FINAL

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

September 23, 2022
Community Policy and Management Team (CPMT)

Agenda

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

1. **MINUTES:** Approve minutes of July 22, 2022 meeting

2. **ITEMS:**

- **Administrative Items**
  Item A -1: Proposed Revision to Policy on Expedited FAPT Service Planning and Emergency Access to Primary Substance Use Disorder Treatment Services

- **Contract Items**
  Item C – 1: Out of State Contract Report - None

- **Information Items**
  Item I – 1: Budget Report
  Item I – 2: Methodology for CSA Budget Projections: Using Agency Data
  Item I – 3: Presentation of Youth Survey Data
  Item I – 4: Development of Youth Behavioral Health Plan using CPMT Feedback
  Item I – 5: FY 22 Quarter 4 CPMT Data Report

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

3:00 p.m. – Adjourn

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

July 29, 2022
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

Attendees: Lesley Abashian (office), Michael Axler (home), Michelle Boyd, Annie Henderson (office), Chris Leonard, Dana Lewis (home), Rebecca Sharp, Matt Thompson (*acting vicechair* - office), Daryl Washington (office), Lloyd Tucker (home), Daryl Washington (home)

Attended but not heard during heard during roll call: Deb Evans, Dawn Schaefer

Absent: Michael Becketts, Gloria Addo-Ayensu, Jacqueline Benson, Richard Leichtweis, Joe Klemmer, Staci Alexander

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

CSA Management Team Attendees: Kelly Conn-Reda, Mary Jo Davis, Xu Han, Barbara Martinez, Jessica Jackson, Tim Elcesser, Kamonya Omatete, Muhammad "Usman" Saeed, Andrew Janos, Terry Byers, Mary Jo Davis, Jesse Ellis, Julie Bowman. Lee Ann Pender,

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

FOIA Related Motions:

I move that each member's voice may be adequately heard by each other member of this CPMT.
Motion made by Chris Leonard; second by Matt Thompson; all members agree, motion carries.

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

State of Emergency caused by the COVID-19 pandemic makes it unsafe for this CPMT to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of this CPMT and the physical presence of the public, cannot be implemented safely or practically. I further move that this CPMT may conduct this meeting electronically through a dedicated auto conferencing line, and that the public may access this meeting by calling: 571-429-5982; participant access code: 786815461#. It is so moved.
Motion made by Chris Leonard; seconded by Matt Thompson; all members agree, motion carries.

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

Approved:

Motion made by Chris Leonard; seconded by Matt Thompson; all members agree, motion carries.

1. **MINUTES:** Approve minutes of May 20, 2022. *Motion made by Lloyd Tucker; seconded by Matt Thompson; all members agree, motion carries.*

2. **ITEMS:**

- **Administrative Items:**

Item A – 1: Approve Mental Health Initiative Funding Plan and Protocol – Presented by Jim Gillespie. Request for CPMT to approve CSB proposed plan for Mental Health Imitative funds. Funding will be used for funding four case management positions, two clinicians and $300,000 for MHI-eligible youth. *Motion made by Lesley Abashian; seconded by Rebecca Sharp; all members agree, motion carries.*

Item A – 2: Policy for Use of Virtual Platform Participation in CPMT Meetings – Permits CPMT to meet virtually for two meetings per year. *Motion made by Lloyd Tucker; seconded by Michelle Boyd; all members agree, motion carries.*

Item A – 3: Policy for Intensive Care Coordination Expedited Access – Presented by Jessica Jackson and Janet Bessmer. The current process to request ICC is cumbersome and takes time. This proposal was developed to expedite the time it takes to get ICC services started via an IFSP-EZ request. This request would allow ICC *facilitation services only,* to be approved for 60 days while team develops a full packet to obtain approval for the typical duration. *Motion made by Matt Thompson; seconded by Lloyd Tucker; all members agree, motion carries.*

Item A – 4: Policy for Expansion of Case Support Services – Presented by Janet Bessmer. Policy permits CSA to purchase case support from private providers. Lesley Abashian asked if the provider providing case support can still provide other services. Janet responded that CSA is working on recruiting a provider that doesn't not currently offer a variety of CSA funded services. However, in the future, CSA will be working on ensuring there are checks and balance if a provider does offer other CSA funded services as well as case support. *Motion made by Deb Evans; seconded by Staci Alexander; all members agree, motion carries.*

Item A – 5: Policy for Utilization Reviews and Billing Procedures- Presented by Janet Bessmer. Requested approval for amendments made to CSA policy manual which clarifies UR's billing procedures. *Motion made by Lesley Abashian; seconded by Matt Thompson; all members agree, motion carries.*

Item A – 6: Policy and Practice Standards for Preferred Name and Pronoun- Presented by Janet Bessmer. Recommendation that CSA is permitted to use youth's preferred name and pronoun on any non-legal forms. Legal forms will continue to use youth's legal name/pronoun. Chris Leonard asked how much of this aligns with what the schools' policy. Michelle Boyd shared that staff receive training on use of pronouns and non-legal FCPS documents use the youth's preferred name/pronoun. Rebecca Sharp shared the FCCPS has been following the same policy and added that the schools are trying to explain to youth why their preferred name cannot be used on certain (legal) forms. *Motion made by Dawn Schaefer; seconded by Rebecca Sharp; all members agree, motion carries.*

Item A – 7: Policy for CSA Standard Services: Emergency Supervision and Support for Youth in Foster Care- Janet Bessmer and Melody Vielbig (DFS- Foster Care). Proposing that in emergency situations,

foster care will be able to implement emergency supervision and support for up to seven days without additional authorization. *Motion made by Daryl Washington; seconded by Dana Lewis; all members agree, motion carries.*

- **CSA CONTRACT ITEMS:**

  Item C – 1: Monthly Out-of-State Placement Approvals – Presented by Barbara Martinez. One request for the month of June that was approved by management team. No requests for July. Many providers have shared that they will no longer be accepting Medicaid due to the low rate. Janet Bessmer commented that it has continued to be a challenge to find placement for youth. *Motion made by Lloyd Tucker; seconded by Annie Henderson; all members agree, motion carries.*

- **CSA INFORMATION ITEMS:**

  Item I – 1: Budget Report – Presented by Usman Saeed. Janet Bessmer shared that many contracts for FY23 have requested increased rates for services. Due to lack of provider availability many have been on a waitlist for services. Therefore, a decrease in funds used is attributed to provider and case management capacity. Currently, funding is not an issue, the problem is lack of capacity.
  Item I – 2: Human Services Legislative Issue Paper – Presented by Jill Cooper.
  Item I – 3: Update on Private Day Rate Setting – updates presented by Kelly Conn Reda. Janet Bessmer made note that this could significantly impact CSA's budget. Kelly mentioned that a more detailed analysis of the budget will be provided later.
  Item I – 4: Procedures for Access to Foster Care Maintenance/KinGap – Presented by Janet Bessmer. CSA has updated the process to access foster care maintenance to make it easier for staff to access the service for families that meet the criteria. Foster Care maintenance has been added to the standard package of services. The CSA policy manual has been updated to include this change.

  - **NOVACO – Private Provider Items –** none
  - **CPMT Parent Representative Items –** none
  - **Cities of Fairfax and Falls Church Items –** none
  - **Public Comment –** none
  - **Staff Comment –** Daryl Washington asked that everyone please share the youth survey that Janet sent out earlier today with providers and families. This survey will be used to get a clear picture of youth substance abuse in VA.

Daryl Washington mentioned that Janet sent out a survey for public to share feedback.

Next Meeting: September 23, 2022, 1:00 – 3:00pm (location TBD)

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

Approved:

MEMO TO THE CPMT

September 23, 2022

Administrative Item A- 1: Proposed Revision to Policy on Expedited FAPT Service Planning and Emergency Access to Services

ISSUE: That CPMT approve an additional update to the section of the local policy manual about Expedited FAPT Service Planning and Emergency Access to Services.

BACKGROUND:

Our community has seen an increase in opioid abuse in adolescents to include non-fatal overdoses. The County's Opioid Task Force was established to develop a comprehensive community plan to address this issue. Services to youth were identified as a need. The Community Services Board (CSB) has a primary role in responding to this need by interfacing with public safety and hospitals. The CSB Youth and Family division receives notification of non-fatal overdoses for youth and receives referrals for primary substance use disorder (SUD) treatment for youth. DPMM staff, following the guidance and working in collaboration with CSB managers, have contacted specialty providers to expand the continuum of care for primary SUD by offering them CPMT contracts. The current gaps in our services include inpatient detoxification programs for adolescents, Medication Assisted Treatment (MAT), Residential treatment for SUD, Partial Hospitalization Programs (PHP), and Intensive Outpatient Programs (IOP). Transportation, language interpretation, and pharmacy services may be needed as supplemental services.

The CSA Management Team support an expansion of local CSA policy permitting access to expedited short-term services for these intensive SUD interventions and related supports similar to the procedures for the Leland House program. Eligible youth would be identified by the CSB and/or behavioral health professionals who document that an urgent response is needed for youth meeting ASAM criteria for this level of care (i.e., 3.5 or higher). Using the FAPT for expedited service planning will offer children and families quicker access to up to 60 days of services while still permitting CSA staff to review documentation for compliance with funding requirements. CPMT is requested to approve a package of services that can be accessed on an emergency basis using our expedited FAPT procedures. The services include:

- Inpatient detoxification up to 14 days
- Residential SUD treatment up to 30 days
- Partial Hospitalization for up to 30 days
- Intensive Outpatient Program
- Supplemental supports including but not limited to transportation, language interpretation and pharmacy services

Because some youth may have experienced a life-threatening event, CPMT is requested to permit these services to be accessed on an emergency basis prior to authorization, contingent upon the FAPT reviewing the service request within 14 days as per state policy. The package of services is for up to 60 days of any combination of services noted above. Any additional services

beyond the 60-day initial period of expedited authorization will be requested and approved using standard procedures. Requirements for CSA funding are necessary to include use of family private insurance and Medicaid where available. CPMT is also being requested to waive the parental contribution for these services during the first 60 days. Any services provided beyond that time would be subject to the parental contribution policy.

RECOMMENDATION: That the CPMT approve the addition of access to primary SUD treatment services on an emergency basis for youth meeting ASAM criteria for level 3.5 or higher using the expedited FAPT process. That the services authorized on an emergency basis are limited to 60 days and that the parental contribution can be waived during this time.

FISCAL ANALYSIS:

The cost for 60 days of service is difficult to estimate. The number of youth is also not clear. CSA estimates $45,000 for the initial 60 days for 15 youth needing this intensive support in fiscal year 2023 for a total of $675,000. Both the residential match rate (57.64%) and the community based match rate (23.06%) will apply depending on the services needed per youth.

ATTACHMENT: None

STAFF:
LaVurne Williams, CSB
Birgit Snellenburg, CSB
Barbara Martinez, DPMM
Janet Bessmer, CSA

MEMO TO THE CPMT
September 23, 2022

Information Item I-1: August Budget Report & Status Update, Program Year 2022

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 2022 cumulative expenditures through August 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 August 2022 for FY22 equal $33.2M for 1,018 youths. This amount is a decrease from last year by approximately $1.2M, or 3.5%. YTD Pooled expenditures for FY21 equaled $34.4M for 1,038 youths.

	Program Year 2021	Program Year 2022	Change Amt	Change %
Residential Treatment & Education	$4,631,500	$5,396,174	$764,673	16.51%
Private Day Special Education	$19,297,058	$17,546,057	($1,751,001)	-9.07%
Non-Residential Foster Home/Other	$6,763,690	$6,256,468	($507,222)	-7.50%
Community Services	$3,719,475	$4,432,569	$713,094	19.17%
Non-Mandated Services (All)	$1,018,402	$604,920	($413,482)	-40.60%
Recoveries	($991,687)	($999,333)	($7,645)	0.77%
Total Expenditures	**$34,438,438**	**$33,236,855**	**($1,201,583)**	**-3.49%**
Residential Treatment & Education	144	116	(28)	-19.44%
Private Day Special Education	290	273	(17)	-5.86%
Non-Residential Foster Home/Other	350	358	8	2.29%
Community Services	724	777	53	7.32%
Non-Mandated Services (All)	214	196	(18)	-8.41%
Unique Count All Categories	**1,722**	**1,720**	**(2)**	**-0.12%**
Unduplicated Youth Count	**1,038**	**1,018**	**(20)**	**-1.93%**

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 August2022.

RECOMMENDATION:
For CPMT members to accept the August Program Year 2022 budget report as submitted.

ATTACHMENT:
Budget Chart

STAFF:
Timothy Elcesser, Desiree Roberts, Xu Han (DFS)

NOTE:

Residential Treatment & Education increased by $765k with 28 fewer youths served. Some of the increased cost is due to increased Residential education cost with 13 fewer youths served. RTC cost is higher than last year due to more services provided, actual number of youths served remains level. RTC Average Point in Time (PIT) enrollment count throughout the year is level in FY22 vs FY21 (36 – 36).

Private day special education costs paid YTD have decreased by $1.8M with 17 fewer youths served. Average private day special education costs per youth slightly lower than that FY21.

Non-Residential Foster Home/Other has decreased by $507k with 8 more youths served than FY21. Most of the decrease is in TFC. TFC cost is down by $376k and total unique youths served down by 16. This is due to more youths are placed with relatives. Average PIT count for TFC is also low in FY22 than in FY21 (62 – 51).

Community Services increased by $713k with 53 more youth served in FY22. Average cost per youth increased by 10% as compared to last year.

Program Year 2022 Year To Date CSA Expenditures and Youth Served (through August Payment)

Mandated/ Non-Manda	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%	$1,914,551	65			$1,914,551
		Group Home	57.64%	$360,800	8			$360,800
		Education - for Residential Medicaid Placements	46.11%	$100,205	3	$1,667,285	25	$1,767,490
		Education for Residential Non-Medicaid Placements	46.11%	$165,004	3	$1,148,494	9	$1,313,498
		Temp Care Facility and Services	57.64%	$39,835	3			$39,835
	Residential Total			$2,580,395	82	$2,815,778	34	$5,396,174
	Non Residential	Special Education Private Day	46.11%	$610,667	7	$16,935,389	266	$17,546,057
		Wrap-Around for Students with Disab	46.11%	$269,140	61			$269,140
		Treatment Foster Home	46.11%	$3,669,707	107			$3,669,707
		Foster Care Mtce	46.11%	$1,143,407	123			$1,143,407
		Independent Living Stipend	46.11%	$299,013	37			$299,013
		Community Based Service	23.06%	$3,510,638	554			$3,510,638
		ICC	23.06%	$921,931	223			$921,931
		Independent Living Arrangement	46.11%	$868,202	29			$868,202
		Psychiatric Hospital/Crisis Stabilization	46.11%	$7,000	1			$7,000
	Non Residential Total			$11,299,705	1142	$16,935,389	266	$28,235,094
Mandated Total				**$13,880,100**	**1224**	**$19,751,168**	**300**	**$33,631,268**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$159,168	7			$159,168
		Temp Care Facility and Services	57.64%	$724	1			$724
	Residential Total			$159,892	8	$0	0	$159,892
	Non Residential	Community Based Service	23.06%	$351,631	105			$351,631
		ICC	23.06%	$93,396	83			$93,396
	Non Residential Total			$445,028	188	$0	0	$445,028
Non-Mandated Total				**$604,920**	**196**		**0**	**$604,920**
Grand Total (with Duplicated Youth Count)				**$14,485,020**	**1,420**		**300**	**$34,236,188**

Recoveries	**-$999,333**
Total Net of Recoveries	**$33,236,855**
Unduplicated child count	1,018

Key Indicators

	Cost Per Child	**Prog Yr 2021 YTD**	**Prog Yr 2022 YTD**
	Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$33,177	$32,649
	Average Cost Per Child Mandated Residential (unduplicated)	$45,379	$58,654
	Average Cost Per Child Mandated Non- Residential (unduplicated)	$31,716	$30,791
	Average Cost Mandated Community Based Services Per Child (unduplicated)	$5,206	$5,705
	Average costs for key placement types		
	Average Cost for Residential Treatment Facility (Non-IEP)	$20,727	$29,455
	Average Cost for Treatment Foster Home	$32,889	$34,296
	Average Education Cost for Residential Medicaid Placement (Residential)	$40,330	$63,125
	Average Education Cost for Residential Non-Medicaid Placement (Residential)	$77,136	$109,458
	Average Special Education Cost for Private Day (Non-Residential)	$66,542	$64,271
	Average Cost for Non-Mandated Placement	$4,759	$3,086

Category	Program Year 2022 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2022 Allocation	$694,188	$257,141	63%
Non Mandated Program Year 2022	$1,630,458	$532,263	67%
Program Year 2022 Total Allocation	$42,187,551	$33,236,855	21%

MEMO TO THE CPMT

July 29, 2022

Information Item I- 2: Methodology for Budget Projections

ISSUE: That agency data may provide new sources of information for future budgetary projections for CSA.

BACKGROUND:

During the past two years of pandemic response, the CSA budget has experienced declining youth counts and expenditures. By many indicators there are children and families who are experiencing behavioral health care challenges who may be involved with child-serving agencies and the schools who may also be eligible for CSA. In addition, many providers are asking for contract rate increases due to the need to offer higher salaries for staff recruitment and retention. DFS is interested in exploring new methods for budget projections for CSA considering existing agency data as leading indicators.

ATTACHMENT: None

STAFF:
Michael Becketts, DFS Director
Janet Bessmer, CSA Director

Fairfax County Youth Survey 2021-2022 School Year Behavioral Health Data Summary

Presentation to the Community Policy and Management Team

September 23, 2022

Jesse Ellis, Neighborhood and Community Services

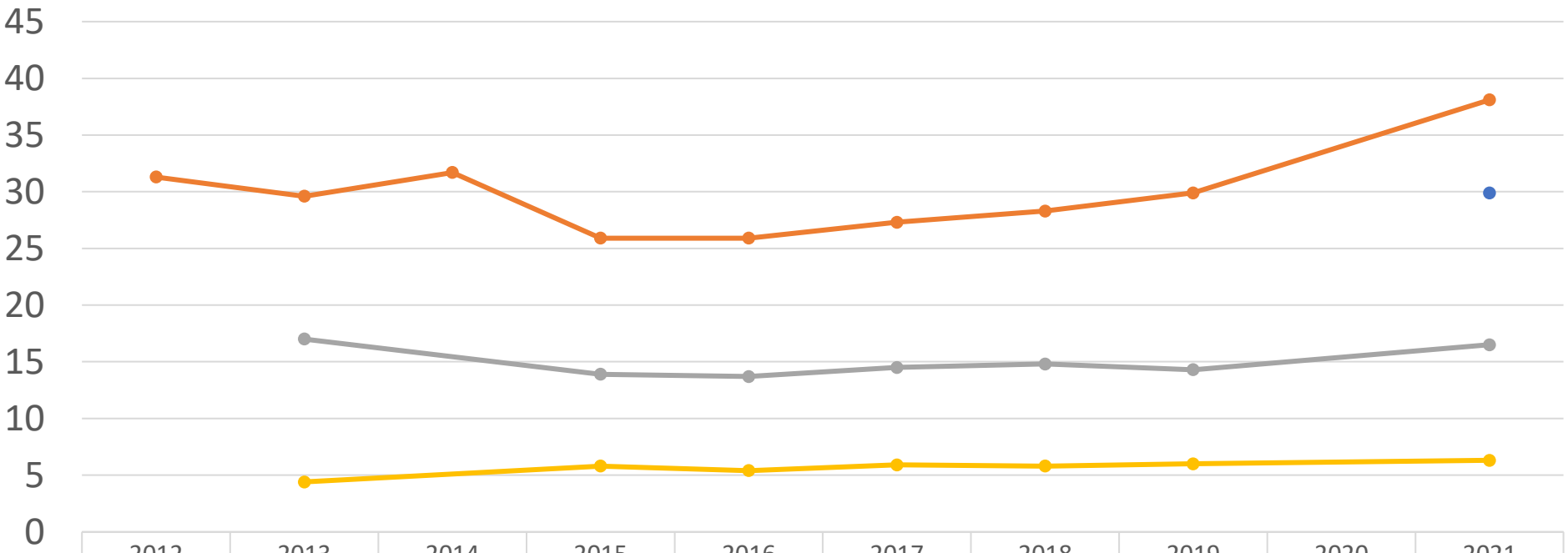
THREE to SUCCEED

The Factors That Matter

Fairfax County Youth Survey

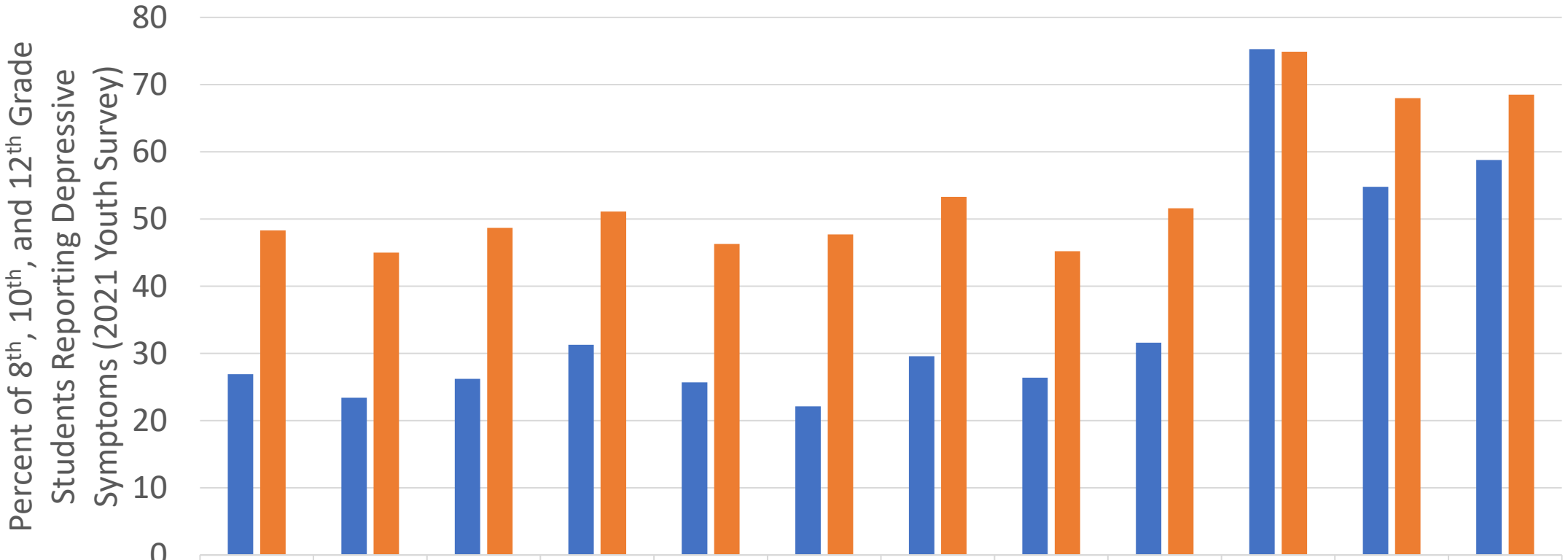
- Annual
- 2021-22 Youth Survey was administered in November 2021 (FCYS was not administered in 2020)
- Comprehensive: behaviors, experiences, risk and protective factors
- Anonymous
- Voluntary
- 2021: 41,364 students in grades 6, 8, 10, 12
  - 6th graders take a shortened, modified survey
  - 6th grade results are not included in this presentation

Mental Health and Suicide Trends



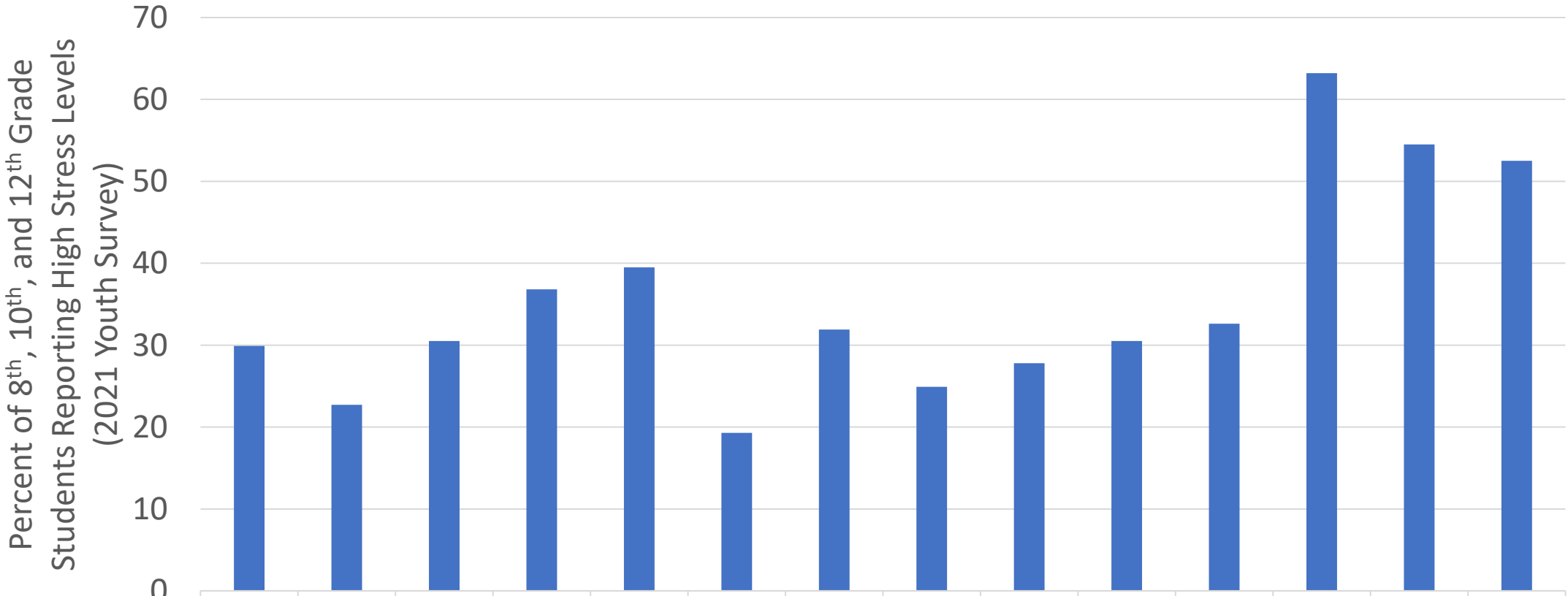
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
High Stress										29.9
Depressive Symptoms	31.3	29.6	31.7	25.9	25.9	27.3	28.3	29.9		38.1
Suicidal Ideation		17.0		13.9	13.7	14.5	14.8	14.3		16.5
Suicide Attempt		4.4		5.8	5.4	5.9	5.8	6.0		6.3

Depressive Symptoms



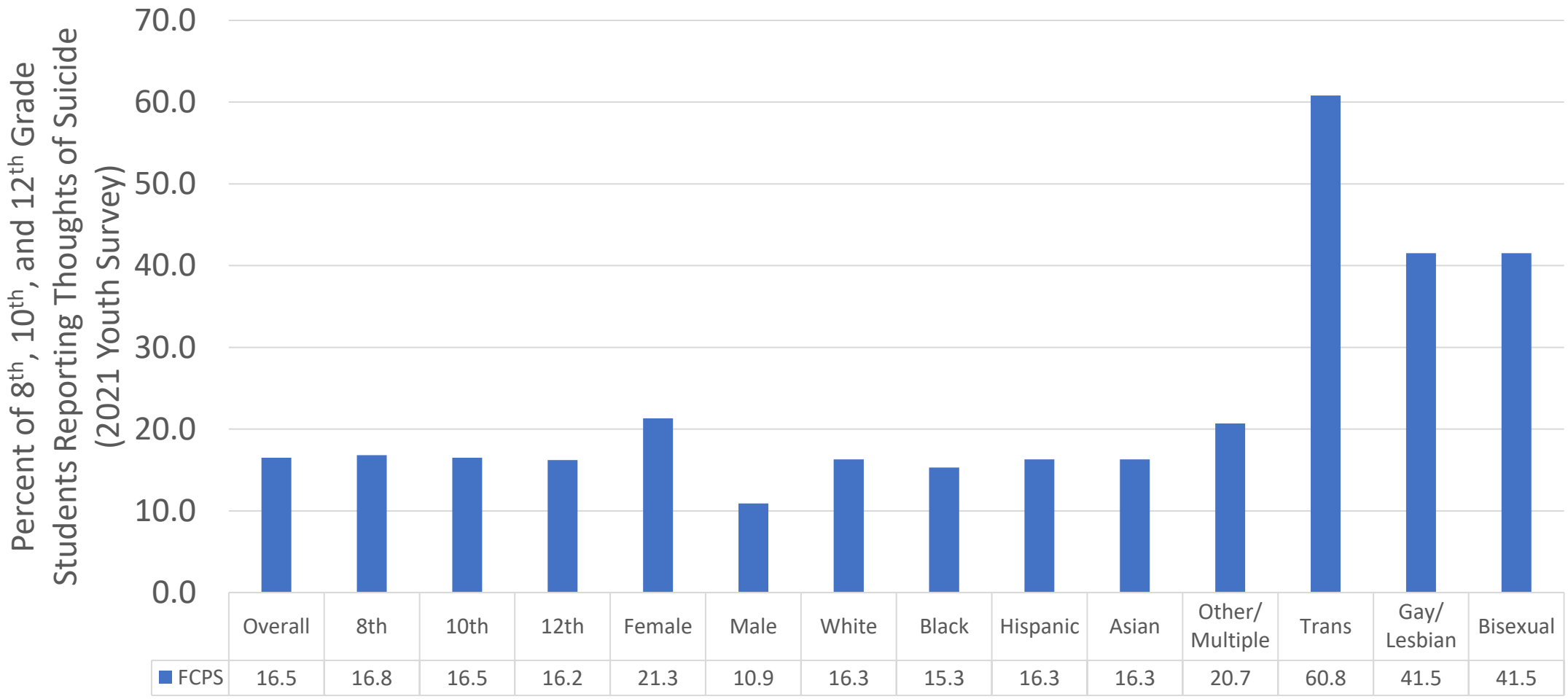
	Overall	8th	10th	12th	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
Male	26.9	23.4	26.2	31.3	25.7	22.1	29.6	26.4	31.6	75.3	54.8	58.8
Female	48.3	45.0	48.7	51.1	46.3	47.7	53.3	45.2	51.6	74.9	68	68.5

High Stress



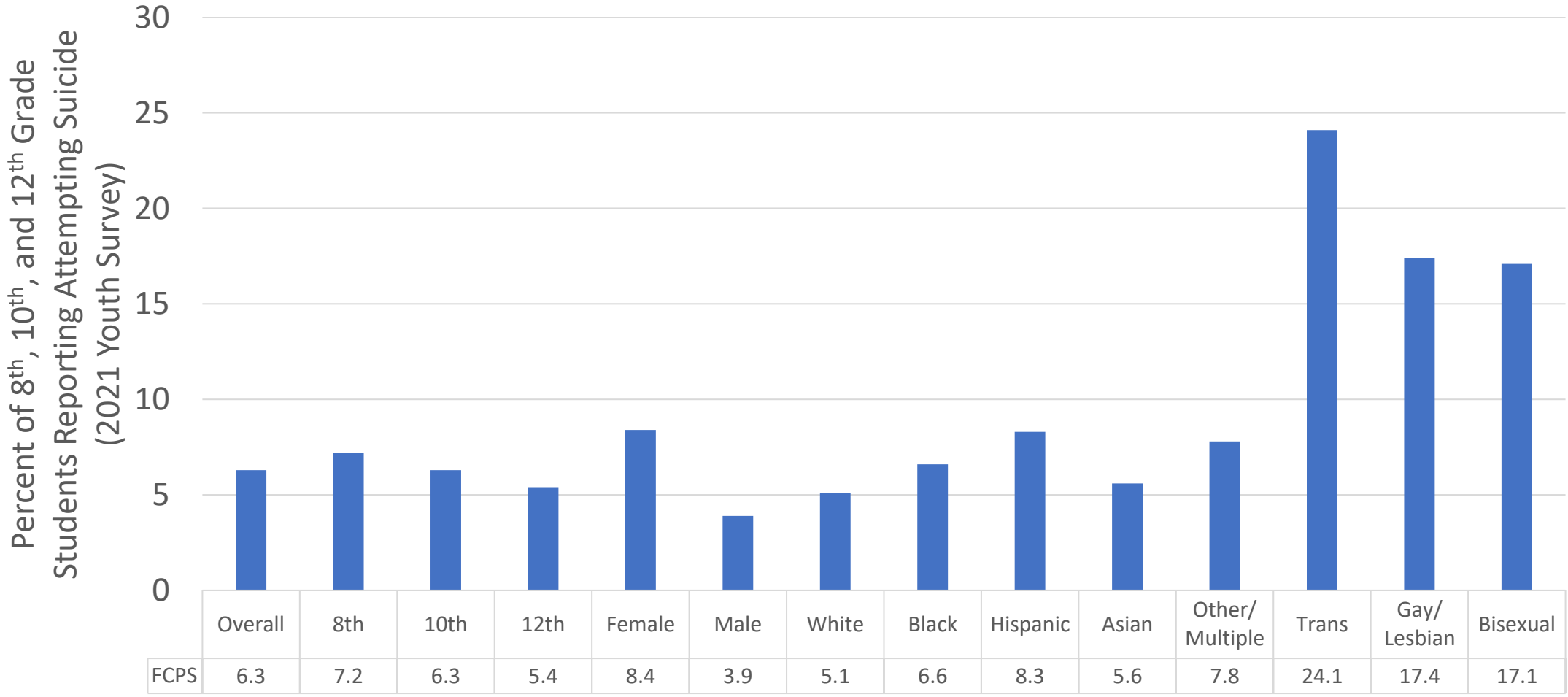
	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
Percent	29.9	22.7	30.5	36.8	39.5	19.3	31.9	24.9	27.8	30.5	32.6	63.2	54.5	52.5

Suicidal Ideation



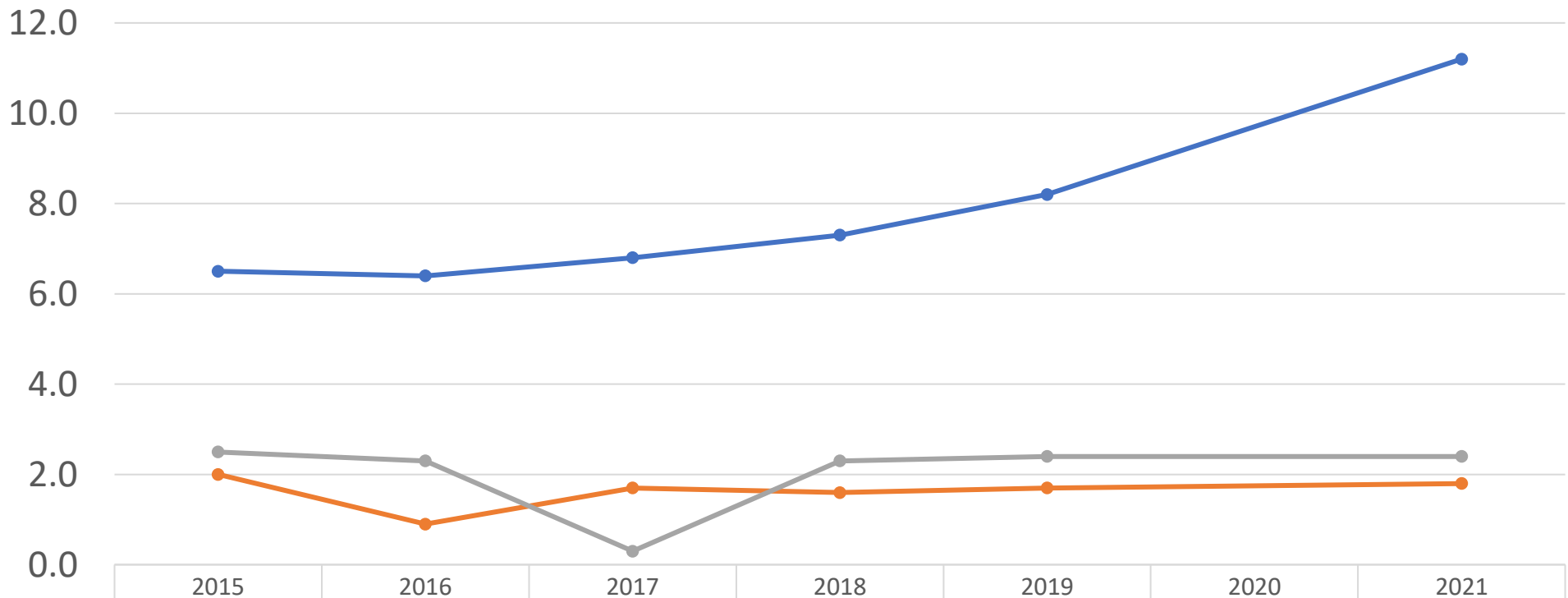
	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
FCPS	16.5	16.8	16.5	16.2	21.3	10.9	16.3	15.3	16.3	16.3	20.7	60.8	41.5	41.5

Attempted Suicide



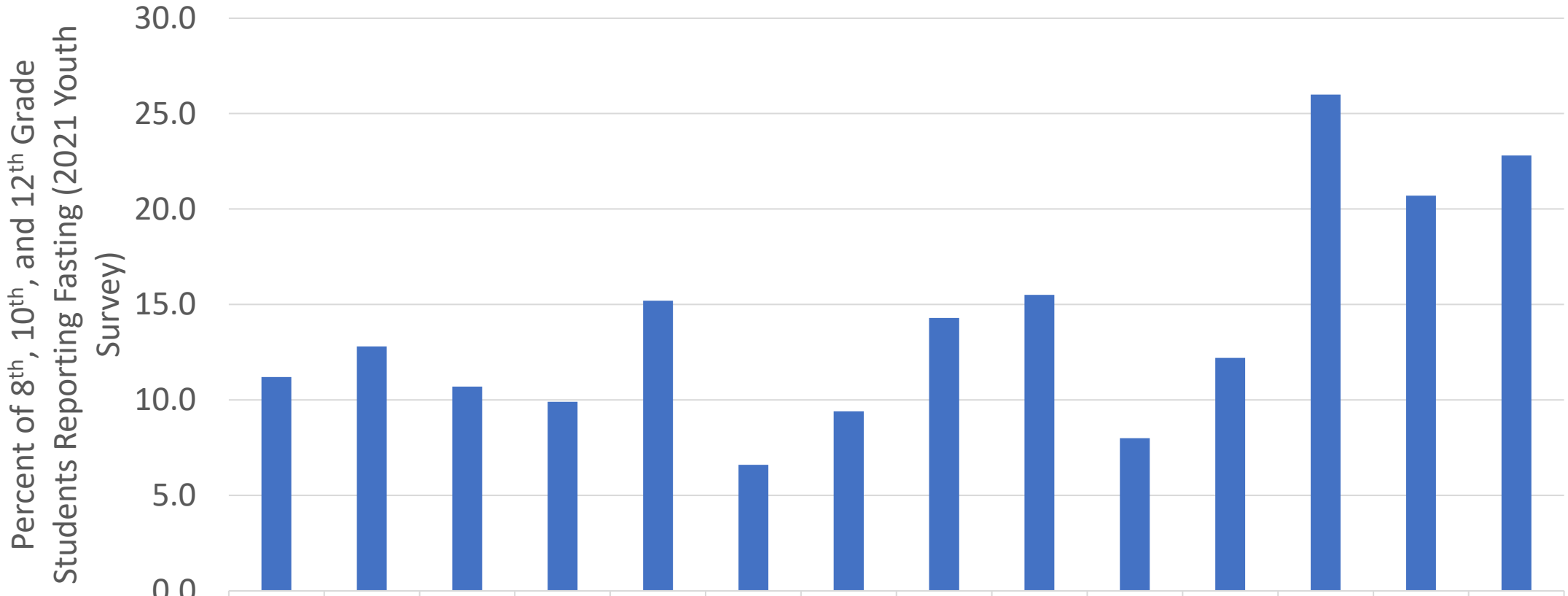
	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
FCPS	6.3	7.2	6.3	5.4	8.4	3.9	5.1	6.6	8.3	5.6	7.8	24.1	17.4	17.1

Unhealthy Weight Loss Behaviors Trends



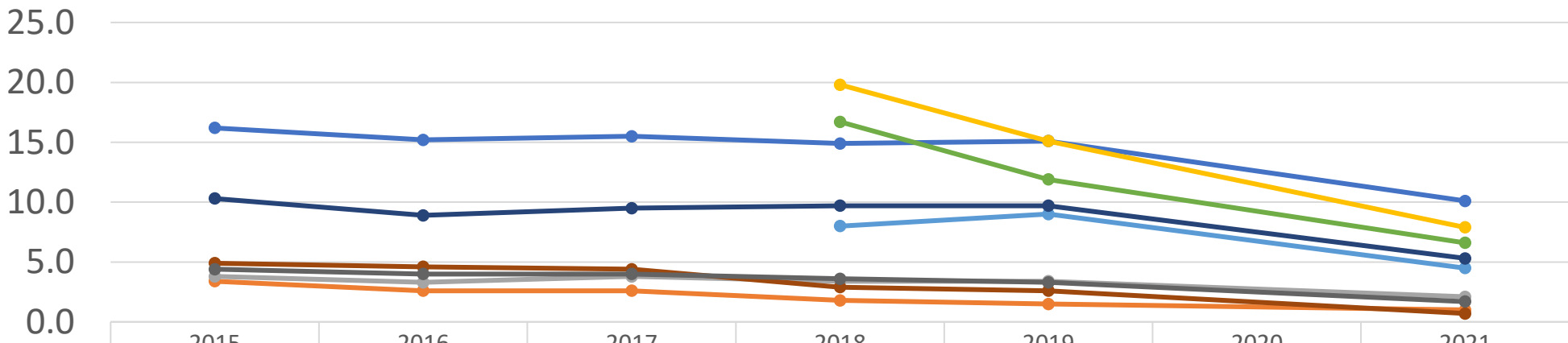
	2015	2016	2017	2018	2019	2020	2021
Fasting to Lose Weight	6.5	6.4	6.8	7.3	8.2		11.2
Diet Pills	2.0	0.9	1.7	1.6	1.7		1.8
Vomiting/ Laxatives	2.5	2.3	0.3	2.3	2.4		2.4

Fasting to Lose Weight, Past Month



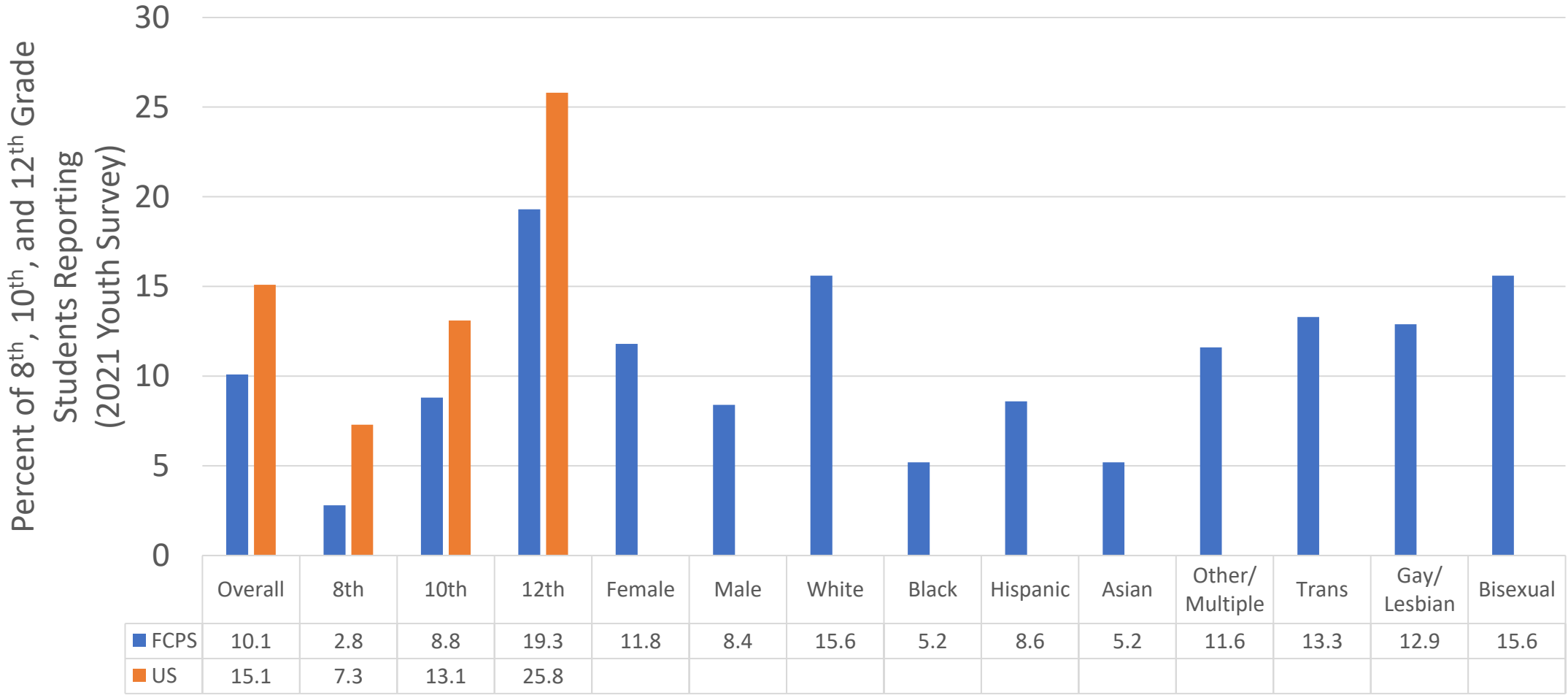
	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
Percent	11.2	12.8	10.7	9.9	15.2	6.6	9.4	14.3	15.5	8.0	12.2	26.0	20.7	22.8

Substance Use Trends



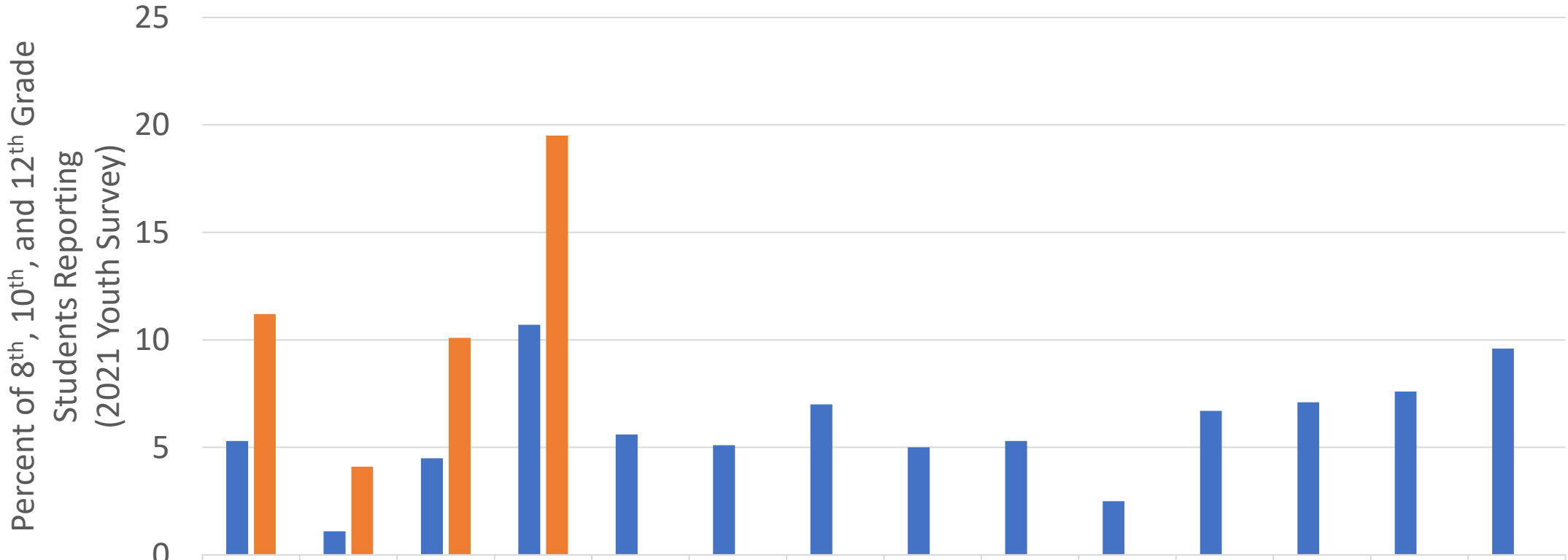
	2015	2016	2017	2018	2019	2020	2021
Alcohol	16.2	15.2	15.5	14.9	15.1		10.1
Cigarettes	3.4	2.6	2.6	1.8	1.5		1.0
Smokeless Tobacco	3.8	3.3	3.8	3.4	3.4		2.1
Vaping				19.8	15.1		7.9
Vaping Marijuana				8.0	9.0		4.5
Vaping Nicotine				16.7	11.9		6.6
Marijuana	10.3	8.9	9.5	9.7	9.7		5.3
Rx Painkillers	4.9	4.6	4.4	2.9	2.6		0.7
Other Rx	4.4	4.0	4.0	3.6	3.3		1.7

Past Month Alcohol Use



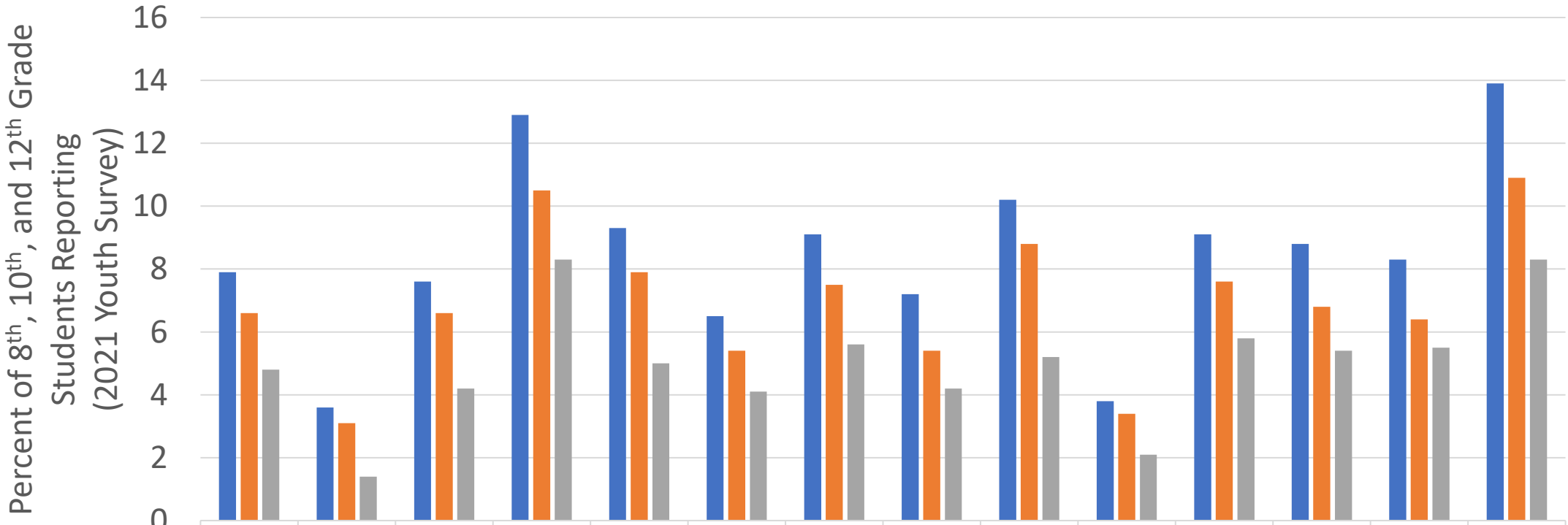
	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
FCPS	10.1	2.8	8.8	19.3	11.8	8.4	15.6	5.2	8.6	5.2	11.6	13.3	12.9	15.6
US	15.1	7.3	13.1	25.8										

Past Month Marijuana Use



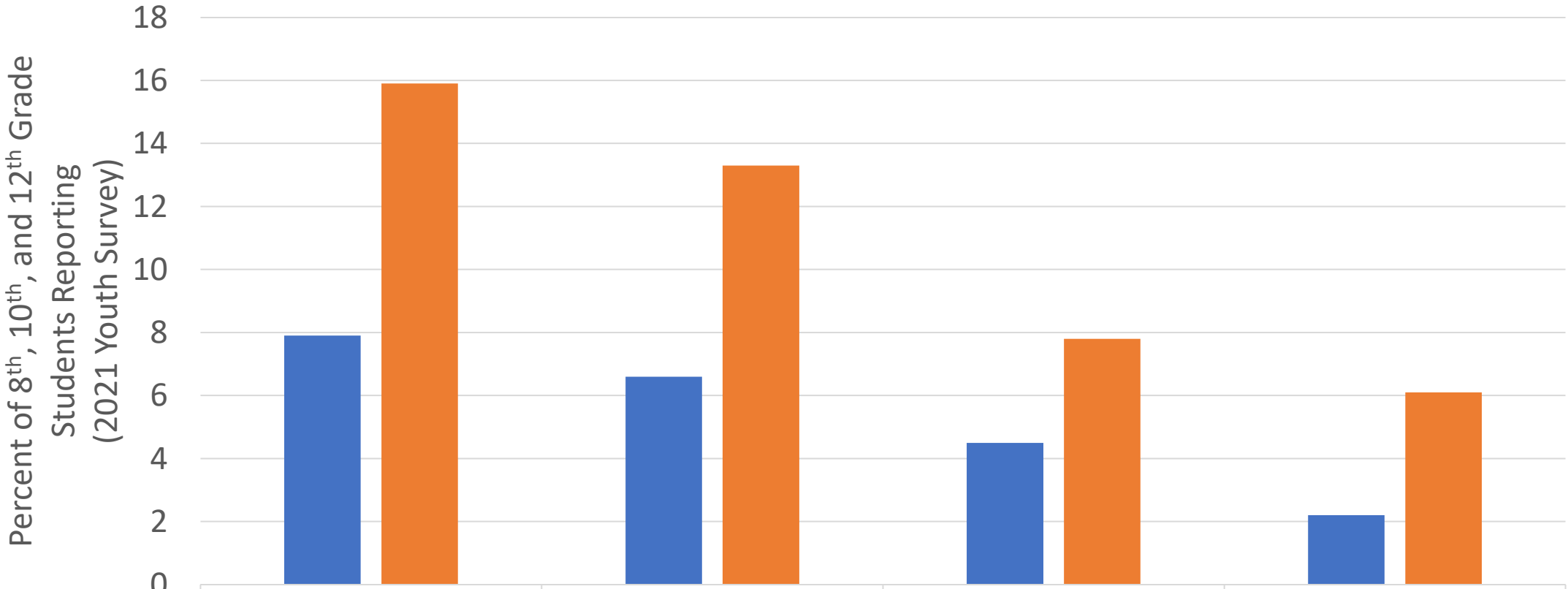
	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
FCPS	5.3	1.1	4.5	10.7	5.6	5.1	7	5	5.3	2.5	6.7	7.1	7.6	9.6
US	11.2	4.1	10.1	19.5										

Past Month Vaping



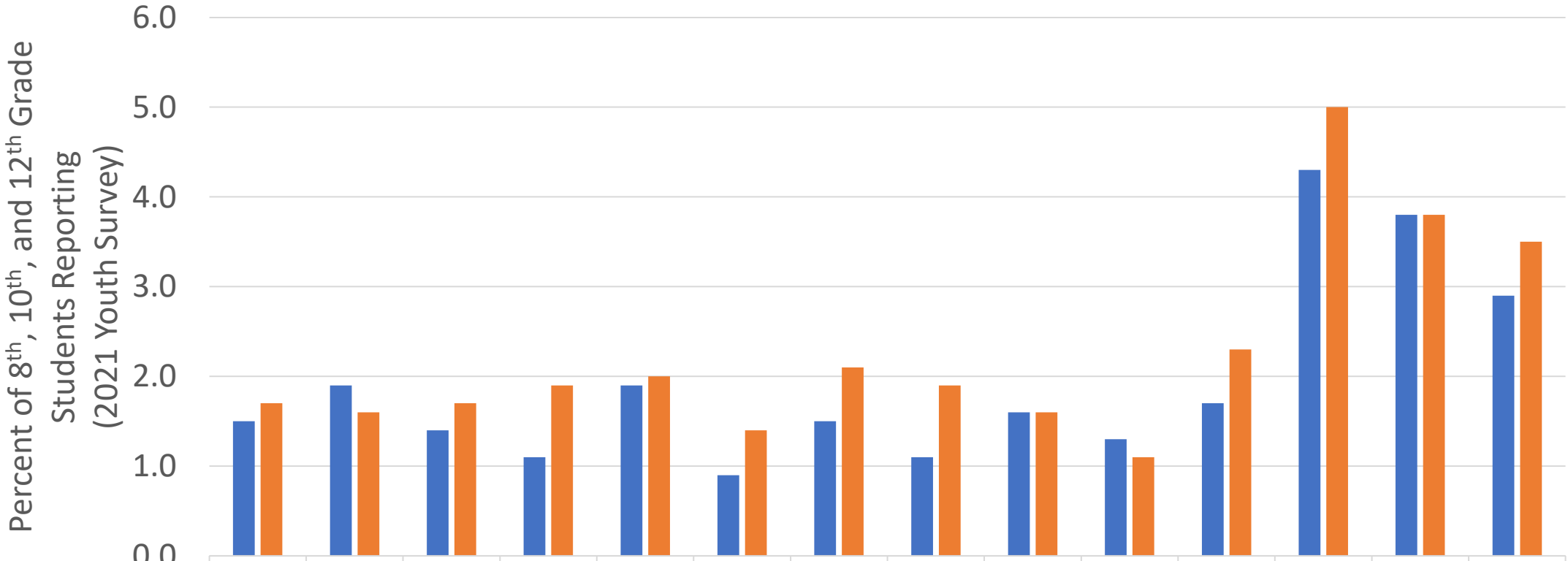
	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
Any Substance	7.9	3.6	7.6	12.9	9.3	6.5	9.1	7.2	10.2	3.8	9.1	8.8	8.3	13.9
Nicotine	6.6	3.1	6.6	10.5	7.9	5.4	7.5	5.4	8.8	3.4	7.6	6.8	6.4	10.9
Marijuana	4.8	1.4	4.2	8.3	5	4.1	5.6	4.2	5.2	2.1	5.8	5.4	5.5	8.3

Past Month Vaping



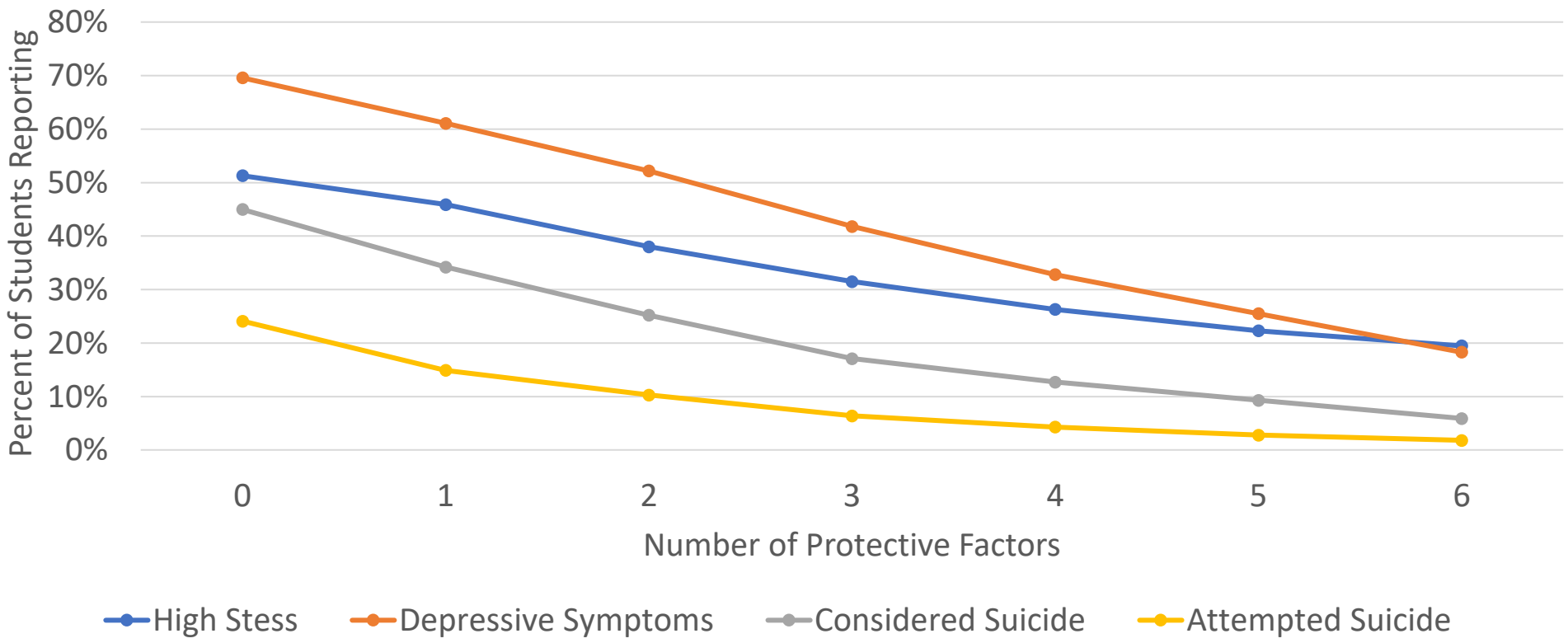
	Any Substance	Nicotine	Marijuana	Flavoring Only
FCPS	7.9	6.6	4.5	2.2
US	15.9	13.3	7.8	6.1

Past Month Prescription Drug Use



	Overall	8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple	Trans	Gay/ Lesbian	Bisexual
Painkillers	1.5	1.9	1.4	1.1	1.9	0.9	1.5	1.1	1.6	1.3	1.7	4.3	3.8	2.9
Other Rx Drugs	1.7	1.6	1.7	1.9	2.0	1.4	2.1	1.9	1.6	1.1	2.3	5.0	3.8	3.5

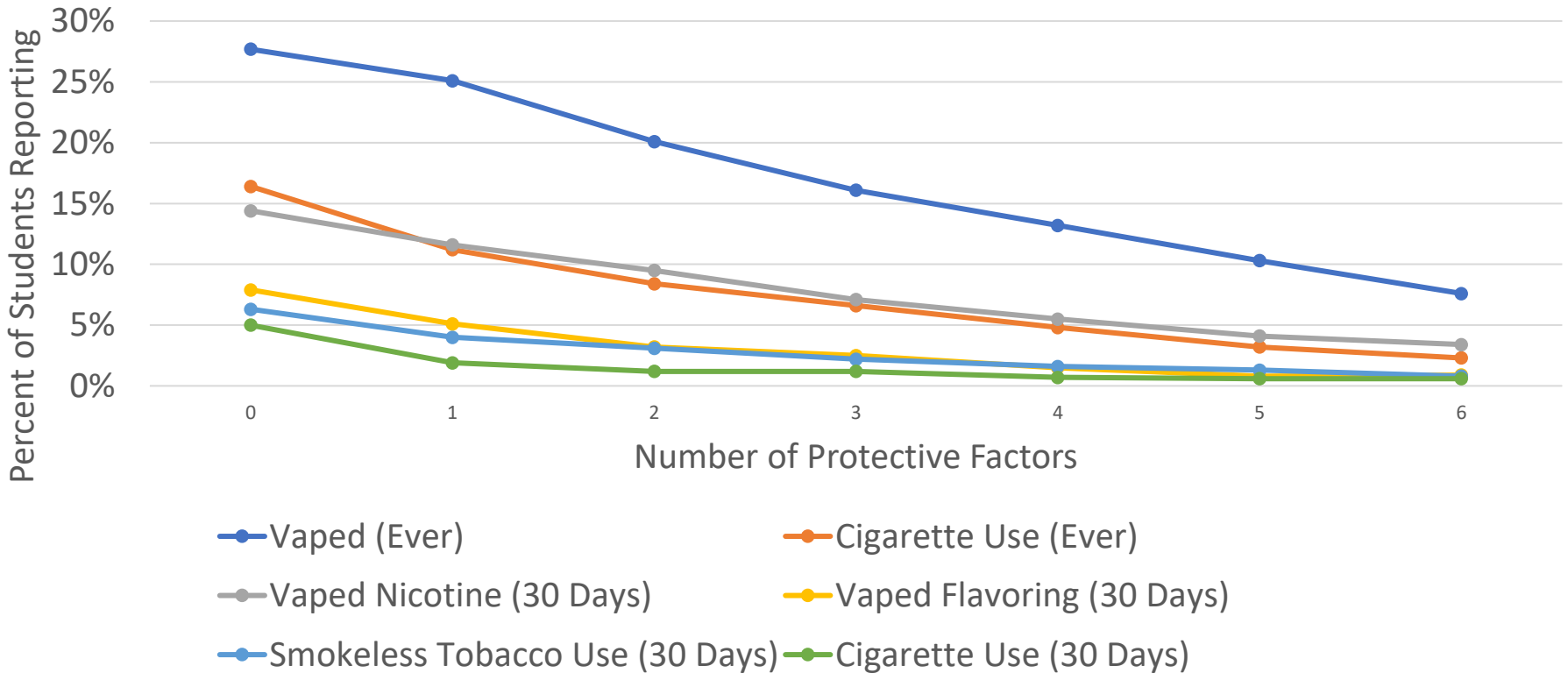
Three to Succeed: The Factors that Matter



Accepting responsibility for one's actions
Having community adults to talk to
Performing community service

Participating in extracurricular activities
Having teachers recognize good work
Having parents available for help

Three to Succeed: The Factors that Matter



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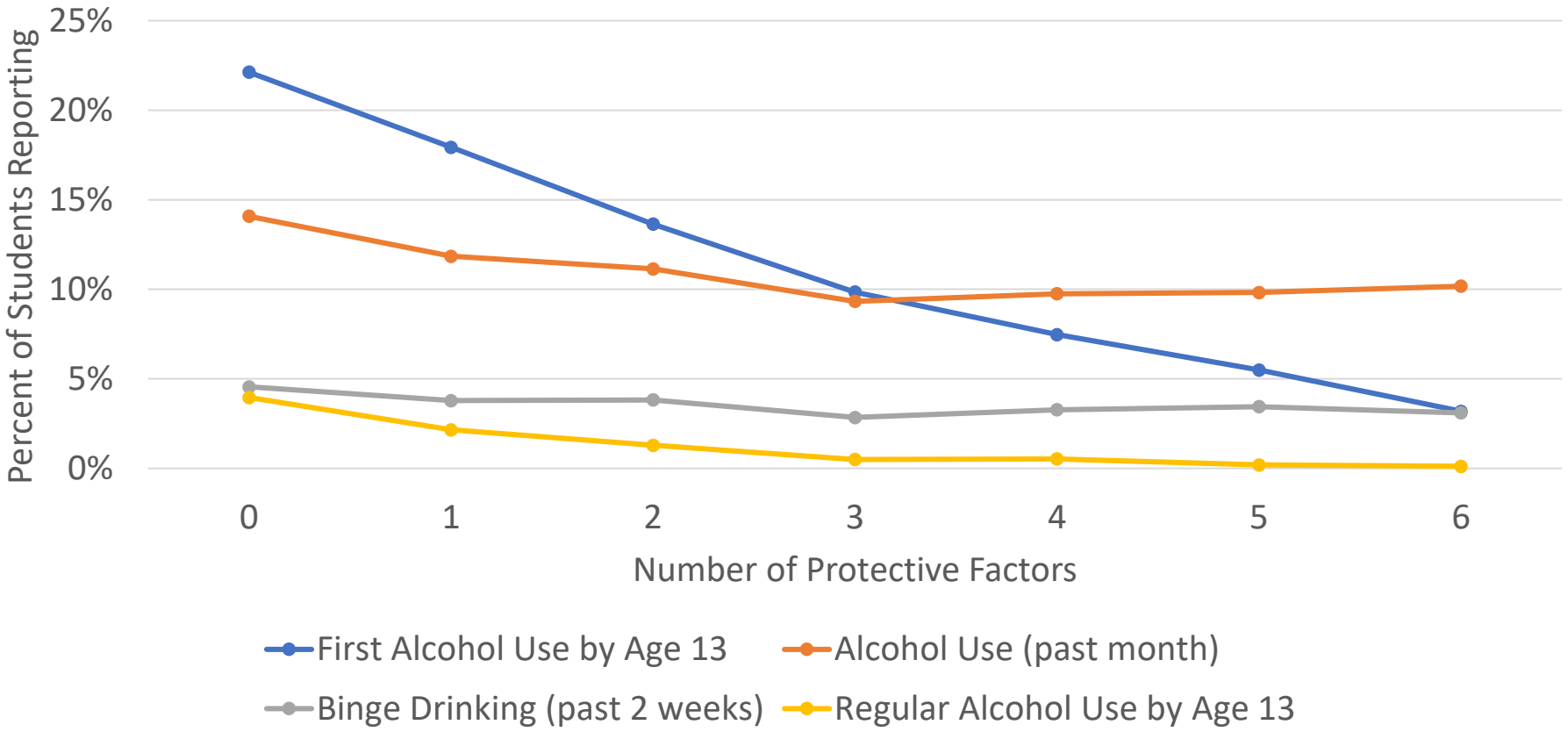
Three to Succeed: The Factors that Matter



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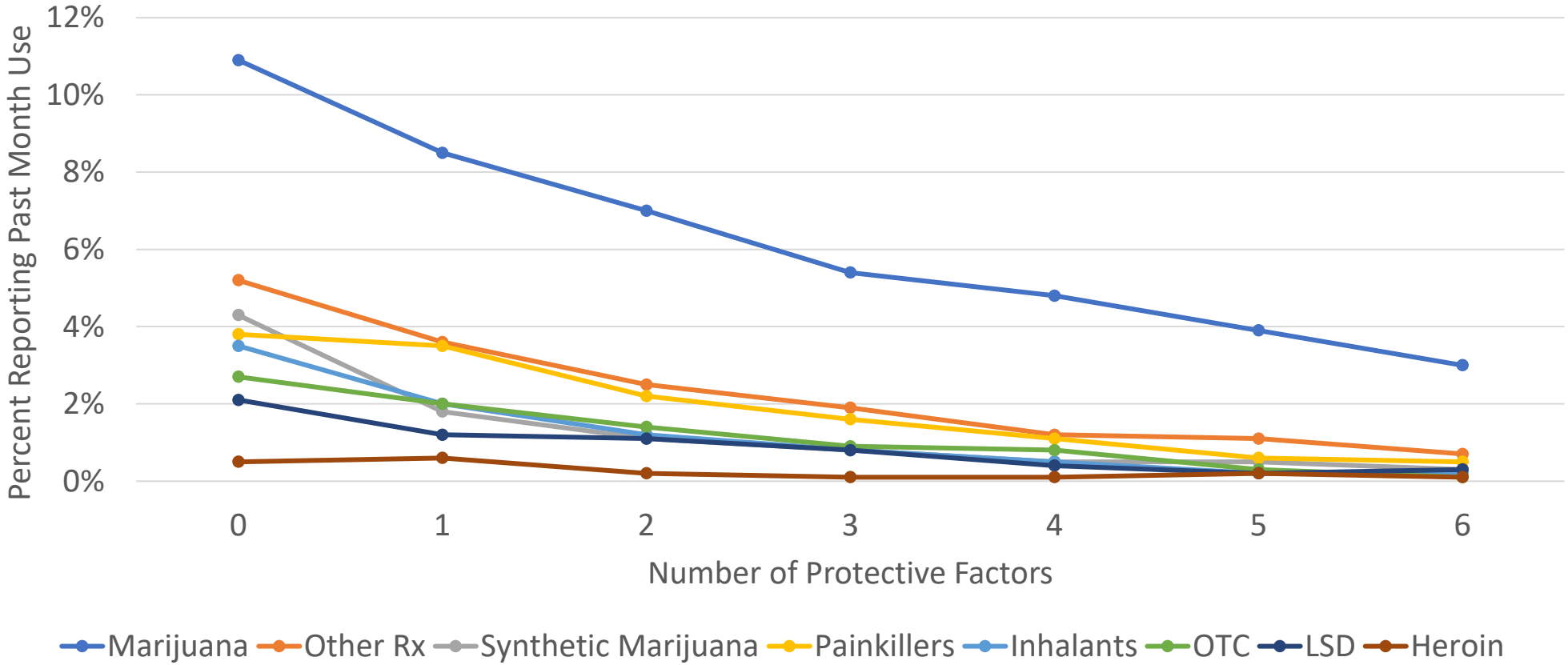
Three to Succeed: The Factors that Matter



Accepting responsibility for one's actions
Having community adults to talk to
Performing community service

Participating in extracurricular activities
Having teachers recognize good work
Having parents available for help

For More Info

www.fairfaxcounty.gov/youthsurvey

Jesse Ellis

Prevention Manager

Fairfax County Neighborhood and Community Services

jesse.ellis@fairfaxcounty.gov

MEMO TO THE CPMT

September 23, 2022

Item I – 4: Discussion of CPMT Feedback for Youth Behavioral Health Plan

ISSUE: CPMT members and the CSAMT participated in a focus group on April 29, 2022, to help inform the develop of the new Children's Behavioral Health Plan.

BACKGROUND: Dr. Vinu Ilakkuvan, Public Health consultant with Healthy Minds Fairfax, led a discussion to help inform the new Children's Behavioral Health Plan. CPMT members and the CSA MT participated in breakout rooms to discuss/brainstorm ideas for the blueprint and CSA in general. Brainstormed ideas related to how CSA/HMF can meet the needs of youth who need intensive services, be better integrated into the behavior health system, and how to easily share information between agencies and with the community.

ATTACHMENT: CPMT Focus Group Summary.

STAFF:
Peter Steinberg, LCSW, Program Manager, Healthy Minds Fairfax

CPMT Focus Group Summary

Recap: At the CPMT meeting on April 29, 2022, Dr. Vinu Ilakkuvan, Public Health consultant with Healthy Minds Fairfax, led a discussion to determine how to update the blueprint/plan to meet needs of children and families in the community. Members participated in breakout rooms to discuss/brainstorm ideas of the blueprint. Brainstormed ideas related to how CSA/HMF can meet needs of youth in the community, be better integrated into the behavior health system, and how to easily share information between agencies and with the community. Below is the summary of the discussion.

1. What is working well?

- FAPT and Family Peer Support Partners are working well.
- Agencies are collaborating
- Once a family is on the radar, there are many services to address the needs of higher need children.
- Sufficient funding
- Sometimes able to think outside the box
- There is a system is in place
- Evidenced Based Practices in general help kids stay out of residential care.

2. What is ***not*** working well?

- **Awareness of resources/navigation to resources**
- People don't even know there's a system that exists
- We need timely access to the appropriate level of care
- Gaps and access through private insurance
- Length of time from being identified to getting services is too long
- Many providers don't accept insurance
- We need to provide/support more evidence-based treatments (including those specific to needs like eating disorders, trauma, etc) + study effectiveness of what's being provided (including what mix of in-person and virtual services is most effective for those with intensive needs)
- Need to broaden/diversify + appropriately vet providers
- Develop core principles and competency areas for CSA case managers
- Provide training on case conceptualization/comprehensive service planning
- We need more services for particular issues (e.g., developmental disabilities, sexual behavior/aggressiveness, eating disorders, substance use)
- We need more ABA providers + less turnover among them
- Need more transition services/programs for families with youth with developmental disabilities

- A youth crisis stabilization program would be good (consider regional project dollars). So would a mobile crisis unit
- Family buy in to services when services have failed in the past

3. What are the key goals for intensive level of care?

- CSA has been underutilized and the problems are up so how do we communicate what families are able to access and improve the knowledge base for case managers so that the front-line staff is thinking CSA
- Timely access to the appropriate level of care. The intervention is lengthened out than it should. See if our community needs to pivot and see if we need to do something different.
- Increase use of EBTs (now it seems is a 10%, and it should be higher)
- Case management: make sure that we have enough to do the work. Expansion of case management is very important
- How do we advertise that this system exists? A point person in the hospitals/ER around the area where that first emergency might happen. Police officer, ER, local mental health hospitals
- Ensuring staff and providers receive ongoing training and support about the CSA process
- Shared ownership and responsibility for "Fairfax Kids." Coming together to work together in the meeting and continuing to work together in the field. How do we all take ownership in working together in the life of our case.

4. What are the key things the community/county should do moving forward to achieve these goals?

- Process evaluation to see what parts of the process are working and where this is room for improvement (including outreach and engagement to families and to potential providers)
- Provide additional training/refresher courses on CSA process
- Expand capacity/recruit providers to provide services in languages/cultures that match the population we are serving
- Start conducting outreach to potential providers to add capacity
- Transition services/programs to become more independent for families with youth with dd, they are either not enough resources and/or people don't know about them. That number of people with these issues is increasing and they are turning 18.
- Young adults need navigation support; peer specialist that specializes in working with young adults
- We've got to be able to identify families as they are just starting to have issues in the home, first emerging indicators of bh issues.

Other issues that emerged in the breakout groups

- Need to clearly define CSA roles versus other agencies.
- The agency heads are on CPMT and mid-level managers on CSAMT, but no venue for upper-level managers to participate in CSA.
- Advertise what the CSA can/can't do, including via parent/family ambassadors.
- Need more/deeper training on team-based planning and CSA for new staff.
- Continue to work on teaming comprehensively and not having the case managers have most of the load of the work in isolation.
- Explore streamlining the CSA process to reduce access time.
- Case management/case support + staff who can accept referrals and act quickly would help improve people's use of CSA.
- Need to improve Family Resource Meeting process (using high fidelity wraparound principles).

Children's Behavioral Health Plan Development

Update to the CPMT

September 23, 2022

Healthy Minds FAIRFAX

Supporting Emotional Wellness in Youth and Families

Community Input: A Snapshot

- Heard from over 700 individuals
- Spoke to young people from each region of the county
- Held 10 formal focus groups
- One community Street Stall
- Surveyed young people/adults, caregivers, and community partners
- Online survey during Children's Mental Health Acceptance Week
- HMF staff attended community meetings

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

Themes Emerged: 4 Buckets

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

Bucket: Prevention and Education

- Mental Health First Aid for Peers (Youth and Adults)
- Stigma reduction
- More peer led initiatives
- More education on working with specific cultures and LGBTQ+ young people

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

Bucket: Access to Services

- Quicker access to affordable services
- Services need to closer to where the people live
- More specialized services (e.g., eating disorders)
- More non-traditional services to reduce labeling
- More peer led services are needed

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

Bucket: Service Navigation*

- The RIGHT Door vs ANY Door
- Need an easier way to navigate services
- Need to know where to go in non-crisis situations
- One place to go for triage and connection to services

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

Bucket: System Level

- Visual roadmap of services
- Social determinants of health impact mental health
- Mental health parity
- Increase our partners

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

CPMT Focus Group Held on April 29

- What is working well?
- What is ***not*** working well?
- What are the key goals for intensive level of care?
- What are they key things the community/county should do moving forward to achieve?

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

CPMT Focus Group: What Works?

- A System is in Place to meet the needs of youth
- Evidenced-based practices helps youth remain in the community
- Sufficient funding to meet the needs
- Agencies collaborate to meet the needs

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

CPMT Focus Group: What Is *Not* Working?

- Awareness of resources/services and navigation to resources/services
- Gaps and access to services though private insurance
- Providers who provide specialized care
- People don't know that CSA exists

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

CPMT Focus Group: Goals for CSA Services

- Awareness and Education of CSA Services
- Increase use of Evidenced-Based Treatment
- Increase Case Management
- Shared ownership and responsibility of a “Fairfax kid”

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

CPMT Focus Group: Key Things to Do

- Navigation Support
- Identify youth whose mental issues are emerging
- Educate
- Recruit more providers

Healthy Minds FAIRFAX
Supporting Emotional Wellness in Youth and Families

MEMO TO THE CPMT

September 23, 2022

Information Item I- 5: Quarterly CPMT Data Report, FY 22 Quarter 4

ISSUE: That the CPMT receive regular management reports about utilization of services, duration of services, outcomes, and performance measures.

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 including the number of youths in long-term residential placements, length of stay and metrics for Intensive Care Coordination.

ATTACHMENT:
Quarterly CPMT Data Report Q4 FY 22

STAFF:
Jeanne E. Veraska, Utilization Review Manager

RBA

Results-Based Accountability
Performance Plan
FY 2022, Quarter 4 Report to CPMT

SUMMARY	
Name of Work	**Children's Services Act (CSA) for At-Risk Youth – Systems of Care**
Agency	Department of Family Services (DFS)
Contact (Name, Phone, Email)	Jeanne E. Veraska, Utilization Review Manager, 703-324-5722, jeanne.veraska@fairfaxcounty.gov
Purpose	The Children's Services Act (CSA) for At-Risk Youth and Families is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at- risk youth and their families. The state funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth. The mission of the CSA is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth.
Customers	At-risk youth between the ages of 0 to 21 and their families as defined by VA § 2.2-5212
Total Customers	Youth served: FY2022: 1,017 |FY2021: 1,039 | FY2020: 1,149 | FY2019: 1,252 | FY2018: 1,311
Total Staff Year Equivalents (SYE)	FY2022: 11 | FY2021: 11 | FY2020: 11 | FY2019: 11 | FY2018: 10
Total Budget	FY2022: $34.8 million for CSA pooled funding; $1,271,554 for program administration FY2021: $35.4 million for CSA pooled funding; $1,140,148 for program administration FY2020: $38.4 million for CSA pooled funding; $1,122,588 for program administration FY2019: $38.3 million for CSA pooled funding; $1,068,171 for program administration FY2018: $38.6 million for CSA pooled funding; $1,053,393 for program administration

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

Summary of Annual and Quarterly[1] Performance Measures	
How Much Was Done?	
1.1	Total Youth Served Annually
1.2.1	Annual CSA Pool-fund Expenditures
1.2.2	Annual CSA Expenditures by Service Type
How Well Was It Done?	
2.1	**Restrictiveness of Living Outcome Goal 1: Increase in percentage of youth participating in CSA who live in family settings.**
2.1.1	Number of youth in a long-term congregate care setting
2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services
2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**
2.2.1	Average number of days (length of stay) CSA participating children live in congregate care – measured in current setting and at post-discharge
2.2.2	Number of youth entering long-term congregate care settings
2.2.3	Number of youth exiting long-term congregate care settings
2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services
2.3	**Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment**
2.3.1	JDRDC and DFS data on Relief of Custody Petitions: # ROC petitions filed/# children entering foster care from ROC petitions
2.3.2	Number of children entering foster care from CHINS petitions

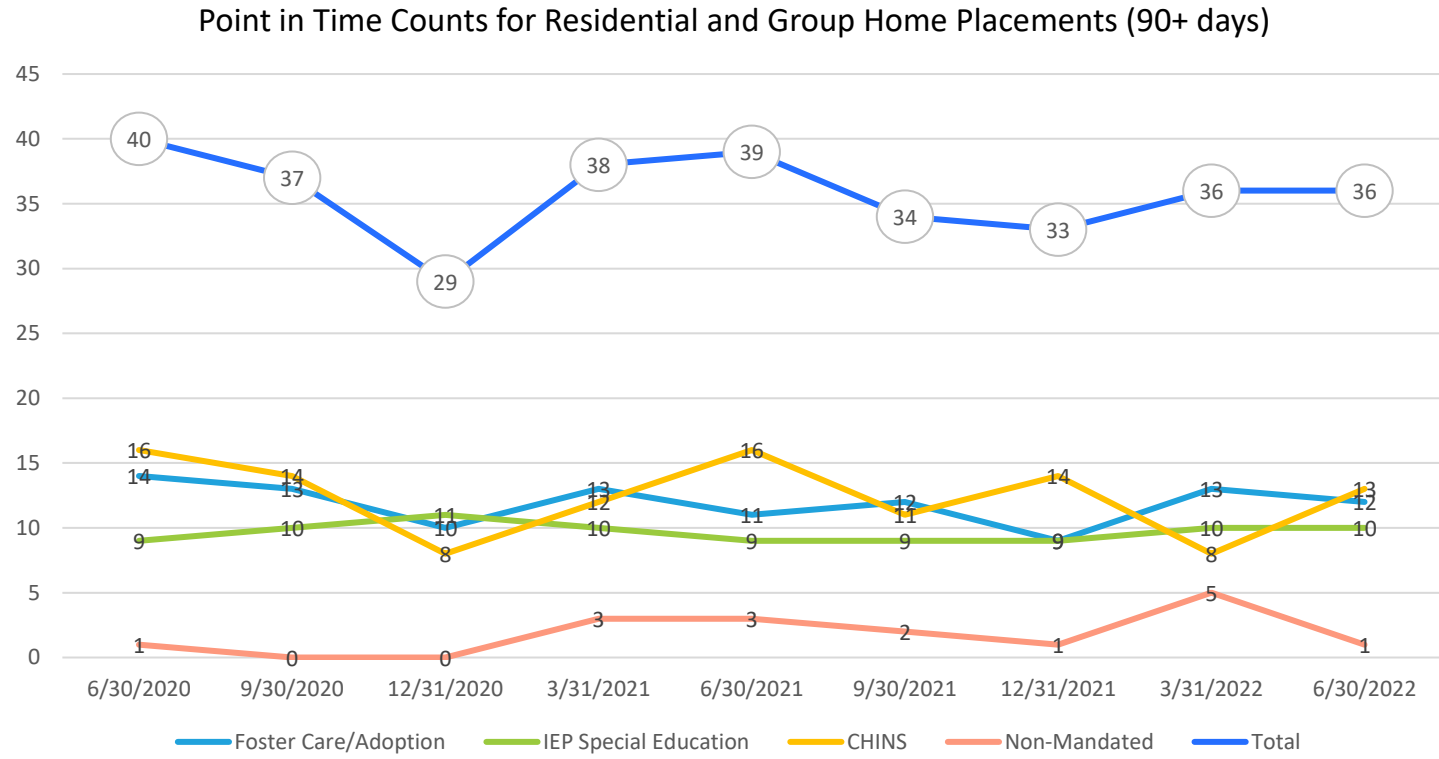
[1] Quarterly performance measures highlighted in blue.

2.3.3	Number of children entering foster care from delinquency petitions	
2.4	**Fiscal Accountability Outcome Goal 1: Fairfax-Falls Church CSA leverages state and local fiscal resources to serve youth and families efficiently**	
2.4.1	Per capita cost per youth receiving CSA services	
2.4.2	Per capita cost per youth receiving residential/ group home services	
2.4.3	Annual per-child unit cost of residential/group home services	
2.5	**Fiscal Accountability Outcome Goal 2: Fairfax-Falls Church is making maximum use of Medicaid as an alternative to CSA or locality funding**	
2.5.1	Percentage of placements in Medicaid-enrolled facilities	
2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement	
2.6	**Parent Satisfaction Survey**	
2.6.1	Percent of parent survey respondents who are satisfied with CSA services	
	Is Anyone Better Off?	**Headline Measure (HM)**
3.1	**Restrictiveness of Living Outcome Goal 1: Increase in percentage of children participating in CSA who live in family settings.**	
3.1.1	Percentage of CSA youth who received only community-based services	
3.2	**Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment.**	
3.2.1	Percentage of children receiving CSA-funded services through the foster care prevention mandate who are successfully prevented from entering foster care	
3.2.2	Percentage of children with families participating in CSA-funded family partnership meetings through the foster care prevention mandate who are successfully prevented from entering foster care after the family partnership meeting	

3.3	**Functional Outcome Goals: Child and Adolescent Needs and Strengths (CANS) outcomes improve for children served by the CSA system of care from initial assessment to second assessment.**	
3.3.1	Percent of positive change in CANS outcomes by domain level of need	
3.4	**Functional Outcome Goal 1: Children participating in CSA-funded services will experience a decline in behaviors that place themselves or others at risk.**	
3.4.1	Percent of positive change in Child Risk Behavior by actionable rating	
3.5	**Functional Outcome Goal 2: Children participating in CSA-funded services will experience a decline in behavioral or emotional symptoms that cause severe/dangerous problems.**	
3.5.1	Percent of positive change in Behavioral/Emotional Needs by actionable rating	
3.6	**Functional Outcome Goal 3: Children participating in CSA-funded services will experience an increase in identified strengths that are useful in addressing their needs and developing resiliency.**	
3.6.1	Percent of positive change in Strength Domain by actionable strength	
3.7	**Functional Outcome Goal 4: Needs and issues of parents/caregivers of children participating in CSA-funded services that negatively impact their care-giving capacity will be reduced.**	
3.7.1	Percent of positive change in Planned Permanency Caregiver functioning by actionable need	

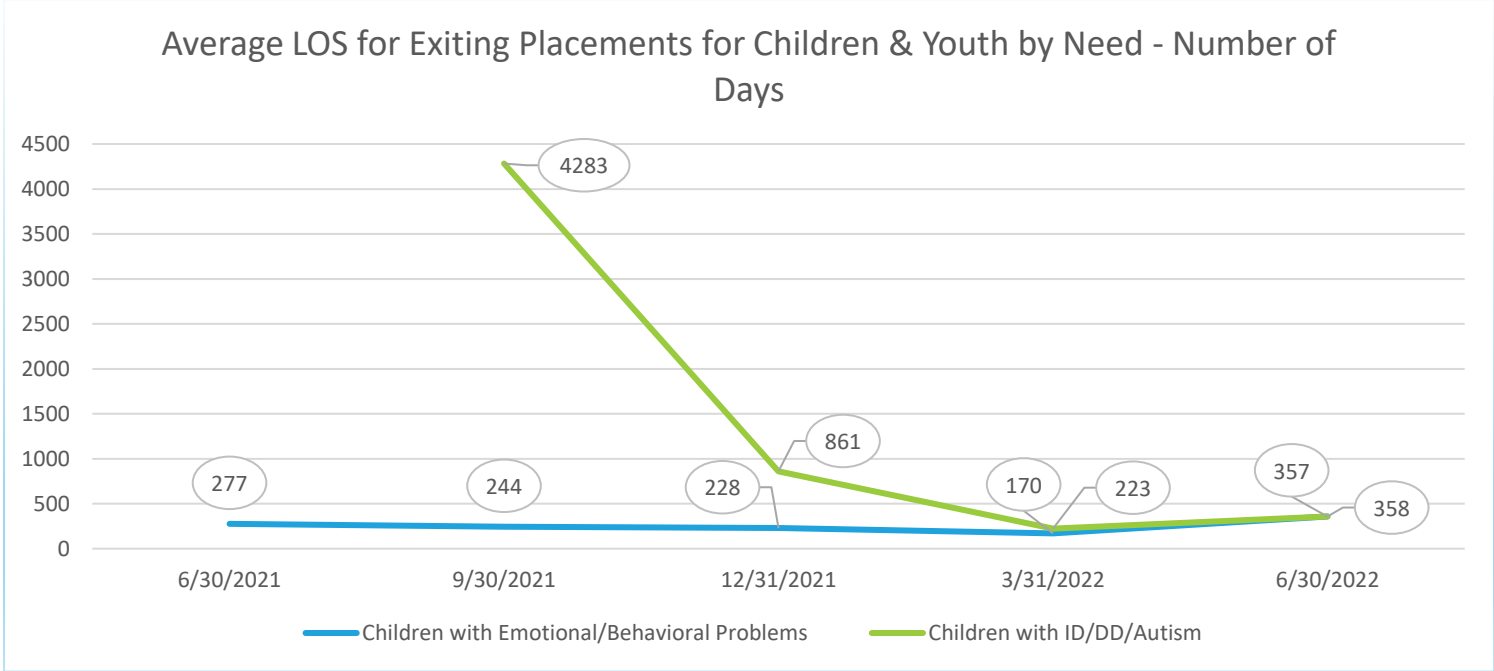
Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.1	**Restrictiveness of Living Outcome Goal 1: Increase in percentage of children participating in CSA who live in non-residential settings.**	
	2.1.1	Number of youth placed in a long-term congregate care setting	36
Graphs/Charts			
Notes	**Analysis**: Placements by agency: Fairfax County Public Schools: 9 (IEP Placed); Community Services Board: 13; Foster Care & Adoption: 9; Juvenile & Domestic Court: 2. The number of youths placed through CSB (voluntary requests) slightly increased, and the number of youths placed through Foster Care & Adoption (government involved) slightly decreased. **Planned Action:** Continue to monitor.		

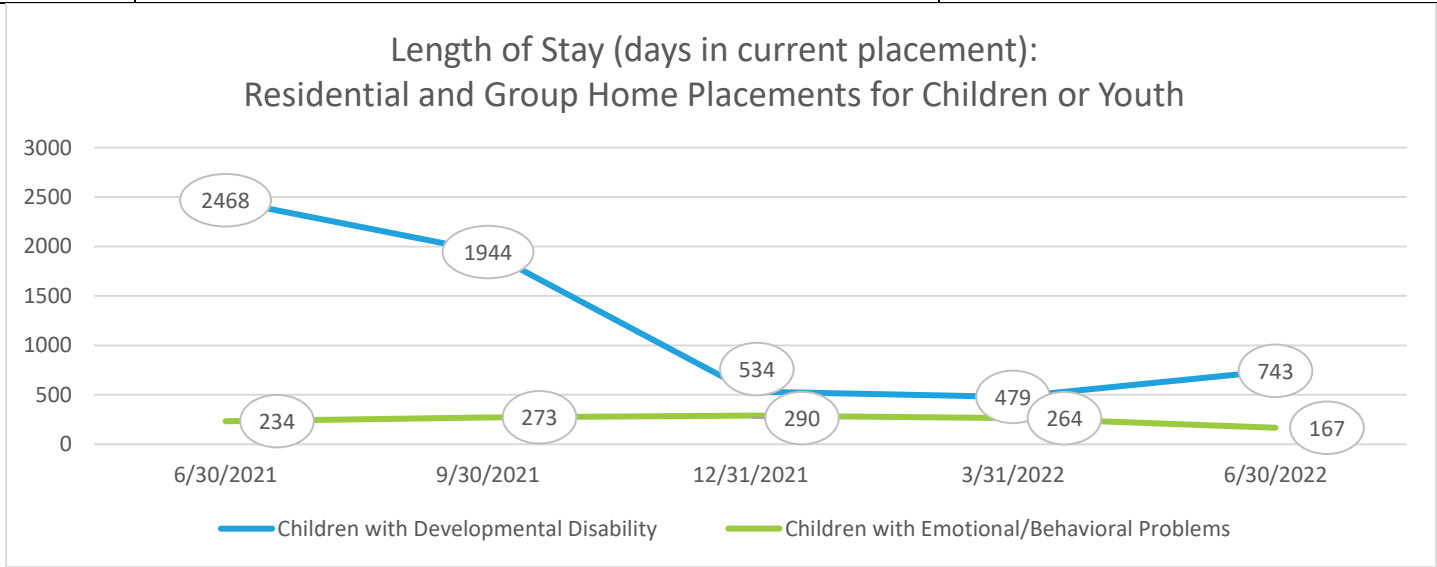
Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

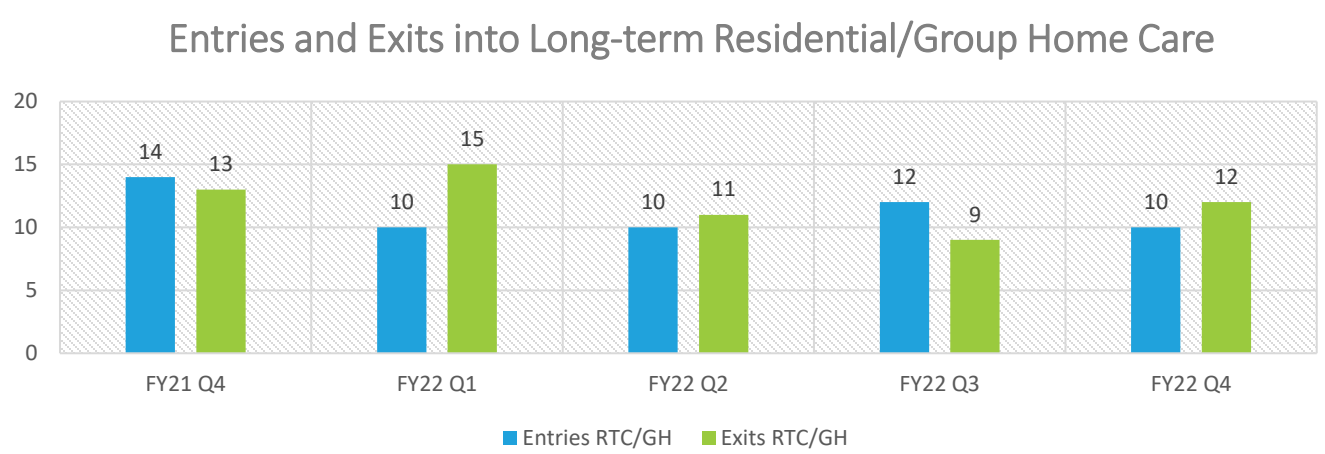
FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.2.1	Number of days CSA participating children live in congregate care before being returned to a family setting	358 days for youth with emotional /behavioral disabilities and 357 days for youth with DD/ID/Autism
Graphs/Charts			
Notes	**Analysis:** Best practice indicates that youth with emotional/behavioral problems should be returned to a family setting within 6-9 months [180-270 days]. The average length of stay for youth with primarily emotional/behavioral problems exiting placement (n=11) was 358 days at the end of the 4th quarter (LOS ranged from 24 to 1406 days). Ages ranged from 13 to 18. Three (3) of the youth are African American and seven (7) are Caucasian. Three (3) were placed through CSB and seven (7) were placed through Foster Care and Adoption. Two (2) of the exiting youth had identified needs of Developmental Disability/Intellectual Disability/Autism and the average length of stay was 357 days (LOS ranged from 154 to 357 days). One youth transitioned to another placement and the other youth transitioned back into the community. (See page 8 for further LOS exit and entry information.) **Planned Action:** Continue to monitor and note trends in average length by need.		

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

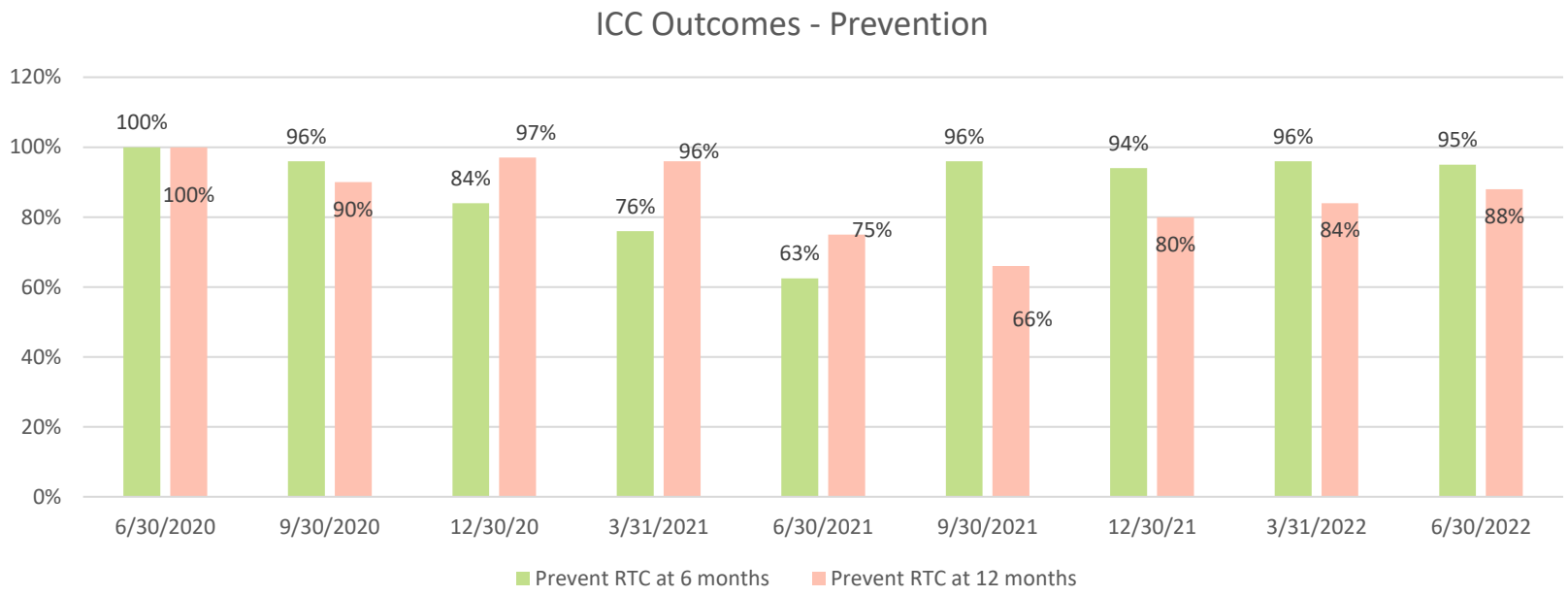
FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.2.1	Number of days CSA participating children live in congregate care before being returned to a family setting	Developmental Disabilities – **743 days** Emotional/Behavioral Needs – **167 days**
Graphs/Charts			
Notes	**Analysis:** Length of stay is represented across needs in the areas of Developmental Disability/Autism and Emotional/Behavioral (inclusive of children and youth who have experienced trauma). Although the Commonwealth combines DD/Autism/ID, the needs and services tend to be different and therefore may need to be separated for reporting purposes in the future. Thirteen (13), a decrease of three youth from the previous quarter, represent the 743 average days of youth in care due to DD/ID/Autism as a primary need. The range of start of stay is from 2019 to the present. Sixteen (16) youth represent the 167 average days in care with a primary emotional/behavioral need; this is a total of seven less youth in care than the previous quarter. **Planned Action:** Reviewing the data by child and youth needs allows for a clearer understanding of the different service needs. Currently, long waitlists, especially for ABA, and providers still offering virtual only services has an impact on family's ability to access timely and appropriate services that allow for staying in the		

	community and/or returning to the community. These LOS and numbers of children by need will continue to be monitored along with community provider availability.

FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.2.2	Number of youth entering long-term congregate care settings	10
	2.2.3	Number of youth exiting long-term congregate care settings	12
Graphs/Charts			
Notes	**Analysis:** The data shows 10 entries and 12 exits this quarter. However, due to some delayed enrollment entries and transitions of youth from one placement to another, this data does not accurately represent the transitions that occurred. Most exits and entries were transfers across facilities. The number of youths placed in a long-term congregate care setting (page 5) is accurate. **Planned Action:** Inform families about evidence-based treatments available in the community, e.g. Multisystemic Therapy (MST), Functional Family Therapy (FFT), etc. Utilize EBTs to support successful returns to community/family-based settings. Utilize Leland House and crisis stabilization services to meet youth with intensive needs in the community, even during a crisis.		

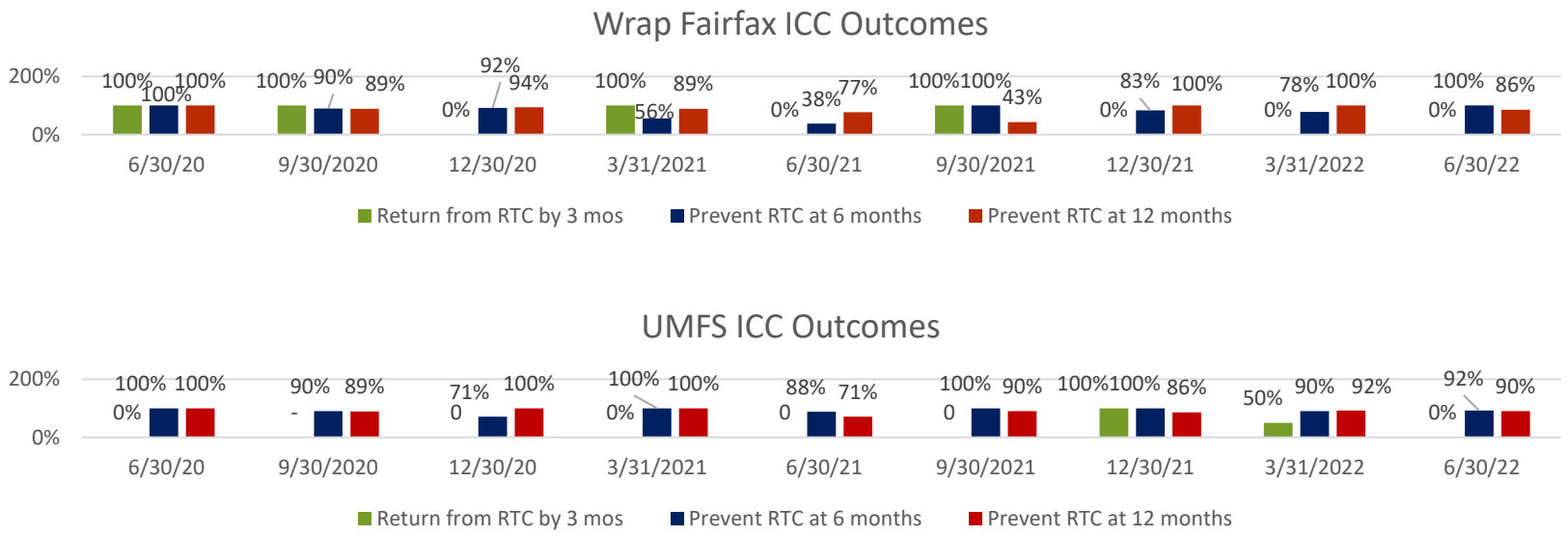
Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services	96%/88%
	2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services	N/A
Graphs/ Charts			
Notes	**Analysis:** 96% (n=20) of youth were maintained in the community 6 months after initiation of ICC services. 88% (n=17) of youth remained in the community 12 months after the initiation of ICC services. There were no youth who returned from residential within three months of placement at a residential facility this quarter. **Planned Action:** Fidelity Monitoring is currently paused during a CSA staff vacancy and will resume either with a local review process or using a contracted provider. Once resumed, monitoring tools developed by the Wraparound Evaluation & Research Team (WERT) to monitor the providers' fidelity to the Wraparound model will be utilized. The ICC Stakeholder group continues to meet quarterly to address system implementation issues as needed.		

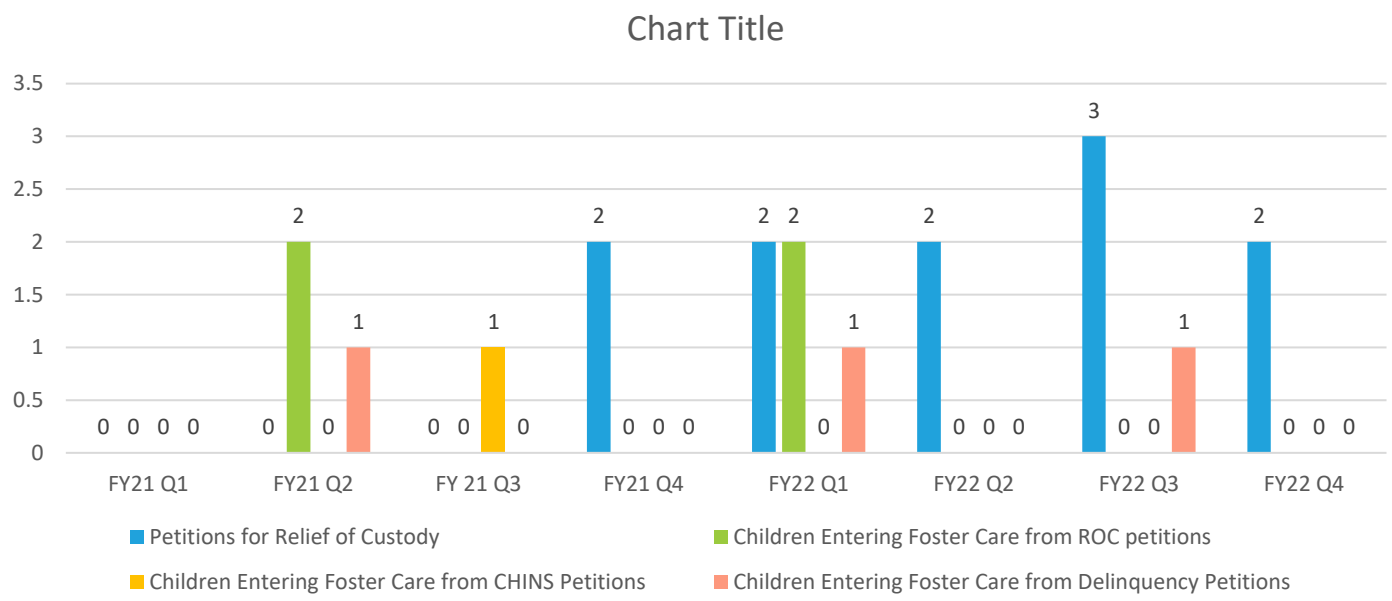
Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.2	**Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.**	
	2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services	**Wrap Fairfax:** 100%/86% **UMFS:** 92%/90%
	2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services	**Wrap Fairfax:** -- **UMFS:** --
Graphs/ Charts			
Notes	**Analysis:** Referrals to ICC have remained steady. There are not significant differences in the providers in terms of these metrics. Prevention is typically (77% - 82% range) and the number of children referred to ICC while in residential is often quite low, so the percentage varies considerably with no youth meeting this criterion this current quarter. **Wraparound Fairfax:** 100% (n=7) of youth were maintained in the community 6 months after initiation of ICC services. 86% (n=7) youth remained in the community 12 months after the initiation of ICC services. **UMFS:** 92% (n=13) of youth were maintained in the community 6 months after initiation of ICC services. 90% (n=10) of youth remained in the community 12 months after the initiation of ICC services.		

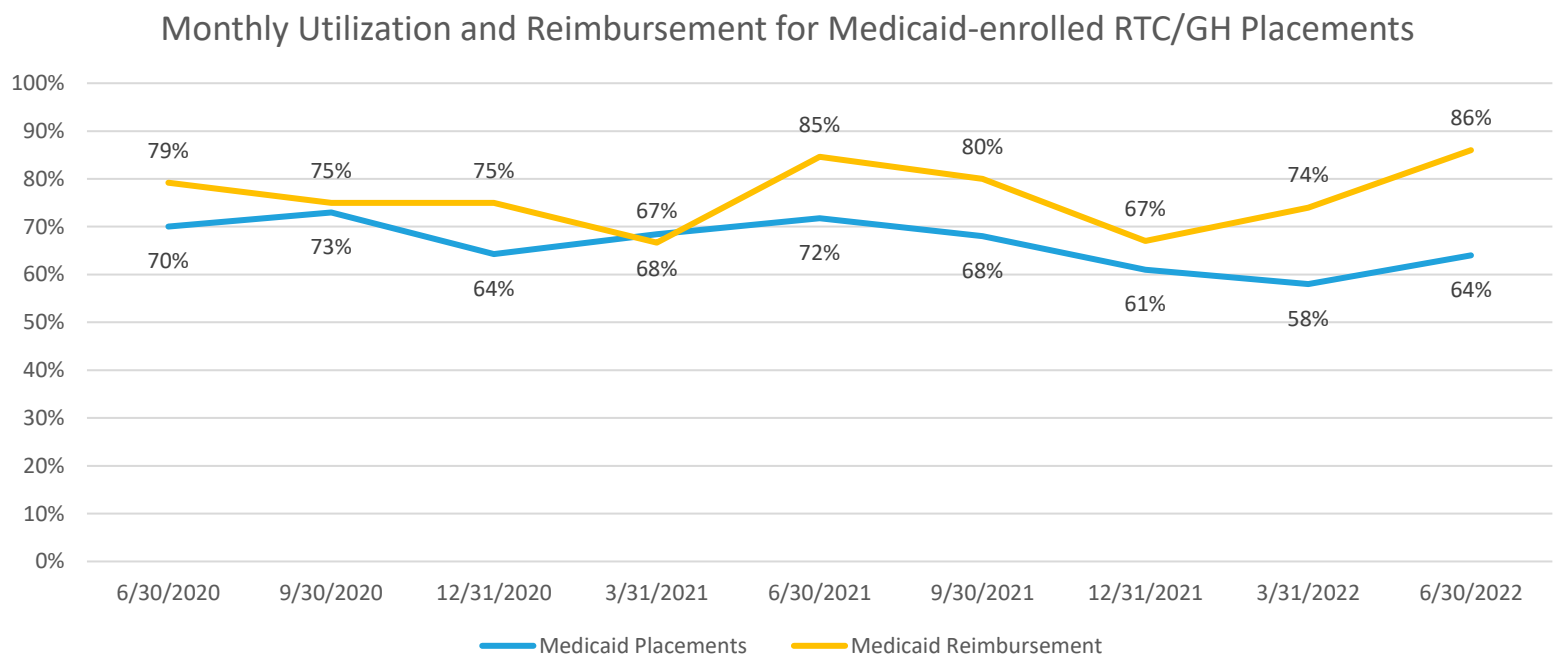
Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.3	**Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment**	
	2.3.1	JDRDC and DFS data on Relief of Custody Petitions: # ROC petitions filed/# children entering foster care from ROC petitions	2 filed / 0 entries
	2.3.2	Number of children entering foster care from CHINS petitions	0
	2.3.3	Number of children entering foster care from delinquency petitions	0
Graphs/ Charts			
Notes	**Analysis**: Two (2) ROCs were filed. No children entered foster care from a CHINS or delinquency petition this quarter. **Planned Action**: Continue to monitor.		

Results-Based Accountability Performance Plan

Children's Services Act (CSA) System of Care

FY 2022 Q3			
How Well Measure	**Number**	**Title**	**Value**
	2.5	**Fiscal Accountability Outcome Goal: Fairfax-Falls Church CSA leverages state and local fiscal resources to serve youth and families efficiently**	
	2.5.1	Percentage of placements in Medicaid-enrolled facilities	64%
	2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement	86%
Graphs/Charts			
Notes	**Analysis**: There is a total of 36 residential placements, which has not changed since last quarter. There are 23 (64%) Medicaid placements and 13 (36%) non-Medicaid placements. Of those 23 placements, 21 (91%) are eligible for Medicaid with 18 (86%) approved for RTC services; 1 (5%) denied; and 2 (10%) pending.		