

FY 2022 PERFORMANCE PLAN

| <p align="center">Children’s Services Act (CSA) and Family Assessment and Planning Team (FAPT)</p> | | <p align="center">CFSD</p> | <p align="center">Shari Lyons, x1675 Jennifer Van Ee, x1610</p> |
|---|---|----------------------------|---|
| <p>Program Purpose</p> | <p>Stabilize children with their families through funding clinically and fiscally responsible services</p> | | |
| <p>Program Information</p> | <ul style="list-style-type: none"> • The Children’s Services Act (formerly known as the Comprehensive Services Act for At-risk Youth and Families (CSA)) is a Virginia statute that establishes a single state pool of funds from the Departments of Social Services, Behavioral Health and Developmental Services, Education and Juvenile Justice to purchase services. • CSA is intended to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of youth and families. • CSA is administered by the Virginia Office of Children’s Services (formerly the Office of Comprehensive Services) (OCS). In Arlington, it is staffed by Child and Family Services (CFSD), and DHS serves as the fiscal agent for CSA. • The Community Policy and Management Team (CPMT) is the Arlington County governing body that oversees CSA funding. All services approved by the Family Assessment and Planning Team (FAPT) must be approved by CPMT for authorization and funding. • The Family Assessment and Planning Team (FAPT) is a multidisciplinary team. Partners joining DHS staff on the FAPT are Arlington Public Schools, Arlington County Juvenile and Domestic Relations Court Services, private agency providers, and parent representatives. • Each month, the FAPT meets weekly and as needed, reviewing up to eight cases per meeting. • The primary focus of the meetings is to determine clinically appropriate services eligible for funding through CSA or Mental Health Initiative (MHI) funds. Services authorized by FAPT are: <ul style="list-style-type: none"> ○ Therapeutic and Arlington County licensed foster care services ○ Congregate care services (including residential, group home, temporary care facility, and educational placements) ○ Community services (including private day school, intensive in-home, community transition services, tutoring and mentoring) • The Mental Health Initiative (MHI) Fund is a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances. These funds are used exclusively for children and adolescents not mandated for services under CSA, who are identified and assessed through the FAPT team and approved by CPMT. MHI funding is only for youth who are in the home. • The FAPT uses the Child and Adolescent Needs and Strengths (CANS) tool to assess the child and family’s strengths and needs; this helps determine whether or not the requested service meets clinical criteria for CSA funding. The CANS tool is maintained in a state database known as CANVaS. The case manager is responsible for completing the tool in the database, printing, and signing the document. | | |

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| | <ul style="list-style-type: none"> The Individualized Family Service Plan (IFSP) documents the services requested, and is subject to FAPT review and CPMT approval of funding. |
| Service Delivery Model | <ul style="list-style-type: none"> In FY 2022, FAPT reviews were conducted virtually. Families were offered the opportunity to participate in the reviews onsite if they preferred. Staff members uploaded secure virtual platform and editing software on their computers to support confidentiality. In FY 2023, reviews will continue to be provided virtually. The program will assess efficacy and to determine ongoing service delivery. |

PM1: How much did we do?

| | |
|-------|--|
| Staff | <p>3.15 FTEs including:</p> <ul style="list-style-type: none"> 0.30 FTE Supervisor 0.85 FTE CSA Coordinator 0.50 FTE Management Analyst 1 FTE Utilization Review Coordinator (50% of 2 FTEs) 0.5 FTE CFSD staff (~4% of 13 staff) <p>Utilization review and administrative support is also provided by a temporary position (40 hrs/wk)</p> |
|-------|--|

| | | | | | |
|----------------------------|---------------------------------------|----------------|----------------|----------------|----------------|
| Customers and Service Data | | FY 2019 | FY 2020 | FY 2021 | FY 2022 |
| | Total # of FAPT Client Reviews | 366 | 267 | 294 | 176 |
| | Total # of Clients Served through CSA | 189 | 172 | 173 | 149 |
| | Expenditures for Services* | | | | |
| | Therapeutic Foster Care Services | \$592,620 | \$159,403 | \$65,186 | \$225,964 |
| | Congregate Care Services | \$751,949 | \$735,945 | \$751,801 | \$1,163,319 |
| | Private Day Educational Placements | \$1,712,303 | \$3,803,726 | \$3,331,689 | \$3,574,882 |
| | Community Services | \$563,506 | \$434,863 | \$471,499 | \$689,661 |

*Expenditures for services are reflected in the fiscal year in which they were paid.

PM2: How well did we do it?

| | |
|-----|---|
| 2.1 | Compliance with CANS completion policy |
| 2.2 | Length of home-based services and congregate care placements |
| 2.3 | Alignment between level of need and level of service requested per the CANS |

PM3: Is anyone better off?

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| 3.1 | Percentage of youth demonstrating increased emotional/behavioral stability per the CANS |
| 3.2 | Percentage of youth served in the community |

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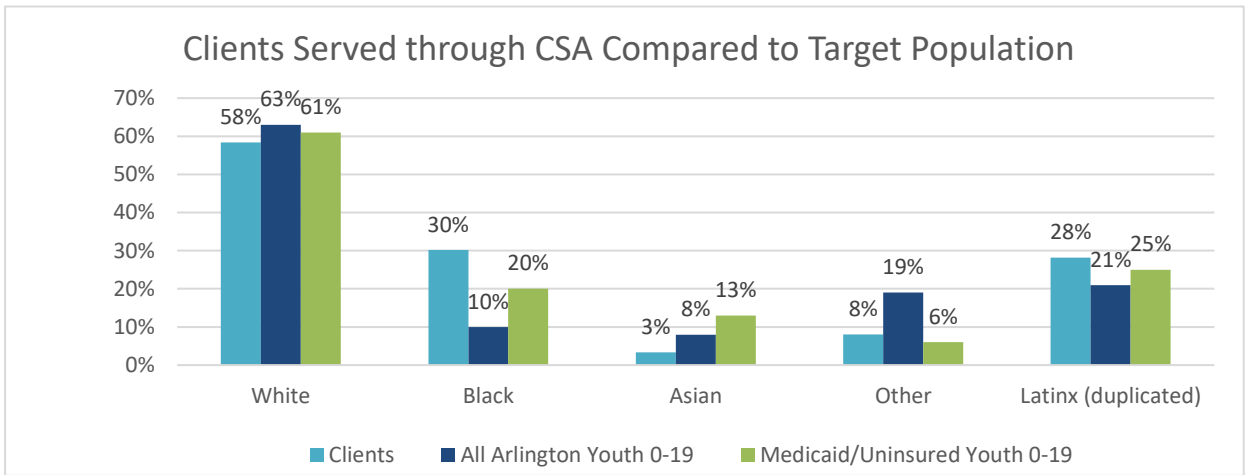
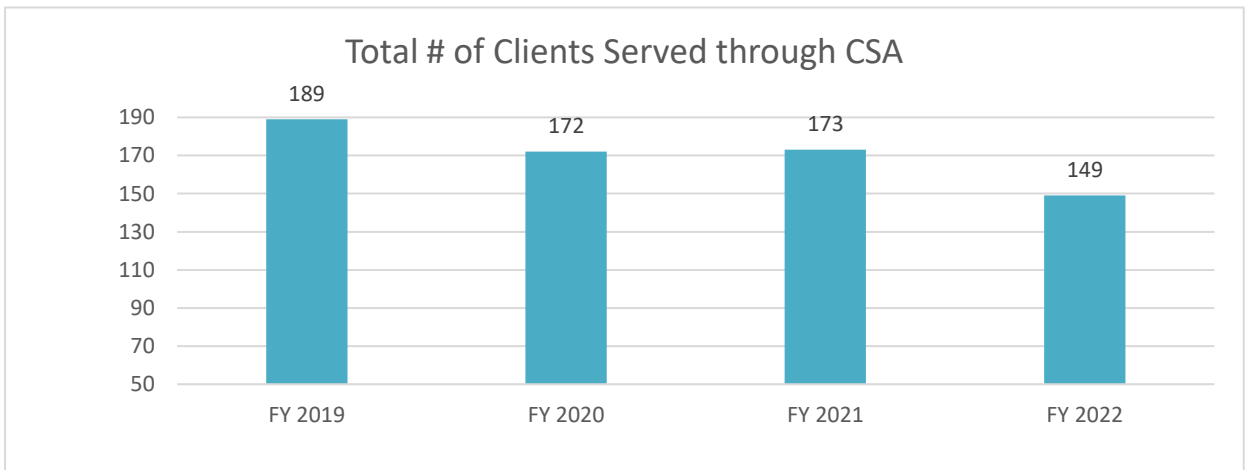
CSA Family Assessment and Planning Team (FAPT)

Measure

1

Total # of Clients Served through CSA

Data



Data Summary

- In FY 2022, there were 149 youth that received CSA funded services.
- The program data for race and ethnicity is collected from the state Children Services Act website.

What is the story behind the data?

- The number of children served by the CSA has decreased from 173 in FY 2021 to 149 in FY 2022.
- CSA is designed to serve youth that either need services funded only by this program, and/or have no additional resources to pay for services.
- CSA's primary referral sources include child welfare and schools.
- In FY 2022, the CSA prioritized connecting children to resources such as Medicaid whenever possible. As a result, the number of children connected to Medicaid services increased, and the number who required CSA funding decreased.
- Although the number of youth served decreased in FY 2022, the acuity of youth who required CSA services was higher. Therefore, duration of services and expenditures for congregate and residential care increased in FY 2022.

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- In FY 2022, youth that identified as White and Latinx are receiving services approximately proportionate to the total number of Arlington youth ages 0-19 and the population of youth with Medicaid or without insurance.
- In FY 2022, youth that identified as Black were overrepresented based on the population of Arlington youth and youth with Medicaid or without insurance. However, in child welfare, black youth made up 43% of children in foster care at the end of FY 2022.
- In FY 2022, staff began collaborating with other child serving systems to review racial equity data to explore data sharing.

| Recommendations | Target Dates |
|--|---|
| <ul style="list-style-type: none"> • Review data on a monthly basis to assess for access barriers and racial inequities in service approvals. • Explore disaggregating data by race and services received to determine who is receiving what CSA service. • Increase collaboration with other child serving systems to review racial equity data. | <ul style="list-style-type: none"> • FY 2023, Q2 • September 1, 2022 • Ongoing |

Forecast

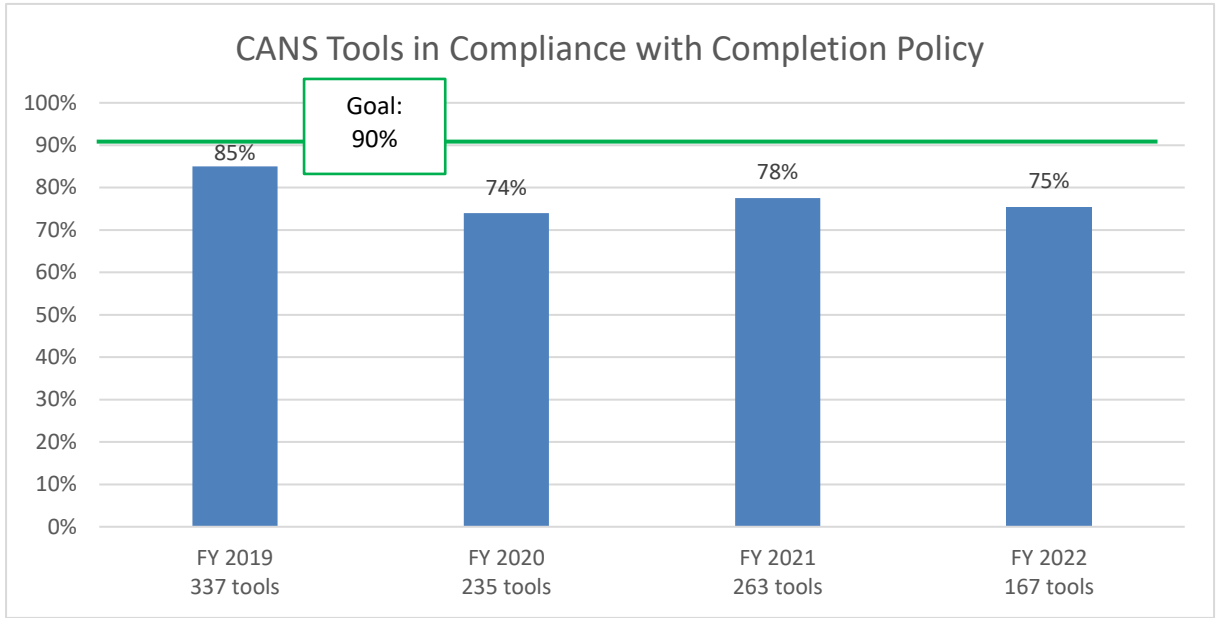
- For FY 2023, it is projected that the clients served will be consistent with FY 2021 (approximately 170).

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CSA Family Assessment and Planning Team (FAPT)

Measure 2.1 Compliance with CANS Completion Policy

Data



Data Summary

- In FY 2022, 75% (126/167) of CANS were current—dated within the last 90 days, or more recently when clinically indicated, which is consistent with results in FY 2020 and 2021.
- The CSA Coordinator evaluates all CANS assessment tools after each FAPT meeting and records the results in Excel. CANS assessments are not required for MHI reviews, which are excluded from this measure.

What is the story behind the data?

- In FY 2022, the CSA department continued sending reminders for discharge CANS and CANS updates that are due.
- In FY 2022, a new CSA Coordinator was hired and will provide heightened oversight of the FAPT packet to ensure that all documentation is completed prior to the scheduled review.
- In FY 2021, CSA updated the website to include all of the documents that are required at discharge, including the CANS. In FY 2022, all documents on the website were translated into Spanish, Amharic, Arabic and Mongolian.
- In FY 2022, a listserv was created for case managers to notify them of upcoming discharge CANS due dates.
- The chart review process was suspended in FY 2022 due to staffing shortages. This process will resume in FY 2023.
- At System of Care team prep meetings, service alignment, utilization concerns and potential red flags are discussed to ensure FAPT meetings flow as smoothly as possible and make sense to the any youth and/or family present. CANS completions are discussed during these meetings.

Recommendations

Target Dates

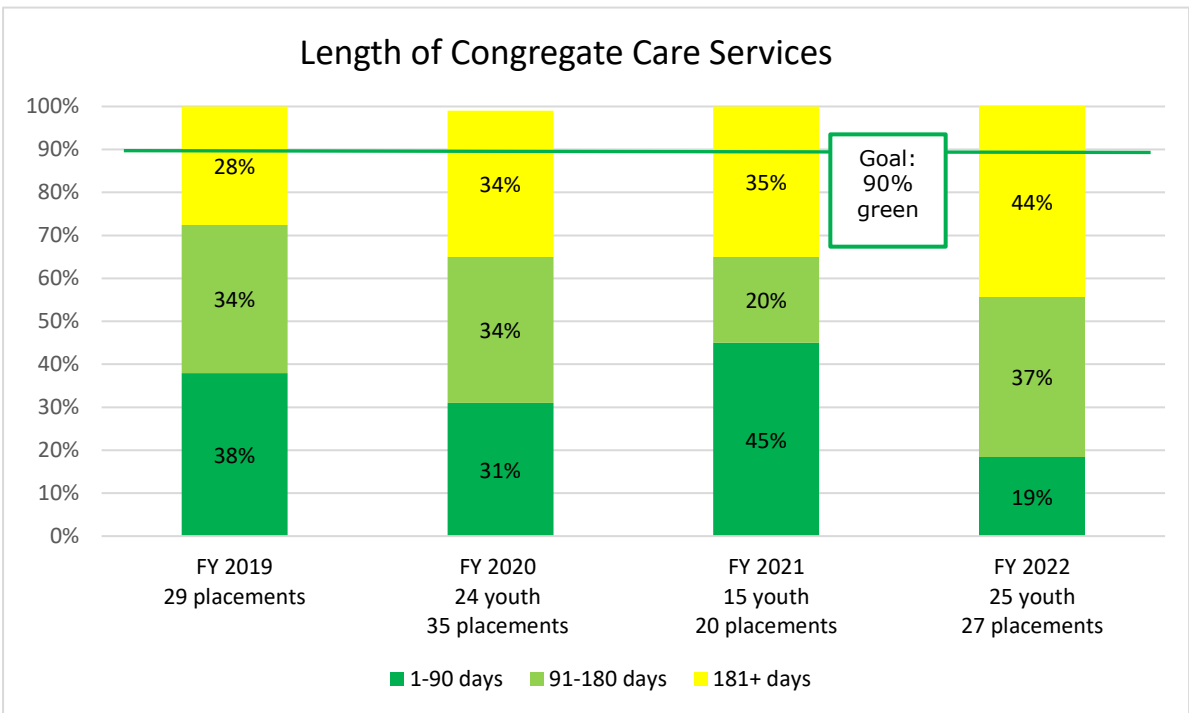
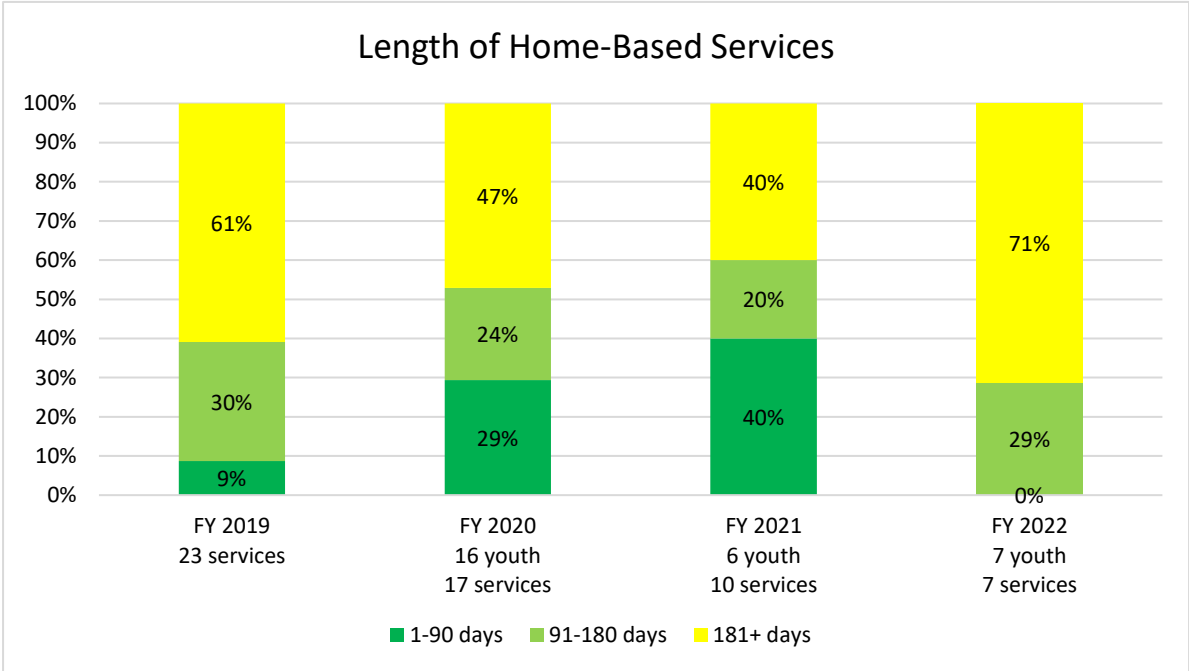
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|---|---|
| <ul style="list-style-type: none">• Implement ongoing data review process to assess for accuracy. Monthly reviews of CANS completion will be completed• Resume chart review process to ensure CANS assessments are current and on time.• A data key to ensure accuracy of CANS ratings by clinicians will be developed. | <ul style="list-style-type: none">• FY 2023, Q2• FY 2023, Q2• FY 2023, Q4 |
| Forecast | |
| <ul style="list-style-type: none">• In FY 2023, it is projected that 80% of CANS assessments will be current. | |

CSA Family Assessment and Planning Team (FAPT)

Measure 2.2 Length of home-based services and congregate care placements

Data



Data Summary

- Home-based services are behavioral health interventions provided in the child’s natural or foster home setting to stabilize behavior and minimize risks for out-of-home placements. Services may involve crisis intervention, case management, and behavior planning or modification.

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- Congregate care services are behavioral health interventions provided in a licensed residential and/or group home setting.
- For cases completing home based services in FY 2022:
 - 0% (0/7) completed services within 90 days
 - 29% (2/7) completed services between 91 and 180 days
 - 71% (5/7) extended beyond 180 days
- For cases completing congregate care services in FY 2022:
 - 19% (5/27) completed services within 90 days
 - 37% (10/27) completed services between 91-180 days
 - 44% (12/27) extended beyond 180 days
- Service start and end dates are tracked in Excel and updated monthly by the CSA Coordinator.
- Youth can receive both in-home services and congregate care services within the same fiscal year.

What is the story behind the data?

- In FY 2022, the increase of acuity of mental health needs for youth required for higher levels of care to be provided for longer periods of time to ensure successful step-downs from services.
- In FY 2022, the percentage of in-home services completed within 180 days decreased from 60% to 29%. The percentage of congregate care placements completed within 180 days decreased slightly to 56% from 65% in FY 2021.
- In FY 2022, 19% of youth placed in congregate care discharged within 90 days of entry, which is a decrease from 45% in FY 2021.
- In FY 2022, 6 of 21 of the youth in congregate care were in a residential program (highest level of care) versus a group home (lower community-based level of care). On average, placements in group homes last 1 month longer than those in residential programs.
- In FY 2022, 5 of the youth receiving congregate care services were in special education placements. The average length of stay for these youth was 27 months.
- We also had 5 months where we did not have any youth in residential programs (highest level of congregate care versus a group home).
- Enhanced utilization review implementation prior to and during the FAPT review process was continued.
- Staff are utilizing alternative funding sources for in-home services.
- In FY 2022, the children need have been high acuity which has led to a need for longer services whether in the home or in congregate care. For foster youth specifically, we have had an increase in congregate placements due to not having foster homes who can provide for their complex behavioral needs.
- In FY 2022, 9 congregate care placement was court ordered, an increase from 1 in FY 2021. The length of service is also ordered by the court for these placements. This may have caused some of the increase in stay as most times there are familial concerns taken into account and not just clinical needs.
- In FY 2022, 13 of the youth in congregate care placement were involved with multiple systems (i.e., court, child welfare, mental health). These youth had a variety of needs that required multi-system involvement and navigation for family reunification.
- For in-home services, COVID-19 policies and procedures from contracted vendors required virtual participation from staff and families when diagnosed with COVID-19 or experiencing COVID-19 symptoms. This may have resulted in extended services when families were unable to meet the virtual expectation or needed to be seen in-person.

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| Recommendations | Target Dates |
|---|---|
| <ul style="list-style-type: none"> • Track service information for all services to better understand the life of a case. • Begin collaborating across child service systems, including courts and schools, to track data trends to better utilize early intervention strategies and decrease multisystem involvement. • Continue quarterly vendor meet and greets to explore available services. • Create a public website to provide information about becoming a vendor. • Continue to explore strategies to expand vendor pool and update our service provider list. • Complete Request for Information process for emergency placements and specialized services with potential vendors. • Modify measure to exclude youth receiving Special Education congregate care services. • Modify measure to assess community-based services instead of in-home services. | <ul style="list-style-type: none"> • FY 2023 Q2 • FY 2023, Q2 • Ongoing • FY 2023, Q1 • Ongoing • FY 2023, Q3 • FY 2023 Q4 • FY 2023 Q4 |
| Forecast | |
| <ul style="list-style-type: none"> • By the end of FY 2023, it is anticipated that 40% of families will complete community-based services within 180 days and 60% of families will complete congregate care services within 180 days. | |

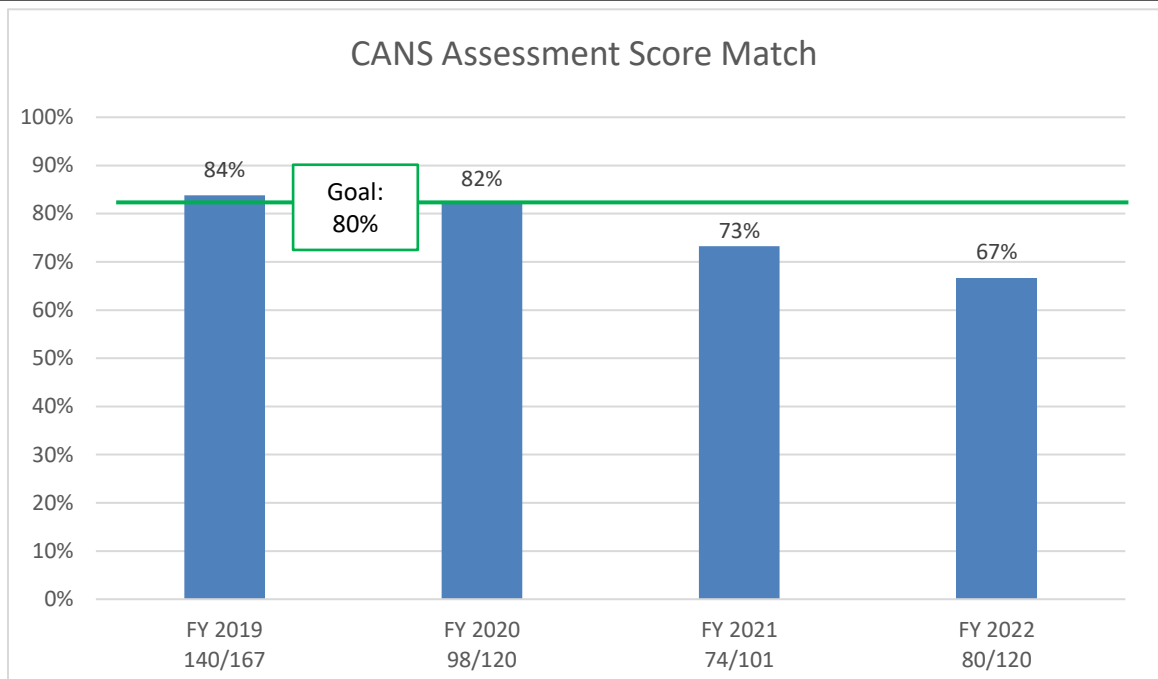
CSA Family Assessment and Planning Team (FAPT)

Measure

2.3

Alignment between level of need and level of service requested per the CANS

Data



Data Summary

- In FY 2021 67% (80/120) of service requests received aligned with the CANS ratings of need.
- The FAPT uses CANS algorithms to assess if requested services are aligned with the level of need based on CANS scores. These algorithms establish baseline criteria/CANS scores for targeted services. Results are tracked in Excel
- This measure excludes non-clinical service requests and MHI cases. In FY 2022, 103 requests were excluded.

What is the story behind the data?

- CANS alignment continues to be reviewed prior to FAPT meetings and discussed in FAPT for all cases.
- The most common cause of misalignment is CANS scores that indicated caregivers needed less support than was being requested to meet the needs of the youth.
- Misalignment often occurs when youth are placed in services that have been court ordered – for example, a youth may be assessed to need community-based services, but be ordered into group home care. The length of service is also ordered by the court for these placements.
- In FY 2022, several new staff members needed technical assistance with appropriately rating CANS. CANS alignment and rating will be prioritized in documentation training in order to provide clarity around training expectations.
- During COVID, many families experienced additional stressors that are not currently rated on the CANS assessment, resulting in low scores that did not reflect the families’ actual level of need. The CANS does not include measures related to domains of lived experience such as racial trauma and LGBTQIA.

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- For instances of youth in foster care, there may be some discrepancies with which caregiver is being rated. For the older youth in care, the “caregiver” is considered the youth.
- In FY 2022, Utilization Review Analysts have been assigned caseloads and have worked with CSA managers when there is a discrepancy between CANS score and level of care given.

| Recommendations | Target Dates |
|---|--|
| <ul style="list-style-type: none"> • Redesign reporting methodology to utilize new CSA SharePoint data tracking system, including capturing reasons for non-alignment. • Continue to collaborate with OCS to reassess the alignment tool and discuss missing measures that assess for lived experiences. • Continue to provide FAPT lunch bunches specifically related to CANS. • Revamp documentation training to include CANS training for case managers and FAPT representatives. • System of Care and FAPT team will explore ways to use CANS for treatment planning. The System of Care team will review CANS alignment prior to FAPT review and explore how to best discuss this in meeting with families. • Continue trainings for FAPT members and staff to ensure accurate and consistent ratings. • Create a bench-card and training for the JDRC judges that cites code around CSA funding and the FAPT process to assist in better understanding and appropriate usage of CSA funding. | <ul style="list-style-type: none"> • FY 2023 Q2 • Ongoing • Ongoing • FY 2023, Q3 • FY 2023, Q1 • Ongoing • FY 2023, Q3 |
| Forecast | |
| <ul style="list-style-type: none"> • In FY 2023, it is anticipated that 70% of CANS and service requests will be aligned. | |

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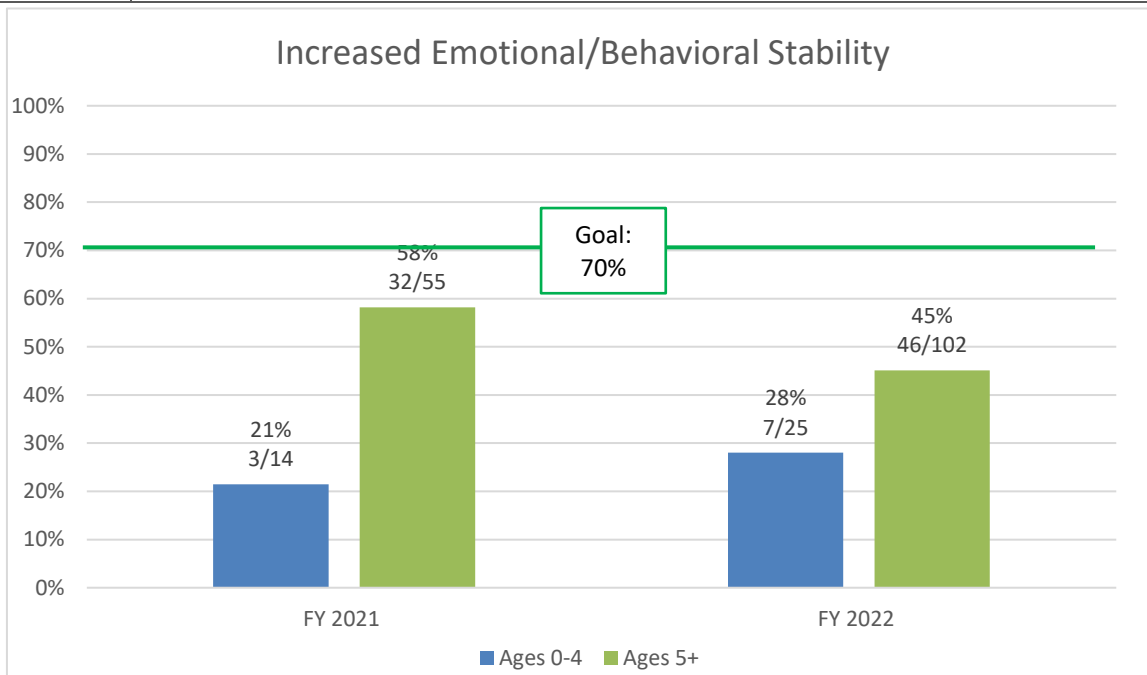
CSA Family Assessment and Planning Team (FAPT)

Measure

3.1

Percentage of youth demonstrating increased emotional/behavioral stability per the CANS

Data



Data Summary

- In FY 2022, CANS scores were collected for 177 youth that had at least two CANS assessments.
- In FY 2022, 7/25 (28%) youth ages 0-4 demonstrated increased emotional/behavior stability between the two assessments and 46/102 (45%) youth ages 5+ demonstrated increased emotional/behavior stability between the two assessments.
- In FY 2022, there was 42% (53/127) overall increase in emotional/behavioral stability, a decrease from 51% in FY 2021. There were 50 youth that did not have an assessed need in this area.
- These scores are extracted from a database maintained by the Office of Children’s Services.

What is the story behind the data?

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- In FY 2022, the percentage of youth who improved their emotional/behavioral health needs increased slightly for children ages 0-4 and decreased slightly for children ages 5+. The lower rate of improvement for youth ages 5+ can be attributed to higher acuity seen in this age group in FY 2022.
- In FY 2022, the average for the state of Virginia for demonstrated improvement in emotional/behavioral stability was 42%.
- In FY 2022, 34 youth remained the stable between their two assessments and 50 youth did not have assessed emotional behavior needs.
- In FY 2022, there were 40 youth that demonstrated an increase in emotional/behavioral need scores, indicating that their symptoms worsened between the two assessments. Many of the cases had child welfare involvement, and often experienced high levels of stress and trauma.
- CSA has been able to increase flexibility in familial support in many child welfare cases to increase stability. For example, authorization of transportation services for family reunification purposes allows the family to maintain consistent contact and attend doctor’s appointments, court hearings, family visitations, etc.
- When youth enter foster care, there may not be a lot of information at the time the initial assessment is completed which is why the score may not accurately reflect that initial presentation. During service provision, more information regarding needs may be obtained.
- Youth with complex needs are more likely to need more interventions for a longer period.
- In FY 2022, an internal risk management process for residential vendors was continued and enhanced to review documented incidents of behavioral challenges, to identify and address systemic challenges.

| Recommendations | Target Dates |
|---|---|
| <ul style="list-style-type: none"> • Continue to provide CANS trainings quarterly to ensure inter-rater reliability • Analyze CANS data monthly to assess trends, and add to Division quarterly report. • When site visits to vendors resume, consider expanding risk management reviews to non-residential vendors. • Explore disaggregating race and ethnicity from CANS data. • Explore alternative options for reporting data for youth whose scores are stable over time. | <ul style="list-style-type: none"> • Ongoing • FY 2023, Q3 • FY 2023, Q4 • FY 2023, Q2 • FY 2023, Q3 |

Forecast

- In FY 2023, it is projected that 45% of youth will demonstrate an increase in emotional/behavioral stability.

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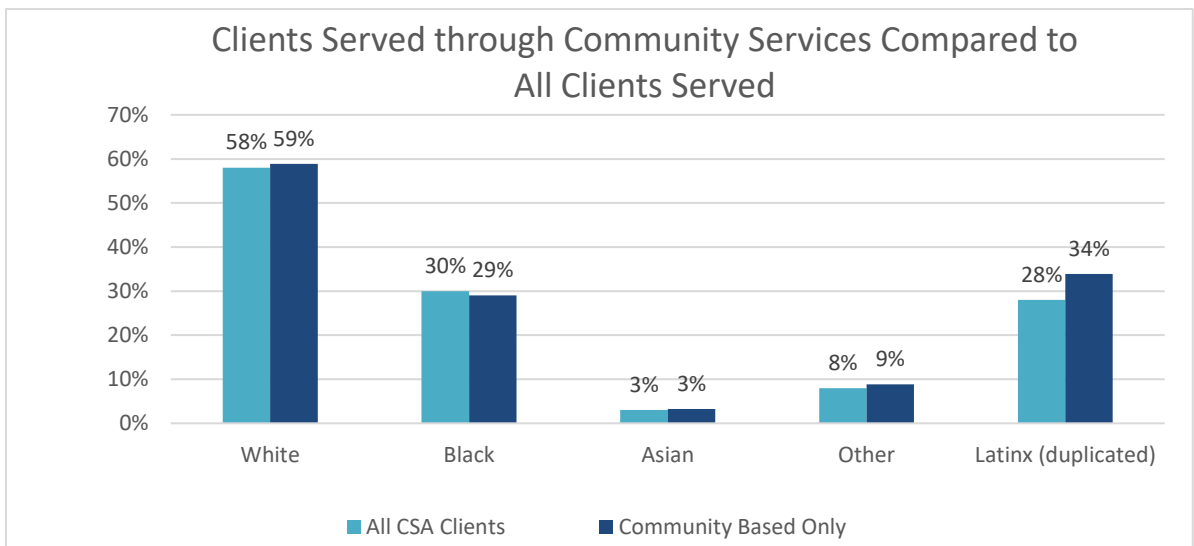
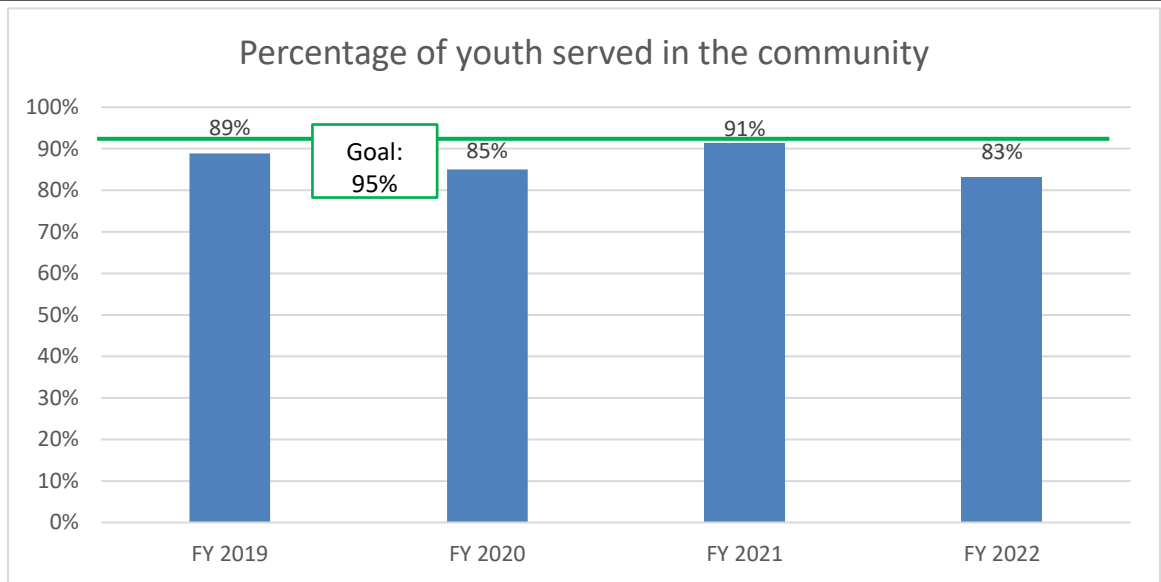
CSA Family Assessment and Planning Team (FAPT)

Measure

3.2

Percentage of youth served in the community

Data



Data Summary

- In FY 2022, 83% of youth (124/149) who received services through CSA funding were served in the community, which is a decrease in percentage of youth served in FY 2021 (91%). 16% of youth received congregative care services.

FY 2022 PERFORMANCE PLAN

- Congregate care services include residential treatment facilities, group homes, respite care, and services to facilitate transition out of congregate care.
- Community services include ICC, intensive in-home therapy, outpatient therapy, WRAP around services, foster care maintenance, TFC, and independent living.

What is the story behind the data?

- The CSA System of Care team focuses on serving children in the least restrictive environment, identifying and reducing disparities and widening the service array.
- In FY 2022 there has been an increase in acuity seen in youth mental health nationally, which has led to youth needing higher levels of care or more intense community-based services. If the community-based services are not available, that could lead to a congregate care placement.
- Due to staff shortages, there was a decrease in available community-based services as well as increase in wait times for those still available. This is a statewide trend.
- In FY 2021 and FY 2022, there was an increase in case consultations to improve creative service planning. Flexibility in approvals and atypical service requests were used to ensure that family's needs were met. There was an emphasis on evidence-based practices that are designed to create effective and timely service intervention.
- In FY 2022, the utilization review coordinators were assigned to oversee utilization for a designated set of children, rather than overseeing specific components of care for all children. This allows the coordinators to build a holistic understanding of each child's needs and work consistently to better integrate their care.
- In FY 2021 and FY 2022, there was an emphasis on collaboration with FAPT stakeholders and case managers to improve strategies to maintain youth in the community. virtual FAPT lunch bunches were held where case managers can come and ask questions and review trends of data. A FAPT liaison meeting was offered to FAPT representatives in FY 2022 to discuss training plan for the year, service review guide and clinical matching of services. There was an increase in the conversations with system leaders regarding children and their level of care matching their clinical needs.

Recommendations

- Develop service review guides for FAPT representatives to assist with their understanding of the different levels of care.
- Develop training that reviews roles and responsibilities for FAPT case managers to help navigate service options.
- Continue vendor meet and greets where vendors talk about their services. This meeting will be open to the community.
- Implement electronic record that will collect complete race data.
- Begin collaborating across child service systems to track data trends to better understand where clients are coming from and try to better utilize early intervention strategies.

Target Dates

- FY 2023, Q1
- FY 2023, Q3
- Ongoing
- FY 2023, Q1
- FY 2023, Q2

Forecast

- In FY 2023, it is anticipated that 85% of youth will be served in the community.