

**AGENDA**  
**State Executive Council**  
**The Comprehensive Services Act for At Risk Youth & Families**  
*March 24, 2014*  
*Pocahontas Room*  
*Hotel Roanoke and Conference Center*  
*110 Shenandoah Avenue*  
*Roanoke, VA 24016*

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- 10:00 a.m.      **Welcome & Chair Remarks – Dr. Bill Hazel**  
                    ➤ **Action Item** – Approval of December Minutes
- 10:05            **SEC Member Comments & Dialogue with Secretary Anne Holton and Deputy Secretary Victoria Cochran**
- 10:50            **Executive Director's Report – Susan Clare**  
                    ➤ Standardizing Data Elements Workgroup  
                    ➤ Audit Plan Progress Report  
                    ➤ Training Progress Report
- 11:00            **Public Comment**
- 11:10            **SLAT Report – Victor Evans**
- Other Business Items**
- 11:15            **SEC Executive Committee Report – Dr. Bill Hazel**  
                    ➤ *June Retreat*  
                    ➤ *Maximizing SLAT role /enhancing stakeholder engagement*
- 11:25            **Treatment Foster Care (TFC) Workgroup Report – Carol Wilson**  
                    ➤ **Guidelines on TFC**  
                    ➤ **Recommendation for Adoption of Policy and Implementation**  
                    ➤ **Action Item** – Adoption of Proposed Policy
- 11:40            **Standardizing Service Names Workgroup Report – Ty Parr**
- 11:55            **FY15 OCS Training Plan Proposal – Scott Reiner**
- 12:00            **Adjourn**

**Meeting Schedule for 2014: June 19 (SEC Retreat)**  
**September 18 and December 18**

Draft

**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 CPMTs 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:

- 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.

**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.

## **STANDARDIZATION OF CSA DATA ELEMENTS WORKGROUP CHARTER**

### **Background**

The mission of the 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. To support this mission the Office of Comprehensive Services (OCS) contracted in 2013 with a private vendor, SAS, to build its capacity to perform comprehensive data analytics for the purpose of assessing the effectiveness of services on youth and family outcomes and efficiencies in the use of financial resources.

The resulting SAS application integrates and analyzes data from disparate data systems across three state agencies and 130 local communities. Data include child specific Title IV-E and CSA expenditures for children served through CSA, child specific Medicaid expenditures for behavioral health services, CANS assessment data, VEMAT assessment data, demographic data from the CSA Data Set, and demographic data from the VDSS OASIS system. Data files from localities, DMAS, VDSS, and OCS are submitted to SAS on a quarterly basis.

### **Need**

Child specific demographic and expenditure data are collected, maintained, and reported through a variety of locally owned proprietary systems or a Web-based system provided by OCS. Specific data elements and required file layouts for both the CSA Data Set and SAS data submissions are defined, however, not all systems utilize all data elements and some data elements are interpreted and implemented differently. In addition, the child and provider specific nature of data reported in the SAS file potentially renders the collection of some data elements unnecessary.

### **Charge**

The Workgroup, comprised of local stakeholders, system vendor representative, and OCS staff, is charged with reviewing and recommending 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. Specific tasks will include, but not be limited to:

1. Examine existing data file layouts and data element definitions to:
  - a. Revise definitions as necessary to establish clarity of meaning and ensure consistent utilization across localities,
  - b. Identify and eliminate unnecessary and/or redundant data elements, and
  - c. Identify and define any new data elements that are considered essential to informing the analysis of collected data.
2. Identify technical solutions necessary to implement changes identified by the activities described above (e.g., build drop-down boxes, change data element parameters, etc.)
3. Project a reasonable timeline for implementation of needed technical solutions, and
4. Seek estimate of costs for technical solutions.

**Process and Timeline:**

Activity/Process	Responsible Party	Due Date
Meet in Richmond - Task 1	Workgroup	3/6/14
Provide recommendations - Task 1 <ul style="list-style-type: none"><li>• Seek feedback from local representatives, vendors</li><li>• Share feedback and ideas via e-mail, conference calls</li></ul>	Workgroup	4/6/14
Provide recommendations – Task 2, Task 3, Task 4	Workgroup	4/30/14
Dissemination of Proposed Data Standards <ul style="list-style-type: none"><li>• Seek feedback</li></ul>	OCS	5/15/14
Refine/revise/finalize Data Standards <ul style="list-style-type: none"><li>• Meet/e-mail/conference calls</li></ul>	Workgroup	6/30/14
Dissemination of Data Standards	OCS	7/1/14
Compliance with Standard Data Definitions Mandatory	Local governments	7/1/15

FISCAL YEAR 2014 ANNUAL AUDIT PLAN			
	As of 7/1/2013	Remaining as of 3/31/2014	Anticipated Remaining as of 6/30/2014
<b>Number of Audits Scheduled</b>	<b>61</b>	<b>50</b>	<b>24</b>
On-site Audits	21	13	8
Self-Assessment Validations	40	37	16

FISCAL YEAR 2014 AUDITS COMPLETED <sup>Note1</sup>		
	Actual as of 3/31/2014	Estimated as of 6/30/14
<b>Number of Audits Completed</b>	<b>5</b>	<b>25</b>
On-site Audits	2	9
Self -Assessment Validations	3	16
<i>Note1: Final audit report has been issued; quality improvement plan submitted to OCS.</i>		

FISCAL YEAR 2014 AUDITS IN-PROGRESS <sup>Note2</sup>		
	Actual as of 3/31/2014	Estimated as of 6/30/14
<b>Number of Audits In-Progress</b>	<b>7</b>	<b>12</b>
On-site Audits	6	4
Self-Assessment Validations	1	8
<i>Note2: Audit fieldwork is in progress; final report has not been issued.</i>		

***For a summary of audit observations, please visit the Program Audit information webpage that can be found on the CSA website or click the link below.***

[Audit Observations Summary – Updated January 2014](#)

# Office of Comprehensive Services

## Report of Training Activities

Period Covered: July 1, 2013 – March 15, 2014

Topic (Presenter)	Organization/Group/Audience	Date	# of Participants
Technical Assistance Focus Group – Carroll County (Janice Graham)	Carroll County CSA	07/09/13	16
Pool Fund Reimbursement Categories and Utilization Management (Chuck Savage and Stacie Fisher)	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 III	7/24 – 7/26/13	43
CSA for Aspiring Leaders of Special Education (Susie Clare)	VDOE	07/30/13	31
CSA for Parents and Advocates (Susie Clare)	ARC of Virginia	08/08/13	8
High Fidelity Wraparound and CSA – Richmond (Stacie Fisher)	FAPT/CPMT/CSA Coord/UM-UR specialists	08/08/13	62
High Fidelity Wraparound and CSA – Portsmouth (Stacie Fisher)	FAPT/CPMT/CSA Coord/UM-UR specialists	08/12/13	43
High Fidelity Wraparound and CSA – Harrisonburg (Stacie Fisher)	FAPT/CPMT/CSA Coord/UM-UR specialists	08/16/13	26
High Fidelity Wraparound and CSA – Bristol (Deborah Pegram)	FAPT/CPMT/CSA Coord/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 – Blacksburg (Deborah Pegram)	FAPT/CPMT/CSA Coord/UM-UR specialists	08/27/13	35
High Fidelity Wraparound and CSA – Fairfax (Deborah Pegram)	FAPT/CPMT/CSA Coord/UM-UR specialists	09/05/13	67
Technical Assistance Focus Group – Isle of Wight (Janice Graham)	Isle of Wight County CSA	09/10/13	24
Webinar: Use of State Pool Funds for CB BH Services (Carol Wilson and Scott Reiner)	CPMT Members/FAPT Members/CSA Coordinators	09/27/13	26
Webinar: Use of State Pool Funds for CB BH Services (Carol Wilson and Scott Reiner)	CPMT Members/FAPT Members/CSA Coordinators	10/01/13	33
Webinar: Use of State Pool Funds for CB BH Services (Carol Wilson and Scott Reiner)	CPMT Members/FAPT Members/CSA Coordinators	10/09/13	29
FAPT and CPMT Roles and Responsibilities (Stacie Fisher)	Carroll County CSA	10/10/14	14
Structural Supports of CSA: Stakeholder Roles in Building a Strong CSA Foundation (Annette Larkin and Stephanie Bacote)	Carroll County CSA	10/10/14	14
Can CSA Pay? (Stacie Fisher)	Fluvanna County CSA	10/22/14	21
High Fidelity Wraparound and CSA (Stacie Fisher)	Petersburg/Dinwiddie CSA	10/23/13	21
CSA Roles and Responsibilities for DSS Directors (Susie Clare)	New Local DSS Directors Learning Experience	10/30/13	14
CPMT and FAPT Roles and Responsibilities (Stacie Fisher)	Northern Shenandoah Valley CSA	11/05/13	31
High Fidelity Wraparound: Implementation – Central Virginia (Deborah Pegram and Stacie Fisher)	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 (Susie Clare and Scott Reiner)	Court Improvement Program Teams Conference	12/12/13	~500
CSA: Shared State-Local Responsibility (Susie Clare)	VACO - New County Supervisors Conference	01/04/14	~70
High Fidelity Wraparound: Implementation – Western Virginia (Deborah Pegram)	Center of Excellence HFW Training Cohort III	01/15/14	31
CSA for New Special Education Directors (Susie Clare)	VDOE	01/07/14	17
Webinar: Using CANS for Effective Service Planning – Part 1 (Carol Wilson)	CSA Coordinators/FAPT Members/ Agency Case Managers	02/28/14	108
CSA Overview / Blending and Braiding of Funds (Susie Clare)	Western Tidewater Best Practices Court Conference	02/28/14	125
CSA for Aspiring Leaders of Special Education (Susie Clare)	VDOE	03/06/14	40
Mental Health Services for Youth and Families (Susie Clare, w/ DMAS and Magellan)	13 <sup>th</sup> Annual Northern Virginia CSA Symposium & Vendor Fair	03/12/14	80

**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.

**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.

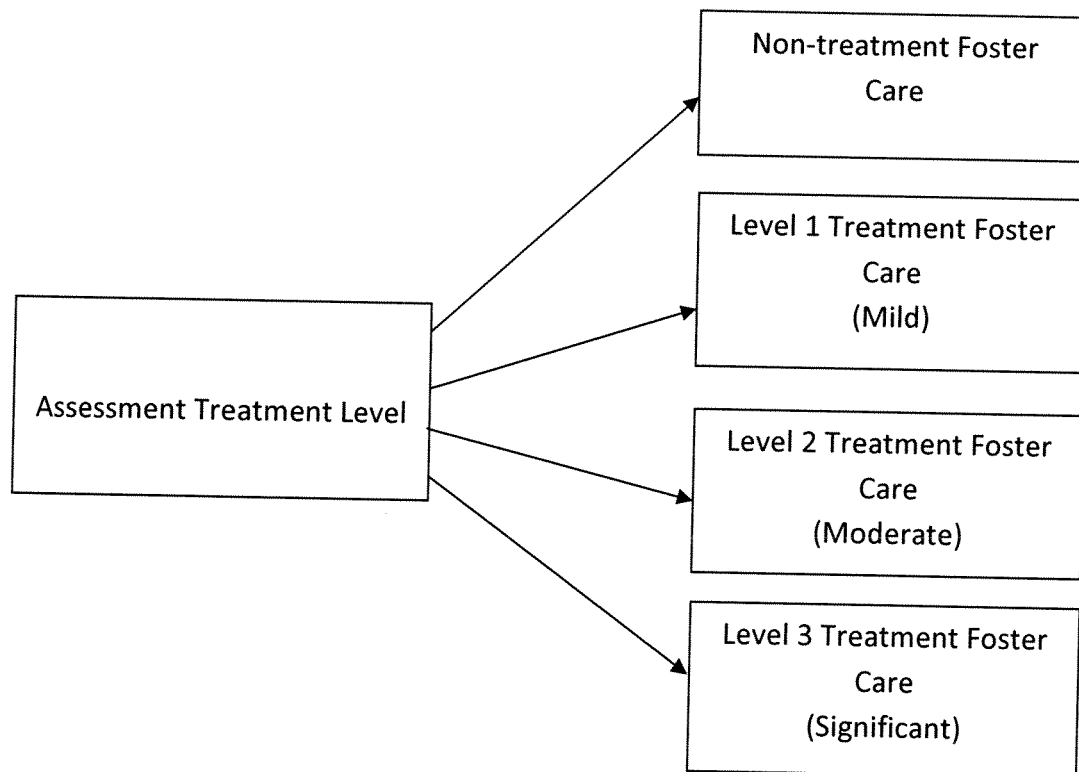
*Treatment Foster Care Levels 1, 2 and 3 represent ongoing treatment placement levels, with Level 1 representing mild treatment needs, Level 2 moderate treatment needs and Level 3 significant treatment needs.*

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



Office of Comprehensive Services  
State Executive Workgroup  
Standard CSA Service Names and Definitions  
Report to the State Executive Council  
March 24, 2014

**Report Mandate**

In March 2013, the SEC approved the charter to create a work group to establish a list of standard service names with brief service descriptions and recommend a reasonable timeline for required reporting utilizing the standard service names.

**Background**

In 2013 the Office of Comprehensive Services (OCS) began collection of client-specific service data to enhance analysis and reporting regarding the services provided to children, youth, and families under the Comprehensive Services Act (CSA). Through a proof of concept project in which these data were collected for seven localities, more than 4000 service names were reported. This extreme number was due the fact that the data element was collected through an open text field for the localities participating in this project. While other localities do standardize service names within their locality, there is need to standardize service names across the state to achieve data integrity.

To comply with the Charter, a workgroup was established to develop and review service names and definitions. The workgroup membership is included as Attachment A and the charter for the group is included as Attachment B.

There were four meetings of the Service Definitions Workgroup between June 10 and August 16, 2013. The workgroup met four times with additional members between December 11 and March 6, 2014. In addition to these meetings, the Workgroup communicated electronically to review and provide comment on drafted documents. 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.

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 *Standard CSA Services Names and Definitions* document represents this work and is included as Attachment C to this report.

## **Recommendations**

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

1. The Office of Comprehensive Services should review quarterly data reports and track the service name submissions under the "Other" category.
2. The Office of Comprehensive Services should track changes in policy, service names, and definitions from other agencies to identify necessary changes to the *Standard CSA Service Names and Definitions* document.
3. The Service Names and Definitions Workgroup (or like group) should convene annually, as needed, to consider updates to the service names and definitions.

## **Timeline for Implementation**

1. The *Standard CSA Service Names and Definitions* document was provided to the Standardizing Data Elements Workgroup on March 6, 2014. This workgroup will review the document and incorporate the information 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.
2. The *Standard CSA Service Names and Definitions* document will be disseminated by the Office of Comprehensive Services to local governments and private providers and feedback for additions/revisions will be solicited. (Dissemination of document by April 15; feedback to be received by June 1, 2014).
3. The *Standard CSA Service Names and Definitions* document will be revised by OCS based on feedback received (by June 30, 2014).
4. The revised *Standard CSA Service Names and Definitions* document will be disseminated to local communities to enable their transition to use of the standard names (dissemination by July 15, 2014).
5. Local communities will be required to report purchased services in accordance with the standard service names effective July 1, 2015.

## Attachment A

### Service Names and Definitions Workgroup Membership

## Service Names and Definitions Workgroup

Ty Parr – Office of Comprehensive Services  
Lesley Abashian – Loudoun County CSA  
Les Saltzberg – Licensing, Department of Behavioral Health and Developmental Services  
Jackie Jury – Frederick CSA  
John Dougherty – Virginia Home for Boys and Girls  
Kerry Rojas – Phillips Programs  
Pam Fisher – Department of Behavior Health and Developmental Services  
Stephan Stark – National Counseling Group  
Kyle McMahon – Intercept Youth Services  
Jamillah Karriem – Hopewell CSA  
Martha Carroll – Department of Juvenile Justice  
Crystal Bell – Newport News CSA  
Sandra Brown – Department of Medical Assistance Services  
Jessica Webb – Roanoke County CSA  
Margaret Nimmo Crowe - Voices for Virginia's Children  
Elizabeth Clark – Hampton CSA  
Deborah Evans – For Children's Sake of Virginia  
Cathy Pemberton – Powhatan DSS (VLSSE)  
Denise Dickerson – Virginia Department of Social Services  
Beth Rafferty – Richmond Behavior Health Authority  
Janet Areson – VA Municipal League  
Rachael Teagle – Middle Peninsula Northern Neck Community Services Board  
Dr. Courtney Gaskins – Youth for Tomorrow  
Abigail Schreiner – Extra Special Parents  
Jamie Sacksteder - Licensing, Department of Behavioral Health and Developmental Services

## Attachment B

### Service Names and Definitions Workgroup Charter

## **State Executive Council Workgroup CSA Service Names and Descriptions**

Beginning in 2013 the Office of Comprehensive Services (OCS) will collect client-specific service data to enhance analysis and reporting regarding the services provided to children, youth, and families under the Comprehensive Services Act (CSA). Through a proof of concept project in which these data were collected for seven localities, more than 4000 service names were reported. This extreme number was due the fact that the data element was collected through an open text field for the localities participating in this project. While other localities do standardize service names within their locality, there is need to standardize service names across the state to achieve data integrity.

The need for standard service names and descriptions was also identified through the public comment process on a proposed SEC policy. These comments, as well as review of the proposed policy statement by the State and Local Advisory Team (SLAT), highlighted the lack of common terminology across systems and agencies to describe particular services. The SLAT identified the need to define services available to children, youth, and families served under the CSA.

To enhance the value of data analysis, it is necessary that standard service names be utilized statewide to report the services purchased under the CSA. Establishing standardized service names and corresponding descriptions of those services will provide additional benefits including:

- Ensure common language across localities and across agencies,
- Establish delineation between services unique to CSA and those regulated by other state agencies, and
- Facilitate rate negotiation and contracting between localities and private providers, e.g., regional contracting and performance-based contracting.

The purposes of this workgroup will be to:

1. Establish a list of standard service names with brief service descriptions. The descriptions shall be sufficient to distinguish the uniqueness of each service from all others. The development of standard service names is in no way intended to limit the array of services that shall be available to children, youth, and families, i.e., an "other" service name is a reasonable expectation.
2. Recommend a reasonable timeline for required reporting utilizing the standard service names.

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

- CSA coordinators
- VDSS licensing division
- DBHDS licensing division
- DBHDS child services division
- VDSS division of family services
- VLSSE/local social service directors
- VCOPPA/private providers
- Court service units
- Community service boards
- DMAS
- VML and/or VACO
- Office of Comprehensive Services

## Attachment C

### Service Names and Definitions Draft

**Acute Psychiatric Hospitalization**

Inpatient services that are generally short term and in response to an emergent psychiatric condition. The individual experiences mental health dysfunction requiring immediate clinical attention. The objective is to prevent exacerbation of a condition and to prevent injury to the recipient or others.

**Applied Behavior Analysis**

ABA is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.

**Assessment/Evaluation**

A tool or series of tools used to report a comprehensive review to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.

**Community Support Services**

Services targeted to provide education and training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assist parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but not limited to skill building (coping skills, communication, interpersonal, etc) and behavioral interventions.

**Crisis Intervention**

Crisis intervention services are mental health care, available 24 hours a day, seven days per week, to provide assistance to individuals experiencing acute mental health dysfunction requiring immediate clinical attention. The objectives are: to prevent exacerbation of a condition; to prevent injury to the member or others; and to provide treatment in the least restrictive setting.

**Crisis Stabilization**

Crisis Stabilization services are direct mental health care to non-hospitalized individuals (of all ages) experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization; provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.

**Day Care Assistance**

Child care that provides daily supervision during the foster parents working hours when the child is not in school, facilitates the foster parent's attendance at activities which are beyond the scope of "ordinary parental duties", and is provided in a licensed day care facility or home.

**Family Partnership Facilitation**

Service is provided by a trained facilitator to conduct a Family Partnership Meeting. The meeting is a relationship focused approach that provides structure for decision making and that empowers both the family and the community in the decision making process. It extends partnership messages to caregivers, providers and neighborhood stakeholders.

**Independent Living Services**

Services specifically designed to help adolescents make the transition to living independently as an adult. They provide training in daily living skills as well as vocational and job training.

**Intensive Care Coordination**

Services conducted by an Intensive Care Coordinator, as defined under the State Executive Council guidelines, for children who are at risk of entering or who are placed in residential care. The purpose of the services are to safely and effectively maintain, transition, or return the child home or to a relative's home, family like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and beyond the regular case management services provided within the normal scope of responsibilities for the public child serving systems. Services and activities include: Identifying the strengths and needs of the child and his family through conducting or reviewing comprehensive assessments including, but not limited to, information gathered through the mandatory uniform assessment instrument; Identifying specific services and supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; Implementing a plan for returning the youth to his home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his needs, including identification of public or private community-based services to support the youth and his family during transition to community-based care; Implementing a plan for regular monitoring and utilization review of the services and residential placement for the child to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.

**Intensive Care Coordination – Family Support Partner**

A family support partner is part of the High Fidelity Wraparound (HFW) team that offers various levels of support for families based on the family's needs and HFW plan. The support partner works closely with the HFW Facilitator to support positive outcomes for the family.

**Intensive In-Home Services**

IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual

and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities and coordination with other required services; and 24-hour emergency response.

**(Level A) Community-Based Residential Services for Children and Adolescents Under 21**

Community-Based Residential Services for Children and Adolescents under 21 are a combination of therapeutic services rendered in a residential setting. This residential service will provide structure for daily activities, psycho-education, and therapeutic supervision and activities to ensure the attainment of therapeutic mental health goals as identified in the treatment plan. The child/adolescent must also receive psychotherapy services in addition to the therapeutic residential services. Room and board costs are not included in the reimbursement for this service. Service authorization is required for Medicaid reimbursement. Only programs/facilities with 16 or fewer beds are eligible to provide this service. This service does not include interventions and activities designed only to meet the supportive non-mental health special needs, including but not limited to personal care, habilitation, or academic-educational needs of the member.

**(Level B) Therapeutic Behavioral Services**

Therapeutic Behavioral Services for Children and Adolescents under 21 are a combination of therapeutic services rendered in a residential setting. This service will provide structure for daily activities, psycho-education, therapeutic supervision and activities, and mental health care to ensure the attainment of therapeutic mental health goals as identified in the treatment plan. The child/adolescent must also receive psychotherapy services in addition to the therapeutic residential services. Room and board costs are not included in the reimbursement for this service. Only programs/facilities with 16 or fewer beds are eligible to provide this service. This service does not include interventions and activities designed only to meet the supportive non-mental health special needs, including but not limited to personal care, habilitation, or the academic educational needs of the members. Service authorization is required for Medicaid reimbursement. See Appendix C for service authorization information.

**(Level C) Residential Treatment Facility**

A 24-hour-per-day specialized form of highly organized, intensive, and planned therapeutic interventions, which shall be utilized to treat severe mental, emotional, and behavioral disorders of individuals 21 years old or younger. All services must be provided at the facility as part of the therapeutic milieu.

**Maintenance - Basic**

Service payments made on behalf of a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement.

**Maintenance – Clothing Supplement**

Payments, as determined and scheduled by VDSS, for clothing outside of basic maintenance.

**Maintenance - Enhanced**

The amount paid to a foster parent over and above the basic foster care maintenance payment. It is based on the needs of the child for additional supervision and support by the foster or adoptive parent as identified by the VEMAT.

**Maintenance – Independent Living**

Foster Care payments to youth specifically in independent living arrangements.

**Maintenance – Transportation**

Per title IV-E and Fostering Connections, payments made for the child include visit family including parents, relatives and siblings, costs for the child to be transported to the school in which the child was placed prior to the current foster care placement, costs may include purchase of the child's bus/plane tickets; mileage (at the state rate) for the driver to transport the child.

**Material Support** – Temporary direct financial assistance provided to families when such assistance is not otherwise available but is necessary to prevent an out of home placement of a youth or assist with reunification. This may include but is not limited to housing and utilities.

**Mental Health Case Management**

Mental health case management is defined as a service to assist individuals, eligible under the State Plan who reside in a community setting, in gaining access to needed medical, social, educational, and other services. Case management does not include the provision of direct services. If an individual has co-occurring mental health and substance use disorders, the case manager may include activities to address both the mental health and substance use disorders, as long as the treatment for the substance abuse condition is intended to positively impact the mental health condition. The impact of the substance abuse condition on the mental health condition must be documented in the service specific provider assessment, the ISP, and the progress notes.

**Mental Health Skills Building**

A training service for individuals with significant psychiatric functional limitations designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. These services are intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.

**Mentoring**

Services in which children are appropriately matched with screened and trained adults for one-on-one relationships, involving meetings and activities on a regular basis, intended to meet in part, the child's need for involvement with a caring and supportive adult who provides a positive role model.

**Other**

Additional services that will ensure the safety and well-being of children at risk of out of home placement or that will enhance reunification efforts.

**Outpatient Services**

Treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location. Outpatient services may include counseling, MST, DBT, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services and medication services.

**Private Day Education**

Special Education service identified within an IEP that is provided in a licensed, privately owned and operated preschool, school, or educational organization to persons determined to have a disability as defined by the Regulations governing Special Education Programs for Children with Disabilities in Virginia.

**Private Residential School**

Residential services provided to youth in special education that are placed in a public or private residential program as required in the IEP and necessary to provide special education and related services, including non-medical care and room and board.

**Residential Education**

Education provided in a licensed, privately owned and operated residential facility where the person resides 24 hours a day for non-educational reasons.

**Respite**

Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well being of the youth and their family/guardian.

**Special Education Related Services**

Services identified within an IEP to be delivered to youth placed in private day education (Occupational, Physical, Visual, Speech therapies, etc).

**Sponsored Residential Home Services**

A service where providers arrange for, supervise, and provide programmatical, financial, and services support to families or persons (sponsors) providing care or treatment in their own homes for individuals receiving services.

**Substance Abuse Case Management**

Substance Abuse case management assists children, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance abuse disorders, the case manager shall include activities to address both the mental health and substance use disorders. Only one type of case management may be billed at one time.

**Supportive in-home services**

A provision of community support services and other structured services to assist individuals, to strengthen individual skills, and that provide environmental supports necessary to attain and sustain independent community residential living. Services include drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in-home support, respite care, and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.

**Therapeutic Day Treatment (TDT) for Children and Adolescents**

Covered services are a combination of psychotherapeutic interventions combined with medication education and mental health treatment offered in programs of two or more hours per day with groups of children and adolescents (up to the age of 21 as a EPSDT service).

**Transportation**

This includes assistance that will enable a parent or a child to attend counseling, parenting classes, court, local DSS appointments, visitations with a child, visitations with an parent, medical appointments, or other pre-approved appointments.

**(TFC-CM) Treatment Foster Care Case Management**

A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented. Services shall not include room and board.

**(TFC-SS) Treatment Foster Care Support and Supervision**

TFC Support and Supervision services include, but not limited to, recruiting, training, assessing and retaining TFC parents; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for TFC parents regarding management of child's behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and TFC family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering TFC parent payments; identifying adoption placements; assessment of adoption

placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs.

## **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 listserve, 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