

CLARKE COUNTY CPMT MEETING MINUTES

December 21, 2023

Attendees

Nadia Acosta	CSA Coordinator
Jennifer Parker	DSS Representative
Frank Moore	CCPS Representative
Terri Catlett	BOS Representative
Jerry Stollings	CSU Representative and CPMT Chair
Tavan Mair	Private Provider Representative

Absent

Chris Bates	Parent Representative
Leea Shirley	VDH Representative and CPMT Vice Chair

Virtual

Denise Acker	CSB Representative
--------------	--------------------

Mr. Jerry Stollings called the meeting to order at 1:23PM. The meeting was conducted in person at the Clarke County Government Center. Mr. Stollings stated that the agenda would need to be amended to discuss FAPT virtual attendance. Ms. Jennifer Parker moved to amend the agenda, and Ms. Terri Catlett seconded. All members voted in favor.

Old Business:

1. Mr. Frank Moore made a motion to approve the November minutes. Mr. Tavan Mair seconded. All members voted in favor.
2. Ms. Parker brought up that she believed at the September CPMT meeting, it had been determined that FAPT members were required to attend in-person. Ms. Nadia Acosta explained that on the September minutes it was stated that it would be finalized in the October meeting, but due to the turnover of CSA Coordinators, FAPT in-person attendance had not been brought up in October. Mr. Stollings stated that the County Administrator, Mr. Chris Boies, had previously offered to give CPMT the county language around requiring in-person attendance for meetings. Ms. Parker stated that the Virginia Code stated that up to twenty-five percent of meetings could be missed. Ms. Terri Catlett stated that a quorum is achieved through physical attendance only, and that virtual attendance does not count towards a quorum. Ms. Denise Acker suggested that FAPT alternates be utilized to achieve physical attendance and the quorum if the original FAPT member was unable to attend. Ms. Acker made a motion that effective January 1, 2024, all FAPT members (including alternates) were required to attend all FAPT meetings in person; if an exception was warranted, the FAPT member's department head is required to give approval for virtual attendance. Mr. Frank Moore seconded the motion. All members voted in favor.

New Business:

1. Ms. Acosta reported that on December 14, 2023, the private provider representative to FAPT, Mr. Brad Williams, had resigned. Ms. Parker said that she would work on posting advertisements for a new private provider after the holidays.
2. The 2024 CPMT Schedule was reviewed. There were no questions from the team.

Financial Report:

November's financial report was met with no questions from the team. Ms. Acosta stated that due to the November holidays, most of November's payments had been delayed until December 15th, but that she would upload the new reports in a timely manner and the payments had been made.

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 5 cases was reviewed. Mr. Moore made a motion to approve all the cases as presented, and Ms. Parker seconded the motion. All members voted in favor.

Ms. Parker made a motion to adjourn the meeting, and Ms. Catlett seconded the motion.

Next meeting: January 24, 2024

Meeting adjourned at 2:44PM.

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

The Clarke County Community Policy and Management Team (also known as CPMT) believes the family and home community provide the best environments for raising children. The CPMT shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family-focused community based services. Our purpose is to preserve families and provide appropriate services while protecting the welfare of children and maintaining the safety of the public.

- I. The CMPT shall anticipate the number of children for whom such mandated services will be required and shall reserve from its state pool allocation such a sum as shall be sufficient to meet these needs. The Pool Funds can be used to provide services to children/youth and their families in the populations described below. Clarke County provides services for the non-mandated population, based on the funds provided by the State of Virginia and the Clarke County Board of Supervisors.

A. Eligible Population

In order to be eligible for funding for services through the state pool of funds, a youth or family with a child shall meet one or more of the criteria specified in subdivisions 1 through 5. Eligibility shall be determined through the use of a uniform assessment instrument and by policies of the CPMT.

For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services." [COV § 2.2-5212 B.](#)

1. The child or youth has emotional or behavior problems that:
 - a. have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted
 - b. are significantly disabling and are present in several community settings such as at home, in school or with peers; and
 - c. require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies
2. The child or youth has emotional and/or behavior problems, and currently is in, or is at imminent risk of entering purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.
3. The child or youth requires placement for purposes of special education in approved private school educational programs.
4. The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the CPMT and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by [§ 63.2-900](#). [COV § 2.2-5212 A.](#) This includes the CHINS Interagency Guidelines.
5. The child receives special education services within the public school and meets criteria for CSA wraparound services. The special education mandate may be utilized to fund non-residential services in the home or community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community or school setting.

B. Mandated Populations:

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

1. Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;" (Note: This includes only private day and private residential placements for the purpose of receiving a free and appropriate public education).
 2. Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;.
 3. Children for whom foster care services, as defined by (Code of Virginia) §63.2-905, are being provided to prevent foster care placements, and children entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction, or placed with a local department or public agency designated by the Community Policy Management through an agreement where custody is retained by the parent or prior custodian for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by (Code of Virginia) § 63.2-900;
 4. The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the community policy and management team and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by [§ 63.2-900](#). [COV § 2.2-5212](#). This includes the CHINS Interagency Guidelines.
 5. Children who receive special education services may utilize mandated funds for non-educational services identified in a FAPT Service Plan when the FAPT identifies that the services will prevent a more restrictive special education placement and the services are not in the IEP. The FAPT must document that the services are necessary to keep the child out of a more restrictive private special education placement. The FAPT should consider non-educational issues that may be impacting the student's performance in school and that interfere with the school's ability to meet the child's educational needs. The State of Virginia has capped the expenditures for Special Education Wrap-around services, and the locality shall not exceed its allocation.
- C. Targeted Populations: The targeted population is served through CSA Non-Mandated funds.
1. Children placed by a juvenile and domestic relations district court, in accordance with the provisions of [§16.1-286](#), in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of COV [§ 16.1-284](#).
 2. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance COV [§ 16.1-14](#).
 3. Children, as defined under Eligible Population, who have been assessed by the Family Assessment and Planning Team and are need of community-based services. These services are not necessary to prevent an out of home placement.
- II. The Family Assessment and Planning Team (also known as FAPT) , in accordance with [§ 2.2-2648](#), shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and shall identify and determine the complement of services required to meet these unique needs, [COV § 2.2-5208](#); with the exception of foster care maintenance, which includes the room and board, day care and transportation costs for foster care youth.
- III. The CSA pool is responsible to fund the following special education services:

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

- A. All services delineated in an IEP which specifies placement into a private day special education facility or a private residential facility.
 - B. The special education costs associated with the non-educational placement of a student with a disability into a private residential program by a participating CSA entity or CSA team (FAPT/MDT/CPMT)
 - C. Placement into a private school which is ordered by a hearing officer as a result of a due process hearing or which is part of a legally binding mediation agreement between a parent and school division
- IV. Local school divisions are responsible for payment of the following:
- A. All services specified in the IEP for students with disabilities who are served in the public schools
 - B. Evaluations to determine eligibility for special education and as required for re-evaluation of students with disabilities
 - C. Homebound instruction
 - D. Public school personnel necessary to implement the Standards of Quality and staffing requirements specified in the Regulations Governing Special Education Programs for Children with Disabilities in Virginia (including teachers and paraprofessionals), and staff necessary to provide services specified in a child's IEP when the child is served in the public schools
 - E. Regional special education programs costs
 - F. Tuition payments to another school division
 - G. Transportation costs necessary to implement IEP placements in private programs (i.e., private day and private residential placements)

V. Parental Co-Payments and CSA

As federal law requires that all special education services must be provided at no cost to parents. And no co-payment may be charged to a parent for any service specified on the IEP or otherwise provided as a requirement of a free appropriate public education. Thus, IEP services funded by CSA (i.e., private day and private residential services) are exempt from the parental co-payment. For a student with a disability placed into a residential program for non-educational reasons (e.g., by social services), the educational portion of the placement is exempt from the parental co-payment.

VI. Medicaid-Funded Residential Placements of Students with Disabilities

When a CSA team places a student with a disability into a residential treatment program and utilizes Medicaid funding for the treatment services, the cost for educational services is the responsibility of the CSA pool. In cases where there is Medicaid and the CSA policy of least restrictive has been met, the CPMT approval is contingent upon IACC approval.

If a student with a disability is placed into a residential program by his/her parents for non-educational reasons, the school division of the parent's residence is responsible for the provision of a free appropriate public education (FAPE). If the school division determines that a public school service (e.g., enrollment in the LEA where the residential program is located, homebound, etc.) is appropriate to meet the needs of the student, the school division is responsible for ensuring the delivery and funding of those services. If the school division determines that private day or private residential services are necessary to meet the needs of the student, and develops an IEP for those services, the services are funded by the CSA pool.

If a student without a disability is placed into a residential program by his/her parents for non-educational reasons, neither the local school division nor the CSA team have any obligation to pay for educational services.

VII. Wraparound Services for Students with Disabilities Funds

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

The special education mandate cited in [§2.2-5211 B1](#) may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting.

Pool funds are not an option for services provided in the public schools for the special education mandate. This policy does not preclude use of wrap around services to children who are in private day placements or those that are transitioning home from a residential setting. If the student has needs that arise from his/her disability that present challenges outside of the school setting, use of mandated funds is appropriate to assist the student and family as long as they are provided in the home and in the community and the purpose is to keep the child in or to return the child to a less restrictive setting. It also does not preclude using pool funds for services held on school grounds outside of the school day such as after-school programs.

VIII. In certain circumstances, CSA funds may be directly accessed to pay for services without prior assessment by the Family Assessment and Planning Team.

A. These circumstances include:

1. Children in educational residential or private day placement required by a current IEP provided the youth are assessed at the next scheduled FAPT meeting.
2. Children in need of emergency foster care placement provided youth are subsequently assessed at the next scheduled FAPT meeting.
3. Children in foster care with maintenance payments only.
4. Children who need emergency services to prevent an out of home or out of community placement can be approved until the next FAPT meeting for up to \$2500 in community-based services. The expenditures have to be approved using the Emergency Funding Request Form. The case would still come to FAPT and CPMT.
5. CSA state pool funds can be used to pay for "emergency" services for a period up to 14 days prior to the meeting of the FAPT and FAPT's subsequent approval of that service.

B. Agencies directly accessing funds from the state pool will report such expenditures monthly to the Community Policy and Management Team.

IX. In order to access services through CSA funds, children and families shall undergo a referral process.

A. Referrals may originate from public agencies serving on the CPMT and FAPT and from parents.

B. Cases that are transferred from other localities must be transferred not only through the CSA Coordinator but directly to all appropriate local agencies (i.e. school, DSS). The transfer case will not be accepted and put on the FAPT schedule without a case manager from the appropriate agency.

C. The Clarke County FAPT shall accept referrals from families. The CSA Coordinator will determine and document if the child is eligible for funding from the CSA Pool Funds. If eligible, the Coordinator will assign the child a time on the next regularly scheduled FAPT agenda. The members of the FAPT will assign the child and family a case manager.

D. All referrals shall be directed for coordination to the CSA Coordinator/FAPT Chairperson. A family/youth must have a case manager to come through the FAPT process (5/20/19).

E. The standardized referral packet will be used for all cases presented to the Family Assessment and Planning Team. The referral information shall be brought to the FAPT meeting and shall include:

1. The referring agency
2. Identifying data on the child and family
3. The presenting problem

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

4. Previous interventions
 5. Background information
 6. Strengths, interests and needs of the child and family
 7. A service plan
 8. A Child and Adolescent Needs and Strengths (CANS) is mandatory for accessing CSA funds. The initial CANS assessment is required when a case comes to FAPT and every year after that for as long as the service is in place. A discharge CANS is also required.
 9. Consent to Exchange Information
 10. A budget form
 11. Recovery of Funds form (as needed)
 12. A Division of Child Support Enforcement application (as needed for Non- Custodial Foster Care and Parental Agreements)
- F. A record of all referrals and disposition of them shall be kept in the office of the CSA Coordinator.
- G. Children and families shall be scheduled on the FAPT agenda, as soon as possible, not to exceed 30 calendar days from receipt of a completed referral packet.
- H. Complete FAPT paperwork must be submitted to the FAPT chairperson, by the Wednesday of the week before the FAPT meeting, or the case will not be put on the agenda.
- I. Effective January 1, 2024, all FAPT members (to include alternates as approved by CPMT) are required to attend all FAPT meetings in person. If an exception is warranted, the FAPT's member's department head/CPMT representative is required to give approval for virtual attendance.
- X. The FAPT shall provide for family participation in all aspects of assessment, planning and implementation of services [§2.2-2648](#)
- A. Families are to be fully involved in planning for their children whenever possible. Parents and/or legal guardians should attend FAPT meetings, especially the first meeting, unless there are extenuating circumstances prohibiting their attendance. On April 15, 2019, CPMT voted to make parent or legal guardian attendance at the initial FAPT meeting a requirement. The case may not be brought to FAPT without the parent participation either in person or via phone.
 - B. The referring agency staff person will provide for family participation, such as:
 1. scheduling meetings at times family members are available,
 2. providing for child care and transportation, as needed,
 3. assisting the family in identifying their strengths and asking what they believe their needs are,
 4. considering the input of family members,
 5. encouraging family members to include persons who have an important and/or helpful role and relationship to them, such as caregivers, providers, neighbors, professionals, extended family and non-relative supports
 - C. Parents/legal guardian shall be provided sufficient notice by the case manager of FAPT meetings during which their child will be assessed/discussed. The case manager will:
 1. explain the meeting's purpose, process and goal,
 2. encourage parents and youth to identify whom they wish to include as support persons,
 3. explain the responsibilities of the FAPT to the parents,
 4. explain the responsibilities parents and children have to the CSA system and to service

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

providers,

5. ensure understanding of the parameters of confidentiality during the FAPT meeting

- D. Parents/legal guardian shall be informed in writing by their case manager of their rights and responsibilities as part of the assessment planning process. Also, parents/legal guardians will be notified in writing of the appeal process for FAPT decisions. It is also important that families understand that each child serving agency has its own appeal process. Use of the CSA process in no way negates the use of the separate appeal process of another agency.
 - E. Parents/legal guardian and child shall be notified of the results of the FAPT process. Within **14** business days, the CSA Coordinator will send a letter, with a copy to the private provider, specifying the services approved (or not approved), the start date of services and the cost of services.
 - F. Information shall be provided in the parents'/legal guardians' native language or mode of communication.
 - G. As much as possible, the parents/legal guardian needs shall be accommodated regarding the meeting time/place of the FAPT.
 - H. Families shall contribute financially to the support of children as follows:
 - 1. Educational services required for children through an IEP are exempt from parental contribution. However, services for Special Education Wrap-around services not specified in a student's Individualized Educational Plan (IEP) will be subject to a parental contribution. The need for services must be documented in an IFSP or FAPT Assessment and Service Plan with specific goals and objectives for the provider delineated.
 - 2. Prior to entry into a residential facility through a Non-Custodial Foster Care or Parental Agreement, all forms from the Division of Child Support Enforcement shall be completed, if applicable.
 - 3. Families who receive community-based services to prevent an out of home placement or services paid with non-mandated funds will be assessed for their ability to contribute. The need for services must be documented in an IFSP or FAPT Assessment and Service Plan with specific goals and objectives for the provider delineated.
 - 4. Families will not have a parental co-payment for the first month of the delivery of CSA funded services. The case manager and parents must complete the Parental Co-Payment Initial Screening Form. If the family does not qualify for an exemption, the parental responsibility for community-based services shall be 3% of the family's monthly gross income, not to exceed the cost of services. **All congregate care placements must follow the Division of Child Support Enforcement process.** Parents are responsible for making payments directly to the private provider. If needed, parents may request a reduction in their co-payment. All reductions must be approved by the CPMT.
 - 5. Youth receiving a Fostering Futures Stipend will not be required to pay a co-payment for community based services. (Approved 8/20/2018)
 - 6. There is to be no co-payment required for drug testing (CPMT approved 10/21/19)
 - 7. Families with more than one child receiving community based services, will be assessed for a co-payment per child. (Approved 11/19/2018)
- XI. An Individual Family Service Plan, providing appropriate and cost effective services, shall be developed for youths and families assessed by the FAPT. [§2.2-2648](#)
- A. The family and FAPT shall act as partners throughout the assessment process. The FAPT should rely heavily on the strengths of the child and family, as well as, on the expertise of the service providers in the assessment process, in the development of goals and in the selection of appropriate services.

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

- B. In the event that a child is eligible for special education services and is also being staffed by a FAPT, every effort should be made to integrate the process of developing both the IEP and the IFSP.
- C. Preparation for Assessment
 - 1. The CSA Coordinator or FAPT chairperson shall schedule the dates for assessment and keep a master list of the schedule of FAPT meetings.
 - 2. The referring agency shall be responsible for case management services.
 - 3. The case manager shall notify the family, prepare them to attend the assessment meeting, and confirm the family's availability for the scheduled FAPT assessment.
 - 4. The case manager shall get release of information forms signed, and no information shall be presented for which a release cannot be obtained.
- D. Assessment procedure
 - 1. The agenda will be shared with the FAPT members prior to the meeting.
 - 3. The case manager shall present to FAPT information on persons to be assessed. If the case manager is not available, another agency representative or the CSA Coordinator may present the relevant information.
 - 3. Parents/legal guardians must participate in the assessment meeting.
- E. The Individual Family Service Plan should identify and document:
 - 1. Short-term and long-term goals
 - 2. Treatment modalities
 - 3. Designation of individuals or treatment providers responsible for providing FAPT approved services
 - 4. Timelines for accomplishing the goals.
 - 5. Projected cost of services

XIII. Children and families shall be referred to community agencies and resources in accordance with the Individual Family Services plans. [§2.2-5211](#)

- A. The case manager will oversee implementation of the IFSP and provide a written report to the FAPT.
- B. The CSA Coordinator will attend CPMT meetings to present the IFSP and budget for approval.

XIII. The Family Assessment and Planning Teams shall make recommendations to the Community Policy and Management Team regarding expenditures from CSA funds. [§2.2-5211](#)

- A. All recommendations for funding must be authorized by the CPMT. All expenditures must be reported to the CPMT on a monthly basis.
- B. Any recommendation for an IFSP purchased service over \$3500 per month must be approved by the CPMT. **(According to auditor, all expenditures must be authorized by CPMT prior to implementing the service.**
- C. Emergency approval for residential placements or services in excess of \$3500 per month must be obtained from the CPMT Chairperson.

XIV. Referring agencies shall obtain consent to exchange client information. [§2.2-5210](#).

- A. The "Uniform Consent to Exchange Information" developed by the Commonwealth's Attorney General shall be used.
- B. All public agencies that have served a family or treated a child who is referred to the Family Assessment and Planning Team shall provide information on the family.

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

- C. Every participating agency shall promptly release authorized information upon request of the Family Assessment and Planning Team.
 - D. Family Assessment and Planning Team meetings are not open to the public and all information about specific children and families obtained by team members shall be confidential.
 - E. Demographic, service and cost information on youths and families receiving services and funding through the Children's Services Act, which is of a non-identifying nature may be gathered for reporting and evaluation.
- XV. Children and families assessed by the Family Assessment and Planning Team and accessing CSA funds shall be reviewed periodically.
- A. Children in congregate care facilities (except children placed through their IEP) shall be reviewed every three months. Quarterly reports written by the facility staff shall be reviewed and progress toward transition home shall be assessed.
 - B. Children in therapeutic foster care homes shall be reviewed every six months. Reports written by the child-placing agency staff shall be reviewed, and progress toward transition home shall be assessed.
 - C. Children in therapeutic foster care with a permanent plan shall be reviewed at least annually. If the child is moved from the placement they will return to FAPT within a month of the date of the move.
 - D. Children/families receiving prevention services shall be reviewed every three months. A written report by the case manager shall be reviewed and continuation services shall be assessed.
 - E. Children in regular foster care homes receiving CSA-funded services, in addition to maintenance, shall be reviewed at least every six months; children in foster care receiving only maintenance shall be reviewed every year (Approved by CPMT 2/25/19). Foster care maintenance and the following services may be approved: day care, counseling, evaluations, medical treatment and all other foster care services, not to exceed \$2500 per month. A statement in the FAPT minutes will reflect the team's decision. **(Auditor states we cannot approve blanket services.)**
 - F. Children in placement based on an Individualized Educational Plan (IEP) shall be reviewed at least every six months.
 - G. Children who are being stepped down to a less restrictive environment or moved to a new placement shall be reviewed prior to that move. Children who are moved on an emergency basis will be staffed at the next available FAPT meeting.
 - H. Mentoring services should be used on a short-term basis with a primary goal of connecting to a sustainable community resource. The number of hours will incrementally decrease over the treatment period. (CPMT approved 1/27/20).
- XVI. Children may be placed in foster care and mandated through a non-custodial foster care agreement where the parents or custodians retain custody and the child receives case management services from the LDSS. The child is in foster care and subject to exactly the same federal and state legal requirements, policies and protocols as any other child in foster care. A CHINS petition with the service plan should be filed by the LDSS in the juvenile and domestic relations district court within 60 days of placement of the child in order to comply with legal requirements for children in foster care. The child and his or her family are eligible for all foster care services and all other foster care requirements apply. Parent(s) or guardians may enter into an agreement with the LDSS to voluntarily place a child under age 18 outside of the home in 24 hour substitute care while the parent(s) or guardians retain legal custody. Prior to entering a non-custodial foster care agreement, services to prevent the need for foster care placement must be offered and must be documented in the service plan. In emergency situations where services cannot be offered, the reasons must be recorded on the service plan.
- A. Before choosing this placement alternative and entering into a non-custodial agreement, the

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

agency must assess and determine:

1. Leaving custody with the parents or guardians is in the best interest of the child and will not place the child at risk; and
 2. The parents or guardians will remain actively involved with the child during placement.
 3. These determinations must be documented on the Non-custodial Foster Care Agreement. If these conditions do not exist, transferring custody to the local department of social services should be considered.
 4. The process to determine parental contribution towards the cost of placement must be started prior to placement. The parents' financial obligation begins on the date of placement.
 5. A Child and Adolescent Needs and Strength (CANS) assessment must be completed prior to placement.
 6. The non-custodial agreement may be signed for a period of six (6) months or less. If treatment is still needed after six (6) months, new agreements must be signed for a period of no longer than six months.
 7. The Local Department of Social Services (LDSS) must file a foster care plan with the Juvenile and Domestic Relations Court within 60 days following the board or public agency's placement of the child unless the court, for good cause, allows an extension of time, which shall not exceed an additional 60 days. LDSS should file a CHINS petition to place the case on the court's calendar and submit the foster care plan.
 8. The court must hold a hearing within 75 days of the child's initial foster care placement to review and approve the plan. The court order must include statements that
 - i. reasonable efforts have been made to prevent the placement and that
 - ii. continuation in the home is contrary to the child's welfare, or it is in the child's best interest to be placed in foster care, or that there is no less drastic alternative than removal of the child from his or her home. All foster care requirements must be met. Time frames for administrative panel reviews and hearings are based on the date of the initial non-custodial foster care placement. The foster care review hearing must occur within six months of the 75-day hearing, if the child remains in non-custodial foster care placement longer than six months.
 9. The case shall be entered into the Child Welfare Information System as a foster care case. The case shall be referred for Medicaid, Title IV-E screening and child support. Child support is to be addressed in the non-custodial foster care agreement. Parents are responsible for paying support from the beginning of placement (§ 63.2-909). A claim for good clause may be made when appropriate. Child support is to be based upon DCSE guidelines. Since the child's parent(s) retain custody, they are responsible for signing the required referral and application forms. Maintenance and service costs for non-Title IV-E children will be paid from State Pool Funds.
 10. If the LDSS agrees to the return of the child and all required conditions for the child's safe return are met, the child may be sent home on a home visit pending final court approval.
- B. CSA Parental Agreements are agreements between a public agency, other than LDSS, designated by the CPMT, and a parent or guardian who retains legal custody of the child. **The FAPT may determine that a youth is a Child in Need of Services (CHINS) by completing the Eligibility Determination Checklist for Specific Foster Care Services for Children in Need of Services. (Recommended by the auditor)**The CSA Parental

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

Agreements are only used when the FAPT determines that a child requires placement outside the home to address the child's needs. The public agency designated by the CPMT assumes case management responsibilities. The LDSS cannot be the case manager of a Parental Agreement. If LDSS is case manager, the child **shall be in foster care (Remove)** and a Non-Custodial Foster Care Agreement shall be used.

1. When a child is placed outside of the home through an agreement between a public agency, other than LDSS, as designated by the CPMT, and the parent(s) or custodians retain legal custody of the child, and this other public agency provides case management services, this child is not considered in foster care and is not subject to the requirements, policies and protocols (i.e., court hearings, Title IV-E eligibility determinations, etc.) required for children in foster care.
2. While these children are not in foster care, they are eligible for foster care services since they have been placed under an agreement between the local public agency designated by the CPMT and the parents or custodians who retain legal custody.
3. These CSA Parental Agreements, where a public agency other than the LDSS provides case management services, are subject to Final Interagency Guidelines established by the State Executive Council (SEC of CSA). **LDSS never use these agreements. (Remove)**

- C. Non-custodial Foster Care and Parental Agreements must go through the FAPT/CPMT process. An emergency FAPT meeting or Family Team Meeting may occur in order to meet the immediate needs of a child or family. If the FAPT recommends that a child needs placement through a Non-Custodial Foster Care or Parental Agreement, the CPMT must approve the funding for this placement through a face to face meeting. The Family Team may approve emergency funds for community-based services if the family is currently receiving CSA funds.
- D. Residential placements are contingent upon the CSA Policy of implementing least restrictive services before considering residential. If a residential placement is required, Clarke CSA approval is contingent upon IACC approval. (Added by CPMT on 5/20/19).

XVII. The Community Policy and Management Team shall provide quality assurance and accountability for program utilization and funds management. [§2.1-75206](#)

- A. Individual agencies in the CPMT will continue to meet their reporting requirements for different populations included in Comprehensive Services Act.
- B. A record of all referrals and dispositions shall be kept in the office of the CSA Coordinator.
- C. Guidelines for data tracking, evaluation, and utilization management will be followed.
- D. Progress reports will be submitted by the provider on a monthly basis. Payments will not be made to the vendor unless the progress report has been submitted. (CPMT approved 2/26/2018).

XVIII. The Community Policy and Management Team shall manage funds in the CSA budget allocated to the community from the state pool of funds and any other source [§2.1-75208](#)

- A. The Clarke County Finance Director will serve as the fiscal agent for the Community Policy and Management Team and will provide matching funds at its designated rate.
- B. The CSA Coordinator shall report expenditures on a monthly basis.
- C. The fiscal agent shall submit requests for payment to the State Fiscal Agent.
- D. The Clarke County CPMT is responsible for payment for the IFSP services for children whose legal custodian is within the jurisdiction of Clarke County. In the event that the child's/family legal residence changes, the following policy shall govern payment for services:
 1. The case manager is responsible for immediately notifying the CSA Coordinator when the child/family moves out of the jurisdiction of the CPMT. Notification should occur prior to the

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

move, if at all possible.

2. The CSA Coordinator is responsible for:
 - a. Providing written notification to the new Community Policy and Management Team jurisdiction of changes in the child/family's residence, and
 - b. Forwarding child's/family's IFSP and other FAPT documents to the new CPMT jurisdiction, and
 - c. Informing service providers of changes in the child's/family's residence.
 3. The old CPMT jurisdiction pays for services until 30 calendar days after the new CPMT receives written notification of the child/family's residence in the new CPMT locality.
 4. When the residence of the child/family transfers to a new CPMT jurisdiction, the receiving CPMT must review the current IFSP and adopt or revise and implement within 30 calendar days.
 5. If the locality to which a child/family moves is out of state, then the public agency overseeing service delivery shall notify its comparable agency in the new locality.
 6. If a child and family becomes homeless while receiving CSA services, the CPMT shall consider continuation of payment on a case by case basis.
- XIX. The Community Policy and Management Team shall authorize and monitor the expenditure of funds by each Family Assessment and Planning Team [§2.1-75209](#)
- A. Recommendations and requests for funding from Family Assessment and Planning Teams shall be sent to the Community Policy and Management Team members.
 - B. A standardized format shall be used to give a summary justifying requests for funds and reports of expenditures.
 - C. The CSA Coordinator will present the cases to the CPMT.
 - D. Additions and extensions to the IFSP that require funding changes must be approved by CPMT before payment. Funding for emergency services will follow local policy.
 - E. Reimbursements (i.e. SSI, child support, SSA, trust funds) shall be credited to child specific accounts according to policies set by the State.
- XX. The Community Policy and Management Team adopts the Fraud Policy of Clarke County as outlined in the Clarke County Department of Joint Administrative Services Purchasing Department Procurement Policies and Procedures. These policies and practices are designed to prevent and detect fraud. (adopted 2/25/19)
- XXI. The Community Policy and Management Team has the authority to submit grant proposals and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies [§2.1-752.10](#)
- A. The Community Policy and Management Team, in seeking any grants or other resources for services, shall obtain the approval of the governing body of Clarke County.
 - B. Services authorized for purchase by the Community Policy and Management Team shall be from providers listed by the Children's Services Act in the Service Fee Directory and:
 1. Individuals, not associated with an entity, providing services
 2. Individually approved foster care families
 3. Purchase of goods
 4. Non-specialized services (community activities only indirectly associated with care, e.g. swimming lessons, transportation, baby-sitting, etc.).
 5. Any service which requires licensure can only be rendered by a provider licensed to

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

provide that service in Virginia.

6. Intensive Care Coordination (ICC), as part of the High Fidelity Wraparound Model, is a service available for youth in out of home care or youth at risk of out of home care. The Clarke County FAPT will determine the need for ICC and purchase the service if identified on the youth's service plan.
 - C. Procedures for obtaining bids for new services shall follow procurement guidelines of the State and locality.
 - D. Local government may be petitioned to consider rollover of budgeted but unspent local match funds into the next fiscal year.
 - E. The budget process for the Community Policy and Management Team shall follow the fiscal management policies of Clarke County.
- XXII. Services provided by the Community Policy and Management Team and Family Assessment and Planning Teams shall not discriminate on the basis of race, sex, age, religion, socio- economic status, handicapping conditions or national origin.
- XXIII. Due process for complaints and appeals will be in accordance with regulations set forth by the State. There are three due process systems available. The special education system, which involves state level review, the social service system that involves both local and state level review, and the courts. These systems are established by federal and state requirements separate from the Act and are available to youths and families, as appropriate. There is no state review system solely for the Children's Services Act. State due process systems supporting special education and foster care are not impacted by the CSA. The parents/legal guardians have the right to a review if they disagree with any part of their child's assessment or service plan.
- A. Parents/Legal Guardians will be notified in writing of the locality's due process procedures at the initial FAPT presentation and will sign a form acknowledging receipt of the due process information;
 - B. The parents/legal guardians will state their disagreement in writing to the FAPT Chairperson within ten (10) business days of receipt of the FAPT approval/disapproval letter. The FAPT Chairperson will forward the documentation to the chairperson of the CPMT. The appeal will be placed on the agenda of the next CPMT meeting.
 - C. The Community Policy and Management Team will review the decision of the FAPT and provide a written response within 10 business days of the CPMT meeting.
- XXIV. The Clarke County CPMT maintains policies and procedures for records management of the Individual Family Service Plans and other documentation consistent with minimum state and federal requirements.
- A. The original CSA documents are maintained in the agency file. The retention of and destruction of original records is based on the agency's retention and destruction policy under whose purview the record originated.
 - B. The State Library of Virginia is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency. Duplicate.
 - C. CSA documents are maintained in the CSA record. Duplicates ("copies" of convenience) of original records are not under the purview of the destruction schedule and therefore could be purged as long as the original records are maintained by the appropriate originating agency. This information can be found at the following website:
<http://www.lva.virginia.gov/agencies/records/retention.asp>
 - D. The Clarke County CPMT adheres to requirements of the Family Education Rights and Privacy Act and the Code of Virginia regarding education records. Education records are broadly defined as all records maintained by the education agency.

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

1. All records related to and all information about specific children and families obtained by FAPT/MDT, CPMT, and Clarke County CSA shall be confidential.
 2. FAPT/MDT, CPMT, and Clarke County CSA shall use a secure electronic database to provide the Office of Comprehensive Services for At-Risk Youth and Families with client specific information from the mandatory uniform assessment and information in accordance with D 11 of [§2.2-2648](#).
 3. IFSP and other documentation shall be managed in accordance with state and federal requirements.
 4. Education records shall be handled in accordance with the Family Education Rights and Privacy Act and the Code of Virginia. Clarke County CPMT defines education records broadly as all child specific records maintained by or shared with CPMT from education agencies.
 5. Retention and destruction of original records shall be based on the agency of origin's retention and destruction policy based on the governing Library of Virginia (LoV) Records and Disposition Schedule.
 - a. The appropriate state record officers shall sign off on forms before destroying any public record.
 - b. Duplicates of original records may be purged as deemed necessary, however they shall not be maintained longer than specified by applicable LoV schedules for the original record in question.
 6. Only CANVaS Designated Super Users/Report Administrators (DSU/RA) or public agency case managers who are responsible for CANS assessments shall attempt to establish accounts or otherwise access this system.
 - a. All users of CANVaS shall sign a Users' Agreement.
 - b. A case manager's supervisor and the DSU/RA or the Office of Comprehensive Services as appropriate based on the user's role shall authorize all Users' Agreements.
 - c. Case manager access shall be limited to the assessments they enter and the reports generated by those assessments.
 - d. Passwords shall meet required minimum standards.
 - e. Case manager access shall be terminated and the account deactivated should the case manager leave employment with the agency.
 - f. DSU/RAs shall periodically check the listing of case managers with accounts to ensure accounts of those who have left employment have been deactivated.
 - g. Certain Super Users shall be designated to serve as Report Administrators.
 - i. Report Administrators authorize case manager access to CANVaS and shall have access to our locality CANVaS data.
 - ii. Requests to become or to no longer serve as the DSU/RA or RA for this locality shall be handled in accordance with Office of Comprehensive Services requirements.
 - h. Certification to use the Virginia Child and Adolescent Needs and Strengths (CANS) assessment shall be renewed annually.
- XXV. The Clarke County CSA office will be in charge of the Local Money Only Fund, which is available to youth and families that do not qualify for CSA funding or are services outside the realm of CSA

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

policy. This money is allocated by the Board of Supervisors on an annual basis, as money is available. In order to access these funds, the following procedures shall be followed:

- A. The Local Money Only Checklist must be completed and submitted to the CSA Coordinator or the CPMT Chairperson at least two (2) weeks prior to the beginning of the services requested.
- B. Effective September 1, 2016, parents/guardians must self-certify their monthly income as being no more than 185% of poverty for their family's size. The Local Money Only Declaration of Income must be submitted prior to approval of the requested expenditure. If a family's income is over the amount list, the child is not eligible for Local Money Only funds.

Approved by CPMT

June 16, 2016

(Local Money Only Policy)

XXVI. The Clarke County CPMT agrees to adopt the policy of the Clarke County Board of Supervisors with regard to electronic signature (Policy 1-12 of Clarke County Board of Supervisors Rules and Procedures) 9/17/2018

Clarke County Children's Services Act Policies and Procedures updated 5/20/2019

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

PARENTAL RESPONSIBILITY FOR CSA SERVICES (updated 4/2023)

The Clarke County Community Policy and Management Team (CPMT) hereby sets the policy and procedures for parental involvement and financial contribution to the cost of services provided by Children's Services Act (CSA) funding. Those funds include state pool funds allocated by the Virginia General Assembly and monies appropriated by the Clarke County Council for the provision of services associated with CSA.

This policy and these procedures are established pursuant to Section 2.2-5206 of the Code of Virginia (1950), as amended.

POLICY

A guiding principal of the CPMT is to ensure that parents and/or legal guardians shall be active and equal participants in all aspects of assessment, planning and implementation of services their children may require. Part of that guiding principal is to have the parent and/or legal guardian share in the time and financial cost of services provided at a level consistent with the parent's ability to contribute to these needs. Pursuant to this guiding principal all parents of children receiving CSA-funded services shall be assessed for parental financial contributions in accordance with the policies, procedures and fee schedules adopted by the CPMT.

For purposes of determining monthly gross income as it applies to parental co-payment responsibilities, the following definitions are adopted: "Parent" is defined as biological or adoptive parent. "Child" is defined as biological or adopted child up to age 22.

It is the position of the Clarke County CPMT that parents of children in cases presented to the Clarke County CPMT for funding, and presented to the Family Assessment and Planning Team (FAPT) for planning and services, shall pay a portion of the cost for approved CSA funded services. However, Clarke County CPMT recognizes that all parents cannot afford to contribute any amount of payment for the approved services.

CPMT adopts the following procedures for determining the amount of parental responsibility:

PROCEDURES

- A. Parental contribution assessments shall be done by the CSA case manager referring the family to the Family Assessment and Planning Team, except:
 - 1. Parents of children receiving educational services pursuant to an Individualized Education Plan (IEP) are exempt from parental financial contribution requirements for those IEP services.
 - 2. Parents of children in the custody of the Department of Social Services (DSS) or placed out of the home by non-custodial or parental placement agreement will be referred to the Division of Child Support Enforcement for parental financial support obligations.
 - 3. Recipients of Temporary Assistance to Needy Families (TANF) are exempt from the parental contribution requirements.
- B. Referral to the Division of Child Support Enforcement-for Foster Care Services and Out of Home Placements:
 - 1. Families of youth who are receiving Foster Care Services and support through the Clarke County Children's Services Act as defined in the Code of Virginia § 63.2-905 ii & iii will be referred to the Division of Child Support Enforcement (DCSE). Due to the financial responsibility to pay child support, the Clarke County CPMT will not assess a co-payment to families who have been referred to DCSE.

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

2. Eligibility: The Parents/Legal Guardians of the following youth will be referred to the DCSE:
 - a. Youth placed in the custody of Clarke County Department of Social Services
 - b. Youth who are receiving Foster Care Services through a Non-Custodial Agreement (DSS) or Parental Agreement (Non-DSS)
 - c. Youth placed in the custody of Clarke County through an Entrustment

3. Methodology: When a child enters foster care or non-custodial foster care, including a Parental Agreement, the child's case manager (or CSA staff for Parental Agreements) shall file the appropriate application for child support with the State Division of child Support Enforcement (DCSE). The case manager shall provide DCSE with any additional information they need to determine or collect child support.

4. Good Cause: The CPMT has the authority to determine Good Cause for families receiving Foster Care Services through a Parental Agreement.
 - a. The establishment of Good Cause will only be considered for families who can provide documentation of financial hardship and allows for a temporary suspension of the DCSE referral. Examples of Good Cause may include homelessness or dependency on Social Security disability. General costs of daily living, e.g. Mortgage, rent, utilities, are not considered sufficient reasons for Good Cause determination.
 - b. Good Cause will be determined on a case by case basis. To request Good Cause, the Parent/Legal Guardian must submit a letter in writing within 14 days of funding approval to the CPMT Chair with an explanation of financial hardship.
 - c. Documentation of financial hardship must accompany the letter. The letter should be provided to the CSA Coordinator and shall be included in the next regularly scheduled CPMT meeting agenda.
 - d. The CPMT shall review the documentation provided and render a decision, which shall be final.
 - e. Within 30 days of the review, the CSA Office shall notify the family in writing of the decision of the CPMT

- C. The case manager shall provide the family with a full explanation of the CSA process. This explanation will include an advisement that the parents will be expected to assume an active role in the planning and delivery of services for their child (children), including a time and financial contribution.

- D. The steps for assessing the parental time and financial contribution are:
 1. Determine the family income.
 - a. Income includes, but is not limited to, gross wages (full-time, part-time, primary and secondary employment), pension and retirement benefits, spousal support or alimony, interest, dividends, payments from annuities, trusts, life insurance policies, income from other forms of investment, or any income received on behalf of the child.
 - b. Money received on behalf of the child includes, but is not limited to, child support, Supplemental Social Security Income (SSI), other payments from the Social Security Administration, and those sources of income listed in Section C (I a.) of this policy.
 - c. Parents who do not reside in the same home shall be assessed individually, when feasible. The parent paying child support shall have that amount deducted from his/her

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

co-pay.

- d. The assessed parental financial contribution is unaffected by the number of children in one household receiving CSA-funded services.
 2. Use the Household Income Form to determine the amount of the parental financial contribution.
 3. Inform the parent(s) of the result of the assessment, including how the assessment was determined and how much the parent(s) is expected to contribute financially. Explain that the assessment is a partial reimbursement to the CSA budget for the cost of services provided.
 4. Discuss commitments of time that the parent must make in the case. The parent needs to attend and participate in all FAPT meetings, participate with the service provider in the development of a treatment plan, follow through with their responsibilities as outlined in the treatment plan, and communicate on a regular, ongoing basis with their child's case manager.
 5. Review and complete the Parental Responsibility Agreement form with the parent(s). Review the commitments of time that the parent will contribute to their child's treatment, and specify the amount of their monthly financial contribution. Ask the parent(s) to sign the Agreement. The parent(s) must receive a copy of the Agreement.
- E. The Parental Co-Payment Initial Screening Form, Household Income Form, and the Parental Responsibility Agreement are to be attached to and made part of the FAPT referral packet.
- F. The CPMT shall approve the amount of parental contribution assessed by the case manager.
- G. If the parent disagrees with the amount of parental contribution approved by the CPMT, the parent can appeal the CPMT decision by completing the Co-Payment Appeal form and submitting it to the CSA coordinator to review with CPMT at the next scheduled meeting. Appeals should be made if the parent is unable to pay the full monthly assessed obligation. The final determination will be made by the CPMT.
- H. The amount of parental financial contribution shall not exceed the cost of the CSA-funded services provided to the child.
- I. If a child is to be placed in a residential facility under a Parental Agreement as defined in COV Section 2.2-5212, the parent must first complete the application for the child to become eligible for Medicaid as a "family of one" if the child does not have Medicaid coverage. This must occur before the placement is permitted to occur. The only exception is if the placement is deemed by the CPMT to be an emergency.
- J. Provider Responsibility:
1. Service providers are responsible for the collection of the family's assessed financial contribution.
 2. The amount of the assessed co-payment shall be deducted from the authorized funding amount when the purchase of service order is issued.
 3. Should multiple service providers be authorized during the same monthly service period, the amount of co-payment shall be applied to the highest cost of service or most consistent, continuous service being funded.
 4. In the event a family fails to pay the assessed co-payment, it will be at the service provider's

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

discretion the action it chooses to take to recover those fees. It is not the practice of the CPMT to direct the vendor in its business practice and collection process. The vendor shall notify the case manager and CSA Coordinator of the family's failure to pay, and its collection procedure, if any.

5. The CSA Coordinator is responsible for monitoring vendor compliance with the Clarke County Parental Reasonability Policy and ensures amounts collected are accurately recorded in the CSA financial reports. Should a family become delinquent, they may utilize the process of appeal that is stated in this policy. During the appeal process, services will continue.

Emergency Funding Requests (updated 4/2021)

Authority

This policy was developed in accordance with COV § 2.2-5209 to address issues in delaying emergency services. This policy shall revoke any previous guidance or statement of policy issued by the Clarke County CPMT regarding the use of CSA State Pool Funds to pay for Emergency Services.

Criteria

Emergency Funding may only be used for youth eligible for State Pool Funds under the mandated category and in instances where it has been determined that services must begin prior to the next CPMT meeting.

Emergency Funding requests may be available to youth and/or families who:

- Are assessed as *High* or *Very High Risk* through the Family Risk Assessment Tool
- Have exhibited behaviors within the past 30 days that place the youth or another person at imminent risk of harm
- Require services within the next 30 days to prevent removal, disruption, or additional harm to the youth or another person.

Risk must be clearly documented with justification of need for immediate services. Eligibility documentation must accompany funding requests for cases not currently open to CSA. Emergency Funding may be denied for chronic behavioral issues where immediate risk to self and/or others is not clearly documented. Emergency Funding shall not be approved for services that do not reduce or alleviate immediate risk of: change of placement, harm to self or others, or assist in determination of such risk. Such services shall be approved through the regular review process.

Policy

Emergency Funding requests shall be authorized by the CPMT Chairperson or his/her designee upon the recommendation of the CSA Coordinator. In the case where the CSA Coordinator is not available for signature, only the signature of the CPMT Chairperson or his/her designee is required. The designee of the CPMT Chairperson shall not be from the referring agency. In the case where the referring agency is that of the CPMT Chairperson, the Vice-Chairperson or his/her designee will sign.

CSA-funded services shall not commence until the emergency funding request is approved. Requests must be reviewed by FAPT within 14 days, except in cases where FAPT has reviewed the case and recommended the completion of Emergency Funding to start services immediately. The Emergency Funding request must be reviewed at the next scheduled CPMT meeting. Emergency Funding may only be authorized through the end of the month that CPMT reviews the case.

Process

During regular business hours, the Case Manager shall complete the Emergency Funding Request form and present it for approval by the CPMT Chairperson or his/her designee and the CSA Coordinator. Outside of regular business hours, the Case Manager shall contact the agency Director or his/her designee for approval of Emergency Funding. Within 2 business days, the Case Manager must complete the Emergency Funding Request form, obtain the signature of the CPMT Chairperson or his/her designee

CLARKE COUNTY CHILDREN'S SERVICES ACT
POLICIES AND PROCEDURES

and the CSA Coordinator.

Emergency Funding and Budget Request Forms

The Emergency Funding Request form must be submitted to the CSA office to secure a FAPT review. The effective date shall be the date the service is initiated, with a termination date to be the last day of the month that CPMT meets. Any other services may be considered and reviewed through the regular approval process. Upon FAPT review, a budget request for services shall be completed and include any other services being provided and requested.

Exceptions

The following services do not require the signature of the CPMT Chairperson or his/her designee for Emergency Funding approval. Where required, an Emergency Funding form should be completed and submitted to the CSA Office when services are initiated and scheduled on the FAPT agenda for review within 14 calendar days.

1. Maintenance:

The authority to approve expenditures for cases involving only the payment of foster care basic maintenance is delegated by CPMT to the Director of the Clarke County Department of Social Services. Basic maintenance payments to foster families shall be approved by the DSS Director based on a rate scale approved by the Virginia Department of Social Services.

2. Goods and Services:

The authority to approve expenditures for foster care youth for goods and other services (medical/health, camp/recreation, etc.) up to \$200.00 per request is delegated by the CPMT to the Clarke County CSA Coordinator.

3. Special Education Private Day or Residential Placements:

The authority to approve expenditures for cases involving only the payment of Special Education Placements as required by the Individuals with Disabilities Education Act (IDEA) and an Individual Education Plan (IEP) lies with the IEP Team. Although federal regulations prevent the delay of IEP placements, every effort should be made to present the case for review by the FAPT and CPMT prior to the placement of the youth. In the case of Special Education funding, the Case Manager must submit a budget sheet to the CSA office with the new services, and the case will be scheduled on the next available FAPT agenda.



Children's Services Act
Clarke County, Virginia

CPMT Location Alternates

-School Board Office

-

CSA Audit Self-Assessment Workbook Results

Deficiencies:

1. Current lack of Utilization Review
 - a. **WHY:** This lack is due to the transition of CSA Coordinators within the year 2023.
 - b. **HOW IS IT BEING FIXED:** At this time, the current IFSP for Clarke County FAPT is not sufficient for either the Utilization Review process or the FAPT process. A new IFSP is being proposed, and the CSA Coordinator is working on scheduling a training for the new IFSP in either February or March, pending CPMT approval of the IFSP. This new IFSP will require more detail about the case, and in the training, the CSA Coordinator will be emphasizing timeliness of turning in the IFSP and the importance of supporting documentation (especially regular CANS). The CSA Coordinator will complete a utilization review of all cases by March 15, 2023, and will continue completing utilization review before each case comes to FAPT again.
2. Policy and Procedure Manual
 - a. **WHY:** The most recent update for the Policy and Procedure Manual was completed in 2020. As there have been significant changes (including the removal of state of emergency), the Policy and Procedure Manual must be rewritten and edited.
 - b. **HOW IT IS BEING FIXED:** New strategic goal planning is being presented to CPMT. One of the items on the strategic goal planning is the update of the Policy and Procedure Manual, including a plan of how to update the Policy and Procedure Manual in the most efficient way.
3. Turnover in CSA Coordinators
 - a. **WHY:** The Clarke County CSA Coordinator position has seen three different coordinators in the calendar year of 2023. The first CSA Coordinator left after accepting a higher paying job with Frederick County. The next CSA Coordinator left because she felt she was unequipped to do the job and had been hired on a part time basis only.
 - b. **HOW IT IS BEING FIXED:** This has already been addressed with the hiring of the new CSA Coordinator. The new CSA Coordinator was hired for her experience with FAPT/CSA with her previous position in permanency in Warren County. The position was tweaked by the Director of the Department of Social Services to bring in some additional DSS duties to create a full-time job. The current CSA Coordinator is trained on intake and has done some backup intake duties as needed.

Time Frame: 2020 - 2023

Updated Vision:

CMPT and FAPT are child-centered, family-focused and adaptive to community needs. We utilize the Systems of Care model in developing creative solutions that focus on family needs and empower them through their strengths.

Definitions: (from OCS website)

System of Care: Promote policies, uniform guidelines, services and practices that support systems of care in communities that can be tailored to meet the unique strengths, resources, and needs of youth, families, and communities.

Child Centered Family Focused: Promote working in partnership with families to ensure that the assessment, design, delivery, and management of service is family driven.

THEMES/GOALS from survey:

Increasing/Expanding services and caseload and considering new Families First policy and its potential impact on CSA

GOAL 1: School system, private providers, community members, information systems, will educate the community members on what services are available in the region.

Objectives:

1. ~~Develop~~ Maintain a CSA presence on the Clarke County website
2. ~~Develop~~ Continue to update a handout/information packet for families coming to FAPT – seek input from CSA coordinators group, other localities
3. Increasing the role of the parent representative
4. Build capacity and leverage resources to build the base for services

Who is responsible: CSA coordinator, FAPT, CPMT, individual team representatives

Timeline: ~~9 months, Dec 2021~~ Ongoing

GOAL 2: We will identify where the gaps are in safe and healthy family based activities within Clarke County and the Northern Virginia while considering availability, quality, and effectiveness of community based programs.

Objectives:

1. Identify the needs and barriers of the parents and provide supportive services to address those needs

2. Develop a survey to complete after a FAPT meeting for providers and community members to ID needs
3. Reach out to Northern Shenandoah Alliance for children youth and families and inquire about resuming meetings
4. Reassess needs every 6 months

Who is responsible: CSA coordinator and parent reps (survey), Chris R.; Denise (alliance), FAPT, CPMT

Timeline: ~~3 months~~ May 2022

Technology and paperwork update

GOAL 1: Develop a CC CSA Website with information for parents, case managers, and the community to access.

Objectives:

1. Determine budget for CSAs separate site (vs. the county site)
2. Determine what information will be available
3. Research other CSA sites
4. Obtain feedback from community member via service gap survey

Who is responsible: CSA coordinator, FAPT, CPMT

Timeline: ~~6 months~~ ongoing

GOAL 2: CC CSA will utilize electronic communication and presentation of information as much as possible.

Objectives:

1. Obtain a professional pdf program
2. Change 90% of the CSA paperwork to electronic (IFSP, budget, etc.)
3. Coordinator will transition to electronic disbursement of FAPT and CPMT documents prior to each meeting.

Who is responsible: CSA Coordinator, FAPT, CPMT

Timeline: 6 months

Need for transparency and training refresher

GOAL 1: All FAPT members will have either current CANS training certifications or education about the assessment to better understand its utility and to increase its use in FAPT meetings.

Objectives:

1. Review each area of the CANS assessment to determine family needs initially, at reassessment periods, review the needs
2. Utilize the CANS to determine updated family needs at follow up FAPT meetings
3. Provide yearly training to FAPT members on CANS

Who is responsible: CSA coordinator, FAPT, OCS

Timeline: ~~Introduce to teams within 6 months~~; ongoing

GOAL 2: Comply with audit internal control standards regarding education, training, and coaching for CSA stakeholders

Objectives:

1. Provide opportunities for training quarterly
2. Utilize CSA coordinators' group competencies
3. Annual joint meeting for CPMT/FAPT twice per year
4. VLC trainings completed by CPMT/FAPT; transcripts available

Who is responsible: CSA coordinator, FAPT, CPMT

Timeline: ongoing trainings due 1/30/22

GOAL 3: Local policy and procedure Update/Overhaul

Objectives:

1. Use extra CPMT time to review P&P manual
2. Coordinator will attend OCS "New Coordinator Academy"
3. Coordinator will divide sections of P&P manual for CPMT to address at each meeting
4. Form a workgroup to update sections prior to each meeting
5. CPMT and FAPT will meet quarterly to discuss updates and changes

Who is responsible: CSA coordinator, CPMT, workgroup: Denise, Jen, Terri, Katherine

Timeline: ongoing, to be completed by Dec 2023

Clarke County CSA Strategic Goal Planning Preparation Review of 2020-2023 Period

Current Vision (as taken from previous strategic goal planning document):

CMPT and FAPT are child-centered, family-focused and adaptive to community needs. We utilize the Systems of Care model in developing creative solutions that focus on family needs and empower them through their strengths.

Definitions (as taken from the OCS website):

System of Care: Promote policies, uniform guidelines, services, and practices that support systems of care in communities that can be tailored to meet the unique strengths, resources, and needs of youth, families, and communities.

Child-Centered, Family-Focused: Promote working in partnership with families to ensure that the assessment, design, delivery, and management of service is family-driven.

Goals from Previous Strategic Goal Planning:

Increasing/Expanding services and caseload and considering new Families First policy and its potential impact on CSA

GOAL 1: School system, private providers, community members, and any other information systems will educate the community members on what services are available in the region.

OBJECTIVES:

1. Maintain a CSA presence on the Clarke County website (MET. Website is currently up to date with current CSA Coordinator's information, a current checklist and blank forms for FAPT, but must be updated to advertise for a new private provider. Also, see below in Technology Update about creating a CSA website)
2. Continue to update a handout/information packet for families coming to FAPT—seek input from CSA coordinators group, other localities (brochures created, need to be revised and updated to reflect current information)
3. Increase the role of the parent representative (FAPT parent representative attends every meeting and is a strong member of current FAPT. Could discuss what else we would like to see from FAPT and CPMT parent representatives and how to integrate that)
4. Build capacity and leverage resources to build the base for services (MET)

GOAL 2: We will identify where the gaps are in safe and healthy family based activities within Clarke County and the Northern Virginia while considering availability, quality, and effectiveness of community based programs.

OBJECTIVES:

1. Identify the needs and barriers of the parents and provide supportive services to address those needs (ONGOING—there are several cases where parents are receiving CSA-funded services to help address needs, including but not limited to mentoring, anger management, family centered treatment, and supervised visitation)
2. Develop a survey to complete after a FAPT meeting for providers and community members to ID needs (NOT MET. A survey might have been made, but I have been unable to locate it. What would this survey look like? Can we create a committee to review survey drafts?)
3. Reach out to Northern Shenandoah Alliance for children youth and families and inquire about resuming meetings (UNKNOWN. What was the purpose of these meetings? To inform about CSA? The document stated that Denise was responsible for completing it. Is this still an objective that we should try to meet?)
4. Reassess needs every 6 months (ONGOING)

Technology and Paperwork Update

GOAL 1: Develop a Clarke County CSA website with information for parents, case managers, and the community to access. (Entire goal unmet. I am unable to locate anything about a website in the previous CSA Coordinator files. However, I do think that this is a goal worth resuming, as so much is now web-based. Maybe we could establish a committee from both FAPT and CPMT to slowly work on this?)

OBJECTIVES:

1. Determine budget for CSAs separate site (vs. the county site)
2. Determine what information will be available
3. Research other CSA sites
4. Obtain feedback from community members via service gap survey

GOAL 2: Clarke County CSA will utilize electronic communication and presentation of information as much as possible.

OBJECTIVES

1. Obtain a professional PDF program (MET. I currently use the Adobe Acrobat program, and I've found it very useful)
2. Change 90% of the CSA paperwork to electronic (IFSP, budget, etc) (MET)
3. Coordinator will transition to electronic disbursement of FAPT and CPMT documents prior to each meeting (MET)

Need for transparency and training refresher

GOAL 1: All FAPT members will either have current CANS training certifications or education about the assessment to better understand its utility and to increase its use in FAPT meetings

(MET. I believe most, if not all, of the case managers have CANS training, and most case managers are regularly submitting CANS for each case to me with the FAPT paperwork)

OBJECTIVES:

1. Review each area of the CANS assessment to determine family needs initially, at reassessment periods, review the needs (ONGOING. Most case managers submit a CANS assessment to me with the FAPT paperwork. I will continue to require a CANS with the IFSP and other progress reports)
2. Utilize the CANS to determined updated family needs at follow up FAPT meetings (MET)
3. Provide yearly training to FAPT members on CANS (Needs to be reinstated)

GOAL 2: Comply with audit internal control standards regarding education, training, and coaching for CSA stakeholders

OBJECTIVES:

1. Provide opportunities for training quarterly (Needs to be reinstated. I think a rotating schedule about what is addressed at each training would be a good idea)
2. Utilize CSA Coordinators' group competencies (Unsure what this even is...)
3. Annual joint meeting for CPMT/FAPT twice per year (Needs to be reinstated. Do we want a formal meeting, informal meeting? What will be addressed at each meeting?)
4. VLC trainings completed by CPMT/FAPT; transcripts available (I think we're up to date with this, but I have not been able to properly check)

GOAL 3: Local policy and procedure update/overhaul (This is one of the deficiencies that I found during my work on the CSA Self-Assessment Workbook. This is a big project that needs to be taken one piece at a time. I think it would be beneficial if we built an outline for how the P&P manual should be structured, broke the P&P manual into different chunks to be edited/rewritten, and set a timeline for regularly talking about if/what new policies need to be added. I am happy to take on the majority of writing, as I always have enjoyed big formal writing projects, but I am in need of people to give feedback/edit/add new sections if necessary. I also will reach out to some other CSA Coordinators and take a look at their policy and procedures manual. The goal is to have a well-written, easily understandable policy and procedures manual)

OBJECTIVES

1. Use extra CPMT time to review P&P manual (I think it would be better to schedule in time to discuss the P&P manual at each CPMT meeting, but only in small chunks. I.e., at February's meeting, we talk about what the P&P manual should cover; at March's meeting, we take a look at a rough draft of the P&P manual outline; at April's meeting, we discuss the first section of the updated P&P manual, etc. That way, we constantly are moving forward and not biting off more than we can chew)
2. Coordinator will attend OCS "New Coordinator Academy" (I think I'm scheduled to attend in May 2024)

3. Coordinator will divide sections of P&P manual for CPMT to address at each meeting (See Number 1)
4. Form a workgroup to update sections prior to each meeting (I think it would be beneficial to have a couple of people edit the revisions, perhaps on a rotating basis of who edits?)
5. CPMT and FAPT will meet quarterly to discuss updates and changes (Will need to be reinstated once changes are being made to P&P manual)

NEXT STEPS:

1. Send out another survey to CPMT, FAPT, community partners, and parents to solicit feedback.
2. Assess what deficiencies were discovered in OCS audit—the self-assessment workbook and additional documentation is due to OCS on February 15, 2024.
3. Create an official strategic goal plan for 2025-2027 based on the results of the surveys, audit, and any other feedback.

THINGS TO BE AWARE OF:

1. At this meeting, there will be a new IFSP proposed. I am in the process of scheduling a training for the new IFSP in February for the FAPT members and case managers with the hope that it will be approved and become the new working IFSP effective March 1, 2024. I will also review the case manager checklist and have those updated on the Clarke County website at the end of February 2024.
2. I am working on getting an efficient, effective process for Utilization Review set up, and once I have that taken care of, I intend to start adding UR reports to the CPMT packets so we can see what is working. My goal is for that to begin around March 2024 as well, coinciding with the new IFSP.

Children's Services Act
Clarke County, Virginia



FAPT Private Provider Representative Applicant

Ms. Kelly Coffman, Systems Fidelity Officer for Grafton

Ms. Coffman has been with Grafton for 35 years. She started out in a direct care position and moved up the ladder as the years went on. Ms. Coffman has now been in a management role for the past 25 years, including Executive Director for approximately 8 years. Ms. Coffman has a master's degree in strategic leadership from Mountain State University. Before Ms. Coffman began working at Grafton, she worked with mentally challenged adults for 2.5 years; this work experience solidified her desire to be in a field of helping people. Ms. Coffman states that she likes working with youth a little better than adults in hopes of making an impact a little earlier in life. Ms. Coffman is also well-versed in Trauma Informed Care. Ms. Coffman has traveled around the US for about two years with Ukeru teaching other organizations about trauma, how it impacts clients, and how to avoid restraints.

Clarke County Family Assessment and Planning Team (FAPT) Roster

CSA Coordinator

UM/UR Reviewer

Nadia Acosta (2023-Present)

311 E. Main Street

Berryville, VA 22611

O: (540) 955-5198

F: (540) 955-3958

Nadia.acosta@dss.virginia.gov

Primary Representative

Department of Social Services

Sarita Emmons (2023-present)

Family Services Supervisor

311 E. Main Street

Berryville, VA 22611

O: (540) 955-5167

F: (540) 955-3958

sarita.emmons1@dss.virginia.gov

Community Services Board

Lauren Smith (2021-present)

Northwestern Community Services Board

Supervising Child and Adolescent Mental

Health Case Manager

214 S. Braddock Street

Winchester, VA 22601

O: (540) 535-7285

F: (540) 535-7287

lauren.smith@nwcsb.com

Secondary Representative

Mandy Smulik (2023-present)

Family Services Specialist

311 E. Main Street

Berryville, VA 22611

O: (540) 955-5193

F: (540) 955-3958

mandy.smulik1@dss.virginia.gov

Keryn Keyes (2023-Present)

Northwestern Community Services Board

Child and Adolescent Case Manager

214 S. Braddock Street

Winchester, VA 22601

O: (540) 671-0600

F: (540) 535-7287

keryn.keyes@nwcsb.com

Kris Short (2023-Present)

Northwestern Community Services Board

Child and Adolescent Case Manager

214 S. Braddock Street

Winchester, VA 22601

O: (540) 683-0647

F: (540) 535-7287

kris.short@nwcsb.com

Clarke County Public Schools

Kerry Desjardins (2021-present)

School Social Worker

317 W. Main Street, Suite A

Berryville, VA 22611

O: (540) 955-6143

desjardinsk@clarke.k12.va.us

None

Department of Juvenile Justice

Katie McComas (2022-present)

Probation Officer

Virginia Department of Juvenile Justice

26th District, Winchester CSU

21 S. Kent Street, Suite 102

Winchester, VA 22601

O: (540) 722-7960

F: (540) 667-4818

katie.mccomas@djj.virginia.gov

Reagan Stoner

Probation Officer

DJJ

26th District, Winchester CSU

21 S. Kent Street, Suite 102

Winchester, VA 22601

O: (540) 722-7960

F: (540) 667-4818

reagan.stoner@djj.virginia.gov

Private Provider

NONE

Parent Representative

Tracy Smith (2020-present)

(703) 409-8491

boycebarr@gmail.com

None

FAPT Date: select date

Client Name: last, first

Clarke County Individual and Family Services Plan

Demographic Information:			
Client Name: (first middle last)	Client ID #: ()	DOB: (date)	Age: (years)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (select)	Ethnicity: (select)	
Address: (street, city, state, zip)			
Parent/Legal Guardian: (first, last)		Phone Number: () -	
Siblings: (name/age)			
Others Involved: (name/relationship)			

Case Management Information:		
Case Manager: (first last)	Referral Source: (agency)	
Reason for Referral: (Include how child/family is known to your agency.)		
Primary Mandate: (select mandate)	Secondary Mandate: (select mandate)	Tertiary Mandate: (select mandate)

Financial Information:		
Title IV-E: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	FAMIS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, what type: (health insurance carrier)		
Parental Contribution Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt; If exempt, why? (reason)		

CANS Completion Information:	
Date of Last CANS: (select date)	Date of Current CANS: (select date)
Discharge FAPT? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, is discharge (comprehensive) CANS attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Educational Information:		
Grade: (select grade)	School: (enter school)	504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability: (enter all disability categories)	IEP Date: (select date)
Special Considerations: (enter additional considerations related to education)		

Evaluations/Diagnoses/Medication

Evaluations: (Include name/date of assessment and results.)

Diagnoses: (DSM-5)

Medications: (Include medication type, dosage, frequency, and prescribing doctor.)

Family Input:

Goal: (What is the family's overall desired outcome?)

Strengths: (In the family's words.)

Natural Supports: (Who does the family identify as their support system?)

Needs: (In the family's words.)

Strengths (As evidenced by the CANS Assessment):

(select CANS Strengths/Resiliency)	(comment)
(select CANS Strengths/Resiliency)	(comment)
(select CANS Strengths/Resiliency)	(comment)
(select CANS Strengths/Resiliency)	(comment)

Needs (As evidenced by the CANS Assessment):	
(select Domain/Module)	(area of need)
(select Domain/Module)	(area of need)
(select Domain/Module)	(area of need)
(select Domain/Module)	(area of need)
<p>Goals are overarching outcomes that the family and team desire for the child and family. Although goals are broad, they guide team decision making and are generally, but not always tied to agency-specific goals for the child/family.</p> <p>Objectives are specific measurable steps that can be taken to meet the goal. Objectives should be concrete, tangible, and measurable steps which directly address the needs as they are reflected by the CANS Assessment.</p> <p>Goals and Objectives should be SMART (Specific, Measurable, Attainable, Relevant, and Time-bound).</p>	
Goal:	
(What is the long-term goal for this child/family?)	
Objective:	Progress:
(measurable short-term objective)	(progress toward objective)
Objective:	Progress:
(measurable short-term objective)	(progress toward objective)
Objective:	Progress:
(measurable short-term objective)	(progress toward objective)

Discharge Plan/Progress Toward Discharge	
Discharge to: (What is the next LRE?)	Proposed Discharge Date: (select date)
Summarize discharge planning efforts: (services, community resources, educational plan, etc.)	

Consideration of UR Findings:	UR addendum attached? <input type="checkbox"/>Yes <input type="checkbox"/>No
(How are UR findings incorporated into the service plan?)	

Service	Provider	Approved Units	Approval Dates	
			From	To
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)
(service)	(providers)	(unit)	(start date)	(end date)

Notes:

(FAPT meeting notes)

Next FAPT Review:

Date:

Time:

Location:

Participation and consent of youth and parent/guardian:

The undersigned have had the opportunity to participate in the development of the Individual Family Services Plan (IFSP), including the goals, objectives, and services contained within. Those who disagree with any or part of the IFSP may provide comment below.

Signature	Date	Role	Agree/Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Dissenting Opinion Comments:

Participation and consent of the Family Assessment and Planning Team (FAPT):

The undersigned had the opportunity to participate in the development of this Individual Family Services Plan (IFSP). We understand the IFSP and, unless otherwise indicated below, agree with its implementation.

Signature	Date	Agency	Agree/Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Case Manager and Other Participant Signatures:

Signature	Date	Role

Funding Approval (include approval source/role):

Signature	Date	Role

CSA			2023 Budget	2024 Budget	2025 Budget	Local Match 47.97% (Dollars)
21200020	CSA Srvc 1a FC IVE					
21200020	CSA Srvc 1b FC Othr					
21200020	CSA Srvc 1c ResCon			\$30,000.00	\$13,750.00	\$6,596.86
21200020	CSA Srvc 1e ConEd		\$100,000.00	\$78,924.00	\$80,000.00	\$33,449.96
21200020	CSA Srvc 2a TrFCIVE			\$50,000.00	\$45,000.00	\$18,002.90
21200020	CSA Srvc 2a1 TrFC		\$3,000.00		\$3,000.00	\$1,439.10
21200020	CSA Srvc 2c FmFCIVE		\$25,000.00	\$25,000.00	\$25,000.00	\$11,992.50
21200020	CSA Srvc 2d FmFCMO					
21200020	CSA Srvc 2e FmFCMIL		\$15,000.00	\$40,196.00	\$28,000.00	\$13,431.60
21200020	CSA Srvc 2f Commtly		\$50,000.00	\$507,769.00	\$475,000.00	\$227,857.50
21200020	CSA Srvc 2f1 Trans		\$5,000.00	\$17,906.00	\$10,000.00	\$4,797.00
21200020	CSA Srvc 2g SPED Pv		\$50,000.00	\$89,927.00	\$75,000.00	\$325,977.50
21200020	CSA Srvc 2h St w/DB		\$9,556.00	\$40,000.00	\$23,264.00	\$11,159.74
21200020	CSA Srvc 2i PsyHop					
21200020	CSA Srvc 3 NoManCom		\$10,000.00	\$10,000.00	\$10,000.00	\$4,797.00
21200020	SCA Srvc Misc Expen					
21200010	CSA AdminPur SVC		\$1,500.00	\$1,500.00	\$1,500.00	\$719.55
21200010	CSA Admin Mat&Sup		\$500.00	\$500.00	\$500.00	\$239.85
21200010	CSA Admin Regular Salaries			\$23,764.00	\$23,764.00	\$11,399.59
21200010	CSA Admin VRS Hybrid					
21200010	CSA Admin VRS 1&2					
21200010	CSA Admin Health Insur					
21200010	CSA Admin Group Life Insur Ben					
21200010	CSA Admin FICA					
21200010	CSA Admin Dis Ins Hybrid					
21200010	CSA Admin Leave Payout					
	CSA TOTAL		\$269,556.00	\$915,486.00	\$813,778.00	\$671,860.65

OFFICE OF CHILDREN'S SERVICES

ADMINISTERING THE CHILDREN'S SERVICES ACT



PROGRESS REPORT ON THE CHILDREN'S SERVICES ACT

Biennial Report to the General Assembly, December 2023

In accordance with §2.2-2648.21, COV and Chapter 1, Item 284 (H)

The Children's Services Act (CSA, §2.2-2648 et seq) was enacted in 1993 to create a collaborative system of services and funding for at-risk youth and families.

The CSA establishes local multidisciplinary teams responsible to work with families to plan services according to each child's unique strengths and needs and to administer the community's CSA activities.

The Office of Children's Services (OCS) is the administrative entity responsible for ensuring effective and efficient implementation of the CSA across the Commonwealth.

Guiding principles for OCS include:

- Child and family directed care,
- Equitable access to quality services,
- Responsible and effective use of public funds,
- Support for effective, evidence-based practices, and
- Collaborative partnerships across state, local, public, and private stakeholders.



Code of Virginia, §2.2-2648.21. *(The State Executive Council for Children's Services) shall: Biennially publish and disseminate to members of the General Assembly and community policy and management teams a state progress report on comprehensive services to children, youth and families and a plan for such services for the next succeeding biennium. The state plan shall:*

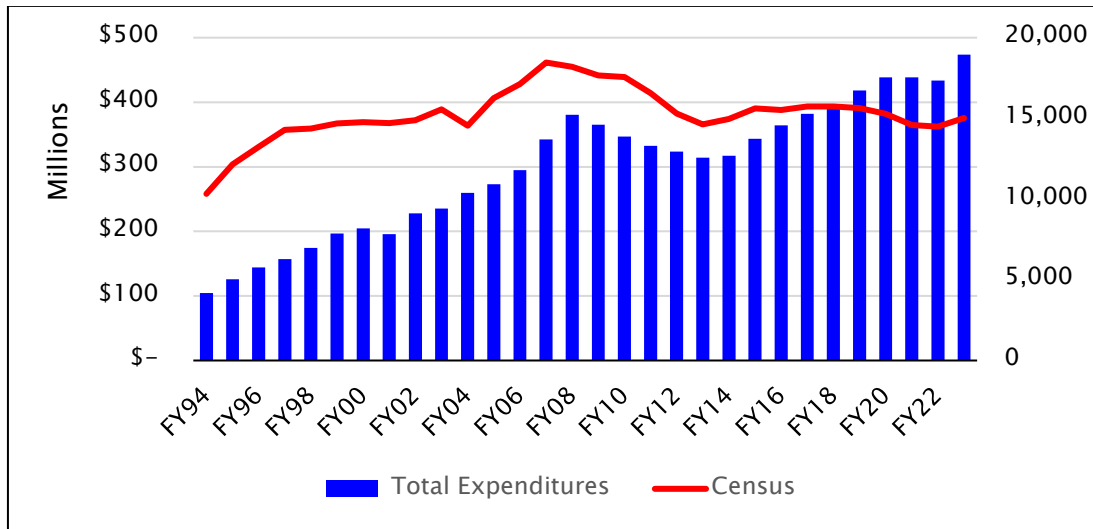
- a. Provide a fiscal profile of current and previous years' federal and state expenditures for a comprehensive service system for children, youth and families;*
- b. Incorporate information and recommendations from local comprehensive service systems with responsibility for planning and delivering services to children, youth and families;*
- c. Identify and establish goals for comprehensive services and the estimated costs of implementing these goals, report progress toward previously identified goals and establish priorities for the coming biennium;*
- d. Report and analyze expenditures associated with children who do not receive pool funding and have emotional and behavioral problems;*
- e. Identify funding streams used to purchase services in addition to pooled, Medicaid, and Title IV-E funding; and*
- f. Include such other information or recommendations as may be necessary and appropriate for the improvement and coordinated development of the state's comprehensive services system.*

Chapter 1, Item 284. H. *Pursuant to subdivision 21 of § 2.2-2648, Code of Virginia, no later than December 20 in the odd-numbered years, the State Executive Council shall biennially publish and disseminate to members of the General Assembly and Community Policy and Management Teams a progress report on services for children, youth, and families and a plan for such services for the succeeding biennium.*

The Code of Virginia and the Appropriation Act require that the State Executive Council for Children's Services (SEC) biennially publish and disseminate a progress report on services for children, youth, and families and a plan for such services for the ensuing biennium. As the administrative entity of the Council, the Office of Children's Services (OCS) is pleased to submit the following report, approved by the SEC. The biennial Strategic Plan for 2024 - 2025 and progress in meeting the goals and objectives of the 2022 - 2023 Plan can be found in this report.

CSA Expenditures and Utilization

Total Expenditures / Children Served through the CSA, FY1994 – FY2023



Annual CSA expenditures and the number of children served rose consistently from the Act’s inception in FY1994 through FY2008. After a decline over five years (FY2009–2013) in spending and children receiving services, except for the years spanning the COVID–19 pandemic (FY2021–2022), expenditures have increased significantly. In contrast, the CSA census (number of children served) has risen slightly and has been generally stable since FY2015. In FY2023, expenditures increased by 9.2% from the three prior years, and the census increased by 3.7%. The overall increased expenditures since FY2013 are overwhelmingly due to the rise in the number (and associated costs) of children receiving private day special education placements, accounting for most of the growth in expenditures and census. In FY2023, special education expenditures rose 9.8%, while all other categories increased by 4.4%.

For the first time in several years, costs for residential (congregate care) placements rose (by 13%), and the number of youth served in these settings rose (by 4%). This data pattern appears mainly attributable to a slight increase in length of stay, an 8% increase in daily rates (primarily for education services in the residential setting), and a 10% increase in daily costs for group home placements.

State and Federal Funding Not Included in the CSA State Pool

	<u>FY2022</u>	<u>FY2023</u>
Children’s Mental Health Initiative (DBHDS)	\$ 5,648,128	\$ 5,648,128
Promoting Safe & Stable Families ¹ (DSS)	\$ 8,462,224	\$ 10,443,139
Virginia Juvenile Community Crime Control Act (DJJ)	\$10,379,921	\$10,379,921
Title IV–E (Foster Care Maintenance) ² (DSS)	\$37,183,661	\$33,786,126
Social Services Block Grant ² (DSS)	\$ 9,419,998	\$ 9,419,998
Medicaid (Treatment Foster Care, Residential Care) ³	<u>\$91,054,382</u>	<u>\$73,449,678</u>
TOTAL	\$153,694,382	\$143,126,990

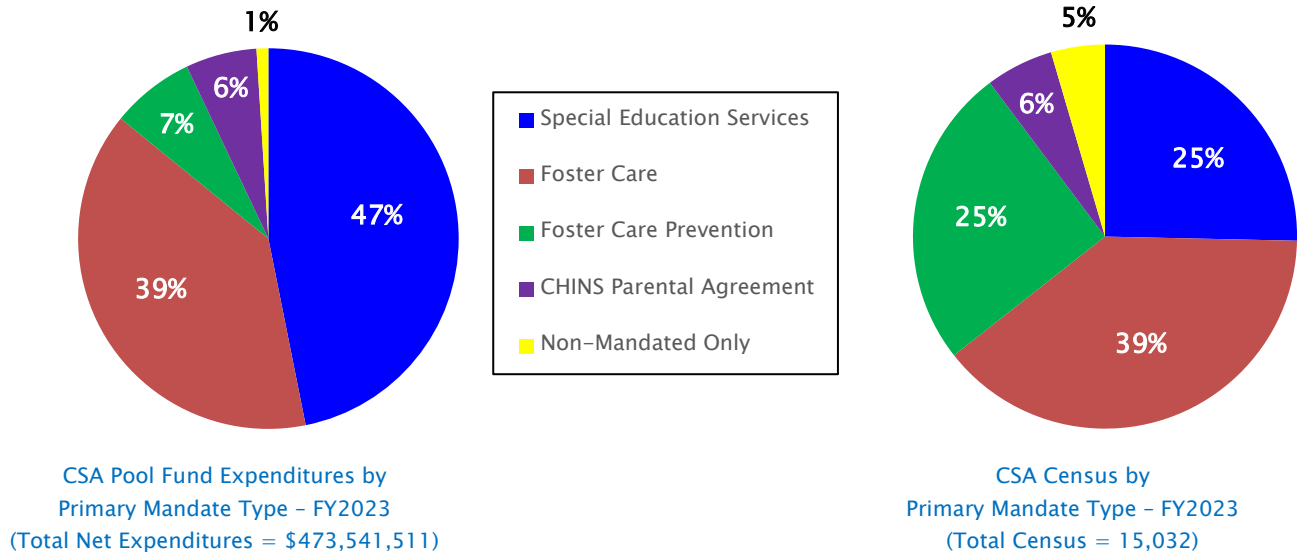
¹Federal FMAP rate varied between 61% (FY2023) and 64% (FY2024).

²Federal FMAP rate was approximately 56% through the period.

³Federal FMAP rate for Medicaid is typically 50%. Adjustments during the COVID–19 pandemic resulted in higher FMAP rates.

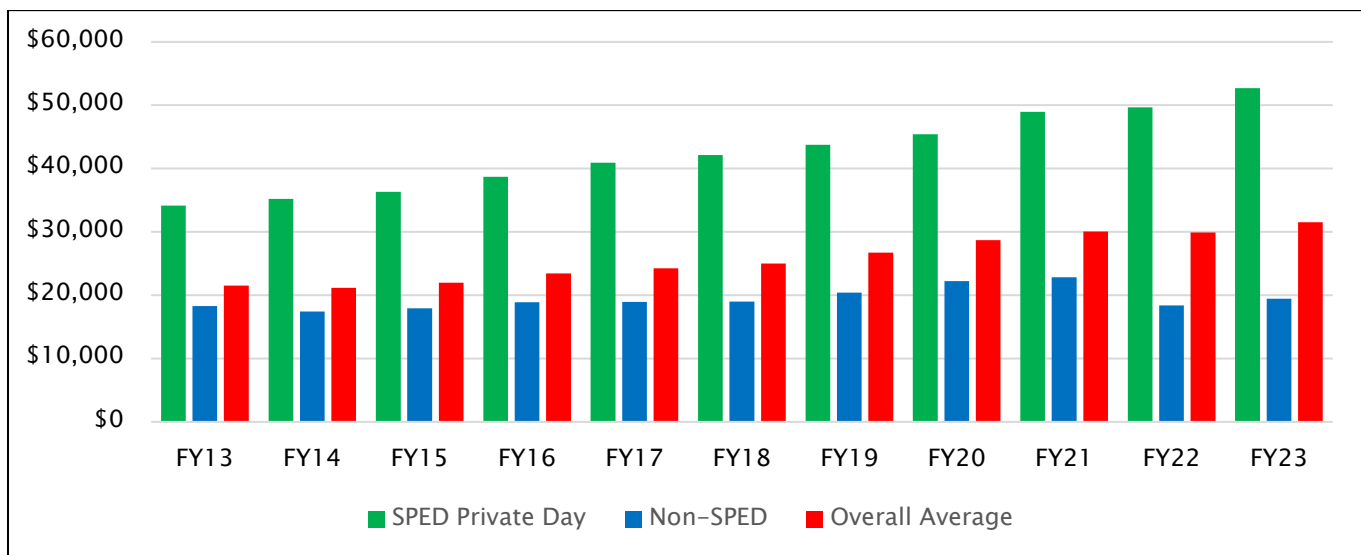
The table above reflects the contributions of funding sources other than CSA pool funds to addressing the needs of children and families⁴. These funds are “braided” with the “blended” CSA pool funds and are utilized for CSA and non-CSA-eligible youth and services, in whole or in part, when available to support needed services. Medicaid funds for behavioral health services to children other than residential and treatment foster care are not reported here and are available from the Department of Medical Assistance Services.

FY2023 CSA Expenditures and Mandate Types



The two graphs above show that special education services accounted for 47% of the total CSA expenditures in FY2023. However, children in this category accounted for only 25% of the total CSA primary mandates. (Note: Children may have more than one Primary Mandate Type). This disparity is because private day special education placements have an annual per-child cost of \$53,488 compared to an average of \$18,707 for all other categories of children (see graph below). Children eligible for CSA due to receiving foster care or foster care prevention services accounted for 64% of those eligible for CSA but only 46% of expenditures.

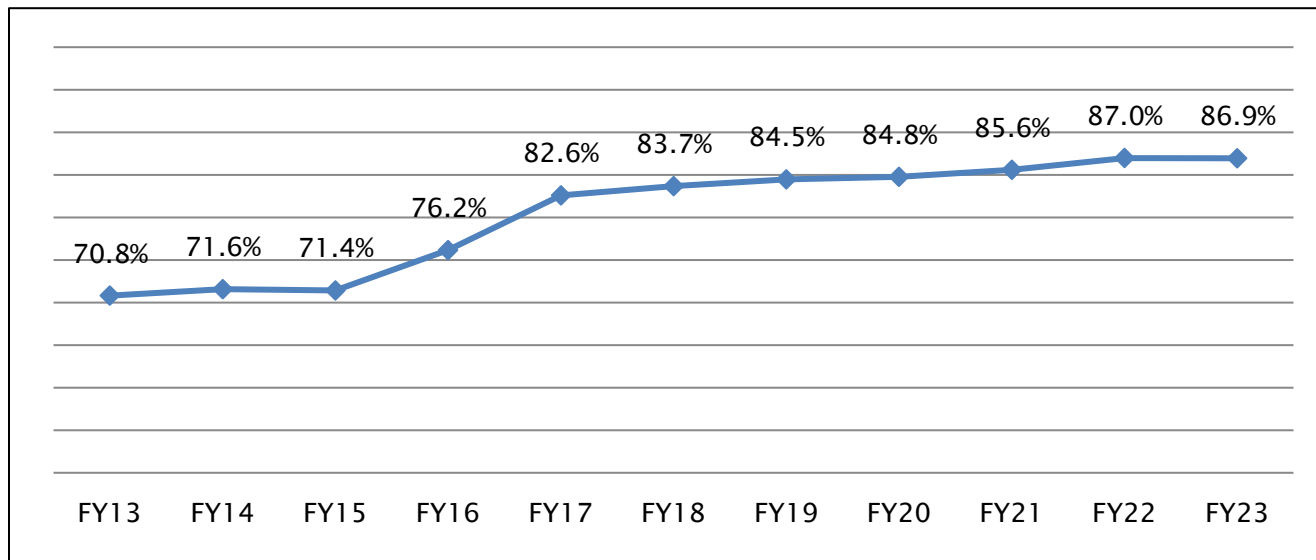
Average Annual per Child CSA Pool Fund Expenditures (FY2013 - FY2023)



⁴ Appendix A provides a description of these various funding sources.

Serving children in community-based (as opposed to residential or congregate care) settings is at the core of the CSA system of care philosophy. An extensive body of evidence indicates that long-term outcomes are improved when children are safely maintained in their families, schools, and communities. The avoidance, where possible, given clinical needs and other concerns, of placements in restrictive, congregate residential settings has long been a goal of the CSA. As seen in the chart below, performance on this indicator has continued to improve over time, although remaining essentially flat from FY2022 to FY2023.

Percent of Children Served in Community-Based Settings (FY2013 - FY2023)



Significant Accomplishments 2022 – 2023

The following is a summary of significant accomplishments related to the Goals and Objectives for the 2022 – 2023 Strategic Plan approved by the State Executive Council for Children’s Services in December 2021.

Area: Policy and Oversight

Objective 1: The SEC, with input from SLAT and others, will determine which CSA policies need greater uniformity, flexibility, and alignment (internally and across partners).

Two-year metric: Continue through the work of the SEC Policy Review Workgroup, prioritized revisions to CSA policies with an additional focus on the use of equity and trauma-informed lenses.

Status:

- *Updated and approved the Family Assessment and Planning Team policy (3.2).*
- *Revised and approved the Family Engagement Policy (3.3).*
- *Rescinded policies redundant with the Code of Virginia (2.1; 2.2; 2.3; 3.1; 4.4.1).*
- *Developed a plan for the review and update of all other existing policies.*
- *Released for public comment revisions to policies 2.4 (Public Participation in Policy-Making Actions), 3.4 (Dispute Resolution Process), and 4.2 (Payment for Services and Change of Legal Residence).*
- *Continued to consult with the State and Local Advisory Team (SLAT) and the state CSA Coordinator Network on the policy review process and content.*
- *At the request of the SEC, the SLAT reviewed the current three-tiered CSA match rate model and recommended no changes. The SEC affirmed this recommendation.*
- *CSA worked with VDSS to suspend the VDSS policy regarding the use of the Qualified Residential Treatment Program (QRTP) designation under the Family First Prevention Services Act.*
- *The Policy Review Workgroup has transitioned to collaborative efforts with the SLAT, CSA Coordinator Network, and other ad hoc members as germane to the policies under review.*

Area: Policy and Oversight

Objective 2: The SEC will identify and capitalize on the practice enhancements occurring throughout the CSA participating systems.

Two-year metric: The SEC will continue to engage in regular updates and discussions of the various system improvement initiatives to identify areas requiring additional alignment. Areas for collaboration will be identified and acted upon.

Status:

- *The SEC received a presentation on the Governor’s Safe and Sound Task Force at the June 2022 meeting. Multiple SEC agencies are involved in implementing the goals of this task force to eliminate the occurrence of youth in foster care being displaced and residing in unapproved or inappropriate placements such as local DSS offices, hotels, or hospital emergency departments.*

- *Multiple SEC agencies are involved in implementing the Governor’s Right Help, Right Now transformation of the behavioral health system.*
- *The OCS Senior Research Analyst on the OCS Data and Outcomes Dashboard and annual Service Gap Survey were made at the March 2023 and September 2023 SEC meetings. At the suggestion of the SEC, a local and regional level dashboard was added to the Service Gap Survey results.*
- *OCS has developed and implemented a topical index to its Administrative Memorandums to make it easier for users to locate relevant guidance related to the CSA program.*

Area: Leadership and Collective Action

Objective 1: The SEC and SLAT will define and support the development of core leadership competencies for local CSA leaders, Community Policy and Management Teams, and Family Assessment and Planning Teams.

Two-year metric: Develop and implement a comprehensive curriculum and related strategies to address identified core leadership and operational competencies and for building local capacity as developed by the workgroup of the State and Local Advisory Team (SLAT).

Status:

- *Multiple online courses corresponding with the Core Competencies have been developed and made available. Additional in-person training curricula continue to be offered upon request.*
- *A topical catalog of training and related resources is being developed and will be posted to the CSA website, as recommended by the SLAT.*

Area: Leadership and Collective Action

Objective 2: SEC will implement and support outcome-driven practices.

Two-year metric: OCS will complete a five-year CSA outcomes report at the state and local level and will develop and disseminate services-specific outcome reporting and tools for localities.

Status:

- *The statewide five-year outcomes report (2018–2022) is complete and has been disseminated.*
- *OCS is adding service placement type (SPT)-level data and other upgrades to its Data and Outcomes Dashboard. Several of these upgrades were suggested by the SEC and other stakeholders.*

Two-year metric: SEC member agencies will support the work of the Center for Evidence-Based Partnerships in Virginia (CEBP-Va).

Status:

- *The following SEC member agencies participate in the Governance Committee of the Center: OCS, DBHDS, VDSS, DMAS, VDH, and DJJ. Additional agency partners include the Department of Criminal Justice Services and the Department of Health Professions.*

- *The Center has several ongoing projects, including the development and maintenance of an online directory of providers who meet training and credentialing requirements for specific evidence-based interventions; fidelity monitoring for particular interventions on the Virginia Family First Prevention Services Act plan through VDSS); ongoing research and reporting on barriers and solutions to the implementation of EBPs; and the EBP Transformation Zones initiative in partnership with the National Implementation Research Network (University of North Carolina).*

Area: Empowering Families and Communities

Objective 1: SEC, SLAT, and additional partners will develop a guide for youth and families to build understanding about access to needed services.

Two-year metric: Complete development and distribution of the family and youth guide to CSA, including ancillary products (e.g., training curriculum, videos).

Status:

- *The "Family Guide to CSA" has been completed, distributed, and available on the CSA website.*
- *An online training for family representatives to Family Assessment and Planning Teams and Community Policy and Management Teams has been developed and is available through the Virginia Learning Center.*
- *A video overview of CSA for parents has been scripted and will be produced and released in early 2024.*

Area: Empowering Families and Communities

Objective 2: The SEC, through OCS, will build community capacity by preparing and assisting localities to successfully implement and sustain evidence-based practices.

Two-year metrics:

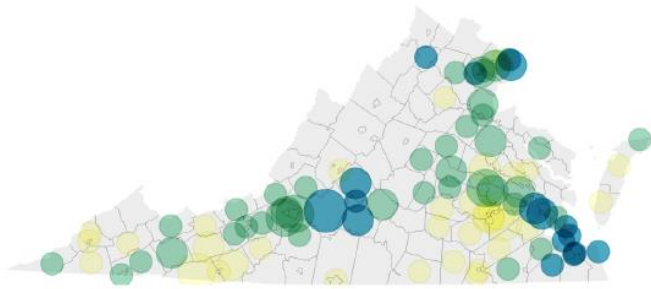
- Number of available EBPs for children/families
- Assessment of EBP availability/capacity across the Commonwealth
- Number of trained EBP providers
- Number of children/families receiving EPBs
- Number of and attendance at EBP-related training events

Status:

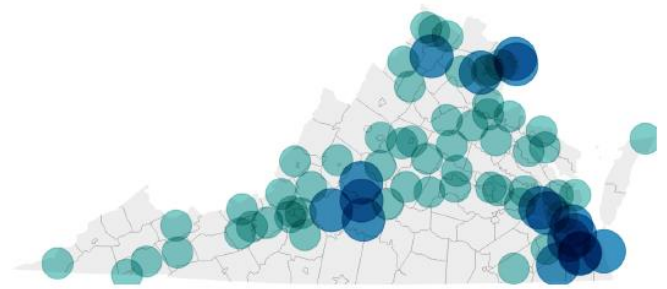
- *The following EBPs are available as of July 1, 2023 (specific supporting agencies listed):*
 - *Multisystemic therapy (MST) - (DSS, OCS, DMAS, DJJ)*
 - *Functional Family Therapy (FFT) -*
 - *Parent-Child Interaction Therapy (PCIT) - (DSS, OCS)*
 - *High-Fidelity Wraparound - Intensive Care Coordination) (HFW) - (OCS, DSS, DBHDS, DJJ)*
 - *Family Check-Up (FCU) - (DSS)*
 - *Brief Strategic Family Therapy (BSFT) - (DSS)*
 - *Homebuilders - (DSS)*
 - *Trauma-focused Cognitive Behavioral Therapy (TF-CBT) - (DBHDS)*
 - *Adolescent Community Reinforcement Approach (A-CRA) - (DBHDS)*
 - *Community Reinforcements and Family Training (CRAFT) - (DBHDS)*

- The availability of the EBPs listed and the number of trained EBP providers are not uniformly known. They may vary as qualified providers are employed or leave employment with specific agencies. The most carefully tracked EBPs are those associated with the Family First Prevention Services Act (FFPSA), including MST, FFT, FCU, BSFT, and PCIT. The providers can be found on the provider directory managed by the Center for Evidence-Based Partnerships at this location: www.EBPFinder.org. The maps below⁵ show BSFT, FCU, FFT, and MST availability.

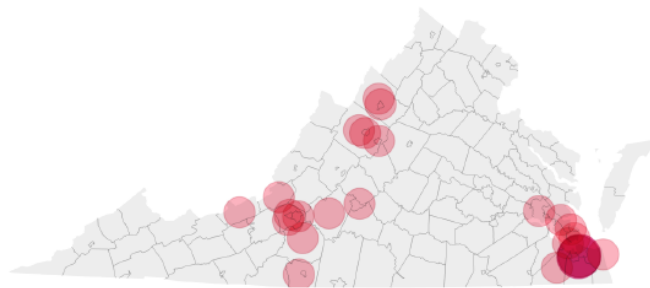
FFT Providers



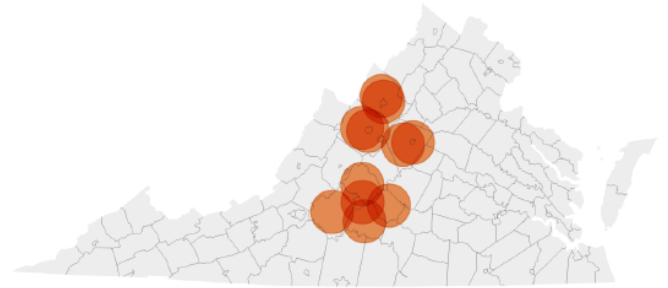
[MST Providers]



BSFT Providers

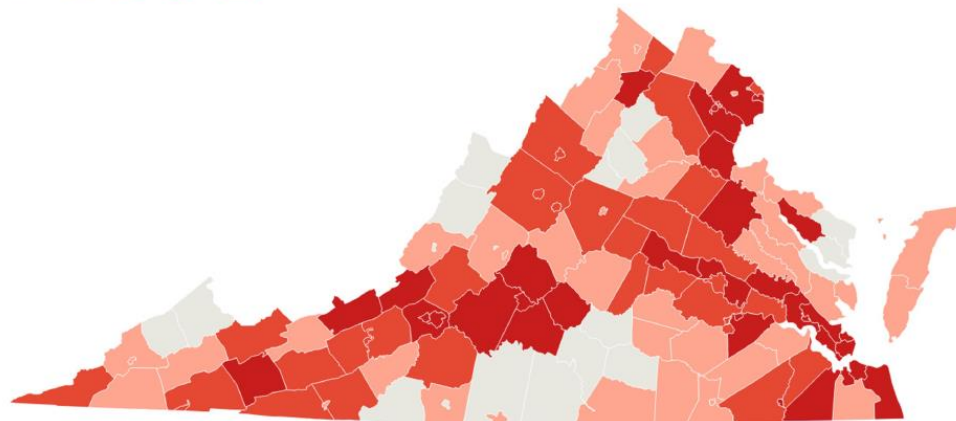


FCU Providers



EBP Saturation

Number of teams or sites, as of August 2023



⁵ Maps generated by the CEBP-VA as of August 11, 2023.

The availability of qualified High-Fidelity Wraparound providers can be found on the OCS website at www.csa.virginia.gov/Content/doc/ICC_Trained_Providers.pdf.

For the EBPs explicitly detailed in each agency’s funding model/service listings, the number of children and families served in FY2022 and FY2023 through each EBP is listed in the table below:

		Youth Served FY2022				
EBP	Funding Agencies*	DSS	OCS	DJJ	DBHDS	DMAS
Multisystemic Therapy	DSS, OCS, DJJ, DMAS	21	69	133	124	214
Functional Family Therapy	DSS, OCS, DJJ, DMAS	36	146	170	185	154
Parent-Child Interaction Therapy	DSS, OCS	0	0			
High Fidelity Wraparound (ICC)	OCS		560	25		
Adolescent Community Reinforcement Approach	DBHDS (CSB), DJJ					
Community Reinforcement and Family Training	DBHDS (CSB), DJJ					
Trauma-Focused Cognitive Behavioral Therapy	DBHDS (CSB), OCS, DJJ					
		Youth Served FY2023				
EBP	Funding Agencies*	DSS	OCS	DJJ	DBHDS	DMAS
Multisystemic Therapy	DSS, OCS, DJJ, DMAS	6	50	90		248
Functional Family Therapy	DSS, OCS, DJJ, DMAS	16	73	182		230
Parent-Child Interaction Therapy	DSS, OCS	0	6			
High Fidelity Wraparound (ICC)	OCS		635	22		
Adolescent Community Reinforcement Approach	DBHDS (CSB), DJJ					
Community Reinforcement and Family Training	DBHDS (CSB), DJJ					
Trauma-Focused Cognitive Behavioral Therapy	DBHDS (CSB), OCS, DJJ					

Note: Cells shaded in gray are not funded/reported by the specific agency.

- Data related to training is shown in the table below:

EBP Trained Practitioners	Agency Providing Training	Number Trained	Training Events
Multisystemic Therapy	DSS	5	2
Functional Family Therapy	DSS	7	3
Functional Family Therapy	DBHDS	27	10
Parent-Child Interaction Therapy	DSS	9	5
Parent-Child Interaction Therapy	DBHDS	56	19
High Fidelity Wraparound (ICC)	OCS	317	8
Adolescent Community Reinforcement Approach	DBHDS	50	9
Community Reinforcement and Family Training	DBHDS	36	2
Trauma-Focused Cognitive Behavioral Therapy	DBHDS	341	32

Note: There may be some duplication in the numbers trained as reported by different agencies may be overlapping.

Appendix A

Children's Mental Health Initiative

The Children's Mental Health Initiative (MHI) Fund was established by the General Assembly in FY 2000 to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances (SED) who are not mandated for the Children's Services Act (CSA). Funds are provided to the Community Services Boards based on a funding methodology.

Promoting Safe & Stable Families

The Virginia Department of Social Services administers the Promoting Safe and Stable Families Program (PSSF) which is designed to assist children and families resolve crises, connect with necessary and appropriate services, and remain safely together in their own homes whenever possible. This program helps more than 15,000 children and families each year. Services are provided to meet the following objectives:

- Prevent or eliminate the need for out-of-home placements of children
- Promote family strength and stability
- Enhance parental functioning
- Protect children
- Assess and make changes in state and local service delivery systems

PSSF funding is provided by the federal government with a required state match. Individual localities are allocated funds by the VDSS based on the submission of an approved plan to the VDSS. Additional information on the PSSF program can be found here: <https://www.dss.virginia.gov/family/pssf.cgi>.

Virginia Juvenile Community Crime Control Act

In 1995, the Virginia General Assembly passed the Virginia Juvenile Community Crime Control Act (VJCCCA) "to establish a community-based system of progressive intensive sanctions and services that correspond to the severity of offense and treatment needs." Administered by the Department of Juvenile Justice, all localities have access to a funding allocation to provide services to eligible youth involved in the juvenile court system. Services generally fall into the categories of public safety, post-dispositional/graduated sanctions, accountability, and competency development. Additional information on the PSSF program can be found here: <https://www.djj.virginia.gov/pages/community/community-diversion.htm#vjcca>.

Title IV-E

Title IV-E is a federal program designed to provide funding to states to ensure proper care for eligible children in foster care and to provide ongoing assistance to eligible children with special needs receiving adoption subsidies. The program is administered under Title IV-E of the Social Security Act and is funded by federal and state/local matching funds. Title IV-E funds are administered by the Virginia Department of Social Services and the local departments of social services. Additional information on Title IV-E can be found here: <https://www.dss.virginia.gov/family/iv-e.cgi>.

Social Services Block Grant

The Social Services Block Grant (SSBG) is a federal funding source that partially supports various services delivered through local departments of social services. The SSBG is administered by the Virginia Department of Social Services. Additional information on the SSBG can be found here: https://www.dss.virginia.gov/geninfo/reports/agency_wide/block_grants.cgi.

Medicaid

Medicaid is the federal program that assists states in providing health care (including behavioral health) to eligible children and adults. Medicaid funding is a shared federal and state responsibility. Medicaid funds support CSA for residential care (therapeutic group homes and psychiatric residential treatment facilities, treatment foster care case management, and various outpatient behavioral health services).

The 2024 – 2025 CSA Strategic Plan

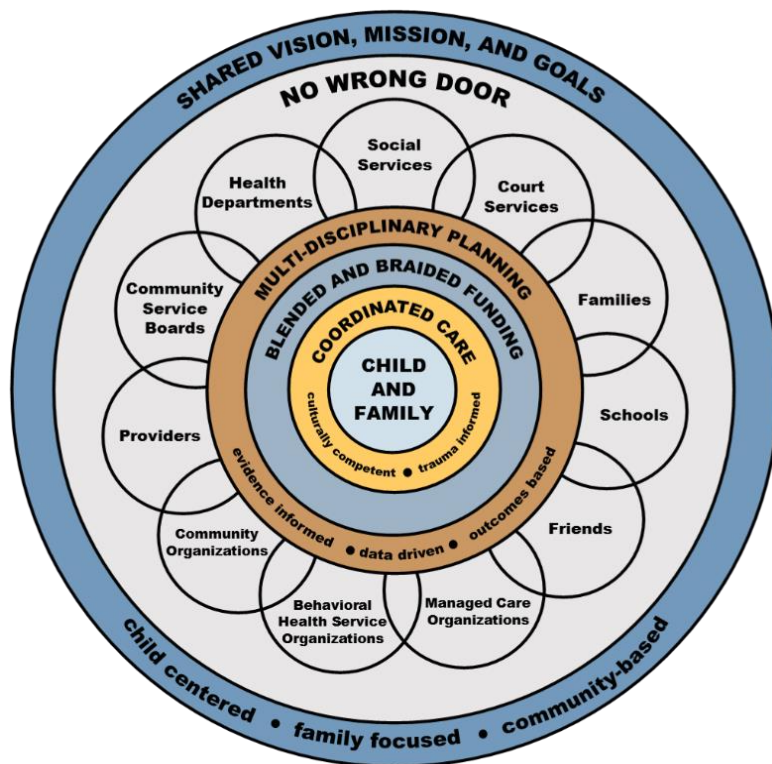
At its December 2023 meeting, the State Executive Council adopted a Strategic Plan for 2024 – 2025.

The Plan is found on the following pages.

Begin with the End in Mind . . .

By 2026, Virginia's Children's Services Act (CSA) will have worked with its state and local government partners, the provider community, and families to successfully expand and support access to effective services that meet the needs of children and families. The State Executive Council for Children's Services (SEC) and the Office of Children's Services are vital participants in this effort, providing leadership and resources to improve outcomes and operate a program that best utilizes public funds. This 2024-2026 Strategic Plan includes continued support for executing evidence-based approaches for serving youth and families by championing statewide, cross-agency initiatives. In this biennial plan, there is an increased focus on aligning policy and practice with an emphasis on creating a process by which stakeholders can provide input into the CSA policies. The empowerment of families and communities remains a focal point, with significant attention given to creating resources that build capacity and create clarity in navigating Virginia's system of care.

These goals will be realized through a collaborative system of care grounded in the CSA's founding principles, where practice reflects policy, and stakeholders at all levels embrace leadership and accountability. Strong partnerships are foundational to implementing the CSA and are the mechanism by which improved practices and outcomes are achieved.



STATE EXECUTIVE COUNCIL FOR CHILDREN'S SERVICES



STRATEGIC PLAN: 2024 – 2025

Empowering Communities to Serve Youth



POLICY & OVERSIGHT

Policy can either help or hinder alignment of shared efforts.

1. With input from the SLAT and other stakeholders, the SEC will complete a comprehensive review of the current CSA Policy Manual to allow for improved uniformity, flexibility, and alignment (internally and across partners).

Two-Year Metric: The SEC will systematically review the existing policy manual to ensure policies are uniform in format and aligned internally and with the policies and practices of CSA agency partners.

Two-Year Metric: The SEC will review current practices to ensure alignment with relevant policies.

2. The SEC will establish a process for soliciting/generating ideas for new/revised CSA policies and practices to enhance program effectiveness and efficiency.

Two-Year Metric: The SEC will work with stakeholders, including the SLAT, CSA Coordinator Network-Policy Committee, VACO, and VML, to develop a process for promoting policy revisions to enhance local CSA programs.

3. The SEC will provide oversight of local CSA programs through the receipt of regular reports on local CSA program audits and technical assistance activities, highlighting both problematic (specific localities and activities) and positive aspects (areas of excellence and innovation).

Two-Year Metric: The SEC will receive electronic notification of the publication of audits and review quarterly and annual audit summary reports prepared by the Office of Children's Services and recommend actions as appropriate.

Two-Year Metric: The SEC will receive quarterly updates on technical assistance activities.

Two-Year Metric: The SEC will develop a process to acknowledge areas of local excellence and best practices.



LEADERSHIP & COLLECTIVE ACTION

Promote alignment, leading by example, and collaborating on a shared vision and key outcomes.

1. The SEC, SLAT, and member entities will enhance the availability of and access to services for youth and families by supporting and championing statewide, cross-agency initiatives.

Two-Year Metric: The SEC and SLAT will support enhanced community capacity by supporting outcome-driven practices in localities.

Two-Year Metric: With the SLAT and OCS, the SEC will develop resources/tools to assist localities in implementing outcome-driven practices and decision-making.

Two-Year Metric: The SEC will receive updates from lead agencies to determine the most appropriate supportive actions from the SEC, the SLAT, and OCS.

Two-Year Metric: The SEC will receive annual updates on service needs assessments completed by participating agencies.

Two-Year Metric: The SEC and SLAT members should educate their respective agencies, highlighting policy issues and best practices.



EMPOWERING FAMILIES & COMMUNITIES

We honor the voices and choices of families and youth and build the capacity of the communities serving them.

1. The SEC will support family engagement and a child-centered, family-focused, trauma-informed, and community-based system of care through:

- Training and coaching by OCS and SEC member agencies on youth and family engagement for local CSA teams and other system partners.
- Continuing OCS' role as a key training partner for evidence-based and outcomes-driven practices.

Two-Year Metric: The SEC, in collaboration with the SLAT, OCS, and other stakeholders, will develop tools for youth and families, such as a family guide brochure, model intake form, and family experience video, to build understanding about access to needed services.

2. In collaboration with the SLAT and other partners, the SEC will work to increase parent participation at the state and local levels.

Two-Year Metric: The SEC and SLAT will explore the barriers and challenges to eliciting parent representation at the state and local levels and brainstorm ways to overcome these barriers.

Two-Year Metric: In collaboration with the SLAT and OCS, the SEC will support parent representative empowerment by developing focused training opportunities for parent representatives on the CPMT and FAPT.

Two-Year Metric: The SEC, in collaboration with the SLAT, OCS, and other stakeholders, will survey local CSA programs to determine how they evaluate family perceptions of and satisfaction with the CSA process.

Two-Year Metric: The SEC, in collaboration with the SLAT, OCS, and other stakeholders, will develop and disseminate a model "Youth and Family Engagement Survey" and recommend practices for gathering youth and family input from local CSA programs.

responded 6.2.23 responded 6.28.23 responded 6.30.23 responded 7.10.23 responded 7.12.23 responded 7.20.23 responded 7.26.23 responded 7.31.23 responded 7.31.23 responded 8.14.23 responded 8.16.23 responded 8.18.23 responded 12.27.23 01.02.24& 1.05.24 PO email dtd 12.28.23 & 1.02.24 & 1.05 & 09.2024

CSA Budget	Munis GL Description	Munis GL Obj code	PO category	FY24 budget	Supp Appropri.	Trnsfr/ Adjs	Revised FY24 Budget	July Pos email dtd 5.26.23	July PO email dtd 6.27.23	July Po's email dtd 6.30.23	July Pos email dtd 7.10.23	July POs email dtd 7.12.23	July Pos email dtd 7.19.23	July Pos email dtd 7.25.23	July PO email dtd 7.27.23	July PO email dtd 7.31.23	Aug PO email dtd 8.14.23	Aug PO email dtd 8.16.23	Aug PO email dtd 8.18.23	PO email dtd 12.27.23	PO email dtd 09.2024	Balance	
21200020	CSA Srvc 1a FC IVE	579001	MAN (FC4E)				-															0	
21200020	CSA Srvc 1b FC Othr	579002	MAN (FC)				-															0	
21200020	CSA Srvc 1c ResCon	579003	MAN (RCDN or RCPA)				-															0	
21200020	CSA Srvc 1e ConEd	579004	MAN (ESCC)	65,000	(51,076)		13,924			3,200				2,240	15,346							(25,751)	
21200020	CSA Srvc 2a TrFCIVE	579005	MAN (TF4E)	50,000	9,850		59,850			27,600												32,250	
21200020	CSA Srvc 2a1 TrFC	579006	MAN (TF)	50,000	(50,000)		-															0	
21200020	CSA Srvc 2c FmFCIVE	579007	MAN (FF4E)	25,000	(25,000)		-															0	
21200020	CSA Srvc 2d FmFCMO		retired catrgory				-															0	
21200020	CSA Srvc 2e FmFCMIL	579009	MAN (FFOP)	20,000	20,196		40,196						10,548			397				25,537	1,589	(26,394)	
21200020	CSA Srvc 2f Commty	579010	MAN (CBS)	75,000	432,679		507,679	16,120		30,830	6,075	1,340		25,180				6,600	19,776	15,285	17,500	243,126	
21200020	CSA Srvc 2f1 Trans	579011	MAN (CSTR)		17,906		17,906	5,000		2,500												10,406	
21200020	CSA Srvc 2g SPED Pv	579012	MAN (ADP)	50,000	37,927		87,927			9,038												27,519	
21200020	CSA Srvc 2h St w/DB	579013	WSS (SPS)	40,000			40,000			11,256											2,760	1,977	
21200020	CSA Srvc 2i PsyHosp	579015	MAN		55,526		55,526															55,526	
21200020	CSA Srvc 3 NoManCom	579014	NON (COMM)	10,000			10,000			4,877												3,235	
21200020	CSA Srvc Miscellaneous Exp			-			-															0	
	sub-total			385,000	448,007		833,007	21,120	-	89,301	6,075	1,340	10,548	27,420	15,346	397	-	6,600	19,776	40,822	21,849	321,894	Available balance of non-adm svcs
ADMINISTRATIVE BUDGET																							
								A C T U A L S															
								July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun				
21200010	CSA AdminPur SVC			1,500			1,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,500	
21200010	CSA Admin Mat & Sup			500			500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	500	
21200010	CSA Admin Regular Salaries			23,764			23,764	2,541	2,476	2,644	2,321	-	-	-	-	-	-	-	-	-	-	13,782	
	sub-total			25,764			25,764	2,541	2,476	2,644	2,321	-	-	-	-	-	-	-	-	-	-	15,782	Available balance of Admin
TOTAL				410,764	448,007		858,771															337,677	Overall Fund balance net POs

Note:

Admin Expenses are actual, not based on POs

Disencumber PO's 2538225, 26, 27, 31 per Claire Spaulding need to create new Pos with different amts.

FY24

FY24 Actual Expenses

CSA Budget	Munis GL Description	Munis GL		Approved State budget	Clarke's Original FY24 budget	Spplmntl Approp.	Clarke's FY24 Revised Budget	FY24 Actual Expenses							Balance		
		Obj code	PO category					July	Aug	Sept	Oct	Nov	Dec	Jan			Jun
				231,586													
21200020	CSA Srvc 1a FC IVE	579001	MAN (FC4E)														-
21200020	CSA Srvc 1b FC Othr	579002	MAN (FC)														-
21200020	CSA Srvc 1c ResCon	579003	MAN (RCDN or RCPA)				-										-
21200020	CSA Srvc 1e ConEd	579004	MAN (ESCC)	44,935	65,000	(51,076)	13,924		7,081.98	6,842.42	4,942.00	5,722.42	4,942.09	4,681.98			(20,288)
21200020	CSA Srvc 2a TrFCIVE	579005	MAN (TF4E)	34,565	50,000	9,850	59,850		4,650.00		4,650.00	4,650.00	4,500.00				41,400
21200020	CSA Srvc 2a1 TrFC	579006	MAN (TF)	34,565	50,000	(50,000)	-										-
21200020	CSA Srvc 2c FmFCIVE	579007	MAN (FF4E)	17,283	25,000	(25,000)	-										-
21200020	CSA Srvc 2d FmFCMO	579008	retired catrgory		-	-	-										-
21200020	CSA Srvc 2e FmFCMIL	579009	MAN (FFOP)	13,826	20,000	20,196	40,196		4,054.00	2,084.00	6,860.20	4,875.00	4,171.90	3,278.00			14,873
21200020	CSA Srvc 2f Commtly	579010	MAN (CBS)	51,848	75,000	432,679	507,679		11,116.50	51,188.00	18,859.50	25,860.26	12,026.25	16,413.75			372,214
21200020	CSA Srvc 2f1 Trans	579011	MAN (CSTR)		-	17,906	17,906		1,031.25	1,875.00							15,000
21200020	CSA Srvc 2g SPED Pv	579012	MAN (ADP)	34,565	50,000	37,927	87,927		3,214.88	2,429.79	5,220.00	5,742.00	7,560.99	4,681.98			59,077
21200020	CSA Srvc 2i PsyHosp	579015			-	55,526	55,526										55,526
			<i>sub-total mandated svcs</i>	<u>231,586</u>	<u>335,000</u>	<u>448,007</u>	<u>783,007</u>		<u>-</u>	<u>31,149</u>	<u>64,419</u>	<u>40,532</u>	<u>46,850</u>	<u>33,201</u>	<u>29,056</u>		<u>537,801</u>
21200020	CSA Srvc 2h St w/DB	579013	WSS (SPS)	43,713	40,000	-	40,000		167.50	134.00		3,562.75	1,239.50	1,072.00			33,824
21200020	CSA Srvc 3 NoManCom	579014	NON (COMM)	19,220	10,000	-	10,000		1,867.31	787.31	542.31	489.31	-	209.31			6,104
21200020	CSA Srvc Miscellaneous Exp				-	-	-										-
			<i>sub-total wrap and non-mandated svcs</i>	<u>294,519</u>	<u>385,000</u>	<u>448,007</u>	<u>833,007</u>		<u>-</u>	<u>33,183.42</u>	<u>65,340.52</u>	<u>41,074.01</u>	<u>50,901.74</u>	<u>34,440.73</u>	<u>30,337.02</u>		<u>577,730</u>
21200010	CSA AdminPur SVC			1,500	1,500		1,500										1,500
21200010	CSA Admin Mat & Sup			500	500		500										500
21200010	CSA Admin PT Salaries			23,764	23,764		23,764		2,541	2,476	2,644	2,321					13,782
			<i>sub-total administrative svcs</i>	<u>25,764</u>	<u>25,764</u>		<u>25,764</u>		<u>2,541</u>	<u>2,476</u>	<u>2,644</u>	<u>2,321</u>					<u>15,782</u>
			TOTALS	320,283	410,764	448,007	858,771		2,541	35,660	67,984	43,395	50,902	34,441	30,337		593,512
																	TOTAL AVAILABLE BALANCE

Available balance of non-adm svcs budg
 Available balance of Admin budget