

# **Guidance for Community Policy and Management Teams (CPMTs) on State Executive Council (SEC) Family Engagement Policy**

## **Purpose of Document**

On March 25, 2010, the State Executive Council enacted specific policy to better enable the Office of Comprehensive Services (OCS) and local Community and Policy Management Teams to carry out the legislative intent of the Comprehensive Services Act (CSA) regarding “*family participation in all aspects of assessment, planning and implementation of services*” ([COV 2.2-5208](#)) The State Executive Council is the statutory entity authorized to:

*“...provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Comprehensive Services for At-Risk Youth and Families, which support the purposes of the Comprehensive Services Act ...”*  
(COV 2.2-5208)

The statutory requirement to provide for family participation in CSA is based on fundamental, underlying values of CSA, values which are shared across the agencies represented on the SEC and reflected in the Practice Model developed by the Children’s Services System Transformation. These values include the beliefs that all families have strengths, families deserve to be treated with dignity and respect and that outcomes improve when families are involved in decision making.

While there are localities in Virginia where family engagement is embraced and accepted as the cornerstone of CSA practice, many other localities still struggle with how to approach this philosophy so that it fits their unique strengths and needs. This Guidance document is intended as a resource for CPMTs in assessing their current practice and developing local written policies and procedures regarding family engagement incorporating the directives of the SEC.

## **SEC Policy Statement**

The SEC’s Family Engagement Policy Statement is organized around seven tenets, which are listed as follows:

- Provide for family participation as envisioned in the CSA process from its inception as well as support the Children’s Services Systems Transformation,
- Ensure the inclusion of all those that the youth considers part of their “family” or who are involved or affected by the services,
- Assure that CPMTs have written policies for the Family Assessment and Planning Team (FAPT) or Multi-Disciplinary Team (MDT) that encourage family involvement,

- Encourage CPMT policies to streamline redundant or duplicative processes across the involved child serving agencies,
- Assist CPMTs to have processes that are driven by the youth and the family to assure the most effective family participation,
- Assure that family members are aware of and understand both the CSA process and their rights under that process; and
- Enable CPMTs to develop multi-disciplinary teams through a blanket approval process of the SEC.

Each of these tenets (“Items”) will be discussed below.

### **Item I**

#### **Provide for family participation as envisioned in the CSA process from its inception as well as support the Children’s Services Systems Transformation.**

Passage of the Comprehensive Services Act in 1992 reflected a desire on the part of state and local agencies to work collaboratively with families to achieve better outcomes. The treatment planning team-Family Assessment and Planning Team-includes family as the very first word, and was expected to be the nucleus of a process where the family was central to the planning process, with experts from the member agencies available to recommend appropriate services from their agency perspective. The Virginia Children’s Services Practice Model, developed in 2009 further defines and reinforces the importance of family involvement at all stages of service delivery. A copy of the Practice Model is included as Appendix A of this Guidance document.

The SEC’s adoption of the Family Engagement Policy as recommended by the State and Local Advisory Team (SLAT) reflects a focused expectation that local CPMTs will develop policies for FAPTs or MDTs that require the team to make every effort to fully engage families in the treatment planning process for a child or youth. Respectful inclusion and empowerment of families are essential in assuring the best possible outcomes for the child.

CPMT polices for family involvement should include specific ways to increase family participation, such as:

- scheduling meetings at times family members are available,
- providing for child care during service planning meetings; and
- providing for transportation for family members to and from the meeting.

CPMT policies should also address improvement of the quality of the family’s involvement in ways such as:

- assisting the family in identifying their strengths,
- asking the family what they believe their needs are; and
- thoughtfully considering the input of the family members.

Shifting to a more family-focused perspective may be difficult for some FAPT members who believe that agency professionals should solely direct the planning and delivery of services.

## **Item II**

**Ensure the inclusion of all those that the youth and family consider part of their “family” or who are involved or affected by the services to be provided.**

As family engagement is a relationship-focused approach to decision making, family members must be able to include persons who have an important and/or helpful role and relationship to them. Consequently, the process draws in caregivers, providers, and neighbors to partner with the family and professionals in creating the best possible resolutions to the needs. This support network should include extended family such as both maternal and paternal relatives as well as non-relative supports invited by the child or youth, parents and/or social worker to assist or be a resource. Participation of these identified individuals should be supported and encouraged. Extended family members may be aware of others who could be a support for the family. All participants must understand the responsibilities of all parties to maintain confidentiality.

One suggestion is the development of a contact form for families to ensure that they have identified all of the natural supports and family that they believe are essential to the success of the process. Contact information for all participants is then easily available when scheduling later meetings.

## **Item III**

**Assure that CPMTs have written policies for FAPT/MDT that encourage family involvement.**

Families contributing in a concrete way to the identification of their family’s and children’s needs are more likely to participate in services designed to keep the family together or to complete tasks in order to have their children safely returned. The SEC policy states that “CPMTs must have written policies for FAPT agencies that outline the processes that will ensure the best chance of family involvement.”

The expectation is that policies will promote and ensure, whenever possible, the full participation of family in the CSA process, especially any meeting where treatment decisions affecting the family will be made. Simply notifying a parent by mail of the date, time and location of an upcoming FAPT meeting does not fulfill the intentions of this policy. CPMT policy should outline the actions that a FAPT/MDT case manager, FAPT/MDT chair, parent representative or CSA coordinator will take to ensure that family members and their designated supports have every opportunity to participate with the other team members in making treatment recommendations for the child. As noted in Item I, sensitivity to factors such as appropriate meeting times for parents, transportation or child care needs is required. Other steps may be taken to make the family feel welcome, such as providing coffee, snacks or even meals.

#### **Item IV**

**Encourage CPMT policies to streamline redundant or duplicative processes across the involved child serving agencies.**

Out of respect to the time and resources of both, neither family members nor professionals should find the system redundant or duplicative. CPMTs that develop processes that increase family inclusion in cross-agency collaboration improve both efficiency and satisfaction of all the participants. CPMTs should also review existing policies and procedures to eliminate any redundancy and duplication for the management of the Individual Family Service Plans (IFSPs) and other documentation while remaining consistent with state and federal requirements.

#### **Item V**

**Assist CPMTs to have processes that are driven by the youth and the family to assure the most effective family participation.**

FAPT members may wonder how planning or services can be “family or youth driven” when the families are not aware of how agencies operate or what services exist in their community. Consequently, preparation of the family is one of the keys to the success of a family engagement process. CPMTs should develop written policies which outline the process by which information will be presented to the family prior to the FAPT/MDT meeting. These policies should include a description of how the family will be provided sufficient notice of meeting times so they may gather information and plan for the meeting. CPMT policies should also outline how the appropriate representative from the FAPT/MDT will:

- explain the meeting’s purpose, process and goal,
- encourage parents and youth to identify whom they wish to include as support persons,
- explain the responsibilities of the FAPT/MDT to the parents (see below-Item VI)
- explain the responsibilities parents and children have to the CSA system and to service providers; and
- ensure understanding of the parameters of confidentiality during the FAPT/MDT meeting.

By answering any questions the family may have and addressing any concerns raised prior to the FAPT/MDT meeting, the family’s feeling of inclusion and value will be enhanced.

#### **Item VI**

**Assure that family members are aware of and understand both the CSA process and their rights under that process.**

Every parent or legal guardian is a participating member of the FAPT/MDT and as such, their opinions are crucial. To assure that families are able to participate as full members of the team, CPMT policies must describe the responsibilities of the FAPT/MDT to the

parents of children served by CSA. These responsibilities include assuring that parents or guardians:

- 1) Understand the local CSA process and are provided information on the timelines for receiving and reviewing referrals for services.
- 2) Are notified in a timely manner before the child is assessed or offered services.
- 3) Are provided written information in the parent's native language or that interpretation is provided.
- 4) Are aware that their written consent must be provided before beginning the provision of any services that are part of the IFSP, upheld by the appropriate appeals process, or authorized by law.
- 5) Are aware that they may read, review and receive written information regarding the child's record upon request, unless otherwise ordered by the court; and understand the process for receiving the information they wish to review.
- 6) Understand the responsibilities of all parties to maintain confidentiality.
- 7) Are provided information on how to access IFSP designated services from local human services professionals and are aware of their right to choose the provider for those services.
- 8) Are aware of the right to review, disagree with and/or appeal any part of the child's assessment or service plan.
- 9) Understand the locality's appeal process to the CPMT if the FAPT/MDT and family members disagree on a course of action.
- 10) Should participate during the entire process during which a FAPT/MDT discusses their child and family situation.

It is also important that families understand that each child serving agency has its own appeal process. The agency-specific appeal processes are available and appropriate routes to take for any conflict resolution with those agencies. Use of the CSA process in no way negates the use of the separate appeal process of another agency.

## **Item VII**

### **Enable CPMTs to develop multi-disciplinary teams through a blanket approval process of the SEC.**

The Code of Virginia ([COV 2.2-2648](#)) allows the SEC to approve collaborative multi-disciplinary teams as a substitute for the Family Assessment and Planning Team. Additionally, the Code provides that:

*“The Office of Comprehensive Services (OCS) is established to serve as the administrative entity of the State Executive Council (SEC) and to ensure that the decisions of the Council are implemented...the director...shall...(18) develop and distribute guidelines, approved by the SEC, regarding the development and use of multidisciplinary teams, in order to encourage utilization of multidisciplinary teams in service planning and to reduce Family Assessment and Planning Team caseloads to allow Family Assessment and Planning Teams to devote additional time to more complex and potentially costly cases.”* [COV § 2.2-2649 B.](#)

To streamline this process and encourage the involvement of professionals with personal knowledge of the youth and family in service planning, the SEC is offering “blanket” approval to localities wishing to develop MDTs. To qualify for the blanket approval, the CPMT policies must comply with the following provisions of the SEC Policy on Family Engagement.

- 1) All policies surrounding the development and governing of the MDT must be in writing and made available for review by the SEC, OCS and parents.
- 2) The intent and spirit of multidisciplinary collaboration is reflected in the make-up of the MDT for the locality.
- 3) There are explicit statements that show a family driven and youth inclusive process.
- 4) The CPMT policies clearly outline and describe the route and process of funding approval for CSA services from the MDT to the CPMT.

It is important to remember that any CPMT can use the family team process for assessment prior to a FAPT/MDT meeting (“pre-FAPT meeting”) without any approval from the State Executive Council or the Office of Comprehensive Services. For CPMTs that would like to use a documented, neutrally facilitated, Family Team Decision-Making Process through the Department for Social Services or other member agency in place of the FAPT for the purpose of service planning, inclusion of the various agencies represented on FAPT would need to be outlined in the policies. This Guidance is only for those localities wishing to replace the FAPT with a Family Engagement Model MDT process, including the Family Team Decision-Making Process.

There are some principles that are useful for CPMTs to consider as they design the policy for MDTs in their localities. These are:

- The FAPT, as outlined in Code ([COV 2.2-5207](#)) has members who are authorized to access the services of their represented agency. The intent of the law was to allow the broadest range of knowledge of, and access to, service availability at the planning table. When designing MDTs, which are also intended for the purpose of service planning, this same knowledge and access to services should be available to the team member. How this knowledge is made available is a local decision. An idea would be a list from each agency with contact information with the ability to call the agency and request service input during the planning session.
- Family inclusion is an essential part of any MDT. Policies from the CPMT should include not only the expectation that the family will be present at the MDT, but also the method of notification, timelines for contacting the family and the family's response to the invitation. The family's response to the meeting itself can be assessed using a FAPT/MDT process family survey, an example of which is attached to these guidelines.
- Policies developed by the CPMT regarding an MDT will need to address the flow of funding approval. This may be similar to the process the CPMT uses for the approval of FAPT requested funds or a different process may be developed. Whatever process is designed must be compliant with the Code regarding the responsibility of the CPMT to:

*“Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council;”* ([COV 2.2-5206](#))

Each locality has its own unique strengths and challenges, just like the youth and their families served through CSA. Flexibility and local option is necessary to allow for the best possible provision of services. While it may appear that this guidance raises as many questions regarding the process of developing an MDT as it answers, it is deliberately structured to maintain as much local control to the process as possible.

For specific questions relating to the SEC policies regarding family engagement, contact your Regional Technical Assistance Coordinator in the Office of Comprehensive Services. A listing of TA Coordinators by region may be found at [http://www.csa.virginia.gov/html/Table%20of%20Regions%203-09%20\(2\).doc](http://www.csa.virginia.gov/html/Table%20of%20Regions%203-09%20(2).doc)

## **Appendix A**

### **Virginia Children's Services Practice Model**

#### **We believe that all children and communities deserve to be safe.**

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

#### **We believe in family, child, and youth-driven practice.**

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

#### **We believe that children do best when raised in families.**

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.

5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

**We believe that all children and youth need and deserve a permanent family.**

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

**We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.**

1. We are committed to aligning our system with what is best for children, youth, and families.
  - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
  - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
  - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.

- Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
  - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help children and families achieve success in life; safety; life in the community; family based placements; and life-long family connections.
  - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

**We believe that how we do our work is as important as the work we do.**

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

## **Appendix B**

### **Structured, Facilitated Family Engagement Models**

Throughout the country, and in Virginia, there is evidence that a deliberate, structured approach to working with families, professionals, and community partners such as a family engagement model makes a significant difference in the lives of children and families. Data from agencies using family engagement models reflect better outcomes for youth in care and a cost savings to localities. Additionally, evidence-based family engagement practice also improves worker satisfaction through a shared responsibility in decision-making and reduction in caseloads.

The family engagement model being adopted by the Virginia Department of Social Services is based on Team-Decision Making (TDM) and requires that a Family Partnership Meeting be held at key decision points throughout the family's involvement with the agency. These key points are:

- When a CPS investigation or Family Assessment has been completed and the family is identified as “very high” or “high” risk of abuse/neglect and the child is at risk of out of home placement,
- Prior to removing a child, whether emergency or considered,
- Prior to any change of placement for a child already in care, including a disruption in the adoptive placement,
- Prior to a change of goal; and
- When requested by parent (birth, foster, adoptive or legal guardian, youth or social worker).

Family Partnership Meetings involve the parents and their identified supports, relatives, the social worker, professionals working with the family, and other relevant community partners. These meetings are facilitated by a trained individual that is not the case-carrying social worker for the child or family.

#### **Current Examples of Family Engagement Models in Virginia**

The **City of Alexandria** utilizes *Family Group Conferencing* which brings families and support people together in a facilitated way to make plans for children to have safe, stable and permanent living arrangements. It combines the strength of the family with the resources of the community to resolve issues and build ongoing supports. Families along with their chosen support network are the decision-makers.

**Frederick County** uses the *Child and Family Team Process that is Family-Driven, Strength-Based, Inclusive, Collaborative, Consistent, Outcome-Driven, Culturally Competent, Accountable, Individualistic, Flexible and Cost-Effective*. The goal of the Child and Family Team process is to avoid the necessity of out-of-home placements whenever possible, and if the child is already in foster care, to safely return the child to his or her home. If the child's safe return home is not possible, the goal is to provide for a permanent placement of the child.

The **City of Richmond** utilizes *Team Decision-Making (TDM)* meetings that are held for all decisions involving a child's removal, change of placement, and reunification/other permanency plan. The TDM meeting is held BEFORE **any** child's move occurs. In cases of imminent risk necessitating emergency removal, a TDM meeting will be held within 24 hours of the removal. In all other CPS cases of children at risk, a TDM meeting will be held within 5 days. TDM meetings allow immediate decisions to be made by a team of individuals identified in the child's network. The team seeks a consensual decision regarding a placement that both protects the child and preserves or reunifies the family.

The goal is to involve birth families and community members, along with resource families, service providers and agency staff, in all placement decisions, to ensure a network of support for the child and the adults who care for them. TDM meetings improve the agency's decision-making process, encourage the support and "buy in" of the family, and help develop specific, individualized, and appropriate interventions for children and families.

### **Resource Information**

For additional information on structured forms of family engagement models and tools go to [http://vafamilyconnections.com/family\\_engagement\\_tools.shtml](http://vafamilyconnections.com/family_engagement_tools.shtml)

**National Clearinghouse for Child Abuse and Neglect: "Evidence-Based Practices in the Engagement of Families"** This article provides a review of family engagement strategies that contribute to positive case outcomes and notes that case worker and agency behaviors are the most significant contributors to successful family engagement. These behaviors include mutual setting of relevant goals, appropriate services and resources, a focus on the family's skills and the common sense realization that good working relationships take time to build. (This article may be found at the vafamilyconnections website above.)

**The National Resource Center for Permanency and Family Connections: "The Family Engagement: A Web-based Practice Toolkit"** Development of the Toolkit was funded through a cooperative agreement between the Hunter College School of Social Work in New York and the Children's Bureau to the National Resource Center for Permanency and Family Connections. This toolkit is intended as an online tool for programs, states and tribes and makes available promising practices, programs and resources. For additional information visit <http://www.hunter.cuny.edu/socwork/nrcfcpp/fewpt/introduction.htm>

Or contact:

Tamara Temoney, PhD, Manager for Family Engagement, Virginia Department of Social Services, 801 East Main Street, Richmond, VA 23219-2901; phone: 804-726-7538; e-mail: [tamara.temoney@dss.virginia.gov](mailto:tamara.temoney@dss.virginia.gov)

**Appendix C**  
**Family FAPT/MDT\* Process Satisfaction Survey**

Date: \_\_\_\_\_

Please indicate if you are a:

Birth Parent

Foster parent

Adoptive parent

Other

- 
- 1. I have been included in all FAPT/MDT meetings concerning my family.**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 2. I was informed of the time and place of the FAPT/MDT meeting in a timely and appropriate manner.**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 3. My schedule was considered in the planning for the FAPT/MDT meeting**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 4. The FAPT/MDT meeting was held in an easily accessible place for my family.**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 5. The FAPT/MDT process was explained to me prior to my first meeting with the team members**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 6. I received a copy of my CSA Parental Rights prior to the first FAPT/MDT meeting.**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 7. I understand the roles and responsibilities of the FAPT/MDT members**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 8. I am considered an equal partner in the planning my child's service plan and encouraged to direct the decision –making process.**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_
  - 9. The FAPT/MDT members show sensitivity to the needs of youth with disabilities and their families.**  
 Strongly Agree  Agree  Disagree  Strongly Disagree  
**Comment:** \_\_\_\_\_

**10. I am treated with respect by all members of the FAPT/MDT.**

Strongly Agree  Agree  Disagree  Strongly Disagree

**Comment:** \_\_\_\_\_

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\*Family Assessment and Planning Team (FAPT) Multi-Disciplinary Team (MDT)

## Appendix D

### **Responsibilities of the Family Assessment and Planning Team and to Families and Youth under the CSA**

The following responsibilities are identified in the Code of Virginia (COV), they are also required as part of the local certification process.

The State Executive Council is charged with the state level responsibility to:

- "Provide for the establishment of interagency programmatic and fiscal policies developed by the state management team, which support the purpose of this chapter, through the promulgation of regulations by the participating state boards or by administrative action, as appropriate." (Code of Virginia 2.1-746)
- "Oversee the administration of state interagency policies governing the use, distribution and monitoring of moneys in the state pool of funds ..." (Code of Virginia 2.1-746)

#### **Responsibilities of FAPT regarding Family Participation**

"The Family Assessment and Planning Team shall ... provide for family participation in all aspects of assessment, planning, and implementation of services." (Code of Virginia, 2.1-754)

#### *Signature on the Individual Family Service Plan*

"The Individual Family Service Plan shall not be implemented without the consenting signature of the custodial parent and/or agency or individual legally serving in the place of the parent, unless otherwise ordered by the court, upheld by the appropriate review process or authorized by the Code of Virginia. This requirement does not interfere with procedures to provide immediate access to funds for emergency services and shelter care." (CSA Manual, FAPT toolkit section *Family Participation*)

#### *Implementing and Monitoring of the Individual Family Service Plan*

"The Family Assessment and Planning Team shall designate a person who is responsible for monitoring and reporting, as appropriate, on the progress being made in fulfilling the

individual family services plan developed for each youth and family, such reports to be made to the team or the responsible local agencies (Code of Virginia, Section 2.1-754.6).

### **Family Access to Local Review Process**

"Each Community Policy and Management Team shall establish a review process system. The minimum parameters of this system shall include:

- notice to families (at point of entry to Family Assessment and Planning Teams)
- opportunity for the family/child to be heard and defend their position and
- time lines for review requests and Community Policy and Management Team responses." (CSA Manual, Section 3.1.5 Toolkit: Due Process protections )

"This review process system shall not take the place of any other review process pursuant to existing state or federal law (e.g., special education, foster care.)"

### **Relationship between CSA Review System and Existing Rights**

There is no state review system solely for the Comprehensive Services Act since CSA does not provide any direct services. However, there are three existing due process systems available. These state due process systems supporting the Department of Juvenile Justice, special education and foster care will not be impacted by any review process in this Act.

- The special education system which involves state-level review, ([Department of Education Dispute Resolution link](#))
- The social service system which involves both local and state level review, ([Children's Services Frequently Asked Questions](#)) and
- The court system.

These systems are established by federal and state requirements separate from the Act and continue to be available to youths and families, as appropriate. Existing state due process systems supporting special education and foster care are not impacted by the Act.

### **Exchange of Information and Confidentiality**

All families have the expectation that their personal information shall be maintained in a confidential manner as prescribed in code. The responsibility of the FAPT and CPMT to keep this information confidential is specifically in the Code of Virginia:

"All public agencies that have served a family or treated a child referred to a Family Assessment and Planning Team shall cooperate with this team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team." [COV § 2.2-5210](#)

"Procedures must be developed to allow the referring agency to obtain consent to exchange client information with the Family Assessment and Planning Team, to provide for the prompt release of records to the Family Assessment and Planning Team, and to ensure the confidentiality of the Family Assessment and Planning Team proceedings."

"“Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Management and Policy Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.” [COV § 2.2-5210](#)

### **Non-Discrimination**

CSA believes in the value of the family and believes that there is strength in the diversity of the families served through this process. Not only is it the expectation of OCS that families will not be discriminated against under the Human Rights of the Commonwealth of Virginia, but those differences will be incorporated into the planning process to address the needs of the whole person and family.

"Community Policy and Management Teams must develop procedures to ensure that services are provided on a non-discriminatory basis. Services provided by the Community Policy and Management Teams and Family Assessment and Planning Teams shall not discriminate on the basis of race, ethnicity, sex, age, religion, socioeconomic status, handicapping conditions, or national origin." (CSA Manual section 3.1.5 toolkit: Non-Discrimination Procedure)