

AGENDA
State Executive Council
The Comprehensive Services Act for At Risk Youth & Families
September 18, 2014
Dining Hall, UMFS
3900 W. Broad Street
Richmond, VA

- 9:30 a.m. Welcome & Chair Remarks – *Dr. Bill Hazel*
 ➤ **Action Item** – Approval of June 2014 Minutes
- 9:40 Executive Director's Report – *Susan Clare*
 • Quarterly Audit Report
 • Service Gaps Survey
 • CB-BH Policy Update
- 9:50 Public Comment
- 9:55 SEC Committee Reports
 ➤ Executive Committee
 ➤ Finance Committee
- 10:05 Additional Members of Committees
- 10:10 SLAT Report – *Ron Belay*
- 10:15 SLAT Bylaws – Proposed Amendments – *Ron Belay*
- 10:25 Appointment of SLAT Representative
 ➤ **Action Item** – Approve Appointment
- 10:30 Expanding Systems of Care Grant – *Janet Lung and Scott Reiner*
- 10:45 Report and Discussion from SEC Retreat – *Karen Kimsey, Group 1; Jeff Aaron, Group 2; Margaret Schultze, Group 3; Secretary Hazel and Joe Paxton, Group 4*
- 12:00 p.m. Adjournment

Meeting Schedule for 2014: December 18 (1604 Santa Rosa Rd., Richmond)

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

Draft

**STATE EXECUTIVE COUNCIL (SEC)
COMPREHENSIVE SERVICES ACT FOR AT RISK YOUTH AND FAMILIES
Elk Hill Farm
1975 Elk Hill Road
Goochland, VA
Friday, June 20, 2014**

SEC Members Present:

The Honorable William A. (Bill) Hazel, Jr., M.D., Secretary of Health and Human Resources
The Honorable Richard "Dickie" Bell, Member, Virginia House of Delegates
Steven Staples, Ed.D., Superintendent of Public Instruction, Virginia Department of Education
Michael Farley, CEO, Elk Hill
Joseph Paxton, Rockingham County Administrator
Debra Ferguson, Ph.D., Commissioner, Department of Behavioral Health and Developmental Services
Lelia Hopper for Karl Hade, Executive Secretary of the Supreme Court of Virginia
Margaret Schultze, Commissioner, Virginia Department of Social Services
Cindi Jones, Director, Department of Medical Assistance Services
Bob Hicks for Dr. Marissa Levine, Commissioner, Virginia Department of Health
The Honorable Martin Nohe, Parent Representative
Greg Peters, President and CEO, UMFS
The Honorable Anita Filson, Juvenile and Domestic Relations District Court Judge (*guest*)

SEC Members Absent:

The Honorable Jennifer Wexton, Member, Virginia Senate
Andrew Block, Director, Department of Juvenile Justice
Mary Bunting, Hampton City Manager
The Honorable Patricia O'Bannon, Member, Henrico County Board of Supervisors

Staff Members Present:

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

Call to Order and Approval of Minutes

Secretary Hazel called the meeting to order at 9:40 a.m. He welcomed members and guests and thanked Michael Farley for hosting the SEC meeting and retreat at Elk Hill. A quorum was present.

Mr. Farley welcomed everyone to Elk Hill and introduced Mr. Buford Scott, Chairman Emeritus of the Board of Trustees. Mr. Scott extended greetings on behalf of the Board of Trustees of Elk Hill noting the 44 years of service provided by Elk Hill to children/youth and their families.

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

The minutes of the December 19, 2013 and March 24, 2014 meetings were approved without objection.

Executive Director's Report

- *SAS Update* – Susan Clare reported that final acceptance of the software application was completed June 16. OCS has collected three years of historical data and is currently collecting the fourth year. The data collected includes: CSA expenditures; Title IV-E foster care expenditures; Medicaid behavioral health services expenditures for those 18 and younger; OASIS, VEMAT and CANS. OCS continues to examine the types of analyses/reporting that can be developed from the data.
- *Conference Evaluations* – Scott Reiner provided a brief evaluation of the 3rd Annual CSA Conference (504 participants). 92% of respondents rated the conference content as good or very good. All but 4% rated the conference logistics as good or very good. There were 26 breakout sessions. The overall average rating for the breakout sessions was 4.45 out of 5.

The 2015 Conference is scheduled to be held April 20 and 21, 2015 at the Hotel Roanoke and Conference Center.

Public Comment

There was no public comment.

State and Local Advisory Team (SLAT) Report

Victor Evans, SLAT Chair reported that SLAT last met on June 5, 2014. He reported on the following items:

- Provided a written report on SLAT's assignment to examine and address inadvertent fiscal incentives for residential placement, parental placement, avoidance of FAPT/MDT process. This issue will be discussed in more detail in Group 1 of today's SEC Retreat.
- SLAT has completed a review of its bylaws. SLAT will discuss the proposed changes at its next meeting and make recommendations to the SEC for approval.
- SLAT has elected a new Chair and Vice Chair for the upcoming fiscal year. Ron Belay will serve as Chair with Karen Tompkins serving as Vice-Chair.
- SLAT, through its Training Committee continues to identify training needs and training delivery methods.

At the close of Mr. Evans' report, Secretary Hazel thanked him for his service as SLAT Chair.

Treatment Foster Care (TFC) Workgroup Report

Carol Wilson reported on behalf of the TFC Workgroup. She provided background information on the SEC's charge to the workgroup to 1) develop a plan for licensed child placing agencies to offer non-treatment foster care services and 2) to create a system of greater uniformity across private child placing agencies in the offered levels of treatment foster care.

The proposed policy "*Purchase of Foster Care Services from Licensing Child Placing Agencies*" and the proposed "*Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies*" were posted for public comment by OCS on January 8, 2014. The public comment period ended March 10, 2014. The proposed policy and guidelines were revised based on the Workgroup's discussion of the public comments received.

The Workgroup recommends adoption of the proposed policy with an implementation date of July 1, 2015. During discussion it was noted that the Workgroup will continue to review and refine the guidelines. The TFC Policy was adopted on a second from Greg Peters and carried.

FY 2015 OCS Training Plan

Scott Reiner reported that the proposed Training Plan had its first reading at the SEC's March 24, 2014 meeting. He noted that the Code of Virginia requires that OCS "provide for training and technical assistance to localities in the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families."

(Secretary Hazel had to leave the meeting and Suzanne Gore, Deputy Secretary, assumed the Chair)

In accordance with provisions of the biennial Appropriation Act, Mr. Reiner presented the proposed FY2015 OCS Training Plan for SEC approval. The Training Plan was approved on a motion by Greg Peters, seconded by Joe Paxton and carried.

Appointment of SLAT Representatives

The following nominations were recommended for appointment to SLAT:

- Juvenile and Domestic Relations District Court Judge – The Honorable Frank Somerville, Primary
- CPMT – LDSS Representatives – Tamara Temoney, Primary and Brad Burdette, Alternate
- CPMT – CSB Representatives – Charles (Chuck) Walsh, Primary and Ivy Sager, Alternate

The nominations were approved on a motion by Joe Paxton, seconded by Martin Nohe and carried.

Adjournment

There being no further business the meeting was adjourned at 10:40 a.m.

August 5, 2014

MEMORANDUM

TO: Susan C. Clare, Executive Director

FROM: Stephanie S. Bacote, Program Auditor
Annette Larkin, Program Auditor

SUBJECT: Office of Comprehensive Services (OCS) Program Audits Quarterly Report
Period Ending April 1, 2014 through June 30, 2014

The current audit cycle for the OCS Program Audits began July 1, 2013 and concluded on June 30, 2014. In accordance with internal auditing standards and procedures, we present the Fiscal Year (FY) 2014 fourth quarter report. This report is intended to briefly summarize audit activities conducted during the course of the quarter. We appreciate your on-going support and value your input in our pursuits to continuously improve our audit services.

OCS Program Audits:

- Carroll County (03-2014) – The formal quality improvement plan was received by OCS on June 3, 2014, and was determined adequate to address the observations stated in the final audit report that was issued on April 30, 2014. Our audit concluded that there were significant, material weaknesses in internal controls pertaining to fiscal and program activities, as well as non-compliance with statutory requirements. The most significant were:
 - CSA pool funds were used for a Medicaid eligible service (TFC Case Management) that had been repeatedly denied and where the service provider renamed the service description as “Administrative Fees” after being advised that use of CSA funds for that service was not allowable. This practice undermines the intent to provide appropriate services based upon the client’s assessed level of need.
 - The Carroll County CPMT adopted a formal long range plan on February 12, 2014. However, the plans’ evaluation criteria were more explicit pertaining fiscal activities than program outcomes and did not indicate target dates and assignment of responsibility for completion of identified objectives and/or strategies.
 - Adequate measures were not always taken to ensure data reliability and integrity of information. A significant number of individual CANS assessments have remained open more than one year.
- City of Lynchburg (04-2014) – The formal quality improvement plan was received by OCS on June 24, 2014, and was determined adequate to address the observations stated in the final audit report that was issued on April 30, 2014. However, Lynchburg CSA did not voluntarily restore the state share in questioned costs. This matter was referred to the OCS Business Office for consideration for administrative action on August 5, 2014. Our audit concluded that there were significant, material weaknesses in internal controls pertaining to fiscal and program activities, as well as non-compliance with statutory requirements. The most significant were:

- Expenditure reimbursements were requested and processed for payment of services where the requirements for compliance with State and local CSA policies and procedures were not met. It has been the practice of Lynchburg CSA not to complete CANS assessment for their Individual Education Plan (IEP) special education only clients as those cases do not come before FAPT. Based on the information obtained out of the locality profile in the data set for FY 2013, Lynchburg had 26 cases that received educational services in accordance with their IEP. The estimated total cost for these cases are \$595,913.
- One thousand four hundred and sixty seven cases listed in the CANVaS had assessments with an "open" status ranging between 104 days to 3,504 days. Open CANS data can be manipulated and/or incomplete, which may reduce the reliability, integrity and validity of the data.
- Written policies and procedures are not consistent with established state CSA requirements, and/or best practices which direct the CPMT to ensure that procedures are established to govern local CSA programs
- Orange County (05-2014) - The formal quality improvement plan was received by OCS on June 27, 2014, and was determined adequate to address the observations stated in the final audit report that was issued on May 19, 2014. Our audit concluded that there were significant, material weaknesses in internal controls pertaining to fiscal and program activities, as well as non-compliance with statutory requirements. The most significant were:
 - The Orange County CPMT has not documented coordination of a formal long range plan to establish goals, objectives, and strategies as a means to fully measure and evaluate the operational and fiscal effectiveness of the local CSA program.
 - A formal process for documenting utilization management activity has not been implemented, particularly pertaining to monitoring utilization and performance of residential placements. Utilization management reviews are pertinent to the informed decision making responsibilities of the CPMT.
 - Procedures to govern documentation, monitoring, and collection of past due parental contributions assessed by the CPMT have not been established.
- Gloucester County (06-2014) - Fieldwork in progress. A summary of preliminary observations based upon the on-site review have been discussed with the CPMT. Final evaluations are pending receipt and review of additional information requested as of June 30, 2014.
- Hanover County (08-2014) - Fieldwork in progress. A summary of preliminary observations and requests for additional information have been discussed with the CPMT. Final evaluations were pending receipt and review of additional information requested as of June 30, 2014.

- City of Norfolk (09-2014) – Fieldwork was initiated on April 23, 2014 and is in progress. A summary of preliminary observations based upon the on-site review have been discussed with the CPMT. Final evaluations are pending receipt and review of additional information requested as of June 30, 2014.
- Montgomery County (10-2014) – Fieldwork was initiated on May 20, 2014 and is in progress. Preliminary observations and requests for additional information have not yet been discussed with the CPMT.
- Harrisonburg/Rockingham (11-2014) – Fieldwork was initiated on June 23, 2014. Preliminary observations and requests for additional information have not yet been discussed with the CPMT.
- Fluvanna County (12-2014) – Fieldwork was initiated on June 17, 2014 and is in progress. Preliminary observations and requests for additional information have not yet been discussed with the CPMT.
- Pittsylvania County (20-2014) – The formal quality improvement plan was received by OCS on June 6, 2014, and was determined adequate to address the observations stated in the final audit report that was issued on June 2, 2014. Our audit concluded that there was a significant, material weakness in internal controls pertaining program activities, as well as non-compliance with statutory requirements. The Pittsylvania County CSA program has not completed actual case specific utilization reviews and/or reported on the assessment of utilization management of providers of CSA funded services. Pursuant to the fully-executed "Corrective Action and Quality Improvement Plan Agreement Between Pittsylvania-Danville Community Policy and Management Board and the Virginia Office of Comprehensive Services", Pittsylvania County CSA program could be subject to full repayment of the \$7.69 million spent for ineligible youth for failure to meet the terms of this agreement as a result of continued non-compliance with CSA statutes, policies, and procedures.
- Amelia County (21-2014) – Fieldwork was initiated on May 14, 2014 and is in progress. Preliminary observations and requests for additional information have not yet been discussed with the CPMT.

OCS Program Audits - Continued:

- FY 2013 Self Assessments - Completed workbooks were submitted by all of the localities in accordance with the established due dates (see reporting due date table next page), with the exception of Northampton county, which was granted an extension until May 16, 2014. Independent validations have been completed for Franklin and Roanoke Counties. The results for the completed validations were:
 - City of Fredericksburg (40-2013) – On-site validation was initiated on June 12, 2014, and fieldwork is in progress. A summary of preliminary observations based upon the on-site review have been discussed with the CPMT. Final evaluations are pending receipt and review of additional information requested.

- o Spotsylvania County (42-2013) – On-site validation was initiated on June 11, 2014, and fieldwork is in progress. A summary of preliminary observation based upon the on-site review have been discussed with the CPMT. Final evaluations are pending receipt and review of additional information requested.
- o The remaining independent validations are anticipated to be initiated no later than June 30, 2015.

<u>FY 2013 Self-Assessment Reporting Due Dates</u>		
<u>January 31, 2013</u>	<u>March 31, 2013</u>	<u>June 30, 2013</u>
Russell	Buckingham	Buchanan
	Nottoway County	Dickenson
		Manassas Park
		Northampton
		Surry

- FY2014 Self Assessments - ## identifies completed workbooks received from the localities in accordance with the established due dates below. A request for an extension was requested and granted to Rockbridge/Lexington/Buena Vista until June 30, 2014. The CSA Coordinator has since resigned the position, and the CPMT Chair requested and was granted a second extension until August 31, 2014.
- o Prince William County (37-2014) – On-site validation was initiated on May 20, 2014 and field work is in progress. Preliminary observations and requests for additional information have not yet been discussed with the CPMT.
- o The remaining independent validations are anticipated to be initiated no later than June 30, 2015.

<u>FY 2014 Self-Assessment Reporting Due Dates</u>		
<u>November 30, 2013</u>	<u>January 31, 2014</u>	<u>March 31, 2014</u>
Amherst ^{##}	Botetourt ^{##}	Augusta/Staunton/Waynesboro ^{##}
Bristol/Washington ^{##}	Chesterfield/Colonial Heights ^{##}	Charlottesville ^{##}
Culpeper ^{##}	Fairfax ^{##}	Cumberland ^{##}
Fauquier ^{##}	James City	Isle of Wight ^{##}
Lancaster ^{##}	Martinsville/Henry/Patrick	Loudon ^{##}
Middlesex	Scott ^{##}	Powhatan ^{##}
Richmond County ^{##}	Suffolk ^{##}	Rockbridge/Lexington/Buena Vista
Smyth ^{##}	Westmoreland ^{##}	Stafford ^{##}
Tazewell ^{##}		
Wise ^{##}		

^{##} Denotes self-assessment workbooks received as of March 31, 2014.

FY 14 Audit Plan Adjustments:

Middlesex County CSA Program failed to submit the completed self-assessment workbook by their extended deadline granted of March 31, 2014. Based upon mitigating circumstance presented, including the departure of the CSA Coordinator, the audit plan was revised and Middlesex County CSA was scheduled for an on-site audit in Fiscal Year 2015. The CPMT Chair was officially notified of the change on April 28, 2014.

Other Projects:

- Self –Assessment Assistance Request /Response Log – Four requests for assistance were received this quarter, with three originating from the same locality. The inquiries this quarter pertained to request for extensions and document requirements of the workbook (i.e. quality improvement plan templates and questionnaire templates). The average response time is one business day from receipt of the request.
- State Executive Council Status Report (SEC) - an abbreviated status report that reports progress toward completing the Fiscal Year 2013 – 2015 Audit Plan. The report was included in the May, 2014 meeting materials.

Feedback/Audit Survey Results:

The Audit Client Survey was sent to three localities for which an on-site audit or independent validation had been completed this quarter. Responses were received from all three localities. See Attachment A

Staffing:

None.

Other:

None.

Cc: June W. Jennings, State Inspector General
Office of the State Inspector General

ATTACHMENT A
CSA AUDIT CLIENT FEEDBACK SURVEY – SUMMARY ANALYSIS
(3 Respondents)

Survey Question	Rating (Scale of 1 to 5)
1. The audit objectives, purpose, and scope were clearly communicated.	4.33
2. Communication of audit results and status during the audit was timely and adequate.	4.67
3. The audit team demonstrated courtesy, professionalism, and a constructive and positive approach.	5.00
4. The audit team demonstrated understanding of the audit areas.	4.67
5. The audit team demonstrated effective communication skills.	4.33
6. The conclusions and opinions of the audit team were logical and well documented.	4.33
7. Audit results were accurately reported and appropriate perspective was provided.	4.33
8. The audit report was clearly written and logically organized.	4.33
9. The audit report was delivered in a timely manner.	4.67
10. Audit recommendations were constructive and actionable.	4.33
11. The audit team demonstrated objectivity and independence in performing the audit.	4.67
12. Overall, the audit provided "value added" results to my organization.	5.00
Overall Average Rating	4.56
RATINGS: 5 Strongly Agree 4 Agree 3 Neither Agree or Disagree 2 Disagree 1 Strongly Disagree	
OTHER COMMENTS Q. 17 Is there anything about the audit you especially liked: <i>"Ms. Bacote was wonderful to work with. She was very helpful and willing to listen to our questions and provide guidance. It was much appreciated."</i> – Orange County <i>"Ms. Bacote was especially easy to work with and made us feel comfortable participating."</i> – Carroll County Q. 18 Is there anything about the audit you especially liked: <i>"No, however, audits can be stressful in general."</i> - Carroll County Q. 19 Please feel free to provide additional concerns regarding the performance of the CSA Program Audit in the space provided below. We are especially interested in any ideas you may have on how the CSA Program Audit can provide value to the organization. <i>"Please continue to share results of audits, and please continue to expand training opportunities"</i> – Carroll County	

FY13 CSA Critical Service Gaps

- 19 of the most reported statewide gaps remain in the top 20 from FY12
- Crisis Intervention & Stabilization, Intensive Substance Abuse Services and Transportation remain the top three reported service needs Statewide
- Increased reported service needs for :
 1. Specialized Foster Care
 2. Group Home Care
 3. Substance Abuse Assessment
- Decreased reported needs for:
 1. Therapeutic Foster Care
 2. Short-Term Assistance with Necessities
 3. Developmental Prevention
- All 5 regions reported Crisis Intervention and Stabilization as one of the top 3 service gaps
- For a second year in a row, statewide reports of new community services have decreased
- Top 5 Barriers to implementing new services:
 - Need greater buy-in and support from line staff in community services model
 - Community needs better data to guide the investment of resources or funds
 - Need for greater collaboration among community stakeholders
 - Community leaders have not reached consensus on prioritizing the development and/or funding of this service
 - Need to demonstrate the need for and value of this service to local decision makers and/or funders

- **Changes in Community Service Availability:**
 - 51% report there has not been an increase in available community-based services.
 - 54% report there has not been an increase in the array of community based services.
 - 50% report there has been a decrease in the availability of community-based.
 - 99% report their community has initiated the use of Family Partnership meetings.
 - 69% report an increase in the use of natural supports.
 - 76% report their community has taken specific steps to establish or expand community-based services.

- **Strategies for developing community services:**
 - Multiple communities reported they applied for grant funding to create community based services to help transition youth from private day placements back to the public school.
 - The creation of court diversion programs in some communities has helped identify and provide services to youth who were at risk of court involvement.
 - Several communities able to create Crisis Stabilization services by partnering with private providers.
 - Various CPMT's reported they have worked with new Private Providers and their CSB to develop new community-based services.

BYLAWS
State & Local Advisory Team for the
Comprehensive Services Act for At-Risk Youth and Families

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 <http://www.csa.Code of VA> 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

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State and Local Advisory Team

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Services, Department of Behavioral Health and Developmental Services, and the Department of 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; a representative of a private organization or association of providers for children's or family services; a local Comprehensive 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 and who serves on and is representative 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.

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ARTICLE V - Officers

The team shall annually elect a chair from among the local government representatives, including the members who serve on and are representatives of the different participants of community policy and management teams and the local comprehensive services act coordinator or program manager. The chair, in consultation with the Executive Director of the Office of Comprehensive Services, 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 Comprehensive 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~~ no later than the meeting prior to the last meeting of the fiscal year. 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~~ last meeting of the fiscal year. 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~~ no later than August of each year.

Regular meetings of the team and executive committee shall be held as described or published in the Virginia Register, 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 or his or her designee.

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;~~
- ~~2.1.~~ Monitoring the progress of team committees on assigned tasks and integrating the work of various team committees through coordination with team committee chairs;
- ~~3.2.~~ Serving as a facilitator by reviewing and making recommendations on options to resolve a lack of consensus on issues under consideration by the team;
- ~~4.3.~~ Assuring representation of the team at all meetings of the council; and
- ~~5.4.~~ 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

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Executive Director of OCS and such notice shall be deemed to have been given at the time of 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 **at least 14 calendar days** prior to the convening of the meeting when such amendment is discussed and acted upon. The Bylaws shall be **revised reviewed** 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 Comprehensive Services Act for At-Risk Youth and Families were duly adopted by the State and Local Advisory Team and approved by the State Executive Council on June 23, 2011.

Chair, State Executive Council

Chair, State and Local Advisory Team

Date _____

Date _____

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

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

Alternate

John Dougherty, Senior VP/CAO

Virginia Home for Boys and Girls

8716 W. Broad Street

Henrico, VA 23294

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

RETREAT OBJECTIVES

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

FOUNDATION SET FOR SMALL GROUP DISCUSSIONS

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

SMALL GROUP REPORTS

GROUP 1

Submitted by Karen Kimsey

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

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

Summary of Key Issues/Contributing Factors:

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

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

Ideal Outcomes:

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

Recommendations:

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

GROUP 2

Submitted by Suzanne Gore and Jeff Aaron

Problem statement (revised):

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

Group Facilitator: Suzanne Gore, Dep. Secretary- HHR

Key areas of need:

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

Recommended areas of focus for SEC:

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

Specific Recommendations:

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

GROUP 3

Submitted by Margaret Schultze

Problem statement

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

Group Facilitator: Margaret Schultze, VDSS Commissioner

How system would look if problem was totally resolved:

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

Recommendations:

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

GROUP 4

Submitted by Dr. Hazel and Joe Paxton

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

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

How system would look if problem was totally resolved:

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

Desirable components of the APA to replicate include:

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

Recommendations:

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

**State Executive Council Retreat
Elk Hill Farm
June 20, 2014**

Group 1 Notes

Facilitator: Karen Kimsey, DMAS
OCS Staff: Scott Reiner
Participants: Del. Richard Bell (Legislative)
Brian Campbell (DMAS)
Jeanie Decker (CSA Coordinator)
John Dougherty (Private Provider)
Bill Elwood (VCOPPA)
Victor Evans (CSA Coordinator)
Jim Forrester (Magellan)
Jeanie Funari (CSB)
Cindy Jones (DMAS)
Angie Neeley (Schools/Special Education)
Cathy Pemberton (LDSS)
Steve Staples (DOE)

- I. Participants introduced themselves and who they represented
- II. A brief review of the task and problem statement was conducted

The Problem Statement was amended to read: "An increasing number of youth are being placed in residential settings without CSA involvement and without funding for educational services.

This change was prompted by data presented showing that the number of residential placements, while remaining essentially "flat", were increasingly funded by Medicaid and less so through CSA.

Clarifications:

- Non-CSA residential placements are not made without significant oversight
 - A Certificate of Need, endorsed by a physician – not independently by parents.
 - Medicaid/Magellan approves the placement based on medical necessity criteria.
- Educational funding for these placements is often an "afterthought" as the behavioral/psychiatric issues are usually at the forefront.
- Just because a child meets medical necessity criteria doesn't mean they couldn't be served by community resources.
- Acute care facilities have a "fear of liability" about recommending non-residential discharge plans. Hospitals and parents may lack information and be averse to risk. (Need to educate various providers who may not be aware of resources available through CSA).

Broader and/or collateral issues related to the Problem Statement:

- Lack of access to services until the child/family have reached a crisis point
- Continued opposition to the problem statement:
 - It's not educational funding, but lack of long-term planning and case management.
 - "What forces the residential facilities to accept these children?" "Why are they compelled to admit the child before everything is in place?"
- Over 70 localities are placing over 30% of their residential placements via Medicaid, representing a cost-shift from CSA/local match to 100% state funding. This is against the intent of Medicaid funding for residential placements.
- Would there be enough local funding in CSA if all cases came through that route?
 - Historically, the answer would be yes. Changes in the match rates in 2009 might have an impact on the answer to that question now.

III. Review of Core Beliefs and the System of Care

There was general agreement to the principles of the System of Care. The one topic that was discussed at some length was "No Wrong Door".

- Should there be a single door (e.g., all cases planning and action should originate/flow through the CSA process) or multiple doors that all result in the child/family receiving timely access to the SOC? This might depend on how the child/family enters the system and what their needs are.
 - The child/family should be able to use the "door" to get the services they need as fast as they can regardless of how their "case" originated.
 - Many services may be offered to children/families in crisis before coming to CSA and to those not eligible for CSA
 - Example – Loudoun is setting up another interagency mechanism for cases to be quickly assessed and triaged prior to being entered into the CSA system. A single point of entry versus "no wrong door". Might direct the family to CSA/might direct elsewhere.
 - Earlier access to the SOC before the child reaches CSA eligibility.
- "No Wrong Door" is a good concept, but what if in your community that door is "broken" and does not allow access? If there is only a single point of entry, what does a family do if that door doesn't work as it should?
- There are legitimate (including clinical) disagreements over the most appropriate services (e.g. residential vs. community-based). There is considerable inconsistency among CSA Coordinators about the appropriate levels of care.
- CSA can also be used for planning and consultation without eligibility for funding.
 - Not realistic that a single place can meet the need for information and resources.

IV. Ideal Vision of the System

- Comprehensive service planning for all children in need regardless of funding source and point of entry.
- A universal set of medical necessity criteria and levels of care (in regulatory and policy guidance) and knowing which providers can meet those needs.
- Sufficient education so families know where to turn.
- A coordinated point of entry for families regardless of where they come from and what services they need. A centralized “intake” system that could complete CANS, etc.
 - Allow access to the FAPT process as fast as possible.
 - One point at the state level of one point at the local level. Would this eliminate non-CSA processes?
- Explore private provider/family referrals to FAPT.
 - Who would do all the prep work (e.g., CANS). CSA is at capacity in many localities.
 - Parents aren’t able to provide the full picture of the issues. They need an agency case manager.

V. Discussion of Solutions

- If vendors said “no scholarship” or we will not admit the child without full funding for education, this would force the families to seek other resources (i.e., CSA).
- Facilities should not be asked to deny needed care to children while the system figures this out.
- Move all funding into a single payment source where eligibility for funding and appropriateness of services would be determined (a centralized SOC system).
- Managed behavioral health care experience as an example of saving money and reaching better outcomes.
- Re: potential solution #3: (DMAS should require CSBs conducting VICAP assessments to refer to the FAPT if the recommendation is or is not for intensive community-based services so that the FAPT can be aware of the case.

The following solutions (the first five were in the meeting materials, the remaining six were generated in discussion) were posted and members were allowed four (4) votes. The number of votes accrued by each solution.

1. DMAS should require that the Certificate of Need for Level C residential placements be issued through the FAPT – 11 votes.
2. DMAS should require that Magellan issue a Certificate of Need contingent on FAPT approval – 0 votes.
3. DMAS should require a CSB conducting a VICAP assessment to refer the case to FAPT when approving intensive community-based services – 0 votes.
4. Increase public information and awareness of CSA – 6 votes.
5. 100% state funding for educational costs for Level C residential placements not processed through/approved by FAPT – 7 votes.
6. A mechanism for timely intake to the CSA system (e.g., CANS, level of need determination, CSA eligibility – 10 votes

7. Standardizing levels of care across regulatory and licensing entities – 1 vote.
8. Recognize Magellan as a referral source to FAPT based on their authorization for services (related to #6 above) – 0 votes.
9. CSA policy change to mandate access to FAPT by entities other than one of the public agencies (e.g., parents, private providers) – 1 vote.
10. DMAS policy should require referral to FAPT if a VICAP does not approve intensive services – 2 votes.
11. DMAS policy should require referral to FAPT for any child receiving a VICAP (replacing #3 above) – 0 votes.

VI. "Parking Lot" Issues:

- Per John Dougherty, educational placement process for VHBG (Level A/B) when a child is placed from outside of Henrico County results in delays in determining school placement and funding.
- "Complaint" about CSA eligibility criteria re: parents unwilling to agree to their child to return home. This prevents placements via parental agreements.
- Unclear issues regarding Medicaid funding and undocumented illegal immigrants.

**State Executive Council Retreat
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Group 2 Notes

Workgroup Members:

Group Leader: Suzanne Gore (Dep. Secretary- HHR)

Participants: Bob Hicks (SEC-VDH), Greg Peters (SEC- Provider), Jack Ledden (SLAT-DJJ), Tamara Temoney (LDSS-Hanover), Sandy Bryant (CSB-Horizon Behavioral Health), Janet Lung (SLAT-DBHDS), Jeanette Troyer (Parent), Jessica Webb (CSA Coordinator- Roanoke County), Jeff Aaron (CCCA) Bill Phipps (Magellan), Margaret Nimmo-Crowe (Voices for VA's Children), Brady Nemeyer (Program Consultant, OCS)

Susanne welcomed and thanked the members for participating in this workgroup. Each member introduced who they were and which stakeholder group they were representing.

Problem statement as introduced: State facilities face challenges meeting the needs of youth with severe behavioral/mental health issues.

Discussion of problem statement and data:

- In many localities there is a lack of preventative services.
- Parental resources are limited. This includes the know how to access services for their children.
- There is a significant shortage of a skilled and competent workforce. The commonwealth has a shortage of psychiatrist. There is an even larger shortage of psychiatrist who accepts Medicaid.
- The availability of services and funding varies from locality to locality. Access to FAPT is different in almost every locality. Interpretation of CSA varies from locality to locality. Some teams try to screen youth/families into CSA while other try to screen youth/families out.
- By the time youth are known to the system, it is too late for preventative services. Too often the first "touch" with the system is for high end residential placements (acute or DJJ commitment).

Final wording of Problem Statement:

Problem Statement redefined: An inadequately resourced system that too often intervenes too late and in ways that are inequitable, inconsistent and not well coordinated that result in too many kids ending up in facilities.

Values statements:

- We believe all children and families should have access to the services they need at the earliest point in time without stigma.
- We believe services should be fully resourced to meet the utilization of a competent, efficient and effective workforce using evidence based practices.
- We believe in the system of care values and practices.

Discussion:

Values important to Virginia's System of Care the group discussed that helped create the value statements:

- Family focused
- Client centered
- Prevention (diversion)
- Community Based
- Evidenced based
- Recover and rehabilitation based
- Culturally Competent
- Collaborative
- Accessibility (universally applied across the commonwealth)
- Fairness
- Capacity
- Consumer Satisfaction
- Client empowered
- Money follows the child
- Choice
- Outcome driven (Value based & return on investment)
- Least restrictive
- A full continuum of services for all children/families
- trauma informed
- Safety of youth, families and the public
- Training and competency (right service at the right time for the right child)

What are current barriers?

- Lack of a continuum of care (Prevention to Residential)
- Lack of a state wide screening process to identify kids who need MH services
- A need to eliminate the stigma attached to MH needs
- Lack of effective public education and outreach on available services/funding
- System still operates in silos and is difficult to navigate

- Youth enter system through DJJ too often
- Lack of coordination
- Families do not know how to access services (lack of a “front door”)
- Extreme variability across localities

What would the system look like if this problem was totally resolved?

- Instill shared values that would drive a standardized system of care the better help families and children.
- Funding streams and policies would reinforce a standardized system and shared values
- State, local, community and private providers collaborate to assure ALL children and families have access to a “front door” that allows to an adequately resourced system that provides a well coordinate, equitable and consistent continuum of care as early as possible to help maintain youth in the community.

Identify necessary changes that will resolve/contribute to resolution of the problem statement.

- Have the SEC clarify roles and responsibilities of state, local, community, family and private providers in our System of Care. This would include identifying a “front door” to services/funding for our system of care.
- Evaluate fiscal incentives to provide evidence based services and preventive services.
- Evaluate the use of non-mandated CSA funds and apply standards to be used by all localities.
- Evaluate tools and implementation strategies to implement a global strengths based screening for all children.
- Outreach efforts on accessing services and resources to eliminate stigma associated with having a MH diagnosis.
- Identify and implement outcome measures for our system of care and use result to drive continuous improvement.
- Develop policies to ensure consistency of referrals to services. Do not penalize localities that already have an effective system, but help localities that do not have the support/training.
- Schedule presentations from localities that have implemented a system of care with focus on providing prevention services and access to services/funding.

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Group 3 Notes

Workgroup Members:

Group Leader: Margaret Schultze (SEC-VDSS)

Participants: Alex Kamberis (SLAT-VDSS), Amy Atkinson (COY), Leila Hopper (SEC-Exec Sec Supreme Ct), Judge Anita Filson (SLAT), Pam Kestner (HHR Sec), Tracey Jenkins (DJCS), Ivy Sager (CSB-Hanover), Carol Obrochta (Parent), Pat Haymes (VDOE), Janet Van Cuyk (DJJ), Carla Taylor (LDSS Shenandoah), Penny Combs (SLAT-Private Provider), Melanie Bond (CSA Coordinator, Chesapeake) Eric Reynolds (AG)

Facilitator: Carol Wilson, OCS

Introductions were made and members explained their individual interest in this topic. Margaret stated that permanency for children and youth is one of the top three priorities for VDSS at this time. Although significant focus has been on finding adoptive families for children in foster care, permanency does not equal adoption. The other two permanency options are reunification with a parent or transferring custody to a relative.

Problem statement as introduced: *Youth placed in foster care for reasons of truancy and delinquency experience poor outcomes as compared to youth placed for reasons of abuse and neglect.*

Lelia reminded group that every child needs permanency and those outcomes should apply to all, whether child is determined to be abused/neglected, CHINS, CHINSup (supervision), truant or delinquent.

Alex presented the data in the report "Permanency and Crossover Youth Data" included with each member's packet of materials. Significant findings are:

- Virginia has the lowest percentage of children per capita in foster care but has the highest number of children "aging out" of foster care at 18 compared to all fifty states and Puerto Rico.
- Not factoring in age, the percentage of youth who age out of care is 37% for children who are CHINS; 55% for children who are adjudicated delinquent and 9% for children who enter care because of abuse or neglect.
- CHINS average age 15 when enter care; in care for approximately 32 months on average. Youth who come into care for delinquency average approximately 29 months in care before they age out.
- Poor outcomes attributed to youth who age out of foster care as compared to their peers include lower high school graduation rates, higher unemployment, homelessness, inability to support oneself financially, arrests, and pregnancy by age 19.

Discussion of problem statement and data:

Discussion of why Judges may place children in foster care for truancy-maybe consequence of child/family's failure to follow court-ordered plan so Judge places in foster care. Or dockets are booked

weeks in advance and by time youth gets to court, situation has worsened. Or Commonwealth Attorney may ask for detention as consequence to behavior. Comment made that it is important to tackle issues at the elementary school level, not wait until children are in middle or high school.

It was noted that there are two types of truancy; with younger children, truancy is more likely to be a result of the parent's situation such as homelessness, with older youth, truancy is more likely the youth's issue. Annie E. Casey has documented that homelessness is a "red flag" for truancy with younger children. The assessment instrument used with CSA youth (the CANS) has an indicator for parent or caregiver's housing stability.

Judge may refer to FAPT and actually may prefer to refer to FAPT, but localities handle referrals differently. Each CPMT establishes policy for referrals to FAPT per the Code of Virginia. Some CSA coordinators may meet with family and assign case manager to bring to FAPT. In other localities, agency willingness to case manage is an issue. The informal AG opinion re: DJJ case management; that CSU can only provide case management for youth under their supervision was mentioned. Comment was made that this was an appropriate role for a CSA coordinator (to assist in referrals to services) and their focus should not be on protecting local dollars.

Rewording of Problem Statement:

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

Discussion that perhaps this re-wording was more of a values (We believe...) statement.

Final wording of Problem Statement:

Youth placed in foster care for reasons of truancy and delinquency experience poor outcomes.

Values statements:

- We believe that children should have equal access to services through CSA when eligible, throughout the state.
- Children should receive services in the least restrictive environment (out of home placement is not always the right way to access services.)
- Services should be provided through early intervention; the sooner, the better.
- CSA funding and services shall be utilized to ensure that youth who are truant and at-risk for becoming delinquent are provided early intervention services and have improved outcomes, and prevent out-of home placements.

Discussion:

How can outcomes for truant and delinquent youth be improved through the use of CSA funding? How do we better engage the court and CSA to do that?

What are current barriers?

- Funding (state and local)
- Staff capacity for case management

- Service availability
- Eligibility for CSA
- Core competency knowledge
- Family understanding of how to access services

What would the system look like if this problem was totally resolved?

- Earlier intervention with at-risk children and families
- No wrong door to services
- Well-trained collaborative workforce including FAPT, LDSS and family representatives on FAPT/CPMT
- Cross-system collaborative integrated approach
- Reduction in court involvement
- Fewer localities resort to foster care or out of home placement
- Social services employee housed at school to assist with earlier intervention
- Analytics to assess/justify return on investment (school engagement, attendance, GPA, housing stability, etc.)
- Services needed=services availability; eliminate service "deserts"
- Family partnership meetings a part of the process
- Trained family representatives; better support and use of role of family representatives
- Recognition that a child may be in need of services not through CSA
- Strategies for interventions matched to needs (do not default to foster care if foster care is not needed)
- Use of CHINS eligibility and provision of services through foster care prevention (COV §63.2-905)
 - Interpretation of "a child whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child..." *Condition = home environment*
 - If identified as "needing services to prevent or eliminate the need for foster care placement" –currently this is a local determination on immediacy of risk of placement in foster care.

Identify necessary changes that will resolve/contribute to resolution of the problem statement.

- Policy for SEC consideration regarding "condition" of child to be included in CHINS definition but must address issue of reunification (e.g., child's home condition results in grandparent getting custody, so condition is ameliorated, but then there is no mechanism to provide services to parent to reunite child); same issue as with diversion discussion
- Reinvest money saved in prevention and early intervention
- CSA coordinator (or others?) to serve as service navigators
- Increase administrative capacity at local level
- Encourage more consistency (when possible) at local level
- New guidance on "condition"-Joint memo to CSA/CPMT/LDSS/DJJ-must come from "above"
- Support creation of Children's Cabinet
- Create dispositional alternative that would allow access to services for CHINS youth without provision of "foster care services"-child could be a CHINS but not need foster care
- Create something between detention and foster care (shelter care?) that judge could order as alternative

- During the developing of extending foster care to age 21, examine intersection between IV-E and CSA funding access
- FC to 21 youth needs to remain in a home, not just receive a stipend; need mentoring and skill-building

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Group 4 Notes

Workgroup Members:

Group Leader: Bill Hazel (SEC Chair), Joe Paxton (SEC-Local Government) *NOTE: Dr. Hazel was not present for the beginning of the meeting, but joined the group during discussion.*

Participants: Martin Nohe (SEC-Local Government), Karen Tompkins (SLAT-Private Provider), Ron Belay (SLAT, CSU), Brad Burdette (LDSS), Dawnel White (CSA Coordinator), James Pickral (VLSSE Lobbyist), Sue Rowland (Local Government Lobbyist), Dean Lynch (VACo), Paulette Skapars (RBHA)

Facilitator: Susie Clare, OCS

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

Discussion

Mr. Paxton asked Mrs. Clare to provide background for the problem statement. Mrs. Clare discussed several bills presented by stakeholder groups during the 2014 General Assembly session including two proposing application of the Administrative Process Act to CSA and another seeking additional representatives to the State Executive Council. Discussions during the session regarding the bills highlighted need to examine existing process for policy decisions, specifically ensuring representation of local voice.

There was general discussion recognizing the unique structure of CSA with respect to shared state and local responsibilities. There was discussion regarding pros and cons of applying APA to CSA and group members ultimately agreed that the best course of action would be to incorporate the desirable parts of APA into current structures.

Desirable components of the APA to replicate include:

- Structured way to “get the word out” about proposed policy changes (i.e., similar to posting to the Town Hall)
- Structured process for public comment, and
- Structured assessment of fiscal impacts of proposed policies (i.e., DPB provides analysis under the APA)

The group reviewed the SEC’s statutory requirement, §2.2-2648 (D)(4), for public participation processes including a 60 day public comment period and OCS communication mechanisms including e-mail distribution lists, use of “list serve,” and posting to the CSA website.

The group agreed that the SLAT, per its statutory role to advise the SEC, should perform the function of conducting comprehensive analysis of the impacts of proposed policies on stakeholder groups and

should deliver a "vetting package" to the SEC. It was noted that there is need to recognize impacts on "funders" (both state and local) as well as the impacts on both public and private "service providers," e.g., local agencies responsible for child services and private providers. It was noted that local "funders" often times have a different perspective than local "service providers."

There was agreement that the SLAT will likely need to organize small groups to complete the desired analyses and prepare reports for the SEC and that such groups should include individuals outside of the SLAT's membership.

There was discussion about the need to ensure representation of local government officials on the SLAT, most specifically when the SLAT is examining impacts of proposed policies. It was agreed that representatives of VACo or VML are effective liaisons between the SLAT and local government officials and a representative would, beginning immediately, be invited to "sit at the table" of SLAT meetings to actively engage in discussions of the team and serve as a non-voting stakeholder representative. This representation will play an integral role in facilitating the assessment of fiscal impact of proposed policies on local government.

To further enhance communication between stakeholder groups and the SEC, the group agreed that, beginning immediately, the SLAT chair will be invited to sit at the table of SEC meetings to actively engage in its discussions as a non-voting representative.

The group agreed that the above changes can be implemented without change to statute, policy, or bylaws. Implementation of these strategies will enable assessment of their effectiveness in achieving desired improvements before any change is required to be formalized in statute, policy, and/or bylaws.