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

May 19, 2023
Community Policy and Management Team (CPMT)

FINAL

Agenda

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

1. **MINUTES:** Approve minutes of April 28, 2023 meeting

2. **ITEMS: Administrative Items**
   - **Item A – 1:** Eliminate Parental Contribution Annual Re-Assessment
   - **Item A – 2:** Approve FY 24 CPMT Meeting Calendar
   - **Item A – 3:** Proposal for Expansion of Case Support to FCPS SW

- **CSA Contract Items**
  Item C – 1: Out of State Contract Report

- **CSA Information Items**
  Item I – 1: Budget Report
  Item I – 2: CSA Coordinator's Report – Follow up to April CPMT Discussion
  Item I – 3: Community-based Provider Capacity Report

- **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 28, 2023
Community Policy and Management Team (CPMT)
Location

Meeting Minutes

Attendees: Lesley Abashian, Michael Axler, Michael Becketts, Michelle Boyd, Joe Klemmer, Dana Jones, Richard Leichtweis, Chris Leonard, Dawn Schaefer, Daryl Washington,

Absent: Lloyd Tucker, Matt Thompson, Annie Henderson, Gloria Addo-Ayensu, Staci Alexander, Deb Evans, Rebecca Sharp

HMF Attendees: Peter Steinberg,

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

Stakeholders and CSA Program Staff Present: Janet Bessmer, Kristina Kallini, Jamie Mysorewala, Lisa Morton, Jeanne Veraska, Chris Metzbower, Samira Hotochin, Sarah Young

1. **MINUTES:** Approve minutes of February 24, 2023. *Motion made by Lesley Abashian; seconded by Michael Becketts; all members agree, motion carries.*

2. **ITEMS:**

- **Administrative Items:**

  Item A – 1: Plan for MHI State Funding for FY 24 – Presented by Janet Bessmer and LaVurne Williams**.** CPMT approval is requested for the updated Mental Health State Initiative funds for FY24 (breakdown in handout). Michael Becketts asked what is the plan after two years? LaVurne Williams replied that the CSB fiscal team is looking into how to sustain beyond year two. Janet Bessmer suggested that if needed, CSA funds could be explored. Rick Leichtweis asked how many youth are currently served? LaVurne Williams responded that just over 70 youth are currently being served. *Motion made by Rick Leichtweis; seconded by Michelle Boyd; all members agree, motion carries.*

- **CSA CONTRACT ITEMS:**
  Item C – 1: CPMT Contract Information – Presented by Barbara Martinez. Three new child specific contracts were approved by CSA Management Team in March. Currently there are a total of 13 child specific contracts (four of which are out of state).

- **CSA INFORMATION ITEMS:**
  Item I – 1: Purposed schedule for next year – we will discuss option for two virtual meetings at the May meeting.
  Item I – 2: Budget report – Presented by Desiree Roberts. Overall, spending has increased, however, the total number of youth served are less than pre pandemic numbers. Janet Bessmer mentioned that

CSA is beginning to do outreach to increase numbers.

- **NOVACO – Private Provider Items –** none
- **CPMT Parent Representative Items –** Joe Klemmer suggested educating the public about group homes.
- **Cities of Fairfax and Falls Church Items –** Lesley Abashian shared that the City of Fairfax has developed a team that's doing crisis response and outreach.
- **Public Comment –** none
- **Staff Comment –** none

- *CPMT members, CSA Management Team and CSA staff participated in a facilitated discussion regarding future meeting structure and topics.*

Next Meeting: May 19, 1:00 – 3:00pm (Government Center, Room 120-C)

Adjourn 2:50pm: *Motion to adjourn, all members agree, motion carries.*

Approved:

MEMO TO THE CPMT

5/19/2023

Administrative Item A - 1 : Eliminate Parental Contribution Annual Re-Assessments

ISSUE:
That parents currently must complete an annual re-assessment of their ability to pay towards the cost of CSA services. Eliminating this requirement would streamline the administrative requirements, decrease time to service and prevent gaps in services. Through Quarter 3, the YTD CSA parental contributions totaled $133,911. These recoveries are reported to the state and offset the state match.

BACKGROUND:
Currently, parents/caregivers complete the Parental Contribution Assessment prior to the beginning of services and annually thereafter. Waivers and hardship reductions are reviewed annually with the new agreement. Service authorizations are provided only for the time period covered under a current valid assessment agreement signed by the parents. If the request is for six months of services, but the copay agreement ends in three months, the authorization is written for three months with the option of changing the end date once the new copay agreement is submitted.

While this process maintains a consistent approach to the copay process, the administrative burden along with other impacts to families suggests that removing the annual re-assessment requirement would result in significant efficiencies and improved outcomes.

- Families are asked by their case managers to complete the re-assessment form and submit income documentation annually.
- The re-assessments account for approximately 30% of the assessments that have to be processed monthly.
- UR Analysts have additional workload when they must amend the service authorization end date to extend the approval period.
- If the copay agreement has expired, there may be a gap in services until the re-assessment is in place.
- The CSA Management Team has received several recent requests to cover gaps in funding authorizations related to copay re-assessments.

The re-assessments impact continuity of care and add administrative burden. If the re-assessments were discontinued, the initial assessment would be valid for the lifespan of the CSA case opening. Parents/caregivers would have the option to submit a re-assessment if their financial circumstances changed. The CSA Management Team supported permitting waivers and reductions to also be extended for the lifespan of the case.

To evaluate the impact of this policy change, information about the previous quarter's assessments were reviewed. From January through April, 2023, a total of 187 assessments

were processed. Of the 57 re-assessments, the table below summarizes changes compared to the initial assessment.

<table>
<tr><th>Decreases in Parental Contribution Monthly Amounts
<u>9 total</u></th><th>Increases in Parental Contribution Monthly Amounts

<u>7 total</u></th><th>No Changes in Parental Contribution Monthly Amounts
<u>41 total</u></th></tr>
<tr><td>5 due to hardship waiver being authorized</td><td>6 increased in family income-<table><tr><th>Annual Income</th><th>Increase in Income</th><th>Change in monthly copay</th></tr><tr><td>$ 89,287</td><td>$ 7,759</td><td>$10</td></tr><tr><td>$ 270,492</td><td>$ 80,599</td><td>$531</td></tr><tr><td>$ 180,000</td><td>$ 24,921</td><td>$94</td></tr><tr><td>$ 90,304</td><td>$ 18,204</td><td>$107</td></tr><tr><td>$ 55,742</td><td>$ 15,124</td><td>$77</td></tr><tr><td>$ 155,000</td><td>$ 6,000</td><td>$0</td></tr></table></td><td>13 Free/Reduced Lunch</td></tr>
<tr><td>3 decrease in family income</td><td>1 increase as previous hardship waiver is no longer in place and full assessment amount is being charged to the family</td><td>10 Medicaid approved</td></tr>
<tr><td>1 decrease in family income and family requesting and being approved for reduction</td><td></td><td>8 negligible change in family income</td></tr>
<tr><td></td><td></td><td>5 Reductions in place</td></tr>
<tr><td></td><td></td><td>3 Hardship waivers in place</td></tr>
<tr><td></td><td></td><td>2 Kinship placements</td></tr>
</table>

The Quarter 3 sample of re-assessments suggests that the majority of families do not have a change in their assessed monthly parental contribution. Eliminating the re-assessment would likely not appreciably change the total collections.

RECOMMENDATION:

The CSA Management Team supports a policy change to eliminate required annual re-assessments of the parental contribution. Families/caregivers will complete the assessment and agreement at the initiation of services and their assessed amount including waivers and reductions are valid for the lifespan of the case.

ATTACHMENT:

Local Policy Manual – section on Parental Contributions

INTERNAL CONTROL IMPACT:

A reduction in administrative requirements can improve efficiency for staff without any significant reduction in recoveries.

FISCAL IMPACT:
While it is difficult to estimate the exact decrease in recoveries, the estimated amount of potential lost parental contributions from unassessed increases in family income was $807 per month for the sample of families reviewed. These recoveries offset the state's share of CSA expenditures.

STAFF:
Janet Bessmer, CSA Director

3. The S: Drive is the shared network drive for each of the respective county regions for Human Services. There are four county regions and if information pertaining to a specific region does not need to be accessed by members of another region, the S: drives permit the ability to do so.
4. The L: Drive is the shared network drive dedicated to save database and any other confidential information (e.g. Quarterly reports, Point in Time Counts, CANS, Annual report) and is accessible to all of Human services.
5. Do NOT save any confidential information on the hard disk drive (C :) of a computer connected to the network as its security could be compromised in case of theft.
6. Confidential information must be stored on the H: Drive as a first choice.
7. If data has to be shared, it should be stored on the J: Drive on the county network as a password protected.
8. For documents that need to be shared within specific county regions, the S: or I: Drives are additional locations to save them, provided confidential files are password protected.
9. To save a database containing confidential information, it has to be password protected or placed in restricted folder on the L: Drive.
10. Confidential data MUST be password protected on the shared network drives.
11. The document should be placed in a password or active directory protected network folder when possible. These can be set up by your program area's Security officer.
12. In addition to not being secure, Information stored on the C: Drive is not automatically backed up as in the case of the network drives and will be lost in case of a computer hardware failure.

25. Gift/Gas Card Policy

CSA use of gift/gas cards will be guided by the DFS Gift/Gas Card Policy (effective May 10, 2020).

- Calculation of gift/gas card value shall be based on the lowest value possible to meet the need.
- Gift/gas cards shall:
  - Be maintained in a secure safe;
  - Be tracked using a safe log; and
  - Provided to families via the use of the Gift/Gas Card Request and Client Affidavit. The family will be required to acknowledge review of Terms and Conditions and receipt of card by signing the Client Affidavit.
- The lead case manager shall be responsible for requesting and acquiring the gift/gas card from the designated CSA staff. The lead case manager shall ensure the client signs the Gift/Gas Card Request and Client Affidavit.
- The lead case manager shall be responsible for returning the signed Client Affidavit to designated CSA staff (email is permissible).

26. Parental Contribution Policy

Pursuant to Va. Code Ann. §2.2-5206 (3) of the Children's Services Act and Va. Code Ann. §16.1-286, the CPMT has approved procedures for the active involvement of parents or other legally responsible parties in the planning, delivery, and financing of services for their children. Virginia law requires parents to participate in treatment and services recommended for their child and to contribute financially to the cost of those services based on their ability to pay.

All families accessing CSA pool funds shall be assessed a parental contribution (co-payment) for services using a CPMT-approved sliding fee scale, with the following exceptions:

- Children who are in foster care with the Department of Family Services;
- Children who are receiving only the specific educational services designated by the child's IEP for residential or private day placement
- Children referred by DFS Protection and Preservation Services and Child Protective Services for CSA-funded community-based foster care prevention services may be considered for a time-limited waiver when necessary for the safety of the child.
- CSA-eligible youth who are aged 18 or older.

The Parental Financial Contribution is determined based on the total gross annual income of the household (IRS Form 1040, Line 6). The household is defined as including one or more adults who are acting in a caregiving capacity and dependent children residing in the same home. If a parent is absent from the home but retains custody rights, his/her income shall also be included in the determination of the parental financial contribution unless the parent who is absent from the home is providing child support payments. If the household includes adults who are not acting in a caregiving capacity (e.g. a young adult child living with parents, an aged parent living with adult child), these adults will not be included when determining household income. The income of kin and fictive-kin who are caretakers is not counted when determining the parental financial contribution for *community-based services only*. The income of live-in significant others is not included in the parental contribution assessment.

The household income is used to determine the parental contribution for community-based and residential services. The table below details the incomes that will be considered when determining the household income.

Household Income Determination*		
Person	Community-Based Services	Residential Services
Parent(s) (including stepparent and adoptive parent(s))	Yes	Yes
Divorced Parent 1. Joint custody 2. Paying child support	1. Both incomes used in calculation 2. Income of custodial parent considered	1. Both incomes used in calculation 2. Income of custodial parent considered
Kin/Fictive Kin	No	Yes
*In cases of questions or appeals, CSA may request additional financial information to resolve the matter. As appropriate, individuals are encouraged to utilize the administrative reconsideration process prior to making an appeal. The appeal process is outlined in section 4.4, page 26 of this manual.		

In assessing a parental contribution (co-payment), the household income will be adjusted by the number of dependent children in the home. When a family's assessed ability to pay exceeds the average monthly cost of services, the family will be responsible for paying the service providers directly. These families may receive agency case management (not including case support) for assistance with activities such as service planning and provider identification without charge. For residential care, the cost of the service to be covered by the family presumes use of Medicaid and excludes CSA-eligible education costs.

26.1 Parental Contribution Fee Scale

The parental contribution fee is based upon charging the family a percentage of their monthly Adjusted Household Income (AHI) from 1.65% to 10% for community-based services and 3.33% to 20% for residential services.

Tier	Adjusted Household Income (AHI)	Community-Based Services	RTC / Group Home
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 - $123,599	$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 AHI ÷ 12	10% of AHI ÷ 12
20	$325,000 - $374,999	8% of AHI ÷ 12	15% of AHI ÷ 12
21	$375,000 - and Above	10% of AHI ÷12	20% of AHI ÷ 12

26.2 Parental Contribution Fee Waiver/Reduction

The CSA Program Manager or designee may waive or reduce the parental contribution (co-payment) amount based upon documentation of financial hardship. In the absence of such a waiver or reduction, parents/legal guardians are required to pay the assessed parental contribution (co-payment) amount for their children to receive CSA-funded services.

If the parents' income level qualifies the family or child for income-based benefits such as Medicaid, SNAP, TANF, and Free or Reduced school lunches, the family may submit proof of the benefit in lieu of submitting income verification. The CSA Program may verify benefits and eligibility through intra-agency data sharing with DFS Self-Sufficiency or other human services agencies with proper consent. The school social worker may verify eligibility for federal school lunch benefits by signing the Parental Contribution Assessment. Eligibility for qualifying income-based benefits must be confirmed annually when the Parental Contribution Assessment is renewed.

When families have incomes within Tiers 19 – 21 on the Parental Contribution Scale and request a reduction or waiver of the parental contribution, they must provide the two most recent paystubs together with a copy of their most recent tax return. Families requesting a waiver or reduction must

also provide documentation regarding their assets including investments, property ownership, and business holdings. The CSA program may consult with the County Attorney's Office and the tax administration to determine "ability to pay" in situations where families have extensive assets in addition to high income.

26.3 Assessing Parental Contribution when Multiple Children in the Family are Receiving CSA Services

When a family has more than one child receiving CSA funded services that require a parental contribution (co-payment), the parental contribution shall be assessed for the child subject to the highest contribution unless the family is granted a Parental Contribution Waiver based on the above-listed exceptions. The parental contribution may be waived for the other children receiving CSA funded services. If services are discontinued for the child for whom the parental contribution (co-payment) is assessed, then the contribution shall be charged for the sibling receiving CSA services.

26.4 Changes to Parent Income or Household Size

Parents are responsible for promptly reporting to the case manager changes in income or household size, which shall be used to re-assess the parental contribution (co-payment) amount by completing and submitting a new Parental Contribution Assessment to the CSA office. The parental contribution (co-payment) amount shall be reviewed at least annually. Services may not be authorized if the Parental Contribution Assessment expires before a service is to start.

26.5 Billing Procedures

Bills for parental contributions are sent to the parent within the first two weeks of each month. Payment in full is due by the date given on the bill. Parents are billed a monthly contribution, if services were purchased at any time during the month. For example, if services were purchased each month for three months, the parent is billed for the full parental contribution fee for each of three months. Parents shall not be charged more for services in a month than CSA paid for services in that month. The parental contribution fee is pro-rated, if the actual cost of services is less than the monthly parental contribution fee. Payments are to be made to the County of Fairfax-CSA and mailed to the address noted on the bill. Payments may be paid in advance. Families experiencing difficulties in making payments should contact their case manager.

26.6 CSA Staff Responsibilities

1. Enter into a parental contribution agreement with the parents and legal guardians based on documentation of gross household income and household size provided by the family and reviewed by the case manager.
2. Enter the gross annual household income and assessed parental contribution amount in the case financial section of CSA information system. Add the email address of the parent or legal guardian to the CSA information system to maintain contact, as necessary.
3. Forward a copy of the signed Parental Contribution Assessment, Welcome to CSA letter, Parental Contribution Glossary of Terms, and invoice guide to parents and legal guardians.

MEMO TO THE CPMT

May 19, 2023

Administrative Item A-2: Approve FY24 CPMT Meeting Schedule

ISSUE: Request that the CPMT approve the public calendar of meetings for FY 2024.

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. Two meetings per year may be conducted virtually. 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 FY24.

ATTACHMENT: Proposed FY24 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 FY24 *(July 2023 – June 2024)*			
Meeting Date	**Room #**	**Time**	**Notes**
Jul. 28, 2023	120-C	1:00-3:00pm	
Sept. 22, 2023	120-C	1:00-3:00pm	
Oct. 27, 2023	120-C	1:00-3:00pm	
Dec. 8, 2023	120-C	1:00-3:00pm	
Jan. 26, 2024	TBD	1:00-3:00pm	
Feb. 23, 2024	virtual	1:00-3:00pm	virtual
Apr. 26, 2024	TBD	1:00-3:00pm	
May 17, 2024	TBD	1:00-3:00pm	
June 28, 2024	virtual	1:00-3:00pm	virtual

Schedule Approved by CPMT:

MEMO TO THE CPMT
May 19, 2023

Administrative Item 3: Case Support Expansion: Proposal for FCPS to provide Case Support

ISSUE: Post-pandemic across human system agencies families are presenting with intensive mental health/behavioral needs. That sufficient case management capacity is available to meet intensive behavioral health care needs for at-risk youth and their families in our community.

BACKGROUND:

CSA was originally designed to support mandated agency services where case management is included in the responsibilities of the agency staff such as child welfare practitioners, special education liaisons, or probation officers. As service delivery has moved from mandated, system-involved youth to serving more youth on a voluntary basis with earlier identification, available case management capacity has not kept pace. Although the CSB has grown case management capacity in the Resource Team, there are times when through high demand, turnover, and competing staffing needs, a case manager may not be available. The school division also provides a significant amount of case management for youth who have been identified as needing intensive intervention. Early identification of at-risk youth by school staff has significant benefits. However, school social workers' workload and responsibilities may mean that taking on CSA case management duties is beyond meeting the intensive mental health and behavior needs in schools. Post-COVID has added to the existing intensive youth mental need and an increase in need for case management capacity in schools such as public day sites and schools with comprehensive service sites. Increased behavioral/mental health needs across human service agencies have been identified and increased acuity for children and youth must be matched by having sufficient staff to connect with existing services.

The CSA Management Team supports exploring adding FCPS Case Support to address a lack of sufficient case management capacity by expanding Case Support to:

- FCPS Social Workers serving as dedicated CSA case managers funded through Case Support

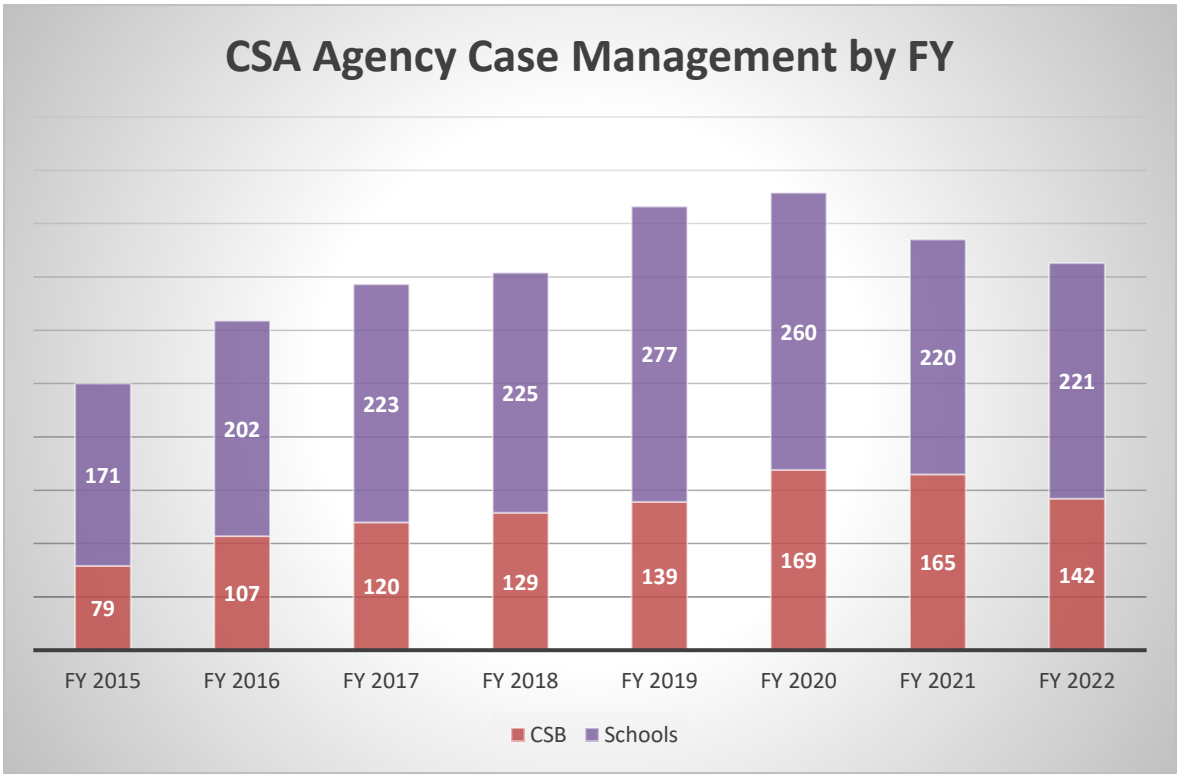
FCPS Case Support: Three School Social Worker positions are being proposed to provide Case Support with one position supporting Multi-Agency Services (MAS), one position supporting Burke School and one position working across other public-school programs. The latter proposed position is envisioned as a "floater" who is not assigned to a particular school. Having school social workers dedicated to CSA case management will permit schools to keep caseloads to no more than five cases per school social worker; any cases above that amount would move to the floater staff. Youth assigned to these case managers may be able maintain their case manager even when they move to another school. Ideally, the case support positions would be 12-month employees so that their work can continue during the summer months. Their work can also focus on maintaining youth in the public school such as supporting more youth in Comprehensive Services sites. This type of position will give our system an opportunity to

test whether youth may continue to be served in the public school rather than in private day programming and continue our work in early intervention/diversion from deeper system involvement.

Additional information:

Student mental health needs have dramatically increased over the last two years during the COVID pandemic. Student chronic absenteeism across Virginia and nationally is at an all-time high. Further capacity for case management for intensive mental health treatment is essential for post-COVID recovery efforts. Telehealth services provided by Hazel may identify additional youth who require a higher level of care. Over 400 youth have accessed this service since it began.

- A full-time CSA case manager carries a caseload equivalent of 15 cases.
- FCPS SW currently manages 260 cases out of 816 youth served in CSA YTD.
- There were twelve FCPS SW who carried 5 or more CSA cases or an average of 7.5 cases each during the school year.



FISCAL IMPACT:
Three FCPS Social Workers, funded at a monthly rate of $757 for 45 cases (15 cases per social worker), would have an impact of $408,708 annually. Direct services and supports would be an additional cost per youth. Funding is available for this additional Case Support within the existing FY 2023 CSA appropriation approved by the Board of Supervisors.

INTERNAL CONTROL IMPACT:
None. The service is approved by the FAPT and authorized by UR.

ATTACHMENT: None

STAFF:

Mary Jo Davis, FCPS
Kelly Conn-Reda, FCPS Multi-Agency Services
Janet Bessmer, CSA Director

MEMO TO THE CPMT
May 19, 2023

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 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
5/12/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox	5/15/2023

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 was one (1) 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 thirteen (13) 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)
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

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

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.	2/14/2022
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
Millcreek Behavioral Health	Fordyce, AR	DFS-FC&A	Borderline IQ, run risk, self-injurious	10/10/2022
Sandy Pines Residential Treatment Center	Jupiter, FL	DFS-FC&A	IQ of 68, history of fire setting.	10/24/2022
Hazelden Betty Ford	Plymouth, MN	CSB	Opiate involved SUD needing detox	1/23/2023
Hazelden Betty Ford	Plymouth, MN	CSB	Opiate involved SUD needing detox	3/20/2023
Sandstone	Crownsville, MD	CSB	Opiate involved SUD needing detox	3/20/2023
Sandstone	Crownsville, MD	CSB	Opiate involved SUD needing detox	3/24/2023

ATTACHMENT: None

STAFF:
Barbara Martinez, DPMM

MEMO TO THE CPMT
May 15, 2023

Information Item I-1: March Budget Report & Status Update, Program Year 2023

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 March 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 March 2023 for FY23 equal $21.3M for 851 youths. This amount is an increase from last year by approximately $2.0M, or 10.60%. YTD Pooled expenditures for FY22 equaled $19.3M for 836 youths. The total number of youths served is down by 142 youths in comparison to pre-pandemic levels, in FY 19, 993 youth were served with YTD pooled expenditures of $21.5M.

	Program Year 2019	Program Year 2022	Program Year 2023	Change Amt	Change %
Residential Treatment & Education	$2,417,594	$3,053,397	$3,714,085	$660,688	21.64%
Private Day Special Education	$11,778,129	$10,484,496	$10,601,815	$117,319	1.12%
Non-Residential Foster Home/Other	$6,984,426	$3,699,956	$4,824,152	$1,124,196	30.38%
Community Services		$2,505,782	$2,363,331	($142,451)	-5.68%
Non-Mandated Services (All)	$996,085	$290,072	$500,328	$210,256	72.48%
Recoveries	($704,486)	($730,544)	($655,256)	$75,288	-10.31%
Total Expenditures	**$21,471,748**	**$19,303,158**	**$21,348,455**	**$2,045,297**	**10.60%**
Residential Treatment & Education	97	74	84	10	13.51%
Private Day Special Education	285	256	209	(47)	-18.36%
Non-Residential Foster Home/Other	920	280	296	16	5.71%
Community Services		588	552	(36)	-6.12%
Non-Mandated Services (All)	196	115	165	50	43.48%
Unique Count All Categories	**1,498**	**1,313**	**1,306**	**(7)**	**-0.53%**
Unduplicated Youth Count	**993**	**836**	**851**	**15**	**1.79%**

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

Expenditure claims have been submitted to the State Office of Children's Services (OCS) through March 2022.

RECOMMENDATION:
For CPMT members to accept the March Program Year 2023 budget report as submitted.

ATTACHMENT:
Budget Chart

STAFF:
Desiree Roberts

NOTE:

Residential Treatment & Education increased by $661k with 10 more youth served.

Private day special education costs paid YTD have increase by $117K with 47 less youths served.

Non-Residential Foster Home/Other has increased by 1.1M with 16 more youth than served in FY22.

Community Services decreased by $142k with 36 less youth served in FY23.

Program Year 2023 Year To Date CSA Expenditures and Youth Served (through March Payment)

Trans Descrip	Payment

Mandated/ Non-Mand	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%	$1,412,426	44			$1,412,426
		Group Home	57.64%	$121,286	3			$121,286
		Education - for Residential Medicaid Placements	46.11%	$462,904	13	$960,288	12	$1,423,192
		Education for Residential Non-Medicaid Placements	46.11%	$345,950	4	$411,231	8	$757,182
	Residential Total			$2,342,566	64	$1,371,519	20	$3,714,085
	Non Residential	Special Education Private Day	46.11%	$1,776,502	8	$8,825,313	201	$10,601,815
		Wrap-Around for Students with Disab	46.11%	$218,496	63			$218,496
		Treatment Foster Home	46.11%	$2,981,471	103			$2,981,471
		Foster Care Mtce	46.11%	$734,682	84			$734,682
		Independent Living Stipend	46.11%	$151,748	24			$151,748
		Community Based Service	23.06%	$1,837,389	400			$1,837,389
		ICC	23.06%	$525,942	152			$525,942
		Independent Living Arrangement	46.11%	$732,711	21			$732,711
		Psychiatric Hospital/Crisis Stabilization	46.11%	$5,044	1			$5,044
	Non Residential Total			$8,963,985	856	$8,825,313	201	$17,789,298
Mandated Total				**$11,306,551**	**920**	**$10,196,833**	**221**	**$21,503,384**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$9,800	1			$9,800
	Residential Total			$9,800	1			$9,800
	Non Residential	Community Based Service	23.06%	$389,303	96			$389,303
		ICC	23.06%	$101,225	68			$101,225
	Non Residential Total			$490,528	164			$490,528
Non-Mandated Total				**$500,328**	**165**			**$500,328**
Grand Total (with Duplicated Youth Count)				$11,806,879	1,085		221	$22,003,712

Recoveries	-$655,256
Total Net of Recoveries	$21,348,455
Unduplicated child count	851

Key Indicators

Cost Per Child	Prog Yr 2022 YTD	Prog Yr 2023 YTD
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$24,843	$25,086
Average Cost Per Child Mandated Residential (unduplicated)	$49,248	$50,878
Average Cost Per Child Mandated Non- Residential (unduplicated)	$21,732	$28,633
Average Cost Mandated Community Based Services Per Child (unduplicated)	$4,558	$4,281
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$24,582	$32,101
Average Cost for Treatment Foster Home	$26,433	$28,946
Average Education Cost for Residential Medicaid Placement (Residential)	$51,755	$56,928
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$101,035	$63,098
Average Special Education Cost for Private Day (Non-Residential)	$40,955	$50,726
Average Cost for Non-Mandated Placement	$2,785	$3,032

Category	Program Year 2023 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2023 Allocation	$694,188	$202,284	71%
Non Mandated Program Year 2023	$1,630,458	$464,229	72%
Program Year 2023 Total Allocation	$35,416,365	$21,348,455	40%

MEMO TO THE CPMT

May 19, 2023

Information Item I- 2: CSA Coordinator Report to CPMT

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 program, the CSA Coordinator will provide a summary of trends and issues for CPMT's consideration.

> § 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;

The following issues summarize current needs and challenges identified in our service delivery system:

Issue #1: Case Management Capacity

- FCPS proposes an expansion of Case Support services for up to 45 cases, 3 FTEs
- MHI State funding approved in April for expansion of privatized Case Support for non-mandated youth, proposed to come online in August
- CSA-funded privatized Case Support with NVFS has been implemented starting May

Issue #2: Provider Capacity

- **Annual Gap Survey will be conducted in June**, presented at June CPMT meeting
- See Community-based Provider Capacity Report Item I -3
- Currently recruiting for specialized intensive services such as treatment of Opioids/ Primary Substance Use, DBT, Disorder Eating Disorder

Issue #3: Outreach/Communication –

Outreach events- FHS Pyramid Resource Night 4/25; Bridging Minds Art Show 5/12

Issue #4: CPMT Discussion from April 28th

- Notes from the facilitated dialog requires ongoing discussion and review to determine any value-added changes to the meetings or process

ATTACHMENTS:
1: CSA Management Team item- Update on Potential SUD Providers
2: Notes from Facilitated Dialog at April 28, 2023 Meeting

STAFF:
Janet Bessmer, CSA Director

Memo to the CSA Management Team
May 1, 2023

Update on Potential Providers for Substance Use Disorder Treatment

ISSUE: DPMM has been working with the CSB and CSA Program Staff to develop contractual relationships with providers of Substance Use Disorder services to CSA eligible youth. Providers are identified by CSA and CSB Staff and DPMM does outreach and arranges meetings and negotiates terms and rates with the potential providers.

The CSB is also working to establish some purchase of service agreements for Fairfax-Falls Church and the Region with separate funding. This is being done collaboratively with DPMM.

DPMM staff contacted potential providers of SUD treatment in and outside of Virginia. Below is an update on the status of provider outreach:

Provider	Status
Newport Healthcare Virginia, Maryland, Connecticut	Contract pending—working through APOS language.
Aquila Recovery Washington, DC Joe Wiley, 202-618-9125	Jessica Jackson and Karin Ventura spoke with Aquila on March 8. Currently serves 18+ but developing IOP for under 18, with possibility of MAT. The program is located in DC. When asked expected utilization by Aquila, Jessica said she didn't think CSB would have any referrals. Jeanne Veraska from CSA UR also did not project CSA referrals. Sent application/contract docs; no response to date. Will follow-up if there is need/projected utilization.
Circles of Hope Washington, DC	IOP program for adolescents in Washington, DC. Did not pursue because program description is class for DUI looking to reinstate license.
Embark Behavioral Health-Cabin John, Potomac Pathways, Tysons	Met with SUD workgroup on and awaiting submission of their application. As of 4/27, Embark is still collecting application information to submit for all their programs across the country.
Hillcrest Children and Family Center Washington, DC	Left messages, no response
Latin American Youth Center Washington, DC and Silver Spring, MD 202-319-2225 and 301-495-0441	Left several messages and spoke with 2 receptionists who indicated clinician staff shortages.
Calvary	Did not find information online for a program in this area. There's a program in Arizona, Calvary Healing Center
Rogers Behavioral Health Milwaukee, Wisconsin 414-327-3000	Left message-Adolescent Residential SUD/Addiction Center

Dr. Kaliamurty-Children's and Howard University Hospitals, Washington, DC	Working on contract for detoxification services at Children's and Howard Hospitals. Children's is reviewing our documents and we are waiting for a meeting with Howard University Hospital.
Psychiatric Institute of Washington Washington, DC	Working on contract for adolescent SUD treatment. In April meeting PIW indicated they cannot initiate MAT, only maintain.
Mountain Manor Baltimore, MD	Told they are licensed for adolescent detoxification with MAT but shifted focus to adult detox services due to low utilization among adolescents. Meeting scheduled for SUD workgroup on 5/1 to discuss contracting for adolescent detox, including MAT.
Huntington Creek (Poconos, Pennsylvania)	Adolescent SUD treatment program in Poconos area that offers some MAT (cannot initiate). Contract documents are under review and have follow-up meeting scheduled with SUD workgroup on 5/12. Sent provider the application on 4/24/2023.
Newport News – 7 Challenges Program	Collecting more information from NN, including where the program is delivered, if detoxification or MAT is included. This is a curriculum, unclear if it's a program.
Flourish	Sent two emails requesting information about the program. Barbara Martinez, Jessica Jackson, and Janet Bessmer met with them. Program is an intensive in-home model providing virtual med-management and therapy. They are Medicaid eligible.

STAFF: Karin Ventura, DPMM
Barbara Martinez, DPMM

CPMT Planning Meeting
April 29, 2023
Meting Notes

Reactions to Survey Feedback:

- Data on equity, accessibility and gaps is desired
- CSA staff would like direction / requests from CPMT
- Need for feedback loop between CSA and CPMT – what is needed, what are the issues
- Find out what we're doing to address staffing across the Board and the impact it is having on our organizations
- Gap analysis – prioritize the most critical gaps and what order they should be worked on
- Determine ongoing impact on our workforce of the increasing demand for services – burnout factor

What else is important about the role we want for CPMT:

- Gain a better understanding who is our target population for services – who is missing
- Determine who we are focusing on that's different from those being served by other groups
- Focus on the overall system of care
- Create a graphic to depict children's overall system of care
- Create more opportunities for dialogue and engagement during our meetings
- Enhance collaboration within CPMT
    - Create greater shared ownership – the responsibility belongs to all of our organizational entities
    - Provide for more shared case management
    - Intentionally focus on collaboration – create opportunities for more collaboration between meetings
- Be more deliberate in bringing providers together (Example: bringing substance abuse providers together on opioids)
- Entertain possibility of a hybrid way of meeting - could increase collaboration
- Focus on continuum of prevention to intervention
- Be more proactive

Operational Shifts We'd Like to Make:

- Be solution focused
- Look at legislation and problem solve at a higher level
- Discuss program development needs
- Collaborate across systems / jurisdictions
- Understand human capital (in addition to fiscal impact)
- Commit to fully engaging in our work together
- Create integration – have our folks co-located to allow for easier collaboration
- Have a "Call to Action" as part of our agendas – add this as an agenda item
- Leverage existing relationships (GMU, other boards etc.)
- At each meeting identify next steps and follow up actions - what will be required from each department
- Highlight the story behind the numbers
- Take advantages of opportunities to use our meeting time more efficiently / meaningfully (share presentation material in advance of meetings to allow more time for collaboration during meetings
- Prioritize what we choose to focus on – know what other overlapping groups are focusing on so we don't duplicate efforts
- Ensure diverse representation on CPMT
- Get through the "transactional" to get to the strategic discussions
    - Emerging trends / systemic issues
    - Ask the group for agenda items
    - Bring issues that aren't resolved yet so that we can discuss them to get to a resolution together
- Pool resources – manage across silos

Priority Focus Areas:

- Workforce – support sustainable workforce, creative problem-solving on workforce issues
    - Tapping retirees?
- Substance use – leverage needs and resources to address
- Joint problem solving in meetings (more than informational meetings / one directional)
- Collective responsibility / ownership to frame how we work (for example, opioids)
- Integration of workforce to help address direct focus areas /priorities
- Gain a better sense of who we're serving / identifying "missing youth"
- Follow up on case management – provider continuum / providers closing
- Gather and us data on time-to-service
- How to attract professionals to our workforces

MEMO TO THE CPMT

5/19/2023

Information Item I- 3: Private Provider Capacity Analysis for Community-Based Services

ISSUE:
The CSA Management Team was notified that two home-based providers were either closing or suspending their services. Provider capacity was assessed for potential impact of the reduced capacity.

BACKGROUND:

The nationwide shortage of mental health care providers has been well documented in the media and is part of critical workforce shortages in human services. Lack of access to behavioral health care at a time of increasing needs is attributable to difficulties recruiting and retaining qualified providers. The costs associated with these workforce challenges combined with lost revenue from staffing shortages appear to have impacted at least one of our local provider's ability to continue providing services.

In early May 2023, CSA was notified that two community-based providers, both of whom were regularly used for referrals, were closing or suspending their programs. CSA reviewed utilization of community-based/home-based services to evaluate the potential impact of these closures.

The CSA Management Team has been actively recruiting new providers to address current waitlists and shortages in capacity. Steps that can be taken include:

- Assessing provider capacity and current waitlists within our bi-annual Gap Survey
- Determining if unused capacity exists within less frequently used providers who are currently in our network
- Recruiting new providers

ATTACHMENT:
Community Capacity Vendor Analysis FY 23

STAFF:
Laura Haggerty-Lacalle, CSA Assistant Program Manager

System Impact of Phillips Programs Closure and

Family Priority Suspending Services

CSA was notified that Phillips Family Partners is closing their agency and will no longer be providing ABA, PCIT and home-based services. Family Priority notified CSA that they are suspending their home-based program pending hiring a new clinical supervisor. Given the concern about provider capacity, utilization data is provided to inform system impact of these closures.

From FY 2018 – 2022, an average of 776 children and youth received Home-Based Services – Community-Based Services (HBS-CBS), representing an average of $3,000,013 in annual expenditures. Of these children and youth, Phillips served a yearly average of 48 and Family Priority served an average of 49, each representing 6% of the total number served. In FY 2023 Year to Date, Phillips has served 26 and Family Priority has served 12, totaling 38, which combined represents just 6% of the total number served.

System Capacity

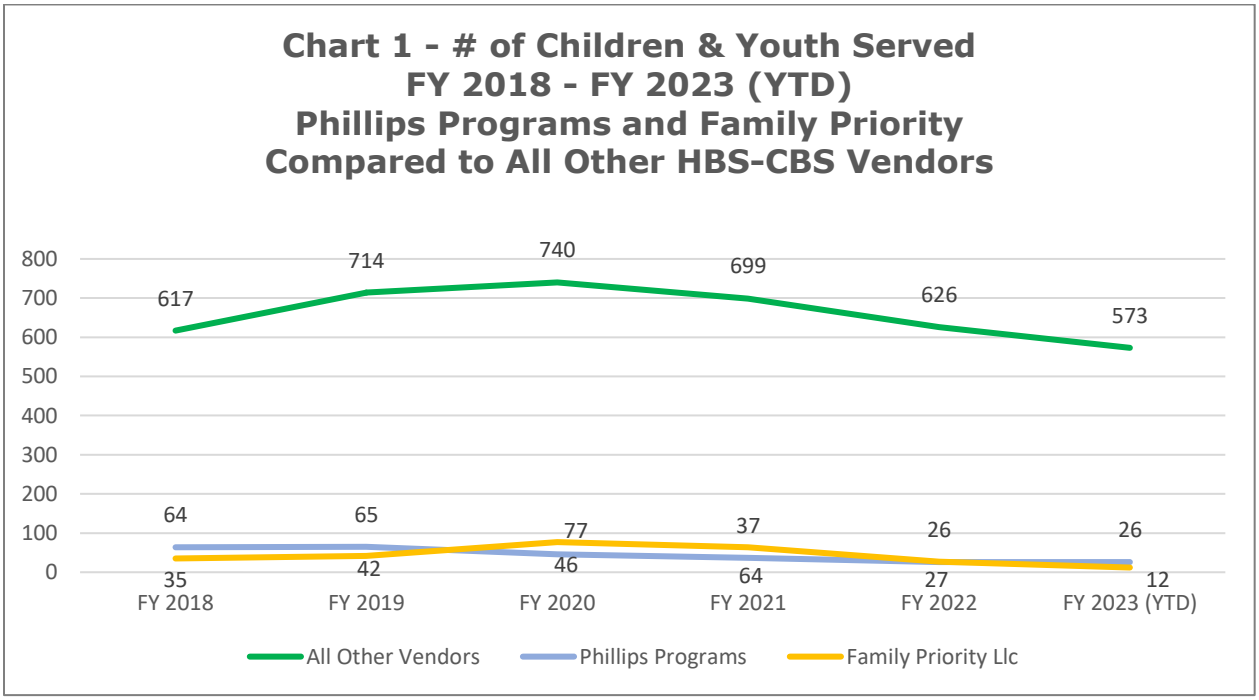
- In FY 2023, a total of 50 vendors provided HBS-CBS to one or more children.
- In FY 2022, a total of 51 vendors provided HBS-CBS to one or more children.

Table 1 - # of Children & Youth Who Received Home-Based/ Community-Based Services - FY 2018 - FY 2023 (YTD)

Vendors	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023 (YTD)	FY 18 - FY 22 Avg
All Other Vendors	617	714	740	699	626	573	679
Phillips Programs	64	65	46	37	26	26	48
Family Priority LLC	35	42	77	64	27	12	49
Total # IIHS Children & Youth	**716**	**821**	**863**	**800**	**679**	**611**	**776**
# of Cases Projected to Be Absorbed by Other Vendors (Phillips + Family Priority)	99	107	123	101	53	38	97

Both Phillips Programs and Family Priority have been decreasing the number of children and youth served since 2019. Of note, while Phillips Programs served an average of 6% of the cases, their average annual expenditures of $317,291 represented 11% of the total. Family Priority served an average of 6% of the cases, with annual expenditures of $224,683, which equated to 7% of the total. In FY 2019, Phillips was the #3 provider in terms of # of children served and Family Priority was #7. In FY 2023, Phillips was the #7 provider, and Family Priority was not even in the Top 10. [They were #15.]

Table 2 - Top 10 Vendors by # of Children and Youth Served - FY 2019 vs. FY 2023 YTD				
#	**Vendor Name**	**FY 2019**	**Vendor Name**	**FY 2023 YTD**
1	Improving Outcomes	132	Improving Outcomes	112
2	Compass Counseling Services of No. VA	94	National Counseling Group	55
3	Phillips Programs	65	Trauma and Hope	43
4	Multicultural Clinical Center	56	Center For Clinical And Forensic Services, The	37
5	Lifeworks Outreach Svcs Inc. DBA Family Teamwork	54	Compass Counseling Services of No. VA	31
6	Family Insight	51	Circles of Hope	30
7	Family Priority Llc	42	Phillips Programs	26
8	Therapeutic Alliance, LLC	42	Multicultural Clinical Center	24
9	National Counseling Group Inc	39	Vicktory Life	23
10	Gil Institute for Trauma Recovery and Education	31	Bridging the Gap	21



System-wide, the total # of children and youth who received HBS-CBS has decreased 21% its peak in FY 2020. However, Phillips and Family Priority reduced the number of children and youth served at a faster rate. Phillips served 46 in FY 2020 and reduced to 26 in FY 2022, a decrease of 43%. Family Priority decreased from 77 to 27, a 43% reduction. See Chart 1.

Table 3 - Annual Expenditures for HBS-CBS Vendors - FY 2018 - FY 2023 (YTD)							
Dollar Amount	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023 (YTD)**	**FY 18 - FY 22 Avg**
All Other Vendors	$2,192,339	$2,607,083	$2,949,911	$2,576,148	$2,030,159	$1,448,585	$2,471,128
Phillips Programs	$398,726	$535,916	$319,847	$221,981	$109,982	$126,158	$317,291 (11% of Total)
Family Priority Llc	$140,161	$164,319	$307,108	$368,307	$143,522	$61,720	$224,683 (7% of Total)
Total	$2,731,226	$3,307,319	$3,576,866	$3,166,436	$2,283,662	$1,636,463	$3,013,102

The closing of Phillips Family Partners is significant. They no longer will offer PCIT which is one of the Family First Preservation Services Act services. Only one provider is offering this service now. ABA also regularly has waitlists and insufficient capacity. Phillips requested a 6.5% rate increase but is closing instead reportedly due to challenges retaining qualified staff and costs related to training, turnover, recruitment and too few clinicians to sustain the management and infrastructure.

Please let us know if additional information is needed.

Staff:

Laura Haggerty-Lacalle

Chris Metzbower

Janet Bessmer