FAIRFAX-FALLS CHURCH COMMUNITY
POLICY AND MANAGEMENT TEAM
CPMT Minutes 4/27/2018

CPMT Members

Attendees: Gloria Addo-Ayensu, MD, Louise Armitage, Katherine Caffrey, Tisha Deeghan (Chair), Deb Evans, Jessie Georges, Teresa Johnson, Rick Leichtweis, Chris Leonard, MaryAnn Panarelli, Lee Ann Pender (Acting Director DAHS), Jane Strong, Nancy Vincent, Daryl Washington (Acting Director)

Absent: Staci Jones Alexander, Robert Bermingham, Nannette Bowler, Kelly Henderson

SOC Attendees: Jim Gillespie, Desiree Gordon, Betty Petersilia, Jesse Ellis

CSA Management Team: Barbara Martinez, Adam Cahuantzi, Jessica Jackson

Stakeholders and CSA Program Staff Present: Janet Bessmer, Hilda Calvo, Lisa Morton, Kristina Kallini, Sarah Young, Patricia Arriaza

1. MINUTES: A motion was made by MaryAnn Panarelli and seconded by Rick Leichtweis to Approve the February 23rd meeting minutes. The motion was approved by the committee of the whole.

2. ITEMS:

Healthy Minds Fairfax Presentation Items:

1. **Item P- 1: Betty Petersilia gave a report on the Pro-Bono Outpatient Therapy Project.** Give An Hour (GAH) is actively developing a "branded" Fairfax County section of their national website for income eligible children, youth and families living in Fairfax County and the Cities of Fairfax and Falls Church residents. They are actively recruiting licensed mental health providers in Fairfax County and across the borders in neighboring jurisdictions. Social marketing materials, branded for Healthy Minds Fairfax and Fairfax County, are in development and will be ready for distribution in the very near future. A proclamation will be presented by Supervisor Penny Gross at the July 10, 2018 Board of Supervisors meeting with an anticipated launch at a reception before the meeting. GAH volunteer therapists provide direct counseling pro bono for the duration of the treatment episode. They can also work to reduce the stigma associated with mental health treatment by participating in and leading education, training and outreach efforts in schools and the community. GAH volunteer therapists are licensed, hold malpractice insurance and are vetted through GAH staff before placed in their network. There are over 7,000 volunteer therapists nationally in the GAH fold who have provided 244,821 hours of mental health care, valued at over $24 million. There are currently 201 volunteer therapists in Fairfax County currently serving this military population.

2. **Item P- 2: Jim Gillespie and Betty Petersilia gave a Review of the Proposed Community Integration Plan.** This community plan for supporting and promoting integration is in support of the Blueprint goal #7: Improve care coordination and promote integration among schools, primary care providers

and mental health providers, including the integration of primary and behavioral health care.

In order to understand the barriers for primary care practices and behavioral health agencies to achieving a higher level of integration, the Integration Committee conducted two focus groups: one with behavioral health clinicians who serve children and families and the other with pediatricians. Group participants were from across Fairfax County and represented a diverse array of practices and agencies. While the views presented were not necessarily representative of all providers in the community, the focus groups highlighted challenges that practices currently face and the need for an array of strategies to support or promote integration. Below is a summary of challenges highlighted by community pediatricians and behavioral health clinicians: Limited Knowledge of Available Resources, Limited Knowledge, Experience, or Comfort with Interdisciplinary Care, Cost and Availability of Training, Time Constraints, Insurance and Billing, Access to Behavioral Health Clinicians, Communication, Cost to Bring on Interdisciplinary Providers, Limited Space for Integrated Staff, and Limitations of Treatment in Integrated Facilities. For more information, please refer to the handout. GAH will identify, vet and mobilize therapists in our community to "give an hour" of their time each week to support the child or youth and family seeking mental health treatment. GAH also encourages those who have received help to give back in their own community.

Contracts Items:

Item C-I: A motion was made by Rick Leichtweis and seconded by MaryAnn Panarelli to approve a Child Specific Request for Change Academy of the Ozarks. The motion was approved by the committee of the whole.

Item C- 2: A motion was made by Chris Leonard and seconded by Dr. Gloria Addo-Ayensu to approve a Review of FY19 APOS and Addenda changes. The motion was approved by the committee of the whole.

- **CSA Administrative Items:**

Item A -1: A motion was made by MaryAnn Panarelli and seconded by Louise Armitage to Approve OCS Annual Gap Survey Response. The motion was approved by the committee of the whole.

Item A -2: A motion was made by Jessie Georges and seconded by Teresa Johnson to Approve the Nomination of Parent Representatives. The motion was approved with 2 Abstentions and 1 no.

Item A -3: A motion was made by Chris Leonard and seconded by Rick Leichtweis to Approve FY 19 CPMT Calendar of Meetings. The motion was approved by the committee of the whole.

- **CSA Information Items:**

Item 1-1: Janet Bessmer gave a report on the Results of CSA Self-Assessment for Triennial Audit. Quality Improvement Plans for areas identified in the self-assessment were developed and submitted along with the self-assessment workbook. Some of the issues identified are: Vacancy in the parent representative position for one FAPT, Alignment of the parental contribution collections process with the state policy, Increasing staff awareness to mechanisms for reporting suspected fraud through newsletter articles, training, and notices on Service Summaries, Updating the Quality Assurance Plan for additional monitoring of eligibility and compliance, Maximizing Title IVE funding for eligible services. After submission of the Self-Assessment, the state will schedule an on-site validation visit.

Item 1-2: Sarah Young gave the Monthly Residential Entry Report. Eight youth entered long-term residential settings in February and March. There were 3 males and 5 females, 3 from DFS, 1 from the courts, and 4 from CSB. 50% of the youth had actionable scores in suicide risk, there were two youth with actionable scores in substance use, and there was one youth who was suspected to be a victim of human trafficking. One youth had 3 prior serious suicide attempts over the previous year, had been involved with out-patient treatment for two years prior, but had not had more intensive community based services prior to coming to CSA for residential treatment. Youth would have been eligible for CSA at least one year prior to coming to FAPT, but no referrals to CSA were made, despite other agency involvement. 5/8 youth were either in a residential facility at the time of FAPT or were being readmitted after a previous RTC within the year prior. One youth had been placed in October through the police department and was on scholarship at a local RTC. One youth had been in a court funded residential program prior to coming to FAPT. One youth was in a parental placement prior to coming to FAPT. Two youth entered foster care after non-FAPT approved placements within the previous year. In February and March of 2018, 31 youth/family meetings were held with the two standing FAPT teams. Of those 31 meetings: 14 referrals were from FC&A, 11 referrals were from CSB and 6 were from JDRDC, 16 were requests for initial placements, 12 of which had plans developed for a Residential Treatment Center, 2 for JDRDC programs (Beta and BPH), 1 for a 90-day diagnostic program and 1 with community based services only. 15 were requests for continuation of existing placements, all of which had plans developed for a short-term (varying from 2 weeks to 3 months) extension of the current placement; community-based services including ICC, home-based and outpatient services were also included to assist with discharge in these cases. FAPT members are noticing an increase in the number of participants who do not attend in person. While phone participation is possible, it is not uncommon to now have meetings where only one attendee is in person, and multiple others are on the phone. This lessens the effectiveness of the meeting; phone connections are not as clear, there are frequent delays in the message being received, repeating information is needed multiple times, and it can take significant time to get all participants conferenced in prior to beginning the meeting.

Item 1-3: Patricia Arriaza gave the Quarterly CPMT Data Report. The total point in time count increased by 6 from the prior quarter. : 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 in current placement for youth with primarily emotional/behavioral problems (n=32) was 159 days at the end of the 4th quarter. The length of stay for youth with primary needs from developmental disabilities (n=15) was 1716 days. 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 204 days at the end of the 2nd quarter. There were 16 exits and 10 entries this quarter. 100% (n=19) of youth were maintained in the community 6 months after initiation of ICC services. 92% (25 of 27) of youth remained in the community 12 months after the initiation of ICC services. Wraparound Fairfax: 100% (n=1) of youth were maintained in the community 6 months after initiation of ICC services. 77% (7 of 9) of youth remained in the community 12 months after the initiation of ICC services. Wraparound Fairfax: 100% (n=1) of youth were maintained in the community 6 months after initiation of ICC services. 77% (7 of 9) of youth remained in the community 12 months after the initiation of ICC services. 79% (37 of 47) placements are in Medicaid-enrolled programs, of which 57% (21 of 37) are receiving Medicaid reimbursement of the residential costs. Reasons that youth in Medicaid-enrolled programs are not receiving funding are: Legal status (n=3), Over 21 (n=5), Ineligible Level B due to income (n=2), Clinical denial (n=1), Pending (n=5).

Item 1-4: Terri Byers gave the Budget Report. Pooled expenditures through January 2018 equals $15.8 million for 888 youth. This amount is a decrease of approximately $1.9 million, or 10.80% from January of last year. Pooled expenditures through January 2017 equaled $17.7 million for 1,114 youth.

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

A motion was made by Chris Leondard and seconded by Louise Armitage to adjourn the meeting at 3:50pm. The motion was approved by the committee of the whole.