

Memo to the CPMT
May 18, 2018

INFORMATION ITEM I- 2: April 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.

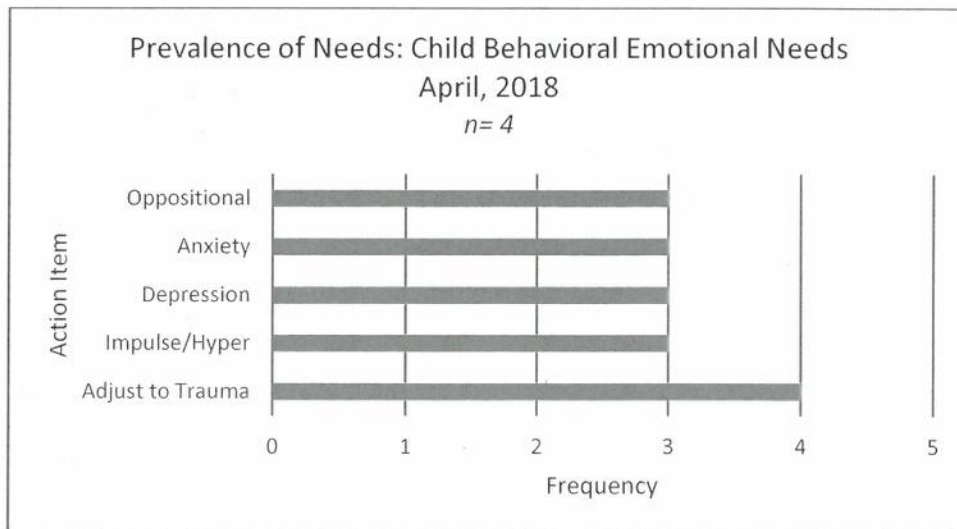
Residential Entry Report: Four youth entered long-term residential settings in April.

	April
Male	1
Female	3

AGE	April
14	2
16	2

Lead Agency	April
DFS Foster Care	2
Falls Church City	
FCPS MAS	
JDRDC	1
CSB	1

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



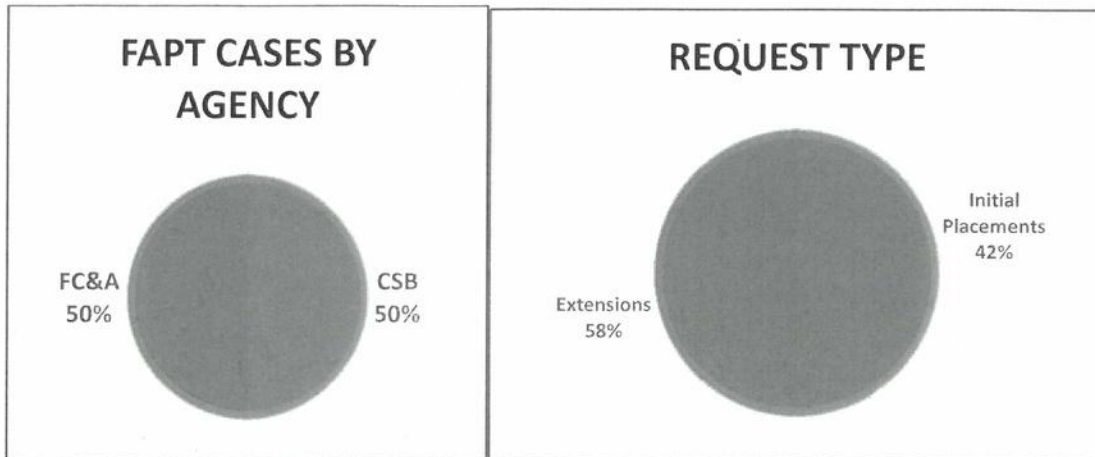
UR Summary:

- Two of the four youth had actionable scores in substance use
- All four of the youth had actionable scores in adjustment to trauma
- Actionable scores on the CANS for all youth appear to be related to trauma responses. There remains a need for increased access to evidence-based trauma treatments in the community. Youth with trauma histories who enter long-term residential programs, often do not receive the trauma treatment needed due to a “one-size fits all” approach in many residential programs. Several contracted residential programs continue to use a level system with punishment based interventions which often exacerbates the fight or flight response common among trauma survivors by creating power struggles between youth and authority figures. Further, trauma processing before establishment of safe coping skills or in the absence of a therapist trained in evidence based trauma treatment may increase youth’s high-risk behaviors, both in the community and when in residential programs.
- There were no known youth involved in human trafficking
- There was one instance of a youth who was high-risk for suicide prior to entering long-term residential treatment. Suicidality was reported to be in response to an older sibling returning home from long-term residential treatment after he aged-out of CSA services at age 18. There remains a need for increased services and supports for transitioning youth.

FAPT Report:

In April of 2018, **12** youth/family meetings were held with the two standing FAPT teams. Of those **12** meetings:

- **6** referrals were from FC&A and **6** referrals were from CSB
 - **5** were requests for *initial placements*, **4** of which had plans developed for a Residential Treatment Center and **1** had a plan developed for community based services only.
 - **7** were requests for *continuation of existing placements*, all 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.
- Of the **5** initial placement requests, **2** were actively receiving community based services at the time of the FAPT meeting, and both were actively involved with ICC.
- None of the youth were in placement prior to coming to FAPT



IACCT (Independent Assessment, Certification and Coordination Team) Report

- In April of 2018, 15 IACCT Inquiry Forms were received:
 - 7 have been submitted to Magellan
 - Of the 8 not submitted:
 - 7 youth do not have active Medicaid yet
 - 1 youth did not have an RTC placement supported by FAPT
 - Of the 7 submitted:
 - 2 have been completed and certified by Magellan
 - 3 have status unable to be verified by Magellan
 - 1 request was withdrawn due to the parents choosing to make a parental placement not through CSA
 - 1 request was “discharged from process” youth being in JDC

STAFF:

Kim Jensen, Utilization Review Manager
 Sarah Young, FAPT Coordinator