunity to submit nomination recommendations:

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

Section 5. Appointments and Terms for Limited Term Members

Term of Appointment: The ~~eight (8)~~private service provider and parent representative legally mandated to serve on the CPMT and any appointed optional members ~~identified by an asterisk (*) in Sections 2, 3, and 4 above~~ (up to six members)

shall serve two (2) year limited term appointments. ~~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~~

Appointment: Fairfax County, the City of ~~private service provider representatives shall expire in alternating years.~~

~~All jurisdictions~~Fairfax, and the City of Falls Church shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall ~~forward the CPMT's~~appoint a Nominating Committee of at least three (3) members who, after consideration of all nominations, shall make recommendations to the CPMT. If the CPMT approves the Nominating Committee's recommended ~~nominee~~candidate(s) for limited term membership, it shall forward the recommended candidate(s) to the Fairfax County Board of Supervisors ~~or other appointing authority~~ for approval. ~~*For the parent representatives,*~~ The Chair ~~*will*~~shall appoint ~~a Nominating Committee *of three members with*~~ at least one parent representative to ~~assist in obtaining nominations for these limited term members.~~the Nominating Committee when the appointment of a parent representative is being considered.

Re-Appointment: Re-appointments may be made for additional consecutive terms by currently serving, limited term members upon approval by the Fairfax County Board of Supervisors after CPMT consideration of recommendations from all participating jurisdictions. The terms of private service provider representatives shall expire in alternating years.

ARTICLE VI: OFFICERS AND THEIR DUTIES

Section 1. Officers.

The officers of the CPMT shall consist of a Chair and Vice Chair. The Chair shall be the Fairfax County Deputy Executive County for Human Services.

Section 2. Duties of the Chair.

The duties of the Chair shall be:

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

Section 3. Duties of the Vice Chair.

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

ARTICLE VII: ELECTION OF ~~THE~~CERTAIN OFFICERS AND TERM OF OFFICE

Section 1. Elections.

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

Section 2. Term of Office.

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

Section 3. Replacement of Officers.

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

ARTICLE VIII: MEETINGS

Section 1. Meetings.

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

Section 2. Absences.

Absences shall be managed in accordance with Fairfax County Procedural Memorandum ~~Number 99~~01-02, which states that ~~the names of the~~upon notification by staff, the Clerk will communicate with the Board of Supervisors regarding members who are absent ~~for~~from three or more consecutive ~~regularly scheduled~~ meetings ~~are to be transmitted to the Clerk to the Board of Supervisors or other appointing authority for appropriate action~~.

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

Upon notification by staff, the Clerks of the Cities will inform their respective City Council about members representing the Cities who are absent from three (3) of more consecutive meetings.

Section 3. VFOIA.

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

Section 4. Notice and Agenda.

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

Section 5. Public Access.

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

Section 6. Records.

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

Section 7. Staff Support.

The ~~Chair shall assign~~ Fairfax County ~~staff designated by the~~ Deputy Executive for Human Services ~~to maintain the minutes of all meetings, to prepare~~shall designate staff to provide administrative support including preparation and distribution of agendas~~,~~ and ~~to distribute~~ meeting minutes.

ARTICLE IX: QUORUM

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

ARTICLE X: RULES OF ORDER

Section 1. Voting.

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

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

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

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

ARTICLE XI: COMMITTEES

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

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

ARTICLE XII: CONFIDENTIALITY

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

ARTICLE XIII: REMOVAL OF MEMBERS

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

ARTICLE XIV: COMPLIANCE WITH LAW AND POLICY

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

ARTICLE XV: AMENDMENTS

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

These bylaws were ~~last amended at a regular meeting of the CPMT held on March 24, 2017 and~~ approved by the Board of Supervisors on September 15, 2020.

GIVEN under my hand this _____ day of ____________, 2020.

____

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

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

ARTICLE I: PURPOSE

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

ARTICLE II: MISSION

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

ARTICLE III: PARTICIPATING JURISDICTIONS AND NAME

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

ARTICLE IV: RESPONSIBILITIES

As set forth in the *Code of Virginia*, the CPMT's authority and duties include, but are not limited to, the following:

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

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

3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay;

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

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

6. Establish Family Assessment and Planning Teams (FAPT) and/or collaborative, multidisciplinary teams (MDT) as needed;

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

8. Establish procedures for obtaining bids on the development of new services and enter into contracts for the provision or operation of services in accordance with the Fairfax County Purchasing Resolution;

9. Manage funds in the interagency budget allocated to the community from the state pools of funds, the trust fund, and any other source;

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

11. Submit grant proposals that benefit this community to the state trust fund and enter into contracts for the provision or operation of services upon approval of the participating governing bodies;

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

13. Collect and provide uniform data to the State Executive Council as requested by the Office for Children's Services in accordance with subdivision D 16 of §2.2-2648;

14. 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, 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, and 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;

15. Administer funds pursuant to § 16.1-309.3;

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

17. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to § 37.2-403 *et seq.*, exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning teams or participating community agencies authorized in § 2.2-5207;

18. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of § 2.2-2648; and

19. Establish policies and procedures for appeals by youth and their families of decisions made by local family assessment and planning teams regarding services to be provided to the youth and family pursuant to an individual family services plan developed by the local family assessment and planning team. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

ARTICLE V: MEMBERSHIP, APPOINTMENTS, AND TERM OF OFFICE

Section 1. Memberships.

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

Section 2. Legally Mandated Members.

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

- Deputy County Executive, Human Services
- Director of Court Services for the Fairfax County Juvenile and Domestic Relations Court
- Director of the Department of Family Services
- Executive Director of the Fairfax-Falls Church Community Services Board
- Director of the Department of Health
- Assistant Superintendent, Department of Special Services, Fairfax County Public Schools

- One (1) representative of the Falls Church City Public Schools
- One (1) human services representative appointed by the Fairfax City Council
- One (1) human services representative appointed by the Falls Church City Council
- One (1) representative of private service providers (Limited Term Member)
- One (1) parent representative who is not an employee of any public or private provider of services to youth (Limited Term Member)

Section 3. Locally Mandated Members.

The following representatives are designated by the Fairfax County Board of Supervisors to serve as members of the CPMT:

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

Section 4. Optional Members.

The Fairfax County Board of Supervisors may appoint the following limited term members to the CPMT after all participating jurisdictions have had the opportunity to submit nomination recommendations:

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

Section 5. Appointments and Terms for Limited Term Members

Term of Appointment: The private service provider and parent representative legally mandated to serve on the CPMT and any appointed optional members (up to six members) shall serve two (2) year limited term appointments.

Appointment: Fairfax County, the City of Fairfax, and the City of Falls Church shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall appoint a Nominating Committee of at least three (3) members who, after consideration of all nominations, shall make recommendations to the CPMT. If the CPMT approves the Nominating Committee's recommended candidate(s) for limited term membership, it shall forward the recommended candidate(s) to the Fairfax County Board of Supervisors for approval. The Chair shall appoint at least one parent representative to the Nominating Committee when the appointment of a parent representative is being considered.

Re-Appointment: Re-appointments may be made for additional consecutive terms by currently serving, limited term members upon approval by the Fairfax County Board of Supervisors after CPMT consideration of recommendations from all participating jurisdictions. The terms of private service provider representatives shall expire in alternating years.

ARTICLE VI: OFFICERS AND THEIR DUTIES

Section 1. Officers.

The officers of the CPMT shall consist of a Chair and Vice Chair. The Chair shall be the Fairfax County Deputy Executive County for Human Services.

Section 2. Duties of the Chair.

The duties of the Chair shall be:

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

Section 3. Duties of the Vice Chair.

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

ARTICLE VII: ELECTION OF CERTAIN OFFICERS AND TERM OF OFFICE

Section 1. Elections.

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

Section 2. Term of Office.

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

Section 3. Replacement of Officers.

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

ARTICLE VIII: MEETINGS

Section 1. Meetings.

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

Section 2. Absences.

Absences shall be managed in accordance with Fairfax County Procedural Memorandum 01-02, which states that upon notification by staff, the Clerk will communicate with the Board of Supervisors regarding members who are absent from three or more consecutive meetings.

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

Upon notification by staff, the Clerks of the Cities will inform their respective City Council about members representing the Cities who are absent from three (3) of more consecutive meetings.

Section 3. VFOIA.

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

Section 4. Notice and Agenda.

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

Section 5. Public Access.

For any meeting, at least one copy of the agenda, all agenda packets, and, unless exempt under the VFOIA, all materials furnished to members shall be made available for public inspection at

the same time such documents are furnished to the members. Pursuant to the VFOIA, any person may photograph, film, record, or otherwise reproduce any portion of a meeting required to be open, but such actions may not interfere with any CPMT proceedings.

Section 6. Records.

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

Section 7. Staff Support.

The Fairfax County Deputy Executive for Human Services shall designate staff to provide administrative support including preparation and distribution of agendas and meeting minutes.

ARTICLE IX: QUORUM

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

ARTICLE X: RULES OF ORDER

Section 1. Voting.

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

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

Section 2. Conduct and Procedure.

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

ARTICLE XI: COMMITTEES

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

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

ARTICLE XII: CONFIDENTIALITY

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

ARTICLE XIII: REMOVAL OF MEMBERS

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

ARTICLE XIV: COMPLIANCE WITH LAW AND POLICY

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

ARTICLE XV: AMENDMENTS

These bylaws may be amended by adopting the proposed amendment or amendments at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT

thirty (30) days prior to the meeting. Proposed amendments to these bylaws may also be adopted at any time without advance notice by unanimous vote of all members of the CPMT. Any proposed amendments are subject to, and shall not become effective until, approval by the Fairfax County Board of Supervisors, the Falls Church City Council, and the Fairfax City Council.

These bylaws were approved by the Board of Supervisors on September 15, 2020.

GIVEN under my hand this _____ day of ____________, 2020.

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

MEMO TO THE CPMT

September 25, 2020

Information Item I- 4: Update on 2% Rate Cap and Rate Setting Study for Private Day School

ISSUE: That the Appropriations Act established a cap of 2% for annual tuition increases for Private Day Schools beginning with FY 20 while a study was conducted of Private Day rates to develop a rate setting methodology. Funding for the rate study was "unallotted" in the Governor's revised budget.

BACKGROUND: OCS provided a summary of Private Special Education Services and the history of expenditure growth (attached). *The growth in private special education placements, especially private day schools, has received extensive attention over the past several years. Children's Services Act (CSA) expenditures for private special education day placements account for 73% of overall CSA growth (combined state and local expenditures) from FY2015 – FY2019. Over this period, the number of students served in these placements, required by their Individualized Education Programs (IEP), rose 24% from 3,416 to 4,227. In FY2019, growth in this one service area accounted for $12.3 million in net CSA expenditure growth. In FY2019 (as compared to FY2018) the rate of growth slowed to 7.1% from 10.7% and the number of children placed in private day schools increased by 126, as compared to 285 from FY2017 to FY2018.*

As a result of the expenditure growth, the rate setting study and the 2% rate cap were established in FY 2019. In addition, JLARC has also been commissioned to perform a review of CSA to include recommendations about special education services.

In the upcoming legislative session, special education services within the CSA will be a topic of interest. The legislative position held for CSA is to promote locality choice in funding decisions and to ensure that sum sufficiency is maintained.

ATTACHMENT:
Private Special Education Services under the CSA: Annual Report to the General Assembly, December 2019
Administrative Memo 20-02: Cap on FY2021 Private Day Special Education Rate Increases

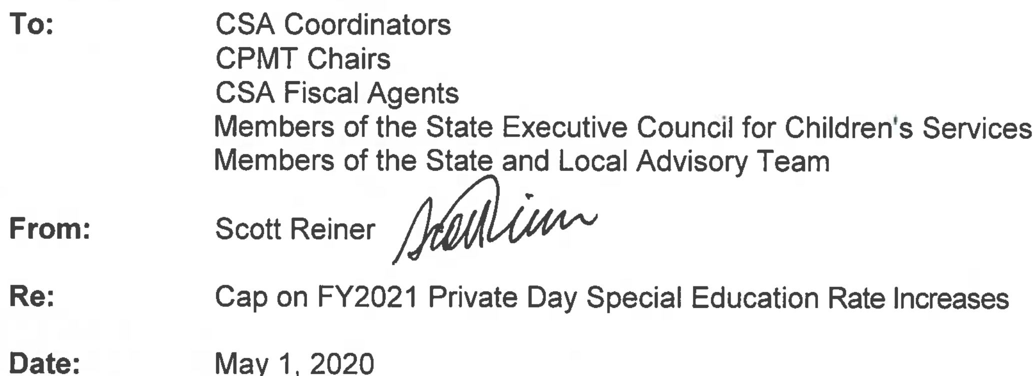
STAFF:
Janet Bessmer, CSA
Barbara Martinez, DPMM Contracts
Xu Han, DFS Budget

COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES
Administering the Children's Services Act

Administrative Memo #20-02



To: CSA Coordinators
CPMT Chairs
CSA Fiscal Agents
Members of the State Executive Council for Children's Services
Members of the State and Local Advisory Team

From: Scott Reiner

Re: Cap on FY2021 Private Day Special Education Rate Increases

Date: May 1, 2020

The Office of Children's Services is aware that localities are beginning to negotiate contracts and rates for services for the upcoming fiscal year. This Administrative Memo is to inform you of the directive in the Appropriation Act to "cap" FY2021 private day special education rates at no more than two percent above the rates paid in FY2020. OCS continues to monitor FY2020 rate increases that exceed the two percent limit in the current year and will be adjusting CSA reimbursements to account for that limit in the coming months.

As you may be aware, the General Assembly included the following language in the FY2021-2022 Appropriation Act (Item 292):

> M. Notwithstanding any other provision of law, the rates paid by localities to providers of private day special education services under the Children's Services Act shall not increase more than two percent the first year above the rates paid in the prior fiscal year. All localities shall submit their contracted rates for private day education services to the Office of Children's Services by August 1 of each year.

You will be asked in the next few months to submit your FY2021 negotiated rates for private day special education programs. In order to proceed in compliance with the directive of the General Assembly, the Office of Children's Services will provide reimbursement for these services, effective July 1, 2020, at a rate **not to exceed** two percent higher than the FY2020 rates.

I hope this will assist you as you enter into rate negotiations with providers of these services. The current uncertainty as to when schools will resume is an issue separate and apart from the requirements of the Appropriation Act.

Please feel free to contact me with any questions you may have.

1604 Santa Rosa Road, Suite 137 • Richmond, Virginia 23229-5008 • PHONE: 804-662-9815 • FAX: 804-662-9831 • WEB: www.csa.virginia.gov

OFFICE OF CHILDREN'S SERVICES

ADMINISTERING THE CHILDREN'S SERVICES ACT

The Children's Services Act (CSA, §2.2-2648 et seq) was enacted in 1993 to create a collaborative system of services and funding for at-risk youth and families.

The CSA establishes local multidisciplinary teams responsible to work with families to plan services according to each child's unique strengths and needs and to administer the community's CSA activities.

The Office of Children's Services (OCS) is the administrative entity responsible for ensuring effective and efficient implementation of the CSA across the Commonwealth.

Guiding principles for OCS include:

- Child and family directed care,
- Equitable access to quality services,
- Responsible and effective use of public funds,
- Support for effective, evidence-based practices, and
- Collaborative partnerships across state, local, public, and private stakeholders.

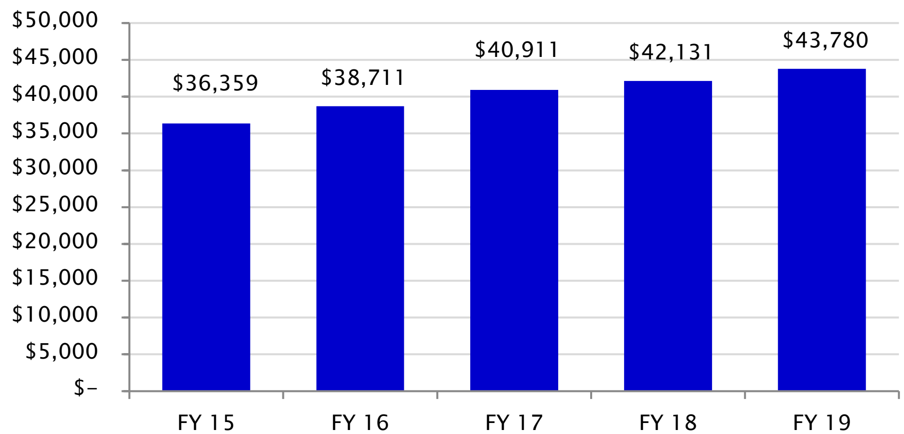
PRIVATE SPECIAL EDUCATION SERVICES UNDER THE CSA

Annual Report to the General Assembly, December 2019

In accordance with the Appropriation Act Chapter 854 Item 282 (K)(2)

Children and youth with educational disabilities placed due to the Individualized Education Programs (IEP) in approved private school educational programs are included in the CSA target population and are eligible for funding (Code of Virginia §2.2-5211; 2.2-5212).

Average Annual CSA Expenditure Per Child
Private Day Special Education Services

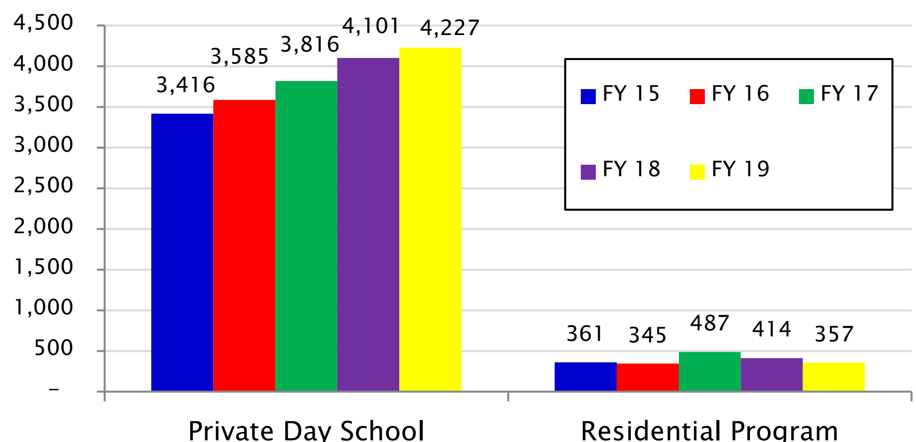


(FY2017 - FY2019 data are derived from the CSA Local Expenditure and Data Reimbursement System (LEDRS), resulting in differences from prior years).

Net CSA Expenditures by Placement Type – Special Education Services

	FY2017	FY2018	FY2019
Private Day School	$ 156,117,959	$ 172,780,707	$ 185,057, 703
Private Residential School	$ 18,170,411	$ 15,290,636	$ 11,718,947
Total	$ 174,288,370	$ 188,071,343	$ 196,776,650

Number of Youth Served by Placement Type: Special Education Services

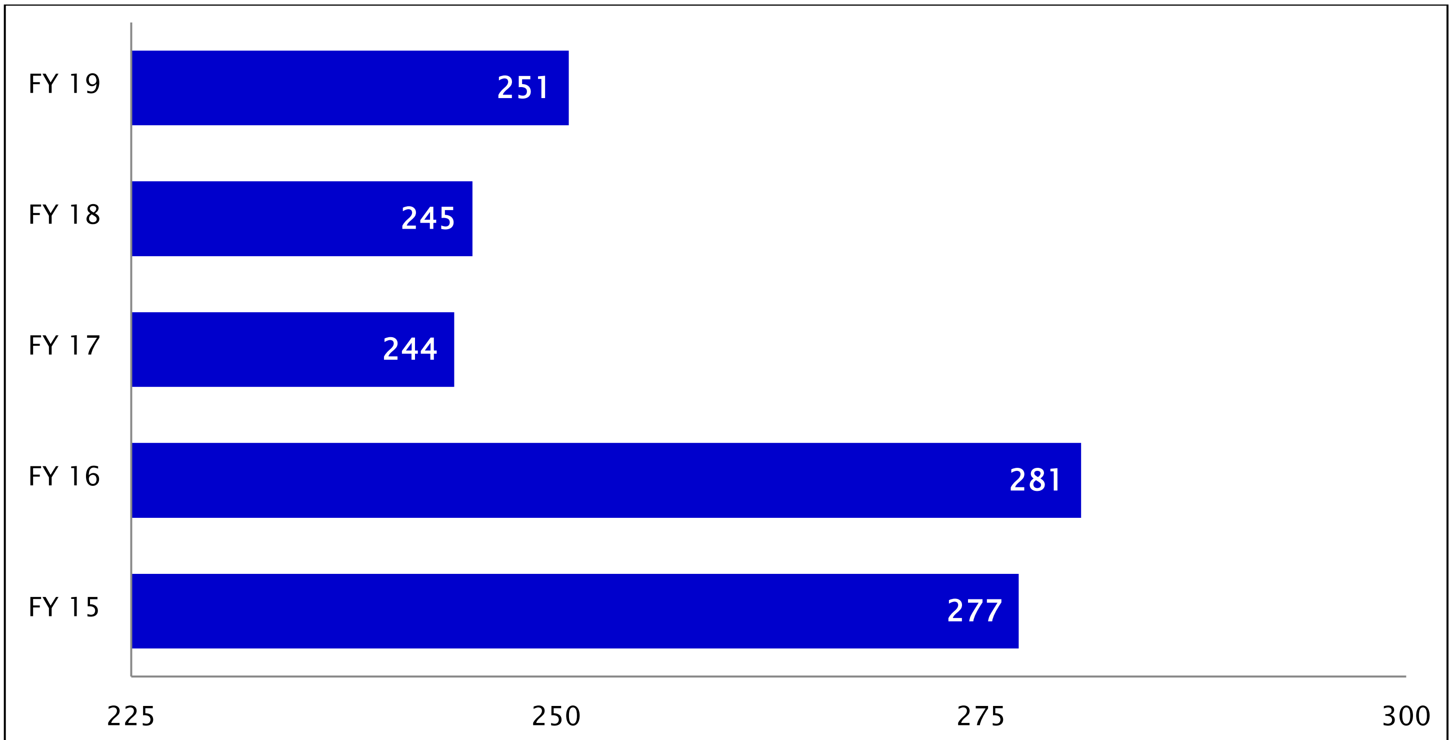


FY2019 unduplicated count of youth who received services in accordance with an Individualized Education Program (IEP) requiring private school placement = 4,448

Private Special Education Services
Funded under the Children's Services Act

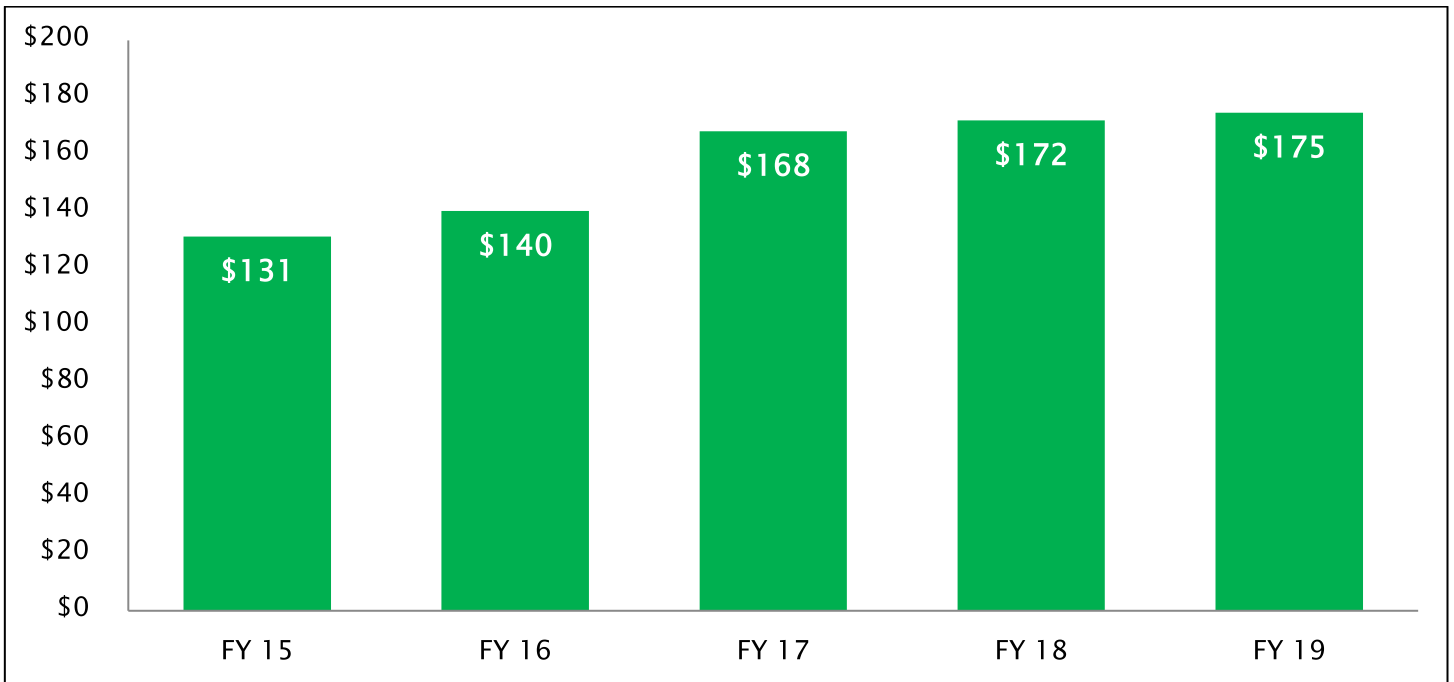
Average Length of Stay (Number of Days per Year) for Private Day Placements

(FY2017 – FY2019 data are derived from the new CSA LEDRS system, resulting in improved data accuracy)

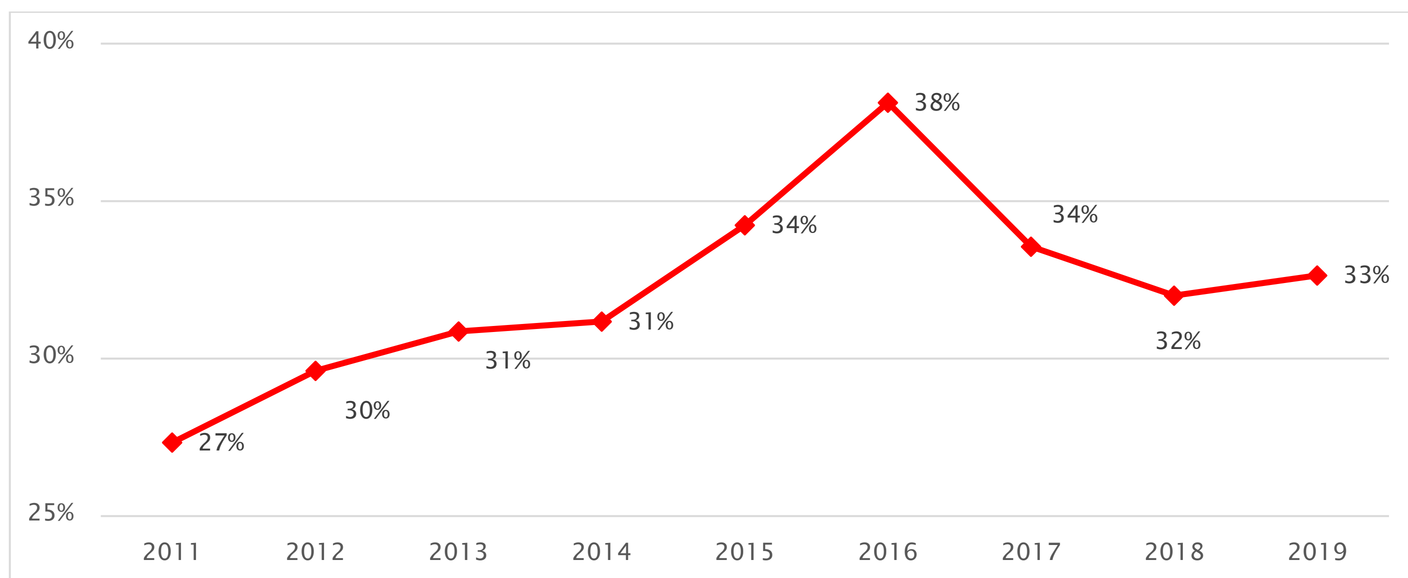


Average Cost per Child per Day for Private Day Placements

(FY2017 – FY2019 data are derived from the new LEDRS system, resulting in differences from prior years)



Percentage of CSA Special Education Population Designated as Autistic (in the CSA Data Set/LEDRS)



Discussion

The growth in private special education placements, especially private day schools, has received extensive attention over the past several years. Children's Services Act (CSA) expenditures for private special education day placements account for 73% of overall CSA growth (combined state and local expenditures) from FY2015 – FY2019. Over this period, the number of students served in these placements, required by their Individualized Education Programs (IEP), rose 24% from 3,416 to 4,227. In FY2019, growth in this one service area accounted for $12.3 million in net CSA expenditure growth. In FY2019 (as compared to FY2018) the rate of growth slowed to 7.1% from 10.7% and the number of children placed in private day schools increased by 126, as compared to 285 from FY2017 to FY2018.

The 2018 General Assembly initiated two major actions to address CSA funded private day placements. The Office of Children's Services (OCS) was allocated funds and directed to carry out a study on the rates paid by localities to special education private day programs to include an examination of the adequacy of current rates and recommendations for implementing a rate setting structure (Chapter 854, Item 282 (M)). The final report of this study was submitted on October 1, 2019 and is available in the Legislative Information System as RD424 (2019). Additionally OCS was directed, beginning with FY2019 to collect the rates being paid by localities for private day special education programs and for FY2020, to institute a two percent limit on rate increases for private special education day programs over the FY2019 negotiated rates with localities. OCS has implemented these directives.

The Office of Children's Services (under the leadership of the Department of Education) was directed by the 2019 General Assembly to establish an implementation advisory group to refine the outcome measures established in the November 2018 Private Day Special Education Outcomes report. The advisory group has been meeting on a regular basis, has completed the majority of its work, and is preparing to implement the outcome measures.

MEMO TO THE CPMT

September 25, 2020

Information Item I- 5: Budget Amendment about Private Day School Rates and Distance Learning

ISSUE: That a budget amendment preventing use of telehealth and distance learning as grounds to reduce approved private school rates has been proposed.

BACKGROUND: The CPMT is provided with the following text from a budget amendment regarding special education rates. Our locality has not taken a position on this amendment but is monitoring its status.

Item 292 #1h
Health and Human Resources
Children's Services Act
Language
Page 108, after line 5, insert:
"No community policy management team receiving and disbursing funds under the Children's Services Act to pay for a student's placement in a private school serving students with disabilities shall reduce any previously agreed upon daily or monthly rate for the 2020-21 school year as long as the student's placement is in a private school serving students with disabilities that is continuing to provide a free and appropriate public education. Full or partial transition to remote learning or telehealth services due to a pandemic or declaration of a public health emergency by the Governor shall not be considered grounds for reducing a previously agreed upon daily or monthly rate or terminating or voiding a contract or purchase service order, nor shall it be grounds for amending a previously agreed upon individualized education plan (IEP) for a student with disabilities."

Explanation
(This amendment adds language prohibiting the reduction of private day school rates for students with disabilities due to the use of remote learning or telehealth services during a pandemic or declared public health emergency. Language shall be set out in this item during enrolling.)

ATTACHMENT: None

STAFF:
Janet Bessmer, CSA

MEMO TO THE CPMT
September 25, 2020

Information Item I - 6: Serious Incident Report, FY20 Quarter 4

ISSUE: 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:

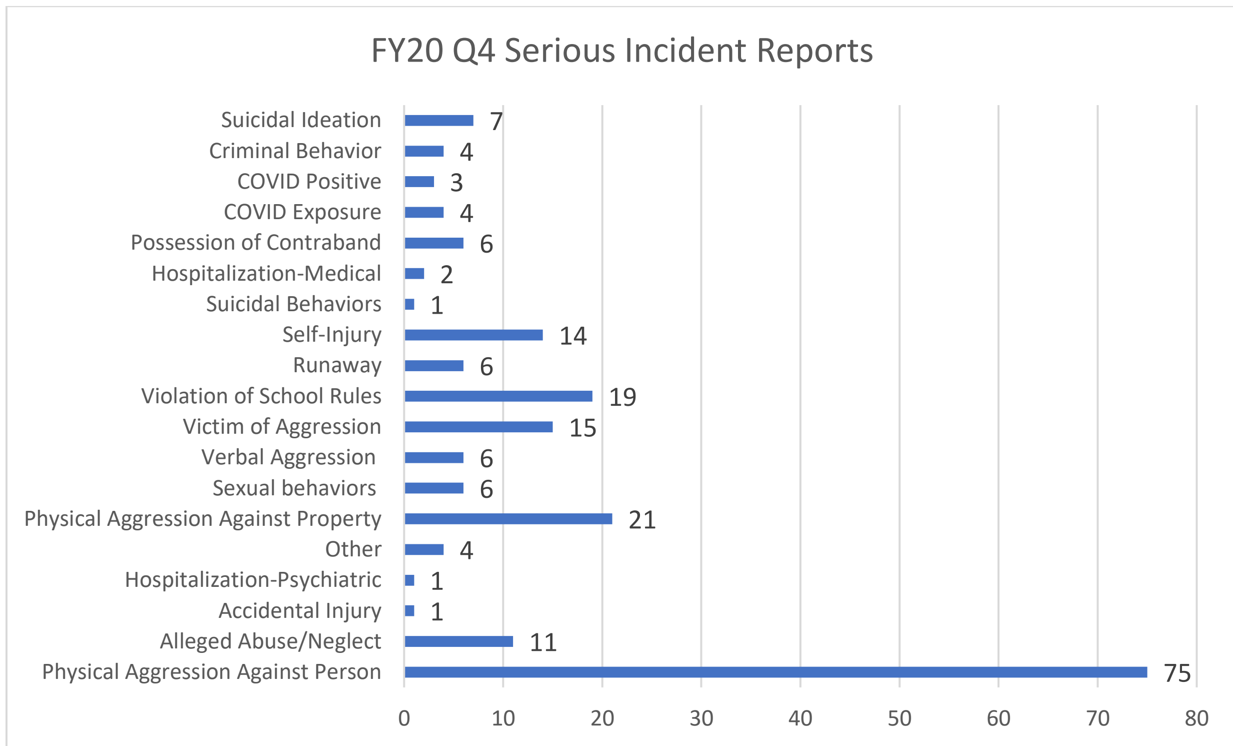
- Alleged criminal activity by the provider to include abuse/neglect of clients;
- Legal/Risk Management issues to include unsafe conditions;
- Ethical/Licensure issues to include boundary and dual relationships; and
- Contractual violations/fiscal issues to include failure to report SIRs and billing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

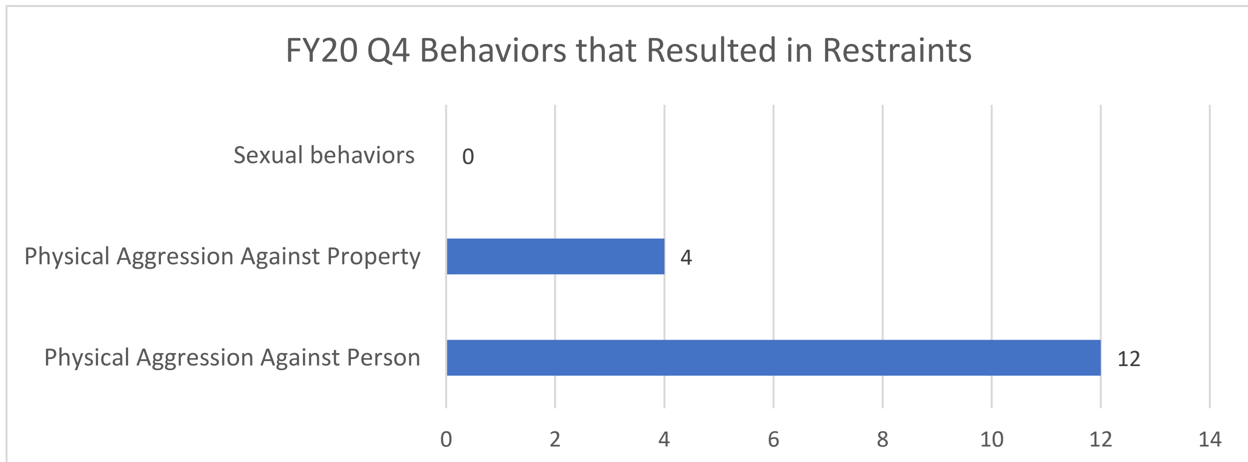
UPDATES TO CSA MANAGEMENT TEAM: During FY20 Q4 no SIRs were reported to the CSA Management Team.

VOLUME OF SIRS:

In FY20 Q4, 206 Serious Incident Reports were received, which was a 39% decrease in incidents from Q3 with 336 incidents. The decrease was likely a result of COVID-19, which caused day schools to close in March 2020. Physical aggression against a person continues to be the most common type of incident that occurs. One RTC attributed to 46% of this incident type. During this quarter, CSA staff began to track the number of COVID-19 exposures and diagnoses - three youth tested positive for COVID-19 at two separate schools.



In Q4 there were a total of 16 restraints with 12 of the restraints resulting from physical aggression against a person and 4 resulting from physical aggression against property.



The decrease in the number of restraints from Q3 (57) to Q4 (16) was likely due to day schools closing as a result of COVID-19. Day schools attributed to 84% of restraints during Q3.

Q4 saw an increase in allegations of abuse/neglect incidents with a total of 11 SIRs - an increase of 9 from Q3. Seven of these incidents were reported by an ICC provider, 3 by RTCs, and 1 by a homebased provider. Two of the incidents were observed during video conferences.

Follow up continues to be conducted on serious incidents that require more information to ensure that youth are safe in their placements.

STAFF:

Patricia E. Arriaza, Children's Services Act, Management Analyst III, Program Operations
Shana Martins, Children's Services Act, Management Analyst II, Quality Improvement

MEMO TO THE CPMT

September 25, 2020

Information Item I- 7: Quarterly CPMT Data Report, FY 20 Quarter 4

ISSUE: That the CPMT receive regular management reports about utilization of services, duration of services, outcomes and performance measures.

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 including the number of youth in long-term residential placements, length of stay and metrics for Intensive Care Coordination.

ATTACHMENT:
Quarterly CPMT Data Report

STAFF:
Patricia E. Arriaza, Management Analyst III, Program Operations

RBA

Results-Based Accountability
Performance Plan
FY 2020, Quarter 4 Report to CPMT

SUMMARY	
Name of Work	**Children's Services Act (CSA) for At-Risk Youth – Systems of Care**
Agency	Human Services within the Department of Family Services (DFS)
Contact (Name, Phone, Email)	Patricia E. Arriaza, Management Analyst III, 703-324-8241, patricia.arriaza@fairfaxcounty.gov
Purpose	The Children's Services Act (CSA) for At-Risk Youth and Families is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at- risk youth and their families. The state funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth. The mission of the CSA is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth.
Customers	At-risk youth between the ages of 0 to 21 and their families as defined by VA § 2.2-5212
Total Customers	Youth served: FY19:1,252; FY18: 1,311 ; FY17: 1,428 ; FY16: 1,494; FY15: 1,343; FY14: 1,200
Total Staff Year Equivalents (SYE)	FY2019: 11; FY2018: 10; FY2017: 10; FY2016: 10; FY2015: 10; FY2014: 10
Total Budget	FY2019: $38.3 million for CSA pooled funding; $1,068,171 for program administration FY2018: $38.6 million for CSA pooled funding; $1,053,393 for program administration FY2017: $40.8 million for CSA pooled funding; $1,057,286 for program administration FY2016: $41.9 million for CSA pooled funding; $988,075 for program administration FY2015: $39.8 million for CSA pooled funding; $947,889 for program administration FY2014: $38.0 million for CSA pooled funding; $909,356 for program administration

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

Summary of Annual and Quarterly[1] Performance Measures	
How Much Was Done?	
1.1	Total Youth Served Annually
1.2.1	Annual CSA Pool-fund Expenditures
1.2.2	Annual CSA Expenditures by Service Type
How Well Was It Done?	
2.1	**Restrictiveness of Living Outcome Goal 1: Increase in percentage of youth participating in CSA who live in family settings.**
2.1.1	Number of youth in a long-term congregate care setting
2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services
2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**
2.2.1	Average number of days (length of stay) CSA participating children live in congregate care – measured in current setting and at post-discharge
2.2.2	Number of youth entering long-term congregate care settings
2.2.3	Number of youth exiting long-term congregate care settings
2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services
2.3	**Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment**
2.3.1	JDRDC and DFS data on Relief of Custody Petitions: # ROC petitions filed/# children entering foster care from ROC petitions
2.3.2	Number of children entering foster care from CHINS petitions

[1] Quarterly performance measures highlighted in blue.

2.3.3	Number of children entering foster care from delinquency petitions	
2.4	**Fiscal Accountability Outcome Goal 1: Fairfax-Falls Church CSA leverages state and local fiscal resources to serve youth and families efficiently**	
2.4.1	Per capita cost per youth receiving CSA services	
2.4.2	Per capita cost per youth receiving residential/ group home services	
2.4.3	Annual per-child unit cost of residential/group home services	
2.5	**Fiscal Accountability Outcome Goal 2: Fairfax-Falls Church is making maximum use of Medicaid as an alternative to CSA or locality funding**	
2.5.1	Percentage of placements in Medicaid-enrolled facilities	
2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement	
2.6	**Parent Satisfaction Survey**	
2.6.1	Percent of parent survey respondents who are satisfied with CSA services	
	Is Anyone Better Off?	**Headline Measure (HM)**
3.1	**Restrictiveness of Living Outcome Goal 1: Increase in percentage of children participating in CSA who live in family settings.**	
3.1.1	Percentage of CSA youth who received only community-based services	
3.2	**Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment.**	
3.2.1	Percentage of children receiving CSA-funded services through the foster care prevention mandate who are successfully prevented from entering foster care	
3.2.2	Percentage of children with families participating in CSA-funded family partnership meetings through the foster care prevention mandate who are successfully prevented from entering foster care after the family partnership meeting	

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

3.3	**Functional Outcome Goals: Child and Adolescent Needs and Strengths (CANS) outcomes improve for children served by the CSA system of care from initial assessment to second assessment.**	
3.3.1	Percent of positive change in CANS outcomes by domain level of need	
3.4	**Functional Outcome Goal 1: Children participating in CSA-funded services will experience a decline in behaviors that place themselves or others at risk.**	
3.4.1	Percent of positive change in Child Risk Behavior by actionable rating	
3.5	**Functional Outcome Goal 2: Children participating in CSA-funded services will experience a decline in behavioral or emotional symptoms that cause severe/dangerous problems.**	
3.5.1	Percent of positive change in Behavioral/Emotional Needs by actionable rating	
3.6	**Functional Outcome Goal 3: Children participating in CSA-funded services will experience an increase in identified strengths that are useful in addressing their needs and developing resiliency.**	
3.6.1	Percent of positive change in Strength Domain by actionable strength	
3.7	**Functional Outcome Goal 4: Needs and issues of parents/caregivers of children participating in CSA-funded services that negatively impact their care-giving capacity will be reduced.**	
3.7.1	Percent of positive change in Planned Permanency Caregiver functioning by actionable need	

Results-Based Accountability Performance Plan
Children's Services Act (CSA) System of Care

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.1	**Restrictiveness of Living Outcome Goal 1: Increase in percentage of children participating in CSA who live in non-residential settings.**	
	2.1.1	Number of youth placed in a long-term congregate care setting	40
Graphs/Charts			
Notes	**Analysis**: The total point in time count saw a slight increase in the 4th quarter; the PIT increased by 1 from Q3 to Q4. **Planned Action:** Continue to monitor.		

POINT IN TIME COUNTS FOR RESIDENTIAL AND GROUP HOME PLACEMENTS (90+ DAYS)

	6/30/2018	9/30/2018	12/31/2018	3/31/2019	6/30/2019	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Foster Care/Adoption	14	13	11	10	12	15	16	15	14
IEP Special Education	11	10	9	9	7	9	9	10	9
CHINS	17	16	16	17	13	18	18	13	16
Non-Mandated	1	2	2	2	2	1	1	1	1
MHI local									
Total	43	41	38	38	34	43	44	39	40

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.2.1	Number of days CSA participating children live in congregate care before being returned to a family setting	173 days for youth with emotional /behavioral disabilities
Graphs/Charts			

Average Length of Stay for Exiting Placements for Children with Emotional/Behavioral Problems - # of Days

Date	Days
6/1/2018	185
9/1/2018	214
12/1/2018	224
3/1/2019	175
6/1/2019	200
9/1/2019	293
12/1/2019	234
3/1/2020	216
6/1/2020	173

Notes

Analysis: Best practice indicates that youth with emotional/behavioral problems should be returned to a family setting within 6-9 months [180-270 days]. The length of stay for youth with primarily emotional/behavioral problems exiting placement (n=13) was 173 days at the end of the 4th quarter (LOS ranged from 56 to 392 days). Ages ranged from 11 to 19, with average age being 15 years. Twelve of the youth are Caucasian and 1 is African American. Of the 13 exits, 1 was from Fairfax County Public Schools, 6 were from Foster Care and Adoption, and 6 from the Community Services Board. **Planned Action:** Continue to monitor.

Results-Based Accountability Performance Plan
Children's Services Act (CSA) System of Care

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.2.1	Number of days CSA participating children live in congregate care before being returned to a family setting	2827 days for youth with developmental disabilities
Graphs/Charts			

Length of Stay (days in current placement): Residential and Group Home Placements for Children with Developmental Disability

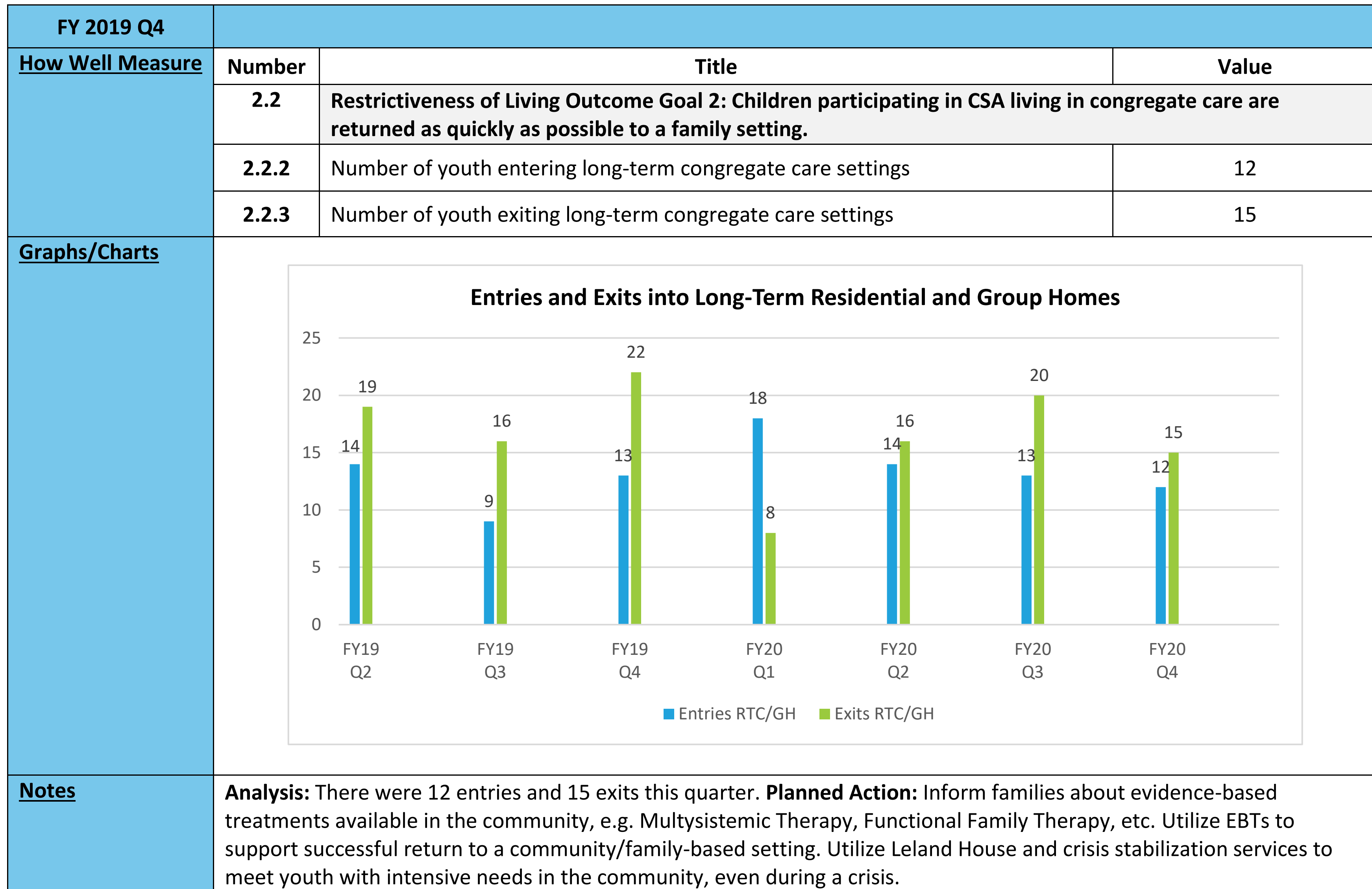
Date	Days
6/1/2018	2076
9/1/2018	1630
12/1/2018	2081
3/1/2019	2002
6/1/2019	2245
9/1/2019	2005
12/1/2019	1948
3/1/2020	2927
6/1/2020	2827

Notes

Analysis: The length of stay for youth with primary needs from developmental disabilities (n=3) was 2827 days, range of LOS is 1,881 to 3,948 days. The three placements are from Fairfax County Public Schools – 1 youth is at Grafton, 1 at Devereux, and 1 at Benedictine. The three youth are Caucasian. The ages range from 18 to 21, with the average age being 20. **Planned Action:** Continue to monitor.

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.2.2	Number of youth entering long-term congregate care settings	12
	2.2.3	Number of youth exiting long-term congregate care settings	15

Graphs/Charts



Notes

Analysis: There were 12 entries and 15 exits this quarter. **Planned Action:** Inform families about evidence-based treatments available in the community, e.g. Multysistemic Therapy, Functional Family Therapy, etc. Utilize EBTs to support successful return to a community/family-based setting. Utilize Leland House and crisis stabilization services to meet youth with intensive needs in the community, even during a crisis.

Results-Based Accountability Performance Plan
Children's Services Act (CSA) System of Care

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services	100% /100%
	2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services	100%

Graphs/ Charts

ICC Outcomes - Prevent Residential

	9/30/2018	12/30/18	3/31/19	6/30/2019	9/30/2019	12/31/2019	3/31/2020	6/30/2020
Prevent RTC at 6 months	94%	100%	94%	84%	97%	100%	88%	100%
Prevent RTC at 12 months	95%	93%	100%	94%	97%	89%	100%	100%

ICC Outcomes - Return From Residential

9/30/2018	12/30/18	3/31/19	6/30/2019	9/30/2019	12/31/2019	3/31/2020	6/30/2020
0%	0%	75%	100%	100%	33%	100%	100%

Notes

Analysis: 100% (n=37) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=36) of youth remained in the community 12 months after the initiation of ICC services. 100% (n=2) youth returned from residential within three months of initiation of ICC.

Planned Action: Use fidelity monitoring tools developed by the Wraparound Evaluation & Research Team (WERT) to monitor the providers' fidelity to the Wraparound model. The ICC Stakeholder group continues to meet quarterly to address system implementation issues as needed.

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services	Wrap Fairfax 100%/100% UMFS 100%/100%
	2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services	Wrap Fairfax 100% UMFS --%

Graphs/ Charts

Wrap Fairfax ICC Outcomes

Return from RTC by 3 mos | Prevent RTC at 6 months | Prevent RTC at 12 months

UMFS ICC Outcomes

Return from RTC by 3 mos | Prevent RTC at 6 months | Prevent RTC at 12 months

Notes

Analysis: Wraparound Fairfax: 100% (n=15) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=17) of youth remained in the community 12 months after the initiation of ICC services. 100% (n=2) youth referred while in RTC returned home within 3 months of initiation of ICC.

UMFS: 100% (n=22) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=19) of youth remained in the community 12 months after the initiation of ICC services. No youth were referred to UMFS while in residential care.

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.3	**Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment**	
	2.3.1	JDRDC and DFS data on Relief of Custody Petitions: # ROC petitions filed/# children entering foster care from ROC petitions	0 Received/ 0 filed / 0 entry
	2.3.2	Number of children entering foster care from CHINS petitions	0
	2.3.3	Number of children entering foster care from delinquency petitions	1
Graphs/ Charts			
Notes	**Analysis**: 0 ROCs were received, 1 youth entered foster care from a delinquency petition. **Planned Action**: Continue to monitor.		

Foster Care Entry: Relief of Custody

10
5
0
FY18 Q4: 2, 0, 0, 0
FY19 Q1: 7, 0, 1, 0
FY19 Q2: 8, 2, 0, 2
FY19 Q3: 0, 0, 1, 0
FY19 Q4: 0, 0, 0, 0
FY20 Q1: 4, 2, 0, 1
FY20 Q2: 0, 2, 0, 0
FY20 Q3: 5, 0, 0, 1
FY20 Q4: 0, 0, 0, 1
Petitions for Relief of Custody
Children Entering Foster Care from ROC petitions
Children Entering Foster Care from CHINS Petitions
Children Entering Foster Care from Delinquency Petitions

FY 2019 Q4			
How Well Measure	**Number**	**Title**	**Value**
	2.5	**Fiscal Accountability Outcome Goal: Fairfax-Falls Church CSA leverages state and local fiscal resources to serve youth and families efficiently**	
	2.5.1	Percentage of placements in Medicaid-enrolled facilities	70%
	2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement	79%
Graphs/Charts		Monthly Utilization and Reimbursement for Medicaid-enrolled RTC/GH Placements (chart below)	
Notes		**Analysis**: There are 30% (12 of 40) youth placed with non-Medicaid providers, which is down by 8% from last quarter, leaving 28 (70%) youth placed with Medicaid providers. Of those 28 youth, 24 (86%) are eligible for Medicaid with authorization status as follows: approved n=19 (79%); denied n=1 (4%); and pending n=4 (17%). The 1 case denied is a youth in the ARTS program at Timber Ridge. The reason given by Magellan - denied for continued stay after 6 weeks of treatment due to not meeting Magellan's medical necessity criteria and could be served at a lower level of care.	

Monthly Utilization and Reimbursement for Medicaid-enrolled RTC/GH Placements

Date	Medicaid Reimbursement	Medicaid Placements
6/30/17	73%	69%
9/30/2017	49%	80%
12/31/17	55%	79%
3/31/18	57%	79%
6/30/2018	63%	73%
9/30/2018	82%	54%
12/31/18	73%	76%
3/31/19	83%	74%
6/30/2019	94%	68%
9/30/2019	71%	63%
12/31/2019	91%	66%
3/31/2020	68%	62%
6/30/2020	79%	70%

MEMO TO THE CPMT
Sep 25, 2020

Information Item I-8: Aug Budget Report & Status Update, Program Year 2020

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

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

The attached chart details Program Year 2020 cumulative expenditures through June 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 Aug 2020 for FY20 equal $38.40M for 1,149 youths. This amount is an increase from last year of approximately $136K, or 0.36%. Pooled expenditures for FY19 equaled $38.26M for 1,252 youths.

	Program Year 2019	Program Year 2020	Change Amt	Change %
Residential Treatment & Education	$4,928,457	$5,771,607	$843,149	17.11%
Private Day Special Education	$20,199,683	$19,547,402	($652,281)	-3.23%
Non-Residential Foster Home/Other	$8,359,473	$8,287,814	($71,658)	-0.86%
Community Services	$4,603,341	$4,422,618	($180,722)	-3.93%
Non-Mandated Services (All)	$1,334,365	$1,222,793	($111,572)	-8.36%
Recoveries	($1,166,630)	($857,199)	$309,431	-26.52%
Total Expenditures	**$38,258,688**	**$38,395,035**	**$136,347**	**0.36%**
Residential Treatment & Education	196	166	(30)	-15.31%
Private Day Special Education	314	309	(5)	-1.59%
Non-Residential Foster Home/Other	416	396	(20)	-4.81%
Community Services	909	812	(97)	-10.67%
Non-Mandated Services (All)	221	221	0	0.00%
Unique Count All Categories	**2,056**	**1,904**	**(152)**	**-7.39%**
Unduplicated Youth Count	**1,252**	**1,149**	**(103)**	**-8.23%**

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

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

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

ATTACHMENT:
Budget Chart

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

NOTE:

Service expenditure is more than FY19, however due to COVID-19, there are fewer services paid in the last four months. Overall, there is an increase in total pooled expenses of 136K. Number of youths served decreases across all categories. Residential is the only category having more expenditure with fewer youths served. Recovery transaction is less than FY19. This can be attributed to recovery copayment waived from March through June. We can continue to receive copay in FY21 services.

Residential services cost more in FY20 than FY19 with fewer youths served. Average cost per case increases to $45.8K in FY20 from $36.7K in FY19. Residential treatment cost increases due to more months of services.

Private day expenses decrease by $652K and serve fewer youths than FY19 by 5. Special education cost is also affected by the number of days.

YTD costs of Non-Mandated services are reduced by 8% in FY20 but serve same number of youths as FY19.

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

Trans Descrip	Payment

Mandated/ Non-Manda	Residential/ Non-Reside	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%	$2,564,861	72		0	$2,564,861
		Group Home	57.64%	$259,006	7		0	$259,006
		Education - for Residential Medicaid Placements	46.11%	$184,925	12	$957,682	12	$1,142,606
		Education for Residential Non-Medicaid Placements	46.11%	$120,707	10	$1,262,357	12	$1,383,064
		Temp Care Facility and Services	57.64%	$422,069	41		0	$422,069
	Residential Total			$3,551,568	142	$2,220,039	24	$5,771,607
	Non Residential	Special Education Private Day	46.11%	$287,495	5	$19,259,907	304	$19,547,402
		Wrap-Around for Students with Disab	46.11%	$348,666	56		0	$348,666
		Treatment Foster Home	46.11%	$5,463,034	144		0	$5,463,034
		Foster Care Mtce	46.11%	$1,784,745	154		0	$1,784,745
		Independent Living Stipend	46.11%	$116,418	21		0	$116,418
		Community Based Service	23.06%	$3,159,520	632		0	$3,159,520
		ICC	23.06%	$1,263,099	180		0	$1,263,099
		Independent Living Arrangement	46.11%	$508,191	19		0	$508,191
		Psychiatric Hospital/Crisis Stabilization	46.11%	$66,760	2		0	$66,760
	Non Residential Total			$12,997,928	1213	$19,259,907	304	$32,257,835
Mandated Total				**$16,549,495**	**1355**	**$21,479,946**	**328**	**$38,029,441**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$42,576	5		0	$42,576
		Group Home	57.64%	$64,194	2		0	$64,194
	Residential Total			$106,770	7	$0	0	$106,770
	Non Residential	Community Based Service	23.06%	$876,372	173		0	$876,372
		ICC	23.06%	$239,650	41		0	$239,650
	Non Residential Total			$1,116,022	214	$0	0	$1,116,022
Non-Mandated Total				**$1,222,793**	**221**	**$0**	**0**	**$1,222,793**
Grand Total (with Duplicated Youth Count)				**$17,772,288**	**1576**	**$21,479,946**	**328**	**$39,252,234**

Recoveries	**-$857,199**
Total Net of Recoveries	**$38,395,035**
Unduplicated child count	**1,149**

Key Indicators

Cost Per Child	Prog Yr 2019 YTD	Prog Yr 2020 YTD
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$30,558	$33,416
Average Cost Per Child Mandated Residential (unduplicated)	$36,780	$45,806
Average Cost Per Child Mandated Non- Residential (unduplicated)	$29,115	$31,318
Average Cost Mandated Community Based Services Per Child (unduplicated)	$4,611	$4,999
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$21,217	$35,623
Average Cost for Treatment Foster Home	$36,953	$37,938
Average Education Cost for Residential Medicaid Placement (Residential)	$33,300	$47,609
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$48,833	$62,867
Average Special Education Cost for Private Day (Non-Residential)	$64,330	$63,260
Average Cost for Non-Mandated Placement	$6,038	$5,533

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

Category	Program Year 2020 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2020	$717,020	$340,014	53%
Non Mandated Program Year 2020	$1,630,458	$1,164,682	29%
Program Year 2020 Total Allocation	$39,289,055	$38,395,035	2%

MEMO TO THE CPMT

September 25, 2020

Information Item 1- 9: Healthy Minds Fairfax Blueprint Quarterly Report March 2020 – June 2020

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

BACKGROUND:
When CPMT approved the Children Behavioral Health Blueprint in March 2016 it directed that staff provide quarterly progress reports. The full progress report for March 2020 through June 2020 is attached.

Accomplishments during the quarter:

- In May CPMT established the Healthy Minds Fairfax Family Advisory Board, to provide comment on pending CPMT decisions through an administrative item section titled "Family Advisory Board Report." The CSA Management Team and Children's Behavioral Health Collaborative Management Team are encouraged to seek FAB feedback on items before them. Other Healthy Minds Fairfax committees and work groups are encouraged to consult with the FAB in developing proposals and completing projects.
- The HMF Evidence-Based Practice Consortium trained 38 clinicians in Match ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) and 23 clinicians in Trauma-Focused Cognitive Behavioral Therapy.
- Two information sessions about EBTs were provided to 280 county and school staff.

Accomplishments in FY 2020:

- An inter-agency workgroup issued a Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community in February 2020.
- Children's crisis response service capacity was increased by 15%. In FY 2021 capacity is 40% higher due to additional state funding.
- Multisystemic Therapy (MST) and Functional Family Therapy (FFT) were implemented locally. To date, 2 youth have received MST services and 30 youth have received FFT services.
- One hundred and fifty-five families received family support partner services.
- Ninety-one parents and 72 youth participated in HMF-sponsored support groups.
- The HMF website was visited 14,811 times, a 71% increase over FY 2019.
- The Northern Virginia Family Service Violence Prevention Intervention Program (VPIP) provided services to a total of 111 Hispanic youth and their family members. VPIP services includes case management, family and individual counseling as well as group therapy with the goals of helping the youth develop healthy relationships and recover from trauma.
- One hundred and forty-four clinicians were trained in evidence-based practices.
- A version of the Secondary-Traumatic-Stress and Self-Care Basics workshop tailored to addressing COVID-19 impacts, was delivered to 183 staff and partners.
- Short-Term Behavioral Health Services were provided to 205 youth.

ATTACHMENT:
Quarterly Report on Blueprint Strategies, March 2020 – June 2020

STAFF:

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

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

Governance Structure:

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

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

Generate support for the SOC approach among the general public and policy makers and administrators at the state and local levels. Results Based Accountability (RBA) measures were developed for the BHSOC Blueprint, approved by CPMT in September 2017 and quarterly reports have been presented to since February 2018. In 2017 the system of care initiative was re-named Healthy Minds Fairfax (HMF).

C. *Continue to develop partnerships with community organizations and agencies in different sectors for coordination, financing and support of the SOC approach.*
HMF is partnering with the Northern Virginia Family Network, a network of more than 10 regional family- and children-focused nonprofit organizations.

Financing Strategies:

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

Service Quality and Access:

E. *Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff. Develop/facilitate trainings and outreach materials that increase awareness and knowledge of systems of care values and creates better informed consumers, providers and county and school system staff.* A master calendar for children's behavioral health trainings and events and a children's behavioral health resources page were added to the Healthy Minds Fairfax public website in August of 2018. In the fourth quarter of FY20, the training events calendar and the community resources website pages received the following visits:

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

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19
36/50	39/48	34/48	15/16	124/162	89/119

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

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19
46/60	79/104	73/93	67/90	265/347	166/272

Due to the coronavirus pandemic, in person trainings were halted for the majority of the fourth quarter. The training scheduled for required Children's Services Act trainings resumed by June 2020. National Counseling Group (NCG) held two virtual meet and greets for case managers on June 17 and June 19. CSA staff continues to partner with EBT providers to coordinate trainings for case managers and community on Multisystemic Therapy, Functional Family Therapy, and Parent Child Interaction Therapy.

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

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
0	46	258	0	304	206	0

F. *Collect and regularly report on community outcomes and assess gaps in the array of services and supports necessary for the success of the SOC in preventing and treating behavioral health issues.* An inter-agency workgroup issued a Population Level Data Report on Youth Behavioral Health Needs in the Fairfax-Falls Church Community in February 2020. Presentation to the CPMT was delayed due to COVID and will be done when in-person meetings resume. The annual Office of Children's Services Gaps and Needs Survey was suspended this year in response to COVID. The SOC Training Committee has promoted the implementation of an array of evidence-based interventions that are now available in our community such as MST, FFT, PCIT and TFCBT.

G. *Review intake, assessment, triage, referral protocols across all levels of care, and lead case management assignments with the goal of supporting families in accessing both public and community provided resources.* In FY 20 HMF funding expanded the regional mobile stabilization and response service by 15%. A significant increase in DBHDS funding support has resulted in eight more crisis counselors being hired and eliminated the need for county funding in FY 21.

GOAL 2: Data Systems

Coordinator: Jim Gillespie

A. *Increase cross-system data sharing.* The HS IT Advisory Committee is consulted on various topics such as Document Management, the "Front Door," and the Services taxonomy to ensure that recommendations meet CSA needs. CSA is presently implementing OpenText document management and is working with DFS Finance about how records might be integrated. In addition, CSA has participated in the DFS process to define requirements for replacing or upgrading our management information system which has cross-agency case management functionality.

B. *Use cross-system data to improve decision-making and resource use*. The FY20 Data Analytics Fellowship Academy (DAFA) evaluated CSA data on the effectiveness of Foster Care Prevention

Services as provided across our system of care service agencies. The results were presented to the CPMT. In addition, the George Mason Psychology Department has provided free consultation on the statistical analyses of CSA data to include client demographics, service utilization and CANS ratings. It is planned for these results to be shared with the CSA Management Team and CPMT in the future.

GOAL 3: Family and Youth Involvement

Coordinator: Jim Gillespie

A. *Increase the presence and effectiveness of family leadership through a sustained family-run network*
The Northern Virginia Family Network, a network of more than 10 regional family- and children-focused nonprofit organizations meets quarterly to collaboratively address its mission of 'elevating the voices of families to improve outcomes for children, youth and young adults across systems of care'. In May 2020 the Network became a member of the newly formed HMF Family Advisory Board.

B. *Increase family and youth involvement in system planning and implementation.*
On February 28 the CPMT parent representatives, FAPT parent representatives and representatives from NAMI-NOVA, the Autism Society of Northern Virginia and the Northern Virginia Family Network met to plan the establishment of a HMF Family Advisory Board (FAB), which has since met in April and May. In May CPMT endorsed the establishment of the FAB as the family advisory board for CSA and Healthy Minds Fairfax, and in July the FAB established an FY 21 monthly meeting schedule.

C. *Include youth and family participation in the evaluation of publicly and privately provided services, with prompt action for improvement when necessary.* CSA has hired a Management Analyst to support evaluation of services which includes youth and family participation and feedback about services received. A comprehensive monitoring plan has been developed for FY21 implementation and is currently under review.

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

GOAL 4: Increase Awareness and Reduce Stigma

Coordinator: Jesse Ellis

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

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

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

Number of views of PSAs promoting help-seeking behaviors:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
85	79	64	42	270	619	6,597,856	3,298,928

Number of crisis texts/calls:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
352/2010	377/1942	471/2035	438/2302	1638/8289	1675/7780	1815/5597	1087/4927

D. *Maintain a speaker's bureau and/or list of approved presenters to school and community groups.* To be completed in CY20.

GOAL 5: Youth and Parent/Family Peer Support

Coordinator: Jim Gillespie

A. *Create a Family Support Partner program.* Through the Virginia Department of Behavioral and Developmental Services, the county was selected as a sub-recipient for a federal SAMHSA grant that funds family support partner services for three years. In October 2017 NAMI Northern Virginia was selected as the provider through September 2020. The goal is to serve approximately 100 youth and families annually**.** In FY 20202 155 families were served.

Number of families served by family support partners (unduplicated by FY):

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
90	21	27	17	155	160	55

B. *Expand evidence-based peer to peer groups, family/community networks.*
In February 2019 the CSB launched "Heads Up" and "Talk It Out", resource groups for parents and teens (ages 14-17). The groups are available in weekly concurrent sessions. Teens talk about successful, sustainable recovery and resilience through mental health or substance use challenges. Parents acquire resources and discuss ideas on how to help their teen live their healthiest, fullest lives in the aftermath of trauma or through times of emotional distress. The groups became inactive in April 2020 due to COVID but re-opened virtually later in the quarter.

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

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
44 parents, 39 youth	13 parents, 15 youth	27 parents, 14 youth	7 parents, 6 youth	91 parents, 72 youth	22 parents, 20 youth	0

GOAL 6: System Navigation

Coordinator: Peter Steinberg

A. *Develop an accurate, accessible and real time database of behavioral health care providers that includes information on if they are accepting new clients, if they accept insurance, and their areas of expertise, with functionality to assist families in understanding behavioral health issues and in navigating the system to access services.* A listing of the REACH training pediatricians has been added to the redesigned Healthy Minds Fairfax website. The listing is maintained and updated on a regular basis and it has just be updated to add the November 2019 and June 2020 REACH training participants.

Total Number of Visits for All Visitors to HMF Website:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
2,223	2,547	5,839	4,202	14,811	8,649	2,848	0

Number of Visits for Returning Visitors:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
1,273	1,310	3,099	2,380	8,062	5,968	1,994	0

Number of Visits for New Visitors:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
950	1,237	2,740	1,822	6,749	2,681	854	0

FY20 (1st, 2nd, 3rd, & 4th Qtrs. combined) Top Content Viewed by Number of Visits:

Content	Visits
Healthy Minds Fairfax Homepage	2,908
CSA Symposium	2,551
Children's Services Act	2,360
Children's Services Act Forms and Resources	1,932
What is a Family Partnership Meeting or Family Resource Meeting?	512
Children's Services Act Staff Roster	493
About Healthy Minds Fairfax	464
COVID-19 Mental Health Resources	412
Family Assessment and Planning Team	395
Community Policy and Management Team	370
Children's Services Act Case Management	331

Pediatric Behavioral Health Integration Resources for Primary Care Physicians	303
Get help in an emergency	295
Children's behavioral health community resources	263
Family support services	253
How can my child's school help?	247
CSA COVID-19 Information	223
For Providers	204

B. *Create a clearing house for information on children's behavioral health issues and resources.* Current work on the website includes a feedback survey, a weblink policy and adding additional resources for the mental health screening tool. In addition, COVID-19 Mental Health Resources have been added to the website along with CSA COVID-19 Information.

GOAL 7: Care Coordination and Integration

Coordinator: Jim Gillespie

A. *Provide behavioral health consultation to primary care providers and patients.*
The Virginia Mental Health Access Program (VMAP) has launched, making psychiatric consultation and other resources available to pediatricians all over the state of Virginia. More information can be found at: http://www.virginiapediatrics.org/vmap/ By mid FY 21 the pediatricians will also have the support of a care navigator. Through HMF funding a George Mason University 3 psychology residents are currently placed in a local pediatric primary care office to provide behavioral health services.

B. *Promote resources to implement tiered levels of integration based on capacity and readiness.*
HMF is co-sponsoring a REACH behavioral health training for pediatricians to be held virtually in early June. 111 Fairfax-Falls Church are enrolled in the Virginia Mental Health Access Program, through which they have access to telephonic consultation. In 2018 an inter-agency workgroup headed by Dr. Gloria Addo-Ayensu developed a community plan to implement integration, including but not limited to consultation, facilitated referral, co-location and full integration, which was endorsed by CPMT in June 2018. The workgroup also developed a project to safely divert youth from hospitalization when appropriate through expansion of CR2 mobile crisis response services, which approved in the county and HMF budgets for FY 2020. CR2 services have been expanded by 15%.

Number of pediatric primary care psychiatric consults:

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18
5	23	24	12	64	0	0

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

GOAL 8: Equity/Disparities

Coordinator: Peter Steinberg

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

B. *Increase access and availability to behavioral health services for underserved populations.* Healthy Minds Fairfax continues to support the Northern Virginia Family Service Violence Prevention Intervention Program (VPIP). This past year, VPIP provided services to a total of 111 youth and family members. One hundred percent of the youth served were Hispanic, 77% were male and 53% were female.

Require training in cultural competence and advancing equity in alignment with One Fairfax for County, FCPS, and County-contracted behavioral health service providers. An online half-day training was held for County-contracted behavioral health service providers; due to interactive nature of the training, the training capacity was limited to 40 slots. Therefore, invitations were sent to 40 community-based providers. Thirty-one staff from 22 providers participated, as well as one FAPT parent representative and one staff from Fairfax County Public Schools. Twenty-one training participants responded to the training feedback survey – 21 indicated that the speakers knowledge on the subject was excellent and also deemed the clarity of the content excellent. Participants were asked what actions they would take as a result of this training. The responses included: reviewing their agency policies for inherent bias, advocating for change in their agencies, making their informational materials available in different languages, providing staff the information gained during the training to begin open conversations about implicit biases.

C. *Implement support structures for LGBTQ youth.* Posters from the Family Acceptance Project have been distributed and displayed throughout the county.

GOAL 9: Reduce Incidence of Youth Suicide in our Community

Coordinator: Jesse Ellis

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

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

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

D. *Continue to make available and promote the suicide prevention hotline, including text line.* The PRS CrisisText Connect program engaged in 1675 text conversations with 1615 unique individuals in FY19. This represents a 14% decrease in the number of individuals and a slight decrease (2%) in the number of conversations over FY19. However, the number of hotline calls answered continued to significantly increase. In FY20, PRS CrisisLink answered 8289 calls, a 7%

increase over FY19, after huge increases in FY18 and FY17. Of these calls, 465 (an 43% increase over FY19) were from youth under 18, and 524 were from individuals 18 to 24.

E. *Train behavioral health providers in evidence-based practices specific to the treatment of youth with suicidal ideation and behavior.* The Core Competency Training that is now offered regularly includes a section that is specific to the treatment of youth with suicide behavior.

GOAL 10: Evidence-Based and Informed Practices

Coordinator: Peter Steinberg

A. *Develop definitions and criteria for evidence-based and evidence-informed practice in prevention and intervention/treatment.* The Fairfax Evidenced Based Training Consortium, which is overseen by the Evidenced-Based Workgroup in partnership between Fairfax County and George Mason University, delivered two trainings in evidenced based treatments to public and private clinicians including staff from the Fairfax County Public Schools during this past quarter.

B. *Establish a set of core competencies based on service type for all public & contracted provider staff.*
This strategy has been met.

C. *Train County, school staff and providers on EBPs, including how and when to use them. Include a review of practices that are harmful.* A second cohort participated in the MATCH ADTC training. Match ADTC is similar to the Core Competency training but is suitable for clinicians working with youth 11 and under. Training in Trauma Focused Cognitive Behavioral Therapy was also offered during this quarter.

TOTALS FOR FY20 BY TRAINING	
Case Conceptualization	28
Core Competencies	55
MATCH	30
TF-CBT	23
Total Participants	144

D. *Incentivize the use of EBPs among providers.* The idea of providing incentives to those who utilize evidenced-based practice in their work continues to be explored.

GOAL 11: Trauma Informed Care

Coordinator: Jesse Ellis

A. *Ensure there is sufficient clinical capacity to meet the needs for trauma-specific, evidence-based interventions.* In the spring of 2018, the Fairfax Consortium for Evidence-Based Practice trained over 100 clinicians in the Family Intervention for Suicide Prevention (FISP), which is a trauma-informed treatment protocol for suicidal ideation. Discussions about holding another FISP Training in 2020 or 2021 are currently underway. In November 2018, 45 clinicians were trained in Trauma-Focused Cognitive Behavioral Therapy. The enrollment requirements for that training included a commitment from accepted clinicians to pursue certification. To date, 4 clinicians have

completed the certification process, and at least several others are scheduled to take the exam. The consortium team continues to explore strategies to encourage and incentivize clinicians to complete the certification process. This spring, an additional 24 clinicians attended TF-CBT training, which was provided virtually. Those clinicians will be eligible to pursue certification next spring. In 2019, 51 clinicians working with children ages 7-12 were trained in MATCH-ADTC-Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems. An additional 39 clinicians were trained in MATCH-ADTC using a virtual format this spring.

B. *Train non-clinical staff in community-based organizations, schools, and county agencies to implement trauma-informed practices.* The Fairfax County Trauma-Informed Community Network has reached over 7000 people with their 90-minute Trauma Awareness 101 Training, which is also available on-demand as a 30-minute webinar. The TICN continues to offer full day sessions of their Trauma-Informed Supervisor Training and has reached over 600 supervisors from county human services agencies, schools, and non-profit partners. Additionally, the TICN offers a full day training on Secondary Traumatic Stress (STS) in the workforce (The Cost of Caring), and a 2 hour Secondary-Traumatic-Stress and Self-Care Basics workshop, both of which have reached 500+ staff from county human services agencies and non-profit partners. A special version of STS training focused on navigating the pandemic has been delivered to almost 200 people to date. Additional trainings and resources are available on the TICN website, and include a mini-grant opportunity to fund small space improvement projects. Space improvement projects were completed this spring at the Health Department, Domestic & Sexual Violence Services, Juvenile & Domestic Relations District Court, Department of Family Services and at the Community Services Board. An additional project is underway at the Department of Housing & Community Development. Funds for small projects at community based organizations will be made available this year through grant funding from the Family & Children's Trust Fund of Virginia (FACT).

This spring, the TICN added to their list of publications, which previously included a "Guide to Educating Children, Youth and Families about Trauma & Resilience" booklet for staff providing psychoeducation to kids and families. The new resource for professionals is entitled "A Guide to Trauma-Informed Approaches for Service Providers," and is available in both booklet and poster format, and is intended for staff in case management and care coordination roles. These resources have been widely distributed, as have two COVID-19 specific publications entitled, "Trauma-Informed Strategies for Working with Youth and Families During the COVID-19 Pandemic" and "Trauma-Informed Strategies for Working with Youth and Families When Out-of-School Time Centers Reopen and Programs Resume."

Inform the community at large on the prevalence and impacts of trauma. In February of 2019, a team of four TICN members from Fairfax-two from the CSBs Wellness, Health Promotion & Prevention Team, one from the NCS prevention team, and one from FCPS Social Work Services-attended an intensive 2-day course to become Master Trainers in the ACE Interface curriculum, an evidence-based program that the VA Department of Behavioral Health and Developmental Services has a license for, and is rolling out across the state to raise awareness in the community about the impact of Adverse Childhood Experiences, and the science of neurobiology, epigenetics and resilience. With support from DBHDS, the Fairfax Master Trainer Team convened the first ACE Interface presenter cohort in the state in April 2019, where 30 people from county HHS agencies, FCPS, non-profit, and family/parent organizations were trained to deliver the curriculum. ACE Interface Presentations- titled Building Resilient Communities and Understanding Adverse Childhood Experiences- have been delivered to over 1,000 people so far,

and are currently available in a virtual format, which have drawn larger audiences than pre-pandemic in-person presentations. Recruitment for a second presenter cohort was put on pause as a result of the pandemic, but will resume as soon as it is reasonable to do so with a new stipend available to presenters from community-based organizations thanks to grant funding from FACT. In partnership with DBHDS and other ACE Interface Master Trainer Teams from across the state, plans are currently underway for a PSA related to the messages in the ACE Interface presentation.

C. *Develop shared screening and referral process for individuals impacted by trauma for school and human services agency staff using nationally recognized screening tool.* One county HHS agency is currently screening clients using a validated trauma screening tool. Juvenile & Domestic Relations District Court began piloting the STRESS (Structured Trauma Related Experiences Symptom Screener) in select work units in 2016, and scaled to agencywide implementation in July 2019. Through technical assistance from the RFK National Resource Center for Juvenile Justice, JDRDC is currently working on refining workflow and referral processes to respond to the results of the screening. Expanding the capacity of the provider community to offer evidence-based treatments for trauma, the work of the training consortium, is a key component of ensuring that all of the necessary resources to effectively respond to trauma screening are in place.

D. *Human service agency leaders will integrate the concepts of trauma-informed care into their organizational culture.* County Health and Human Services agencies continue to implement plans to ensure their organizations are trauma informed. Evidence of lessons learned by agency leadership from across HHS in the Taking the Lead: Training for Leaders in High Stress, Trauma-Exposed Workplaces (training that was sponsored by the TICN in 2016) have been apparent throughout the response to the pandemic, and the TICN has received multiple requests for review of those training materials during this time.

GOAL 12: Behavioral Health Intervention

Coordinator: Peter Steinberg

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

Number of BH screenings

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
15	20	8	7	50	89	88	108

B. *Create capacity to address behavioral health needs of children 0-7.* Office for Children staff who support early childhood educators in centers and family childcare homes throughout the county participated in a professional learning series that will use The Pyramid Model Equity Coaching Guide and facilitated discussions on understanding the impact of race and implicit bias. The Pyramid Model for Social Emotional Competence in Infants and Young Children (formerly known as SEFEL – the Social Emotional

Foundations for Early Learning) applies coaching and mentoring through an equity lens. The Pyramid Model is a multi-tiered framework of evidence-based teaching practices that promote social and emotional skills of all children, prevent challenging behaviors and provide individualized interventions for children with persistent challenging behavior. As of this date, the childcare specialists are in the process of completing the first phase of this learning series.

C. *Establish a training consortium in partnership with university and private provider partners (ex: GMU, INOVA) for ongoing training for staff and service providers.* The Fairfax Consortium on Evidenced Based Practice just completed its third year and planning has begun for the next year. All trainings that recently took place were delivered online. During this quarter, the Fairfax Consortium on Evidenced Based Practices completed two which took place on an online platform. Thirty-eight therapists from the public and private sector attended the MATCH-ADTC three-day training. MATCH-ADTC is an evidenced-based modular approach to work with children under the age of 12 who have anxiety, depression, trauma or conduct problems. Twenty-three therapists were trained in Trauma Focused Cognitive Behavior Therapy (TF-CBT). TF-CBT is an evidenced based treatment for youth who suffered a trauma.

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

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

FY20 (1st Qtr)	FY20 (2nd Qtr)	FY20 (3rd Qtr)	FY20 (4th Qtr)	FY20 TOTAL	FY19	FY 18	FY 17
24	88	61	32	205	215	126	57

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

- *Reduce youth substance abuse and use.* Substance Abuse Prevention Services (SAP) are available all Fairfax County School pyramids including alternative schools. This was a significant increase in school coverage, compared to the first pilot year of 7 covered pyramids. During the 2019 – 2020 school year, the CSB had a total of 76 SAP referrals (67 FCPS and 9 JDRDC). Referrals were the highest this past school year between September 2019 and February 2020, with a significant decrease with COVID-19 and schools transitioning to distance learning.

GOAL 13: Service Network for High Risk Youth

Coordinator: Janet Bessmer

A. *Increase availability/capacity of provider community to offer trauma assessments and evidence-based trauma treatment; trauma services shall be offered in languages and in locations that are accessible to families.* This goal overlaps with roles of TICN and the Training Consortium. Private providers who offer trauma assessments and treatments are identified in the CSA provider directory. There continues to be a need for providers to offer evidence-based trauma assessments and treatment. TFCBT training was offered by the consortium, supplemented by CSA funding, for 44 clinicians in November 2018 and were offered again in Spring 2020. Additional training dates are set for the Fall, 2020. The Training Consortium is strategizing how to increase the number of clinicians who complete the certification process. Links to listing of certified therapists will be provided.

B. *Identify and implement an evidence-based parenting program designed for parents of adolescents (12+); language capacity and location/accessibility shall meet the needs of families.* Three providers are currently under contract to provide Functional Family Therapy and 30 families have been referred. Multi-Systemic Family Therapy is offered by one provider and 2 families have been referred.

C. *Identify and implement an evidence-based parenting program designed for parents of children (<12); language capacity and location/accessibility shall meet the needs of families.* Parent Child Interaction Therapy (PCIT) is currently being offered by one provider in our region.

D. *Monitor utilization of ICC and Case Support and increase capacity/staffing so that youth with identified behavioral health care needs receive appropriate case management services.* UMFS and Wraparound Fairfax are fully staffed. There appears to be adequate capacity at this time.

E. *Improve the utilization of the annual gaps survey of youth and parents in CSA-SOC to identify needed interventions.* The annual state OCS survey was suspended for FY20.

F. *Develop communication plan to share information about the services and care coordination offered through the SOC process with the broader provider community.* CSA produces a bi-monthly newsletter that contains training announcements and other information pertinent for system partners. See social marketing goals for more information about outreach efforts. DFS has been facilitating a quarterly home-based provider meeting to share information about FFPSA implementation. Two information sessions about EBTs were provided to 280 county and school staff during the summer. CSA has also developed a specific page on their public and internal website with information and job aides regarding new services. A training was provided on DBT by Dr. Hendrickson of Inova Kellar to 130 case managers. The recorded training is available onthe CSA EBT page of the program site.

G. *Build system capacity to monitor fidelity to EBT models and conduct outcome evaluation for purchased services*. The WFI-EZ is used to determine fidelity to the High-Fidelity Wraparound model by capturing the family and facilitator satisfaction with the wraparound process. Planning for the WFI-EZ FY20 Cycle 1 took place in Quarter 1. In response to previous low response rates, the ICC Stakeholders group decided that all eligible families receiving ICC would be provided with the WFI-EZ. The FY20 Cycle 1 survey collection happened between February 14 and March 31st. During the survey collection window, facilitators set time aside during a Youth and Family

Team Meeting (YFT) so that families could complete the WFI-EZ survey form. The need to take YFTs to virtual formats, impacted the ability for caregivers to complete the surveys. Of the 41 families who were eligible to receive the surveys, only 15 responded. CSA staff attempted to reach out to the remaining 26 families – of those outreach efforts, only 3 families completed the survey. A review of case files was done using the Document Assessment Review Tool (DART) on a total of 22 case files (files were pulled from both ICC providers). The DART review was conducted at the end of the 3rd quarter and beginning of the 4th. A report out on the WFI-EZ and DART data collected will be provided to the CSA Management Team.

H. *Provide IT infrastructure to support data collection for fidelity monitoring and outcome evaluation along with electronic records management.* CSA has implemented an electronic document management system, OpenText, and has been able to work remotely. Serious Incident Reports and other data are tracked and collected electronically.

I. *Explore opportunities for expanding available financial resources to serve youth on diversion or probation who need intensive behavioral health services.* CSA staff continue to collaborate with juvenile court leadership to make the CSA process accessible to probation officers. Training about MST and FFT have been provided to court staff along with a CSA informational session.

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

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

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

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

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

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

Updates on each blueprint strategy are addressed below:

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

B. *Utilize results of needs assessment and gap analysis to develop a plan to address critical service gaps.* Status: No further action is required on Strategy B. For Action Steps 1- 5: The workgroup

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

C. *Develop a system navigation, community awareness & outreach campaign to promote early identification of youth with DD/Autism who would benefit from referral to services.* Status: No further action is required on Strategy C. For Action Steps 1 – 7: The workgroup indicated that current efforts by CSB, FCPS, and family organizations are ongoing. Each organization will assume responsibility going forward for implementing the current efforts. Reexamining the needs and the services with regards to system navigation, community awareness & outreach to promote early identification could be addressed with the development of the subsequent blueprint following the completion of the current blueprint.

D. *Improve transition planning for children with intellectual disabilities or chronic residential needs.*
E. *Ensure access to crisis stabilization services designed for youth with DD/Autism with providers trained to serve this population*
F. *Increase case management and care coordination capacity for children and youth with DD, particularly for younger children.*
Status of Strategy E, F and G: Strategy E, F & G were identified as high priority areas. The objective for the workgroup is to address Blueprint Strategy E, F & G. The DD/Autism services workgroup presented a recommendation to take the CSA process that currently exists to accurately assess children for appropriate supports to prevent crisis and applying it to 347 of the more than 1,300 youth who have open cases with the CSB Developmental Disabilities Services Unit. On November 7, 2019, the recommendations were presented to the CSB DD Support Services leadership team. The CSB will assume responsibility going forward for implementing the recommendations that they determine to be most beneficial. Obtaining additional positions to serve in a case management role appears to be the next area to be addressed.

GOAL 15: Transition Age Youth

Coordinator: Peter Steinberg

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

A. The plan is to award a private agency a contract to develop a Transitional Age Case Management Position. The person in this position will help those youth who need assistance in transitioning from child mental health services to adult mental health services by providing a board range of services.