

AGENDA
State Executive Council for the Children's Services Act
September 17, 2015
Virginia Department of Taxation
1957 Westmoreland Street
Richmond, VA

- 9:30 a.m. Welcome & Chair Remarks – *Dr. Bill Hazel*
 ➤ **Action Item** – Approval of June 2015 Minutes
- 9:40 Public Comment
- 9:50 Executive Director's Report – *Scott Reiner*
 • FY2015 Budget Update
 • Final FY2015 Training Summary
 • Plans for Integration of Local Reporting (Data and Expenditures)
- 10:10 Status of the OCS Audit Program – *Stephanie Bacote*
- 10:25 Report of the Public Awareness and Family Referral Workgroup – *Brady Nemeyer*
- 10:40 SLAT Report – *Ron Belay*
 ➤ **Action Item** – Approval of Nominations to SLAT
 ➤ **Action Item** – Approval of Updated SLAT Bylaws
- 10:45 Update on SEC Governance Study – *Dr. Hazel*
- 10:55 Update SEC Bylaws
 ➤ **Action Item** – Approval of Updated SEC Bylaws
- 11:00 Electronic Participation Policy
 ➤ **Action Item** – Adoption of Policy
- 11:05 Report to the General Assembly on Funding Education for Children Placed in PRTFs
Outside the CSA Process – *Greg Peters*
 ➤ **Action Item** – Discuss/Adopt Report and Recommendations
- 11:35 Request for Multi-Disciplinary Teams – *Scott Reiner*
 ➤ **Action Item** – Approve Requests from Chesterfield/Colonial Heights and Campbell County
- 11:40 Membership of SEC Committees - *Dr. Hazel*
 ➤ **Action Item** – Review Current Roster and Add Members as Appropriate
- 11:45 Member Updates
- 12:00 p.m. Adjournment

Meeting Schedule for 2015: December 17

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**STATE EXECUTIVE COUNCIL (SEC)
COMPREHENSIVE SERVICES ACT FOR AT RISK YOUTH AND FAMILIES
Henrico Training Center
7701 East Parham Road
Henrico, VA
Thursday, June 18, 2015**

SEC Members Present:

The Honorable William A. (Bill) Hazel, Jr., M.D., Secretary of Health and Human Resources
The Honorable Jennifer Wexton, Member, Senate of Virginia
Michael Farley, CEO, Elk Hill
The Honorable Richard "Dickie" Bell, Member, Virginia House of Delegates
The Honorable Patricia O'Bannon, Member, Henrico County Board of Supervisors
Joseph Paxton, County Administrator, Rockingham County, Virginia
Debra Ferguson, Ph.D., Commissioner, Department of Behavioral Health and Developmental Services
Bob Hicks for Dr. Marissa Levine, Commissioner, Virginia Department of Health
The Honorable Catherine Hudgins, Member, Fairfax County Board of Supervisors
The Honorable Robert "Rob" Coleman, Vice-Mayor, City of Newport News
Cindi Jones, Director, Department of Medical Assistance Services
Mary Bunting, City Manager, Hampton, Virginia
Greg Peters, President and CEO, UMFS

SEC Members Absent:

Andrew Block, Director, Department of Juvenile Justice
John Eisenberg for Steven Staples, Ed.D., Superintendent of Public Instruction, Virginia Department of Education
Lelia Hopper for Karl Hade, Executive Secretary of the Supreme Court of Virginia
Margaret Schultze, Commissioner, Virginia Department of Social Services
The Honorable Anita Filson, Juvenile and Domestic Relations District Court Judge, 25th Judicial District
Janice Schar, Parent Representative
Jeanette Troyer, Parent Representative

Other Staff/SLAT Members Present:

Pam Kestner, Special Advisor on Families, Children and Poverty, Health & Human Resources
Eric Reynolds, Assistant Attorney General, Office of the Attorney General
Ron Belay, Chair, State and Local Advisory Team
Susan Cumbia Clare, Executive Director, Office of Comprehensive Services (OCS)
Scott Reiner, Assistant Director, OCS
Carol Wilson, Program Consultant, 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. Secretary Hazel acknowledged that Senator Wexton would have to leave the meeting early and was providing Catherine Hudgins with her voting proxy.

Dr. Hazel commented that extensive public comment had been received on the proposed policy, Serving Youth Referred to Residential Treatment Facilities for Non-Educational Reasons and Outside of the CSA Process. He indicated that adopting the proposed policy at this time would not be in the best interest of CSA and was being removed as an action item from the agenda. He further indicated that the issue may need to be addressed through legislative or budget actions.

The minutes of the March 19, 2015 meeting were approved without objection.

Dr. Hazel reported that the Executive Committee last met in April, directly before the opening of the CSA Conference. At that meeting members discussed the OCS Executive Director position. He further explained that the Executive Committee has not been able to meet since the April meeting to consider a recommendation on the position to present to the SEC. Because of these circumstances, Dr. Hazel asked the SEC to appoint Scott Reiner to serve as the interim OCS Executive Director. A motion was made by Michael Farley, seconded by Cindi Jones and carried to name Scott Reiner as interim OCS Executive Director.

Executive Director's Report

Susan Clare asked Mr. Reiner to report on the FY16 OCS Training Plan. Mr. Reiner reported that the Training Plan had its first reading by the SEC at the March meeting and was being presented today for approval. Several members offered suggestions for additional trainings on team building/collaboration, perhaps during the CSA Annual Conference. The FY16 OCS Training Plan was approved without objection.

SEC Finance Committee Report

Greg Peters and Joe Paxton reported on behalf of the Finance Committee. The Committee met on May 21 and discussed several topics:

- Revisions to the CSA Critical Service Gaps Survey – improved reporting based on use of the standardized service names.
- Reviewed a draft of the CSA file layout developed by the Data Elements Workgroup. The Data Elements Workgroup will report at the SEC's September meeting.

Mr. Paxton further reported that the SEC Finance Committee recommends that the SEC endorse an OCS budget amendment (2016-2018 biennium) seeking additional state funding (from \$1.6M to \$3.2M) to support local CSA administration. The recommendation was approved without objection.

State and Local Advisory Team (SLAT) Report

Ron Belay reported that he will continue to serve as Chair of SLAT for the upcoming fiscal year. Tamara Temoney will serve as Vice-Chair. He also reported on the following nominations to SLAT:

- CPMT – CSU Representatives – Ron Belay (primary), Mike Scheitle and Vincent Butaitis (alternates)
- CSA Coordinator Representatives – Karen Reilly-Jones (primary), Victor Evans and Nat Leonard (alternates)
- Provider Representative – John Dougherty (primary)
- Parent Representative – Cristy Corbin (alternate)

The nominations were approved on a motion by Joe Paxton, seconded by Michael Farley and carried.

UMFS System of Care Presentation

Nancy Toscano, Vice-President of Strategy and Organizational Improvement, presented on the UMFS public/private system of care partnership established through a grant received from DBHDS. Family support partner, ReNe'e Teague, presented on her family's struggle to find help for her daughter, her relationship with UMFS and how she became a family support partner.

Public Comments

Public comments were received from the following individuals:

- Bill Elwood representing the Virginia Coalition of Private Provider Associations (VCOPPA) and the Virginia Association of Independent Specialized Education Facilities (VAISEF)
- Cecilia Kirkman representing SEIU Healthcare
- Jim Gillespie representing the Fairfax – Falls Church CSA
- Janet Areson representing the Virginia Municipal League (VML)
- Sue Rowland representing Roanoke County

Workgroup Report on Non-CSA Parental Placements into Residential Treatment Programs

Pat Haymes reported on behalf of the Workgroup. Ms. Haymes explained that, at its March 19 meeting, the SEC charged OCS with convening a workgroup to develop guidelines to assist localities with implementation of the proposed policy. In the course of their work, the Workgroup also reviewed the public comments received.

The Workgroup reached consensus in a number of areas including the proposed Universal Notice; early intervention and multi-disciplinary, community based planning; and the involvement of the local CSB in discharge planning for all youth admitted to an acute psychiatric hospital.

The Workgroup discussed other details where they were not able to reach consensus. Some of those details include:

- Timeframes for completion of the assessment by the CSB and FAPT/CPMT and IFSP development.
- Considerations regarding Medicaid member choice of providers and local CSA provider contracting requirements.
- How the process would work for youth admitted to a Level C Psychiatric Residential Treatment Facility (PRTF) prior to being made eligible for Medicaid funding and who are seeking CSA involvement once Medicaid eligibility is established.
- Whether all children and families assessed by the CSB should be referred to the FAPT process (in instances where the CSB recommends and the youth and family agree to a plan of community-based services that would not require CSA financial resources).

The workgroup also identified the following recommendations and clarifications:

- Policy should only apply to Level C Psychiatric Residential Treatment Facilities (PRTF) that are properly licensed by DBHDS and approved by Medicaid as a provider.
- Assessment process should be modeled after the existing VICAP program. Recommend that DMAS initiate actions to establish the appropriate application of the VICAP process to Level C PRTF determinations and seek necessary budgetary support for such extension.
- SEC and OCS should provide clarification of the guidelines for CSA eligibility as a Child in Need of Services (CHINS).

Discussion of Medicaid-funded Residential Placement and Local Medicaid Match

At the end of the Workgroup's report, Catherine Hudgins, made a motion that the SEC include in its September 1 report to the Chairmen of House Appropriations and Senate Finance Committees a recommendation that the FY 2017 Appropriation Act be amended to exclude residential treatment for youth placed by their parents/guardians from the required local Medicaid match for psychiatric residential treatment, and to specify that the required local match only applies to residential treatment of children in the custody of a LDSS, children placed in non-custodial foster care, youth on probation placed pursuant to a court order, and students placed in private special education residential schools through their IEPs.

Ms. Hudgins withdrew her motion in response to a motion offered by Greg Peters. That motion was that the SEC request the Governor to include in the budget submitted to the General Assembly on December 17, 2015, funds sufficient to provide for the educational costs of children admitted to Level C residential treatment centers for non-educational reasons through the Medicaid approval process administered by the DMAS contractor. In addition, the SEC request the Secretary of Health and Human Resources, in conjunction with the Secretary of Education, convene a workgroup to determine the actual level of funding required to fulfill this request and the manner in which it will be executed and administered. The motion was seconded by Joe Paxton. After further discussion, Mr. Peters withdrew his motion.

In response to the motions made by Ms. Hudgins and Mr. Peters, Secretary Hazel explained that he would like to request an extension for the report due by September 1 to the Chairmen of House Appropriations and Senate Finance in order to allow time to develop an OCS budget

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request for the FY16-18 biennium. Secretary Hazel noted that he would like to convene a small workgroup to develop recommendations to bring back to the SEC's September meeting.

Member Updates

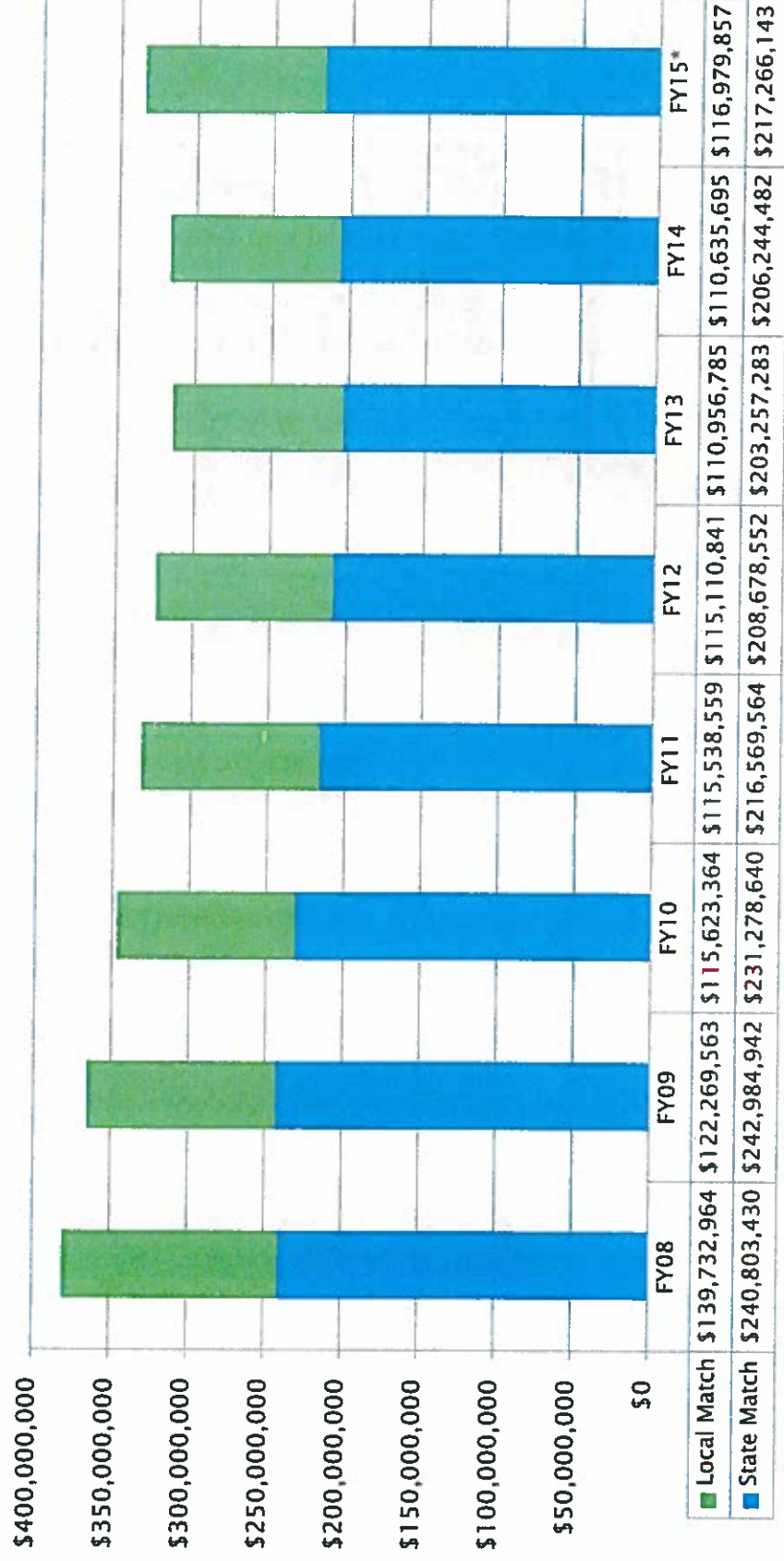
Secretary Hazel acknowledged those members whose terms were expiring and would be leaving the Council: Mary Bunting, Joe Paxton and Michael Farley. He thanked them for their dedicated service and contributions to the SEC.

He also acknowledged that this would be Mrs. Clare's last SEC meeting and he thanked her for her spirit and hard work on behalf of the SEC and OCS.

Adjournment

There being no further business the meeting was adjourned at 11:50 a.m.

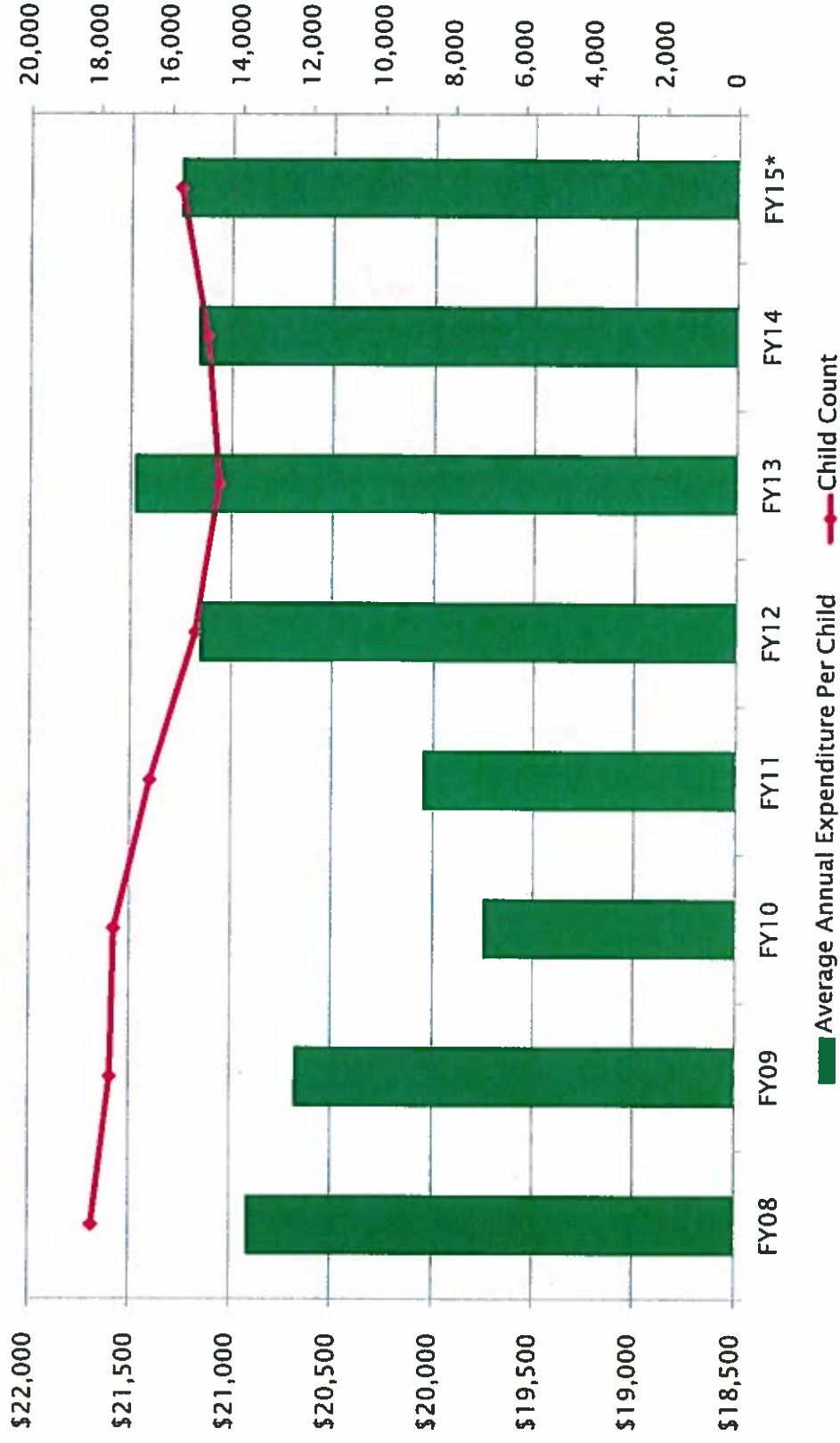
CSA Total Expenditures



*Note: Projected FY2015. Final expenditures will not close until 30 September 2015



CSA Cost Per Youth – # Youth



*Note: Projected FY2015. Final expenditures will not close until 30 September 2015



Office of Children's Services
Empowering communities to serve youth

FY2014 - FY2015 Comparison

As of 9/4/2015	FY14	FY15	Increase / Decrease	Increase / Decrease	% Total Increase
Private Day Schools	\$ 105,896,570	\$ 118,188,589	\$ 12,292,019		57%
Foster Care	\$ 113,080,358	\$ 116,642,562	\$ 3,562,204		16%
Congregate Care Education	\$ 36,239,789	\$ 38,995,340	\$ 2,755,551		13%
Community-Based	\$ 30,561,643	\$ 32,428,558	\$ 1,866,915		9%
Mandated Residential	\$ 9,065,357	\$ 10,108,421	\$ 1,043,064		5%
Psych. Hospital/Crisis Stab.	\$ 5,914	\$ 276,593	\$ 270,679		1%
Special Ed. Wraparound	\$ 1,681,006	\$ 1,755,954	\$ 74,948		0%
Non-Mandated Community Based	\$ 4,193,831	\$ 4,196,631	\$ 2,800		0%
Non-Mandated Residential	\$ 1,418,687	\$ 1,149,709	\$ (268,978)		-1%
Totals	\$ 302,143,155	\$ 323,742,357	\$ 21,599,202		107%

(Source: CSA Pool Fund Reimbursements as of 9/4/2015)



Office of Children's Services
Empowering communities to serve youth

**Expected Budget Requests for the Children's Services Act /
Office of Children's Services
(FY 16 – FY 18)**

Prepared by:

Scott Reiner, Interim Executive Director
Revised September 8, 2015

- Additional general funds to cover increases in state pool reimbursements for sum sufficient population (estimates based on current expenditure trends)

FY2016	\$16,431,481 (Caboose Bill)
FY2017	\$16,431,481
FY2018	\$16,431,481

- Support local CSA administrative costs as recommended by the State Executive Council. Proposal is to make this appropriation 2% of the FY2016 general fund appropriation for CSA (Item 279 (B)(1)(c)).

FY2017	\$1,149,465
FY2018	\$1,149,465

- Increase MEL and funding to add two (2) auditor positions to allow OCS to achieve on a three-year audit cycle.

FY2017	\$195,062
FY2018	\$189,062

- Additional appropriations to support information technology requirements mandated by VITA (IT systems audits, vulnerability scans)

FY2016	Audit costs - approximately \$30,000 and recurrent every 3 years
	Vulnerability scans - \$8,600
FY2017	Vulnerability scans - \$8,600
FY2018	Vulnerability scans - \$8,600

- Provide 100% state support for educational services for children placed in psychiatric residential placements outside of the CSA process and through Medicaid. This recommendation is pending the action of the SEC.

FY2017	\$10,729,920
FY2018	\$10,729,920

- CSA GF costs/savings related to Foster Futures (Foster Care to 21).

FY2017	(\$ 511,678)
FY2018	(\$1,456,256)

- Collaborative plan with DJJ to increase use of “protected” (non-mandated) funds to provide greater intervention with certain at-risk populations by supporting evidence-based interventions and removing the local match requirements on those funds.

Office of Comprehensive Services Report of Training Activities Period Covered: July 1, 2014 – June 30, 2015			
Topic (Presenter)	Organization/Group/Audience	Date	Participants
Technical Assistance Training (CANS and Service Planning) (Carol Wilson)	Pittsylvania County CSA	7/1/14	24
Technical Assistance Training (Policies, Roles/Responsibilities) (Brady Nemeyer/Anna Antell)	Harrisonburg-Rockingham CSA	7/24/14	13
HFWS Family Support Partner Training - Arlington, VA (Youth and Family Training Institute)	HFWS FSP	9/8/14-9/10/14	21
HFWS Supervisors Training - Richmond, VA (Youth and Family Training Institute)	ICC Providers	9/29/14	41
CSA Overview (Brady Nemeyer)	Magellan Care Managers	10/15/14	48
High Fidelity Wraparound: Introduction (Days 4 - 5) - Bristow, VA (Youth and Family Training Institute)	ICC Providers (Cohorts 4 - 6)	10/15/14-10/16/14	28
High Fidelity Wraparound: Bridge - Bristow, VA (Youth and Family Training Institute)	ICC Providers (Cohorts 1 - 3)	10/17/14	21
CSA Roles and Responsibilities for DSS Directors (Susie Clare/Scott Reiner)	New Local DSS Directors Learning Experience	10/22/14	19
FAPT and CPMT Roles and Responsibilities (Brady Nemeyer)	Highland County CSA	10/27/14	13
High Fidelity Wraparound: Introduction (Days 4 - 5) - Richmond, VA (Youth and Family Training Institute)	ICC Providers (Cohorts 4 - 6)	10/27/14-10/28/14	28
High Fidelity Wraparound: Bridge - Bristow, VA (Youth and Family Training Institute)	ICC Providers (Cohorts 1 - 3)	10/29/14	45
High Fidelity Wraparound: Introduction (Days 4 - 5) - Richmond, VA (Youth and Family Training Institute)	ICC Providers (Cohorts 4 - 6)	10/30/14-10/31/14	28
Where We Are Headed With the Comprehensive Services Act (Susie Clare/Scott Reiner/Brady Nemeyer)	VCOPPA Annual Meeting	11/6/14	50
"The Doctor Is In" - HHR Session (Susie Clare)	Virginia Association of Counties Annual Meeting	11/10/14	15
High Fidelity Wraparound: Introduction (Days 4 - 5) - Rocky Mount, VA (Youth and Family Training Institute)	ICC Providers (Cohorts 4 - 6)	11/12/14-11/13/14	22
High Fidelity Wraparound: Bridge - Rocky Mount, VA (Youth and Family Training Institute)	ICC Providers (Cohorts 1 - 3)	11/14/14	12
Demystifying CSA (Scott Reiner)	Statewide CASA Conference (Hampton, VA)	11/14/14	40
CSA Update (Susie Clare)	Virginia Commission on Youth	11/17/14	50
ICC Overview (Anna Antell/Rachelle Butler)	James City County FAPT/CPMT	11/18/14	18
Webinar: Supporting Family Support Partners (Anna Antell with UMFS, NAMI and DBHDS)	New DOE Special Education Directors	1/6/15	47
CSA Overview (Antell)	ICC Provider Agencies	2/24/15	39
New CSA Coordinators Academy (Staff plus invited speakers)	Family Support Partners @ UMFS	3/10/15	5
CSA for Aspiring Leaders of Special Education (Susie Clare)	Newly hired CSA Coordinators	3/10/15-3/12/15	25
Leading from the Middle - Professional Development Workshop for CSA Coordinators (Terrie Glass)	VDOE	3/12/15	27
4th Annual CSA Conference	CSA Coordinators	4/19/15	75
Child Serving Agencies Panel (Scott Reiner)	All CSA Stakeholders	4/20/15-4/21/15	587
CSA Overview (Scott Reiner)	NAMI Family and Youth Leadership Summit	5/2/15	75
CSA Overview (Scott Reiner)	Mecklenburg Best Practices Court Conference	5/15/15	60
Webinar: The New CSA Treatment Foster Care Guidelines (Carol Wilson)	Lynchburg Best Practices Court Conference	5/18/15	150
High Fidelity Wraparound: Introduction (Days 1 - 2) Cohort 7 - Richmond, VA (YFTI, Anna Antell)	ICC Providers	5/18-19/15	37
High Fidelity Wraparound Refresher - Richmond, VA (YFTI)	LCPAs, CSA, LDSS	5/20/15	100
High Fidelity Wraparound Refresher - Richmond, VA (YFTI)	ICC Providers	5/20/15	16
High Fidelity Wraparound/Intensive Care Coordination (Anna Antell)	ICC Providers	5/21/15	24
CSA Overview (Brady Nemeyer)	Tidewater TFC Providers	5/27/15	13
CSA Overview (Carol Wilson)	Tazewell County Best Practices Court	5/29/15	62
High Fidelity Wraparound/Intensive Care Coordination (Anna Antell)	Accomack Best Practices Court	5/29/15	37
High Fidelity Wraparound/Intensive Care Coordination (Anna Antell)	Augusta County FAPT	6/2/15	11
High Fidelity Wraparound: Introduction (Days 3 - 4) Cohort 7 - Richmond, VA (YFTI, Anna Antell)	Staunton FAPT	6/3/15	9
High Fidelity Wraparound Refresher - Rocky Mount, VA (YFTI)	ICC Providers	6/15-6/16/15	33
FAPT/CPMT Training (Brady Nemeyer, Carol Wilson)	ICC Providers	6/17/15	21
High Fidelity Wraparound Refresher - Charlottesville, VA (YFTI)	Henry/Patrick/Martinsville	6/17/15	38
	ICC Providers	6/18/15	25

FINAL PERIOD ASSESSMENT SUMMARY

The Fiscal Year (FY) 2013 -2015 audit plan consisted of 119 scheduled audits (37 on-site and 82 self-assessment validations). The audit plan was extremely ambitious given the limited resource allocations, magnitude of audit coverage, and overall complexity of the Comprehensive Services Act for At-Risk Youth and Families (CSA) program. This document summarizes the overall challenges and successes of implementing the program audit function and completing the three-year audit plan. The report has been organized into four categories:

- Status of the Current Audit Plan
- Barriers to Successful Implementation and Completion
- Feedback and Lessons Learned
- Proposed Changes for Fiscal Year 2016 and Beyond

STATUS OF THE FY 2013 – 2015 AUDIT PLAN

To date, twenty-one of the thirty-seven scheduled on-site audits have been completed and five are in progress. Self-assessment workbooks were received in accordance with the schedule. However, independent validations have not kept pace. Thus far, seventeen independent validations have been completed and four are in progress. The current pace of the implementation of our audit plan is far below the expected target needed to ensure completion of the audit schedule by June 30, 2015.

Completion Statistics

AUDIT TYPE	# OF SCHEDULED AUDITS	# COMPLETED/IN PROGRESS	PERCENTAGE
ON-SITE	37	26	70%
SELF-ASSESSMENT VALIDATION	82	21	26%

BARRIERS to SUCCESSFUL IMPLEMENTATION AND COMPLETION OF PROGRAM AUDITS

Resources	Staffing and resource allocation has been the primary impediment to the completion of the audit plan. Current allocated resources are insufficient to sustain a comprehensive and robust internal audit/quality improvement program to provide statewide audit coverage of local CSA programs on a three year audit cycle. Over the course of the three years, we have experienced significant shortages with human capital to support the audit function because of extended absences, vacancies, and workload redistribution. Support from other OCS operational staff (Program Consultants, Financial/Data Consultant) could not be relied upon due to the lack of availability. We were unsuccessful in our bid to hire an additional full-time auditor, but we were able to secure part-time support in FY 2015 to complete the self-assessment validations. However, the learning curve required to proficiently grasp the complexity of the CSA program has been extensive and required intensive supervision by program audit staff to ensure the quality and integrity of the work performed. It was very unlikely that any validations would have been initiated for Fiscal Year 2015 without the additional resource. The part-time support enabled the audit function to continue to increase the number of self-assessment validations initiated by 40% from FY 2013 to FY 2015. Still, the resources needed to complete the full audit plan were significantly greater than had been anticipated and available given the three year audit cycle established.
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BARRIERS to SUCCESSFUL IMPLEMENTATION AND COMPLETION OF PROGRAM AUDITS Cont'd

Resources	<p>Like the OCS audit function, other executive branch agency audit functions are faced with similar circumstances. Comparatively, executive branch agencies with audit coverage areas similar to CSA have on average a staff of 8 auditors. The Office of the State Inspector General (OSIG) Performance Review function operates with a team of eight to complete a three year cycle audit plan for medium risk executive branch agencies and annual reviews of high risk agencies, for which 32 combined have been identified. Since Fiscal Year 2013, OSIG has completed 4 audits and currently have 6 in progress.</p> <table><tr><th colspan="6">Audit Plan Comparison OCS v. OSIG Fiscal Years 2013-2015</th></tr><tr><th>Agency</th><th>Audit Program Initiated</th><th>Audit Staff Size</th><th># of Audits Scheduled</th><th># Complete / In-Progress</th><th>% of Audit Plan Complete</th></tr><tr><td>Office of Comprehensive Services</td><td>2012</td><td>2.5</td><td>119</td><td>47</td><td>39%</td></tr><tr><td>Office of the State Inspector General</td><td>2012</td><td>8</td><td>32</td><td>10</td><td>31%</td></tr></table>	Audit Plan Comparison OCS v. OSIG Fiscal Years 2013-2015						Agency	Audit Program Initiated	Audit Staff Size	# of Audits Scheduled	# Complete / In-Progress	% of Audit Plan Complete	Office of Comprehensive Services	2012	2.5	119	47	39%	Office of the State Inspector General	2012	8	32	10	31%
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Office of Comprehensive Services	2012	2.5	119	47	39%																				
Office of the State Inspector General	2012	8	32	10	31%																				
Scheduling and Co-ordination	<p>Scheduling and coordination of audits with local CSA programs is often tenuous. The collaborative nature of CSA and the desire to have full participation of the Community Policy and Management Team (CPMT) has led to delays in the audit process. Examples of such process delays include: (1) coordinating dates for collection/review of information and (2) scheduling of meetings to initiate engagements and or present audit conclusions. From the onset of the audit function, localities have been advised that the audit of the local CSA program was not a punitive action but rather an extension of OCS' efforts to partner with local CSA programs to continually improve the performance of CSA. Assessing the intensity of the involvement of the CPMT in the governance of the local CSA program is a core component of the evaluation of the effectiveness of the local program. Accordingly, the flexibility permitted in the audit process was to further demonstrate OCS' support of the intent of CSA to "4. Increase interagency collaboration and family involvement in service delivery and management... 6. provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes." COV § 2.2-5200</p>																								
Program Complexity	<p>Complexity of the Comprehensive Services Act presents a major challenge for audit staff expected to exhibit a high level of proficiency in a relatively short period, particularly where local administration varies statewide. It is critical that the auditor is knowledgeable on the subject matter when engaging with local CSA stakeholders, or risk undermining their credibility for lack of knowledge and understanding of the local program. The task of learning the nuances of each individual local program requires significant time investment in reviewing locally established policies, acclimating to locally established practices, and intensive interviews with varied stakeholders (including CPMT, FAPT, Case Managers, Fiscal Staff, local government leadership, etc.). On a statewide level, legislative and policy initiatives have been introduced over the last three years that have impacted implementation of CSA in local programs. The auditors have carefully navigated these changes to ensure objectivity, consistency, and fairness in the evaluation of local CSA programs. The opportunity cost of the extended learning curve is the time required to complete an audit.</p>																								

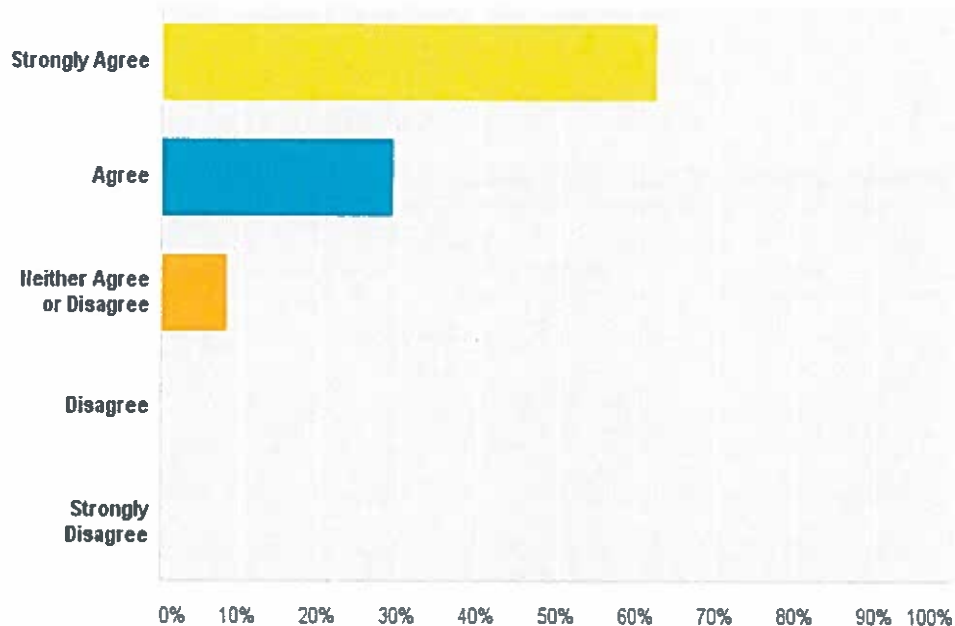
FEEDBACK AND LESSONS LEARNED

Feedback

Since the inception of the program audit function, our team has worked diligently to ensure that the audit process is perceived as a positive, collaborative effort to effect quality improvements in local CSA programs. This entailed building a rapport with our local CSA stakeholders that would reflect the intent, purpose, and values of CSA shared equally by state and local partners. Not only through our work, but through our interactions with local clients, we endeavored to demonstrate that the audit process was not a means to imposing “punitive” actions on local programs. Instead, we strived to create working relationships with state and local partners to identify potential areas of concern, develop recommendations to address those concerns, and to implement the improvements in a timely manner. Over the last three years, we have surveyed our audit clients regarding the audit process and the quality of our audits. The feedback that we have received has been consistently positive and supported by the results of the surveys as follows:

Q16 Overall, the audit provided “value added” results to my organization.

Answered: 24 Skipped: 0



FEEDBACK AND LESSONS LEARNED Cont'd	
Lessons Learned	<p>While not all inclusive, listed below are the key lessons learned during the inaugural period of the program audit function:</p> <ul style="list-style-type: none"> • Given current resources and regardless of the type of audit (onsite or self-assessment validation), a three-year cycle to complete 119 audits is not realistic or achievable. • The risk-assessment methodology requires greater input from localities. Sufficient effort was not afforded to fully vet available data on the current status of local programs. For example, localities that jointly share CPMT and/or the organizational structure of local CSA programs as reported on the CSA website may have not been up to date. More importantly, there was the missed opportunity to elicit thorough feedback directly from stakeholders specifically about their individual locality's administration of CSA. • While flexibility has helped to improve collaboration between OCS and local programs, it significantly impairs timeframes for completing audits. Stricter time frames are needed over the period by which localities have to respond to an audit request for additional information and scheduling of meetings. To continue building upon the established relationships, however, advanced notice of such a requirement must be provided and consistently followed on all audits. • Continuing education is essential. Like local stakeholders, auditors must also be afforded training in CSA specific topics as well as policies, procedures, directives, etc. from the other stakeholder agencies. The knowledge transfer is important because the ever-changing environment of CSA statewide and especially from a local perspective affects the process for evaluating local programs. • It is just as important that auditors use the time afforded to them to educate stakeholders on matters regarding compliance, internal controls, risk management, and quality improvement. This approach may not seem conventional, but is intended to build on collaboration and sharing for information. It takes less time/resources to advise stakeholders of non-compliance. However, educating stakeholders on the source of reference that establishes the requirements for compliance and effective internal controls and additional resources for resolutions may reduce the chances of non-compliance in the future. • Comprehensive, on-site audits provide the greatest opportunity to effect quality improvements. The conclusions reached by localities completing the self-assessment workbook validated by program auditors are contingent on the effort and quality of work performed by those tasked with the responsibility. Through anecdotal conversations with various CSA Coordinators, we learned that this task is often left to them. Simply validating what others have previously examined, limits the scope to what the client is comfortable sharing. To examine anything else would increase audit time, undermine the trust established, and create an adversarial process. The ability to conduct both types of reviews provides latitude to focus resources where most needed (higher risk) and continue to monitor all programs, though less intensely, over a reasonable time frame.

FEEDBACK AND LESSONS LEARNED Cont'd

**Lessons
Learned**

- Due to the amount time spent to complete audits, sufficient time has not been afforded to follow-up on the status of quality improvements linked to audit observation identified during engagements that have been completed. We have asked localities to report on their progress of implementing quality improvements, and that information has been provided through November 2014. However, we have not been able to effectively review and analyze the data obtained. We need to ensure that sufficient time is built into future audit plans to allow for effective monitoring of the quality improvement phase of the process.

QUALITY IMPROVEMENT STATUS	FY 13	FY 14	FY 15**
# of Recommendations	224	123	8
# of Implemented/In-Progress	215	123	8
** Pending final report distribution and receipt of quality improvement plans for audits not yet completed.			

PROPOSED CHANGES FOR FISCAL YEAR 2016 AND BEYOND

**Fiscal Year
2016**

Fiscal Year 2016 will be used to complete the Fiscal Year 2013 - 2015 Audit Plan and to reboot the OCS program audit function. During this period, the audit team will complete all outstanding audits from FY 2015's audit plan. In addition, the time will be used to effect quality improvements in the audit process that include but are not limited to: (1) refine the risk assessment methodology, (2) solicit stakeholder feedback via comprehensive survey, (3) develop and provide notification to localities of impending changes in the audit process, (4) implement an effective quality improvement monitoring and reporting system (preferably with automation), and (5) enhance knowledge regarding newly adopted legislation, policies, and procedures applicable to CSA, as well as data analysis tools/resources currently available.

Due to the investment of resources needed to effect quality improvement in the audit function, retention of existing staff is optimal. Otherwise, the risk increases that we will not be able to complete the audit program and successfully implement much needed changes to the existing audit process. Not making improvements in the audit process could lead to unintended and unfavorable consequences (less collaboration, distrust, high stress, burnout, turnover, etc.) and negatively impact the program audit function overall.

While majority of the audits remaining are self-assessment validations, the expertise of senior audit professionals would need to be diverted to complete risk assessments, audit planning, and to implement a mechanism for monitoring implementation of quality improvement plans. Thus, it would be most beneficial to retain the part-time position at least through June 30, 2016 to fill in the gaps.

Highlights

- Staffing – 2 FTE's and 1 Part-time (Audit Mgr., Auditor, and Compliance Specialist)
- Complete FY 2015 audit plan consisting of assignments not completed and/or in-progress as of June 30, 2015
- Evaluation of quality improvements implemented resulting from FY 2013 - 2015 audits
- Develop audit plan for FY 2017 and beyond
- Initiate reboot of audit function and implement audit process improvements

PROPOSED CHANGES FOR FISCAL YEAR 2017 AND BEYOND	
Fiscal Year 2017 and Beyond	<p>Beginning in Fiscal Year 2017 and given the same resource allocations as is currently in place, the audit cycle will increase from every three (3) years to every five (5) years. The audit plan and methodology will continue to be derived using a risk-based approach that includes stakeholder input and also mitigates clustering based on geography, populations, and financial materiality. A shift to a five year cycle will result in no more than 24 scheduled audits per year as opposed to the current 40 per year. Accordingly, future audit plans will include both on-site audits and self-assessment validations.</p> <p>Highlights</p> <ul style="list-style-type: none"> • Audit plan to include 24 scheduled audits per year <ul style="list-style-type: none"> ○ 8 on-site audits; ninety (90) day turnaround. ○ 16 self-assessment validations; forty-five (45) day • Staffing – Minimum 2 FTE's (Program Audit Manager and Program Auditor) <ul style="list-style-type: none"> ○ 12 audits per auditor ○ Combination of on-sites (4 each) and validations (8 each) • Benefits of the extended audit cycle <ul style="list-style-type: none"> ○ Realistic, achievable ○ Less stress/pressure to complete assignments due to time constraints; increases quality of work ○ Retains diversity, workload balance; for auditors that equals job satisfaction and ultimately retention of experienced staff ○ Ability to effectively monitor status of implementation of quality improvement plans/follow-up reviews ○ Keeps focus on quality improvement of local CSA programs; not "punitive" ○ Opportunity for greater interaction with state and local stakeholders; enhances knowledge transfer



Office of Children's Services
Empowering communities to serve youth

Audit Plan

Fiscal Year 2016

August 27, 2015



COMMONWEALTH of VIRGINIA

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

August 27, 2015

MEMORANDUM

TO: Scott Reiner, Interim Executive Director
FROM: Stephanie S. Bacote, Program Audit Manager
SUBJECT: Fiscal Year 2016 Audit Work Plan

The Fiscal Year (FY) 2016 Audit Work Plan for the Office of Children's Services (OCS) Program Audit Activity is enclosed. The workload is divided into three audit categories:

- On-Site Audits;
- Validations of Self-Assessments completed in fiscal years 2013-2015; and
- Special Projects.

The scope of these audits is to conduct an independent, objective evaluation of the locally administered Children's Services Act (CSA) programs in order to provide reasonable assurance that the mission and vision of CSA and OCS are accomplished. The basis for the audit selections was to extend completion of the approved FY 2013-2015 audit plan by carrying over to FY 2016 the audits that had not been initiated or completed prior to that cycle ending.

In accordance with the Institute of Internal Auditors, Standards for the Professional Practice of Internal Auditing, we are submitting this plan for your approval.

☒ Approved


Scott Reiner, Interim Executive Director

INTRODUCTION

The Program Audit Activity of the Office of Children's Services (OCS) is responsible for evaluating the adequacy and effectiveness of the systems of internal control and quality of performance in meeting the mission of the Children's Services Act (CSA) as established by the Code of Virginia, the State Executive Council (SEC) for Children's Services, and the locally administered CSA programs. To accomplish OCS' objectives of promoting effective controls, high standards for sound fiscal accountability, and responsible use of taxpayer funds, our audits provide analyses, appraisals, recommendations, counsel, and information concerning various activities of CSA to assist CSA employees, partners, and other stakeholders to effectively administer CSA.

We will add value to OCS goals by:

- Assessing the adequacy of CSA risk management, governance, and control processes.
- Determining whether the established goals and objectives of CSA are accomplished.
- Determining the extent of compliance with CSA statutes, policies and procedures, etc.
- Assessing the reliability and integrity of CSA program and financial information.
- Evaluating the controls governing the safeguarding of CSA assets and/or data.
- Appraising whether CSA resources are used effectively and efficiently.
- Recommending operational improvements.

Program Audit personnel possess the training, expertise, and experience to effectively evaluate locally administered CSA programs. Auditors are required to comply with the continuing professional education criteria established by the Institute of Internal Auditors (IIA) and the Office of the State Inspector General (OSIG). Personnel are encouraged to pursue professional certification.

We will continue to look for ways to improve our audit programs to ensure that we consistently add value to OCS.



Stephanie S. Bacote, Program Audit Manager

FISCAL YEAR 2016 AUDIT PLAN SCHEDULE

⇒ONSITE AUDITS, TOTAL HOURS 1375

Appomattox County

Bedford County

City of Emporia/Greensville County

Giles County/Pulaski County

Grayson County

Halifax County

Lunenburg County

Middlesex County

Pittsylvania County

Prince Edward County

WytheCounty

⇒ FY 2013-2015 SELF-ASSESSMENT VALIDATIONS, TOTAL HOURS 1860

Accomack County/Northampton County

Amherst County

Augusta County/Cities of Staunton & Waynesboro

Bath County

Bland County

Botetourt County

Brunswick County

Buchanan County

Buckingham County

Campbell County

Charles City County

Charlotte County

Chesterfield County/City of Colonial Heights

City of Bristol

City of Charlottesville

City of Franklin

City of Galax

City of Manassas

City of Martinsville/Henry County/Patrick County

City of Norton

City of Poquoson/York County

City of Radford

City of Salem

City of Suffolk

City of Williamsburg

Clarke County

Culpeper County

Cumberland County

Dinwiddie County

Essex County

Fauquier County

Floyd County

Goochland County

Green County

Highland County

Isle of Wight County

King & Queen County

King William County

Lancaster County

Lee County

Loudon County

Louisa County

Madison County

Matthews County

Nelson County

New Kent County

Northumberland County

Nottoway County

Page County

Powhatan County

Rappahannock County

Richmond County

Rockbridge County/Cities of Buena Vista & Lexington

Scott County

Smyth County

Southampton County

Stafford County

Tazewell County

Warren County

Washington County

Westmoreland County

Wise County

Important Note: The self-assessment audits for the localities listed here have been completed and submitted to OCS, or are pending submission per an agreement with this office. Only the validation of the results of those submissions is scheduled for FY 2016. A new self-assessment workbook submission is not required.

⇒SPECIAL PROJECTS, TOTAL HOURS 245

Fiscal Year 2017-2022 Audit Planning

Quality Improvement Plan Monitoring Project

Office of Children's Services
State Executive Council Work Group
Increasing Public Awareness of CSA and Access to Multidisciplinary Planning
Report to the State Executive Council
September 2015

Background

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

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

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

Purpose

The purposes of this work group were to:

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

Recommendation #1

Model Family Referral Policy:

"Parent referrals" are inclusive of any custodian/guardian's referral (oral or written) directly to the CSA office. In such cases, the CSA coordinator or locally designated individual will obtain consent to exchange information from the parent and information regarding the child's needs. The child may meet CSA eligibility criteria and the case will be assigned to a public child-serving agency. The parent will be offered a FAPT meeting within 30 days of the request to the CSA. The CSA coordinator or locally designated individual may additionally provide information to the parent/guardian regarding potential community supports that may address identified needs. If the child is not assigned to a public child serving agency, but the parent still requests a FAPT meeting, the CSA coordinator or locally designated individual may represent the family at the FAPT for discussion purposes. The CSA Administration will keep a record of all parent referrals by disposition.

It should be noted that the 2015 General Assembly amended §2.2-5206 requiring local Community Policy and Management Teams to establish a process for parents to refer children to the local CSA teams. This Model Family Referral Policy is available to localities as an option in meeting this requirement.

Recommendation #2

Improved Public Awareness of CSA:

To improve public awareness of the local CSA, the work group suggested that local CSA offices to consider meeting with identified stakeholders in order to provide information on local processes for CSA and FAPT. These stakeholders include:

1. Acute psychiatric hospitals
2. Emergency rooms
3. Family physicians and pediatricians
4. Local mental health practitioners
5. Law enforcement
6. The child serving agencies within the locality (DSS, DJJ, CSU and schools)
7. Parent Resource personnel in public schools
8. Guidance counselors
9. Local Prevention Councils

Recommendation #3

The work group identified two specific best practices that localities may want to consider when examining their local CSA program:

1. The use of protected ("non-mandated") funding – The work group felt strongly that this is a best practice for all localities. Non-mandated funding allows for services to be

provided to youth who otherwise may not receive services until their needs reach a level that require more intensive services.

2. FAPT should be the entity that determines CSA eligibility – It has become practice in some localities that the CSA Coordinator or another entity “screens” cases for eligibility. The workgroup believes that the best practice is for FAPT to determine eligibility of youth. This allows for the team to determine eligibility instead of a single person.
3. The use of written materials (brochures) to assist families in understanding the local CSA process. This will help ensure consistency in how information is provided to families and other CSA stakeholders. This will also help ensure that regardless of the agency, there is a consistent message about CSA.

Recommendation #4

The work group identified suggested topics for localities to consider displaying on their website (if the locality has one).

1. Contact information for the local CSA office.
2. Local policies for making referrals to FAPT.
3. Information about the Children’s Services Act.
4. A copy of CSA brochures (if the locality has one).
5. Local philosophy statement (if the locality has one).
6. What is FAPT? What is CPMT?
7. CSA eligibility requirements.
8. Family rights under CSA and the local appeal process for families.
9. Parental co-pay policy.

Attachment A

Increasing Public Awareness of CSA and Access to Multidisciplinary Planning

Membership

Work Group Members:

Brady Nemeyer	Office of Children's Services
Ron Belay	Virginia Department of Juvenile Justice
Woody Harris	Virginia Department of Juvenile Justice (VML)
Gloria Dalton	Virginia Department of Education
Hank Millward	Virginia Department of Education
Anne Bohon	Parent Representative
Cristy Corbin	Parent Representative
Traci Jones	Virginia Department of Social Services
Rodney Gordon	Virginia Department of Social Services (VLSSE)
Janet Areson	Virginia Municipal League
Jessica Webb	Roanoke County and Salem CSA Coordinator
Katharine Hunter	Department of Behavioral Health and Developmental Services
John Lindstrom	Community Services Board
Damien Cabezas	Community Services Board
Christie Marra	Virginia Poverty Law Center
Amy Woolard	Voices for Virginia's Children
Gail Giese	Intercept Youth Services
Michael Gasper	Extra Special Parents

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

Provider Representatives (*Virginia Coalition of Private Provider Associations*)

Alternate

J. Kellie Evans, LCSW, CSOTP
VP of Residential Services
The Up Center
6350 Center Drive
Building 5, Suite 215
Norfolk, VA 23502
(757) 965-8667
kellie.evans@theupcenter.org

Alternate

Shannon Updike
Associate Director of Foster Care and Adoption
HopeTree Family Services
3309 West Hundred Road
Chester, VA 23831
(804) 201-9006
ShannonU@hopetreefs.org

BYLAWS
State & Local Advisory Team for the
Children's Services Act
ARTICLE I - Name

The name of this entity shall be the "State and Local Advisory Team," hereinafter referred to as the "team".

ARTICLE II - Purpose and Powers

The team was created by the 1992 General Assembly of the Commonwealth of Virginia as the State Management Team as set forth in Chapter 46 Section 2.1-747 of the Code of Virginia of 1950. The 2000 General Assembly renamed the team as the State and Local Advisory Team and modified its duties. Its activities shall be in all respects conducted in accordance with Virginia law and regulations.

In accordance with Section 2.2-5201 of the Code of Virginia the team has developed bylaws to govern its operations which have been approved by the State Executive Council, hereinafter referred to as the "council."

Specifically, the team was established to better serve the needs of troubled and at-risk youths and their families by advising the council on managing cooperative efforts at the state level and providing support to community efforts. Pursuant to Section 2.2-5202, the team may:

1. Advise the council on state interagency program policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;
2. Advise the council on state interagency fiscal policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;
3. Advise state agencies and localities on training and technical assistance necessary for the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families; and
4. Advise the council on the effects of proposed policies, regulations and guidelines.

ARTICLE III - Membership and Terms

The team shall be appointed by and be responsible to the council as set forth in Section 2.2-5201, Code of Virginia. The team shall include one representative from each of the following state agencies: the Department of Health, Department of Juvenile Justice, Department of Social Services, Department of Behavioral Health and Developmental Services, and the Department of

BYLAWS

State and Local Advisory Team

Page 2

Education. The team shall also include a parent representative who is not an employee of any public or private program which serves children and families and who has a child who has received services that are within the purview of the CSA; a representative of a private organization or association of providers for children's or family services; a local Children's Services Act coordinator or program manager; a juvenile and domestic relations district court judge; and one member from each of five different geographical areas of the Commonwealth who is representative of one of the different participants of community policy and management teams. The non-state agency representatives shall be recommended by the statewide associations and/or organizations that represent families, private providers, CSA Coordinators, juvenile and domestic relations district court judges, and directors of the local child-serving agencies (social services, schools, court service units, community service boards, and health). Each organization and/or association may recommend up to two alternates. The primary representative shall have primary responsibility for full participation. The non-state agency members shall serve staggered terms of not more than three years, such terms to be determined by the council. Each alternate shall also be appointed by the council and shall serve the same term as the member.

Any person serving on the team who does not represent a public agency shall file a statement of economic interests as set out in Section 2.2-3117 of the State and Local Government Conflict of Interests Act (Section 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

ARTICLE IV - Duties of Membership

The state agencies represented on the team shall provide administrative support for the team in the development and implementation of the collaborative system of services and funding authorized by Chapter 46 of the Code of Virginia, 1950, as amended. This support shall include, but not be limited to, the provision of timely fiscal information, data for client- and service-tracking, and assistance in training local agency personnel on the system of services and funding established in the aforementioned chapter.

Official positions regarding team policy and procedure shall be established and approved by a majority vote of the team. Team members should be cognizant of these positions and reflect them when appropriate while representing the team at public meetings and functions.

ARTICLE V - Officers

The team shall annually elect a chair from among the local government representatives, including the members who are representatives of one of the different participants of community policy and management teams and the local children's services act coordinator or program manager. The chair shall be responsible for convening the team and presiding over all team meetings, setting the agenda, making assignments, and serving as principal liaison to the council. The team shall also annually elect a vice- chair. In the absence of the chair, the vice-chair will assume the role of the chair with all powers and responsibilities. The Executive Director of the Office of Children's Services (OCS) is responsible to arrange for recording and producing minutes from each meeting, preparing correspondence when required, and serving as the official record keeper for the team.

ARTICLE VI - Election of Officers

A nominating committee for the selection of officers for the next fiscal year shall be appointed by the chair no later than the April meeting of the team. It shall be the duty of the nominating committee to nominate candidates for the offices of chair and vice-chair and to report these nominations no later than the May meeting of the team. Election of officers shall occur at the last meeting held in the fiscal year. Prior to the election additional nominations from the floor shall be permitted for all offices (provided the nominee consents). Officers shall assume office July 1. In the event that appointments to the team are delayed, the team may modify this schedule and may appoint an interim chair.

The term of office shall be for one year. Officers shall serve until such time as their term expires or a successor is elected, whichever last occurs. No officer may serve more than two consecutive terms in the same office. The election shall be by ballot if there is more than one nominee for the same office. A quorum must be present and voting in order to constitute an election.

In the event a vacancy occurs in one of the elected offices, the vacancy shall be filled by a special election for the unexpired term by majority vote of all team members present at the first meeting following the announcement of the vacancy or as soon thereafter as possible.

ARTICLE VII - Meetings

A meeting of the team occurs when a majority of the team membership sits as a body or as an informal assemblage, wherever held. Minutes shall be taken of all meetings.

All meetings shall be conducted in an orderly manner subject to the rulings of the presiding officer.

An annual meeting schedule shall be set in the month of July of each year.

Regular meetings of the team and executive committee shall be held as described or published on the Commonwealth Calendar, and at a time and location convenient to members.

Regular meetings of the team and executive committee are open to the public and all interested parties.

Special meetings shall be convened at the discretion of the chair as the need arises, and at the written request of at least two members of the team.

The presence of a majority of the team membership shall constitute a quorum. When less than a quorum is present, meetings may be held for purposes of information sharing, determining team business, etc., but in no instance may any voting take place with less than a quorum present.

All decisions regarding the establishment and implementation of team policy and procedure, including all motions presented and acted upon, will be accomplished by a majority vote of the membership as so signified by the chair, and recorded by the Executive Director of OCS.

Members or designated alternates must be present to record their vote. Each state agency member and non-state agency member shall have one vote by the primary member or designated alternate. All questions of parliamentary procedure and voting on all motions and amendments shall be governed by the guidelines as set forth in the latest edition of Robert's Rules of Order.

Individual members will endeavor to attend all officially called or scheduled meetings of the team, and when unable to be present shall be represented by their designated alternate, who shall act with all the authority of the appointed member, including the right to vote on all matters coming before the team.

All notice of meetings and minutes will be distributed to the membership prior to the convening of the following or subsequent meeting.

ARTICLE VIII - Executive Committee, Purpose, Function and Membership

The executive committee shall be composed of the chair and vice-chair. The Executive Director of OCS shall serve in an ex-officio capacity. The immediate past chair may serve as ex-officio, by action of the team.

The meetings of the executive committee will be open to the public and published as appropriate. Team members are invited to attend executive committee meetings.

The purpose of the committee shall be to enhance the efficiency and effectiveness of the work of the team by:

1. Establishing the agenda, scheduling the meetings of the team and managing the flow of the team and distribution of work;
2. Monitoring the progress of team committees on assigned tasks and integrating the work of various team committees through coordination with team committee chairs;
3. Serving as a facilitator by reviewing and making recommendations on options to resolve a lack of consensus on issues under consideration by the team;
4. Assuring representation of the team at all meetings of the council; and
5. Representing the team in matters that cannot be addressed at regular meetings of the team. This responsibility shall not extend beyond existing policies, procedures or decisions previously made or established by the team.

ARTICLE IX - Committees

Committees may be formed by the chair as required, after appropriate consultation with the team membership. The team shall appoint a committee chair and an acceptable number of committee members. Each committee may be dissolved at the discretion of the team chair once its appointed task is completed.

ARTICLE X - Notice and Waiver of Notice

Any notice required to be given by these Bylaws may be given by electronic mail, mailing or delivering the same to the person entitled thereto at his or her address recorded with the Executive Director of OCS and such notice shall be deemed to have been given at the time of

BYLAWS
State and Local Advisory Team
Page 6

such mailing or delivery. Any notice required by these Bylaws to be given may be waived by the person entitled to such notice.

ARTICLE XI - Amendments

These Bylaws may be amended at any regular meeting of the team by an affirmative vote of a majority of the team members, provided that the membership is notified in writing of any proposed amendment to said Bylaws prior to the convening of the meeting when such amendment is discussed and acted upon. The Bylaws shall be revised by the team or an appointed subcommittee of the team as required but no less than once every two years from the date of their adoption, and provided that all amendments to these Bylaws must be approved by the council.

ARTICLE XII - Severability

It is hereby declared to be the intention of the team that the articles, paragraphs, sentences, clauses and phrases of these Bylaws are severable; and if any phrase, clause, sentence, paragraph or article of these Bylaws shall be determined by an administrative agency or court of competent jurisdiction to be in violation of the laws of the Commonwealth of Virginia or the United States of America, of no effect, but the remaining phrases, clauses, sentences, paragraphs and articles shall remain in full effect.

The foregoing Bylaws of the State and Local Advisory Team for the Children's Services Act were duly adopted by the State and Local Advisory Team and approved by the State Executive Council on September 17, 2015.

Chair, State Executive Council

Chair, State and Local Advisory Team

Date _____

Date _____

Chapter 665, Item 278 (E)

E. The Secretary of Health and Human Resources, in cooperation with the Secretary of Education, shall convene a work group to provide recommendations regarding the role of the State Executive Council for Comprehensive Services for At-Risk Youth and Families, including recommendations related to (i) whether the Council should be a supervisory council or a policy council, as each is defined in § 2.2-2100 of the Code of Virginia; (ii) the appropriate composition of the Council; (iii) the role of the Council regarding decisions relative to funding streams; (iv) the appropriate relationship between the Council and the executive branch of state government; and (v) whether the Council should have authority to promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia). The work group shall consist of the Commissioners of Health, Behavioral Health and Developmental Services, and Social Services, the Director of the Department of Medical Assistance Services, the Superintendent of Public Instruction, the Director of the Department of Juvenile Justice, the Director of the Office of Comprehensive Services, and the Executive Secretary of the Virginia Supreme Court, or their designees, and representatives of local governing bodies representing localities of various sizes and geographic areas of the Commonwealth recommended by the Virginia Association of Counties and the Virginia Municipal League. In developing its recommendations, the work group shall request and receive testimony and other input from stakeholders. The Secretary shall report on findings and recommendations to the Governor and the Chairmen of the Senate Committees on Finance and Rehabilitation and Social Services, and the House Committees on Appropriations and Health, Welfare and Institutions by December 1, 2015.

CHILDREN'S SERVICES ACT ~~FOR AT-RISK YOUTH AND FAMILIES~~ (CSA) STATE EXECUTIVE COUNCIL BYLAWS

ARTICLE I: NAME

As authorized in § 2.2-2648.B of the Code of Virginia, the name of this body shall be the State Executive Council, hereafter referred to as the Council.

ARTICLE II: PURPOSE

The purpose and objectives of the Council shall be to assure collaborative programmatic policy development, fiscal policy development and administrative oversight for the efficient and effective provision of child centered, family focused and community based services to eligible emotionally and behaviorally troubled children/youth and their families in the least restrictive, appropriate environment. Further, the Council assures the Governor and appropriate Cabinet Secretaries are well informed in matters related to the aforementioned areas.

ARTICLE III: MEMBERSHIP

Section 1

As set forth in § 2.2-2648.B of the Code of Virginia, the members of the state executive council shall ~~be include~~ consist of the one member of the House of Delegates, one member of the Seante Senate, the Commissioners of Health, of Behavioral Health and Developmental Services and of Social Services; the Superintendent of Public Instruction; the Executive Secretary of the Virginia Supreme Court; the Directors of the Departments of Juvenile Justice and Medical Assistance Services; ~~the Assistant Secretary for Children's Health and Education~~ a juvenile and domestic relations district court judge as an ex officio non-voting member; five elected or appointed local government representatives to include a member of a county board of supervisors or a city council and a county administrator or city manager; two private provider representatives from facilities that maintain membership in an association of providers for children and family services and receives funding authorized by this chapter; and two parent representatives.

Section 2

The ~~Assistant Secretary for Children's Health and Education~~ juvenile and domestic relations district court judge, local officials, private providers and parent representatives shall be appointed by the Governor. The member from the House of Delegates shall be

appointed by the Speaker of the House and the member from the Senate by the Senate Committee on Rules. All Governor's appointments shall be for a term not to exceed three years and limited to no more than two consecutive terms, beginning with appointments after July 1, 2009. The parent representatives shall not be employees of any public or private program which serves children and families.

Section 3

State agency heads may designate their chief deputies as alternates, hereafter referred to as delegates, with full authority to speak on behalf of the agency head and to commit agency resources. Such delegation shall be accomplished in written format and provided to the Council Chair. Delegates shall not be members of the State and Local Advisory Team.

ARTICLE IV: ATTENDANCE

Members/delegates are expected to attend all regularly scheduled meetings of the Council.

In the event an agency head nor their chief deputy ~~cannot~~ attend the meeting, an alternate representative vested with the same decision-making authority, including the commitment of agency-wide resources, may be designated to represent the member for that meeting. The alternate may vote only with a written designation of the member/delegate. Alternates may not be members of the State and Local Advisory Team. The use of alternates is expected to be minimal.

ARTICLE V: MEETINGS

Section 1

Pursuant to § 2.2-2648 of the Code of Virginia, the council shall meet, at a minimum, quarterly.

Section 2

The Chair may convene special meetings with appropriate notification to all members.

Section 3

A quorum, consisting of ~~eight~~ nine of the ~~fifteen~~ seventeen voting members or their designated delegates/alternates shall be present to conduct any official business. Roberts Rules of Order shall guide the transaction of business. The members representing the

House of Delegates and the Senate shall not be included for the purposes of constituting a quorum. In the event of a tie vote, the Chair shall serve as tie-breaker.

Section 4

The agenda for each meeting shall be finalized by the Chair in consultation with the Director of the Office of ~~Comprehensive~~ Children's Services.

All items requiring action shall be identified by the Chair for inclusion on the formal, written agenda.

At each meeting, members shall be afforded the opportunity to request items for inclusion on the next meeting's agenda as well as time for comments and announcements.

Additionally, each meeting shall include a public comment period with each organization ~~public comment represented~~ limited to five (5) minutes and the total comment period limited to 30 minutes. On a motion of Council, the period may be expanded.

No action shall be taken as a result of comments during the above referenced announcement and public comment period but rather action shall be deferred until the following meeting. On a motion of Council, this restriction may be waived.

ARTICLE VI: OFFICERS

Section 1

Pursuant to § 2.2-2648.C, Code of Virginia, the Secretary of Health and Human Resources, or a designated deputy, shall serve as chair and will convene Council.

Secretarial responsibilities shall be assumed by an administrative assistant from the Office of ~~Comprehensive~~ Children's Services.

ARTICLE VII: DUTIES OF THE OFFICERS

Section 1

The powers and duties of the Chair shall be to:

- Serve as the leader of the organization.
- Advise the Governor and the appropriate Cabinet Secretaries on behalf of the Council.

- Respond to legislative requests and address legislative committees on behalf of Council.
- Call and preside at meetings.
- Prepare an agenda, in collaboration with the Office of ~~Comprehensive~~ Children's Service Director, for each meeting.

Section 2

In the absence of the Secretary of Health and Human Resources or a designated Deputy Secretary, the Director of the Office of ~~Comprehensive~~ Children's Services shall serve as convener of the Council.

ARTICLE VIII: ORGANIZATION

Section 1

Duties and Responsibilities of the Council, as defined in § 2.2-2648. D of the Code of Virginia, relate to approval of policy and administrative oversight for the ~~Comprehensive~~ Children's Services Act (CSA) and include:

- Hiring and supervising a director of the Office of ~~Comprehensive~~ Children's Services (OCS).
- Appointing members of the State and Local Advisory Team.
- Providing for the establishment of interagency programmatic and fiscal policies developed by the OCS.
- Overseeing the administration of state policies governing state pool and trust funds.
- Providing for the administration of necessary functions to support the work of the OCS.
- Reviewing and taking appropriate action on issues brought before it by the OCS.
- Overseeing coordination of early intervention programs to promote comprehensive coordinated service delivery.
- Advising the Governor and appropriate Cabinet Secretaries on behalf of Council.
- Biennially publishing and disseminating a state progress report.

Additionally, the Council is solely responsible for appointment of work groups, tasks assigned and general timeframes in which the requested product will be bought before the Council for consideration.

Section 2

The Office of ~~Comprehensive~~ Children's Services (OCS) is established having the following powers and duties:

- Serves as the administrative entity of the state executive council ensuring that the decisions of the council are implemented [§2.2-2649](#).

The director of the Office of ~~Comprehensive~~ Children's Services ~~for At-Risk Youth and Families~~ is authorized to:

- Develop and recommend to the Council programs and fiscal policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;
- Develop and recommend to the Council state interagency policies governing the use, distribution and monitoring of moneys in the state pool of funds and the state trust fund;
- Develop and provide for the consistent oversight for program administration and compliance with state policies and procedures;
- 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;
- Serve as liaison to the participating state agencies that administratively support the Office and that provide other necessary services; and
- Hire appropriate staff as approved by the state executive council.
- Implement in collaboration with participating state agencies, policies, guidelines and procedures adopted by Council.
- Consult regularly with the Virginia Municipal League and the Virginia Association of Counties on the implementation and operation of CSA.
- Perform other duties and responsibilities as defined in Code of Virginia § 2.2-2649.

Section 3

The State and Local Advisory Team is appointed by and responsible to the State Executive Council. As set forth in [§ 2.2-5202](#) of the Code of Virginia, duties and responsibilities include:

1. Advising the state executive council on state interagency program and fiscal policies which promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;
2. Advising state agencies and localities on training and technical assistance necessary for the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families;
3. Advising the state executive council on the effects of proposed policies, regulations and guidelines.

The State and Local Advisory Team shall develop bylaws to be formally approved by Council.

Furthermore, the State and Local Advisory Team shall develop an annual work plan to be submitted to Council for review and action. Support for accomplishing the work plan shall be provided by the state agencies represented on the State and Local Advisory Team with approval of their respective Council members.

ARTICLE IX: AMENDMENTS

Any proposed amendment to these bylaws, other than those related to General Assembly action, shall be submitted to the membership of the Council not less than fourteen calendar days prior to the meeting at which action is to be considered. Any amendment shall become a part of these bylaws by a majority vote of those present at a regularly scheduled Council meeting.

ADOPTED-OCTOBER 30, 1998

REVISED 5/00 Based On House Bill 1510 (2000 Session)

REVISED 7/03 Based on House Bill 1955 and related (2003 Session)

REVISED 07/09 Based on Senate Bill 1179 (2009 Session)

REVISED 07/10 Based on Senate Bill 286 (2010 Session)

REVISED 2/13 Based on Senate Bill 396 and related (2012 Session)

REVISED [7/15 Based on Senate Bill 850 \(2015 Session\)](#)

**Policy on Individual Participation in State Executive Council for the Children's Services Act (SEC)
Meetings by Electronic Means under § 2.2-3708.1**

Individual members of the SEC may participate in meetings of the SEC, or public meetings of any committees established by the SEC, by electronic means as permitted by Virginia Code § 2.2-3708.1. This policy shall apply to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

An individual member may participate in a meeting of the SEC through electronic communication from a remote location for the following reasons:

- 1) an emergency or personal matter prevents the member from attending the meeting in person;
- 2) a temporary or permanent disability or other medical condition prevents the member from attending the meeting in person; or
- 3) the member's principal residence is more than 60 miles from the meeting location as identified in the public notice required for the meeting.

The member requesting to participate through electronic communication from a remote location must notify the SEC chair on or before the day of the meeting.

In order for any member to be approved to participate in a meeting of the SEC through electronic communication, a quorum of the SEC must be physically assembled at the primary or central meeting location identified in the public notice required for the meeting. Arrangements shall be made for the voice of the remote participant to be heard by all persons at the primary or central meeting location. The reason the member is unable to attend the meeting and the remote location from which the member participates shall be recorded in the meeting minutes.

Members may only participate through electronic communication due to emergencies or personal matters for no more than two meetings or 25 percent of the meetings of the SEC each calendar year, whichever is fewer.

Individual participation from a remote location shall be approved unless such participation would violate this policy or the provisions of the Virginia Freedom of Information Act (FOIA). If a member's participation from a remote location is challenged, then the SEC shall vote whether to allow such participation. If the SEC votes to disapprove of the member's participation because such participation would violate this policy, such disapproval will be recorded in the minutes with specificity.

This policy was adopted by the SEC at its meeting on _____.

Office of the
Secretary of Health and Human Resources

**Funding Educational Costs for Students Placed
in Psychiatric or Residential Treatment
Facilities for Non-Educational Reasons**

**Report to the Chairmen of the House Appropriations and
Senate Finance Committees pursuant to Item 279 (N) of
Chapter 665 of the 2015 Acts of Assembly.**

September XX, 2015

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SHHR Letterhead

September xx, 2015

TO: The Honorable Charles J. Colgan
Co-Chairman, Senate Finance Committee

The Honorable Walter A. Stosch
Co-Chairman, Senate Finance Committee

The Honorable Christopher S. Jones,
Chairman, House Appropriations Committee

Item 279 (N) of Chapter 665 of the 2015 Virginia Acts of Assembly (the Appropriation Act) directs the State Executive Council for the Comprehensive Services Act to convene a workgroup to "examine options and make recommendations for funding the educational costs for students whose placement in or admittance to state or privately operated psychiatric or residential treatment facilities for non-educational reasons has been authorized by Medicaid."

This work is now complete and this report is respectfully submitted for your review.

Please contact my office should you have any questions regarding any aspect of the information contained in the report.

Sincerely,

William A. Hazel, Jr. M.D.

Authority

This report has been prepared and submitted to fulfill the requirements of Item 279 (N) of Chapter 665 of the 2015 Acts of Assembly. This provision requires the State Executive Council for the Comprehensive Services Act to convene a workgroup to "examine options and make recommendations for funding the educational costs for students whose placement in or admittance to state or privately operated psychiatric or residential treatment facilities for non-educational reasons has been authorized by Medicaid. The work group shall include representatives of the Office of Comprehensive Services, the Department of Education, the Department of Medical Assistance Services, the Department of Behavioral Health and Developmental Services, local school divisions, and public and private service providers. The State Executive Council shall report on its recommendations to the Chairmen of the House Appropriations and Senate Finance Committees by September 1, 2015."

Table of Contents

Executive Summary.....	1
Background	3
CSA Review and Work Groups	4
Core Areas of Consensus.....	5
Recommendations.....	6
Appendix A – Fiscal Impact Projections.....	8
Appendix B – Work Group Membership Rosters.....	9

Executive Summary

The 2015 Appropriation Act required the State Executive Council (SEC) for the Children's Services Act (CSA) (formerly the Comprehensive Services Act¹) to "examine options and make recommendations for funding the educational costs for students whose placement in or admittance to state or privately operated psychiatric or residential treatment facilities for non-educational reasons has been authorized by Medicaid."

The circumstances leading to this situation have evolved over the past 15 years as the state Medicaid plan allowed for children with significant behavioral health difficulties to be placed in Level "C" psychiatric residential treatment facilities through authorization and reimbursement by Medicaid without involvement of local CSA structures and processes. The provision of educational services for children placed in these facilities is required by licensing regulations. Medicaid does not allow payment for educational services. A "disconnect" therefore exists between the required educational services and the availability of public funds to support that service. In FY2015, 524 children were placed in residential treatment through Medicaid outside of the CSA process and without any state funding for educational services.

Both the General Assembly and the SEC have identified this issue as needing resolution. Several task forces and work groups have attempted to address the issue over the past year and public comment has been solicited. The problem is complex and potential solutions have significant fiscal and administrative impacts on the state, but especially the local government level.

This report summarizes the work and provides recommendations endorsed by the SEC as called for by the Appropriation Act. These recommendations include short term fiscal measures and suggestions for areas needing additional consideration toward a longer term solution to these complex issues.

The recommendations are as follows:

1. State general funds should be allocated to cover the full cost (no local match) of educational services for children placed through Medicaid without CSA involvement in a PRTF. This should be a short-term solution (beginning no later than FY2017) while additional work is completed to fully integrate "Medicaid-only" placements into the CSA system or to determine another funding mechanism.
 - a. The estimated fiscal impact of this recommendation is \$10.7 million per year based on the average costs for FY2013 and FY2015 (FY2014 data is not available due to the transition in December 2014 to Magellan as the behavioral health services administrator for DMAS and discontinuity in that year's data). A more detailed fiscal impact analysis is provided in Appendix A.

¹ Effective July 1, 2015 the Comprehensive Services Act is renamed as the Children's Services Act and the Office of Comprehensive Services (OCS) as the Office of Children's Services. The new naming will be used throughout this report except where the use of the prior name is more historically accurate.

- b. The recommended mechanism for administering this funding is through the Department of Medical Assistance Services and its Behavioral Health Services Administrator, Magellan. This would be distinct from a Medicaid funded service.
2. The General Assembly, DMAS, the SEC, local governments and other interested parties should consider elimination or recalculation of the local Medicaid match requirements for children placed through CSA in PRTFs.
3. The Office of Children's Services, DMAS, Community Services Boards, parent representatives and local CSA staff should develop and implement a practical, short-term data collection project that will provide necessary information about the process of accessing residential treatment. Such data would include, but not be limited to, what entity is issuing the Certification of Need required by Medicaid, time frames for accessing an assessment by the local CSB, and time frames for accessing the local FAPT and CPMT for case planning and service implementation.

Background

Children placed under a physician's order in a psychiatric residential treatment facility (PRTF) for non-educational reasons are required by licensing regulations of the Department of Behavioral Health and Developmental Services (12VAC 35-46-970) to receive educational services while in placement. Prior to 2000, all public funding for the placement of a child in a PRTF required a parental agreement through the Comprehensive Services Act (CSA, §2.2-5200 et seq, COV), with the involvement of the local Family Assessment and Planning Teams (FAPT) and Community Policy and Management Teams (CPMT) organized under the CSA. Placement through the CSA provided funding for the full range of costs for the placement (including education) through a combination of CSA state pool funds, local CSA matching funds, and parental contributions.

To draw down federal matching funds for these services and to reduce the fiscal impact on state and local government budgets, the state Medicaid plan was amended in 2000 to include coverage for PRTF placements for Medicaid-eligible participants. Additionally, provisions for Medicaid eligibility for children (regardless of prior Medicaid eligibility) after 30 days in placement (the "family-of-one" income provision) was implemented in the same year (2000). Placement through the Medicaid process does not require any CSA involvement. However, without a CSA parental agreement, there is no available public funding for educational services as federal Medicaid rules do not permit coverage of educational costs. In these instances, the only source of funding for the required educational services in a PRTF placement is parental payment or waiver of the fees by the PRTF providers. For some time, many providers have absorbed these costs.

The current circumstance is that there are two "tracks" for children to be placed in a PRTF:

1. The "CSA and Medicaid track" provides the benefits of locality-based multi-disciplinary case planning and funding for education, which is covered by CSA, while the treatment services are reimbursed by Medicaid. Children placed through this process trigger local matching fund obligations for treatment and education.
2. The "Medicaid-only track" does not provide the benefit of locality-based multi-disciplinary case planning and eliminates access to funding for the educational services. No local matching funds are required if a child is placed outside the CSA process.

Potential problems inherent in this two track approach were identified by the State Executive Council (SEC) for the Children's Services Act in its biennial Strategic Plan in September 2012. In support of the "implementation of a singular, unified system of care that ensures equal access to services for at risk youth across the Commonwealth", the SEC adopted a strategy to:

Examine and address inadvertent fiscal incentives for residential placement, parental placement, avoidance of FAPT/MDT process, e.g.:

- *Medicaid match*
- *Family-of-one eligibility*
- *Education costs*

The inclusion of this strategy acknowledged that the “Medicaid-only” track could potentially result in local CSA (local government) avoidance of local matching share for educational services and the local match for Medicaid-eligible children. In addition to the local CSA matching share on educational services in the “CSA and Medicaid” track, when the state Medicaid plan was amended to cover PRTF placements, localities were held partially responsible for the 50% state Medicaid match requirement. The exact amount varies and is based on a locality’s specific CSA match rate.

Data through FY2013 indicates that while the total number of children placed in PRTF placements receiving any Medicaid funding (includes the “Medicaid-only” and “CSA and Medicaid” tracks) has remained basically unchanged since 2005, the number of such placements through the “Medicaid-only” track increased from 136 to 556 (an approximately fourfold increase), while those placed through the “CSA and Medicaid track” have declined by a relatively similar number (from 1450 to 1103).²

CSA Review and Work Groups

While the State Executive Council studied this issue through the work of the State and Local Advisory Team for the CSA (SLAT), organizations representing private providers of PRTF services initiated dialogue with the SEC. The private providers sought to resolve the dilemma of being required by regulation to provide comprehensive educational services without compensation for children placed via the “Medicaid-only” track.

In April 2014, the SEC directed the Office of Children’s Services to (i) document the lack of public funding for education for children placed via Medicaid in a PRTF outside the CSA process (the “Medicaid-only” track), and (ii) identify potential solutions. At an SEC retreat in June 2014, the issue was discussed in-depth and a task force was appointed to recommend solutions. This task force (see membership in Appendix B) met in the fall of 2014 and reported to the SEC in December 2014. A policy was recommended that would have directed all children and families seeking publicly funded placement in a PRTF through the local Community Services Board to the FAPT and CPMT where the child resides. This would have resulted in CSA involvement with all children placed in a PRTF and accounted for their educational costs through the CSA process.

² While final FY2015 data is available from DMAS, final 2015 CSA placement data was not available at the time of this report as the CSA fiscal year does not close until September 30. FY2014 data on Medicaid placements was split between DMAS and their contracted Behavioral Health Services Administrator (Magellan) which began work on December 1, 2013 and so integrated Medicaid data for the full year is not available.

At its December 2014 meeting, the SEC discussed and verbally received public comment on the proposed policy. It then directed the formation of a broadly representative work group to review the policy and make recommendations for revisions for consideration at its March 2015 meeting. This work group (see Appendix B for membership) met on three occasions and reported to the SEC on March 19, 2015. Concurrently, the General Assembly, through the Appropriation Act, directed the SEC to form a work group to study this issue and make recommendations.

On March 19, 2015, the SEC again heard public comment and voted to place the proposed policy (as revised) out for a 60-day period of formal written public comment prior to its scheduled June meeting. Additionally, the SEC directed the continuance of the work of the (slightly reconstituted) work group to address implementation issues should the proposed policy be adopted. That work group (see Appendix B for membership) meets all of the requirements of the Appropriation Act language authorizing this study.

The work group met on three occasions in May and June 2015, reviewed the written public comments received and offered additional recommendations to the SEC. The group was unable to reach a consensus position about a direct resolution to the issues as they are very complex and there remain significant implementation concerns. At its June 18, 2015 meeting, the SEC reviewed the 116 public comments, took additional testimony, identified areas of consensus from the work of the various task forces and work groups, and discussed in detail various options and recommendations. The SEC deferred action on the proposed policy and directed a small work group of SEC members to complete the report and recommendations required by this study and to present it to the SEC for approval and submission to the chairmen of the House Appropriations and Senate Finance Committees.

Core Areas of Consensus

The following were areas of consensus emerging from the work of the various task forces, work groups and public comments:

- The “status quo” of a lack of funding for required educational services for children placed in a PRTF utilizing Medicaid-only funding was unacceptable and needs resolution.
- There are a variety of reasons why children are placed in a PRTF without CSA involvement and no single reason could be identified as adequately explaining the full scope of the issue. Unfortunately, there is no data to objectively quantify these reasons. Anecdotal information includes parents who do not seek CSA involvement in the placement of a child, localities which might direct Medicaid-eligible children to the “Medicaid-only” track, or admissions to a PRTF directly from an acute psychiatric hospital stay without any CSA involvement, among others.
- Any changes to statute and/or regulation that address this issue must balance the fiscal impact on state and local government with reasonable processes by

which the affected entity plays a significant role in placement decisions having fiscal implications.

- The locally-driven system of care approach exemplified through the CSA was strongly supported and seen as a value added aspect for children, families, and communities.
- The implementation of the proposed “CSA and Medicaid” policy carries with it significant fiscal, procedural and human resource challenges to local CSA operations. For example, movement of all FY2013 PRTF placements from the “Medicaid-only” to a “CSA and Medicaid” track has an estimated local government fiscal impact of over \$11 million (approximately \$3.6 million in the local matching share on CSA funded education services and \$7.8 million in the local Medicaid match on CSA involved PRTF placements). The fiscal impact on the state general fund would be a savings of \$1.4 million (additional CSA state pool funds of \$8.2 million for the educational services and savings of \$9.6 million from local Medicaid matching dollars).

Recommendations

After extensive study, the work of several groups, and broad public comment, the State Executive Council for the Children’s Services Act, at its September 17, 2015 meeting, adopted the findings of this report and the following recommendations:

1. State general funds should be allocated to cover the full cost (no local match) of educational services for children placed through Medicaid without CSA involvement in a PRTF. This should be a short-term solution (beginning no later than FY2017) while additional work is completed to fully integrate the “Medicaid-only” placements into the CSA system or to determine another funding mechanism.
 - a. The estimated fiscal impact of this recommendation is \$10.7 million per year based on the average costs for FY2013 and FY2015 (FY2014 data is not available due to the transition in December 2014 to Magellan as the behavioral health services administrator for DMAS and discontinuity in that year’s data). A more detailed fiscal impact analysis is provided in Appendix A.
 - b. The recommended mechanism for administering this funding is through the Department of Medical Assistance Services and its Behavioral Health Services Administrator, Magellan. This would be distinct from a Medicaid funded service.
2. The General Assembly, DMAS, the SEC, local governments and other interested parties should consider elimination or recalculation of the local Medicaid match requirements for children placed through CSA in PRTFs.
3. The Office of Children’s Services, DMAS, Community Services Boards, parent representatives and local CSA staff should develop and implement a practical,

short-term data collection project that will provide necessary information about the process of accessing residential treatment. Such data would include, but not be limited to, what entity is issuing the Certification of Need required by Medicaid, time frames for accessing an assessment by the local CSB, and time frames for accessing the local FAPT and CPMT for case planning and service implementation.

DRAFT

Appendix A

Fiscal Impact Projections

Projected Fiscal Impact Funding Non-CSA Medicaid Parental Placements in Psychiatric Residential Treatment Facilities (Level C)

	Level C Non-CSA Placements	Average Educational LOS per Youth (Days)	Average Per Diem Education Cost	Total Educational Cost
FY2013	556	114	\$ 160	\$ 10,141,440
FY2015	524	135	\$ 160	\$ 11,318,400
Average Annual Cost				\$ 10,729,920

Column Descriptors and Data Sources

Level C Non-CSA Placements = Total unique Medicaid-only admissions (FY2013 Data from DMAS; FY2015 data from Magellan via DMAS)

Average Educational LOS = Total length of stay in PRTF x .71 (5 days of 7). (LOS data from Magellan)

Average Per Diem Education Cost (Data derived from average reported residential education fees in the CSA Service Fee Directory for "regular" education, special education, and special education (intellectual disability).

Total Educational Cost = # of non-CSA placements x average educational LOS x average per diem educational cost

Note: Due to the transition on December 1, 2014 of authorizations and claims payment for PRTF placements from DMAS to Magellan. FY2014 data is not fully integrated and is not therefore, reported here.

Appendix B – Work Group Membership Rosters
(Reverse chronological order of group activity)

Final State Executive Council Review Group (July – August 2015)

Hon. Robert Coleman, Vice Mayor	City of Newport News
Pamela Kestner, Special Assistant	Office of the Secretary of Health and Human Resources
Cindi Jones, Director	Department of Medical Assistance Services
Greg Peters, Chief Executive Officer	United Methodist Family Services

Work Group Membership (May 12 – June 2, 2015)

Participant*	Representing	SLAT Member?
Lesley Abashian*	CSA Coordinators	Yes
Carl Ayers	VDSS	Yes
Sheila Bailey	VCASE	Yes
Brian Campbell	DMAS	Yes
Cristy Corbin*	Parent	No
Bill Elwood	Private Providers	No
Jim Forrester	Magellan	No
Cristy Gallagher*	Parent	Yes
Gail Giese*	Private Providers	No
Pat Haymes* (co-facilitator)	VDOE	Yes
Ryan Ickes	Magellan	No
Mills Jones	CSA Coordinators	No
Jamie Molbert*	Private Providers	No
Angie Neely*	VCASE	No
Bill Phipps	Magellan	No
Karen Reilly-Jones	VACO	No
Scott Reiner (co-facilitator)	OCS	No
Joel Rothenberg	DBHDS	No
Ivy Sager*	VACSB	No
Phyllis Savides*	VML/LSSE	No
Paulette Skapars	VACSB	No
Rebecca Vinroot	VML	No
Tammy Whitlock*	DMAS	No
Amy Woolard	Voices for Virginia's Children	No

**member of previous work group that refined proposed policy*

Work Group Membership (February 12 – March 4, 2015)

Participant	Representing
Lesley Abashian	CSA Coordinators
Wanda Barnard-Bailey	Virginia Municipal League
Ron Belay	SLAT/Court Service Unit Directors
Sandy Bryant	Virginia Association of Community Services Boards
Susan Clare	Office of Comprehensive Services
Cristy Corbin	Parent
Michael Farley**	Private Provider
Christy Gallagher	Parent
Gail Giese	Private Provider
Paul Gilding	Department of Behavioral Health and Developmental Services
Pat Haymes (co-facilitator)	Department of Education
Lelia Hopper** (co-facilitator)	Office of the Executive Secretary, Supreme Court of Virginia
Karen Kimsey**	Department of Medical Assistance Services
Jamie Molbert	Private Provider
Angie Neely	Virginia Council of Administrators of Special Education
Joe Paxton**	Virginia Association of Counties
Scott Reiner	Office of Comprehensive Services
Ivy Sager	Virginia Association of Community Services Boards
Phyllis Savides	League of Social Service Executives
Amy Walters	Family Advocacy Organizations
Paul McWhinney**	Department of Social Services

***member of SEC Task force that developed original policy proposal*

Initial State Executive Council Task force (October 30, 2014)

Mary Bunting	Local Government, City of Hampton
Michael Farley	Private Provider Elk Hill Farm
Lelia Hopper	Office of the Executive Secretary, Supreme Court of Virginia
Joe Paxton	Local Government, Rockingham County
Paul McWhinney	Virginia Department of Social Services
Susan Clare and Scott Reiner	Office of Children's Services (staff support)
Brad Burdette	League of Social Service Executives (consultant)
Melanie Bond	CSA Coordinator, Chesapeake, VA (consultant)

Request to the State Executive Council (SEC) for Approval of an Alternate Multi-Disciplinary Team (MDT)

On July 9, 2015, the Office of Children's Services (OCS) received a formal request ("*Request for State Executive Council Approval Collaborative Multi-disciplinary Team(s)*") for State Executive Council (SEC) consideration and approval of an alternate Multi-Disciplinary Team (MDT). This request was submitted by Ms. Sarah Sneed, chairperson of the Chesterfield/Colonial Heights' Community Policy and Management Team (CPMT). A brief summary of the request follows for review and action by the SEC.

Description of Process and Target Population

The CPMT is requesting approval to recognize a Multi-Disciplinary Team with the same authority and power of the Family Assessment and Planning Team (FAPT). The MDT shall follow all of the same laws, policies, and procedures established by the Children's Services Act (CSA) for the determination of eligibility as does the Chesterfield/Colonial Heights FAPT.

The target population for Multi-Disciplinary Team review will be those children who are identified through the parent referral process but are not already connected with a child-serving agency. The requested MDT will act as an intake/triage team with the intent to meet only once in regard to an individual child/family to make a determination of CSA eligibility and to recommend services while following all aspects of CSA policies. If follow-up meetings are needed for consideration for continued services, the MDT will assign a local agency for case management and CSA staff will schedule the family for ongoing FAPT review.

Membership of the Multi-Disciplinary Team

The CPMT shall appoint members from three agencies, the local Department of Social Services, the Court Services Unit and the Community Services Board. Additional members of the team will be child-specific, including legal guardians, school representatives, and other supportive individuals involved with the child and family, as determined by the family. As with FAPT, the Multi-Disciplinary Team will be facilitated and administratively supported by the local CSA office. MDT representatives will be required to meet the same expectations as FAPT members (e.g., participation in meetings) and follow locally established guidelines regarding the Children's Services Act process.

Funding Approval and Oversight

The Multi-Disciplinary Team will be able to authorize funds for immediate use. It is anticipated the MDT will meet only one time for a specific child and family, and as noted above, if further services are needed, will refer the family to an agency for assignment of a case manager and FAPT participation.

The CPMT will continue to have ultimate policy and funding authority and will continue to review and approve all expenditure of CSA funds through its current practices.

Recommendation

After due consideration, the Office of Children's Services respectfully recommends State Executive Council approval of this request.

APPROVED

DATE: September 17, 2015

Dr. William A. Hazel, Jr. Chair, State Executive Council

Request to the State Executive Council (SEC) for Approval of an Alternate Multi-Disciplinary Team (MDT)

On August 31, 2015, the Office of Children's Services (OCS) received a formal request ("*Request for State Executive Council Approval Collaborative Multi-Disciplinary Team(s)*") for State Executive Council (SEC) consideration and approval of an alternate Multi-Disciplinary Team (MDT) to function as a Family Assessment and Planning Team (FAPT). This request was submitted by Ms. Amanda Stanley, chairperson of the Campbell County Community Policy and Management Team (CPMT). A brief summary of the request follows for review and action by the SEC.

Description of Process and Target Population

The alternate Multi-Disciplinary team will be referred to as the "Truancy Review Team." The Team will serve children and youth who meet eligibility criteria for the Children's Services Act (CSA) and who are willing to participate in community based services to prevent the need for more intensive services or court involvement. Students are referred to the Truancy Review Team when state law requires intervention by the school, upon an absence following the sixth unexcused absence (COV §22.1-258). Campbell County Public Schools in coordination with the Court Services Unit will schedule the meeting and arrange for parent notification and involvement. Referral to the Team is a court diversion required for elementary and middle school students and optional for high school students. The Team will meet twice monthly and review up to four cases per meeting. If truancy continues to be a problem for a youth, court intervention and FAPT referral will be pursued.

The CPMT will amend Campbell County's previously established policies and procedures regarding the function and operation of a Family Partnership Team to include the work of the Truancy Review Team. However, Truancy Review Team meetings are not considered a part of the Family Engagement Model and thus require separate SEC approval.

Membership of the Multi-Disciplinary Team

The Court Services Unit, Campbell County Schools, the local Department of Social Services and the CSA coordinator will comprise the membership of the standing team. Staff from the Community Services Board (CSB) will often be included as many youth referred will likely already be receiving day treatment or CSB case management. Team meetings will not take place without the parent/family in attendance and actively involved in creating a plan to improve school attendance and achievement. The CPMT's policies reflect both formal and informal ways to support and encourage parents to have a "voice."

Funding Approval and Oversight

The Community Policy and Management Team will continue to have supervisory oversight and authorize funding for the Truancy Review Team by following the processes established in the *Campbell County Family Partnership Meeting Policy*.

Recommendation

After due consideration, the Office of Children's Services respectfully recommends State Executive Council approval of this request.

APPROVED

DATE

September 17, 2015

Dr. William A. Hazel, Jr. Chair, State Executive Council

State Executive Council Committee Membership

Effective September 2015

Executive Committee

The Executive Committee assists with the establishment of the agenda for the SEC meetings and preliminary consideration of policy proposals for the Council.

Secretary Bill Hazel

Andrew Block

Delegate Bell

Margaret Schultze

Finance Committee

The Finance Committee assists with oversight of the annual CSA Service Gap Survey, review and recommendations regarding the CSA budget and budgetary and policy recommendations to the Governor and General Assembly as they involve fiscal matters.

Greg Peters

Debra Ferguson

Outcomes Committee

The Outcomes Committee works to identify and provide oversight to the development and publication of outcome indicators for the CSA.

Jeanette Troyer

Rob Coleman