

# CLARKE COUNTY CPMT MEETING MINUTES

## September 27, 2022

### Attendees

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

### Absent

Terri Catlett	BOS Representative
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Jen called the meeting to order at 2:06 p.m. The meeting was conducted in person at the Clarke County Government Center.

### Old Business:

Denise made a motion to approve the minutes from August; Jerry seconded the motion.

### New Business:

1. Katherine provided the team with update on information she learned at a recent meeting for county clerks of boards and committees. Policies for information distribution were reviewed along with a virtual meeting policy. Denise motioned that Clarke CPMT adopt COV 2.2-3708.3 as the official policy for holding virtual meetings. Leea seconded the motion and the motion passed.
2. Jen stated that during the FY24 budget process, a full-time position for the Clarke CSA coordinator will be discussed. Katherine noted that the census has increased from 7 to 27 in the past 2 years, with numerous complicated foster care cases that take a lot of time to work.
3. Denise discussed the mandated reporter changes at Northwestern CSB and noted that there were no final changes implemented, but she will alert the team when new policies are officially adopted.
4. Katherine updated the team about the search for a parent representative and the county's policies on posting to the county Facebook page. The team suggested using a photo of the government center as the background for the posting. Katherine will follow up with the PIO.
5. There were now cases to report for youth awaiting placement in facilities. Denise noted that Northwestern is working on a data reporting initiative and will loop Katherine in when it is up and running.
6. Katherine asked for the team's input for the remaining section of the self-assessment workbook to prepare for the upcoming CSA audit. The section on risk assessment asked about a policy and required testing of that policy with a risk scenario. The team suggested Katherine review previous year's audits for guidance. Katherine will also reach out to county administration to inquire about their risk assessment policy.

**Financial Update:**

The payment reports from July and August were reviewed. There were no questions.

**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 4 cases was reviewed. Denise made a motion to leave closed session and Tavan seconded.

**Next meeting: October 25, 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
<i>Denise Acker</i>				✓	
<i>Jerry Stollings</i>				✓	
<i>Jennifer Parker</i>				✓	
<i>Terri Catlett</i>			✓		
<i>Leea Shirley</i>		✓			
<i>Frank Moore</i>	✓				
<i>Tavan Mair</i>				✓	

**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
<i>Denise Acker</i>	✓			
<i>Jerry Stollings</i>	✓			
<i>Jennifer Parker</i>	✓			
<i>Terri Catlett</i>			✓	
<i>Leea Shirley</i>	✓			
<i>Frank Moore</i>	✓			
<i>Tavan Mair</i>	✓			

The aforesaid Motion and Certificate were adopted in open meeting at a public meeting held on 9/27/22 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.

*Frank Moore*  
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 Vice-Chair

9/27/22  
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 Date

Clarke County CPMT Agenda  
October 25, 2022  
2:00 PM  
Clarke County Government Center

OPEN SESSION

1. Approve minutes from September 27, 2022
2. Best practices for elevating parent voices (OCS document)
3. CPMT parent rep recruitment update
4. FAPT schedule changes
5. Audit prep update
6. Financial – September payment reports – FY22 and FY23

CLOSED SESSION

Consent Agenda: 7 cases

Next Meeting: November 22, 2022



# COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.  
Executive Director

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

October 1, 2022

Local CSA Community Policy and Management Teams and CSA Coordinators:

Please find attached a report on "current efforts to recruit and retain parent representatives on local community policy and management teams (CPMTs) and family assessment and planning teams (FAPTs) and a list of best practices for including and elevating parent voices within CPMTs and FAPTs, particularly parents and caregivers with lived experience in child welfare, juvenile justice, special education, or behavioral health services."

This report was developed by the Office of Children's Services on behalf of the State Executive Council for Children's Services in response to Senate Bill 435 and House Bill 427 of the 2022 General Assembly. The Office of Children's Services hopes you will find the report useful.

The primary author of the report was Lead Program Consultant Anna Antell. Questions or comments about the report can be directed to Mrs. Antell at [anna.antell@csa.virginia.gov](mailto:anna.antell@csa.virginia.gov).

Sincerely,

A handwritten signature in black ink that reads "Scott Reiner".

Scott Reiner

cc: Honorable Barbara Favola, Chair, Senate Committee on Rehabilitation and Social Services  
Honorable Robert Orrock, Chair, House Committee on Health, Welfare and Institutions

**Recruitment and Retention of Parent  
Representatives on Local Community Policy  
and Management Teams and Family  
Assessment and Planning Teams and Best  
Practices for Elevating Parent Voices**

**Report from the State Executive Council for Children's Services to local  
Children's Services Act programs and the Chairmen, Senate  
Committee on Rehabilitation and Social Services and House  
Committee on Health Welfare and Institutions pursuant to  
Senate Bill 435 and House Bill 427 (2022 Session)**

**November 1, 2022**

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## **Authority**

This report has been prepared and submitted to fulfill the requirements of Senate Bill 435 and House Bill 427 of the 2022 Acts of Assembly. This legislation amended sections 2.2-5205 and 2.2-5207 of the Code of Virginia and requires the State Executive Council for Children's Services (SEC) to "inventory current efforts to recruit and retain parent representatives on local community policy and management teams (CPMTs) and family assessment and planning teams (FAPTs) and compile a list of best practices for including and elevating parent voices within CPMTs and FAPTs, particularly parents and caregivers with lived experience in child welfare, juvenile justice, special education, or behavioral health services."

The report shall be distributed to local Children's Services Act programs and a copy of the report provided to the Chairmen, Senate Committee on Rehabilitation and Social Services and House Committee on Health Welfare and Institutions no later than November 1, 2022.



## Executive Summary

This report addresses the requirements of the enactment clause of SB435 and HB427 (2022 Session). The legislation made amendments to sections 2.2-5205 and 2.2-5207 concerning the "characteristics and qualifications of individuals allowed to serve as parent representatives on Community Policy and Management Teams (§2.2-5205) and Family Assessment and Planning Teams (§2.2-5207) under the Children's Services Act.

The Office of Children's Services surveyed local CSA programs regarding their efforts to recruit and retain parent representatives. Of the 130 local CSA programs, there were 84 unique (93 total) survey responses. CSA Coordinators were 75 percent of respondents, 14 percent were CPMT Chairs, and 11 percent were in other roles in the local CSA program.

The results indicated that:

- Eighty-one percent (81%) of responding CSA localities have a parent representative on their FAPT
- Over 75% of responding CSA localities have a parent representative with lived experience navigating the child-serving systems
- Sixteen percent (16%) of responding CSA localities offer a stipend or financial incentive to their parent representative

The Office of Children's Services reviewed national literature about best practices for including and elevating parent voices. Five standards were identified:

- Comprehensive Family Engagement
- Intentional Recruitment
- Compensation
- Preparation
- Family Partnership

The report was reviewed and approved by the State Executive Council for Children's Services on September 8, 2022.

**Recruiting and Retaining Parent Representatives on Community Policy and Management Teams and Family Assessment and Planning Teams:**

**Survey Results**

The Office of Children's Services (OCS) distributed a survey to all CSA localities to gather data on local efforts to recruit and retain parent representatives on Community Policy Management (CPMT) and Family Assessment and Planning (FAPT) teams. The survey was sent via Survey Monkey and was open from June 30<sup>th</sup>-August 5<sup>th</sup>, 2022. The survey was distributed via email to all CPMT Chairs and CSA Coordinators. In an attempt to increase participation, two reminder emails were sent.

Of the 130 CSA localities, Ninety-three (93) responses were received, representing 84 localities out of 130 (5%) local CSA programs. Several localities submitted more than one response. Seventy-five percent of respondents were CSA Coordinators, 14 percent were CPMT Chairs, and 11 percent held other roles in the local CSA program.

The survey consisted of nine questions (See Appendix A for the full text). The results are reported below.

**Question 4: How many FAPTs does your locality have?**

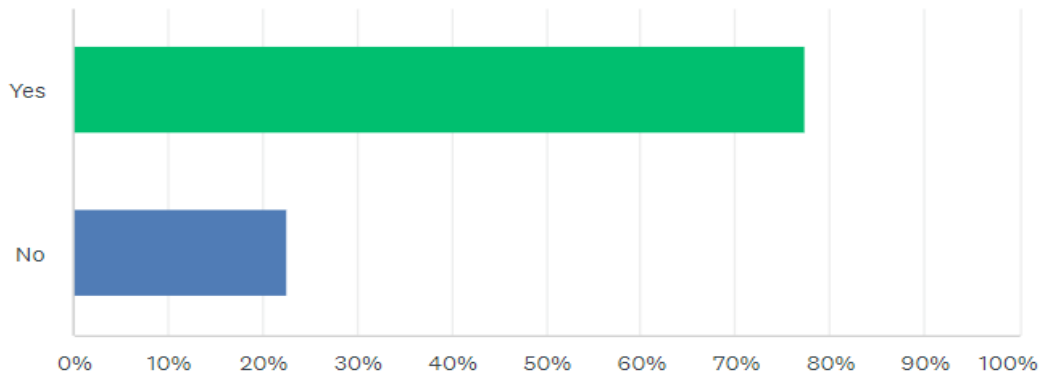
Localities reported a range from one to eight. Seventy-two percent reported one FAPT.

**Question 5: How many of your FAPTs have a parent representative?**

Eighty-one percent of respondents reported having a Parent Representative on their FAPT.

**Question 6: Do you have a parent representative on our CPMT?**

Seventy-seven percent of localities reported having a Parent Representative on their CPMT.

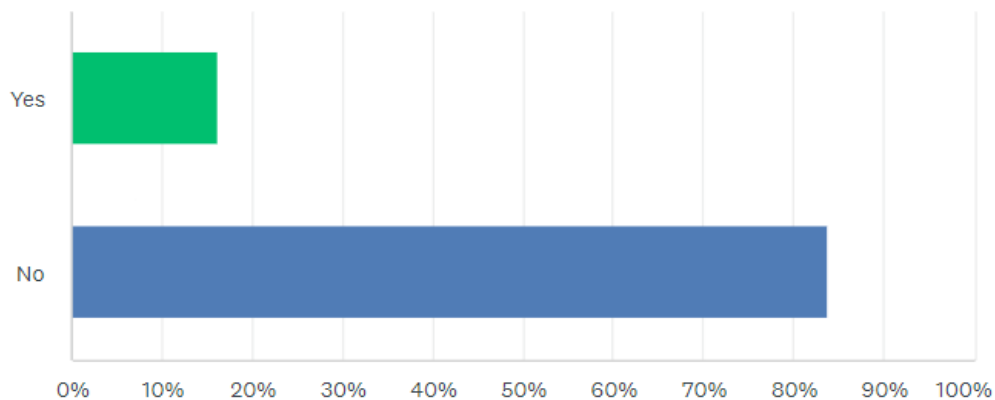


**Question 7: How many of your parent representatives (both FAPT and CPMT) are filled by parents with "lived experience" in the child-serving system (other than just being a parent of a child who attended public school)?**

Over 75 percent reported having a Parent Representative with lived experience navigating the child-serving systems.

**Question 8: Do you provide a stipend or other financial incentive to your parent representative?**

Sixteen percent of CSA localities reported offering their Parent Representative a stipend or financial incentive.

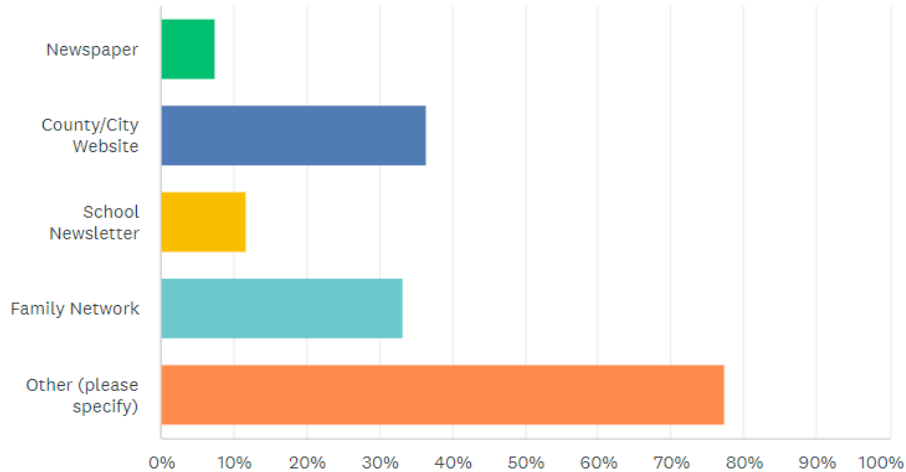


**Question 9: If you provide a stipend, how much is it per meeting (in dollars)?**

Localities that reported providing Parent Representative with a stipend indicate that it ranged from \$25-\$100 per meeting, with the average being \$57 per meeting.

**Question 10: What strategies do you employ to recruit parent representatives?**

The question offered response options: Newspaper, County/City Website, School Newsletter, Family Network, or Other. "Other" was the most frequently recorded answer, with 77% of localities selecting that option. The top three "Other" strategies reported were: "Word of mouth," "Direct parent recruitment," and "Through the FAPT."



**Question 11: What are your top three challenges to recruiting and retaining parent representatives?**

This question was open-ended. The top three challenges were:

- time (both the time commitment involved in the role and the actual time of CPMT and FAPT meetings),
- clarity of the role and preparation (to include concerns regarding confidentiality, finding families with lived experience, knowledge of CSA, and a skillset to navigate difficult conversations), and
- financial (lack of stipend or reimbursement for time and travel, and the statutory requirement to complete the Statement of Economic Interest disclosure).

The reporting breakdown of the top three challenges was as follows:

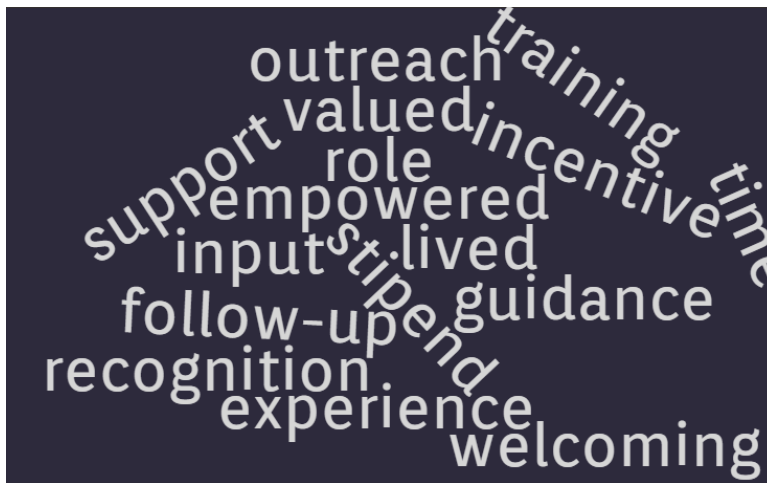
Challenge 1: Time, 50% of responding localities

Challenge 2: Role Clarity and Preparation, 28% of responding localities

Challenge 3: Financial, 21% of responding localities

**Question 12: Do you have anything you'd like to recommend as a best practice for including and elevating parent voice within CPMT and FAPT, particularly parents with lived experience?**

This question was open-ended. Answers fell into two broad categories: compensation and family partnership. Compensation included recommendations such as a stipend through earmarked Administrative Funds and other incentives such as flexibility in meeting schedules or having a Parent Representative Recognition Day. Family partnership encompassed practices such as clarifying the parent representative's role, acknowledging the experiences of the parent representative and utilizing that as an engagement strategy, providing thorough training at the onset and throughout their tenure, and seeking feedback from parent representatives during meetings and as part of process improvement.



## Best Practices in Elevating Parent Voice

Virginia's Children's Services Act (CSA) is conceptualized within a Systems of Care framework. It has a mission "to create a collaborative system of services and funding that is child-centered, family-focused and community-based" (Code of Virginia, §2.2-5200). Family participation in all decision-making is a core Systems of Care value. The Code of Virginia requires a parent representative as one of the members of the Community Policy and Management (CPMT) and Family Assessment and Planning (FAPT) Teams (§2.2-5205 and 2.2-5207, respectively). Parent Representatives bring family voices to the teams, a critical element in facilitating the full participation of families. Nationally, "policymakers, researchers and practitioners increasingly understand family engagement as an evidenced-informed best practice and as an integral component of the ideal model of service delivery" (Chovil, 2009).

While research shows that maximizing family leadership is key to authentic family engagement and sustaining outcomes, the role of the parent representative is often aspirational. Local CSA programs sometimes struggle to recruit and retain parent representatives, especially those with lived experience navigating the child-serving system. A literature review of national best practices revealed the following five standards for elevating the voice of families in leadership roles: Comprehensive Family Engagement, Intentional Recruitment, Compensation, Preparation, and Partnering with Families. These five standards and supporting details will be reviewed.

**Comprehensive family engagement** is the foundation of family voice. This begins with a broad, inclusive definition of a family, so all types of families are welcomed and included. Polly Arango, Family Advocate and Co-founder of Family Voices, Algodones, New Mexico provides the following definition:

"Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one. Families are big, small, extended, nuclear, and multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. A family is a culture unto itself, with different values and unique ways of realizing its dreams; together, our families become the source of our rich cultural heritage and spiritual diversity. Our families create neighborhoods, communities, states, and nations."

A shared definition of family engagement is the next step in comprehensive family engagement. The Casey Foundation recommends the following: "Family engagement begins with a fundamental belief that all families care for their children, have strengths that can be built upon and can be engaged and empowered. Family Engagement is not about one single policy or practice or program rather it lives in the culture of an organization and its evidence is seen in how families are treated and partnered with at the systemic level." Family engagement policy should reflect a "shared belief that family engagement is necessary, rather than supplemental" (SRI education, 2021). Melanie Ferris writes "although momentum behind family involvement has grown among parents, policymakers, and providers, mental health agencies and other systems serving children continue to struggle to effectively put these policies and principles into place." A family engagement policy should articulate expectations and guide implementation. Ongoing professional learning around family engagement practices for all members of the Systems of Care is critical for successful implementation, as is collecting feedback from families that informs family engagement practices. Family engagement is a continuous process. Developing comprehensive family engagement policies and practices creates a unifying commitment to the value of meaningful family voice and the pathway for cultivating family voice.

**Intentional recruitment** of parent representatives is fundamental to promoting family voice within CPMTs and FAPTs. Purposeful recruitment begins with a commitment to enlisting parent representatives with lived experience navigating the child-serving systems. Prioritizing those who have "walked the walk" ensures the "culture of the system will be impacted by the perspectives and the cultures of the families and youth in the community." (Families Organized for Recognition and Care Equity (Chovil, 2009). The lived experience of families who navigated the child-serving system is a powerful tool for impacting change. The "expertise derived from lived experiences gives parents a deeper understanding of the challenges presented by some policies and practices. It is an essential perspective for any program or policy that affects families" (ASCEND, 2020). Parent representatives should reflect the diversity of families served, such as "those that have nontraditional structures, speak a language other than English, have children with disabilities, are experiencing homelessness, are affected by incarceration, live in rural or remote communities, are from tribal communities, and/or facing economic insecurity" (SRI, 2021). By representing the diversity of families served, intentional and inclusive recruitment can strengthen the family voice.

The United States Substance Abuse and Mental Health Service Administration (SAMSHA) recommends the responsibility of parent recruitment have a designated home within an agency or local system "so that it becomes integrated into the fabric of the organization." Strategies for recruiting parent representatives include "developing partnerships with diverse organizations

and family leaders" (SRI, 2021), public outreach through community messaging, and keeping in touch with parents who possess qualities that might make them future leaders. In the Office of Children's Services (OCS) survey of local recruitment strategies, one locality reported strong partnerships with the local school division and community provider agencies as critical to the recruitment of parent representatives. Robust recruitment requires planning, teamwork, and ongoing investment in family voice and can yield sustained engagement with families.

Parent representatives are equal partners in the CSA multi-disciplinary planning process and are "contextual experts about how programs and policies play out for families and their community" (ASCEND, 2020). Participation in CPMT and FAPT often means taking time off work, finding childcare, or rearranging their schedule. As a result of the time parent representatives give and the expertise they bring, best practices recommend providing **financial compensation**. Compensation options may include stipends, vouchers, or reimbursements. When considering compensation, teams "should first consider the actual time parents will spend providing expertise," as well as "any out-of-pocket costs and be determined through analysis of local market costs for child care and local living wage rate" (ASCEND, 2020).

In addition to monetary reimbursement, best practices promote the importance of "expressing gratitude and appreciation to parents for their work and recognizing their contributions publicly" (ASCEND, 2020). This can be done by highlighting families' contributions through a written note, in a newsletter, on a website, or through local awards. The National Institute for Children's Health Quality recommends "going beyond telling families their partnership matters, and actually showing them the results" by "making sure there is always an impact report" to convey the significance of parent representation. One local CSA program utilizes a system in which a parent representative begins their term on FAPT and as they become more "seasoned," are offered the position on CPMT. Such acts of recognition convey that the family voice is valued within the System of Care.

**Preparing parent representatives** for their work is essential for maximizing the benefit of the role. Preparation involves clearly describing the duties and expectations of the parent representative role. It should also include a detailed onboarding process that provides training on the structure of the CSA and local policy and procedures. Parent representatives should be oriented to the roles of local child-serving agencies and receive training to "discuss and clarify concerns over confidentiality, professional boundaries, and interagency collaboration policies" (Wilder, 2009). Wilder writes, "in order for family members to actively voice their opinions and participate in decision-making, they may need additional information about the agency, including its mission, staff qualifications, and funding sources. It may also be helpful for families to learn about the agency's decision-making process before becoming involved in a committee



or advisory board." Parent representatives should have access to all CSA training and ongoing learning opportunities that more formal team members have.

Preparation, however, is vital not only for the parent representatives. Training should be provided to all child-serving agency staff detailing the role of the parent representative and its connection to the multi-disciplinary planning process and System of Care. This training should be part of the Family Engagement policy and promote a shared vision for inclusion. As stated by the National Institute for Children's Health Quality, "inclusion is about making sure families have a voice - that is belonging," and it is the responsibility of the formal system to create a structure where this is possible.

**Family Partnership** is foundational to elevating family voice. Meaningful family partnership believes families have a seat at all tables within the System of Care; it is the embodiment of the expression 'nothing about us, without us.' Family partnership is an intentional choice that "includes respect for their expertise and the provision of spaces to be heard and honored" (ASCEND, 2020). Family members with lived experience should be engaged to utilize this experience "as a force for systems transformation" and formal system members "demonstrate their partnerships by sharing power, resources, authority, responsibility, and control with them" (Wilder, 2008). This means that "parents are not just asked to provide their opinions, but also given leadership opportunities and decision-making power" (ASCEND, 2020). CPMTs and FAPTs can elevate family voice through seeking continuous feedback from families and "building an internal culture equipped to make changes based on that feedback (such as shifts in messages or policies and including transparency around how or why a change may not take place)" (ASCEND, 2020). When the expertise of parent representatives carries equal weight in decision-making, family partnership is realized, and parent representatives have space to share their voices.

Family voice is also elevated when parent representatives are matched with opportunities that build off their unique strengths. The National Institute for Children's Health Quality recommends "asking family partners about their specific interests and expertise, and then matching the role with their interest." CSA localities are encouraged to consider how the lived experience of the parent representative will shape their role; how will their story be shared? How will their experiences navigating the child-serving system be a building block? How will the distinct skills or areas of expertise inform the team the parent representative serves on?

Developing the specific duties of the parent representative role with the person in the position (rather than for the person in the role) provides the opportunity to build off their strengths and creates ownership. Such a process results in deeper involvement, increased participation, and impactful parent representative contributions, resulting in higher retention rates. Additionally,

connecting parent representatives with family leadership organizations where they can interact with other family leaders, learn about resources and networks, and receive training positively impacts retention and strengthens family voice. Creating a culture where parent representatives are a valued, equal part of the team, whose unique skillset is nurtured, is foundational for maximizing family voice.

### **Summary**

"Parents facilitate the interaction between the child and the service system, and as such, represent the 'central dimension' of the System of Care." (Chovil, 2009). The multi-disciplinary structure of CSA, which includes the requirement for parent representatives, provides a framework for centering family voice. By utilizing the discussed best practices, CPMTs and FAPTs can elevate the voice of family members, thus realizing a central component of the Systems of Care philosophy and improved outcomes for children and families.

## Sources:

Engaging Families in Child and Youth Mental Health: A Review of Best, Emerging and Promising Practices, Families Organized for Recognition and Care Equity, Nicole Chovil, April 2009.

<http://www.fredla.org/wp-content/uploads/2015/09/Engaging-Families-in-Child-Youth-Mental-Health.pdf>

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<https://assets.aecf.org/m/resourcedoc/aecf-familyengagedcaseplanning-2022.pdf>

Family Involvement, Strategies to Develop Family-Driven Mental Health Services, Wilder Research, May 2008.

[https://www.wilder.org/sites/default/files/imports/FamilyInvolvement\\_5-08.pdf](https://www.wilder.org/sites/default/files/imports/FamilyInvolvement_5-08.pdf)

Five Strategies for Building Diversity in a Patient Advisory Council, National Institute for Children's Health Equity.

<https://www.nichq.org/insight/five-strategies-building-diversity-patient-family-advisory-council>

How State Leaders can Promote Meaningful Family Engagement at the State and Program Level, SRI Education, February 2021.

[https://childcareta.acf.hhs.gov/sites/default/files/public/state\\_role\\_in\\_family\\_engagement\\_acc.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/state_role_in_family_engagement_acc.pdf)

Principles for Engaging and Centering Parent Voice, Ascend, The Aspen Institute, 2020.

<https://ascend-resources.aspeninstitute.org/wp-content/uploads/2020/10/Principles-for-Engaging-and-Centering-Parent-Voice.pdf>

Supporting Family Participation in Systems of Care, SAMSHA, 2018.

<https://www.fredla.org/wp-content/uploads/2018/06/SupportingFamily-2017-Revised2018-newlogo-print-1.pdf>

## Appendix A

### FAPT and CPMT Parent Representatives

\* 1. What locality are you responding for?

\* 2. Name of person completing this survey

\* 3. CSA Role of the person completing this survey

\* 4. How many FAPT's does your locality have?

\* 5. How many of your FAPT's have a Parent Representative assigned?

\* 6. Do you have a Parent Rep on your CPMT?

\* 7. How many of your Parent Representative positions (both FAPT and CPMT) are filled by Parents with "lived experience" in the child-serving system (other than just being a parent of a child who attended public school)?

\* 8. Do you provide a stipend or other financial incentive to your Parent Rep?

9. If you provide a stipend, how much is it per meeting? (In dollars)

\* 10. What strategies do you employ to recruit Parent Representatives?

- Newspaper
- County/City Website
- School Newsletter
- Family Network
- Other (please specify)

\* 11. What are your top three challenges to recruiting and retaining Parent Representative

Challenge 1

Challenge 2

Challenge 3

12. Do you have anything you'd like to recommend as a best practice for including and elevating parent voice within CPMT and FAPT, particularly parents with lived experience?

# CSA FY 22 - POOL REIMBURSEMENT REQUEST REPORT—PART 1

DATE: September 30, 2022	FOR PERIOD ENDING: September 30, 2022 Report ID: 38876
LOCALITY: Clarke -FIPS 43	Contact Peerson: Katherine Webster Phone Number:540-955-5198

## PART 1 - EXPENDITURE DESCRIPTION

EXPENDITURE DESCRIPTION	LOCAL MATCH RATE (a)	GROSS TOTAL EXPENDITURES THIS PERIOD (b)	EXPENDITURE REFUNDS THIS PERIOD (c)	NET TOTAL EXPENDITURES (b minus c) (d)	LOCAL MATCH (a x d) (e)	STATE MATCH (d-e) (f)
<b>1. CONGREGATE CARE / MANDATED AND NON-MANDATED RESIDENTIAL SERVICES</b>						
<b>1a.</b> Foster Care - IV-E children in Licensed Residential Congregate Care; pool expenditures for costs not covered by IV-E (i.e., non room-and-board)	\$0.5996	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1b.</b> Foster Care - all others in Licensed Residential Congregate Care	\$0.5996	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1c.</b> Residential Congregate Care-CSA Parental Agreements ; DSS Noncustodial Agreements	\$0.5996	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1d.</b> Non-Mandated Services/Residential/Congregate	\$0.5996	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1e.</b> Educational Services - Congregate Care	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>2. OTHER MANDATED SERVICES</b>						
<b>2a.</b> Treatment Foster Care - IV-E	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>2a.1</b> Treatment Foster Care	\$0.4797	\$3,546.62	\$0.00	\$3,546.62	\$1,701.31	\$1,845.31
<b>2a.2</b> Treatment Foster Care - CSA Parental Agreements ; DSS Noncustodial Agreements	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2b.	Specialized Foster Care - IV-E ; Community Based Services	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2b.1	Specialized Foster Care	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2c.	Family Foster Care - IV-E ; Community Based Services	\$0.2399	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2d.	Family Foster Care Maintenance only	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e.	Family Foster Care - Children receiving maintenance and basic activities payments; independent living stipend/arrangements	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e.1	State Kinship Guardianship	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2e.2	Federal Kinship Guardianship	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2f.	Community - Based Services	\$0.2399	\$4,209.50	\$0.00	\$4,209.50	\$1,009.86	\$3,199.64
2f.1	Community Transition Services - Direct Family Services to Transition from Residential to Community	\$0.2399	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2g.	Special Education Private Day Placement	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2h.	Wrap-Around Services for Students With Disabilities	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2i.	Psychiatric Hospitals/Crisis Stabilization Units	\$0.4797	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Non-Mandated Services/Community-Based	\$0.2399	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	<b>GRAND TOTALS: (Sum of categories 1 through 3)</b>		<b>\$7,756.12</b>	<b>\$0.00</b>	<b>\$7,756.12</b>	<b>\$2,711.17</b>	<b>\$5,044.95</b>

**CSA FY 22 - POOL REIMBURSEMENT REQUEST REPORT—PART 2**

**PART 2 - EXPENDITURE REFUND DESCRIPTION**

Information regarding total expenditure refunds reported in Part 1, Line 4(c).

EXPENDITURE REFUND DESCRIPTION	CODE	AMOUNT
Vendor Refunds and Payment Cancellations	010	\$0.00
Parental Co-Payments	020	\$0.00
Payments made on behalf of the child (ex: SSA, SSI, VA benefits, &##133;)	030	\$0.00

Child Support Collections through DCSE	040	\$0.00
Pool prior-reported expenditures re-claimed under IV-E	050	\$0.00
Other: #getforminfo.COMMENTS#	090	\$0.00
TOTAL REFUNDS : Note: This total must agree with the GRAND TOTAL of all expenditure refunds Part 1, Line 4, Col (c).		\$0.00

The expenditures and refunds reported herein were incurred in accordance with provisions of the Comprehensive Services Act, and have not been reported on a previous claim. Documentation is maintained to support the expenditure and refund amounts reported, and to demonstrate that each expenditure and refund was made on behalf of a specific child (or list of specific children) and complies with the CSA Manual, COV and Appropriation Act requirements including utilization management and FAPT criteria.