

Information Item I-1: February Budget Report & Status Update, Program Year 2019

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 2019 cumulative expenditures through February for LEDRS categories, with associated Youth counts. IEP-driven expenditures for Schools are separated out. Further information on the attachment provides additional information on recoveries, unduplicated youth count, and:

- Average cost per child for some Mandated categories
- Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home Education placements.

Total Pooled Expenditures: Pooled expenditures through February 2019 equal \$17.4M for 935 youth. This amount is a decrease from February last year of approximately \$1.9M, or 9.95%. Pooled expenditures through February 2018 equal \$19.3M for 973 youth.

General comparisons to the previous year based on LEDRS reporting categories is presented below:

	Program Year 2018	Program Year 2019	Change Amt	Change %
Residential Treatment and Education	\$3,071,056	\$1,948,964	(\$1,122,092)	-36.54%
Private Day Special Education	\$10,606,366	\$9,595,135	(\$1,011,232)	-9.53%
Non-Residential Foster Home and Community Services	\$5,998,445	\$5,593,922	(\$404,523)	-6.74%
Non-Mandated Services (All)	\$172,229	\$838,891	\$666,662	387.08%
Recoveries	(\$529,805)	(\$581,443)	(\$51,638)	9.75%
Total Expenditures	\$19,318,291	\$17,395,469	(\$1,922,822)	-9.95%

	Program Year 2018	Program Year 2019	Change Amt	Change %
Residential Treatment and Education	117	87	(30)	-25.64%
Private Day Special Education	296	276	(20)	-6.76%
Non-Residential Foster Home and Community Services	934	829	(105)	-11.24%
Non-Mandated Services (All)	73	190	117	160.27%
Total Youth Counts (Unique Count in each category)	1,420	1,382	(38)	-2.68%

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

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

RECOMMENDATION:

For CPMT members to accept the February Program Year 2019 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Yin Jia, Xu Han, Terri Byers (DFS)

Program Year 2019 Year To Date CSA Expenditures and Youth Served (through Feb)

		Local	County	Youth in	Schools	Youth in	Total	
Mandated/ Non-Mand. Residential/ Non-Residential	Serv Type Descrip	Match Rate	& Foster Care	Category	(IEP Only)	Category	Expenditures	
Mandated	Residential	Residential Treatment Facility	57.64%	\$597,576	35		0	\$597,576
		Group Home	57.64%	\$143,573	7		0	\$143,573
		Education - for Residential Medicaid Placements	46.11%	\$204,784	17	\$209,953	4	\$414,736
		Education for Residential Non-Medicaid Placements	46.11%	\$182,132	8	\$543,382	10	\$725,514
		Temp Care Facility and Services	57.64%	\$67,565	6		0	\$67,565
	Residential Total		\$1,195,629	73	\$753,335	14	\$1,948,964	
	Non Residential	Special Education Private Day	46.11%	\$48,576	4	\$9,546,559	272	\$9,595,135
		Wrap-Around for Students with Disab	46.11%	\$123,038	25		0	\$123,038
		Treatment Foster Home	46.11%	\$2,217,901	95		0	\$2,217,901
		Foster Care Mtce	46.11%	\$662,105	101		0	\$662,105
		Independent Living Stipend	46.11%	\$420,810	25		0	\$420,810
		Community Based Service	23.06%	\$1,505,870	470		0	\$1,505,870
		ICC	23.06%	\$544,339	107		0	\$544,339
		Independent Living Arrangement	46.11%	\$34,607	4		0	\$34,607
		Psychiatric Hospital/Crisis Stabilization	46.11%	\$85,252	2		0	\$85,252
Non Residential Total		\$5,642,498	833	\$9,546,559	272	\$15,189,057		
Mandated Total		\$6,838,127	906	\$10,299,894	286	\$17,138,021		
Non-Mandated	Residential	Residential Treatment Facility	57.64%	\$49,334	5		0	\$49,334
		Temp Care Facility and Services	57.64%	\$2,885	1		0	\$2,885
	Residential Total		\$52,220	6	\$0	0	\$52,220	
	Non Residential	Community Based Service	23.06%	\$587,600	147		0	\$587,600
		ICC	23.06%	\$199,072	37		0	\$199,072
Non Residential Total		\$786,672	184	\$0	0	\$786,672		
Non-Mandated Total		\$838,891	190	\$0	0	\$838,891		
Grand Total (with Duplicated Youth Count)			\$7,677,018	1096	\$10,299,894	286	\$17,976,912	
Recoveries							-\$581,443	
Total Net of Recoveries							\$17,395,469	
Unduplicated child count							935	
Key Indicators								
Cost Per Child						Prog Yr 2018 YTD	Prog Yr 2019 YTD	
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)						\$19,854	\$18,605	
Average Cost Per Child Mandated Residential (unduplicated)						\$38,244	\$29,530	
Average Cost Per Child Mandated Non- Residential (unduplicated)						\$18,293	\$18,256	
Average Cost Mandated Community Based Services Per Child (unduplicated)						\$2,867	\$3,204	
Average costs for key placement types								
Average Cost for Residential Treatment Facility (Non-IEP)						\$16,676	\$17,074	
Average Cost for Treatment Foster Home						\$22,575	\$23,346	
Average Education Cost for Residential Medicaid Placement (Residential)						\$14,222	\$19,749	
Average Education Cost for Residential Non-Medicaid Placement (Residential)						\$42,459	\$40,306	
Average Special Education Cost for Private Day (Non-Residential)						\$35,850	\$34,765	
Average Cost for Non-Mandated Placement						\$2,559	\$4,415	

Program Year 2019 Year To Date CSA Expenditures and Youth Served (through Feb)

Category	Program Year 2019 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPEd Wrap-Around Program Year 2019 Allocation	\$732,674	\$112,762	85%
Non Mandated Program Year 2019	\$1,630,458	\$709,970	56%
Program Year 2019 Total Allocation	\$39,593,010	\$17,395,469	56%

MEMO TO THE CPMT

April 26, 2019

Information Item I- 2: Quarterly Residential Entry and FAPT Report

ISSUE: That the CPMT receive information about the FAPT process and use of long-term residential care.

BACKGROUND:

Consistent with the duties of the CPMT described in § 2.2-5206, the community policy and management team 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:

- 4. Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community including consultation on the development of a community-based system of services established under § 16.1-309.3;*
- 5. Establish policies governing referrals and reviews of children and families to the family assessment and planning teams or a collaborative, multidisciplinary team process approved by the Council, including a process for parents and persons who have primary physical custody of a child to refer children in their care to the teams, and a process to review the teams' recommendations and requests for funding;*
- 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;*

ATTACHMENT: Quarterly Residential Entry and FAPT Report

STAFF:

Kimberly Jensen, UR Manager

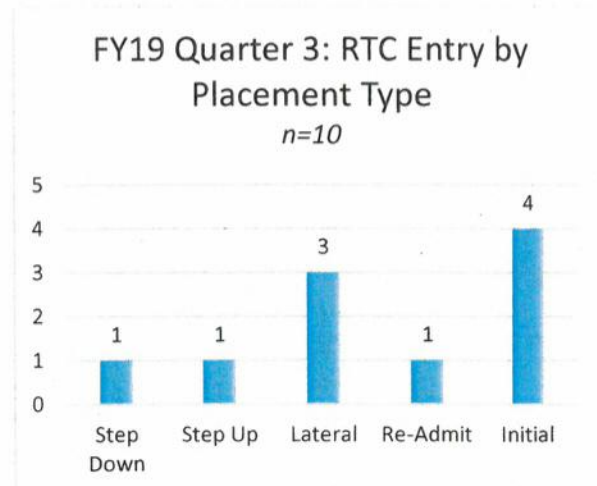
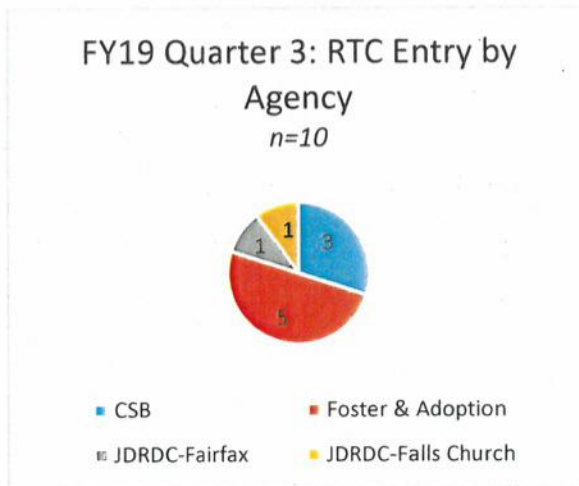
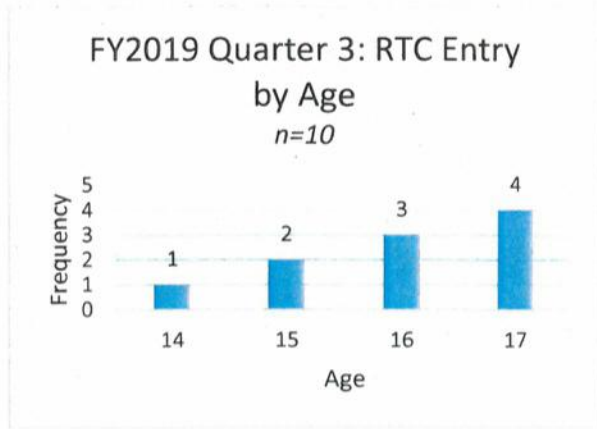
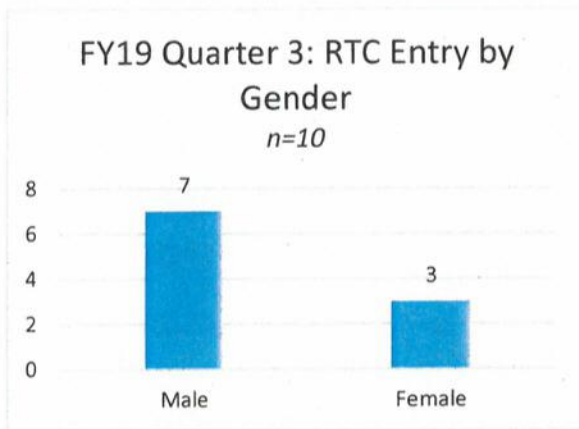
Sarah Young, FAPT Coordinator

QUARTERLY RESIDENTIAL ENTRY AND FAPT REPORT

Residential Entry Report

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

Ten youth entered long-term residential settings in January (6), February (2), and March (2).



CANS: Actionable Needs

Across the 10 youth, the most frequently identified "Actionable" needs on the CANS were as follows:

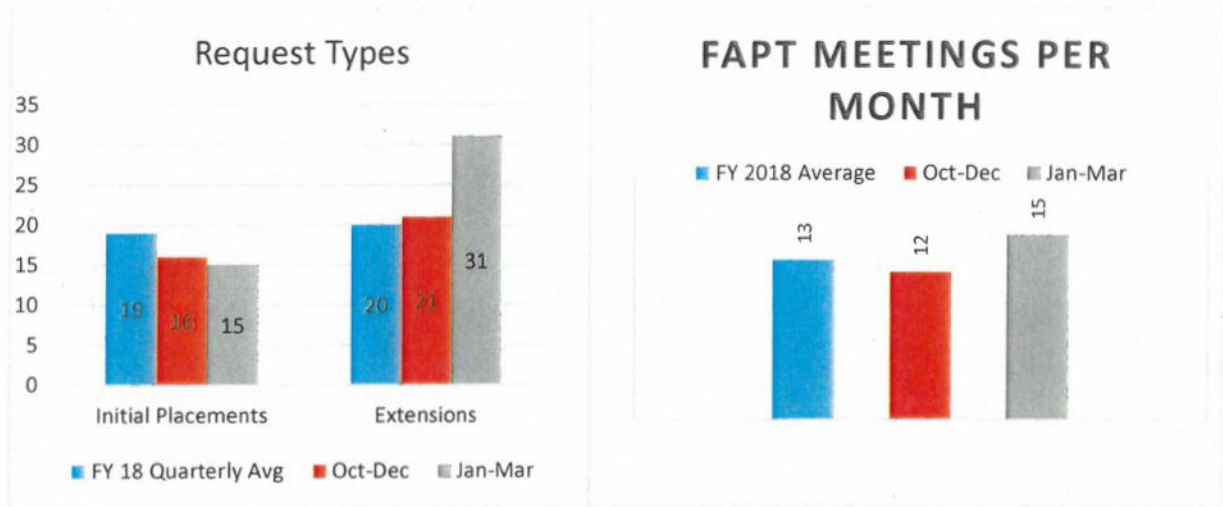
- Oppositional-7
- Adjustment to Trauma-7
- Impulse/Hyper-7
- Depression-6
- Conduct-6
- Delinquent-6
- Anxiety-6

Patterns, Trends, and Service Gaps

FAPT Report

For the third quarter of FY19 (Jan 2019-March 2019),

- the FAPTs met with 46 families
- 15 new requests for placement were heard:
 - 3 of these youth had community based plans developed in lieu of a plan for placement out of the home; the rest developed plans for RTC or GH placement
 - 4 youth had been placed prior to the FAPT meeting; 3 were parent placements and 1 was placed by FC&A
 - 7 of these youth were actively receiving community-based services at the time of the FAPT referral, including 2 who were active with ICC
- 21 requests for extensions of existing placements were heard, 20 of whom received an extension of anywhere from 2 weeks to 3 months
 - 1 youth had a plan for community-based services developed in lieu of an RTC extension; this youth subsequently remained in placement via his IEP
 - 2 extension requests were youth that had been previously placed via their ICC team for a 90-days, and the teams came to FAPT requesting additional time for each youth in their respective placements
 - 1 youth was an extension request that came to Fairfax as a transfer case; the youth's family moved from a different locality and the youth had been initially placed by that locality
- A review of the past 4 years shows a marked increase in FAPT requests/meetings during the February-March timeframe; for 2019 there were 33 FAPT meetings held. One possible reason for this is the FCPS new enrollment period each January leading to an increase in new students to our system and a possible increase in the number of youth referred to CSA
- There were no requested appeals during this quarter



Respectfully submitted by Kim Jensen, UR Manager and Sarah Young, FAPT Coordinator

**Results-Based Accountability
 Performance Plan
 FY 2019, Quarter 3 Report to CPMT**

SUMMARY	
<u>Name of Work</u>	Children’s Services Act (CSA) for At-Risk Youth – Systems of Care
<u>Agency</u>	Human Services within the Department of Family Services (DFS)
<u>Contact (Name, Phone, Email)</u>	Patricia E. Arriaza, Management Analyst III, 703-324-8241, patricia.arriaza@fairfaxcounty.gov
<u>Purpose</u>	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.
<u>Customers</u>	At-risk youth between the ages of 0 to 21 and their families as defined by VA § 2.2-5212
<u>Total Customers</u>	Youth served: FY18: 1,311 ; FY17: 1,428 ; FY16: 1,494; FY15: 1,343; FY14: 1,200
<u>Total Staff Year Equivalents (SYE)</u>	FY2018: 10; FY2017: 10; FY2016: 10; FY2015: 10; FY2014: 10
<u>Total Budget</u>	FY 2018: \$38.6 million for CSA pooled funding; \$888,571 for program administration FY 2017: \$40.8 million for CSA pooled funding; \$903,305 for program administration FY 2016: \$41.9 million for CSA pooled funding; \$988,075 for program administration FY 2015: \$39.8 million for CSA pooled funding; \$947,889 for program administration FY 2014: \$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	
<u>How Much Was Done?</u>	
1.1	Total Youth Served Annually
1.2.1	Annual CSA Pool-fund Expenditures
1.2.2	Annual CSA Expenditures by Service Type
<u>How Well Was It Done?</u>	
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

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

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	
<u>Is Anyone Better Off?</u>		<u>Headline Measure (HM)</u>
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 Q3																																																																									
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	38																																																																						
Graphs/Charts	<div style="text-align: center;"> <h3>Point in Time Counts for Residential and Group Home Placements (90+ days)</h3> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Data for Point in Time Counts for Residential and Group Home Placements (90+ days)</caption> <thead> <tr> <th>Category</th> <th>3/31/2017</th> <th>6/30/2017</th> <th>9/30/2017</th> <th>12/31/2017</th> <th>3/31/2018</th> <th>6/30/2018</th> <th>9/30/2018</th> <th>12/31/2018</th> <th>3/31/2018</th> </tr> </thead> <tbody> <tr> <td>Foster Care/Adoption</td> <td>14</td> <td>13</td> <td>13</td> <td>18</td> <td>17</td> <td>14</td> <td>13</td> <td>11</td> <td>10</td> </tr> <tr> <td>IEP Special Education</td> <td>24</td> <td>22</td> <td>19</td> <td>17</td> <td>16</td> <td>11</td> <td>10</td> <td>9</td> <td>9</td> </tr> <tr> <td>CHINS</td> <td>17</td> <td>11</td> <td>17</td> <td>17</td> <td>13</td> <td>17</td> <td>16</td> <td>16</td> <td>17</td> </tr> <tr> <td>Non-Mandated</td> <td>2</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>MHI local</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Total</td> <td>57</td> <td>48</td> <td>50</td> <td>53</td> <td>47</td> <td>43</td> <td>41</td> <td>38</td> <td>38</td> </tr> </tbody> </table> </div>			Category	3/31/2017	6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018	9/30/2018	12/31/2018	3/31/2018	Foster Care/Adoption	14	13	13	18	17	14	13	11	10	IEP Special Education	24	22	19	17	16	11	10	9	9	CHINS	17	11	17	17	13	17	16	16	17	Non-Mandated	2	2	1	1	1	1	2	2	2	MHI local	1	1	1	1	1	1	1	1	1	Total	57	48	50	53	47	43	41	38	38
Category	3/31/2017	6/30/2017	9/30/2017	12/31/2017	3/31/2018	6/30/2018	9/30/2018	12/31/2018	3/31/2018																																																																
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Notes	<p>Analysis: The total point in time count remained the same as the previous quarter. Planned Action: Continue to monitor.</p>																																																																								

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

FY 2019 Q3																							
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	175 -days for youth with emotional /behavioral disabilities																				
Graphs/Charts	<div style="text-align: center;"> <h3>Average LOS for Exiting Placements for Children with Emotional/Behavioral Problems</h3> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Data for Average LOS for Exiting Placements</caption> <thead> <tr> <th>Date</th> <th>Average LOS (Days)</th> </tr> </thead> <tbody> <tr><td>3/1/2017</td><td>201</td></tr> <tr><td>6/1/2017</td><td>204</td></tr> <tr><td>9/1/2017</td><td>208</td></tr> <tr><td>12/1/2017</td><td>152</td></tr> <tr><td>3/1/2018</td><td>204</td></tr> <tr><td>6/1/2018</td><td>185</td></tr> <tr><td>9/1/2018</td><td>214</td></tr> <tr><td>12/1/2018</td><td>224</td></tr> <tr><td>3/1/2019</td><td>175</td></tr> </tbody> </table> </div>			Date	Average LOS (Days)	3/1/2017	201	6/1/2017	204	9/1/2017	208	12/1/2017	152	3/1/2018	204	6/1/2018	185	9/1/2018	214	12/1/2018	224	3/1/2019	175
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3/1/2019	175																						
Notes	<p>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=16) was 178 days at the end of the 3rd quarter (LOS ranged from 66 to 327 days). Ages ranged from 14 to 18, with average age being 17 years. Of the 16 exits, 8 were from Foster Care and Adoption and 8 from the CSB. Planned Action: Continue to monitor.</p>																						

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

FY 2019 Q3																							
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<u>Graphs/Charts</u>	<p align="center">Length of Stay (days in current placement): Residential and Group Home Placements for Children with Developmental Disability</p> <table border="1"> <caption>Data for Length of Stay Graph</caption> <thead> <tr> <th>Date</th> <th>Length of Stay (Days)</th> </tr> </thead> <tbody> <tr> <td>3/31/2017</td> <td>1412</td> </tr> <tr> <td>6/31/2017</td> <td>1503</td> </tr> <tr> <td>9/30/2017</td> <td>1492</td> </tr> <tr> <td>12/31/2017</td> <td>1626</td> </tr> <tr> <td>3/31/2018</td> <td>1716</td> </tr> <tr> <td>6/30/2018</td> <td>2076</td> </tr> <tr> <td>9/30/2018</td> <td>1630</td> </tr> <tr> <td>12/31/2018</td> <td>2081</td> </tr> <tr> <td>3/31/2019</td> <td>2002</td> </tr> </tbody> </table>			Date	Length of Stay (Days)	3/31/2017	1412	6/31/2017	1503	9/30/2017	1492	12/31/2017	1626	3/31/2018	1716	6/30/2018	2076	9/30/2018	1630	12/31/2018	2081	3/31/2019	2002
Date	Length of Stay (Days)																						
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<u>Notes</u>	<p>Analysis: The length of stay for youth with primary needs from developmental disabilities (n=6) was 2002 days, range of LOS is 250 to 3,491 days. The 6 placements are from FCPS, 1 is at Benedictine, 3 at Grafton and 2 at Devereux. The ages range from 15 to 22, with the average age being 19. Planned Action: Continue to monitor.</p>																						

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

FY 2019 Q3																																																																					
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	9																																																																		
	2.2.3	Number of youth exiting long-term congregate care settings	14																																																																		
Graphs/Charts	<div style="text-align: center;"> <h3>Entry and Exit into Long-term RTC and GH</h3> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Monthly Data for Entry and Exit into Long-term RTC and GH</caption> <thead> <tr> <th>Month</th> <th>Entries RTC/GH</th> <th>Exits RTC/GH</th> </tr> </thead> <tbody> <tr><td>July '17</td><td>7</td><td>4</td></tr> <tr><td>Aug '17</td><td>3</td><td>12</td></tr> <tr><td>Sept '17</td><td>11</td><td>7</td></tr> <tr><td>Oct '17</td><td>5</td><td>7</td></tr> <tr><td>Nov '17</td><td>5</td><td>4</td></tr> <tr><td>Dec '17</td><td>6</td><td>2</td></tr> <tr><td>Jan '18</td><td>2</td><td>4</td></tr> <tr><td>Feb '18</td><td>6</td><td>7</td></tr> <tr><td>March '18</td><td>2</td><td>5</td></tr> <tr><td>Apr '18</td><td>6</td><td>4</td></tr> <tr><td>May '18</td><td>5</td><td>7</td></tr> <tr><td>June '18</td><td>9</td><td>13</td></tr> <tr><td>July '18</td><td>4</td><td>3</td></tr> <tr><td>Aug '19</td><td>6</td><td>5</td></tr> <tr><td>Sept '19</td><td>4</td><td>5</td></tr> <tr><td>Oct '18</td><td>5</td><td>11</td></tr> <tr><td>Nov '18</td><td>5</td><td>3</td></tr> <tr><td>Dec '18</td><td>4</td><td>5</td></tr> <tr><td>Jan '19</td><td>5</td><td>7</td></tr> <tr><td>Feb '19</td><td>2</td><td>5</td></tr> <tr><td>Mar '19</td><td>2</td><td>4</td></tr> </tbody> </table> </div>			Month	Entries RTC/GH	Exits RTC/GH	July '17	7	4	Aug '17	3	12	Sept '17	11	7	Oct '17	5	7	Nov '17	5	4	Dec '17	6	2	Jan '18	2	4	Feb '18	6	7	March '18	2	5	Apr '18	6	4	May '18	5	7	June '18	9	13	July '18	4	3	Aug '19	6	5	Sept '19	4	5	Oct '18	5	11	Nov '18	5	3	Dec '18	4	5	Jan '19	5	7	Feb '19	2	5	Mar '19	2	4
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Notes	<p>Analysis: There were 16 exits and 9 entries this quarter. Planned Action: Utilize ICC as a resource for youth 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.</p>																																																																				

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

FY 2019 Q3																																																																									
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Notes	<p>Analysis: 94% (16 of 17) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=15) of youth remained in the community 12 months after the initiation of ICC services. 75% (3 of 4) youth returned from residential within three months of initiation of ICC.</p> <p>Planned Action: Wraparound Fidelity Monitoring project will provide external fidelity review. ICC Stakeholder group continues to meet to address system implementation issues as needed.</p>																																																																								

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

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Graphs/ Charts	<div style="text-align: center;"> <h3>Wrap Fairfax ICC Outcomes FY 2019 Q3</h3> <table border="1" style="display: none;"> <caption>Wrap Fairfax ICC Outcomes Data</caption> <thead> <tr> <th>Date</th> <th>Return from RTC by 3 mos</th> <th>Prevent RTC at 6 months</th> <th>Prevent RTC at 12 months</th> </tr> </thead> <tbody> <tr><td>3/31/17</td><td>100%</td><td>94%</td><td>80%</td></tr> <tr><td>6/30/17</td><td>100%</td><td>100%</td><td>100%</td></tr> <tr><td>9/30/17</td><td>100%</td><td>78%</td><td>87%</td></tr> <tr><td>12/30/17</td><td>0%</td><td>100%</td><td>92%</td></tr> <tr><td>3/31/18</td><td>100%</td><td>100%</td><td>77%</td></tr> <tr><td>6/30/18</td><td>50%</td><td>91%</td><td>100%</td></tr> <tr><td>9/30/2018</td><td>0%</td><td>89%</td><td>100%</td></tr> <tr><td>12/30/18</td><td>91%</td><td>100%</td><td></td></tr> <tr><td>3/31/19</td><td>0%</td><td>100%</td><td>100%</td></tr> </tbody> </table> </div> <div style="text-align: center; margin-top: 20px;"> <h3>UMFS ICC Outcomes FY 2019 Q3</h3> <table border="1" style="display: none;"> <caption>UMFS ICC Outcomes Data</caption> <thead> <tr> <th>Date</th> <th>Return from RTC by 3 mos</th> <th>Prevent RTC at 6 months</th> <th>Prevent RTC at 12 months</th> </tr> </thead> <tbody> <tr><td>3/31/17</td><td>0%</td><td>100%</td><td>89%</td></tr> <tr><td>6/30/17</td><td>0%</td><td>100%</td><td>92%</td></tr> <tr><td>9/30/17</td><td>0%</td><td>100%</td><td>100%</td></tr> <tr><td>12/30/17</td><td>0%</td><td>90%</td><td>95%</td></tr> <tr><td>3/31/18</td><td>0%</td><td>100%</td><td>100%</td></tr> <tr><td>6/30/18</td><td>65%</td><td>90%</td><td></td></tr> <tr><td>9/30/2018</td><td>100%</td><td>94%</td><td></td></tr> <tr><td>12/30/18</td><td>0%</td><td>100%</td><td>100%</td></tr> <tr><td>3/31/19</td><td>100%</td><td>89%</td><td>100%</td></tr> </tbody> </table> </div>			Date	Return from RTC by 3 mos	Prevent RTC at 6 months	Prevent RTC at 12 months	3/31/17	100%	94%	80%	6/30/17	100%	100%	100%	9/30/17	100%	78%	87%	12/30/17	0%	100%	92%	3/31/18	100%	100%	77%	6/30/18	50%	91%	100%	9/30/2018	0%	89%	100%	12/30/18	91%	100%		3/31/19	0%	100%	100%	Date	Return from RTC by 3 mos	Prevent RTC at 6 months	Prevent RTC at 12 months	3/31/17	0%	100%	89%	6/30/17	0%	100%	92%	9/30/17	0%	100%	100%	12/30/17	0%	90%	95%	3/31/18	0%	100%	100%	6/30/18	65%	90%		9/30/2018	100%	94%		12/30/18	0%	100%	100%	3/31/19	100%	89%	100%
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Notes	<p>Analysis: Wraparound Fairfax: 100% (n=8) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=8) of youth remained in the community 12 months after the initiation of ICC services. 1 youth was referred while in RTC but did not return home within 3 months of initiation of ICC.</p> <p>UMFS: 89% (8 of 9) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=18) of youth remained in the community 12 months after the initiation of ICC services. 100% (n=3) youth returned from residential within three months of initiation of ICC.</p>																																																																																		

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

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	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 ROC filed / 0 entries																																																		
	2.3.2	Number of children entering foster care from CHINS petitions	1																																																		
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<p>Foster Care Entry: Relief of Custody Data</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Foster Care Entry: Relief of Custody Data</caption> <thead> <tr> <th>Period</th> <th>Petitions for Relief of Custody</th> <th>Children Entering Foster Care from ROC petitions</th> <th>Children Entering Foster Care from CHINS Petitions</th> <th>Children Entering Foster Care from Delinquency Petitions</th> </tr> </thead> <tbody> <tr> <td>Jan - Mar '17</td> <td>2</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Apr - June '17</td> <td>2</td> <td>0</td> <td>0</td> <td>3</td> </tr> <tr> <td>July - Sept '17</td> <td>3</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Oct - Dec '17</td> <td>4</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Jan - Mar '18</td> <td>1</td> <td>0</td> <td>2</td> <td>1</td> </tr> <tr> <td>Apr - June '18</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>July - Sept '18</td> <td>7</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Oct - Dec '18</td> <td>8</td> <td>2</td> <td>0</td> <td>2</td> </tr> <tr> <td>Jan - Mar '19</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> </tbody> </table>				Period	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	Jan - Mar '17	2	0	0	1	Apr - June '17	2	0	0	3	July - Sept '17	3	0	1	1	Oct - Dec '17	4	0	1	0	Jan - Mar '18	1	0	2	1	Apr - June '18	2	0	0	0	July - Sept '18	7	0	1	0	Oct - Dec '18	8	2	0	2	Jan - Mar '19	0	0	1	0
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<p>Analysis: 0 Relief of Custody (ROC) complaints were received. Planned Action: Continue to monitor.</p>																																																					

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

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	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	74%																																							
	2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement	83%																																							
<u>Graphs/Charts</u>	<div style="text-align: center;"> <h3>Monthly Utilization and Reimbursement for Medicaid-Enrolled RTC/GH Placements</h3> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Monthly Utilization and Reimbursement Data</caption> <thead> <tr> <th>Month</th> <th>Medicaid Reimbursement (%)</th> <th>Medicaid Placements (%)</th> </tr> </thead> <tbody> <tr><td>6/30/16</td><td>86%</td><td>64%</td></tr> <tr><td>9/30/16</td><td>79%</td><td>68%</td></tr> <tr><td>12/31/16</td><td>83%</td><td>64%</td></tr> <tr><td>3/31/17</td><td>80%</td><td>70%</td></tr> <tr><td>6/30/17</td><td>73%</td><td>69%</td></tr> <tr><td>9/30/17</td><td>49%</td><td>80%</td></tr> <tr><td>12/31/17</td><td>55%</td><td>79%</td></tr> <tr><td>3/31/18</td><td>57%</td><td>79%</td></tr> <tr><td>6/30/18</td><td>63%</td><td>73%</td></tr> <tr><td>9/30/18</td><td>82%</td><td>54%</td></tr> <tr><td>12/31/18</td><td>73%</td><td>76%</td></tr> <tr><td>3/31/19</td><td>83%</td><td>74%</td></tr> </tbody> </table> </div>			Month	Medicaid Reimbursement (%)	Medicaid Placements (%)	6/30/16	86%	64%	9/30/16	79%	68%	12/31/16	83%	64%	3/31/17	80%	70%	6/30/17	73%	69%	9/30/17	49%	80%	12/31/17	55%	79%	3/31/18	57%	79%	6/30/18	63%	73%	9/30/18	82%	54%	12/31/18	73%	76%	3/31/19	83%	74%
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12/31/18	73%	76%																																								
3/31/19	83%	74%																																								
<u>Notes</u>	<p>Analysis: 74% (28 of 38) placements are with Medicaid-enrolled providers, out of which 61% (23 of 28) are Medicaid eligible. 83% (19 of 23) are receiving Medicaid reimbursement for residential costs; 1 is denied and 3 are pending. Reason for 1 denial is that youth did not meet Medicaid medical necessity criteria for the program. Reasons for being ineligible: no legal status (n=3), over income for Level B group home (n=2). Reasons for being placed with non-Medicaid Providers (10 of 38): the child is not able to be served in Va, is court-ordered, or is in a non-Medicaid group home.</p>																																									

MEMO TO THE CPMT
April 26, 2019

Information Item I-4: Serious Incident Report, FY19 Quarter 3

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: Our contract (Agreement for Purchase of Services) specifies provider requirements for reporting serious incidents to both the case managing agency and to the CSA program. Our current 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.

On June 24, 2016, the CPMT directed the CSA Management Team to develop proposed policy and procedures to ensure centralized reporting of serious incidents to include criteria for reporting to the CPMT about the disposition of incidents. A determination was made that the CPMT would be made aware of 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
- 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. The CSA MT is briefed at the next meeting and subsequently makes a decision regarding future referrals and contracts. The CSA UR Manager and the CSA Contracts Coordinator notify the CSA Program Manager who informs appropriate Human Services Leadership when a situation requires such escalation. When necessary, case managers, CSA staff and contracts analyst make sight visits to assess the facility and any continued risk to the youth receiving services funded by the County.

SERIOUS INCIDENT REPORT:

During the third quarter, there were two SIRs that the CSA Management Team continued to monitor from the second quarter.

- The actions and business process of the home-based agency where a respite provider was taking a non-verbal child with autism to activities across State lines, was conducting personal business on County time, and was not informing parents of whereabouts while on outings with the child have raised additional concerns. The additional concerns include refusal by the director of the agency

to allow CSA case managers direct contact with home-based providers from this agency. It is expected that case managers will monitor progress, safety, and quality of services. This cannot be done without case managers being able to speak with the community-based workers. Further, the director of the agency seems to lack understanding of the severity of the concerns raised previously.

Due to concerns around provider policies which may impact safety and well-being of children and families, the CSA Management Team is recommending termination of the contract for convenience. Termination would be as of May 31, 2019 to allow for a sufficient period to transition youth currently being served by the contractor to alternative providers.

- New referrals to the residential facility that was conducting pat downs of youth remains on-hold pending review of documentation of revised policies and practices by CSA Management Team. While the facility reported they immediately addressed the concerns of the CSA Management Team, they are waiting until April 16 to present the new policy to the State Human Rights Committee. Once approved, the facility will forward the new policy to CSA Management Team.

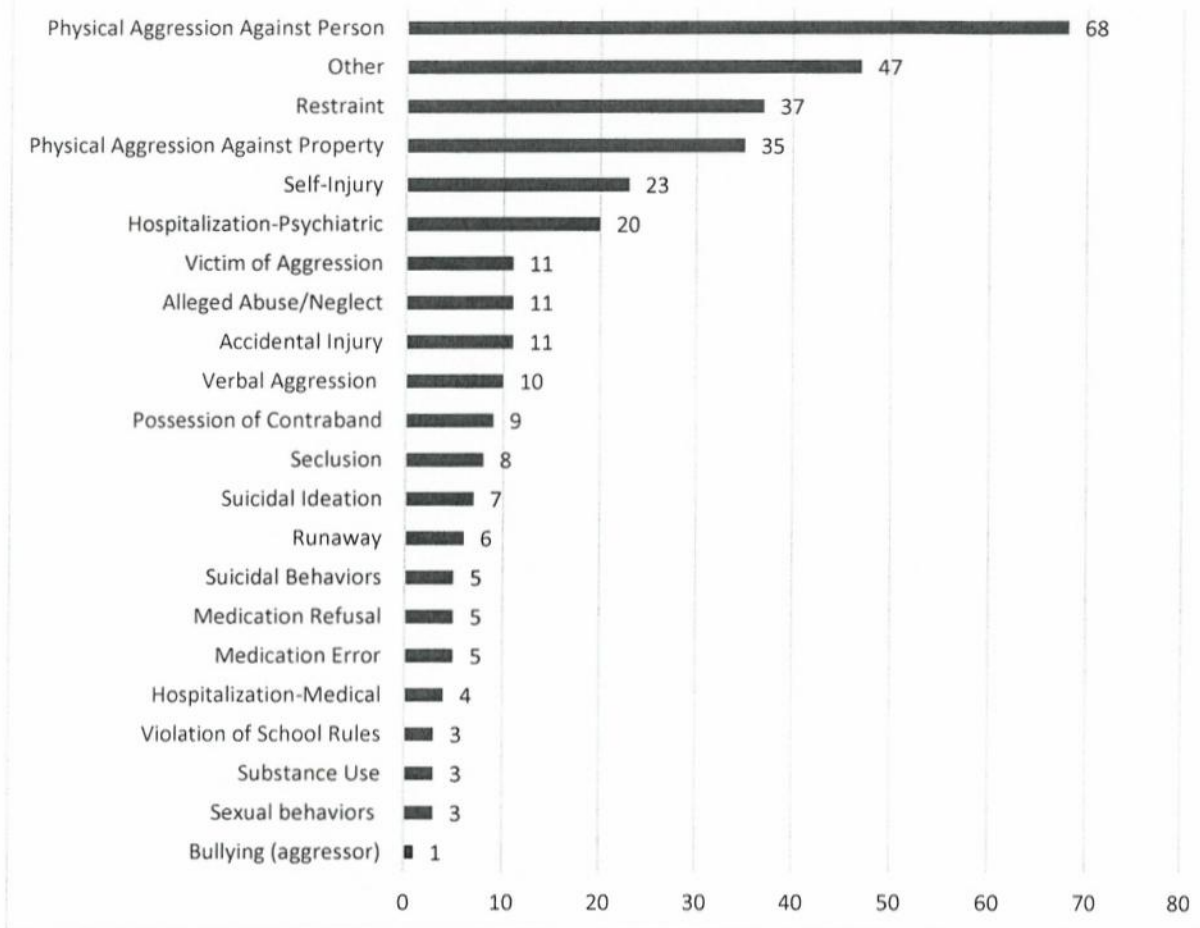
During the third quarter, there were two new SIRS reported to the CSA Management Team.

- There was an allegation of physical abuse by a staff person at a local residential treatment facility's group home where a youth was reportedly "smacked" on the face and was "pushed against the wall." The Utilization Review Manager did not receive a written report directly from the Provider per the APOS, and the initial written report did not include required elements as stated in the contract. CSA Management team has requested that DPMM follow-up in writing with the Provider to ensure timely and thorough reporting to CSA Utilization Review as required. A letter written to the parents of the youth indicated that there was an on-going CPS investigation. Additionally, the facility promptly reported the allegation to the Virginia Department of Behavioral Health and Developmental Service Office of Human Rights. The staff person involved was suspended with pay pending the results of the CPS investigation. If found unsubstantiated by CPS, the involved worker will return to work, but will not be assigned to work in the group home or class room with the youth.
- Utilization Review received an SIR regarding the death of a youth by suicide who was receiving services funded by CSA, as well as out-patient treatment funded by private insurance. Agencies involved were offered professional support for debriefing but none accepted the offer. There continues to be on-going work around implementation of the evidence-based FISP intervention (Family Intervention for Suicide Prevention).

VOLUME OF SIRS: There continues to be a high volume of SIRS received by CSA due to increased monitoring and oversight at all levels. UR staff have begun tracking data on types of incidents. UR staff follow-up with providers and case managers when there are questions or safety concerns. UR follow-up is documented and filed in the youth's CSA chart. Volume of SIRS received remains consistent throughout this fiscal year (Q1=321; Q2=330; Q3=332).

FY 2019 Q3 - SIR by Type

n=332



STAFF:

Kim Jensen, UR Manager

Barbara Martinez, DPMM Contract Analyst Supervisor

MEMO TO THE CPMT

April 26, 2019

Information Item I - 5: Proposed FY20 CPMT Meeting Schedule

ISSUE: Review the CPMT calendar of meetings for FY 2020.

BACKGROUND:

The CPMT typically meets nine times per year on the fourth Friday of every month. Typically, the November and December meetings are combined to accommodate the holiday season, one meeting is held over the summer, and the March meeting may be canceled to allow attendance at the CSA Symposium's CPMT Roundtable. Once per quarter the meeting includes the BHSOC Advisory Committee. Attendance by members is critical to maintain a quorum.

FY 20 CPMT Schedule of Meetings <small>proposed 04/26/19</small>			
<u>Date</u>	<u>Room</u>	<u>Time</u>	<u>Notes</u>
August 23, 2019	TBD	1:00 pm - 3:00 pm	
September 27, 2019	TBD	1:00 pm - 3:00 pm	
October 25, 2019	TBD	1:00 pm - 3:00 pm	
December 6, 2019	TBD	1:00 pm - 3:00 pm	Combine Nov/Dec meeting
January 24, 2020	TBD	1:00 pm - 3:00 pm	
February 28, 2020	TBD	1:00 pm - 3:00 pm	
April 24, 2020	TBD	1:00 pm - 3:00 pm	State CSA Conference in Roanoke, Date: TBD.
May 29, 2020	TBD	1:00 pm - 3:00 pm	Date changed to avoid Memorial Day Monday, May 25th
June 26, 2020	TBD	1:00 pm - 3:00 pm	

ATTACHMENT: None

STAFF:

Janet Bessmer, CSA
Peter Steinberg, HMF