



Results of the FY2016 Children's Services Act Service Gap Survey



Overview

- Background of the Service Gap Survey
- FY16 Survey Redesign
- Statewide Service Gaps
- Regional Service Gaps
- Barriers
- Changes in Community Service Capacity
- Conclusions



Background Of The Service Gap Survey

- One of the primary responsibilities of the Community Policy and Management Team (CPMT) is to coordinate long range, community-wide planning to develop resources and services needed by children and families in the community (§2.2-5206).
- The 2006 Virginia General Assembly amended the Code of Virginia to further specify this requirement. On an annual basis, the CPMT shall report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in the local community (§2.2-5211.1.2).
- This report marks the 10th year that data has been collected by OCS on service gaps, barriers to filling these gaps, and local efforts to overcome the barriers.



FY16 Survey Redesign

- **Resulting from recommendations of a workgroup of CSA coordinators, the Service Gap Survey was redesigned to include:**
 - Switching to SurveyMonkey to modernize the look and functionality
 - Completing a full survey every odd numbered year and a smaller survey in the even numbered years, reviewing and updating the previous year's submission with any changes
 - Changing the closing date to the end of April to allow for many localities' end-of-year planning retreats
 - Grouping services by type and reducing the number of service choices offered to streamline the flow
 - Refining the reporting of service gaps by including specific population and age group questions


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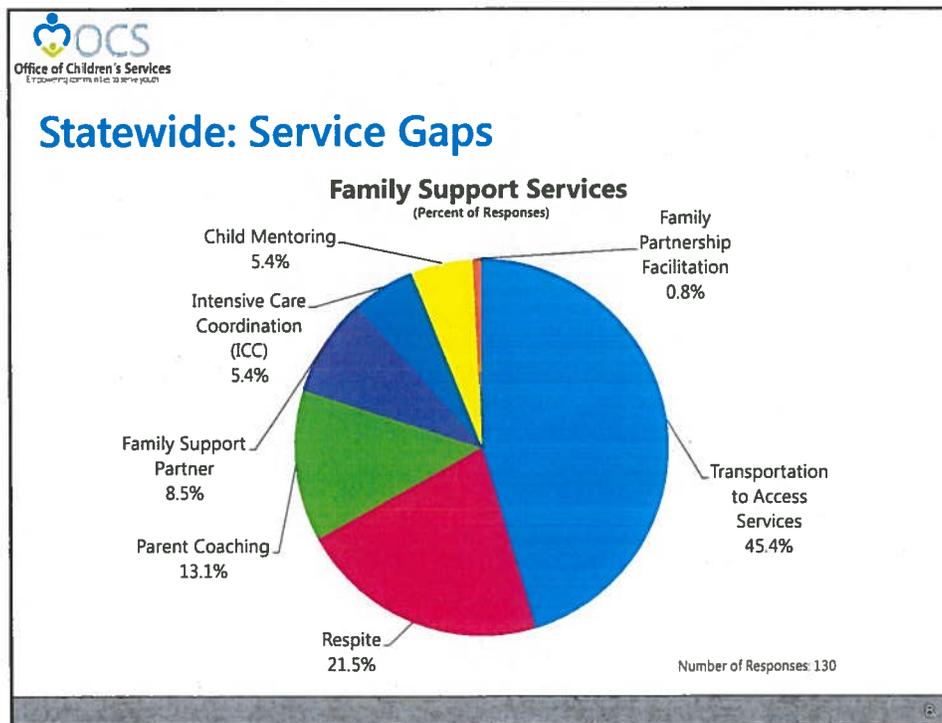
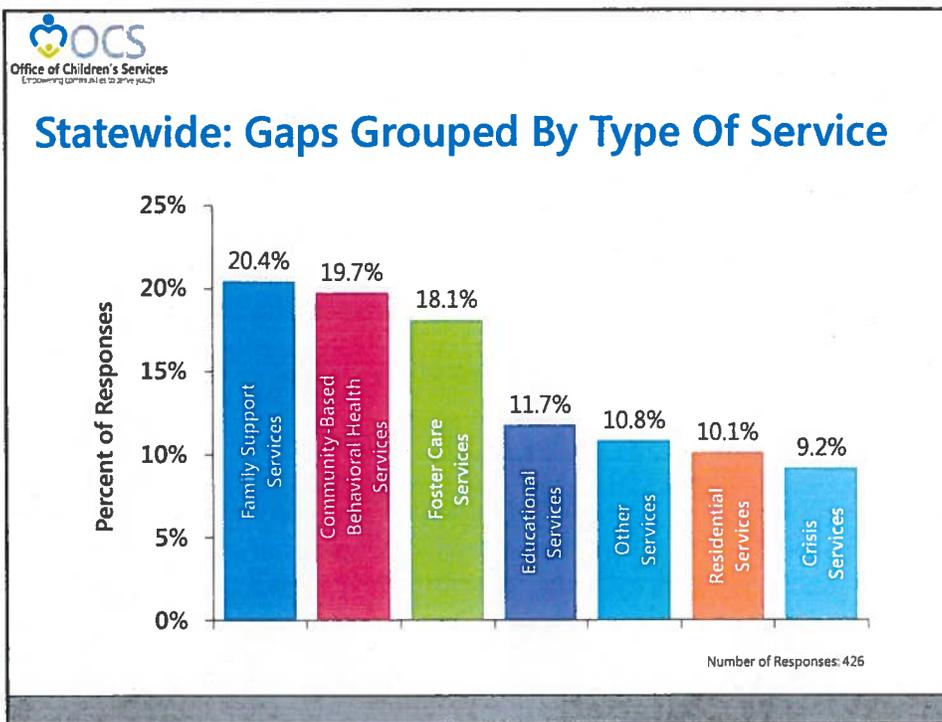
Grouping By Type Of Service

<p><u>Residential Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Short-term Diagnostic <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Treatment <p><u>Family Support Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Family Partnership Facilitation <input type="checkbox"/> Respite <input type="checkbox"/> Transportation to access services <input type="checkbox"/> Intensive Care Coordination (ICC) <input type="checkbox"/> Family Support Partner <input type="checkbox"/> Child Mentoring <input type="checkbox"/> Parent Coaching 	<p><u>Community-Based Behavioral Health Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assessment <input type="checkbox"/> Group Therapy <input type="checkbox"/> Family Therapy <input type="checkbox"/> Intensive In-Home <input type="checkbox"/> Therapeutic Day Treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Medication Management <input type="checkbox"/> Applied Behavior Analysis <input type="checkbox"/> Trauma Focused/Informed Services <p><u>Educational Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Private Day School <input type="checkbox"/> Residential School <input type="checkbox"/> School-based Mental Health Services 	<p><u>Foster Care Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Family Foster Care Homes <input type="checkbox"/> Therapeutic Foster Care Homes <input type="checkbox"/> Independent Living Services <p><u>Crisis Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Crisis Intervention/Crisis Stabilization <input type="checkbox"/> Acute Psychiatric Hospitalization <p><u>Other Services</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Populations and Age Groups

<p><u>Populations</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Autism <input type="checkbox"/> Intellectual Disability/Developmental Disability <input type="checkbox"/> Potentially Disrupting or Disrupted Foster Care Placements <input type="checkbox"/> Potentially Disrupting or Disrupted Adoptions <input type="checkbox"/> Sex Offending/Sexually Reactive Behaviors <input type="checkbox"/> Youth with Multiple Mental Health Diagnoses <input type="checkbox"/> Youth Involved with the Juvenile Justice System <input type="checkbox"/> Substance Abuse <input type="checkbox"/> No, there are not any specific populations <input type="checkbox"/> Other: 	<p><u>Age Groups</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-School Age (0-5) <input type="checkbox"/> Elementary School Age (6-10) <input type="checkbox"/> Middle School Age (11-13) <input type="checkbox"/> High School Age (14-18) <input type="checkbox"/> Transition Age (19-21) <input type="checkbox"/> No, there are not any specific age groups
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Statewide: Populations And Age Groups With Gaps In Family Support Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n= 387)
Youth with Multiple Mental Health Diagnoses	50	12.9%
Youth Involved with the Juvenile Justice System	45	11.6%
Sex Offending/Sexually Reactive Behaviors	42	10.9%
Substance Abuse	42	10.9%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n= 256)
High School Age (14-18)	55	21.5%
Middle School Age (11-13)	50	19.5%
No, there are not any specific age groups	49	19.1%

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Statewide: Service Gaps

Community-Based Behavioral Health Services

(Percent of Responses)

Service Category	Percent of Responses
Trauma Focused/Informed Services	28.2%
Applied Behavior Analysis	16.9%
Medication Management	15.5%
Intensive In-Home	10.6%
Family Therapy	9.9%
Assessment	9.2%
Therapeutic Day Treatment	4.9%
Group Therapy	3.5%
Case Management	1.4%

Number of Responses: 142

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Statewide: Populations And Age Groups With Gaps In Community-Based Behavioral Health Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=353)
Youth with Multiple Mental Health Diagnoses	52	14.7%
Autism	45	12.8%
Substance Abuse	42	11.9%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=254)
High School Age (14-18)	52	20.5%
Middle School Age (11-13)	49	19.3%
Elementary School Age (6-10)	45	17.7%

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Statewide: Service Gaps

Foster Care Services (Percent of Responses)

Service Type	Percent of Responses
Family Foster Care Homes	59.2%
Therapeutic Foster Care Homes	23.5%
Independent Living Services	17.4%

Number of Responses: 98

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Statewide: Populations And Age Groups With Gaps In Foster Care Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=340)
Sex Offending/Sexually Reactive Behaviors	48	14.1%
Youth with Multiple Mental Health Diagnoses	44	12.9%
Youth Involved with the Juvenile Justice System	40	11.8%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=199)
High School Age (14-18)	56	28.1%
Middle School Age (11-13)	45	22.6%
Transition Age (19-21)	34	17.1%

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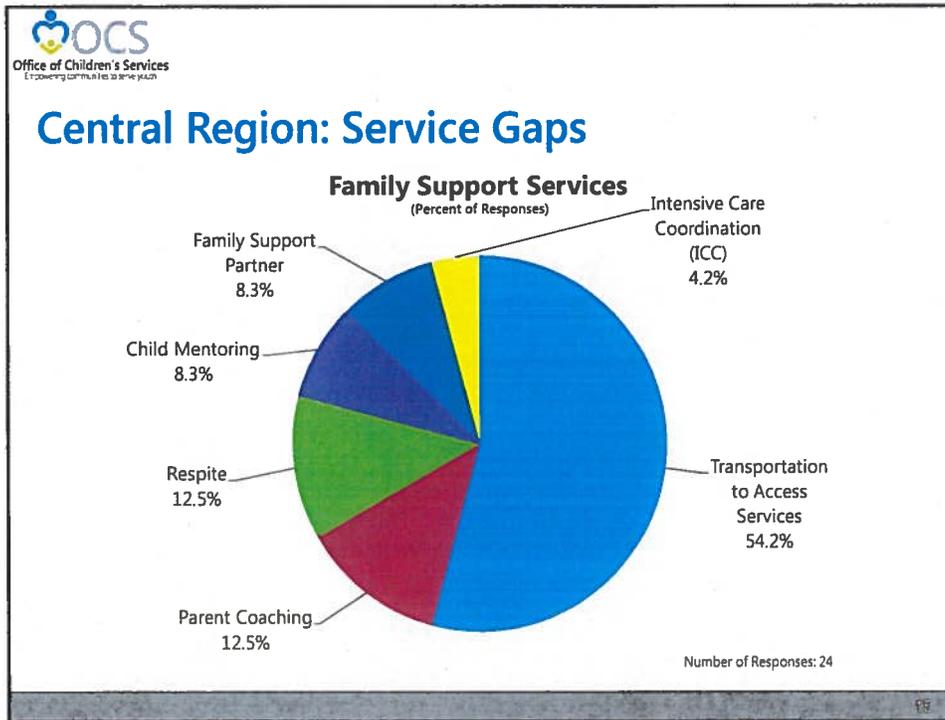
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Central Region: Gaps Grouped By Type Of Service

Type Of Service	Percent of Responses
Family Support Services	23.8%
Community-Based Behavioral Health Services	23.8%
Foster Care Services	17.5%
Educational Services	16.3%
Crisis Services	8.8%
Residential Services	6.3%
Other Services	3.8%

Number of Responses: 80

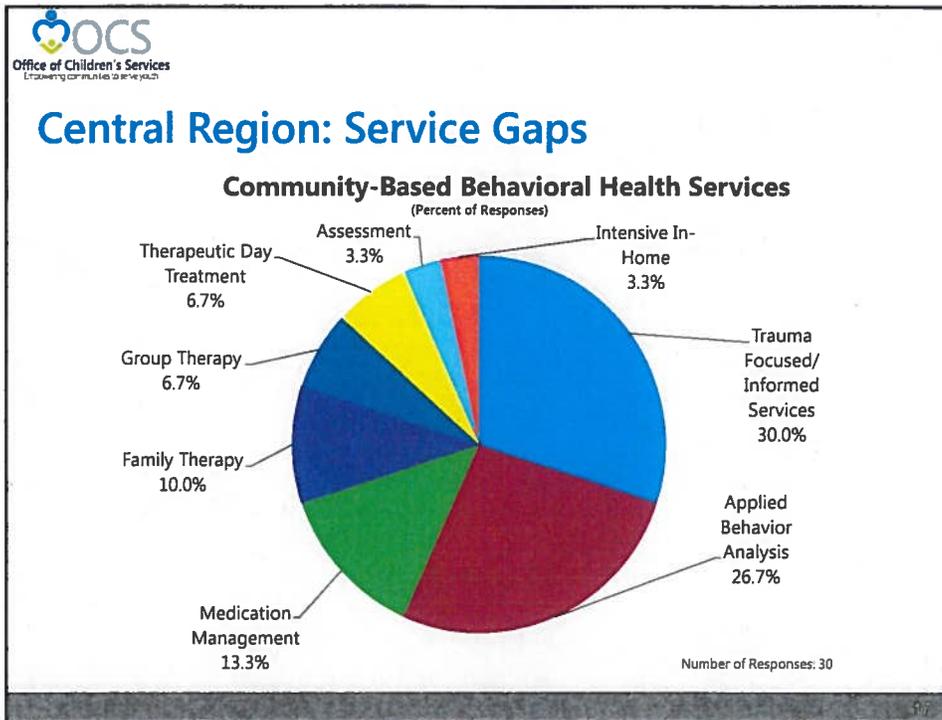
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Central Region: Populations And Age Groups With Gaps In Family Support Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=84)
Intellectual Disability/Developmental Disability	10	11.9%
Youth with Multiple Mental Health Diagnoses	10	11.9%
Autism	9	10.7%
Potentially Disrupting or Disrupted Foster Care Placements	9	10.7%
Sex Offending/Sexually Reactive Behaviors	9	10.7%
Substance Abuse	9	10.7%
Youth Involved with the Juvenile Justice System	9	10.7%

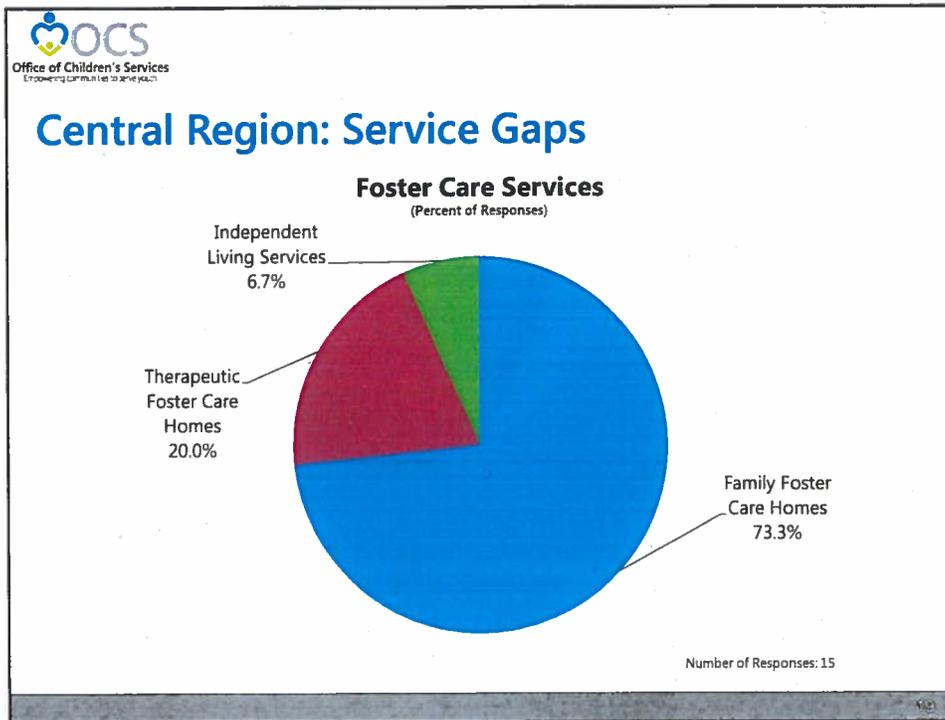
Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=42)
No, there are not any specific age groups	12	28.6%
High School Age (14-18)	7	16.7%
Middle School Age (11-13)	7	16.7%



Central Region: Populations And Age Groups With Gaps In Community-Based Behavioral Health Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=75)
Autism	12	16.0%
Potentially Disrupting or Disrupted Foster Care Placements	10	13.3%
Youth with Multiple Mental Health Diagnoses	10	13.3%

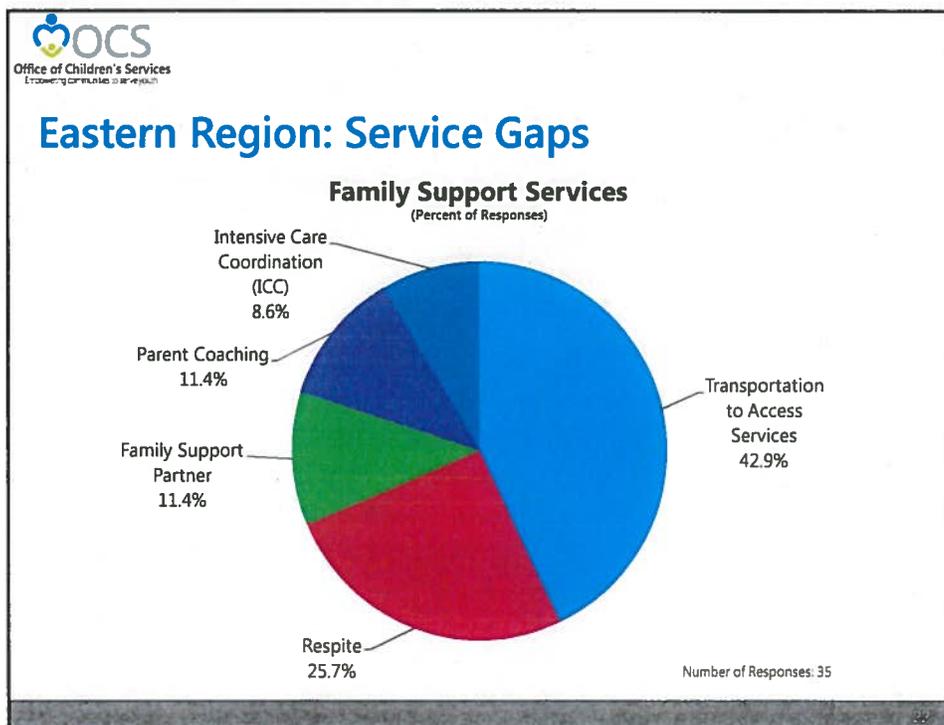
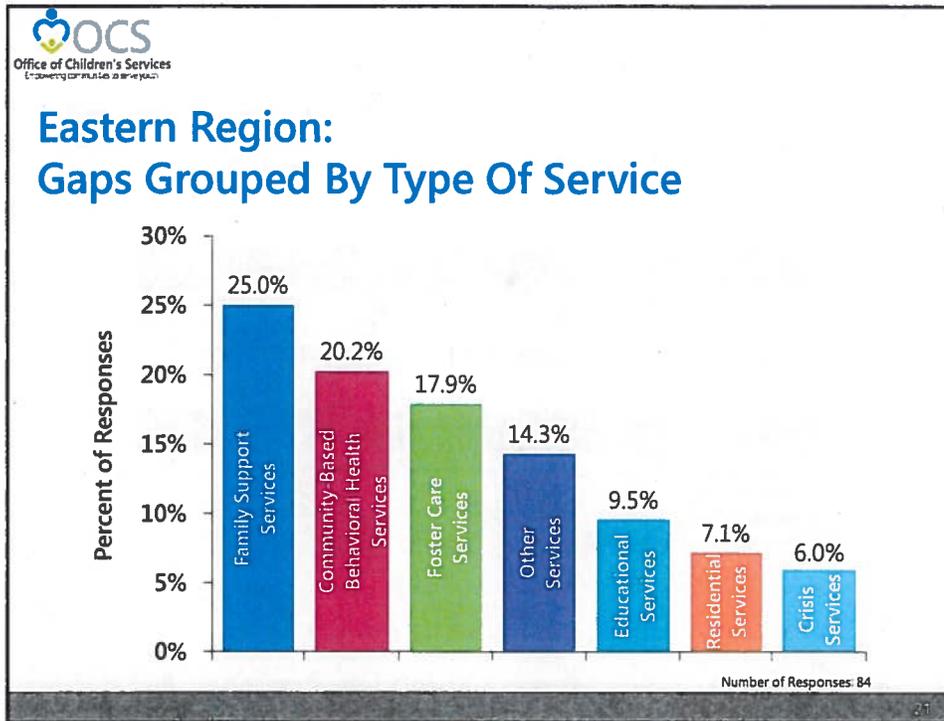
Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=63)
High School Age (14-18)	13	20.6%
Middle School Age (11-13)	13	20.6%
Elementary School Age (6-10)	12	19.1%



Central Region: Populations And Age Groups With Gaps In Foster Care Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=65)
Youth with Multiple Mental Health Diagnoses	10	15.4%
Sex Offending/Sexually Reactive Behaviors	8	12.3%
Youth Involved with the Juvenile Justice System	8	12.3%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=33)
High School Age (14-18)	9	27.3%
Middle School Age (11-13)	8	24.2%
Transition Age (19-21)	6	18.2%



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Eastern Region: Populations And Age Groups With Gaps In Family Support Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=86)
No, there are not any specific populations	11	12.8%
Youth with Multiple Mental Health Diagnoses	11	12.8%
Youth Involved with the Juvenile Justice System	10	11.6%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=72)
High School Age (14-18)	15	20.8%
Middle School Age (11-13)	15	20.8%
Elementary School Age (6-10)	12	16.7%
No, there are not any specific age groups	12	16.7%

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Eastern Region: Service Gaps

Community-Based Behavioral Health Services

(Percent of Responses)

Service Gap	Percent of Responses
Applied Behavior Analysis	30.8%
Trauma Focused/Informed Services	30.8%
Medication Management	11.5%
Therapeutic Day Treatment	11.5%
Case Management	3.9%
Assessment	3.9%
Family Therapy	3.9%
Intensive In-Home	3.9%

Number of Responses: 26

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Eastern Region: Populations And Age Groups With Gaps In Community-Based Behavioral Health Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=75)
Youth with Multiple Mental Health Diagnoses	11	14.7%
Autism	10	13.3%
Intellectual Disability/Developmental Disability	9	12.0%
Substance Abuse	9	12.0%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=51)
High School Age (14-18)	10	19.6%
Middle School Age (11-13)	10	19.6%
Elementary School Age (6-10)	9	17.7%

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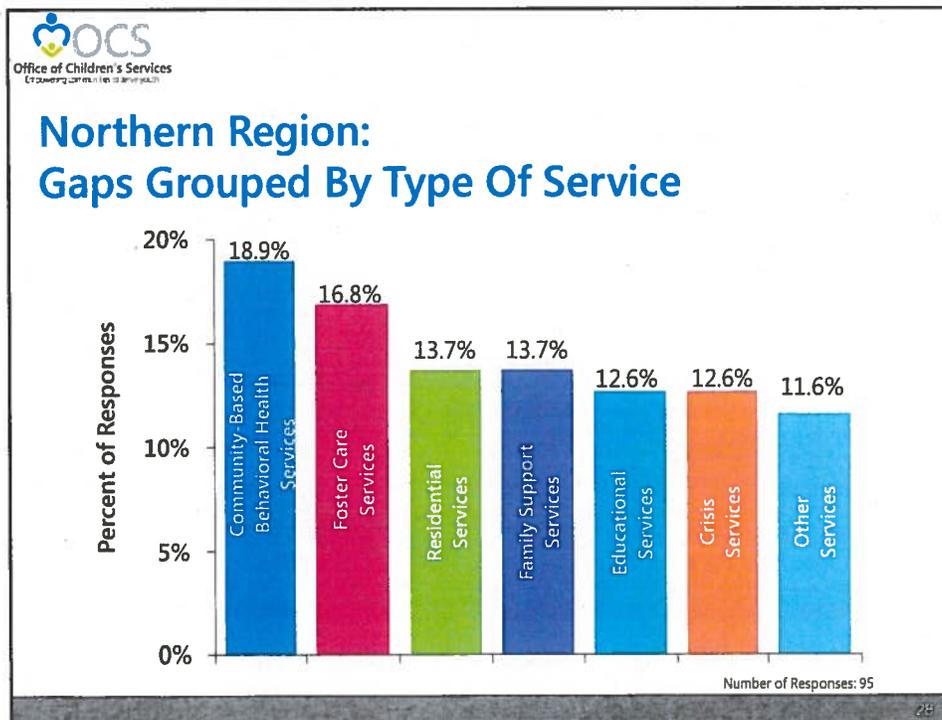
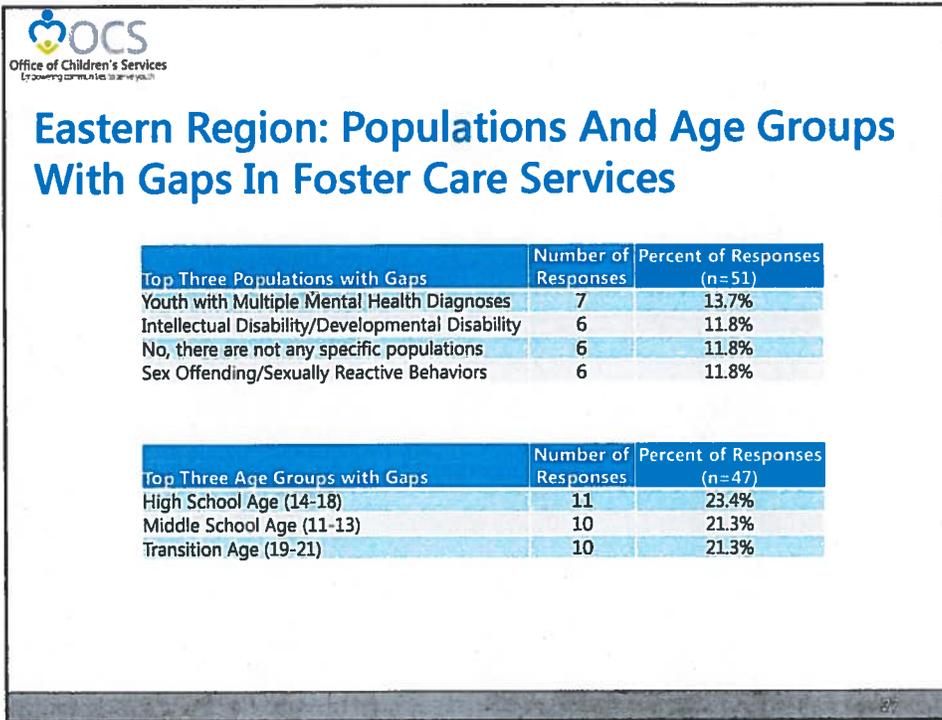
Eastern Region: Service Gaps

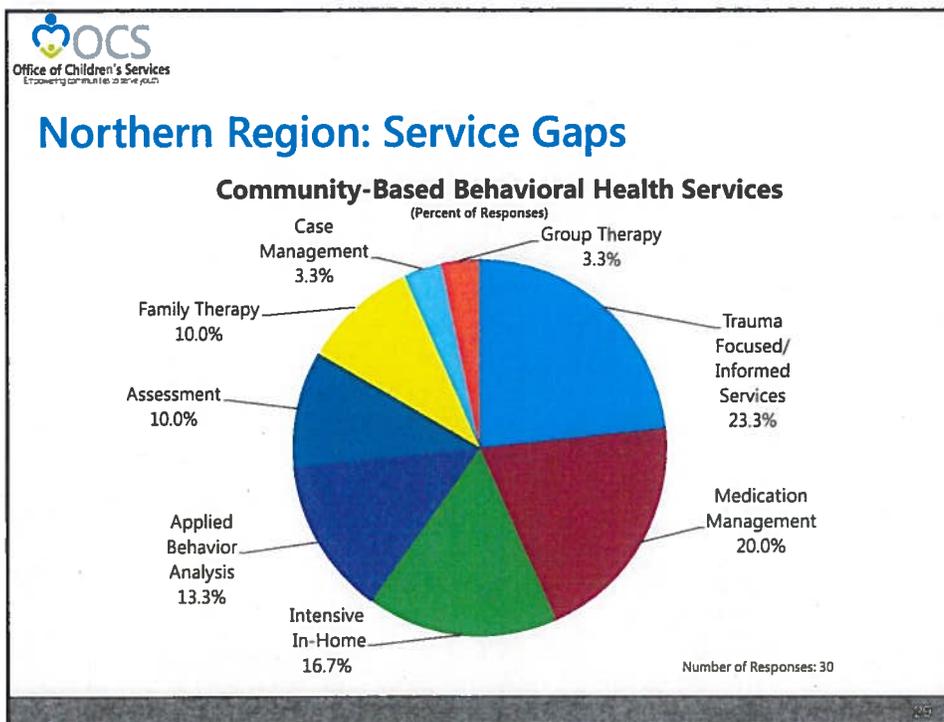
Foster Care Services (Percent of Responses)

Service Type	Percent of Responses
Family Foster Care Homes	57.9%
Independent Living Services	31.6%
Therapeutic Foster Care Homes	10.5%

Number of Responses: 19

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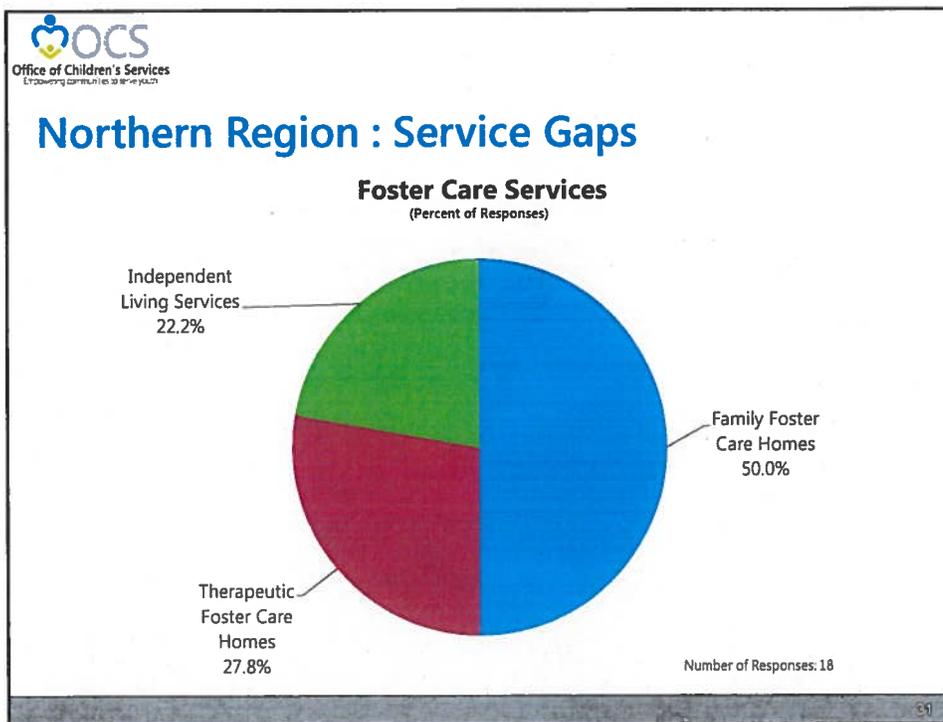


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Northern Region: Populations And Age Groups With Gaps In Community-Based Behavioral Health Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=68)
Substance Abuse	9	13.2%
Youth with Multiple Mental Health Diagnoses	9	13.2%
Autism	8	11.8%
Sex Offending/Sexually Reactive Behaviors	8	11.8%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=62)
Elementary School Age (6-10)	12	19.4%
High School Age (14-18)	12	19.4%
Middle School Age (11-13)	12	19.4%

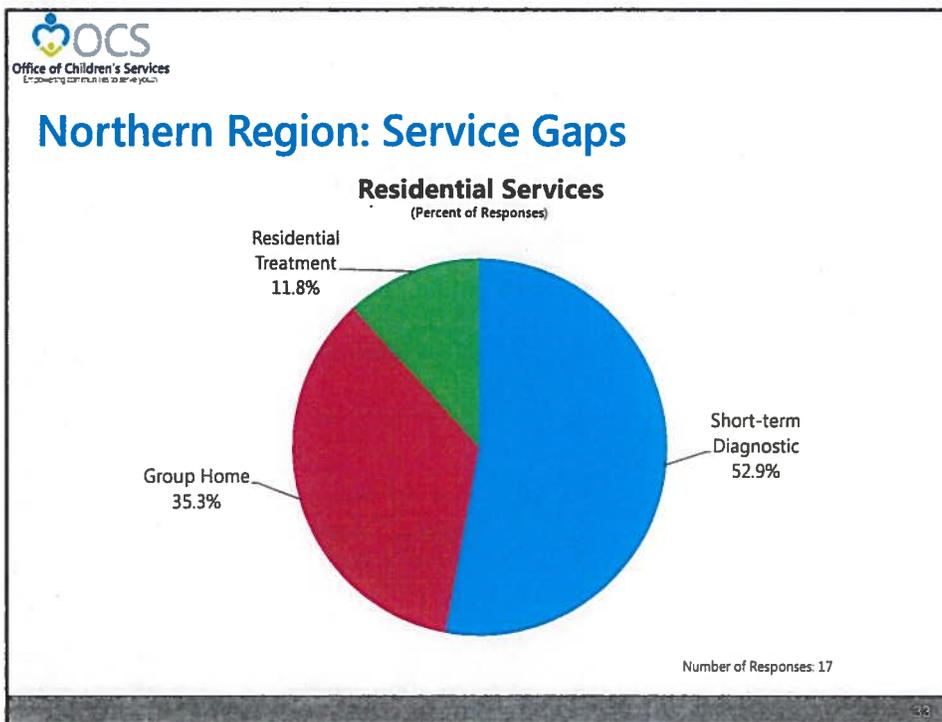


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Northern Region: Populations And Age Groups With Gaps In Foster Care Services

Population Category	Number of Responses	Percent of Responses (n=61)
Top Three Populations with Gaps		
Potentially Disrupting or Disrupted Foster Care Placements	10	16.4%
Sex Offending/Sexually Reactive Behaviors	10	16.4%
Potentially Disrupting or Disrupted Adoptions	8	13.1%

Age Group	Number of Responses	Percent of Responses (n=34)
Top Three Age Groups with Gaps		
High School Age (14-18)	12	35.3%
Middle School Age (11-13)	7	20.6%
Transition Age (19-21)	6	17.7%

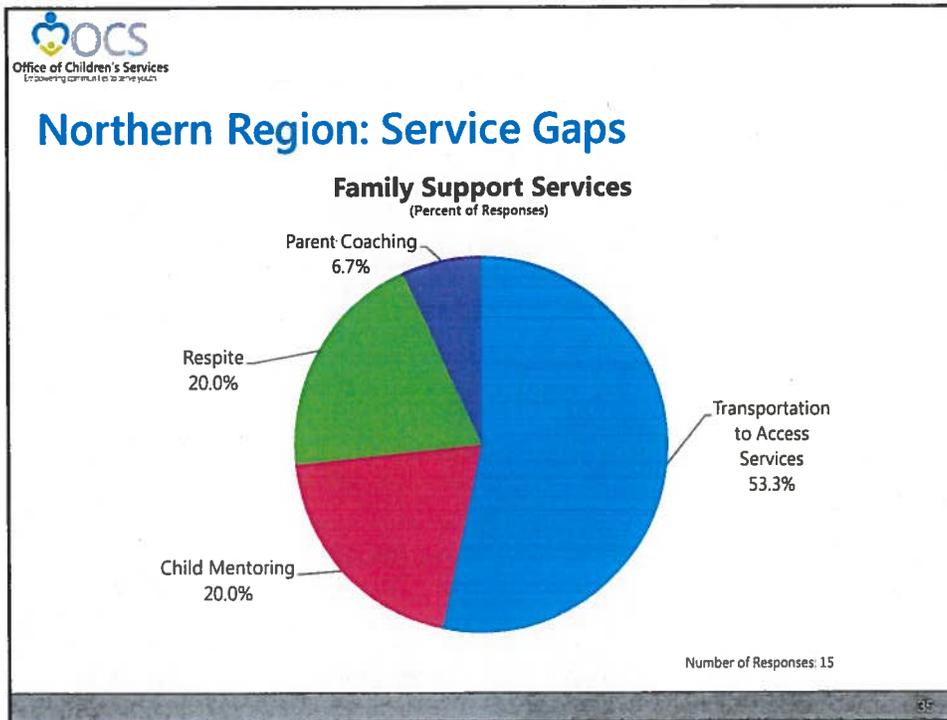


Top Three Populations with Gaps

Population	Number of Responses	Percent of Responses (n=59)
Substance Abuse	10	17.0%
Youth Involved with the Juvenile Justice System	9	15.3%
Youth with Multiple Mental Health Diagnoses	8	13.6%

Top Three Age Groups with Gaps

Age Group	Number of Responses	Percent of Responses (n=34)
Middle School Age (11-13)	10	29.4%
High School Age (14-18)	9	26.5%
Elementary School Age (6-10)	6	17.7%

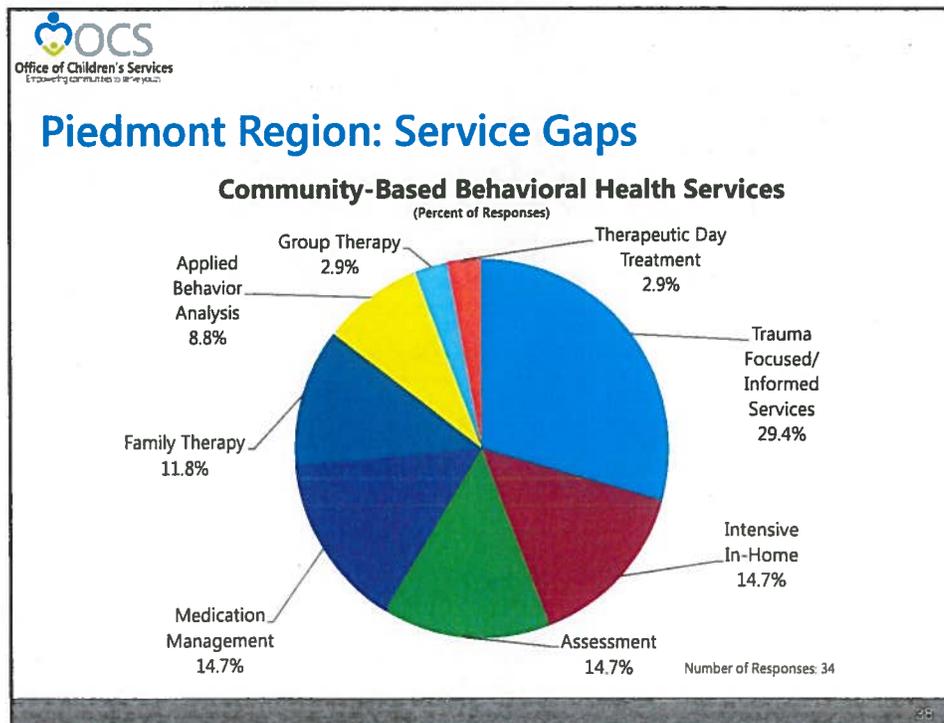
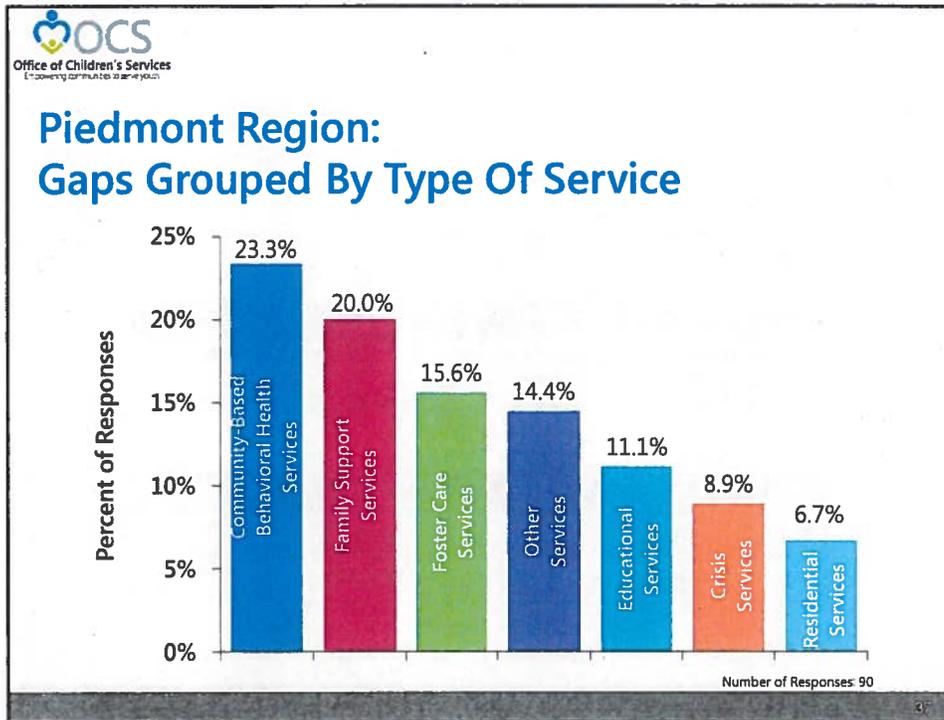


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Northern Region: Populations And Age Groups With Gaps In Family Support Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=46)
Substance Abuse	7	15.2%
Youth Involved with the Juvenile Justice System	7	15.2%
Sex Offending/Sexually Reactive Behaviors	6	13.0%
Youth with Multiple Mental Health Diagnoses	6	13.0%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=27)
High School Age (14-18)	8	29.6%
Middle School Age (11-13)	6	22.2%
No, there are not any specific age groups	5	18.5%



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Piedmont Region: Populations And Age Groups With Gaps In Community-Based Behavioral Health Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=89)
Youth with Multiple Mental Health Diagnoses	15	16.9%
Sex Offending/Sexually Reactive Behaviors	12	13.5%
Substance Abuse	11	12.4%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=48)
High School Age (14-18)	11	22.9%
No, there are not any specific age groups	10	20.8%
Middle School Age (11-13)	8	16.7%
Transition Age (19-21)	8	16.7%

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Piedmont Region: Service Gaps

Family Support Services (Percent of Responses)

Service Gap	Percent of Responses
Transportation to Access Services	44.8%
Respite	20.7%
Family Support Partner	17.2%
Parent Coaching	10.3%
Intensive Care Coordination (ICC)	6.9%

Number of Responses: 29

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Piedmont Region: Populations And Age Groups With Gaps In Family Support Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=74)
No, there are not any specific populations	11	14.9%
Youth with Multiple Mental Health Diagnoses	11	14.9%
Intellectual Disability/Developmental Disability	9	12.2%
Youth Involved with the Juvenile Justice System	9	12.2%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=50)
High School Age (14-18)	12	24.0%
No, there are not any specific age groups	11	22.0%
Middle School Age (11-13)	9	18.0%

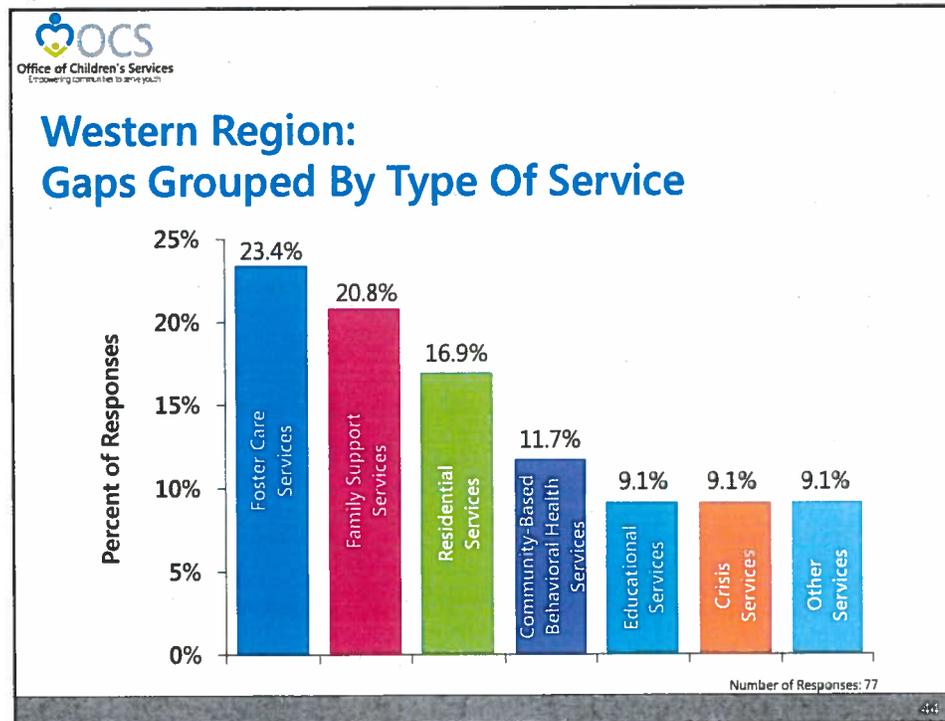
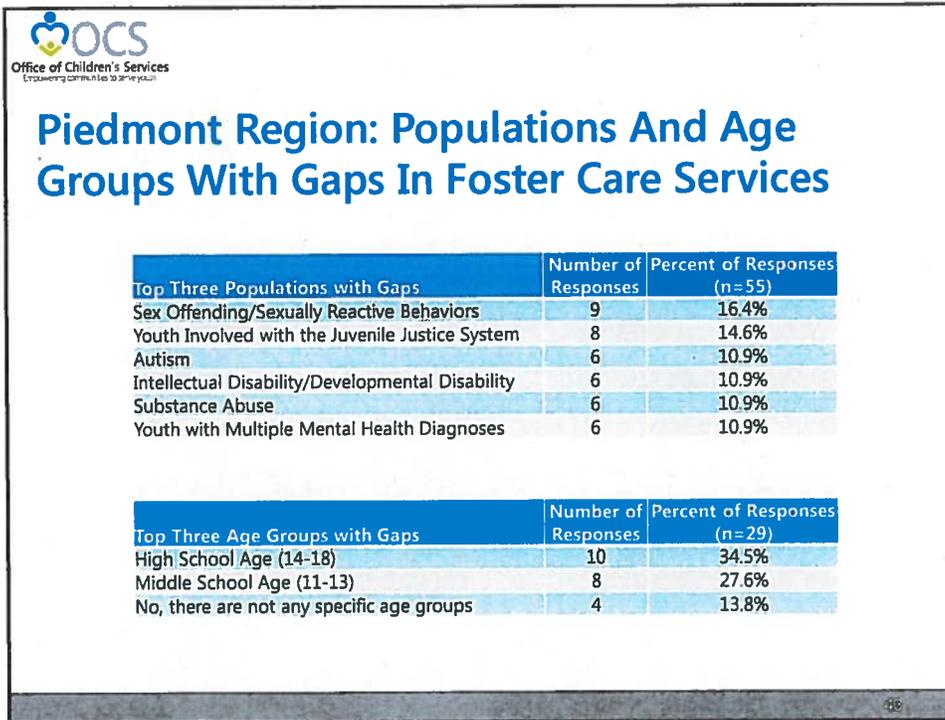
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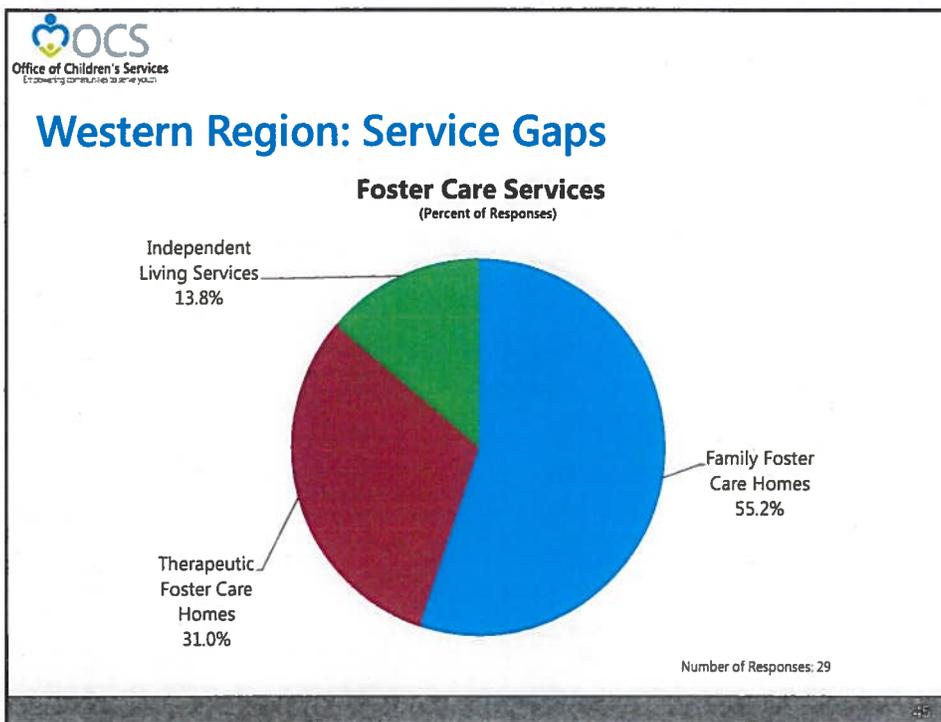
Piedmont Region: Service Gaps

Foster Care Services (Percent of Responses)

Service Type	Percent of Responses
Family Foster Care Homes	64.7%
Therapeutic Foster Care Homes	23.5%
Independent Living Services	11.8%

Number of Responses: 17



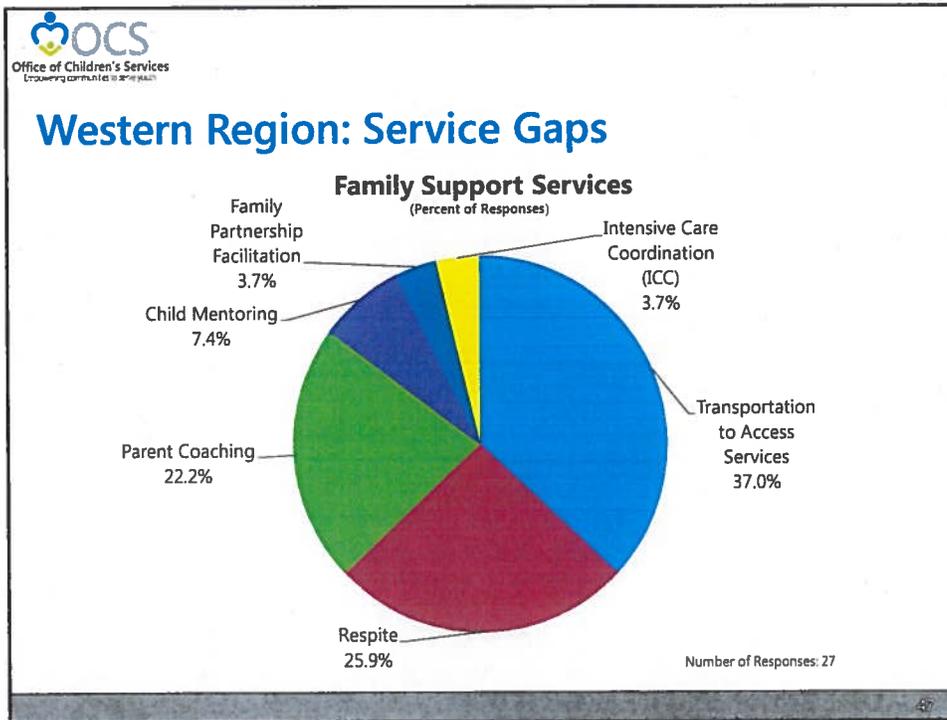


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Western Region: Populations And Age Groups With Gaps In Foster Care Services

Population Group	Number of Responses	Percent of Responses (n=108)
Sex Offending/Sexually Reactive Behaviors	15	13.9%
Youth with Multiple Mental Health Diagnoses	15	13.9%
Potentially Disrupting or Disrupted Adoptions	12	11.1%
Substance Abuse	12	11.1%
Youth Involved with the Juvenile Justice System	12	11.1%

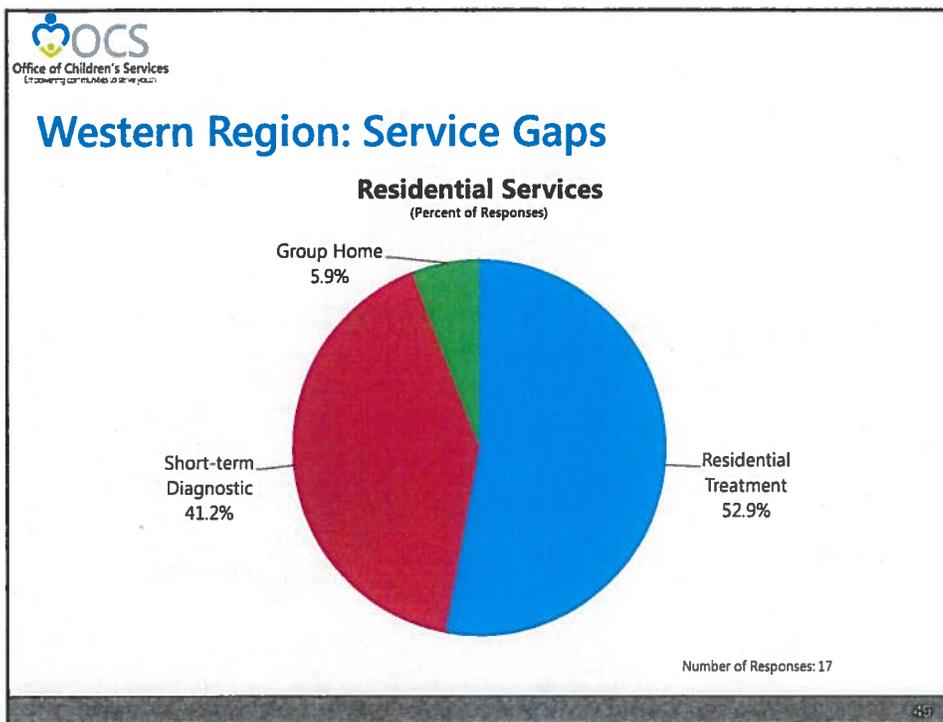
Age Group	Number of Responses	Percent of Responses (n=56)
High School Age (14-18)	14	25.0%
Middle School Age (11-13)	12	21.4%
Transition Age (19-21)	9	16.1%



Western Region: Populations And Age Groups With Gaps In Family Support Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=97)
Substance Abuse	12	12.4%
Youth with Multiple Mental Health Diagnoses	12	12.4%
Potentially Disrupting or Disrupted Foster Care Placements	11	11.3%
Sex Offending/Sexually Reactive Behaviors	11	11.3%

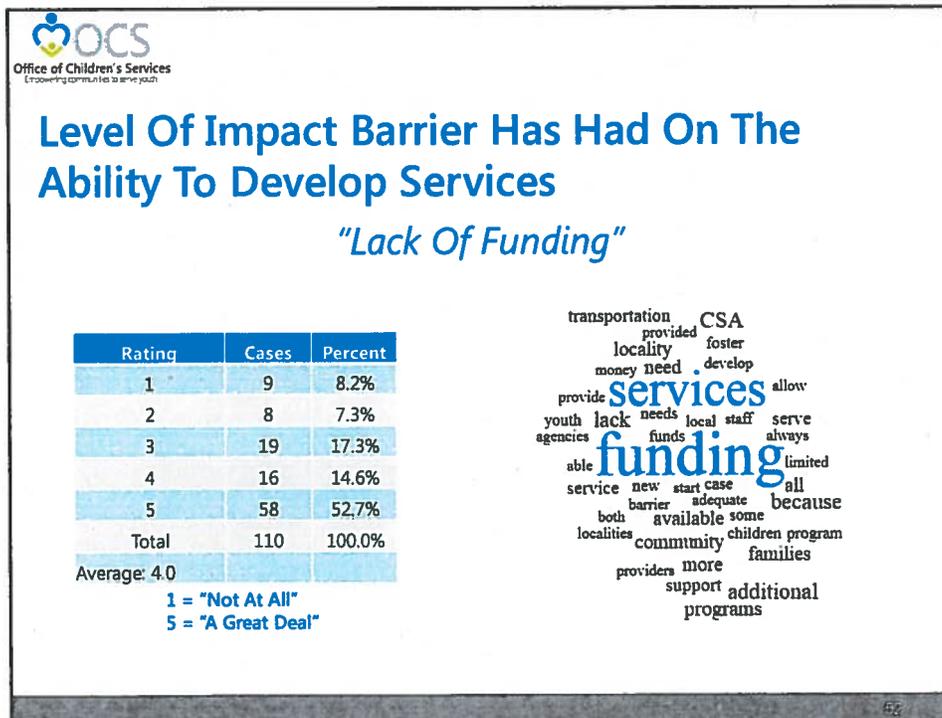
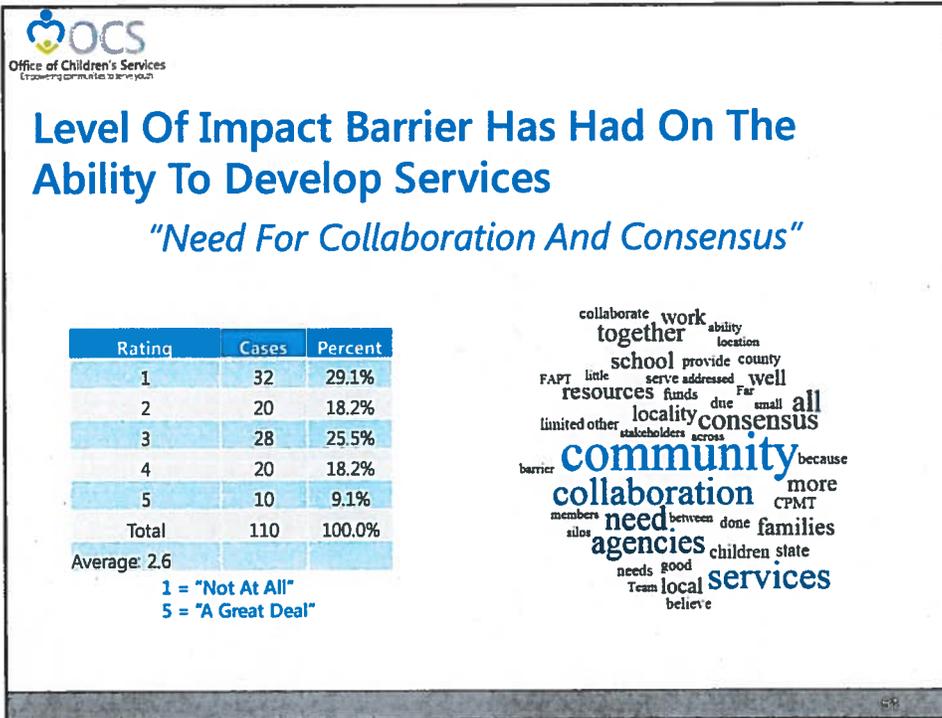
Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=65)
High School Age (14-18)	13	20.0%
Middle School Age (11-13)	13	20.0%
Elementary School Age (6-10)	12	18.5%

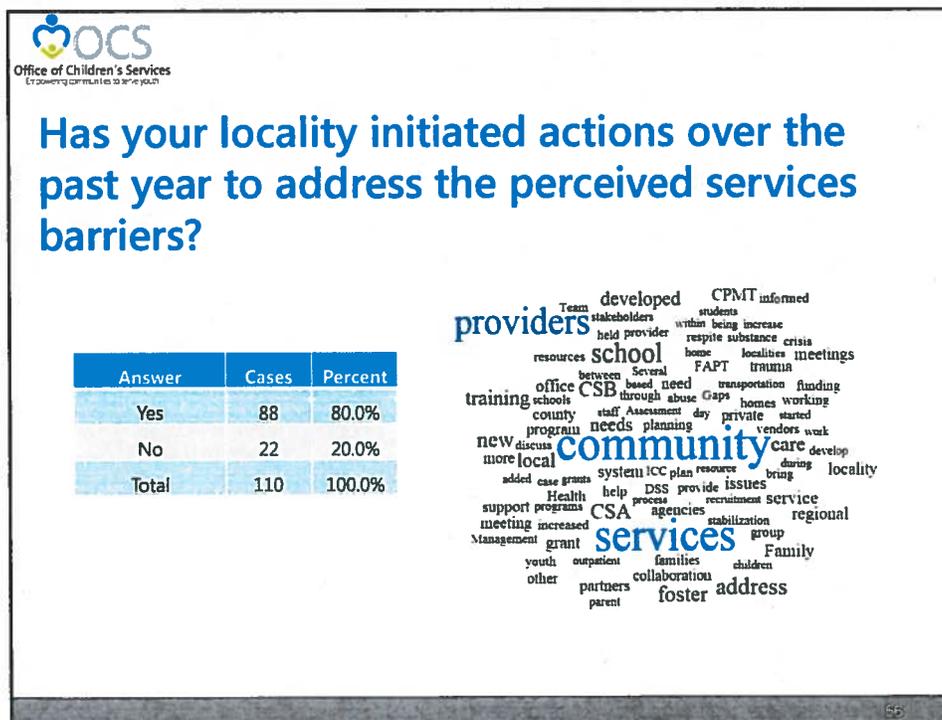
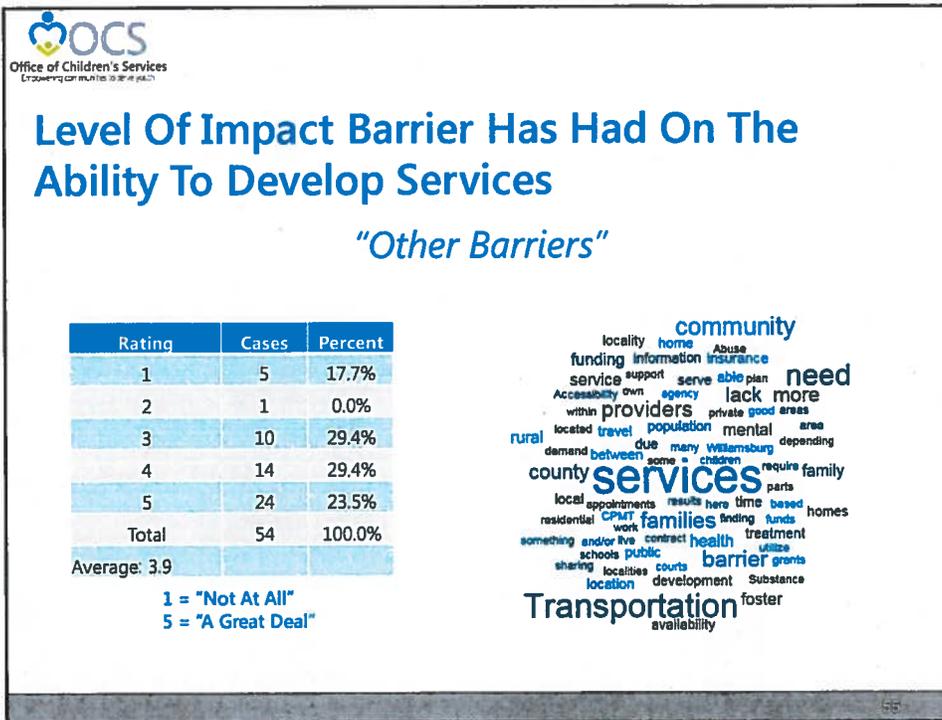


Western Region: Populations And Age Groups With Gaps In Residential Services

Top Three Populations with Gaps	Number of Responses	Percent of Responses (n=68)
Sex Offending/Sexually Reactive Behaviors	12	17.7%
Substance Abuse	11	16.2%
Youth Involved with the Juvenile Justice System	10	14.7%
Youth with Multiple Mental Health Diagnoses	10	14.7%

Top Three Age Groups with Gaps	Number of Responses	Percent of Responses (n=39)
High School Age (14-18)	10	25.6%
Elementary School Age (6-10)	8	20.5%
Middle School Age (11-13)	8	20.5%







Conclusions

- Family Support Services Group Identified as the Top Gap Statewide and Top Three in Every Region
 - Less of a problem in the Northern Region than the others (13.7% Vs. Greater than 20%)
 - Transportation to Access Services selected most often statewide and in every region
 - Youth with Multiple Mental Health Diagnoses was top population identified statewide and in every region
 - High School Age children selected most often statewide and in every region except Central (2nd)

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Conclusions (continued)

- Community-Based Behavioral Services Group Selected Second Most Often Statewide and Top Three in Every Region Except the Western Region (4th)
 - Trauma Focused/Informed Services were selected most often statewide and in every region
 - Youth with Multiple Mental Health Diagnoses was the population identified most often statewide and in every region except Central (2nd)
 - High School Age Children were selected most often statewide and in every region except Northern (2nd)

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Conclusions (continued)

- Foster Care Services Group Selected Third Most Often Statewide and Top Three Gap in Every Region
 - More of a problem in the Western Region than the others (23.4% vs. less than 18%)
 - Family Foster Care Homes selected most often statewide and in every region
 - Sex Offending/Sexually Reactive Behaviors was the top population identified statewide and first or second in every region
 - High School Age Children selected most often statewide and every region

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Conclusions (continued)

- Barriers Weighted by Ranking In Order From Highest to Lowest
 - Provider Availability
 - Lack of Funding
 - Need More Information and Data
 - Need for Collaboration and Consensus
- Eighty percent of localities initiated actions over the past year to address these perceived barriers

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One of the primary responsibilities of the Community Policy and Management Team (CPMT) is to coordinate long range, community-wide planning to develop resources and services needed by children and families in their community (§2.2-5206).

In 2006, the Virginia General Assembly amended the Code of Virginia to further specify this requirement. This amendment included language that requires CPMTs to annually report to the Office of Children's Services (OCS) on gaps and barriers in services needed to keep children in their local community (§2.2-5211.1.2). CPMTs will satisfy this requirement by completing this survey.

Thank you!



- Q1) What is your locality? _____
- Q2) What is the name of the contact person for your locality? _____
- Q3) What is the contact person's title? _____
- Q4) What is the contact person's telephone number including area code? _____
- Q5) What is the contact person's email address? _____
- Q6) We are interested in learning more about the most critical service gaps that are impacting your community's ability to serve children in their home, school and/or community. From the following list, please identify three (3) to five (5) services which are most important to further develop in your community. Consider services that do not exist in your community, as well as those that exist but do not adequately meet your locality's needs due to constraints such as insufficient capacity, poor quality, or prohibitive costs.

Residential Services

- Short-term Diagnostic
- Group Home
- Residential Treatment

Community-Based Behavioral Health Services

- Assessment
- Group Therapy
- Family Therapy
- Intensive In-Home
- Therapeutic Day Treatment
- Case Management
- Medication Management
- Applied Behavior Analysis
- Trauma Focused/Informed Services

Foster Care Services

- Family Foster Care Homes
- Therapeutic Foster Care Homes
- Independent Living Services

Family Support Services

- Family Partnership Facilitation
- Respite
- Transportation to access services
- Intensive Care Coordination (ICC)
- Family Support Partner
- Child Mentoring
- Parent Coaching

Educational Services

- Private Day School
- Residential School
- School-based Mental Health Services

Crisis Services

- Crisis Intervention/Crisis Stabilization
- Acute Psychiatric Hospitalization

Other Services

- Other: _____
- Other: _____
- Other: _____



Q7) Please identify any specific populations and age groups where there are gaps in the services that your locality has identified in Q6.

First Identified Service Gap: _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____

Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Second Identified Service Gap: _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____



Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Third Identified Service Gap: _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____

Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Fourth Identified Service Gap (if needed): _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____



Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups

Fifth Identified Service Gap (if needed): _____

Are there any specific populations where there are gaps in these services in your locality? (Please choose all that apply)

- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth Involved with the Juvenile Justice System
- Substance Abuse
- No, there are not any specific populations
- Other: _____

Are there any specific age groups where there are gaps in these services? (Please choose all that apply)

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)
- No, there are not any specific age groups



Q8) On a 5-point scale, with 1 being 'Not At All' and 5 being 'A Great Deal', please indicate the level of impact the following barriers have had on your community's ability to develop the services the you have identified. Also, please add specific comments under each barrier, as needed.

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Need for greater collaboration and consensus	<input type="radio"/>				

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Lack of funding	<input type="radio"/>				

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Provider availability	<input type="radio"/>				

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Need more information and data	<input type="radio"/>				

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Other barrier (please list): _____	<input type="radio"/>				

Comments: _____

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Other barrier (please list): _____	<input type="radio"/>				

Comments: _____

Q9) Has your locality initiated actions over the past year to address the perceived services barriers?

- Yes
- No



If yes, then please describe below:



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES
Administering the Children's Services Act

MEMORANDUM

TO: State Executive Council for Children's Services

FROM: Scott Reiner, Executive Director
Office of Children's Services 

RE: SEC Policy 4.7 (Response to Audit Findings) – Request for Final Approval

DATE: December 14, 2017

I. Action Requested

The State Executive Council for Children's Services (SEC) is requested to provide final approval the proposed SEC Policy 4.7, Response to Audit Findings with Regard to Children Services Act, pursuant to SEC Policy 2.4, Public Participation in Policy-making Actions.

If approved the policy would become effective January 1, 2018 and be applicable to as yet not completed audits beginning with the FY2017 – FY 2019 cycle. Audits in this cycle will be considered the "base" year for any findings that may result in action as a "repeat or subsequent" finding under the proposed policy.

II. Background

Section 2.2-2648 of the *Code of Virginia* authorizes the SEC to establish interagency programmatic and fiscal policies, provide for the administration of necessary functions that support the work of the Office on Children's Services (OCS), establish and oversee the operation of an informal review and negotiation process with the OCS Executive Director and a formal dispute resolution procedure before the SEC when the Executive Director or SEC finds that a community policy and management team (CPMT) failed to comply with any provision of, and deny state funding to a locality where a CPMT fails to comply with the CSA or other applicable statutes or policies.

SEC Policy 4.6, Denial of Funds, sets forth the procedures to follow for investigating or determining noncompliance with applicable statutes, regulations, or policies applicable to the Children's Services Act (CSA).

Section 2.2-2648 of the *Code of Virginia* authorizes the OCS to develop and provide for the consistent oversight for program administration and compliance with state policies and procedures; provide an informal review and negotiation process; and implement, in collaboration with participating state agencies, policies, guidelines and procedures adopted by the SEC.

OCS employees conduct audits of local CSA programs, procedures, and practices through interview, observation, and the review of documentation to determine compliance, in whole or in part, with the requirements of relevant state or federal statutes, including the applicable Appropriations Act provisions, regulations, or policies, whether specific to the CSA or promulgated by the agencies participating in the CSA, that govern the operations of local CSA programs.

The report completed by the OCS auditors is reviewed by the OCS Executive Director where a determination is made, if applicable, as to the type of noncompliance and whether the locality will be required to reimburse the expended state pool funds. The categories and actions outlined in this proposed SEC Policy 4.7, Response to Audit Findings with Regard to Children Services Act, are consistent with current OCS practices.

The SEC's Finance and Audit Committee developed the substance of this policy. The committee advanced the concept and the level designations for consideration by the SEC at the Notice Stage and the SEC approved this proposed policy for public comment at the Proposed Stage at its meeting on June 15, 2017.

III. Public Comment

The initial public comment period was open from June 19, 2017 through August 20, 2017. At the direction of the SEC, an extended public comment period following amendments to the proposed policy was open from October 23, 2017 through November 27, 2017. Below in tabular format is a summary of the public comments received from both comment periods and the responses of the OCS for consideration by the SEC. Full text copies of all of the public comments received from the initial and subsequent comment periods are available for your review.

IV. Conclusion

The proposed SEC Policy 4.7 is intended to provide clarity to localities on OCS's response to audit findings of noncompliance and guidance for the OCS Executive Director for objective, consistent responses to such findings. The proposed draft reflects responses to the public comments received as described in this memorandum.

The SEC is requested to authorize final approval of the proposed (as revised) SEC Policy 4.7, Response to Audit Findings with Regard to Children Services Act, pursuant to SEC Policy 2.4, Public Participation in Policy-making Actions.

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Comments from the June 19 – August 20, 2017 Comment Period

#	Committer	Summary of Comments	OCS Response
1	<p>Gloucester County CPMT (via the OCS website)</p>	<p>1. Section 4.7.4.2 Noncompliance Level Two Finding, B.3.: "CPMT did not approve services and expenditures in a timely manner but did so within a reasonable (e.g. 30 day) time period". This seems to be open to interpretation based on what timely manner may be to one person vs. another. It is suggested that guidance be provided on what is recommended in the user's guide if this timely manner statement remains. While vague can be good, it can also serve the opposite purpose.</p>	<p>Thank you for submitting Gloucester County's comments on the Proposed Stage of SEC Policy 4.7. 1. The proposed policy has been revised to remove references to "timely". The specific items referred to in this comment have also been removed from this area of the proposed policy.</p>
2	<p>Sarah Snead, President Virginia Association of Local Human Services Officials</p>	<p>1. Proposed policy is a reasonable action, concern is with potential unintended consequences. SEC should ensure the audit process maintains a balance between the state's oversight function and locality's authority to make program and funding decisions. 2. The language of the proposed policy has moved away from a collaborative, quality improvement process to a more punitive process that places localities in increased financial risk.</p>	<p>1. Thank you for submitting VALHSO's comments on the Proposed Stage of SEC Policy 4.7. The comment that the SEC should ensure the audit process maintains a balance between the state's oversight function and locality's authority to make program and funding decisions is appreciated and is the intent of the proposed policy. 2. The proposed policy memorializes existing practice with regard to OCS response to audit findings that have been in place for years. There is no intent to move to a more punitive mode of response to audit findings, but rather to balance statutorily required oversight with a quality improvement oriented process. The policy provides a framework for consistency in the response to audit findings.</p>
3.		<p>OCS audits should focus on compliance to CSA policy. Audit findings such as "inadequate documentation", "inadequate fiscal controls", "sufficient evidence", "timely manner", "obsolete", "incomplete" are open to</p>	<p>The proposed policy has been revised to provide the specific statutory and policy bases for potential areas of noncompliance. Additionally, the questioned terms were either removed or further defined for clarity and exactitude. Local CSA programs have the right to dispute</p>

	<p>interpretation and could allow the audit to invade the purview of the local CPMT.</p> <p>4. Other external audit findings (e.g., independent financial audits) should be taken into consideration during an OCS audit.</p> <p>5. The proposed policy does not clearly define the fiscal parameters related to denial of funds and/or fund recovery. Further definition is required related to what is included in the fiscal sanction process. A due process for appealing fiscal sanctions as well as a graduated system of denial and withholding of funds should be included in the policy (example provided).</p> <p>6. The proposed policy should include an allowable threshold of errors as is common with other audit processes. The audit process should take into consideration the complexity of a local CSA program, the fact that it is a multi-agency process and reflect that in the definition of noncompliance. There should be an accepted threshold of administrative errors that are inherent to a complex program such as CSA.</p>	<p>any audit findings they disagree with and to have the OCS and the SEC make a final determination of their validity.</p> <p>4. With regard to other external audit findings (e.g., independent financial audits) being taken into consideration during an OCS audit, OCS is willing to and already does so. However, due to the complexity of the CSA program, few independent financial audits are familiar with, nor explore in detail, compliance with CSA requirements. The OCS audit is responsible for ensuring accountability for the use of state CSA funds and cannot delegate that to other, external audit processes.</p> <p>5. It is unclear what further specificity is desired. SEC Policy 3.4 (“Dispute Resolution Process”) specifies the due process for appealing a fiscal sanction. Over the past three years of audits, a relatively small number of findings have resulted in a denial of funds and an even smaller number have resulted in informal appeals to the OCS. No denial of funds action has progressed to a formal hearing before the SEC. The commenters proposed “Responses to Noncompliance Findings” are insufficient to meet the statutory requirements of the SEC to deny funding where the CPMT fails to provide services that comply with the Children’s Services Act.”</p> <p>6. OCS agrees that the CSA program is complex. The definitions of noncompliance however, are derived directly from statute, regulation or policy. OCS audits examine a relatively small sample of cases, therefore limiting the potential adverse impact of administrative errors. Allowing a threshold of error where state pool funds have been used inappropriately would be in contradiction to statutory language as provided in the</p>
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			<p>Authority section of the proposed policy. Establishing a “tiered” level of noncompliance findings in the proposed policy represents a recognition that not all noncompliance findings are “created equal” and to deny funds only in the most serious instances or where the locality has failed to correct previously identified findings.</p> <p>Thank you for submitting the comments of Virginia League of Social Services Executives on the Proposed Stage of SEC Policy 4.7.</p> <p>Please see Responses to Commenter 2.</p>
3	<p>Catherine Pemberton, President</p> <p>Virginia League of Social Services Executives</p>	<p>These comments are identical to Commenter 2.</p>	<p>Thank you for submitting the comments of the York County-Poquoson DSS on the Proposed Stage of SEC Policy 4.7.</p> <p>Please see Responses to Commenter 2.</p>
4	<p>Kimberly Irvine, Director</p> <p>York County – City of Poquoson DSS</p>	<p>These comments are identical to Commenter 2.</p>	<p>Thank you for submitting the comments of the Albemarle County and Charlottesville CPMTs on the Proposed Stage of SEC Policy 4.7.</p> <p>Please see Responses to Commenter 2.</p>
5	<p>Phyllis Savides, Chair</p> <p>Albemarle County CPMT</p> <p>Kaki Dimock, Chair</p> <p>Charlottesville CPMT</p>	<p>These comments are identical to Commenter 2.</p>	<p>Thank you for submitting the comments of the Albemarle County and Charlottesville CPMTs on the Proposed Stage of SEC Policy 4.7.</p> <p>Please see Responses to Commenter 2.</p>

<p>6</p> <p>Dean Lynch, Executive Director Virginia Association of Counties</p>	<p>1. VACo is supportive of establishing a formal policy that outlines how the OCS will respond to findings of noncompliance with policy or statute. Concerned that some of the proposed examples of noncompliance are subjective and could result in a locality being penalized for failure to follow what an auditor believes to be best practices.</p> <p>2. The proposed policy does not set out an allowable threshold for administrative errors and should take into consideration that some minor instances of noncompliance are inevitable in a program involving multiple state and local agencies.</p> <p>3. Level Three findings should be limited to the most serious errors or those which could jeopardize children's safety.</p> <p>a. Remove "funding was not approved by the CPMT" as it seems to suggest that the CPMT approve individual expenditures at the case level, which is not required by Code.</p>	<p>1. Thank you for submitting the comments of the Virginia Association of Counties (VACo) on the Proposed Stage of SEC Policy 4.7. VACO's recognition of the appropriateness of a policy such as that proposed is appreciated. Instances of possible subjectivity and "best practice" considerations have been revised in the proposed policy to be more precise and objective.</p> <p>2. OCS audits examine a relatively small sample of cases, therefore limiting the potential adverse impact of administrative errors. Allowing a threshold of error where state pool funds have been used inappropriately would be in contradiction to statutory language as provided in the Authority section of the proposed policy. Establishing a "tiered" level of noncompliance findings in the proposed policy represents a recognition that not all noncompliance findings are "created equal" and to deny funds only in the most serious instances or where the locality has failed to correct previously identified findings.</p> <p>3. Regarding the specific suggestions to move specific examples of noncompliance findings to lower tiers:</p> <p>a. The Code (§2.2-5206 (9)) requires that all CSA expenditures be authorized by the CPMT. The audit process accepts evidence of such authorization through either case specific action approval or in a "bulk action" of a list of expenditures submitted to CPMT for review without action on each individual case. For example, CPMT minutes indicating approval of all cases presented would constitute compliance for audit purposes.</p>
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	<p>b. Similarly, “payment for VEMAT when the VDSS policy was not followed” and “Title IV-E funding denied due to error” should be moved to Level Two.</p> <p>c. Services within the scope of another agency is broad a subject to interpretation.</p> <p>4. For Level Two findings, recovery of pool funds for a second instance of noncompliance is overly punitive, particularly considering that some of the examples of noncompliance would be a subjective decision by an auditor, such as “inadequate documentation”.</p> <p>5. Suspension of all state pool reimbursements for a second instance of a Level One finding is unduly punitive that could also be determined in accordance with a subjective standard, e.g., “lack of evidence of long-range planning”.</p>	<p>b. These examples represent fundamental issues in which CSA cannot be held responsible for inaccurate reimbursement to localities due to failure to follow the approved policies of the Department of Social Services. The integrity of the VEMAT and Title IV-E processes are critical to the accountability of CSA expenditures. This is consistent with the § 2.2-2648 (D) (20) and the SEC Denial of Funds policy 4.6.</p> <p>c. This example has been edited for clarity. Additional potential occurrences not provided in the proposed policy are subject to the policies of other agencies and consultation with those agencies occurs before any finding of noncompliance.</p> <p>4. The proposed policy has been edited to provide the specific documentation requirements as provided in SEC Policy 3.5 (Records Management) to remove any subjectivity. A first occurrence of such a finding requires only a corrective action plan which should be monitored by the locality for implementation in order to resolve the finding.</p> <p>5. Eliminating any opportunity to suspend funds for repeated Level One findings on a subsequent audit is likely to diminish the value of the quality improvement aspect of the audit process as requiring only a corrective action plan may or may not result in any quality improvement. The proposed policy has been edited to use the term “lack of documentation” which is a “yes/no” indicator. While recommendations for improvement may be offered when documentation is present but deemed less than “ideal” by the auditor, this would not constitute a finding of noncompliance. Local CSA programs have the right to</p>
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	<p>6. In the absence of clear violations of policy, regulation or statute, OCS's audit function should focus on making recommendations to localities on best practices rather than penalizing localities for errors.</p>	<p>dispute any audit findings they disagree with and to have the OCS and subsequently, the SEC make a final determination of their validity.</p> <p>6. There needs to be a balance between recommendations for best practices and the need for the OCS to carry out its statutory responsibilities to monitor and respond to findings of noncompliance. The proposed policy has been revised to more clearly define the policy, regulation or statute involved in such findings and to remove issues of best practice from consideration as noncompliance findings.</p>
<p>7 Janet Areson, Director of Policy Development Virginia Municipal League</p>	<p>1. VML supports the comments submitted by Commenters 2, 6 and 8. See Commenter 2 Items 3 and 6 See Commenter 6 Items 4 and 5</p> <p>2. Level three findings with state pool reimbursements should be limited to the most serious errors – clear violations of law or regulation that could jeopardize a child's safety, such as placement with an unlicensed provider. Any actions must be in line with the requirements of the Code of Virginia.</p>	<p>Thank you for submitting the comments of the Virginia Municipal League (VML) on the Proposed Stage of SEC Policy 4.7.</p> <p>1. Please see responses to relevant items from Commenters 2, 6, and 8.</p> <p>2. The actions in the proposed policy are in accordance with the <i>Code of Virginia</i> as specified in the Authority section of the policy.</p>

<p>8 Sarah Snead, Deputy County Administrator Emily Russell, Assistant County Attorney Chesterfield County</p>	<p>1. The draft policy unlawfully broadens the authority of the Council and OCS to deny funding to CPMTs. a. Provides a legal interpretation limiting the SEC’s authority to deny funds. b. The use of examples throughout the policy is problematic in that it suggests denial of funds for instances that are not a basis for denial under the law. c. Some examples include subjective language (e.g., funding was not approved by the CPMT, services were within the scope of responsibility of another agency, CPMT did not approve services and expenditures in a timely manner, missing or inadequate financial documentation). 2. Please define “participating agency”. 3. Throughout the draft policy, attempts to restate the law have led to over-broadening or over-narrowing of the legal requirements. Rather than attempt to restate the law, we suggest amending the draft policy to make references to the CSA, specific policies, and/or state laws generally. 4. It is unclear how the informal review and negotiation process implemented by OCS relates to noncompliance findings under the draft policy. Please clarify the general process.</p>	<p>Thank you for submitting Chesterfield County’s comments on the Proposed Stage of SEC Policy 4.7.</p> <p>a. and b. The actions in the proposed policy are in accordance with the <i>Code of Virginia</i> as specified in the Authority section of the policy.</p> <p>c. The examples have either been revised or the statutory or policy authority added to the proposed policy.</p> <p>2. A definition has been added to the proposed policy.</p> <p>3. The proposed policy has been revised to provide the specific references suggested.</p> <p>4. The determination regarding denial of funds as provided for in the proposed policy precedes any activity under the SEC Dispute Resolution Policy (Policy 3.4). The findings to be made by the OCS Executive Director under the proposed policy occur prior to and will lead to a written finding in accordance with Section 3.4.2 of the SEC Dispute Resolution policy.</p>
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	<p>5. The Code (§2.2-2648 (D) (19) requires that a plan of correction should be submitted in accordance with the dispute resolution process and following a formal written finding of such noncompliance. The proposed policy does not align with the requirements of the Code.</p> <p>6. Suggest replacing all references to “case-specific” with “child-specific”.</p> <p>7. Prior to acting on the proposed policy, the OCS should provide training on standard operating procedure before penalizing a CPMT through the audit process.</p> <p>8.a. The definitions of “audit” and “noncompliance finding” are too broad. References back to comment 1.</p> <p>8.b. Please clarify whether a “noncompliance finding” is the same as a “formal written finding” as described in § 2.2-2648 (D) (19).</p> <p>9. Suggest revision of the Section 4.7.4.1 (A) of the proposed policy to read: “General Parameters: Audit findings in the category are case-specific and occur when CSA state pool funds have been reimbursed when</p>	<p>5. The plan of correction specified in the proposed policy occurs following a noncompliance finding and is a standard requirement of audit practice. This is not a substitute for any of the steps in the dispute resolution process, rather it precedes that process and may occur in the absence of a Request for Reconsideration.</p> <p>6. The proposed policy has been revised in accordance with this suggestion.</p> <p>7. There are no “standard operating procedures” in the CSA due to the extensive local flexibility provided. All of the requirements covered in the proposed policy reside in statute, regulation or established policy. In addition to the “in-person” training events referenced in the comment, the OCS has developed an extensive CSA User Guide, a set of on-line resources and a robust technical assistance program to provide necessary and requested information about CSA requirements to local CPMTs. The CSA Audit Self-Assessment Workbook is a comprehensive and detailed document covering all areas of audit compliance. Through a now completed audit cycle, all localities have had the opportunity to better understand the requirements for compliance with CSA audits.</p> <p>a. Please see responses to comment 1.</p> <p>b. The revised definition of a “noncompliance finding” in the proposed policy addresses this issue.</p> <p>9. The provision of services authorized to be paid for with CSA funds must be in compliance with not only the CSA and SEC policies, but also with other state and federal statutes, regulations and policies pertaining to the</p>
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	<p>the expenditure is not authorized by the CSA.” Several examples re then provided from Section 4.7.4.1 (B) of the proposed policy. Similar comments and examples are provided for Level Two and Level One findings in the proposed policy with the result of limiting the scope of the authority of the OCS and the SEC to deny funds.</p> <p>10. The Code grants the SEC authority to deny funds but does not grant such authority to the executive director of the OCS.</p> <p>11. Sections 4.7.6 and 4.7.7 are misnumbered.</p>	<p>provision of those services, including those statutes, regulations and policies of the participating agencies.</p> <p>10. SEC Policy 4.6 (E) authorizes the OCS, as the administrative entity of the SEC pursuant to § 2.2-2649 (A), to deny state funding. The Code (§ 2.2-2648 (19) directs the SEC to establish the process which includes the right of appeal to the SEC which holds final authority over denial of funds should the locality wish to avail itself of that right. Item 285, subsection B.1.e of the Appropriations Act directs the OCS to deny funding to any locality not in compliance with federal and state requirements pertaining to special education and foster care services funded with CSA funds.</p> <p>11. The listed sections have been correctly numbered.</p>
<p>9 Patricia Harrison, Deputy County Executive for Health and Human Services and Chair, Fairfax-Falls Church CPMT</p>	<p>1. Development of policy for state audits and clarification about how the Office for Children’s Services (OCS) will respond to audit findings is necessary and helpful to local administration of the program.</p> <p>2. Our CPMT concurs with and endorses the public comments provided by VALHSO and VACo (relevant points summarized).</p> <p>3. Provides a detailed table with suggestions as follows: a. In Section 4.7.4.1 replace “required to be paid” with existing language from policy.</p>	<p>1. Thank you for submitting the comments from Fairfax-Falls Church CPMT and the Fairfax County on the Proposed Stage of SEC Policy 4.7 and for your endorsement of the value of a CSA policy for state audits and clarification about how OCS will respond to audit findings.</p> <p>2. Please see responses to Commenters 2 (VALHSO) and 6 (VACo).</p> <p>a. The proposed policy has been revised to reflect this comment.</p>

	<p>b. Modify language about “funding not approved by the CPMT”</p> <p>c. Suggests that utilization of state pools funds in violation of participating agency statutes, regulations, or policies (specifically the VEMAT and Title-IV examples found in Section 4.7.4.1.6.a. and b.) are not major <u>violations</u> of agency statutes, regulations, or policies and should be moved to a Level 2 finding as the demonstrate documentation errors which should not negate state support for provision of mandated services to children who have categorical eligibility based on being in foster care.</p> <p>d. Suggestions concerning Section 4.7.4.1.7 (“Services within the scope of another agency”)</p> <p>e. In Section 4.7.4.2.2 reword to be specific about time frames about emergency placements.</p> <p>f. In Section 4.7.4.2.4, subjective quality of this finding is problematic.</p> <p>g. In Section 4.7.4.3.5 and 4.7.4.3.7, localities must comply with annual fiscal audits reported to the state APA. OCS audits of these activities are duplicative and should be eliminated from OCS audits.</p>	<p>b. The proposed policy has been revised to reflect aspects of the comment.</p> <p>c. Examples given in Section 4.7.4.1.B.6 all represent either a misuse of CSA state pool funds when other funding sources were available or the requirements specified in the policies of a participating agency were not followed in accordance with SEC Policy 4.6.</p> <p>d. The examples and language have been revised for precision in the proposed policy. The intent of this item is to avoid CSA state pool funds being inappropriately utilized in contradiction to the relevant guiding authorities and funding of participating agencies. It only applies in instances where state CSA pool funds have been expended, thus bring such expenditures under the purview of the CSA audit process.</p> <p>e. This example has been removed from this section of the proposed policy.</p> <p>f. Language in the proposed policy has been revised to refer to specific statutory or SEC policy and removed subjective nature in favor of presence/absence of required documentation.</p> <p>g. With regard to other external audit findings (e.g., independent financial audits) being taken into consideration during an OCS audit, OCS is willing to and already does so. However, due to the complexity of the CSA program, few independent financial audits are</p>
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<p>familiar with, nor explore in detail, compliance with CSA requirements. The OCS audit is responsible for ensuring accountability for the use of state CSA funds and cannot delegate that to other, external audit processes. The criteria utilized are the Audit Standards promulgated by Virginia Department of Accounts (Agency Risk Management and Internal Control Standards (ARMICS)).</p> <p>4. Error thresholds have been addressed in responses to prior Comments (See Commenter 6, Item 2).</p>	<p>4. Presents a proposed set of levels in which denial of funds would be reserved for violations of regulations, policies and Code that could jeopardize youth safety and well-being or for when documentation of eligibility for CSA funds was not provided. Currently proposed Level 3 findings not meeting this criterion should be moved to a lower level of institute a threshold of error model. Corrective action rather than denial of funds is the appropriate response to all violations not meeting the suggested definition. For proposed Level 1 finds, provide the CPMT with the opportunity to receive feedback and develop a response would seem appropriate.</p>	<p>10 Mills Jones Goochland County Office of Children's Services</p>
<p>Thank you for submitting the comments from the Goochland County Office of Children's Services and the Goochland CPMT on the Proposed Stage of SEC Policy 4.7.</p> <p>1. The proposed policy memorializes existing practice with regard to OCS response to audit findings that have been in place for years. There is no intent to move to a more punitive mode of response to audit findings, but rather to balance statutorily required oversight with a quality improvement oriented process. The policy provides a</p>	<p>1. The language of the proposed policy has moved away from a collaborative, quality improvement process to a more punitive process that places localities in increased financial risk.</p>	

	<p>2. Level One findings should not require corrective action. Second instances of a Level One finding should require the locality to submit a corrective action plan. Specific concerns over FAPT and CPMT membership requirements in rural locality such as Goochland and “vague” standard of proof</p> <p>3. Level Two findings should require corrective action on a first instance, but recovery of state pool funds on a second instance is overly punitive, especially where some examples of noncompliance would be determined by a subjective decision of the auditor. Recommend requiring a corrective action on second instance of noncompliance and withhold funds only of not received.</p> <p>4. Level Three findings should be limited to the most serious errors such as clear violations of regulation or Code or those which could jeopardize children’s safety. Even in such instances, corrective action should be only utilized on subsequent findings of noncompliance even for such violations. Remove “CPMT approval of funding”.</p>	<p>framework for consistency in the response to audit findings.</p> <p>2. Identification of areas of noncompliance, or even for improvement, without requiring some form of corrective action would diminish the quality improvement value of the audit process. Acceptable corrective action for CPMT and FAPT membership requirements may include any evidence of efforts to meet the requirement.</p> <p>3. The proposed policy has been revised in numerous places to remove subjective interpretation. Additionally, localities have any opportunity to discuss (and request modification of) findings with the auditors prior to issuance of the final audit report and have access to the SEC Dispute Resolution process where they disagree with a finding by the auditor or the OCS Executive Director. The SEC has statutory obligations to deny funds where violations of statute, regulation and/or policy are determined.</p> <p>4. The Level Three findings provided in the proposed policy reflect expenditures not authorized by statute, regulation, or policy and are appropriate for denial of funds. The CPMT “approval” section has been revised in the proposed policy to reflect the specific language found in § 2.2-5206 (9) of the Code.</p>
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<p>11</p>	<p>Jessica Webb, CSA Coordinator</p>	<p>Rosie Jordan CPMT Chair City of Salem</p>	<p>1. The CPMT appreciates the efforts to standardize and objectify OCS responses to audit findings. However, the current proposed policy appears to be punitive rather than collaborative in the approach to ensuring accountability.</p> <p>2. The proposed policy goes beyond the existing authority contained in the SEC Denial of Funds policy by adding the authority to the OCS Executive Director to suspend pool fund reimbursements which is beyond what the Denial of Funds policy addresses as a response to noncompliance.</p> <p>3. The examples of noncompliance within each level of the proposed policy should cite the policy or code that is related.</p> <p>4. Concern that the policy would allow recovery or suspension of funds in the event of “best practice” concerns rather than code requirements. Provides example re: documentation in Level Two and suggestions regarding Level One.</p> <p>5. Specific concerns over FAPT and CPMT membership requirements. Suspension of funds should only occur if efforts toward compliance are not being made.</p>	<p>Thank you for submitting the comments of the City of Salem’s CSA Program on the Proposed Stage of SEC Policy 4.7.</p> <p>1. The proposed policy memorializes existing practice with regard to OCS response to audit findings that have been in place for years. There is no intent to move to a more punitive vs. quality improvement mode of response to audit findings, but rather to balance the statutorily required oversight with a quality improvement oriented process. The policy provides a framework for consistency in the response to audit findings.</p> <p>2. The temporary denial of pool funds reimbursements is limited in two ways: it is only applicable to a second (repeated) incidence of the same finding of noncompliance and it is a temporary action. Once the locality corrects the finding, all pool fund reimbursements will be released.</p> <p>3. The proposed policy has been revised to address this comment.</p> <p>4. The proposed policy has been revised to clarify/eliminate any instances in which an adverse result regarding finding would occur for what might be considered “best practice” findings as opposed to noncompliance with statute, regulation or policy. Each example of a Level One findings has been “attached” to the specific statute, regulation or policy.</p> <p>5. Identification of areas of noncompliance, or even for improvement, without requiring some form of corrective action would diminish the quality improvement value of the audit process. Acceptable corrective action for CPMT</p>
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	<p>6. The OCS has a three-year audit plan while localities have requirements for annual fiscal audits. OCS should provide more frequent, focused audits of program expenditures to reduce potential liability for a local government. If audits remain comprehensive, all elements related to program practice should be handled as recommendations and responses to findings under this policy should be constrained to any fiscal findings.</p> <p>7. A table of suggested response to audit findings at each of the three levels is provided.</p>	<p>and FAPT membership requirements may include any evidence of efforts to meet the requirement.</p> <p>6. The OCS audit process is not authorized to limit itself to “fiscal only” findings” All expenditures of state CSA pool funds are subject to various statutory, regulatory or policy requirements and the SEC is obligated to deny funds where noncompliance is identified. Handling findings as recommendations does not fulfill this requirement of the SEC. The OCS is not staffed to conduct more frequent audits on a regular basis. As the CSA program is a collaborative partnership, some responsibility for self-monitoring by the locality is expected.</p> <p>7. It is not clear how the proposed responses differ from those in the currently proposed policy.</p>
<p>12</p> <p>Jessica Webb, CSA Coordinator</p> <p>Cheryl Jordan, CPMT Chair</p> <p>Roanoke County</p>	<p>These comments are identical to Commenter 11.</p>	<p>Thank you for submitting the comments of the Roanoke County CSA Program on the Proposed Stage of SEC Policy 4.7.</p> <p>Please see Responses to Commenter 11.</p>
<p>13</p> <p>Julie Payne, CSA Coordinator</p> <p>Steven Martin, CPMT Chair</p> <p>City of Roanoke</p>	<p>These comments are essentially identical to Commenter 11.</p>	<p>Thank you for submitting the comments of the City of Roanoke CSA Program on the Proposed Stage of SEC Policy 4.7.</p> <p>Please see Responses to Commenter 11.</p>

Comments from the October 23 – November 27, 2017 Comment Period

1	Micah Campbell, Parent	This proposed SEC Policy is long overdue. I would emphasize the need to include families in every step of the process including developing IFSPs and the CSANS assessments.	Thank you for submitting these comments. Failure to comply with statute or SEC policy about family involvement might be considered a Level 1 finding issue under this proposed policy.
2	Catherine Pemberton, Director, Powhatan Dept. of Social Services President. Virginia League of Social Services Executives	<ol style="list-style-type: none"> 1. Request clarification in the definition of “Repeat or subsequent violation in section 4.7.3. The two sentences appear to be contradictory. 2. Request adding language to Section 4.7.4.1, Section B, example #7 as follows: “to the extent that funds are available and the service is CSA-eligible.” 	<p>Thank you for these comments.</p> <ol style="list-style-type: none"> 1. The proposed policy has been revised to clearly define this issue. 2. Administrative costs to local departments of social services do not become eligible for CSA funding due to lack of available funds at the LDSS. No change was made.
3	Phyllis Savides, Chair Albemarle CPMT Kaki Dimock, Chair Charlottesville CPMT	These comments are identical to Commenter 2 above.	<p>Thank you for these comments.</p> <p>Please see Responses to Commenter 2.</p>
4	Kimberly Irvine, Director York-Poquoson. of Social Services	This comment was identical to item 1. Provided by commenter 2 above	<p>Thank you for this comment.</p> <p>Please see Response 1 to Commenter 2.</p>

<p>5</p> <p>Sandra Moran On behalf of the Botetourt CPMT</p>	<p>Appreciates revisions made since prior policy draft.</p> <p>1. Two specific examples may not be in the SEC purview to regulate. Specifically, level one findings regarding fiscal and technology controls are not specified in law although the standards cited are certainly appropriate and delineate best practices. Recommend removal from the policy.</p>	<p>Thank you for these comments.</p> <p>1. As there are no independent audits of CSA related fiscal controls or IT security practices, it is considered essential for CSA audits to address these issues. Findings of non-compliance at level one only require corrective action on the first finding and it would be hoped that localities would respond to such findings with such corrective action as the practices do delineate best practice and protect the integrity of the information in the CSA data systems and represent sound financial management practice.</p>
<p>6</p> <p>Jessica Webb CSA Coordinator Cheryl Austin CPMT Chair Roanoke County</p>	<p>Appreciates revisions made since prior policy draft.</p> <p>1. This comment was identical to the comment provided by Commenter 5 above.</p>	<p>Thank you for these comments.</p> <p>See response to Commenter 5 above..</p>

SEC POLICY 4.7

RESPONSE TO AUDIT FINDINGS WITH REGARD TO THE CHILDREN'S SERVICES ACT

4.7.1 PURPOSE

To provide guidance to the Office of Children's Services (OCS) and improve consistency and transparency for localities when the OCS Executive Director is carrying out his or her duties under the State Executive Council for Children's Services (SEC) Policy 4.6 (Denial of Funds) in responding to OCS audit noncompliance findings by local Children's Services Act (CSA) programs.

4.7.2 AUTHORITY

Section 2.2-2648 of the *Code of Virginia* authorizes the SEC, paraphrased in relevant part, to do the following:

- (i) Establish interagency programmatic and fiscal policies which support the purposes of CSA (subdivision D (3))
- (ii) Provide for dispute resolution procedures for administrative actions that support the purposes of the CSA (subdivision D (4));
- (iii) Provide for the administration of necessary functions that support the work of the OCS (subdivision D (6));
- (iv) Establish and oversee the operation of an informal review and negotiation process with the OCS Executive Director and a formal dispute resolution procedure before the SEC, to include formal notice and an appeals process, should the Executive Director or SEC find, upon a formal written finding, that a community policy and management team (CPMT) failed to comply with any provision of CSA (subdivision D (19)); and
- (v) Deny state funding to a locality, in accordance with (iv) in this section, where the CPMT fails to provide services that comply with CSA and other applicable statutes or policies (subdivision D (20)).

Section 2.2-2649 of the *Code of Virginia* authorizes the OCS to:

- (i) Develop and provide for the consistent oversight for program administration and compliance with state policies and procedures (subdivision B (3));
- (ii) Provide an informal review and negotiation process pursuant to § 2.2-2648 D (19); and
- (iii) Implement, in collaboration with participating state agencies, policies, guidelines and procedures adopted by the State Executive Council (subdivision B (7)).

Adopted: December 14, 2017

Effective: January 1, 2018

Revised: N/A

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4.7.3 DEFINITIONS

“*Audit*” means a review by OCS employees of a local CSA program’s policies, procedures, and practices through interview, observation, and the review of documentation to determine compliance, in whole or in part, with the requirements of a state or federal laws and regulations, including the applicable Appropriation Act provisions, or policies promulgated by the SEC or the participating agencies of the CSA, that govern or direct the operations of local CSA programs.

“*Audit periodcycle*” means the three-year period in which OCS conducts routinely scheduled audits of all localities in the Commonwealth.

“*Case specific finding*” means a noncompliance finding emerging from an expenditure of CSA state pool funds for an individual child and/or family.

“*Noncompliance finding*” means a finding made by the Executive Director of the Office of Children’s Services that a CPMT, in its implementation of the CSA program, has not complied with the provisions of the Children’s Services Act (§§ 2.2-5200 et seq.), the policies of the State Executive Council, any state or federal law pertaining to the provision of services pursuant to the CSA, the applicable provisions of the Appropriation Act, or any policies promulgated by the participating state agencies (as identified in § 2.2-2648(B)) pertaining to the services funded pursuant to the CSA. There are three levels of noncompliance findings as outlined herein. A finding of non-compliance shall provide the basis for the “formal written finding as described in § 2.2-2648 (D) (19).”

“*Participating agencies*” means any of the child-serving agencies required by § 2.2-5205 to serve on the Community Policy and Management Team and to implement the CSA in a locality.

“*Repeat or subsequent violation*” means a locality, in two successive audit periodscycles, violates the same policy, regulatory, or statutory requirement (e.g., failure to complete the CANS assessment). Repeat or subsequent findings will typically occur on the next regularly scheduled audit.

4.7.4 NONCOMPLIANCE LEVEL FINDINGS

The subsection delineates three levels of noncompliance findings as defined above. The parameters and examples provided in each level are not exhaustive but illustrative and shall guide OCS in determining into which level any noncompliance finding is categorized based on the noncompliance finding’s similarity to the general parameters and specific examples provided below.

4.7.4.1 Level Three Noncompliance Finding

A. *General Parameters:* Audit findings in this category are case specific and occur when CSA state pool funds have been reimbursed when the expenditure is not authorized by statute, regulation, or policy.

B. *Examples of Level Three Specific Noncompliance Findings:*

1. The child and/or family are ineligible for CSA funding per §§ 2.2-5211 and 2.2-5212 of the *Code of Virginia* or documentation of eligibility (e.g., an Individualized Education Program [IEP] or a Child in Need of Services [CHINS] eligibility determination) was not available for review during the audit.
2. Use of CSA funding for services for which another appropriate federal or state funding source was available.
3. Medicaid funding was not sought and/or denial of Medicaid funding was not documented despite the service being reimbursable by Medicaid and the child is covered under Medicaid, in accordance with Item 285, section D. of the Appropriation Act.
4. Services were not recommended by a Family Assessment or Planning Team (FAPT) or Multidisciplinary Team (MDT) in accordance with § 2.2-5208 (8) and/or an Individual and Family Service Plan (IFSP) was not developed, except where a local CPMT policy allows such expenditures to be exempt from FAPT or IFSP requirements (e.g., "maintenance only" foster care or IEP-mandated placements) in accordance with § 2.2-5208 (4).
5. The funding of services was not authorized by the CPMT as required by § 2.2-5206 (9).
6. Violations of statutes, regulations, or policies of the participating agencies in the provision of services, such as:
 - a. Payment for Enhanced Foster Care Maintenance when the Virginia Department of Social Services' (VDSS) Virginia Enhanced Maintenance Assessment Tool (VEMAT) policy was not followed;
 - b. Title IV-E funding was denied due to error; or
 - c. The local DSS used an unapproved/unlicensed foster home placement.
7. Services were within the scope of responsibility of another agency as specified in the statutes, regulations, policies, and/or guidance of a participating agency (e.g., services to students with disabilities provided in the public school setting; administrative costs of a local DSS such as paternity testing, routine drug screening of biological parents where the VDSS has allocated funds for that purpose, or legal services related to prosecuting child abuse and neglect; case management by a local DSS for youth committed to the Department of Juvenile Justice (DJJ));
8. The service provider did not meet licensing requirements for the specific service (e.g., behavioral health providers or other providers [LCPA, day care] requiring licensure by VDSS).
9. The use of a non-Medicaid provider, when the child and/or family were Medicaid eligible, and there is no substantiation that a Medicaid provider was unavailable or inappropriate in accordance with Item 285, section D. of the Appropriation Act.
10. Failure to refund to CSA recoveries made against previously claimed costs (e.g., child support collections, Title IV-E recoveries, [SSI](#), or retroactive Medicaid payments for services).

Adopted: December 14, 2017

Effective: January 1, 2018

Revised: N/A

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11. Failure to correct erroneous expenditure reports that require adjustments to CSA match rate categories.
12. Claiming reimbursement for expenditures after September 30 which were incurred in the previous fiscal year in violation of SEC Policy 4.5.2.

4.7.4.2 Level Two Noncompliance Finding

- A. *General Parameters:* Findings in this category are case specific and involve a violation of an applicable statute, regulation, or policy but, had the requirements been followed, would have been eligible for reimbursement through state pool funds. Findings may be mitigated by corrective action already implemented on a case-specific basis (e.g., FAPT or CPMT action was not timely made but was taken in a reasonable time thereafter).
- B. *Examples of Specific Level Two Noncompliance Findings:*
1. Assessments with the mandatory uniform assessment instrument (i.e., CANS) are not completed in accordance with § 2.2-2648 (11), 2.2-5212 (A), and SEC Policy 3.6.
 2. The CPMT did not have the child-specific documentation required under SEC Policy 3.5 (Records Management) or to demonstrate eligibility for CSA funded services per § 2.2-5212 and/or SEC Policy 4.1.
 3. There was missing, incomplete, or inaccurate financial documentation (e.g., purchase orders, invoices, or vendor contracts) but enough documentation to determine that the service was eligible for state pool fund reimbursement per SEC Policy 3.5 and Audit Standards promulgated by Virginia Department of Accounts Agency Risk Management and Internal Control Standards (ARMICS).

4.7.4.3 Level One Noncompliance Finding

- A. *General Parameters:* Audit findings in this category are *not* case specific but represent failure to meet administrative and operational standards required statutory, regulatory, or policy requirements.
- B. *Examples of Specific Level One Noncompliance Findings:*
1. The CPMT's policies and/or practices do not comply with § 2.2-5206 and Item 285 of the Appropriation Act.
 2. The CPMT does not have documentation of long-range community planning and utilization management activities per § 2.2-5206 (4).
 3. CMPT and FAPT membership does not meet statutory requirements per §2.2-5205 and § 2.2-5207.
 4. Statements of Economic Interest for designated CPMT and FAPT members are not completed in compliance with § 2.2-5205 and § 2.2-5207.

5. The CPMT's fiscal controls (e.g., separation of purchasing and payment authority) do not meet the Audit Standards promulgated by Virginia Department of Accounts Agency Risk Management and Internal Control Standards (ARMICS).
6. CSA-related information technology security controls (e.g., users sharing accounts or passwords) do not meet Information Technology policy SEC-501 promulgated by the Virginia Information Technology Agency (VITA).
7. The locality failed to properly reconcile CSA reimbursement requests with other fiscal systems per Audit Standards promulgated by Virginia Department of Accounts Agency Risk Management and Internal Control Standards (ARMICS).

4.7.5 REVIEW OF FINDINGS BY OCS

The OCS Executive Director shall review (i) the audit report; (ii) any response, including corrective actions and quality improvement plans from the locality, (iii) the recommendation of the auditor(s); and (iv) any OCS internal staff review prior to responding to the noncompliance finding. After such review, the OCS Executive Director shall issue a written response describing the findings made and action to be taken.

4.7.6 RESPONSES TO NONCOMPLIANCE FINDINGS

4.7.6.1 Response to Level Three Noncompliance Findings

The OCS Executive Director shall (i) require a corrective action plan and (ii) recover the noncompliant state pool fund reimbursements upon the first and any ~~second or subsequent~~ repeat or subsequent Level Three Noncompliance Finding.

4.7.6.2 Response to Level Two Noncompliance Findings

A. *First Level Two Noncompliance Finding*: The OCS Executive Director shall require the locality to submit a corrective action plan on the first instance of Level Two Noncompliance Finding.

B. ~~Second or Subsequent Repeat~~ *Level Two Noncompliance Finding*: The OCS Executive Director shall (i) require a corrective action plan and (ii) recover the state pool funds on any ~~second-repeat~~ or subsequent Level Two Noncompliance Finding as follows:

- (1) On ~~second-repeat~~ or subsequent findings of noncompliance, state pool funds will be recovered in proportion to the percentage of the audit sample found to be noncompliant (i.e., if 20% of the number of cases in the audit sample are found non-compliant, recovery will be 20% of the total amount found in violation for that issue), with a minimum recovery of 10% of the amount of funds found as noncompliant.
- (2) On a third ~~subsequent~~repeat finding of noncompliance, state pool funds will be recovered at 100% of the amount found in noncompliance.

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~~Subsequent findings may occur on the next regularly scheduled audit or on any occasion on which follow-up monitoring of previously agreed upon corrective action occurs.~~

4.7.6.3 Response to Level One Noncompliance Findings

- A. *First Level One Noncompliance Finding*: The OCS Executive Director shall require the locality to submit a corrective action plan on the first instance of Level One Noncompliance Finding.
- ~~B. *Repeat or subsequent Level One Noncompliance Finding*: The OCS Executive Director shall temporarily deny state pool fund reimbursements on any second-repeat or subsequent instance of a Level One Noncompliance finding until ~~the a~~ corrective action plan is submitted and implemented. (For noncompliance findings related to required membership on FAPT or CPMT, documentation of reasonable and ongoing efforts to meet the requirements will be considered as implementation of corrective action.)~~
~~Subsequent findings may occur on the next regularly scheduled audit or on any occasion on which follow-up monitoring of previously agreed upon corrective action occurs.~~
- C. *Corrective Action Plan Compliance*: Once a local CSA program is substantially in compliance with all applicable requirements of a Level One Noncompliance Finding resulting in suspension of state pool fund reimbursements, all funds will be retroactively released and new requests for reimbursement will be approved.

4.7.7 APPEAL OF OCS RESPONSE

The CPMT may appeal the findings and action taken by the Executive Director of OCS in accordance with SEC Policy 3.4 (Dispute Resolution Process).

4.7.8 ANNUAL REPORT TO THE STATE EXECUTIVE COUNCIL

The OCS Executive Director shall annually report to the SEC a summary of the year's audits, audit findings, and any remedial actions taken.

4.7.9 POLICY REVIEW

This policy will be subject to annual review by the SEC Finance and Audit Committee to determine whether there are necessary modifications that should be recommended to the findings in each Noncompliance Finding Level.

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Effective: January 1, 2018

Revised: N/A

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OFFICE OF CHILDREN'S SERVICES

ADMINISTERING THE CHILDREN'S SERVICES ACT



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

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

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

Guiding principles for OCS include:

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

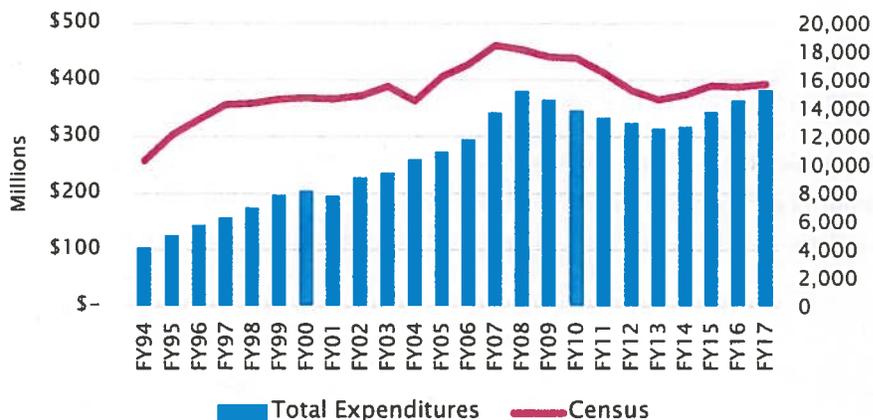


PROGRESS REPORT ON THE CHILDREN'S SERVICES ACT

Biennial Report to the General Assembly, December 2017

In accordance with 2017 Appropriation Act Item 285 (H)

Total Expenditures and Children Served Under the CSA, FY1994 – FY2017



Annual CSA expenditures and the number of children served rose consistently from the inception of the Act in FY1994 through FY2008. A significant decline in the number of children receiving services and associated expenses then occurred through FY2013. Explanations for this decline include the impact of the Children's Services Transformation and the implementation of the differential local CSA match rate, which resulted in decreased utilization of more expensive residential treatment programs in favor of more community-based services. Since FY2013, expenditures have increased significantly while the number of children served has risen only slightly. This is due almost exclusively to the rise in the number of children receiving private special education day placements which accounts for almost all of the growth in both expenditures and census over the past four years. All other expenditure categories have decreased or remained essentially flat over this period.

Improving Outcomes and Increasing Value

Over the past several years, CSA has increasingly attempted to focus on using program evaluations to indicate the effectiveness of services delivered. For the past two years, the Office of Children's Services has issued a report on six outcome indicators approved by the SEC. The results are available at both the state and locality level and provide each locality the opportunity to examine their outcomes, against both statewide results and those of other localities, and identify areas of strength and for improvement. This year for the first time, CSA has been able to examine juvenile and criminal justice outcomes (arrests) for youth who have completed their services under the CSA. These results indicate that when compared to overall arrests for youth on probation with the Department of Juvenile Justice (DJJ), youth referred by DJJ to the CSA had lower 12-month arrest rates (33.0% vs. 24.1%) and lower arrest rates than youth served through the Virginia Community Crime Control Act (VJCCCA) programs (30.7% vs. 24.1% for the CSA sample of DJJ referred youth). Both of these reports can be found on the CSA website, www.csa.virginia.gov and they represent promising efforts for the CSA to become a more effective, data driven program.

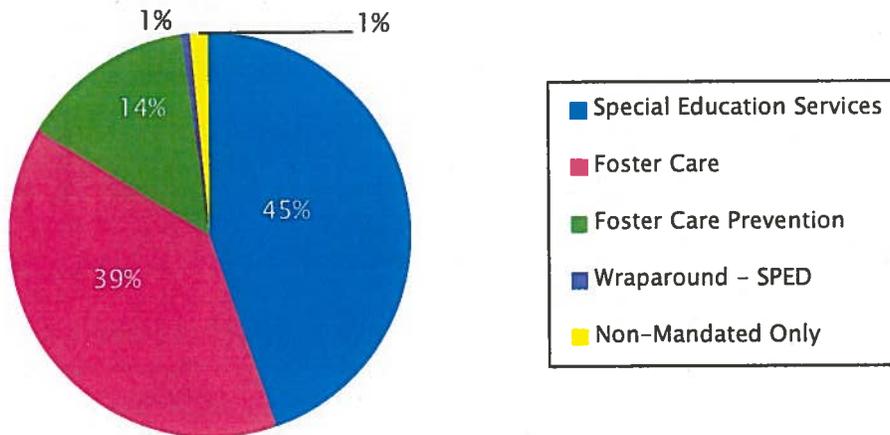
State and Federal Funding Not Included in the CSA State Pool

	<u>FY2016</u>	<u>FY2017</u>
Children's Mental Health Initiative	\$ 5,648,128	\$ 5,648,128
Promoting Safe & Stable Families ¹	\$ 7,586,917	\$ 7,511,527
Virginia Juvenile Community Crime Control Act	\$10,379,926	\$10,379,926
Title IV-E (Foster Care Maintenance) ²	\$53,112,947	\$62,494,946
Social Services Block Grant ³	\$ 9,419,998	\$ 9,419,998
Medicaid (Treatment Foster Care, Residential Care) ²	<u>\$91,582,632</u>	<u>\$87,615,947</u>
TOTAL	\$177,730,548	\$183,070,472

¹75% Federal Funds ²50% Federal Funds ³100% Federal Funds

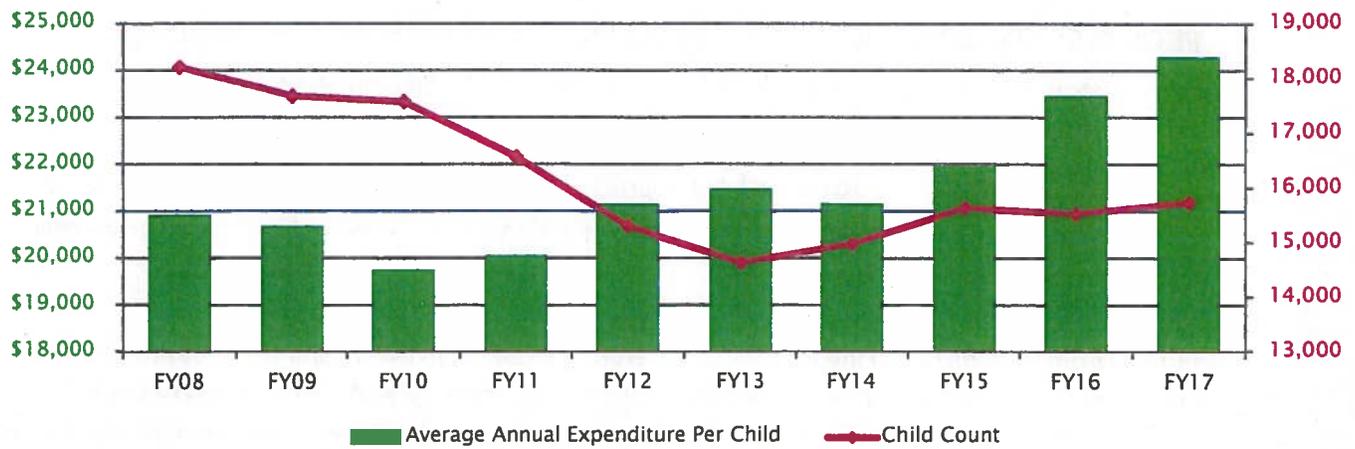
The table above reflects the contributions of funding sources other than CSA pool funds to addressing the needs of at-risk children and families. These funds are "braided" with the "blended" CSA pool funds and are utilized for CSA eligible youth and services, in whole or in part, when available to support needed services.

CSA Pool Fund Expenditures by Primary Mandate Type - FY2017



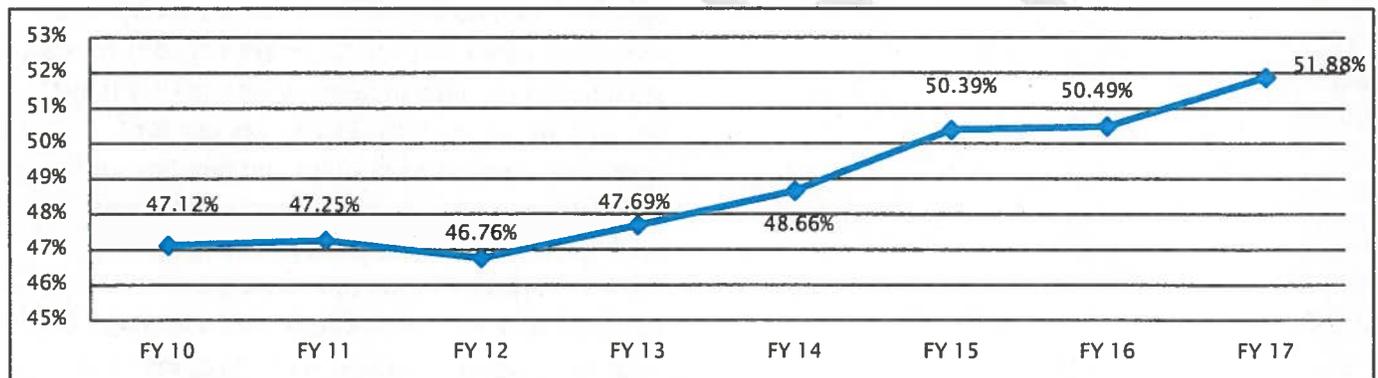
Special education services accounted for 45% of the total CSA expenditures in FY2017. However, children in this category accounted for only 21% of the total CSA census. Children receiving foster care and foster care prevention services accounted for 71% of the CSA census, but only 53% of expenditures.

Average Annual CSA Pool Fund Expenditure per Child (FY2008 - FY2017)



The increasing annual cost per child over the past three years is explained by the increased number of children receiving special education private day school placements. The average cost of such placements in FY2107 was \$41,088. This was more than double the average cost of services for all categories of youth served.

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



Serving children in community-based (as opposed to residential or congregate care) settings is at the core of the CSA system of care philosophy. An extensive body of evidence exists indicating that long-term outcomes are improved when children can be safely maintained in their families, schools, and communities. The avoidance, where possible given clinical needs and other concerns, of placements in restrictive, congregate residential settings has long been a goal of the CSA. The SEC established a goal of 50% of the children served each year being served exclusively in community-based settings. That goal was met for the first time in FY2015 and performance on this indicator has continued to improve since that time.

PROGRESS ON GOALS AND STRATEGIES OF THE FY2016–FY2018 BIENNIUM

(Goals and Strategies Presented in the December 2015 Biennial Report on CSA)

GOAL 1: Support implementation of a singular, unified system of care that ensures equal access to quality services for at risk youth across the Commonwealth.

Strategy

1. Continue promotion of High Fidelity Wraparound/ Intensive Care Coordination as an evidence-based intervention through sustaining the activities of the HFW Center of Excellence on the expiration of federal grant funding (9/30/16) and continued collaboration with state and local partners to advance the practice of HFW and expand funding options for the intervention.

Progress

During FY2016, FY2017, and the first few months of FY2018, the Office of Children's Services (OCS) has promoted and supported the implementation of High Fidelity Wraparound (HFW) through the training and technical assistance activities of the HFW Center of Excellence. Multiple training events were held each year including HFW facilitator sessions for new practitioners (n=213), Family Support Partner (FSP) training for new FSPs (n=57); refresher training for existing practitioners and FSPs (n=200); training for HFW supervisors (n=55) and numerous community engagement sessions for CSA stakeholders to inform them about the HFW model and encourage them to consider its use for appropriate and eligible youth and families. OCS staff (and that from partner agencies) became credentialed as trainers through the Youth and Family Training Institute of Pennsylvania. Training curricula were revised to better meet the needs of Virginia audiences. In the Fall of 2016, the HFW Center of Excellence sponsored Virginia's first HFW conference, with 200 people in attendance.

Under the leadership on the Department of Behavioral Health and Developmental Services (DBHDS), a subsequent federal grant was awarded in the fall of 2016 and OCS was reengaged as a partner through ongoing activities of the HFW Center of Excellence.

Utilization of HFW rose to 33.5% of youth identified as likely recipients in FY2017 an increase from 14.5% at the end of FY2013.

2. Increase family participation in all aspects of the system of care by enhanced support for a child-centered, family-focused system by policy guidance and support of practices to increase family access and voice in the CSA process, including provision of ongoing training opportunities in this area.

OCS and the State Executive Council for Children's Services (SEC) worked to introduce and/or support legislation that amended § 2.2-5206 (5) to require that local CSA programs develop a process by which parents and persons who have primary physical custody of a child can refer children in their care to the Family Assessment and Planning (FAPT) teams. (effective July 1, 2015).

OCS developed and disseminated a model Community Policy and Management Team (CPMT) Family Referral Policy to assist local programs in initiating this requirement. At the initiative of the SEC and OCS, legislation was passed to amend § 2.2-2648 (B) to include in the membership of the State Executive Council "a representative who has previously received services through the Children's Services Act" (effective July 1, 2016).

OCS updated and distributed a guidance document on Recruiting and Retaining Parent Members on Interagency Teams.

Training sessions at the annual statewide CSA conference and New CSA Coordinator Academy focused on family engagement, parents as partners, and parent referral policies. Training at both venues included presentations by family members who have "lived experience".

The State and Local Advisory Team (SLAT) identified improving family engagement as a major item for its FY2018 work plan and has begun this work with a survey on family engagement practices.

3. Review, clarify, and revise as necessary, relevant SEC policies that impact access to and quality of services (e.g., CSA eligibility as a Child in Need of Services, "Carve Out" of Allocation for Development of New Services). Continue efforts to align SEC policies with those of other child-serving agencies as appropriate.

As a result of direction from the General Assembly, in FY2016, the SEC engaged in a process of working with state and local stakeholders to examine the role and structure of the SEC and in particular, the method by which the SEC establishes policy for the CSA. A report (RD493, 2015) was issued and the resulting SEC policy on "Public Participation in Policy-making Actions" was adopted in June of 2016. This policy established the process by which all SEC policy-making activity will occur. Since that

time, the SEC and the OCS have begun a process of reviewing, updating and revising all relevant SEC policies. The new process provides for specific public comment periods and therefore, this process is ongoing and not yet complete as of the date of this report.

4. Work with the Department of Education and other state and local stakeholders to examine and improve practices and develop greater collaboration with CSA regarding the placement of students with educational disabilities in the least restrictive environment. Review and recommend/adopt adjustments to SEC policy on the use of special education wraparound funds as appropriate.

In FY2016, the SEC, in accordance with direction from the General Assembly (and the Commission on Youth) carried out several activities in response to this strategy. In response to the Commission on Youth, the SLAT and OCS reviewed the utilization and governance concerning Special Education Wraparound (SPED Wrap) funds through several public meetings and a survey of local CSA programs and related stakeholders. Recommendations were made to a) to allow utilization of the SPED Wrap funds at the lower CSA community-based matching rate, and b) to provide training to local stakeholders regarding the utilization of the SPED Wrap funds. The SEC approved those recommendations. The OCS developed a distance learning program on the use of the SPED Wrap funds for dissemination to the COV Knowledge Center and to date, 39 individuals have accessed the course since it opened in June 2017. No further activity by the General Assembly occurred on the recommendation to allow a lower local matching rate on the use of SPED Wrap funds.

A workgroup convened by the SEC to address the broader issue of serving students with disabilities in the least restrictive environment resulted in a report, RD429, issued in the fall of 2016.

Recommendations included:

1. Restructuring the Children's Services Act and Virginia Department of Education funding of special education services, specifically private educational services.
2. Defining and measuring outcomes for students in private special education settings.
3. Increasing attention to the successful transition/reintegration of students with disabilities from private settings to public school settings.
4. Supporting and enhancing the ability of public

schools to serve students with disabilities in the least restrictive environment.

The 2017 Appropriation Act (Chapter 836, Item T.5. (b – d) directed staff of the House Appropriations and Senate Finance Committees to further study this matter and to make recommendations by November 1, 2017.

5. Work with/assist the Department of Medical Assistance Services (DMAS) and other appropriate agencies and groups to revise regulations governing residential treatment for children and adolescents to ensure consistent access, care coordination and improved outcomes.

Under the leadership of the Department of Medical Assistance Services, these regulations were revised and implemented effective July 1, 2017. The new regulations addressed the nature of services provided to youth in residential settings through the introduction of the Building Bridges Model which places (compared to existing practice) a much higher emphasis on family and community-engagement in services and shorter term, more reintegration-oriented services. The second area addressed by the new regulations was a dramatic restructuring of the pre-admission process referred to as the Independent Assessment and Care Coordination Team (IACCT), currently operating under the Magellan of Virginia Behavioral Health Services Administrator (BHSO) contract with DMAS. OCS was heavily involved in the system redesign and continues to work with Magellan and DMAS to refine implementation of the new process.

6. Support cross-secretariat leadership (i.e., HHR, Education, and Public Safety and Homeland Security) through the Governor's Children's Cabinet on policy, funding and practice issues to enhance outcomes for high-risk populations including youth involved in the juvenile justice system and those at-risk of long-term school suspension or expulsion due to emotional and/or behavioral problems.

OCS has been an active and engaged participant in an array of cross-secretariat activities including the Governor's Children's Cabinet. Recently, OCS has provided funding for a major Children's Cabinet initiative to create a comprehensive fiscal "map" of all funding resources for children's services in the Commonwealth. In coordination with the Challenged Schools initiative in the City of Richmond, OCS has worked with representatives of the Children's Cabinet and Richmond City government to identify potentially untapped CSA resources that could be utilized to address the social and emotional needs of students in the Richmond Public Schools in order to support improved academic achievement and non-academic well-being.

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GOAL 2: Support informed decision making through utilization of data to improve child and family outcomes and public and private provider performance in the provision of services through the Children's Services Act.

Strategy

1. Improve availability of meaningful data via statistics on the CSA web page and expand information via data "dashboards." Work with local governments to define relevant data for inclusion, specifically common outcome metrics across the CSA service array.

Progress

At the end of FY2015, the OCS under the guidance of the SEC and its Outcomes Committee introduced the CSA Performance Measures application. This tool, available on the CSA public-facing website provides annual data, by locality, on six commonly defined outcome metrics (changes in scores on the School and Behavioral/Emotional domains of the CANS (Child and Adolescent Needs and Strengths, the mandatory uniform assessment instrument for all CSA-served youth); the utilization of Intensive Care Coordination (ICC), an evidence-informed system of care practice supported by the SEC; the percent of youth served by CSA who receive only community-based (as opposed to congregate care or residential) services; the percentage of children in foster care who are living in family-based, as opposed to congregate settings; and the percentage of youth who leave the foster care system to a permanent family arrangement. For each of these six measures, relative rankings by locality are available and localities can generate comparisons between their scores, the statewide averages and the scores of up to five other localities. A cumulative composite performance index is also provided. The application can be found at:

<http://www.ocs.csa.virginia.gov/publicstats/index.cfm>.

2. Continue to enhance collection, analysis, availability and utilization of appropriate client, local and state level data to enable comprehensive analysis of needs, services, providers, and outcomes. Utilize data and predictive analytics as a basis for quality improvement activities. Explore opportunities for follow-up after receiving CSA services to determine long-term outcomes.

In addition to the work described in items 1. and 3. for this Goal and the implementation of the new LEDRS system (described in item 4 under Goal 3), several major activities have been completed. OCS has entered into a memorandum of agreement with the Department of Juvenile Justice (DJJ) through which DJJ will provide juvenile and criminal justice data on youth who have completed CSA-funded services. The initial sample was run for a FY2015 CSA "exit" cohort and a report has been issued.

Annual statewide, summary narrative reports describing the results on the six indicators described in item 1. above and the methodology behind the application are completed and available on the CSA website.

OCS has become a participating agency in the Virginia Longitudinal Data Set (VLDS) a multi-agency data matching repository which allows deidentified extraction of individual matched data records from multiple agencies. VLDS will allow CSA to answer questions regarding things such as educational performance for youth receiving CSA-funded services. Under the guidance of the SEC Outcome Committee, early explorations of this data will take place during FY2018.

3. Enhance utilization and value of the Child and Adolescent Needs and Strengths Assessment (CANS) for service planning and identification of needs by release of and training on the new CANVaS 2.0 software platform which will include enhanced:

- child level reporting capabilities to allow needs and strengths identification, progress monitoring, and adjustments of service plans
- assessment of a child's experiences of trauma
- ability (for children in the foster care system) to assess needs and strengths in the areas of safety, permanency and well-being and for concurrent permanency planning.

The CANVaS 2.0 software platform was released in February of 2017. Enhancements from the previous version included:

- an improved user interface.
- the ability to report on assessment findings by referral source to allow more refined analysis of data.
- new child level reporting capabilities (Individual Progress Report and Individual Formulation Report) that allow case managers and local FAPT teams to monitor and respond to progress/lack of progress/worsening of a child's functioning (as measured by the CANS) over repeated administration of the instrument over time.
- additional items to assess a child's experience of trauma.
- through collaboration with state and local DSS partners, new items and reporting for children referred from the child welfare (foster care) system to provide enhanced information on areas important to that system (safety, permanency, well-being and concurrent permanency planning). The new Child Welfare/Permanency Report allows case managers and FAPT teams to assess status of multiple caregivers or potential caregivers for a child in foster care (as measured by the CANS)

over repeated administration of that section of the instrument over time.

- New aggregate level report (at the state, local and referral source level) to allow analysis of most common areas of needs, effectiveness of interventions over time on specific areas of functioning, and development of strengths.

In FY2018, OCS will be implementing a training plan to provide local CSA programs and staff on the utilization of these new reporting features.

GOAL 3: Improve the operational effectiveness and accountability of CSA administration.

Strategy

1. Develop and implement guidelines for the process of SEC promulgation of policies including stages and time frames for public notice, public comment, and evaluation of potential state and local fiscal impact
2. Develop and adopt clear policy guidance regarding criteria for denial of CSA state pool funds in response to audit findings and subject to the SEC Dispute Resolution Policy
3. Continue engagement of CPMT representatives (including parents and private providers), juvenile judges, school superintendents, government administrators, and elected leaders in local administration of the CSA through increased opportunities for dialogue.

Progress

State Executive Council Policy 2.4 was adopted on June 23, 2016 and has been utilized to guide the SEC's policy-making actions since that date. Responses from both the Council and CSA partners has been positive.

The policy draft originated in the SEC Finance and Audit Committee. State Executive Council Policy 4.7 proceeded according to the established public participation process and was adopted by the SEC at its meeting on December 14, 2017. The policy establishes a transparent, tiered system of response to audit findings of non-compliance.

Through the activities of the SLAT and the OCS, this strategy has been implemented continuously across the biennium. The SLAT continues to meet every other month and representation from each of the identified stakeholder groups ensures productive and robust discussion of issues of common interest to the children's system of care in general and the activities of the CSA in particular.

The new OCS Executive Director (effective June 2016) has initiated and/or responded to multiple opportunities for engagement through personal visits to individual and regional CPMT meetings (47 localities to date) as well as through attending and participating in meetings of stakeholder organizations. Special efforts have been made to

more effectively engage with the organizations such as the Virginia Association of Counties, the Virginia Municipal League, the Virginia League of Social Services Executives, the Virginia Association of Local Human Services Officials, and the Child and Family Services Council of the Virginia Association of Community Services Boards.

The OCS Executive Director also hosts a regular focus group meeting of local CSA Coordinators to hear concerns, explore solutions and maintain open lines of communication.

4. Enhance integration of fiscal and data reporting requirements and systems to reduce local administrative burden and improve accuracy and utility of data for program evaluation and improvement and fiscal operations.

In the past two years (and completed on August 1, 2017) OCS has redesigned the CSA financial and data reporting systems. The resulting Local Expenditure, Data and Reimbursement System (LEDRS) has reduced local reporting requirements to a single consolidated process which includes both fiscal information to generate reimbursements to local governments from the CSA state pool of funds as well as youth level data to allow for required reporting on CSA service activities. The LEDRS also provides increased accuracy by providing automated validations of data prior to submission, reducing opportunities for error.

5. Continue implementation of a robust training plan including development and implementation of a group of e-learning courses to make training on core CSA policies and practices available “on-demand”, especially for newly hired staff of local child-serving agencies.

Each fiscal year the SEC has approved a comprehensive training plan submitted by the OCS. Training activities and participants are summarized annually in reports submitted to the General Assembly. In both FY2016 over 1,400 (non-unique) individuals participated in CSA sponsored/provided training and in FY2017 over 3,000 individuals. A total of 36 individual training events were held in FY2016 and 46 events in FY2107.

The 5th and 6th Annual CSA statewide conferences were conducted with more than 575 (Spring 2016) and 625 (Spring 2017) local CSA team participants, private providers, and state stakeholders represented at those events. Participants in the annual conference identified by locality and stakeholder groups are summarized in the annual

CSA Training Reports to the General Assembly. Training content is also summarized in those reports. Materials from the past four years of annual conferences have been posted to the CSA public website.

In addition to live, “in-person” and webinar training events, over the past two years OCS has developed several distance learning courses that are available “on-demand” in the Commonwealth’s Knowledge Center. In addition to previously existing e-learning courses, new additions include a multi-module course on “CSA for New Family Service Workers” in local departments of social services and a course on the use of CSA Special Education Wraparound funds. Currently under development is an extended e-learning course on the roles and responsibilities of local Community Policy and Management Teams with expected completion of the first modules in early 2018. The CPMT course development was prompted by requests from local CSA stakeholders.

6. Build/enhance a systemic culture of collaboration across state and local CSA stakeholders through technical assistance in team building, communication, consensus building, etc.

The OCS has responded to numerous requests for on-site technical assistance in the areas mentioned in this strategy. Additionally, at the 2016 annual pre-conference event for local CSA Coordinators, Deloitte facilitated a half-day session on enhancing state-local communication and consensus process. Resulting recommendations were then addressed through on-going work groups.

7. Enhance collaboration between SLAT and SEC through periodic joint meetings for review of strategic planning initiatives.

Legislation added the Chairperson of the SLAT to the voting membership of the SEC effective July 1, 2016. This provides for a regular and formal communication mechanism between the two bodies.

A joint meeting of the SLAT and SEC for strategic planning was held in early December 2015. Another meeting will be conducted following the identification of new state agency members of the SEC in early 2018.

GOALS AND STRATEGIES FOR THE FY2018 – FY2020 BIENNIAL PLAN

Endorsed by the State Executive Council – December 2017 and
incorporating the State and Local Advisory Team (SLAT) Work Plan for FY2018

GOAL 1: Support implementation of a singular, unified system of care that ensures equal access to quality services for at risk youth across the Commonwealth.

Strategy	Responsible Entity	Target Completion Date
1. Continue promotion of High Fidelity Wraparound (HFW) / Intensive Care Coordination (ICC) as an evidence-based intervention through sustaining the activities of the HFW Center of Excellence (federal grant period through 9/30/20) and continued collaboration with state and local partners to advance the practice of HFW and expand funding options for the intervention.	SEC, SLAT and OCS	Ongoing
2. Increase family engagement in all aspects of the system of care by enhanced support of a child-centered, family-focused system through policy guidance and support of practices to increase family access and voice in the CSA process, including provision of ongoing training opportunities in this area.	SEC, SLAT and OCS	Ongoing
3. Increase alignment of CSA and participating agency policies to improve access to, consistency, and quality of services to youth and families. Areas of attention may include licensure/credentialing of service providers, allowable services and service models for specific populations of youth (e.g., independent living arrangements for older youth, role of CSA for youth with intellectual and developmental disabilities, treatment foster care, congregate care, including improved discharge planning models, enhanced prevention activities).	SEC, SLAT and OCS	Ongoing
4. Contingent on direction from the 2018 General Assembly, work with the Department of Education, private educational placement providers, parents of students with disabilities, and other state and local stakeholders to improve practices regarding the placement of students with educational disabilities in the least restrictive environment and outcomes for those students.	SEC and OCS	Ongoing

Strategy	Responsible Entity	Target Completion Date
<p>5. Work with the Department of Medical Assistance Services to transition management of certain children’s behavioral health services from the current, single Behavioral Health Services Administrator (BHSA) contract to the multiple CCC Plus and Medallion 4.0 contracts. The goal is to ensure smooth access and management of services that are jointly funded by CSA and Medicaid.</p>	SEC and OCS	1/1/2019
<p>6. Actively support collaborative, cross–secretariat leadership (i.e., HHR, Education, and Public Safety and Homeland Security) through the SEC, the Governor’s Children’s Cabinet, and other appropriate entities on policy, funding and practice issues to enhance outcomes for high–risk populations including youth involved in the juvenile justice, child welfare, behavioral health, and special education systems.</p>	SEC and OCS	Ongoing

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GOAL 2: Support data informed decision making to identify best practices, improve service quality leading to better child and family outcomes, public and private provider performance, and reduce costs.

Strategy	Responsible Entity	Target Completion Date
1. Continue existing and develop new data matching and analysis efforts to determine outcomes of youth served through CSA on key outcome indicators including school attendance, performance, and discipline and juvenile and criminal justice outcomes. Utilize the Virginia Longitudinal Data System (VLDS) and the memorandum of agreement with the Department of Juvenile Justice for access to data. Employ data analytics as a basis for quality improvement activities.	SEC Outcome Committee and OCS	Ongoing
2. Work with local governments to define additional relevant data for inclusion in CSA performance dashboards, specifically common outcome metrics across the CSA service array.	SEC Outcome Committee and OCS	Ongoing
3. Conduct analytic efforts focused on the utilization of congregate (residential) placements including identification and analysis of regional utilization trends; development of case profiles that frequently lead to residential placement and barriers to providing community-based preventive services.	SLAT	6/30/2019
4. Develop and implement training and technical assistance for local CSA programs to utilize new outcomes reports available from the Child and Adolescent Needs and Strengths (CANS), the mandated CSA uniform assessment tool. Training will focus on how local programs can use these reports to identify trends in service needs, priority populations and areas of strengths or needed improvements in the service delivery system.	OCS with input from local CSA programs and SLAT	12/31/2018

GOAL 3: Improve the operational effectiveness and accountability of CSA administration.

Strategy	Responsible Entity	Target Completion Date
1. Enhance the effectiveness of local Community Policy and Management Teams (CPMT) through increased training and technical assistance. By 6/30/2018, complete development and deployment of a new set of distance learning modules on CPMT roles, responsibilities and best practices for new and existing CPMT members.	OCS with input from local CSA programs	Ongoing
2. Initiate and complete a full review of all SEC policies and guidelines to ensure they are in alignment with current law, regulation, and practice. Existing SEC policies and guidelines were developed "piecemeal" over the past 20+ years and are in need of a careful review and update. The SEC Public Participation Policy will be used to guide this activity.	SEC, OCS, SLAT	6/30/2019
3. Fully implement the CSA three-year audit plan to provide local CSA programs timely feedback, provide accountability for use of CSA state pool funds, and establish a culture for quality improvement.	SEC Finance and Audit Committee and OCS	Ongoing
4. Continue improvements to the OCS automated financial and other information systems to improve security, efficiency for end users and to implement new analytic tools for OCS staff and authorized local system users. This will include a redesign of the CSA Service Fee Directory and the local user account management system. Review existing SEC policies and OCS business practices to result in more effective allocation and utilization of certain CSA pool funds (i.e., Special Education Wraparound funds, local CSA administrative funding).	OCS	6/30/2019
5. Continue implementation of a robust training plan including the annual statewide CSA conference and annual New CSA Coordinator Academy, "on-demand" distance (e-learning) courses on core CSA policies and practices.	SEC and OCS	Ongoing