

AGENDA
State Executive Council
The Comprehensive Services Act for At Risk Youth & Families
December 18, 2014
Richmond/Henrico Rooms, 1604 Santa Rosa Rd.
Richmond, VA

- 9:30 a.m.** **Welcome & Chair Remarks – Dr. Bill Hazel**
 ➤ **Action Item** – Approval of September 2014 Minutes
- 9:40** **Public Comment**
- 9:50** **Taskforce Report - Non-CSA Parental Placements into Residential Treatment Programs**
 ➤ **Action Item** - Acceptance of Recommendations
- 10:40** **SEC Retreat Report – Group 4**
- 10:50** **Proposed Workgroup – Increasing Public Awareness of and Access to Multidisciplinary Planning**
 ➤ **Action Item** – Appointment of Workgroup
- 11:00** **Executive Director's Report – Susan Clare**
 • General Assembly Reports
 • Audit Update
- 11:10** **Presentation by the Department of Juvenile Justice**
- 11:25** **SEC Committee Reports**
 ➤ Executive Committee
 ➤ Outcomes Committee
- 11:35** **SLAT Report – Ron Belay**
- 11:45** **Member Updates**
- 12:00 p.m.** **Adjournment**

Meeting Schedule for 2015: **April 20 (CSA Conference/Roanoke)**
 June 18, September 17 and December 17
 (Dept. of Taxation, 1957 Westmoreland St., Richmond)

Draft

STATE EXECUTIVE COUNCIL (SEC)
COMPREHENSIVE SERVICES ACT FOR AT RISK YOUTH AND FAMILIES
Dining Hall, UMFS
3900 W. Broad St.
Richmond, VA
Thursday, September 18, 2014

SEC Members Present:

The Honorable William A. (Bill) Hazel, Jr., M.D., Secretary of Health and Human Resources
The Honorable Jennifer Wexton, Member, Senate of Virginia
Andrew Block, Director, Department of Juvenile Justice
Mary Bunting, City Manager, Hampton, Virginia
Michael Farley, CEO, Elk Hill
Joseph Paxton, County Administrator, Rockingham County, Virginia
Kathy Drumwright for Debra Ferguson, Ph.D., Commissioner, Department of Behavioral Health and Developmental Services
Lelia Hopper for Karl Hade, Executive Secretary of the Supreme Court of Virginia
Margaret Schultze, Commissioner, Virginia Department of Social Services
Bob Hicks for Dr. Marissa Levine, Commissioner, Virginia Department of Health
Greg Peters, President and CEO, UMFS
The Honorable Anita Filson, Juvenile and Domestic Relations District Court Judge, 25th Judicial District
The Honorable Catherine Hudgins, Member, Fairfax County Board of Supervisors
Jeanette Troyer, Parent Representative
The Honorable Robert "Rob" Coleman, Vice-Mayor, City of Newport News
Karen Kimsey for Cindi Jones, Director, Department of Medical Assistance Services

SEC Members Absent:

The Honorable Richard "Dickie" Bell, Member, Virginia House of Delegates
John Eisenberg for Steven Staples, Ed.D., Superintendent of Public Instruction, Virginia Department of Education
The Honorable Patricia O'Bannon, Member, Henrico County Board of Supervisors
Janice Schar, Parent Representative

Other Staff/SLAT Members Present:

Pam Kestner, Special Advisor on Families, Children and Poverty, Health & Human Resources
Eric Reynolds, Assistant Attorney General, Office of the Attorney General
Ron Belay, Chair, State and Local Advisory Team
Susan Cumbia Clare, Executive Director, Office of Comprehensive Services (OCS)
Scott Reiner, Assistant Director, OCS
Anna Antell, Program Consultant, OCS
Brady Nemeyer, Program Consultant, OCS
Chloe Carter, Audit Specialist, OCS
Marsha Mucha, Administrative Staff Assistant, OCS

Call to Order and Approval of Minutes

Secretary Hazel called the meeting to order at 9:35 a.m. He welcomed new members and guests and asked for introductions. A quorum was present.

Secretary Hazel provided a brief update on the state budget and cross-secretariat initiatives (i.e. upcoming Data Analytics Conference and Children's Cabinet).

He asked Andy Block to speak briefly concerning the recidivism rates for youth in correctional centers. Mr. Block reported that the average age for youth entering a correctional center is 16. Most have a diagnosed mental health condition and have experienced at least one family trauma event. Due in part to more rigorous reporting in Virginia, the current three-year recidivism rate for youth released from correctional centers in Virginia is 80%.

Dr. Hazel also reported briefly on the Governor's measures to expand health care services. Of particular note are:

- Outreach to those families eligible for FAMIS.
- Outreach to Virginians eligible for the Federal Marketplace and Medicaid who have yet to sign-up.
- Reducing the number of deaths from prescription drug and heroin abuse. Creation of the Task Force to Combat Prescription Drug and Heroin Abuse.

The minutes of the June 20, 2014 meeting were approved without objection.

Executive Director's Report

- *Data Analytics* – Susan Clare reported HHR and OCS received a 2014 Virginia Governor's Technology Award at the 2014 COVITS Conference held in Richmond. The award was in the category of Innovative Use of Technology – Big Data and Analytics. The winning entry was "CSA Data Integration and Analysis," now known as "Virginia Children's Services Informetrics" (VACSI).

She noted that OCS is in the 4th year of historical data collection. Data continue to be collected on a quarterly basis. Data being collected include: CSA expenditures; Title IV-E foster care expenditures; Medicaid behavioral health services expenditures for those 18 and younger; demographics from OASIS, VEMAT and CANS assessment data. Standard service names have been established to be utilized statewide to report services purchased under CSA. Local governments will be required to begin reporting using only the standard service names effective July 1, 2015. In order to improve the quality of data collected, work continues on standardizing data elements.

- *Quarterly Audit Report* – Mrs. Clare noted that members had received a copy of the latest quarterly audit report with their meeting materials. She reported that OCS will begin posting audit findings to the audit link on the OCS website. She noted that after every audit a survey is conducted concerning the locality's audit experience and that survey results have been positive regarding audit experiences.

- *Service Gaps Survey* – Mrs. Clare noted that members had received a report of results of the 2013 CSA Critical Service Gaps survey. The report format differs from past reports which were presented as PowerPoint presentations. The SEC Finance Committee discussed the Survey at its last meeting and will report on their discussions regarding improving the value of the process during their report.
- *Community-Based Behavioral Health Services Policy Update* – Mrs. Clare reported that no exceptions to the policy have been requested since its adoption by the SEC last year.

Public Comment

There were 2 public comments:

- William (Bill) Elwood, Executive Director, presented comment (attached) on behalf of both the Virginia Coalition of Private Provider Associations (VCOPPA) and the Virginia Association of Independent Specialized Education Facilities (FAISEF).
- Kate Duvall, Attorney with the JustChildren Program, Legal Aid Justice Center commented that parents with children/youth in need of services don't know how to access the system; they need a clear access point. She noted that she would like to talk with each of the SEC members prior to their next meeting and encouraged them to take action on this issue.

SEC Committee Reports

Executive Committee - Susan Clare reported on behalf of the Committee. She reported that, at the last Committee meeting, the Committee met with each of the small group leaders from the SEC Retreat to review their group reports. She also reported that the Committee agreed to add members to the Committee to include designees for DMAS and schools. Mrs. Clare noted that new SEC members are encouraged to volunteer for both the SEC's Finance Committee and Outcomes Committee. Mr. Block has volunteered to serve on the Executive Committee and Dr. Ferguson on the Finance Committee.

Mrs. Clare further reported that a joint SEC – Children's Cabinet meeting is being planned for the CSA Conference next year. The invited Conference keynote speaker is Gary Blau from SAMHSA.

Finance Committee – Greg Peters reported on behalf of the Committee. He reported on two main items. One of the performance measures included in the OCS Strategic Plan is the percent of youth receiving ICC against all youth placed in residential settings. The Finance Committee was asked to recommend a target for this measure which the Committee recommended setting at 75%.

The Committee also discussed the Services Gaps Survey. Mr. Peters explained that, as Mrs. Clare noted in her report, the survey results have remained static for a number of years. The Finance Committee would like to see the Survey become a dynamic, proactive tool to be used by localities. The Committee recommended to the SEC that the Finance Committee develop specific recommendations concerning the Survey to bring to the SEC for consideration.

Both of the Committee's recommendations were approved without objection.

State and Local Advisory Team (SLAT) Report

Ron Belay, SLAT Chair reported that SLAT last met on August 7, 2014. He reported that SLAT had already implemented a recommendation from the SEC Retreat regarding representation of local government officials on the SLAT. Representatives of VACo and/or VML have been invited to "sit at the table" of SLAT meetings to actively engage in discussions of the team and serve as non-voting representatives of local government officials.

SLAT also reviewed its bylaws and recommended the changes presented to the SEC as indicated on the document SEC members received with their meeting materials. The changes SLAT recommended were approved without objection.

Mr. Belay also presented two statutory changes to the SLAT bylaws for the SEC's consideration to recommend to the Governor. The first statutory change concerned the parent representative to SLAT. SLAT recommends that the parent representative be a parent of a child who has received services that are within the purview of the CSA. The second statutory change concerns eligibility to serve as SLAT chairman. The change would expand the number of SLAT members eligible to serve as SLAT chairman. Currently only a local government representative can serve in that capacity.

Mr. Paxton recommended opening the existing requirement for the CPMT representatives to SLAT to be serving on a CPMT to one who is representative of the participants of the CPMT. He noted that this would allow someone with CSA experience from within a participating agency of the CPMT to serve as the CPMT representative to SLAT.

There was a great deal of discussion around changing the eligibility for chairman. Mr. Belay explained that it is often hard to find a chairman from among the local government representatives to SLAT and the primary purpose of the statutory change would be to expand the pool of eligible SLAT members. After further discussion, SLAT's recommendation regarding the parent representative to SLAT and Mr. Paxton's recommendation were passed without objection.

SLAT's recommendation to change the statutory eligibility for SLAT chairman was defeated by a vote of 6 (opposed) to 5 (yes).

Appointment of SLAT Representative

The following nomination was recommended for appointment to SLAT:

- John Dougherty – alternate private provider representative

The recommendation was approved without objection.

Expanding Systems of Care Grant

Janet Lung and Scott Reiner provided an update on systems of care and related activities under the current DBHDS grant. Mrs. Lung provided information on systems of care principles and

background on systems of care in Virginia. She noted that the current (four year) SAMHSA grant is only one tool in the toolbox Virginia is using to grow and sustain Virginia's system of care.

Virginia is using the SAMHSA grant for four initiatives:

- Five sub-grantees have been selected to improve their local Systems of Care through High Fidelity Wraparound: Alexandria CPMT, Fairfax CPMT, Loudoun CSB, Region Ten CSB, and UFMS and regional partners.
- Expanding workforce development opportunities by providing continuing education to behavioral health professionals and extending professional development and conference support to other child-serving agencies. For the past two years, DBHDS has provided support for the CSA conference and has co-sponsored the Virginia Treatment Center for Children Symposium.
- Funding for the Center of Excellence to provide training in the High Fidelity Wraparound model for ICC providers.
- Supporting and sustaining growth in the Virginia Family Network. The second annual Statewide Family and Youth Leadership Summit was held in May 2014 with over 100 participants in attendance. Grant funds were also used to send families and youth to the National System of Care Training Institutes in July.

In conclusion, Mrs. Lung reported that the four grant-funded initiatives strategically support and enhance systems of care in Virginia. She further explained that, to be successful, Virginia's system of care must supersede and live beyond the grant.

Scott Reiner spoke briefly about the High Fidelity Wraparound model and the training being provided on the model to providers of intensive care coordination. The key characteristics of the process are that the IFSP plan is developed by a family centered team, is individualized based on the strengths and culture of the child and their family and is needs rather than services driven.

To date, approximately 250 ICC providers have been trained in the High Fidelity Wraparound model. Trainings have begun for supervisors of practitioners of ICC. Mr. Reiner expressed his appreciation to the SEC for their policy support in implementing ICC and High Fidelity Wraparound.

At the conclusion of their report, Lelia Hopper remarked briefly on the System of Care partnership in the Northern Shenandoah Valley. She will forward a link to their website.

Report and Discussion from SEC Retreat

Group 1 – Reported by Karen Kimsey – Ms. Kimsey reported that the group revised the original problem statement to read: “An increasing number of youth are being placed in residential settings without CSA involvement and without funding for educational services”. The change in the problem statement was prompted by data presented showing that the overall number of residential placements while remaining essentially “flat”, were increasingly funded by Medicaid outside of CSA processes.

Discussion focused on adoption by DMAS of regulatory, policy, and/or procedural changes so that all authorizations for Level C residential placements are “pending” until the FAPT/CPMT can review the case and develop a CSA response. Concern was expressed that all cases might not reach FAPT in a timely manner thus being disruptive to the child and family. CSA would have to implement policy to ensure timely access by a family to FAPT.

After further discussion, Secretary Hazel asked SEC members to affirm consensus of three points:

1. Current situation is not sustainable
2. The situation needs to be addressed immediately
3. It is untenable to require provision of a service without assuring payment for that service

He asked that a task group of the following SEC members, staff and stakeholders meet to reach a solution in the form of a recommendation to present to the SEC at its December meeting. Members of the task group are: Mary Bunting, Joe Paxton, Michael Farley, Greg Peters, Karen Kimsey, Margaret Schultze, Lelia Hopper and Andrew Block. Susan Clare was asked to convene the task group.

Group 2 – Reported by Jeff Aaron – Dr. Aaron reported that the group revised the original problem statement to read: “An inadequately resourced system that too often intervenes too late and in ways that are inequitable, inconsistent and not well coordinated that result in too many kids ending up in facilities”.

Discussion focused on ways to align system incentives. Specific recommendations included scheduling presentations to the SEC from localities that have effectively implemented a system of care with focus on providing prevention services and access to services/funding. The SEC should also seek opportunities to work with DJJ to focus on decreasing rates and durations of incarceration and to use savings to promote community-based interventions. After further discussion, Mr. Block agreed to share the web link for a national white paper on juvenile justice with SEC members.

Group 3 – Reported by Margaret Schultze – Mrs. Schultze reported that the group revised the original problem statement to read: “CSA needs to better serve youth who are either truant or delinquent to prevent out-of-home placement (e.g. foster care, residential facility, detention or commitment)”.

Discussion focused on the eligibility of children/youth for CSA funded services and access to services under CHINS criteria. Specific recommendations included providing clarification regarding eligibility of truant and delinquent youth with behavioral/emotional difficulties for CSA funding and, specifically, eligibility under the mandated funding category. Guidance should also be provided regarding the consideration of a child’s “condition” as included in the CHINS language. The OCS will provide a report at the SEC’s December meeting on this topic.

A conversation needs to take place on how to begin a discussion on creating a dispositional alternative other than foster care for judges addressing the needs of delinquent and truant youth.

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Group 4 – In the interest of time, Group 4 did not report. Several of the recommendations from the group have already been implemented including:

- Inviting a staff member of VACo or VML to represent local government officials in an un-official (non-voting) capacity on the SLAT. This will assure inclusion of the unique perspective of local government officials in deliberations of the SLAT and reports to the SEC. Local government officials have specific desire to assess and report potential fiscal impact of proposed policies.
- Inviting the SLAT chair to participate in an un-official (non-voting) capacity on the SEC.

The group will present its report at the SEC's December meeting.

Adjournment

There being no further business the meeting was adjourned at 12:15 p.m.

Update on Status of Comparable Education Services for Children Admitted to Residential Facilities for Non-Educational Reasons

State Executive Council Comprehensive Services Act for At Risk Youth and Families

September 18, 2014

Mr. Chair and members of the State Executive Council, I am here again today on behalf of both the Virginia Coalition of Private Provider Associations (VCOPPA) and the Virginia Association of Independent Specialized Education Facilities (VAISEF).

You may remember that I spoke at the March SEC meeting to ask for your assistance on the issue of the lack of funding for appropriate comparable educational services for children who have been admitted to residential treatment facilities for non-educational or mental health reasons. Again, these are the children who have been diagnosed with a mental illness and are admitted into a licensed residential treatment facility under a physician's order for non-educational reasons. While their mental health treatment services can be funded through Medicaid, there has been no consistent funding source to pay for their educational services while they are in a facility for mental health reasons.

We were encouraged by your response to our concerns at the March meeting, in recognizing the problem and directing the Office of Comprehensive Services (OCS) to explore the issue more fully and determine possible solutions for the SEC to implement. The OCS has worked hard on this issue ever since, researching lots of data and bringing all the stakeholders together on multiple occasions. I personally appreciate the opportunity to sit on the workgroup that discussed this issue at the June SEC retreat. We had a thorough, thoughtful and at times spirited discussion on what the problem was and on possible solutions.

Later on this morning, you will hear the report of this workgroup and several recommendations will be made. As you hear these results and deliberate further on them, we ask that you keep the following points in mind:

- Consistency and timeliness in the FAPT process is critical. Some localities allow parental referrals, others do not. Families in crisis need to enter the system through whichever door works best and is most easily understood by them. Not allowing them access through this logical door for CSA services is a disservice to children and families in need and runs counter to the principles under which the CSA was founded. Additionally, families must not wait days, weeks and in some cases even months before the FAPT addresses the needs of the child. In a family crisis, time is not your friend.
- Some suggest that DMAS should not approve residential placements, nor should a residential treatment center accept a child for admission for non-educational reasons

unless they have also been through the FAPT process to determine how educational needs are to be met and how payment for those services is to be arranged. We disagree. A child in a mental health crisis, who has met approval criteria established through DMAS for placement in a residential treatment center, should not have critical time pass and have treatment delayed because a FAPT team has not met to review the case. As we learned at the SEC retreat, DMAS and Magellan have very stringent criteria that must be met before they will approve admission for mental health reasons and once that admission to the residential facility is approved, that facility cannot deny admission just because payment for educational services has not been worked out with the local FAPT.

- While having DMAS “pend” a residential placement until a FAPT team can review the case may sound like an easy solution to the problem, it actually may create a barrier to timely and necessary mental health treatment at a time when any delay could be critical to the well-being of the child and family. Unless and until it can be assured that a uniform and TIMELY FAPT process exists across the Commonwealth, with provisions for multiple referral sources, including family and from Magellan itself, then going to a “pending” process is a move in the wrong direction, creating duplication of effort, confusion for the family, unnecessary delays and could do much more harm than good.
- We instead propose that in the case of a DMAS/Magellan approved placement for mental health and non-educational reasons, that the cost of educational services be handled in the same manner as if it had been approved by the FAPT, until the FAPT has the opportunity to review the case and develop their recommendations. This will ensure essential and appropriate educational services are delivered to the child from day one and also provides incentives to the local FAPT to move more expeditiously on these cases. We must move past the days when private providers are pressured to “scholarship” these costs or parents are encouraged to skip the FAPT process altogether with the promise that providers will not turn down a child over unresolved educational costs.

In closing, we implore you to tackle this issue with all due speed and develop policy proposals you can approve for implementation at your next meeting. Should you decide that legislative solutions are needed, keep in mind the pre-filing drafting deadlines that will likely fall before your next meeting. We have worked on this issue for over three years and we ask for your help now to translate those previous efforts and the hard work put in by OCS over the last six months into timely policy decisions as we move forward. There is no disagreement that these educational services are vital to the eventual successful mental health outcome for the child and equally essential to their educational progress when they return to their home school division. Please begin today with decisive steps to make sure this happens. Thank you for your time and continued consideration of this important issue.

William P. Elwood, Executive Director
Virginia Coalition of Private Provider Associations (VCOPPA)
Virginia Association of Independent Specialized Education Facilities (VAISEF)

advisors to the task group. Susie Clare, OCS Executive Director, and Scott Reiner, OCS Assistant Director, facilitated the meeting; Marsha Mucha, OCS Administrative Assistant, provided administrative support.

UNDERLYING PREMISE STATEMENTS

1. Youth admitted to a Level C RTF with authorization for Medicaid funding are presumed to be in the target population identified in §2.2-5211 and are presumed eligible for state pool funds in accordance with §2.2-5212.
 - §2.2-5212(A)(4) Youth are eligible for foster care services per §63.2-905, i.e., the youth is a “child in need of services” who requires services beyond normal agency services or services to prevent or eliminate the need for out-of-home placement (mandated funding), and/or
 - §2.2-5212(A)(1) or §2.2-5212(A)(2) The youth has emotional or behavior problems and requires services beyond normal agency services and/or services by at least two agencies (non-mandated funding).
2. Youth who meet medical necessity criteria for residential treatment services are entitled to services in accordance with 12VAC30-60-50 and 12VAC30-130-860.
3. Medicaid eligible clients have the right to select the provider from which to obtain needed services in accordance with 12VAC30-10-490.
4. The placement of a youth by his/her parent into a Level C Residential Treatment Facility (RTF) for non-educational reasons and authorized for Medicaid funding based upon a “non-CSA” Certificate of Need is considered to be an “emergency placement” in accordance with §2.2-5209.

RECOMMENDED PROCESS	ACTION NEEDED
<p>At time of admission to an acute care facility, the acute care facility shall:</p> <ul style="list-style-type: none">• obtain consent from the parent to release confidential information regarding the youth to the local CSB and local FAPT;• refer the youth to the local CSB.	<p>DMAS: Amend regulations to add provider requirement for acute facilities to refer admitted youth to the local CSB for discharge planning.</p> <p><u>Recommended actions:</u> Amend §16.1-338 C, 16.1-339 C: require referral to CSB following voluntary admission to psychiatric facility of consenting and objecting minors.</p> <p>Amend § 16.1-338 C and §16.1-339 C 2: Require CSB to engage in discharge planning for minors admitted to acute psychiatric</p>

	facility: Amend paragraph 2 or add a new section that applies to both voluntary and involuntary commitments and sets out more fully what is expected from the CSB and why this coordination is established in relation to funding through CSA.
<p>At the time of admission to a Level C RTF, the RTF shall:</p> <ul style="list-style-type: none"> • obtain consent from parent to release confidential information about the youth to the local CSB and the local FAPT; • inform the parent of the need for local community review of services; • inform the parent of the potential for development of a plan for alternative services, i.e., community-based services; • inform parent of potential fiscal responsibility for educational services if local community develops plan for alternative services but parent wishes to maintain the RTF placement; • refer youth to the local CSB. 	DMAS: Amend regulations to add provider requirement for Level C RTF to obtain consent for release of information and refer youth to the appropriate CSB.
<p>Upon notice from Level C RTF that a youth has been admitted, the CSB shall immediately refer the youth to the local FAPT.</p>	SEC: Adopt policy that CSB shall refer youth to FAPT upon receipt of notice that child has been admitted to RTF (See Attachment A)
<p>The FAPT shall review the case and develop an Individual Family Services Plan (IFSP) for the youth within 14 days of the CSB receipt of referral from the RTF.</p>	SEC: Adopt policy that FAPT shall meet within 14 days of CSB's receipt of notice that child has been admitted to RTF (See Attachment A)
<p>There are multiple options available to the FAPT when reviewing a youth admitted to a Level C RTF:</p> <ol style="list-style-type: none"> 1. FAPT may determine the RTF placement, including its educational services, is necessary to meet the youth's needs. If the FAPT so determines: <ul style="list-style-type: none"> • The FAPT shall develop an IFSP for RTF. • The locality shall assume responsibility for the RTF placement beginning on the date of admission. Local responsibility includes payment of the daily cost of educational services and the local match on treatment services. 2. FAPT may determine the youth's needs can be met through community based services. If the FAPT so determines: <ul style="list-style-type: none"> • The parent/provider shall assume responsibility for the cost of educational services beginning with the first day of placement. • The locality shall assume responsibility for community-based 	SEC: Adopt policy regarding locality fiscal responsibilities as outlined (See Attachment A)

<p>services per the IFSP.</p> <ul style="list-style-type: none">• If discharge from the RTF is delayed pending implementation of the IFSP, the locality shall assume responsibility for the RTF placement beginning day 15 post admission through the date of discharge when the IFSP is implemented (i.e., daily cost of educational services, local match on treatment services).• If the parent rejects the services outlined in the IFSP, the parent shall assume responsibility for the child's placement at the RTF. The local CPMT appeal process will be available to the parent. <p>3. FAPT may determine the RTF is necessary to meet the youth's needs, but that the school division can provide educational services to the student at the RTF. If the FAPT so determines:</p> <ul style="list-style-type: none">• The locality shall assume responsibility for the RTF placement beginning with the 1st day of admission, i.e., the locality shall assume responsibility for the local match on treatment services and shall assume responsibility for providing educational services to the youth at the RTF.• The parent and/or provider shall assume responsibility for the daily cost of educational services from the 1st day of admission up to the first day of educational services provided by the school division.• If the provision of educational services does not begin on day 15 of admission, the locality shall assume responsibility for the payment of the daily cost of educational services provided by the RTF beginning day 15 post notice received by the CSB through the date educational services by the school division are initiated. <p>If the FAPT fails to meet and/or fails to develop an IFSP within 14 days of the receipt of notice by the CSB that the youth has been admitted to the RTF, the locality shall assume responsibility for the RTF placement beginning on the first day of admission, i.e., payment of the daily cost of educational services and the local match for treatment services.</p>	
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ADDITIONAL RECOMMENDATIONS

1. Actions should be taken to improve public awareness of and access to local CSA teams to reduce the number of non-CSA placements into residential programs for non-educational reasons.
2. The recommended SEC policies and procedures should become effective 7/1/2015 for all Level C RTF admissions and re-admissions occurring 7/1/2015 or later.

Taskforce Recommendations to the SEC, December 18, 2014

3. Policies should not apply to continuing stay placements with admissions made prior to 7/1/2015, except that the RTF shall refer all youth to the local CSB, and the CSB shall refer to FAPT, as part of every youth's discharge planning. Magellan should be tasked with ensuring such referral by the RTF.
4. Should the SEC adopt the recommendations of this taskforce, a workgroup should be established to develop guidelines for implementing proposed policies (see Attachment B).
5. The SEC should amend the "Interagency Guidelines for Foster Care for Specific CHINS" to address the premise that youth meeting medical necessity criteria for residential treatment services are eligible for foster care services as CHINS and are eligible for CSA funding.

ATTACHMENT A

Proposed Policy

FAPT Review of Child/Youth Placed into a Residential Treatment Facility

When a child/youth has been placed by his/her parent into a residential treatment facility (RTF) through a process other than through the Family Assessment and Planning Team (FAPT) the child/youth shall, with parental consent, be reviewed by the FAPT.

Upon receipt of notice by an RTF that a child/youth has been admitted to the RTF outside of the FAPT process, the local CSB shall refer the child/youth for assessment by the FAPT. The FAPT shall, in accordance with §2.2-5209, assess the youth within 14 days of the CSB's receipt of notice of the child/youth's admission to the RTF and shall develop an Individualized Family Services Plan (IFSP) for services appropriate to meet the needs of the child/youth.

If the FAPT determines that residential treatment is the most appropriate service to meet the needs of the child/youth, the CPMT shall authorize necessary funding for the RTF beginning on the date the CSB received notice from the RTF of admission.

If the FAPT determines that the needs of the child/youth can be appropriately met through services other than residential treatment services, the CPMT shall authorize necessary funding for the RTF beginning on day fifteen (15) of the RTF placement until the date services in the IFSP are initiated.

If the FAPT determines that residential treatment is the most appropriate service to meet the needs of the child/youth and that the local school division will assume full responsibility for the provision of educational services within the treatment facility, the CPMT shall authorize necessary funding for the RTF beginning on the date the CSB received notice from the RTF of admission and funding for educational services will terminate on the date the local school division initiates educational services.

ATTACHMENT B

State Executive Council Workgroup

Developing Guidelines for FAPT Review of Non-CSA Parental Placements into Residential Treatment Facilities

Background

Thirty percent of Medicaid-funded youth placed into residential treatment facilities are placed by parents outside of the CSA process. These placements lack the benefit of multi-agency planning by the Family Assessment and Planning Team (FAPT) and lack a public source of funding for required educational services while in such placements. The State Executive Council will, in January 2015, distribute proposed policies to ensure FAPT review of such cases.

Purpose

The purposes of this workgroup will be to develop guidelines to assist local CSA teams implement the proposed policies. The workgroup will review public comments received by the Office of Comprehensive Services to facilitate its work.

Membership

The SEC directs the Office of Comprehensive Services to solicit the participation of representatives of the following stakeholder groups and to establish and facilitate the work of this workgroup:

- Parents
- CSA coordinators
- Virginia Association of Community Services Boards
- FAPT representatives from child-serving agencies (social services, schools, court service units, and community services boards)
- Private providers
- DMAS
- Magellan
- DBHDS
- Appointed/elected local government officials and/or VML/VACO
- VOICES for Virginia's Children
- Virginia Poverty Law Center and/or Legal Aid Justice Center

Report

The workgroup will provide its final recommendations to the SEC no later than April 2015.

**REPORT TO THE SEC
on the
State Executive Council Retreat
June 20, 2014
Elk Hill Farm**

RETREAT OBJECTIVES

1. Understand access barriers to publicly funded behavioral health services for CSA eligible and target populations.
2. Identify policy and/or statutory changes necessary to remove barriers that hinder access to publicly funded behavioral health services for CSA eligible and target populations.
3. Identify value statements and/or guiding principles to facilitate implementation of best practices to ensure access to behavioral health services for CSA eligible and target populations.

FOUNDATION SET FOR SMALL GROUP DISCUSSIONS

In accordance with the SEC's strategic goal to "support implementation of a unified system of care that ensures equal access to quality services for at risk youth across the Commonwealth," small groups were asked to examine issues that have been identified as barriers to quality care, specifically as it relates to behavioral health services. Margaret Nimmo-Crowe, Executive Director, Voices for Virginia's Children provided background regarding the challenges faced by children and families in accessing services and the costs, to children, families, and communities, for failure to provide appropriate services. Eric Reynolds, Esq., reviewed statutory language highlighting how children and youth in need of behavioral health services are included in the CSA eligible population and specifically in the population for whom services are mandated.

SMALL GROUP REPORTS

GROUP 1

Submitted by Karen Kimsey

Problem Statement: An increasing number of youth are being placed in residential settings without CSA involvement and without funding for educational services.

Group Facilitator: Karen Kimsey, Dept. of Medical Assistance Services

Summary of Key Issues/Contributing Factors:

- DMAS establishes three processes by which the Certificate of Need for Residential services can be completed. Two of the three processes are outside of the CSA process and do not provide funding for educational services.

- There is a perceived “urgency” to such placements which may contribute to taking the most direct route to a Certificate of Need and Medicaid authorization, often bypassing CSA
- There is inconsistency in parent and service provider access to CSA across localities making it difficult to gain timely entry to the CSA system in some localities
- Many youth entering residential placement do so as a result of an acute crisis with no prior involvement with CSA or public child serving entities
- There is potential fiscal incentive to localities to “avoid” CSA involvement (e.g., no local match on Medicaid, no local expense for educational services)

Ideal Outcomes:

- System of Care would provide for access to comprehensive service planning and case management regardless of funding source and point of entry
- A common set of medical necessity criteria and associated levels of care regardless of funding source and locality
- A coordinated, consistent and timely point of entry to the public service system for families
- Children would not be placed in settings without appropriate resources to cover educational service costs

Recommendations:

- DMAS should adopt regulatory, policy, and/or procedural changes so that all authorizations for Level C residential placements are “pending” until the FAPT/CPMT can review the case and develop a CSA response (may or may not be to place the child in residential care)
- CSA should implement policy to ensure timely access by a family to the FAPT to include eligibility determinations, completion of the CANS, determination (with the family) of the services needed by the child and development of an IFSP.
- Increase family and public awareness about CSA on the local level to reduce youth being placed in residential care without CSA involvement.
- Provide for 100% state funding for educational costs in Level C residential placements for children not involved with the CSA system (or who are placed despite CSA recommendation for an alternative, community based service).

GROUP 2

Submitted by Suzanne Gore and Jeff Aaron

Problem statement (revised):

There is an inadequately resourced system that too often intervenes too late and in ways that are inequitable, inconsistent and not well coordinated resulting in too many kids ending up in facilities.

Group Facilitator: Suzanne Gore, Dep. Secretary- HHR

Key areas of need:

- ➔ *Early identification of problems/early intervention*
- ➔ *Fairness, consistency, coordination of services*
- ➔ *Alternatives to facility placements whenever possible*

Recommended areas of focus for SEC:

1. Early Intervention
 - a. Evaluate fiscal incentives to provide evidence-based intervention and preventative services.
 - b. Outreach efforts supporting access to services and resources and the elimination of stigma associated with having a MH diagnosis.
2. Access to Services
 - a. Clarify roles and responsibilities of state, local, community, family and private providers in our SOC. This would include identifying a "front door" to services/funding.
 - b. Evaluate the use of nonmandated CSA funds and apply standards to be used for all localities.
 - c. Outreach efforts supporting access to services and resources and the elimination of stigma associated with having a MH diagnosis.
 - d. Develop policies to support consistency of referrals for services. Do not penalize localities that already have an effective system, but help localities that do not have the support/training.
3. Identification/implementation of what works
 - a. Evaluate tools and implementation strategies to support a global strengths-based screening for all children (or develop policies that encourage localities to do so).
 - b. Identify and implement outcome measures for our SOC and use results to drive continuous improvement (or develop policies that encourage localities to do so).
 - c. Schedule presentations from localities that have implemented a SOC with a focus on providing prevention services and access to services/funding.

Specific Recommendations:

- Encourage specific services or approaches by adjusting the rate for matching funding for nonmandated CSA funds
 - ➔ More favorable match rates for early intervention programs, for those that use outcome measures to guide intervention strategies, etc, as was done to encourage community-based intervention
- With new DJJ leadership, seek opportunities to focus on decreasing rates and durations of incarceration, use savings to promote community-based interventions
- Schedule presentations to the SEC from localities that have implemented a system of care with focus on providing prevention services and access to services/funding.

GROUP 3

Submitted by Margaret Schultze

Problem statement

(revised): CSA needs to better serve youth who are either truant or delinquent to prevent out-of-home placement (e.g. foster care, residential facility, detention or commitment).

Group Facilitator: Margaret Schultze, VDSS Commissioner

How system would look if problem was totally resolved:

- Children are not served by label: i.e., "delinquent" "truant" "abused/neglected" "CHINS", "CHINSup;" all children and youth should have positive outcomes.
- Broader choice of dispositional alternatives for Judges; currently may order foster care for truancy or failure to follow treatment plan; or CA asks for detention as consequence to behavior
- Earlier intervention with children and families
- No wrong door to services
- Well-trained collaborative workforce who implement cross-system approach
- Reduction in court involvement and foster care/out of home placement
- Recognition that a child may be in need of services *not* through CSA
- Strategies for interventions matched to needs (do not default to foster care if foster care is not needed)

Recommendations:

- SEC should provide clarification regarding eligibility of these youth (truant and delinquent) for CSA funding either as a "child in need of services" in need of "foster care services" (including community-based). Guidance to FAPT/CPMT/LDSS/DJJ should be provided regarding the inclusion of a child's "condition" in the CHINS language. Guidance should come from agency heads as a consistent message from "above."
- Support creation of Children's Cabinet.
- Encourage the creation of dispositional alternatives (statutory change?) that would allow access to services for CHINS youth without requirement of "foster care services" and/or create a disposition such as shelter care on the continuum that a Judge could order as alternative.
- Support expansion of foster care until 21 with maximization of IV-E dollars.

GROUP 4

Submitted by Dr. Hazel and Joe Paxton

Problem statement: There is need to ensure appropriate representation of stakeholder interests in SEC decision-making processes.

Group Leaders: Dr. Bill Hazel (HHR Secretary, SEC Chair)
Joe Paxton (County Administrator, SEC Local Government Representative)

How system would look if problem was totally resolved:

The SEC would have good understanding of the full impact of proposed policies on all stakeholders, and very importantly, the fiscal impact on local governments. While the APA provides a number of elements that are desirable but lacking in current CSA policy development, there are many aspects of the APA that would hinder timely and effective policy adoption and implementation.

Desirable components of the APA to replicate include:

- Structured way to “get the word out” about proposed policy changes (i.e., similar to posting to the Town Hall)
- Structured process for public comment (NOTE: The *Code of Virginia*, §2.2-2648 (D)(4), requires the SEC to ensure public participation processes including a 60 day public comment period), and
- Structured assessment of fiscal impacts of proposed policies (i.e., DPB provides analysis under the APA)

Recommendations:

- The SLAT, per its statutory role to advise the SEC, should perform the function of conducting comprehensive analysis of the impacts of proposed policies on stakeholder groups and should deliver a “vetting package” to the SEC.
- There is need to recognize impacts on “funders” (both state and local) as well as the impacts on both public and private “service providers,” e.g., local agencies responsible for child services and private providers.
- The SLAT will likely need to organize small groups to complete the desired analyses and prepare reports for the SEC. Such groups should include individuals outside of the SLAT’s membership as needed and as appropriate.
- A representative of VACo or VML should serve as liaison between the SLAT and local government officials and should, beginning immediately, be invited to “sit at the table” of SLAT meetings to actively engage in discussions of the team and to serve in the capacity of an informal, non-voting stakeholder representative.
- VACo and/or VML should participate in workgroups of the SLAT as needed and appropriate to assess fiscal impact of proposed policies.
- Effective immediately the SLAT chair should invited to sit at the table of SEC meetings to actively engage in its discussions.
- The above recommendations can be implemented without change to statute, policy, or bylaws and should be implemented immediately to enable assessment of their effectiveness before changes are sought to statute, policy, and/or bylaws.

State Executive Council Workgroup

Increasing Public Awareness of CSA and Access to Multidisciplinary Planning

Background

The State Executive Council conducted a retreat on June 20, 2014 to accomplish the following objectives:

1. Understand access barriers to publicly funded behavioral health services for CSA eligible and target populations.
2. Identify policy and/or statutory changes necessary to remove barriers that hinder access to publicly funded behavioral health services for CSA eligible and target populations.
3. Identify value statements and/or guiding principles to facilitate implementation of best practices to ensure access to behavioral health services for CSA eligible and target populations.

Three of the four small groups that convened during the retreat identified the need and/or made specific recommendations to the SEC regarding increasing public awareness of local CSA teams and improving family access to local CSA teams for service planning. In addition, a taskforce appointed by the SEC to make recommendations regarding non-CSA parental placements into residential treatment facilities recommended that the SEC take action to improve public awareness of and access to local CSA teams to reduce such placements.

Purpose

The purposes of this workgroup will be to:

1. Identify and recommend actions by which the SEC can improve family and public awareness about CSA on the local level, and
2. Identify and recommend actions by which the SEC can ensure a coordinated, consistent, and timely point of entry to the public service system for families in every community across the Commonwealth.

Membership

The SEC directs the Office of Comprehensive Services to solicit the participation of representatives of the following stakeholder groups and to establish and facilitate the work of this workgroup:

- Parents
- CSA coordinators
- Local child-serving agency representatives: social services, schools, court service units, and community services boards
- Private providers
- State child-serving agency representatives: DSS, DOE, DBHDS, DJJ
- DMAS and/or Magellan
- Appointed/elected local government officials and/or VML/VACO
- VOICES for Virginia's Children
- Virginia Poverty Law Center and/or Legal Aid Justice Center

Report

The workgroup will provide its final recommendations to the SEC no later than June 2015.



OFFICE OF COMPREHENSIVE SERVICES

ADMINISTERING THE COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES

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

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

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

Guiding principles for OCS include:

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



**Office of
Comprehensive
Services**

Empowering communities to serve youth

IMPACT OF THE INCENTIVE MATCH RATE SYSTEM

Annual Report to the Governor and General Assembly, December 2014

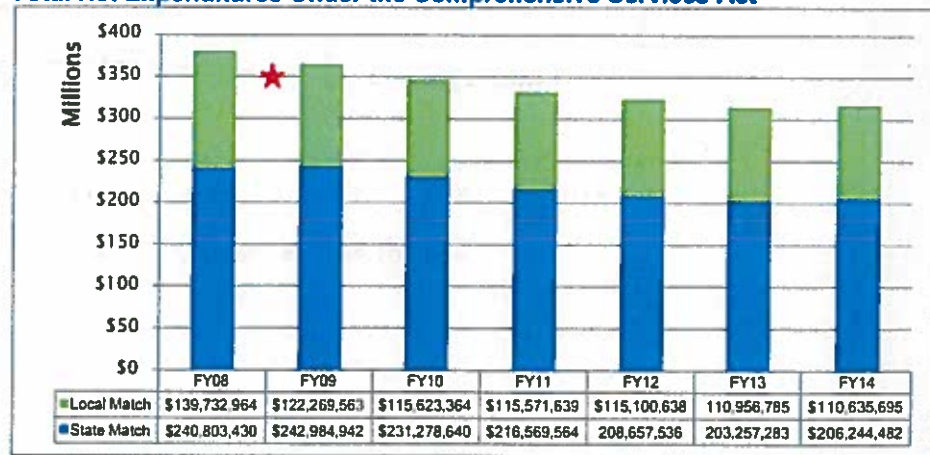
In accordance with the Appropriation Act, Item 283 (C)(3)(c)

Funding for services to children and families under the Comprehensive Services Act (CSA) is a shared responsibility of state and local governments. The Incentive-based match rate system was designed to change practices so as to reduce reliance on residential care, serve children in their homes, and invest funds for the development of community based services. The incentive match rate system encourages the delivery of services consistent with the statutory purposes of the CSA, i.e., to:

- preserve and strengthen families;
- design and provide services that are responsive to the unique and diverse strengths and needs of troubled youth and families and;
- provide appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public.

Under the incentive match rate system, a locality's share of residential services is 25% above its base match rate; the locality's share of community-based services is 50% below its base match rate.

Total Net Expenditures Under the Comprehensive Services Act



Implementation of the incentive match rate system

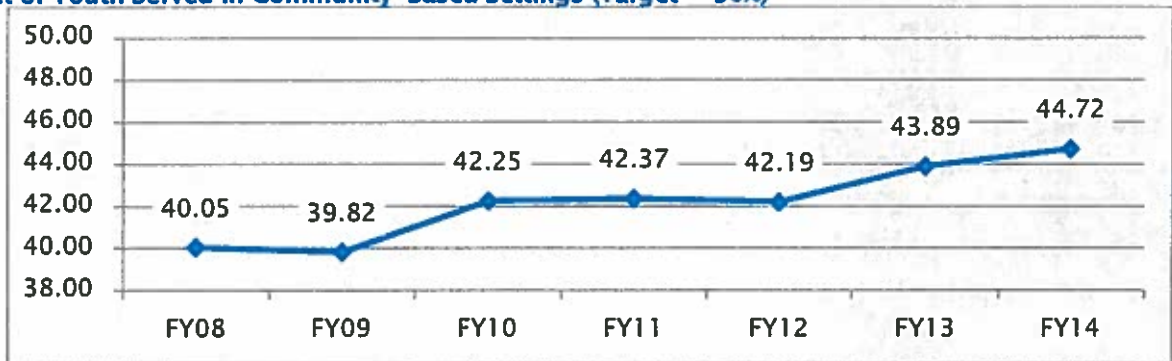
Effective Match Rate

	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Effective Local Match Rate	35.80%	33.48%	33.33%	34.79%	35.55%	35.31%	34.91%
Effective State Match Rate	64.20%	66.52%	66.67%	65.21%	64.45%	64.69%	65.09%

The "effective match rate" reflects the impact of the mix of services at various match rates on the average match rate for all funded services.

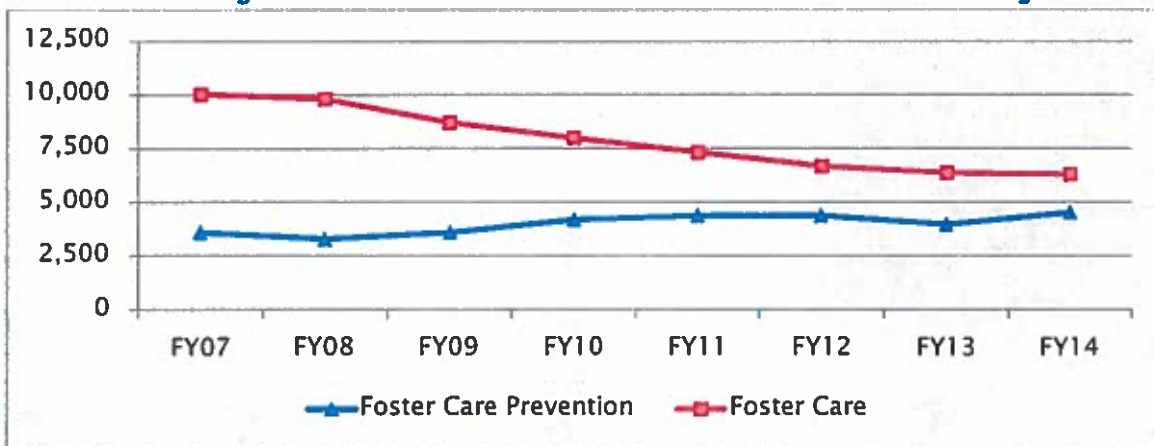
IMPACT OF THE INCENTIVE MATCH RATE SYSTEM ON THE CARE AND TREATMENT OF YOUTH

Percent of Youth Served in Community-Based Settings (Target = 50%)



This metric reflects youth who have been served within their families and communities, i.e., have not required out-of-home placement.

Number of Youth Receiving Foster Care and Foster Care Prevention Services Funded Through CSA



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TREATMENT FOSTER CARE SERVICES UNDER THE CSA

Annual Report to the General Assembly, December 2014

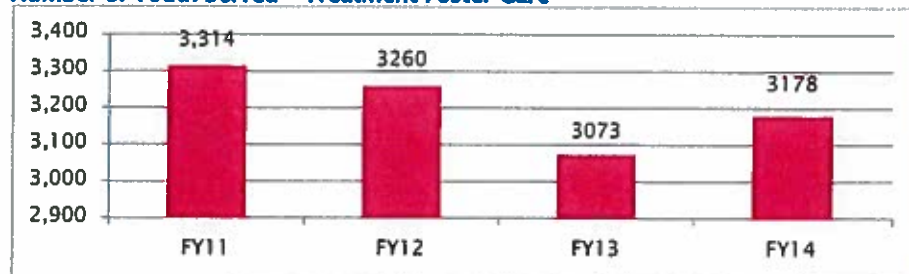
In accordance with Appropriation Act, Item 283 (L)(1)

Treatment foster care (TFC) is a community-based program where services are designed to address the special needs of children. Services to the children are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team. Treatment foster care focuses on a continuity of services, is goal-directed and results oriented, and emphasizes permanency planning for the child in care.

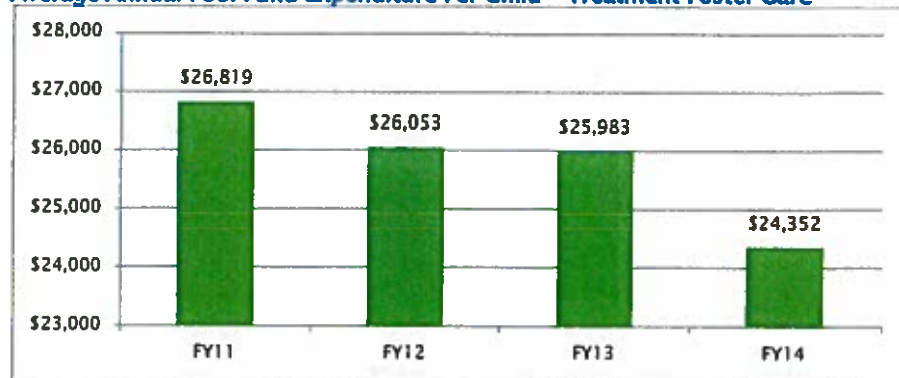
Total Pool Fund Expenditures – Treatment Foster Care



Number of Youth Served – Treatment Foster Care



Average Annual Pool Fund Expenditure Per Child – Treatment Foster Care



TREATMENT FOSTER CARE SERVICES

Average Length of Stay (Number of Days) Per Child



OFFICE OF COMPREHENSIVE SERVICES

ADMINISTERING THE COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES



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UTILIZATION OF RESIDENTIAL CARE UNDER THE CSA

Annual Report to the Governor and General Assembly, December 2014

In accordance with Appropriation Act, Item 283 (B)(2)(d)

Since 2008 several significant strategies have been successful in decreasing the placement of children and youth into residential care. Strategies included implementation of the *Children's Services System Transformation* initiative and implementation of an incentive match rate system designed to encourage serving children and youth in community-based settings.

Total Net Expenditures for Residential Care

	FY11	FY12	FY13	FY14
Temporary Care Facility	\$ 1,285,219.00	\$ 1,596,438.00	\$ 1,077,147.22	\$ 960,815.00
Group Home	\$ 25,499,277.00	\$ 21,292,433.00	\$ 19,026,707.72	\$17,823,470.00
Residential Treatment Facility	\$ 26,871,773.00	\$ 7,342,541.00	\$ 23,153,523.55	\$20,486,591.00
TOTALS	\$ 53,656,269.00	\$ 50,231,412.00	\$ 43,257,378.49	\$ 39,270,876.00

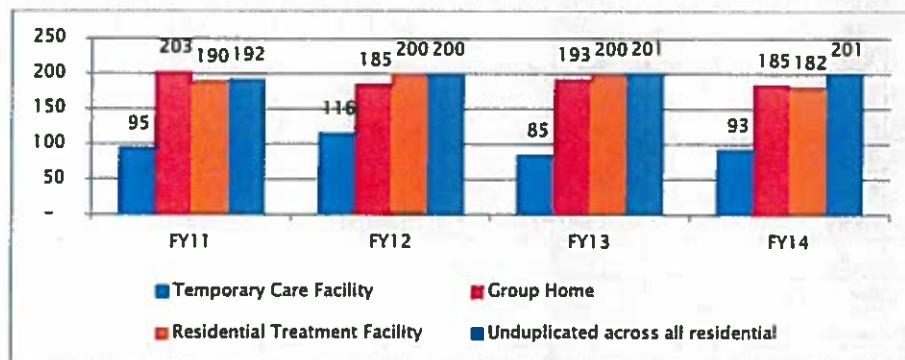
Number of Youth Served in Residential Care

	FY11	FY12	FY13	FY14
Temporary Care Facility	190	187	145	162
Group Home	1,089	909	802	861
Residential Treatment Facility	1,276	1,233	1,176	1,171
TOTAL UNDUPLICATED YOUTH COUNT	2,244	2,065	1,888	1,932

Total reflects the unduplicated count of youth across all residential settings. Number excludes youth placed for purposes of special education.

Average Length of Stay (Number of Days) Per Youth in Residential Care

Number reflects the average number of days per youth within the fiscal year (July 1 - June 30).



Utilization of Residential Care by Locality

See following pages

UTILIZATION OF RESIDENTIAL CARE UNDER THE CSA

FIPS	Locality	FY12				FY13				FY14			
		Youth	Days	Avg LOS	Expenditure	Youth	Days	Avg LOS	Expenditure	Youth	Days	Avg LOS	Expenditure
1	Accomack	3	467	156	\$110,955	9	1,426	158	\$153,145	9	1,952	217	\$216,326
3	Albemarle	48	9,477	197	\$1,519,082	56	10,351	185	\$1,355,600	50	15,615	312	\$1,198,920
5	Alleghany	9	1,778	198	\$138,467	8	1,750	219	\$138,358	6	1,982	330	\$212,943
7	Amelia	3	917	306	\$73,464	6	2,196	366	\$56,592	0	0	0	\$0
9	Amherst	12	2,816	235	\$261,497	5	1,022	204	\$143,976	11	3,698	336	\$209,254
11	Appomattox	7	1,291	184	\$163,330	9	1,815	202	\$160,914	7	1,136	162	\$73,153
13	Arlington	46	12,411	270	\$1,655,244	46	10,771	234	\$1,081,469	61	14,955	245	\$1,470,110
15	Augusta	17	3,457	203	\$214,390	13	2,556	197	\$139,959	16	4,366	273	\$222,546
17	Bath	0	0	0	\$0	0	0	0	\$0	0	0	0	\$0
19	Bedford County	10	1,260	126	\$124,144	7	1,610	230	\$194,119	5	764	153	\$82,985
21	Bland	3	931	310	\$34,928	4	1,102	276	\$36,013	3	805	268	\$16,334
23	Botetourt	5	1,342	268	\$185,771	8	1,088	136	\$136,591	9	2,715	302	\$197,354
25	Brunswick	1	365	365	\$29,703	0	0	0	\$0	3	744	248	\$29,950
27	Buchanan	22	6,429	292	\$567,574	17	4,174	246	\$416,285	24	6,017	251	\$425,923
29	Buckingham	5	1,646	329	\$128,624	3	653	218	\$116,813	6	1,611	269	\$179,144
31	Campbell	13	2,089	161	\$227,356	18	4,564	254	\$583,913	9	1,693	188	\$337,598
33	Caroline	12	3,228	269	\$215,355	10	2,410	241	\$336,778	12	2,636	220	\$416,506
35	Carroll	12	2,669	222	\$333,870	3	625	208	\$98,248	4	810	203	\$124,447
36	Charles City	0	0	0	\$0	0	0	0	\$0	0	0	0	\$0
37	Charlotte	6	970	162	\$84,943	2	428	214	\$34,189	5	953	191	\$68,821
41	Chesterfield	21	2,386	114	\$469,121	21	1,855	88	\$306,242	31	2,418	78	\$587,975
43	Clarke	3	659	220	\$152,018	0	0	0	\$0	1	277	277	\$1,418
45	Craig	4	1,100	275	\$41,018	1	366	366	\$1,071	3	324	108	\$30,690
47	Culpeper	19	5,572	293	\$782,367	22	6,060	275	\$839,310	24	8,073	336	\$752,498
49	Cumberland	5	716	143	\$88,209	2	106	53	\$9,743	2	606	303	\$64,680
51	Dickenson	14	2,314	165	\$212,289	19	3,194	168	\$394,558	10	1,833	183	\$108,603
53	Dinwiddie	10	1,070	107	\$146,428	9	1,097	122	\$167,203	10	1,617	162	\$161,597
57	Essex	3	168	56	\$6,998	6	1,132	189	\$86,348	9	1,842	205	\$94,994
61	Fauquier	9	2,499	278	\$348,795	11	2,803	255	\$305,135	15	3,897	260	\$244,929
63	Floyd	3	394	131	\$33,678	4	910	228	\$69,955	7	1,460	209	\$69,618
65	Fluvanna	25	5,594	224	\$740,410	19	4,192	221	\$720,041	30	6,235	208	\$865,412
67	Franklin County	23	4,898	213	\$276,824	24	6,314	263	\$308,054	28	8,412	300	\$314,853
69	Frederick	12	2,971	248	\$193,475	9	1,998	222	\$206,290	16	3,090	193	\$321,587
71	Giles	8	1,584	198	\$80,582	5	1,066	213	\$252,887	6	1,973	329	\$230,034
73	Gloucester	2	406	203	\$48,819	4	1,037	259	\$127,409	4	302	76	\$13,069
75	Goochland	3	824	275	\$81,371	2	660	330	\$49,814	2	464	232	\$26,042
77	Grayson	10	1,975	198	\$157,903	7	1,725	246	\$132,702	9	1,976	220	\$121,959
79	Greene	1	279	279	\$35,230	2	574	287	\$22,867	2	501	251	\$35,779
83	Halifax	24	6,762	282	\$833,975	21	5,577	266	\$669,486	13	3,979	306	\$434,148
85	Hanover	23	4,724	205	\$989,884	22	4,857	221	\$844,437	11	5,791	526	\$566,100
87	Henrico	13	2,451	189	\$222,829	17	3,298	194	\$338,131	17	4,278	252	\$326,420
89	Henry	7	1,488	213	\$149,892	10	2,487	249	\$285,499	6	1,618	270	\$210,085
91	Highland	0	0	0	\$0	0	0	0	\$0	1	92	92	\$13,291
93	Isle of Wight	1	190	190	\$45,640	1	65	65	\$3,213	2	250	125	\$46,726
95	James City	2	730	365	\$61,823	1	366	366	\$58,277	6	1,377	230	\$137,819
97	King & Queen	0	0	0	\$0	0	0	0	\$0	0	0	0	\$0
99	King George	23	7,141	310	\$520,320	20	5,607	280	\$266,657	21	5,807	277	\$274,094
101	King William	1	99	99	\$18,857	2	77	39	\$14,856	4	820	205	\$81,510
103	Lancaster	10	2,447	245	\$284,364	10	2,597	260	\$483,811	9	3,415	379	\$329,563
105	Lee	4	188	47	\$30,390	6	1,481	247	\$41,762	8	1,217	152	\$28,430
107	Loudoun	26	4,048	156	\$695,226	16	1,622	101	\$310,088	16	1,838	115	\$297,762

UTILIZATION OF RESIDENTIAL CARE UNDER THE CSA

FIPS	Locality	FY12				FY13				FY14			
		Youth	Days	Avg LOS	Expenditure	Youth	Days	Avg LOS	Expenditure	Youth	Days	Avg LOS	Expenditure
109	Louisa	17	5,461	321	\$381,446	9	1,397	155	\$231,848	10	1,453	145	\$155,129
111	Lunenburg	5	1,491	298	\$39,447	7	2,453	350	\$209,929	6	2,580	430	\$141,643
113	Madison	14	3,080	220	\$389,128	18	4,888	272	\$678,029	20	5,836	292	\$534,204
115	Mathews	1	361	361	\$16,080	0	0	0	\$0	1	13	13	\$2,249
117	Mecklenburg	5	1,006	201	\$77,544	8	1,597	200	\$192,496	9	3,030	337	\$276,581
119	Middlesex	0	0	0	\$0	0	0	0	\$0	0	0	0	\$0
121	Montgomery	7	1,829	261	\$284,960	6	1,104	184	\$133,394	5	1,455	291	\$20,660
125	Nelson	5	948	190	\$65,352	3	525	175	\$3,032	8	983	123	\$14,646
127	New Kent	4	626	157	\$90,598	6	551	92	\$89,181	5	1,361	272	\$97,202
131	Northampton	5	550	110	\$74,899	7	1,946	278	\$134,342	1	148	148	\$22,748
133	Northumberland	1	1	1	\$22,908	0	0	0	\$0	0	0	0	\$0
135	Nottoway	16	4,284	268	\$431,717	17	4,309	253	\$587,099	10	2,541	254	\$576,335
137	Orange	12	2,438	203	\$489,984	12	2,243	187	\$445,575	10	2,054	205	\$439,843
139	Page	7	1,302	186	\$391,495	7	1,888	270	\$218,494	7	710	101	\$72,853
141	Patrick	0	0	0	\$0	0	0	0	\$0	0	0	0	\$0
143	Pittsylvania	8	1,656	207	\$292,600	13	2,537	195	\$263,381	10	2,648	265	\$231,309
145	Powhatan	5	1,280	256	\$85,324	5	898	180	\$80,330	13	2,105	162	\$237,128
147	Prince Edward	0	0	0	\$0	2	437	219	\$33,797	2	411	206	\$28,872
149	Prince George	4	759	190	\$80,528	0	0	0	\$0	2	564	282	\$49,824
153	Prince William	131	25,948	198	\$4,786,870	102	22,205	218	\$3,967,545	109	11,031	101	\$2,407,696
155	Pulaski	37	6,728	182	\$746,303	48	8,601	179	\$1,326,564	28	3,481	124	\$588,114
157	Rappahannock	15	4,441	296	\$459,556	17	4,233	249	\$298,758	12	4,027	336	\$283,702
159	Richmond County	2	396	198	\$5,842	1	194	194	\$28,424	1	541	541	\$28,488
161	Roanoke County	8	2,340	293	\$256,387	9	2,196	244	\$157,849	15	5,104	340	\$289,501
163	Rockbridge	12	2,952	246	\$251,883	9	2,692	299	\$191,156	14	3,229	231	\$338,757
165	Rockingham	26	6,677	257	\$991,197	33	7,839	238	\$817,955	31	7,785	251	\$1,051,737
167	Russell	21	2,738	130	\$382,550	16	3,836	240	\$299,247	11	2,348	213	\$165,966
169	Scott	3	793	264	\$159,607	3	373	124	\$10,903	5	673	135	\$93,691
171	Shenandoah	14	2,959	211	\$184,793	15	3,402	227	\$229,079	14	2,481	177	\$109,816
173	Smyth	2	225	113	\$29,122	4	368	92	\$41,541	3	668	223	\$6,945
175	Southampton	5	694	139	\$90,034	3	488	163	\$63,058	2	410	205	\$66,986
177	Spotsylvania	46	7,649	166	\$1,211,145	45	6,989	155	\$512,821	48	12,377	258	\$1,173,396
179	Stafford	32	7,767	243	\$703,414	25	3,981	159	\$349,145	18	3,559	198	\$260,969
181	Surry	1	150	150	\$60,726	1	366	366	\$142,828	1	365	365	\$71,323
183	Sussex	1	365	365	\$321	5	1,177	235	\$84,980	0	0	0	\$0
185	Tazewell	3	944	315	\$122,709	4	1,098	275	\$115,050	8	1,972	247	\$183,965
187	Warren	8	1,361	170	\$170,049	5	287	57	\$47,485	8	1,162	145	\$100,963
191	Washington	24	4,361	182	\$238,873	19	4,090	215	\$177,943	16	4,211	263	\$193,473
193	Westmoreland	6	956	159	\$184,334	9	2,077	231	\$307,477	11	3,846	350	\$316,418
195	Wise	9	2,525	281	\$214,162	12	2,814	235	\$192,479	20	4,019	201	\$413,652
197	Wythe	18	4,874	271	\$422,386	16	3,808	238	\$299,225	15	3,092	206	\$163,841
199	York	3	633	211	\$60,972	3	420	140	\$97,125	5	1,198	240	\$144,329
510	Alexandria	58	8,389	145	\$1,004,320	12	1,161	97	\$370,928	8	412	52	\$73,053
515	Bedford City	3	975	325	\$42,033	1	149	149	\$21,899	0	0	0	\$0
520	Bristol	29	6,596	227	\$347,692	32	8,951	280	\$317,480	34	9,267	273	\$226,197
530	Buena Vista	5	567	113	\$41,714	4	737	184	\$50,867	5	1,487	297	\$74,649
540	Charlottesville	58	10,900	188	\$1,429,979	51	10,854	213	\$1,372,473	44	6,894	157	\$765,809
550	Chesapeake	7	749	107	\$95,648	15	1,594	106	\$193,833	14	1,232	88	\$239,410
570	Colonial Heights	2	116	58	\$23,434	0	0	0	\$0	0	0	0	\$0
580	Covington	12	3,265	272	\$212,187	5	1,329	266	\$77,333	6	2,101	350	\$103,785

UTILIZATION OF RESIDENTIAL CARE UNDER THE CSA

FIPS	Locality	FY12				FY13				FY14			
		Youth	Days	Avg LOS	Expenditure	Youth	Days	Avg LOS	Expenditure	Youth	Days	Avg LOS	Expenditure
590	Danville	22	4,659	212	\$598,963	16	3,059	191	\$503,034	20	3,621	181	\$549,839
620	Franklin City	2	69	35	\$10,240	4	658	165	\$60,745	1	11	11	\$1,364
630	Fredericksburg	8	1,393	174	\$203,304	7	1,134	162	\$113,398	6	270	45	\$63,437
640	Galax	4	532	133	\$86,712	4	1,356	339	\$90,310	1	152	152	\$30,670
650	Hampton	0	0	0	\$0	0	0	0	\$0	0	0	0	\$0
660	Harrisonburg	30	8,330	278	\$748,343	22	6,263	285	\$584,015	25	5,989	240	\$832,566
670	Hopewell	10	1,789	179	\$247,726	7	2,214	316	\$281,426	9	1,103	123	\$50,450
678	Lexington	2	177	89	\$566	2	225	113	\$30,760	2	626	313	\$85,875
680	Lynchburg	63	7,777	123	\$621,631	54	7,994	148	\$650,352	62	6,431	104	\$778,746
683	Manassas City	9	1,736	193	\$124,080	4	501	125	\$24,628	5	717	143	\$75,783
685	Manassas Park	0	0	0	\$0	1	15	15	\$400	1	60	60	\$15,170
690	Martinsville	0	0	0	\$0	1	366	366	\$50,660	0	0	0	\$0
700	Newport News	5	736	147	\$164,057	4	741	185	\$142,912	6	1,014	169	\$109,942
710	Norfolk	72	9,879	137	\$1,250,618	60	7,054	118	\$899,563	40	4,048	101	\$791,670
720	Norton	0	0	0	\$0	4	230	58	\$44,185	5	1,472	294	\$84,685
730	Petersburg	28	4,510	161	\$682,894	21	4,007	191	\$666,865	22	6,091	277	\$834,459
735	Poquoson	1	365	365	\$57,088	1	366	366	\$56,505	2	332	166	\$59,357
740	Portsmouth	4	1,213	303	\$103,905	4	1,092	273	\$107,535	4	1,446	362	\$110,743
750	Radford	5	1,119	224	\$133,166	8	1,404	176	\$207,734	11	2,421	220	\$477,423
760	Richmond City	93	20,049	216	\$2,208,009	81	15,638	193	\$1,234,387	108	20,975	194	\$1,383,018
770	Roanoke City	63	14,573	231	\$1,259,642	61	16,384	269	\$1,501,897	55	3,566	65	\$924,919
775	Salem	4	832	208	\$59,989	7	1,108	158	\$60,933	5	1,137	227	\$26,131
790	Staunton	10	1,653	165	\$90,952	8	1,263	158	\$104,177	7	1,553	222	\$78,273
800	Suffolk	7	874	125	\$117,134	9	1,164	129	\$93,548	7	1,336	191	\$187,936
810	Virginia Beach	125	28,968	232	\$3,854,973	114	23,438	206	\$2,796,167	118	34,004	288	\$2,962,896
820	Waynesboro	3	232	77	\$25,666	8	1,108	139	\$141,669	12	2,715	226	\$205,415
830	Williamsburg	3	345	115	\$58,875	3	514	171	\$38,469	1	199	199	\$27,382
840	Winchester	10	1,235	124	\$213,552	4	1,127	282	\$173,959	5	1,494	299	\$105,198
####	Greensville/Empo	2	527	264	\$26,881	4	753	188	\$80,051	3	711	237	\$58,433
####	Fairfax/Falls Church	220	33,420	152	\$5,320,762	204	32,189	158	\$4,553,910	201	18,914	94	\$3,247,240
Totals		2,065	413,317	200	\$50,231,412	1,888	380,111	201	\$43,257,378	1,932	387,506	201	\$39,270,876

OFFICE OF COMPREHENSIVE SERVICES

ADMINISTERING THE COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES



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

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

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

Guiding principles for OCS include:

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



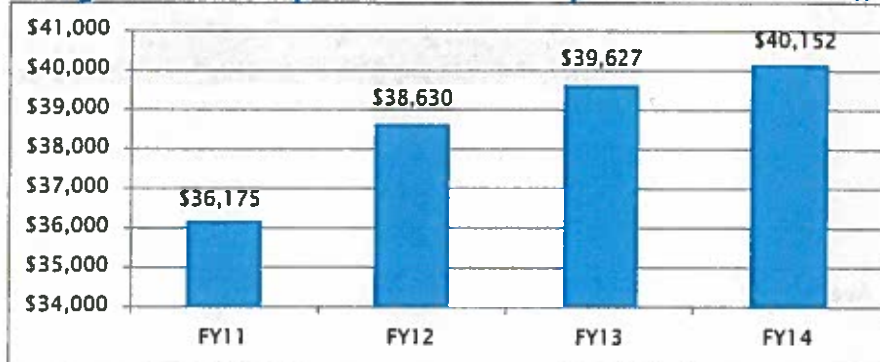
SPECIAL EDUCATION SERVICES UNDER THE CSA

Annual Report to the General Assembly, December 2014

In accordance with Appropriation Act, Item 283 (L)(2)

Children and youth with disabilities placed for purposes of special education in approved private school educational programs are included in the CSA target population and are eligible for funding (Code of Virginia §2.2-5211).

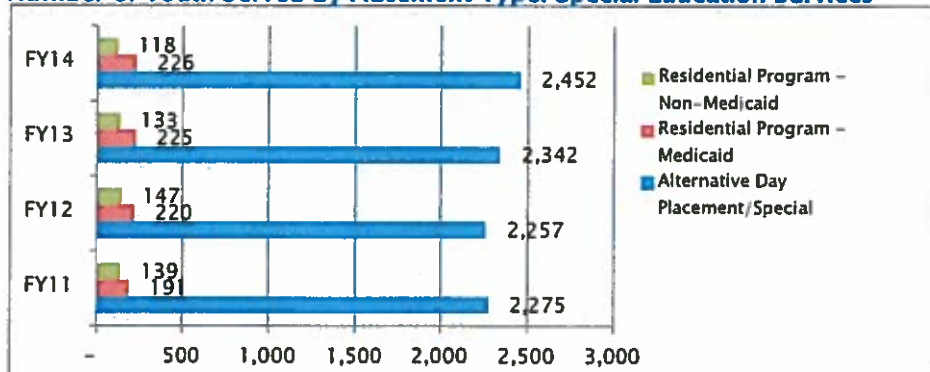
Average Annual CSA Expenditure Per Child – Special Education Services



Net CSA Expenditures by Placement Type – Special Education Services

	2012	2013	2014
Private Day School	\$ 78,724,431.00	\$ 85,521,888.84	\$ 92,737,763.00
Residential Program - Medicaid	\$ 5,783,148.00	\$ 6,439,137.83	\$ 7,487,249.00
Residential Program - Non-Medicaid	\$ 9,746,140.00	\$ 9,263,609.98	\$ 6,538,126.00
	\$ 94,253,719.00	\$ 101,224,636.65	\$ 106,763,138.00

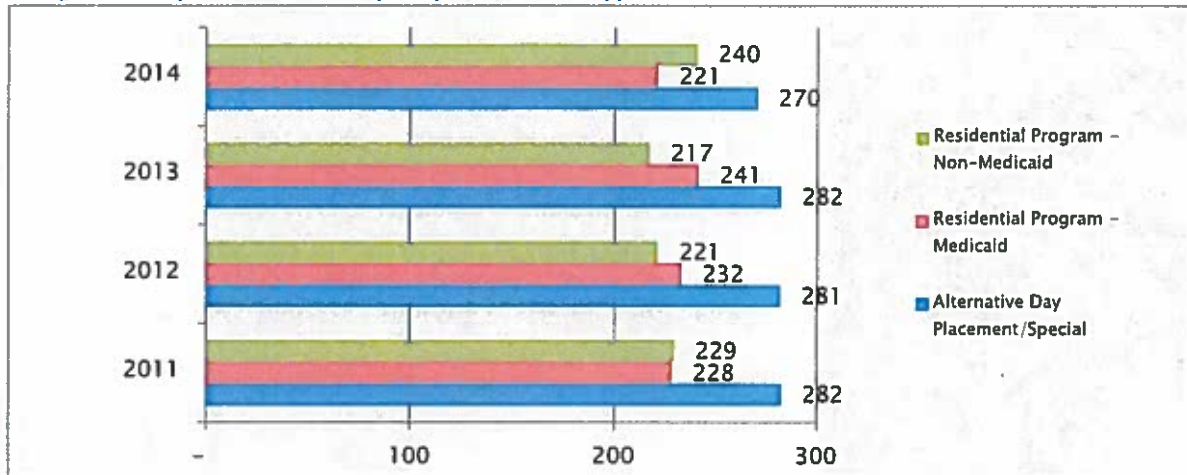
Number of Youth Served by Placement Type: Special Education Services



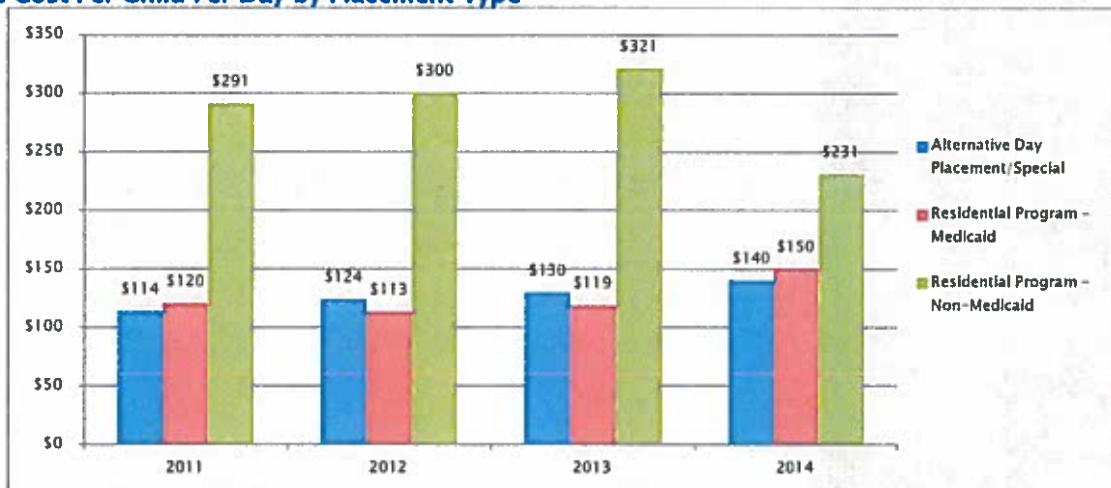
FY14 total unduplicated count of youth who received services in accordance with an Individualized Education Program (IEP) requiring private school placement = 2659.

SPECIAL EDUCATION SERVICES FUNDED UNDER THE COMPREHENSIVE SERVICES ACT

Average Length of Stay (Number of Days) by Placement Type



Average Cost Per Child Per Day by Placement Type



Costs reflect CSA expenditures only, i.e., do not include Medicaid expenditures for treatment services.

OFFICE OF COMPREHENSIVE SERVICES

ADMINISTERING THE COMPREHENSIVE SERVICES ACT FOR AT-RISK YOUTH AND FAMILIES



REGIONAL AND STATEWIDE TRAINING REGARDING CSA

Annual Report to the General Assembly, December 2014

In accordance with Appropriation Act, Item 283 (B)(6)

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

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- Support for effective, evidence-based practices, and
- Collaborative partnerships across state, local, public, and private stakeholders.



**Office of
Comprehensive
Services**

Empowering communities to serve youth

The mission of the Office of Comprehensive Services (OCS) is to facilitate a collaborative system of services and funding that is child centered, family focused, and community based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth of Virginia. To support this mission, OCS develops and implements annually a robust training plan. In accordance with the 2014 training plan, the following activities were implemented:

- The 3rd Annual Commonwealth of Virginia CSA Conference, "*Embracing Virginia's System of Care: Commitment Matters*" was provided for an audience of 535 participants. Individual training sessions are summarized on pages 5 through 8 of this report.

Participant Summary*:

119 out of 131 localities were represented

State agency participants	46
Local CSA Staff (Coordinator/UR Specialist/Other)	109
Family Assessment and Planning Team Members	147
Community Policy and Management Team Members	134
Private Providers (registrants & sponsors)	65
Other: Advocate, Parent, Child Organization	15

Note: Not all participants identified the category they represented

- Forty-four regional and stakeholder trainings were provided to 2,219 participants. Training topics, dates, and participant numbers are summarized on pages 2 through 4 of this report.
- Online training materials were made available through the Commonwealth of Virginia's Knowledge Center.
- Site-based technical assistance was provided per requests of local and regional CSA stakeholders.
- Online "Ask OCS Help Desk" was maintained.

FUNDS EXPENDED FOR REGIONAL AND STATEWIDE TRAINING

3 rd Annual CSA Conference	\$ 35,000
On-line Training/Certification: Uniform Assessment Instrument	\$ 22,000
New CSA Coordinators Academy	\$ 4,246
CANS Super User Training	\$ 5,430
OCS Staff Development	\$ 1,123
TOTAL*	\$ 67,799

**Total does not include costs for mileage, lodging, and training materials for training sessions conducted by the Office of Comprehensive Services.*

OUTREACH TRAINING FOR REGIONAL AND STAKEHOLDER CONSTITUENTS

FISCAL YEAR 2014

(Participant evaluations of training sessions are available for review at the Office of Comprehensive Services)

TOPIC (Trainer, Agency/Organization)	PARTICIPANT GROUP	DATE(S)	NUMBER OF PARTICIPANTS
Technical Assistance Focus Group (Graham, OCS)	Carroll County CSA	07/09/13	16
Pool Fund Reimbursement Categories and Utilization Management (Savage & Fisher, OCS)	Eastern Region (Portsmouth)	07/12/13	45
High Fidelity Wraparound: Engagement Chantilly (University of Maryland)	Center of Excellence HFW Training Cohort II	07/23/13	43
High Fidelity Wraparound: Introduction Blacksburg (University of Maryland)	Center of Excellence HFW Training Cohort II	07/24 – 07/26/13	43
CSA for Aspiring Leaders of Special Education (Clare, OCS)	VDOE	07/30/13	31
CSA for Parents and Advocates (Clare, OCS)	ARC of Virginia	08/08/13	8
High Fidelity Wraparound and CSA – Richmond (Fisher, OCS)	FAPT/CPMT/CSA Coordinators/ UM-UR specialists	08/08/13	62
High Fidelity Wraparound and CSA – Portsmouth (Fisher, OCS)	FAPT/CPMT/CSA Coordinators/ UM-UR specialists	08/12/13	43
High Fidelity Wraparound and CSA – Harrisonburg (Fisher, OCS)	FAPT/CPMT/CSA Coordinators/ UM-UR specialists	08/16/13	26
High Fidelity Wraparound and CSA – Bristol (Pegram, OCS)	FAPT/CPMT/CSA Coordinators/ UM-UR specialists	08/21/13	16
High Fidelity Wraparound: Engagement Blacksburg (University of Maryland)	Center of Excellence HFW Training Cohort III	08/27/13	43
High Fidelity Wraparound and CSA – Lynchburg (Fisher, OCS)	FAPT/CPMT/CSA Coordinators/ UM-UR specialists	08/27/13	35
High Fidelity Wraparound and CSA – Fairfax (Pegram, OCS)	FAPT/CPMT/CSA Coordinators/ UM-UR specialists	09/05/13	67
Technical Assistance Focus Group (Graham, OCS)	Isle of Wight County CSA	09/10/13	24
Webinar: Use of State Pool Funds for CB-BH Services (Wilson & Reiner, OCS)	CPMT & FAPT Members/ CSA Coordinators	09/27/13	26

Webinar: Use of State Pool Funds for CB-BH Services (Wilson & Reiner, OCS)	CPMT & FAPT Members/ CSA Coordinators	10/01/13	33
Webinar: Use of State Pool Funds for CB-BH Services (Wilson & Reiner, OCS)	CPMT & FAPT Members/ CSA Coordinators	10/09/13	29
FAPT and CPMT Roles and Responsibilities (Fisher, OCS)	Carroll County CSA	10/10/13	14
Structural Supports of CSA: Stakeholder Roles in Building a Strong CSA Foundation (Larkin & Bacote, OCS)	Carroll County CSA	10/10/13	14
CAN CSA Pay? (Fisher, OCS)	Fluvanna County CSA	10/22/13	21
High Fidelity Wraparound and CSA (Fisher, OCS)	Petersburg/Dinwiddie CSA	10/23/13	21
CSA Roles and Responsibilities for DSS Directors (Clare, OCS)	New Local DSS Directors Learning Experience	10/30/13	14
CPMT and FAPT Roles and Responsibilities (Fisher, OCS)	Northern Shenandoah Valley CSA	11/05/13	31
High Fidelity Wraparound: Implementation – Central Virginia (Pegram & Fisher, OCS)	Center of Excellence HFW Training Cohort I	11/06/13	29
New CSA Coordinators Academy (OCS Staff and Various Presenters)	New CSA Coordinators	11/13 – 11/15/13	18
Court Teams and CSA as Partners in a System of Care (Clare & Reiner, OCS)	Statewide Court Improvement Program Conference	12/12/13	~500
CSA: Shared State-Local Responsibility (Clare, OCS)	VACo – New County Supervisors Conference	01/04/14	~70
High Fidelity Wraparound: Implementation – Western Virginia (Pegram, OCS)	Center of Excellence HFW Training Cohort III	01/15/14	31
CSA for New Special Education Directors (Clare, OCS)	VDOE	01/07/14	17
Webinar: Using CANS for Effective Service Planning – Part 1 (Wilson, OCS)	CSA Coordinators/FAPT Members/ Agency Case Mgrs.	02/28/14	108
CSA Overview/Blending and Braiding of Funds (Clare, OCS)	Western Tidewater Best Practices Court Conference	02/28/14	125
CSA for Aspiring Leaders of Special Education (Clare, OCS)	VDOE	03/06/14	40

Mental Health Services for Youth and Families (Clare, OCS w/DMAS & Magellan)	13 th Annual Northern Virginia CSA Symposium	03/12/14	80
Keynote Address: The CSA after 20 Years: How the System Continues to Best Serve Children and Families Through Partnership with Private Providers (Clare, OCS)	Annual VAISEF Conference	04/10/14	86
CSA 101: The Process Explained, OCS Resources, and Q & A (Nemeyer & Clare, OCS)	Annual VAISEF Conference	04/10/14	86
CSA Roles and Responsibilities (Wilson & Antell, OCS)	Grayson County CSA	04/16/14	13
Webinar: Using CANS for Effective Service Planning – Part 2 (Wilson, OCS)	CSA Coordinators/FAPT Members/Agency Case Mgrs.	04/25/14	48
Getting the Most Out of CSA for Youth Served by DSS (Reiner & Wilson, OCS)	VLSSE Conference	05/08/14	33
High Fidelity Wraparound: Introduction – Lynchburg (Youth and Family Training Institute)	Center of Excellence HFW Training Cohort IV	05/21 – 5/23/14	35
New CANS Super User Training (John Lyons, Ph.D.)	New CANS Super Users/Statewide	06/02/14	52
Experienced CANS Super User Training (John Lyons, Ph.D.)	Existing CANS Super Users/Statewide	06/03/14	35
High Fidelity Wraparound: Introduction – Reston (Youth and Family Training Institute)	Center of Excellence HFW Training Cohort V	06/02 – 06/04/14	34
High Fidelity Wraparound: Local Coaches and Supervisors – Reston (Youth and Family Training Institute)	Center of Excellence HFW Training	06/05 – 06/06/14	15
High Fidelity Wraparound: Introduction – Richmond (Youth and Family Training Institute)	Center of Excellence HFW Training Cohort VI	06/09/ – 06/11/14	59

Total Number of Participants Trained – Regional Training Sessions: 2,219

**3rd ANNUAL CSA CONFERENCE
BREAKOUT TRAINING SESSIONS
MARCH 23 – 25, 2014**

Participant evaluations for training sessions are available for review at the Office of Comprehensive Services

TOPIC	TRAINER	NUMBER OF PARTICIPANTS
Pre-conference Workshop: Seminar for CSA Coordinators	Karen Reilly-Jones, CSA Coordinator Chesterfield-Colonial Heights	85
Keynote Session:	Linda Fisher Thornton Leading in Context LLC	535
Compassion Fatigue and Burnout	J. Patrick Slifka, LCSW, Director of Training Stephan Stark, VP, Planning and Development National Counseling Group	56
Developmentally-Informed Responses to Youth in the Juvenile Justice System	Jeffrey Aaron, PhD, Facility Director Commonwealth Center for Children and Adolescents	60
Outcomes vs. Processes: What are you measuring?	Betsy Clark, MSW, CSA Coordinator Denise Galloway, Deputy Director/Dept. of Human Services City of Hampton, VA	27
Practical Application: Applying the Highest Ethics in Our Agencies	Linda Fisher Thornton Leading in Context LLC	12
Supporting Students Experiencing Homelessness: What Family Assessment and Planning Teams Need to Know	Patricia Popp, PhD, State Coordinator Project Hope-VA Pam Kestner, MSW, Homeless Outcomes Coordinator Office of the Secretary of Health and Human Resources	27
Where do "U" Fit in UM	Mills Jones, CSA Coordinator Goochland County, VA	59
Bringing Systems of Care to Scale in Virginia	Janet Lung, Director Office of Child and Family Services, VDBHDS	21

Engaging Families Before, During and After a Crisis	Peggy Sinclair, CPMT Parent Rep. Audrey Brown, Parent Liaison, UMFS Cate Newbanks, FACES of Virginia Families	29
Strengthening Team Development and Rapport	FAPT and CPMT Members City of Alexandria, VA	38
Understanding and Working with Children Exposed to Trauma	Valerie Koeppel, MEd, Director Dan Karlow, MS, National Training Coord. Youth Advocate Programs Roanoke, VA	55
Promoting Evidence-Based Practices In Children's Mental Health	Amy Atkinson, Executive Director Virginia Commission on Youth Margaret Nimmo Crowe, Exec. Director Voices for Virginia's Children	82
Strategies for a Family-Driven and Youth Guided Approach in Policy and Practice	Stephany Melton Hardison, MSW, Director of Children & Youth Policy & Programs, NAMI Virginia Amanda Long, MSW, Virginia Family Network Youth Coordinator NAMI Virginia	33
AIM FORWARD: A Trauma Informed Model for Recovery	Allison Sampson, PhD Vice President of Clinical Operations Providence Service Corporation	~75
CSA Program Audits: Self-Assessment Workshop	Stephanie Bacote, Program Auditor Annette Larkin, Program Auditor Office of Comprehensive Services	41
Prevalence, Identification and Entry into Domestic Minor Sex Trafficking (Parts 1 and 2)	Elizabeth Scaife, Director of Training Shared Hope International Courtney Gaskins, Dir. Program Services Youth for Tomorrow	63
What You Need to Know About Special Education	Patricia Haymes Virginia Department of Education.	24

Two Roads Converge: Navigating Issues at the Intersection of Juvenile and Domestic Court and Comprehensive Services Act	Hon. Anita Filson, Judge, J & DR Court Hon. Frank Somerville, Judge, J & DR Court Hon. Philip Trompeter, Judge, J & DR Court Lelia Hopper, Director, Court Improvement Program, Office of the Executive Secretary Supreme Court of Virginia	58
Blending and Braiding Funds to Support a System of Care	Susan Clare, Executive Director Scott Reiner, Assistant Director Office of Comprehensive Services	24
CHINS and CSA Parental Agreements	Carol Wilson, Policy Analyst Office of Comprehensive Services	25
Trauma Past, Trauma Present: Relevance of Trauma to Stakeholders Serving Court Involved Youth	Allison Sampson, PhD Vice President of Clinical Operations Providence Service Corporation	~75
Unraveling the Mysteries of Medicaid	Brian Campbell, Senior Policy Analyst– Behavioral Health Steve Ankiel, Program Manager–Division of Long Term Care VA Dept. of Medical Assistance Services	23 37
What's New in Child Welfare	Alex Kamberis, Assistant Director, Division of Family Services VA Department of Social Services	27
Challenging CSA Cases: A Dialogue and Brainstorming Session	Anna Antell, Program Consultant Brady Nemeyer, Program Consultant Office of Comprehensive Services	18
Interface of Managed Behavioral Health Services with CSA Services	Latanya Hairston, Foster Care and Adoption Assistance Coordinator VA Department of Social Services Jim Forrester, EdD, Director System of Care, Magellan of Virginia Stacy Gill, MSW Clinical Director, Magellan of Virginia Varun Choudhray, MD Medical Director, Magellan of Virginia	

When Attachment Issues Come to School:
Understanding and Applying Attachment Principles
to Reach and Teach Difficult Children

Stephen Armstrong, EdD,
Clinical Counselor
Timber Ridge School

When Good People Do Nothing

Michael Gasper, MSW, Executive Director
Abigail Shreiner, MSW, Policy Planning and
Community Relations Manager
Extra Special Parents

Total Cumulative Count of Individuals Trained in Breakout Sessions:

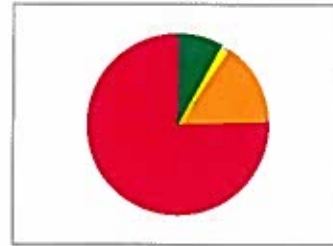
1598

NOTE: conference participants had the opportunity to participate in up to six breakout sessions in addition to the Keynote Session

Sorted Alphabetically

FIPS	Locality	% ICC	% CBS	LOS	CANS Change	% Family FC	Permanency	Avg.	Quartile
		1	1	3	4	4	4	2.60	2
		1	2	3	2	1	4	2.17	3
		1	4	3	2	1	1	2.50	2
		1	3	1	2	4	4	1.75	4
		3	2	1	2	1	4	1.80	4
		3	3	2	2	4	4	2.80	3
		2	1	2	3	4	1	2.17	3
		4	2	3	2	4	1	2.67	1
		4	2	4	4	4	4	3.33	1
		1	2	3	3	1	4	2.00	3
		1	1	2	2	4	4	2.00	3
		1	3	2	3	1	4	2.00	3
		1	3	3	4	4	4	3.00	1
		1	2	2	3	1	4	2.17	3
		1	4	1	4	1	4	2.20	3
		1	3	2	3	4	4	2.83	1
		1	3	2	2	1	4	1.80	4
		1	3	3	3	4	4	3.00	1
		4	4	4	2	4	4	3.00	1
		1	4	3	4	4	4	3.33	1
		1	3	4	2	4	1	2.50	2
		1	4	2	2	4	4	2.60	2
		4	4	1	1	4	4	2.80	1
		1	4	2	2	1	4	2.33	3
		1	4	4	3	4	4	3.20	1
		1	2	3	1	4	4	2.50	2
		3	2	3	1	4	4	2.83	1
		2	2	3	3	1	4	2.20	3
		4	3	2	3	4	4	2.83	1
		1	3	1	2	1	4	1.60	4
		1	4	2	3	1	4	2.20	3
		4	3	2	3	4	1	2.83	1
		1	3	2	2	4	4	2.40	2

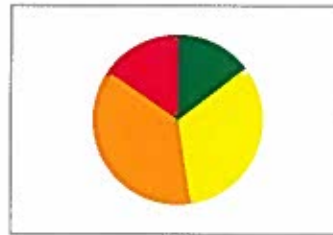
Indicator	Distribution	Localities	%
ICC	4	10	7.94%
	3	2	1.59%
	2	19	15.08%
	1	95	75.40%
		126	100.00%



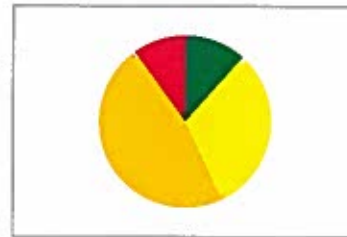
% CBS		24	18.32%
	3	47	35.88%
	2	41	31.30%
	1	19	14.50%
		131	100.00%



LOS	4	18	14.52%
	3	41	33.06%
	2	46	37.10%
	1	19	15.32%
		124	100.00%



CANS Change	4	15	11.54%
	3	41	31.54%
	2	61	46.92%
	1	13	10.00%
		130	100.00%



% Family Based Foster Care	4	70	54.69%
	3	0	0.00%
	2	0	0.00%
	1	58	45.31%
		128	1.00



Permanency	4	42	63.64%
	3	0	0.00%
	2	0	0.00%
	1	24	36.36%
		66	1.00



Rank	Quartile Rank		
	1	39	29.77%
	2	28	21.37%
	3	46	35.11%
	4	18	13.74%
		131	



Proposed CSA Outcomes Model

Working Draft – December 2014

Measure		Program Level Outcomes		Source	Comments
Is the child living with a family / achieving stability?	% of foster care children in family-based placements	% of children who exit from foster care to a permanent arrangement	OCS / DSS Executive Scorecard		
	% of total CSA served children receiving community-based services	Average length of stay in residential placements for children placed through CSA	OCS / DSS Executive Scorecard		
Is the child being served in the community?			OCS Executive Scorecard		
Is the child experiencing improved functioning?			OCS Executive Scorecard		
Is the community utilizing Intensive Care Coordination as an approach to reducing residential placements or length of stay in residential placements?			OCS CANSLife Functioning Domain Change Score Data (VaCSI)	Initial CANS compared to final (most recent) CANS (Change Scores)	
			OCS Executive Scorecard		Measure includes those receiving ICC as an intervention prior to possible placement in residential care. Effective July 1, 2014, also reflects implementation of High Fidelity Wraparound as an evidence-informed practice.