

AGENDA
State & Local Advisory Team (SLAT)
Comprehensive Services Act for At Risk Youth & Families

Thursday, February 5, 2015, 9:30 a.m. – 12:00 p.m.
Dining Hall, UMFS
3900 W. Broad Street
Richmond, VA

- 9:30** **Introductions & Chair Remarks – Ron Belay**
- **Approval of December Minutes**
- 9:40** **Public Comment**
- 9:45** **Executive Director's Report – Susan Clare**
- *Legislative Update*
- 10:00** **SEC Report – Susan Clare and Ron Belay**
- 10:15** **Standard Service Names – Brady Nemeyer**
- 10:35** **Training Update – Scott Reiner**
- *OCS Training Activities*
 - *Draft FY16 Training Plan*
- 10:50** **SLAT Training Committee Report – Victor Evans**
- 11:00** **Committee Member Updates**
- 11:15** **New/Other Business – Ron Belay**
- 11:30** **Adjourn – Ron Belay**

2015 SLAT Meetings: April 2, June 4, August 6, October 1, December 3

"SLAT was established to better serve the needs of troubled and at-risk youths and their families by advising the SEC on managing cooperative efforts at the state level and providing support to community efforts."

**MINUTES – December 4, 2014
STATE & LOCAL ADVISORY TEAM (SLAT)
COMPREHENSIVE SERVICES FOR AT RISK YOUTH & FAMILIES
Richmond Room, 1604 Santa Rosa Rd.
Richmond, VA**

Members Present: Ronald Belay, SLAT Chair, CPMT - CSU Representative; Karen Tompkins, Vice-Chair, Private Provider Representative; Tamara Temoney, Ph.D., CPMT-LDSS Representative; Pat Haymes, DOE; John Dougherty, Private Provider Representative; Penny Combs, Private Provider Representative; Jack Ledden, DJJ; Victor Evans, CSA Coordinator Representative; Pam Fisher, DBHDS; The Honorable Frank Somerville, Juvenile and Domestic Relations District Court Judge Representative; Angela Neely, CPMT-School Representative; Matt Behrens, DMAS; Chuck Walsh, CPMT-CSB Representative, Janet Areson, VML; Dean Lynch, VACo

Members Absent: Cristy Gallagher, Parent Representative; Jodie Wakeham, VDH; Carl Ayers, VDSS

Guests and Staff Members Present: Jessica Webb, Julie Payne, Tammy Becoat-Eclou, Ty Parr, Shelly Latoski, Karen Reilly-Jones, Mills Jones, Di Hayes, Ellen Harrison, Leah Mills, Susan Clare, Stephanie Bacote, Chloe Carter, Marsha Mucha

Introductions and Chair Remarks

Ron Belay, SLAT Chair, called the meeting to order at 9:35 a.m. He welcomed members and guests.

Approval of Minutes

The minutes of the October 2, 2014 meeting were approved on a motion by Victor Evans, seconded by Jack Ledden and carried.

Public Comment

There was no public comment.

Executive Director's Report

Mrs. Clare deferred reporting as her report will be incorporated as part of other topics on today's agenda.

Reports to the General Assembly

Mrs. Clare noted that members had copies of five reports submitted to the General Assembly as required by the Appropriation Act. Those reports were:

- Impact of the Incentive Match Rate System
- Special Education Services Under the CSA
- Treatment Foster Care Services Under the CSA
- Regional and Statewide Training Regarding CSA
- Utilization of Residential Care Under the CSA

Mrs. Clare reported that formatting of the 2014 reports remains the same as the 2013 reports. The 2014 reporting indicates an increase in CSA expenditures after a period of declining expenditures over the past several years. The reports have been posted to the CSA website under CSA Reports and Publications.

SEC Taskforce Recommendations

Mrs. Clare provided background information. A Taskforce of SEC members was appointed by the SEC at its September 2014 meeting to develop recommendations to address the issue of lack of public funding for educational services for youth who have been placed outside of the CSA process into RTFs and for whom Medicaid funding is authorized. The Taskforce met on October 30, 2014 and developed recommendations which were presented to the SEC's Executive Committee at their recent meeting. The recommendation will be presented to the SEC on December 18, 2014.

Recommendations from the Taskforce include a process by which, at the time of admission to either an acute care facility or a Level C RTF, the youth would be referred to the local CSB. The CSB would be responsible for referring the youth to FAPT. FAPT would review the case and develop an IFSP for the youth within 14 days of the CSB receipt of referral from the RTF.

Multiple options would be available to FAPT when reviewing a youth admitted to a level C RTF:

- FAPT may determine that the RFT placement, including its educational services, is necessary to meet the youth's needs.
- FAPT may determine the youth's needs may be met through community based services.
- FAPT may determine the RTF is necessary to meet the youth's needs, but that the school division can provide educational services to the student at the RTF.

If FAPT fails to meet and/or fails to develop an IFSP within 14 days of the receipt of notice by the CSB that the youth has been admitted to the RTF, the locality would assume responsibility for the RTF placement beginning on the first day of admission.

Parents would be asked to give consent to release confidential information regarding the youth to the local CSB and local FAPT. Parents would be informed of the need for local community review of services. Parents would also be informed of the potential development of a plan for alternative services and of their potential fiscal responsibility for educational services if the local community develops a plan for alternative services but the parent wishes to maintain the RTF placement.

Mrs. Clare further noted that the Executive Committee discussed the recommendations and endorsed the first two options of the FAPT process to be presented at the December SEC meeting. The third option will be presented to the SEC but was not endorsed by the Executive Committee due to expressed concerns about implementing such an option.

SLAT members discussed the proposed process and received a written comment from SLAT parent representative, Cristy Gallagher, who was not able to attend today's meeting. There was discussion concerning the feasibility of involvement of CSBs from the time of admittance to an acute care facility to engage in discharge planning.

SLAT members were also presented with the projected fiscal impact of funding of non-CSA residential placements through CSA. During discussion, it was suggested a need for further vetting of the numbers presented at today's meeting. A small workgroup (VML, VACo, DMAS, VCOPPA, Victor Evans, OCS staff) will vet the numbers to ensure an understanding of the fiscal impact before the presentation at the SEC's December meeting. That analysis will be shared with SLAT members before the SEC meeting. An analysis of fiscal impact by locality was requested and OCS agreed to work with the group to produce a report of such analysis.

Mrs. Clare noted that any policy to be considered by the SEC will be disseminated for a 60-day public comment period prior to SEC action. The Taskforce recommended a July 1, 2015 implementation date.

Agency Proposed Legislation: SLAT Membership Requirements

Mrs. Clare reported that statutory amendments regarding SLAT membership have been approved by the Governor's Office. The proposed amendments are:

- Parent representative - has a child who has received services that are within the purview of CSA
- Local government representatives - are representative of one of the different participants of CPMTs but need not be actively serving on a CPMT in order to serve on SLAT

OCS will redistribute the proposed statutory amendments to SLAT members.

SLAT Training Committee Report

Victor Evans, Committee Chair, reported that, at the most recent Committee meeting, Committee members were joined by training department/office staff from other state agencies (DJJ, VDSS, DOE, DBHDS), a parent and private provider representative for a discussion on improving system training. Those in attendance discussed collaborative training opportunities and how to share those training opportunities through e-learning. The Committee also discussed training on CSA and how best to make that training available to target audiences who need to have knowledge of CSA.

The Training Committee also reviewed a glossary of terms for the CSA Community Inventory. The Training Committee will finalize the Inventory at its January 20 meeting and will present the final Inventory to SLAT at SLAT's February 2015 meeting.

Committee Member Updates

Mr. Belay asked members to report on activities within their agencies or organizations. Members reported on the appointment of new juvenile and domestic relations district court judges, institutional transformation activities, regulations, Commission on Youth studies and the Children's Cabinet. Members also continue to work within their agencies, serve on workgroups and advocate through their associations for improvements to services and service delivery to the children, youth and families of Virginia.

New/Other Business

There was no new or other business to discuss.

Adjournment

There being no further business, the meeting adjourned at 11:40 a.m.

OFFICE OF COMPREHENSIVE SERVICES

STANDARDIZED SERVICE NAMES

CSA Purchased Services

JUNE 2014

Technical Edits JANUARY 2015

Acute Psychiatric Hospitalization³

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

Applied Behavior Analysis³

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

Assessment/Evaluation³

Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.

Case Support

Service may be purchased from a public child serving agency and includes basic case oversight for a child not otherwise open to a public child-serving agency, for whom a case manager is not available through the routine scope of work of a public child-serving agency, and for whom the worker's activities are not funded outside of the State Pool. Services may include administration of the CANS, collection and summary of relevant history and assessment data and representation of such information to the FAPT; with the FAPT, development of an IFSP; liaison between the family, service providers and the FAPT.

Crisis Intervention³

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

Crisis Stabilization³

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

Family Partnership Facilitation

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

Family Support Services

A broad array of services targeted to provide assistance, support, and/or training in various community settings to build natural supports and functional skills that empower individuals and families towards autonomy, attaining and sustaining community placement, preserving the family structure, and assisting parents in effectively meeting the needs of their children in a safe, positive and healthy manner. The services may include but are not limited to skill building (parenting skills, fiscal management, coping skills, communication, interpersonal skills, supervised visitation, babysitting, non-foster care/maintenance day care etc.) and behavioral interventions.

Independent Living Services

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

Individualized Support Services

Support and other structured services provided to strengthen individual skills and/or provide environmental supports for individuals with behavioral/mental health problems. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis. Service includes "Supportive In-home Services" licensed by the Department of Behavioral Health and Developmental Services.

Intensive Care Coordination

Services, as defined by State Executive Council policy, conducted by an Intensive Care Coordinator for children who are at risk of entering or who are placed in residential care. ICC providers must be trained in the High Fidelity Wraparound model of care coordination and receive weekly clinical supervision. The purpose of the service is to safely and effectively maintain the child in, or transition/return the child home, to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs. Services must be distinguished as above and extend beyond the regular case management services provided within the normal scope of responsibilities for the public child serving agencies. Services and activities include: identifying the strengths and needs of the child and his family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.

Intensive Care Coordination Family Support Partner

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

Intensive In-Home Services³

IIH services for Children/Adolescents under age 21 are intensive, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); and coordination with other required services. Service also includes 24-hour emergency response.

Maintenance – Basic²

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

Maintenance – Clothing Supplement²

Payments, as determined and scheduled by VDSS, for clothing outside of basic maintenance for children in foster care.

Maintenance - Child Care Assistance

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

Maintenance - Enhanced²

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

Maintenance – Independent Living²

Payments made to foster care youth who are in independent living arrangements.

Maintenance – Transportation²

In accordance with Title IV-E and Fostering Connections regulations, payments made to support a child/youth in foster care. Includes: visits to family including parents, relatives and siblings; costs for the child to be transported to a non-resident/non-zone

school in accordance with a best interest determination. Costs may include purchased contracted services, cost of the child's bus/plane tickets; or mileage (at the state rate) for a driver to transport the child.

Material Support – Payment for items or services for families when such assistance is not otherwise available but is necessary to prevent an out of home placement of a youth or assist with reunification. Payments may include, but are not limited to, support with housing and utilities costs.

Mental Health Case Management³

Mental health case management is defined as a service to assist individuals with behavioral/mental health problems who reside in a community setting in gaining access to needed medical, social, educational, and other services. Case management does not include the provision of direct treatment or habilitation services.

Mental Health Skills Building³

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

Mentoring

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

Other

A uniquely designed service, not otherwise named and defined, that will ensure the safety and well-being of a child at risk of or in an out of home placement, support family preservation, or enhance reunification efforts.

Outpatient Services³

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

Private Day School⁴

Special Education services identified through an IEP in which the "least restrictive environment" is identified as a private day school. Services are provided in a licensed, privately owned school for persons determined to have a disability as defined by the *Regulations governing Special Education Programs for Children with Disabilities in Virginia*.

Private Foster Care Support, Supervision and Administration¹

Services provided by a Licensed Child Placing Agency (LCPA) which include, but are not limited to, recruiting, training, assessing and retaining foster parents for the LCPA; making placement arrangements; purchasing/ensuring child has adequate clothing; providing transportation; counseling with child to prepare for visits with biological family; providing support and education for LCPA foster parents regarding management of child's behavior; providing ongoing information and counseling to child regarding permanency goals; preparing a child for adoption; 24/7 crisis intervention and support for both child and LCPA foster family; developing and writing reports for FAPT; attending and presenting at FAPT meetings; administering LCPA foster parent payments; identifying adoption placements; assessment of adoption placements; and arranging adoption placements. The provision of services will vary for each child based on that child's specific needs and the identified level of care. Services are provided at non-treatment level of foster care as well as treatment levels of foster care.

Private Residential School^{4,3}

Residential education services provided to students with disabilities who are placed into a residential program through an IEP in which the "least restrictive environment" is identified as a private residential school. Includes all services identified in the IEP as necessary to provide special education and related services, including non-medical care and room and board.

Residential Education³

A component of the total daily cost for placement in a licensed level C residential treatment facility. These education services are provided in a licensed, privately owned and operated Level C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons.

Residential Room and Board^{1,3,5}

A component of the total daily cost for placement in a licensed congregate care facility. Residential Room and Board costs include room, meals and snacks, and personal care items.

Residential Case Management^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activities include maintaining records, making calls, sending e-mails, compiling monthly reports, scheduling meetings, discharge planning, etc.

Residential Daily Supervision^{3,1,5}

A component of the total daily cost for placement in a licensed congregate care facility. Activity includes around the clock supervision.

Residential Supplemental Therapies³

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activity includes a minimum of 21 group interventions (outside of the 3-5 group therapies lead by a licensed clinician). The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up.

Residential Medical Counseling³

A component of the total daily cost for placement in a licensed Level C residential treatment facility. Activities include around the clock nursing and medical care through on-campus nurses and on-campus/on-call physician. Activities also include the doctor and nurse at every treatment planning meeting for resident.

Respite

Service that provides short term care, supervision, and support to youth for the purpose of providing relief to the primary care giver while supporting the emotional, physical, and mental well being of the youth and the family/guardian. This service includes respite services licensed by the Department of Behavioral Health and Developmental Services.

Special Education Related Services

Services identified within an IEP to be delivered to youth placed in private education schools. Services include, but are not limited to: occupational therapy, physical therapy, speech therapy).

Sponsored Residential Home Services³

A short-term residential treatment service provided in a private home which is supervised by a licensed provider. Providers arrange for, supervise, and provide programmatic, financial, and services support to sponsors providing care or treatment for individuals placed in the sponsors' homes.

Substance Abuse Case Management³

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

Transportation

Transportation to support attainment of the goals in a child's service plan, either through contracted services or payment of mileage. Services may be designed to enable a child or family member to attend counseling, parenting classes, court, visitation with family members, or other appointments.

Therapeutic Day Treatment for Children and Adolescents³

Covered services are a combination of psychotherapeutic interventions combined with medication, education, and mental health treatment offered in programs of two or more hours per day with groups of children and adolescents.

Treatment Foster Care Case Management¹

A component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented. The provision of services will vary for each child based on that child's specific needs and the identified level of care.

Utilization Review

Activities that provide oversight of purchased services. Activities of UR include review of IFSPs, review of services delivered by providers, review of a child or youth's progress toward goals, and the provision of recommendations for service planning and revision of service plans/goals.

¹ Licensed by Virginia Department of Social Services

² Defined in accordance with Title IV-E

³ Licensed by Virginia Department of Behavioral Health and Developmental Services

⁴ Licensed by Virginia Department of Education

⁵ Licensed by Virginia Department of Juvenile Justice

New CSA Coordinators Academy

Agenda

Tuesday, March 10, 2015

9:00 AM	Registration	
9:30 AM	Welcome and Introductions	
10:00 AM	Implementing the CSA Maximizing the CSA Coordinator Role	Susie Cumbia Clare, Executive Director Office of Comprehensive Services (OCS) Susie Cumbia Clare
12:15 PM	Lunch	
1:00 PM	Introduction to Developing Effective Working Relationships	Betsy Clark, CSA Coordinator, City of Hampton
1:30 PM	Effective Working Relationships: Parent Perspective	Audrey Brown, SLAT Parent Representative
2:30 PM	Break	
2:45 PM	Effective Working Relationships: Private Provider Perspective	John Dougherty, Virginia Home for Boys and Girls Karen Tompkins, Timber Ridge School Nancy Toscano, United Methodist Family Services
3:45 PM	Effective Working Relationships: Interagency Perspective	Betsy Clark
4:45 PM	Questions and Closure	

New CSA Coordinators Academy

Agenda

Wednesday, March 11, 2015

8:00 AM	Introduction to Child Serving Agencies/Children's Services	Scott Reiner, Assistant Director, OCS
8:15 AM	Department of Education: Special Education (SPED)	Pat Haymes, Director, Office of Dispute Resolution and Administrative Services, DOE
9:00 AM	Department of Social Services: State and Local Perspectives	Carl Ayers, Director Division of Family Services, VDSS Brad Burdette, Director Appomattox Department of Social Services
10:00 AM	Break	
10:15 AM	Department of Social Services (continued)	
10:45 AM	Department of Behavioral Health and Developmental Services (DBHDS)	Janet Lung, Director Office of Child and Family Services, DBHDS
11:30 AM	Department of Juvenile Justice: State and Local Perspectives	Angela Valentine, Chief Deputy Director, DJJ Michael Traylor, Director, 9 th District CSU
12:15 PM	Lunch	
1:00 PM	Virginia's Comprehensive System of Care	Scott Reiner
2:00 PM	Tools for Serving Youth: Child in Need of Services (CHINS) / Parental Agreements	Carol Wilson, Program Consultant, OCS
2:30 PM	Break	
2:45 PM	Child and Adolescent Needs and Strengths (CANS) Assessment	Carol Wilson
3:45 PM	Utilization Management/Utilization Review	Anna Antell, Program Consultant, OCS

New CSA Coordinators Academy

Agenda

Thursday, March 12, 2015

8:00 AM	What to Expect During Program Audits	Stephanie Bacote, Audit Manager, OCS Annette Larkin, Program Auditor, OCS
8:30 AM	Introduction to Internal Controls	Stephanie Bacote Annette Larkin
9:30 AM	Break	
9:45 AM	Using the CSA Service Definitions Resources for CSA Coordinators	Brady Nemeyer, Program Consultant, OCS
10:30 AM	Using Financial Reporting and Required Data Submissions	Chuck Savage, Business Manager, OCS Ty Parr, CSA Coordinator, Henrico County Preetha Agrawal, IT Manager, OCS
11:45 AM	Closing Remarks / Complete Evaluations	Scott Reiner

DRAFT — TRAINING PLAN — DRAFT
Fiscal Year 2016

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

The mission of the Comprehensive Services Act (CSA) is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth. One important mechanism for achieving this mission is through development and implementation of a robust training plan. The Code of Virginia requires that the Office of Comprehensive Services (OCS) “provide for training and technical assistance to localities in the provision of efficient and effective services that are responsive to the strengths and needs of troubled and at-risk youths and their families.” In accordance with provisions of the biennial Appropriation Act, the Office of Comprehensive Services presents an annual training plan to the State Executive Council for approval. This document outlines the OCS FY2016 Training Plan for the period of July 1, 2015 – June 30, 2016.¹

I. GOALS

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

Objectives:

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

Target Audiences:

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

Topics:

- CSA Mission and Vision/CSA as a System of Care
- Building effective multi-disciplinary teams/collaboration
- Overview and prioritization of local CSA Coordinator responsibilities (§2.2-2649)
- Provision of effective and efficient services (§2.2-2649)
 - Use of data and data analytics to assess service patterns and improve outcomes
 - Understanding High Fidelity Wraparound and Intensive Care Coordination
 - Utilization Management and Utilization Review (*Appropriation Act*)
- Controlling costs and utilizing alternative funding streams and revenues (*Appropriation Act*)
 - Blending & Braiding Funds – Developing a Fiscal Plan
 - Accessing the full array of Medicaid services (*Appropriation Act, with DMAS*)
- Use of state pool funds: eligibility and decision points

¹ Where appropriate, specific statutory requirements addressed through this training plan are indicated.

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

Primary implementation methods:

- CSA Annual Conference
- New Coordinators Academy
- On-line and Webinar training
- Information developed and disseminated through the CSA website

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

Objective:

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

Target Audiences:

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

Topics:

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

Primary Implementation Methods:

- Stakeholder venues/conferences
- Virtual learning opportunities developed and disseminated in conjunction with partner agencies

Supporting Activities:

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

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

Objectives:

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

Target Audiences:

- All CSA stakeholders

Topics:

- Best practices and evidence-based practices related to the CSA (*Appropriation Act*)
 - Introduction to Systems of Care
 - High Fidelity Wraparound (HFW)
 - Facilitator training
 - Family and youth support partner training
 - Local coaching and clinical supervisors training
 - Trauma-informed services within an overall System of Care (in collaboration with DSS and DBHDS)
 - Family engagement – families and youth as partners
 - Evidence-based practices in children's services

Primary implementation methods:

- CSA Annual Conference
- Collaborative training efforts with partner agencies
- On-line and Webinar training
- Information developed and disseminated through the CSA website

II. TRAINING AND TECHNICAL ASSISTANCE METHODOLOGIES

A. DELIVER OCS SPONSORED TRAINING OPPORTUNITIES

Activities:

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

B. DELIVER CSA RELATED TRAINING WITHIN STAKEHOLDER VENUES/CONFERENCES

Projected Activities:

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

C. DELIVER TARGETED, HIGH-QUALITY TECHNICAL ASSISTANCE

Objective:

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

Activities:

- Maintain the "OCS Help Desk" on the CSA website to facilitate prompt, accurate and consistent responses to requests for specific guidance
- Provide targeted on-site training and technical assistance to meet needs identified by OCS, localities, and/or regions
- Provide targeted assistance to facilitate CPMT corrective action/program improvement activities
- Provide on-site and remote technical assistance on frequently asked questions/common issues
- Provide information through the Resource Library of the CSA website (FAQ's, Fact Sheets)

D. DEVELOP AND OFFER VIRTUAL LEARNING OPPORTUNITIES

Objective:

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

Activities:

- Maintain training site for CANS certification
- Administer the CSA Knowledge Center (KC) to include user account management for local users
- Plan and deliver webinars on “hot topics” (e.g., new policy guidelines), best practices, common focal issues raised by CSA stakeholders
- Develop and implement on-line and other distance learning programs to include:
 - educational opportunities through the Knowledge Center
 - ongoing availability of archived training materials from the annual conferences, webinars, and other sources
 - use of the CSA website to make available materials from national and other sources of best-practices information

E. PROMOTE AVAILABILITY OF LIVE AND VIRTUAL TRAINING OPPORTUNITIES

Objective:

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

Activities:

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

III. EVALUATION

Objective:

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

Activities:

- Identify and assess measurable objectives for all CSA training activities
- Design course outlines, content, materials, activities, methods of instruction, and evaluation criteria for CSA training activities that reflect the principles of adult learning and best practices in instructional design
- Collect and report information regarding participants (e.g., number, primary professional affiliation) at “in-person” CSA training events

- Collect and summarize evaluations of OCS training activities and utilize feedback to refine and improve training activities
- Provide quarterly reports to the State Executive Council summarizing OCS training activities
- Complete and submit an annual report to the General Assembly regarding OCS training activities

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