

FREDERICK COUNTY CPMT AGENDA

July 27, 2020
1:00 PM
107 N Kent St
Winchester, VA
Cisco Webex Video Conference

Meeting link:

<https://countyoffrederickva.my.webex.com/countyoffrederickva.my/j.php?MTID=m23b53c7f88fd7785454403b32e6786ea>

Meeting number:

190 000 706

Host key:

588761

Join by phone

US Toll: 1-415-655-0003

USA/Canada Toll Free: 1-844-740-1264

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda
 - A. June Minutes
 - B. Budget Request Forms
- IV. Executive Session
 - A. As Needed
- V. Committee Member Announcements
 - A. COVID-19 Update Dr. Greene
 - B. Other Announcements
- VI. CSA Report Jackie Jury
 - A. June Financial Report
 - B. CSA Updates
- VII. Old Business Jackie Jury
 - A. Tabled until further Notice: Strategic Plan Update
 - B. Tabled until further Notice: Families First Prevention Services Integration Model
 - C. Tabled until further Notice: EBP Regional Learning Collaborative
 - D. Access to funding by Non-CSA youth – Status Update
 - E. ICC/FSP Rate Structure
 - F. Vendor Contracts
- VIII. New Business Jackie Jury
 - A. Mentoring Discussion
 - B. EAS Policy Exception Request
- IX. Assigned Tasks
- X. Next Meetings
 - CPMT August 24, 1:00pm, 1st Floor Conference Room- See Memo for future dates
- XI. Adjourn

**Instructions for Closed Session:

- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (15), and in accordance with the provisions of 2.2-5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and the Child & Family Team Meeting process, and whose case is being assessed by this team or reviewed by the Community Management and Policy Team
- Motion to return to open session-

- Motion that the Frederick County CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.
- Roll Call Affirmation
- Motion to Approve cases discussed in Executive Session

CPMT Meeting Minutes: Monday June 22nd, 2020

The Community Policy and Management Team (CPMT) Committee met on June 22, 2020. Members participated via WebEx video conference.

The following members were present via Cisco Webex video conference:

- Jay Tibbs, Frederick County Government
- Dana Bowman, Children's Service of Virginia
- Tamara Green, Frederick County DSS
- Michele Sandy, Frederick County Public Schools
- Mark Gleason, Northwestern Community Services Board
- Dawn Robbins, Parent Representative

The following members were not present:

- Peter Roussos, Court Services Unit
- Dr. Colin M. Greene, Lord Fairfax District Health Department

The following non-members were present:

- Jacquelynn Jury, CSA Coordinator
- Brittany Brewer, CSA Account Specialist

Call to Order: Tamara Green called the meeting to order at 1:00pm.

Adoption of June Agenda: Mark Gleason made a motion to adopt the June agenda; Jay Tibbs seconded; CPMT approved.

Consent Agenda: The following items were put in the Consent Agenda for CPMT's approval:

- May 18th CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA.

Adoption of May Minutes: Jay Tibbs made a motion to approve the May minutes; Mark Gleason seconded; the CPMT approved.

Adoption of Budget Request Forms: Jay Tibbs made a motion to approve the Budget Request Forms; Mark Gleason seconded; the CPMT approved. Private Provider and Parent Representatives abstain from voting on funding for youth receiving services provided by their respective agency or where there may appear to be a personal financial gain from the provision of services.

Adoption to Convene to Closed Session: On motion duly made by Dawn Robbins and seconded by Mark Gleason, the CPMT voted unanimously to go into Closed Session to discuss cases and

business matters confidential by law as permitted by Section §2.2-3711 (A) (4) and (15) and in accordance with the provisions of 2.2-5210 of the Code of Virginia.

- Account of Closed Session:
 1. Client use of CSA funds when private insurance is available.
 2. CPMT Private Provider Vacancy Applications

Adoption of Motion to Come Out of Closed Session: Mark Gleason made a motion to come out of Closed Session and reconvene in Open Session; Michele Sandy seconded; the CPMT approved.

Adoption of Motion: The Frederick County CPMT certifies that to the best of each CPMT member's knowledge (1) the only public business matters lawfully exempted from open meeting requirements and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

Jay Tibbs	Aye
Dana Bowman	Aye
Michele Sandy	Aye
Dawn Robbins	Aye
Mark Gleason	Aye
Tamara Green	Aye

- Mark Gleason made a motion to approve the case as discussed in Executive Session; Michele Sandy seconded; the CPMT approved.
- Mark Gleason made a motion to approve the CPMT Private Provider position as discussed in Executive Session; Dawn Robbins seconded; the CPMT approved.

Committee Member Announcements:

- Michele Sandy successfully defended her thesis and obtained her Doctorate in Education.

CSA Report: 2020 Pool Reimbursement: net expenditures were \$2,826,385.55 with a local match of \$1,138,808.63. June expenditures were \$243,893.71 approximately 7% of the budget. Of the 133-youth served to date, 19 have been in congregate care and 13 in a TFC. The remaining 101 youth have been served in the community.

Non-mandated/Protected Funds Budget: The CSA Coordinator summarized the non-mandated budget stating that \$34,011.00 is allocated annually. For FY20, \$28,457.42 has been spent and \$0.00 is currently encumbered. Currently there is \$5,553.58 remaining for FY20

Special Education Wrap Budget: Frederick County was initially allocated \$16,442.00, with additional allocations of \$45,631.63, \$89,743.45, and \$55,555.56 in SpEd wrap funds. To date, \$142,276.75 has been used and an additional \$28,307.00 encumbered.

Office Updates:

- High Fidelity WrapAround SOC Expansion Grant
 - The current grant year started on October 1, 2019. The goal for the year is 40 cases, the region has 20 cases. Of those, 12 are from Frederick, 2 from Warren, 5 from Winchester City, and 1 from Clarke.
- SOC Grant CANS Outcome Measures:
 - UMFS aggregated CANS data from grant funded Wrap Around services. The data presented to CPMT included the five grant sites in the state.
 - The following outcomes were compiled utilizing data obtained from clients where there were Initial through Discharge CANS completed:
 - § Within the Life Functioning Domain, the data showed a 21% improvement on Family (youth's perspective of familial identity) and 47% improvement on Social Functioning (social skills and appropriate interactions) items.
 - § Within the Child's Strength Domain, outcomes showed a 28% improvement on the Family item, a 47% improvement on the Interpersonal (social and relationship skills) item, and a 35% improvement on the Optimism (the youth's outlook on life) item.
 - § Under the Child Behavior/Emotional Needs Domain, data showed a 21% improvement in Depression, 23% Anxiety, and 23% Conduct.
 - § Parent/Caregiver Strengths/Need Domain presented a 42% improvement in Mental Health (the extent to which a parent's serious mental illness impacts their caregiving) and a 20% improvement in Family Stress (the impact of the managing child's behavior and emotional needs on the family's stress level).

Old Business:

- Strategic Plan Update- Goals: Tabled until further notice
- Families First Prevention Services Integration Model: Tabled until further notice
- EBP Regional Learning Collaborative: Tabled until further notice
- Discussion about Process by which Non-CSA youth can access funding
 - FCPS staff participated in the May meeting to discuss the process that caregivers experience when requesting CSA funds for youth not already involved in the CSA process. A subcommittee met a week after May's CPMT to discuss in further detail. The CSA Coordinator is awaiting information from Ben Thompson who should have it for the next CPMT meeting.
 - The CSA Coordinator will present a flowchart of the process, along with FCPS information for CPMT to review.

New Business:

- ICC/FSP Rate Structure:
 - Haven Mental Health requested to bundle ICC & FSP as grant ends and restructuring of services is required to continue availability in region. Bundling ICC and FSP is the

preferred method of service provision and DBHDS has been in discussion with Medicaid regarding the inclusion of the bundled service in the enhancements for reimbursement. Some agencies are already implementing this change.

- The bundled services would help the provider hire and retain staff for the position, ensuring more consistency for families and better outcomes.
- Other states that provide the service, including the state that trained VA in its provision, bundles the service.
- Bundled services give more of an appearance of an allegiance between the ICC worker and FSP worker. It models an example of the team working together, seeing each other as equal partners, and discourages splitting among providers. Initially, the Commonwealth chose not to bundle the service because securing family support partners in many regions was difficult.
- Provides for a “cleaner” initiation of services with both starting together vs separately, offering a smoother, more positive experience for the family.
- CPMT was cautious in considering the bundled service because of concerns that allowing providers to bundle this service might open the desire for vendors to bundle other services.
 - § Policy language may be considered to make the bundling specific to ICC and FSP services.
 - § CPMT requested more information about the benefits to bundling the service other than staff retention and how sustainable success can be ensured by bundling the service to make a final decision.

- Mentoring Discussion

- Frederick County does not currently have any parameters in the delivery of mentoring services, leading to a lack of consistency with service provision including the following:
 - Purpose/definition of Mentoring
 - Service Expectations/reasons for extension
 - Length of service
 - Individual vs group
- CPMT requested more information from the CSA Coordinator.
 - Mark Gleason offered information from Warren County’s mentoring program and its successful operation. This information would be helpful to compare to other localities expectations and successes.
 - Michele Sandy requested additional information about measurable outcomes. It was presented to CPMT that a mentor is useful for creating social relationships and while the mentor-youth relationship is important, questions were raised regarding a sustainability plan using natural support. She specifically requested information on what is being used to measure outcomes.

- Administrative Memo #20-03

- Provides notification of deadline for submission to receive FY20 Administrative Budget Plan.
- Provides amounts of FY21 Administrative Budget Plan to localities. Frederick County will receive \$28,541.00, a \$2.00 increase over FY20.
- FY21 request can be submitted as early as July 8, 2020.
- Administrative Memo #20-04
 - Provides notification of deadline for submission of year end FY20 expenditures
 - Provides amounts of FY21 Base Pool Allocation, FY21 SpEd Wrap Allocation, and FY21 Protected Funds Allocation
 - Base Pool Allocation- \$3,635,166.00
 - SpEd Wrap Allocation- \$72,015.00
 - Protected Funds- \$60,180.00
 - § Protected Funds (aka Non-Mandated Funds) have been reported in a different format this year providing Frederick County with some positive news. In the past, it was understood that the \$34,011.00 allotted was the total amount. Based on the new reporting format, the CSA Coordinator learned that \$34,011.00 was the State share \$26,169.00 was included for the Local Match, totaling \$60,180.00 for FY21.
- Provides notification of opening FY21 reporting system.
- FY21 Vendor Contracts: Approval needed for FY21 contracts requesting increases over 3% for non PDS rates. PDS rates capped by the General Assembly at 2%.
 - CPMT was presented with all vendors who requested rates above 3%. The members decided to have the CSA Coordinator notify each vendor over 3% with a letter requesting they cap the increase at 3%,
 - § Vendors who agree will have their rate sheets edited by the CSA Account Specialist for services through FY21.
 - § Vendors who disagree will return to CPMT for review and determination of termination of the contract.

Review Assigned Tasks:

- The CSA Coordinator will send vendors who are above the 3% threshold a letter to request a 3% cap from the previous year.
- The CSA Coordinator will open a conversation about mentoring about appropriate time frames and how-to best measure outcomes.
- The CSA Coordinator will get more information about the ICC and FSP bundled rate

Next Meeting: The next CPMT meeting is Monday, July 27th, 2020 at 1:00 p.m. via Webex or in the First Floor Conference Room in the Frederick County Government Offices Administration Building.

Adjournment: Mark Gleason made a motion to adjourn; Michele Sandy seconded; the CPMT approved. The meeting was adjourned at 2:26 pm.

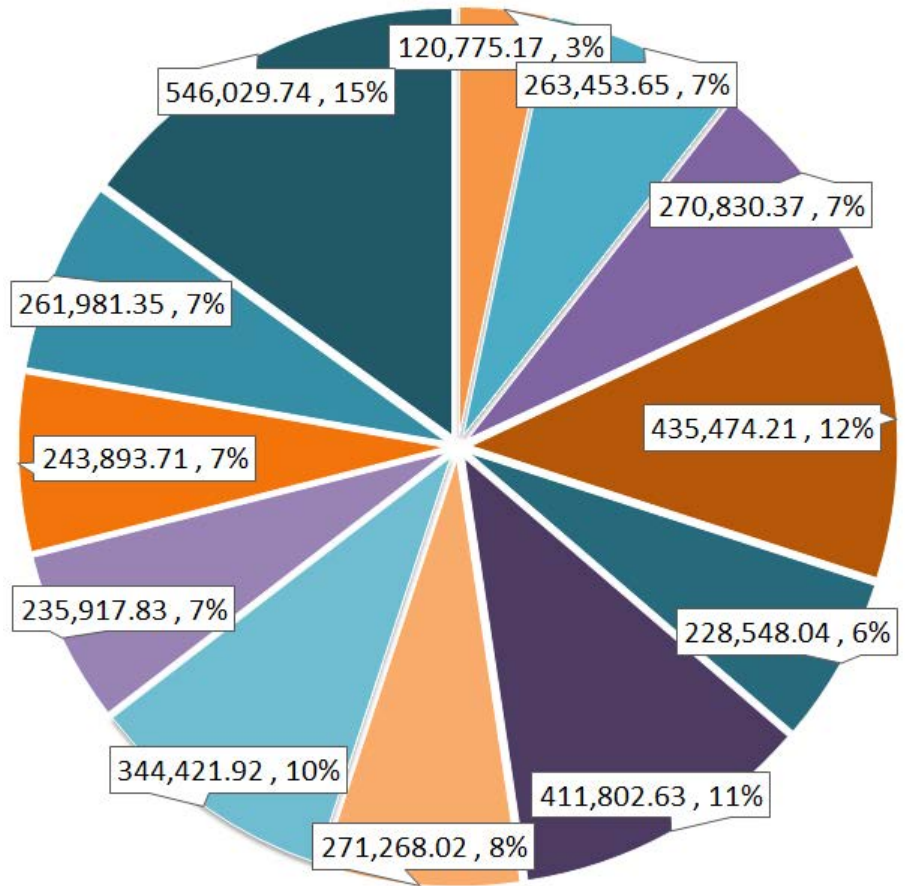
Minutes Completed By: Brittany Brewer



Frederick County CSA Financial Update: June 2020

of Reports Submitted: 11

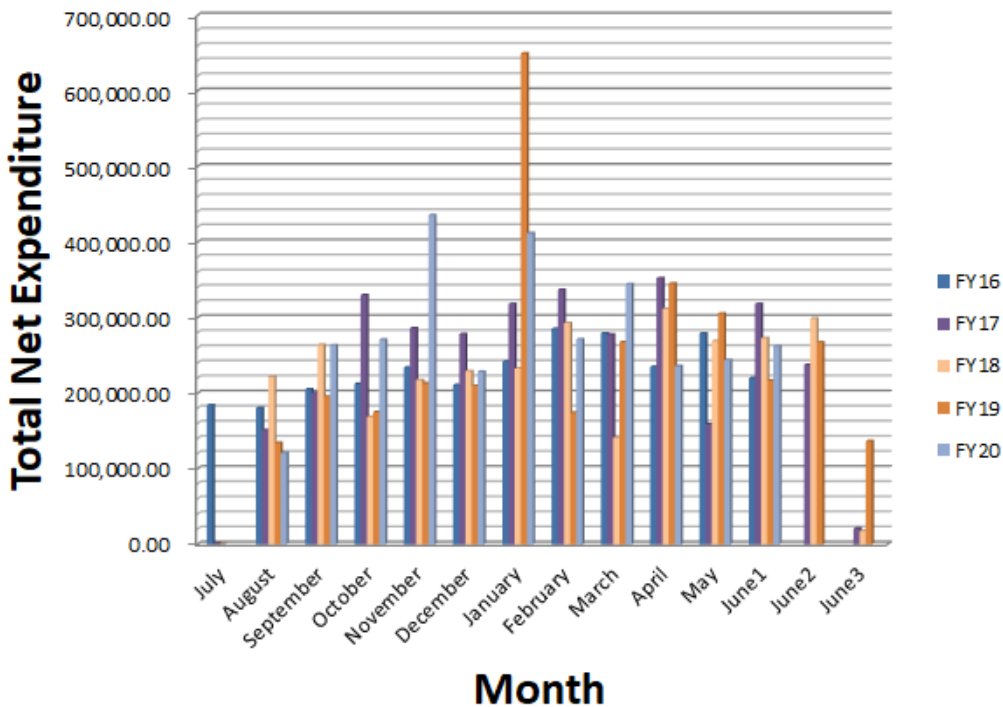
% Used of Total Allocation



YTD Total Net Spent with Wrap:
\$3,088,366.90

YTD Local Net:
\$1,245,271.73

Remaining w/o Wrap: \$497,696.35



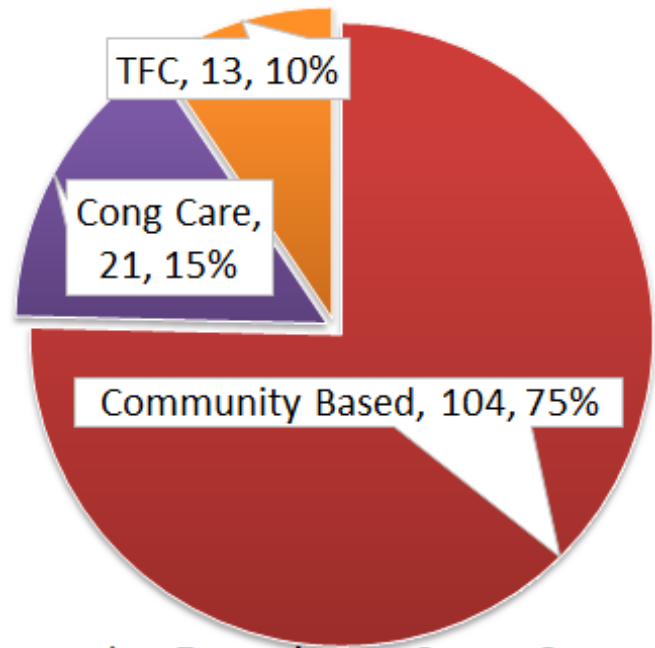
HFW Wrap Expansion Grant

Updates:

Grant Year 4:

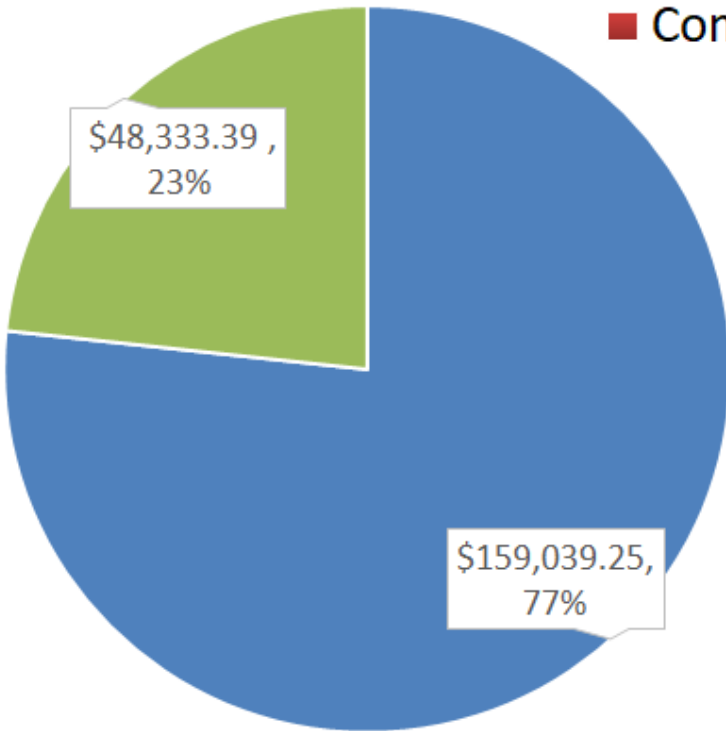
- 20 of 40 Required Referrals
- 12 from Frederick, 2 from Warren, 5 from Winchester, & 1 from Clarke

Placement Environment



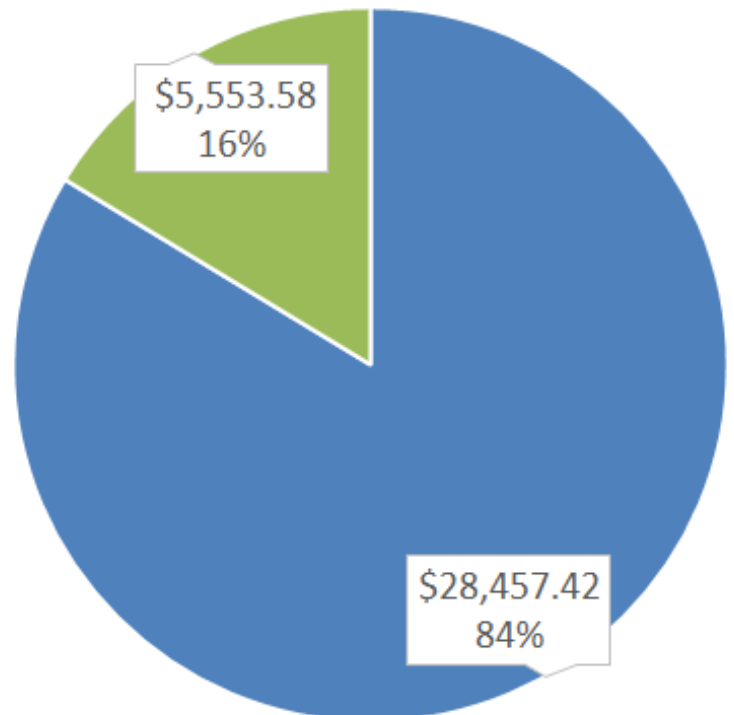
■ Community Based ■ Cong Care ■ TFC

SpEd Wrap



Unduplicated Child Count Served to Date: 138

Protected Funds



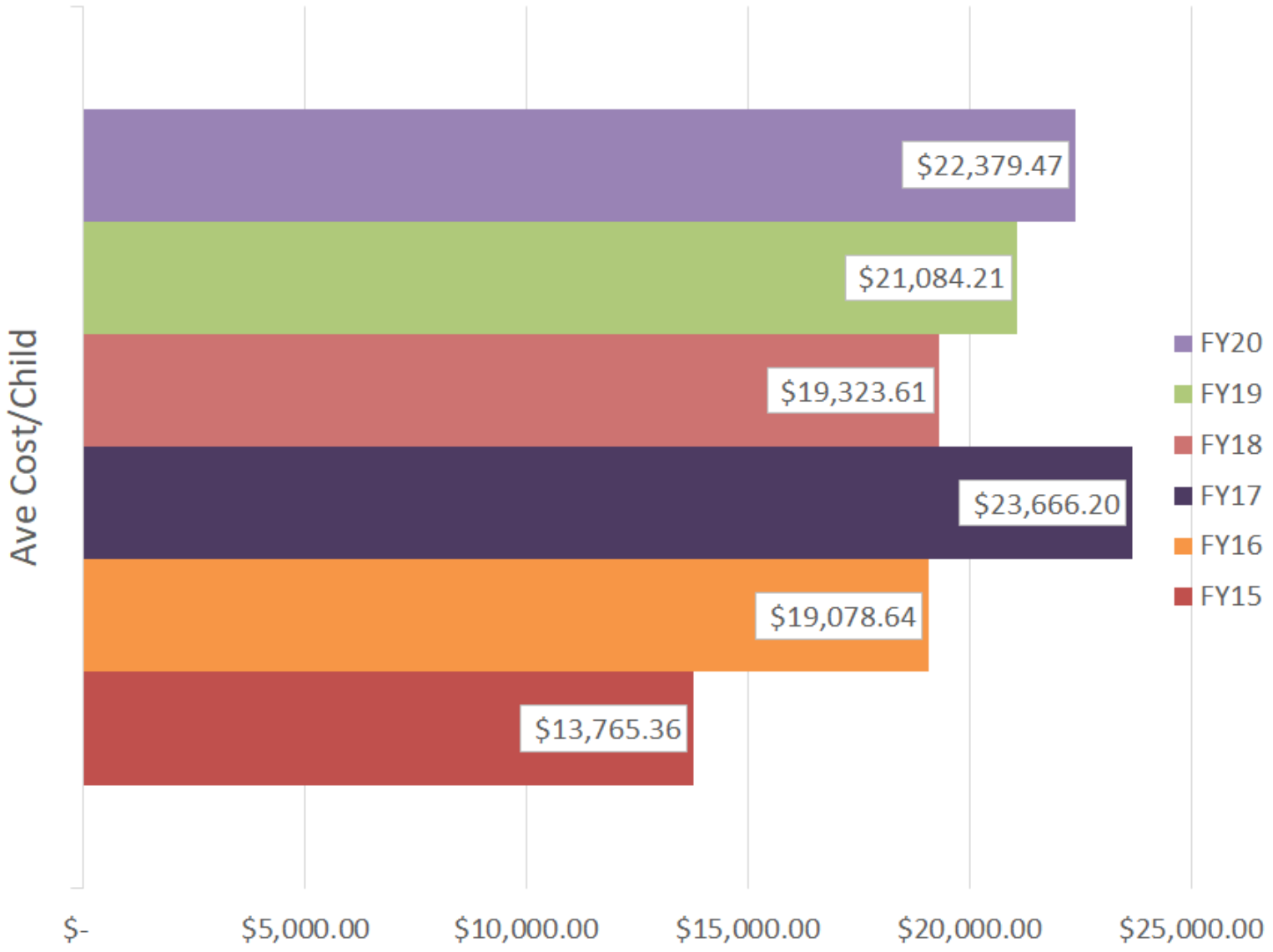
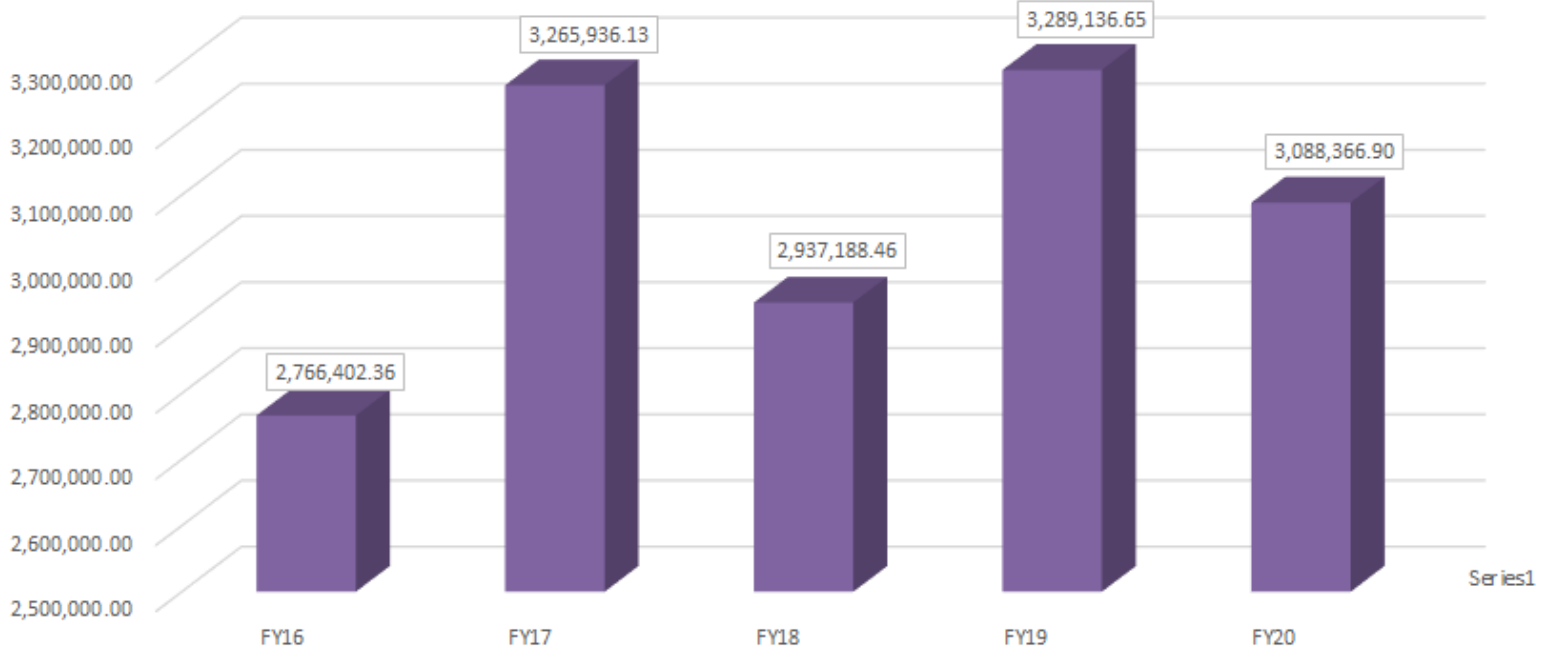
Initial SpEd Wrap Allocation
\$16,442.00

SpEd Wrap Encumbered:
\$6,825.00

Addt SpEd Wrap:
\$45,631.63
\$89,743.45
\$55,555.56

NonMandated Encumbered:
\$0.00

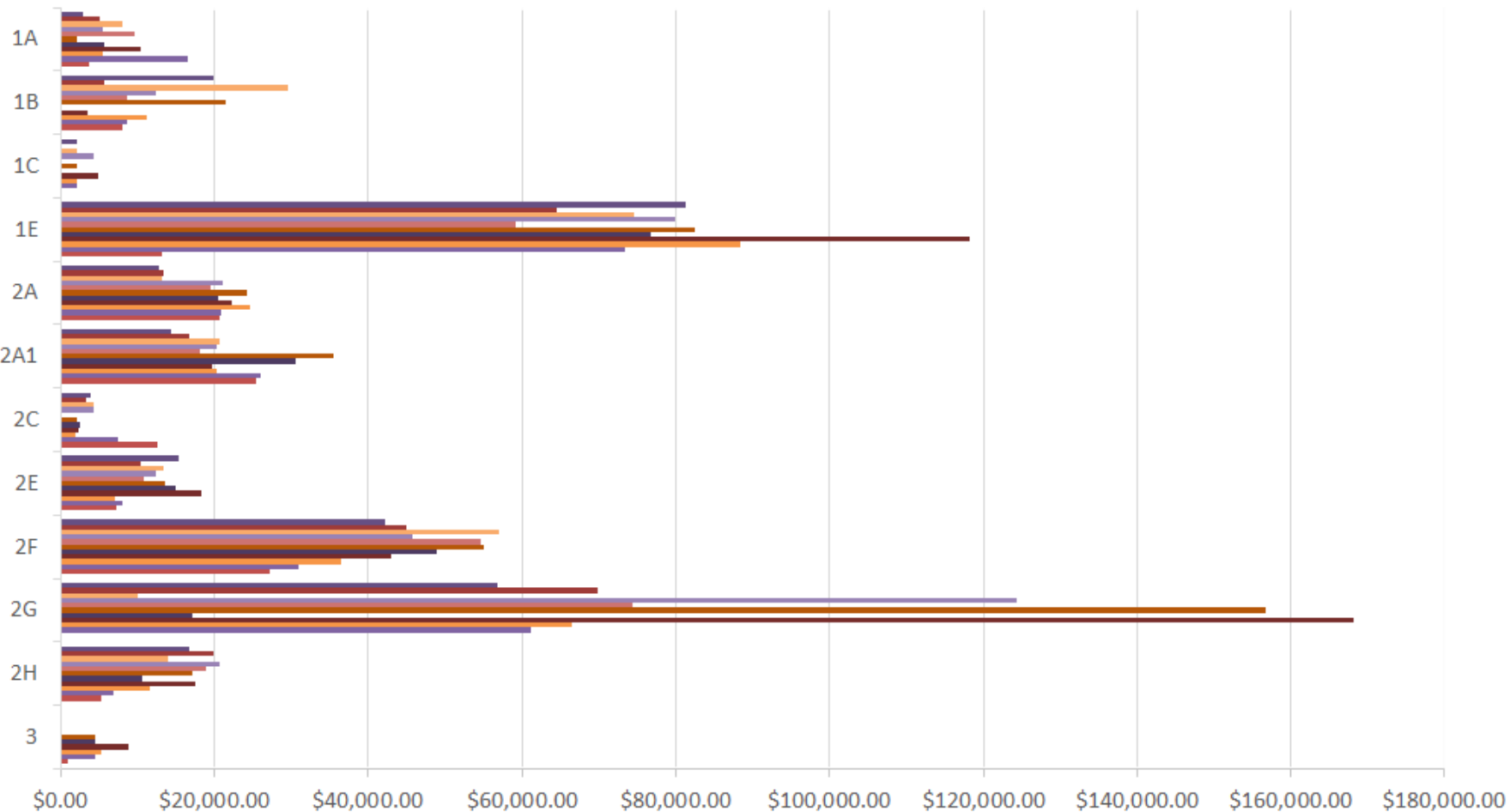
Expenditure Trends



Monthly Spending by Primary Mandate Type

Values

- June
- May
- April
- March
- February
- January
- December
- November
- October
- September
- August



Primary Mandate Types (PMT):

- 1A- IV-E Congregate Care
- 1B- Non IV-E Congregate Care
- 1C- Parental Agreement Congregate Care

*PMTs from 1A-1C do not include Daily Education payment of congregare care placements

1E- Residential Education

*Includes all services for RTC IEP and Education only for all other RTC placements

- 2A- IV-E Treatment Foster Home
- 2A1- Non IV-E Treatment Foster Home
- 2A2- Parental Agreement Treatment Foster Home

2C- IV-E Community Based Services

*Only for youth placed in CFW Foster Homes

2E- Maintenance and Other Services

*Only Basic Maintenance and Daycare for youth in Foster Care

2F- Non IV-E Community Based Services

*Includes Daycare for youth not in Foster Care or IV-E CBS for youth placed in TFC or Cong Care

3- Protected Funds

*NonMandated



RATIONALE FOR BUNDLED SERVICES FOR HIGH FIDELITY WRAPAROUND ICC/FSP

This fiscal year Haven Mental Health Center is proud to begin offering Intensive Care Coordination (ICC) along with Family Support Partner Services (FSP). The agency began providing ICC three years ago after being trained in the model through the systems of care grant in Virginia. This service has proven to be one of the most effective ways of serving families this writer and this agency has ever provided over the past 23 years. The FSP portion of the model was provided through two other agencies during this period, and Haven Mental Health Center, Inc. (HMHC) worked very closely with the FSP personnel from United Methodist Family Services (UMFS). FSP services were not offered through HMHC during the period of the grant because there was no need to do so with UMFS providing such a good quality service. With the end of the grant nearing (October 1, 2020) we decided here at HMHC to offer FSP services to help ensure sustainability of the service after the grant ends.

In looking at how to make the model work most effectively for families, agencies that contract for it, the community in general, as well as HMHC, it was decided to offer the services as a bundled service with one cost for both ICC and FSP. Currently ICC in this area costs one \$1000.00 per month. This is the rate being charged by many areas in the state and falls in the norm as far as cost goes when compared to other areas. FSP is offered at an hourly rate of fifty to fifty-two dollars an hour in this area as well as across the state. Typically, each budget request for FSP services is done at twenty-five hours per month, for a cost of roughly \$1275.00 per month. Together the cost for ICC and FSP together is budgeted at \$2275.00 per month.

HMHC is offering these services at a bundled rate of \$1900.00 per month. There are many reasons for doing this, but the key points fall into two main areas:

First, the agency will be offering the Family Support Staff a set payrate per family they work with. Although this is not technically a salary for staff, it acts as such and provides a great deal of stability for the FSP staff with regard to income. This in turn helps with one of the most important issues and potential problems for community-based services, that being the issue of turnover of staff. It has been my experience over the past 23 years that turnover of staff is one of the biggest, if not the biggest issue with community-based services. Staff turnover happens for many reasons but being paid at an hourly rate is certainly one of the biggest contributors. By offering a set rate per family for staff, this helps eliminate this issue. With a reduction in staff turnover comes an increase in stability of the service, a higher quality provision of the service, and likely better outcomes for youth, families, case managers, and ultimately the communities that are paying for them.

Second, there is a cost savings for the local communities paying for the services. The bundled rate is a procured cost savings of \$375.00 per month. The question of course comes with regard to does an FSP always use all 25 hours and therefore incur the total cost on the budget. It is my experience over the



past three years that if an FSP works with a family a manner that meets the fidelity of the model they will absolutely use 25 hours per month. I believe one of the unintended consequences of the grant has been the fact that the grant supports the FSP staff with income that does not rely solely on staff billing for the service. Therefore, I believe the actual billed numbers for the grant period are likely low because of this. When I look back at the work done by the FSP staff over the course of the grant, I have no doubt that if they actually billed all the work they were doing it was close to 25 hours per month or more. With that in mind, if HMHC bills the service hourly and staff is reliant on hourly billing for income purposes, I believe an extremely high percentage of cases will hit the 25 hour per month allotted budget.

It has also been brought to my attention that there is a concern for communities and those fiscally responsible in making sure that if the service is offered and approved to be done in a bundled manner, that the two services remain distinct and separate, and that both are being done as they are meant to be aside from each other. HMHC has a plan to ensure this is accomplished.

Each ICC/FSP case will have a report each month that clearly outlines the work done by both services just like it is done now with the services being billed separately. A report is being developed that will not only describe the work of each service, but also how they worked together and supported one another. The report will have fidelity to the model markers each month. We are going to take the fidelity rubrics that are provided by the State of Virginia, as well as provided by the evidence-based models for the services, and incorporate them in the monthly reports. This will allow case managers and fiscally responsible entities to look at the work being done by each service and know if the work met the fidelity marker for the month, and if so how, and if not why. The report will very clearly indicate what each service is doing and if it is being done to fidelity. In addition, in the electronic medical record HMHC uses there will be two services assigned to each family that receives the service of ICC/FSP. Notes and other documentation will always be done separately for each service, ensuring there is a clear indication of the hours and work being done by each staff and each service. As with all services, if the fiscal agent wants to look at the hours or documentation for these services, they are always welcome to do so. Supervision and coaching will also take place for both services separately, helping to ensure the services do not get blurred or enmeshed as one.

Lastly, it has been the practice of HMHC since providing ICC over the last three years to bill services only if they were delivered. The way we have done this is if there is a week where services were not delivered for any reason (family not cooperating, staff unavailable) that week was not billed at the end of the month billing cycle. For ICC the monthly rate is \$1000.00 for the service. During weeks when the service has not been provided, we have deducted \$250.00 from the billed amount for the month. HMHC will continue to do this with the bundled services model as well. If services are not delivered, that period will be deducted from the end of month billing total. We are committed to providing a high-



quality evidence-based service to youth and families and the communities in which they live, in a cost effective manner.

If communities decide not to accept the service in a bundled format, HMHC will offer FSP at an hourly rate. The service has proven to be essential to the high-fidelity wraparound model, and it is our belief that despite how it is paid for, it is a critical piece in working with youth and families.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Chris Rousseau".

Christian Rousseau, President
Haven Mental Health Center, Inc.

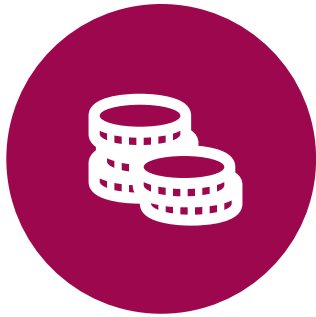


HIGH FIDELITY WRAPAROUND

Frederick County CSA

An Argument for Bundled Services

3 C'S OF THE HFW PACKAGE



***COST
EFFECTIVE***



***CONSISTENCY
OF SERVICE***



***COHESIVE
PLANNING***



EVIDENCE BASED

THEORY OF CHANGE

- Replicate results
- Evidenced based models typically have a theory of change.

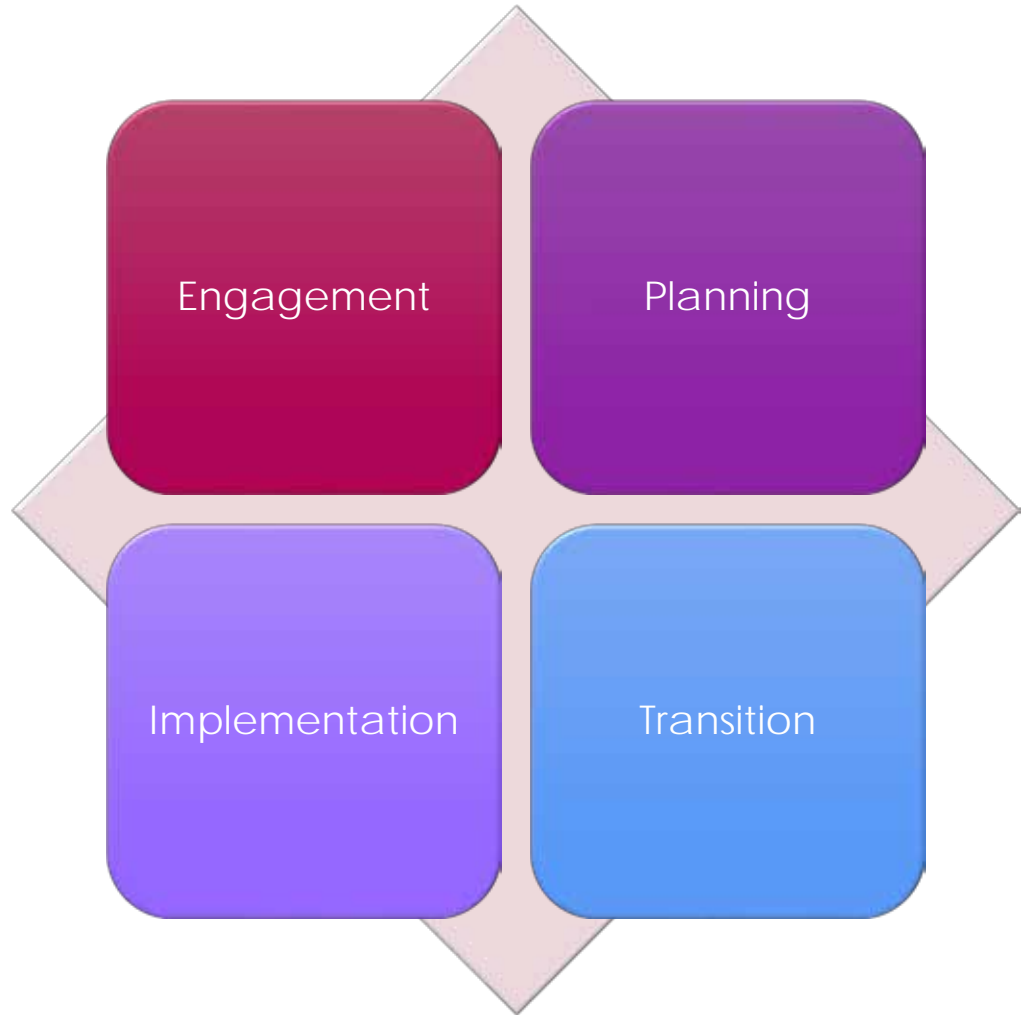
- Therapy is one avenue to improved mental well being but there are many avenues. HFW is not a clinical service but can be a very therapeutic process for families. The point of HFW is to explore with families their avenue to improving the functioning, mental well being, etc. for their family.

MODEL DESCRIPTION

The State Executive Council (SEC) requires that all ICC services be delivered through the High Fidelity Wraparound (HFW) model. HFW is an evidenced-informed practice grounded in System of Care values:

- Individualized and family and youth driven services
- Strengths-based practice
- Reliance on natural supports and building self-efficacy
- Team- based practice
- Outcomes-based service planning
- Cultural and linguistic competence

FOUR PHASES



10 GUIDING PRINCIPLES

Individualized

Community Based

Persistence

Team Based

Collaboration (and integration)

Family voice and choice

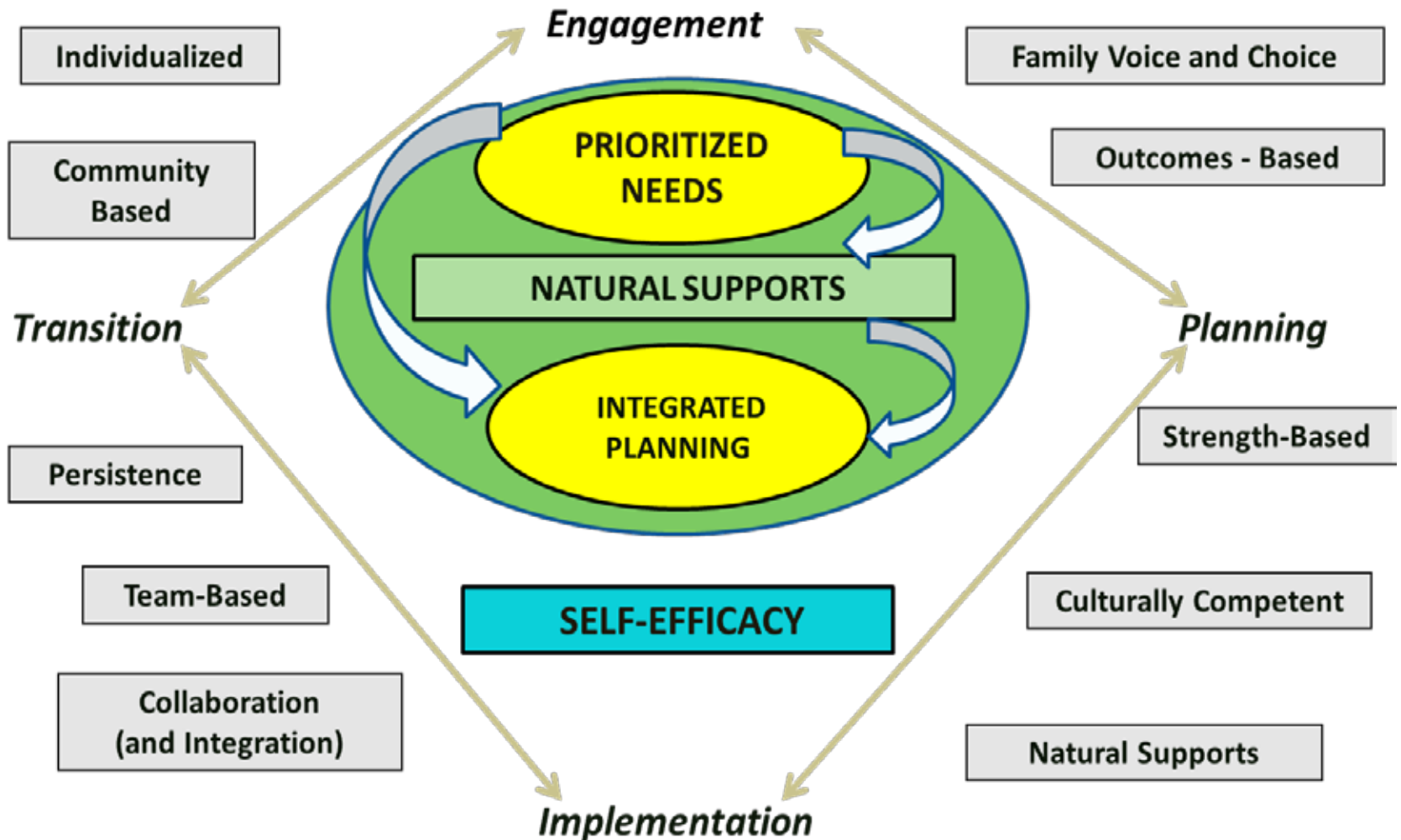
Outcome based

Strength based

Culturally competent

Natural Supports

THE MODEL



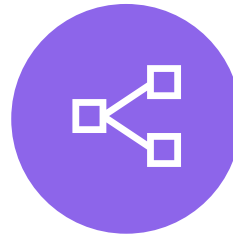
ROLES IN THE HFW WORKFORCE



INTENSIVE CARE
COORDINATOR (ICC)
OR FACILITATOR



FAMILY SUPPORT
PARTNER



YOUTH SUPPORT
PARTNER



HFW COACH



FACILITATOR (ICC)

Coordinates the work of system partners and other natural supports so there is one coordinated plan:

Have scripted and monitored HFW expectations

- Orientation Meeting
- Discovery
- Crisis Plans
- Action Plans
- Transition Plans

FAMILY SUPPORT PARTNER (FSP) AND YOUTH SUPPORT PARTNER

Two support partners each with lived experience best suited to assist the family and youth will provide services to each family.

- One will focus on the support and advocacy for the parents/guardians
- One will focus on the support and advocacy of the youth/children
- Follow HFW expectations
- Work collaboratively with Facilitator



HFW COACH

The Coach is an additional support and works closely with the ICC facilitator, the FSP and the YSP in order to:

- **Monitor fidelity**
- **Quality Assurance**
- **Mentoring professional development plans**
- **Improve skills of the HFW process using a specific coaching model based on adult learning**

BILLABLE ACTIVITIES:

ICC/FSP/YSP/Coach:

- Direct time with the family (phone, emails, face to face, meetings, court, virtual meetings, FAPT, etc.)
- Direct time with natural supports or formal supports
- Drive time out of the catchment area for children in placements out of Frederick County
- Child and Family Team Meetings, Crisis Prevention Planning Meetings, Transition Meetings
- Indirect time spent on HFW specific tasks (Discovery writing, action plans, completing action steps from plans, transition planning, preparing for HFW meetings, etc.)

TIME COMMITMENT

Intensive Care Coordinator: Approx. 8-10 hours per month

Family Support Partner: Approx. 20-25 hours per month

Youth Support Partner: Approx. 15-20 hours per month

Coach or Coach in Training: Approx. 2-4 hours per month

**Consistency of services- Multiple staff checking in regularly with youth/family keeps services moving forward if one of them is out sick or on vacation, etc.*

CONGREGATE CARE COSTS:

Placement	Combined RTC	Daily Education	Total Daily Cost	Monthly Cost
North Spring	\$393.50	\$181.50	\$575.00	\$15,798.00
Grafton	\$414.04	\$260.00	\$674.04	\$18,141.20
South Stone	\$393.50	\$181.00	\$574.50	\$15,787.00
Timber Ridge	\$393.50	\$225.20	\$618.70	\$ 16,759.40
VHBG	\$265.00	\$214.00	\$479.00	\$12,658.00
Kids in Focus	\$250.20	\$180.44	\$430.64	\$11,892.60
FreshStart	\$256.71	\$184.45	\$441.26	\$11,759.20

PRIVATE DAY PLACEMENT COSTS:

Private Day Placement	Daily Rate	Cost per Month (22 Days)
Grafton	\$277.75	\$6,110.50
Charterhouse	\$229.93	\$5,058.46
Timber Ridge	\$225.20	\$4,954.40
BREC	\$206.00	\$4,532.00

COSTS THROUGHOUT THE STATE:

Agency	ICC (Monthly)	FSP (Hourly)	Total (25hrs/mth)
UMFS	\$1,040.00	\$52.02	\$2,340.50
WCMHC	\$1,000.00	\$50.00	\$2,250.00
Fairfax/Falls Church	\$1,248.48	\$53.84	\$2594.48
Middle Peninsula Northern Neck CSB	\$1,900.00	Included	\$1,900.00



THINK ABOUT IT...

**Average MONTHLY cost of Residential Treatment Center:
\$14,685.05**

**Average MONTHLY cost of Private Day School Placement:
\$5,163.84**

**ICC=\$1,900.00
LOS 12-18 months**

ADDITIONAL BENEFITS

- FSP/YSP intentional and immediate focus on engaging natural supports
- FSP/YSP ability to do “truth speaking” with the family. This can help the family and youth become invested in the process faster (hopefully reducing the length of service delivery). This can also help improve cohesive planning.
- Clear division of roles- the ICC will no longer get stuck in the position of being facilitator in one place and advocate in another.

BENEFITS OF COHESIVE PLANNING

- Organized, intentional work
- Operating from the same plan
- Division of responsibility
- Less overwhelming for the family
- Intensive Care Coordination meetings are run in a manner in which skills are transferred to families enabling them to continue brainstorming, problem solving, and maintaining self efficacy long after the service is terminated. In fact, by termination, families run their own meetings.



QUESTIONS

Jackie Jury, LPC
CSA Coordinator
540-722-8395
jjury@fcva.us

CSA Parent Referral Workflow

Frederick County





Frederick County Public Schools

Assistant Director, Student Support Services

Ben Thompson
thompsob@fcpsk12.net

**TO: Community Policy and Management Team
Attention: Mark Gleason, CPMT Member**

FROM: Mr. Benjamin A. Thompson, Assistant Director of Student Support Services

**THROUGH: Dr. Albert L. Orndorff, Assistant Superintendent for Administration
Dr. James Angelo, Assistant Superintendent for Instruction
Ms. Teresa Ritenour, Director of Student Support Services**

SUBJECT: FAPT / CPMT Request

DATE: July 20, 2020

Per our previous conversation please accept this correspondence in consideration of current FAPT/CPMT policies to address the following concerns as brought to your attention during the May 27, 2020 CPMT meeting.

1. Upon community notification of a youth being discharged from an acute or long-term residential placement, with a recommendation for additional residential treatment, consider a policy that allows for review of the recommendation prior to the youth being discharged to determine if the youth is eligible for CSA funding.
2. Review the current process for documentation (email phone calls, etc.) of parent referrals.
3. Consider adding explicit language in the parent portal and in some other written form notifying the parent of the specific documentation and due date that is required for the FAPT eligibility meeting.
4. In the event that a youth does not have an assigned case manager, consider allowing the school division to case manage the youth until an appropriate case manager can be assigned.

Additionally, the school division is requesting a broader community task force be assembled to gain additional feedback so that we are able to better support the needs of children in Frederick County. This may include parents, children, Northwestern CSB, court services, FCPS, FCSO, DSS and private providers. Further, FCPS is willing to organize and host this task force if it is desired.