

## FAIRFAX-FALLS CHURCH COMMUNITY

### POLICY AND MANAGEMENT TEAM

#### CPMT Minutes 12-8-2017

**Attendees:** Gloria Addo-Ayensu, MD, Louise Armitage, Robert Bermingham, Nannette Bowler, Tisha Deeghan, Deb Evans, Patricia Harrison (Chair), Kelly Henderson, Rick Leichtweis, Chris Leonard, MaryAnn Panarelli, Lee Ann Pender (Acting Director DAHS), Jane Strong, Nancy Vincent. **SOC Attendees:** Jim Gillespie, Desiree Gordon, Betty Petersilia, Jesse Ellis

**Absent:** Staci Jones Alexander, Katherine Caffrey, Jessie Georges, Elizabeth Germer, Teresa Johnson,

**CSA Management Team and CSA Program Staff Present:** Barbara Martinez, Maryam Ulomi, John Simmons, Matt Thompson, Terri Byers, Janet Bessmer, Suzette Reynolds, Patricia Arriaza, Kim Jensen, Lisa Morton, Hilda Calvo, Chris Metzbower, Kristina Kallani

**MINUTES:** A motion was made by Chris Leonard and seconded by Lee Ann Pender to Approve the October 27th meeting minutes. The motion was approved by the committee of the whole.

#### **ITEMS:**

##### **CSA Administrative Items:**

**Item A- 1:** A motion was made by Tisha Deegan and seconded by MaryAnn Panarelli to Approve Revisions to CSA/HMF Policy Manual. The motion was approved by the committee of the whole with 1 Abstention.

##### **Contracts Items:**

**Item C - 1: Kim Jensen gave the Serious Incident Report.** A Northern Virginia Medicaid Participating Residential Treatment Center (RTC) with five (5) Fairfax County youth with various funding sources including CSA, Adoption Subsidy, and private insurance is under investigation by the local law enforcement due to the death of a resident of the program. The media reports the youth was found unresponsive in the facility on the unit and died at the hospital. This RTC was on probation with the Fairfax-Falls Church CSA Program due to several concerns about SIRS not being provided per the contract; lack of confidentiality of discussion of youth's specific information meeting in open sitting area; potential human rights violation and lack of compliance with acceptance of CSA System of Care Practice Standards; and lack of clinical detail and completeness with incomplete and unsigned Crisis/Safety Plan. A Corrective Action Plan (CAP) was requested and received. CSA Staff and the case managers were monitoring the services and environment for compliance with the CAP. Upon reviewing of the available information, conversations with the Chief Operating Officer, and conversations with the parents as reported by the Case Managers, the CSA Management Team has decided to halt future placements at the RTC. The provider has been taken off the internal CSA Provider Directory and has been notified in writing of the decision with copy to the Department of Behavioral Health and Developmental

Services Office of Licensing. Of the five Fairfax County residents in the program at the time of the concerns, case managers are working with custodial parents to assess their safety and make transition plans to different programs.

### **CSA Information Items:**

**Item I- 1: Matt Thompson and Janet Bessmer gave a Presentation of DJJ Transformation and Development of MST/FFT Services.** 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. 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.

**Item I-2: Jessica Jackson gave the Case Support Services: Report from CSB.** She reported on the implementation of a wait list for CSB case management during times when there is no case management capacity. 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 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 - Nov), the average number of cases managed by the RT per month has been 67. The average number of meetings attend per month was 131 and the average number of consults conducted per month was 16. 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. Cither 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.

**Item I-3: Janet Bessmer gave the Update on CSA Audit Self-Assessment Process.** The deadline to submit the OCS Self-Assessment Workbook is February 28, 2018 and the self-assessment process has begun with workgroup meetings scheduled. 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. Please refer to the attachments for further information.

**Item I-4: Janet Bessmer gave the Update on Private Day Services: Committee Preliminary Report to General Assembly.** 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. 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.

**Item I-5: Kim Jensen gave a Review of the Monthly Residential Entry Report.** Ten youth entered long-term residential settings in November and December. 6 were males and 4 were females. There were 4 from Foster Care, 1 from JDRDC and 5 from CSB. 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 And 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. 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.

**Item I-6: Terri Byers gave the Budget Report.** The attached chart details FY 2018 cumulative expenditures through October 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 bottom line and for Mandated and Non-Mandated categories, Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home, Education types. Pooled expenditures through October 2017 equal \$6.8 million. This amount is a decrease from October last year of approximately \$1.0 million, or 13.5%. Some of the decrease relates to invoicing to the County lagging for services in previous months.

**Item I-7: Retirement Celebration for Pat Harrison as CPMT Chair.** Pat Harrison was presented with a cake and a plant for her flower pot.

**Healthy Minds Fairfax Items:**

**Item A- 2: A motion was made by Tisha Deegan and seconded by Jane Strong to Approve 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.**

**Item 1-8: Jim Gillespie gave the Update on Family Support Partner Project.** 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). 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. 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.

- **NOVACO -Private Provider Items: Deb Evans reported that last Friday they had started working on a Memo of Understanding in regards to the CSA Symposium.**
- **CPMT Parent Representative Items: N/A**
- **Cities of Fairfax and Falls Church Items: N/A**
- **Public Comment: N/A**

**A motion was made by Chris Leonard and seconded by Rick Leichtweis to Adjourn at 3:50pm.**