

**AGENDA**  
**State Executive Council**  
**The Comprehensive Services Act for At Risk Youth & Families**  
*June 20, 2014*  
*Elk Hill Farm*  
*1975 Elk Hill Road*  
*Goochland, VA 23063*

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- 9:30 a.m.      **Welcome & Chair Remarks – *Dr. Bill Hazel***  
                  ➤ **Action Item** – Approval of December 2013 and March 2014 Minutes
- 9:40            **Executive Director’s Report – *Susan Clare***  
                  ➤ SAS Update  
                  ➤ Conference Evaluations – *Scott Reiner*
- 9:55            **Public Comment**
- 10:05          **SLAT Report – *Victor Evans***
- Other Business Items**
- 10:15          **Treatment Foster Care (TFC) Workgroup Report – *Carol Wilson***  
                  ➤ Guidelines on TFC  
                  ➤ Recommendation for Adoption of Policy and Implementation  
                  ➤ **Action Item** – Adoption of Proposed Policy
- 10:30          **FY15 OCS Training Plan Proposal – *Scott Reiner***  
                  ➤ **Action Item** – Approve Training Plan
- 10:45          **Appointment of SLAT Representatives**  
                  ➤ **Action Item** – Approve Appointments
- 10:50          **Adjournment of Regular Meeting**
- Break**
- 11:00          **Convene Retreat – *Dr. Bill Hazel***

**Meeting Schedule for 2014: September 18 and December 18**

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**STATE EXECUTIVE COUNCIL (SEC)  
COMPREHENSIVE SERVICES ACT FOR AT RISK YOUTH AND FAMILIES  
Dining Hall, UMFS  
3900 West Broad Street  
Richmond, VA  
Thursday, December 19, 2013**

**SEC Members Present:**

The Honorable William A. (Bill) Hazel, Jr., M.D., Secretary of Health and Human Resources  
The Honorable Richard "Dickie" Bell, Member, Virginia House of Delegates  
Joseph Paxton, Rockingham County Administrator  
Lelia Hopper for Karl Hade, Executive Secretary of the Supreme Court of Virginia  
Jim Stewart, Commissioner, Department of Behavioral Health and Developmental Services  
Margaret Schultze, Commissioner, Virginia Department of Social Services  
Cindi Jones, Director, Department of Medical Assistance Services  
Greg Peters, CEO, UMFS  
Mary Bunting, Hampton City Manager  
Martin Nohe, Parent Representative  
Dr. Cynthia Romero, Commissioner, Virginia Department of Health  
The Honorable Patricia O'Bannon, Member, Henrico County Board of Supervisors

**SEC Members Absent:**

The Honorable John Edwards, Member, Virginia Senate  
Mark Gooch, Director, Department of Juvenile Justice  
Michael Farley, CEO, Elk Hill, Inc.  
John Eisenberg for Superintendent Patricia Wright, Virginia Department of Education

**Staff Members Present:**

Matt Cobb, Deputy Secretary of Health and Human Resources  
Eric Reynolds, Assistant Attorney General, Office of the Attorney General  
Susan Cumbia Clare, Executive Director, Office of Comprehensive Services (OCS)  
Scott Reiner, Assistant Director, OCS  
Carol Wilson, Program Consultant, OCS  
Preetha Agrawal, IT Manager, OCS  
Marsha Mucha, Administrative Staff Assistant, OCS

**Call to Order and Approval of Minutes**

Secretary Hazel called the meeting to order at 9:30 a.m. A quorum was present. Dr. Hazel reported his reappointment as Secretary of Health and Human Resources by Governor-Elect, Terry McAuliffe.

The minutes of the September 19, 2013 meeting were approved on a motion by Cynthia Romero, seconded by Mary Bunting and carried.

### **SEC Member Comments**

Dr. Hazel asked SEC members to provide updates on activities within their agencies/organizations:

- Alex Kamberis (VDSS) provided an update on the adoption initiative. (By the end of the meeting, the updated total number of adoptions reported was 1,003.)
- Margaret Schultze (VDSS) reported that the Three Branch team had recently met and submitted a project update to the national partners. Team members also received consultation from an expert in psychotropic medications.
- Cindi Jones (DMAS) reported that beginning January 1, 2014; children in foster care were eligible under Medicaid for medical care until the age of 26.
- Mrs. Jones also reported that the process of transitioning all foster care and adoptive children to managed care has been going smoothly. The roll out should be finished by June 2014.
- Mr. Stewart reported the formation of a Crisis Response Taskforce and he remarked briefly on the state's efforts to meet the needs of persons in mental health crises.

### **Executive Director's Report**

Susan Clare reported on the following items:

- **Budget Items** – Included in the Governor's budget proposal:
  - Increase in funding for state foster care maintenance payments associated with a cost of living adjustment authorized by the Appropriation Act.
  - Continued funding for the SAS data collection and local financial interface system.
  - Decrease in funding (FY 16) for youth that are anticipated to be covered under Title IV-E after expanding the foster care program to young adults aged 18-21.

Budget requests submitted by OCS but not included in the Governor's budget proposal include:

- Implementation funding for the carve-out provision (\$2M)
  - Funding earmarked for non-mandated populations (\$5.3M)
- **SAS Update** – Mrs. Clare presented several examples of the types of data analyses/reporting that can be produced by SAS. Secretary Hazel noted that one of the challenges will be to develop a package of reports that can be used to facilitate dialogue between state and local policy makers.

### **Public Comment**

There was no public comment.

### **State and Local Advisory Team (SLAT) Report**

Victor Evans, SLAT Chair, reported on two items and provided the SLAT recommendations for both items:

- **SEC Biennial Plan – Goal and Strategy:**

- GOAL: Support implementation of a singular, unified system of care that ensures equal access to services for at-risk youth across the Commonwealth.
- STRATEGY: Review and revise the policies of child serving agencies that govern the use of funds (e.g., CSA pool funds, Medicaid, Title IV-E, PSSF, VJCCCA, MH Initiative) to align service criteria, assessment, authorization, and utilization review.

Mr. Evans provided background information on how SLAT conducted the review. He thanked Janet Lung and Pam Fisher (DBHDS) for facilitating the SLAT discussion in concert with their SAMHSA grant requirements related to a strategic financing plan.

Mr. Evans reported that SLAT's review found that very little exists as misalignment of policies. The one that does exist is "payer of last resort" (example: Mental Health Initiative funds) relating to resources vying to be the last one used after all other resources have been exhausted.

SLAT recommended that, unless there is a requirement in law that a funding stream must be the "payer of last resort", the CPMT should decide which funding stream is appropriate to use in each case.

Mr. Evans also noted that SLAT made the following observations during the review process:

- Lack of familiarity with all possible resources and services
- Continuity of care for transitional services when clients are aging-out of the CSA system
- The impact of making the distinction of clients as sum-sufficient and targeted but not sum-sufficient

After Mr. Evans' presentation, members discussed next steps. The Executive Committee will discuss further at their next meeting.

• **SLAT Review of the Proposed Dispute Resolution Policy:**

Mr. Evans reported that SLAT supports the need for the proposed policy with the following recommendations:

- Clarity on type of "days" – all days should be qualified as business or calendar days
- Time needed for CPMT to submit request for reconsideration – 60 calendar days (many CPMTs meet only monthly and many CPMTs are multi-jurisdictional)
- Allowing for location of formal hearings and meetings to be determined by a joint agreement rather than all formal hearings and meetings being held in the Richmond area.
- Deleting the statement "The burden of proof shall be upon the CPMT." There should not be an assumption that a "fault" exists.
- Proposed policy indicates that it is the CPMT's responsibility to inform OCS if no decision is rendered within 30 days of the formal hearing. SLAT recommends that, if there is a need to allow for more than 30 calendar days to render a

decision, the SEC provide the CPMT with written notice of the need for additional time not to exceed another 30 calendar days of when the decision is due. If the SEC does not render a decision within the established timeframes, the decision is deemed to be in favor of the CPMT.

Dr. Hazel thanked Mr. Evans for his report and noted that SLAT's recommendations on the revised proposed Dispute Resolution Policy would be taken under advisement during discussion of the revised proposed policy which was the next agenda item.

**Proposed Dispute Resolution Policy (revised)**

Mrs. Clare presented the revised proposed Dispute Resolution Policy. She noted that the SEC's Executive Committee recommended the revisions based on public comments received during the 60- day public comment period.

Before consideration of adoption by the members, Secretary Hazel asked if members had any additional revisions or comments they would like to make. During discussion the following revisions were adopted as follows:

- Except where delineated as "business days", the term "calendar days" should be used (adopted without objection)
- Request for reconsideration changed from 30 calendar days to 45 calendar days (adopted on a motion by Joe Paxton, seconded by Greg Peters and carried)
- Removal of sentence regarding timetable of responsibility that the CPMT may provide written notice to OCS that a decision is due from the SEC (adopted on a motion by Joe Paxton, seconded by Martin Nohe and carried)

Other revisions discussed but no action taken included:

- SLAT recommendation on meeting location (motion by Martin Nohe, seconded by Greg Peters) after further discussion, the motion was withdrawn.
- Discussion concerning burden of proof – no motion
- Reinstatement of SEC panel to hear appeals (motion by Cindi Jones, seconded by Cynthia Romero). During further discussion, it was noted that significant public comment had been received on this issue in favor of the SEC as a whole hearing appeals. The question was called by Greg Peters, seconded by Joe Paxton with the motion not being carried.

The proposed Dispute Resolution Policy, with revisions addressed above, was adopted by the SEC without objection.

**Workgroup Report: Standardizing Levels of TFC**

Phyllis Savides, Assistant Director of the Albemarle County DSS, reported on behalf of the workgroup. Ms. Savides provided background information on the formation and charter for the workgroup. Specifically the Standardizing Levels of TFC workgroup was to address two issues identified by the original TFC Workgroup (2011 Appropriation Act): Those issues were:

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- A need for private child placing agencies to offer basic level, i.e., non-treatment, foster care services.
- A need for greater uniformity across private child placing agencies in the offered levels of treatment foster care.

In addition, the workgroup was asked to examine DMAS regulations and provider requirements for TFC-CM and licensing requirements of VDSS for Licensed Child Placing Agencies and to provide recommendations to ensure clarity and consistency across agency requirements.

Representatives from a broad range of stakeholders participated as members of the workgroup. The workgroup developed proposed “Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placement Agencies” with the following recommendations being made to the SEC for consideration:

- Request feedback from TFC workgroup members regarding any potential revisions to the proposed guidelines that may result from public comments received.
- Approve the proposed guidelines after receiving public comment.
- Adopt a policy statement regarding implementation of the guidelines after receiving public comment.

#### **Proposed Policy: Purchase of Foster Care Services from Licensed Child Placing Agencies**

In conjunction with the report presented by the Standardizing Levels of Care in Treatment Foster Care Workgroup, Mrs. Clare presented the proposed policy – “Purchase of Foster Care Services from Licensed Child Placing Agencies.” OCS recommends that both the proposed policy and guidelines be distributed for a 60-day public comment period.

After hearing the workgroup report and further discussion, a motion was made by Greg Peters, seconded by Patricia O’Bannon and carried to post the proposed policy and guidelines for a 60-day public comment period.

#### **SEC Outcomes Committee Report**

Mary Bunting reported on behalf of the committee. The committee has had one organizational meeting where Committee members agreed to a general endorsement of the charter for the purpose of:

- Establishing meaningful performance measures for CSA that will reflect whether the CSA is achieving its core mission;
- Reviewing existing performance measures as provided in the OCS Executive Scorecard, identifying specific targets where needed and recommending changes to those existing measures; and
- Identifying additional CSA performance measures that may be included in the Executive Scorecard or used for other purposes, such as the benchmarking of local CSA performance.

Other ideas discussed by the Committee included engaging communities by exploring development of a System of Care Self-Assessment and/or Peer Assessment process and identifying/providing incentives to high performing communities.

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**Change in DMAS Regulation: Mental Health Support Services**

Mrs. Clare presented SEC members with a fact sheet from DMAS on the change in regulations to mental health support services. She noted that Mental Health Support Services has been redefined and renamed as Mental Health Skill-Building Services (MHSB). The name change reflects that MHSB is a training service and not a mental health clinical service, a preventative service, social welfare, nor crisis service. The service is designed to enable (train) individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

The new criteria for the service will now be used by CSA under the “Community-Based Behavioral Health Services” policy adopted by the SEC. The fact sheet has been distributed to CPMT chairs and CSA coordinators.

**Draft Reports to the General Assembly**

Ms. Clare reported that members received copies of the draft reports to the General Assembly with their meeting materials. She noted changes from prior years to the reporting format. The reports will be finalized and posted in accordance with statute and the Appropriation Act.

**Adjournment**

There being no further business the meeting was adjourned at 12:05 p.m.

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**STATE EXECUTIVE COUNCIL (SEC)  
COMPREHENSIVE SERVICES ACT FOR AT RISK YOUTH AND FAMILIES  
Pocahontas Room  
Hotel Roanoke and Conference Center  
110 Shenandoah Avenue  
Roanoke, VA 24016  
Monday, March 24, 2014**

**SEC Members Present:**

Joseph Paxton, Rockingham County Administrator  
Lelia Hopper for Karl Hade, Executive Secretary of the Supreme Court of Virginia  
John Pezzoli, Acting Commissioner, Department of Behavioral Health and Developmental Services  
Margaret Schultze, Commissioner, Virginia Department of Social Services  
Cindi Jones, Director, Department of Medical Assistance Services  
Dr. Marissa Levine, Commissioner, Virginia Department of Health  
Michael Farley, CEO, Elk Hill, Inc.  
John Eisenberg for Superintendent Patricia Wright, Virginia Department of Education

**Special Guests:**

Anne Holton, Secretary of Education  
Victoria Cochran, Deputy Secretary of Public Safety

**SEC Members Absent:**

The Honorable William A. (Bill) Hazel, Jr., M.D., Secretary of Health and Human Resources  
The Honorable Richard “Dickie” Bell, Member, Virginia House of Delegates  
The Honorable John Edwards, Member, Virginia Senate  
Mark Gooch, Director, Department of Juvenile Justice  
Greg Peters, CEO, UMFS  
Mary Bunting, Hampton City Manager  
The Honorable Martin Nohe, Parent Representative  
The Honorable Patricia O’Bannon, Member, Henrico County Board of Supervisors

**Staff Members Present:**

Eric Reynolds, Assistant Attorney General, Office of the Attorney General  
Susan Cumbia Clare, Executive Director, Office of Comprehensive Services (OCS)  
Scott Reiner, Assistant Director, OCS  
Carol Wilson, Program Consultant, OCS  
Ty Parr, Finance and Data Consultant, OCS  
Marsha Mucha, Administrative Staff Assistant, OCS

**Call to Order and Approval of Minutes**

Susan Clare reported that Secretary Hazel was not able to attend the meeting due to the reconvened General Assembly Session. She explained that Secretary Hazel had asked Anne Holton Secretary of Education to chair the meeting in his absence. Mrs. Clare also reported that Deputy Secretary of

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Public Safety, Victoria Cochran, was attending the meeting on behalf of Secretary of Public Safety, Brian Moran. Mrs. Clare welcomed Secretary Holton and Deputy Secretary Cochran to the meeting.

Secretary Holton called the meeting to order at 10:00 a.m. Secretary Holton noted that it was her pleasure to have the opportunity to chair the SEC meeting in Secretary Hazel's absence and she thanked Ms. Cochran for her participation in the meeting. She welcomed members and guests and asked for introductions. A quorum was not present. Dr. Levine was recognized for her recent appointment by Governor McAuliffe as Commissioner of the Virginia Department of Health.

Approval of the December 19, 2013 meeting minutes was deferred until the June 2014 meeting.

### **SEC Member Comments and Dialogue**

Mrs. Clare explained that, because of the opportunity to have Secretary Holton and Deputy Secretary Cochran at today's meeting, this presented a unique forum for a cross-secretariat dialogue on topics and issues related to children's services in the Commonwealth. SEC members provided updates on programs and initiatives underway in their agencies and/or organizations and shared successes. They also discussed with Secretary Holton and Deputy Secretary Cochran issues that need continued focus and/or that still need to be addressed.

At the close of the conversation, Mrs. Clare noted that the SEC is focused on, and has made a lot of progress toward, cross-secretariat and agency collaboration and broadening system of care through identifying gaps and inconsistencies in services, blending and braiding funds, data collection/integration, and standardizing performance outcomes/measures.

### **Executive Director's Report**

Susan Clare reported on the following items:

- *Standardizing Data Elements Workgroup* – The Workgroup, comprised of local stakeholders, system vendor representative, and OCS staff will review and recommend revision to data elements included in two data files, the CSA Data Set and the SAS Quarterly Expenditure File, to ensure consistent reporting across all localities.
- *Audit Plan Progress Report* – Members received a copy of the FY 2014 OCS Program Audits Status Report with their meeting materials. The OCS Audit Program strives to assist localities improve their CSA programs and has received positive feedback in this regard.
- *Training Progress Report* – Members received a progress report of OCS training activities for the period July 1, 2013 – March 15, 2014. The newest training strategy going forward for OCS is the use of Webinars to provide trainings.

### **Public Comment**

One public comment was received (*attached*) concerning education services for children placed by physicians into residential facilities for non-educational reasons. After the public comment was made, a discussion took place on the need for additional study and investigation of this issue.

### **State and Local Advisory Team (SLAT) Report**

Victor Evans, SLAT Chair, reported on the following items:

- SLAT finished work on Goal 1, Strategy 1 of the SEC's Strategic Plan. Final report was presented to the SEC at their December 2013 meeting. SLAT continues to work on Goal 1, Strategy 5, concerning inadvertent fiscal incentives.
- SLAT also continues to focus on training activities and supporting OCS in their training objectives.

In closing his remarks, Mr. Evans thanked the SEC for celebrating locality successes through the awards being presented during the CSA Conference.

### **SEC Executive Committee Report**

Margaret Schultze reported on behalf of the Executive Committee. The Committee last met on February 26, 2014. In addition to planning for today's meeting, the Executive Committee decided the June SEC meeting will be extended to a full day to allow for a retreat.

The Executive Committee also voted to recommend to the SEC that SLAT be asked to study and make recommendations to the SEC on how SLAT could improve stakeholder engagement and how they can maximize SLAT's role in advising the SEC.

### **Treatment Foster Care (TFC) Workgroup Report and Adoption of Proposed Policy**

Because of the lack of a quorum, the report and action on the proposed policy was deferred until the June 2014 meeting.

### **Standardizing Service Names Workgroup Report**

Ty Parr reported on behalf of the Workgroup. In 2013 OCS began collection of client-specific service data to enhance analysis and reporting regarding the services provided to children, youth, and families under CSA. Through a proof of concept project in which these data were collected for seven localities, more than 4,000 service names were reported.

In March 2013, the SEC approved the charter to create a workgroup to establish a list of standard service names with brief service descriptions and recommend a reasonable timeline for requiring reporting utilizing the standard service names. The Workgroup sought to create a comprehensive list of services that are being provided across the state. The work included collecting established service names and definitions from multiple stakeholders, consolidating like services into common names, and creating clear definitions. The Workgroup ultimately developed a draft list of approximately 45 service names and definitions. The Workgroup remains consistent with its belief that the service names and definitions will not remove or reduce a locality's flexibility to create and provide new services.

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The Workgroup recommends that there be a process for annual review of service names and definitions. It is recommended that:

- OCS review quarterly data reports and track the service name submissions under the “Other” category.
- OCS track changes in policy, service names, and definitions from other agencies to identify necessary changes to the Standard CSA Service Names and Definitions document.
- The Service Names and Definitions Workgroup (or like group) convene annually, as needed to consider updates to the service names and definitions.

The Standard CSA Service Names and Definitions document has been provided to the Standardizing Data Elements Workgroup for review and incorporation into its broader task of standardizing all data elements and the technical edits necessary for implementation. The Standardizing Data Elements Workgroup is targeted to complete its work by June 30, 2014.

The Standard CSA Service Names and Definitions document will be disseminated by OCS for feedback/revisions. By July 15, 2014, a revised Standard CSA Service Names and Definitions document will then be disseminated to local communities to enable transition to use of the standard names. It is projected that local communities will be required to report purchased services in accordance with the standard service names effective July 1, 2015.

#### **FY 2015 OCS Training Plan**

Scott Reiner presented the proposed Training Plan for its first reading. He explained that the Code of Virginia requires that OCS “provide for training and technical assistance to localities in the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families.”

In accordance with provisions of the biennial Appropriation Act, OCS presents an annual training plan to the SEC for approval. The Training Plan will be presented to the SEC at its June 2014 meeting for approval.

#### **Adjournment**

There being no further business the meeting was adjourned at 12:00 p.m.

**Office of Comprehensive Services**  
**Standardizing Levels of Care in Treatment Foster Care Workgroup**  
**Report to the State Executive Council**  
**March 24, 2014**

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**Update to the Report to the State Executive Council of December 19, 2013**

The proposed policy "*Purchase of Foster Care Services from Licensing Child Placing Agencies*" and the proposed "*Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies*" were posted for public comment by the Office of Comprehensive Services (OCS) on January 8, 2014. The public comment period ended March 10, 2014.

Twenty eight public comments were received by the Office of Comprehensive Services. Twenty of the responses were from Community Policy and Management Teams (CPMTs). The remaining responses were submitted by two associations of licensed child-placing agencies, two individual licensed child-placing agencies, one Comprehensive Services Act (CSA) Coordinator, one regional steering committee (composed of CPMT members and CSA coordinators from eleven localities), one local Department of Social Services, and one Adoption/Foster Care program within a local Department of Social Services. The majority of the comments stated support for the concept of a unified level system based on the needs and strengths of the individual child. Comments were categorized by topic with the majority of concerns and suggestions revolving around the use of the term "non-treatment" (instead of "basic") foster care, or requesting clarification regarding the services and costs of each level of care, including the assessment level.

OCS provided the members of the "Levels of Care" Workgroup with the public comments as they were received and created a summary spreadsheet of comments by topic area, including suggestions for changes. The workgroup met on March 18, 2014 with 13 of its 18 members in attendance and reviewed and discussed the comments. Members noted that the comments reflected issues and concerns that had been discussed in depth by the group in earlier stages of its work. For example, several submissions remarked that the levels of care criteria were solely based on the child's needs and did not explain which services and supports would be provided at a given level. The intent of the policy and guidelines is to focus collaborative determination of level of care solely on the child's individual needs and strengths.

The workgroup has met the two-fold charge given it by the State Executive Council 1) to develop a plan for licensed child placing agencies to offer non-treatment foster care services and 2) to create a system of greater uniformity across private child placing agencies in the offered levels of treatment foster care.

Workgroup members suggested that OCS develop training or resource materials such as a "Frequently Asked Questions" document to address specific questions asked in the comments and which may arise during the planning for implementation.

**Update to the Report to the State Executive Council of December 19, 2013 (page two)**

**Recommendation:**

The workgroup respectfully recommends that the proposed policy statement "*Purchase of Foster Care Services from Licensing Child Placing Agencies*" (below) and the "*Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies*" (attached) be adopted by the State Executive Council for implementation.

**Proposed Policy Statement:**

*Purchase of Foster Care Services from Licensed Child Placing Agencies*

Effective July 1, 2015, when purchasing foster care services through a licensed child placing agency, Community Policy and Management Teams shall ensure that levels of foster care services are appropriately matched to the individual needs of a child or youth in accordance with the SEC approved "*Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies.*"

**Guidelines for Determining Levels of Care for Foster Care Services  
with Licensed Child Placing Agencies  
March 2014**

**Procedures for Determining Level of Care**

- I. The determination of the appropriate service level is always based on the individual child's specific needs and strengths.
- II. The Family Assessment and Planning Team (FAPT), or approved Multi Disciplinary Team (MDT), and the licensed child placing agency shall work collaboratively in the assessment, service delivery and decision-making process to determine the appropriate level of care for the child.
- III. Children shall be placed at the Assessment Treatment Level upon initial placement with a LCPA and when a child is moved to a new LCPA.
- IV. The maximum stay at the Assessment Treatment Level shall not exceed sixty days to complete a needs assessment and service plan, per requirements of the Virginia Department of Social Services, Division of Licensing Programs. The time frame of the assessment may vary based on the accurate and thorough assessment of the child's strengths and needs.
- V. Following the assessment, the assessment shall be provided by the LCPA to the LDSS with copies to the FAPT/MDT with recommendation of level of care.
- VI. The determination of level of care shall be made collaboratively based on all available information and documentation of the child's needs by FAPT/MDT and the LCPA.
- VII. Determination of the initial level of care and a child's movement between levels of care will be based on a combination of factors, including but not limited to: child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS, VEMAT, and any other available assessments, anticipated level of support needed for the foster home, and available documentation such as psychological evaluations and foster parent, school, case manager and provider reports, etc.

**Levels of Care Criteria:**

Non-treatment Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-treatment Foster Care level if the assessment indicates treatment foster care services are not needed.

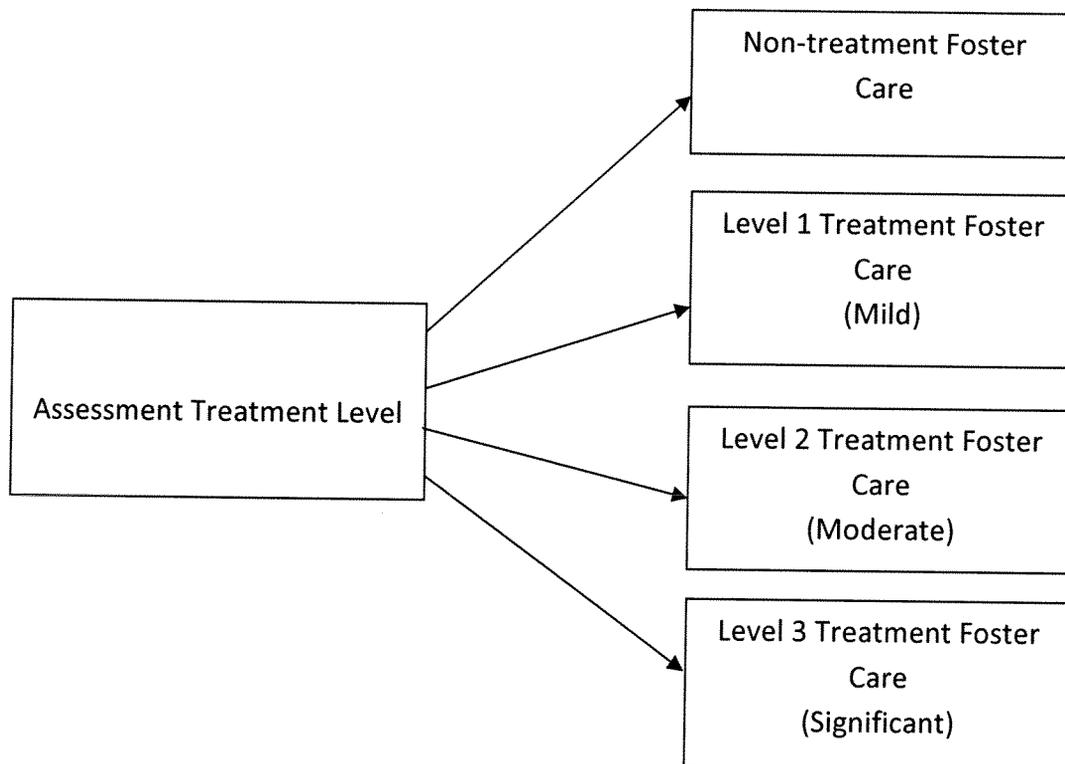
*Treatment Foster Care Levels 1, 2 and 3 represent ongoing treatment placement levels, with Level 1 representing mild treatment needs, Level 2 moderate treatment needs and Level 3 significant treatment needs.*

Level 1 Treatment Foster Care (Mild): A child served at Level 1 ongoing treatment foster care will demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual*. The child's needs require monitoring or agency may need to provide services to lessen likelihood needs will return.

Level 2 Treatment Foster Care (Moderate): A child served at Level 2 ongoing treatment foster care will demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual*. The child's needs require that action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs.

Level 3 Treatment Foster Care (Significant): A child served at Level 3 ongoing treatment foster care will demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual*. The child's needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement.

**Flow Chart**



## TRAINING PLAN Fiscal Year 2015

*Developed in accordance with 2014 Appropriation Act, Item 279, Section B.6*

The mission of the Comprehensive Services Act (CSA) is to create 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. One important mechanism for achieving this mission is through development and implementation of a robust training plan. The Code of Virginia requires that the Office of Comprehensive Services (OCS) “provide for training and technical assistance to localities in the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families.” In accordance with provisions of the biennial Appropriation Act, the Office of Comprehensive Services presents an annual training plan to the State Executive Council for approval. This document outlines the OCS FY2015 Training Plan for the period of July 1, 2014 – June 30, 2015.<sup>1</sup>

### I. GOALS

#### A. TO INCREASE KNOWLEDGE, SKILLS, AND COMPETENCIES OF INDIVIDUALS HOLDING CSA SPECIFIC ROLES AND RESPONSIBILITIES TO ENSURE EFFECTIVE IMPLEMENTATION OF THE CSA.

##### Objectives:

- To enhance effectiveness and positive outcomes for youth and families by ensuring that the core requirements of CSA and the principles of a system of care are known to individuals who serve key roles within the structures of CSA.
- To assure that basic competencies in CSA practice are applied to local operations.
- To enhance the levels of knowledge and skills of core members of local CSA team members.
- To support, encourage and motivate key CSA participants to realize the mission and vision of the CSA and the system of care through collaboration and excellence in practice.

##### Target Audiences:

- CSA Coordinators; CPMT members; FAPT members; Fiscal Agents; Utilization Review Specialists; External Auditors.

##### Topics:

- CSA Mission and Vision
- Building effective multi-disciplinary teams/collaboration
- Overview and prioritization of local CSA Coordinator responsibilities (§2.2-2649)
- Provision of effective and efficient services (§2.2-2649)
  - Use of data and data analytics to assess service patterns and improve outcomes
  - Understanding High Fidelity Wraparound and Intensive Care Coordination
  - Utilization Management and Utilization Review (*Appropriation Act*)
- Controlling costs and utilizing alternative funding streams and revenues (*Appropriation Act*)
  - Blending & Braiding Funds – Developing a Fiscal Plan

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<sup>1</sup> Where appropriate, specific statutory requirements addressed through this training plan are indicated.

- Accessing the full array of Medicaid services (*Appropriation Act, with DMAS*)
- Use of state pool funds: eligibility and decision points
- FAPT determination of CHINS: parental agreements and foster care prevention
- Understanding mission, purpose, and outcomes of child-serving agencies
  - Foster care services and the CSA (*Appropriation Act, with DSS*)
  - Requirements regarding IDEA and the use of CSA funds for special education services (*Appropriation Act, with DOE*)
- Guidelines for Therapeutic Foster Care and negotiating contracts with TFC providers (*Appropriation Act*)
- Building community services/public-private partnerships (*Appropriation Act*)
- CSA program audits: compliance monitoring and program improvement; self-assessment process
- Denial of funds policy: State and local responsibilities; Common findings
- Navigating cross-jurisdictional issues: Fostering Connections; transfers; out-of state placement
- Administrative and fiscal issues: Local statutory responsibilities (*Appropriation Act*)
- Financial and data reporting requirements of CSA (supplemental funding requests, pool fund reimbursement, data set, and client based expenditures; understanding service categories, match rates)
- Engaging families, empowering client/family voice and choice
- Contracting: regional contracts, negotiating terms, performance-based contracts
- Specifications for Audits for Counties, Cities, and Towns

**Primary implementation methods:**

- CSA Annual Conference
- New Coordinators Academy
- On-line and Webinar training

**B. TO INCREASE KNOWLEDGE, SKILLS, AND COMPETENCIES OF CHILD SERVING ENTITIES TO MAXIMIZE USE OF CSA PROCESSES AND FUNDING TO EFFECTIVELY SERVE YOUTH AND FAMILIES.**

**Objective:**

- To ensure that the key partners in the CSA gain specific and targeted knowledge and competencies to incorporate CSA into their primary areas of professional responsibility.

**Target Audiences:**

- Executive managers, supervisors, and direct service staff in local departments of social services, court service units, community services boards, and school divisions; state level managers in child-serving agencies; juvenile and domestic relations court judges; guardians ad litem; LDSS attorneys; elected and appointed local government officials; private service providers.

**Topics:**

- Becoming a Medicaid provider (*Appropriation Act, with DMAS*)
- Foster care services and the CSA (*Appropriation Act, with DSS*)
- Requirements regarding IDEA and the use of CSA funds for special education services (*Appropriation Act, with DOE*)
- Vision and mission of CSA
- Accessing CSA funded services
- CANS certification and Super Users training

- Using CANS for service planning

**Primary Implementation Methods:**

- Stakeholder venues/conferences
- Virtual learning opportunities

**Supporting Activities:**

- Coordinate with stakeholder organizations to plan and deliver topical CSA training within agency-specific conferences and training sessions.
- Work with the State and Local Advisory Team (SLAT), the State Executive Council (SEC), selected partner agencies, and other affiliated organizations (e.g., VML/VACO, VCOPPA) to identify “recommended” and “mandatory” CSA-related training to be incorporated into agency training requirements and plans.

**C. TO ENHANCE CSA OUTCOMES FOR YOUTH, FAMILIES AND COMMUNITIES BY ADOPTION OF EFFECTIVE, EVIDENCE-BASED PRACTICES.**

**Objectives:**

- To provide opportunities for CSA stakeholders to learn about and develop competencies in effective, evidence-based models pertaining to the service needs of the CSA population.

**Target Audiences:**

- All CSA stakeholders

**Topics:**

- Best practices and evidence-based practices related to the CSA (*Appropriation Act*)
  - Introduction to Systems of Care
  - High Fidelity Wraparound (HFW)
    - Facilitator training
    - Family and youth support partner training
    - Local coaching and clinical supervisors training
  - Trauma-informed services within an overall System of Care (in collaboration with DSS and DBHDS)
  - Family engagement – families and youth as partners
  - Evidence-Based Practices Collection by Commission on Youth
- Children’s Services Practice Model

**II. TRAINING AND TECHNICAL ASSISTANCE METHODOLOGIES**

**A. DELIVER OCS SPONSORED TRAINING OPPORTUNITIES**

**Activities:**

- Conduct Annual CSA Conference
- Conduct Pre-conference CSA Coordinator session at annual CSA Conference
- Conduct New CSA Coordinator Academy

## **B. DELIVER CSA RELATED TRAINING WITHIN STAKEHOLDER VENUES/CONFERENCES**

### **Activities:**

- In collaboration with sponsoring entities, conduct training in a variety of venues, including but not limited to:
  - Dept. of Education: Aspiring Leaders of Special Education Academy (annually)
  - Dept. of Education: New Directors of Special Education Academy (annually)
  - Dept. of Social Services: New Local Directors Learning Experience (at least annually)
  - VA League of Social Service Executives: conference (annually)
  - VA Association of Counties: Annual Conference
  - VA Association of Independent Special Education Facilities: Conference
  - Office of Executive Secretary of the Supreme Court: Court Improvement Programs Annual Conference
  - Office of Executive Secretary of the Supreme Court: Mandatory JDR Judges Conference (annually)
- Through collaboration with stakeholder agencies and organizations, identify and schedule venues.
- Through collaboration with stakeholder agencies and organizations, the State and Local Advisory Team (SLAT), and the SLAT Training Workgroup, identify training needs and appropriate training venues/opportunities.

## **C. DELIVER TARGETED, HIGH-QUALITY TECHNICAL ASSISTANCE**

### **Objective:**

- To respond to stakeholder identified needs for information that will enhance the effectiveness of CSA activities, minimize and/or respond to audit findings, and support overall system of care implementation

### **Activities:**

- Maintain the "Ask OCS" forum on the OCS website that enables confidential inquiries to OCS and responses that can be accessed by all interested parties
- Provide targeted on-site training and technical assistance to meet needs identified by OCS, localities, and/or regions
- Provide targeted assistance to facilitate CPMT corrective action/program improvement activities
- Provide on-site and remote technical assistance on frequently asked questions/common issues
- Provide information through the Resource Library of the OCS website (FAQ's, Fact Sheets)

## **D. DEVELOP AND OFFER VIRTUAL LEARNING OPPORTUNITIES**

### **Objective:**

- Maximize participation and accessibility of CSA-related training through an array of delivery platforms and designing training to meet diverse learning styles and venues

### **Activities:**

- Maintain training site for CANS certification
- Administer the OCS COV Knowledge Center (KC) to include user account management for local users

- Plan and deliver webinars (at least quarterly) on “hot topics” (e.g., new policy guidelines), best practices, common focal issues raised by CSA stakeholders
- Develop and implement on-line and other distance learning programs to include:
  - educational opportunities through the Knowledge Center
  - ongoing availability of archived training materials from the annual conferences, webinars, and other sources
  - use of the OCS website to make available materials from national and other sources of best-practices information

#### **E. PROMOTE AVAILABILITY OF LIVE AND VIRTUAL TRAINING OPPORTUNITIES**

**Objective:**

- Build participation levels and ensure that various stakeholders are aware of relevant training opportunities provided by both OCS and partner agencies

**Activities:**

- Maintain the on-line Training Calendar which provides information about upcoming training events and information on how to enroll in those events
- Support the work of the SLAT Training Committee to collect, provide to OCS and disseminate information on upcoming training events
- OCS will utilize various communication mechanisms (CSA listserv, OCS website, e-mail lists) to inform stakeholders of relevant upcoming training events

### **III. EVALUATION**

**Objective:**

- To provide accountability and continuous quality improvement for OCS training activities

**Activities:**

- Identify and assess measurable objectives for all CSA training activities
- Design course outlines, content, materials, activities, methods of instruction, and evaluation criteria for CSA training activities that reflect the principles of adult learning and best practices in instructional design
- Utilize the KC to register and track participants and issue certificates of completion
- Collect and report information regarding participants (e.g., number, primary professional affiliation) at “in-person” CSA training events
- Collect and summarize evaluations of OCS training activities and utilize feedback to refine and improve training activities
- Provide quarterly reports to the State Executive Council summarizing OCS training activities
- Complete and submit an annual report to the General Assembly regarding OCS training activities

**ACTION REQUIRED**  
**NOMINATIONS FOR STATE AND LOCAL ADVISORY TEAM (SLAT)**

**Juvenile and Domestic Relations District Court Judge** (*Virginia Council of Juvenile and Domestic Relations District Court Judges*)

**Primary**

***The Honorable Frank W. Somerville, Chief Judge***  
16<sup>th</sup> District Juvenile and Domestic Relations Court  
135 W. Cameron Street  
Culpeper, VA 22701  
(540) 727-3418  
[fsomerville@courts.state.va.us](mailto:fsomerville@courts.state.va.us)

**CPMT – LDSS Representatives** (*Virginia League of Social Services Executives*)

**Primary**

***Tamara Temoney, Assistant Director***  
Hanover County Department of Social Services  
12304 S. Washington Highway  
Ashland, VA 23005  
(804) 365-4115  
[tamera.temoney@dss.virginia.gov](mailto:tamera.temoney@dss.virginia.gov)

**Alternate**

***Brad Burdette, Director***  
Appomattox County Department of Social Services  
318 Court Street  
P. O. Box 549  
Appomattox, VA 24522  
(434) 352-7125  
[brad.burdette@dss.virginia.gov](mailto:brad.burdette@dss.virginia.gov)

**CPMT – CSB Representatives** (*Virginia Association of Community Services Boards*)

**Primary**

***Charles (Chuck) Walsh, Executive Director***  
Middle Peninsula-Northern Neck Community Services Board  
P. O. Box 40  
Saluda, VA 23149  
(804) 758-5314  
[cwalsh@mpnn.state.va.us](mailto:cwalsh@mpnn.state.va.us)

**Alternate**

***Ivy Sager, Executive Director***  
Hanover County Community Services Board  
12300 Washington Highway  
Ashland, VA 23005  
(804) 365-4222  
[itsager@hanovercounty.gov](mailto:itsager@hanovercounty.gov)