Clarke County CPMT Agenda
August 23, 2022
2:00 PM
Clarke County Government Center

OPEN SESSION

1. Approve minutes from July 26, 2022
2. Parent Representatives – CPMT, FAPT
3. Social Work Intern Discussion – FAPT and providers
4. CPMT Chair Job Description
5. Service Gap Report from OCS Memo #22-10
6. Virtual FAPT Guidelines
7. CPMT Bed Reporting
8. Audit Prep
9. Financial – July payment report pending

CLOSED SESSION

Consent Agenda: 9 cases

Next Meeting: September 27, 2022

CLARKE COUNTY CPMT MEETING MINUTES
July 26, 2022

Attendees

Katherine Webster	CSA Coordinator
Frank Moore	Clarke County Public Schools and CPMT Vice Chair
Jerry Stollings	CSU Representative
Denise Acker	CSB Representative
Terri Catlett	BOS Representative
Tavan Mair	Private Provider Representative
Leea Shirley	VDH Representative
Jennifer Parker	DSS Representative and CPMT Chair

Jen called the meeting to order at 2:11 p.m. The meeting was conducted virtually via Google Meet.

Old Business:

Leea made a motion to approve the minutes from June; Denise seconded the motion.

New Business:

1. Katherine gave an update on the recruitment for parent representatives for FAPT and CPMT. Both possible candidates had not responded at the time of this meeting. Katherine will follow up with both.

2. The team discussed the recent letter from Family Insight to all CSA programs describing the dissolution of contracts. Clarke CSA utilized Family Insight because they were the only organization that had Spanish-speaking workers on staff. Team members suggested looking at providers in Loudoun County to fill the gaps. Literacy Volunteers of Winchester also has a free or low cost translation service. Katherine will follow up on the team's suggestions.

3. The team reviewed the budget allocations from OCS. Based on an average of the past 3 years of spending, the FY23 budget is reduced from FY22 by $95,688. Katherine can apply for supplements as the year goes on, but it is difficult to plan for the future when relying of the possibility of budget supplements.

4. Based on concerns discussed at a pervious CPMT meeting, the team scheduled a call with a local provider to review expectations. Friday July 29th at 1pm was scheduled.

Financial Update:
Katherine provided the team with payment reports from June, there were no questions about the report.

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

Consent Agenda:
The consent agenda with 3 cases was reviewed. Denise made a motion to leave closed session and Jen seconded. **Next meeting: July 26, 2022 at 2:00 p.m.**

MOTION TO CONDUCT A CLOSED MEETING

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

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

The subject matter of the closed meeting will be:

1. Case Review (active and recent).

RECORD OF VOTE AS TO THE AFORESAID MOTION

	MOTION BY	SECOND	ABSENT/ ABSTAIN	AYE	NAY
Denise Acker				✓	
Jerry Stollings		✓			
Jennifer Parker				✓	
Terri Catlett				✓	
Leea Shirley				✓	
Frank Moore	✓				
Tavan Mair				✓	

CERTIFICATE

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

	AYE	NAY	ABSENT	REASON FOR NAY VOTE
Denise Acker	✓			
Jerry Stollings	✓			
Jennifer Parker	✓			
Terri Catlett	✓			
Leea Shirley	✓			
Frank Moore	✓			
Tavan Mair	✓			

The aforesaid Motion and Certificate were adopted in open meeting at a public meeting held on July 26, 2022 of the Clarke County Community Policy and Management Team by roll-call vote as shown above. The Certificate was adopted immediately after the closed meeting at a reconvened open meeting.

Jennifer Parker
Chair

7/26/2022
Date

CPMT Chair Job Description[1]

The Community Policy and Management Team (CPMT) is the statutorily established local governing body for the Children's Services Act (CSA) program. Key responsibilities are to oversee policy and procedures regarding the use of CSA funds and operating procedures within the statutory and regulatory framework of the Act. The CPMT Chair plays an important leadership role as the head of this oversight and decision-making body. The Chair's responsibility spans beyond basic meeting facilitation. While each locality differs in the implementation of the local CSA program, there are fundamental responsibilities that can assist each CPMT with improving and instilling best practices into their local program.

Key responsibilities:

- Serves as the official local program contact and liaison to the Office of Children's Services.
- Develop CPMT meeting agendas, in collaboration with the CSA Coordinator.
- Facilitate CPMT meetings.
- If the Chair is from a local agency that does not oversee CSA daily operations, the Chair should maintain open communication with the CSA program's supervisory staff.
- Facilitate strategic discussion and planning to include, but not limited to:
    - Fiscal management and budget risks and opportunities;
    - Service trends and utilization;
    - Long-term and short-term goals for the program;
    - Enhancements to the local system of care;
    - Solution-focused discussion about identified system barriers and service gaps; and
    - Collaboration across stakeholder groups.
- Ensure effective communication amongst CPMT members and key stakeholders.
- Encourage CPMT members to engage in building a positive culture.
- Set a collaborative and strategic tone for a locality's child-serving system.
- Ensure CPMT decisions reflect CSA core principles, CPMT Code responsibilities, and local policy parameters.
- Administrative functions to include, but may not be limited to:
    - Ensuring regular attendance for all CPMT members;
    - Ensuring Freedom of Information Act (FOIA) requirements are followed;
    - Supporting appeal hearings;
    - Operating as the signatory for local CPMT documents including contracts, as so authorized by the local government.
    - Completing required financial forms; and
    - Ensuring CPMT members receive fiscal and budget information that supports CPMT oversight of CSA expenditures.

[1] This document was prepared by the SLAT CSA Competencies Group and endorsed by the SLAT on August 4. 2022.

COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES
Administering the Children's Services Act

Administrative Memorandum #22-10

To: CPMT Chairs CSA Coordinators

From: Scott Reiner, Executive Director

Date: August 1, 2022

Subject: Annual CSA Service Gap Survey

Section 2.2-5211.1.2 of the Code of Virginia requires that: "The community policy and management team shall report annually to the Office of Children's Services on the gaps in services needed to keep children in the local community and any barriers to the development of those services." This requirement led to the implementation of the annual CSA Service Gap Survey, which has been in place since 2007. The Survey can also serve as a resource to local CSA programs in meeting the language of §2.2-5206.4 that each CPMT shall: "Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community …"

Thank you for your cooperation in completing the 2022 Service Gap Survey. The results are now tabulated and summarized. They are included with the Memo and are also available on the OCS website. We hope that this information will be helpful to your localities in meeting the needs of children and families and fulfilling your planning responsibilities.

Please direct any technical questions about the Service Gap Survey to Carrie Thompson, CSA Research Associate Senior at carrie.thompson@csa.virginia.gov.

cc: Carrie Thompson

Attachment: FY2022 Service Gap Survey.pdf

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FY 2022 Service Gap Survey

(Follow-up Questions to FY 2021 Gap Survey)

The CSA Service Gap Survey

- Section 2.2-5211.1.2 of the Code of Virginia requires that: "The community policy and management team shall report annually to the Office of Children's Services on the gaps in services needed to keep children in the local community and any barriers to the development of those services." This requirement led to the implementation of the annual CSA Service Gap Survey, which has been in place since 2007.

- Beginning in 2017, the process was revised to require that a full survey will be completed only in the odd-numbered years. In the even-numbered years, localities review their previous year's submission and provide an interim update.

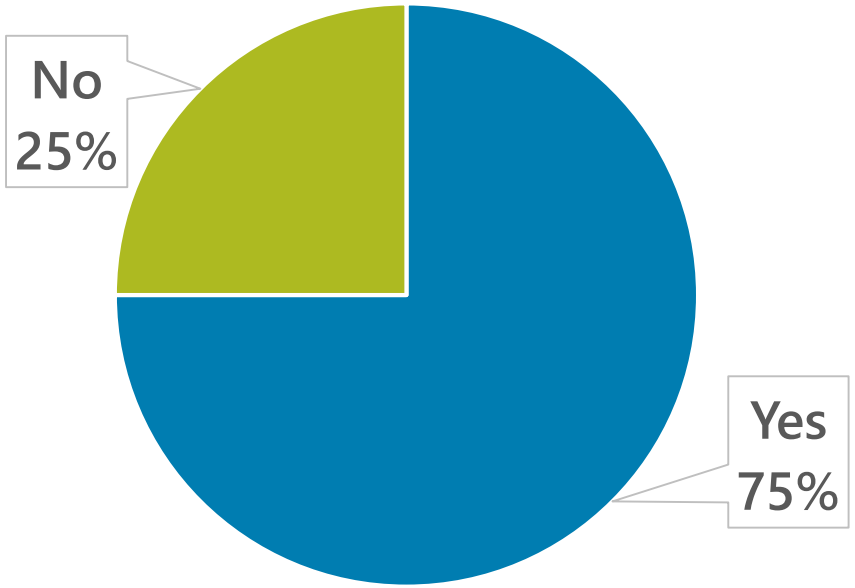
- FY2022 represents the follow-up to the complete survey from FY2021 which is available at:

FY2021 CSA Service Gap Survey

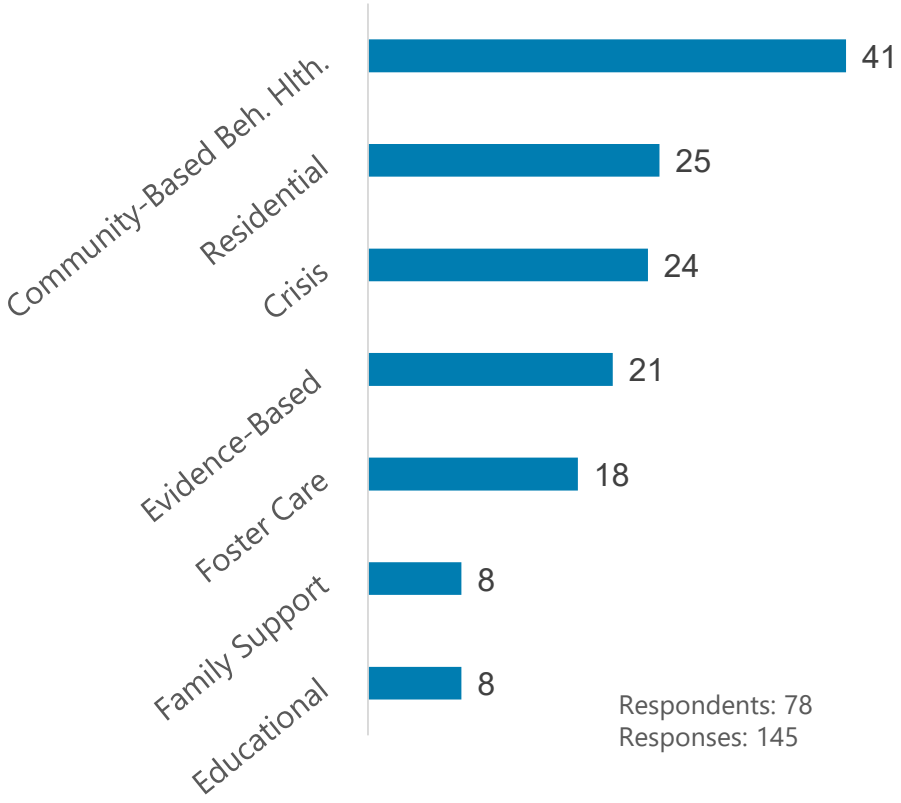
Key Findings

- The top three service gaps identified by localities were Community-Based Behavioral Health, Residential, and Crisis Services.
- The specific populations most frequently mentioned in responses were youth with Autism or other Intellectual/Developmental Disabilities (41% of all specific populations identified in responses).
- Among localities that reported service gap improvement or resolution, New Provider/Program was the most frequently cited example.
- The most prevalent response for increased/new barriers was Provider Availability. Staffing was the second most frequent response.
- The most frequently mentioned decreased/resolved barrier was New Provider/Program.

Are there new or increased service gaps from FY21 to FY22?

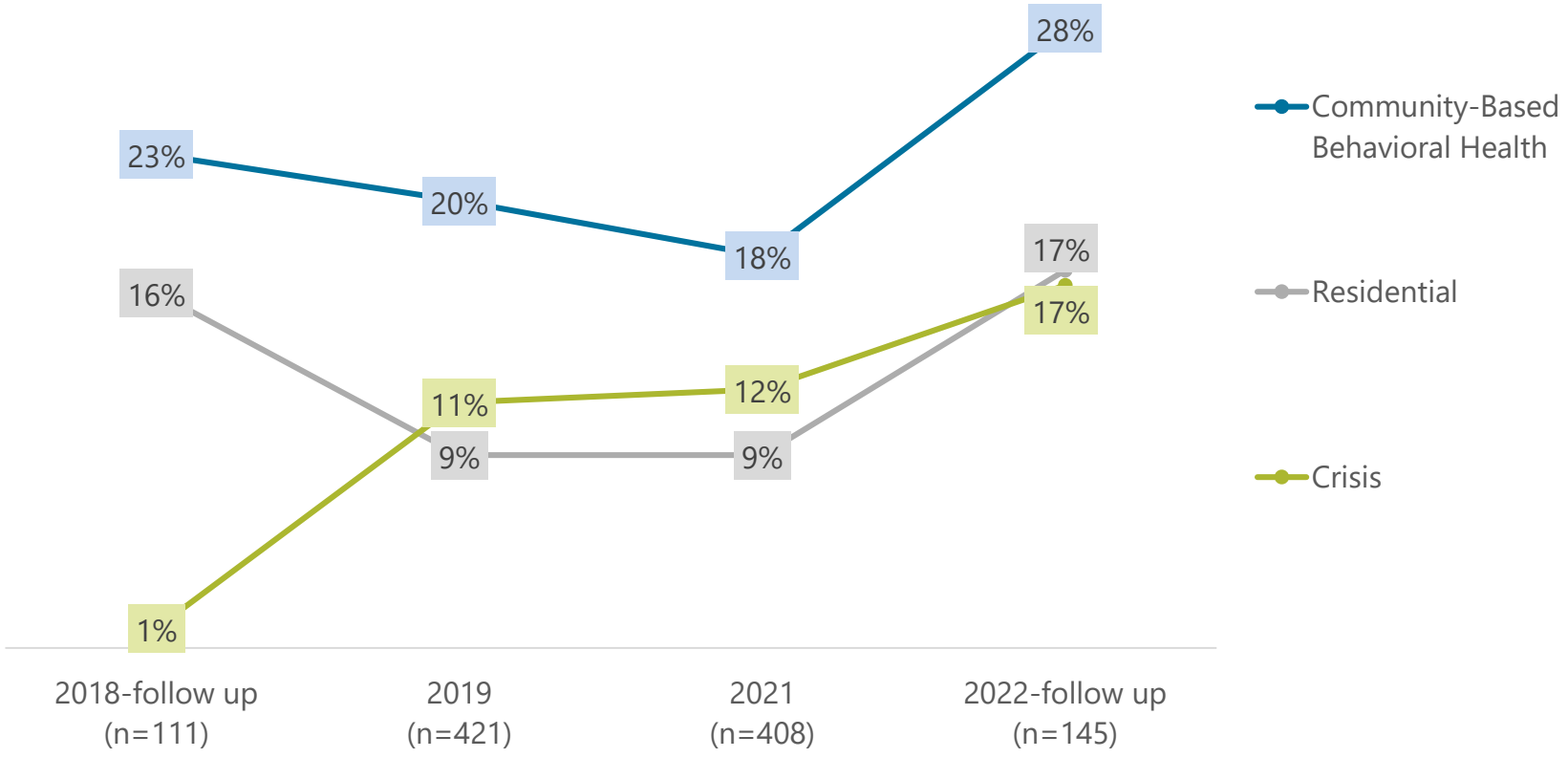


New/Increased Service Gaps Identified in FY22



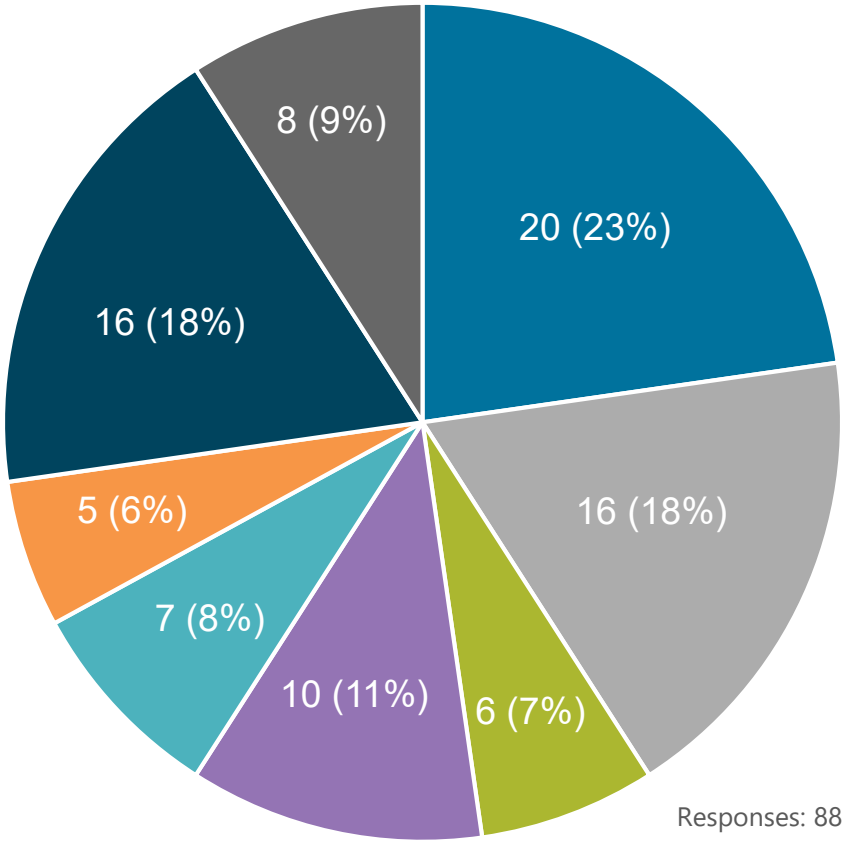
Historical Trends for Top Three Service Gaps Identified in FY22

Percentage of Responses Identifying Gap, by Survey Year



Specific Populations Identified with Service Gaps in FY22

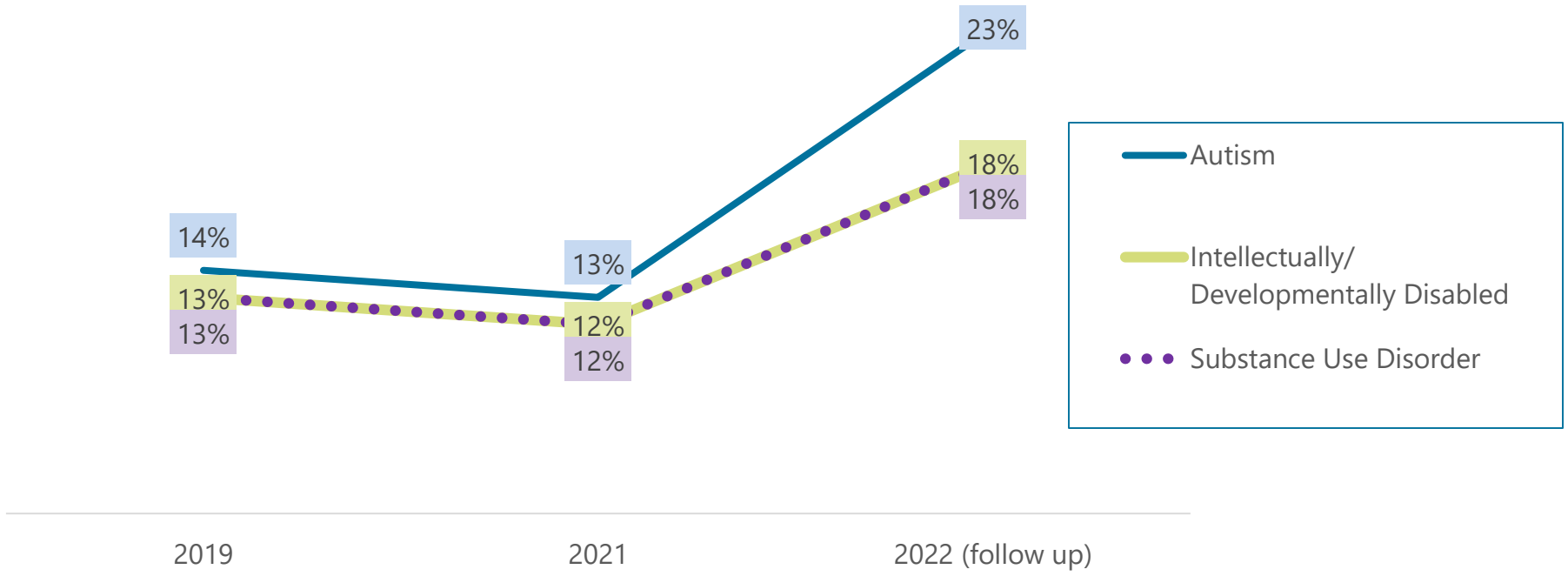
- Autism/ABA
- Intellectual/Developmental Disability/ABA
- Potentially Disrupting or Disrupted Foster Care Placements or Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Multiple Mental Health Diagnoses
- DJJ/Truancy
- Substance Abuse
- Other: Culturally Diverse Youth (ie LGBTQIA+, multi-lingual)



Responses: 88

Historical Trends for Top Three Populations Identified in FY22

Percentage of Responses Identifying Population, by Survey Year

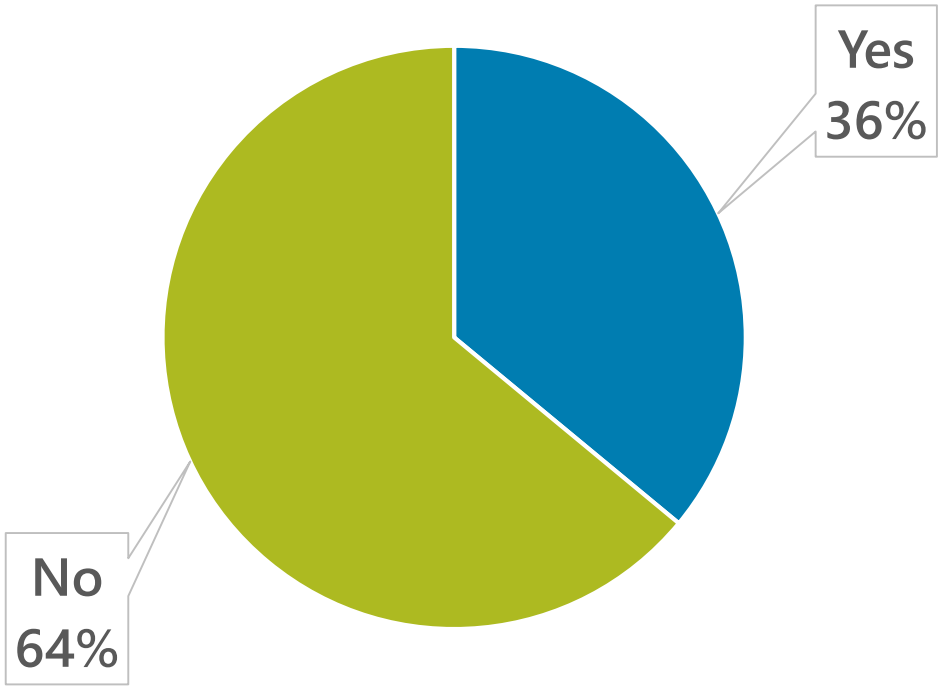


Note: Follow-up surveys do not ask about specific populations - the instances from FY22 were offered voluntarily within locality responses.

For FY22, are there any new service gaps identified that were not reported in FY21?

	Yes	Percent Yes	No	Percent No	Total
Central	10	53%	9	47%	19
Eastern	19	86%	3	14%	22
Northern	16	73%	6	27%	22
Piedmont	23	92%	2	8%	25
Western	10	63%	6	38%	16
Statewide	**78**	**75%**	**26**	**25%**	**104**

Have any of the service gaps identified in FY21 been resolved in FY22?



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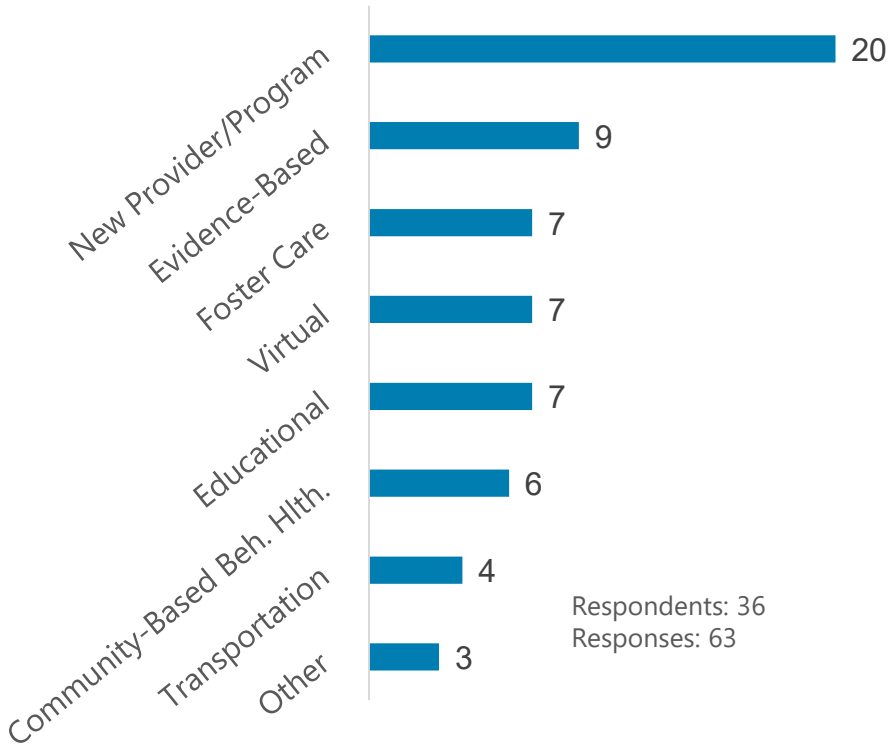
Resolved/Decreased Service Gaps Identified in FY22

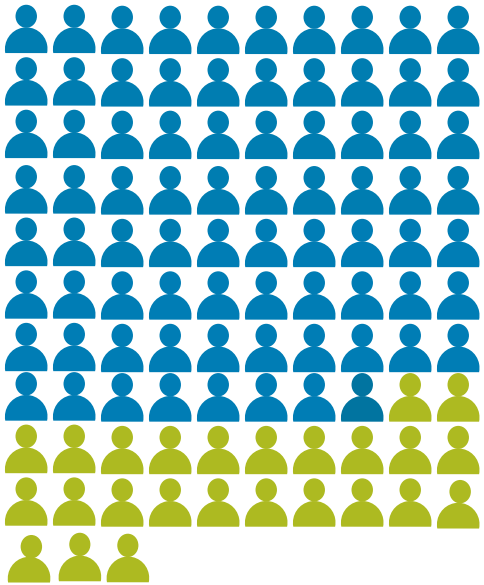


Have any of the FY21 service gaps been resolved/decreased in FY22?

	Yes	Percent Yes	No	Percent No	Total
Central	6	32%	13	68%	19
Eastern	9	43%	12	57%	21
Northern	9	41%	13	59%	22
Piedmont	10	42%	14	58%	24
Western	2	14%	12	86%	14
Statewide	**36**	**36%**	**64**	**64%**	**100**

Have any of the FY21 barriers to providing services increased, or are there any new barriers identified for FY22?

Statewide



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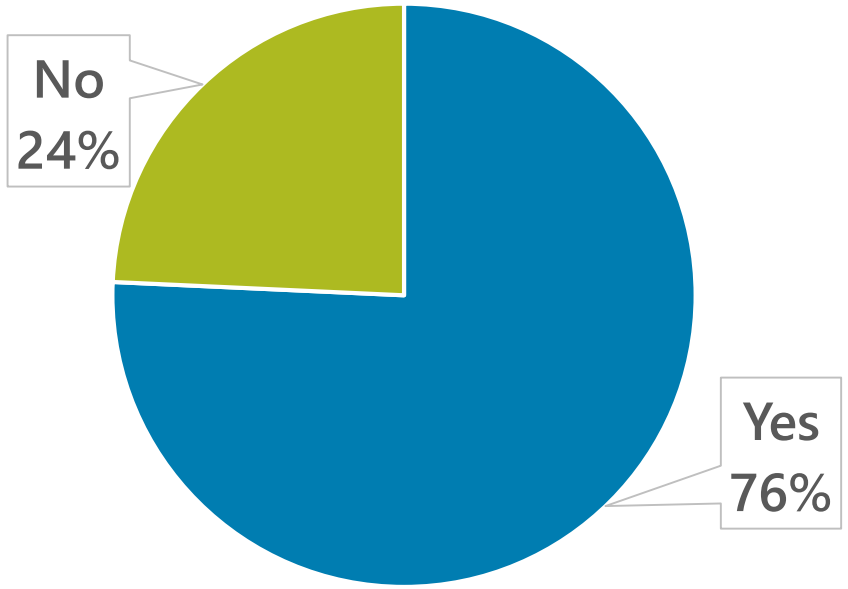

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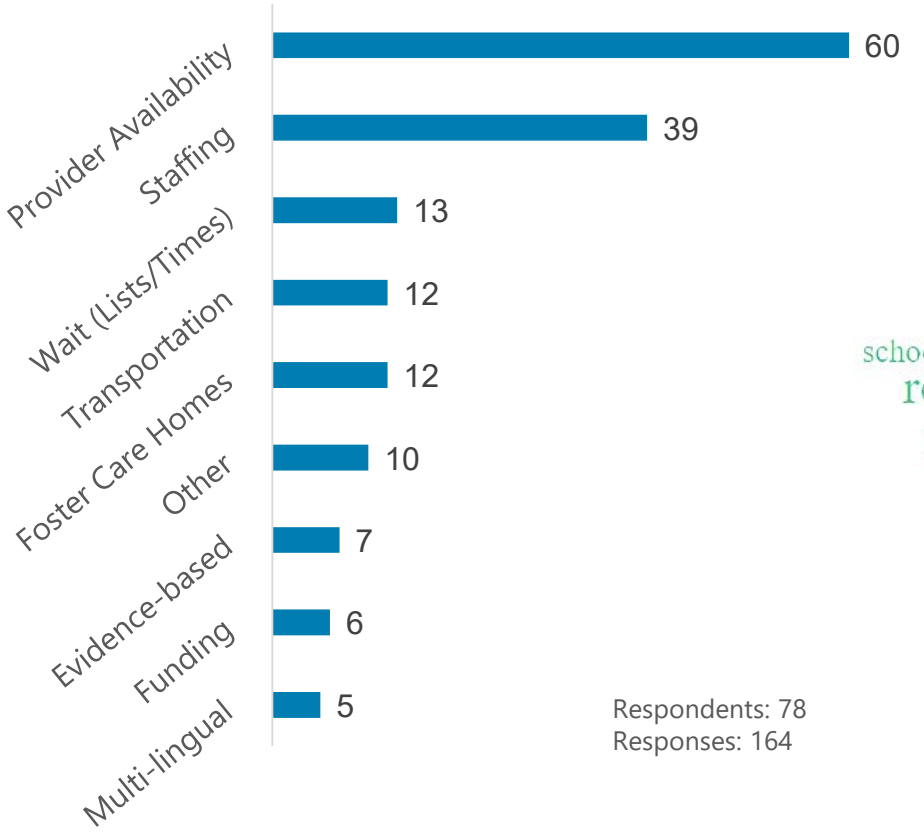
Increased or New Barriers Identified in FY22

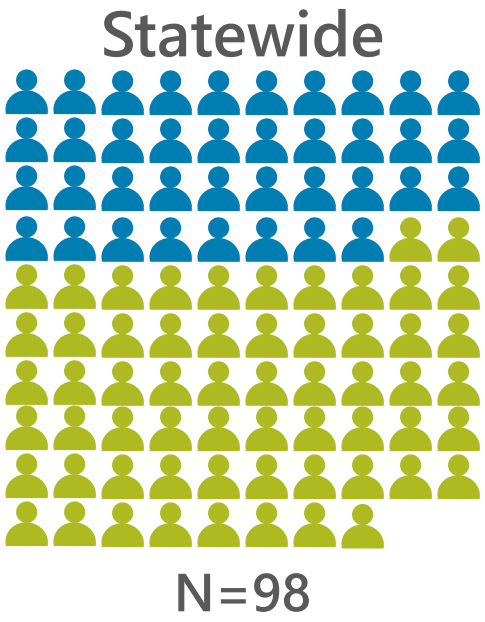


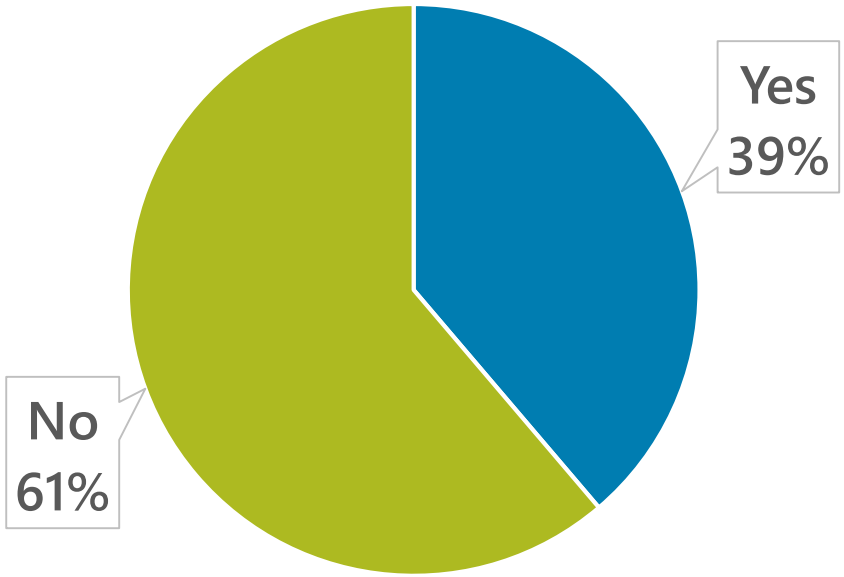
Respondents: 78
Responses: 164

Have any of the FY21 barriers to providing services increased, or are there new barriers for FY22?

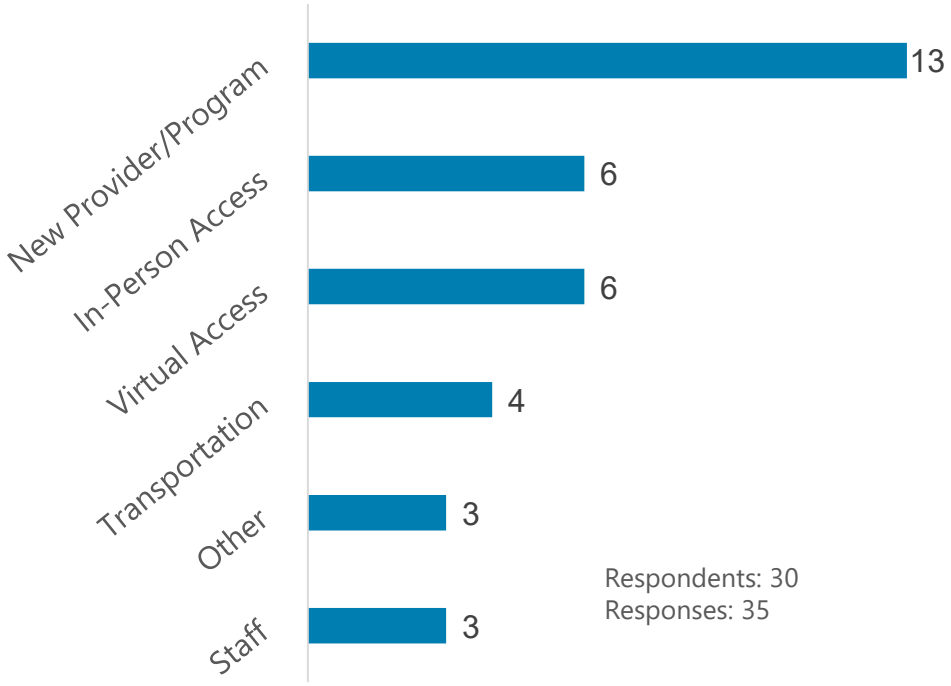
	Yes	Percent Yes	No	Percent No	Total
Central	12	63%	7	37%	19
Eastern	19	90%	2	10%	21
Northern	16	73%	6	27%	22
Piedmont	21	84%	4	16%	25
Western	10	63%	6	38%	16
Statewide	**78**	**76%**	**25**	**24%**	**103**

Have any of the barriers to providing services identified in FY17 decreased or been resolved completely?





Decreased or Resolved Barriers Identified In FY22



Have any of the FY21 barriers to providing services decreased, or been resolved completely?

	Yes	Percent Yes	No	Percent No	Total
Central	3	17%	15	83%	18
Eastern	7	33%	14	67%	21
Northern	6	27%	16	73%	22
Piedmont	10	43%	13	57%	23
Western	4	29%	10	71%	14
Statewide	**30**	**31%**	**68**	**69%**	**98**

Virtual Family Assessment and Planning Team (FAPT) Meetings[1]

What does virtual FAPT mean?

A FAPT meeting is considered virtual when any of the participants are utilizing a web-based platform/application (e.g., Zoom) and/or phone to facilitate or engage in the meeting.

Fully virtual FAPT meetings occur when FAPT members, the family, provider, and any other participants all participate by video or phone.

Hybrid virtual FAPT means any combination of the following:

- The FAPT members may all be meeting in person in the same room and any combination of the caseworker, family, providers, etc. participate via electronic means.
- Any combination of FAPT members, family, or providers participating in an in-person meeting with some members participating virtually.

Benefits to a virtual FAPT:

- Improved participation, attendance, and engagement from families and vendors.
- Elimination of the need for travel by team members, and providers.
- No transportation barrier for families.
- More flexible scheduling options so that FAPT can occur, avoiding and decreasing interruptions in service approval/provision.

Potential barriers to a virtual FAPT:

- Internet/Technology issues.
- Lack of FAPT member engagement.
- Concerns about obtaining signatures.
- Inability to provide an adequate level of confidentiality due to available platform capabilities.
- The virtual platform may not be the best way to engage all families.

[1] This document was developed for the CSA State and Local Advisory Team by a group of SLAT members and local CSA Coordinators.

Best Practices/Guidance for Virtual FAPT Meetings

If a locality is going to utilize a virtual FAPT option, it is recommended that local policy include language regarding the authorization and circumstances of virtual FAPT meetings. Policy language may include content related to some of the best practices identified for virtual FAPT meetings.

Security:

Learn about the security features of the virtual platform and implement the applicable security features to whichever platform you use. Potential options to mitigate security concerns include, but may not be limited to:

- Work with your locality's IT Department to identify the available platforms and security features.
- Locked meetings.
- Obtain a list of expected participants in advance and admit only authorized individuals.
- Use separate meeting links for each FAPT case.
- Utilize a meeting password/passcode.
- Designate a host to admit individuals.
- Ensure staff and families know that using an open (non-secured) Wi-Fi internet access limits the amount of meeting security.
- Make sure your local policy addresses that virtual meetings should not be recorded.

Confidentiality:

Being in a virtual setting for FAPT members is different than being in the controlled environment of the FAPT conference room, so confidentiality looks different. Localities may want to consider updating FAPT member confidentiality forms to include confidentiality for FAPT members working off-site. Some possible options include:

- Annual confidentiality agreement that includes a statement that references protocols when a member is participating in a meeting virtually, such as ensuring that confidential information is protected and not visible or will be able to be overheard by individuals who are not supposed to have access to that information.
- Include statements of confidentiality on the IFSP signature page that acknowledges each participant's pledge to keep information confidential. For example: "By signing this IFSP, I agree not to divulge any information revealed at this meeting to any individual or agency, except as authorized by policy or required by law."

Signatures:

It is recommended that localities meeting virtually have a signature solution, ideally an electronic signature program recommended by your locality's IT Department. Potential options include, but may not be limited to:

- DocuSign
- Adobe Sign
- Faxing/Scanning

If signatures are unable to be obtained through an electronic method, verbal consent should be documented in the Individual Family Service Plan ([FSP) with a notation of who provided the consent, on what date, and who recorded it on the document.

Family Engagement:

- Have a call-in option for people unable or do not have the capacity to participate via a web- based platform.
- If allowable by your locality, consider purchasing calling cards for families who may struggle with keeping cell service.
- Have a language interpreter to engage in the virtual meeting if needed.

- Ensure that enough time is scheduled for the meeting such that the family's voice can be heard in the time allowed.
- Provide as much flexibility in scheduling to ensure that the time scheduled works for the family.

FAPT Member Engagement/Professionalism:

FAPT members should participate in meetings in the same way that they would participate in person, in terms of levels of engagement and professionalism. It is recommended that localities each identify their own requirements and develop their culture of engagement. Some suggestions include:

- Members should use their camera if they have access to one.
- Members should demonstrate engagement by looking at the screen (and/or explaining that they are looking at a second screen for typing).
- Members should provide feedback and participate in the conversation.
- Members should avoid eating, driving, napping, answering the phone, engaging in "outside" conversations, etc. during FAPT meetings.
- Consider designating a specific "technology facilitator" and/or a separate

documenter, so the meeting facilitator is able to fully engage with the family and participants.

- Facilitators may consider an opening statement to families and providers to explain some of the things mentioned above. For example, "please note that our staff will be engaged during your FAPT meeting today, but there may be times when staff will be writing notes or researching policies and services related to your case and therefore they may seem distracted."
- Consider formats where at least some FAPT members are in person in the same room to facilitate communication among members.
- Consider having rules of engagement displayed on the screen if using a virtual platform.
- Localities should have a procedure regarding cancelation of virtual FAPT meetings in the event that a meeting is canceled.

Commonwealth of Virginia

Webster, Katherine <katherine.webster@dss.virginia.gov>

Important Notice Regarding CPMT Bed Reporting

1 message

Mucha, Marsha <marsha.mucha@csa.virginia.gov> Wed, Aug 17, 2022 at 1:09 PM
To: Marsha Mucha <marsha.mucha@csa.virginia.gov>

The Code of Virginia Section 2.2-5206.16. (CPMT; powers and duties) requires that the CPMT:

16. Submit to the Department of Behavioral Health and Developmental Services information on children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute care psychiatric or residential treatment facility licensed pursuant to Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2, exclusive of group homes, was sought but was unable to be obtained by the reporting entities. Such information shall be gathered from the family assessment and planning team or participating community agencies authorized in § 2.2-5207. Information to be submitted shall include:

a. The child or adolescent's date of birth;

b. Date admission was attempted; and

c. Reason the patient could not be admitted into the hospital or facility;

The attached forms and instructions are the most up-to-date provided to direct such activity by DBHDS. Effective today, these reports should be submitted via encrypted email to Karen Grabowski at DBHDS at: k.grabowski@dbhds.virginia.gov

Scott

OCS Office of Children's Services
Empowering communities to serve youth

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5 attachments

INSTRUCTIONS Acute Care Form (2) (2) (1).docx

INSTRUCTIONS - ACUTE CARE REPORT FORM

CHILDREN & ADOLESCENTS NOT ADMITTED TO LICENSED INPATIENT ACUTE CARE

This form can be completed on line and then printed out for faxing, but it cannot be saved. **Due to inclusion of specific client identifying information, the Health Insurance Portability and Accountability Act (HIPAA) regulations prohibit electronic submission of this form to DBHDS.** Date of birth and the last 4 digits of SSN are needed to ensure that data is not duplicative.

When to Complete and Submit a Form: A form **must be completed** whenever a child or adolescent requires admission to an inpatient acute care facility, but admission is not obtained **within 8 hours** from the time the request was initiated. All forms should be submitted to DBHDS by the 10th day after the end of the quarter:

October 10 for the quarter ending September 30
January 10 for the quarter ending December 31
April 10 for the quarter ending March 31
July 10 for the quarter ending June 30

Any information received after the cutoff date will be included in subsequent quarterly reports.
Note: Data collection is for requests that were initiated on or after July 1, 2002.
Enabling legislation, §2.25206.15 and § 37.1-197.2 of the *Code of Virginia*, does not specify an ending date for this legislative requirement.

Person(s) Responsible for Completion of Form: It is the responsibility of each CPMT and each CSB to develop local procedures for completing and submitting forms to DBHDS. CSBs and CPMTs must ensure that accurate information is submitted for each jurisdiction. If a child for whom a form is being completed is served by both the CSB and the CPMT (or by more than one CPMT agency), the agencies should coordinate so that only one form is submitted to DBHDS. There are no restrictions on which agency staff may submit the forms.

List of Inpatient Acute Care Facilities: The statutory language refers to collection of data on inpatient acute care facilities that are licensed by DBHDS. A blank space is provided on the form for filling in the name of an inpatient acute care facility that, in the future, becomes **licensed by DBHDS**. Please note: DBHDS does not license out of state facilities.

Facilities to Check: Check all facilities to which admission was requested during the 8-hour period. If facilities are contacted after the 8-hour time period has passed, they should not be checked and information regarding those facilities should not be included.

Comments: Use the Comment box in section IV of the form, if needed, to clarify information and/or to describe types of services needed but not available at the facilities that were contacted. Use a second page if additional room is needed.

Please submit completed forms by secure encrypted email to Karen Grabowski, Office of Child and Family Services at k.grabowski@dbhds.virginia.gov

INSTRUCTIONS – RESIDENTIAL TREATMENT REPORT FORM

CHILDREN & ADOLESCENTS NOT ADMITTED TO LICENSED RESIENTIAL TREATMENT FACILITIES

The form can be completed and then printed out for faxing, but it cannot be saved. **Due to inclusion of specific client identifying information, the Health Insurance Portability and Accountability Act (HIPAA) regulations prohibit electronic submission of this form to DBHDS.** Date of birth and the last 4 digits of SSN are needed to ensure that data is not duplicative.

When to Complete and Submit a Form: A form **must be completed** whenever a child or adolescent requires admission to a residential treatment facility but admission is not obtained **within 30 days** of the request for admission. All forms should be submitted to DBHDS by the 10th day after the end of the quarter:

October 10 for the quarter ending September 30
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Enabling legislation, §2.25206.15 and § 37.1-197.2 of the *Code of Virginia,* does not specify an ending date for this legislative requirement.

Person(s) Responsible for Completion of Form: It is the responsibility of each CPMT and each CSB to develop local procedures for completing and submitting forms to DBHDS. CSBs and CPMTs must ensure that accurate information is submitted for each jurisdiction. If a child for whom a form is being completed is served by both the CSB and the CPMT (or by more than one CPMT agency), the agencies must coordinate so that only one form is submitted to DBHDS. There are no restrictions on which agency staff may submit the forms.

List of Residential Treatment Facilities: The statutory language refers to collection of data on residential treatment facilities that are licensed by DBHDS, excluding "group homes", which are community-based dwellings that can serve up to 12 residents. A blank space is provided on the form for filling in the name of a residential treatment facility that, in the future, becomes **licensed by DBHDS.** Please note: DBHDS does not license out of state facilities. Also, in-state residential programs that are licensed by DBHDS or another state agency but are not classified as residential treatment programs should not be listed (e.g., campus type residential facilities, wilderness programs, etc.).

Facilities to Check: Check all facilities to which admission was requested during the 30-day period. If facilities are contacted after the 30-day period has passed, they should not be checked and information regarding those facilities should not be included.

Comments: Use the Comment box in section IV of the form, if needed, to clarify information and/or to describe types of services needed but not available at the facilities that were contacted. Use a second page if additional room is needed.

Please submit completed forms via encrypted email to Karen Grabowski at k.grabowski@dbhds.virginia.gov