

AGENDA
State and Local Advisory Team (SLAT)
June 4, 2020
9:30 a.m. – 11:30 a.m.
Virtual Meeting via GoToMeeting

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Please note: This meeting is open to the public and public comment will be accepted at the time indicated in the agenda. It is not necessary to pre-register for this meeting.

- Welcome/Opening Shannon Updike
- Virtual Meeting Logistics Scott Reiner
 - Initially all lines are muted, but will be opened as needed
 - Chat feature available
 - Use of Voice Roll Call for motions and official voting
- Public Comment Period
- Approval of February 6, 2020 meeting minutes SLAT Members
- SLAT Representatives for SEC Strategic Plan Workgroups Shannon Updike
 - SEC Policy Review workgroup (SLAT participation)
 - Core leadership competencies for local CSA leaders (led by SLAT)
 - Development of Guide for Youth and Families (led by SLAT)
- Nominations for FY 2020-2021 SLAT Officers Shannon Updike
- SLAT Meeting Schedule for FY 2020-2021 Shannon Updike
- OCS Report Scott Reiner
 - CSA COVID-19 Survey Results Zandra Relaford
 - New Coordinators Academy Zandra Relaford
 - CSA Annual Conference
- Adjournment Shannon Updike

Next meeting: August 6, 2020

Draft

**MINUTES – February 6, 2020
STATE & LOCAL ADVISORY TEAM (SLAT)
CHILDREN’S SERVICES ACT
Richmond Room
1604 Santa Rosa Road
Richmond, VA 23229**

Members Present: Shannon Updike, SLAT Vice-Chair, VCOPPA; Michael Triggs, VCOPPA; Ivy Sager, CPMT – CSB Representative; Lisa Madron, CPMT – CSB Representative; Rebecca Vinroot, CPMT – LDSS Representative; Em Parente, DSS; Laura Reed, DMAS; The Honorable Richard Campbell, Juvenile and Domestic Relations District Court Representative; Angela Neely, CPMT – School Representative; Susan Aylor, CPMT – School Representative; Jeannine Uzel, VDH; Cristy Corbin, Parent Representative; Martha Carroll, CPMT – CSU Representative; Nina Marino, DBHDS, Mills Jones, CSA Coordinators Network; Lesley Abashian; CPMT - Local Government

Members Absent: Beth Stinnett, DJJ; Sabrina Gross, DOE

OCS Staff Members and Guests Present: Scott Reiner, Zandra Relaford, Kristi Schabo, Maris Adcock, Stephanie Bacote, Annette Larkin, Marsha Mucha (guest list attached)

Introductions and Chair Remarks

Shannon Updike, SLAT Vice-Chair, called the meeting to order at 9:30 a.m. She welcomed members and guests. Introductions were made.

Approval of Minutes

The minutes of the December 5, 2019 meeting were approved on a motion by Cristy Corbin, seconded by Michael Triggs and carried.

Public Comment

There was no public comment.

SEC Strategic Plan 2020-2024 Review and Discussion

Mr. Reiner reviewed and provided members with a copy of the Strategic Plan as approved and adopted by the State Executive Council (SEC) at its December 12, 2019 meeting. The Appropriation Act requires a Strategic Plan to be submitted at the end of each odd-numbered year. He noted that the Plan was based on input from various CSA stakeholders via survey and focus groups. The SEC and SLAT met for a full day session in September 2019 to inform the plan.

During discussion, Mr. Reiner explained that, at the SEC’s March 12, 2020 meeting, the SEC will begin developing a work plan and action steps needed to meet the goals and objectives of the Strategic Plan. SLAT will have the opportunity to assist the SEC in this regard through projects assigned to SLAT by the SEC.

Member Updates

Members reported on activities and the statuses of ongoing projects, new programs, grant opportunities, trainings and legislative/budgetary items. Members also continue to work within their agencies and advocate through their associations for improvements to services and service delivery for the children, youth and families of Virginia.

Draft

Mills Jones submitted a written report on behalf of the State CSA Coordinators regarding their concern about the number of children placed out of state in residential facilities (copy attached).

Protected Funds/Non-Mandate Report to SEC

Mrs. Updike reported that Karen Reilly-Jones (previous SLAT Chair) had presented the report on SLAT's recommendations to the SEC on use of protected/non-mandated funds at the SEC's December 2019 meeting. Because of a full SEC agenda at the December meeting, the SEC will review SLAT's report in more depth at their March 2020 meeting.

OCS Report

Zandra Relaford reported on the following:

- *JLARC Study* – The Joint Legislative Audit and Review Commission (JLARC) has begun a review/study of the CSA's purpose, spending and service delivery. A report will be issued in the fall of 2020.
- *CSA Conference* - The 2020 CSA Conference is planned for October 29 – 30 in Norfolk.

Adjournment and Next Meeting

Mrs. Relaford reported that Kristi Schabo, OCS Program Consultant was leaving her position at OCS to become the CSA coordinator for Chesterfield/Colonial Heights. She thanked Ms. Schabo for her work on behalf of OCS and CSA.

There being no further business, the meeting adjourned at 11:50 a.m. The next meeting will be held on April 2, 2020 in the Richmond Room, 1604 Santa Rosa Rd., in Richmond.

**VIRTUAL MEETING – April 2, 2020
STATE & LOCAL ADVISORY TEAM (SLAT)
CHILDREN’S SERVICES ACT
1604 Santa Rosa Road, Suite 137
Richmond, VA 23229**

Members Present: Shannon Updike, SLAT Vice-Chair, VCOPPA; Michael Triggs, VCOPPA; Ivy Sager, CPMT – CSB Representative; Lisa Madron, CPMT – CSB Representative; Rebecca Vinroot, CPMT – LDSS Representative; Em Parente, DSS; Laura Reed, DMAS; Angela Neely, CPMT – School Representative; Jeannine Uzel, VDH; Cristy Corbin, Parent Representative; Martha Carroll, CPMT – CSU Representative; Nina Marino, DBHDS, Mills Jones, CSA Coordinators Network; Lesley Abashian; CPMT - Local Government; Sabrina Gross, DOE

Members Absent: Beth Stinnett, DJJ; The Honorable Ashley Tunner, Juvenile and Domestic Relations District Court Representative

OCS Staff Members Present: Scott Reiner, Zandra Relaford, Marsha Mucha

Welcome/Opening

Shannon Updike, SLAT Vice-Chair, welcomed everyone to the call at 9:30 a.m.

Mr. Reiner noted that no official business would be conducted during the meeting as the COVID-19 state of emergency precludes assembling the required number of individuals in a central location. He provided directions to those attending on the virtual meeting logistics.

Strategic Plan Implementation and the Role of the SLAT

Mr. Reiner reported that at the SEC’s December 12, 2019 meeting the SEC adopted a Strategic Plan. At the SEC’s March 12, 2020 meeting, the SEC began development of a work plan and actions steps necessary to meet the goals and objectives of that Strategic Plan.

Mr. Reiner briefly reviewed with SLAT members the suggested implementation strategy to meet the goals and objectives of the Strategic Plan and the role of SLAT in those implementation activities.

SLAT will be asked to participate in those activities as follows:

- SLAT members will be asked to serve on a workgroup reviewing SEC policies.
- SLAT to form a workgroup to define core knowledge, skills and abilities for various roles (e.g., local CSA leaders, CPMT and FAPT). The workgroup will also develop relevant work products.
- SLAT to form a workgroup to develop a guide for youth and families. Significant representation on the workgroup will be from persons with lived experience with the CSA system.

Those interested in serving on a workgroup or those with questions should contact Shannon Updike.

Proposal re: Future SLAT Meeting Schedule

Zandra Relaford, OCS Assistant Director, reported on a proposal to move SLAT meetings to a quarterly schedule and to hold those meetings in the month directly preceding the quarterly SEC meetings. If adopted, the months for SLAT meetings would change to: February, May, August and November. This proposal will be available for discussion at the June SLAT meeting and, if approved, the new schedule would begin with the August 2020 meeting.

Draft

Appointment of a Nominating Committee for SLAT Officers 2020-2021

Mrs. Updike announced that it was time to form a Nominating Committee (3 members) to nominate a SLAT Chair and Vice-Chair for the upcoming fiscal year. The chair is to be selected from among the local government representatives, including members who are representatives of one of the different participants of the CPMT and/or the local CSA coordinator or program manager. The vice-chair position does not have these restrictions. The chair and vice-chair serve for a term of one year and may be renewed to serve a second term.

If no volunteers are forthcoming, Mrs. Updike will appoint members to serve as the Nominating Committee. Election of officers will take place at the June SLAT meeting.

Key Announcements

SLAT members reported on activities within their agencies and organizations focused on continuity of operations during the COVID-19 pandemic.

Adjournment

The virtual meeting adjourned at 10:30 a.m. The next meeting is scheduled for June 4, 2020.

Suggested SEC Strategic Plan Implementation Strategy

Two Year Metrics (2020 – 2022)

(For Discussion Purposes)

Policy and Oversight

Goal 1: SEC with input from SLAT and others will determine which CSA policies need greater uniformity, flexibility, and alignment

Implementation:

SEC and SLAT will form a workgroup to systematically review SEC policies (relevant statutes and items in the CSA User Guide will be reviewed as needed). All policy review will be conducted with attention to equity considerations and a trauma-informed perspective.

- Appropriate membership representing SEC and SLAT will be determined.
- Additional participants will be determined and invited. This may include persons with policy expertise with equity and trauma-informed perspectives.
- Workgroup will be staffed by OCS.
- Workgroup will provide regular reports to the SEC and the SLAT.
- Workgroup may also identify new policies for consideration (e.g., Integration of CSA and Family First Prevention Services Act).
- At the direction of the SEC and with input from the workgroup, suggested revisions to existing policies will be prioritized for action (e.g., the “protected” funds policy as discussed at the December 2019 SEC meeting from the SLAT report).

Goal 2: SEC will identify and capitalize on the practice enhancements occurring throughout the CSA participating systems.

Implementation:

Brief status updates on each of the major practice enhancements will be on the SEC meeting agendas with discussion focused on interrelatedness across systems and ideas for maximizing impact and alignment.

- Input from various perspectives (e.g., state agency, local government, private provide, family) will be sought to ensure breadth of perspectives are considered.
- Appropriate actions emerging from these discussions will be considered.

Suggested SEC Strategic Plan Implementation Strategy

Two Year Metrics (2020 – 2022)

(For Discussion Purposes)

Leadership and Collective Action

Goal 1: SEC and SLAT will define and support development of core leadership competencies for local CSA leaders, Community Policy and Management Teams and Family Assessment and Planning Teams.

Implementation:

SEC will request SLAT to form a workgroup to define core knowledge, skills, and abilities for the various roles and develop relevant work products (e.g., model position descriptions, suggested training and experience for each role, etc.).

- Recommendations for implementation will be part of the charge of the group.
- Equity and trauma-informed perspectives will be a consideration in the work.
- OCS will provide resources as needed to facilitate the workgroup's activities.
- Workgroup will provide regular status reports to the SEC.

Goal 2: SEC will implement and support outcome-driven practices.

Implementation:

SEC will direct OCS to survey state, local, and private provider partners to generate a catalog of current outcome metrics to include the method of collection and reporting.

- Ask questions related to what is working and how did it work?
- Identify levers/drivers of successful implementation of outcome-driven practices.
- Solicit examples from SEC members and others.

Suggested SEC Strategic Plan Implementation Strategy

Two Year Metrics (2020 – 2022)

(For Discussion Purposes)

Empowering Families and Communities

Goal 1: SEC, SLAT, and additional partners will develop a guide for youth and families to build understanding about access to needed services.

Implementation:

SEC will request SLAT to form a workgroup to develop the guide.

- Focus will be on the desired end state of families being more aware of how to access to services. Final products may be wider than a traditional written guide.
- Significant representation on the workgroup will be from persons with lived experience with the CSA system.
- Workgroup will survey the field for existing examples of such guides (e.g., local CSA programs, family organizations).
- Workgroup will provide regular status reports to the SEC.

Goal 2: The SEC through OCS will build community capacity by preparing and assisting localities to successfully implement and sustain evidence-based practices.

Implementation:

- OCS will, in partnership with the established working group on facilitating local adoption, utilization, and sustainability of evidence-based practices, develop a formal work plan to continue the already initiated EBP local/regional learning collaboratives. (Note: initial events in this activity are scheduled for April 2020.)
- SEC and OCS will provide appropriate support for the potential Evidence-Based Practices Center Excellence (COE), should the COE come to fruition.

BYLAWS
State and Local Advisory Team for the Children's Services Act

ARTICLE I – Name

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

ARTICLE II – Purpose and Powers

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

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

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

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

ARTICLE III – Membership and Terms

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

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

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

ARTICLE IV – Duties of Membership

The state agencies represented on the team shall provide administrative support for the team in the development and implementation of the collaborative system of services and funding authorized by Chapter 52 of the Code of Virginia. This support shall include, but not be limited to, the provision of timely fiscal information, data for client- and service-tracking, and assistance in training local agency personnel on the system of services and funding established in the aforementioned chapter.

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

ARTICLE V – Officers

The team shall annually elect a chair from among the local government representatives, including the members who are representatives of one of the different participants of community policy and management teams and the local children's services act coordinator or program manager. The chair shall be responsible for convening the team and presiding over all team meetings, setting the agenda, making assignments, and serving as a voting member of the council. The team shall also annually elect a vice-chair. In the absence of the chair, the vice-

chair will assume the role of the chair with all powers and responsibilities. The Executive Director of the Office of Children's Services (OCS) is responsible to arrange for recording and producing minutes from each meeting, preparing correspondence when required, and serving as the official record keeper for the team.

ARTICLE VI – Election of Officers

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

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

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

ARTICLE VII – Meetings

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

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

An annual meeting schedule for the coming year shall be set at the final meeting of any fiscal year.

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

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

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

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

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

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

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

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

ARTICLE VIII – Executive Committee, Purpose, Function and Membership

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

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

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

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

ARTICLE IX – Committees

Committees may be formed by the chair as required, after appropriate consultation with the team membership. The team shall appoint a committee chair and an acceptable number of committee

members. Each committee may be dissolved at the discretion of the team chair once its appointed task is completed.

ARTICLE X – Notice and Waiver of Notice

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

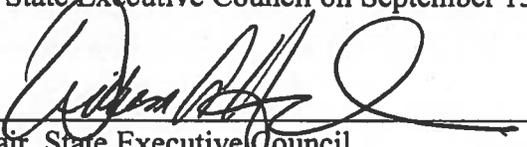
ARTICLE XI – Amendments

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

ARTICLE XII – Severability

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

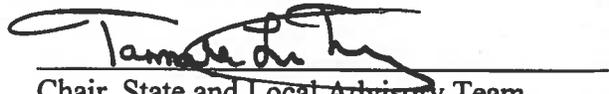
The foregoing Bylaws of the State and Local Advisory Team for the Children's Services Act were duly adopted by the State and Local Advisory Team on August 4, 2016 and approved by the State Executive Council on September 15, 2016.



Chair, State Executive Council

Date:

9/15/16



Chair, State and Local Advisory Team

Date:

8-4-16

CSA COVID-19 Survey

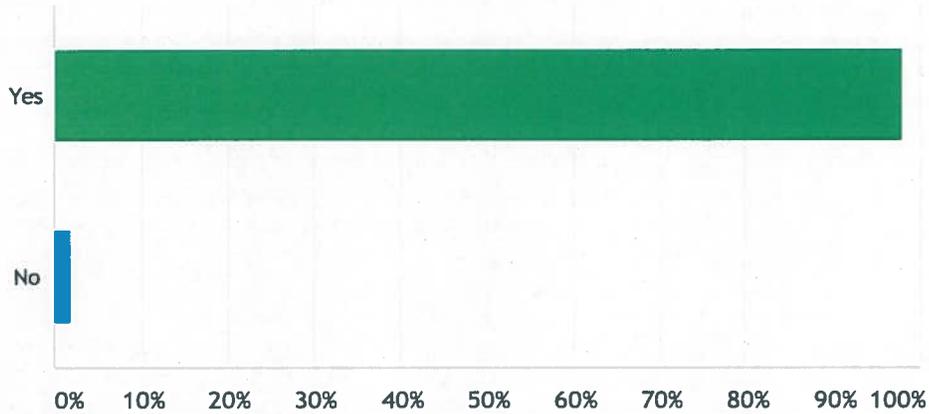
Conducted 4/29/2020 – 5/8/2020

Response Rate:

Received 102 total responses (16 without a locality identifier), representing 111 unique jurisdictions).

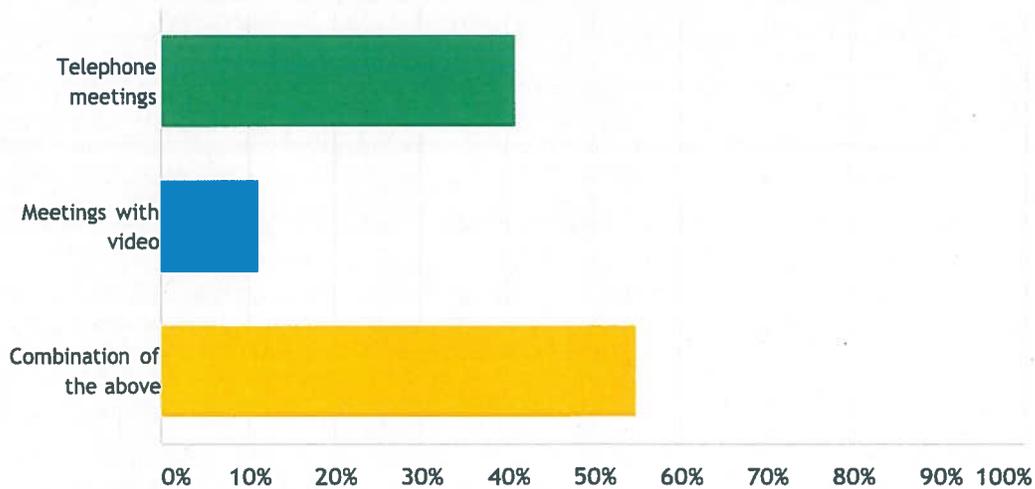
Q2 Are you able to maintain FAPT operations via virtual means?

Answered: 102 Skipped: 0



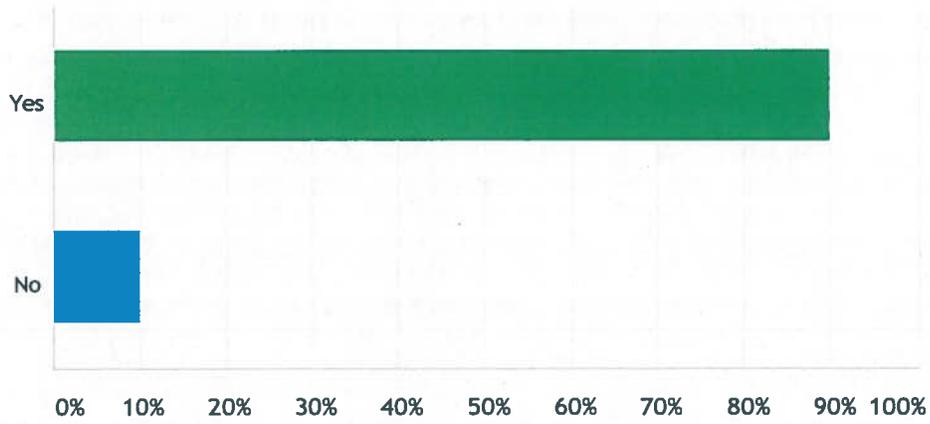
Q3 Method of FAPT Meeting (check all that apply)

Answered: 100 Skipped: 2



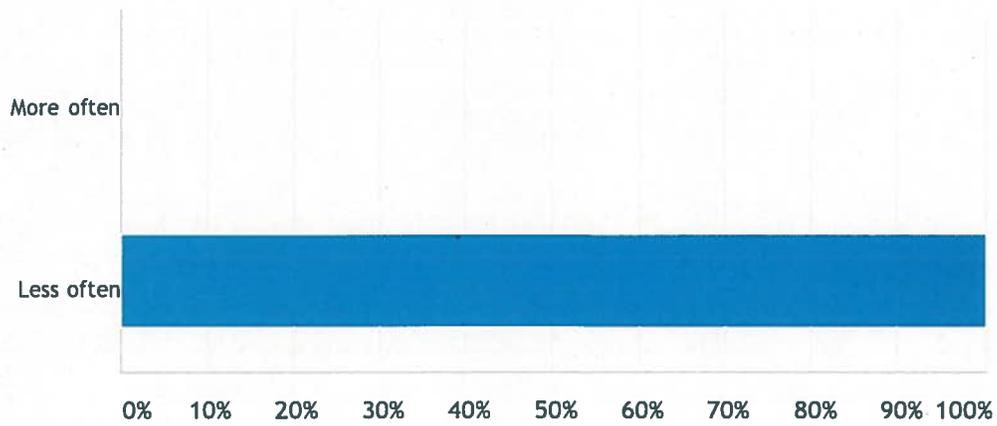
Q4 Are FAPT meetings occurring with the usual (pre-COVID) frequency?

Answered: 99 Skipped: 3



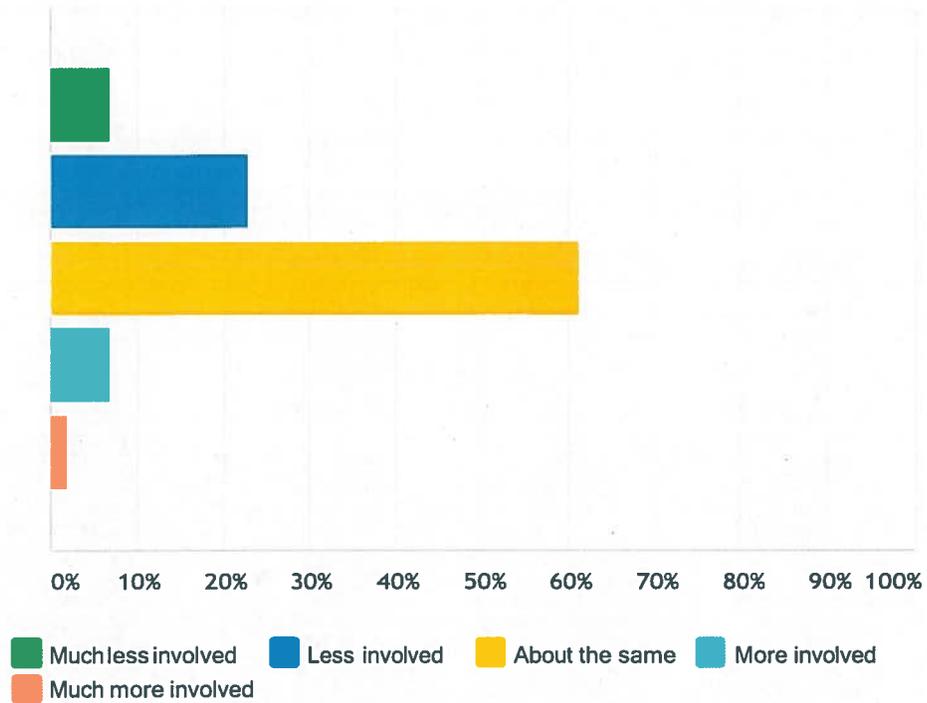
Q5 If "No," more or less frequent?

Answered: 10 Skipped: 92



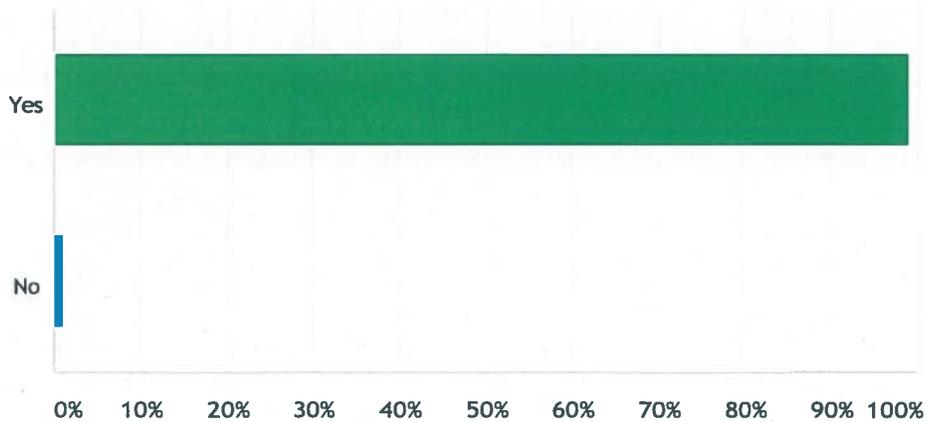
Q6 On a scale of 1-5, how would you rate youth/family involvement compared to the usual in-person FAPT meetings:

Answered: 101 Skipped: 1



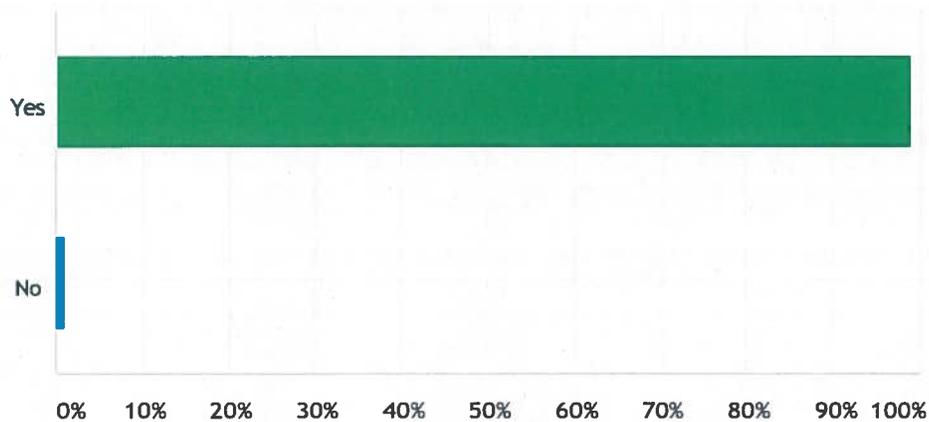
Q7 Do you perceive that families and agencies can access a FAPT if a critical need arises?

Answered: 101 Skipped: 1



Q8 Are your service providers able to offer some (albeit modified) delivery of services?

Answered: 101 Skipped: 1



Q9 What are your biggest current concerns about access to services?

Answered: 97 Skipped: 5

- Quality of educational services through private day placements: Our locality's CPMT feels that we are not receiving the full amount of services that justifies the rate we are currently paying.
- Not all agencies have the ability to offer services by electronic platforms and not all families have access to internet in our area.
- Service providers have been great in our area to keep in contact with families that are being served thru CSA even during the COVID-19. They are doing more phone/video meetings trying to stay involved. My concern is that families might not be as able to participate now that case managers are having to work from home. Transportation is an issue in our area.
- Some areas of our locality are very rural so internet & phone/ cellular service can be challenging. This can cause connections to need regular resetting systems to communicate.
- The throttling down of the youth's comfort with communicating due to electronic meeting format. Also the spottiness of internet service in a rural area.
- Some families are having a hard time due to lack of internet services or devices needed to do video counseling or mentoring. Although some of the services providers have loaned devices to the families that have the internet and for those that don't they are working to have some in person meetings keeping social distance in mind.
- It is harder for providers providing more intensive services such as residential diversion or intensive in-home services to maintain the same level of intensity but families are remaining actively involved and Case Managers and URs are checking in more frequently as well.
- Families do not find remote Mental Health services as beneficial as in-person services; two families have discontinued the remote services because "not helping". Effectiveness of remote education services for the Private Day children varies widely due mainly to the parents' abilities/time, etc. to act as teachers as well as parents as well as run a household and work. So much stress on the families we serve.
- Whether the parent/guardian is able to assist with home academic instruction i.e. internet service available, time in the home if working, behavioral issues in the home.

- The court ordered essential services - such as parent aide and IHS - Intensive In Home Services - really needs to be in the home. Also modified mentoring is not as beneficial as face to face, however since school is out, some of these services are very much needed even modified services. Biggest concern - example - Parent Evaluation/Assessment - via video - some parents really need to be seen face to face due to their problems - video is not really getting a true accurate picture of the parent.
- The provision of educational services for students with disabilities in private day school settings. We are also concerned with facilitating residential and TFC placements during the COVID-19 precautions. While there are some providers/families who are willing to accept new placements at this time, it does seem that the number of available placements has dropped.
- The same as they have always been, which is finding community based/in-home providers in our rural locality.
- IHS or other in person services during a crisis not necessarily available.
- Private Day schools not being hands on with kids. These are children with special needs - and I find it hard to understand how the children are able to thrive with no face-to-face communication and structure.
- The families do not like the way services are being delivered, such as using telehealth for in- home visits, so they are discontinuing services or asking services to be suspended. I am concerned this will lead to more families in crisis, with child's behaviors escalated, resulting in more intensive services such as residential parental placements.
- Not knowing how well virtual services are working.
- Parents and children scared that providers may be carriers of the COVID 19 virus.
- Kids having to remain at home constantly and not being able to attend school and reduction in face to face services - support for parents as a result of that - providers are being very responsive however and seem to be going above and beyond in most cases.
- There are significant issues related to access due to the rural nature of our county. Several areas in the community do not have internet access and families do not have technology to support access to virtual therapies.
- Concerned are the clients getting what they need via online. Will they open up if people are around them.
- Are the services meeting IEP requirements.
- Uncertain if the services being provided via phone and internet are having enough impact to support them as a wise funding decision. We will know when we receive progress reports. Concerned about private day youth at home due to reports of running away and being without food.
- Services not being able to be delivered Face to Face, engagement is changeling when done over phone or by video for the families.
- Honestly, its the lack of progress that is currently being seen in the residential settings. This is out of our control but it is clear to me that this population is highly effected due to not being able to have true family time and work on true reunification. Prior to this job I was a foster care worker and seeing how the virtual meetings are occurring, they are nice, but not truly real. I have concerns about the educational piece as a whole not only for the special education but for regular education as well. It is working but I do wonder the "new" material that the parents have to teach, how much the kids are actually learning. At this time, I know that all of this is out of our hands and I am sure others have the similar challenges.
- Families/youth don't have internet and/or a device with video
- School concerns in regards to private day charging the same price as they do when providing supervision
- Internet availability in our locality has been a barrier to access.
- None at this time.
- Just that the clients are getting what they normally would get out of a face to face interaction
- I am not sure that telehealth is really effective, certainly not on a long-term basis. It will get us through for now, but I hope we can return to normal soon!

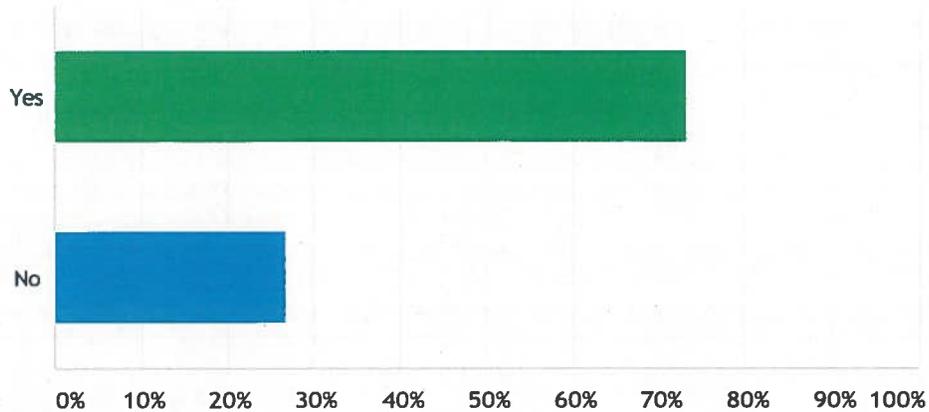
- Telehealth services do not seem to be effective for young children and parents report more stress trying to force children to participate in their telehealth sessions
- Capacity should the intensity of outbreak is larger
- Providers are providing services, but with the restrictions they are not able to provide as many services as before or as many services as are approved.
- I think it will be harder for youth and families to began a new service if they cannot meet the therapist , mentor etc. in person.
- We are receiving reports from guardians that virtual services have been ineffective with behavior modification which has resulted in a slight increase in congregate care referrals and requests for more intensive services.
- Children are not being all services contracted or within the IEP.
- Without face to face some services are less effective and some providers are unable to provide their complete service range. It also is taking longer to get services started.
- Lack of school M-F for a regular school day leaves many families with additional challenges to provide structure. In person, face to face therapy and education is an important part of our continuum. We're seeing more requests for RTC and longer stays/extensions because we don't have school and face to face services.
- Honestly, things are going very well. The majority of our services are proceeding as usual. Some providers have plans that continue to permit staff to enter the home under certain conditions and others have moved to tele-services. The only area of concern I have is the children and families that require intensive services to prevent a more restrictive placement. We only have a few families CSA serves that require these services, typically virtual residential or parenting support. I have been told MST services are decreasing so I am hopeful that those youth do not end up coming to CSA in need of placement in congregate care. The IEP amendments for our private day students has been very beneficial to those families. I am glad we were able to find a way to provide additional support. Local parents were very upset about the termination in services but that seems to have subsided at this point.
- Some families have needed assistance with WiFi access and viable devices in order to access services. Fortunately, we have found ways to address these gaps.
- When youth go AWOL some vendors require the youth is self-quarantined for 14 days. There is no where to do this unless the youth is placed in detention. It has caused placement issues for youth who have gone AWOL.
- Agencies are teleworking or not working at all.
- Service providers have limited their access.
- As of now there have not been any major concerns. Vendors have been very cooperative as they continue to want to provide the best services possible. This has been very helpful.
- Since, we are in a rural area not all of our families have internet access. However, they have been able to participate by phone.
- With the increased use of videoconferencing/telehealth, I think it's easier for youth to become disengaged from services.
- None really, alternative methods when needed, seem to be in place and functioning well as far as I can tell
- Transitioning kids out of residential is difficult. Face to face visits / home passes have had to cease, which is creating barriers to effective and timely discharge planning. It has been reported that youth are having a harder time engaging through telehealth services. Telehealth in general is considerably more challenging for some youth who are not able to engage in that manner due to their needs.
- Reduced hours for community based services.
- The biggest concern has been being able to get all of the needed signatures on paperwork in a timely fashion.
- How effective services held via computer and phone are, and the ability to get ahold of individuals
- Quality of services and decreased ability to assess needs and safety.
- I think that some services are more effective in person especially when working with children/youth.

- Parents/families being involved and committed to the new way services are being offered so they will access them
- The biggest challenge has been placements in residential treatment due to the pandemic and depending on where the placements are located they have different protocols in place. This has caused a delay in some placements and extended stays in the detention center and acute care.
- Vendors being paid for services they aren't able to perform. Day placements billing for services as if students are sitting in classrooms; mentors billing fully for teleconferencing.
- Our rural residents not having internet access or reliable phone service. The children who need it the most are the least able to be served (ex. occupational therapy).
- Are our kids getting the most out of the alternative means of service delivery and are the service providers doing all they can to provide these services for the funding in which they are receiving.
- If anything travel restrictions should a child not be accepted into a local program
- My biggest concerns are with regard to private day school placements and the ability of the students in our locality to access virtual learning opportunities. I am also concerned that there are needs that will not be addressed during this time - i.e. counseling, crisis, etc.
- Limited face to face contact. We have MANY community based services that require home visits.
- Residential services and the ability to locate placements due to restrictions that are being put into place due to the COVID-19. That some youth and their families will not receive the services they need because they don't understand telehealth options.
- Telehealth not working well for some families - whether it is a lack of knowledge issue, lack of internet issue, or some of our youth are heavily triggered by phones and the internet so that delivery is not working. Also concerns about lack of passes from facilities (with good reason) slowing down or totally halting residential discharges.
- Services are limited due to social distancing
- Whether or not child/youth can be admitted to a foster home, TFC home or congregate care placement due to Provider concerns about COVID-19. Also maintaining current foster parents.
- The access to service may not fit the intense needs the family needs
- Making sure the families are communicating with the vendors considering they may not meet as often.
- SPED students with no internet
- Ability to convene CPMT meetings for approval of funding, policy, contracts, etc.
- First I want to clarify that we had FAPT meetings in March and April using a quorum of the FAPT membership 4 FAPT members myself and the case manager (6) total people for review using appropriate social distancing in a big room. On April 29 the CPMT required that our FAPT meetings take place online or conference call. Other than that the only other service delivery issue was the private day issue and deciding what we were going to pay for, and what the start dates were going to be and under what circumstances we were going to pay.
- Making sure that the services are meeting the family/individual needs as if they are in office or in the home.
- I am concerned that community based providers will have to furlough workers based on a decrease in billable hours. Also concerned about youth not having a way to take a break from struggles at home by spending time outside of the home with a mentor or other service provider.
- Concerned that alternate delivery methods could have a negative impact on Special Education cases. Children may have difficulty adjusting to new service deliveries.
- The lack of face-to-face contact with families and providers providing the services has our teams questioning if services through telehealth options are really benefiting the families.
- It is my opinion that in-person services have a greater impact & hold clients to a higher level of accountability. Additionally, I am concerned that, while our Private Day School Provider is offering virtual instruction, these children and families may not be getting the level of support that they need.
- Services are provided via telephone or video, which results in less time spent with the families and sometimes less cooperation by the families

- No CPMT meeting until June though willing to meet if an emergency arises. That leaves just the one June meeting to discuss all cases for new funding effective 7/1, a new SFY.
- Children slipping through the cracks and not receiving the services they need.
- No major concerns as providers have been doing a great job of making modifications to service delivery. They are also doing a great job of providing documentation of their modified plans. We have been able to FAPT new cases (emergency removals, discharges from DJJ that may require community based services, transfer school cases). I've had good communication with providers.
- The private day placements are not able to provide the level of services required for special education students.
- None at this time. Providers are making it work.
- the lack of face to face with families - even though virtual meetings are being conducted - nothing is like face to face
- Security of virtual platforms, Youth/families access to technology to participate in virtual platforms
- Access is not as much of a concern as there seems to be more provider availability under the telehealth platform. The concern is more with the quality of a service and/or its level of effectiveness, especially for community based face to face services/supports to youth and families.
- Many families cannot access the internet. Cell service is even an issue in my area. TELEMED though is a BIG help and should continue after this has passed.
- Clients going into crisis due to no separation from home, lack of structured time, and face to face services. Also, delay in residential placements for children approved and in need.
- Significant changes in service or company closures
- My fear with many families in my rural location is that without access to school many of our families may not find the path to FAPT.
- Private day school services are not being provided at a level commensurate with the rate that providers charge, but advocacy groups and threats of legal action have our hands tied and paying for minimal service delivery. Some of our more intensive community-based cases have not been able to receive the same number of hours of service and that seems to be okay for some, but other kids are escalating quickly and we have already seen an increase in new requests for residential placement. Our discharges from residential placements are also delayed due to the impact on home visits and overnight passes. Other discharges are being delayed out of concern that the wraparound transition plan will not be enough given the full structure of RTD or GH stepping down to a family home, particularly when school is not in session.
- Private day is a nightmare. Residential will only take from an acute or hospital setting. We are having an issue with a potential residential place due to the delay with processing and IAACT. They will not take unless it is a bed to bed transfer
- CPMT approval
- Our vendors are doing a mix of f2f w/social distancing and masks when comfortable with that and tele med. There are some clients that are not doing as well as we would hope with telemed vs f2f; so that is a challenge to adapt to those that really do better with more personal contact to meet goals and see improvements.
- Several businesses have been closed to the public, and service availability has been limited.
- Private day services for special ed students.
- I worry that because kids are not in school, we are not getting as many new referrals for community based services ... we are still working through referrals for big crises, i.e., acute care referral to home-based services or residential, but worried not catching concerns early before crisis erupts.

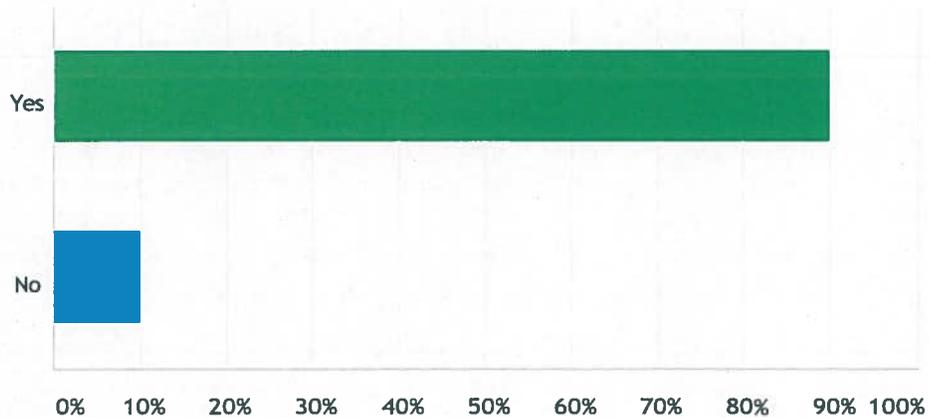
Q10 Has your locality arrived at a resolution regarding private day special education with your providers?

Answered: 97 Skipped: 5



Q11 Have you arrived at a workable process for your CPMT to operate?

Answered: 97 Skipped: 5



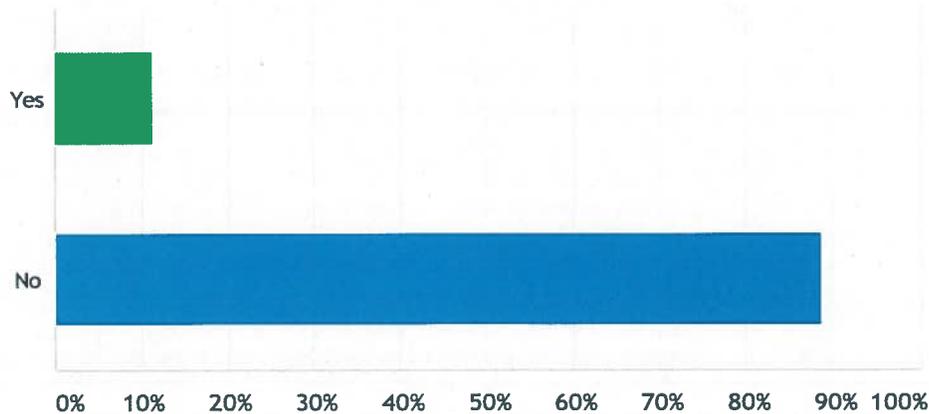
Q12 If "No," what are the barriers to some workable solution?

Answered: 10 Skipped: 92

- CPMT members refuse to meet in person and meetings cannot be held virtually due to FOIA restrictions.
- We are currently working with our county attorney to verify that we can proceed with a virtual meeting given new state provision. We have a temporary solution but want to have a regular meeting soon.
- Our CPMT was scheduled to meet the week COVID precautions were put in place. We were not scheduled to meet until May. We are working on a way to make that happen now.
- We cancelled April and May CPMT meetings, and have not figured out June yet.
- The requirements of the CPMT to have an open meeting to the public without coming together in person. We are working through that.
- No agreement with how to meet.
- CPMT being open to the public.
- Legal advice barring virtual or emergency meetings. Locating a public space that can accommodate the team and any public members. All public spaces are closed.
- Getting the whole team on a teleconference / virtual meeting since we have a large group and having the same system to use to do so. (If that makes sense)
- Inability to conduct business via "virtual meeting"

Q13 Are you having any CSA-related IT issues?

Answered: 97 Skipped: 5



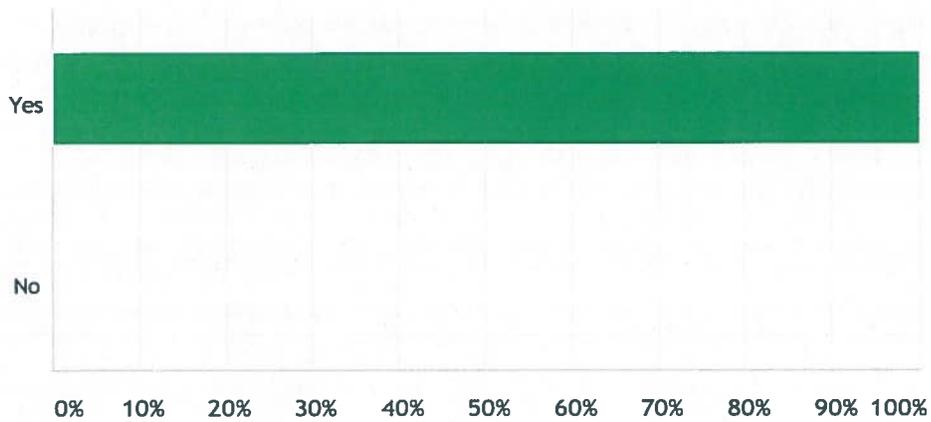
Q14 Please specify your IT issue(s):

Answered: 11 Skipped: 91

- My work computer does not have a camera and audio does not work with every platform we used telephone conference call for last month's FAPT meeting but plan to try GoToMeeting for this month's trying to work that out
- Inability to access my accounting software (Thomas Brothers) from home, so I have to go into the office once or twice weekly. Everything else I am able to do from home.
- Because Thomas Bros is held on a local server, I cannot access it from home. It means that someone in the office is having to do data entry for me, which creates a time lag.
- Can't access INVOICE/SOCIAL programs from home, have to wait until I physically go into office to access those programs
- We work out of Thomas Brothers. All of our FAPT process is done directly into TB and all of the finance processes are done through TB. The system is extremely slow working remotely. It makes the process of doing day to day business, which would normally be an efficient process, very time consuming. Our volume in Henrico is significant, so the time constraints impact our ability to keep up with the volume that is before us. Staff are working overtime.
- Connectivity is a problem and online access is a an issue for our rural area agency.
- [View respondent's answers](#)
- My computer/internet is ran through the City. We only have 2 IT people and they are not up to date on Webex (the only secure system). We are working together to find a solution.
- Thomas Brothers is very slow for some of our finance staff when they are creating POs, processing checks etc. from their homes in rural locations. We have found a potential work around bu putting Thomas Brothers on a VDI for all six people that may need to use it during this work from home time.
- Some difficulty accessing virtual platforms. Not provided with VPN to access confidential information away from the office.
- Cannot use Thomas Brothers at home and am working from home 4 days per week as only part-time coordinator. So only leaves one day a week I can process invoices.
- We use a paper invoice process. We need to move to an electronic process with DocuSign.

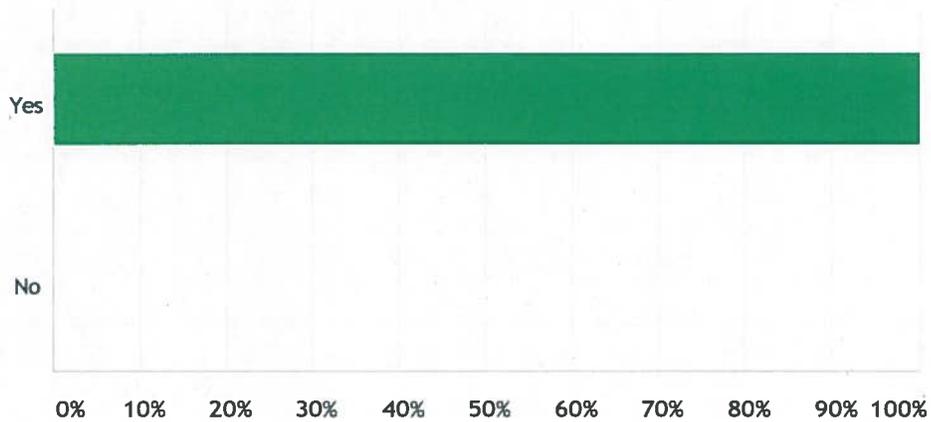
Q15 Are you able to process purchase orders for services?

Answered: 97 Skipped: 5



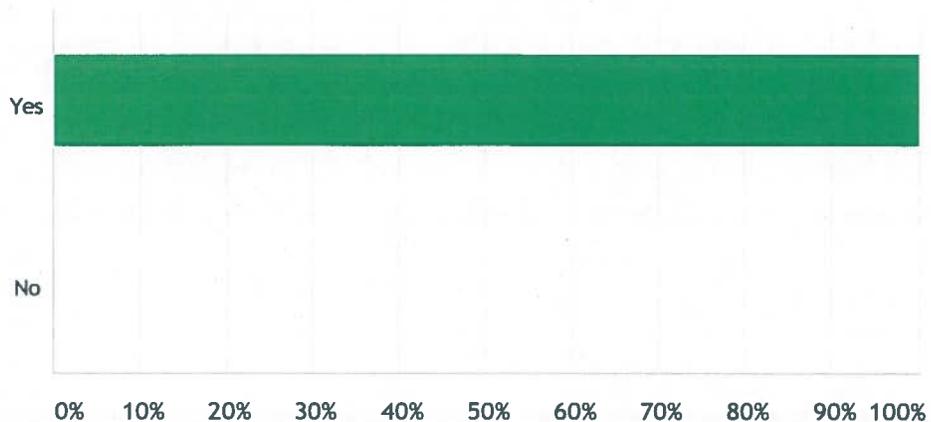
Q16 Are you able to process payments for services?

Answered: 97 Skipped: 5



Q17 Are you able to process CSA reimbursement, supplement requests?

Answered: 97 Skipped: 5



Q18 Please identify other positive occurrences, challenges, issues, or concerns you want OCS to be aware of:

Answered: 95 Skipped: 7

- Parental participation in FAPT meetings have increased significantly, in both number of families attending and the amount of information and involvement from participating family members.
- My agency has been able to stay open to employees but closed to the public during this time so things have been moving fairly smoothly for me. I have great community partners that have been able to stay connected thru email/phone/video to ensure we are still serving our community. I am proud/blessed to have the FAPT/CPMT teams, case workers and vendors that I work with. I also appreciate OCS being so great in answering questions during this time. This has been a difficult time for everyone and none of us have seen anything like this but everyone has been great to come together to do what has been needed.
- Our locality has created hot spots for the community to tap into our internet to access services. This is with social distancing being stressed and County Buildings being closed to the public (except the Health Dept.). Our Govt. has emphasize teleworking with limited onsite access (only as needed). Transportation is a gap for our locality but the community has stepped up to drop off food, etc. to families and seniors. For some of the testing done, we are seeing people have false negative results. EMS is documenting this in households where it occurs.
- The different policies of the case manager's agencies and CSA office's.
- While we are continuing to process invoices, with both our staff and the service provider staff's working either from home or only 1 day a week in the office, we anticipate the end of the year to be slow getting everything in on time.
- Teens appear to be enjoying the virtual telehealth and MDT connections.
- We're just hanging in there doing best we can
- Because of COVID-19, I am in the process of adding "situations beyond our control" to our local policy. We are still getting the job done, just more dependent on the phone.
- Communication has been good between our local partner agencies and providers. It appears that communication has been both more intentional and focused on youth and family needs. Outside of the private day issues (which are significant), I actually believe our local CSA program has done very well. I would also provide kudos to state agencies (VDSS specifically) who have provided a significant level of support for their local programs. Given that CSA is often reliant upon the guidance from our agency partners to guide service delivery and funding, the clear and consistent guidance provided was most helpful.
- I actually really liked the State CSA Coordinators meeting that was held virtually. More folks may be able to participate if we did that, maybe every other meeting?!
- I was looking for ways to do more paperwork through electronic means, and this catapulted the office in that direction.
- FAPT participation has increased greatly! I feared that not all our families would have smartphones or internet access...but almost all have. They are much more willing to participate when they don't have to come into a meeting face to face. They are able to schedule this easier (since it take much less effort) and I believe feel more comfortable communicating their needs...versus face-to-face, which I feel can be intimidating. I've personally been so pleased! My personal concern is the state revoking the emergency orders that allow for virtual meetings...and having to go back to face to face meetings while the threat to the vulnerable population has not changed.
- None come to mind right away.
- Our schools have a recommendation for CPMT meeting this month on payment for private day - we will resolve this month
- Everyone is cooperative and supportive during this time and Teams are handling it well.
- Overall, our county is closed to the public however, we are still here working. Our school division is on a changing schedule every week. We are utilizing gotomeetings.com for meetings for FAPT. We are exploring this option as well for CPMT as we cannot meet in the county building due to its closure. I am exploring using gotomeetings.com per the HB29 amendment 28. But I need to make sure all of the requirements can be fulfilled. Virtual meetings are nice, however lots of flaws with not knowing if people are finished with their thoughts and being cut off. It is very challenging. Another challenge that I have is not being able to go out and complete UR and meeting the different children we are serving. I am new, I started in Mid February and I feel a disservice for not meeting them face to face. Maybe that is my background being a family services worker. With the private day issue, that was hard for everyone and I relieve that. Both of the schools that we use provided us with a plan that they implemented and our schools were in agreement. One of the schools are giving a reduced cost and the other is not. But in the long run, these schools will be needed next year and their plans were impressive and well thought out. I even spoke to them to ensure that the services would be provided to the children. I have to say a positive is that I have had time to learn the files a little better and do more ground work as far as learning about CSA. I really look forward to the New CSA Coordinators Academy.

- People have pulled together to make telecommuting and telehealth support work in a way that I didn't think was possible. It's been awesome to be a part of such a cohesive and collaborative response to the pandemic. Working from home has been difficult, but I can see where doing it more often in the future can be health for me and my staff.
- None that hasn't been addressed
- Case managers being in contact with students and parents
- Given the circumstances, I have been very pleased with how everyone in our locality has come together. The agencies are working extremely well together during this difficult time. The biggest challenge has been figuring out how to handle payment to Private Day Schools.
- Challenges: CPMT Meetings, internet/connectivity
- Our FAPT and CPMT team members are been very supportive and accommodating.
- OCS has been quick to answer emails regarding specific case questions. OCS has been quick to forward COVID-19 information that has been received from other departments. Clearer answers about how to proceed with CPMT meetings would have been appreciated. We understand that many of our procedures are due to local policy, but in a crisis situation it would be nice to have some additional guidance. One of our biggest issues was deciding what video conferencing program to use as we received emails regarding issues with certain programs.
- None
- None
- I am so pleased at the help that my FAPT team as well as my CPMT team has offered through the pandemic! Everyone has really stepped up to do their part and it has shown me so much
- While our localities have made a decision regarding private day, the contentious nature of the issue continues to make work on a daily basis. There has been good collaboration between school division, CSA, and other localities, but it has been extremely difficult to work with the private days themselves. Even when a decision to continue services (under amended IEPs) was made, private days submitted rates for the new service that were more than a full day of school, resulting in a new round of negotiations and drama that is difficult to manage with all the other issues and without being able to get together to have a productive meeting. There appears to be no understanding by private days about the responsibility and role of CSA Coordinators during this time. All other providers have demonstrated cooperation and understanding and collaboration, but the time it is taking to work with just the private days is making it difficult to meet the needs of all the other children served through CSA.
- Most of our providers and Case Managers have been flexible and willing to work with us as we refine processes for payment and POSOs.
- No additional challenges at this time.
- When we are back to a more normal way of operating, I think it would be helpful if OCS made available guidance on helping localities to put emergency policies in place in the event of a state of emergency. Although there are difference in the way localities are handling these issues, we are all under the guidance of OCS.
- Not at this time.
- None of our Private Day Schools agreed with our payment offered for services being rendered. They are going to discharge our children.
- We are doing our best to figure all of this out. We are all working together FAPT, CM and providers to help our families as best we can.
- Everyone is pulling together to keep our system of care intact - providers have made telehealth happen, state gave important guidance to support telehealth, and our local govts have provided the equipment and support so we can keep working. It's a testament to the spirit of public service.
- We have had to come together to figure out how to serve our clients and continue with operational tasks. I believe the current situation created an opportunity for many partners to strengthen relationships, collaborate, and build some trust across our various systems.
- Collaboration among agency partners has remained strong. Case managers and providers have shown remarkable diligence and creativity in insuring child and family needs are being met.
- Sussex was preparing for an audit pre COVID-19, there has been a huge disruption in the preparation and I am hoping for adequate time to re-organize CSA once DSS and partnering agencies re-open .
- CSA staff in Richmond are readily accessible for questions and help if needed. Actually since they are mainly working from home, they are even easier to access! No issues so far and we are going on 5 weeks at home here.
- Each vendor that Accomack County has contracted with have been very transparent with services being provided. There has been an open communication as per usual and we have not had any major concerns.
- Our team has been working great together in this difficult time.
- None at this time
- It's been positive, overall, the only problem is having to wait until the one day a week I go to the office to process invoices, purchase orders, etc., with the INVOICE/SOCIAL program as access is not available outside of agency.
- The issue of Private Day funding has been very chaotic and confusing for both CSA localities and for our private day school partners. All localities would have benefited from more state guidance. Guidance could have created more uniformity in our approach to the issue within our respective localities. I have been pleased with our ability to move forward and continue our day

to day business in Henrico, even though it has been considerably more time consuming. We have gotten good feedback about how our process is running from those who have participated in our FAPT meetings. Families are still feeling supported during this pandemic. We have also still been able to support families who are in crisis and in need of immediate intervention - ie: residential placements.

- Concern that children/youth will linger in congregate care. Concern for runaway youth, and fostering futures youth who sign themselves out of care. Positive - some kids are doing better with little/no intervention.
- We were initially using zoom which worked great. We have now transitioned to Webex due to concerns with Zoom it does not work nearly as well but we are making it happen.
-