### Clarke County CPMT Agenda January 24, 2023 2:00 PM

### Clarke County Government Center 101 Chalmers Court Room AB, Berryville VA 22611

#### **OPEN SESSION**

- 1. Approve minutes from December 14, 2022
- 2. Adopt meeting schedule for 2023
- 3. DBDHS memo on bed reporting
- 4. BOS CSA presentation
- 5. Financial December payment report

### **CLOSED SESSION**

Consent Agenda: 4 cases, non-funded FAPT case review

Next Meeting: Febrauary 28, 2023

# CLARKE COUNTY CPMT MEETING MINUTES December 14, 2022

**Attendees** 

Katherine Webster CSA Coordinator
Leea Shirley VDH Representative
Denise Acker CSB Representative

Tavan Mair Private Provider Representative
Jennifer Parker DSS Representative and CPMT Chair

Jerry Stollings CSU Representative

**Absent** 

Frank Moore CCPS Representative CPMT Vice Chair

Terri Catlett BOS Representative

Jen called the meeting to order at 1:04 p.m. The meeting was conducted in person at the Clarke County Department of Social Services, with Jerry joining virtually.

#### **Old Business:**

Leea made a motion to approve the minutes from November; Denise seconded the motion. Jen abstained as she was absent at the November meeting.

#### **New Business:**

- 1. Katherine reviewed the rotating chairperson list for CPMT. As previously agreed, CCPS will chair CPMT for 2023 and CSU will act as vice-chair.
- 2. The team reviewed a summary from a workgroup that focused on integrating VDOE and CSA funds for youth receiving services in private day and residential facilities. There was a discussion about the implications of the workgroup's recommendations, including the impact on agencies represented at CPMT. Katherine will gather more information from OCS as it comes out and bring it to future CPMT meetings.

#### **Financial Update:**

The payment report from November were reviewed. There were no questions about the report.

#### **Closed Session:**

See attachment A for completed form detailing the motion to enter closed session, vote on the items discussed, and certify the discussion in closed session.

#### **Consent Agenda**:

The consent agenda with 9 cases was reviewed. Denise made a motion to leave closed session and Leea seconded.

Next meeting: January 24, 2023

#### MOTION TO CONDUCT A CLOSED MEETING

I move that the Clarke County Community Policy and Management Team conduct a closed meeting in accordance with §2.2-3711 A of the Code of Virginia for the purposes of:

2.2-3711.A (4) – The protection of the privacy of individuals in personal matters not related to public business.

The subject matter of the closed meeting will be:

1. Case Review (active and recent).

### RECORD OF VOTE AS TO THE AFORESAID MOTION

|                 |           |        | ABSEN I/ |     | ·   |
|-----------------|-----------|--------|----------|-----|-----|
|                 | MOTION BY | SECOND | ABSTAIN  | AYE | NAY |
| Denise Acker    |           |        | ,        | 1   |     |
| Jerry Stollings |           |        |          | レ   |     |
| Jennifer Parker | V         |        |          |     |     |
| Terri Catlett   |           |        | <b>✓</b> |     |     |
| Leea Shirley    | ·         | V      |          |     |     |
| Frank Moore     |           |        | /        |     |     |
| Tavan Mair      |           |        |          |     |     |
|                 |           |        |          |     |     |
|                 |           |        |          |     |     |

#### CERTIFICATE

Do each of you certify that to the best of your knowledge only public business matters lawfully exempted from the open meeting requirements of the Virginia Freedom of Information Act, and only such public business matters as were identified in the motion by which the closed meeting was convened, were heard, discussed or considered by the Community Policy and Management Team in the closed meeting?

|                 | AYE NAY  | ABSENT | REASON FOR NAY VOTE |
|-----------------|----------|--------|---------------------|
| Denise Acker    | <b>✓</b> |        |                     |
| Jerry Stollings |          |        |                     |
| Jennifer Parker |          |        |                     |
| Terri Catlett   |          | /      | •                   |
| Leea Shirley    |          |        |                     |
| Frank Moore     |          | ✓      |                     |
| Tavan Mair      |          |        |                     |
|                 |          |        |                     |
|                 |          |        |                     |

| The aforesaid Motion and Certificate | were adopted in open meeting at a public meeting held on          |
|--------------------------------------|---|
| Mchmpw 14, 2022                      | of the Clarke County Community Policy and Management Team         |
|                                      | Certificate was adopted immediately after the closed meeting at a |
| reconvened open meeting.             |   |
| Somewill Parker                      | 11/14/2022  |
| Allillous Trus have                  | // //4// / / .  |

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### COMMONWEALTH of VIRGINIA

NELSON SMITH COMMISSIONER

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Telephone (804) 786-3921

Fax (804) 371-6638

www.dbhds.virginia.gov

Post Office Box 1797 Richmond, Virginia 23218-1797

December 19, 2022

Community Services Boards and Community Policy and Management Teams

Dear Partners,

This memo is to provide an update for Community Policy and Management Teams (CPMTs) and Community Services Boards on the Acute and Residential Reporting Forms for children and adolescents. This reporting is required by the Code of Virginia (§ 37.2-507, § 37.2-308). The information requested and the submission process for this report has been updated. Please read the entire memo for new reporting directions.

#### Directions for Acute Care Reporting:

- 1. A form must be completed whenever a CSB/CPMT member is aware a child or adolescent requires admission to an inpatient acute care facility, but admission is not obtained. A form may be completed immediately after the incident and at minimum shall be reported by the 10<sup>th</sup> day after the end of the quarter.
  - a. If the local CSB/BHA Emergency Services was not involved during the process (likely applies to voluntary youth only) then the CSB/CPMT member, based on local CPMT policy, will submit an Acute Care and Residential Treatment Report Form found here: <u>Acute and Residential Treatment Report Form</u>
    - i. When prompted enter your email address, your agency, all required information, and select acute care as the type of admission sought.
    - ii. Once all the required domains have been completed, hit submit on the Acute Care and Residential Treatment Report Form.
- 2. The above form **should not** be completed if the CSB/BHA Emergency Services is involved with the youth/adolescent.
  - a. If the CSB Emergency Services was involved during the process of seeking inpatient acute care, then the CSB Emergency Services staff will follow their CSB protocol and policies for submitting the report via the ES Exceptions Form. If ES was involved and completed the ES Exceptions Form, there is no need to complete the Acute and Residential Treatment Report Form.
  - b. Local policies should address how to determine if Emergency Services was involved and who is responsible for reporting on the youth.

#### **Directions for Residential Treatment Reporting:**

1. A form must be completed whenever a CSB/CPMT member is aware a child or adolescent requires admission to a residential treatment facility, but admission was not obtained in 30 days

- of the request for admission. A form may be completed immediately after the incident and at minimum shall be reported by the 10<sup>th</sup> day after the end of the quarter.
- 2. The Acute Care and Residential Treatment Report Form can be found here: <u>Acute and Residential Treatment Report Form</u>
  - a. When prompted enter your email address, your agency, all required information, and select residential treatment as the type of admission sought.
  - b. Once all the required domains have been completed, hit submit on the Acute Care and Residential Treatment Report Form.

Each locality should consider how the new format for reporting impacts current policy and procedures around completing these reports and update the policies and procedures accordingly to ensure timely submission of incidents and prevent duplication of submissions.

Any questions on the new reporting format can be sent to Karen Grabowski at k.grabowski@dbhds.virginia.gov.

Sincerely,

Nina Marino, MSW, LCSW

M. Mc, LCSW

Director, Office of Child and Family Services Division of Community Behavioral Health

Cc: Karen Grabowski, LPC Child and Adolescent Program Specialist

Bill Howard, LCSW Acting Assistant Commissioner Crisis Services



## State Structure of CSA

State Executive Council for Children's Services (SEC) State and Local Advisory Team (SLAT)

Office of Children's Services (OCS)



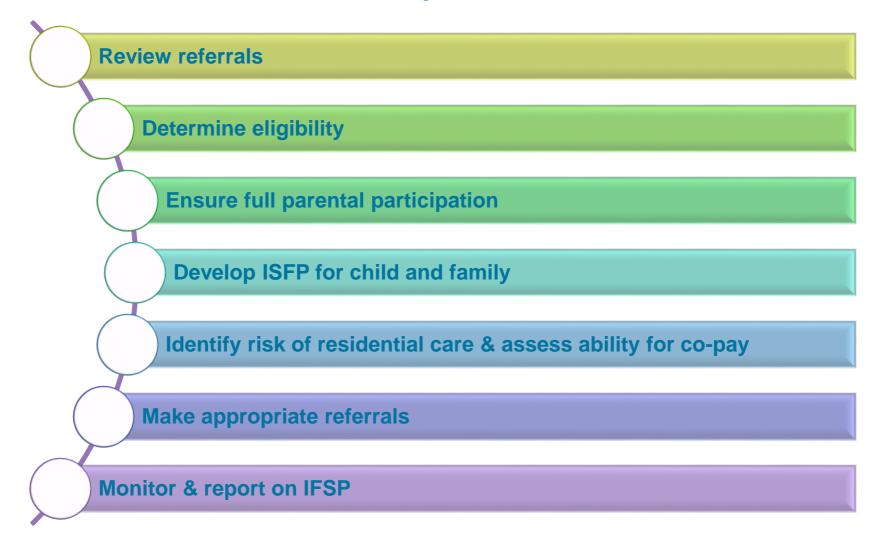


## **Local Structure of CSA**





# **Review: FAPT Roles & Responsibilities**





# **CPMT: Major Areas of Responsibility**



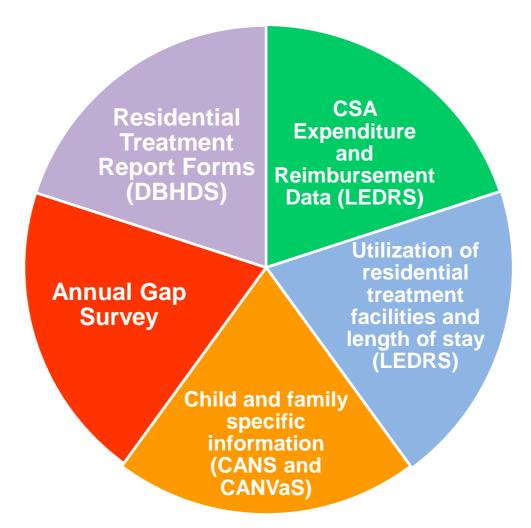


# **Strategic Planning**





# **Data Collection and Reporting**



## Clarke County CSA Coordinator: Roles & Responsibilities

- \* Facilitate FAPT and CPMT meetings for 2-6 hours per meeting 3x per month
- \* Prepare agendas, packets, minutes, and other relevant documentation for 3 monthly meetings
- \* Manage contracts with 45 vendors
- \* Provide CSA specific case management for approximately 30 families including regular utilization management and records review, communication with providers, and data analysis
- \* Complete monthly payment cycle in 3 software systems for 15-30 invoices totaling approximately \$40,000 per month
- \* Communicate with vendors, case managers, CSA team members, community partners, families via phone, text, email, and in-person
- \* Review relevant federal and state legislation and policy and disseminate to appropriate audiences
- \* Participate in yearly, quarterly, and monthly meetings and training sessions from OCS and state and local partners

### CSA Team Membership List 2023

## **FAPT**

| Name                        | Role                            |
|-----------------------------|---------------------------------|
| Michael "Toby" Austin       | DSS Representative              |
| Katie McComas               | CSU Representative              |
| Brad Williams, Timber Ridge | Private Provider Representative |
| Lauren Smith                | Northwestern CSB Representative |
| Kerry Desjardins            | CCPS Representative             |
| Tracy Smith                 | Parent Representative           |

### **CPMT**

| Name                              | Role                            |
|-----------------------------------|---------------------------------|
| Jennifer Parker                   | DSS Representative              |
| Jerry Stollings *vice chairperson | CSU Representative              |
| Tavan Mair, Connected Communities | Private Provider Representative |
| Denise Acker                      | Northwestern CSB Representative |
| Frank Moore *chairperson          | CCPS Representative             |
| VACANT                            | Parent Representative           |
| Terri Catlett                     | BOS Representative              |
| Leea Shirley                      | VDH Representaive               |

# Clarke CSA: Statistics

FYTD23

29

\$185,230

\$110,944

\$74,286

|                    | FY19      | FY20      | FY21      | FY22      |
|--------------------|-----------|-----------|-----------|-----------|
| Total Child Count  | 19        | 19        | 12        | 19        |
| Total Expenditures | \$139,199 | \$217,315 | \$105,331 | \$266,300 |
| State Funds        | \$72,384  | \$104,311 | \$50,558  | \$159,081 |
| Local Match 47.97% | \$66,815  | \$113,004 | \$54,773  | \$108,219 |

#### **EXPENDITURE REPORT**

Reporting Period: December 2022

### Print Download To Excel Export Data?

| PART | 1 - EXPENDITURE DESCRIPTION RE   | PORT      |             |         |                 |            |            |
|------|--|-----------|-------------|---------|-----------------|------------|------------|
|      | Expenditure Description  | MatchRate | Expenditure | Refunds | NetExpenditures | LocalShare | StateShare |
| 1a   | 1a - Foster Care - IV-E children<br>in Licensed Residential<br>Congregate Care; pool<br>expenditures for costs not<br>covered by IV-E (ie, non room-<br>and-board) | 0.5996    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 1b   | 1b - Foster Care - all others in<br>Licensed Residential Congregate<br>Care  | 0.5996    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 1c   | 1c - Residential Congregate<br>Care-CSA Parental Agreements ;<br>DSS Noncustodial Agreements   | 0.5996    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 1d   | 1d - Non-Mandated<br>Services/Residential/Congregate   | 0.5996    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 1e   | 1e - Educational Services -<br>Congregate Care   | 0.4797    | \$7,436.68  | \$0.00  | \$7,436.68      | \$3,567.38 | \$3,869.30 |
| 2a   | 2a - Treatment Foster Care - IV-<br>E  | 0.4797    | \$4,200.00  | \$0.00  | \$4,200.00      | \$2,014.74 | \$2,185.26 |
| 2a1  | 2a1 - Treatment Foster Care  | 0.4797    | \$356.14    | \$0.00  | \$356.14        | \$170.84   | \$185.30   |
| 2a2  | 2a2 - Treatment Foster Care -<br>CSA Parental Agreements ; DSS<br>Noncustodial Agreements  | 0.4797    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 2b   | 2b - Specialized Foster Care - IV-<br>E ; Community Based Services   | 0.4797    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 2b1  | 2b1 - Specialized Foster Care  | 0.4797    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 2c   | 2c - Family Foster Care - IV-E ;<br>Community Based Services   | 0.2399    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |
| 2d   | 2d - Family Foster Care<br>Maintenance only  | 0.4797    | \$0.00      | \$0.00  | \$0.00          | \$0.00     | \$0.00     |

| 2e  | 2e - Family Foster Care -<br>Children receiving maintenance<br>and basic activities<br>payments;independent living<br>stipend/arrangements | 0.4797 | \$831.69    | \$0.00   | \$831.69    | \$398.96    | \$432.73    |
|-----|--|--------|-------------|----------|-------------|-------------|-------------|
| 2e1 | 2e1 - State Kinship Guardianship   | 0.4797 | \$0.00      | \$0.00   | \$0.00      | \$0.00      | \$0.00      |
| 2e2 | 2e2 - Federal Kinship<br>Guardianship  | 0.4797 | \$0.00      | \$0.00   | \$0.00      | \$0.00      | \$0.00      |
| 2f  | 2f - Community - Based Services  | 0.2399 | \$14,703.40 | \$421.96 | \$14,281.44 | \$3,426.12  | \$10,855.32 |
| 2f1 | 2f1 - Community Transition<br>Services - Direct Family Services<br>to Transition from Residential to<br>Community                          | 0.2399 | \$0.00      | \$0.00   | \$0.00      | \$0.00      | \$0.00      |
| 2g  | 2g - Special Education Private<br>Day Placement  | 0.4797 | \$4,724.73  | \$0.00   | \$4,724.73  | \$2,266.45  | \$2,458.28  |
| 2h  | 2h - Wrap-Around Services for<br>Students With Disabilities  | 0.4797 | \$60.00     | \$0.00   | \$60.00     | \$28.78     | \$31.22     |
| 2i  | 2i - Psychiatric Hospitals/Crisis<br>Stabilization Units   | 0.4797 | \$0.00      | \$0.00   | \$0.00      | \$0.00      | \$0.00      |
| 3   | 3 - Non-Mandated<br>Services/Community-Based   | 0.2399 | \$0.00      | \$0.00   | \$0.00      | \$0.00      | \$0.00      |
|     | Total  |        | \$32,312.64 | \$421.96 | \$31,890.68 | \$11,873.27 | \$20,017.41 |

| Information regarding total expenditure refunds reported in Part 1, Line 4(c).                                      |      |          |
|---|------|----------|
| EXPENDITURE REFUND DESCRIPTION  | CODE | AMOUNT   |
| Child Support Collections through DCSE  | 40   | \$421.96 |
| Pool prior-reported expenditures re-claimed under IV-E  | 50   | \$0.00   |
| Other (Please specify):   | 90   | \$0.00   |
| TOTAL REFUNDS: Note: This total must agree with the GRAND TOTAL of all expenditure refunds Part 1, Line 4, Col (c). |      | \$421.96 |
| Vendor Refunds and Payment Cancellations  | 10   | \$0.00   |
| Parental Co-Payments  | 20   | \$0.00   |
| Payments made on behalf of the child (SSA, SSI, VA benefits)  | 30   | \$0.00   |