MEMO TO THE CPMT

December 8, 2017

Information Item I - 1: DJJ Transformation and Development of MST/FFT Services

ISSUE: That the Department of Juvenile Justice (DJJ) has been undergoing transformation efforts to include support for the development and implementation of evidence-based interventions such as Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT). These interventions will be explored as part of the SOC Blueprint's plan to enhance our service network for high-risk youth.

BACKGROUND:
As outlined in the attached memo from Scott Reiner from OCS and Andrew Block, Director of DJJ, the state is considering ways to integrate the DJJ transformation efforts with the CSA System of Care. Using a reinvestment strategy from closing and selling juvenile corrections facilities, DJJ has been changing their intervention approach. As part of DJJ transformation, the state contracted with two entities as Regional Service Coordinators to develop and implement contracted community-based services as well as the specific interventions of MST, FFT and Aggression Replacement Training (ART). CSA may offer a process for sustaining the changes made to service delivery for youth involved in the juvenile justice system, offering more diversion to intervention rather than criminal sanctions using non-mandated funds.

Evidence-Based Associates (EBA) is the contracted provider of regional service coordination in Northern Virginia. Dan Edwards, Ph.D., has been informally consulting with a subcommittee of the CSA Management Team who are working on a SOC blueprint strategy to explore implementation of MST including the level of need and possible financing mechanisms.

The CSA Management Team is currently working on a proposal for FFT to serve a target population of youth with chronic absences due to emotional and behavioral needs. In addition, there is interest in exploring MST using a regional approach for court involved youth as part of Diversion First. These proposals are in early stages of development. Discussion at CPMT is intended to provide an overview of these evidence-based interventions and assess interest in proposal development.

ATTACHMENT:
MST/FFT summary
State Letter regarding CSA and DJJ Transformation

STAFF:
Matt Thompson, JDRDC
Janet Bessmer, CSA

	MST (Multisystemic Therapy)	FFT (Functional Family Therapy)
•Treatment Site	In the field: home, school, neighborhood and community	Sessions in an office or home setting with primary emphasis initially on engaging & motivating, then changing, family emotional and behavioral interaction patterns. Later interventions focus more on interactions with larger comm. systems (school, work place, etc.)
•Provider	Single full-time therapist (part of, and supported by generalist team)	Single therapist (as part of, and supported by generalist team)
•"Team" size	2 to 4 therapists plus a supervisor	3 to 8 therapists including the supervisor
•Treatment	Total behavioral health care (some exceptions for long-term care services such as psychiatric care, see more below under "Case Management Function")	Phasic Family Therapy based intervention which empowers youth and parent figure(s) to change/replace maladaptive emotional, behavioral, and psychological processes within individual, the family, and with relevant extra-family systems
•Case Management Function	Service provider rather than broker of services – treatment success of referrals to long-term care providers, such as psychiatric care, are seen as responsibility of the MST therapist	After youth & family have adopted positive coping patterns (phases 1 & 2), will link with other resources to enhance skills (Phase 3) and provide additional resources
•Approach to other co-occurring treatments	Family makes the decision regarding what co-occurring treatments exist	Exclude families currently engaged in family therapy
•Treatment Duration	3 to 5 months in most cases	Approximately 3 months, up to 5 months in serious cases
•Staff credentials	MA-level is preferred, exceptions can be made for highly skilled BA-level clinical staff	MA-level is preferred, exceptions can be made for highly skilled BA-level clinical staff
•Staff employment status	Full-time therapists with no other duties outside of MST. Supervisor commitment of 50% time per team as a minimum.	Preference is for full-time staff but part-time staff working with a minimum caseload of 5 families (approximately 15 hours per week) can be acceptable
•Client Families\Staff	4-6 cases per full-time therapist	12-15 cases for a full time therapist
•Staff Availability	24 hr\7 day\wk team available	Expectation that staff will work flexible schedule based upon needs of the family. No requirements for 24/7 on-call system.
•Treatment Outcomes	Responsibility of staff & agency	Responsibility of staff and agency
•Expectations of Outcomes	Immediate, maximum effort by family and staff to attain goals	Immediate, maximum effort by family and staff to attain goals
•Referral process guidelines	- Delinquent/anti-social youth - High risk youth - Youth needing access to 24 hour services due to system concerns (i.e. community safety concerns, etc.)	- Delinquent/anti-social youth - Medium to high risk youth - Status offenders on the lower risk end - System expectations regarding planned linkage to post-care services

COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

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

MEMORANDUM

TO: Local CSA Coordinators
CPMT Chairs

FROM: Scott Reiner, Executive Director
Office of Children's Services

Andrew Block, Director
Department of Juvenile Justice

RE: DJJ and CSA: Opportunities for Collaboration

DATE: September 28, 2017

The information provided in this memo is being jointly issued from the Department of Juvenile Justice and the Office of Children's Services to address upcoming opportunities for collaboration for mutual benefit to youth and families. Thanks for your attention to this important information.

The Department of Juvenile Justice's (DJJ's) Transformation and The Children's Services Act (CSA): Opportunities for Collaboration to Benefit Virginia's Youth and Families

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Background: Over the past year, DJJ has been making significant changes to practices designed to incorporate data-driven, evidence-based approaches to improving Virginia's juvenile justice system. This includes:

- Changing the service delivery system for DJJ-involved youth and their families in their communities;
- Developing a new system of contracting for community-based services through Regional Service Coordinators;
- Upgrading the effectiveness of services through the use of tighter quality control monitoring and standards; and
- Implementing certain evidence-based treatments including Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Aggression Replacement Training (ART).

DJJ is fiscally supporting these efforts, in part, through the reinvestment of funds previously allocated for a now closed juvenile correctional center. Concurrently, CSA programs across the Commonwealth have continued their work to assist youth and families and substantially increased their support of High Fidelity Wraparound (HFW), an evidence-informed service.

Challenges: The Commonwealth's child-service system, which includes DJJ and CSA, is faced with various challenges to improving outcomes for youth. These include:

- Insufficient funding statewide due to (i) limited local matching funds to allow full utilization of non-mandated CSA allocations and (ii) limited DJJ funding for community-based services, even in the light of newly reinvested funds; and
- Lack of provider availability and capacity for higher quality, evidence-informed, and evidence-based programs.

An Opportunity: In the near future, those services available to DJJ-involved youth and families will be available to youth referred from other sources, including CSA program referrals. This means that DJJ and non-DJJ youth receiving services funded through CSA (whether mandated or non-mandated) will be able to access these evidence-based and evidence-informed programs and services. An example, the ART program is a "gold standard" intervention from which youth needing anger management intervention would benefit, regardless of referral or funding source. Non-DJJ funded referrals will help sustain these programs and services by providing additional youth to fill groups (e.g., ART) and support the teams of trained practitioners (e.g., MST, FFT). Without sufficient referrals, maintaining such services across the Commonwealth, especially in smaller jurisdictions might be challenging. Referrals to HFW providers by DJJ through the Regional Service Coordinators will serve the same purpose.

Funding: Virginia's child-service system does not have sufficient funds to meet the needs of all youth but, with DJJ and CSA working together, more youth and families will have the opportunity to benefit from these highly effective programs and services.

- The availability of services to DJJ-involved youth through the Regional Service Coordinators <u>does not</u> mean that services for DJJ-involved youth are now the sole responsibility of DJJ (e.g., ineligible

for CSA funding). DJJ was an original contributor of the funds that established CSA, and DJJ-referred youth should continue to be considered for CSA funding through the established local CSA eligibility, FAPT, and CPMT processes. This is particularly important given such youth's generally limited time in the juvenile justice system, complexity of needs, and common cross-system involvement.

- Conversely, if a child is referred to the FAPT by a probation officer, it is reasonable that a discussion of available DJJ resources take place to determine the best way to blend and braid funds to meet the youth's needs within the context of the overall local plan for service allocation and management.
- Non-DJJ referred youth who might benefit from one of the newer services being provided through the Regional Service Coordinators would be funded by CSA through direct contracting with the service provider (not the DJJ Regional Service Coordinator).
- One important note is that with the exception of funds for independent living arrangements for juveniles aged 18 and older, DJJ does not have funding for residential placements.
- Youth referred by DJJ may be served by CSA through either non-mandated funding or by a Child in Need of Services designation, making them a mandated youth under the CSA.

Next Steps: The programs and services discussed in this memorandum will be available at the end of 2017 once providers are trained. Additional details about the referral process, service rates, etc. are being developed and will be shared as soon as they are completed.

In the interim, local CSA programs are encouraged to learn more about the DJJ Transformation, the Regional Service Coordinators' role, and the programs and services the reinvested DJJ funding are supporting. DJJ representatives on FAPTs and CPMTs are available to assist in obtaining and sharing this information. Finally, CPMTs are encouraged to engage in conversations about the possible benefits these opportunities represent and how to best take advantage of them.

For More Information: DJJ

- Beth Stinnett, Statewide Program Manager, Virginia Department of Juvenile Justice beth.stinnett@djj.virginia.gov

DJJ Regional Service Coordinators

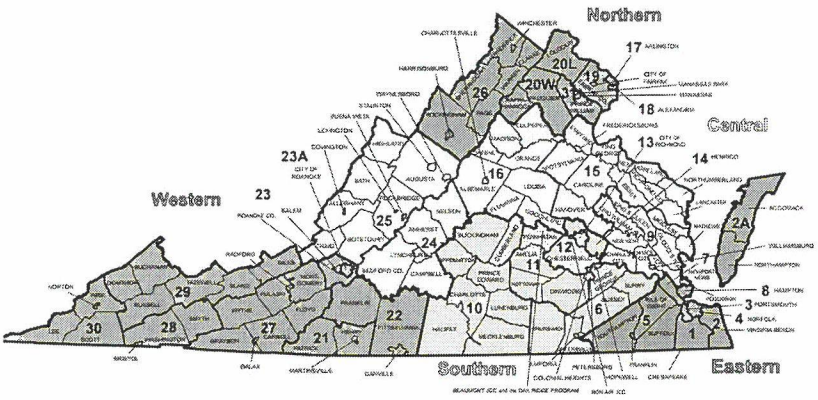
- Kara Brooks, Evidence Based Associates, Western, Northern and Central regions KBrooks@ebanetwork.com
- Korah Schaffert, AMIkids, Southern and Eastern regions, kschaffert@amikids.org

CSA

- Scott Reiner, Executive Director scott.reiner@csa.virginia.gov
- Any of the CSA Program Consultants (Anna Antell, Kristi Schabo, Carol Wilson)

Service Map:

The work of the Regional Service Coordinators is divided across DJJ's five administrative regions. AMI (www.amikidsvirginia.org) provides coordination for the Eastern and Southern regions of the state, while EBA (www.evidencebasedassociates.com) provides coordination for the Western, Northern and Central regions. |



Eastern Region (RSC = AMI)
CSUs 1,2,2A,3,4,5,7,8
Southern Region (RSC = AMI)
CSUs 6,10, 11,12,13,14
Northern Region (RSC = EBA)
CSUs 17,18,19,20L,20W,26,31
Central Region (RSC = EBA)
CSUs 9,15,16,24,25
Western Region (RSC = EBA)
CSUs 21,22,23,23A,27,28,29,30

MEMO TO THE CPMT

December 8, 2017

Information Item I- 2: CSB Report on CSB Case Management Capacity

ISSUE: That CPMT be informed about the implementation of a wait list for CSB case management during times when there is no case management capacity.

BACKGROUND:
In 2015, CPMT approved a recommendation for a contract with CSB to provide MH/CSA case support for an additional 120 youth and families, funded through CSA, at a recommended caseload of 15 families per case manager. The CSB Resource Team currently consists of 11 case managers, 2 supervisors and a manager. The manager of the Resource Team also oversees the ICC Wraparound Fairfax program. Approving CSA purchase of service for up to 30 cases was intended to balance the Resource Team budget. CSA began funding Case Support services in May, 2016.

This past June, the CSB reached capacity at the same time FCPS social workers were going off contract, leaving some families without access to CSA funded services, though funds remained available. In September/October, the CSB again reported being at capacity, though just briefly. During these times, the CSB maintained a wait list of names, and contacted families and referral sources when a slot became available, prioritizing the highest need youth and families first. The following is a report on how the CSB will implement and manage a wait list during times when there is no capacity.

ATTACHMENTS:
CSB Capacity Report and Wait List Procedure
CSB CSA Case Management Proposal Presented to CPMT by CSB on July 26, 2015

STAFF:
Jessica Jackson, CSB

Currently, the CSB Resource Team (RT) has a staff of 11 Case Managers, 2 Supervisors and 1 Manager.

Over the last year, the Resource Team has ebbed and flowed in regards to capacity of case management of CSA related cases. The months of May/June and September/October have proven to be the months in which the team manages the most cases and attends the most meetings.

In FY17 (when there were 10 Case Managers), the average number of cases managed by the RT per month was 57. The average number of meetings attended per month was 131 and the average number of consults conducted was 10.5.

In FY18 so far (July-November), the average number of cases managed by the RT per month has been 67. The average number of meetings attended per month was 131 and the average number of consults conducted per month was 16.

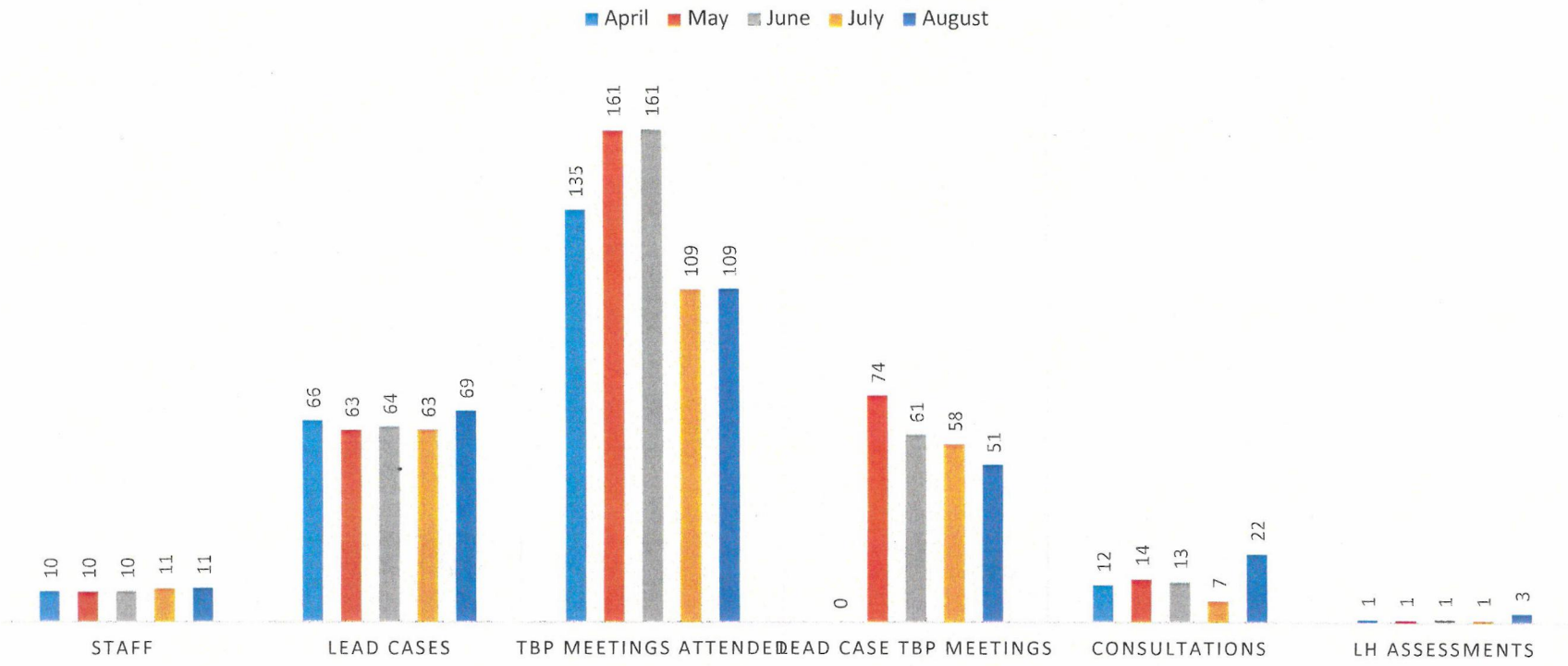
Case Support Services (CSS) began in May 2016. The RT bills for case management services for 30 cases at the rate of $607.50/month. Strengths of CSS services include allowing the RT to expand services and provide intensive case management services to many families. Limitations include that when a case is dedicated as a CSS case, it is ineligible for MHI funding. The same is true vice versa.

In late May and the beginning of June 2017 and very briefly in September/October 2017, the RT reached 'capacity' in terms of case management ability. Being at capacity meant that the number of cases that staff were managing, in addition to attending TBP meetings as well as conducting hospital discharge planning and Leland House consults made the RT unable to accept new cases. The capacity issue in May/June led to a waitlist that reached 9 families with the shortest amount of time a family waited being 3 days and the longest being 26 days. In October, 1 family was put on the waitlist and waited 2 days for assignment to a case manager. The CSA Management Team members were notified at the time the RT reached capacity and was unable to take new referrals.

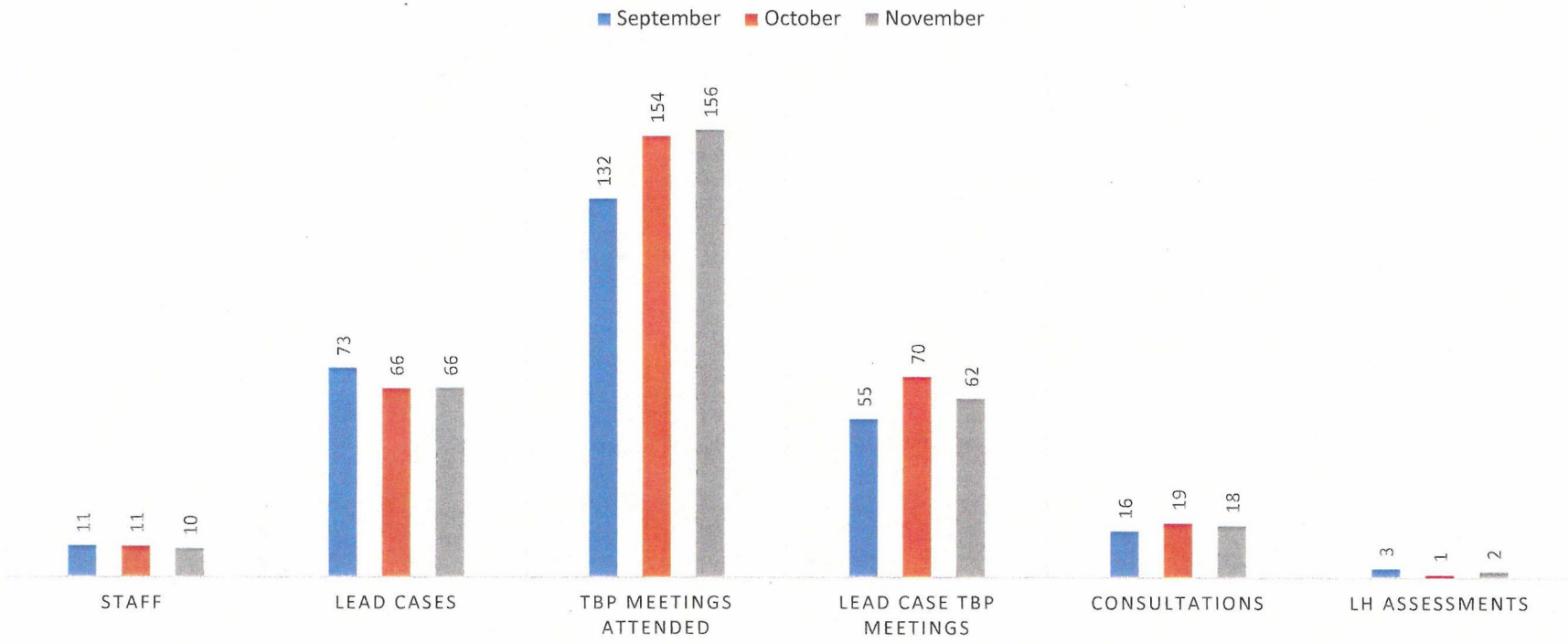
The waitlist is managed by the Program Manager and is triaged for acuity based on referral information. Contact with the referring agency or existing Case Manager to determine changes in need or status of case remains ongoing while the family is on the waitlist. In ongoing efforts, the Program Manager and FCPS Head of SW have agreed to have bi-monthly meetings to discuss cases that may be eligible to be transferred to FCPS Case Managers.

Some of the capacity issues have been related to Staff being promoted, as well as Staff retirement. Other issues surround the inability for other agency Case Managers to manage MHI-State cases, take cases to FAPT for RTC placement or other high-risk needs that need to be managed by the RT. Further, as noted above, the RT also does state mandated hospital discharge planning as well as assessments for admission to Leland House.

RT Monthly Statistics: April 2017-August 2017



RT Monthly Statistics:
September 2017-November 2017



Attachment: CSB CSA Case Management Proposal Presented to CPMT by CSB on July 26, 2015

The Fairfax-Falls Church Community Services Board is excited to submit this proposal for CSA lead case management Services to 30 individuals. These services will be provided by the CSB resource team. The following services will be provided as part of CSA case management.

- Administration of CANS
- Assisting individuals and their families with access to services and supports
- Behavioral Health Screenings and assessments
- Representation at FAPT's
- Development of the IFSP
- Liaison between the family and service providers
- Developing and monitoring an individual care plan
- Attendance at any necessary FRM's and FPM's
- Quality assurance of service provision by monitoring direct service provider, natural supports, progress and maintains regular contact with clients and team members
- Documentation of activities in agency electronic health care record in compliance with State Performance Contract, team practice and contract agreements

The CSA case management caseload for this service is 15 individuals. Although the CSB will be providing CSA case management services to 30 individuals, the distribution of those 30 individuals will occur across the entire team of 11 direct service providers. This distribution is needed in order for the CSB to fulfill its other CSA support functions. Attached is a chart that demonstrates how the CSB will balance CSA case management services with attending FRM's and FPM's.

Caseload Size	Monthly FRM and FPM meeting attendance
0	30
1	28
2	26
3	24
4	22
5	20
6	18
7	16
8	14
9	12
10	10
11	8
12	6
13	4
14	2
15	0

MEMO TO THE CPMT

December 8, 2017

Information Item I - 3: Update on the CSA Audit Self-Assessment

ISSUE: That the deadline to submit the OCS Self-Assessment Workbook is February 28, 2018 and the self-assessment process has begun with workgroup meetings scheduled.

BACKGROUND: The Fairfax-Falls Church CSA program will have an audit self-assessment validation in FY18. The local program is required to complete the self-assessment workbook and submit the results which will then be followed by an on-site visit by the auditors for validation.

CPMT approved a structure and process for completing the self-assessment with a CPMT subcommittee serving as the Governance workgroup. The Governance workgroup will oversee the self-assessment and review all of the results from the various workgroups. They will also develop any Quality Improvement Plans that may be needed. CSA and DAHS staff have been planning and preparing for the various tasks and collection of documentation. Workgroups are beginning to be scheduled for January and February.

In order to comply with various audit requirements, CPMT members were sent the state's Fraud Questionnaire for completion by December 15th. Where applicable, CPMT members are reminded to complete their annual Statement of Economic Interest (attached) which is due by January 15th to the Clerk of the Board of Supervisors. In addition, all county and school staff are reminded of their organizations' Ethics policy and also professional affiliation's codes of ethics.

CPMT will continue to receive updates regarding the self-assessment process.

ATTACHMENT:
Information about the Statement of Economic Interest

STAFF:
Janet Bessmer, CSA

State website
www.csa.virginia.gov

4.4 Joint Requirements of the CPMT and FAPT

Several provisions of CSA apply to the work of both the CPMT and the FAPT.

4.4.1 Freedom from Liability and Conflict of Interest

Virginia law provides the members of both the CPMT and the FAPT with broad latitude to carry out their responsibilities regarding the planning, development and provision of services to children and families. A statutory assurance of immunity from civil liability allows the members of FAPT and CPMT to exercise their best professional judgment when carrying out the duties of the team. A CPMT or FAPT member may be held civilly accountable for his or her decisions only if it is proven that the individual member acted with "malicious intent." (*§2.2-5206* and *§2.2-5207*)

Statutory language to guard against conflict of interest is found in *§2.2-5205* and requires parents and private providers, and in some instances, members representing local agencies, to complete a statement of economic interest (*§2.2-3117*). Refer to the table below for applicable forms and filing requirements. Section *2.2-5207* requires that FAPT and CPMT parental and private provider representatives abstain from decision-making where there may be a personal or fiduciary interest. Essentially, all FAPT and CPMT members are expected to avoid any activity which might be perceived as or actually benefitting them personally.

Though not required of local government employees or officers, training is available for your convenience and can be accessed via this link: *Local Government Employee and Officer Training Module*. For additional guidance pertaining to conflicts of interest, consult the Virginia Conflict of Interests and Ethics Advisory Council website *here.*

Each person listed below must file their required statement prior to assuming office or taking employment. Thereafter, they will follow the applicable schedule below:

CONFLICT OF INTEREST DISCLOSURES – FILING RESOURCES Effective July 1, 2016			
Applicability	**Frequency**	**Disclosure Due Date**	**Form**
Local Officials (where applicable)	Annually	January 15	*Statement of Economic Interests Form*
Non-salaried Citizen Members (e.g. parent and private provider representatives)	Annually	January 15	*Financial Disclosure Form*

Code of Virginia
Title 2.2. Administration of Government
Chapter 52. Children's Services Act

§ 2.2-5205. Community policy and management teams; membership; immunity from liability.

The community policy and management team to be appointed by the local governing body shall include, at a minimum, at least one elected official or appointed official or his designee from the governing body of a locality that is a member of the team, and the local agency heads or their designees of the following community agencies: community services board established pursuant to § 37.2-501, juvenile court services unit, department of health, department of social services and the local school division. The team shall also include a representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality, and a parent representative. Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a community policy and management team may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives. Those persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies.

The local governing body may appoint other members to the team including, but not limited to, a local government official, a local law-enforcement official and representatives of other public agencies.

When any combination of counties, cities or counties, and cities establishes a community policy and management team, the membership requirements previously set out shall be adhered to by the team as a whole.

Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent. Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

Persons serving on the team who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in § 2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest.

1992, cc. 837, 880, § 2.1-751; 1995, c. 190; 1999, cc. 644, 669; 2001, c. 844.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

11/27/2017

Financial Disclosure Forms for Boards, Authorities and Commissions

Members of certain boards, authorities, commissions, or committees ("BACs") must file financial disclosure statements upon appointment, and annually thereafter. New appointees must file a Statement of Economic Interest form with the Clerk's Office **before** voting as an official member. Completed forms can be sent to the Clerk's Office by email (scan and send to clerktotheBOS@fairfaxcounty.gov), fax (703-324-3926), or US mail (12000 Government Center Parkway, Suite 533, Fairfax, VA 22035). See updated lists below of BACs required to file effective June 16, 2016.

In addition to the the financial disclosures, members of boards, authorities and commissions need to annually review Virginia Freedom of Information Act (VFOIA) documents. There are two VFOIA documents. **Package A**, applicable to appointees to those BACs that require filing of financial disclosure statements, references the VFOIA and Public Records Act and ***includes the Conflict of Interests Act***. **Package B**, applicable to all other appointees to BACs, only references the VFOIA and Public Records Acts.

All forms and material below are promulgated by the Commonwealth of Virginia; the forms are available in PDF. For further information, visit the Virginia Conflict of Interest and Ethics Advisory Council at http://ethics.dls.virginia.gov.

To view the document, you will need to have Adobe Acrobat Reader installed on your computer. Click below to obtain a free copy.

Get Acrobat Reader

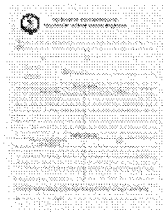
Disclosure Forms

Statement of Economic Interests (PDF 81 kb): [Long Form]

Members of the following BACs must file this form:

- Board of Zoning Appeals
- Economic Development Authority
- Employees' Retirement System Board of Trustees
- Industrial Development Authority
- Library Board
- Mosaic District Community Development Authority
- Park Authority
- Planning Commission
- Police Officers Retirement Board
- Redevelopment & Housing Authority
- Uniformed Retirement Board
- Upper Occoquan Service Authority
- Water Authority
- Wetlands Board

(NOTE: Members of the Board of Supervisors also file this form.)



Real Estate Holdings (PDF 45 kb):

In addition to filing the long form, members of the following BACs must file this form:

- Board of Zoning Appeals
- Planning Commission

The Virginia Freedom of Information Act (VFOIA) and the Virginia Public Records Act Documents

There are **two packages** of information below, one of which should be read and reviewed annually by each BAC appointee.
Members of BACs listed above should review Package A; all other BAC members should review Package B.

- Package A which includes the Virginia Conflict of Interests Act (108 pages - 8.4MB)
- Package B only the VFOIA and Public Records Act (68 pages - 4.9MB)

MEMO TO THE CPMT

December 8, 2017

Information Item I- 4: Update on Private Day Services: Committee Preliminary Report to General Assembly Committee

ISSUE: That the staff of the House Appropriations and Senate Finance Committees facilitate a workgroup to examine options and provide a report about how to better manage the quality and costs of private day educational programs currently funded through the Children's Services Act (CSA).

BACKGROUND:
On November 29, 2017, the Joint Subcommittee for Health and Human Resources Oversight heard testimony and a report regarding the continued inclusion of Private Day funding within the CSA System of Care. 2017 Appropriation Act (Item 1, paragraph T.5.) directed the staff of the House Appropriations and Senate Finance Committees to facilitate a workgroup to examine options to better manage the quality and costs of private day educational programs currently funded through the Children's Services Act (CSA). The workgroup was specifically directed to review the following options:

- The transfer of the CSA funding pool for private day education to the Department of Education;
- Identification and collection of data to assess private day placements;
- Identification of resources for transition of students from private day placements to a less restrictive environment;
- Assessment of the role of Local Education Agencies regarding placements, effectiveness, quality, costs and measuring outcomes of private day education programs; and
- An assessment of the Individual Education Plan (IEP) process with regards to private day placements.

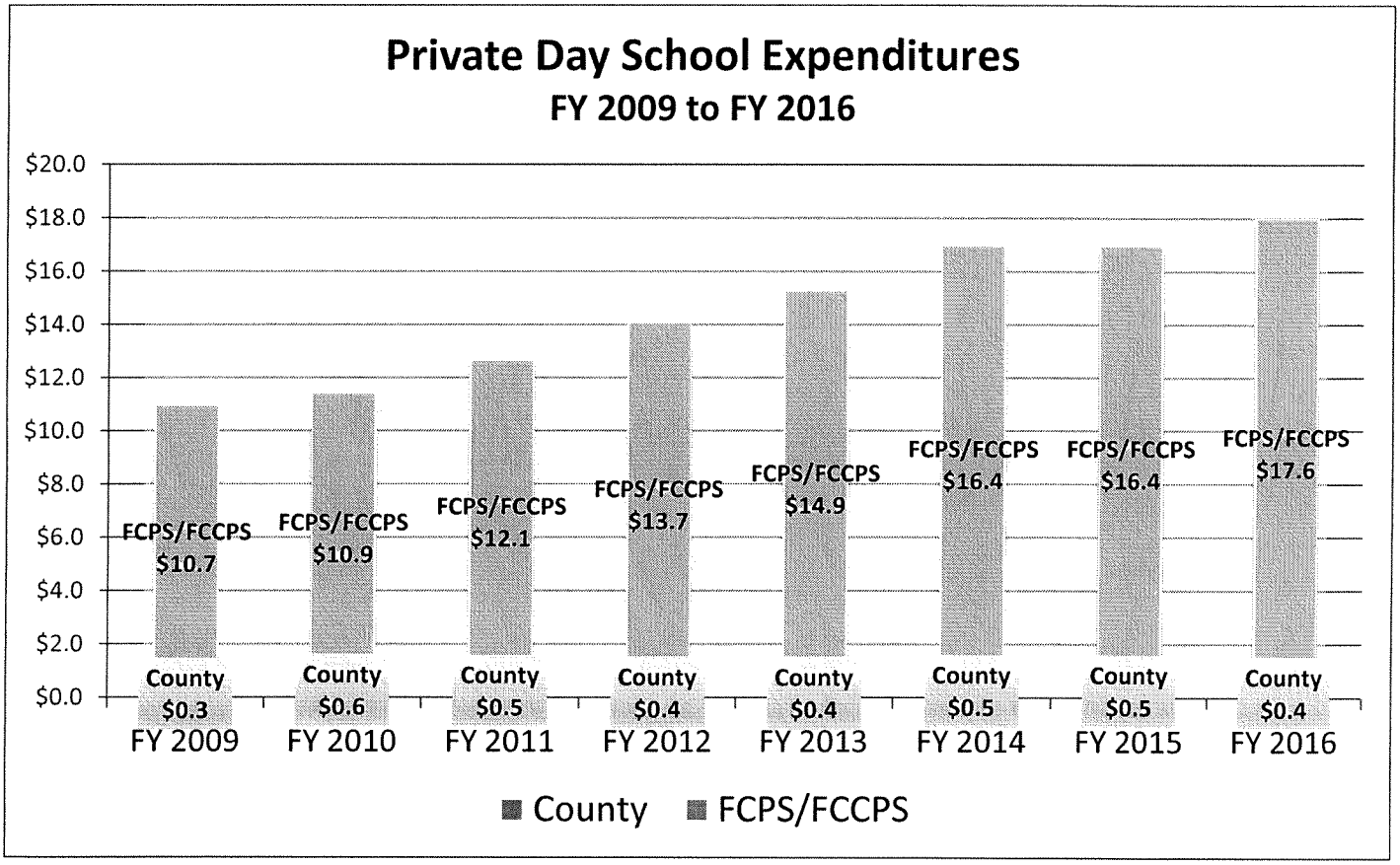
A report on any preliminary findings and recommendations were due to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2017

The report provided the following information:

- Since FY 2013 CSA has seen a 6.5% annualized growth rate in expenditures and 1.7% annualized growth rate in children served
- CSA growth is being driven by special education private day placements
- Special education private day placements now account for 41% of total CSA expenditures, up from 32% in FY 2013
- At the same time, residential/congregate care and foster care/therapeutic treatment have decreased as a percentage of total CSA expenditure
- Expenditures for private day placements have increased by 54% since FY 2013 with an 11.4% annualized growth rate
- Caseload has increased by 28% since FY 2013 with a 6.4% annualized growth rate
- Increase of 19.3% in the average annual cost since FY 2013

Fairfax-Falls Church CSA: Private Day School Expenditures FY 2009 to FY 2016

Locally, our average annualized growth rate was 6.5% through FY16, similar to the state findings. In preliminary discussions at the CSA Management Team, the role of the lead case manager for IEP-driven cases appears to differ from the role of other agencies in managing a CSA funded youth. CSA Management Team members raised the issue of how differences in caseload sizes may impact monitoring, service planning and opportunities for youth to be returned to public school with appropriate supports. Further exploration of the benefits of reduced caseload size and how that might be accomplished is recommended.



ATTACHMENT:
Committee Report to Joint Subcommittee for Health and Human Resources Oversight
OCS Presentation: Selected slides

STAFF:
Janet Bessmer, CSA

REPORT ON CHILDREN'S SERVICES ACT SPECIAL EDUCATION PRIVATE DAY PLACEMENTS

November 29, 2017

House Appropriations and Senate Finance Committee Staff
Susan Massart, Mike Tweedy, Susan Hogge and Sarah Herzog

Background

The 2017 Appropriation Act (Chapter 836, 2017 Acts of Assembly, Appendix A) directed the staff of the House Appropriations and Senate Finance Committees to facilitate a workgroup with various state agencies to examine options and determine necessary actions to manage the quality and costs of private day educational programs funded through the Children's Services Act (CSA). Other stakeholders would be included as needed to provide additional information to workgroup. The workgroup was specifically directed to review the following options:

1) The transfer of the CSA funding pool for private day education to the Department of Education;
2) Identification and collection of data to assess private day placements;
3) Identification of resources for transition of students from private day placements to a less restrictive environment;
4) Assessment of the role of Local Education Agencies regarding placements, effectiveness, quality, costs and measuring outcomes of private day education programs; and
5) An assessment of the Individual Education Plan (IEP) process with regards to private day placements.

The workgroup was directed to specifically examine funding impacts and any other changes necessary to implement recommended actions and to provide a report with preliminary findings and recommendations to the Chairmen of the House Appropriations and Senate Finance Committees.

Recent Studies

During 2014 and 2015, the Virginia Commission on Youth conducted a two-year study of the use of federal, state, and local funds for the public and private educational placements of students with disabilities. This study was a result of House Joint Resolution 196 passed in the 2014 General Assembly Session. The Commission was directed to:

1) Examine the use of CSA and Medicaid funds for private day and private residential placements for children with disabilities;
2) Collect local and statewide data on the number of students that are segregated from nondisabled students; and
3) Determine the feasibility and cost-effective alternatives for integrating more children with disabilities into less restrictive settings with non-disabled students.

The first year of the Commission's study focused on research and understanding the issues. The second year included input from an advisory group of stakeholders. The Commission's final report contained a variety of recommendations related to the need to develop measures to track the progress and achievement of students enrolled in special education private day schools and to improve the process to integrate students back into their home schools. The interim and final reports can be found on the Commission's website at vcoy.virginia.gov (look under the "Reports" section for the year 2015: reference document numbers HD9 and HD14).

In 2016, the State Executive Council (SEC), which administers the CSA program was directed in the 2016 Appropriation Act (Chapter 780, 2016 Acts of Assembly) in Item 285 M to review and develop a robust set of options for increasing the integration of children receiving special education private day treatment services into their home school districts, including mechanisms to involve local school districts in tracking, monitoring and obtaining outcome data to assist in making decisions on the appropriate utilization of these services. A stakeholder workgroup met several times during 2016 to discuss and consider options. The SEC made specific recommendations in four general areas:

1) Restructuring the funding of special education services between agencies;
2) Developing consistent measurable outcomes for students in private day placements;
3) The successful transition of students with disabilities from private to public settings; and
4) Improving the ability of public schools to better serve students with disabilities in the least restrictive environment.

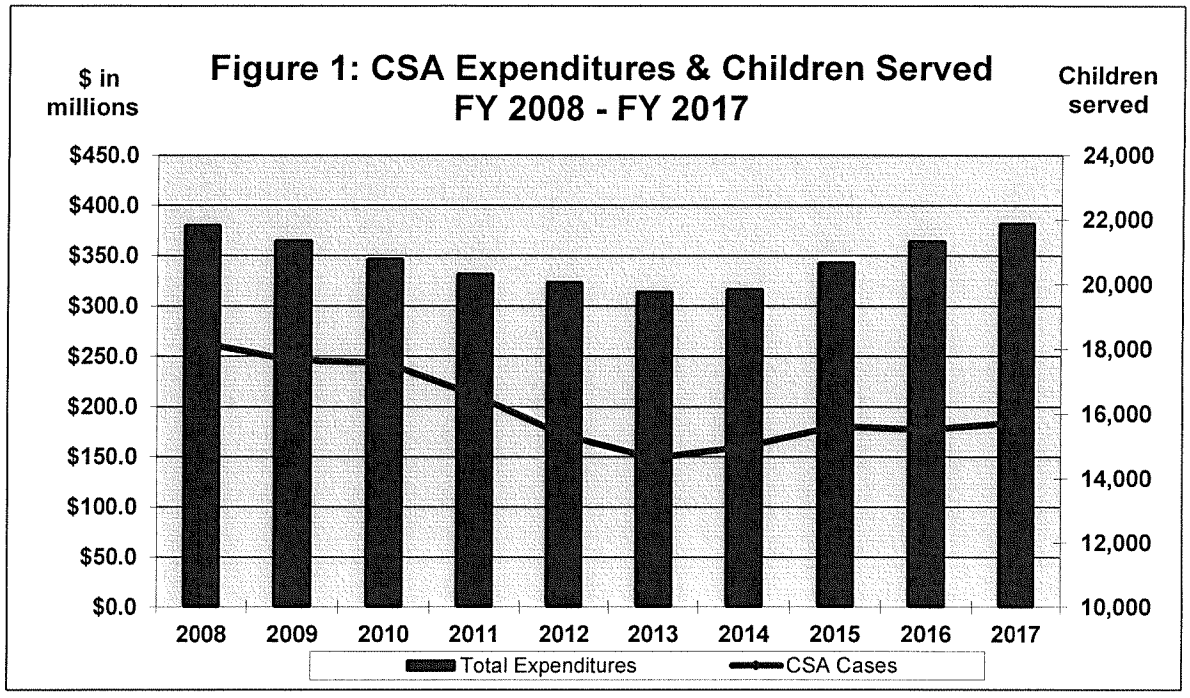
Details of this report can be found on the Legislative Information System under "Reports to the General Assembly" (Report Document 429 published in 2016) or https://rga.lis.virginia.gov/Published/2016/RD429.

Issue

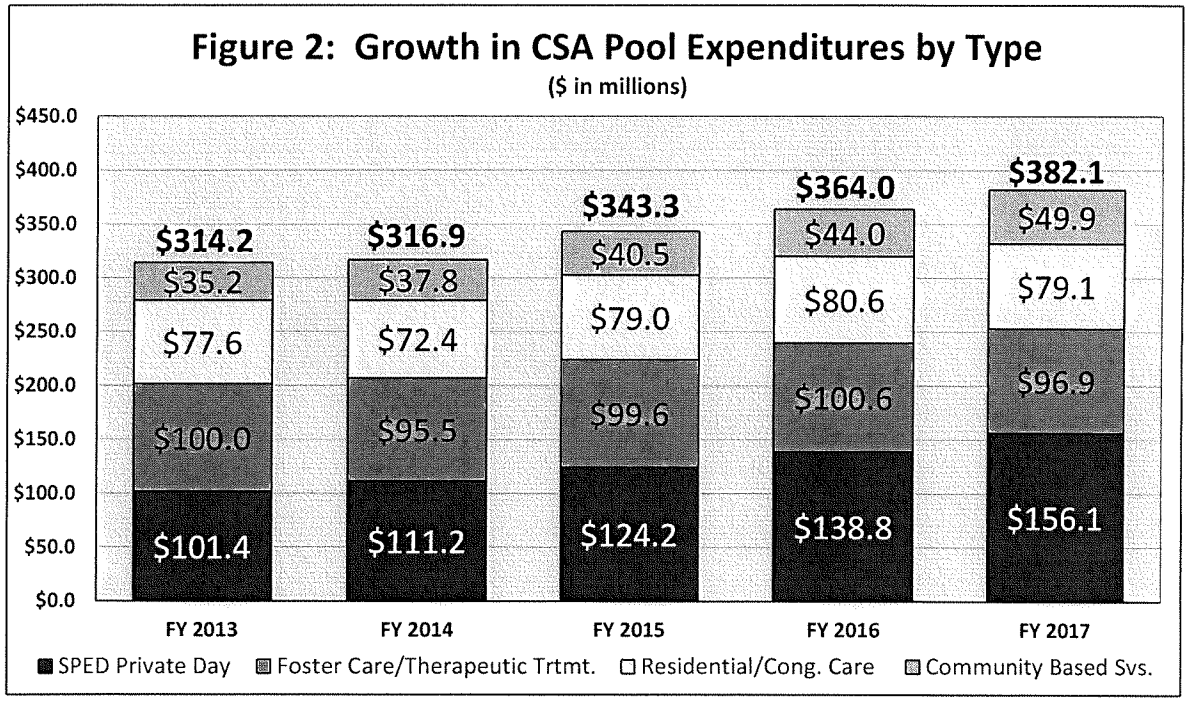
The Children's Services Act (previously known as the Comprehensive Services Act for At Risk Youth and Families) was created by the General Assembly in 1992 to better serve children with emotional and behavioral problems who were served through multiple agencies and funding streams. The purpose of the program was to eliminate fragmentation and develop a coordinated system of treatment through a collaborative local process that focuses on the emotional, behavioral and social needs of children. Localities are mandated to serve eligible children receiving special education, foster care or who require mental health services to avoid placement in foster care.

The CSA program has been studied many times over the years as concerns surfaced over rapidly growing costs, the appropriate placement of children in CSA, the proper mix of community and institutional services, and the structure and staffing of the Office of Comprehensive Services. A number of these studies specifically focused on CSA residential services, a more costly component of the program which had been growing rapidly over the years.

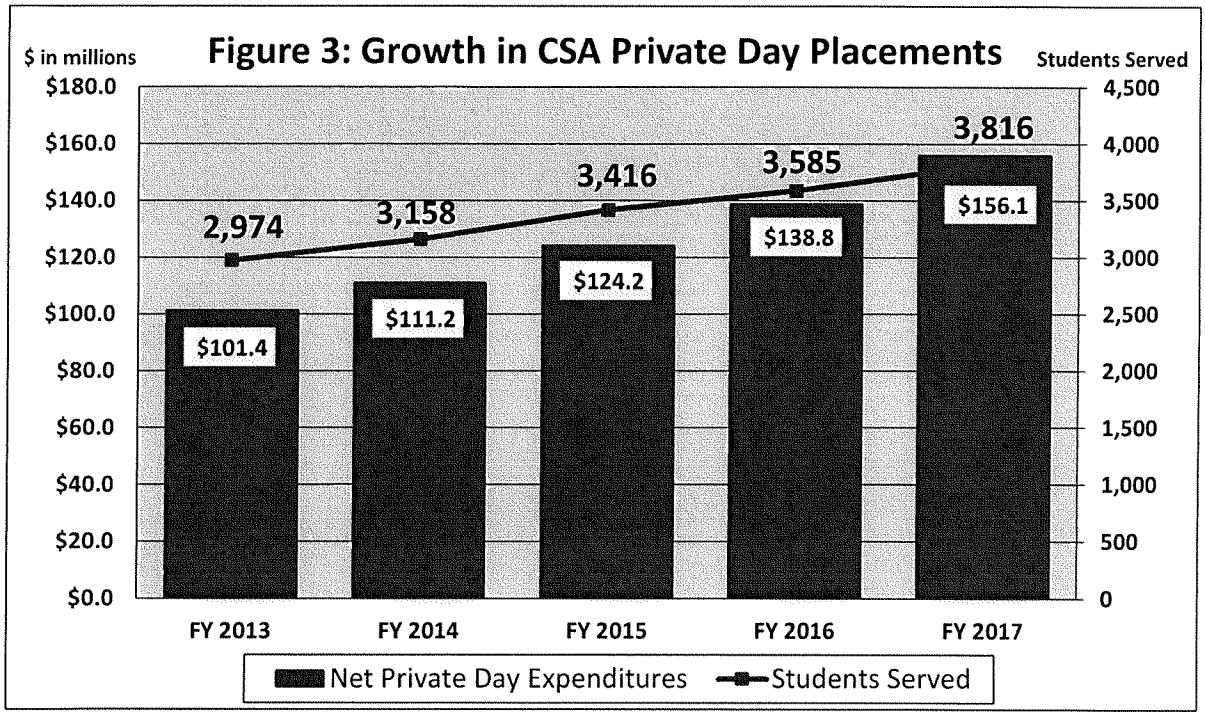
A number of policy actions were taken in the 2000s to better serve children in CSA and better manage costs. Costs and the number of children served through the CSA declined from FY 2008 until FY 2013. However, since 2013 program costs and the number of children in CSA have increased. By FY 2017, the costs of the program increased by almost 22%, while the number of children served in CSA increased by 7.6 percent (Figure 1).



More recently, concerns have focused on the provision of special education private day services which have increasingly risen disproportionately in terms of expenditures and number of children served. Special education private day placements now account for 41 percent of total CSA expenditures, up from 32 percent in FY 2013 (up from 11 percent almost 20 years ago in FY 1998). At the same time, residential/congregate care and foster care/therapeutic treatment have decreased as a percentage of total CSA expenditures (Figure 2).

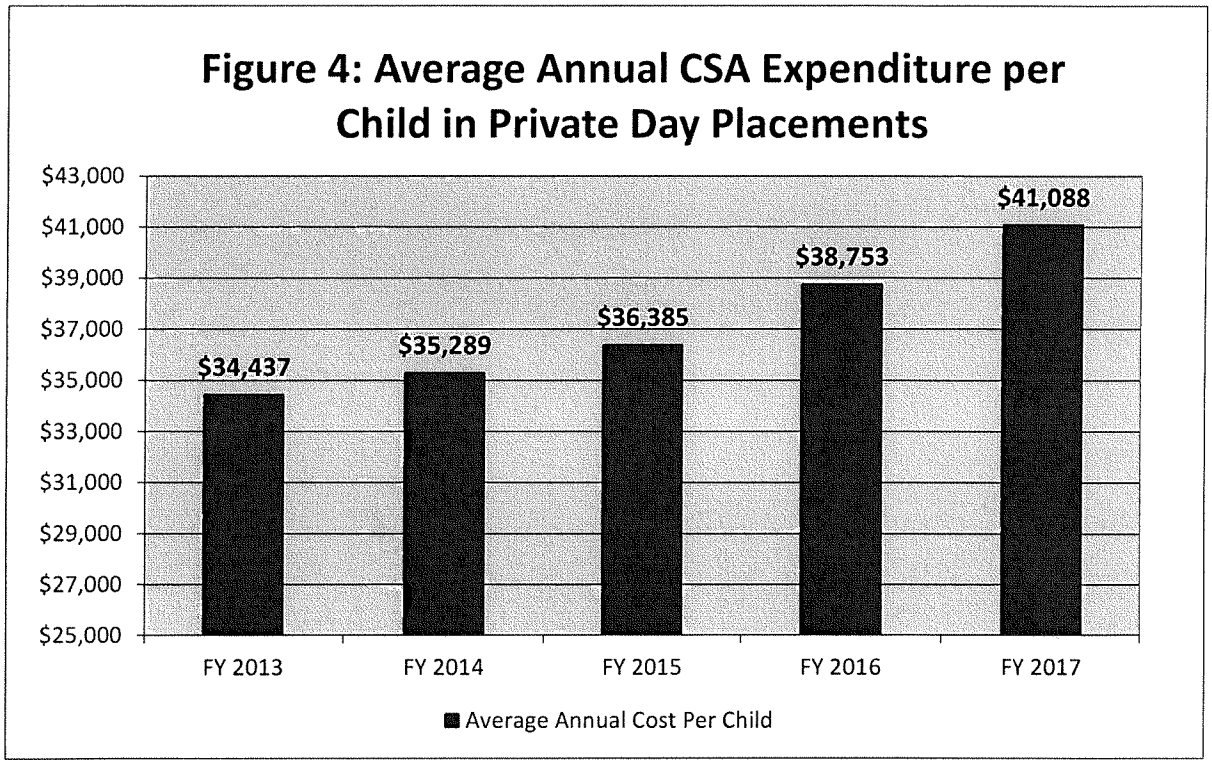


Rising CSA costs appear to be driven by an increasing number of special education children placed in private day facilities when Individualized Education Program (IEP) plans are developed or revised. Expenditures for CSA private day placements have significantly increased by 54 percent from FY 2013 to FY 2017, from $101.4 million to $156.1 million. This represents a compounded annualized growth rate of 11.4 percent. At the same time, the number of students in private day school placements has increased by 28 percent from 2,974 to 3,816 (Figure 3), a compounded annualized growth rate of 6.4 percent.



In addition to the increase in the number of children in private day placements, average annual CSA private day expenditures per child have increased from $34,437 in FY 2013 to $41,088 in FY 2017 (Figure 4), which is a 19.3 percent increase in costs. In contrast, the average annual cost for all CSA services was $24,274 in FY 2017. This combination of the growth in the number of students and average cost per child served has resulted in a significant impact on CSA expenditures.

As previously mentioned there have been prior studies of the issue from 2014 through 2016. This workgroup is tasked with taking all the work that has been done so far and filling in any gaps in information to report back on specific funding options and other changes necessary to implement options available to ensure appropriate use of private day placements and also to assist local school divisions better serve children in integrated settings.



Research Activities

The workgroup has conducted site visits, literature reviews, interviews with stakeholders, and analyzed expenditure and participation data from August through October 2017 to address the study mandate. In addition, staff have reviewed past CSA studies, Virginia Department of Education (VDOE) special education program information, limited information from other states, and VDOE Superintendent Memos pertaining to CSA and CSA program information.

During its research, the workgroup formulated a number of questions to be addressed during this review. However, many of these remain unresolved.

- What are the current trends in enrollment and costs of CSA special education private day placements across the Commonwealth and regionally?
- What variables influence enrollment statewide and regionally?
- What are the characteristics of children placed in special education private day treatment?
- What variables influence cost of services?
    - Are the rates paid for special education private day treatment reflective of fair and reasonable costs incurred?
- To what extent have the recommendations from the Virginia Commission on Youth report, "The Use of Federal, State and Local Funds for Private Educational Placements of Students with Disabilities" related to the effectiveness of CSA-funded special education

private day programs been addressed by the Virginia Department of Education and the Office of Children's Services?

- How are CSA funds used to support children who receive special education services, including special education private day services and wrap-around services?
    - What limits are placed on the use of CSA funds to support children who receive special education services in private day schools?
    - What limits are placed on the use of CSA funds to support children receiving special education in more integrated settings?
    - Are there distinct approaches that should be explored for children with autism spectrum disorders?
    - Is additional training and specialized staff needed to for schools to appropriately handle particular behavioral and physical issues?
- Can CSA-funded special education private day services be measured and validated to determine adequate achievement of the goals set forth in student Individualized Education Plans?
- What data are collected and reported?
- What barriers exist to prevent the collection and analysis of outcome measures for these services?
- What is the role of the state and local CSA programs, DOE and LEAs in requiring and collecting data on outcomes from special education private day providers?
- Can outcomes be centrally tracked to inform parents, the Office of Comprehensive Services, local CSA coordinators, DOE, and local schools on a child's progress and effectiveness of placements?
- What steps can the Commonwealth take to ensure the most effective and efficient use of state funding provided for CSA private day placements?
- Should CSA services and funding be rebalanced to better serve children in special education and their families?
- Should funding be moved to DOE, since CSA cannot impact local IEP placement decisions?

Recommendation

Staff recommends that the workgroup be continued through 2018 in order to formulate meaningful recommendations on this issue.

Appendix A

Chapter 836, 2017 Acts of Assembly, Item 1, Paragraph T 5
Workgroup on Private Day Educational Program Options

5.a. The staff of the House Appropriations and Senate Finance Committees shall help facilitate the scope of work to be completed by the Joint Subcommittee for Health and Human Resources Oversight.

b. The staff of the Health and Human Resources and Elementary and Secondary Education Subcommittees for the House Appropriations and Senate Finance Committees shall facilitate a workgroup, in cooperation with the Office of Children's Services (OCS), the Virginia Department of Education (VDOE), the Department of Planning and Budget, the Department of Social Services, and the Department of Juvenile Justice, to examine the options and determine the actions necessary to better manage the quality and costs of private day educational programs currently funded through the Children's Services Act (CSA). Other stakeholders, such as those from local governments, school superintendents or their designees, CSA Community Policy and Management Teams and Family Assessment and Planning Teams, special education administrators, private providers, parents of special education students and others may provide additional information to the workgroup as requested.

c. In examining the options, the workgroup shall consider: (i) amending the CSA to transfer the state pool funding for students with disabilities in private day educational programs to the VDOE; (ii) the identification and collection of data on an array of measures to assess the efficacy of private special education day school placements; (iii) the identification of the resources necessary in order to transition students in private day school settings to a less restrictive environment; (iv) the role of Local Education Agencies in determining placements and overseeing the quality, cost and outcome of services for students with disabilities in private day educational programs; and (v) an assessment of the Individualized Education Program (IEP) process as compared to federal requirements, including how that process relates to the role of CSA Family Assessment and Planning Team (FAPT) in determining services for students with disabilities whose IEP requires private day educational placement.

d. The workgroup shall examine: (i) funding impacts; (ii) necessary statutory, regulatory or budgetary changes; and (iii) other relevant actions necessary to implement any recommended actions. A report on any preliminary findings and recommendations shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2017.

Office of Children's Services
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Private Special Education Placements Under the Children's Services Act

Joint Subcommittee for Health and Human Resources Oversight

November 29, 2017

Office of Children's Services
Empowering communities to serve youth

DOE Data on Private Placements by Disability

December 1 Placement Codes 3 and 5 by Disability Category						
DOE Private Day Placement Code 3						
	2013	2014	2015	2016	% of Total	Change
Autism	610	695	792	911	33%	149%
Emotional Disturbance	809	891	900	913	33%	113%
Intellectual Disability	159	166	184	193	7%	121%
Multiple Disabilities	158	168	186	193	7%	122%
Other Health Impairment	372	407	438	458	16%	123%
Specific Learning Disability	127	129	131	111	4%	87%
State Totals	2235	2482	2655	2802	100%	125%

DOE Private Residential Placement Code 5						
	2013	2014	2015	2016	% of Total	Change
Autism	69	66	72	81	3%	117%
Emotional Disturbance	268	212	237	228	8%	85%
Intellectual Disability	39	39	40	36	1%	92%
Multiple Disabilities	36	32	27	23	1%	64%
Other Health Impairment	79	93	92	90	3%	114%
Specific Learning Disability	41	40	26	30	1%	73%
State Totals	532	490	502	498	18%	94%

Source: DOE December 1 Special Education Child Count

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- While recent growth in CSA private educational programs is primarily due to increases in students with autism as their primary disability . . .
- Emotional disturbance (ED) is about equal in frequency in the overall private education census and . . .
- According to the DOE data, ED is the primary disability found among students placed in IEP-directed private residential placements.

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Gross CSA Expenditures – Private Education

	FY2015	FY2016	FY2017
Private Day	$ 124,290.761	$ 138,931,168	$ 156,792,360
Residential	$ 15,873,686	$ 15,872,069	$ 18,181,240
Total	**$ 140,164,447**	**$ 154,803,237**	**$ 174,973,600**

Source: CSA Data Set (pre-2017) and Local Expenditure and Data Reimbursement System (LEDRS)

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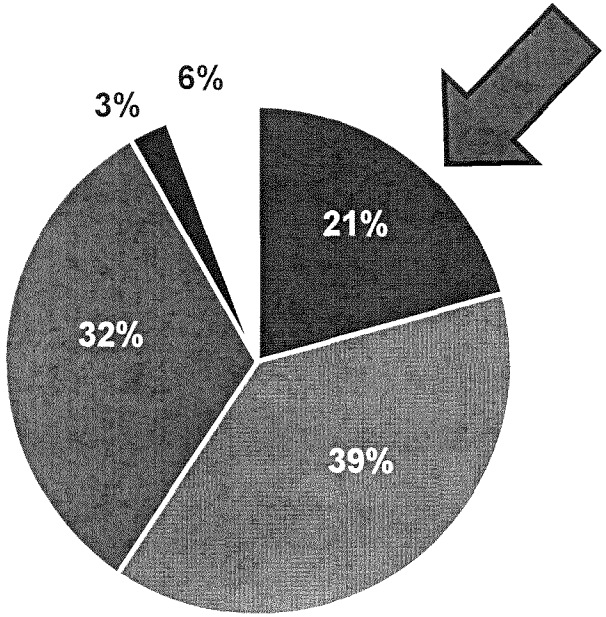
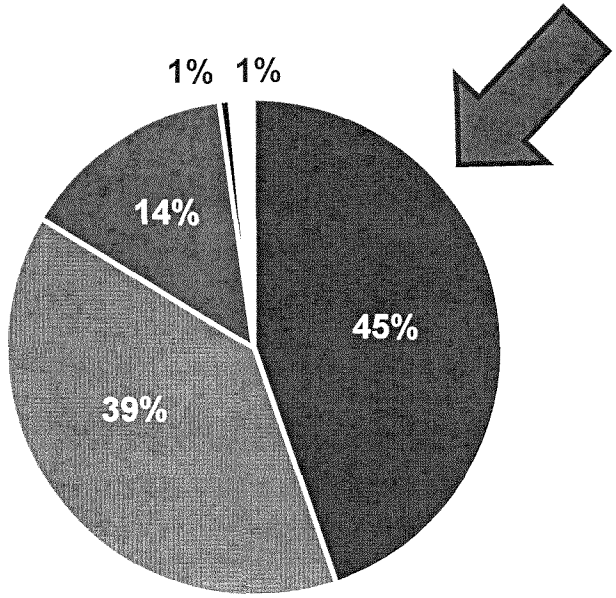
CSA Census and Pool Fund Expenditures by Primary Mandate Type (PMT)



CSA Census by PMT



CSA Expenditures by PMT

- Special Education Services
- Foster Care
- Foster Care Prevention
- Wraparound - SPED
- Non-Mandated Only

Note: A child may have more than one PMT

Source: 2017 Final Data: CSA Local Expenditure and Data Reimbursement System (LEDRS)

Memo to the CPMT
December 8, 2017

INFORMATION ITEM I- 5: October/November Residential Entry and FAPT Report

Issue:
Local CSA policy requires that the FAPT shall report the placement of children across jurisdictional lines and the rationale for the placement decisions to the CSA Program Manager who shall inform the CPMT at its next scheduled meeting.

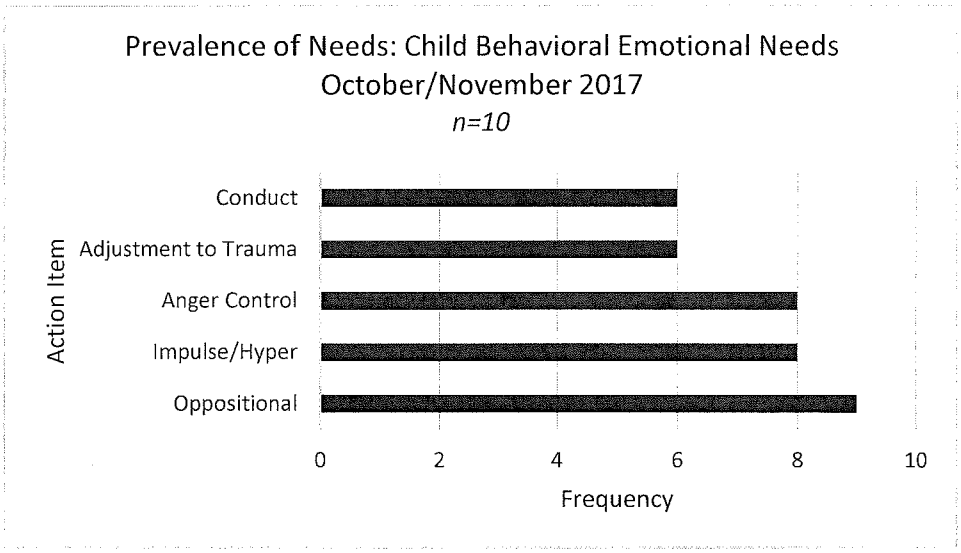
Residential Entry Report: Ten youth entered long-term residential settings in November and December.

	November	December
Male	3	3
Female	2	2

Lead Agency	November	December
DFS Foster Care	2	2
Falls Church City		
FCPS MAS		
JDRDC		1
CSB	3	2

AGE	November	December
10	1	
14	2	
15	1	1
16	1	1
17		3

	Initial	Re-admit	Lateral	Step Up	Step Down
DFS Foster Care	1		2		1
FCPS MAS					
JDRDC	1				
CSB	3		1		1
Falls Church City					



UR Summary:

- There were three out-of-state placements during October and November
- Two youth were in parental placements prior to coming to FAPT
- In one instance, this was a fifth residential placement, but only the first through the CSA process
- One youth had a history of sex trafficking
- One youth had an actionable score in substance use
- Three youth were diagnosed with a developmental disability
- The current report may suggest a gap in community based services for youth with externalizing behaviors as evidenced by the most frequent CANS scores (oppositional; impulse/hyper; anger control; conduct) which appear to be secondary to trauma

FAPT Report:

In October and November of 2017, **28** youth/family meetings were held with the two standing FAPT teams. Of those **28** meetings:

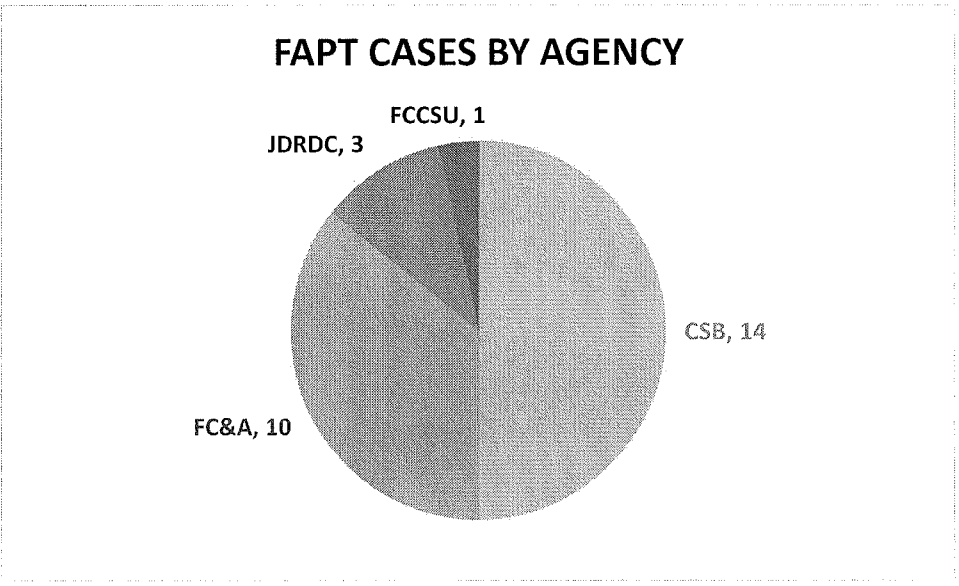
- **14** referrals were from CSB, **10** referrals were from FC&A, **3** referrals were from JDRDC and **1** referral was from FCCSU

    - **14** were requests for *initial placements,* **8** of which had plans developed for a Residential Treatment Center, **2** for short term Diagnostic/Stabilization placement, **1** for Leland House and **2** of which had a plan utilizing community based services.

    - **14** were requests for *continuation of existing placements*, of which all had plans developed for a short-term (varying from 1-3 months) extension of the current placement; community-based services including ICC, home-based and outpatient services were also included to assist with discharge in these cases

- Of the **14** initial placement requests, **6** were actively receiving community based services in some form at the time of the FAPT, including one which was active with ICC

- **2** youth were in placement prior to coming to FAPT, having been placed by their parents



IACCT (Independent Assessment, Certification and Coordination Team) Report

- In October and November, **25** IACCT Inquiry Forms were received:

    - **11** have been submitted to Magellan
        - Of 14 not submitted:
            - 2 did not have legal status
            - 1 did not have support from FAPT for placement
            - 1 left placement prior to becoming Medicaid-eligible
            - 10 do not have active Medicaid yet
        - **4 of the 11** submitted (36%) have been certified/approved for Medicaid reimbursement as of this report

Of Note:

- In a conference call with Magellan, Fairfax CSA requested (and received an affirmative response) that our office receive notice upon final disposition of each of our inquiries; this has not happened. There is not an effective communication/feedback loop in place.
- Magellan's Residential Care Manager (RCM) has noted the following barriers to completion of IACCT:
    - Difficulty engaging family
    - Difficulty engaging physician
    - Language barrier

- Magellan RCM uses secure email system as primary method for contact; this has proved to be problematic for families and case managers as it can be challenging to access.

STAFF: Kim Jensen, Utilization Review Manager; Sarah Young, FAPT Coordinator

MEMO TO THE CPMT
December 8, 2017

Information Item I - 8: NAMI Northern Virginia awarded contract for Family Support Partner (FSP) Services, funded through a grant from the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

BACKGROUND:
In September 2014 NAMI-Northern Virginia was competitively awarded a contract to provide Family Support Partner services for families involved in ICC, funded through a grant from the Virginia DBHDS. In January of 2017 Fairfax County was awarded a phase two DBHDS grant to provide family support partner services to any family with a child with mental health issues. The grant period is for four years, from October 1, 2016 through September 30, 2020, with an award amount of $405,911 annually. Effective November NAMI Northern Virginia was competitively awarded a contract from the county to provide family support partner services through for the grant period.

Grant-funded FSP services cannot be provided to families who are involved with ICC. For those families FSP services are funded through CSA under the terms of an existing CSA Agreement for Purchase of Services. As with other providers, oversight of the provider of CSA-funded FSP services is by the CSA Management Team, based on CSA policies and procedures. As part of the new grant project, FSPs will participate in FRMs, and in FPMs when indicated.

Target Population: The population of focus for the project is children and youth through age 21 with a serious emotional disturbance that is diagnosable under the DSM-IV. Specifically, the target population must have one or more of the following: a mental health problem, a co-occurring mental health and substance abuse problem, contact with the social services system, juvenile justice or court system, require emergency services, or require long term community mental health and other supports.

Oversight: Oversight of the provider of grant-funded FSP services is by the Behavioral Health System of Care (BHSOC) Committee. In addition, public agencies have identified staff to serve as internal points of contact for information about FSP services, staff an advisory group for project implementation, and compose the selection advisory committee for the new contract award.

- Joan Hemmat, Health Department
- Melody Vielbig, DFS
- Elizabeth Jones, JDRDC
- Caroline Cook, CSB
- Mary Jo Davis, FCPS
- Lisa Morton, CSA
- Barbara Martinez, DAHS
- Jim Gillespie, SOC

Children's Behavioral Health System of Care Blueprint: This project accomplishes the Blueprint strategy to implement a Family Navigator program, under the goal of developing and expanding youth and parent/family peer support services.

ATTACHMENT: None
STAFF: Jim Gillespie, SOC Director