



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



May 20, 2022

Community Policy and Management Team (CPMT)

Agenda

FINAL

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

1. **MINUTES:** Approve minutes of April 29, 2022 meeting
2. **ITEMS:**
 - **Administrative Items**
 - Item A – 1:** FY23 CPMT Meeting Schedule
 - Item A - 2:** OCS Annual Risk Assessment Survey for Localities
 - **CSA Contract Items**
 - Item C – 1:** Monthly Out-of-State Placement Approvals – Sandy Pines, FL
 - **CSA Information Items**
 - Item I – 1:** Budget Report
 - Item I – 2:** Mental Health Initiative Local Funding for FY23
 - Item I – 3:** Mental Health Initiative State Revisions
 - **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**



April 29, 2022

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

Meeting Minutes

Attendees: Staci Alexander (home), Jacqueline Benson (home), Michelle Boyd (home), Deb Evans (home), Cristy Gallagher (home), Richard Leichtweis (office), Chris Leonard (office), Deborah Scott (office), Rebecca Sharp (office), Dawn Schaefer (office), Matt Thompson (office), Daryl Washington (office)

Attended but not heard during roll call: Lesley Abashian, Gloria Addo-Ayensu, Michael Becketts, Dana Lewis

Absent: Annie Henderson, Joe Klemmer, Lloyd Tucker

HMF Attendees: Peter Steinberg, Jim Gillespie, Tracy Davis, Hilda Calvo Perez, Philethea Duckett

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

Stakeholders and CSA Program Staff Present: Janet Bessmer, Kristina Kallini, Shana Martins, Kendra Rascoe, Tiffany Robinson, Jeanne Veraska, Chris Metzbower, Jesse Ellis

FOIA Related Motions:

I move that each member's voice may be adequately heard by each other member of this CPMT.
Motion made by Chris Leonard; second by Matt Thompson; all members agree, motion carries.

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

State of Emergency caused by the COVID-19 pandemic makes it unsafe for this CPMT to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CPMT and the physical presence of the public, cannot be implemented safely or practically. I further move that this CPMT may conduct this meeting electronically through a dedicated auto conferencing line, and that the public may access this meeting by calling: 888-270-9936; Participant access code 561285. It is so moved.

Motion made by Chris Leonard; seconded by Cristy Gallagher; all members agree, motion carries.

Finally, it is next required that all the matters addressed on today's are statutorily required or necessary to continue operations and the discharge of the CPMT's lawful purposes, duties, and responsibilities.

Motion made by Chris Leonard; seconded by Jackie Benson; all members agree, motion carries.

1. **MINUTES:** Approve minutes of March 25, 2022. *Motion made by Rick Leichtweis; seconded by Staci Alexander; all members agree, motion carries.*

Approved:

2. ITEMS:

- **Administrative Items**

Item A – 1: Submission of FY22 Gaps and Needs Survey Submission to OCS – Presented by Janet Bessmer. Survey was also shared with Family Advisory Board and Management Team for feedback. Request that CPMT provide feedback or formal approval to submit this to survey to the State. *Motion made by Cristy Gallagher; seconded by Rick Leichtweis; motion carries.*

- **CSA CONTRACT ITEMS:**

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

- **CSA INFORMATION ITEMS:**

Item I – 1: Budget Report – Presented by Usman Saeed.

Item I – 2: FY23 Proposed CPMT Meeting Schedule – Chair referred members to the item in the meeting materials.

Item I – 3: Quarterly SIR Report – Chair referred members to the item.

Item I – 4: Quarterly Data Report -Chair referred members to the item.

Item I – 5: Blueprint Development Discussion (Not in Packet) – Janet Bessmer provided a data overview of CSA. Dr. Vinu Ilakkuvan, Public Health consultant with Healthy Minds Fairfax, led discussion to determine how to update the blueprint/plan to meet needs of children and families in the community. Members participated in breakout rooms to discuss/brainstorm ideas of the blueprint. Brainstormed ideas related to how CSA/HMF can meet needs of youth in the community, be better integrated into the behavior health system, and how to easily share information between agencies and with the community.

- **NOVACO – Private Provider Items** – CSB representatives will be joining the next NOVACO meeting to discuss the increase in number of youth using opioids.
- **CPMT Parent Representative Items** – Cristy Gallagher announced she will be stepping down in her role as parent rep at the end of the summer.
- **Cities of Fairfax and Falls Church Items** – none
- **Public Comment** – none

Next Meeting: May 20, 2022, 1:00 – 3:00pm (location TBD)

Adjourn 2:20pm: *Motion to adjourn made by Rick Leichtweis; seconded by Lesley Abashian; all members agree, motion carries.*

Approved:

MEMO TO THE CPMT

May 20, 2022

Administrative Item A-1: Approve FY23 CPMT Meeting Schedule

ISSUE: Request that the CPMT approve the public calendar of meetings for FY 2023.

BACKGROUND:

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

RECOMMENDATION: That the CPMT adopt this calendar for FY23.

ATTACHMENT: Proposed FY23 CPMT Meeting Schedule

STAFF:

Janet Bessmer, Program Manager, Children's Services Act



Community Policy & Management Team (CPMT)

Meeting Location:

Fairfax County Government Center, 12000 Government Center Pkwy, Fairfax, VA 22035



CPMT SCHEDULE FY 23 <i>(July 2022 – June 2023)</i>			
Meeting Date	Room #	Time	Notes
Jul. 22, 2022	<i>TBD</i>	1:00-3:00pm	
Sept. 23, 2022	<i>TBD</i>	1:00-3:00pm	
Oct. 28, 2022	<i>TBD</i>	1:00-3:00pm	
Dec. 9, 2022	<i>TBD</i>	1:00-3:00pm	
Jan. 27, 2023	<i>TBD</i>	1:00-3:00pm	
Feb. 24, 2023	<i>TBD</i>	1:00-3:00pm	
Apr. 28, 2023	<i>TBD</i>	1:00-3:00pm	
May 19, 2023	<i>TBD</i>	1:00-3:00pm	
June 23, 2023	<i>TBD</i>	1:00-3:00pm	

Schedule Approved by CPMT:

MEMO TO THE CPMT

May 20, 2022

Administrative Item A - 2: FY23 CSA Local Agency – Annual Risk Assessment Survey

ISSUE: That the Office of Children’s Services (OCS) requires completion of an annual survey related to risk factors as part of their process for scheduling local program audits

BACKGROUND:

The Program Audit Activity of the Office of Children’s Services is actively planning the audit schedule for the upcoming fiscal year. Audits are scheduled based on the results obtained from the risk assessment process, input from stakeholders, and the established audit cycle (every three years). In accordance with OCS’ commitment to partner with local stakeholders to implement best practices and continue to improve the performance of CSA, OCS solicits input from local partners in conjunction with the risk assessment process. CSA program staff completed the ratings for this year’s survey.

RECOMMENDATION: That the CPMT approve the attached ratings of program for submission to OCS.

ATTACHMENT:

Proposed survey response

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:

Janet Bessmer, CSA Manager

Fiscal Year 2023 CSA Local Agency - Annual Risk Assessment Survey

The Program Audit Activity of the Office of Children's Services (OCS) is responsible for evaluating the adequacy and effectiveness of governance, risk management, internal control, and compliance activities of local CSA programs, governed by requirements established in the Code of Virginia, Children's Services Act (§ 2.2-5200) and policies adopted by the State Executive Council (SEC). The basis for audit selections include risk assessment, management and stakeholder input, and the established audit cycle (every three years). The purpose of this survey is to collect information pertaining to local CSA programs that is necessary to complete the risk assessment, and to solicit input from local agency stakeholders that is specific to each of the individual programs.

Instructions: Survey questions may be discussed with the full Community Policy and Management Team (CPMT). However, the CPMT Chair or designee should complete and submit only one survey per locality.

Responses are due by 5:00pm on Monday, May 16, 2022.

If you have any questions about this survey, please contact Stephanie Bacote, Program Audit Manager at (804) 662-7441.

* Required

Respondent's Contact Information (In case follow-up is necessary)

1. Locality Name *

Fairfax-Falls Church

2. Respondent's Name *

Janet Bessmer

3. Respondent's Title *

CSA Program Manager

4. Respondent's Phone Number *

703 324 7932

Inherent
Risk
Evaluation

The following risk factors may hinder achievement of objectives, if mitigating actions are not taken. Please rate the degree in which your local CSA program has experienced or have been affected by the situations described below.

(Note: A high rating is indicative that the risk exposure described exists and has significantly affected the local program. A low rating is indicative that the risk exposure is not present ,or where it exist that there has been little or no affect to the local program.)

5. CHANGES IN OPERATIONS: Extent to which changes in funding, staffing, operating practices/procedures over the last 24 months have affected your local program as the changes are absorbed. *

Mark only one oval.

- XX Low
- Slightly Moderate
- Moderate
- Slightly High
- High

6. PRESSURE TO MEET OBJECTIVES: Extent to which the local program has been vulnerable to reductions in the quality of service provided, increased operating cost, or lessening of controls/ procedures to achieve federal, state, and local objectives. *

Mark only one oval.

- XX Low
- Slightly Moderate
- Moderate
- Slightly High
- High

7. ADVERSE PUBLICITY: Extent to which unfavorable exposures (industry and/or public media) over the last 24 months have affected your local program's ability to secure and maintain public trust and confidence. *

Mark only one oval.

- XXX Low
- Slightly Moderate
- Moderate
- Slightly High
- High

8. SERVICE DELAYS: Over the last 24 months, the extent to which failure to meet stated service levels has seriously affected relations with stakeholders, created serious internal problems, and/or affected the program's reputation. *

Mark only one oval.

- Low
- Slightly Moderate
- X Moderate
- Slightly High
- High

9. CONFIDENTIALITY OF DATA: Extent of loss or embarrassment over the last 24 months that was due to unauthorized or premature disclosure of protected information. *

Mark only one oval.

- XLow
- Slightly Moderate
- Moderate
- Slightly High
- High

10. INACCURATE DATA: Extent that incorrect data generated over the last 24 months has affected the integrity and reliability of data reported by the local program, and consequently shared by other state and local stakeholders. *

Mark only one oval.

- Low
- XSlightly Moderate
- Moderate
- Slightly High
- High

11. PROCESSING SOPHISTICATION: Extent to which the reliability of manual and/or automated technology processes used in the local program's process flow over the last 24 months has impacted performance of daily operating activities. *

Mark only one oval.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

12. HISTORY OF FRAUD: Extent to which actual or alleged incidences fraud occurring with in the past 24 months has impacted the local program. *

Mark only one oval.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

Control Risk Evaluation

The following factors that are established to mitigate risks could potentially lose their effectiveness over time, and thus no longer function as intended. Please rate the degree in which your local CSA program has experienced or has been affected by the situations described below.

(Note: A low rating is indicative that the risk control described exists and is functioning as intended. A high rating is indicative that the risk control described does not exist, or where it does exist that the control is not working as intended).

13. EXPERIENCE LEVEL OF THE MANAGEMENT TEAM: Collectively, the extent of management's understanding of state and local CSA operations and understanding of management principles (planning, directing, and monitoring). Consider length of CSA experience. *

Mark only one oval.

- XLow
- Slightly Moderate
- Moderate
- Slightly High
- High

14. INFORMATION TECHNOLOGY SECURITY: Extent that appropriate actions have been taken to protect sensitive/confidential data from unauthorized access, such as the use of restricted areas, passwords, and encryption devices. *

Mark only one oval.

- Low
- XSlightly Moderate
- Moderate
- Slightly High
- High

15. AUDIT COVERAGE: Extent that internal and/or external reviews are of a quality and frequency of which to provide comprehensive evaluations of the local program. *

Mark only one oval.

- Low X
- Slightly Moderate
- Moderate
- Slightly High
- High

16. ABILITY TO OVERRIDE POLICY: Extent of the ease to which management takes actions that supersede the state and local policies/procedures adopted that govern the local program. *

Mark only one oval.

- Low
- X Slightly Moderate
- Moderate
- Slightly High
- High

17. CONTINGENCY PLANNING: Existence of a documented plan to ensure continuation of services in the event of an emergency (e.g. natural disaster) or other short/long-term service disruptions (e.g. extended absence of CSA Coordinator). *

Mark only one oval.

- XLow
- Slightly Moderate
- Moderate
- Slightly High
- High

18. ADEQUACY OF POLICIES AND PROCEDURES: Extent to which local program policies and procedures are written, comprehensive, clear, accessible, aligned w/federal and state laws and policies where applicable, periodically reviewed and updated. *

Mark only one oval.

- XLow
- Slightly Moderate
- Moderate
- Slightly High
- High

19. MEASURABLE GOAL/OBJECTIVES/PERFORMANCE TARGETS: Extent to which the management team has established benchmarks to gauge achievement; that are documented, reviewed/updated periodically, and disseminated. *

Mark only one oval.

- XLow
- Slightly Moderate
- Moderate
- Slightly High
- High

20. MANAGEMENT REVIEW/QUALITY ASSURANCE: Extent to which the management team regularly receives and effectively acts upon formal reports detailing major aspects of the local program to ensure compliance with state and local requirements. *

Mark only one oval.

- Low
- XSlightly Moderate
- Moderate
- Slightly High
- High

21. TRAINING: Extent to which a conscious effort is made to regularly provide training to local program stakeholders; that there is evidence that training needs of key stakeholders are met. *

Mark only one oval.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

22. SEGREGATION OF DUTIES: Extent to which duties in the local program's processing stream (i.e., service planning recommendations by FAPT and funding authorizations by CPMT) are optimally separate. *

Mark only one oval.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

23. CONFLICTS OF INTEREST: Extent to which local representatives adhere to state and local disclosure requirements (i.e. timely notification; completed disclosure forms; abstain from voting where applicable). *

Mark only one oval.

- XLow
- Slightly Moderate
- Moderate
- Slightly High
- High

Stakeholder Feedback

All local programs are scheduled to be audited during the current three year audit cycle (Fiscal Years 2020-2022). Audit selections are based on the evaluation of many factors, including but not limited to risk/severity concerns, availability of resources, and input from OCS management and other state/local CSA stakeholders. Please note that a response to the following questions would NOT automatically result in the local CSA program receiving a higher risk ranking in the scheduling of audit priorities.

24. Please list and briefly describe any best practices, major achievements, and/ or concerns that you have regarding your local CSA program.

The CSA office has been transitioning to use of fully electronic documentation processes. These systems provided accessibility and continuity of operations during the pandemic. Work is underway to design a replacement system for case management, financial processing and reporting which will offer more efficiency for program operations. The program has also worked on the parental contribution process and collections of overdue accounts.

25. Are there any particular areas of your program that you would like a callback from an auditor to discuss considerations for a more focused review? If yes, please provide a brief description.

No thank you.

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MEMO TO THE CPMT
 May 20, 2022

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

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

Date Received by DPMM	Provider	Location	Medicaid Participating/ Single Case Agreement	Requesting Department	Barrier to Contract Pool of Providers	CSA MT Approval Date
5/17/2022	Sandy Pines Residential Treatment Center	Jupiter, Florida	No but considering Single Case Agreement	DFS-FC&A	Young age, level of criminal offenses, and aggression	5/18/2022

BACKGROUND:

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

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

Provider	Location	Case Managing Agency	Barrier to Contract Pool of Providers	Date of Approval
Devereaux - CIDDS (Kanner)	Pennsylvania	FCPS-MAS	IEP for Residential School under the category of Multiple Disabilities with physical aggression	5/1/2015 (CPMT)
Devereux-Brandywine	Pennsylvania	FCPS-MAS	IEP for residential School Setting. ASD and aggression	4/19/2020 (CPMT)
Benedictine School	Maryland	FCPS-MAS	IEP for Residential School Setting	1/24/2020 (CPMT)
Change Academy of the Ozarks (CALO)	Missouri	FCPS-MAS	IEP for Residential School references ADHD, RAD, Emotional Disability, and Learning Disabilities. VA facilities would not accept.	5/29/2020 (CPMT)

Chamberlain Intl School	Massachusetts	FCPS-MAS	IEP for Residential School	9/20/2020 (CPMT)
Justice Resource Institute (Glenhaven Academy)	Massachusetts	CSB	Diagnosis of ASD and physical aggression	3/22/2021
Maplewood School	Armenia, New York	FCPS-MAS	Parental Placement of student with IEP for Private Day School Setting. Contract for Education costs only.	9/09/2021
Latham Centers	Brewster, Massachusetts	FCPS-MAS	Prader-Willi Syndrome with severe aggression and other complicating medical issues.	9/20/2021
Judge Rotenberg Center	Canton, MA	DFS-FC&A	Include Intellectual Disability, Autism, ODD, ADHD, and a seizure disorder with a history of physical aggression towards others, property destruction, self-injury and elopement. Seven month stay at Commonwealth Center for Children and Adolescents.	2/14/2021

STAFF:

Barbara Martinez, DPMM

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

ISSUE:

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

BACKGROUND:

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

The attached chart details Program Year 2022 cumulative expenditures through April 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 April 2022 for FY22 equal \$23M for 888 youths. This amount is a decrease from last year of approximately \$1.22M, or 5.05%. YTD Pooled expenditures for FY21 equaled \$24.2M for 927 youths.

	Program Year 2021	Program Year 2022	Change Amt	Change %
Residential Treatment & Education	\$3,143,363	\$3,698,367	\$555,004	17.66%
Private Day Special Education	\$13,694,429	\$12,586,658	(\$1,107,771)	-8.09%
Non-Residential Foster Home/Other	\$4,719,270	\$4,238,199	(\$481,071)	-10.19%
Community Services	\$2,672,856	\$2,958,288	\$285,432	10.68%
Non-Mandated Services (All)	\$776,114	\$339,905	(\$436,209)	-56.20%
Recoveries	(\$784,978)	(\$823,123)	(\$38,144)	4.86%
Total Expenditures	\$24,221,054	\$22,998,295	(\$1,222,759)	-5.05%
Residential Treatment & Education	106	85	(21)	-19.81%
Private Day Special Education	276	258	(18)	-6.52%
Non-Residential Foster Home/Other	303	296	(7)	-2.31%
Community Services	594	636	42	7.07%
Non-Mandated Services (All)	177	141	(36)	-20.34%
Unique Count All Categories	1,456	1,416	(40)	-2.75%
Unduplicated Youth Count	927	888	(39)	-4.21%

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

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

RECOMMENDATION:

For CPMT members to accept the April Program Year 2022 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

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

NOTE:

Residential Treatment & Education increased by \$555k with 21 fewer youths served. Residential area overall cost is up, mainly due to increased Residential service and Residential education cost paid YTD.

Private day special education costs paid YTD have decreased by \$1.1M with 18 fewer youths served. Average private day special education costs per youth have decreased by only 2% as compared to last year.

Non-Residential Foster Home/Other has decreased by \$481k with 7 fewer youths served than in same period last year. Average Non-Residential Foster Home/Other costs per youth have decreased by 8% as compared to last year due to more youths are placed with relatives and resulting TFC costs and transportation costs are down.

Community Services increased by \$285k with 42 more youth served year to date, average community services cost per youth is almost same as last year.

Non-Mandated Services expenses have decreased by \$436k with 36 fewer youths served, average non-mandated services cost has also decreased by 45%.

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

			Local	County	Youth in	Schools	Youth in	Total	
Mandated/ Non-Mandated	Residential/ Non-Residential	Serv Type Descrip	Match Rate	& Foster Care	Category	(IEP Only)	Category	Expenditures	
Mandated	Residential	Residential Treatment Facility	57.64%	\$1,211,692	45			\$1,211,692	
		Group Home	57.64%	\$276,773	6			\$276,773	
		Education - for Residential Medicaid Placements	46.11%	\$81,622	2	\$1,190,216	22	\$1,271,838	
		Education for Residential Non-Medicaid Placements	46.11%	\$68,665	2	\$843,181	7	\$911,847	
		Temp Care Facility and Services	57.64%	\$26,217	1			\$26,217	
	Residential Total				\$1,664,969	56	\$2,033,398	29	\$3,698,367
	Non Residential	Special Education Private Day	46.11%	\$415,908	11	\$12,170,751		247	\$12,586,658
		Wrap-Around for Students with Disab	46.11%	\$187,653	44				\$187,653
		Treatment Foster Home	46.11%	\$2,314,006	83				\$2,314,006
		Foster Care Mtce	46.11%	\$935,544	112				\$935,544
		Independent Living Stipend	46.11%	\$242,749	34				\$242,749
		Community Based Service	23.06%	\$2,349,407	469				\$2,349,407
		ICC	23.06%	\$608,881	167				\$608,881
		Independent Living Arrangement	46.11%	\$558,248	23				\$558,248
		Non Residential Total				\$7,612,395	943	\$12,170,751	247
Mandated Total				\$9,277,364	999	\$14,204,148	276	\$23,481,513	
Non-Mandated	Residential	Residential Treatment Facility	57.64%	\$67,039	6			\$67,039	
		Temp Care Facility and Services	57.64%	\$724	1			\$724	
	Residential Total				\$67,763	7	\$0	0	\$67,763
	Non Residential	Community Based Service	23.06%	\$220,353	76				\$220,353
		ICC	23.06%	\$51,789	58				\$51,789
Non Residential Total				\$272,142	134	\$0	0	\$272,142	
Non-Mandated Total				\$339,905	141		0	\$339,905	
Grand Total (with Duplicated Youth Count)				\$9,617,269	1,140		276	\$23,821,417	

Recoveries	-\$823,123
Total Net of Recoveries	\$22,998,295
Unduplicated child count	888

Key Indicators		Prog Yr 2021 YTD	Prog Yr 2022 YTD
Cost Per Child			
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)		\$26,127	\$25,899
Average Cost Per Child Mandated Residential (unduplicated)		\$40,300	\$53,600
Average Cost Per Child Mandated Non- Residential (unduplicated)		\$25,222	\$24,514
Average Cost Mandated Community Based Services Per Child (unduplicated)		\$4,461	\$5,009
Average costs for key placement types			
Average Cost for Residential Treatment Facility (Non-IEP)		\$18,619	\$26,926
Average Cost for Treatment Foster Home		\$25,982	\$27,880
Average Education Cost for Residential Medicaid Placement (Residential)		\$37,561	\$52,993
Average Education Cost for Residential Non-Medicaid Placement (Residential)		\$65,642	\$101,316
Average Special Education Cost for Private Day (Non-Residential)		\$49,617	\$48,785
Average Cost for Non-Mandated Placement		\$4,385	\$2,411

Category	Program Year 2022 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2022 Allocation	\$694,188	\$179,829	74%
Non Mandated Program Year 2022	\$1,630,458	\$271,736	83%
Program Year 2022 Total Allocation	\$42,187,551	\$22,998,295	45%

MEMO TO THE CPMT

May 20,2022

Information Item I - 2: Proposal for Use of Mental Health Initiative (MHI) Local Funding for FY23

ISSUE: That the CPMT be aware of the plan for the allocation of MHI Local funds in FY22.

BACKGROUND:

The Board of Supervisors approved a transfer of general funds to the Community Services Board (CSB) as a match to state Mental Health Initiative Funding. Both funds were intended to support the needs of youth who were considered “non-mandated” for Children’s Services Act (CSA) services. Changes to eligibility criteria which expanding mandated funding to youth who met Child in Need of Services (CHINS) criteria reduced the demand on non-mandated funding. Mental Health Initiative Local funds are available for more flexible uses based on current system needs.

The CSA Management Team reviewed an annual funding proposal by CSB staff and supports the following allocation of the MHI Local Budget of \$440,650:

Amount	Purpose
\$260,000	2.3 Resource Team positions to support staffing of Family Resource team meetings
\$40,000	Fund for CSA disallowances to reimburse providers due to error or oversight by staff
\$45,650	Flexible funding to meet emergency and short-term needs for families enrolled in Intensive Care Coordination through CSA Wraparound Fairfax
\$35,000	Funding for Juvenile and Domestic Relations District Court (JDRDC) for purchase of assessments and evaluations as per prior agreement
\$60,000	Support for community-based children’s behavioral health programming as prioritized by the Healthy Minds Fairfax Collaborative*
\$440,650	Total

*It is proposed that the HMF Collaborative prioritize this “leftover” amount along with the rest of the HMF budget.

ATTACHMENT: None

STAFF:

Janet Bessmer, Program Manager, Children’s Services Act
James Gillespie, Youth and Family Service Director, Fairfax-Falls Church CSB
Peter Steinberg, Program Manager, Healthy Minds Fairfax

MEMO TO THE CPMT
May 20, 2022

Information Item I – 3: Mental Health Initiative State Revisions

ISSUE:

BACKGROUND:

The Mental Health Children and Adolescent Initiative (MHI) is a Virginia Department of Behavioral and Developmental Health (DBHDS) funding allocation to CSBs dedicated to serving children and adolescents with serious emotional disturbance and other disorders who are not mandated to receive services under the Children’s Services Act (CSA). The annual MHI allocation to the Fairfax-Falls Church CSB is \$515,529.

The current annual MHI allocation is used to support four CSB Behavioral Health Specialist II positions and to purchase intensive behavioral health treatment for children and youth with more complex needs than can be met through outpatient services. In January 2020 CPMT endorsed and DBHDS approved also funding three Senior Clinician positions to begin spending down the accumulated balance. After the onset of COVID that number was reduced to two, with DBHDS concurrence. The unspent balance was accumulated through periodic vacancies in the MHI-funded positions, which had the added effect of reducing the case management capacity to assist families in accessing MHI-funded intensive behavioral health treatment.

CURRENT SITUATION:

During the 2022 General Assembly, a language only budget amendment was approved for the Mental Health Initiative funds. The Mental Health Initiative funding was first appropriated by the General Assembly in FY 2000 to address funding gaps in the community-based system. Specifically, it is a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED) who are not mandated for the Children’s Services Act (CSA). The change to the budget language allows for an increase in flexibility for children’s services and assists the community services boards (CSB) in the most appropriate local planning needs for these funds while allowing more flexibility to include other at-risk populations beyond SED.

The current goals of the Commonwealth are to prevent unnecessary out-of-home placements including psychiatric hospitalizations and efforts across state agencies serving children have been moving in this direction. The language change allows for more upstream funding to intervene, including providing services to children and youth who are at-risk of SED, to prevent costly and detrimental hospitalizations when other options could be explored and reduce burdens on both the CSBs and local Family Assessment Planning Teams (FAPTS) . The new language requires a streamlined agreement between the CSBs and their local Community Policy and Management Teams (CPMT) on the use of these funds.

The new language is as follows:

313 I. Out of this appropriation \$6,148,128 the first year and \$6,148,128 the second year from the general fund shall be provided for mental health services for children and adolescents with serious emotional disturbances, at risk for serious emotional disturbance, and/or with cooccurring disorders with priority placed on those children who, absent services, are at-risk for removal from the home due to placement by a local department of social services, admission to a congregate care facility or acute care psychiatric hospital or crisis stabilization facility, commitment to the Department of Juvenile Justice, or parental custody relinquishment. These funds shall be used exclusively for children and adolescents, not mandated for services under the Children's Services Act. The Department of Behavioral Health and Developmental Services shall provide these funds to Community Services Boards through the annual Performance Contract. The Community Services Boards shall develop a Mental Health Initiative funding plan in collaboration with the local Family and Assessment Planning Teams and/or Community Policy and Management Team. The funding plan shall be approved by the Community Policy and Management Teams of the localities. The department shall provide these funds to the Community Services Boards based on a funding methodology.

These details will be included in the next iteration of the DBHDS-CSB Exhibit D for these funds, but are applicable for usage now.

LOCAL IMPLICATIONS:

The new language is much clearer about the role of FAPTs and CPMTs in planning for use of MHI funds. Currently DBHDS requires that CSBs work collaboratively with local Community Policy Management Teams (CPMTs) to establish a MHI Fund Protocol for how the CSB will expend the MHI funds for the target population. The new budget amendment establishes a requirement that the CPMT approve a MHI funding plan.

The new priority for serving “children who, absent services, are at-risk for removal from the home due to placement by a local department of social services” sews confusion about whether to serve them through CSA or MHI. Those children would appear to be mandated under CSA, which would make them ineligible for MHI funding.

The CSB will be presenting a proposed MHI funding plan for CPMT consideration at a future meeting.

ATTACHMENT:

DBHDS April 7, 2022 Memorandum: Budget Language Amendment change: Children’s Mental Health Initiative Funding

STAFF:

Jim Gillespie, CSB Youth and Family Services Director



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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MEMORANDUM

To: CSB Executive Directors, Children's Services Program Staff and Chief Financial Officer

Re: Budget Language Amendment change: Children's Mental Health Initiative Funding

Date: April 7th, 2022

Dear CSB Executive Directors, Children's Program Manager and Chief Financial Officers,

During the 2022 General Assembly, a language only budget amendment was approved for the Mental Health Initiative funds. The Mental Health Initiative funding was first appropriated by the General Assembly in FY 2000 to address funding gaps in the community-based system. Specifically, it is a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SEDⁱ) who are not mandated for the Children's Services Act (CSA). The change to the budget language allows for an increase in flexibility for children's services and assists the community services boards (CSB) in the most appropriate local planning needs for these funds while allowing more flexibility to include other at-risk populations beyond SED.

The current goals of the Commonwealth are to prevent unnecessary out-of-home placements including psychiatric hospitalizations and efforts across state agencies serving children have been moving in this direction. The language change allows for more upstream funding to intervene, including providing services to children and youth who are at-risk of SED, to prevent costly and detrimental hospitalizations when other options could be explored and reduce burdens on both the CSBs and local Family Assessment Planning Teams (FAPTS). The new language requires a streamlined agreement between the CSBs and their local Community Policy and Management Teams (CPMT) on the use of these funds.

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If you have any questions about this memo, please contact Katharine Hunter at katharine.hunter@dbhds.virginia.gov or 804-807-0953 (work cell).

Regards,



Nina Marino, MSW, LCSW

Director, Office of Child and Family Services

Cc:

Lisa Jobe-Shields

Katharine Hunter

Nathan Miles

Rachel Brown

Eric Billings

¹ Serious emotional disturbance as defined by the Substance Abuse and State Mental Health Administration (SAMHSA) as a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.