

MEMO TO THE CPMT
October 25, 2019

Information Item A-1: Approve Children’s Behavioral Health Blueprint Revisions

ISSUE:

It is proposed that the Children’s Behavioral Health Blueprint be revised and extended through December 2020. The proposed revisions have been reviewed and recommended for approval by the Children’s Behavioral Health Collaborative Management Team.

RECOMMENDATION

That the Children’s Behavioral Health Blueprint be revised and extended through December 2020 as recommended by the Children’s Behavioral Health Collaborative Management Team.

BACKGROUND:

In March 2016 the CPMT approved a multi-year children’s behavioral health system of care blueprint for calendar years 2016 through 2019, and fiscal years, 2017, 2018, and 2019. It represents goals and strategies to be implemented by and with the support of Fairfax County human services departments and Fairfax County Public Schools. Wherever possible and appropriate, the public entities responsible for implementation of strategies noted in the plan work in conjunction with family, consumer and other non-profit organizations, and provider agencies. Consistent with the system of care principles, families and consumers are involved in planning, implementation and evaluation of activities to implement the blueprint. The Blueprint serves as the strategic plan for Healthy Minds Fairfax, a program established by the County Board of Supervisors to improve access to and the quality of children’s behavioral health services. Below is a summary of three substantive proposed revisions.

Goal 1-E: Engage with insurance companies, providers, and families to support the ability of families to use their insurance benefits to secure timely and appropriate behavioral health care.

Five new action steps are proposed. During the summer, HMF held two meetings with an ad hoc committee that consisted of two members of the CPMT (Rick Leichtweis of Inova Kellar and City of Fairfax Human Services Director Lesley Abashian), two members of the Children’s Behavioral Health Collaborative Management Team (Meredith McKeen of NVFS and Mike Repie of Dominion Hospital) and utilization management staff from Dominion Hospital and the Community Services Board. The purpose of these meetings was to discuss developing partnerships with insurance companies to support the ability of families to use their insurance benefits to secure timely and appropriate behavioral health care. The committee decided that more needs to be done in this area and has proposed new action steps that focuses on collecting data to determine the barriers families face when trying to use their insurance for mental health services, providing education to families to increase their knowledge on their insurance benefits, and advocating insurance companies to pay for nontraditional services such as case management.

Goal 1-F: Implement effective strategies to serve “dual status” youth – youth who come into contact with both the child welfare and juvenile justice systems and occupy various statuses in terms of their relationship to the two systems.

Dual status youth are defined as youth who have had contact with the juvenile justice system and the child welfare system, sometimes concurrently. Research has shown that dual status youth are at high risk of educational and mental health problems. A new strategy is proposed that focuses on raising awareness of the problem by collecting data to determine the number of dual status youth in Fairfax County and designing and implementing strategies to serve these youth.

Goal 3: Family and Youth Involvement

It is proposed to establish a Healthy Minds Fairfax Family Advisory Board and explore establishing a Healthy Minds Fairfax Youth Advisory Board. The purpose of these advisory boards is to make sure that families and youth have input on identifying their needs, developing new services, and assessing the systems responsiveness.

ATTACHMENT:

Revised Children's Behavioral Health Blueprint (link)

<https://www.fairfaxcounty.gov/healthymindsfairfax/sites/healthymindsfairfax/files/assets/documents/pdf/draft-system-of-care-blueprint.pdf>

A Snapshot of Blueprint Accomplishments and Revisions

INTERNAL CONTROL IMPACT:

None

FISCAL IMPACT:

Approving Blueprint revisions does not have a direct fiscal impact. Proposed Blueprint projects with a fiscal impact are presented to the CPMT for review and endorsement prior to implementation.

STAFF:

Janet, Bessmer, CSA Program Manager

Jesse Ellis, NCS Prevention Manager

Jim Gillespie, Healthy Minds Fairfax Director

Peter Steinberg, Children's Behavioral Health Collaborative Program Manager

Healthy Minds Fairfax Blueprint: A Snapshot of Accomplishments

Accomplishments So Far:

- Expansion of CR 2 Services
- Family Support Partners
- Short Term Behavioral Services (STBH)
- Fairfax Evidenced-Based Practice Training Consortium
- Behavioral Health Training for Pediatricians
- Psychiatric Consultation for Primary Care Providers
- Recovery Youth Peer Support Group and Parent Support
- Expansion of Multicultural Services by expanding the Violence Prevention and Intervention Program
- Healthy Minds Fairfax Website is up and running

Things to Come and Projects We Are Working On: Due Date 12/31/2020

- Looking at population level children's behavioral health data and its relationship to our Healthy Minds Fairfax Blueprint
- Creating an Inter-agency Communication Workgroup
- Establishing an HMF Family Advisory Board
- Exploring the establishment of an HMF Youth Advisory Board
- Create a new HMF Workgroup that will focus on insurance issues
- Implement strategies to serve "dual status" youth
- Explore expanding STBH services to serve youth who are on diversion
- A plan to serve Transitional Age Youth
- A plan to increase case management and care coordination to youth with DD
- Evaluation plans for all of our services and programs

Budget Requests

- For FY21: Family Support Partners and Evidenced Based Training
- For FY22: Huge expansion of STBH including growing the HMF staff

Healthy Minds Fairfax Blueprint:

A Snapshot of Revisions

- There are still 15 goals.
- Many of the goals were not substantially changed, only minor tweaks were made.
- Some of the tweaks included changing the wording in a strategy of a goal or an action step within the strategy of a goal (e.g. changing the wording from explore to continue or expand).
- If a strategy was not accomplished, the date was changed to 12/20.

Goals with Substantial Changes Include:

- Goal 1: Deepen the Community “System of Care Approach”
 - ✓ Plan to support the ability of families to use their insurance benefits to secure timely and appropriate behavioral health services.
 - ✓ Implement effective strategies to serve dual status youth.
- Goal 3: Family & Youth Involvement
 - ✓ Increase family involvement in system planning and implementation by creating an HMF Family Advisory Board.
 - ✓ Increase youth involvement in system planning and implementation by exploring the creation of an HMF Youth Advisory Board.

MEMO TO THE CPMT

October 25, 2019

Administrative Item A - 2: Approve Nomination of Private Provider Representative to the Board of Supervisors

ISSUE: That the CPMT approve the nomination of a Private Provider Representative to the Board of Supervisors for appointment.

BACKGROUND:

The CPMT Bylaws denote required members and optional members. State mandated members include:

- One (1) representative of private service providers

The Fairfax County Board of Supervisors may appoint the following positions as members of the CPMT:

- One (1) representative of private service providers

The term shall be for two (2) years and re-appointments may be made for additional consecutive terms upon approval by the CPMT and Board of Supervisors. The terms of private service provider representatives shall expire in alternating years.

RECOMMENDATION: For the CPMT to nominate to the Board of Supervisors Deborah Evans for re-appointment as a CPMT provider representative. It is requested that her term expire on June 30, 2021 to maintain staggered terms for provider representatives as required by the CPMT Bylaws.

ATTACHMENT: None

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:

Janet Bessmer, CSA

Information Item I-1: September Budget Report & Status Update, Program Year 2020

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 2020 cumulative expenditures through September 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 September 2019 for FY20 equal \$2.5M for 508 youth. This amount is an increase from September last year of approximately \$1.1M, or 76.09%. Pooled expenditures through September 2018 for FY19 equal \$1.4M for 469 youth.

	Program Year 2019	Program Year 2020	Change Amt	Change %
Residential Treatment and Education	\$82,447	\$416,284	\$333,837	404.91%
Private Day Special Education	\$702,608	\$876,105	\$173,497	24.69%
Non-Residential Foster Home and Community Services	\$677,398	\$1,109,330	\$431,932	63.76%
Non-Mandated Services (All)	\$107,104	\$83,501	(\$23,603)	-22.04%
Recoveries	(\$158,252)	\$0	\$158,252	-100.00%
Total Expenditures	\$1,411,306	\$2,485,220	\$1,073,914	76.09%
Residential Treatment and Education	13	24	11	84.62%
Private Day Special Education	97	97	0	0.00%
Non-Residential Foster Home and Community Services	351	494	143	40.74%
Non-Mandated Services (All)	79	41	(38)	-48.10%
Unique Count All Categories	540	656	116	21.48%
Unduplicated Youth Count	469	508	39	8.32%

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

Expenditure claims are submitted to the State Office of Children's Services (OCS) through September.

RECOMMENDATION:

For CPMT members to accept the September Program Year 2020 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Timothy Elcesser, Xu Han, Terri Byers (DFS)

MEMO TO THE CPMT

October 25, 2019

Information Item I- 2: DAFA Schedule of Events for CPMT and CSA MT

ISSUE: That the CPMT and the CSA Management Team will be invited to several events for Data Analytics Fellowship Academy (DAFA) to hear about data findings and recommendations the Foster Care Prevention project

BACKGROUND: The Data Analytics Fellowship Academy (DAFA) is a nationally recognized professional development program that has been customized for Fairfax County DFS and is applicable across human services. The DAFA program aims to teach participants, or Fellows, how to use data and research principles to inform case practice and performance decisions, with the end goal of ultimately improving the lives of children, families and adults in Fairfax County. The program uses client level data to analyze and address research questions of interest to county leadership. The program culminates in a data report out complete with interactive workshops.

The DAFA Class of 2020 proposed topic involves an analysis of Foster Care Prevention Services provided by our CSA system of care across child-serving human services agencies. In addition to DFS, agencies like the courts and CSB along with the schools provide services mandated as “Foster Care Prevention.” DAFA would perform quantitative and qualitative analysis of CSA data regarding how these youth are currently served and offer recommendations for system improvements. Recommendations may identify interventions that are more effective at reducing the separation of children from families through entrance into Foster Care. The work of DAFA will align with recent review of “high utilizers” of CSA services and youth who enter foster care in late adolescence when other interventions have not been successful. The proposed topic aligns with the implementation of the Family First Prevention Services Act, signed into law in February 2018, that emphasizes prevention, early intervention and evidence-based practices for children and families who are at imminent risk of entering foster care.

ATTACHMENT: DAFA Class of 2020 Events and Progression

STAFF:

Eduardo Leiva, DFS
Janet Bessmer, CSA

**Results-Based Accountability
Performance Plan
FY 2019, Quarter 4 Report to CPMT**

SUMMARY	
<u>Name of Work</u>	Children’s Services Act (CSA) for At-Risk Youth – Systems of Care
<u>Agency</u>	Human Services within the Department of Family Services (DFS)
<u>Contact (Name, Phone, Email)</u>	Patricia E. Arriaza, Management Analyst III, 703-324-8241, patricia.arriaza@fairfaxcounty.gov
<u>Purpose</u>	The Children’s Services Act (CSA) for At-Risk Youth and Families is a law enacted in 1993 that establishes a single state pool of funds to purchase services for at- risk youth and their families. The state funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth. The mission of the CSA is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth.
<u>Customers</u>	At-risk youth between the ages of 0 to 21 and their families as defined by VA § 2.2-5212
<u>Total Customers</u>	Youth served: FY18: 1,311 ; FY17: 1,428 ; FY16: 1,494; FY15: 1,343; FY14: 1,200
<u>Total Staff Year Equivalents (SYE)</u>	FY2018: 10; FY2017: 10; FY2016: 10; FY2015: 10; FY2014: 10
<u>Total Budget</u>	FY 2018: \$38.6 million for CSA pooled funding; \$888,571 for program administration FY 2017: \$40.8 million for CSA pooled funding; \$903,305 for program administration FY 2016: \$41.9 million for CSA pooled funding; \$988,075 for program administration FY 2015: \$39.8 million for CSA pooled funding; \$947,889 for program administration FY 2014: \$38.0 million for CSA pooled funding; \$909,356 for program administration

Results-Based Accountability Performance Plan
Children’s Services Act (CSA) System of Care

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

¹ Quarterly performance measures highlighted in green.
FY 2019 Q4 CSA Systems of Care Report

Results-Based Accountability Performance Plan
Children’s Services Act (CSA) System of Care

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

Results-Based Accountability Performance Plan
Children’s Services Act (CSA) System of Care

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

Results-Based Accountability Performance Plan Children's Services Act (CSA) System of Care

FY 2019 Q4																																																																									
How Well Measure	Number	Title	Value																																																																						
	2.1	Restrictiveness of Living Outcome Goal 1: Increase in percentage of children participating in CSA who live in non-residential settings.																																																																							
	2.1.1	Number of youth placed in a long-term congregate care setting	34																																																																						
Graphs/Charts	<div style="text-align: center;"> <h3>Point in Time Counts for Residential and Group Home Placements (90+ days)</h3> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Data for Point in Time Counts for Residential and Group Home Placements (90+ days)</caption> <thead> <tr> <th>Quarter</th> <th>Foster Care/Adoption</th> <th>IEP Special Education</th> <th>CHINS</th> <th>Non-Mandated</th> <th>MHI local</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>6/30/2017</td> <td>13</td> <td>22</td> <td>11</td> <td>2</td> <td>0</td> <td>48</td> </tr> <tr> <td>9/30/2017</td> <td>13</td> <td>19</td> <td>17</td> <td>1</td> <td>0</td> <td>50</td> </tr> <tr> <td>12/31/2017</td> <td>18</td> <td>17</td> <td>17</td> <td>1</td> <td>0</td> <td>53</td> </tr> <tr> <td>3/31/2018</td> <td>17</td> <td>16</td> <td>13</td> <td>1</td> <td>0</td> <td>47</td> </tr> <tr> <td>6/30/2018</td> <td>14</td> <td>11</td> <td>17</td> <td>1</td> <td>0</td> <td>43</td> </tr> <tr> <td>9/30/2018</td> <td>16</td> <td>10</td> <td>13</td> <td>2</td> <td>0</td> <td>41</td> </tr> <tr> <td>12/31/2018</td> <td>11</td> <td>9</td> <td>16</td> <td>2</td> <td>0</td> <td>38</td> </tr> <tr> <td>3/31/2018</td> <td>10</td> <td>9</td> <td>17</td> <td>2</td> <td>0</td> <td>38</td> </tr> <tr> <td>6/30/2019</td> <td>12</td> <td>7</td> <td>13</td> <td>2</td> <td>0</td> <td>34</td> </tr> </tbody> </table> </div>			Quarter	Foster Care/Adoption	IEP Special Education	CHINS	Non-Mandated	MHI local	Total	6/30/2017	13	22	11	2	0	48	9/30/2017	13	19	17	1	0	50	12/31/2017	18	17	17	1	0	53	3/31/2018	17	16	13	1	0	47	6/30/2018	14	11	17	1	0	43	9/30/2018	16	10	13	2	0	41	12/31/2018	11	9	16	2	0	38	3/31/2018	10	9	17	2	0	38	6/30/2019	12	7	13	2	0	34
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Notes	<p>Analysis: The total point in time count remained the same as the previous quarter. Planned Action: Continue to monitor.</p>																																																																								

Results-Based Accountability Performance Plan
Children's Services Act (CSA) System of Care

FY 2019 Q4																							
How Well Measure	Number	Title	Value																				
	2.2	Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.																					
	2.2.1	Number of days CSA participating children live in congregate care before being returned to a family setting	200 days for youth with emotional /behavioral disabilities																				
Graphs/Charts	<table border="1"> <caption>Average LOS for Exiting Placements for Children with Emotional/Behavioral Problems</caption> <thead> <tr> <th>Date</th> <th>Average LOS (Days)</th> </tr> </thead> <tbody> <tr><td>6/1/2017</td><td>204</td></tr> <tr><td>9/1/2017</td><td>208</td></tr> <tr><td>12/1/2017</td><td>152</td></tr> <tr><td>3/1/2018</td><td>204</td></tr> <tr><td>6/1/2018</td><td>185</td></tr> <tr><td>9/1/2018</td><td>214</td></tr> <tr><td>12/1/2018</td><td>224</td></tr> <tr><td>3/1/2019</td><td>175</td></tr> <tr><td>6/1/2019</td><td>200</td></tr> </tbody> </table>			Date	Average LOS (Days)	6/1/2017	204	9/1/2017	208	12/1/2017	152	3/1/2018	204	6/1/2018	185	9/1/2018	214	12/1/2018	224	3/1/2019	175	6/1/2019	200
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3/1/2019	175																						
6/1/2019	200																						
Notes	<p>Analysis: Best practice indicates that youth with emotional/behavioral problems should be returned to a family setting within 6-9 months [180-270 days]. The length of stay for youth with primarily emotional/behavioral problems exiting placement (n=20) was 200 days at the end of the 4th quarter (LOS ranged from 19 to 465 days). Ages ranged from 11 to 18, with average age being 16 years. Of the 20 exits, 10 were from Foster Care and Adoption, 2 from FCPS, 6 from the CSB, 1 from JDRDC and 1 from Falls Church City Schools. Planned Action: Continue to monitor.</p>																						

Results-Based Accountability Performance Plan
Children's Services Act (CSA) System of Care

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<u>Graphs/Charts</u>	<p align="center">Length of Stay (days in current placement): Residential and Group Home Placements for Children with Developmental Disability</p> <table border="1"> <caption>Data for Length of Stay Chart</caption> <thead> <tr> <th>Date</th> <th>Length of Stay (Days)</th> </tr> </thead> <tbody> <tr><td>3/31/2017</td><td>1412</td></tr> <tr><td>6/31/2017</td><td>1503</td></tr> <tr><td>9/30/2017</td><td>1492</td></tr> <tr><td>12/31/2017</td><td>1626</td></tr> <tr><td>3/31/2018</td><td>1716</td></tr> <tr><td>6/30/2018</td><td>2076</td></tr> <tr><td>9/30/2018</td><td>1630</td></tr> <tr><td>12/31/2018</td><td>2081</td></tr> <tr><td>3/31/2019</td><td>2002</td></tr> <tr><td>6/30/2019</td><td>2245</td></tr> </tbody> </table>			Date	Length of Stay (Days)	3/31/2017	1412	6/31/2017	1503	9/30/2017	1492	12/31/2017	1626	3/31/2018	1716	6/30/2018	2076	9/30/2018	1630	12/31/2018	2081	3/31/2019	2002	6/30/2019	2245
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6/30/2019	2245																								
<u>Notes</u>	<p>Analysis: The length of stay for youth with primary needs from developmental disabilities (n=6) was 2245 days, range of LOS is 54 to 3,582 days. Five (5) placements are from FCPS and 1 from Foster Care & Adoption. One (1) is at Benedictine, 3 at Grafton, 1 at Foundations Behavioral Health and 1 at Devereux. The ages range from 18 to 22, with the average age being 20. Planned Action: Continue to monitor.</p>																								

Results-Based Accountability Performance Plan
Children's Services Act (CSA) System of Care

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Graphs/Charts	<div style="text-align: center;"> <p>Entry and Exit into Long-term Residential and Group Homes</p> <table border="1"> <caption>Monthly Entry and Exit Data</caption> <thead> <tr> <th>Month</th> <th>Entries RTC/GH</th> <th>Exits RTC/GH</th> </tr> </thead> <tbody> <tr><td>Jan '18</td><td>2</td><td>4</td></tr> <tr><td>Feb '18</td><td>6</td><td>7</td></tr> <tr><td>March '18</td><td>2</td><td>5</td></tr> <tr><td>Apr '18</td><td>6</td><td>4</td></tr> <tr><td>May '18</td><td>5</td><td>7</td></tr> <tr><td>June '18</td><td>9</td><td>13</td></tr> <tr><td>July '18</td><td>4</td><td>3</td></tr> <tr><td>Aug '19</td><td>6</td><td>5</td></tr> <tr><td>Sept '19</td><td>4</td><td>5</td></tr> <tr><td>Oct '18</td><td>5</td><td>11</td></tr> <tr><td>Nov '18</td><td>5</td><td>3</td></tr> <tr><td>Dec '18</td><td>4</td><td>5</td></tr> <tr><td>Jan '19</td><td>5</td><td>7</td></tr> <tr><td>Feb '19</td><td>2</td><td>5</td></tr> <tr><td>Mar '19</td><td>2</td><td>4</td></tr> <tr><td>Apr '19</td><td>4</td><td>12</td></tr> <tr><td>May '19</td><td>5</td><td>6</td></tr> <tr><td>June '19</td><td>4</td><td>4</td></tr> </tbody> </table> </div>			Month	Entries RTC/GH	Exits RTC/GH	Jan '18	2	4	Feb '18	6	7	March '18	2	5	Apr '18	6	4	May '18	5	7	June '18	9	13	July '18	4	3	Aug '19	6	5	Sept '19	4	5	Oct '18	5	11	Nov '18	5	3	Dec '18	4	5	Jan '19	5	7	Feb '19	2	5	Mar '19	2	4	Apr '19	4	12	May '19	5	6	June '19	4	4
Month	Entries RTC/GH	Exits RTC/GH																																																										
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Apr '19	4	12																																																										
May '19	5	6																																																										
June '19	4	4																																																										
Notes	<p>Analysis: There were 13 entries and 22 exits this quarter. Planned Action: Utilize ICC as a resource for youth to support successful return to a community/family-based setting. Utilize Leland House and crisis stabilization services to meet youth with intensive needs in the community, even during a crisis.</p>																																																											

Results-Based Accountability Performance Plan Children's Services Act (CSA) System of Care

FY 2019 Q4																																																																									
<u>How Well Measure</u>	Number	Title	Value																																																																						
	2.2	Restrictiveness of Living Outcome Goal 2: Children participating in CSA living in congregate care are returned as quickly as possible to a family setting.																																																																							
	2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services	84% / 94%																																																																						
	2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services	100%																																																																						
<u>Graphs/ Charts</u>	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <h3 style="text-align: center;">ICC Outcomes - Prevent Residential</h3> <table border="1"> <caption>ICC Outcomes - Prevent Residential Data</caption> <thead> <tr> <th>Quarter</th> <th>Prevent RTC at 6 months</th> <th>Prevent RTC at 12 months</th> </tr> </thead> <tbody> <tr><td>6/30/16</td><td>95%</td><td>100%</td></tr> <tr><td>9/30/16</td><td>91%</td><td>93%</td></tr> <tr><td>12/31/16</td><td>95%</td><td>100%</td></tr> <tr><td>3/31/17</td><td>96%</td><td>85%</td></tr> <tr><td>6/30/17</td><td>94%</td><td>95%</td></tr> <tr><td>9/30/17</td><td>92%</td><td>89%</td></tr> <tr><td>12/30/17</td><td>93%</td><td>94%</td></tr> <tr><td>3/31/18</td><td>100%</td><td>92%</td></tr> <tr><td>6/30/2018</td><td>75%</td><td>93%</td></tr> <tr><td>9/30/2018</td><td>94%</td><td>95%</td></tr> <tr><td>12/30/18</td><td>100%</td><td>93%</td></tr> <tr><td>3/31/19</td><td>94%</td><td>100%</td></tr> <tr><td>6/30/2019</td><td>84%</td><td>94%</td></tr> </tbody> </table> </div> <div style="width: 45%;"> <h3 style="text-align: center;">ICC Outcomes - Return From Residential</h3> <table border="1"> <caption>ICC Outcomes - Return From Residential Data</caption> <thead> <tr> <th>Quarter</th> <th>Return From Residential</th> </tr> </thead> <tbody> <tr><td>6/30/16</td><td>0%</td></tr> <tr><td>9/30/16</td><td>100%</td></tr> <tr><td>12/31/16</td><td>100%</td></tr> <tr><td>3/31/17</td><td>100%</td></tr> <tr><td>6/30/17</td><td>67%</td></tr> <tr><td>9/30/17</td><td>100%</td></tr> <tr><td>12/30/17</td><td>0%</td></tr> <tr><td>3/31/18</td><td>50%</td></tr> <tr><td>6/30/2018</td><td>50%</td></tr> <tr><td>9/30/2018</td><td>0%</td></tr> <tr><td>12/30/18</td><td>0%</td></tr> <tr><td>3/31/19</td><td>75%</td></tr> <tr><td>6/30/2019</td><td>100%</td></tr> </tbody> </table> </div> </div>			Quarter	Prevent RTC at 6 months	Prevent RTC at 12 months	6/30/16	95%	100%	9/30/16	91%	93%	12/31/16	95%	100%	3/31/17	96%	85%	6/30/17	94%	95%	9/30/17	92%	89%	12/30/17	93%	94%	3/31/18	100%	92%	6/30/2018	75%	93%	9/30/2018	94%	95%	12/30/18	100%	93%	3/31/19	94%	100%	6/30/2019	84%	94%	Quarter	Return From Residential	6/30/16	0%	9/30/16	100%	12/31/16	100%	3/31/17	100%	6/30/17	67%	9/30/17	100%	12/30/17	0%	3/31/18	50%	6/30/2018	50%	9/30/2018	0%	12/30/18	0%	3/31/19	75%	6/30/2019	100%
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<u>Notes</u>	<p>Analysis: 84% (27 of 32) of youth were maintained in the community 6 months after initiation of ICC services. 94% (30 of 32) of youth remained in the community 12 months after the initiation of ICC services. 100% (n=1) youth returned from residential within three months of initiation of ICC.</p> <p>Planned Action: Wraparound Fidelity Monitoring project will provide external fidelity review. ICC Stakeholder group continues to meet to address system implementation issues as needed.</p>																																																																								

Results-Based Accountability Performance Plan Children's Services Act (CSA) System of Care

FY 2019 Q4																																																																																			
<u>How Well Measure</u>	Number	Title	Value																																																																																
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	2.1.2	Percentage of youth participating in Intensive Care Coordination who are successfully prevented from entering residential or group home placement six months and twelve months after initiation of services	Wrap Fairfax 94%/93% UMFS 75%/94%																																																																																
	2.2.4	Percentage of youth participating in Intensive Care Coordination who are successfully returned from residential or group home placement within three months of initiation of services	Wrap Fairfax 100% UMFS -- %																																																																																
<u>Graphs/ Charts</u>	<div style="text-align: center;"> <h3>Wrap Fairfax ICC Outcomes FY 2019 Q4</h3> <table border="1"> <caption>Wrap Fairfax ICC Outcomes FY 2019 Q4</caption> <thead> <tr> <th>Date</th> <th>Return from RTC by 3 mos</th> <th>Prevent RTC at 6 months</th> <th>Prevent RTC at 12 months</th> </tr> </thead> <tbody> <tr><td>6/30/17</td><td>100%</td><td>100%</td><td>100%</td></tr> <tr><td>9/30/17</td><td>100%</td><td>78%</td><td>87%</td></tr> <tr><td>12/30/17</td><td>0%</td><td>100%</td><td>92%</td></tr> <tr><td>3/31/18</td><td>100%</td><td>100%</td><td>77%</td></tr> <tr><td>6/30/18</td><td>50%</td><td>91%</td><td>100%</td></tr> <tr><td>9/30/2018</td><td>0%</td><td>89%</td><td>100%</td></tr> <tr><td>12/30/18</td><td>91%</td><td>100%</td><td></td></tr> <tr><td>3/31/19</td><td>0%</td><td>100%</td><td>100%</td></tr> <tr><td>6/30/19</td><td>100%</td><td>94%</td><td>93%</td></tr> </tbody> </table> </div> <div style="text-align: center; margin-top: 20px;"> <h3>UMFS ICC Outcomes FY 2019 Q4</h3> <table border="1"> <caption>UMFS ICC Outcomes FY 2019 Q4</caption> <thead> <tr> <th>Date</th> <th>Return from RTC by 3 mos</th> <th>Prevent RTC at 6 months</th> <th>Prevent RTC at 12 months</th> </tr> </thead> <tbody> <tr><td>6/30/17</td><td>0%</td><td>100%</td><td>92%</td></tr> <tr><td>9/30/17</td><td>0%</td><td>100%</td><td>100%</td></tr> <tr><td>12/30/17</td><td>0%</td><td>90%</td><td>95%</td></tr> <tr><td>3/31/18</td><td>0%</td><td>100%</td><td>100%</td></tr> <tr><td>6/30/18</td><td>65%</td><td>90%</td><td></td></tr> <tr><td>9/30/2018</td><td>100%</td><td>94%</td><td></td></tr> <tr><td>12/30/18</td><td>0%</td><td>100%</td><td>100%</td></tr> <tr><td>3/31/19</td><td>100%</td><td>89%</td><td>100%</td></tr> <tr><td>6/30/19</td><td>0%</td><td>75%</td><td>94%</td></tr> </tbody> </table> </div>			Date	Return from RTC by 3 mos	Prevent RTC at 6 months	Prevent RTC at 12 months	6/30/17	100%	100%	100%	9/30/17	100%	78%	87%	12/30/17	0%	100%	92%	3/31/18	100%	100%	77%	6/30/18	50%	91%	100%	9/30/2018	0%	89%	100%	12/30/18	91%	100%		3/31/19	0%	100%	100%	6/30/19	100%	94%	93%	Date	Return from RTC by 3 mos	Prevent RTC at 6 months	Prevent RTC at 12 months	6/30/17	0%	100%	92%	9/30/17	0%	100%	100%	12/30/17	0%	90%	95%	3/31/18	0%	100%	100%	6/30/18	65%	90%		9/30/2018	100%	94%		12/30/18	0%	100%	100%	3/31/19	100%	89%	100%	6/30/19	0%	75%	94%
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6/30/19	0%	75%	94%																																																																																
<u>Notes</u>	<p>Analysis: Wraparound Fairfax: 94% (15 of 16) of youth were maintained in the community 6 months after initiation of ICC services. 93% (14 of 15) of youth remained in the community 12 months after the initiation of ICC services. One (1) youth was referred and returned home within 3 months of initiation of ICC.</p> <p>UMFS: 75% (12 of 16) of youth were maintained in the community 6 months after initiation of ICC services. 94% (16 of 17) of youth remained in the community 12 months after the initiation of ICC services. UMFS received no referrals from residential placements.</p>																																																																																		

Results-Based Accountability Performance Plan Children's Services Act (CSA) System of Care

FY 2019 Q4																																																										
<u>How Well Measure</u>	Number	Title	Value																																																							
	2.3	Permanency Outcome Goal: Prevent entry into foster care for reasons other than maltreatment																																																								
	2.3.1	JDRDC and DFS data on Relief of Custody Petitions: # ROC petitions filed/# children entering foster care from ROC petitions	2 ROC filed / 0 entries																																																							
	2.3.2	Number of children entering foster care from CHINS petitions	0																																																							
	2.3.3	Number of children entering foster care from delinquency petitions	0																																																							
<u>Graphs/ Charts</u>	<div style="text-align: center;"> <h3>Foster Care Entry: Relief of Custody Data</h3> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Foster Care Entry: Relief of Custody Data</caption> <thead> <tr> <th>Period</th> <th>Petitions for Relief of Custody</th> <th>Children Entering Foster Care from ROC petitions</th> <th>Children Entering Foster Care from CHINS Petitions</th> <th>Children Entering Foster Care from Delinquency Petitions</th> </tr> </thead> <tbody> <tr> <td>Jan - Mar '17</td> <td>2</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Apr - June '17</td> <td>2</td> <td>0</td> <td>0</td> <td>3</td> </tr> <tr> <td>July - Sept '17</td> <td>3</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Oct - Dec '17</td> <td>4</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Jan - Mar '18</td> <td>1</td> <td>0</td> <td>2</td> <td>1</td> </tr> <tr> <td>Apr - June '18</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>July - Sept '18</td> <td>7</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Oct - Dec '18</td> <td>8</td> <td>2</td> <td>0</td> <td>2</td> </tr> <tr> <td>Jan - Mar '19</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Apr - June '19</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> </div>			Period	Petitions for Relief of Custody	Children Entering Foster Care from ROC petitions	Children Entering Foster Care from CHINS Petitions	Children Entering Foster Care from Delinquency Petitions	Jan - Mar '17	2	0	0	1	Apr - June '17	2	0	0	3	July - Sept '17	3	0	1	1	Oct - Dec '17	4	0	1	0	Jan - Mar '18	1	0	2	1	Apr - June '18	2	0	0	0	July - Sept '18	7	0	1	0	Oct - Dec '18	8	2	0	2	Jan - Mar '19	0	0	1	0	Apr - June '19	2	0	0	0
Period	Petitions for Relief of Custody	Children Entering Foster Care from ROC petitions	Children Entering Foster Care from CHINS Petitions	Children Entering Foster Care from Delinquency Petitions																																																						
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Jan - Mar '19	0	0	1	0																																																						
Apr - June '19	2	0	0	0																																																						
<u>Notes</u>	<p>Analysis: 2 Relief of Custody (ROC) complaints were received, 1 was petitioned to court, the other was referred to another agency for services. Planned Action: Continue to monitor.</p>																																																									

Results-Based Accountability Performance Plan Children's Services Act (CSA) System of Care

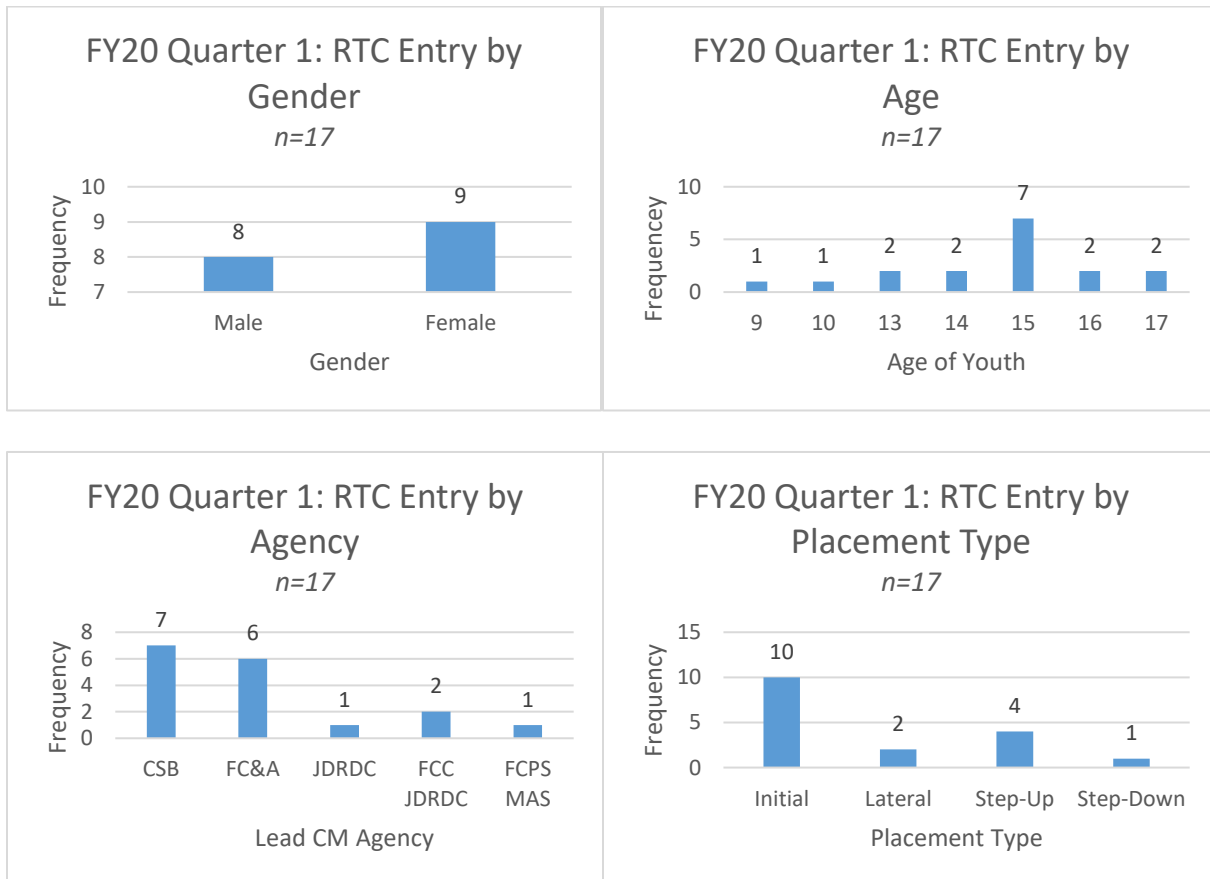
FY 2019 Q4																																										
How Well Measure	Number	Title	Value																																							
	2.5	Fiscal Accountability Outcome Goal: Fairfax-Falls Church CSA leverages state and local fiscal resources to serve youth and families efficiently																																								
	2.5.1	Percentage of placements in Medicaid-enrolled facilities	68%																																							
	2.5.2	Percentage of Medicaid placements receiving Medicaid reimbursement	94%																																							
Graphs/Charts	<div style="text-align: center;"> <p>Monthly Utilization and Reimbursement for Medicaid-enrolled RTC/GH Placements</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Monthly Utilization and Reimbursement Data</caption> <thead> <tr> <th>Month</th> <th>Medicaid Reimbursement (%)</th> <th>Medicaid Placements (%)</th> </tr> </thead> <tbody> <tr><td>9/30/16</td><td>79%</td><td>68%</td></tr> <tr><td>12/31/16</td><td>83%</td><td>64%</td></tr> <tr><td>3/31/17</td><td>80%</td><td>70%</td></tr> <tr><td>6/30/17</td><td>73%</td><td>69%</td></tr> <tr><td>9/30/2017</td><td>49%</td><td>80%</td></tr> <tr><td>12/31/17</td><td>55%</td><td>79%</td></tr> <tr><td>3/31/18</td><td>57%</td><td>79%</td></tr> <tr><td>6/30/2018</td><td>63%</td><td>73%</td></tr> <tr><td>9/30/2018</td><td>82%</td><td>54%</td></tr> <tr><td>12/31/18</td><td>73%</td><td>76%</td></tr> <tr><td>3/31/19</td><td>83%</td><td>74%</td></tr> <tr><td>6/30/2019</td><td>94%</td><td>68%</td></tr> </tbody> </table> </div>			Month	Medicaid Reimbursement (%)	Medicaid Placements (%)	9/30/16	79%	68%	12/31/16	83%	64%	3/31/17	80%	70%	6/30/17	73%	69%	9/30/2017	49%	80%	12/31/17	55%	79%	3/31/18	57%	79%	6/30/2018	63%	73%	9/30/2018	82%	54%	12/31/18	73%	76%	3/31/19	83%	74%	6/30/2019	94%	68%
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Notes	<p>Analysis: 68% (23 of 34) placements are with Medicaid-enrolled providers, out of which 50% (17 of 23) are Medicaid eligible. 94% (16 of 17) are receiving Medicaid reimbursement for residential costs; 0 are denied and 1 is pending. Reasons for being ineligible: no legal status (n=4), over income for Level B group home (n=1), over age 21 (n=1). Reasons for being placed with non-Medicaid Providers (11 of 34): the child is not able to be served in Va, is court-ordered, or is in a non-Medicaid group home.</p>																																									

QUARTERLY RESIDENTIAL ENTRY AND FAPT REPORT

Residential Entry Report

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

Seventeen youth entered long-term residential settings in July (4), August (10), and September (3).



CANS: Actionable Needs

Across the 17 youth, the most frequently identified “Actionable” needs on the CANS were as follows:

- Impulse/Hyper-16
- Oppositional-12
- Adjustment to Trauma-11
- Anger Control-10
- Other Self-Harm-9
- Depression-9
- Anxiety-9

Patterns, Trends, and Service Gaps

- There were two youth with actionable scores in substance use
- There was one youth who was identified as being a victim of human trafficking and another youth who likely was a victim of human trafficking; CSA continues to participate in the Human Trafficking Task Force to identify supports and treatments available for these youth and their families
- There were three youth with no actionable risk scores on the CANS; it is suspected that CANS scores may be underscored; the CANS Super Users workgroup continues to provide on-going training opportunities to increase accuracy in CANS ratings
- There were three youth where access to evidence-based trauma treatment in the community may have prevented RTC placement
- Access to Dialectic Behavioral Therapy in the community may have prevented two placements
- The Healthy Minds Evidence Based Workgroup continues their work towards increasing the number of evidence-based interventions in the community and continues to increase capacity of providers trained in Trauma Focused Cognitive Behavioral Therapy. This work may result in decreasing numbers of residential entries, improving the outcomes for youth and families.

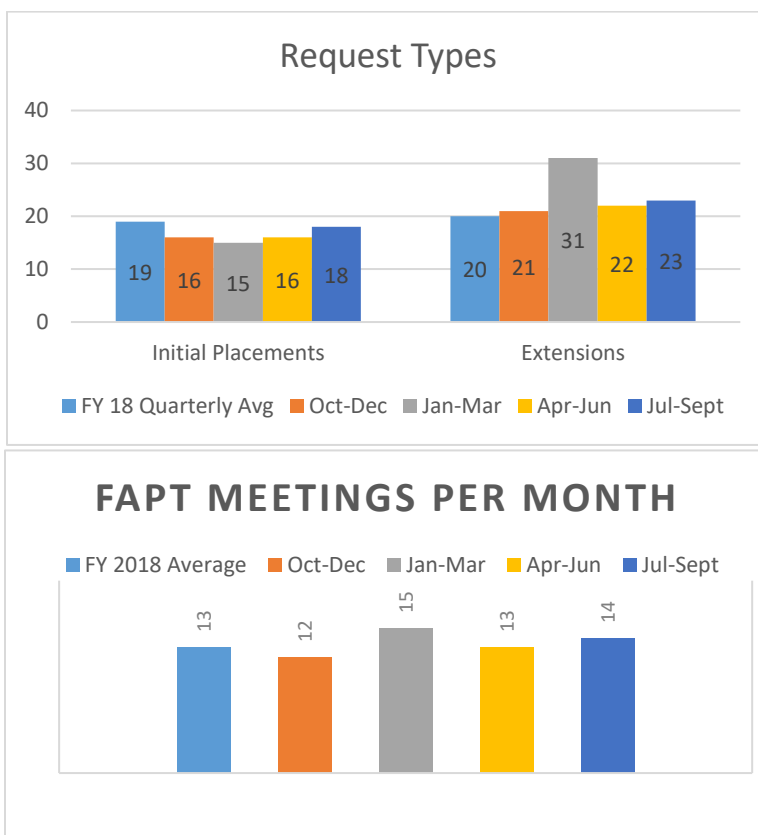
FAPT Report

For the first quarter of FY20 (Jul 2019-Sept 2019):

- the FAPTs met with 41 families
- 16 new requests for placement were heard:
 - 1 of these youth had a community-based plans developed in lieu of a plan for placement out of the home; the rest developed plans for RTC or GH placement
 - 4 youth had been placed prior to the FAPT meeting; 2 were placed by FC&A, 1 was placed by Falls Church Court Services and 1 was a parent placement
 - 8 of these youth were actively receiving community-based services at the time of the FAPT referral, including 7 who were active with ICC
- 2 youth returned to FAPT for follow up meetings after having had previous FAPT meetings in which a residential placement was supported but the youth had not been

placed; both of those youth were active with ICC at the time of the second FAPT and both were subsequently supported for placement and then placed in residential programs

- 23 requests for extensions of existing placements were heard, all of whom received an extension of anywhere from 3 weeks to 3 months
- There was one requested appeal held during this quarter. The family appealed the length of the extension FAPT supported (3 weeks); the CPMT appeal panel supported an additional 6 weeks



Action Steps for FY 2020

- Continue quarterly RTC site visits, looking at Tier II facilities (Medicaid-enrolled, in-state providers that do not have an open contract with CSA)
 - 2 have been completed already
 - Southstone 4/29/19; North Springs 8/7/19
 - Open contract was signed with Southstone; North Springs Behavioral Health remains available on a child-specific basis
 - Facilities will be scheduled based on distance from Fairfax as well as provider availability and willingness to complete self-assessment and host visit
- An inter-agency workgroup has been formed and is meeting regarding the occurrence of “High Utilizers.” These are youth who may have had multiple CCCA stays or RTC placements, have

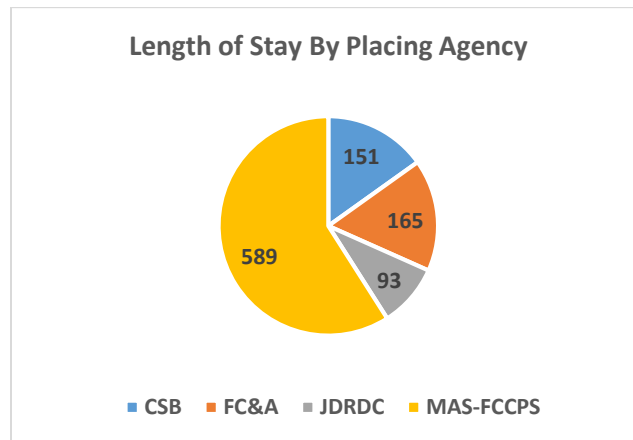
been hard to place and have been denied by multiple facilities, or are dual-status, with more than one agency actively involved in their treatment planning. The workgroup is collecting and analyzing data and creating a “profile” of these youth and will be making recommendations to the CSA Management Team on how best to serve these youth in our system.

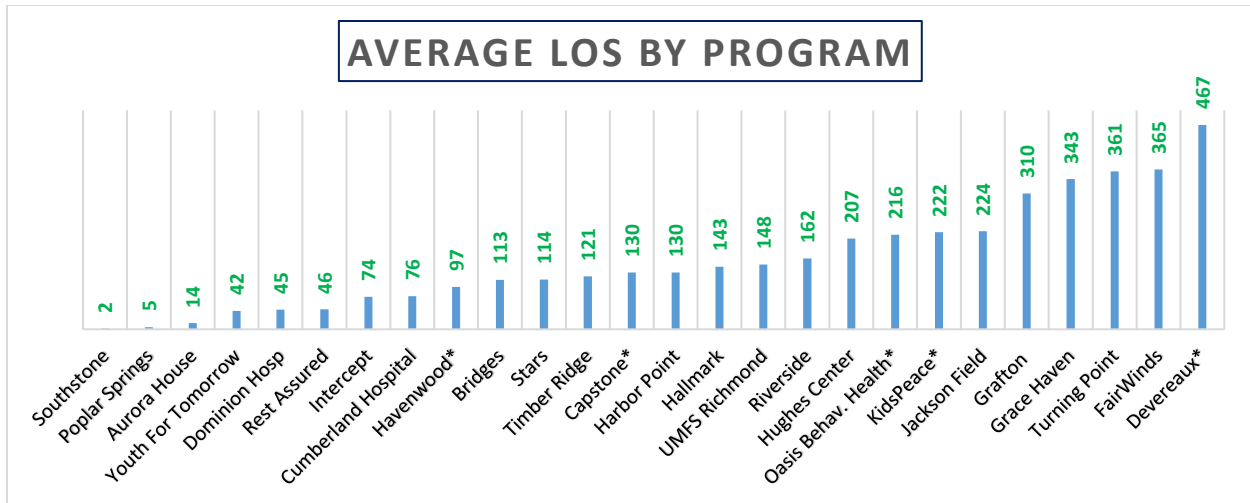
- Single-case agreements with Magellan will be pursued for those Medicaid-funded youth who have not been accepted in any in-state facilities.

FY 2019 Residential Care Data

In FY 2019, CSA youth were placed in 26 different Residential Treatment Programs and Group Homes:

- There were 99 total placements
- 5 youth were acutely hospitalized during their placement and then returned to the same program they were in prior to hospitalization; these are being counted as a single placement episode in each of these instances
- 79 unduplicated youth were in placement; 14 youth had 2 or more placements during this time
- The average Length of Stay (LOS) of all youth who *discharged* in FY19 was 160 days; this does not indicate a return home, many youth went to a subsequent placement
- The average LOS for IEP-placed youth who *discharged* in FY 19 was 589 days
- The average LOS for FAPT-placed youth (CSB, FC&A, JDRDC) who *discharged* in FY 19 was 136 days
- 18 out-of-state placements:
 - 8 FC&A
 - 5 MAS
 - 4 CSB
 - 1 JDRDC





<u>Program</u>	<u>N</u>	<u>Avg LOS</u>
Southstone	1	2
Poplar Springs**	1	5
Aurora House	1	14
Youth For Tomorrow	5	42
Dominion/Reflections	1	45
Rest Assured	1	46
Intercept	1	74
Cumberland Hospital	2	76
Havenwood*	1	97
Bridges	1	113
Stars	2	114
Timber Ridge	4	121
Capstone*	1	130
Harbor Point**	1	130
Hallmark	2	143
UMFS Richmond	5	148
Riverside	4	162
Hughes Center**	1	207
Oasis Behav. Health*	1	216
KidsPeace*	2	222
Jackson Field	7	224
Grafton	14	310
Grace Haven	1	343
Turning Point	1	361
FairWinds	1	365
Devereaux*	4	467

*out of state program

**Tier II facilities (in-state, no open CSA contract)

Respectfully submitted by Kim Jensen, UR Manager and Sarah Young, FAPT Coordinator

MEMO TO THE CPMT
October 25, 2019

Information Item I-6: Serious Incident Report, FY19 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: Our contract (Agreement for Purchase of Services) specifies provider requirements for reporting serious incidents to both the case managing agency and to the CSA program. Our current 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.

On June 24, 2016, the CPMT directed the CSA Management Team to develop proposed policy and procedures to ensure centralized reporting of serious incidents to include criteria for reporting to the CPMT about the disposition of incidents. A determination was made that the CPMT would be made aware of 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
- Contractual violations/fiscal issues to include failure to report SIRs and billing misconduct

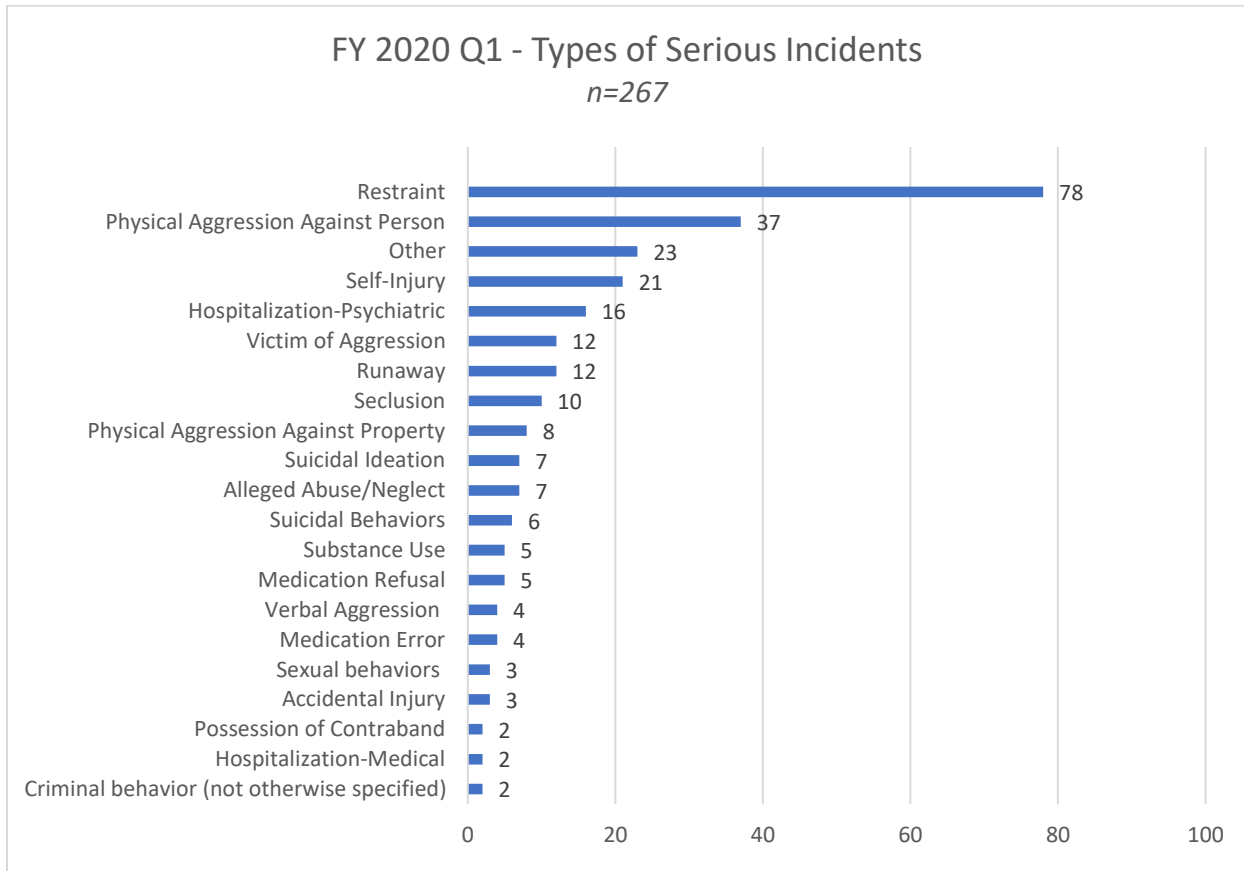
When the incident meets the criteria stated above, the CSA UR Manager and the CSA Contracts Coordinator review the details and decide if immediate action is needed to ensure the safety of the involved youth and other youth in the program/facility. During periods of investigation, contracts are “frozen”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

SERIOUS INCIDENT REPORT: During the first quarter of FY20, CSA received several complaints regarding contractual and quality concerns regarding a home-based agency. Complaints were received from families, case managers via the service summary process, and Utilization Review (UR) analysts during routine reviews. The complaints included concerns about improper billing, frequent cancellations by home-based counselors, failure to submit reports timely, and issues regarding the coordination of services with case managers and interpreters. The CSA Management Team recommended that the agency submit a Corrective Action Plan (CAP) to address the following areas:

- Compliance with Monthly Reporting Requirements
- Compliance with Indirect Billing Requirements
- Rectifying Billing Concerns
- Documentation Accuracy
- No-shows by staff
- Training, Supervision, and Oversight of Staff

Once the CAP is received and approved by the CSA Management Team, the agency will be placed on a sixty-day probationary status while the County assesses improvements. During this time, the CSA Management Team will require that an In-Home Services Sessions Log be completed and submitted with all invoices in order to ensure accurate billing practices. There will be no new referrals to the agency until the successful completion of the probationary period. Existing cases will continue with increased monitoring.

VOLUME OF SIRS: The volume of SIRS remains stable. UR staff follow-up with providers and case managers when there are questions or safety concerns. UR follow-up is documented and filed in the youth’s CSA chart.



STAFF:

Kim Jensen, Children’s Services Act Utilization Review Manager

MEMO TO THE CPMT

October 25, 2019

Information Item I- 6: Intent to Partner with the Family Acceptance Project

ISSUE:

Healthy Minds Fairfax intends to partner with the Family Acceptance Project to strengthen our system's approach to serving LGBTQ youth and their families.

BACKGROUND:

Blueprint strategy 8.D calls for the implementation of support structures for LGBTQ youth. Over the past several years, formal reports, case reviews, and provider feedback have all pointed to the need for standard policy and procedures and the adoption of best practices in serving LGBTQ youth and their families.

Research has clearly shown that family support is critical to the well-being of LGBTQ youth. Some studies have even shown that supportive parents can eliminate the disparities between sexual minority youth and their peers on outcomes such as depression and suicidal ideation and behavior. The Family Acceptance Project (FAP) is an initiative at San Francisco State University. Per their website (<http://familyproject.sfsu.edu>):

The Family Acceptance Project® is a research, intervention, education and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual and transgender (LGBT) children and youth, including suicide, homelessness and HIV – in the context of their families, cultures and faith communities. We use a research-based, culturally grounded approach to help ethnically, socially and religiously diverse families to support their LGBT children.

Our team has been putting research into practice by developing an evidence-based family model of wellness, prevention and care to strengthen families and promote positive development and healthy futures for LGBT children and youth. We provide training and consultation on our family-based prevention and intervention approach across the United States and in other countries.

Healthy Minds Fairfax is currently in discussions with FAP to contract with them to support system of care improvements. The proposed scope includes FAP providing training to providers on how to effectively engage and partner with parents of LGBTQ youth in services. Trainings will likely include a basic “101” training and additional trainings that will go more in depth on particular topics, themes, or concepts from the 101 training. FAP would also provide in-depth consultation to appropriate agencies and teams operating in the System of Care/CSA/Healthy Minds Fairfax systems. The consultation will focus on a review of policies, procedures, and practices to identify opportunities for improving services for LGBTQ youth and their families. A key outcome should be the development of a system-wide set of policies and standards (e.g., We will use the youth's preferred name and pronouns; We do not support the use of conversion therapy).

The Department of Neighborhood and Community Services (NCS) is already partnering with FAP to implement FAP's poster project, in which service providers across the country are displaying FAP-developed posters with simple tips for parents on how to support their LGBTQ youth. NCS will be reaching out to other agencies and organizations in Fairfax County to participate as well.

Funding has been identified within the Partners in Prevention Fund, so no CSA or Healthy Minds Fairfax funding is being sought. However, FAP emphasizes the importance of committed leadership. Therefore, the CPMT will be identified as a sponsor and champion for this work and will be kept informed on progress.

ATTACHMENT:

None

STAFF:

Jesse Ellis, Neighborhood and Community Services