



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



**October 28, 2022
Community Policy and Management Team (CPMT)**

Agenda

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

1. **MINUTES:** Approve minutes of September 23, 2022 meeting
2. **ITEMS:**
 - **Administrative Items**
 - **CSA Contract Items**
 - Item C – 1:** Out of State Residential Child Specific Contract Activity
 - **CSA Information Items**
 - Item I – 1:** Recommendations from State Workgroup Moving Special Education to VDOE
 - Item I – 2:** Review of Proposed Changes to Quarterly CPMT Data Report
 - Item I – 3:** Update on Service Continuum for Opioid Involved Youth
 - **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



September 23, 2022
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

Attendees: Lesley Abashian (office), Gloria Addo-Ayensu, Michael Axler (home), Michael Becketts (home), Jacqueline Benson (home), Annie Henderson (home), Joe Klemmer (home), Richard Leichtweis (office), Chris Leonard, (home), Dawn Schaefer (office), Lloyd Tucker (home),

Attended but not heard during heard during roll call: Michelle Boyd, Dana Lewis

Absent: Staci Alexander, Deb Evans, Rebecca Sharp, Matt Thompson, Daryl Washington

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

CSA Management Team Attendees: Xu Han, Barbara Martinez, Jessica Jackson, Kamonya Omatete, Andrew Janos,

Stakeholders and CSA Program Staff Present: Janet Bessmer, Kristina Kallini, Kendra Rascoe, Jeanne Veraska, Sarah Young, Samira Hotochin, Jesse Ellis, Katrina Smith,

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 Jackie Benson; all members agree, motion carries.

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

State of Emergency caused by the COVID-19 pandemic makes it unsafe for this CPMT to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CPMT and the physical presence of the public, cannot be implemented safely or practically. I further move that this CPMT may conduct this meeting electronically through a dedicated auto conferencing line, and that the public may access this meeting by calling: 571-429-5982; participant access code: 516 610 441#. It is so moved.

Motion made by Chris Leonard; seconded by Joe Klemmer; all members agree, motion carries.

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

Motion made by Chris Leonard; seconded by Lesley Abashian; all members agree, motion carries.

Approved:

1. **MINUTES:** Approve minutes of July 29, 2022 CPMT meeting. *Motion made by Lesley Abashian; seconded by Rick Leichtweis; all members agree, motion carries.*

2. **ITEMS:**

• **Administrative Items:**

Item A – 1: Proposed Revision to Policy on Expedited FAPT Service Planning and Emergency Access to Primary Substance Use Disorder Treatment Services – Presented by LaVurne Williams and Janet Bessmer. A request was presented to the CPMT to approve changes in local CSA policy manual regarding expedited FAPT service planning and emergency access to services for youth at risk due to opioid use. Lesley Abashian asked if there are barriers requesting these services from Medicaid/private insurance. Mrs. Williams responded that most of the youth do not have Medicaid/private insurance. For the ones who do have insurance they are directed to use their insurance. Jackie Benson asked what happens to the youth that present to INOVA emergency room. Mr. Leichtweis responded that INOVA has their own prescribers that will place those youth in a hospital setting. INOVA doesn't currently have a detox unit/substance abuse program, however they do treat youth that present at the hospital. Lesley Abashian asked if the CSB uses the American Society of Addiction Medicine (ASAM) criteria to determine the level of service the youth need. Mrs. Williams confirmed that CSB utilizes the ASAM to determine the youth's level of service. Janet Bessmer explained that this policy will be implemented by using FAPT for expedited service planning (similar to the process used when youth are placed at Leland House). CSA is in the process of identifying programs for adolescent detoxification. Dana Lewis asked if there are any trainings for staff. Mrs. Williams offered to share CSB resources. Lesley Abashian asked if Medicaid "family of one" would be implemented once they youth is in detox beyond 30 days. Mrs. Bessmer responded that if youth qualify, they will apply for Medicaid, however some of the services are not covered by Medicaid. *Motion made by Rick Leichtweis; seconded by Lloyd Tucker; all members agree, motion carries.*

• **CSA CONTRACT ITEMS:**

Item C – 1: Monthly Out-of-State Placement Approvals – No out of state placements this month. CSA has two new out of state providers that provide substance abuse treatment. We will present a report for any youth approved for services by these providers by management team.

• **CSA INFORMATION ITEMS:**

Item I – 1: Budget Report – Presented by Xu Han.

Item I – 2: Discussion of Agency Data Elements for Budget Projections – Presented by Michael Becketts and Janet Bessmer. DFS proposed exploring new methods of projecting CSA budget. CSB shared that they have hired many new staff who are currently in training, which could explain why CSB referrals to CSA have declined. Michelle Boyd asked if more information regarding referral source can be provided. CSB also shared that they increased the number of CSB workers available to the schools.

Item I – 3: Presentation of Youth Survey Data – Present by Jesse Ellis. Results based on surveys from Nov 2021 (survey was not administered in 2020 due to virtual learning).

Item I – 4: Discussion of CPMT Feedback for Youth Behavioral Health Plan – Presented by Peter Steinberg. CPMT and CSA MT discussed ideas on how to meet the needs of youth that need intensive services, navigate the behavior health system and easily share information with various agencies as well as the community.

Item I – 5: FY 22 Quarter 4 CPMT Data Report – Presented by Jeanne Veraska. Please contact CSA if you

Approved:

have any feedback regarding other data that should be added this this report in the future.

- **NOVACO – Private Provider Items** – Deb Evans shared that CSA Symposium is scheduled for March 15, 2023. FFTA Public Policy Institute will be May 23- 24, 2023.
- **CPMT Parent Representative Items** – none
- **Cities of Fairfax and Falls Church Items** – Dana Lewis shared that staff has requested training on substance abuse and the resources provided at this meeting are helpful.
- **Public Comment** – none

Next Meeting: October 28, 2022, 1:00 – 3:00pm (location TBD)

Adjourn 2:45pm: *Motion to adjourn made by Lesley Abashian; seconded by Daryl Washington; all members agree, motion carries.*

Approved:

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 two (2) Child Specific Contract Requests for out of state residential facilities.

Date Received by DPMM	Provider	Location	Medicaid Participating/ Single Case Agreement	Requesting Department	Barrier to Contract Pool of Providers	CSA MT Approval Date
10/6/2022	Millcreek Behavioral Health	Fordyce, AR	No	DFS-FC&A	Borderline IQ, run risk, self-injurious	10/10/2022
10/17/2022	Sandy Pines Residential Treatment Center	Jupiter, FL	No, but exploring single case	DFS-FC&A	IQ of 68, history of fire setting.	10/24/2022

BACKGROUND:

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

CURRENT SITUATION:

Since the last CPMT, there were two (2) new child specific contracts approved by the CSA Management Team as noted above. In addition to the newly approved Child Specific Contract, there were a total of eight (8) active Child Specific Contracts for youth with out of state facilities as detailed below:

Provider	Location	Case Managing Agency	Barrier to Contract Pool of Providers	Date of Approval ¹
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)

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

Benedictine School	Maryland	FCPS-MAS	IEP for Residential School Setting	1/24/2020 (CPMT)
Maplebrook School	Armenia, New York	FCPS-MAS	Parental Placement of student with IEP for Private Day School Setting. Contract for Education costs only.	9/09/2021
Latham Centers	Brewster, Massachusetts	FCPS-MAS	Prader-Willi Syndrome with severe aggression and other complicating medical issues.	9/20/2021
Judge Rotenberg Center	Canton, MA	DFS-FC&A	Include Intellectual Disability, Autism, ODD, ADHD, and a seizure disorder with a history of physical aggression towards others, property destruction, self-injury and elopement. Seven month stay at Commonwealth Center for Children and Adolescents.	2/14/2021
Sandy Pines Residential Treatment Center	Jupiter, Florida	DFS-FC&A	Young age, level of criminal offenses, and aggression	5/20/2022
Millcreek of Pontotoc Treatment Center	Pontotoc, MS	DFS-FC&A	Borderline IQ, run risk, self-injurious	6/13/2022

ATTACHMENT: None

STAFF:

Barbara Martinez, DPMM

MEMO TO THE CPMT

October 28, 2022

Information Item I- 1: Recommendations from State Workgroup Moving Special Education to VDOE

ISSUE: That a state workgroup has recommended moving the administration of IEP services funding from the Children’s Services Act to the Virginia Department of Education for FY 2025.

BACKGROUND:

Private special education services have been included in the pooled funds for the Children’s Services Act since its enactment in the 1993. For more than ten years, the costs for private special education services have increased dramatically and exceed expenditures for other mandates. The costs are related to provision of services an increasing number of students identified as having developmental disability or multiple disability. Analysis of special education costs for Fairfax-Falls Church indicates that private day tuition is the primary source of costs. At the same time that Private Day costs are increasing, the number of youth served in residential to meet their IEP has decreased state-wide.

The Office of Children’s Services has supported two initiatives to address the rising costs of Private Day services. One initiative was a study of Private Day rates and development of rate setting methodology. A study of CSA conducted by the Joint Legislative Audit and Review Commission (JLARC) made the following recommendation about moving the funding to VDOE as summarized in their November, 2020 report: “The General Assembly may wish to consider transferring funds currently reserved for children requiring placement in a private special education day school to the Virginia Department of Education (VDOE).” The second initiative was forming the workgroup to review moving education funds to VDOE.

At the direction of the Virginia General Assembly, the Secretaries of Education and Health and Human Resources convened a work group to develop a detailed plan to consider the administration and use of Children’s Services Act (CSA) funding for private special education day schools and residential facilities. The Virginia Department of Education (VDOE) and the Office of Children’s Services (OCS) co-hosted 12 work group meetings between June 25, 2021 and October 14, 2022 to develop this plan for consideration by the General Assembly.

The final report will be available in November. Michael Becketts, DFS Director, participated on the workgroup as a representative of VACO, the Virginia Association of Counties. Draft reports and recommendations were shared at public meetings. Recommendations from the committee are shared with the CPMT in preparation for the General Assembly based on the draft report and meeting attendance.

Based on the recommendations of the workgroup and draft report, it is anticipated that the final report will recommend that:

- Funding for IEP services move to the VDOE for administration. VDOE provided a plan to accept this new work and indicated that 1.5 new positions would be needed.
- Transition services that provide support to students for up to 12 months upon returning from private school to public school is available through CSA currently and is being evaluated for impact. Transition services would be moved to VDOE.
- Funding for private special education services in the IEP for children in foster care would be moved to VDOE.
- Special Ed Wraparound services would remain in CSA. This is a limited amount of funds that can support services in the home and community for youth with private IEPs.
- The workgroup recommended that new, additional funding be made available to public school divisions to provide individualized services that support students remaining in the public school setting. Currently CSA funds can be used to purchase private placements and ancillary supports like 1:1 and counseling but may not be used to purchase any service during the school day in the public school setting.

If the change is approved by the General Assembly, several impacts can be anticipated.

- Reduced collaboration and integration of service delivery across human service agencies and schools
- Contracting with and monitoring of private day and residential schools would no longer be part of county responsibilities. Responsibility for payments to providers and reporting to VDOE for reimbursement will be the responsibility of schools.
- If the funding for education for foster youth is moved, then the school systems would assume responsibility for contracting for providers needed for these placements to include out of state programs. More details about implementation are needed to understand this impact. It is unclear how education funding for other placements such as those by court and CSB would be handled. If retained in CSA, contracting and monitoring would continue to be provided by the County for CSA placements.
- Currently LEDRS data includes information about all youth served including data on students with private special education services. If funding moves, the comprehensive data available now will not be available.
- The county's CSA budget would be reduced. DPMM staff would have a reduced workload. DFS finance staff would have fewer purchase orders and payments.
- Membership of the CPMT as outlined in the bylaws would need to be evaluated.
- County and school partnerships and collaboration would need to be evaluated.

ESTIMATED FISCAL IMPACT: The report did not recommend a funding formula if the funds move to VDOE. Draft reports provided information about the Locality Composite Index (LCI) which is used by school divisions for determining state and local funding. Although the workgroup did not recommend use of the LCI, it is anticipated that if the General Assembly approves this restructuring of the funding, the LCI is likely to be adopted. Our CSA local match is 46.11% and our LCI would be 65.32%. Sum sufficiency has been a key feature of CSA since its inception, requiring the state to provide their share of funding a needed based on actual expenditures.

Based on a three-year average, it is projected that in FY 23 the cost for residential education for IEP placements would be \$2,802,218. At the current match rate of 46.11%, the local share is \$1,292,102. If the LCI is used instead, the local share is \$1,830,408, a difference of \$538,306 annually. The average annual expenditure for private day is \$19,374,042. Our local match is \$8,933,370 with CSA or \$12,655,124 under LCI, a difference of \$3,721,754. Projected increases in local costs if funding moves to VDOE using the LCI would be an additional \$4,260,060 for private day and residential services.

ATTACHMENT:

JLARC recommendations

STAFF:

Michael A. Becketts, DFS Director

Janet Bessmer, CSA Director

Recommendations: Review of the Children’s Services Act and Private Special Education Day School Costs

RECOMMENDATION 1

The General Assembly may wish to consider amending §2.2-5200 of the Code of Virginia to make the annual reporting of tuition rates charged by private special education day schools a condition for private special education day schools to receive state funds and require the Office of Children’s Services (or Virginia Department of Education if funding responsibility is transferred) to publish the private day school tuition rates annually by July 1. (Chapter 2)

RECOMMENDATION 2

The General Assembly may wish to consider amending §2.2-5200 of the Code of Virginia to direct the Office of Children’s Services (or Virginia Department of Education if funding responsibility is transferred) to develop a standardized reporting process and template for private special education day school tuition rates to ensure that tuition rates can be accurately compared across schools and over time. (Chapter 2)

RECOMMENDATION 3

The General Assembly may wish to consider amending §2.2-5211 and §2.2-5212 of the Code of Virginia to allow state funds currently reserved for children requiring placement in a private special education day school to pay for services delivered in public schools to help transition students from residential or private day school placements back to a public school setting. (Chapter 3)

RECOMMENDATION 4

The General Assembly may wish to consider amending §2.2-5211 and §2.2-5212 of the Code of Virginia to allow the use of state funds currently reserved for children requiring placement in a private special education day school for services delivered to students with disabilities in public schools if the public school’s individualized education program (IEP) team has determined that the services may prevent a more restrictive placement. (Chapter 3)

RECOMMENDATION 5

The General Assembly may wish to consider including language in the Appropriation Act, and amending the Code of Virginia as appropriate, to direct the transfer of funds currently reserved for children requiring an educational placement in a private special education day school or residential facility to the Virginia Department of Education (VDOE) effective July 1, 2022. The language should also direct the VDOE to develop a detailed plan to administer this funding that (i) funds services for students with the most severe disabilities who are at-risk of or in an out-of-school placement; (ii) ensures that funds are equally accessible to all school divisions; and (iii) minimizes the fiscal impact of the new funding policy on localities. VDOE could be required to submit its plan and recommendations to the House Appropriations and Senate Finance and Appropriations committees for approval by November 1, 2021. (Chapter 3)

RECOMMENDATION 6

The General Assembly may wish to consider amending §22.1-217 of the Code of Virginia to require the Virginia Department of Education (VDOE) to direct that individualized education program (IEP) teams (i) identify any children with disabilities who may need additional services outside of the school setting and (ii) refer them to the local family assessment and planning team. (Chapter 3)

RECOMMENDATION 7

The General Assembly may wish to consider amending §2.2-5211 of the Code of Virginia to prohibit the use of state funds for any private day school tuition payments to schools that are not licensed by the Virginia Department of Education (VDOE), or in the case of out-of-state schools, the respective state's licensing agency. (Chapter 4)

RECOMMENDATION 8

The General Assembly may wish to consider including language in the Appropriation Act directing VDOE to collect and publish the following data on each private day school annually: (i) number of teachers not fully endorsed in content they are teaching ("out-of-field"); (ii) number of teachers with less than one year of classroom experience; (iii) number of provisionally licensed teachers; (iv) educational attainment of each teacher; (v) number of career and technical education (CTE) credentials earned by students; (vi) accreditation status; and (vii) number of incidences of restraint and seclusion. (Chapter 4)

RECOMMENDATION 9

The General Assembly may wish to consider including language in the Appropriation Act directing the Virginia Board of Education to develop and promulgate new regulations for private day schools on restraint and seclusion that establish the same requirements for restraint and seclusion as those established for public schools. (Chapter 4)

RECOMMENDATION 10

The Office of Children’s Services (OCS) should require local Children’s Services Act (CSA) programs to measure, collect, and report timeliness data to OCS at least annually, and OCS should use this data to identify local CSA programs with relatively long start times for services, provide assistance to these programs, and notify Community Policy and Management Teams of their low performance relative to other CSA programs. (Chapter 5)

RECOMMENDATION 11

The General Assembly may wish to consider amending the Code of Virginia to (i) require all local CSA programs to serve children who meet criteria established by the Office of Children’s Services and the State Executive Council for the “non-mandated” eligibility category, (ii) require that services for these children be paid for with both state CSA funds set aside each year by the State Executive Council from the CSA pool of funds and local government matching funds, and (iii) maintain the provision that makes these funds non-sum sufficient. (Chapter 5)

RECOMMENDATION 12

The General Assembly may wish to consider including language in the Appropriation Act directing the State Executive Council (SEC) to form a committee composed of selected SEC members, State and Local Advisory Team members, and Office of Children’s Services staff to assess the feasibility and efficacy of initiating an SEC-administered competitive grant fund to fill gaps in children’s services and report its findings by January 1, 2022 to the chairs of the House Appropriations and Senate Finance and Appropriations committees. (Chapter 5)

RECOMMENDATION 13

The General Assembly may wish to consider amending §2.2-2649.B.1 of the Code of Virginia to direct the Office of Children’s Services (OCS) to provide for the effective implementation of the Children’s Services Act program in all localities by (i) regularly monitoring local performance measures and child and family outcomes; (ii) using audit, performance, and outcomes data to identify local programs that need technical assistance; and (iii) working with local programs that are consistently underperforming to develop a corrective action plan that will be submitted to OCS and the State Executive Council. (Chapter 6)

RECOMMENDATION 14

The Office of Children’s Services should collect annually from each local Children’s Services Act program the number of program staff by full- and part-time status and the administrative budget broken out by state and local funding to understand local program resources and target technical assistance to the most under-resourced local programs. (Chapter 6)

RECOMMENDATION 15

The General Assembly may wish to consider including language in the Appropriation Act directing the Office of Children's Services to develop and submit a plan to modify its staffing and operations to ensure effective local implementation of the Children's Services Act. The plan should include any new or different staff positions required, how those positions will be used to monitor and improve effectiveness, and the estimated cost of implementing these changes. The plan should be submitted to the chairs of the House Appropriations and Senate Finance and Appropriations committees no later than November 1, 2021, in advance of the 2022 General Assembly session. (Chapter 6)

RECOMMENDATION 16

The Office of Children's Services should modify its Continuous Quality Improvement tool to allow local Children's Services Act programs to review metrics on a service and provider level, including changes in Child and Adolescent Needs and Strengths (CANS) scores, length-of-stay in services, and spending per child. (Chapter 6)

RECOMMENDATION 17

The Office of Children's Services should work with Children's Services Act (CSA) programs to design and administer a statewide survey of parents/guardians of youth who are receiving CSA services to obtain their assessment of how well the program and CSA-funded services have addressed their child's emotional and behavioral challenges. (Chapter 6)

RECOMMENDATION 18

The Office of Children's Services should work with (i) the Department of General Services to determine the benefits and feasibility of a statewide contract for children's services and the types of children's services and service providers that would be included and (ii) the Office of the Attorney General to develop contracts to be made available to all local Children's Services Act programs where beneficial and feasible. (Chapter 6)

MEMO TO THE CPMT

October 28, 2022

Information Item I- 2:

ISSUE: That quarterly measures for the CSA program be updated to reflect current priorities with input from the CPMT.

BACKGROUND:

CSA adopted the Results Based Accountability framework along with other human services agencies. Measures for annual and quarterly reporting were developed and have been part of CPMT reporting. Initial measures focused on reducing residential and out of home care. Given the stability of reduction in utilization of residential programs, the CSA program staff have proposed some revised measures with feedback from CSA Management Team members. CPMT members are invited to provide feedback on the proposed new measures.

ATTACHMENT: Proposed measures for CSA reporting

STAFF:

Jeanne Veraska, CSA UR Manager

Chris Metzbower, CSA MA III

Janet Bessmer, CSA Director

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
	<i>NEW Determine access across referring agencies and zip codes to inform equitable access to services proportional to demographics of the community across race, ethnicity, age, and socio-economic status for youth accessing congregate care</i>
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

¹ Quarterly performance measures highlighted in blue.

	NEW Restrictiveness of Living Goal: Increase availability of effective, evidence-based services in the community
	NEW <u>Number of youths referred for and received hospital diversion services</u>
	NEW <u>Number of youths served with an evidence-based practice approach by service (e.g. ICC, MST, FFT, PCIT, ABA, DBT)</u>
	NEW <u>Number of youths referred for and received expedited substance use services</u>
	NEW Increase Timely, Equitable Access to Appropriate Behavioral Health Care Services
	NEW <u>Average time to Service for behavioral health care services</u>
	NEW <u>Determine access across referring agencies and zip code to inform equitable access to services proportional to demographics of the community across race, ethnicity, age, and socio-economic status for youth accessing community-based interventions</u>
	NEW <u>Number of youths served by agency for Case management/Case Support</u>
2.3	Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment
	NEW <u>Number of youths identified as being services through dual status to include time to service and outcomes</u>
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
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
	NEW <u>Demonstrate the average actual match rate and recoveries in relation to services provided</u>
	NEW <u>Demonstrate costs per episode of care by type of treatment/service</u>
	NEW <u>Number of insured youths receiving CSA funded services and types of reasons for funding services with CSA</u>
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 <i>Consider moving to RTC data page, overlay on graph</i>	
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	
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	

MEMO TO THE CPMT

October 28, 2022

Information Item I- 3: Response to Opioid-Involved Youth

ISSUE: That increasing numbers of youth are being referred to the CSB for treatment of substance use disorder after experiencing non-fatal overdoses. Schools and court are identifying increasing numbers of youth who would benefit from intervention.

BACKGROUND:

In collaboration with CSB staff, CSA has developed a process to expedite access to treatment services and supports for youth with primary Substance Use Disorder (SUD). The CSB receives direct referrals, reaches out to the youth and family, assesses the needs and offers appropriate services. CSB assigns a case manager and uses the expedited process if CSA funding is needed. As part of the CSA System of Care, transportation, language interpretation and after-care services can be included as part of a comprehensive plan of care. Inclusion of the family in treatment, coordination of care and supports for re-entry into the community are critical elements of effective treatment and part of the CSA service model. As a new process for us, we will be focusing on implementation and monitoring its utilization.

Working with DPMM staff, CSB and CSA staff have interviewed private providers both in-state and out of state who offer adolescent services for detoxification, short-term residential treatment, partial hospitalization (PHP) and intensive outpatient (IOP). CSA contracts have been offered to providers to add to our continuum of care. There continues to be a service gap for adolescent detoxification and short-term residential care for primary SUD. Many of the providers are located out of state for these more intensive levels of care and approval from the Interstate Compact on the Placement of Children (ICPC) will be needed for placements. Part of the information gathering is to determine which providers accept private insurance. Referrals can be made directly using family insurance as appropriate.

ATTACHMENT:

Proposed Process Diagram
Levels of Care for Primary SUD

STAFF:

LaVurne Williams, CSB Youth and Family
Birgit Snellenburg, CSB Supervisor
Jessica Jackson, CSB Manager
Barbara Martinez, DPMM
Karin Ventura, DPMM
Janet Bessmer, CSA Director



CSB- Community Services Board

- Receives referrals for youth with SUD treatment needs
- Outreach to youth and family
- Assess ASAM level of need
- Assign case manager
- Plan services
- Assess insurance vs. need for funding support

Case Manager tasks

- Refers youth to appropriate SUD treatment provider

IF CSA Funding needed:

- Opens case with Consent, CANS, IFSP-EZ, ASAM level of need
- Completes child specific contract request and Interstate Compact (ICPC), if appropriate



Community Response to Opioid-Using Youth

Service Continuum for Primary SUD

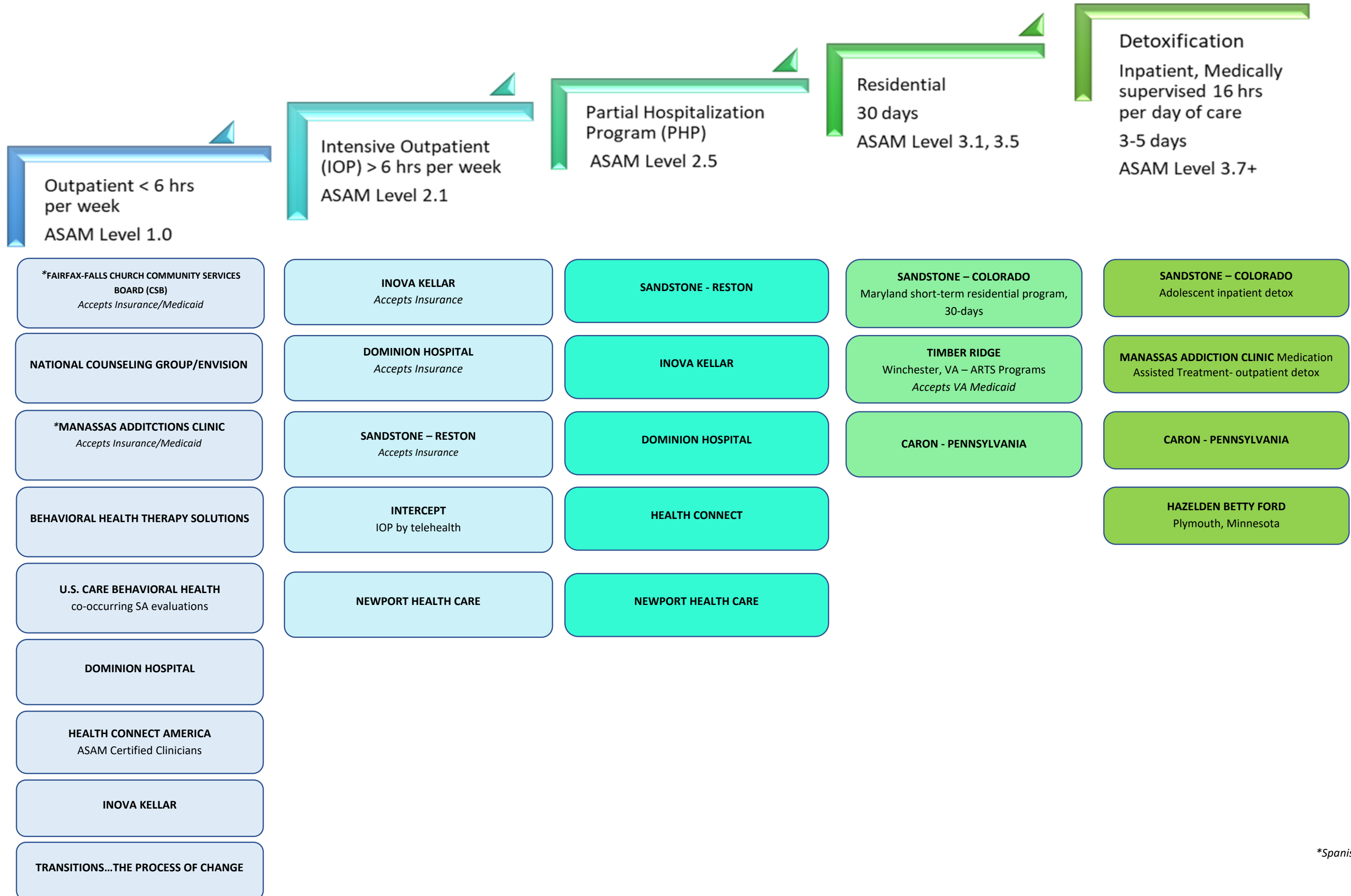
- Inpatient Detoxification
- Short-term Residential Treatment
- Partial Hospitalization Programs
- Intensive Outpatient Programs
- Supplemental supports such as language interpretation, transportation
- Family therapy as part of all modalities

Referral to Children's Services Act (CSA) program

- Family Assessment and Planning Team (FAPT) reviews request, determines eligibility
- UR prepares authorization for 60 days of service package if emergency; regular approval process for ongoing services
- Purchase Order created and sent to provider



Levels of Care for Substance Use Disorder (SUD)



*Spanish Language