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

FINAL

August 25, 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 FAPT Representative
   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: Annual Contract Rate Process

- **CSA Information Items**
  Item I – 1: Update on Private Day Rate Setting
  Item I – 2: CSA Budget Report
  Item I – 3: Discussion CPMT Strategic Planning: Follow up to April Dialog
  Item I – 4: CSA Coordinator's Report
  Item I – 5: Residential Entry and FAPT Report Q 3 and Q 4
  Item I - **6**: Results of Service Gap Survey

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

3:00 p.m. – Adjourn

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FAIRFAX COUNTY DEPARTMENT OF **FAMILY**SERVICES

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

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

Meeting Minutes

DRAFT

Attendees: Gloria Addo-Ayensu, Michael Axler, Michael Becketts, Annie Henderson, Dana Jones, 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, 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

Approved:

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:

DRAFT

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.*

DRAFT

Approved:

Memo to the CPMT
August 25, 2023

Administrative Item A-1: APPOINTMENT OF NEW FAMILY ASSESSMENT AND PLANNING TEAM (FAPT) MEMBERS

ISSUE:
CPMT approval is requested of the following person to serve on the FAPT:

DFS
- Bennie Heron

BACKGROUND:
Bennie is currently a Social Services Supervisor with the Father Engagement Program; he has worked for Fairfax County for the last 8 years in Child Youth and Families (CYF). He has shadowed existing members at numerous FAPT meetings and is prepared to serve as a representative of his respective agency on the FAPT.

RECOMMENDATION:
Approval of the appointment of the nominee as a FAPT representative.

FISCAL IMPACT:
None

STAFF:
Sarah Young, FAPT Coordinator

MEMO TO THE CPMT

8/25/2023

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
August 25, 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 eight (8) 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 **Discharged in June.**	6/2/2023
6/1/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox **Discharged in June**	6/1/2023
6/9/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox **Discharged in August**	6/12/2023
7/14/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD needing detox. **Youth not admitted.**	7/15/2023
7/26/2023	Springbrook Behavioral Health Center	Travelers, South Carolina	Yes	CSB	Youth not placed due to needing acute setting. **Youth not admitted**	7/31/2023
7/28/2023	Millcreek of Pontotoc—Group Home	Blue Springs, Mississippi	No	DFS-FC&A	Borderline IQ, run risk, self-injurious	8/7/2023
8/15/2023	Sandstone	Crownsville, MD	No	JDRDC	Opiate involved SUD needing detox	8/17/2023
8/17/2023	Sandstone	Crownsville, MD	No	CSB	Opiate involved SUD.	8/21/2023

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.

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

CURRENT SITUATION:
Since the last CPMT, there were eight (8) 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 seven (7) 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
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
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

ATTACHMENT: None

STAFF:
Barbara Martinez, DPMM

MEMO TO THE CPMT
August 25, 2023

Contract Item C-2 Annual Contract Rate Process

ISSUE:

Contract rate sheets are issued for the three-year period of the contract. 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.

This year, due to the lack of finalization of the State Budget Amendment, there have been delays in processing private day school rate sheets and revisions to the rate sheets for the providers of therapeutic foster care. The unamended FY24 State budget places a 2% maximum on private day school tuition rate increases from FY23 to FY24 and keeps foster care maintenance rates level.

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, 99 of 129 providers have requested rate increases for FY24. There are about 13 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 well 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 (9 of 19)	2% to 7%
Community Based (In-Home and ABA) (37 of 41)	3% to 33%
Residential Treatment Centers & Group Homes (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/NCS) (2 of 3)	7% to 13.9%

FCPS will accept the impact of covering the cost of Private Day School Rate increases over 2%. Rate sheets will include a CSA rate for the tuition per diem up to 2% and a line for the over 2% increase that will be covered by FCPS Multiagency Services (FCPS-MAS).

Due to the Harmony replacement process, DPMM has recommended extending the current contracts by one year. The current contracts are through June 30, 2024. The extension will keep them active through June 30, 2025. This will prevent all current providers from needing to reapply in FY24. The reapplication process will occur during FY25 and the new contract periods will begin on July 1, 2025. The CSA Management Team approved this on July 24, 2023.

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

STAFF:
Barbara Martinez, DPMM
Kelly Conn-Reda, FCPS- MAS
Janet Bessmer, DFS- CSA

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	$138,335.00	$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

8/25/2023 CPMT Contract Item

Attachment 1

MEMO TO THE CPMT

8/25/2023

Information Item I- 1: Update on Private Day Rate Setting for FY24

ISSUE:
That the Office of Children's Services is required to implement rate setting for in-state Private Day school tuition for FY 24.

BACKGROUND:

At the direction of the General Assembly, OCS has explored managing rising costs for Private Day School programs using rate setting since 2019. A consultant developed a nine-tier system based on staffing ratios to propose a rate structure for daily tuition rates. After study and review, there was insufficient support to move forward and later both the House and Senate agreed to budget amendments with language rescinding the requirement for Private Day rate setting. These budget amendments have not been passed and therefore, OCS was required to implement rate setting for Private Day schools beginning July 1, 2023.

In guidance to localities provided on July 24, 2023, OCS described the rate setting requirements for FY 2024. Local CSA programs were informed that the state will not provide matching funds for any rates that exceed 2% higher than FY2022-2023 rates. Specifically, the memo stated, that "***In no event will the Children Services' Act (CSA) state pool reimburse localities for private day special education tuition for the 2023 - 2024 school year at a level higher than a statewide two percent rate (2%) above the rates established for the 2022- 2023 school year.'***

Estimated Fiscal Impact

- CSA can continue to cover tuition costs up to 2% from last year's rates. Related services such as counseling, speech/language and occupational therapy are not impacted. Out of state providers are exempt from this rate cap.
- **Estimated Fiscal impact -** Projected annualized expenditures above the 2% are estimated at $**292,712**.

Programmatic Analysis of Impact:

Providers are under no obligation to honor the 2% cap, although one provider has revised their rates to comply. Providers have already established their budgets, hired staff and sent in their FY 24 rates. The rate requests that Fairfax-Falls Church CSA has received include increases ranging from 2% to 8%. Maryland and DC schools already have rate setting and their rates are not subject to the cap established by OCS.

Issue #1: Cost Shifting to School Divisions/Local Government. School divisions are required to provide Free and Appropriate Public Education (FAPE). Provider rates that exceed the 2% will have to be funded

by the locality or school division to avoid being out of compliance with federal special education requirements.

Issue #2: The Appropriations Act language supersedes the sum sufficiency provision in the Code.

The Children's Service Act has a sum sufficiency provision in Code that clearly requires the cost of special education services to be shared by the state and respective locality to meet the federal IEP mandate. The 2% cap on what the state will match is not rate setting but merely cost shifting to the locality.

§ 2.2-5211. State pool of funds for community policy and management teams.

C. The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children and youth identified in subdivisions B 1, 2, 3, and 6 and (ii) meet relevant federal mandates for the provision of these services. The community policy and management team shall anticipate to the best of its ability the number of children and youth for whom such services will be required and reserve funds from its state pool allocation to meet these needs. Nothing in this section prohibits local governments from requiring parental or legal financial contributions, where not specifically prohibited by federal or state law or regulation, utilizing a standard sliding fee scale based upon ability to pay, as provided in the appropriation act.

Issue #3: Integrity of Private Day programs – staffing, quality, sustainability, capacity

Local school divisions rely upon private day programs in our region to offer specialized services to meet IEP requirements. There are insufficient programs to meet the needs of current students. In the post-COVID environment, providers require resources for their staffing needs to continue offering quality programming and capacity to serve all eligible students.

- One of our specialized programs for students with autism has filed for bankruptcy and was just bought out by another education provider.
- School divisions have offered their teachers and support staff pay increases in order to stabilize their staffing. Private Day programs may be unable to recruit and retain qualified teaching staff without similar ability to offer raises and bonuses. Analysis of the salaries for qualified teachers in Private Day program compared to local school divisions will inform whether a cap on rates will be detrimental to operation of these programs.
- One of our providers who is proceeding with a greater than 2% increase explained, "Given the current state of school staffing, this is almost an impossible task to balance the budget and provide appropriate salary increases."

Issue #3: Impact to the most vulnerable, highest need special education students

- Children with Private Day IEPs by the nature of their eligibility have the highest and most specialized needs. The cap on rates may have unintended consequences for service delivery to these vulnerable youth.

Issue #4: Compliance with federal special education laws

- School divisions must comply with the IEP.
- Funding and cost may not be used to determine the level of service or the provider used.

- The state's decision on limiting their match may result in some divisions having difficulty funding the IEP in compliance with federal law. The locality then is bearing sole fiscal responsibility for compliance.

Recommendation:

- Advocate to preserve the approved floor amendments in the 2023 proposed budget that eliminate rate setting and if it does not become law this year, support as a legislative priority in 2024
- Provide letter jointly from CSA and the school divisions to describe the FY 24 funding process.

ATTACHMENT:
None

STAFF:
Kelly Conn-Reda, FCPS
Barbara Martinez, DPMM
Tim Elcesser, DFS FM
Janet Bessmer, DFS CSA

MEMO TO THE CPMT
August 25, 2023

Information Item I-2: June 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 June 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 June 2023 for FY23 equal $32.6M for 979 youths. This amount is an increase from last year by approximately $4M, or 14.16%. YTD Pooled expenditures for FY22 equaled $28.5M for 965 youths. The total number of youths served is down by 204 youths in comparison to pre-pandemic levels, in FY 19, 1,183 youth were served with YTD pooled expenditures of $32.7M.

	Program Year 2019	Program Year 2022	Program Year 2023	Change Amt	Change %
Residential Treatment & Education	$3,951,217	$4,598,762	$5,792,882	$1,194,120	25.97%
Private Day Special Education	$17,744,580	$15,377,373	$16,114,810	$737,437	4.80%
Non-Residential Foster Home/Other	$10,773,966	$5,286,083	$7,232,742	$1,946,659	36.83%
Community Services		$3,822,471	$3,600,160	($222,311)	-5.82%
Non-Mandated Services (All)	$1,251,530	$461,974	$756,274	$294,300	63.70%
Recoveries	($1,016,408)	($985,750)	($890,305)	$95,445	-9.68%
Total Expenditures	**$32,704,885**	**$28,560,913**	**$32,606,563**	**$4,045,650**	**14.16%**
Residential Treatment & Education	161	98	118	20	20.41%
Private Day Special Education	303	266	231	(35)	-13.16%
Non-Residential Foster Home/Other	1,211	320	350	30	9.38%
Community Services		723	686	(37)	-5.12%
Non-Mandated Services (All)	213	172	207	35	20.35%
Unique Count All Categories	**1,888**	**1,579**	**1,592**	**13**	**0.82%**
Unduplicated Youth Count	**1,183**	**965**	**979**	**14**	**1.45%**

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 June 2023.

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

ATTACHMENT:
Budget Chart

STAFF:
Patti Conway

NOTE:

Residential Treatment & Education increased by $1.2M with 20 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 increased by $737K with 35 less youths served.

Non-Residential Foster Home/Other has increased by 1.9M with 30 more youth than served in FY22.

Community Services decreased by $222k with 37 less youth served in FY23.

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

Trans Descrip	Payment

Mandated/ Non-Mandated	Residential/ Non-Residential	Serv Type Descrip	Local Match Rate	County & Foster Care	Youth in Category	Schools (IEP Only)	Youth in Category	Total Expenditures
Mandated	**Residential**	Residential Treatment Facility	57.64%	$2,681,015	67			$2,681,015
		Group Home	57.64%	$179,418	4			$179,418
		Education - for Residential Medicaid Placements	46.11%	$366,061	15	$1,593,469	13	$1,959,531
		Education for Residential Non-Medicaid Placements	46.11%	$355,831	10	$617,088	9	$972,919
	Residential Total			$3,582,325	96	$2,210,557	22	$5,792,882
	Non Residential	Special Education Private Day	46.11%	$397,330	6	$15,717,480	225	$16,114,810
		Wrap-Around for Students with Disab	46.11%	$336,134	84			$336,134
		Treatment Foster Home	46.11%	$4,631,030	117			$4,631,030
		Foster Care Mtce	46.11%	$1,051,769	93			$1,051,769
		Independent Living Stipend	46.11%	$219,126	29			$219,126
		Community Based Service	23.06%	$2,854,044	499			$2,854,044
		ICC	23.06%	$746,115	187			$746,115
		Independent Living Arrangement	46.11%	$989,641	26			$989,641
		Psychiatric Hospital/Crisis Stabilization	46.11%	$5,044	1			$5,044
	Non Residential Total			$11,230,232	1042	$15,717,480	225	$26,947,711
Mandated Total				**$14,812,557**	**1,138**	**$17,928,037**	**247**	**$32,740,593**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$35,138	2			$35,138
		Education - for Residential Medicaid Placements	46.11%	$6,795	1			$6,795
	Residential Total			$41,933	3			$41,933
	Non Residential	Community Based Service	23.06%	$563,808	120			$563,808
		ICC	23.06%	$150,533	84			$150,533
	Non Residential Total			$714,341	204			$714,341
Non-Mandated Total				**$756,274**	**207**			**$756,274**
Grand Total (with Duplicated Youth Count)				**$15,568,831**	**1,345**		**247**	**$33,496,867**

Recoveries	**-$890,305**
Total Net of Recoveries	**$32,606,562**
Unduplicated child count	979

Key Indicators

Cost Per Child	**Prog Yr 2022 YTD**	**Prog Yr 2023 YTD**
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$29,597	$33,306
Average Cost Per Child Mandated Residential (unduplicated)	$58,958	$61,626
Average Cost Per Child Mandated Non- Residential (unduplicated)	$28,177	$37,850
Average Cost Mandated Community Based Services Per Child (unduplicated)	$5,784	$5,248
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$27,967	$40,015
Average Cost for Treatment Foster Home	$33,291	$39,581
Average Education Cost for Residential Medicaid Placement (Residential)	$60,542	$69,983
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$118,344	$51,206
Average Special Education Cost for Private Day (Non-Residential)	$57,810	$69,761
Average Cost for Non-Mandated Placement	$2,686	$3,653

Category	Program Year 2023 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2023 Allocation	$694,188	$318,491	54%
Non Mandated Program Year 2023	$1,630,458	$705,669	57%
Program Year 2023 Total Allocation	$35,416,365	$32,606,562	8%

MEMO TO THE CPMT

6/23/2023

Information Item I- 3: 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

The CSA Management Team supports a focus on the following strategic priorities that are consistent with ongoing needs, member feedback and current system efforts. These priorities can be a way to focus the work of the CSA program, Management Team and CPMT.

Strategic Priorities

Equitable Access
- Identification of Underserved Populations
- Community Engagement/Outreach/Communication
- Streamline Access to CSA

Time to Service

- Sufficient Case Management/Case Support/Care Coordination
- Training and Support for Case Managers and Providers
- IMS Implementation for Case Managers

Provider Network

- Service Gap Identification/ Provider Mapping
- Provider Recruitment, Service Development
    - Evidence-based, Trauma-Informed
    - Cultural and Language Capacity

Operational Efficiency

- Audit Readiness
- Fiscal Stewardship
- CQI/Data-informed Decision-making
- Implementation of IMS

ATTACHMENT:
Diagram of Strategic Priorities

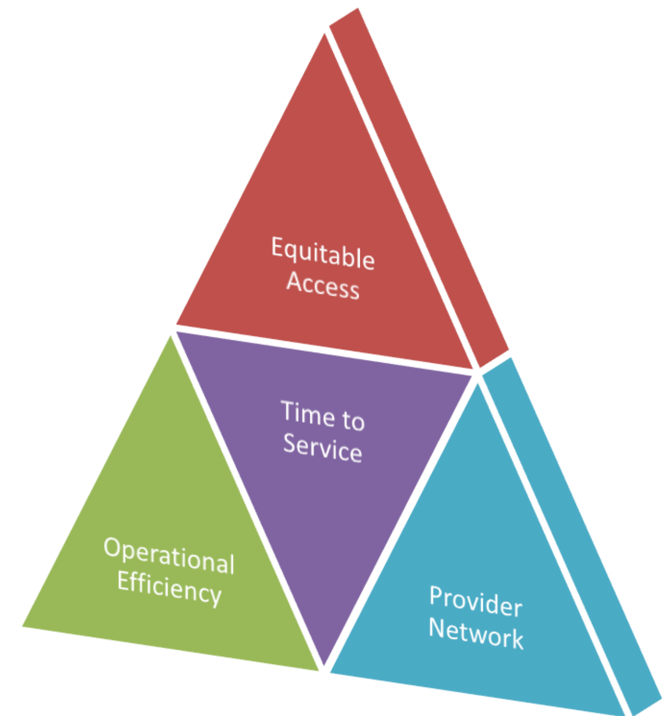
STAFF:
Janet Bessmer, CSA Director

- Identification of Underserved Populations
- Community Engagement/Outreach/Communication
- Streamline Access to CSA

- Sufficient Case Management/Case Support/Care Coordination
- Training and Support for Case Managers and Providers
- IMS Implementation for Case Managers

- Service Gap Identification/ Provider Mapping
- Provider Recruitment, Service Development
  - Evidence-based, Trauma-Informed
  - Cultural and Language Capacity

- Audit Readiness
- Fiscal Stewardship
- CQI/Data-informed Decision-making
- Implementation of IMS



MEMO TO THE CPMT

August 25, 2023

I**NFORMATION ITEM I –** 4: 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:

- Training Plan developed for FY 24
  - 3 part CSA mandatory trainings for case managers
  - Red Flag Law Training (new)
  - Recommended trainings in CANS, parental contribution, consent
- Audit Readiness
  - OCS has sent out the next cycle of audits; Fairfax-Falls Church is set for FY 25
  - CSA Management Team responded to OCS Annual Risk Assessment, results in attachment. The Management Team noted a few key points in their responses:
    - Provider capacity has impacted service delivery.
    - Response to the opioid crisis resulted in expedited processes and expansion of services. This response may result in some increased errors and lessons as we learn how to manage these new processes.
    - Response to parents with copay issues needed improvement and CSA has established new procedures to address any concerns.
    - The new information system, HHS-IMS, is intended to support case managers in a more efficient process and reduce paper-driven, manual processes.

    - The CSA local policy manual is currently under review as an annual process to ensure that updates are made regularly. Changes will be brought to the CPMT at a future meeting for review and approval as needed.
- Transition Planning for new Information System for CSA
    - HHS- IMS will replace current system for financial functions and reporting initially
    - CSA Case managers will be phased in to use the case management feature
- Outreach/Communication
    - New online parent inquiry form and consent completion through DocuSign is now available for parent referrals

ATTACHMENT:

Responses to OCS Annual Risk Assessment
OCS Audit Schedule

STAFF:
Janet Bessmer, CSA Director, Fairfax-Falls Church

Fiscal Year 2024 CSA Local Agency - Annual Risk Assessment Survey

8
Responses

155:41
Average time to complete

Active
Status

1. Agency Name

8
Responses

Latest Responses
"CSA"
"CSB"
"CSB "

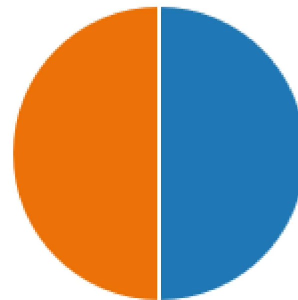
2. Respondent's Name

8
Responses

Latest Responses
"Lisa Morton"
"Jessica Jackson"
"snellenburg"

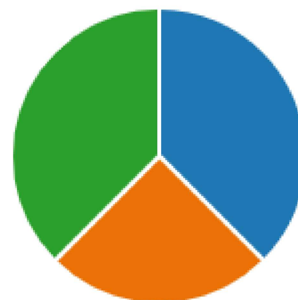
3. CHANGES IN OPERATIONS: Extent to which changes in funding, staffing, operating practices/procedures over the past 24 months have affected your local program as the changes are absorbed.

Response	Count
Low - risk not present/little imp...	4
Slightly Moderate	4
Moderate	0
Slightly High	0
High - risk exposure exists/has a...	0



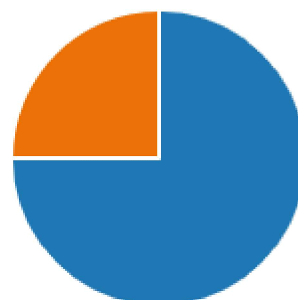
4. PRESSURE TO MEET OBJECTIVES: Extent to which the local program has been vulnerable to reductions in the quality of service provided, increased operating cost, or lessening of controls/ procedures to achieve federal, state, and local objectives.

Response	Count
Low - risk not present/had little ...	3
Slightly Moderate	2
Moderate	3
Slightly High	0
High - risk present/impact to pr...	0



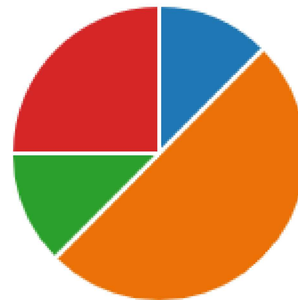
5. ADVERSE PUBLICITY: Extent to which unfavorable exposures (industry and/or public media) over the past 24 months have affected your local program's ability to secure and maintain public trust and confidence.

Response	Count
Low- risk does not exist/no imp...	6
Slightly Moderate	2
Moderate	0
Slightly High	0
High - risk present/had significa...	0



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

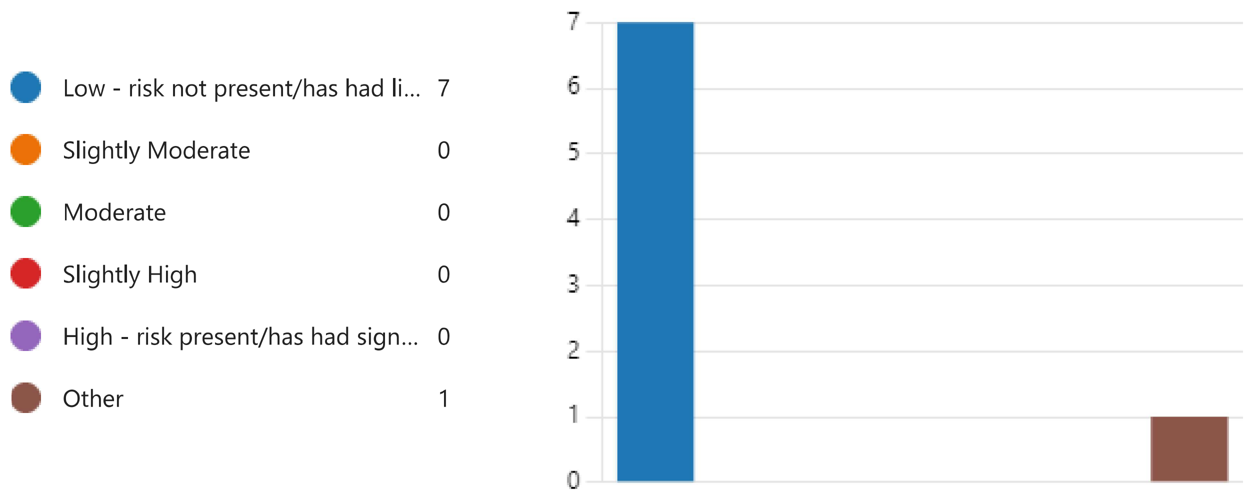
Low - risk does not exist/has ha...	1
Slightly Moderate	4
Moderate	1
Slightly High	2
High - risk exists/has had signifi...	0



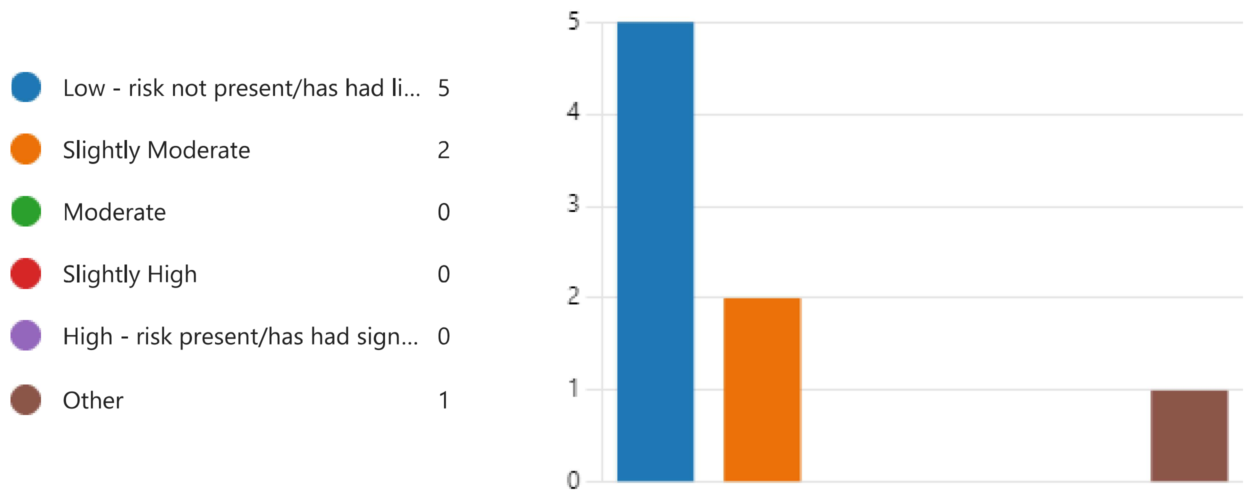
7. CONFIDENTIALITY OF DATA: Extent of loss or embarrassment over the past 24months that was due to unauthorized or premature disclosure of protected information.

Low - risk does not exist/has ha...	7
Slightly Moderate	0
Moderate	0
Slightly High	0
High - risk present/has had sign...	0
Other	1

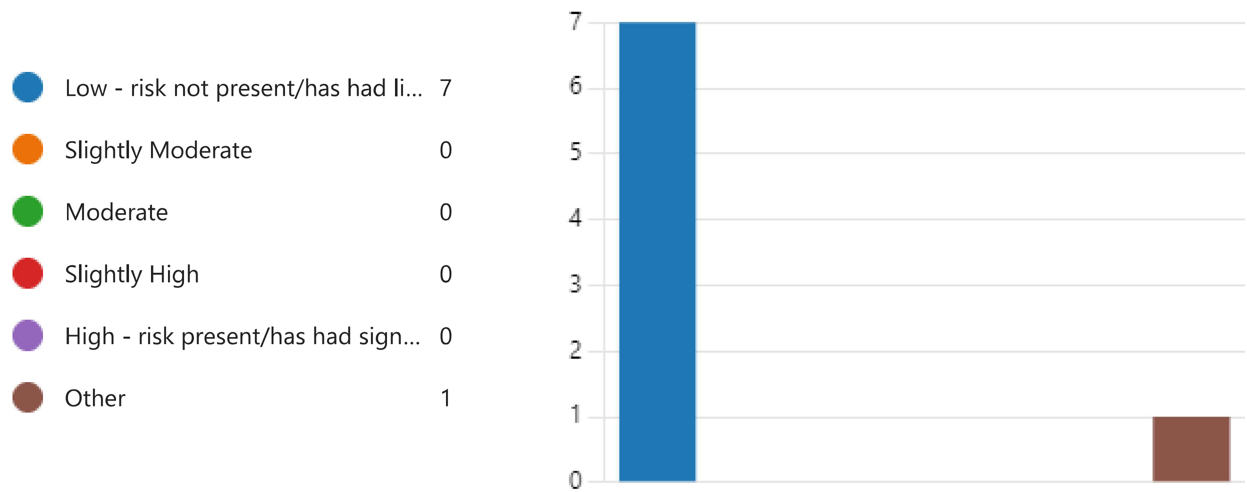
8. INACCURATE DATA: Extent that incorrect data generated over the past 24 months has affected the integrity and reliability of data reported by the local program, and consequently shared by other state and local stakeholders.



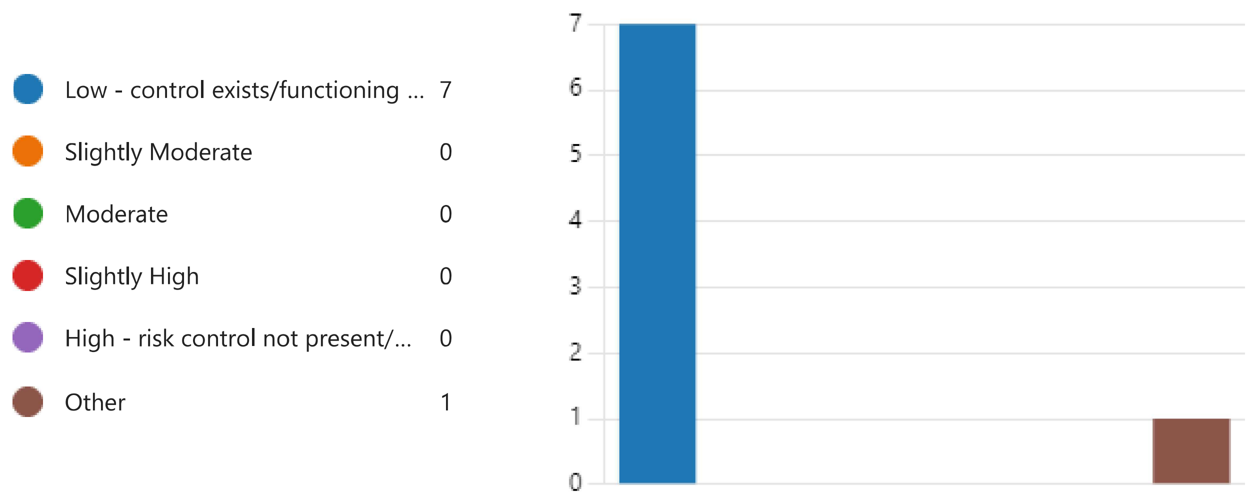
9. PROCESSING SOPHISTICATION: Extent to which the reliability of manual and/or automated technology processes used in the local program's process flow over the past 24 months has impacted performance of daily operating activities.



10. HISTORY OF FRAUD: Extent to which actual or alleged incidences fraud occurring within the past 24 months has impacted the local program.

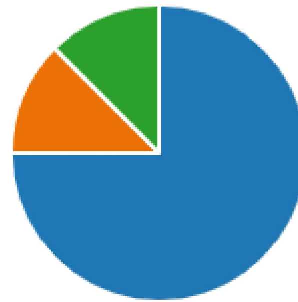


11. EXPERIENCE LEVEL OF THE MANAGEMENT TEAM: Collectively, the extent of management's understanding of state and local CSA operations and understanding of management principles (planning, directing, and monitoring). Consider length of CSA experience.



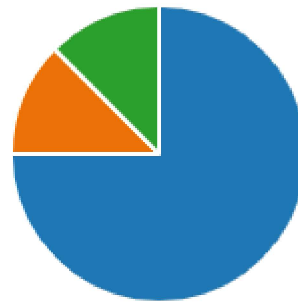
12. INFORMATION TECHNOLOGY SECURITY: Extent that appropriate actions have been taken to protect sensitive/confidential data from unauthorized access, such as the use of restricted areas, passwords, and encryption devices.

Low - risk control present/functi...	6
Slightly Moderate	1
Moderate	1
Slightly High	0
High - risk control not present/...	0

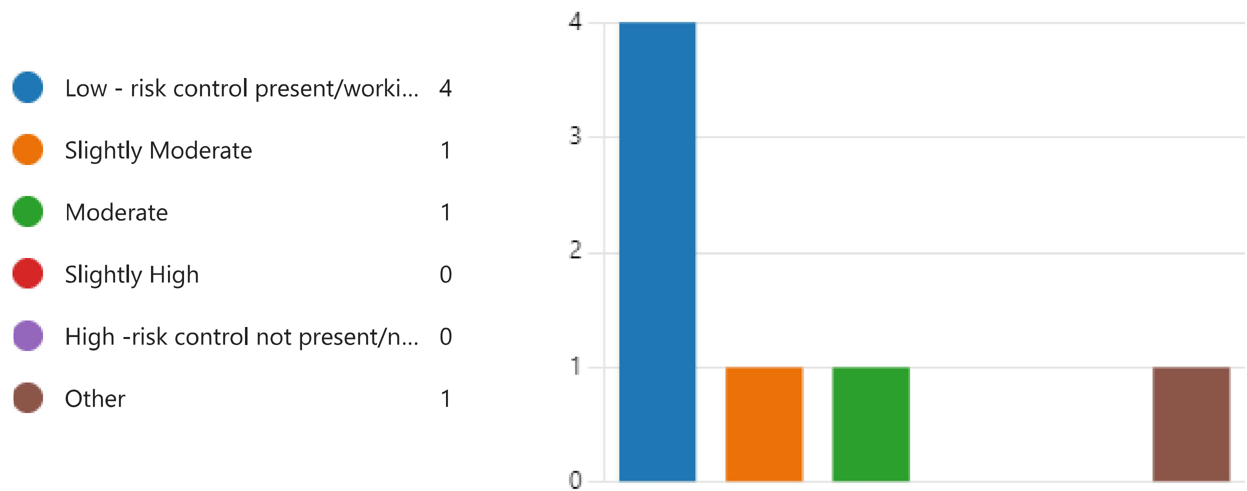


13. AUDIT COVERAGE: Extent that internal and/or external reviews are of a quality and frequency of which to provide comprehensive evaluations of the local program.

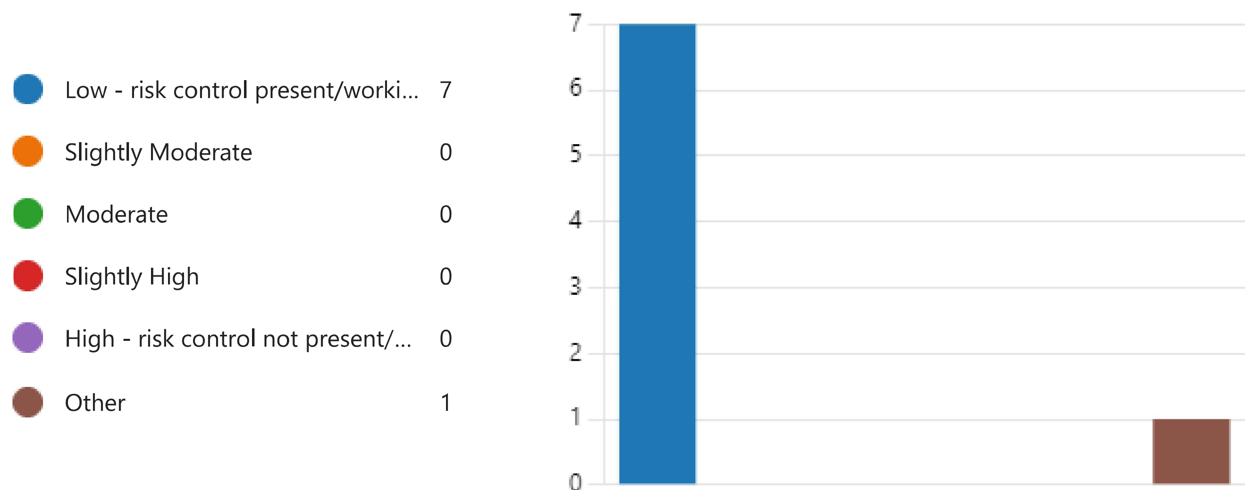
Low - risk control present/worki...	6
Slightly Moderate	1
Moderate	1
Slightly High	0
High - risk control not present/...	0



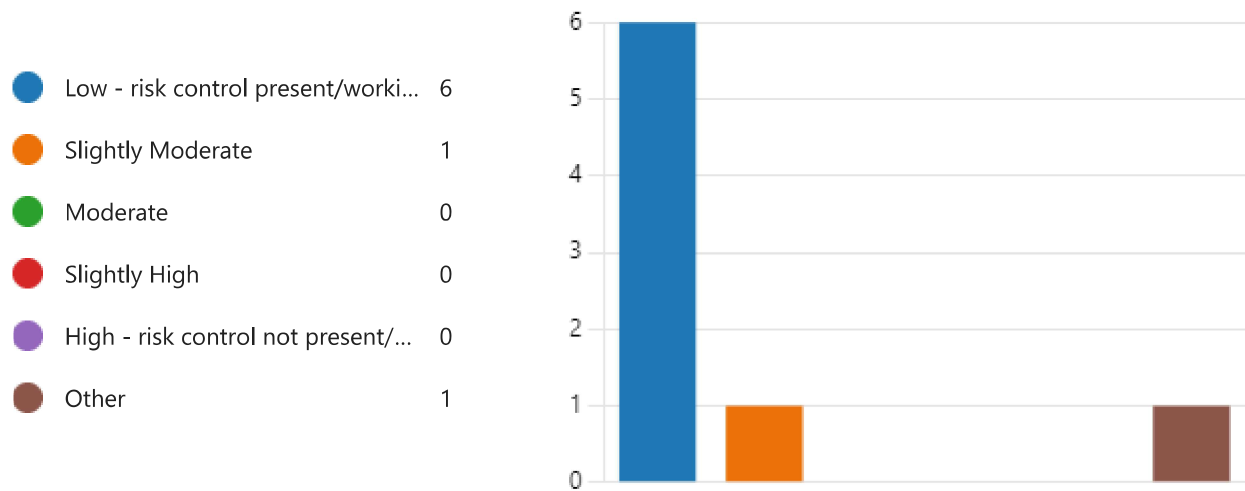
14. ABILITY TO OVERRIDE POLICY: Extent of the ease to which management takes actions that supersede the state and local policies/procedures adopted that govern the local program.



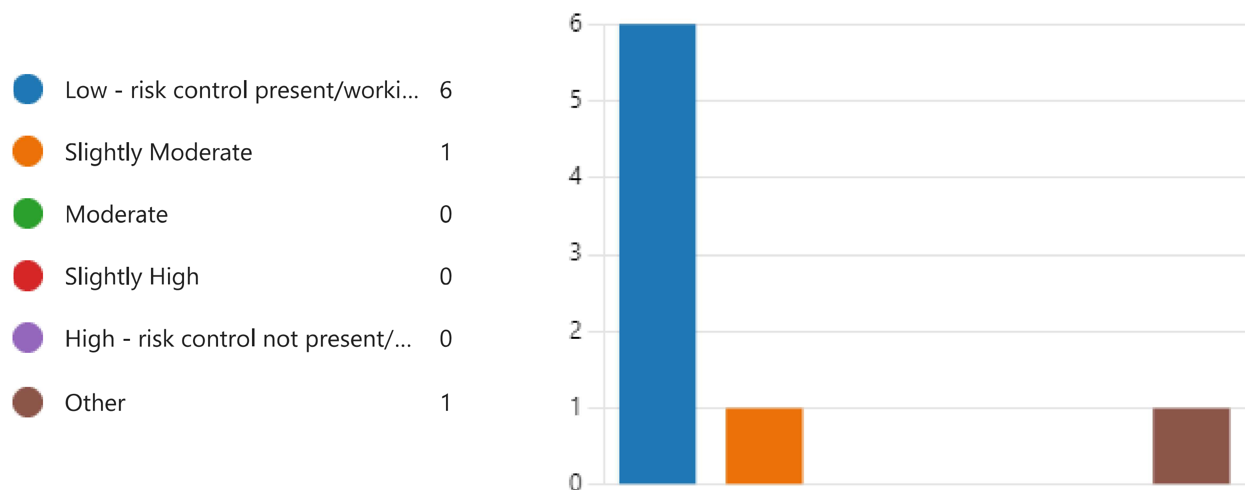
15. CONTINGENCY PLANNING: Existence of a documented plan to ensure continuation of services in the event of an emergency (e.g. natural disaster) or other short/long-term service disruptions (e.g. extended absence of CSA Coordinator).



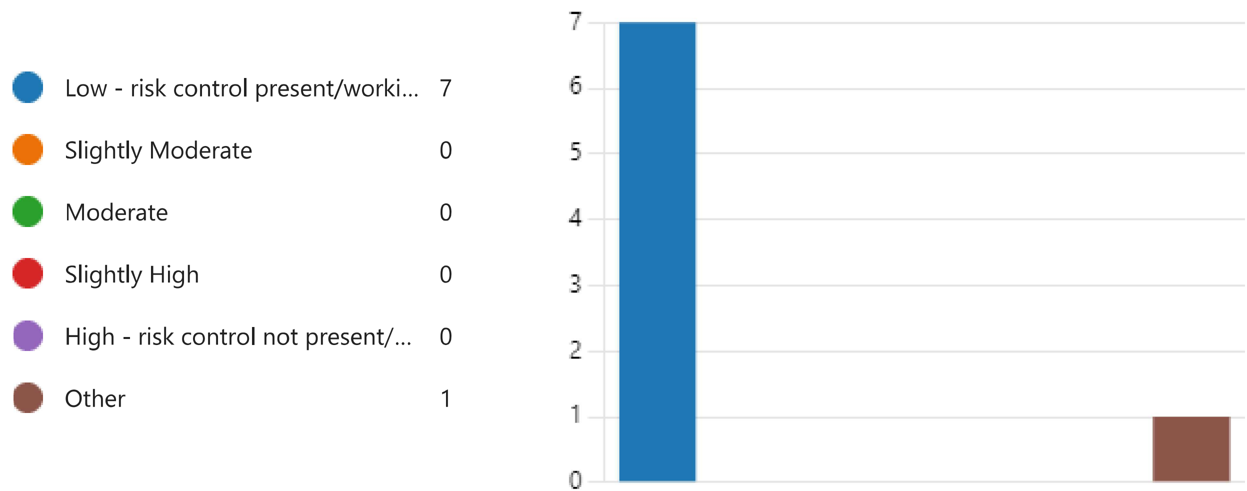
16. ADEQUACY OF POLICIES AND PROCEDURES: Extent to which local program policies and procedures are written, comprehensive, clear, accessible, aligned w/federal and state laws and policies where applicable, periodically reviewed and updated.



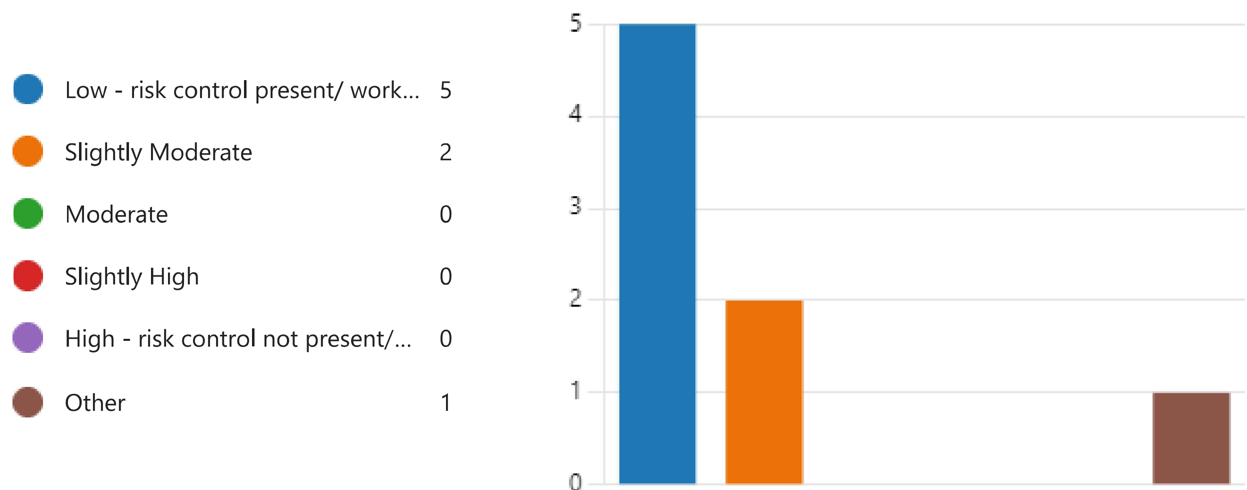
17. MEASURABLE GOAL/OBJECTIVES/PERFORMANCE TARGETS: Extent to which the management team has established benchmarks to gauge achievement; that are documented, reviewed/updated periodically, and disseminated.



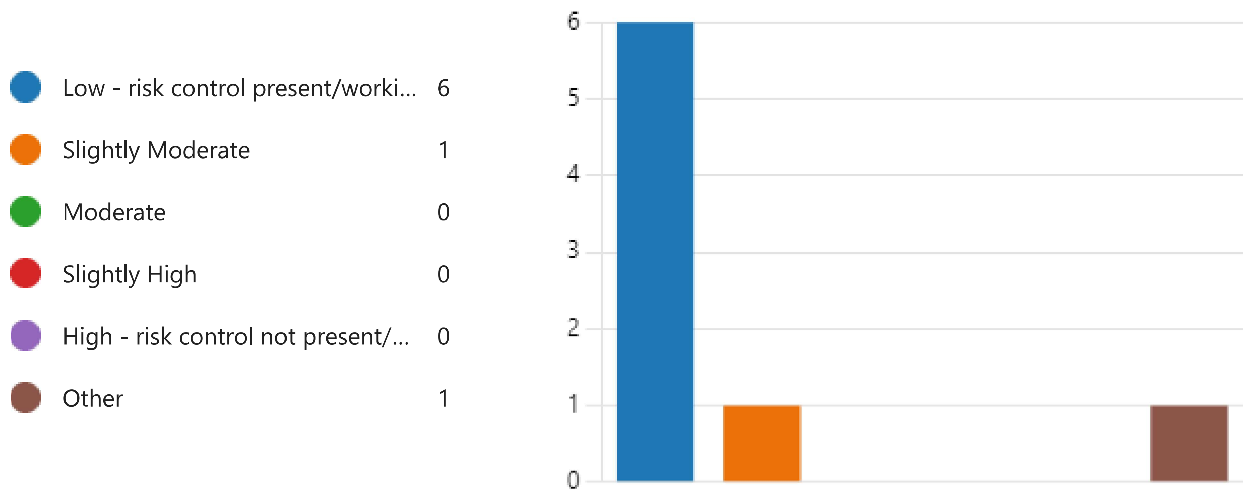
18. MANAGEMENT REVIEW/QUALITY ASSURANCE: Extent to which the management team regularly receives and effectively acts upon formal reports detailing major aspects of the local program to ensure compliance with state and local requirements.



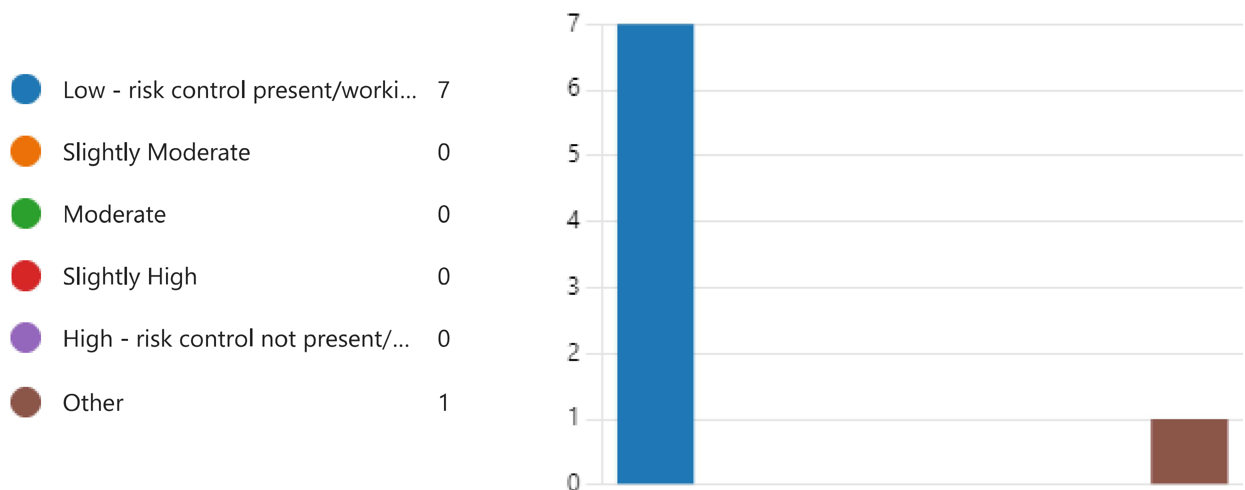
19. TRAINING: Extent to which a conscious effort is made to regularly provide training to local program stakeholders; that there is evidence that training needs of key stakeholders are met.



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



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



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

5
Responses

Latest Responses
"*NA*"

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

4
Responses

Latest Responses
"*NA*"

Audit Plan

Fiscal Years 2024 - 2026

August 7, 2023

COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES
Administering the Children's Services Act

MEMORANDUM

TO: Scott Reiner, Executive Director

FROM: Stephanie S. Bacote, Program Audit Manager *Stephanie S. Bacote*

DATE: August 7, 2023

SUBJECT: Fiscal Years (FY) 2024 - 2026 Audit Work Plan

The Fiscal Years 2024-2026 Audit Work Plan for the Office of Children's Services (OCS) Program Audit Activity is enclosed. The workload is divided into three audit engagement types:

- On-Site Audits
- Self-Assessment Validations
- Special Projects

The scope of these audits is to conduct an independent, objective evaluation of locally administered Children's Services Act (CSA) programs to provide reasonable assurance that the mission, vision, goals and objectives of CSA and OCS are accomplished. The basis for the audit selections included risk assessment, management input, and the established audit cycle (every three years). In addition, due consideration was given to the availability of resources to successfully execute this plan.

In accordance with the Institute of Internal Auditors, Standards for the Professional Practice of Internal Auditing, we are submitting this plan for your approval.

☒ Approved

Scott Reiner

____
Scott Reiner, Executive Director

Office of Children's Services
Empowering communities to serve youth

INTRODUCTION

The Program Audit Activity of the Office of Children's Services (OCS) is responsible for evaluating the adequacy and effectiveness of the systems of internal control and quality of performance in meeting mission requirements established by the State Executive Council (SEC) and the locally administered programs of the Children's Services Act (CSA). To accomplish our objective of promoting effective controls, high standards for sound fiscal accountability, and responsible use of taxpayer funds, our audits provide analyses, appraisals, recommendations, counsel, and information concerning various activities of CSA to assist CSA employees, partners, and other stakeholders to effectively administer CSA.

We will add value to OCS goals by:

- Reviewing the adequacy of CSA risk management, governance, and control processes.
- Determining whether the established goals and objectives of CSA are accomplished.
- Determining the extent of compliance with CSA laws, statutes, policies, and procedures, etc.
- Reviewing the reliability and integrity of CSA program and financial information.
- Evaluating the controls governing the safeguarding of CSA assets and/or data.
- Appraising whether CSA resources are used effectively and efficiently.
- Recommending operational improvements.

Program Audit personnel possess the training, expertise, and experience to effectively evaluate locally administered CSA programs. Auditors are required to comply with the continuing professional education criteria established by the Institute of Internal Auditors. Personnel are encouraged to pursue professional certification as Certified Internal Auditors.

We will continue to look for ways to improve our audit programs to ensure that we consistently add value to the Office of Children's Services.

Stephanie S. Bacote, CIGA
Program Audit Manager

AUDIT WORK PLAN SUMMARY

FY 2024	FY 2025	FY 2026
Albemarle	Alleghany/Covington	Accomack/Northampton
Alexandria	Amelia	Amherst
Arlington	Bristol/Washington	Appomattox
Bath	Buchanan	Augusta/Staunton/Waynesboro
Bedford County	Campbell	Bland
Carroll	Caroline	Botetourt
Charles City/New Kent	Charlotte	Brunswick
Charlottesville	Essex	Buckingham
Chesapeake	Fairfax/Falls Church	Charlotte
Clarke	Fauquier	Chesterfield/Colonial Heights
Culpeper	Floyd	Craig
Cumberland	Fluvanna	Dinwiddie
Danville	Franklin County	Frederick
Dickenson	Giles	Fredericksburg
Franklin City	Harrisonburg/Rockingham	Galax
Goochland	Henrico	Gloucester
Greene	Henry/Martinsville	Grayson
Highland	Hopewell	Greensville/Emporia
King & Queen	Lancaster	Halifax
Louisa	Lee	Hampton
Madison	Lunenburg	Hanover
Manassas City	Lynchburg	King George
Manassas Park	Mecklenburg	King William
Middlesex	Nelson	Loudon
Montgomery	Nottoway	Mathews
Newport News	Orange	Northumberland
Norfolk	Petersburg	Norton
Page	Portsmouth	Patrick
Powhatan	Prince William	Petersburg
Radford	Rappahannock	Pittsylvania
Richmond County	Richmond City	Poquoson
Roanoke County	Roanoke City	Portsmouth
Salem	Rockbridge/Lexington/Buena Vista	Prince Edward
Smyth	Russell	Prince George
Southampton	Scott	Pulaski
Stafford	Sussex	Shenandoah
Surry	Tazewell	Spotsylvania
Warren	Virginia Beach	Suffolk/Isle of Wight
Westmoreland	Wise	Winchester
Williamsburg	Wythe	York

FY 2024 AUDIT WORK PLAN HOURS

LOCALITY AUDITS, PROJECTS, AND REVIEWS			
ONSITE AUDITS			
Locality	**Planned Work Hours**	**Locality**	**Planned Work Hours**
Albemarle	260	Louisa	200
Alexandria	260	Middlesex	120
Bath	120	Montgomery	200
Bedford	220	Norfolk	260
Charles City-New Kent	120	Radford	200
Charlottesville	220	Smyth	200
Culpeper	220	Southampton	120
Cumberland	120	Stafford	220
Dickenson	120	Williamsburg	120
Greene	200		
SELF-ASSESSMENT VALIDATION			
Locality	**Planned Work Hours**	**Locality**	**Planned Work Hours**
Arlington	120	Manassas Park	80
Carroll	120	Newport News	120
Chesapeake	120	Page	120
Clarke	80	Powhatan	80
Danville	120	Richmond County	80
Franklin City	80	Roanoke County	120
Goochland	80	Salem	120
Highland	60	Surry	80
King & Queen	80	Warren	80
Madison	80	Westmoreland	80
Manassas City	80		
Special Projects			**Planned Work Hours**
To be Determined			320

Total Work Plan Hours	**5800**

Refer to the Audit Work Plan Summary for the listing of planned audits for fiscal years 2025-2026. Classifications of audits as either on-site or self-assessment validation engagement for fiscal years 2025 - 2026 will be scheduled in accordance with the results of the annual risk assessment. Pending the results of the annual risk assessment, the Audit Work Plan Hours for fiscal years 2025 – 2026 will be updated and published accordingly.

MEMO TO THE CPMT

August 25, 2023

Information Item I- 5: FY 23 Quarters 3&4 Residential Entry and FAPT Report

ISSUE: That the CPMT receive regular management reports about the utilization and performance of residential placements.

BACKGROUND:

As per § 2.2-5206 the powers and duties of the Community Policy and Management teams, each CPMT "shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall:

13. Review and analyze data in management reports provided by the Office of Children's Services in accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public and private provider performance in the provision of services to children and families through the Children's Services Act program. Every team shall also review local and statewide data provided in the management reports on the number of children served, children placed out of state, demographics, types of services provided, duration of services, service expenditures, child and family outcomes, and performance measures. Additionally, teams shall track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;"

The CSA program provides quarterly data reports to the CPMT to facilitate oversight of key outcomes.

ATTACHMENT:
FY 23 Quarters 3&4 Residential Entry and FAPT Report

STAFF:
Jeanne Veraska, UR Manager
Sarah Young, FAPT Coordinator

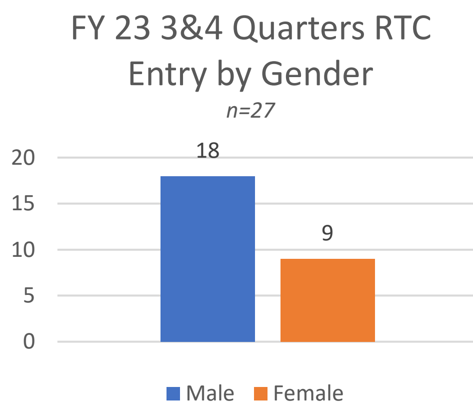
FY 23 Q3 & Q4 RESIDENTIAL ENTRY AND FAPT REPORT

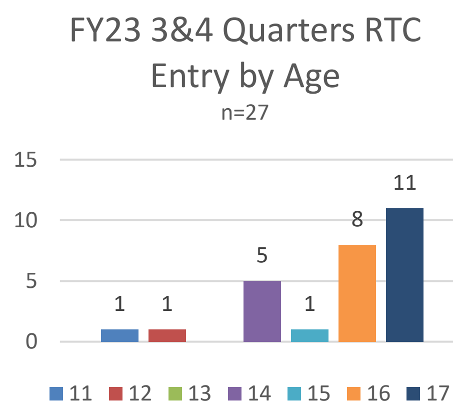
Residential Entry Report

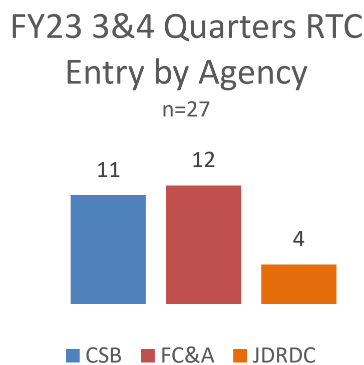
As stated in the local CSA policy manual under Section 4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams, *prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CSA Program Manager who shall inform the CPMT at its next scheduled meeting.*

Twenty-seven (27) youth entered* long-term residential settings FY23 3rd and 4th Quarters:

- January – 5
- February – 5
- March – 5
- April – 3
- May – 3
- June – 6
- Group Home placements – 8
- RTC placements - 19







*Three (3) youths who have been in residential care made transfers during this time period. Two stepped down from residential to a group home and one made a lateral move from one residential care facility to another that better met his treatment needs. The three (3) youths are not captured in the above data.

FAPT Report

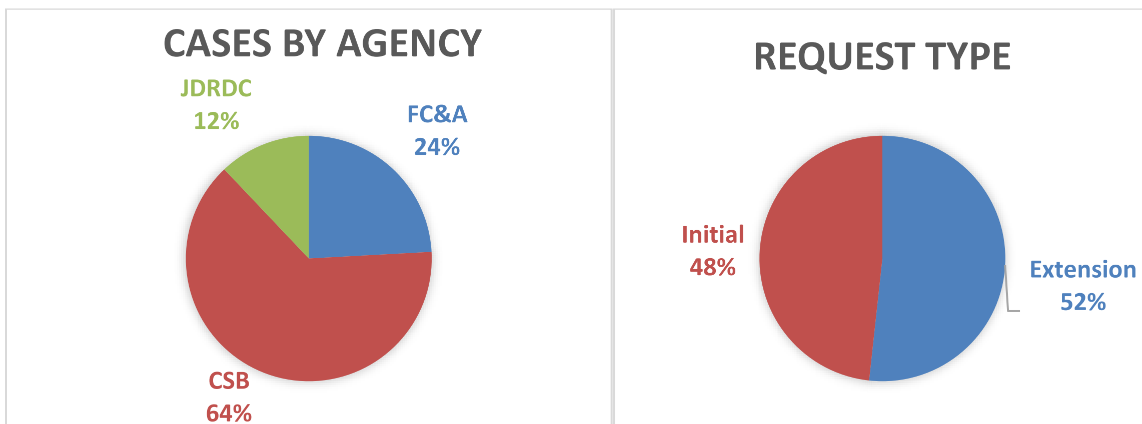
For FY23 Q3 and Q4, **58** meetings were held with the two standing FAPT teams. Of those **58** meetings:

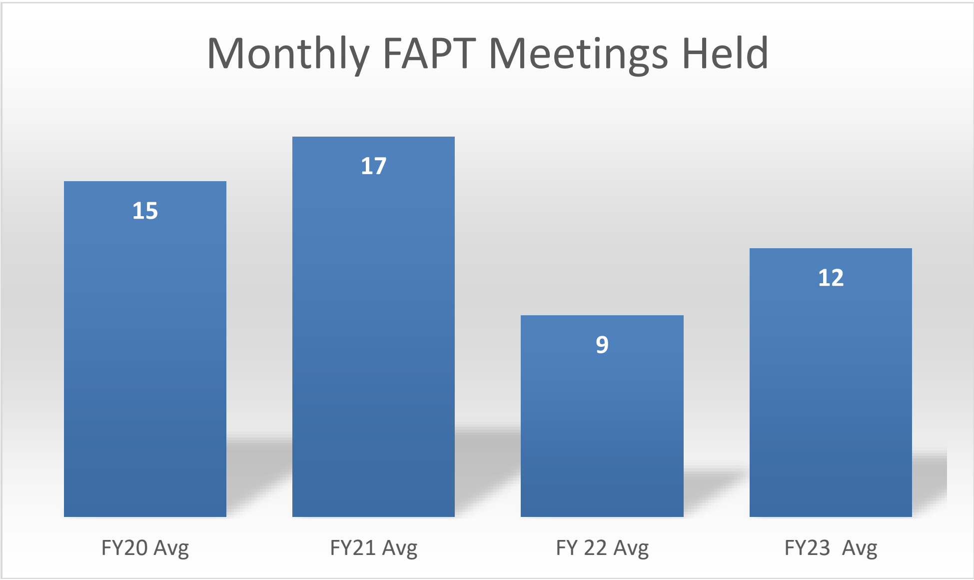
- **37** referrals were from CSB (64%)
- **14** referrals were from FC&A (24%)
- **7** referrals were from JDRDC (12%)

Of those **58** meetings:

- **30** were requests for extensions of current placement/step down (**52%**)
- **28** were requests for initial placements (**48%**)
  - **22 (79%)** initial requests were supported with a plan for RTC/GH placement of up to 4 months
  - **6** initial requests **(21%)** had plans developed including use of community-based services only
  - **3** initial requests (**11%**) were actively receiving ICC services at the time of the FAPT meeting

- **11** youth **(19%)** had Substance Use Disorder needs as the primary placement factor
- **7** foster care youth and were placed prior to the FAPT meeting; **2** youth were parentally placed prior to the FAPT meeting
- There were 2 FAPT Appeals during these 2 quarters; the appeal panel upheld the FAPT's plan for community-based services in one instance and supported a short-term diagnostic placement in the other.





***Respectfully submitted by** Sarah Young, FAPT Coordinator & Jeanne Veraska, UR Manager*

MEMO TO THE CPMT

8/25/2023

Information Item I **–** 6**:** Annual 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

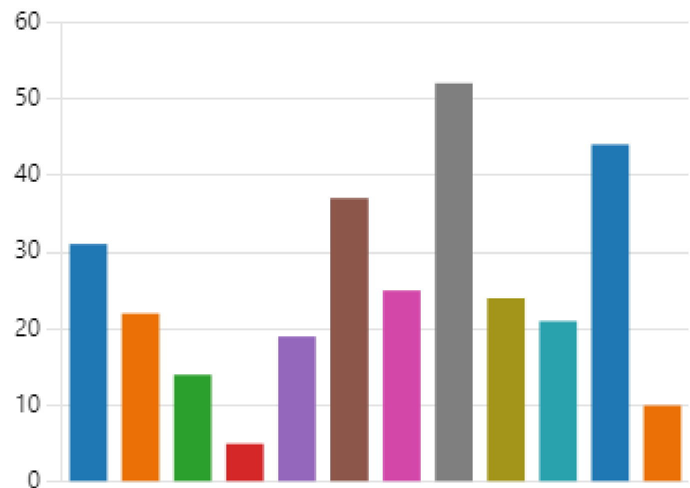
Attachment A

2023 Children's Services Act (CSA) Needs Assessment

79	11:04	Active
Responses	Average time to complete	Status

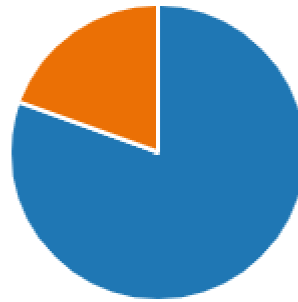
1. We are interested in learning more about the most critical service gaps that are impacting your community's ability to serve children in their home, school and/or community. From the following list, please identify three (3) – five (5) specific populations where there are gaps in service community-wide.

Option	Count
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**

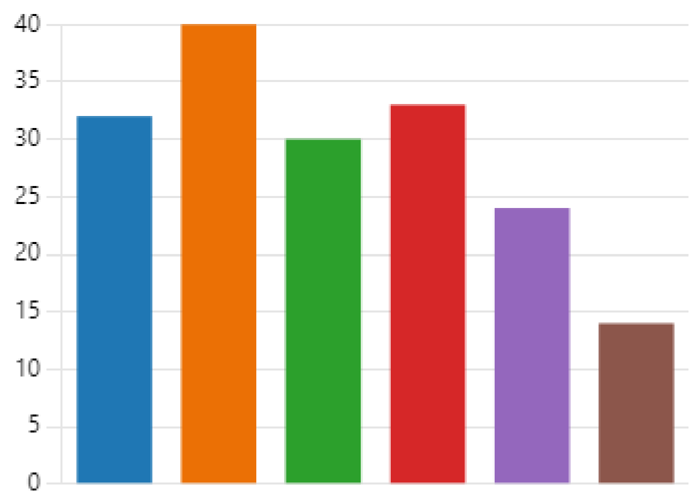
Short-term Diagnostic	37
Group Home	23
Residential Treatment	47
Other	15

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

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

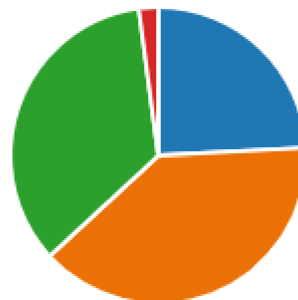
6. Evidence Based Behavioral Health Services

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



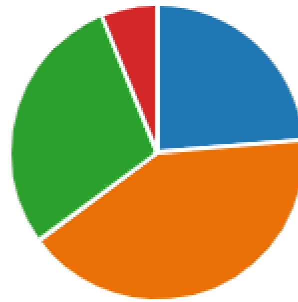
7. Foster Care Services

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



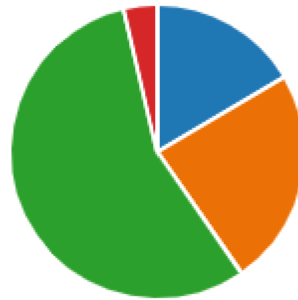
8. Family Support Services

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



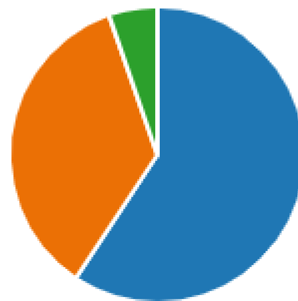
9. Educational Services

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



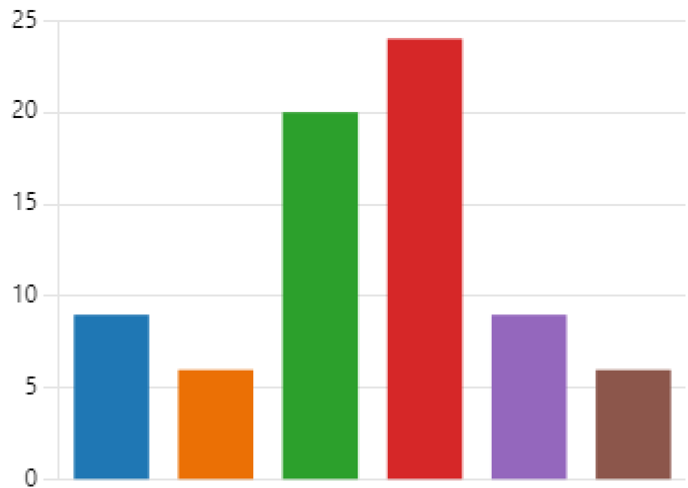
10. Crisis Services

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?

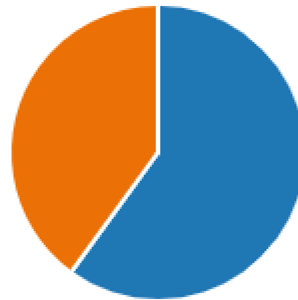
41
Responses

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



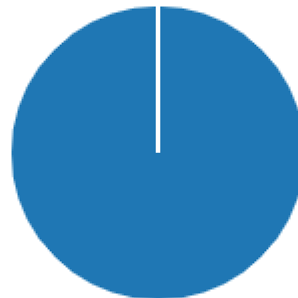
16. Can you please provide the number of children and youth who are on the waitlist? For the purposes of this question, if your organization maintains multiple waitlists, please add all waitlists together.

5
Responses

Latest Responses
"100"
"0"

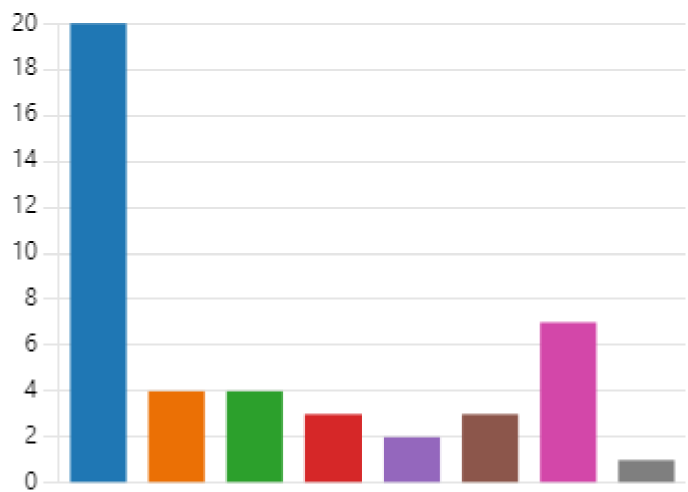
17. Do you have clients that need services in a language other than English?

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