

**FAIRFAX-FALLS CHURCH COMMUNITY
POLICY AND MANAGEMENT TEAM**

CPMT Minutes 10/26/2018

Attendees: Staci Jones Alexander, Louise Armitage, Robert Bermingham, Tisha Deeghan (Chair), Deb Evans, Kelly Henderson, Teresa Johnson, Michael Lane, Rick Leichtweis, Chris Leonard, MaryAnn Panarelli, Jane Strong, Nancy Vincent, Lyn Tomlinson For Daryl Washington.

Absent: Gloria Addo-Ayensu, MD, Nannette Bowler, Katherine Caffrey, Jessie Georges, Rebecca Sharp, Terri Williams

SOC Attendees: Jim Gillespie, Desiree Gordon, Tracey Davis, Peter Steinberg, Jesse Ellis, Betty Petersillia

CSA Management Team: Barbara Martinez, Adam Cahuantzi, Kamonya Omatete, Oriane Erickson

Stakeholders and CSA Program Staff Present: Janet Bessmer, Chris Metzbower, Suzette Reynolds, Patricia Arriaza, Hilda Calvo, Sarah Young, Kristina Kallani

MINUTES: A motion was made by Rick Leichtweis and seconded by Bob Bermingham to approve the minutes of the September 28, 2018 meeting. The motion was approved by the committee of the whole.

1. ITEMS:

- **CSA Administrative Items:**

Item A – 1: A motion was made by Louise Armitage and seconded by Rick Leichtweis to Approve Public Comment on OCS Policy for Child and Adolescent Strengths and Needs (CANS). The motion was approved by the committee of the whole.

Item A – 2: A motion was made by Jane Strong and seconded by Bob Bermingham to approve new FAPT member. The motion was approved by the committee of the whole.

- **Contracts Items:**

Item C – 1a: A motion was made by Bob Bermingham and seconded by MaryAnn Panarelli to approve a Child Specific Request – Supervised Visitation. The motion was approved by the committee of the whole.

Item C – 2: Barbara Martinez gave the SIR Quarterly Report. In the 1st quarter of FY2019, a meeting was held with a home-based provider, Contract's, CSA, and DFS staff in July to follow-up on a Corrective Action Plan that began in March to address contractual issues around mandated reporting, training of staff, structure of clinical supervision, separation of duties between administrative and clinical staff, timely

submission of reports, and boundaries. The provider was responsive and cooperative in addressing the concerns brought to the attention of the CSA Management team. CSA Management Team supported the recommendation to resume new referrals, and that on-going monitoring continue through the service authorization process at the October 1st meeting. Referrals resumed following a probationary period for a home-based agency where a counselor was arrested and charged with inappropriately touching a youth at the direction of the CPMT on September 28, 2018. UR staff joined CSB outpatient staff in conducting a site visit to a facility where there were prior concerns about inappropriate use of restraint and seclusion for a youth with severe trauma. There continue to be concerns about lack of structure and engagement of youth, and continued excessive use of restraint and seclusion. Youth placed has returned to her home with intensive community supports. There are no other placements at this facility.

- **CSA Information Items:**

Item I – 1: Sarah Young gave the Monthly Residential Entry Report. In September there were 4 youth who entered long term residential settings. One was male and three were female. Two were from DFS Foster Care and two from CSB. There were notable errors in CANS scores suggesting a need for increased CANS training; the Super CANS users meet quarterly to address system needs related to the CANS; CANS refresher trainings are offered quarterly at various sites throughout the County, 2/4 youth had actionable scores in Suicide Risk, 3/4 youth had actionable scores in Adjustment to Trauma, Conduct and Oppositional, behaviors noted in the CANS appear to be secondary to the youths' trauma histories, Two youth appeared to be at risk for human trafficking though had not been identified as dead, Two youth had actionable scores in Substance Use. In September 2018, 15 youth/family meetings were held with the two standing FAPT teams. Of those 15 meetings: 10 referrals were from CSB, 2 referrals were from FC&A, 2 referrals were from FCCSU and 1 referral was from JDRDC. 8 were requests for initial placements, 6 of which had plans developed for a Residential Treatment Center; 2 requests resulted in a community based plan. One family submitted are request for a CPMT appeal; the appeal panel subsequently supported the family's request for RTC placement; 7 were requests for continuation of existing placements, all of which had plans developed for a short-term (varying from 1 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.

Item I – 2: Terri Byers gave the Budget Report. The attached chart details Program Year 2019 cumulative expenditures through September 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 September 2018 equal \$1.4M for 469 youth. This amount is a decrease from September last year of approximately \$503.4K, or 26.29%. Pooled expenditures through September 2017 equal \$1.9M for 440 youth. Due to the reorganization of expenditures to match LEDRS reporting categories. Expenditure claims are submitted to the State Office of Children's Services (OCS) through September. The attached chart details Program Year 2018 cumulative expenditures through September 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 September 2018 equal \$38.6 million for 1,311 youth. This amount is a decrease from September last year of approximately \$2.2 million, or 5.49%. Pooled expenditures through September 2017 equal \$40.8 million for 1,429 youth. Recovery through September 2018 decreased from September last year by \$215.4K, or 18.49%. Recoveries includes parental copay, child support collection through DCSE and payments made on behalf of child. The decrease in recovery is random and did not indicate any type of issue.

Item I – 3: Patricia Arriaza gave the Quarterly CSA Data Report. The total point in time count decreased by 3 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 for youth with primarily emotional/behavioral problems exiting placement (n=13) was 214 days at the end of the 1st quarter (LOS ranged from 13 to 933 days). Ages ranged from 9 to 19, with average age being 15 years. Of the 13 exits, 8 were from Foster Care and Adoption, 3 from the CSB, 1 from FCPS and 1 from JDRDC. The length of stay for youth with primary needs from developmental disabilities (n=9) was 1630 days, range of LOS is 13 to 3262 days. Of the 9 placements, 7 were from FCPS, 1 from the CSB and 1 from Falls Church City Schools. The ages range from 13 to 22, with the average age being 19. There were 13 exits and 14 entries this quarter. 94% (31 of 33) of youth were maintained in the community 6 months after initiation of ICC services. 95% (19 of 20) of youth remained in the community 12 months after the initiation of ICC services. No youth were referred to ICC while in RTC this past quarter. 89% (16 of 18) of youth were maintained in the community 6 months after initiation of ICC services. 100% (n=3) of youth remained in the community 12 months after the initiation of ICC services. No youth were referred to ICC while in RTC this quarter. 7 Relief of Custody (ROC) complaints were received, 5 were filed, and 2 are pending. 54% (22 of 41) placements are in Medicaid-enrolled programs, of which 82% (18 of 22) are receiving Medicaid reimbursement of the residential costs - 1 was denied and 3 are pending. Reasons that youth in Medicaid-enrolled programs are not receiving funding are: Legal status (n=3), Over 21 (n=1), Ineligible Level B due to income (n=1), Placed with non-Medicaid providers (n=14) because the child is not able to be served in VA, court-ordered, parent initiated placement, or are placed in group homes which aren't Medicaid reimbursable.

Item I – 4: Janet Bessmer and Adam Cahuantzi gave an Update on State Workgroups for Special Education Private Day Measures and Rate Setting.

OCS has recently completed a workgroup process to provide recommendations for measures to assess outcomes for Private Day schools using the following charge: Chapter 2, Item 282 O. The Office of Children's Services shall coordinate with the Department of Education to facilitate a workgroup to include private providers, including the Virginia Association of Independent Specialized Education Facilities, the Virginia Council for Private Education, the Virginia Association of Independent Schools, the Virginia Coalition of Private Provider Associations, and the Virginia Association of Community Services Boards, local school divisions, stakeholder groups, and parent representatives to identify and define outcome measures to

assess students' progress in private day placements that may include assessment scores, attendance, graduation rates, transition statistics, and return to the students' home schools. The agencies shall ensure that the number of members from each group (i.e. representatives of private providers, parents, local governments, and other stakeholders are each considered their own group) are proportionally represented on the workgroup. The Office of Children's Services and Department of Education shall report recommendations to the Chairmen of the House Education and Appropriations Committees and the Senate Education and Health and Finance Committees by November 1, 2018. Rate Setting Study: The Office of Children's Services has entered into a contract with the Public Consulting Group (PCG) to carry out the study funded by and specified in Item 282. M. of the Appropriation Act regarding costs and rates for private day special education. PCS is a national consulting firm with extensive experience in human service rate setting, cost reporting and analysis, and stakeholder engagement and has specific expertise in special education policy and practice. PCG will be on site October 29th to conduct several orientation sessions with various stakeholder groups. Local government and CSA program staff are critical groups in this process and the meeting is intended to provide an opportunity to meet the PCG team, brief you on the study plan and gather any input at this early stage of the work. Additional opportunities for engagement will take place as the study progresses. The state Appropriations Act (Chapter 2, Item 282.N.) requires that "All localities shall submit their contracted rates for private day education services to the Office of Children's Services by August 1 of each year." This requirement is a component of efforts to study costs related to this service and is tied to the provision of that item limiting annual rate increases to two percent above the rates paid in the prior fiscal year, effective July 1, 2019.

- **Healthy Minds Fairfax Information Item:**

Item I – 5: Jim Gillespie and Betty Petersilia gave the Blueprint Under-Served Populations Report. In general, analysis of the focus groups revealed several themes under each of the broader categories: access; barriers; and suggested strategies. Themes around accessing services included access through schools, religious institutions, and community centers; themes regarding barriers were in community awareness about mental health, lack of trust, overworked employees, and cultural concerns; and themes around strategies include education, community resources, and county resources. Participants felt that "counselors [school mental health professionals] tend to lead services and are more knowledgeable" generating a feeling of comfort or at least a place to start for students and families. In addition to school mental health professionals, participants identified favorite teachers and the parent/school liaison as potential access points within the schools. Youth participants indicated that they are close to teachers or security personnel at schools and will reach out to them if they need help. Other participants relied on religious institutions as the entry way to the system and/or to provide the services. Asian participants specifically indicated that families and youth are more connected with their religious institution. Many youth and adult participants commented specifically on a lack of understanding on behalf of parents indicating that parents believe that mental health concerns are "just a phase" or are ignorant of the issue. There was a general lack of trust with the system among all participants (youth and adults), especially around the ideas of confidentiality and privacy. Youth reported that there was a lack of understanding between student and counselors about what would be kept in confidence versus what would not. Many participants spoke about the stigma associated with mental health as a barrier to seeking behavioral health

services. Specifically, participants mentioned losing respect in the community if they sought mental health treatment or were known to have a mental illness. Participants also identified overworked school counselors and employees as an additional barrier. Participants stated that students receive services but teachers don't always know what is going on with the students or how to help them, even if they were the one making the referral. Other participants stated that the counselor-to-student ratio is an issue making it difficult to deal with anything that is not school related. Many participants spoke about specific cultural concerns that can act as barriers to accessing services. In general, participants spoke about the stigma surrounding mental health and losing respect in their community. Other participants did not feel comfortable discussing their issues because of cultural differences and beliefs. Recommendations fall within three larger categories: Therapeutic, Prevention and Marketing/Outreach. Some recommendations are applicable and reach all underserved populations and others are more targeted to specific groups. Specific recommendations include increasing Trauma Informed Individual and Family Mental Health Counseling to Latino youth in underserved areas in our community, possibilities include Culmore, Springfield or Herndon through the expansion of Violence Prevention and Intervention Program (VPIP) at Northern Virginia Family Services (NVFS). Prevention efforts should include a multilayered approach addressing the systems and structures, including our own, that disproportionately affect youth as well as meet the needs of youth and their families as it relates to mental health treatment. Specifically, we recommend the continuation of Restorative Justice Practices in schools and juvenile justice agencies and out of school time settings for youth. Secondly, we recommend funding additional opportunities for Youth Mental Health First Aid training for faith/youth leaders. In general, members of the Faith Community, Fraternity or Sororities and Civic and Social Organizations should be engaged in getting the message out as well as assisting with the recruitment of service providers as appropriate. In conclusion, this workgroup defined underserved populations; identified strengths and barriers to behavioral health and provided recommendations to address these barriers. This workgroup has put forth two specific proposals to implement and expand Trauma Informed Individual and Family Mental Health Counseling and Youth Mental Health First Aid training. For further information, please refer to the handout.

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

A motion was made by Rick Leichtweis and seconded by Chris Leonard to adjourn at 2:45 pm. The motion was approved by the committee of the whole.