MEMO TO THE CPMT

April Budget Report & Status Update, Program Year 2018

ISSUE:
CPMT members monitor CSA expenditures to review trends and provide budget oversight.

BACKGROUND:
The April Budget Report to the CPMT has been organized for consistency with LEDRS reporting categories and Service Placement types.

The attached chart details Program Year 2018 cumulative expenditures through April 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 April 2018 equal $26.1 million for 1,080 youth. This amount is a decrease from April last year of approximately $1.3 million, or 4.69%. Pooled expenditures through April 2017 equal $27.4 million for 1,252 youth.

Due to the reorganization of expenditures to match LEDRS reporting categories, categories break out differently than before on the more detailed chart. Therefore, a general comparison to the previous year is presented below:

Expenditure claims will be submitted to the State Office of Children's Services (OCS) through April.

	Program Year 2017	Program Year 2018	Change Amt	Change %
Residential Treatment and Education	$4,934,544	$3,828,465	($1,106,079)	-22.42%
Private Day Special Education	$13,461,876	$14,414,480	$952,604	7.08%
Non-Residential Foster Home and Community Services	$9,528,121	$8,252,518	($1,275,603)	-13.39%
Non-Mandated Services (All)	$442,676	$321,230	($121,446)	-27.43%
Recoveries	($939,993)	($674,658)	$265,335	-28.23%
Total Expenditures	**$27,427,225**	**$26,142,036**	**($1,285,189)**	**-4.69%**

RECOMMENDATION:
For CPMT members to accept the April Program Year 2018 budget report as submitted.

STAFF:
Yin Jia, Xu Han, Terri Byers (DFS)

Program Year 2018 Year To Date CSA Expenditures and Youth Served (through April)

Sum of PaymentAdjustmentAmount Mandated/ Non-Mandat	Residential/ Non-Reside	Serv Type Descrip	Local Match Rate	County & Non-IEP	Youth in Category	Schools (IEP Only)	Youth in Category	Total Expenditures	% Remaining of State Allocation
Mandated	**Residential**	Residential Treatment Facility	57.64%	$733,927	46		0	$733,927	
		Group Home	57.64%	$281,435	9		0	$281,435	
		Education - for Residential Medicaid Placements	46.11%	$268,669	28	$517,574	13	$786,244	
		Education for Residential Non-Medicaid Placements	46.11%	$308,205	21	$1,718,655	19	$2,026,860	
	Residential Total			$1,592,236	104	$2,236,229	32	$3,828,465	
	Non Residential	Special Education Private Day	46.11%	$1,253,721	14	$13,160,760	298	$14,414,480	
		Wrap-Around for Students with Disab	46.11%	$465,379	54		0	$465,379	22%
		Treatment Foster Home	46.11%	$3,240,787	115		0	$3,240,787	
		Foster Care Mtce	46.11%	$1,249,884	150		0	$1,249,884	
		Independent Living Stipend	46.11%	$542,213	30		0	$542,213	
		Community Based Service	23.06%	$1,972,762	605		0	$1,972,762	
		ICC	23.06%	$559,165	115		0	$559,165	
		Temp Care Facility and Services	57.64%	$221,593	24		0	$221,593	
		Independent Living Arrangement	46.11%	$737	2		0	$737	
	Non Residential Total			$9,506,239	1109	$13,160,760	298	$22,666,998	
Mandated Total				**$11,098,475**	**1213**	**$15,396,989**	**330**	**$26,495,463**	
Not Mandated	**Residential**	Residential Treatment Facility	57.64%	$4,641	5		0	$4,641	
		Education - for Residential Medicaid Placements	46.11%	$14,580	1		0	$14,580	
	Residential Total			$19,221	6	$0	0	$19,221	
	Non Residential	Community Based Service	23.06%	$262,722	88		0	$262,722	
		ICC	23.06%	$39,287	16		0	$39,287	
	Non Residential Total			$302,009	104	$0	0	$302,009	
Not Mandated Total				**$321,230**	**110**	**$0**	**0**	**$321,230**	**83%**
Grand Total (with Duplicated Youth Count)				$11,419,704	1,323	$15,396,989	330	$26,816,693	
Recoveries								-$674,658	
Total Net of Recoveries								$26,142,036	32%
Unduplicated child count								1,080	

Key Indicators	
Cost Per Child	
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)	$24,206
Average Cost Per Child Mandated Residential (unduplicated)	$46,688.60
Average Cost Per Child Mandated Non- Residential (unduplicated)	$22,135.74
Average Cost Mandated Community Based Services Per Child (unduplicated)	$3,261
Average costs for key placement types	
Average Cost for Residential Treatment Facility (Non-IEP)	$15,955
Average Cost for Treatment Foster Home	$28,181
Average Education Cost for Residential Medicaid Placement (Residential)	$19,177
Average Education Cost for Residential Non-Medicaid Placement (Residential)	$50,671
Average Special Education Cost for Private Day (Non-Residential)	$46,200

Memo to the CPMT
June 22, 2018

INFORMATION ITEM I- 2: May 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.

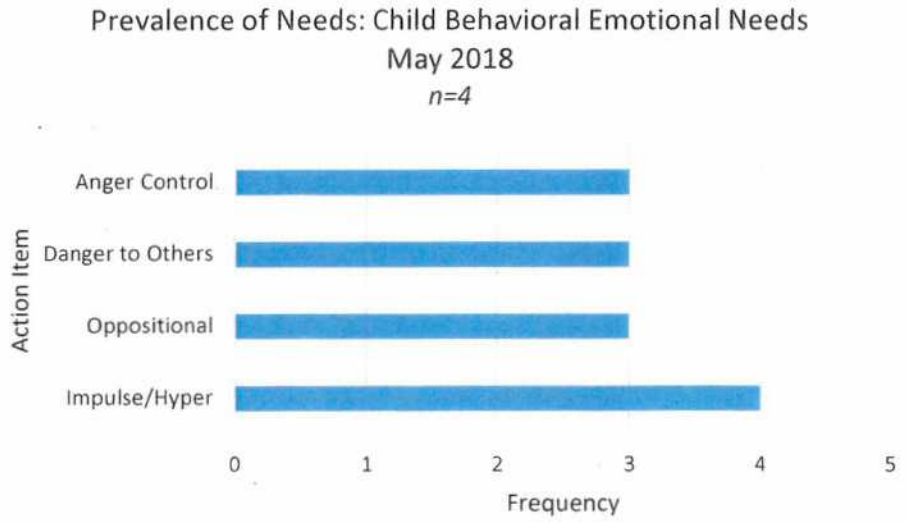
Residential Entry Report: Four youth entered long-term residential settings in May.

	May
Male	2
Female	2

AGE	May
10	1
15	2
17	1

Lead Agency	May
DFS Foster Care	1
Falls Church City	
FCPS MAS	
JDRDC	
CSB	3

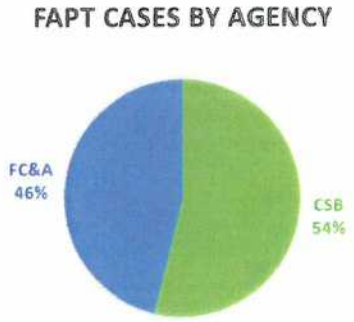
	Initial	Re-admit	Lateral	Step Up	Step Down
DFS Foster Care	1				
FCPS MAS					
JDRDC					
CSB	2		1		
Falls Church City					

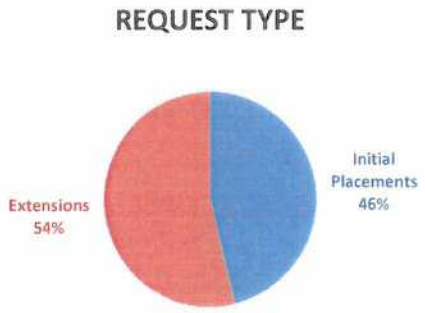


FAPT Report:

In May of 2018, **13** youth/family meetings were held with the two standing FAPT teams. Of those **13** meetings:

- **7** referrals were from CSB and **6** referrals were from FC&A
  - **6** were requests for *initial placements,* all of which had plans developed for a Residential Treatment Center.
  - **7** were requests for *continuation of existing placements*, **6** of which had plans developed for a short-term (varying from 10 weeks to 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. **1** request for an extension of RTC was not supported and instead of plan of community based services only was developed.
- Of the **6** initial placement requests, **2** were actively receiving community based services at the time of the FAPT meeting, one of which was actively involved with ICC.
- **1** youth (FC&A) was in placement prior to coming to FAPT





IACCT (Independent Assessment, Certification and Coordination Team) Report

- In May of 2018, **16** IACCT Inquiry Forms were received:
  - **10** have been submitted to Magellan:
    - **3** have been completed and certified by Magellan
    - **6** have status unable to be verified by Magellan

- **1** request was withdrawn due to the parents withdrawing request for RTC

- **6** have not been submitted to Magellan:
  - **4** youth do not have active Medicaid yet
  - **1** youth is not documented
  - **1** youth left placement prior to eligibility

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

MEMO TO THE CPMT

June 22, 2018

Information Item I- 3: Review Proposed Updates/Changes to CPMT Bylaws

ISSUE: That the CPMT Bylaws require periodic updates and revisions to stay current with CSA state and local policy

BACKGROUND:

The CPMT Bylaws may be amended at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. These bylaws may also be amended at any time without advance notice by unanimous vote of all members of the CPMT.

Proposed changes include:

- Updating the code sections referenced in Article I
- Adding duties to Article IV to reflect the Code
- Moving local government elected official or designee to Section 2: state mandated members
- Revise/remove Director of Department of Administration for Human Services from Section 3
- Optional members: Correct/amend number of private service providers from 2 to 1

ATTACHMENT: DRAFT of Proposed CPMT Bylaw changes

STAFF:
Janet Bessmer, CSA Manager

BYLAWS OF
THE FAIRFAX-FALLS CHURCH
COMMUNITY POLICY AND MANAGEMENT TEAM

ARTICLE I: PURPOSE

It is the purpose of the Community Policy and Management Team to implement the Children's Services Act as specified in Sections ~~2.1-745 through 2.1-759~~ *§2.2-5200 through §2.2-5214* of the *Code of Virginia.*

ARTICLE II: MISSION

The mission of the Fairfax-Falls Church Community Policy and Management Team (CPMT) is to provide leadership in the development of new concepts and approaches in the provision of services to children, youth and families of Fairfax County and the cities of Fairfax and Falls Church. The primary focus of the CPMT is to lead the way to effective services to children already at risk of experiencing emotional/behavioral problems, especially those at risk or in need of out of home placements, and their families.

ARTICLE III: PARTICIPATING JURISDICTIONS AND NAME

The governing bodies of Fairfax County and the cities of Fairfax and Falls Church have agreed to work jointly in implementing the Children's Services Act. Therefore this body shall be known as the "Fairfax-Falls Church Community Policy and Management Team."

ARTICLE IV: RESPONSIBILITIES

As set forth in the *Code of Virginia*, the CPMT has the following duties and authority:

1. Develop interagency policies and procedures to govern the provision of services to children and families;

2. Develop interagency fiscal policies governing access to the State pool of funds by the eligible populations including immediate access to funds for emergency services and sheltered care;

3. Coordinate long range, community-wide planning which ensures the development of resources and services needed by children and families;

4. Establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams and a process to review the teams' recommendations and requests for funding;

5. Establish Family Assessment and Planning Teams as needed;

6. Establish quality assurance and accountability procedures for program utilization and funds management;

7. Obtain bids and enter into contracts for the provision or operation of services in accordance with the Fairfax County Public Procurement Act;

8. Establish procedures for the management of funds in the interagency budget allocated to the community from the State pool of funds, the Trust fund, and any other source;

9. Authorize and monitor the expenditure of funds by each Family Assessment and Planning Team;

10. Submit grant proposals upon approval by the Fairfax County Board of Supervisors; and,

11. Serve as its community's liaison to the State Management Team, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including consideration of realignment of geographical boundaries for providing human services.

12. Collect and provide uniform data to the Council as requested by the Office of Children's Services

13. Review and analyze local and statewide data; track the utilization and performance of residential placements using data and management reports to develop and implement strategies for returning children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in residential programs for children who can appropriately and effectively be served in their home, relative's homes, family-like setting, or their community;

14. Administer funds pursuant to § 16.1-309.3;

15. Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used;

16. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed exclusive of group homes, was sought but was unable to be obtained by the reporting entities.

17. Establish policies for providing intensive care coordination services for children who are at risk of entering, or are placed in, residential care through the Children's Services Act program,; and

18. Establish policies and procedures for appeals by youth and their families Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or in accordance

with the Individuals with Disabilities Education Act or federal or state laws or regulations governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

ARTICLE V: MEMBERSHIP, APPOINTMENTS AND TERM OF OFFICE

Section 1. Memberships.

The CPMT shall have no more than twenty-one (21) members. Eleven (11) members have legally mandated status under the Code of Virginia. Four (4) members are locally mandated by the Board of Supervisors. Six (6) members may be appointed by the Board of Supervisors on an optional basis. Of the twenty-one CPMT members, eight (8) are filled on a limited term basis by the Board of Supervisors.

Section 2. State Mandated Members.

The following representatives are mandated under *Virginia Code* to serve as members of the CPMT:

- *Deputy County Executive, Human Services*
- Director of Court Services for the Fairfax County Juvenile and Domestic Relations Court
- Director of the Department of Family Services
- Executive Director of the Fairfax-Falls Church Community Services Board
- Director of the Department of Health
- Director of Special Services, Fairfax County Public Schools
- One (1) representative of the Falls Church City Public Schools
- One (1) human services representative appointed by the Fairfax City Council
- One (1) human services representative appointed by the Falls Church City Council
- One (1) representative of private service providers*
- One (1) parent representative who is not an employee of any public or private provider of services to youth*

Section 3. Locally Mandated Members.

The following representatives are designated by the Fairfax County Board of Supervisors to serve as members of the CPMT:

- ~~Deputy County Executive, Human Services~~
- Director of the Office of Strategy Management
- Director of the Department of Neighborhood and Community Services
- Director of Special Education Procedural Support, Fairfax County Public Schools
- Director of Intervention and Prevention Services, Fairfax County Public Schools

Section 4. <u>Optional</u> Members.

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

- ~~Two (2)~~ *One (1)* representatives of private service providers*
- Up to four (4) parent representatives who are not employees of any public or private provider of services to youth*
- One (1) community representative*

Section 5. Appointments and Terms for Limited Term Members

The eight (8) members identified by an asterisk (*) in Sections 2, 3, and 4 above shall serve limited term appointments. 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.

All jurisdictions shall be afforded the opportunity to nominate persons for limited term appointments. The Chair of the CPMT shall forward the CPMT's recommended nominee for membership to the Fairfax County Board of Supervisors or other appointing authority for approval. For the parent representatives, the Chair will appoint a Nominating Committee of three members with at least one parent representative to assist in obtaining nominations for these limited term members.

ARTICLE VI: OFFICERS AND THEIR DUTIES

Section 1. Officers.

The officers of the CPMT shall consist of a Chair and Vice Chair.

Section 2. Duties of the Chair.

The duties of the Chair shall be:

a. To set the agenda for and preside at all meetings of the CPMT.
b. To appoint committees as needed to support the work of the CPMT.
c. To keep the State Management Team, the Fairfax County Board of Supervisors, and the Councils of the participating cities informed of the activities of the CPMT.
d. To perform other duties as determined by the CPMT.

Section 3. Duties of the Vice Chair.

The Vice Chair shall, in the absence of the Chair, perform the duties of the Chair and other duties determined by the CPMT.

ARTICLE VII: ELECTION OF THE OFFICERS AND TERM OF OFFICE

Section 1. Elections.

Election of officers shall be conducted by the CPMT acting as a Nominating Committee of the Whole. The election shall be held at the last meeting of the County fiscal year or as needed.

Section 2. Term of Office.

The term shall be for the County fiscal year. There is no term limit on the number of terms which a person may serve.

ARTICLE VIII: MEETINGS

Section 1. Meetings.

The CPMT shall hold a sufficient number of meetings to properly conduct its business.

Section 2. Absences.

Absences shall be managed in accordance with Fairfax County Procedural Memorandum Number 99, which states that the names of the members who are absent for three consecutive

regularly scheduled meetings are to be transmitted to the Clerk to the Board of Supervisors or other appointing authority for appropriate action.

Section 3. Staff Support.

The Chair shall assign Fairfax County staff designated by the Deputy Executive for Human Services to maintain the minutes of all meetings, to prepare agendas, and to distribute meeting minutes.

ARTICLE IX: QUORUM

A majority of the members of the CPMT including the Chair or Vice-Chair, present in person, constitutes a quorum at all meetings of the CPMT for the transaction of business.

ARTICLE X: RULES OF ORDER

Section 1. Voting.

Both officially appointed members and their designees may participate in discussions. However, only the officially appointed member may vote.

Section 2. Decisions.

The CPMT shall generally work by consensus. Robert's Rules of Order, Newly Revised, shall be used as a guide in conducting Management Team business. All issues of parliamentary procedure shall be referred to the Chairman or presiding officer where decisions shall be final or binding.

ARTICLE XI: COMMITTEES

Committees may be established as needed. Membership is not limited to members of the CPMT.

ARTICLE XII: CONFIDENTIALITY

All information about specific youth and families obtained by CPMT members in discharge of their responsibilities shall be confidential under all applicable laws, mandates, and licensing requirements.

ARTICLE XIII: AMENDMENTS

These bylaws may be amended at any regular meeting of the CPMT by a two-thirds (2/3) vote of those present and voting; provided, however, that notice of the proposed changes have been submitted to the members of the CPMT thirty (30) days prior to the meeting. These bylaws may also be amended at any time without advance notice by unanimous vote of all members of the CPMT.

These bylaws were last approved by the Board of Supervisors on 6-20-17.

MEMO TO THE CPMT

June 22, 2018

Information Item I- 4: Legislative Update for CSA

ISSUE: That CPMT receive updated information about legislation that impacts CSA

BACKGROUND:

- Legislature – The budget to be signed on June 7th – it was increased in base pool for FY19 and FY20 to reflected projected growth. No changes to CSA statutes.
- Action items – OCS and Department of ED will convene a group to refine standard measures for private education programs; OCS is working with a consultant to review rates for private special ed – preliminary report due in November, 2018; final in June 2019. By August, 2018 rates will be collected from providers.
- By July 1, 2019 rates will be limited to 2% from prior year for private day schools.

Family First Prevention Services Act

- A three-branch leadership team (members of legislative, judicial and executive to participate) has been established to help with changes to Title IV-E. Workgroups will be created to develop definitions, policies and procedures (e.g. whether there will be a local match); People are encouraged to sign up to be involved in the workgroups.
- Changes:
    - States can fund prevention services – a means test does not exist for prevention services – includes services for child AND family
        - e.g. substance abuse, mental health, in-home services (parenting type programs)
    - Must be evidence-based prevention services – The feds will most likely look to the California EBP Clearinghouse to develop its clearinghouse, which will be rolled out in October, 2018.
        - 50% of funds must be spent on well supported practices
    - The feds are leaving it up to each state to define "at risk of removal from home." (The workgroups will develop the definition for VA.)
- Qualified Residential Treatment Programs (QRTPs) were "created" under the Act. Title IV-E eligible children will need to be placed in a QRTP, which:
    - Uses trauma informed treatments models;
    - Has a registered nurse and licensed treatment practitioners on-site (unclear if this is 24/7);
    - Does facilitated outreach to the family;
    - Provides discharge planning and follow up services for up to 6 months after discharge;
    - Is licensed and accredited by specific accrediting body;

MEMO TO THE CPMT

June 22, 2018

Information Item I-5: Three to Succeed Wellness and Resiliency Campaign

ISSUE: Video and print materials for a new messaging campaign for Three to Succeed have been finalized.

BACKGROUND: Healthy Minds Fairfax funding as approved this year to contract with Reingold, a communications company, to develop a messaging campaign for Three to Succeed. Three to Succeed is based on Fairfax County Youth Survey data that consistently show that the more protective factors, or assets, a young person reports, the less likely that person is to engage in risky behaviors or experience other negative outcomes. The data is consistent with national data and is similar across populations (e.g., sex, sexual orientation, race and ethnicity, age, military connection) and across outcome areas (e.g., mental health and suicide, healthy eating and active living, bullying, harassment, substance use). For at least a decade, when sharing Youth Survey results, we have promoted Three to Succeed, stressing that if each youth had just one protective factor from three settings (i.e., school, community, family), the odds of health and well-being would significantly increase.

The new campaign materials, to be previewed at the CPMT meeting, include:

- A new logo and tagline;
- A 60-second video;
- Two shorter videos, optimized for social media: one aimed at parents, and one at teachers and other adults in the community; and
- A series of images/posters, which will be translated into multiple languages.

We plan to launch the new campaign this fall, as we roll out the 2017 Youth Survey results. Information on the Youth Survey website will be expanded to include a focus on Three to Succeed with additional information and resources.

ATTACHMENT:
None

STAFF:
Jesse Ellis, Prevention Manager, Department of Neighborhood and Community Services

MEMO TO THE CPMT

June 22, 2018

Information Item I- 6: Hospital Diversion Project Evaluation Plan

ISSUE:
In March CPMT endorsed a project to safely divert youth from hospitalization through connecting youth and families to mobile response and stabilization services at the Fairfax Hospital Emergency Department, contingent on the development of an evaluation plan. A plan has been developed and is attached.

BACKGROUND:
For the last several years there has been a shortage of children's psychiatric hospital beds in the Northern Virginia area, resulting in Fairfax County youth often being placed in in hospitals outside the Washington area, sometimes several hours away. These hospitals have little or no knowledge of Fairfax area resources, and the great distance is an impediment to family participation in treatment. Other youth are "boarded" in general medical beds and receive little or no treatment. And those stays are not insurance reimbursable, placing a financial burden on the family and hospital. Knowledgeable staff believe that some of the youth currently being recommended for hospitalization can be safely diverted if an intensive community-based intervention were available to connect with the youth and family at the time of assessment in the ED. Such a service is available in Northern Virginia, the Children's Regional Crisis Response (CR2) program, operated by the National Counseling Group under contract with the Arlington Community Services Board with funding from the Virginia Department of Behavioral and Developmental Services. The program has limited capacity, however, and without additional staff cannot handle an expansion to serve many youths identified in the ED. A protocol would also need to be developed for CR2 staff to be able to see families in the ED.

It is proposed to expand local crisis response capacity by 14% through the addition of two new counselors for the CR2 program, to create enough capacity to serve approximately ten additional youth per month, and to create a protocol for youth identified by the Fairfax Hospital ED to be considered for CR2 services.

CR2 counselors are available to meet with clients at their homes and at any site in the community, including schools, courts and community centers. CR2 collaborates with CSBs, CSA agencies, and other professionals so that every child and family served may benefit from coordinated care and a team approach. The collaboration process is further enhanced through community outreach, awareness campaigns, and training so that every locality may improve its ability to prevent crises and provide a successful response. CR2 serves children age 17 and younger experiencing a psychiatric crisis due to mental health issues that are placing them at risk of psychiatric hospitalization who are experiencing mental health or behavioral challenges. CR2 is provided at no cost to families. Families with commercial insurance may be required, by their

insurer, to provide a copay for psychiatric assessment and medication services. Services provided by CR2 include:

- Rapid mobile response
- 24-hour intervention
- Screening and triage
- Clinical assessments, including lethality
- Psychiatric assessment and services
- Medication prescription
- Bilingual counselors
- Case management
- 30-day post discharge support
- Care coordination with community resources and professionals
- Safety planning

ATTACHMENT:
Hospital Diversion Pilot Project Evaluation Plan

STAFF:
Jim Gillespie, Healthy Minds Fairfax Director

Hospital Diversion Pilot Project:
Using Mobile Response Services for Youth
at the Fairfax Hospital Emergency Department
Evaluation Plan

Project Summary: The project proposes to create and promote a user-friendly referral process from the Fairfax Hospital Emergency Department to the existing "CR2" regional mobile response service. It would support a 14% increase in CR2 capacity in order to handle the anticipated increase in referrals from the Fairfax Hospital ED.

Evaluation of CR2: The CR2 program is currently evaluated as required in the contract between National Counseling Group and Arlington County for mobile response services in Northern Virginia. The current evaluation methodology measures success in hospital diversion, living status at discharge, and school status at discharge. These measures are consistent with best practice in evaluating mobile response services as identified by SAMHSA. CR2 outcomes on these measures are in line with those of best practice states and localities, with the exception of the many referrals deferred (23%) due to lack of capacity. When the CR2 contract is re-competed next year it is suggested that measures be added on percentage of calls with a face-to-face response, and percentage of face-to-face responses within 45 or 60 minutes.

Project Implementation Evaluation: The project is designed to be a "proof of concept" that a streamlined process for the ED to access mobile response services will result in more youth being able to remain safely with their families with the support of the mobile response intervention. There are five elements that will need to be implemented:

1. Implement a user-friendly referral process from the Fairfax Hospital ED to CR2.
    a. Measure: Number of referrals from the Fairfax Hospital ED to CR2.

2. CR2 consistently responds to referrals with a timely face-to-face visit at the ED.
    a. Measure: Percentage receiving face-to-face ED visits within 60 minutes of referral.

3. CR2 consistently does a timely face-to-face follow-up visit in the home.
    a. Measure: Percentage of face-to-face follow-up visits within 24 hours of ED visit.

4. CR2 consistently conducts a risk/acuity assessment and develops a plan of care.
    a. Measure: Percentage of referrals with risk/acuity assessment and plan of care

5. CR2 consistently facilitates transition to ongoing services and supports
    a. Measure: Percentage of referrals successfully transitioned to ongoing services and supports.

Project Outcome Evaluation: The desired outcome is for more youth coming to the ED to be assessed for hospitalization to be able to remain safely with their families.

1. Measure: Percentage of youth referred by the ED to CR2 who are able to go home with the support of CR2.

2. Measure: The number of youth hospitalized from the Fairfax Hospital ED during the project period.

3. Measure: The number of youth boarded at Fairfax Hospital during the project period.

Baseline Data: Compiling baseline data for the implementation measures and outcome measure #1 will be difficult because CR2 has been recording referral sources via a text box. It may be possible to identify Fairfax Hospital referrals through a content analysis of the text box data, and from there obtain the other measures. For this project the referral source will need to be collected via drop-down box. Baseline data for outcome measures 2 and 3 is available from Inova and will be collected for the same six month as the pilot, in the prior year.

Cost Effectiveness:

1. Measure: For the first 6 months of the project analyze regional CR2 service statistics to determine whether Fairfax County's funding of a 14% capacity increase results in a corresponding increase in Fairfax youth served.

2. Measure: Analyze the cost savings resulting from fewer hospitalizations and boarding stays compared to the cost of CR2 mobile response services.