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

June 23, 2023
Community Policy and Management Team (CPMT)

Agenda

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

1. **MINUTES:** Approve minutes of May 19, 2023 meeting

2. **ITEMS: Administrative Items**
   Item A – 1: Approve Service Gap Survey Results
   Item A – 2: Recommend Re-appointment of CPMT Parent Representatives to BOS

- **CSA Contract Items**
  Item C – 1: Out of State Placement Report
  Item C – 2: Update on FY 24 Contract Rate Increases

- **CSA Information Items**
  Item I – 1: Discussion CPMT Strategic Planning: Follow up to April Dialog
  Item I – 2: CSA Coordinator's Report
  Item I – 3: CSA Budget Report

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

3:00 p.m. – Adjourn

Scan to view meeting materials.

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

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

Meeting Minutes

Attendees: Gloria Addo-Ayensu, Michael Axler, Michael Becketts, Annie Henderson, Joe Klemmer, Chris Leonard, Dawn Schaefer, Rebecca Sharp, Matt Thompson, Lloyd Tucker, Lynn Thomlinson *(for Daryl Washington)*,

Absent: Staci Alexander, Michelle Boyd, Richard Leichtweis, Lesley Abashian, Dana Jones, Deb Evans

HMF Attendees: Peter Steinberg

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

Stakeholders and CSA Program Staff Present: Janet Bessmer, Laura Haggerty-Lacalle, Kristina Kallini, Jamie Mysorewala, Tiffany Robinson, Lisa Morton, Jeanne Veraska, Samira Hotochin, Sarah Young

1. **MINUTES:** Approve minutes of April 28, 2023, meeting. *Motion to approve made by Annie Henderson; seconded by Joe Klemmer; all members agree, motion carries.*

2. **ITEMS:**

- **Administrative Items:**

Item A – 1: Eliminate Parental Contribution Annual Re-Assessment – Presented by Janet Bessmer. In an effort to streamline the administrative requirements for funding, reduce time to service, and prevent funding gaps, CSA is requesting to eliminate the annual reassessments for parental contributions. Recommendation is that families would complete the initial parental contribution assessment which would be valid for the lifespan of the case. If circumstances change a reassessment may be completed. Michael Becketts commented that this could be a disadvantage to families that may receive a decrease in payment due to changes in their circumstances. Janet Bessmer commented that CSA team could develop a way to notify families that they can complete a reassessment at any time should their financial circumstances change. *Motion to approve made by Lloyd Tucker; seconded by Michael Beckets; all members agree, motion carries.*

Item A – 2: Approve FY 24 CPMT Meeting Calendar – Presented by Janet Bessmer. Members of the CPMT were asked to approve the purposed calendar for FY24. The new policy states that 25% of meetings per year can be virtual. CPMT is permitted to hold two virtual meetings each calendar year. Proposed virtual meeting dates are reflected in the meeting calendar. *Motion to approve made by Joe Klemmer; seconded by Annie Henderson; all members agree, motion carries.*

Item A – 3: Proposal for Expansion of Case Support to FCPS SW – Presented by Mary Jo Davis, Kelly

Conn-Reda, and Janet Bessmer. Since the pandemic more families are presenting with intense mental health and behavioral needs. To meet the needs of these families FCPS is requesting that case support be expanded to include FCPS. Chris Leonard asked why more positions were not requested. Mary Jo Davis stated that based on the data it seemed three positions seemed like a good start, but more positions would be beneficial. Michael Becketts asked if the request is to increase capacity or volume. Mary Jo Davis and Kelly Conn-Reda responded that for FCPS it's more to increase volume, whereas the Multi Agency Services (MAS) would use case support to build capacity. Members agreed to amend the proposal to provide five case support positions rather than three. *Motion to approve made by* Matt Thompson*; seconded by* Michael Becketts*; all members agree, motion carries.*

- **CSA CONTRACT ITEMS:**

  Item C – 1: CPMT Contract Information – Presented by Barbara Martinez. There has been one new child specific contract approved since the last CPMT meeting. Currently there are a total of thirteen youth in out of state facilities.

- **CSA INFORMATION ITEMS:**

  Item I – 1: Budget report – Presented by Desiree Roberts. The cost of private day has increased compared to pre pandemic. Kelly Conn-Reda stated that there is a lack of providers due to the policy that FCPS no longer places students in facilities that use certain types of restraints/seclusion. Chris Leonard asked if this policy is similar across northern VA. Kelly Conn-Reda responded that FCPS is currently the only school system with this policy. RTC costs have increased, and three providers have driven the increase. It is expected that RTC costs will continue to increase.

  Item I – 2: CSA Coordinator's Report – Follow up to April CPMT Discussion – Presented by Janet Bessmer. A summary of current trends and issues in service delivery was presented in an effort to improve communication, engagement, and oversight of the CSA program. CSA is working on community outreach and marketing. CSA staff are working on reviewing the notes from the facilitated CPMT meeting (in April) and will be sharing those comments with the CPMT.

  Item I – 3: Community-based Provider Capacity Report– Presented by Laura Haggerty-Lacalle. CSA program provided a capacity analysis after learning that two home-based providers were closing/suspending their services. This will significantly impact case managers and families. Michael Becketts asked if there is a way to support increased capacity. Janet Bessmer commented that we will need to begin contacting other providers in the area. Jessica Jackson commented that it is challenging to find providers with availability that also are a good fit for the family.

- **CPMT Parent Representative Items –** Joe Klemmer commented that the Art Show that the Youth Advisory Board hosted was incredible. Peter Steinberg commented that there are various ways they plan to display the art/projects that were at the show.
- **Cities of Fairfax and Falls Church Items –** Falls Church has had an issue when youth are a victim of a crime. There is a gap in services since their residences receive court services from Arlington County and mental health services are provided by Fairfax County. Currently the plan is to have a meeting with all county partners to come up with a solution. Lynn Thomlinson/CSB offered to assist the city with this issue.
- **NOVACO – Private Provider Items –** none
- **Public Comment –** none
- **Staff Comment –** Last meeting for Lynn Thomlinson as she will be retiring.

Approved:

Next Meeting: *June 23, 1:00 – 3:00pm (Government Center, Room 120-C)*
Adjourn 2:20pm: *Motion to adjourn by Michael Becketts, seconded by Matt Thompson; all members agree, motion carries.*

Approved:

MEMO TO THE CPMT

6/23/2023

Administrative Item A – 1: Approve Service Gap Survey Results

ISSUE:
Results from the CSA Community Needs Survey 2023

BACKGROUND:
CSA conducted a Community Needs Survey to gather input from community members around the gaps in service. The online survey was open from May 30 – June 16 and was distributed to partner networks. Feedback from this survey will be used to: (1) Respond to request for community needs and gaps from the state Office for Children's Services (OCS) and (2) Inform local practice for continued program development.

A total of 79 respondents participated in the survey, representing Public Child Serving Agency staff, Fairfax County Public Schools, Providers, Parents, Youth, Community Members and Advocates. There were closed and open-ended questions to elicit participant feedback. Common themes throughout the survey results were the need for more providers, funding, expansion of substance use treatment, improved care coordination and collaboration, and services for speakers of other languages, especially Spanish. See Attachment A for full survey results.

The **Top 5 Youth Populations** with identified gaps in programming are: (1) Substance Abuse, (2) Spanish-speaking, (3) Multiple Mental Health Diagnoses, (4) Autism, and (5) Juvenile Justice Involved.

Top Age Groups with gaps: Transition Age (19-21) and High School 14-18

The most highly requested services for development and expansion were: School-based Mental Health Services, Residential Treatment and Intensive In-home Services.

Services with the longest wait lists:

1. Outpatient Mental Health – Therapy, IOP, or PHP
2. Home-based or Mentoring
3. ABA
4. Evaluations

What is missing in our community that you think could assist children and youth who need help? Overarching themes include:

- Services related to SUD. Many recommendations for development of Residential Treatment for SUD, in addition to further bolstering existing offerings.
- Services that use Evidence Based Practices
- Prevention efforts in schools and communities
- Access to care, including affordable options for services

What else should the County be doing to improve the services to children and youth? Overarching themes include:

- Better service integration and care coordination
- SUD treatment
- Provider recruitment
- Prevention programming

What can the County do to continue to support your organization's ability to provide community based services and to build capacity?

- Improve funding, payment, and contracting processes
- Higher pay rates for providers to help in recruitment and retention of qualified staff
- Outreach and community education
- More school-based interventions
- Provide training, especially language classes
- Expand services for SUD, especially opioids
- Help with processes at the state related to staff certification and licensing

RECOMMENDATION:

CSA Staff recommend approving the gap survey results for submission to OCS. The Top 5 Youth Populations with identified gaps in programming are: (1) Substance Abuse, (2) Spanish-speaking, (3) Multiple Mental Health Diagnoses, (4) Autism, and (5) Juvenile Justice Involved.

ATTACHMENT:
Attachment A – 2023 Children's Services Act (CSA) Needs Assessment

INTERNAL CONTROL IMPACT:
None

FISCAL IMPACT:
None

STAFF:

Janet E. Bessmer, PhD
Laura Haggerty-Lacalle, MPP
Jamie Mysorewala, UR Analyst

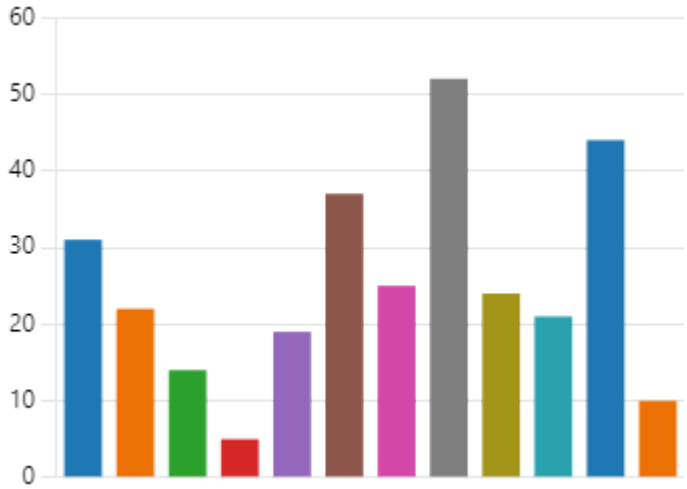
Attachment A

2023 Children's Services Act (CSA) Needs Assessment

79	11:04	Active
Responses	Average time to complete	Status

1. We are interested in learning more about the most critical service gaps that are impacting your community's ability to serve children in their home, school and/or community. From the following list, please identify three (3) – five (5) specific populations where there are gaps in service community-wide.

Autism	31
Intellectual Disability/Developm...	22
Potentially Disrupting or Disrupt...	14
Potentially Disrupting or Disrupt...	5
Sex Offending/ Sexually Reactiv...	19
Youth with Multiple Mental Heal...	37
Youth Involved with the Juvenile...	25
Substance Abuse	52
Eating Disorders	24
LQBTQIA+ Youth	21
Spanish Speaking Youth	44
Other	10



2. Are there any specific age groups where there are gaps in services in the community?

Yes	62
No	15

3. What specific age groups have gaps in services in the community?

Pre-School Age (0-5)	9
Elementary School Age (6-10)	16
Middle School Age (11-13)	25
High School Age (14-18)	33
Transition Age (19-21)	34

4. **Residential Services**

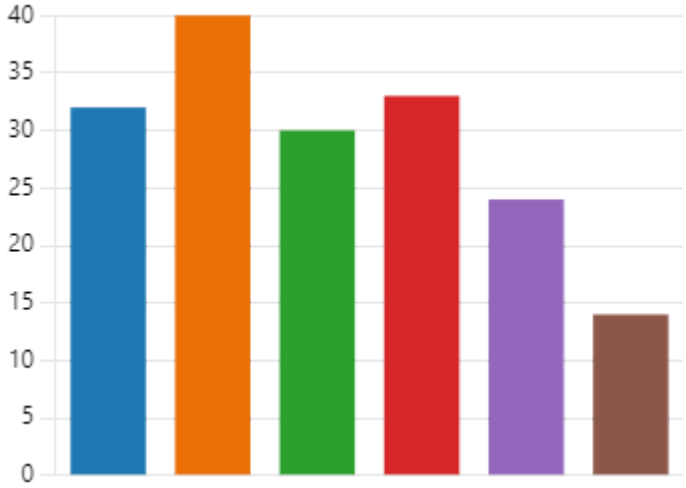
Short-term Diagnostic	37
Group Home	23
Residential Treatment	47
Other	15

5. **Community-Based Behavioral Health Services**

Assessment	33
Group Therapy	34
Intensive In-Home	46
Therapeutic Day Treatment	44
Other	12

6. Evidence Based Behavioral Health Services

Multi-systemic Therapy	32
Functional Family Therapy	40
Parent Child Interaction Therapy	30
Cognitive Behavioral Therapy	33
Motivational Interviewing	24
Other	14



7. Foster Care Services

Family Foster Care Homes	23
Therapeutic Foster Homes	37
Independent Living Services	33
Other	2

8. Family Support Services

Family Partnership Facilitation	27
Respite	47
Intensive Care Coordination	33
Other	7

9. Educational Services

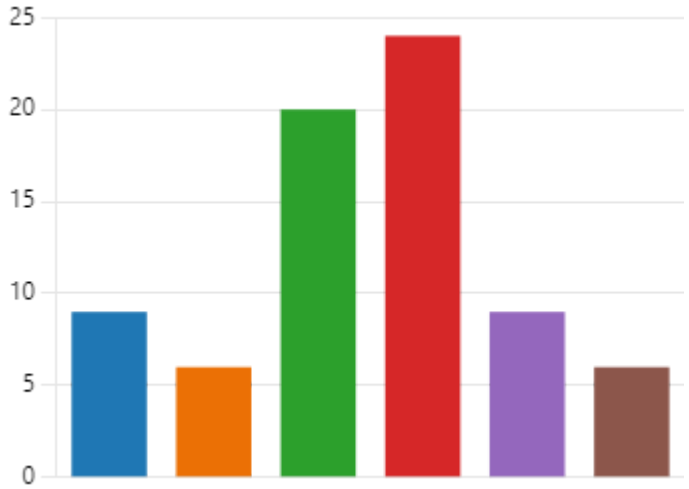
Private Day School	18
Residential School	26
School-based Mental Health Ser...	61
Other	4

10. Crisis Services

Crisis Intervention and/or Crisis ...	67
Acute Psychiatric Hospitalization	40
Other	6

11. Are you a:

Parent	9
Youth	6
Provider	20
Public Child Service Agency Staf...	24
Community Member/Advocate	9
Other	6



12. What services do you feel have the longest wait lists?

47
Responses

Latest Responses

"Personally, I feel like mental health services have some of the l...

13. What is missing in our community that you think could assist children and youth who need help?

50
Responses

Latest Responses

"I think multiple mental health professionals in schools and pos...

14. What else should the county be doing to improve the services to children and youth?

41
Responses

Latest Responses

"I think the community should be asking the youth what they n...

15. Does your organization maintain a waitlist?

Yes	12
No	8

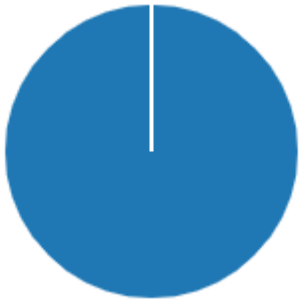
16. Can you please provide the number of children and youth who are on the waitlist? For the purposes of this question, if your organization maintains multiple waitlists, please add all waitlists together.

5
Responses

Latest Responses
"*100*"
"*0*"

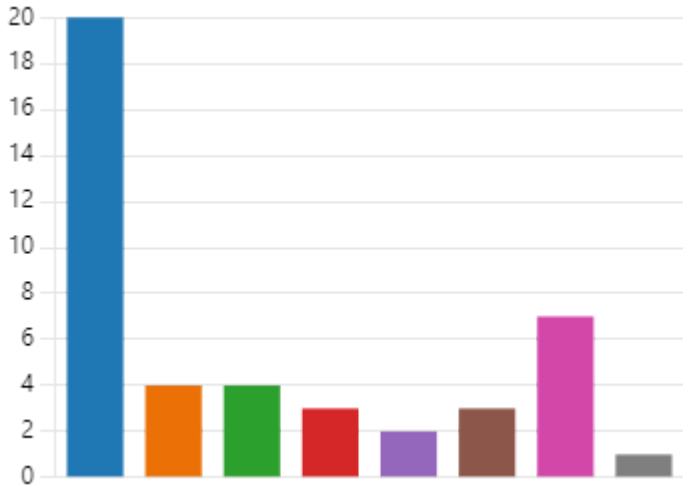
17. Do you have clients that need services in a language other than English?

Yes	20
No	0



18. What languages (other than English) are in most demand?

Spanish	20
Korean	4
Vietnamese	4
Amharic	3
Urdu	2
Chinese	3
Arabic	7
Other	1



19. What does your organization do to meet the need for services in the requested languages?

18
Responses

Latest Responses

"*Hire Spanish speaking counselors when possible*"

"*Interpreter line*"

20. What can the County do to continue to support your organization's ability to provide community based services?

15
Responses

Latest Responses

"*When we are able to hire clinicians, it would be benificial for u...*

21. What can the County do to help your organization build capacity?

10
Responses

Latest Responses

"*We lost the ability to hire staff when it was taking 3-4 months ...*

What services do you feel have the longest wait lists?
therapist
Specialized services at community and residential level for children that have complex mental health needs and/or substance abuse challenges.
ABA services, home based counseling services, and (intermittently) evaluation services
ABA, in-home
ABA, therapeutic mentoring, respite
Case Management, IIHS, and FFT
Services for young children (0-5)
ABA Therapy
Mental Health and SUD treatment and there are NO residential detox facilities for youth under 18 and extremely limited MAT.
Mental health- individual and family Adequate medical professionals, especially ENT and other specialists for children with Medicaid or no insurance
Psychologist and psychiatrist. Play therapy EMDR treatment
Counseling for children. Trauma competent clinicians.
CSB intensive case management services
assessment
MEDICAID WAIVER WAITLIST. there is no comparison of any other waitlist for the length of time families in crisis wait for a Medicaid waiver.
Post pandemic, the wait list for most services have long wait lists. Particularly for elementary age children with significant mental health needs.
All of them. There are not enough in home providers, out patient services or staff to do evaluations.
Therapy and treatment centers
Services for Spanish speaking families (and other families where English is not the first language.)
In-home services - both ABA and behavioral health. Assessments - psychological, neuropsychological, and other testing to determine developmental disorders.
No ide
All children's mental health related services; particularly any preventative interventions
All services has long waits due to staffing issues and the loss on providers.
Sexual disorders Group homes for young adults
Outpatient, Youth MAT, Residential and Detoxification
Therapy
all services.
In-home, evaluations, psychiatry

Mental health services elementary, middle and high school. Crisis stabilization services for students need to be enhanced further. Schools refer students in crisis for services and they are sent right back due to long waiting lists/unavailability. Early access/integrated mental health services for students can prevent crisis situations. More access to holistic therapies like accupuncture, yoga, heath/nutrition counseling will also help with prevention and help them make healthy life style choices.
Autism diagnosis take far too long to get assessed by a professional. As a late diagnosed person with autism it's with upmost importance that we make autism testing accessible time wise and financial wise etc.
Behavioral
adoption
Neuropsych and psychiatric evaluations, autism services, ABA, and evaluations; Medicaid waivers
Outpatient therapy
PHP IOP ER waiting time
Substance abuse
Therapy
Intensive counseling. It is too difficult to get counseling/therapy on a frequent enough basis to achieve a therapeutic effect. There is lack of mental health care parity at least within my Kaiser Permanente healthcare system.
substance abuse
Evidence Based Treatments
psychiatric assessments;CSB services; public medical care
Residential treatment for youth with significant behaviors or suicidal ideation with recent acts
Residential services for youth with behavioral and mental health issues.
partial hospitalization, mental health counseling/therapy
Transition
Being referred and evaluated for service under an IEP.
Personally, I feel like mental health services have some of the longest wait lists.

What is missing in our community that you think could assist children and youth who need help?
more activity
Better public-private coordination (including public agencies, school system and private providers). Fragmentation of treatment and lack of understanding of integrated treatment are still prevalent and pervasive.
More evidenced based treatment providers Broader range of treatment services to address substance use among teens in our community More consistent services i.e. services with no or few disruptions during the length of an open referral
SUD tx
staffing willing to assist in accessing services and service providers who have capacity to serve
Residential SUD, Residential MH, ABA, IIHS
Play therapy, therapeutic groups for elementary aged children; providers who accept insurance or offer sliding scale fees
We have seen a huge increase in teens struggling with significant substance abuse, including Fentanyl addiction and there are no effective services to address this. We need inpatient detox and inpatient treatment options for these youth. Outpatient and virtual services do not work for youth with this level of addiction.
Supporting parents whose children refuse SUD treatment, especially parents who speak a language other than English.
In person Mental health therapy for children Adequate medical professionals, especially ENT and other specialists for children with Medicaid or no insurance Early identification of special needs
High quality day treatment options either in schools or day schools.
Respite homes
MAT, Intensive and residential SUD services
more mental health supports in the public school system
coordination of care for families.
Respite for parents, especially for those with autism and intellectual disabilities. Evidence based therapy for younger children, especially those with significant mental health difficulties/trauma experiences.
Everything. There are NO community based day treatment or residential to address the increasing epidemic of fentanyl or dual diagnosis needs.
Providers that speak their language. Less wait times. Meeting people where they are at more, more resources in the community and reducing the need to drive a long time to appts.
There is not place for assessment and case conceptualization. People through a ton of services at the youth family without getting a clear understanding of the real need. Then the service doesn't work.
Respite for kids whose parents are no longer able to be present for them. Many more Spanish speaking providers - both for kids and parents.
In school mental health services
Additional providers / resources needed, Flexibility of providers for families who need to balance work and caring for a child with behavioral issues, a disconnect between providers and the insurance they accept or will take (including but not limited to medicaid)

adolescent detox and inpatient treatment for SUD.
Therapeutic group homeGroup
System Navigation, more Youth MAT and SUD services, hospital supports/admissions and follow-ups for Fentanyl/Opioid using youth.
Acute residential care Substance abuse residential treatment including Detox services
SUD services for youth, especially Detox and residential.
Detox for adolescents
detoxification and treatment on demand for youth with substance use disorder
Youth substance use treatment services ranging from least intensive to most intensive (withdrawal management and residential)
Early access/integrated mental health services/coping strategies for students can prevent crisis situations. More access to holistic therapies like accupuncture, yoga, heath/nutrition counseling will also help with prevention and help them make healthy life style choices.
More autism resources for transitioning youth into adulthood. It's important that we help the autistic community in general, but I feel like we need to focus just as much on transitioning youth as we do with adolescents.
Understanding and comprehension
substance abuse treatment and assessment
Substance use programs and facilities for youth and families.
Detox/Residential substance use treatment
Accurate Education More accessible resources
Detox, residential treatment
Knowledge of the available resources
More education for community leaders (school teachers!, activity facilitators, etc) about how to acknowledge the mental health of the people they are leading. Such as trainings on how to recognize mental illness in youth (at least elementary school and higher), how to better help and acknowledge youth with mental illness or disability, and more.
Adults with time to spend with them. Need surrogate grandparents.
outpatient substance abuse treatment
Life skills; substance abuse prevention/education
more family focused programs
Actual group homes, Spanish speaking providers, foster homes to take sibling groups and older teen....MOST importantly-psychiatrists who can provide medication management and drug treatment for TEENS
Spanish speaking therapist, low cost options for medical and mental health for undocumented youth.
peer counseling, school based mental health services, high fidelity wraparound, mentoring with adult professionals in the community
Crisis intervention

Programs to help them learn with and from their peers. Girls in the Game, Boys and Girls club, upward bound, parent university- parents get trained in all types of areas of interest so they can be an ally to the schools
I think multiple mental health professionals in schools and possibly substance abuse counselors would be helpful. There are increased amounts of substance usage in schools, and I think that having a counselor there would at least prevent students from using it so freely.

What else should the county be doing to improve the services to children and youth?
IEP in School and testing
Address current barriers to access services with better integration of systems. True coordination and case conceptualization.
Exploring new/additional CSA contracted providers Exploring, as a system, possible services that the county could build into new programming (rather than an outside provider) Creating RFPs for services. Exploring current vacant housing for programs to re-visit the idea of repurposing housing (e.g. Sojourn House) for a group home program for youth with substance use or to serve youth who have combined mental health and medical diagnosis
develop SUD tx programs
enhance community partnership and coordination of continued services for youth aging out of youth services
Providing families with supports; more community resources
Make more services to address the Fentanyl crisis
Residential detox for youth under 18 and faster, intensive, and coordinated response for youth who are using substances with a high risk for overdose.
Providing higher quality health care for ALL children providing more in-person mental health therapy for children improve CPS and partner more with school social workers
Promoting inclusion, education of needs and evidence based practices not latest Fad or residential placements
Serving those youth before they are completely needing wrap around services. Providing supportive services before a crisis.
Continuing to support finding SUD services in NOVA
funding more social workers, counselors, therapists, psychologists for the public school system
get kids OUT of the judicial system. divert them in any way possible especially the ID/DD/ ASD youth.

Retention of staff. Many public and private agencies have significant turn over and this leads to wait lists, cases being closed before they should be and school staff having to fill gaps when their role is not to provide long term therapy.
Make them easier to access - the central intake for CSB is a joke - they should be able to go directly to their local office to schedule appointments. There also needs to be more IN PERSON services instead of virtual.
Have real intensive care coordination. This service does not actually coordinate care, they just facilitate meetings. If appropriately trained and utilized, the service could be helpful. But the majority of the ICC workers are new to the field (lacking high level clinical skills) and don't actually make referrals to agencies. The service is needed for our neediest families but the service is not currently effective as is.
Continuum of services for substance using or dependent teens to include detox, and short-term residential programs, as well as recovery communities (sober living homes, schools, coaching, and communities).
Focus on school for intervention to provide services.
Preventative partnerships with schools and community programs that address mental health issues, substance abuse issues, etc. Too much emphasis on crisis management rather building pipelines and avoiding crisis scenarios to begin with.
1:1 Parent advocates
Strong collaborations with local hospitals that result in shared responsibility for serving opioid youth in crises; trainings for staff; expanding peer support; expediting the RFP award & standing up residential and detox; increasing staff resources and salaries to reflect their acute caseloads and match surrounding counties.
Prevention and early intervention services Better collaboration and coordination with schools and pediatricians
Invest in more mental health/counselors at schools, integrated wellness and nutrition (free nutritious school lunches etc. that were provided during the pandemic should be reinstated) and coping strategies/outdoor & experiential activities etc.
It should also encompass dual diagnosis for people with autism like multiple conditions for children youth and transitional youth as well.
Building more places that provide additional help for troubled youth.
mentor programs
Provide more information and increase awareness about FRMs/FPMs and ICC to families.
Provide more prevention spaces; parks, community centers, etc.
More accessible resources Quicker response times to emergency situations
Family education and therapy
Just generally informing people.

We used to have Safe and Drug Free Community Coalitions for each school pyramid. I see the loss of coalition for each pyramid as a huge loss in that the community coalitions were a means to promote positive youth/adult connections, conduct educational programs such as QPR, mentoring, substance abuse prevention, provide positive volunteering opportunities and safe recreation to promote resilience.
more providers so that families can access services in a timely fashion without feeling like there are so many barriers, never receiving return phone calls, and being out on waitlists but never contacted
Making them more accessible and equitable.
providing diverse groups with options on how to prevent family trauma.
Find more providers for the services we are most in need of.
Ease of access from youth mental health to adult mental health for youth with multiple diagnoses.
improve communication with the community on what is needed so the community can offer support

What can the County do to continue to support your organization's ability to provide community based services?
Provide interpreters and continued training.
We need to identify more providers in the community who can diagnose autism. Wait list is extremely long.
Referrals have decreased over the past 3 years. This in putting the existing services at risk of closing.
Make translation available to providers Support preventative programming for young children and their parenting with known risks factors

Outreach efforts including on-site visits/presentations

Increase salaries to attract and retain skilled staff to provide services.

Provide updates and advocacy for youth residential services and a continuum of services

Increase funding

more options needed for substance abuse treatment especially for opioid use.

Open a Youth Detox Center with a 30-day structured home setting residential step down attached.

Provide funding for services in a timely manner

Offer Spanish classes directly

Provide services/develop programs to better address/fit the needs of our youth in Fairfax County

IOP, PHP, Acute Psychiatric

When we do have openings, better announce it

MEMO TO THE CPMT

6/23/2023

Administrative Item A - 2 : Recommend Re-appointment of CPMT Parent Representatives to the Board of Supervisors

ISSUE:
That the CPMT Parent Representatives are nominated by the CPMT for appointment by the Board of Supervisors for two-year terms.

BACKGROUND:
In order to fulfill Virginia Code requirements, Fairfax-Falls Church CPMT Bylaws provide for five parent representatives who are not employees of any public or private provider of services to youth, to be approved by the CPMT and the Board of Services for terms of up to two years. Re-appointments may be made for additional consecutive terms upon approval of the CPMT and Board of Supervisors.

RECOMMENDATION:

That the CPMT approve the re-appointment of Staci Jones Alexander, Annie Henderson and Joe Klemmer.

ATTACHMENT:
None

INTERNAL CONTROL IMPACT:
None

FISCAL IMPACT:
Parent Representatives qualify for a stipend of $100 per meeting.

STAFF:
Janet Bessmer, CSA Director

MEMO TO THE CPMT
June 23, 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 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
5/31/2023	Drew Horowitz & Associates, LLC	MN	No	CSB	Sober Living Companion upon discharge from Hazelden	6/2/2023
6/1/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox	6/1/2023
6/9/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox	6/12/2023

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 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 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)

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.	2/14/2022
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
Sandstone	Crownsville, MD	CSB	Opiate involved SUD needing detox	3/20/2023
Sandstone	Crownsville, MD	CSB	Opiate involved SUD needing detox	3/24/2023
Sandstone	Crownsville, MD	CSB	Opiate involved SUD needing detox	5/15/2023

ATTACHMENT: None

STAFF:
Barbara Martinez, DPMM

MEMO TO THE CPMT
June 23, 2023

Contract Item C-2 Annual Contract Rate Process

ISSUE:

Each year, approximately 30% to 50% of contracted CSA providers request rate increases. The Department of Procurement and Material Management's (DPMM) team of contract analysts gather this information and coordinate the review process with DFS Finance staff and workgroups comprised of representatives from all of the public child serving departments in Fairfax County and Fairfax County Public Schools. Based on the reviews and recommendations from the workgroups, DPMM staff will either accept, reject, and/or negotiate the rates for the upcoming fiscal year. Due to the high rate of inflation and impact of the COVID-19 Pandemic, the number of providers requesting rate modifications has continued to increase.

BACKGROUND:

The Office for Children's Services has managed the provision of services as an open market through which providers set their own rates based on their cost to provide services to localities purchasing services on behalf of children and youth eligible for services under the Children's Services Act. (See § 2.2-5214. Rates for purchase of services; service fee directory.) While the Virginia Department of Social Services set the rates for payments to foster parents for maintenance and clothing allowance reimbursements, private child placing agencies set their own rates for treatment foster care supervision and support services including case management provided for the youth placed in the homes they license and support.

Fairfax-Falls Church CSA contracted service providers are required to execute agreements, which detail the mutually agreed upon rate structure for allowable contracted services. These negotiated rates are not to exceed those stated in the State's Service Fee Directory. Rate increases are not automatic and require mutual agreement by both parties. The use of multi-year agreements, including three-year rate sheets, has decreased unnecessary administrative processes when rates do not change from fiscal year to fiscal year. If a provider requests a rate increase in accordance with the contract, these rates are analyzed based on the providers' history of rate increases, the rate of increase (in dollars and percentage), and by comparing the rates of providers of similar services.

CURRENT SITUATION:

Current contracted rates were established for the three-year period of July 1, 2021 through June 30, 2024. Based on year-to-year comparisons, approximately 30% of the contracted providers adjust their rates each fiscal year. However, in FY23 due to the high rate of inflation and impact

of the COVID-19 Pandemic, the number of providers requesting rate modifications increased to 55% of contracted providers.

Workgroups review the providers' history of rate increases, annual utilization, the justification for the increase and performance concerns. They also consider where each providers' rates fall in perspective of all the other providers and the current Medicaid rate for Medicaid eligible services. If a provider requested a rate increase up to 5%, which was subsequently supported by the reviewing workgroup, the DFS Budget team has given approval of these rate increases and is doing an analysis of the projected budgetary impact. These new rates will be effective July 1, 2023.

If the requested rate increases were not approved, DPMM staff will be coordinating with the providers to negotiate a lower rate. For providers that are unable or unwilling to negotiate a lower rate, the recommendation will be for their contract to be converted to Child Specific/Tier II. The results of the negotiations are reported to the workgroup for a recommendation to the CSA Management Team. If the increase is supported by the workgroup and the CSA Management Team, the request will be taken to DFS leadership for budgetary approval.

As of this writing, 70 of 128 providers have requested rate increases for FY24. There are about 25 providers that have not responded to inquiries or provided rates for FY24. Some of these are impacted by rate setting processes in states like Maryland and Massachusetts and typically do not send rates until after the start of the new fiscal year.

Of the increase requests received to date, the ranges of increases are below:

Service Category	Range of Increases Received
Private Day School (7 of 17)	3% to 7%
Community Based (In-Home and ABA) (35 of 41)	3% to 33%
Residential Treatment Centers (31 of 39)	R&B and Treatment 1% to 32% Residential Education 1% to 15%
Therapeutic Foster Care (21 of 28)	2% to 39%
County Departments (CSB/DFS) (1 of 2)	10% to 16%

ATTACHMENT:

Attachment 1: Second Story Rate Analysis from Analysis Tool--Example

STAFF:

Barbara Martinez, DPMM

Second Story Rate Analysis from Analysis Tool

Company	FY22 Number Served	FY23 $ Increase	FY23 % Increase	FY23 Rate	FY23 Number Served	Proposed FY24 Increase	Proposed FY24 % Increase	Proposed FY24 Rate	Comment/Justification for increase	FY23 Client Average	Projected FY24 Client Average
Second Story (Formerly Alternative House)	3	$216.00	100.00%	$216.00	5	$28.00	13%	$244.00	No rate increase since 2014; substantial inc	$3,024.00	$3,416.00
Aurora House (City of Falls Church)	2	$15.00	5.00%	$315.00	2	$22.00	7%	$337.00	Inflation, supplies, staffing	$114,975.00	$123,005.00
Outreach Services, LTD (formerly DNL Outreach House for Girls)	1	$0.00	0.00%	$366.56	0	-$366.56	-100%	N/A	No longer in business	$133,794.40	$365.00
Elk Hill Farm, Inc.	1	$40.33	11.00%	$407.03	0	$42.97	11%	$450.00	Inflation, staff compensation	$148,565.95	$164,250.00
Intercept Youth Services	1	$36.43	9.76%	$409.50	1	$29.50	7%	$439.00	Lasting effects of pandemic, inflation and soaring mental and behavioral health	$149,467.50	$160,235.00
Rest Assured	0	$0.00	0.00%	$475.00	3	$25.00	5%	$500.00	Cost of living, inflation, supplies	$173,375.00	$182,500.00
Restorative Youth Services	2	$47.78	14.43%	$379.00	2	$15.50	4%	$394.50	Inflation, staff compensation	$138,385.00	$143,992.50
STARS (Gloeckner Weber)	2	-$398.56			2	$0.00	#DIV/0!			$365.00	$365.00
Turning Point Home for Boys	4	$10.00	3.33%	$310.00	6	$10.00	3%	$320.00	Cost of living (food/housing) and to ensure	$113,150.00	$116,800.00
Virginia Home for Boys and Girls	0	$35.00	13.21%	$300.00	0	$0.00	0%	$300.00	Increase to education only	$79,500.00	$79,500.00

Company	Service Type	Service Unit Type	# of Units	FY2017 Rate	FY17 Number Served	FY2018 $ inc.	FY2018 % inc.	FY2018 Rate	FY18 Number Served	FY2019 $ inc.	FY2019 % inc.	FY2019 Rate	FY19 Number Served
Second Story (Formerly Alternative House)	Gp Home	Bed Day	up to 14	$216.00	1	$0.00	0.00%	$216.00	0	$0.00	0.0%	$216.00	2

Company	FY2020 $ inc.	FY2020 % inc.	FY20 Rate	FY20 Number Served	FY21 $ inc.	FY21 % inc.	FY21 Rate	FY21 Number Served	FY22 $ inc.	FY22 % inc.	FY22 Rate	FY22 Number Served	FY23 $ Increase	FY23 % Increase	FY23 Rate	FY23 Number Served
Second Story (Formerly Alternative House)	$0.00	0.0%	$216.00	0	$0.00	0.0%	$216.00	4	$0.00	0.00%	$216.00	3	$216.00	100.00%	$216.00	5

Company	FY22 $ inc.	FY22 % inc.	FY22 Rate	FY22 Number Served	FY23 $ Increase	FY23 % Increase	FY23 Rate	FY23 Number Served	Proposed FY24 Increase	Proposed FY24 % Increase	Proposed FY24 Rate	Comment/Justification for increase	FY23 Client Average	Projected FY24 Client Average
Second Story (Formerly Alternative House)	0.00	0.00%	$216.00	3	$216.00	100.00%	$216.00	5	$28.00	13%	$244.00	No rate increase since 2014; substantial inc	$3,024.00	$3,416.00

MEMO TO THE CPMT

6/23/2023

Information Item I- 1: CPMT Strategic Planning: Follow up to April CPMT Dialog

ISSUE:

That CPMT has codified duties related to long-range planning for the development of a system of services. COV § 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;

BACKGROUND:

At the April 28, 2023 CPMT meeting, CPMT members along with CSA Management Team members and CSA staff participated in a facilitated dialog regarding enhancements to the management and leadership process for the local CSA program. With a focus on the powers and duties assigned to the CPMT, adjustments and modifications to the process were proposed and summarized as follows:

Procedural changes

- Staff to offer the "Story Behind the Numbers" for budget reports and to focus on the budget impact to identified priorities
- CSA Management Team members request agenda items from CPMT members and bring agency priorities forward
- Meetings will allow time for dialog, discussion, and collaboration
- Meetings will support more direct reporting out by CSA MT members; the CSA Coordinator's report can be used to highlight trends and current concerns
- Items for CPMT members will provide a Call to Action for members
- Agendas will offer time for member updates

Strategic Priorities

- Time to Service
    - Offer sufficient Case Management/Case Support so that there's no wait list
    - Support sufficient provider capacity to reduce wait list
- Equitable Access for Children with Behavioral Health Needs
    - Outreach
        - Identify youth and families who are underserved or underrepresented through root cause analyses

        - Coordinate with other child-serving human service agencies (i.e., CSB, HMF, FCPS, HD, NCS) on messaging around behavioral health
        - Recruit diverse parent representatives to support outreach
    - Expand Provider Network
        - Utilize gap survey and data from wait lists to identify needed services
        - Map the current provider continuum of care to identify needed resources
        - Explore budgetary and infrastructure options to support provider network development and provider expansion of capacity

The CSA Management Team supports a focus on these two strategic priorities that are consistent with ongoing needs and system efforts.

ATTACHMENT:
None

STAFF:
Janet Bessmer, CSA Director
Chris Leonard, CPMT Chair

MEMO TO THE CPMT

June 23, 2023

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

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

Issue #1: Case Management Capacity

- CSB Resource Team has a wait list of youth requesting review by the FAPT for a residential level of care
- FCPS was approved for an expansion of Case Support services for up to 5 positions or 60 cases
- 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; it is anticipated the staff will have a full caseload of 15 by July

Issue #2: Provider Capacity

- Annual Gap Survey presented at June CPMT meeting
- FY 24 Rate review ongoing as well as open enrollment for new providers
- Currently recruiting for specialized intensive services such as treatment of Opioids/ Primary Substance Use, DBT, Disorder Eating Disorder

Issue #3: Outreach/Communication

- Presentation on June 21 to Advisory Social Services Board (ASSB) with CSB Youth & Family, CSB Prevention and Healthy Minds Fairfax

ATTACHMENT: Updated Flyer for CSA

STAFF:

Janet Bessmer, CSA Director, Fairfax-Falls Church

Fairfax County Department of Family Services
Fairfax—Falls Church Children Services Act (CSA)

Are you having trouble finding help for your child or teen with serious mental health or substance use issues?

Is your child or teen not improving with treatment?

Do you fear for the safety of your child, teen, or others, even though he/she is in treatment?

CSA may be able to help!

- We link your family to a professional to help you navigate the coordination of care for your child or teen.
- We work with your family, supportive professionals, and other personally significant community members to create a meeting action plan customized to the unique needs of your child/teen and family.
- Through this process, you may be connected with individualized, intensive services and supports tailored to the specific needs and strengths of your child/teen and your family.

To be eligible, children or youth under the age of 18 must:

- Live in Fairfax County or the cities of Fairfax or Falls Church.
- Have serious emotional or behavioral health care needs which have persisted over a significant period of time and impact multiple life areas (school, home, legal, social, developmental) and require coordination between two or more agencies.
- Have needs that cannot be addressed through family resources or a single agency.

FOR MORE INFORMATION:

Email **DFSCSA@fairfaxcounty.gov** or Call **703-324-7938**

TO LEARN MORE ABOUT THE CHILDREN'S SERVICES ACT (CSA), PLEASE VISIT:

Fairfaxcounty.gov/familyservices/childrens-services-act

A FAIRFAX COUNTY, VA. PUBLICATION—4/2023

Where a TTY number is not indicated, use 711/Virginia Relay.
Reasonable accommodations provided upon request, call 703-324-5730.

FAIRFAX COUNTY DEPARTMENT OF FAMILYSERVICES

MEMO TO THE CPMT
June 14, 2023

Information Item I-3: April 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 April for LEDRS categories, with associated Youth counts. IEP-driven expenditures for Schools are separated out. Further information on the attachment provides additional information on recoveries, unduplicated youth count, and:

-Average cost per child for some Mandated categories
-Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home, Education placements.

Total Pooled Expenditures: Pooled expenditures through April 2023 for FY23 equal $24.5M for 887 youths. This amount is an increase from last year by approximately $1.5M, or 6.46%. YTD Pooled expenditures for FY22 equaled $23M for 888 youths. The total number of youths served is down by 152 youths in comparison to pre-pandemic levels, in FY 19, 1039 youth were served with YTD pooled expenditures of $25.2M.

	Program Year 2019	Program Year 2022	Program Year 2023	Change Amt	Change %
Residential Treatment & Education	$2,871,972	$3,692,462	$4,328,544	$636,082	17.23%
Private Day Special Education	$13,989,178	$12,593,508	$11,874,001	($719,507)	-5.71%
Non-Residential Foster Home/Other	$8,022,347	$4,215,941	$5,647,267	$1,431,326	33.95%
Community Services		$2,979,792	$2,769,308	($210,484)	-7.06%
Non-Mandated Services (All)	$1,123,387	$339,714	$584,115	$244,401	71.94%
Recoveries	($775,125)	($823,123)	($718,976)	$104,147	-12.65%
Total Expenditures	**$25,231,759**	**$22,998,295**	**$24,484,259**	**$1,485,964**	**6.46%**
Residential Treatment & Education	119	86	94	8	9.30%
Private Day Special Education	291	259	209	(50)	-19.31%
Non-Residential Foster Home/Other	990	295	313	18	6.10%
Community Services		639	604	(35)	-5.48%
Non-Mandated Services (All)	202	141	177	36	25.53%
Unique Count All Categories	**1,602**	**1,420**	**1,397**	**(23)**	**-1.62%**
Unduplicated Youth Count	**1,039**	**888**	**887**	**(1)**	**-0.11%**

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 April 2022.

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

ATTACHMENT:
Budget Chart

STAFF:
Patti Conway

NOTE:

Residential Treatment & Education increased by $636k with 8 more youth served. Most of the increased cost is due to increases for the education for residential Medicaid and non-Medicaid placements.

Private day special education costs paid YTD have decreased by $720K with 50 less youths served.

Non-Residential Foster Home/Other has increased by 1.4M with 18 more youth than served in FY22.

Community Services decreased by $210k with 35 less youth served in FY23.

Program Year 2023 Year To Date CSA Expenditures and Youth Served (through April 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%	$1,796,300	50			$1,796,300
		Group Home	57.64%	$142,388	3			$142,388
		Education - for Residential Medicaid Placements	46.11%	$276,604	13	$1,285,106	13	$1,561,710
		Education for Residential Non-Medicaid Placements	46.11%	$317,849	6	$510,297	9	$828,146
	Residential Total			$2,533,141	72	$1,795,403	22	$4,328,544
	Non Residential	Special Education Private Day	46.11%	$306,796	6	$11,567,205	203	$11,874,001
		Wrap-Around for Students with Disab	46.11%	$247,889	68			$247,889
		Treatment Foster Home	46.11%	$3,536,008	110			$3,536,008
		Foster Care Mtce	46.11%	$870,341	87			$870,341
		Independent Living Stipend	46.11%	$168,471	25			$168,471
		Community Based Service	23.06%	$2,173,208	439			$2,173,208
		ICC	23.06%	$596,100	165			$596,100
		Independent Living Arrangement	46.11%	$819,514	22			$819,514
		Psychiatric Hospital/Crisis Stabilization	46.11%	$5,044	1			$5,044
	Non Residential Total			$8,723,372	923	$11,567,205	203	$20,290,577
Mandated Total				**$11,256,513**	**995**	**$13,362,608**	**225**	**$24,619,121**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$30,450	1			$30,450
		Education - for Residential Medicaid Placements	46.11%	$1,208	1			$1,208
	Residential Total			$31,658	2			$31,658
	Non Residential	Community Based Service	23.06%	$434,663	100			$434,663
		ICC	23.06%	$117,795	75			$117,795
	Non Residential Total			$552,457	175			$552,457
Non-Mandated Total				**$584,115**	**177**			**$584,115**
Grand Total (with Duplicated Youth Count)				**$11,840,628**	**1,172**		**225**	**$25,203,236**

Recoveries	-$718,976
Total Net of Recoveries	$24,484,260
Unduplicated child count	887

Key Indicators

	Prog Yr 2022 YTD	Prog Yr 2023 YTD
Cost Per Child		
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$25,899	$27,603
Average Cost Per Child Mandated Residential (unduplicated)	$53,514	$53,439
Average Cost Per Child Mandated Non- Residential (unduplicated)	$24,522	$32,014
Average Cost Mandated Community Based Services Per Child (unduplicated)	$5,069	$4,585
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$26,904	$35,926
Average Cost for Treatment Foster Home	$28,200	$32,146
Average Education Cost for Residential Medicaid Placement (Residential)	$52,376	$60,066
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$92,176	$55,210
Average Special Education Cost for Private Day (Non-Residential)	$48,624	$56,813
Average Cost for Non-Mandated Placement	$2,409	$3,300

Category	Program Year 2023 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2023 Allocation	$694,188	$231,676	67%
Non Mandated Program Year 2023	$1,630,458	$544,422	67%
Program Year 2023 Total Allocation	$35,416,365	$24,484,260	31%