

FAIRFAX-FALLS CHURCH COMMUNITY

POLICY AND MANAGEMENT TEAM

CPMT Minutes 10-27-17

Attendees: Gloria Addo-Ayensu, MD, Staci Jones Alexander, Louise Armitage, Nannette Bowler, Katherine Caffrey, Tisha Deeghan, Jessie Georges, Patricia Harrison (Chair), Kelly Henderson, Rick Leichtweis, Chris Leonard, MaryAnn Panarelli, Lee Ann Pender (Acting Director DAHS), Jane Strong. **SOC Attendees:** Jim Gillespie, Desiree Gordon, Ian Fernandez, Daryl Washington, Betty Petersilia, Jesse Ellis

Absent: Robert Bermingham, Deb Evans, Elizabeth Germer, Teresa Johnson, Nancy Vincent

CSA Management Team and CSA Program Staff Present: Adam Cahuantzi, Barbara Martinez, Kamonya Omatete, John Simmons, Terri Byers, Janet Bessmer, Suzette Reynolds, Patricia Arriaza, Kim Jensen, Lisa Morton, Hilda Calvo, Sarah Young, Chris Metzbower

MINUTES: A motion was made by Tisha Deegan and seconded by Rick Leichtweis to Approve the September 29th meeting minutes. The motion was approved by the committee of the whole.

1. ITEMS:

- **Healthy Minds Fairfax Items:**

Item 1-1: Jim Gillespie gave the BHSOC Blueprint Quarterly Report. GOAL1 Deepen the Community "System of Care" Approach, **GOAL 2** Data Systems, **GOAL3** Family and Youth Involvement, **GOAL4** Increase Awareness and Reduce Stigma, **GOAL5** Youth and Parent/Family Peer Support, **GOAL6** System Navigation, **GOAL7** Care Coordination and Integration, **GOAL8** Equity/Disparities, **GOAL9** Reduce Incidence of Youth Suicide in our Community, **GOAL10** Evidence-Based and Informed Practices, **GOAL11** Trauma Informed Care, **GOAL12** Behavioral Health Intervention, **GOAL13** Service Network for High Risk Youth, **GOAL14** DD/Autism Services: Develop expanded continuum of care of services for youth with DD/autism. Begins FY 2018. **GOAL15** Transition Age Youth: Provide coordinated services and supports for youth and young adults of transition age, both those still in school and those who have left school, reduce the number of youth of transition age who are living with unidentified and untreated serious mental illness who have signs and/or symptoms of a serious mental health condition that emerged before they transition out of youth-serving systems/programs. Begins FY 2018. Please refer to the handout for more information.

Item 1-2: Jim Gillespie gave the Review Proposed Policy and Procedure Revisions to Incorporate Updated Principles and Practice Standards to Serve an Expanded Target Population and Increase Family and Youth Involvement in System Planning and Implementation. The proposed changes have been reviewed and recommended by the CSA and CBHC management teams, with one comment. Both groups identified potentially awkward language in the previously approved practice standards and

requested that the CPMT consider a different way of capturing the intent of including the LGBT+ youth without appearing to single them out. Goal 1, Strategy B: Establish cross-system behavioral health system of care practice standards, policies and procedures. 1. Review existing CSA System of Care practice standards, policies and procedures and expand or revise as necessary to incorporate the BH-SOC population. 2. Develop and implement protocols for monitoring system-wide adoption of system of care principles, practice standards, policies and procedure. Goal 3, Strategy B: Increase family and youth involvement in system planning and implementation. 1. Develop policies and procedures to ensure family organization involvement in: a. Identifying family needs and assessing system responsiveness; b. Developing new services and supports; c. Developing tools and processes to help families navigate the BH system. 2. Develop and implement a process to regularly gain feedback and input from a diverse array of youth with lived experience, through existing advocacy and leadership organizations. 3. Develop policies and procedures to ensure family and youth involvement in service delivery, when appropriate. Please refer to the handout for more information.

Item I-3: Jim Gillespie gave the Update on Family Support Partner Project. He said that they are getting ready to award the contract. The announcement will be made soon.

- **CSA Administrative Items:**

Item A-1: A motion was made by MaryAnn Panarelli and seconded by Louise Armitage to Approve Policy for Use of MHI Local Funds. The motion was approved by the committee of the whole.

Item A-2: A motion was made by Rick Leichtweis and seconded by Lee Ann Pender to Approve Change to Collections Process for Delinquent CSA Parental Contributions. The motion was approved by the committee of the whole.

Item A-3: A motion was made by Kelly Henderson and seconded by Lee Ann Pender to Approve OCS Self-Assessment Plan and Workgroup Structure. The motion was approved by the committee of the whole.

Item A-4: A motion was made by MaryAnn Panarelli and seconded by Tisha Deegan to Approve a New FAPT Representative. The motion was approved by the committee of the whole.

Item A-5: A motion was made by Lee Ann Pender and seconded by Jessie Georges to Approve the Change in Family Engagement Meeting Practices and Per Meeting Rate for Family Partnership Meetings. The motion was approved by the committee of the whole.

Item A-6: A motion was made by Nannette Bowler and seconded by MaryAnn Panarelli to approve the Public Comment on the Audit. The motion was approved by the committee of the whole.

- **Contracts Items:**

Item C - 1a: A motion was made by Chris Leonard and seconded by Tisha Deegan to approve a Child Specific Contract Request. The motion was approved by the committee of the whole.

Item C – 1b: A motion was made by Jessie Georges and seconded by Lee Ann Pender to approve a Child Specific Contract Request. The motion was approved by the committee of the whole.

Item C - 2: A motion was made by Louise Armitage and seconded by Chris Leonard to approve the Quarterly Serious Incident Report. The motion was approved by the committee of the whole.

- **CSA Information Items:**

Item 1-4: Kim Jensen and Jessica Jackson gave the report on MHI State and Local Funds Utilization Report for FY17. The number of youth served by MHI state were 17, MHI local were 25, and Non-Mandated were 103. Services across funding pools were similar in type and included the following: day treatment; outpatient individual, group and family; mentoring; ICC; parent support partners; homebased services; respite; ABA; case support; tutoring; transportation; and evaluations. There was one youth who received non-mandated funding for a residential placement. Although \$142,464 was authorized for the purchase of services, only \$ 72, 648.12 was spent. With the initiation of CSS, fewer youth accessed MHI State funding. Because CSB staff are the only case managers who can carry MHI cases, lack of CSB capacity reduces the use of MHI State funds. The CSB is carrying 30 CSS cases, MAS cases, and ICC cases, all of which cannot be used conjointly with MHI State funds due to CSA funds already being used. Although \$ 1, 195,380.24 was authorized out of Non-Mandated pool, only \$ 679, 381.80 was spent suggesting a need for increased oversight following service authorization to ensure timely provision of services. In past years, non-mandated funds were over-encumbered. However, in FY17, there was never a need to over-encumber. Moving forward, UR Manager and Financial Specialist will reconcile non-mandated and MHI local spreadsheets at least quarterly to ensure funds not used are released. UR Manager will begin tracking cases where services authorized were never utilized.

Item 1-5: Janet Bessmer and Sarah Young gave a Review of Proposed CSA/SOC Policy Manual Revisions. Language updates - Comprehensive Services Act to Children's Services Act; Parental Copay to Parental Contribution (Copayment); Remove references to Certificate of Need (CON) for Medicaid, add IACCT inquiry form if appropriate; clarify that FAPT does not provide funding authorization but are a service planning body. Service authorization is the term used rather than FAPT approval. Need a description of how parents self-refer to CSA and how case managers are assigned when a family is not already involved with an agency CSA no longer produces a bound Handbook, but has a series of resources online for parents Describes procedures for CM when they learn parent account delinquent. Procedure for when a parent rep is not available for the FAPT; Parent rep is required by Code but many localities have difficulty with recruiting. Policy change request: Allow access to funding legal fees for youth in foster care only using "boilerplate" language. Add section describing the role, function and delegated authority of the CSA MT.

A motion was made by MaryAnn Panarelli and seconded by Tisha Deegan to approve Part 2 of the CSA Manual. The motion was approved by the committee of the whole.

Item 1-6: Patricia Arriaza gave the CSA Quarterly Data Report. The total point in time count increased by 1 from the prior quarter. Best practice indicates that youth with emotional/behavioral problems should be returned to a family setting within 6-9 months [180-270 days]. The length of stay in current placement for youth with primarily motional/behavioral problems (n=33) was 119 days at the end of the 4th quarter. The length of stay for youth with primary needs from developmental disabilities (n=16) was 1492 days. Best practice indicates that youth with emotional/behavioral problems should be returned to a family setting within 6-9

months [180-270 days]. The length of stay for youth with primarily emotional/behavioral problems exiting placement (n=20) was 208 days at the end of the 1st quarter. The length of stay for youth with primary needs from developmental disabilities exiting placement (n=1) was 3,252 days. There were 23 exits and 21 entries this quarter. 100% (1) of youth were successfully stepped down from residential 3 months after initiation of ICC services. 92% (24 of 26) of youth were maintained in the community 6 months after initiation of ICC services. 89% (25 of 28) of youth remained in the community 12 months after the initiation of ICC. 100% (n=1) of youth were successfully stepped down from residential 3 months after initiation of ICC services. 78% (7 of 9) of youth were maintained in the community 6 months after initiation of ICC services. 87% (20 of 23) of youth remained in the community 12 months after the initiation of ICC services. UMFS: 100% (n=17) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=5) of youth remained in the community 12 months after the initiation of ICC services. 3 Relief of Custody (ROC) complaints were received this quarter; 1 is pending and 2 were referred to other agencies. 79% (38 of 48) placements are in Medicaid-enrolled programs, of which 50% (19 of 38) are receiving Medicaid reimbursement of the residential costs. Reasons that youth in Medicaid-enrolled programs are not receiving funding are: Legal status (n=3), Over 21 (n=4), Ineligible Level B due to income (n=3), Covered by Private Insurance (n=2), Clinical denial (n=1), Pending (n=6).

Item 1-7: Kim Jensen and Sarah Young gave the Monthly Residential Entry Report.

Eleven youth entered long-term residential settings in September. There were 5 males and 6 females; there were 4 from Foster Care, 1 from Falls Church city Courts, and 6 from CSB. Anxiety was the highest frequency of actionable CANS scores (10/11) suggesting a need for increased access to evidence-based treatments for anxiety in the community. It appears that the one youth who was not identified as having an actionable score on anxiety may be an error, which would mean that 100% of the youth were struggling with anxiety. Anxiety appears to be a driving factor in other behavioral health issues such as school refusal, substance use, run away, suicide risk, and other self-harming behaviors. There were three youth with actionable scores in Substance Use. Two of the three youth also had actionable caregiver scores in Substance Use. FAPT and UR increasingly approve home-based services at the initial authorization for RTC to support shorter length of stays. 5/7 of the initial placements also included an authorization for home-based services. There appears to be increased use of 90-day stabilization programs over long-term residential programs. Six out of the seven initial placements were already out of the home at the time of the FAPT meeting. Four youth were in acute hospitals. Two youth had already been admitted to Phoenix House. In September 2017, 13 youth/family meetings were held with the two standing FAPT teams. Of those 13 meetings: 6 referrals were from FC&A, 5 referrals were from CSB, 1 referral was from JDRDC and 1 referral was from FCCSU. 6 were requests for initial placements, 4 of which had plans developed for a Residential Treatment Center, 1 for short term Diagnostic/Stabilization placement, and 1 of which had a plan utilizing community based services. 7 were requests for continuation of existing placements, of which all 7 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 6 initial placement requests, all were actively receiving community based services in some form at the time of the FAPT. 2 youth were in placement prior to coming to FAPT, having been placed by their parents. • In September, 9 IACCT Inquiry Forms were received:

5 have been submitted to Magellan, Of 4 not submitted: 1 did not have support from FAPT for

placement, 2 left placement prior to becoming Medicaid-eligible, 2 do not have active Medicaid yet, and None of those submitted have been certified/approved for Medicaid reimbursement as of this report.

Item 1-8: Janet Bessmer and Sarah Young gave the QA and Compliance procedures report. The Quality Assurance Plan, approved by the CPMT, requires that purchase orders are terminated when a service plan is not eligible for CSA funding due to missing or overdue documentation. The procedures for terminating purchase orders for existing service plans when required documentation is not received need to be established and implemented. Valid Consents to Exchange Information are required documents for CSA funded services. Youth who are over the age of 18 are required to sign their consents, unless the parent or legal guardian has the legal authority to do so on their behalf. CSA has been providing all stakeholder agencies with lists of Consents that are coming due or expired for active cases. In the event that any CSA record does not contain a valid consent for ongoing services, an alert will be placed on their electronic record and steps taken to ensure that no further actions are taken that require release of confidential information to include payment. If necessary, the purchase order will be terminated with notice to the agency manager and CPMT representative. CSA staff will develop procedures in collaboration with the CSA Management Team to ensure compliance with this requirement. The CSA program will fully implement this process for any cases that are out of compliance with documentation requirements beginning October, 2017. Harmony alerts and notification to the manager and CPMT representative will occur on November 1, 2017 for any documentation that is 60 days or more overdue (2nd Notice). The Notice of Intent to Terminate will be sent on December 1, 2017 for any cases that remain out of compliance (3rd Notice). No additional services will be funded after January 1, 2018 for cases that have not been corrected.

Item 1-9: Terri Byers gave the Budget Report. Total Pooled Expenditures: Pooled expenditures through September 2017 are equal to \$1.9m. Total youth served for FY2018 is 440. Total mandated expenditures are at \$1.89m. County mandated expenditures are at \$925k. Total County Residential are at \$134k. Schools mandated expenditures are at \$965k. Total Schools Residential are at \$218k. Schools special ed expenditures are at \$705k. Schools Com Based Svcs (Wraparound) are at \$42k. Non-mandated expenditures are at 12k.

NOVACO - Private Provider Items: N/A
CPMT Parent Representative Items: N/A
Cities of Fairfax and Falls Church Items: N/A

A motion was made by Rick Leictweiss and seconded by Chris Leonard to adjourn at 3:20pm