



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

FINAL

February 23, 2024
Community Policy and Management Team (CPMT)

Agenda

1:00 p.m. -- Convene meeting – Remote participation

1. **MINUTES:** Approve minutes of January 26, 2024 meeting
2. **ITEMS: Administrative Items**
 - Item A – 1:** Revision to CSA Parental Contribution Scale
 - **CSA Contract Items**
 - Item C – 1:** Out of State Placement Monthly Report
 - **CSA Information Items**
 - Item I – 1:** CPMT Budget Report
 - Item I – 2:** CSA Coordinator's Report
 - Item I – 3:** Mental Health Awareness Day event
 - Item I – 4:** Discussion about Parent Representative Vacancies
 - **NOVACO – Private Provider Items**
 - **CPMT Parent Representative Items**
 - **Cities of Fairfax and Falls Church Items**
 - **Public Comment**

3:00 p.m. – Adjourn



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

January 26, 2024

Community Policy and Management Team (CPMT)

Location

Attendees: Lesley Abashian, Michael Axler, Michael Becketts, Terri Edmunds-Heard, Annie Henderson, Dana Jones, Joe Klemmer, Richard Leichtweis, Chris Leonard, Dawn Schaefer, Rebecca Sharp, Matt Thompson,

Absent: Gloria Addo-Ayensu, Deb Evans, Daryl Washington, Lloyd Tucker

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

CSA Management Team Attendees: Kelly Conn-Reda, Barbara Martinez, Jessica Jackson, Kamonya Omatete, Mary Jo Davis, Desiree Roberts, LaVurne Williams,

Stakeholders and CSA Program Staff Attendees: Janet Bessmer, Laura Haggerty-Lacalle, Lisa Morton, Jeanne Veraska, Sarah Young, Chris Metzbower, Jamie Mysorewala, Kendra Rascoe Jenkins, Tiffany Robinson

1. **MINUTES:** Approve minutes of August 25, 2023, meeting. *Motion made by Rick Leichtweis; seconded by Annie Henderson; all members agree, motion carries.*

2. **ITEMS:**

- **Administrative Items:**

Item A – 1: Approve Appointment of FAPT Member - Approval of the appointment of the nominee, Colleen Regan (DFS Foster Care & Adoption supervisor), as a FAPT representative. *Motion made by Matt Thompson; seconded by Annie Henderson; all members agree, motion carries.*

Item A – 2: MHI Local Plan– Request for approval of FY24 MHI funds proposal. Funds allocated for resource team staffing, ICC, flexible funds, incidentals, etc. Currently this funding pool is very low, and the requests are high. Michael Becketts will there be a gap for HMF if the \$60K is allocated to these funds. Peter Steinberg stated that HMF has enough in the budget to allocate the \$60K. These funds will be used for disallowance. *Motion made by Rick Leichtweis; seconded by Matt Thompson; all members agree, motion carries.*

- **CSA CONTRACT ITEMS:**

Item C – 1: Out of State Placement Report – Presented by Barbara Martinez. Since Oct meeting eight Child Specific Contracts were processed. Michael Becketts asked if the youth in SUD programs will need to go out of state for step down services. Jessica Jackson replied that community-based services will be provided locally once SUD treatment is complete.

Approved:



- **CSA INFORMATION ITEMS:**

Item I – 1: Update on SUD Treatment Services: Treatment is relatively new. IOP and PHP have been relatively easy to find however residential treatment is only available out of state. These placements do accept VA Medicaid. The length of stay at these facilities is typically shorter. Facilities require 5-14 days of youth to be sober to be accepted, therefore most youth are coming from detox beds or other program. Kids have used on the way to facility there have been times facilities have turned them away when they arrived. Other barriers include language barriers and parents lack of understanding with their role when youth are resisting treatment. Gap in education services for parents regarding their role in these situations.

Item I – 2: FAPT Residential Entry Report – presented by Jeanne Veraska. Summary of residential entries in the first quarter were shared with the CPMT members.

Item I – 3: Residential Site Visit Process – presented by Jeanne Veraska. Site visits were occurring pre covid but were paused due to the pandemic. These visits will now resume, specifically for new SUD programs. Documents in handouts will be used to conduct site visits. More staff are needed for these visits. Matt Thompson asked if these findings will be available anywhere. Janet Bessmer suggested contacting your management team representative to learn more about the findings and Barbara Martinez suggested checking SharePoint site where findings will be posted.

Item 1 – 4: Local CSA Resource Survey for FY2023 – presented by Janet Bessmer. Review of report submitted to the Office of Children's Services (OCS) regarding administrative costs required to support the local CSA program.

Item I – 5: Serious Incident Report for FY 24 Q 1 and Q2 - presented by Jeanne Veraska. Summary of incident reports received for Quarter 1&2 were shared with CPMT members.

Item I – 6: Local CSA Policy and Procedures Manual Annual Revisions – presented by Laura Haggerty-Lacalle. How will these changes be relayed to staff. Janet Bessmer stated these changes will be shared with management team who will relay this to their staff.

Item I – 7: CSA Coordinator's Report – Janet Bessmer. The appeal hearing issue has been resolved and new procedures have been developed to avoid this issue in the future. CSA is continuing to work with DIT to collect outstanding parental contribution payments. CSA symposium will be on March 13 and there will be a CPMT round table. A survey will go out to determine what topics will be discussed.

Item I – 6: Budget Report – presented by Patti Conway. Expenditure has increased. RTC cost increased by 36%. The increase is due to out-of-state SUD treatment facilities. Review of expenditures submitted to the state.

- **NOVACO – Private Provider Items** – none
- **CPMT Parent Representative Items** – none
- **Cities of Fairfax and Falls Church Items** –Lesley Abashian is a representative on the state work group for parental agreements/Chins.
- **Public Comment** – none
- **Staff Comment** – none

Next Meeting: January 26, 2024, 1:00 – 3:00pm (Government Center, Room 120-C)

Adjourn 2:38pm: Motion made by Michale Becketts; seconded by Lesley Abashian; all members agree, motion carries.

Approved:



MEMO TO THE CPMT

2/23/2024

Administrative Item A - 1 : Revised Parental Co-Pay Scale

ISSUE:

The CSA parental contribution (co-pay) scale was last updated in 2017. Due to changes in the economic conditions in the County, CSA has developed a proposed new co-payment scale to address these changes. The new scale increases the income at which a family must pay a co-pay and minimizes the percentage increases or “jumps” between tiers.

BACKGROUND:

Families who seek services for their children may be assessed a parental co-pay that pays a portion of their services received through CSA. In FY 2023, of the 1,113 children who received CSA funded services, 205 (18%) were assessed a co-pay. Families pay one amount if the child receives only community-based services, and a higher amount if receiving residential services. CSA continues to work to ensure that the entire co-pay process is fair to families. Beginning in FY 2024, CSA eliminated the annual re-assessment. In addition, families are now able to pay via the county's payment portal by credit card, including flexible spending or health spending accounts.

Since COVID, inflationary increases including housing, transportation, food, medical and child care have impacted many families. Case managers and CSA staff members have heard from families who reported challenges with the monthly co-pay amounts.

CSA staff partnered with DMB to assess the current scale and develop recommendations for improvement. DMB benchmarked other county programs, notably Infant & Toddler Connection, Health Department, CSB and Federal Qualified Health Centers. Additionally they looked at the scales of Arlington, Alexandria, Hanover, Newport News, and Suffolks/Isle of Wight. CSA staff solicited input from other Northern Virginia jurisdictions through the NOVACO Network and the Family Advisory Board. In developing a new scale, DMB developed a scale that was:

- Tied to 100% of the Area Median Income, which reflects the local cost of living and can be easily changed each year to keep up with inflation.
- No more than a 0.4% increase in the percentage of monthly income for community-based services, until family is in a higher income tier.
- Included a child credit linked to 50% of the difference of steps in 100% of AMI (i.e., \$6300)



The median income for families who pay a co-pay ranges from \$93,600 to \$103,599 (adjusted for number of children). The typical family currently would pay \$228 per month for Community-based services and \$405 for Residential. In the new scale, the family would pay \$146 and \$260, respectively. See Table 1 for additional examples.

Example #	Family Income	# Children (\$6,300 credit per child)	Adjusted Income Amount	Community-Based	Residential
1	\$67,500	1	\$61,200	\$67	\$135
2	\$132,000	2	\$119,400	\$232	\$413
3	\$200,000	2	\$187,400	\$520	\$915
4	\$400,000	2	\$387,400	\$2,583	\$3,551
5	\$1,000,000	2	\$987,400	\$6583	\$9,051

CSA will continue to assess the impact of this change. Initial analysis shows that 26 (12.7%) of the 205 families, will no longer be assessed for a co-pay, as their adjusted income would be less than the lowest tier and result in no co-pay. The average community-based co-pay for these families was \$67. Average length of stay is 8 months, so the projected fiscal impact could be a reduction in recoveries of \$13,936.

	FY 22	FY 23	FY 24 – July-Nov.
Total Amount Billed	\$211,892	\$177,884	\$59,114
Total Amount Collected	\$196,627	\$162,136	\$70,570

RECOMMENDATION:

That the CPMT approves the newly updated Co-Pay scale for future implementation.

ATTACHMENT:

See attached Co-Pay scale

INTERNAL CONTROL IMPACT:

None

FISCAL IMPACT:

Plan designed to have minimal impact on collections. Projection calculations show a \$13,000-\$14,000 reduction in revenue.



STAFF:

Janet E. Bessmer

Laura Haggerty-Lacalle

CURRENT - CSA Parental Contribution Scale			
Tier	Adjusted Household Income	Community-Based Contribution	Residential Contribution
1	\$48,599 and Below	\$0	\$0
2	\$48,600 - \$55,599	\$67	\$135
3	\$55,600 - \$62,599	\$77	\$154
4	\$62,600-\$69,599	\$86	\$174
5	\$69,600 - \$76,599	\$96	\$193
6	\$76,600 - \$83,599	\$106	\$213
7	\$83,600 - \$93,599	\$203	\$361
8	\$93,600 - \$103,599	\$228	\$405
9	\$103,600 - \$113,599	\$252	\$448
10	\$113,600 - \$125,599	\$276	\$491
11	\$123,600 - 133,599	\$301	\$534
12	\$133,600 - \$143,599	\$325	\$578
13	\$143,600 - \$158,599	\$454	\$799
14	\$158,600 - \$173,599	\$501	\$882
15	\$173,600 - \$188,599	\$548	\$966
16	\$188,600 - \$203,599	\$596	\$1,049
17	\$203,600 - \$\$218,599	\$643	\$1,133
18	\$218,600 - \$233,599	\$691	\$1,216
19	\$233,600 - \$324,999	5% of HHI / 12	10% if AHI/12
20	\$325,000 - \$374,999	8% of HHI / 12	15% of AHI/12
21	\$375,000 and Above	10% of AHI / 12	20% of AHI/12
Notes on old scale			
Developed in 2017			
Significant percentage increases between some tiers			
Higher percentage of Adjusted Income for Tiers 19-21			

PROPOSED - CSA Parental Contribution Scale			
Tier	Adjusted Household Income	Community-Based Contribution	Residential Contribution
1	\$57,199 and Below	\$0	\$0
2	\$57,200-\$64,199	\$67	\$135
3	\$64,200-\$71,199	\$77	\$154
4	\$71,200-\$78,199	\$86	\$174
5	\$78,200 - \$85,199	\$96	\$193
6	\$85,200-\$92,199	\$106	\$213
7	\$92,200-\$102,199	\$146	\$260
8	\$102,200-\$112,199	\$186	\$331
9	\$112,200-\$122,199	\$232	\$413
10	\$122,200-\$132,199	\$276	\$491
11	\$132,200-\$142,199	\$301	\$533
12	\$142,200-\$152,199	\$325	\$579
13	\$152,200-\$167,199	\$375	\$660
14	\$167,200-\$182,199	\$450	\$792
15	\$182,200-\$197,199	\$520	\$915
16	\$197,200-\$212,199	\$596	\$1,049
17	\$212,200-\$227,199	\$643	\$1,132
18	\$227,200-\$277,199	\$691	\$1,216
19	\$277,200-\$327,199	4% of AHI / 12	7% of AHI / 12
20	\$327,200-\$377,199	5% of AHI / 12	8% of AHI/12
21	\$377,200 - and Above	6% of AHI / 12	9% of AHI /12
Notes on new scale			
Developed in 2024 using 2023 Area Median Income			
The percentage increase between tiers is more evenly spread			
Lower percentage of Adjusted Income for Tiers 19-21			

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 three (3) Child Specific Contract Requests for out of state residential Services.

Date Received by DPMM	Provider	Location	Medicaid Participating / Single Case Agreement	Requesting Department	Barrier to Contract Pool of Providers	CSA MT Approval Date
1/26/2024	Sandstone-Crownsville	Crownsville, MD	No	CSB	Opiate involved SUD needing detox	1/29/2024
1/30/2024	Hazelden Betty Ford	Plymouth, MN	No	DFS-FC&A	Opiate involved SUD needing detox	1/31/2024
2/8/2024	Huntington Creek	Schickshinny, PA	No	CSB	Opiate involved SUD needing detox	2/9/2024

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 three (3) 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 eleven (11) 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 Approval¹
Devereaux - CIDDS (Kanner)	Pennsylvania	FCPS-MAS	IEP for Residential School under the category of Multiple Disabilities with physical aggression	5/1/2015 (CPMT)
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
Millcreek of Pontotoc—Willow Springs Group Home	Blue Springs, Mississippi	DFS-FC&A	Borderline IQ, run risk, self-injurious	8/7/2023
Hazelden Betty Ford	Plymouth, MN	DFS-FC&A	Opiate involved SUD needing detox	9/18/2023
Stevens Programs	Swansea, MA	JDRDC	Youth with Problematic Sexual Behavior	10/17/2023
Huntington Creek	Schickshinny, PA	CSB	Opiate involved SUD needing detox	10/31/2023
Huntington Creek	Schickshinny, PA	CSB	Opiate involved SUD needing detox	11/6/2023
Huntington Creek	Schickshinny, PA	CSB	Opiate involved SUD needing detox	11/20/2023
Hazelden Betty Ford	Plymouth, MN	DFS-FC&A	Opiate involved SUD needing detox	1/22/2024

ATTACHMENT: None

STAFF:

Barbara Martinez, DPMM

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

Information Item I-1: December Budget Report & Status Update, Program Year 2024

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 2023 cumulative expenditures through December 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 December 2023 for FY24 equal \$13.5M for 723 youths. This amount is an increase from last year by approximately \$1.7M, or 14.38%. YTD Pooled expenditures for FY23 equaled \$11.8M for 739 youths.

<i>The chart below includes FY23 as a reference to prior year comparison.</i>				
	Program Year 2023	Program Year 2024	Change Amt	Change %
Residential Treatment & Education	\$1,921,462	\$2,420,003	\$498,541	25.95%
Private Day Special Education	\$5,735,218	\$6,114,413	\$379,195	6.61%
Non-Residential Foster Home/Other	\$3,120,782	\$3,311,443	\$190,661	6.11%
Community Services	\$1,198,445	\$1,634,139	\$435,694	36.35%
Non-Mandated Services (All)	\$282,967	\$421,849	\$138,882	49.08%
Recoveries	(\$434,634)	(\$376,760)	\$57,874	-13.32%
Total Expenditures	\$11,824,240	\$13,525,087	\$1,700,847	14.38%
Residential Treatment & Education	59	75	16	27.12%
Private Day Special Education	196	188	(8)	-4.08%
Non-Residential Foster Home/Other	237	261	24	10.13%
Community Services	431	441	10	2.32%
Non-Mandated Services (All)	132	123	(9)	-6.82%
Unique Count All Categories	1,055	1,091	36	3.41%
Unduplicated Youth Count	739	723	(16)	-2.17%

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

The Office of Children’s Services

Expenditure claims have been submitted to the State Office of Children’s Services (OCS) through December 2023. Revenue has been received through November 2023.

FY2024 OCS SUBMISSIONS						
Date Submitted	Month	Amount Submitted	STATE	Medicaid Withholding	State Total Reimbursement	Date Received
8/29/2023	Adm Allocation	\$ 99,505.00			\$ 53,623.00	11/16/2023
8/28/2023	July	\$ 74,018.78	\$ 40,047.76	\$ 40,047.76	0.00	Aug-23
9/26/2023	August	\$ 1,041,073.79	\$ 579,099.60	\$ 52,126.39	\$ 526,973.21	11/16/2023
11/6/2023	September	\$ 1,873,550.89	\$ 1,064,890.82	\$ 38,800.82	\$ 1,026,090.00	11/30/2023
12/6/2023	October	\$ 2,428,534.53	\$ 1,378,301.10		\$ 1,378,301.10	12/29/2023
1/3/2024	November	\$ 4,088,691.61	\$ 2,248,283.96		\$ 2,248,283.96	1/31/2024
1/31/2024	December	\$ 4,019,217.12	\$ 2,213,433.60			
TOTAL		\$ 13,525,086.72	\$ 7,524,056.84	\$ 130,974.97	\$ 5,179,648.27	

**State total reimbursement does not include Administrative Allocation.

** State reimbursement for July was applied to the Medicaid withholding.

RECOMMENDATION:

For CPMT members to accept the December Program Year 2024 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Sandra Rojas Giraldo, and Patti Conway

NOTE:

Program Year 2024 Year To Date CSA Expenditures and Youth Served (through December Payment)

Trans Descrip Payment

Mandated/ Non-Mandated	Residential/ Non-Residential	Serv Type Descrip	Local Match Rate	County & Foster Care	Youth in Category	Schools (IEP Only)	Youth in Category	Total Expenditures	
Mandated	Residential	Residential Treatment Facility	57.64%	\$1,659,740	47			\$1,659,740	
		Group Home	57.64%	\$96,271	4			\$96,271	
		Education - for Residential Medicaid Placements	46.11%	\$261,141	14	\$77,081	1	\$338,222	
		Education for Residential Non-Medicaid Placements	46.11%	\$246,978	8	\$78,792	1	\$325,770	
		Residential Total			\$2,264,129	73	\$155,874	2	\$2,420,003
	Non Residential	Special Education Private Day	46.11%	\$130,561	6	\$5,983,852	182	\$6,114,413	
		Wrap-Around for Students with Disab	46.11%	\$146,449	41			\$146,449	
		Treatment Foster Home	46.11%	\$2,072,105	96			\$2,072,105	
		Foster Care Mtce	46.11%	\$511,271	81			\$511,271	
		Independent Living Stipend	23.06%	\$168,823	23			\$168,823	
		Community Based Service	23.06%	\$1,287,388	332			\$1,287,388	
		ICC	46.11%	\$346,751	109			\$346,751	
		Independent Living Arrangement	46.11%	\$412,796	20			\$412,796	
		Non Residential Total			\$5,076,143	708	\$5,983,852	182	\$11,059,995
		Mandated Total			\$7,340,271	781	\$6,139,726	184	\$13,479,997
Non-Mandated	Residential	Residential Treatment Facility	23.06%	\$66,519	2			\$66,519	
		Education for Residential Non-Medicaid Placements		\$7,560	1			\$7,560	
	Residential Total			\$74,079	3			\$74,079	
	Non Residential	Community Based Service	23.06%	\$246,237	75			\$246,237	
		ICC	23.06%	\$101,533	48			\$101,533	
Non Residential Total			\$101,533	123			\$347,770		
Non-Mandated Total			\$175,612	126			\$421,849		
Grand Total (with Duplicated Youth Count)				\$7,515,883	907		184	\$13,901,846	

Recoveries	-\$376,760
Total Net of Recoveries	\$13,525,087
Unduplicated child count	723

Key Indicators		Prog Yr 2023 YTD	Prog Yr 2024 YTD
Cost Per Child			
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)		\$15,417	\$18,707
Average Cost Per Child Mandated Residential (unduplicated)		\$36,254	\$41,017
Average Cost Per Child Mandated Non- Residential (unduplicated)		\$17,844	\$17,417
Average Cost Mandated Community Based Services Per Child (unduplicated)		\$2,781	\$3,706
Average costs for key placement types			
Average Cost for Residential Treatment Facility (Non-IEP)		\$21,436	\$35,314
Average Cost for Treatment Foster Home		\$18,611	\$21,584
Average Education Cost for Residential Medicaid Placement (Residential)		\$44,324	\$22,548
Average Education Cost for Residential Non-Medicaid Placement (Residential)		\$49,160	\$36,197
Average Special Education Cost for Private Day (Non-Residential)		\$29,261	\$32,523
Average Cost for Non-Mandated Placement		\$2,144	\$3,348

Category	Program Year 2024 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2024 Allocation	\$499,469	\$142,880	71%
Non Mandated Program Year 2024	\$1,630,458	\$398,591	76%
Program Year 2024 Total Allocation	\$33,538,460	\$13,525,087	60%

MEMO TO THE CPMT

February 23, 2024

INFORMATION ITEM I – 2: CSA Coordinator’s Report

ISSUE:

To improve communication, engagement and oversight of the CSA program, the CSA Coordinator will provide the CPMT with a summary of current trends and issues in the service delivery system.

BACKGROUND:

The CSA Management Team, CSA Program staff and DFS Fiscal Management staff provide administrative and operational support for our local implementation of the Children’s Services Act. To facilitate the CPMT’s long-range planning, monitoring, and oversight of the effectiveness of the CSA program¹, the CSA Coordinator will provide a summary of trends and issues for CPMT’s consideration.

Issue #1: Readiness activities for FY 2025 Office of Children’s Services program audit

- Anticipate that the next triennial state audit of our locality will be a self-assessment requiring our locality to complete a 95 page self-assessment document instead of an on-site visit. CSA staff maintain program compliance by updating the policy manual annually, reviewing past audit findings for compliance, and identifying any issues that may require attention.
- Preparation by reviewing the requirements with the CPMT and CSA Management Team will support us to successfully complete the audit.
- OCS requires each CPMT to have a strategic plan. CSA suggest that CPMT review the mission, vision and plan for the program before the end of the fiscal year.

Issue #2: Notification of change in program staffing and capacity

- Two UR analysts positions are now vacant. Both staff have taken promotions or other professional advancement opportunities.
- CSA is notifying partner agencies of potential impact to time processing service authorizations.

¹ § 2.2-5206. Community policy and management teams; powers and duties. 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;

- CSA staff are carefully reviewing options for managing decreased staffing. Those options include using other CSA staff to perform specific UR activities, leaving our existing UR staff to focus on residential and complex community-based case reviews.

Issue 3: Legislative update – No specific CSA legislation is proposed.

Upcoming Events:

- March 13th – Northern Virginia CSA Symposium and Vendor Expo from 8 am – 1 pm; CPMT Roundtable and luncheon held at the Northern Virginia Community College from 11:30 – 1 pm, CPMT members invited
- April 1st – next System of Care part 1 training with the Child Welfare Institute
- April 5th – 2nd Annual Bridging Minds Art Gallery from 5:00 – 8:30 pm , Youth Advisory Council – Bailey’s Crossroads Community Center, 5920-A Summers Ln, Falls Church, VA 22041
- May 3rd - National Children’s Mental Health Awareness Day – Local event “Inclusion & Awareness” Event 2024.

ATTACHMENT:

None

STAFF:

Janet Bessmer, CSA Director, Fairfax-Falls Church



MEMO TO THE CPMT

February 23, 2024

Information Item I- 3: Event Planning for Children's Mental Health Awareness Day

ISSUE:

That the CSB is coordinating a community event to recognize the National Children's Mental Health Awareness Day.

BACKGROUND:

The CSB has sponsored annual events to celebrate the Children's Mental Health Awareness Day. This year, on May 3rd, the CSB's Equity and Youth & Family Divisions will lead the march in celebrating National Children's Mental Health Awareness Day at the James Lee Community Center from noon to 3:00 pm. The event will highlight the rich diversity in our community with a focus on celebrating inclusion and awareness of LGBTQ+ and all youth that experience disparities related to discrimination, exclusion, and bullying. James Lee Community Center

The Department of Family Services and other interested stakeholders will support the event with tables of resources and contributions to the giveaways, t-shirts and food trucks for community members. Additional sponsors and community contributors may join the planning team to ensure successful outreach and celebration. The Board of Supervisors will be asked to issue a Proclamation for the event as well.

ATTACHMENT:

Proposal for Mental Health Inclusion and Acceptance Day, May 3, 2024

STAFF:

LaVurne Williams, CSB



Proposal to Celebrate Youth Mental Health – Inclusion & Awareness in Fairfax County

Celebration: On May 3, 2024, the CSB’s Equity and Youth & Family Divisions will lead the march in celebrating National Children’s Mental Health Awareness Day. The event will highlight the rich diversity in our community with a focus on celebrating inclusion and awareness of LGBTQ+ and all youth that experience disparities related to discrimination, exclusion, and bullying.

Purpose: To promote an inclusive, diverse environment in celebration, education of, and support of youth in Fairfax County surrounding mental health and growing up as an LGBTQ+ individual. This educational and celebratory event will provide resources on mental health, raise awareness on issues regarding inclusivity, and promote allyship for our youth. The event is open to all students, staff, and allies.

Activities: The event will include resources and supporting material, special guests, the Arts, panel interviews, and focus on areas such as Substance Use, Mental Health, Suicide, Co-Occurring Disorders, and their unique impact on the LGBTQ+ community. This event will shine a spotlight on the importance of caring for every child’s mental health and reinforce that positive mental health is essential to a child’s healthy development. LGBTQ+ youth experience a higher rate of behavioral health issues due to the unique stressors they experience in our community.¹ This event will increase awareness, acceptance, allyship and support for our LGBTQ+ youth.

¹ Center for Disease Control and Prevention [LGBTQ+ Youth: Addressing Health Disparities with a School-Based Approach](https://www.cdc.gov/lgbthealth/youth.htm) <https://www.cdc.gov/lgbthealth/youth.htm> (2023)

Target Audience: According to the Fairfax County Youth Survey, even prior to the pandemic, both the national and local data has pointed toward declining mental health among youth in recent yearsⁱ. The survey also indicates lesbian, gay, and bisexual students in the U.S. were four times as likely to have attempted suicide than their heterosexual peers (23.4% versus 6.4%). The primary target audience is middle and high school-aged children in Fairfax County and more specifically adolescents. The secondary target audience is school staff and allies.

It is important to note, this event will include “***something for every youth.***” The event will educate every member of our community about the criticality of inclusion and awareness, and dispelling uneducated projections of discomfort regarding sexuality, biological sex, or gender on younger youth. Younger age groups are often the siblings, extended family members, classmates, and friends of LGBTQ+ individuals. They are also our communities future leaders that will band with their peers and One Fairfax promoting one community, and declaring “All residents deserve an equitable opportunity to succeed—regardless of their race, color, sex, nationality, sexual orientation, religion, disability, income or where they live,” <https://www.fairfaxcounty.gov/topics/one-fairfax>.

Programming: We are in the planning stages of the event and have some ideas on appropriate resources, and suggestions and recommendations from our youth Pride groups. We will have tables with information from organizations such as [SMYAL](#) (Supporting and Mentoring Youth Advocates and Leaders), and other trusted organizations. We will also have NARCAN training to prevent opioid overdose, as well as a panel interview of students, staff, and professionals.

We need your support! Let us know if your organization is willing to sponsor an activity, break out session, or have a vendor table at the event.

Location, Date, and Time:

James Lee Community Center

Date: May 3, 2024

Time: Noon to 3:00 pm

ⁱ Fairfax County Youth Survey [Youth Mental Health Statistics](#)



MEMO TO THE CPMT

February 23, 2024

Information Item I- 4: Discussion about Parent Representatives

ISSUE:

That CSA needs to have parent representatives to fulfill required membership on CPMT and FAPT.

BACKGROUND:

The Code of Virginia and state CSA policy provide for parent representatives to be members of both the FAPT and CPMT. Below are State requirements for parent representatives.

3.2.3 Definitions

"Parent Representative" is an individual who is a parent and serves in the required role as a member of the FAPT. The parent representative should ideally be a person with "lived experience" and whose child has received services within the purview of, or similar to those provided through, the Children's Services Act. A foster parent may serve as a parent representative.

3.2.4 Establishment, Appointment, and Membership

C. Parent representatives employed by a public or private program that receives funds through the CSA or agencies represented on a FAPT may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives.

D. Parent representatives serving on the FAPT or members representing private service providers shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in §2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest.

Fairfax-Falls Church expanded our parent representative members on the CPMT to five positions over the initial two that CPMT started with. Our local practice standards emphasize the role of parents and caregivers as active participants in their service planning with a voice in decision-making. We require a parent representative at CPMT appeals and also invite our parent representatives to the Family Advisory Board (FAB) facilitated by Healthy Minds Fairfax.



One of the services that has been developed in recent years is the role of the Family Peer Support Partner. CSA would like to propose that CPMT consider whether individuals with lived experience who serve as Family Peer Support Partners would be considered along with other citizen applicants for membership. The advantages would be that the person has experience with a number of families in our system and has the knowledge of common trends, barriers and policies from their work in the system.

The issue of payment to the individual or to their agency would need to be worked out.

RECOMMENDATION:

For CPMT to consider:

- For CSA to explore the feasibility and interest of Family Peer Support Partners to serve as CPMT parent representatives.
- For CSA to fund for Parent (and Youth) Representatives to attend training from a family-run organization about advocacy

ATTACHMENT:

Local Policy Manual 2.3 Family Engagement in Systems of Care

STAFF:

Janet Bessmer, CSA



2.3 Family Engagement in Systems of Care

Building meaningful partnerships with families and youth is fundamental to our collective effort to ensure that all children, youth, and their families have equitable and easy access to a continuum of quality, integrated and/or coordinated services, supports, and opportunities to promote resiliency and further their social, emotional, mental, and behavioral health.

Partnering with families and youth in service delivery is achieved through processes such as family partnership meetings, family resource meetings, intensive care coordination and family support partner services. Partnering with families in the management of our local system of care is achieved by the involvement in coordinating a network of services and supports, selecting and evaluating contracted providers, and identifying family needs and evaluating system responsiveness. Partnering with families in the governance of our local system of care is achieved through parent representation on and meaningful participation in the Community Policy and Management Team.

Participation in CPMT and FAPT

To include parents who can constructively participate in the leadership and governance of the Fairfax-Falls Church system of care, supporting the mission, values, and principles by offering the parent perspective and voice of the consumer in decision-making at various levels, the CPMT established the following criteria to consider in the selection process for both Community Policy and Management Team (CPMT) and Family Assessment and Planning Team (FAPT) representatives:

- Parents of youth with behavioral health issues, developmental disabilities and/or intellectual disabilities who are or were involved in public child serving systems;
- Parents associated with a parent advocacy/support group with whom they can liaison in fulfilling their parent representative role;
- Parents with knowledge of and experience with the CSA system of care;
- Parents who reflect the cultural and racial diversity of families and youth in the Fairfax-Falls Church community.

To recruit potential parent representatives to serve on the FAPT and CPMT, a letter describing the roles and responsibilities is distributed to various behavioral health care organizations and non-profit entities inviting applications from interested parents and custodial caregivers who reside in the Fairfax-Falls Church community.

Applicants will be interviewed by a nominating committee with a minimum of three CPMT members with at least one (1) parent representative. After interviewing the candidates, the nominating committee will forward the list of possible candidates to the CSA staff. The CSA staff will contact the CPMT and CSA Management Team member of the agency involved with the family to determine if there are any known barriers to constructive participation at the CPMT. Any concerns will be forwarded back to the nominating committee to be considered in making their final decision about nomination of a candidate to the CPMT for approval. Parent will be informed and indicate agreement in their application



that this information exchange is part of the interview and selection process. Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a Community Policy and Management team may serve as parent representative if they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly daily with children. Foster parents may serve as parent representatives.

The parent representatives will relinquish duties to an alternate parent representative should a conflict of interest arise or if they have personal knowledge of the family and their situation. If there is some question as to whether a conflict of interest exists, the parent representative will notify their FAPT leader and leave the meeting during the case review and discussion.