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

September 24, 2021
Community Policy and Management Team (CPMT)

Agenda

FINAL

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

1. **MINUTES:** Approve minutes of July 30, 2021 meeting

2. **ITEMS:**

- **Administrative Items**
  Item A – 1: Approve Reappointment of FAPT Representative

- **CSA Contract Items**
  Item C – 1: Monthly Out-of-State Placement Approvals

- **CSA Information Items**
  Item I – 1: Budget Report
  Item I – 2: Policy Review of Expedited and Emergency Access to Services
  Item I – 3: Annual CSA Policy Manual Updates
  Item I – 4: Quarterly Serious Incident Report

- **HMF Information Item**
  Item 1 – 5: American Rescue Plan Act (ARPA) Funds to Expand Short Term Behavioral Health Services (STBH)

- **NOVACO – Private Provider Items - EBT**
- **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 30, 2021
Community Policy and Management Team (CPMT)
Virtual Meeting due to COVID-19 Emergency Procedures

Meeting Minutes

Attendees: Lesley Abashian (home), Michael Becketts (home), Jacqueline Benson (home), Robert Bermingham (home), Joe Klemmer (home), Richard Leichtweis (home), Chris Leonard (office), Dawn Schaefer (office), Deborah Scott (home), Lloyd Tucker (home), Nancy Vincent (home), Daryl Washington (home)

Attended but not heard during roll call: Annie Henderson, Rebecca Sharp, Michelle Boyd

Absent: Gloria Addo-Ayensu, Staci Alexander, Deb Evans, Cristy Gallagher, Michael Lane

HMF Attendees: Peter Steinberg, Tracy Davis, Desiree Gordon, Jim Gillespie

CSA Management Team Attendees: Kelly Conn-Reda, Xu Han, Tim Elcesser, Barbara Martinez, Terri Byers, Jessica Jackson, Tim Elcesser, Barbara Martinez, Julie Bowman, Jesse Ellis, Matt Thompson

Stakeholders and CSA Program Staff Present: Janet Bessmer, Patricia Arriaza, Sarah Young, Samira Hotochin, Xu Han, Kristina Kallini, Chris Metzbower, Muhammad "Usman" Saeed, Jeanne Veraska, Shana Martins, Lisa Morton

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 Lesley Abashian; 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 Zoom conferencing line, and that the public may access this meeting by calling Toll Free Call In: 1 888 270 9936 Participant access code: 562732. It is so moved.
Motion made by Chris Leonard; seconded by Bob Bermingham; 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.
Motion made by Chris Leonard; seconded by Daryl Washington; all members agree, motion carries.

1. **MINUTES:** Approve minutes of June 25, 2021. *Motion made by Bob Bermingham; second by Deb*

Scott; all members agree, motion carries. Dawn Schaefer abstained.

2. **ITEMS:**
   - **ADMINISTRATIVE ITEMS:**
     Item A – 1: Nomination of Provider Representative to BOS – Presented by Janet Bessmer. Requesting that Deb Evans be reappointed to CPMT. *Motion made by Bob Bermingham; second by Jackie Benson; all members agree, motion carries.*
     Item A – 2: CPMT Member Remote Participation Policy – Presented by Janet Bessmer. Several boards are implementing a remote participation policy to allow members to participate remotely at a in person meeting. There are specific limitations and circumstances in which a member may participate remotely (see policy). A quorum must be present in person for the meeting to continue (remote participants will not count towards the quorum). Joe Klemmer asked if remote participation must be requested in advance. Janet responded that remote participation must be requested by the Chair and agency (DFS) prior to the meeting. Detailed procedures can be developed if this policy is approved. *Motion made by Lesley Abashian; second by Daryl Washington; all members agree, motion carries.*
     Item A – 3: Proposal to Expand CSB Case Support Services – Presented by Jim Gillespie (HMF), Mary Jo Davis (FCPS), Terri Byers (Finance). This item was endorsed by CSA Management Team on July 26, 2021. Presentation highlighting need for expansion of case support for FCPS. Nancy Vincent asked about the state level staffing shortage. Daryl Washington responded that the county's HR is reevaluating all direct service provider positions and HR recently approved sign on bonus as well as other incentives to make these positions appealing. Michael Becketts asked if there are exciting positions that will be used for this expansion or will there be new positions created. Daryl Washington stated that some will be vacant positions and we are working on ways to create the other positions. Michael Becketts asked if there are funds available in the CSA budget. Terri Byers stated that the current number of youth served by CSA is much lower compared to previous years. We will need to review the first quarter spending (likely around December once a full quarter of bills have been paid) to get a clear sense of the fiscal impact. Finance will be closely monitoring the budget. Janet Bessmer expressed concern of expediting CSA services as it could be a potential audit finding. CSA is in full support of the expansion, but we need to look at this from a audit prospective when it comes to expedited services. Daryl Washington stated since the commissioner shut down state hospitals there are several youth waiting a great deal of time for hospitalization. Daryl Washington stated that there is some flexibility in the CSB budget and can work with Michael Becketts to work out details, so the CSA budget is not at risk. Lesley Abashian cautioned that looking into insurance plans to ensure all resources are exhausted is imperative. Jackie Benson stated that parents can get a case manager with the insurance company that can assist with finding resources. Rick Leichtweis stated that there have been youth waiting days to get placed. There is a committee working on this issue. This is not really an insurance problem and cannot be accessed/helpful during the crisis. Members asked for clarification on what they were voting on. Jim Gillespie clarified that vote is for increasing case support from 30 to 75 cases and to permit case support services to be purchased in lieu of ICC. Members are not voting on expediting CSA services. *Motion made by Deb Scott; second by Dawn Schaefer; all members agree, motion carries. Daryl Washington abstained.*

   - **CSA CONTRACT ITEMS:**
     Item C – 1: Monthly Out-of-State Placement Approvals – Presented by Barbara Martinez. No requests for out of state placements during the month of June or July.

   - **CSA INFORMATION ITEMS:**
     Item I – 1: Budget Report – Presented by Xu Han. Review of budget report.
     Item I – 2: CPMT Quarterly Data Report FY21 Q4 – Presented by Patricia Ariazza. Review of 4th quarter report.
     Item I – 3: CPMT Appeal Procedures Changes – Presented by Janet Bessmer. CSA is suggesting a

standing appeal meeting to ensure we meet the timeline for responding to appeals. CSA is suggesting that two standing meetings be scheduled per month and CPMT members would sign up for dates in advance so they can block that day/time to participate in the event an appeal is made. This will be an efficient way to address appeals in a timely manner.
Item I – 4: Parental Contribution Billing and Collection Policy – Presented by Janet Bessmer. Director of OCS assured CSA that if delinquent payments are not sent to Department of Child Support Enforcement it will not be a audit finding. New proposal is to keep current practice for Parental Contribution in place and align fiscal practice of referring any families who are not keeping their accounts current to the Department of Tax Administration. We will still need to verify with DTA to ensure they are able to assist.
Item I – 5: Membership on CPMT Audit Steering Committee – Presented by Janet Bessmer. Since Jane Strong has retired was on our audit steering committed, we are requesting that CPMT chair appoint Dawn Schaefer who is currently acting in Jane's position. CPMT Chair will officially appoint her to the committee.

- **HMF INFORMATION ITEM:**
  Item I – 6: Behavioral Health Care Plan Development – Presented by Peter Steinberg. Michael Becketts asked who will be assisting with surveying. Peter responded that there is a workgroup and a consultant that will be assisting. Nancy Vincent and Daryl Washington stated that it is important to be sure to include families who do not speak English. Peter stated that this project has just started, and updates will be provided to the CPMT as we move forward.

- **NOVACO – Private Provider Items –** none
- **CPMT Parent Representative Items –** none
- **Cities of Fairfax and Falls Church Items –** none
- **Public Comment –** none

Next Meeting: September 24, 2021, 1:00 – 3:00pm Government Center Room, 232

Adjourn 2:42 pm – *Motion made by Bob Bermingham**.** Second by Rick Leichtweis**.** All members approved.*

Approved:

Memo to the CPMT
September 24, 2021

Administrative Item A-1: Appointment of New Family Assessment and Planning Team (FAPT) Member

ISSUE:
That CPMT approve the following agency staff to serve on the FAPT:

DFS
- Nicole O'Connor

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

BACKGROUND:
Nicole is a currently a supervisor in the Annandale region with the Protection and Preservation Services program within DFS. She has been working there since she began with DFS in 2014, first as a Social Services Specialist II, then a III and now as a supervisor. She is also an LCSW and has been licensed since 2018. Nicole has shadowed existing members at FAPT meetings and attended FAPT member training. She is prepared to serve as a representative of her respective agency on the FAPT.

FISCAL IMPACT:
None

STAFF:
Sarah Young, FAPT Coordinator
Andrew Baumert, DFS PPS Program Manager

MEMO TO THE CPMT
September 24, 2021

CPMT Contract Information Item: Out of State Residential Child Specific Contract Activity

ISSUE: That the CPMT receive regular reports on the CSA Management Team approvals of placements in out of state residential facilities. Since the last CPMT meeting, DPMM processed three (3) Child Specific Contract Requests for out of state residential facilities.

Date Received by DPMM	Provider	Location	Medicaid Participating/ Single Case Agreement	Requesting Department	Barrier to Contract Pool of Providers	CSA MT Approval Date
8/26/2021	Maplewood School	Armenia, New York	No	FCPS-MAS	Parental Placement of student with IEP for Private Day School Setting. Contract for Education costs only.	9/09/2021
9/13/2021	Latham Centers	Brewster, Massachusetts	No	FCPS-MAS	Prader-Willi Syndrome with severe aggression and other complicating medical issues.	9/20/2021
9/13/2021	The Refuge	Austin, Texas	No	DFS-FC&A	Extremely risky behaviors after serious trauma.	9/20/2021

BACKGROUND:

The CSA Management Team has delegated authority to approve out of state residential placements for youth. For each month in which a contract is approved, a report of the contract activity is required by the CPMT as a part of the delegation of the approval authority. In the consideration of each request, all clinically appropriate Medicaid providers located in Virginia under APOS were considered and were not appropriate due to the individual needs of the youth.

Prior to these approvals, there were five (5) child specific contracts for youth with current placements.

Provider	Location	Case Managing Agency	Barrier to Contract Pool of Providers	Date of Approval
Devereaux - CIDDS (Kanner)	Pennsylvania	FCPS-MAS	IEP for Residential School under the category of Multiple Disabilities with physical aggression	5/1/2015 (CPMT)
Chamberlain Intl School	Massachusetts	FCPS	IEP for Residential School and Chamberlain International	9/20/2020 (CPMT)
Springbrook Autism Behavioral Health	South Carolina	CSB	Diagnosis of ASD and physical aggression with severe BMI (>50%)	1/29/2021 (CPMT)

Justice Resource institute (Glenhaven Academy)	Massachusetts	CSB	Diagnosis of ASD and physical aggression	3/22/2021
Devereux-Brandywine	Pennsylvania	FCPS	IEP for residential School Setting. ASD and aggression	4/19/2020

STAFF:

Barbara Martinez, DPMM

MEMO TO THE CPMT
Sep 24, 2021

Information Item I-1: Aug 2021 Budget Report & Status Update, Program Year 2021

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 2021 cumulative expenditures through Aug 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 Aug 2021 for FY21 equal $34.4M for 1,038 youths. This amount is a decrease from Aug last year of approximately $4M, or 10.31%. In the prior year, pooled expenditures through Aug 2020 for FY20 equaled $38.4M for 1,149 youths. Financial Management has stopped to process invoices for FY21 services.

	Program Year 2020	Program Year 2021	Change Amt	Change %
Residential Treatment & Education	$5,771,607	$4,628,635	($1,142,971)	-19.80%
Private Day Special Education	$19,547,402	$19,297,058	($250,344)	-1.28%
Non-Residential Foster Home/Other	$8,287,814	$6,765,148	($1,522,666)	-18.37%
Community Services	$4,422,618	$3,719,144	($703,475)	-15.91%
Non-Mandated Services (All)	$1,222,793	$1,018,402	($204,391)	-16.72%
Recoveries	($857,199)	($990,846)	($133,647)	15.59%
Total Expenditures	**$38,395,035**	**$34,437,541**	**($3,957,494)**	**-10.31%**
Residential Treatment & Education	166	144	(22)	-13.25%
Private Day Special Education	309	290	(19)	-6.15%
Non-Residential Foster Home/Other	396	350	(46)	-11.62%
Community Services	812	724	(88)	-10.84%
Non-Mandated Services (All)	221	214	(7)	-3.17%
Unique Count All Categories	**1,904**	**1,722**	**(182)**	**-9.56%**
Unduplicated Youth Count	**1,149**	**1,038**	**(111)**	**-9.66%**

RECOMMENDATION:
For CPMT members to accept the Aug Program Year 2021 budget report as submitted.

ATTACHMENT:
Budget Chart

STAFF:
Terri Byers, Timothy Elcesser, Xu Han and Usman Saeed (DFS)

NOTE:
Residential Treatment Facility has a moderate percentage decrease in youth count that is outmatched by a significant percentage drop in dollars. Overall, costs are $1.1M lower, in part due to having 4 fewer youth in residential sites, but also due to factors such as a positive impact on expenses of the service needs of the specific children in care, and to savings realized by applying non-CSA funding sources such as Medicaid to cover expenses.
Private Day Special Education has a small percentage decrease in youth count, expenditures are slightly lower than that of prior year, due to a slight increase in average cost per child. This area has a high average cost of $66,542 per child and accounts for 56% of CSA total expenditures in FY 2021

Treatment Foster Homes has a moderate percentage decrease in youth count that is outmatched by a much larger percentage drop in dollars. Overall, costs are $1.5M lower. Positive impacts were realized from fewer youth in care, transportation savings, and lower supervision or service requirements for the specific children in care. The absence of transportation to school, while many schools went to virtual format, created the transportation savings.

Program Year 2021 Year To Date CSA Expenditures and Youth Served (through August Payment)

Mandated/ Non-Mandat	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%	$1,409,425	68			$1,409,425
		Group Home	57.64%	$333,230	10			$333,230
		Education - for Residential Medicaid Placements	46.11%	$101,503	8	$1,310,051	27	$1,411,553
		Education for Residential Non-Medicaid Placements	46.11%	$35,720	2	$1,352,722	16	$1,388,442
		Temp Care Facility and Services	57.64%	$85,985	13			$85,985
	Residential Total			$1,965,863	101	$2,662,772	43	$4,628,635
	Non Residential	Special Education Private Day	46.11%	$537,374	6	$18,759,684	284	$19,297,058
		Wrap-Around for Students with Disab	46.11%	$279,489	46			$279,489
		Treatment Foster Home	46.11%	$4,045,324	123			$4,045,324
		Foster Care Mtce	46.11%	$1,698,649	143			$1,698,649
		Independent Living Stipend	46.11%	$190,317	23			$190,317
		Community Based Service	23.06%	$2,899,967	557			$2,899,967
		ICC	23.06%	$819,177	167			$819,177
		Independent Living Arrangement	46.11%	$551,369	15			$551,369
	Non Residential Total			$11,021,666	1080	$18,759,684	284	$29,781,350
Mandated Total				**$12,987,530**	**1181**	**$21,422,456**	**327**	**$34,409,985**
Non-Mandated	**Residential**	Residential Treatment Facility	57.64%	$107,103	8			$107,103
	Residential Total			$107,103	8			$107,103
	Non Residential	Community Based Service	23.06%	$796,291	166			$796,291
		ICC	23.06%	$115,008	40			$115,008
	Non Residential Total			$911,299	206		0	$911,299
Non-Mandated Total				**$1,018,402**	**214**		**0**	**$1,018,402**
Grand Total (with Duplicated Youth Count)				**$14,005,931**	**1,395**	**$21,422,456**	**327**	**$35,428,387**

Recoveries	**-$990,846**
Total Net of Recoveries	**$34,437,541**
Unduplicated child count	1,038

Key Indicators

Cost Per Child	Prog Yr 2020 YTD	Prog Yr 2021 YTD
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$33,416	$33,177
Average Cost Per Child Mandated Residential (unduplicated)	$45,806	$45,379
Average Cost Per Child Mandated Non- Residential (unduplicated)	$31,318	$31,716
Average Cost Mandated Community Based Services Per Child (unduplicated)	$4,999	$5,206
Average costs for key placement types		
Average Cost for Residential Treatment Facility (Non-IEP)	$35,623	$20,727
Average Cost for Treatment Foster Home	$37,938	$32,889
Average Education Cost for Residential Medicaid Placement (Residential)	$47,609	$40,330
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$62,867	$77,136
Average Special Education Cost for Private Day (Non-Residential)	$63,260	$66,542
Average Cost for Non-Mandated Placement	$5,533	$4,759

Program Year 2021 Year To Date CSA Expenditures and Youth Served (through August Payment)

Category	Program Year 2021 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2021 Allocation	$663,010	$274,704	59%
Non Mandated Program Year 2021	$1,630,458	$951,480	42%
Program Year 2021 Total Allocation	$38,657,566	$34,437,541	11%

MEMO TO THE CPMT

September 24, 2021

Information Item I- 2: Proposed Revision to Policy on Expedited FAPT Service Planning and Emergency Access to Services

ISSUE: That the local CSA policy manual be maintained to reflect current practices and procedures.

BACKGROUND: One area of the local policy manual that requires some clarification is the section on Expedited FAPT Service Planning. This section describes the process used by direct care staff from the Department of Family Services, Children, Youth & Families Division to obtain approval for a list of supportive services that are consistent with "maintenance" or non-clinical supports for youth using standard language in the IFSP. The section also outlines how DFS staff access emergency services for youth in foster care or involved with Child Protective Services or the Protection and Preservation Services program. Emergency access to CSA services has been generally limited to children involved in the child welfare system. Services started prior to FAPT review and service authorization may be funded when certain conditions are met. The agency who initiated the services is responsible for meeting CSA requirements and guaranteeing funding if CSA is not available. Upon review, it was determined that our long-standing practice of expedited service planning for Leland House services was not reflected in the current policy manual. Given the process for Leland House, the policy has been revised to reflect the apparent intent of the CPMT to fund these services. CSA funding is not guaranteed for Leland House unless all the requirements are met within necessary timelines.

ATTACHMENT: Current Policy and Draft Policy Revision

STAFF:
Janet Bessmer, Ph.D., CSA Director

8.2 Services Eligible for Expedited FAPT Services Planning

For children in foster care and children at-risk of entering foster care served by DFS Child Protective Services (CPS) and Protection and Preservation Services (PPS) the following services may be requested with standard language incorporated in the IFSP/MAP. The use of standard language incorporated in the IFSP/MAP or IFSP-EZ to request services for children at-risk of entering foster care served by DFS CPS and PPS is limited to six months after the initial CSA service approval.

Service	Foster Care	CPS/PPS/Kinship*
Camp/Socialization/Recreation programs and activities	✓	✓
Summer youth employment programs	✓	✓
Youth & family travel costs for visitation, appointments and training related to the IFSP/MAP or foster care service plan (not for Medicaid or IV-E eligible expenses)	✓	✓
Parenting and anger management classes	✓	✓
Family Partnership Meetings	✓	✓
Translation/Interpretation services to support clinical services only	✓	✓
Court testimony (8 hours per subpoenaed provider per day per hearing; not for expert testimony)	✓	✓
Respite (in-home and out of home)	30 days/year maximum	Maximum of $5,000 and/or 15 calendar days over 6 months and not to exceed 14 consecutive days out of home
Non-Medicaid reimbursable medical expenses excluding behavioral health care services	✓	$1,000 annual maximum
Legal fees	✓	
Driver's education	✓	
School-related fees (excluding private school tuition)	✓	
Out-of-State public school tuition	✓	
Foster/adoptive home studies	✓	
Court-ordered evaluations/assessments from CSA-contracted providers	✓	
Tutoring	$3,000/year max	
***reference UR service authorization note for eligible dates of service**		

Emergency Situations Eligible for Expedited FAPT Service Planning

Emergencies are defined as those crisis situations in which the lead case manager and his/her supervisor, in consultation with the family when possible, agree that the child needs immediate placement or the child and family is in need of immediate services in order to prevent foster care placement of the child. Per Virginia Code, prior to placing a child outside Fairfax-Falls Church, it is required that all appropriate community services for the child be explored.

When a child has been determined in need of immediate services to prevent foster care placement, documented by a DFS workers' signature on the CSA Eligibility form, community-based services may be approved by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.

When a child in DFS custody must be placed in treatment foster care on an emergency basis, treatment foster care services may be approved by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.

When the residential placement of a youth in foster care is made on an emergency basis a Consent, Case Manager Report to FAPT and CANS must be submitted to the CSA office within two business days and a FAPT review must occur within 14 calendar days after services have commenced. The FAPT review shall be scheduled at least five business days following receipt of a correct Consent, Case Manager Report to FAPT and CANS to provide time for a Utilization Review Report to be completed.

Per Virginia Code, Medicaid providers must be used when available and appropriate. Additionally, providers under contract shall be used when available and appropriate.

Only mandated funds can be used to purchase such services. Funds are not set aside for emergency services for non-mandated youth; therefore, a service authorization must be obtained non-mandated funds must be available prior to commencing services for non-mandated youth. When an emergency as defined above occurs, the lead case manager may proceed to obtain the needed services.
The agency taking the emergency action assumes the role of case manager. If the child/family has a case manager within another agency/department, the agency taking the emergency action will notify that case manager of the emergency authorization as soon as possible.

Procedures for Flexible Response to Emergency Needs

An IFSP-EZ must be submitted to the CSA Office within two business days after community-based services, treatment foster care services, and short-term residential or group home placements (maximum length of stay of 90 days or less) have commenced on an emergency basis. A FAPT review must occur within 14 calendar days following the onset of services in an emergency, or within 14 days of submitting the IFSP/MAP if services have not yet commenced. The CANS must be submitted within 10 calendar days of services commencing.

UR may approve funding for transportation and other short-term/emergency needs that are necessary to support the youth and family in meeting IFSP/MAP goals. Before considering CSA funding the case manager and FAPT shall assess the family's ability to meet their needs without CSA funding, and the availability of other community resources. For families needing support to drive to services or placements, gas cards may be issued, with the amount determined per this scale:

- less than 100 miles/month: $10/month
- 100-150 miles/month: $15/month
- 150-200 miles/month: $20/month

For each additional increment of 50 miles, an additional $5 is provided. Gas cards may be issued prior to the first month of driving, but thereafter actual travel to services placements in the previous month must be verified prior to issuing a card for the next month.

Gift/Gas Card Policy

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

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

Emergency Psychiatric Hospitalizations

In the case of the need for emergency hospitalizations in a private psychiatric facility, all children must be evaluated, and prescreened if appropriate, by CSB Mental Health Services. The purpose of this process is to explore alternatives to hospitalization; determine whether voluntary or involuntary status is appropriate if hospitalization is necessary; assist in securing a bed and to facilitate the hospitalization; and make use of public resources, to include Medicaid. Evaluations and pre-screenings can be arranged through the local CSB Mental Health Resource Team member from the office located in the area where the youth resides. Psychiatric Hospitalizations are typically funded through private insurance or Medicaid and are generally not a CSA-funded service. If you have questions regarding funding, please call the CSA program office at (703) 324-7938.

8.2 Services Eligible for Expedited FAPT Service Planning

Case Support, Family Partnership Meetings for non-DFS cases, and Family Peer Support Partners may be requested using the IFSP-EZ form. Services are not authorized to begin prior to review of complete documentation by the FAPT. For children in foster care and children at-risk of entering foster care served by DFS ~~Child Protective Services (CPS) and Protection and Preservation Services (PPS~~) **Children, Youth and Families Division**, the following services may be requested with standard language incorporated in the IFSP/MAP. The use of standard language incorporated in the IFSP/MAP or IFSP-EZ to request services for children at-risk of entering foster care served by DFS **CYF** ~~CPS and PPS~~ is limited to six months after the initial CSA service approval.

Service	Foster Care	CPS/PPS/Kinship*
Camp/Socialization/Recreation programs and activities	✓	✓
Summer youth employment programs	✓	✓
Youth & family travel costs for visitation, appointments and training related to the IFSP/MAP or foster care service plan (not for Medicaid or IV-E eligible expenses)	✓	✓
Parenting and anger management classes	✓	✓
Family Partnership Meetings	✓	✓
Translation/Interpretation services to support clinical services only	✓	✓
Court testimony (8 hours per subpoenaed provider per day per hearing; not for expert testimony)	✓	✓
Respite (in-home and out of home)	30 days/year maximum	Maximum of $5,000 and/or 15 calendar days over 6 months and not to exceed 14 consecutive days out of home
Non-Medicaid reimbursable medical expenses excluding behavioral health care services	✓	$1,000 annual maximum
Legal fees	✓	
Driver's education	✓	
School-related fees (excluding private school tuition)	✓	
Out-of-State public school tuition	✓	
Foster/adoptive home studies	✓	
Court-ordered evaluations/assessments from CSA-contracted providers	✓	
Tutoring	$3,000/year max	
***reference UR service authorization note for eligible dates of service**		

Emergency Situations Eligible for Expedited FAPT Service Planning

CSA pool funds may not be used to implement service plans developed outside of the FAPT/MDT process. However, CPMT is charged with developing local policy to allow immediate access to pool funds for emergency services. State pool funds may be used for emergency placements/services if the child or youth is assessed by the FAPT/MDT within 14 days of placement/service initiation and the emergency placement/service supported by the FAPT, consistent with the locality's policies. All CSA requirements must be met.

Emergencies are defined as those crisis situations in which the lead case manager and his/her supervisor, in consultation with the family when possible, agree that the child needs immediate placement or the child and family is in need of immediate services in order to prevent foster care placement of the child. **If the child/family has a case manager within another agency/department, the agency taking the emergency action will notify that case manager of the emergency authorization as soon as possible.** Per Virginia Code, prior to placing a child outside Fairfax-Falls Church, it is required that all appropriate community services for the child be explored. **Fairfax-Falls Church CPMT permits initiation of emergency services prior to FAPT review in the following three situations:**

1. **Foster Care Services - When a child in DFS custody must be placed in congregate care on an emergency basis, treatment foster care services may be approved by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.**

   Per Virginia Code, Medicaid providers must be used when available and appropriate. Additionally, providers under contract shall be used when available and appropriate.

2. **Foster Care Prevention Services for Abuse and Neglect - When a child has been determined in need of immediate services to prevent foster care placement, documented by a DFS worker' signature on the CSA Eligibility form, designated community-based services may be supported by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.**

3. **Leland House Services When a youth meets criteria for admission to Leland House based on assessment by CSB Emergency Services or Resource Team staff and has been accepted for admission by the provider, services may commence on an emergency basis. CSA funding is permissible if the service is subsequently reviewed within 14 days and supported by the FAPT AND the FAPT determines that the youth meets CHINS Parental Agreement eligibility criteria. Only mandated funds can be used to purchase such services. Funds are not set aside for emergency services for non-mandated youth; therefore, a service authorization must be obtained, and non-mandated funds must be available**

Procedures for Approval for Emergency Services

A FAPT review must occur within 14 calendar days after services have commenced. Required documentation must be submitted within 2 business days of services commencing to include:

- **IFSP-EZ**
- **Consent**

- **CANS (current <30 days)**
- **Eligibility Determination Form**
- **Parental Contribution Assessment (if applicable)**

CSA funding is not available for any services that have not been reviewed and supported by FAPT within the specified timelines stated above. Additionally, the agency initiating emergency services shall be financially responsible if CSA funding is not available.

~~When a child has been determined in need of immediate services to prevent foster care placement, documented by a DFS workers' signature on the CSA Eligibility form, community-based services may be approved by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.~~

~~When a child in DFS custody must be placed in treatment foster care on an emergency basis, treatment foster care services may be approved by FAPT for up to 60 days through an expedited service planning process. Services beyond 60 days require development of an action plan by an FPM or FRM.~~

~~When the residential placement of a youth in foster care is made on an emergency basis a Consent, Case Manager Report to FAPT and CANS must be submitted to the CSA office within two business days and a FAPT review must occur within 14 calendar days after services have commenced. The FAPT review shall be scheduled at least five business days following receipt of a correct Consent, Case Manager Report to FAPT and CANS to provide time for a Utilization Review Report to be completed.~~

~~Per Virginia Code, Medicaid providers must be used when available and appropriate. Additionally, providers under contract shall be used when available and appropriate.~~

~~Only mandated funds can be used to purchase such services. Funds are not set aside for emergency services for non-mandated youth; therefore, a service authorization must be obtained and non-mandated funds must be available prior to commencing services for non-mandated youth. When an emergency as defined above occurs, the lead case manager may proceed to obtain the needed services.~~

~~The agency taking the emergency action assumes the role of case manager. If the child/family has a case manager within another agency/department, the agency taking the emergency action will notify that case manager of the emergency authorization as soon as possible.~~

~~Procedures for Flexible Response to Emergency Needs~~

~~An IFSP-EZ must be submitted to the CSA Office within two business days after community-based services, treatment foster care services, and short-term residential or group home placements (maximum length of stay of 90 days or less) have commenced on an emergency basis. A FAPT review must occur within 14 calendar days following the onset of services in an emergency, or within 14 days of submitting the IFSP/MAP if services have not yet commenced. The CANS must be submitted within 10 calendar days of services commencing.~~

~~UR may approve funding for transportation and other short-term/emergency needs that are necessary to support the youth and family in meeting IFSP/MAP goals. Before considering CSA funding the case manager and FAPT shall assess the family's ability to meet their needs without CSA funding, and the availability of other community resources. For families needing support to drive to services or placements, gas cards may be issued, with the amount determined per this scale:~~

- ~~less than 100 miles/month: $10/month~~

- ~~100-150 miles/month: $15/month~~
- ~~150-200 miles/month: $20/month~~

~~For each additional increment of 50 miles, an additional $5 is provided.~~

~~Gas cards may be issued prior to the first month of driving, but thereafter actual travel to services placements in the previous month must be verified prior to issuing a card for the next month.~~

Gift/Gas Card Policy (MOVED TO OWN SECTION IN MANUAL (SECTION 25))

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

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

Emergency Psychiatric Hospitalizations

In the case of the need for emergency hospitalizations in a private psychiatric facility, all children **must be found eligible for acute care through an emergency services evaluation** ~~be evaluated, and prescreened if appropriate, by~~ **(e.g., CSB Mental Health Services).** The purpose of this process is to explore alternatives to hospitalization; determine whether voluntary or involuntary status is appropriate if hospitalization is necessary; assist in securing a bed and to facilitate the hospitalization; and make use of public resources, to include Medicaid. Evaluations and pre-screenings can be arranged through the local CSB Mental Health Resource Team member from the office located in the area where the youth resides. Psychiatric hospitalizations are typically funded through private insurance or Medicaid and are generally not a CSA-funded service. **Youth in foster care who require acute psychiatric hospitalizations and have no other funding source may access CSA funding through standard language incorporated in the IFSP/MAP. In situations where extended acute psychiatric hospitalization is needed while waiting for a residential placement to become available, the acute service must be included on the IFSP/MAP and supported by FAPT.** ~~If you have questions regarding funding, please call the CSA program office at (703) 324-7938.~~

8.3 Parental Placements Initiated Prior to CSA Authorization

Parental placements are not eligible for expedited FAPT service planning or emergency access to CSA funding. Families not following the local CSA policies or who place their child in a residential facility prior to participating in a FAPT meeting assume the costs incurred for the placement. All CSA requirements and documentation (such as execution of the CHINS Parental Agreement), including the use of approved providers, shall be met to access CSA pool funds. If, after following the CSA service

planning process, the youth is deemed eligible for CSA funds with an approved IFSP, funding is effective no earlier than the date of the FAPT meeting – CSA funds are not retroactive.

MEMO TO THE CPMT

September 24, 2021

Information Item I-3: Children's Services Act Policy & Procedures Manual Updates

ISSUE: The Healthy Minds Fairfax/Children's Services Act Policy Manual requires updating and revisions to ensure the Manual properly reflects current policies and practices.

BACKGROUND:
Proposed updates to the manual are needed to reflect current practice and policies approved by the CPMT (e.g. process to address delinquent parental contribution payments), and clarify sections to avoid confusion about policies and procedures. The changes and updates have been reviewed by the CSA Management Team.

ATTACHMENT:
Summary of changes, Proposed policy manual changes

INTERNAL CONTROL IMPACT:
None

FISCAL IMPACT:
None

STAFF:
Patricia E. Arriaza, Management Analyst, CSA

CSA Policy & Procedures Manual Changes
September 2021

- Language to be removed is ~~struck out and highlighted in yellow~~.
- Language to be added is **highlighted in green**.

	Update/Addition	Comments	Section
1	Out of state contracts	CPMT delegation to CSA MT of approval of out of state contracts	Section 3.2; Section 29
2	Parent feedback	Able to provide input to UR report, given ability to provide feedback on MDT process (both parent and youth)	Section 4.2
3	Change info on supervision of CSA Program Manager	HMF division director to DFS Agency Director	Section 4.3
4	Delete blurb about HFM		Section 4.3
5	FAPT requests	Removed language about requesting FAPT meetings - duplicative	Section 4.4
6	FAPT recommendation	Update language under MDT/FAPT Recommendation Making, bullet 2 from “approved” to “supported” and Responsibilities of UR Staff, bullet 1	Section 4.3; Section 4.8
7	UM & UR	Update/edit language, remove unnecessary historical info	Section 4.8
8	Update training language for FAPT/CPMT/CSA MT members	Removed "in place as of December 2014" for FAPT members; removed note for CPMT and CSA MT members	Section 4.9
9	Clarified info on Criteria for CSB CM/Case Support	Updated number of case support cases to be carried by CSB; updated info to clarify CANS requirements and reflect updated CANS criteria based on CPMT decision	Section 5.1
10	Review/resolution of lead case management issues	Added "video" to meeting options to resolve issues	Section 5.1, pg. 43
11	CSB CSS Reporting requirements	Removed reporting requirements, added reference to APOS	Section 5.1, pg. 44
12	Parental contribution assessment	Update CM responsibilities for parental contribution assessment - removed reference to stand alone waiver or fee reduction form	Section 5.1
13	Family involvement of legal counsel at MDTs	Removed redundant paragraph	Section 6.1
14	Referral to ICC by Team-based coordinator	Removed language - not relevant	Section 6.3
15	funding/eligibility	Removed reference to ICC referrals being sent for FAPT review	section 6.6

	Update/Addition	Comments	Section
16	Administrative reconsideration procedure for UR decisions	Removed reference to SOC division director and CHBC program manager, added language that indicates a CSA supervisor will be identified by DFS Director should csa program manager be unavailable	Section 8.1
17	Expedited FAPT Service Planning	Clarified language around expedition of FAPT services, added section 8.3 that clarifies family placements are not eligible for emergency services funding; clarified language around funding for acute care for foster care youth	Section 8.2, Section 8.3
18	Emergency Placements/Services	Clarified language around contract process for emergency placements and out of network providers	Section 10.2
19	ICC provider info	Added names of two ICC providers	Section 15.2
20	Serious Incidents	Updated "UR" to "CSA staff" when detailing staff involved in following up with SIRs, updated when SIR is required language to match APOS language, removed reference to SOC Division Director	Section 5.1; section 11, Section 17.1, section 17.2; Section 17.3; Section 17.6, Section 17.7
21	delinquent parental contribution payments	Updated process to reflect inclusion of DTA in collection process	Section 25.8

1

3.2 CSA Management Team

Additionally, the CSA Management Team is the decision-making body for the following actions:

1. Review and Amendment of the Policies and Procedures Manual.
   a. These policies and procedures may be amended at any regular meeting of the CPMT by a majority vote of those present and voting. CPMT delegates to the CSA Management Team authority to amend any section of the manual titled "procedures", "methodologies" or "responsibilities" through a majority vote at any regular meeting of the CSA Management Team. The CSA Management Team shall report such amendments at the following regular meeting of the CPMT.
   b. Prior to recommending to CPMT a policy amendment, or to considering amending any section of the manual titled "procedures", "methodologies" or "responsibilities", the CSA Management Team shall evaluate the impact of the proposed amendment on the CSA internal control system, to include providing reasonable assurance that the following objectives are met: assets are safeguarded; reliable information/data; effective and efficient operations; and compliance with applicable laws, regulations, policies, procedures and contracts. A summary of that evaluation shall be included in the CPMT Item.
2. Monitoring and oversight of the service delivery of CSA funded services across the system. This includes but is not limited to:
   a. Review of Serious Incident Reports to ensure safety and well-being of children and youth;
   b. Review of contract compliance issues and concerns;
   c. Determination of an appropriate response to a and b above, including but not limited to: issuing Notices of Deficiency, requiring a Corrective Action Plan, temporarily suspending new referrals to the provider until a final disposition, placing provider on probation with additional county oversight for a period of time, and termination of contract if concerns are not remediated.
3. Resolution of case-specific disputes on assigning lead agency case management when they may prevent access to services and may develop guidelines to assist with that process.
4. Review and Authorization of Intensive Care Coordination (ICC) expenditures in excess of the limits specified in Section 15.10 of this manual and for extensions of ICC services beyond the 15 months.
5. Annually, in collaboration with the SOC Training Committee, development and implementation of a CSA-SOC training plan to be presented to the CPMT as an information item.
6. **Approval of in-state and out-of-state Agreements to Purchase Services (APOS).**

2

4.2 Partnership with Families

….

The CSA was designed to assist troubled and at-risk youths and their families to gain access to the services from various human services agencies in order to meet their needs. State and local agencies, parents and private service providers work together to plan and provide services. All parents of children served by the CSA have the right to:

- Understand the local CSA process and to receive information on the timelines for receiving and reviewing referrals for services;
- Be notified before the child is assessed or offered services;
- Consent in writing before beginning any services that are part of the family service plan developed, except when ordered by the court, upheld by the appropriate appeals process, or authorized by law;
- Review and receive information regarding the child's CSA record and to confidentiality (unless otherwise authorized by law ordered by the court);
- **Provide feedback on any reports prepared by a Utilization Review analyst;**

- Receive assistance from local human services professionals to be assessed to determine the services the child requires;
- Review, disagree with, and appeal any part of the child's assessment or service plan;
- Participate during the entire meeting at which a CSA Team discusses the child and family situation, except for a closed session as proscribed by law; and
- **Provide feedback on the CSA process or CSA funded services through client satisfaction surveys or direct communication to CSA staff or case manager.**

3

4.3 Children's Services Act Program Administration

4

The daily operations of the CSA program are administered by a team of 11 staff with the support of budget, finance, and contract staff designated by partner agencies. The CSA Program Manager is administratively supervised by the **Department of Family Services Agency Director** ~~Healthy Minds Fairfax Division Director~~ under the authority and direction of the Deputy County Executive for Human Services. ~~The Healthy Minds Fairfax division was formed in 2015 by the Board of Supervisors to expand the System of Care model to include prevention and intervention services for youth and families with behavioral health care needs~~.

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4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams

Review and Recommendation Process for Out-of-Home Placements:

- Cases in which the team is unable to create a safe and effective community-based plan during the FPM/FRM process;
- Cases in which the parents/custodians disagree with the community-based plan created by the FPM/FRM/YFT, or if they decline to participate in developing a community-based plan and insist on pursuing a residential placement. ~~If the parent/guardian declines participation in a team-based planning meeting, they must at a minimum participate in a face-to-face meeting with their CSA case manager prior to the initial FAPT meeting for the purposes of receiving an orientation to all relevant programs, processes, policies, practice standards, and the CANS, and completion of a strengths/needs assessment to include cultural and language issues~~;

6

MDT and FAPT Recommendation Making

1. …
2. Nothing in this section shall prohibit the use of state pool funds for emergency placements, provided the youth are subsequently assessed by the FAPT/MDT within 14 days of admission and the emergency placement is **supported** ~~approved~~ at the time of placement. (COV § 2.2-5209) For purposes of defining cases involving only the payment of foster care maintenance, the definition of foster care maintenance used by the Virginia Department of Social Services for federal Title IV-E shall be used. (CSA Appropriations Act B11)

7

4.8 Utilization Management and Utilization Review

~~Beginning July 1, 1999, the General Assembly modified CSA legislation to require that~~ Each locality receiving funds for activities under the CSA shall have a utilization management process, approved by the State Executive Council, covering all CSA services. Utilization Management (UM) is a set of techniques used by purchasers of health and human services to manage the provision and cost of services through a systematic, data-driven process.

…

~~In December, 2004~~ The Fairfax-Falls Church CSA ~~began a new UM/UR initiative with~~ **has a** dedicated internal UM/UR staff whose role is to conduct child-specific reviews and to collect additional data for system-level analysis of utilization practices. Utilization reviews are conducted for the following service requests:

- Long-term residential and group home requests – at admission and every three months thereafter prior to discharge;
- Treatment foster care services; and
- Intensive in-home services, in-home services, intensive family preservation services, intensive care coordination, mental health skills building, monitored supervision, therapeutic supervision and applied behavior analysis every six months and when request exceeds 150 hours.

The Individualized Education Program (IEP) Team shall provide utilization review for IEP-required special education placements, to include a review of the child's progress toward the annual goals on the IEP and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year (State User Guide for the Children's Services Act).

~~The CPMT approved in September, 2014 a restructured FAPT and UR process.~~ UR analysts have been delegated authority by the CPMT to authorize funding for CSA services, for those requests that meet state and local policy and are in compliance with local practice standards. ….

Responsibilities of Utilization Review Staff

1. Review requests for services developed and ~~approved~~ **supported** by FAPTs and MDTs and provide service authorizations for those requests that meet state and local funding requirements;

8

4.9 CSA System of Care Training Requirements

CSA Case Managers and Supervisors are required to complete CSA SOC training within the first year of employment with Fairfax County and Fairfax County and Falls Church City Public Schools. Intro to System of Care, Accessing CSA Services, Facilitating a Family Resource Meeting and CANS training are mandatory sessions to be completed within 12 months of employment. Annual CANS recertification is required for CSA case managers.

CSA SOC Sessions – Part 2 must be taken prior to participation in Part 3.

- Part 1: Introduction to Systems of Care
- Part 2: Team-Based Planning & Facilitating Family Resource Meetings*
- Part 3: Accessing Services through the Children's Services Act
- Annual Child and Adolescent Needs and Strengths (CANS) certification

- …..

Note: Agency/system required training may substitute for CSA SOC training on the same topic if it is consistent with the relevant CPMT-approved SOC practice standards and accurately presents CSA policies and procedures.

1. FAPT Members and CSA Program staff are required to complete CSA Case Manager required trainings according to the same time schedule as case managers.

   Note: FAPT members ~~in place as of December 14, 2012~~ are exempt from these training requirements, with these exceptions:

- Intro to Systems of Care;
- CANS Certification;
- CSA Law and Policy.

2. CPMT and CSA Management Team Members are required to complete the following SOC training:
   - Introduction to Systems of Care;
   - CSA Law and Policy.

~~Note: CPMT and CSA Management Team members in place as of December 14, 2012 are exempt from these training requirements.~~

9

5.1 CSA Eligibility

Case Management and Case Support Services

….

The CPMT has approved for the CSB Resource Team to provide Case Support Services for up to ~~30~~ **75** youth. Families who self-refer who have no current agency involvement will be referred to the CSB for CSA case management/case support services. Other youth who qualify for mental health case management based on needs and risks may also be referred to the CSB for case management/case support services.

Criteria for CSB Case Management/Case Support

Youth who meet the CANS criteria on the Behavioral/Emotional and Risk Behavior subscales are eligible for Case Management/Case Support provided by the CSB. Other funding supports for the CSB provide for additional capacity to provide case management and serve as the lead case manager for CSA.

CANS criteria to define significant Actionable level of need by domain:

Behavioral/ Emotional Domain = ~~2 – 2's or 1 – 3's~~ **Two 2s or two 3s**

Risk Behavior Domain = ~~2- 2's or 1- 3~~ **One 2 or one 3** (exception: Intentional Misbehavior is excluded due to scoring concerns)

~~School Domain = 2 – 2's or 1 – 3~~

CANS criteria for CSB case management/case support:

Youth with significant Actionable needs under Risk Behavior with significant Actionable needs under the Behavioral/Emotional domain

10

When decisions about lead case management cannot be resolved by the parties involved within 5 business days, the matter shall be brought to the CSA Management Team for review and resolution within 3 business days of notification to the CSA Manager. The CSA Manager will convene a 3 member subcommittee for a phone**/video** conference if the regularly scheduled full meeting of the team would not allow for a timely response.

11

Case-specific Reporting and Oversight

The CSB staff will prepare a written quarterly report for each youth receiving CSA-funded case support services, summarizing the specific activities provided during the quarter as part of the case support service and send the report to ~~the~~ CSA **staff** ~~UR Manager~~. ~~The report shall include information about CANS completion, face to face visits, team-based planning meetings, telephone consultations, appearances at FAPT, visits to residential facilities and other direct provision of case support activities necessary to develop and implement the service plan.~~ **See Agreement to Purchase Services for details on report requirements.**

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Procedures for the Lead Case Manager in Accessing CSA-Funded Services through the FAPT and Multi-Disciplinary Team Processes

Parental Financial Responsibilities

…

- Complete **the waiver or reduction section of the Parental Contribution Assessment form** ~~Request for CSA Consideration of Parental Contribution Waiver or Reduction form~~ if the parents state they cannot pay the contribution amount assessed due to financial hardship such as bankruptcy, debt for medical expenses not covered by insurance, etc. Obtain ~~the parents' or legal guardian's signature on the~~ form, along with the necessary documents from the family that support the description of a financial hardship and verification of income. ~~and the completed Parental Contribution Assessment should be included with the Request for CSA Consideration of Parental Contribution Reduction or Waiver form~~;
- ….
- Forward the signed Parental Contribution Assessment and/or the Request for CSA Consideration of Parental Contribution Reduction or Waiver form with verification of income and financial hardship with the FAPT review packet to CSA Administrative Support Staff;
- When notified by DFS Accounts Receivable that a family's account is delinquent the case manager should contact the family to discuss barriers to payment and determine if the family may benefit from requesting a reduction or waiver~~, or contact finance to develop a payment plan~~.

13

Family Assessment and Planning Teams (FAPTs)

~~If a parent/family member wishes to bring an attorney or anyone employed by an attorney to an team-based planning meeting, the County Attorney must also be present at the meeting. The family must give the case manager sufficient notice of their intent to bring an attorney. The team-based planning meeting is not investigative for adversarial purposes. An attorney may not use the meeting as a contested hearing or as a forum for cross-examination.~~

14

6.3 Referral for Team-Based Planning

….

~~Intensive Care Coordination (ICC)~~

- ~~Youth at risk of residential or group home placement, shall be screened for intensive care coordination. If ICC is recommended, families have the right to decline such services in accordance with the provisions of the Termination of ICC section of the Intensive Care Coordination Procedures.~~
- ~~ICC is a CSA-funded service, therefore, youth referred for ICC must meet criteria for CSA eligibility.~~

6.6 Authorization Procedures for Team-Based Planning

15

Funding /Eligibility

Funding eligibility shall be determined by CSA staff prior to ~~ICC and~~ FPM referrals being scheduled for a FAPT review.

8.1 Procedures for Utilization Review Approval of CSA funding

16

Decision Review Procedures

1. **…**
2. **Administrative Reconsideration**: The UR Analyst will provide the case managers/supervisors with the reason that the service request was "Not approved," "Not eligible" or "Approved with Amendment." The category of UR decision will determine the most appropriate type of decision review process:
   a. For **Not Eligible**: Administrative reconsiderations are reviewed by the CSA Program Manager within three business days of CM written request. The CM's CSA Management Team member, or Falls Church CPMT member for Falls Church residents, may request a reconsideration of the CSA Program Manager decision by the **CPMT Chair**, ~~SOC Division Director,~~ which will be rendered within three business days of a written request. In the absence of the CSA Program Manager, **a CSA Supervisor will be identified by the DFS Director in consultation with the CPMT chair**. ~~the Youth Behavioral Health SOC Program Manager will review reconsideration requests. The CPMT Chair will review reconsideration requests in the absence of the SOC Division Director.~~

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8.2 Services Eligible for Expedited FAPT Service Planning

See CPMT Item I-2 for updated language on "Services Eligible for Expediated FAPT Service Planning"

10. Step 6 - Service Implementation

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~~10.2 Emergency Placements/Services~~

~~There may be circumstances when the emergency placement of a child will occur after hours or on weekends. For mandated youth, case managers are authorized to secure emergency services for up to 14 days without prior FAPT approval, with the agreement of their supervisor. These cases will then be reviewed according to FAPT procedures.~~

~~There are other circumstances when the case manager requests the services of a provider with whom the CPMT does not have an agreement. In those instances, the case manager submits a completed Fairfax-Falls Church Request for Child Specific/Out of Network CSA Contract form to the CSA Contracts Management staff. This form must be signed by the requesting case manager's agency director or, as designated by the requesting agency director, the CSA Management Team agency representative, and prior to the CSA Contracts Management staff initiating procedures to pursue an agreement with the proposed provider. The Provider Information Sheet must be completed, signed and submitted to CSA Contracts Management staff requesting approval of a Child Specific Contract.~~

~~The agency director or a designated agency CSA Management Team representative must sign the form to indicate that all local resources and existing approved providers were explored and are unable to~~

~~meet the youth's current needs. (The Interstate Compact Approval of an out-of-state placement indicates that such efforts have been made).~~

~~To expedite placement of commencement of services, the requesting agency may accept responsibility for payment of the cost of the service if the child is placed without an existing agreement, should the CPMT not approve the proposed Agreement.~~

~~Case managers should consult with the agency director or CSA Management Team agency representative to determine the procedures to follow to obtain written approvals regarding any services which are requested on a child specific basis from a provider with whom the CPMT does not have an existing agreement.~~

~~For Residential and Group Home services, Utilization Management must be sent the request per CSA policy.~~

10.3 Emergency Placements/Services

There may be circumstances when the emergency placement of a child in Foster Care will occur after hours or on weekends. For these youth, case managers are authorized to secure emergency services for up to 14 days without prior FAPT approval, with the agreement of their supervisor. These cases will then be reviewed according to FAPT procedures. (See section 8 for process and procedures.)

10.4 Contract Procedures for Child Specific/Out of Network Providers

There are circumstances (e.g., emergency placements) when the case manager requests the services of a provider with whom the CPMT does not have an agreement.

In these circumstances, the case manager will submit a completed Fairfax-Falls Church Request for Child Specific/Out of Network CSA Contract form to the DPMM CSA Contracts staff. The Child Specific Contract Request form must be completed, signed, and submitted to DPMM CSA Contracts Management staff requesting approval of a Child Specific Contract.

The agency director or a designated agency CSA Management Team representative must sign the form to indicate that all local resources and existing approved providers were explored and are unable to meet the youth's current needs. (The Interstate Compact Approval of an out-of-state placement indicates that such efforts have been made).

To expedite placement of commencement of services, the requesting agency may accept responsibility for payment of the cost of the service if the child is placed without an existing agreement, should the CSA Management Team not approve the proposed Agreement.

Case managers should consult with the agency director or CSA Management Team agency representative to determine the procedures to follow to obtain written approvals regarding any services which are requested on a child specific basis from a provider with whom the CPMT does not have an existing agreement. For Residential and Group Home services, Utilization Management must be sent the request per CSA policy.

A Parental Agreement (see section ##) cannot be completed before the CPMT approves a contract with the selected residential facility. Children's Services Act funds are not available for non-mandated youth; therefore, parental placements are not eligible for emergency placements.

15.2 Providers of Intensive Care Coordination

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The provision of ICC is open to Community Services Boards (CSBs) and private providers. In accordance with the State Executive Council (SEC) Policy, effective July 1, 2014, all ICC providers must be trained in the High-Fidelity Wraparound (HFW) model. Fairfax-Falls Church CSA requires its providers of ICC to meet all the educational, training, and supervision requirements for ICC as defined in the SEC ICC Policy. **In Fairfax-Falls Church, Intensive Care Coordination services are provided by two contracted providers: Wraparound Fairfax and UMFS.**

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17. Serious Incident Reporting

17.1 Administrative Response Protocol

The serious incidents that require following the Administrative Response Protocol are those that contain allegations about the provider or provider's staff of the following concerns:

- Criminal activity by the provider to include abuse/neglect;
- Legal/risk management issues to include unsafe conditions;
- Ethical/professional licensure issues to include boundary and dual relationships;
- Contractual/fiscal issues to include billing misconduct and failure to report SIRs.

Protocol

CSA ~~Manager~~ and Contracts Manager will review the SIR within 2 business day of report and perform the following actions:

- Notify appropriate county/school staff of the incident report to include the worker, supervisor and CSA Management Team member;
- Request information from appropriate staff and ensure they are assessing the safety of the youth involved, if applicable;
- Review the CSA MIS to determine if other youth are being served and may be impacted. If so, notify the case manager, supervisor, and CSA Management Team member for those youth;
- Depending on the nature of the incident, notify the following parties:
  - CPMT Chair;
  - CSA county attorney;
  - ~~SOC division director.~~
  - **DFS Agency Director.**

17.2 Serious Incidents

A serious incident, actual and alleged, is one which is related to youth placed with CSA funds and involves one or more of the following:

- Abuse or neglect;
- Criminal behavior;
- Death;
- Emergency **medical** treatment;
- Facility related issues such as fires, flood, destruction of property;
- Food borne diseases;
- **medication errors resulting in serious injury to a client or medication errors indicating a pattern of behavior (such as regular refusals or adverse reactions)**
- **other incidents which jeopardize the health, safety, or wellbeing of the youth**

- **physical assault/other serious acts of aggression**
- Serious illnesses (such as tuberculosis, meningitis, or other communicable diseases);
- **serious infractions of facility or school rules;**
- Serious injury (accident or otherwise);
- Sexual misconduct/assault;
- ~~Substance abuse;~~
- Suicide attempt; and
- **unexplained absences and/or elopement.**
- ~~Other incidents which jeopardize the health, safety, and well-being of the youth.~~

17.3 Provider Responsibilities

1. Shall notify the proper authorities, consistent with state regulation, and take appropriate action to re-establish the health, safety, and well-being of the youth.
2. Report the incident, within 24 hours of the incident, via telephone **or email**, to the case manager of the placing agency **and legal guardian** of each youth involved.
3. Complete and submit within ~~48 hours~~ **3 business days** of the incident, a written report, for each youth involved, to ~~the case manager of the placing agency and~~ CSA staff. ~~Utilization Review Manager.~~ The written report should give a factual, concise account of the incident and include, minimally, the following information:

17.6 CSA Staff Responsibilities

1. Review content of SIR. Check compliance of required elements as stated in the APOS. Consider quality of response and follow-up with provider in UR review.
2. If contract requirements have been followed, and there are no concerns about quality or response to incident, the **CSA staff** ~~UR Analyst~~ will initial SIR document and submit for filing. No further action is needed.
3. If follow-up is required, **CSA staff** ~~UR Analyst~~ will attach documentation regarding actions taken (e.g., email, log of correspondence with dates/points of contact/nature of follow-up, etc.). If resolved, UR Analyst will initial SIR document and submit all documentation for filing.
4. For issues around quality, a UR Analyst will take the lead. For issues regarding contract violations, Contracts staff will take the lead.
5. If concerns remain unresolved, ~~the UR Analyst~~ CSA staff will staff the SIR with the UR Manager.
6. ~~The UR Manager~~ **CSA staff** will consult with Contracts Manager and bring to CSA Management Team for further direction.
7. ~~The UR Manager~~ **CSA staff will** ~~and Contracts Manager~~ present SIRs report to CPMT quarterly.

17.7 CSA Contracts Staff Responsibilities

1. Follow Administrative Response Protocol (see Section 17.1).
2. Monitor serious incidents occurring at each facility and utilize this data, as well as reports from state licensing agencies when processing provider contracts for renewal.
3. The Contract manager along with **CSA staff** ~~the UR manager~~ will summarize serious incident reporting and prepare a report for the CPMT quarterly.

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25.8 Collection Procedures

Working with the FRU, the Finance Specialists are tasked with billing and accounts receivable functions for all CSA Parental Contributions. **Collections of delinquent accounts will be managed by the Department of Tax Administration.**

~~1. If an account balance is unpaid after 30 days, an active CSA account shall be considered delinquent. If no payment is made within a 30-day period, a reminder letter will be sent notifying parents of the delinquency and requesting payment of the past due amount.~~
~~2. If an account balance is unpaid after 60 days, a letter is sent to parents and case managers alerting them that CSA services are in jeopardy if payment is not received, per the CSA Parental Contribution Assessment. An "alert" notice is entered into the CSA information system to inform staff about the non-payment status of the family's account.~~
~~3. If an account balance is unpaid after 90 days, a warning of possible service termination letter is sent notifying parents of possible termination of CSA services if payment is not received by the end of that month. This notice will indicate that the account may be forwarded to a collection agency, if payment is not received. An "alert" notice is entered into the CSA information system to inform staff about the non-payment status of the family's account.~~
~~4. If full payment is not received after 120 days forward account to collection agency, with notice to the CSA Program.~~

1. If an account balance is unpaid after 30 days, an active CSA account shall be considered delinquent. CSA will notify the case manager and DTA when cases are 30 days past due. The case manager will confirm contact with the family to ensure that no financial changes have occurred that might impact ability to pay.
2. Accounts that are more than 60 days past due will be referred to DTA. Referrals will include name of parent, account number from Harmony/SMART, most recent address, phone number, and amount of debt. Notice of the referral will be entered into the CSA information system and notice provided to fiscal/accounts receivable and the case manager.
    a. Once referred, DTA will send the family a letter giving them 30 days to respond to DTA. The letter will include information about the fees charged to the family if the debt is referred to a collections agency and encourage them to contact DTA to remedy their delinquent account.
    b. For families who respond and have questions about the nature of the debt, DTA will request permission to review the matter with the program to clarify any issues. DTA will also perform a hardship review, considering family income, employment status and other financial factors that impact ability to pay.
    c. Based on information in this 30 day review period, DTA working with the CSA program may determine that a reduction in the amount owed is appropriate.
3. If the debt is referred to a collections agency, penalties, interest and fees may be added to the balance. State income tax refunds may be withheld and other actions such as bank liens may be taken to collect the debt.
4. The collections are returned to the agency and will be reconciled with LEDRS as a recovery.

Process
At the beginning of the month:
- **The Accounts Receivable (A/R) finance staff will run the Aged Delinquency Report in the parent contribution account system.**
- **Accounts with no payments in 30 and 60 days will be identified and reported to FRU case analyst.**
- **The FRU case analyst will notify the case manager and DTA for cases with no payments in 30 days.**
- **After 60 days with no payments, the FRU analyst will refer the case to DTA for them to initiate their collections process.**

Throughout the month:

- **A/R representative will note which parents call to arrange a payment plan and will follow the payment plans on these accounts.**

Client Address Maintenance

- **Any invoices or letters that are returned by the post office will be coordinated with CSA staff to determine if a better address is available.**
- **If invoices are being returned for accounts that are currently receiving services, CSA staff will pursue a better address with the case workers, etc.**
- **If invoices are being returned for accounts where services are no longer being provided, and no better address is available, then these accounts will be considered for referral to the collection agency.**

~~Process~~

~~*Delinquent Letter Preparation/Mailing*~~

~~At the beginning of the month:~~

1. ~~A/R representative will run the Aged Delinquency Report in QuickBooks for activity the previous month.~~
2. ~~A/R representative will review the accounts that appear on the report to determine if a letter needs to be sent, and which letter.~~
3. ~~A/R Supervisor will ensure that all delinquency letters are generated and mailed to the customers in a timely fashion, and that a copy of the letters is maintained for reference in the CSA Central file area by month.~~

~~Throughout the month:~~

1. ~~A/R representative will note which parents call to arrange a payment plan and will follow the payment plans on these accounts.~~
2. ~~A/R representative will review the letters for those who do not call to see if a payment was made during the month.~~
3. ~~A/R representative will alert A/R Supervisor of those accounts that are 60 or more days without a payment but still receiving services.~~

~~Returned Mail:~~

1. ~~Any invoices or letters that are returned by the post office will be coordinated with CSA staff to determine if a better address is available.~~
2. ~~If invoices are being returned for accounts that are currently receiving services, CSA staff will pursue a better address with the case workers, etc.~~
3. ~~If invoices are being returned for accounts where services are no longer being provided, and no better address is available, then these accounts will be considered for referral to the collection agency.~~

~~*Delinquency Review Prior to Possible Termination of Services*~~

~~At the end of each month:~~

1. ~~A/R representative and A/R Supervisor will meet to review those accounts delinquent 60 or more days.~~
2. ~~A/R staff will present to CSA staff a list of the above accounts so CSA management can initiate service termination~~
3. ~~CSA staff will forward a copy of the 60-day delinquent letter to the case manager as notification of non-payment on the account and possible termination of services after 30 days, if the account is 90 days delinquent.~~
4. ~~Further CSA funded services may not be approved until full payment has been received.~~

~~After CSA staff review, a list of accounts that should be sent to collections of delinquent accounts will be compiled and may be forwarded to the Office for Children's Services according to state policy.~~

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29. Contracts Management

All Fairfax-Falls Church agencies purchasing services from public and private providers serving at-risk youth and families under the CSA will utilize standard umbrella agreements for services. These agreements contain general terms and conditions including indemnification language of the County, insurance requirements, process for resolution of disputes and reporting requirements. Providers are required to sign an Agreement for Purchase of Services to do business with the CPMT. The CSA Program Manager has been delegated signature authority for agreements entered into by the CPMT. ~~The CSA Management Team has delegated authority to approve Open access and Child Specific Contracts with providers for non-congregate care services located in the State of Virginia. All Out of State Residential Treatment Center and Group Home contracts MUST be approved by the CSA MT and CPMT.~~ **The CSA Management Team has delegated authority to approve Open access and Child Specific Contracts for services for youth eligible for CSA funding – this includes community-based services, congregate care, and residential treatment. A report detailing approval of out-of-state residential contracts by the CSA MT shall be made to the CPMT at each CPMT meeting, as needed.**

MEMO TO THE CPMT

September 24, 2021

Information Item I-4: Serious Incident Report, FY21 Quarter 4

ISSUE: That the CPMT receive information about the disposition of reports of serious incidents that impact youth and families receiving services within the system of care as they relate to contractual requirements and service delivery.

BACKGROUND: The contract (Agreement for Purchase of Services) specifies provider requirements for reporting serious incidents to both the case managing agency and to the CSA program. The CSA policy manual contains procedures describing staff responsibilities in the event of serious incidents for youth receiving CSA funded services.

When serious incidents occur, contracted providers are required to give verbal or email notification of the incident to the case manager and guardian within 24 hours and a written report to the CSA Utilization Review Manager within 72 hours of the incident. This centralized reporting enables the CSA Program to review and collate reports by both the individual youth and facility.

This update includes information on adverse incidents for youth receiving CSA-funded services that have the potential to impact the safety/well-being of youth due to allegations of:

- Alleged criminal activity by the provider to include abuse/neglect of clients;
- Legal/Risk Management issues to include unsafe conditions;
- Ethical/Licensure issues to include boundary and dual relationships; and
- Contractual violations/fiscal issues to include failure to report SIRs and billing misconduct.

When the incident meets the criteria stated above, the CSA UR Manager and the CSA Contracts Coordinator review the details and decide if immediate action is needed to ensure the safety of the involved youth and other youth in the program/facility. During periods of investigation, contracts are "frozen" and removed from the local CSA Provider Directory and notifications are made to case managers of youth served by the provider. Based on information provided by UR Manager and Contracts Coordinator, the CSA Management Team makes a decision regarding future referrals and contracts. The CSA Program Manager informs appropriate Human Services Leadership when a situation requires such escalation. When necessary, case managers, CSA staff, and contracts analyst make site visits to assess the facility and any continued risk to the youth receiving services funded by the County.

UPDATES TO CSA MANAGEMENT TEAM: During FY21 Q4, two memos were presented to CSA Management Team due to there being a concern for future placements at two separate providers.

Provider #1:
On 5/17/2021 it was presented to the CSA Management Team that a provider had several unreported incidents occur for one youth. While the matter was being looked into by CSA Management team, the provider was removed from the provider directory and new placements were suspended.

- The youth had three elopements in April, occurring on 4/12/21, 4/23/21, and 4/26/21. After several requests for the SIRs, the provider submitted them to the case manager on 4/29.
- On 5/3/21, a staff member punched the youth in the face because the youth egged the staff member's car. The ambulance was called to the group home because the youth sustained a bruise

in the face and a cut on the mouth. The case manager reported the incident to Richmond City CPS on 5/4/21 and immediately removed the youth from this placement.

- On 5/3/21, the case manager learned from the youth's mother that the youth was tattooed by a staff member on 4/4/21. The case manager followed up with the youth and took the youth to the doctor the next day. The youth showed the case manager the staff member's Instagram page where the youth's tattoo was pictured. The case manager followed up with the group home manager and confirmed that the Instagram user's name was the staff member's name that allegedly tattooed the youth. The staff member, however, denies tattooing the youth and it was not possible to conclusively determine how the youth came to be tattooed. Several requests were made for the SIR but wasn't received.

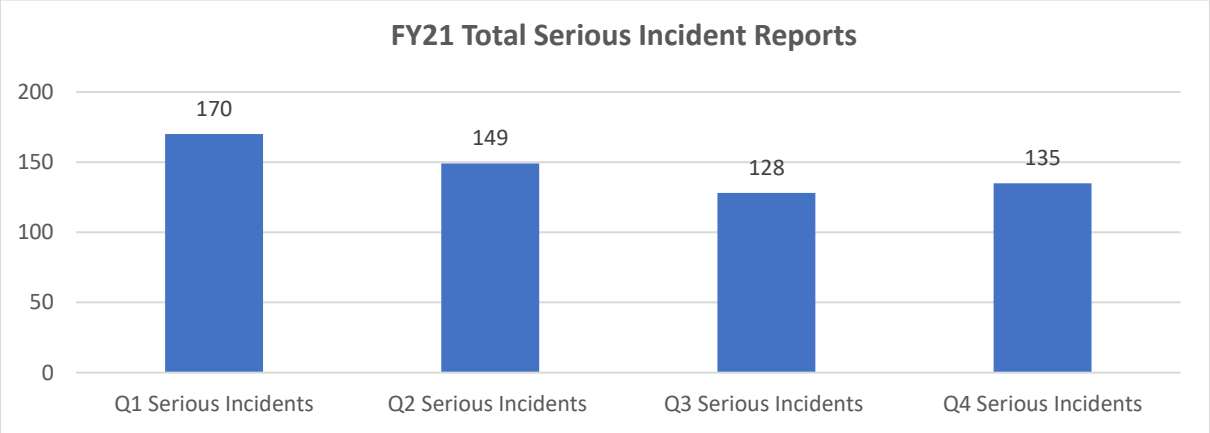
Following these incidents, the CSA Management Team notified the provider of contract performance deficiencies and suspension on June 3, 2021, and requested a corrective action plan. In the Corrective Action Plan submitted by the provider, it was noted that the staff member's employment was immediately terminated and all other employees will participate in a training specifically designed to address boundaries, ethics, and hot buttons. The CAP also cited increased prevention practices to mitigate future occurrences. The population served by this provider can be a challenging one, as such, the Department of Family Services recommended that the provider be moved to a Tier II status, requiring a child specific contract approval by CSA Management Team prior to placement. The CSA Management Team accepted this recommendation.

Provider #2:

On 6/7/2021 it was presented to CSA Management Team that a 12 year old placed in the residential facility ran away on Friday, May 28th. The provider failed to notify the youth's case manager within the required 24 hour reporting period. The Department of Family Services learned of the youth's run-away status on Tuesday, June 1 through a notification by the child's Court Appointed Special Advocate (CASA), who had attempted to get in touch with the youth on June 1. On 6/7/2021, CSA Management Team elected to not renew the provider's contract. The child was found 3 weeks later in Virginia Beach after contacting her foster parent.

<u>VOLUME OF SIRS</u>:

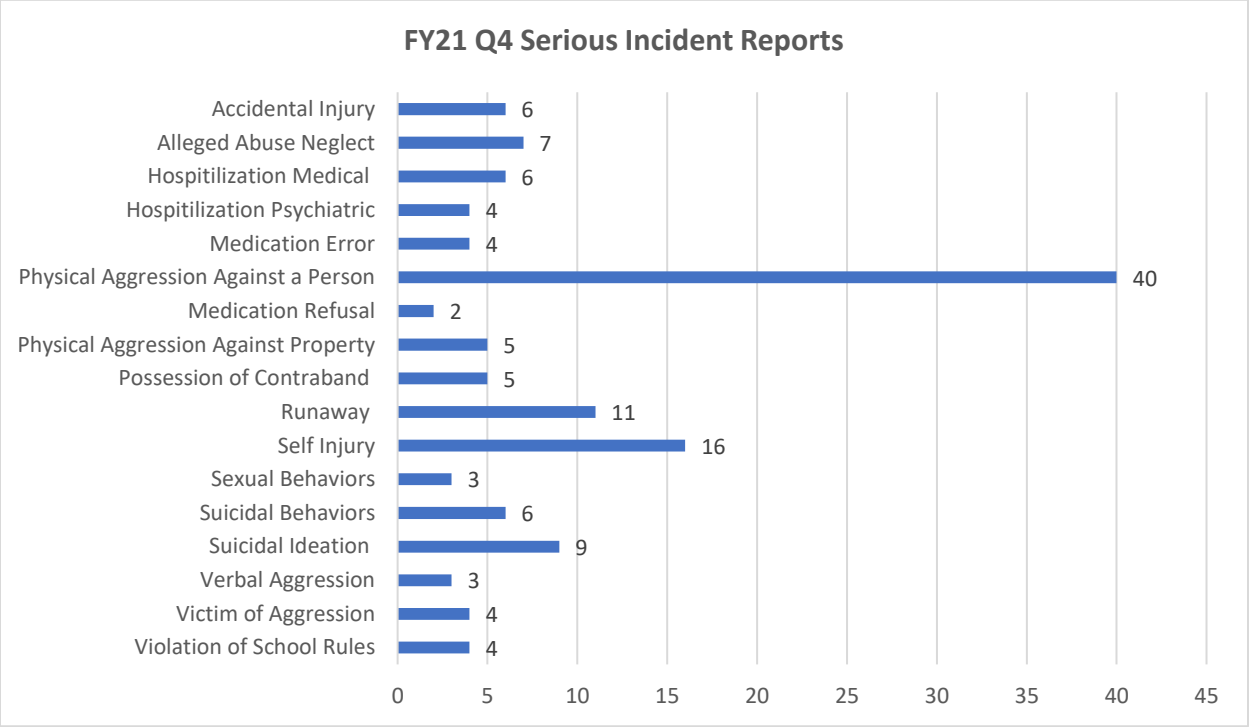
In FY21 Q4, 135 Serious Incident Reports were received.



Physical aggression against a person continues to be the most common type of incident that occurs, with a total of 40. Self-injury is the second most common type of incident with a total of 16. Serious Incident

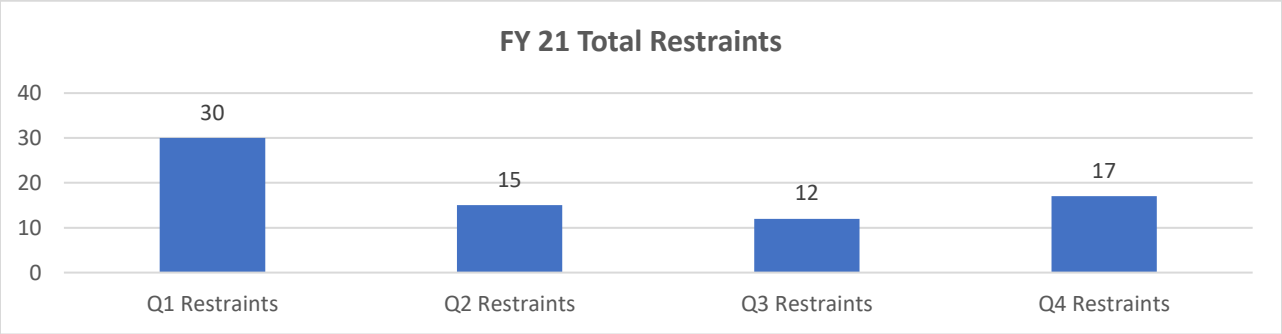
Reports for FY21 Q4 continue to be low in comparison to FY20 Q4's 194 incidents, mostly likely due to COVID-19 and students not attending school on a regular schedule.

CSA staff continues to track COVID-19 cases - there were no COVID-19 cases reported this quarter.



In Q4, there were a total of 17 restraints. Sixteen of those restraints resulted from physical aggression against a person and 1 was a result of self-injury, which began with self-destructive behavior in the classroom and led to the youth becoming physical with staff.

This quarter there was 1 seclusion reported that occurred at one day school. A youth was destroying property in the classroom and became physically aggressive toward staff.



Follow up continues to be conducted on serious incidents that require more information to ensure that youth are safe in their placements.

STAFF:

Patricia E. Arriaza, Children's Services Act, Management Analyst III, Program Operations
Shana Martins, Children's Services Act, Management Analyst II, Quality Improvement

MEMO TO THE CPMT

September 24, 2021

Information Item I - 5: American Rescue Plan Act (ARPA) Funds to Expand Short Term Behavioral Health Services (STBH) to children attending Fairfax County Public Schools (FCPS) elementary schools whose free and reduced lunch percentage is over 70% and are in zip-codes whose population was disproportionally impacted by COVID-19.

ISSUE: That the CPMT be aware that Healthy Minds Fairfax received an ARPA award of $1,002,152 and 1 FTE position to support the expansion of STBH.

BACKGROUND:

Fairfax County was allocated $222.9 million in Fiscal Recovery Funds which was part of the American Rescue Plan Act (ARPA). The county requested proposals for programs that meets at least one of the following criteria:

- A program or service is provided at a physical location within the County's definition of those disproportionately impacted by the COVID-19 public health emergency;

- A program or service where the primary intended beneficiaries live within the County's definition of those disproportionately impacted by the COVID-19 public health emergency;

- A program or service for which the eligibility criteria are such that the primary intended beneficiaries earn less than 60 percent of the median income; or

- A program or service for which the eligibility criteria are such that over 25 percent of intended beneficiaries are below the federal poverty line.

Healthy Minds Fairfax (HMF) received an award of $1,002,152 to expand STBH Services to FCPS elementary schools whose free and reduced lunch percentage is over 70% and are in zip-codes whose population was disproportionally impacted by COVID-19. Priority will be given to children whose family's annual income is up to $32,276, but children whose family's income is up to 400% of the poverty level will still be eligible. This award included a Management Analyst III position. It is anticipated that 150 children will receive services in FY 22 and approximately 300 children will receive services in each of the next 2 years.

ATTACHMENT: Healthy Minds Proposal for American Rescue Plan Act of 2021 funds.

STAFF: Peter Steinberg, Program Manager, Healthy Minds Fairfax/Children's Behavioral Health Collaborative

American Rescue Plan Act of 2021
Coronavirus State and Local Fiscal Recovery Fund
Request for Funding

The template should be completed for each funding request. Please answer all questions. Incomplete submissions will be returned for correction. Submissions are due no later than **Friday, August 27, 2021**. Late submissions will not be accepted.

Agency: Department of Family Services
Agency Director: Michael Becketts

Contact Name: Peter Steinberg
Contact Email: peter.steinberg@fairfaxcounty.gov
Contact Phone Number:703-324-5535

1. Project Name:

   Expansion of the Short-Term Behavioral Health Services (STBH).

2. Project Description:
   Please describe the project in sufficient detail to provide understanding of the major activities that will occur.

   The Short-Term Behavioral Health (STBH) Services for youth and their families is a program that provides short term outpatient therapy to eligible youth and their families. This service was developed to help meet the goal: *to address the needs of children and youth with emerging behavioral health issues who have not been able to access appropriate, timely and matching treatment services in the community* is one of the goals listed in the Fairfax-Falls Church Children's Behavioral Health System of Care Blueprint. This request for funding is jointly sponsored by the Department of Family Services and the Community Services Board.

   Outpatient services are purchased from contracted private providers and is for students with depression, anxiety and other emerging mental health issues. The six to eight session duration is based on a cognitive therapy approach and providers have been trained to address trauma issues. Currently, the referrals are made by Fairfax County Public Schools (FCPS) and Falls City Church Public Schools (FCCPS) clinical staff and school counselors who work in middle and high schools and in 5 FCPS's elementary schools. Referrals are also made by the Community Services Board (CSB). The program is available to youth whose families has an income less than 400% of the poverty level and who cannot access services due to lack of insurance, lack of providers who accept their insurance, or providers having long waiting lists for treatments. For some of these families, transportation or location of the providers may also be a barrier to access treatment. Currently, one full time Management Analyst III manages the administration of the program.

   In FY 2021,300 youth were referred to the STBH program and 244 youth received services. Youth received over 1500 hours of free counseling services. The average income of the families was $32,067 and many of the youth lived in neighborhoods that were disproportionately impacted by COVID-19.

   Three instruments are used to measure the success of the STBH program: the GAIN Short Screener (GAIN SS), the parent satisfaction survey, and the discharge summary from the provider. All statistics are from FY 2020. The GAIN SS is an evidenced based instrument used to identify areas of concern. This instrument is administered twice during treatment, at the first appointment and then 30-45 days later. In FY 2020, 55% of the youth saw a decrease in their symptoms. According to the parent survey, 93% of parents strongly agreed or agreed that their child showed overall improvement. At the end

treatment providers complete a discharge report and in FY 2020, 72% of the youth showed improved while in treatment.

Healthy Minds Fairfax proposes to expand STBH Services to FCPS elementary schools whose free and reduced lunch percentage is over 70% and are in zip-codes whose population was disproportionally impacted by COVID-19. Data on COVID-19 was taken from the Fairfax County Health Department Covid Case Dashboard. This will be a total of 15 elementary schools. In FY 2023, HMF will add 5 more schools to the program. These are schools with high free and reduced lunch percentages and in zip-codes disproportionally impacted by COVID-19. Priority will be given to children whose family's annual income is up to $32,276, but children whose family's income is up to 400% of the poverty level will still be eligible. It is anticipated that 150 additional children will receive services in FY 2022 and approximately additional 300 children will receive services in FY 2023 and FY 2024.

A new Management Analyst III position is requested to support the expansion and provide program and technical assistance to the entire STBH program.

3. Is the requested funding one-time or recurring?

   This is a one-time funding request due to the COVID-19 pandemic. However, given the characteristics of the student populations of the targeted schools, as described in sections 6 and 8, it is likely there will be an ongoing need for expanded STBH services.

4. How much funding is being requested (broken out by budget category and fiscal year)?

Category	**FY 2022**	**FY 2023**	**FY 2024**
Compensation	$46,272	$94,394	$96,282
Fringe Benefits	$23,927	$48,811	$49,787
Operating Expenses	$125,000	$245,000	$245,000
Capital	$0	$0	$0
Total	**$195,199**	**$388,205**	**$391,069**

   In FY 2022, it is anticipated that if approved, the new staff will begin in January 2022. The operating expenses include $5,000 to support equipment, training and other needs. All other operating expenses goes to the providers who are paid for each hour of counseling services

5. How many positions are being requested (include both the number of positions and associated full time equivalent (FTE) for merit, benefits-eligible and temporary positions)?

   Healthy Minds Fairfax is requesting to hire 1/1.0 FTE Management Analyst III. The overall job function of this position will be to oversee the referral process of the program, provide training and education to the referral sources, collect and analyze data for this project. Additionally, the person will work with the contracted providers to ensure program and fiscal compliance.

6. Who is the Target Population?

   If funded, this project will initially target children with mental health symptoms attending elementary schools whose free and reduced lunch percentage is over 70% and are in zip-codes with a high level

of COVID-19 cases. In FY 2023, this will program will be expanded to those elementary schools where the free and reduced lunch is over 50% and are in zip-codes with a high level of COVID-19 cases. While children whose family's income is up to 400% of the poverty level, priority will be given to those children whose family's income is less than $32,276. Children will be identified by their school's social worker, psychologist, or counselor. Children can also be referred from the Community Services Board.

7. Does this request target disproportionately impacted households and businesses?

   This project will target children and families who live in areas of Fairfax County that have a high level of COVID-19 cases and have low income. Services will be offered to those attending elementary schools with a high percentage of children receiving free and reduced lunch and are located within zip-codes of high case rates of COVID-19. The population of the selected schools are 61.8% Hispanic and COVID-19 has disproportionately impacted this population. Priority of services will be given to children whose annual family income is less than $32,276.

8. How does this project promote equitable outcomes?

   The goal of the Short-Term Behavioral Health Services is to provide equitable access to behavioral health services to those youth who lack timely access to mental health treatment. This is due to either their low income, lack of insurance, high deductible/copay, or lack of access to treatment. Lack of access could be the geographical location of where the family lives or the inability to pay for services. Previous analysis of the location of mental health providers in Fairfax County showed that many providers are not located in the neighborhoods that this project is targeting. Many of the STBH providers are often selected because their office locations are close to the schools where the children attend. Additionally, many providers do accept insurances and charge rates that families cannot afford. STBH services free to eligible families. If additional services are needed, providers often charge families a reduced rate. It is anticipated children in low-and moderate-income families will have access to timey treatment through this expansion.

   The overall percentage of black students in the targeted schools is 10%, compared to 9% for the FCPS student population. For Hispanic students it is between 62%, compared to 27% for FCPS school population. With the youth survey results showing black and Hispanic students with higher rates of depressive symptoms and stress than the general school population, it is likely that the students in the targeted schools are at greater need for mental health services. STBH, by quickly and effectively addressing their needs with outpatient services, will support these students to be successful academically and socially.

9. Is this project supported through Evidence-Based interventions? If yes, please describe.

   Healthy Minds Fairfax contracts with local mental health agencies and therapists in private practice all of whom are trained cognitive behavioral therapy and trained in crisis intervention techniques. Additionally, all the therapists must be trained to address traumas with many using Trauma Focused Cognitive Behavioral Therapy (TF-CBT) or Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH ADTC). Both models are evidenced based interventions designed for children impacted trauma.

Several measures will be used to determine the benefit of this program. At the conclusion of treatment, therapists are asked to rate the youth's status of progress on their targeted problem. The goal is for 70% of the youth to show at least minimal improved in the targeted area. A parental satisfaction survey is to determine the parent's satisfaction of the services. The goal is for 90% of the parents to be satisfied with the services. In addition to those measures, the income of the family is gathered as well as information on the client's insurance status. The intention is to provide services to those low-income and cannot easily access mental health services.

10. How does this request help support a strong and equitable recovery from the COVID-19 pandemic and economic downturn?

    During the pandemic, mental health symptoms increased in children including anxiety and trauma. Many factors contributed to the rise in mental health symptoms. These factors include stay at home orders, isolation from peers, family members either getting sick or dying from COVID-19 and loss of family income. The pandemic added to the barriers many families face when trying to access mental health services. Many people reported long waiting lists for services or lack of providers. By providing access to free therapy children will receive the mental health treatment that they need.

11. Have other recovery funds including other programs under the American Rescue Plan such as the Emergency Rental Assistance or Housing Assistance or other grants been received to address this project.

    No other recovery funds have been requested for this project.

12. Have other County resources (General Fund, revenue from other funds) been identified to support this project?

    There are no other resources identified or available to accommodate this request.

13. Does this funding request fully fund the project? If no, how will the balance of this project be funded (e.g., Bond funding, General Fund resources, funding will need to be identified)?

    If approved, the funding request will fully fund the project.

14. Has funding been previously requested for this project? If yes, when was it requested?

    No.

15. Has there been any community engagement related to this project? If yes, please describe.

    If funded, Healthy Minds Fairfax will be working with the Fairfax County Public Schools to train and educate the targeted schools.

NOVACO

September 23, 2021

Fairfax-Falls Church CPMT
Attn: Contracts Management Division
12011 Government Center Parkway, Suite 738
Fairfax, VA 22035

To Fairfax County CPMT,

Intensive In-home and Evidence Based Treatment programs are crucial for many children and families in Virginia. The need for providers to deliver these intensive services is equally vital. Many in-home and community providers in the Northern Virginia area are currently experiencing a number of challenges that are preventing the needs of these children and families to be met. Some of these challenges are staff recruitment, staff retention, and a significant decrease in referrals.

The Northern Virginia provider community is feeling the impact of the national staffing crisis we are currently experiencing. Appropriate applicants are fewer than they were previously, so having additional barriers to retaining those staff is deeply impacting these programs. These additional barriers include longer turn-around times for QMHP and LMHP certifications and a decrease in referrals.

Individuals who meet the DBHDS definition of a Qualified Mental Health Provider-C or E (QMHP-C, E) or Licensed Mental Health Professional (LMHP) can only provide intensive In-Home Services. A Licensed Mental Health Professional or a person who has been approved by the applicable Virginia Health Professions Regulatory Board as a supervisee in clinical social work and a resident in counseling may perform the functions of the LMHP. In recent months, the approval for staff to become a QMHP-C, E or a supervisee in clinical social work or a resident in counseling, has taken several weeks to as far out as 3 months, which leads to potential staff waiting an extended period to begin working. This delay is leading to the loss of newly hired staff that are not financially able to wait such a long period of time. In a meeting on 9/15/2021, with the Director of Licensing and several DMAS representatives, it was reported that they are aware of the issues delaying employment, that it appears that the applicable Virginia Health Professionals Regulatory Boards are experiencing a decrease in the workforce needed to provide the service.

Evidence Based Treatment programs are also an important addition to the services previously available for children and families. The Family First Prevention Act brought more awareness and urgency to providing these services. In the winter of 2019 two providers were awarded state funded grants to provide two of the identified evidence based treatments in the Northern Virginia Region. The challenges previously shared have impacted the sustainability of these programs.

Family Priority, LLC was awarded the state funded Functional Family Therapy (FFT) grant for the Northern Virginia Region. Funding for the grant needed to be issued no later than June 2020. Family Priority initially had 8 employees trained and others were hired and trained as replacements when employees terminated their employment. FFT requires a team of 3 to 8 clinicians who work a minimum 5 cases each and can work up to 11 cases. Medicaid is scheduled to begin funding FFT on December 1, 2021. Medicaid funded FFT requires a Mental Health Outpatient License. Family Priority submitted documentation to add the required license to our IIH license. Although referrals have been low**,** our FFT caseload has not met the FFT requirements, and hiring staff has been a challenge, Family Priority is committed to working with the Northern Virginia counties to provide Functional Family Therapy.

PHILLIPS Family Partners was awarded the state funded Parent Child Interaction Therapy (PCIT) grant for the Northern Virginia Region. Family Partners had 2 clinicians identified to go through the yearlong certification process for PCIT. Family Partners began accepting referrals for PCIT in July 2020. The requirements for both clinicians to complete their certification was to see 2 full cases to completion along with meeting the required skillsets for providing PCIT. There was an understanding that a number of referrals/cases would be required to meet this expectation due to an assumed percentage of cases not completing the services to completion. From July 2021 until present Family Partners has received 15 referrals for PCIT services. Out of those referrals, 50% were too old for PCIT and not appropriate to start the services. Out of the 7 referrals that were appropriate for PCIT only a small number had parents that were actually ready to commit and move forward with the service. Only 2 of the total referrals were CSA funded. The low number of referrals led to one of the clinicians leaving due to a lack of case load and the other clinician was unable to complete the training within the 1-year time frame, so Family Partners then had to take on the cost of extended training. Another concern for the implementation of this program is the lack of designated Medicaid rate specifically for PCIT. Almost 50% of the referrals that were received were requiring the service to be funded through Medicaid. Without a PCIT, specific rate, Family Partners, was required to provide the services while billing the Medicaid Outpatient rate, which is very low and does not even begin to cover the costs of this evidence-based service. Family Partners

recognizes the importance of PCIT and the impact it can have for children and families, so they remain committed to providing PCIT.

Thank you for your time and consideration of these concerns.

Sincerely,

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Virginia Association of Individualized Specialized Education Facilities
Executive Leadership Council
Virginia Association of Children's Homes
Virginia Association of Family Preservation