DRAFT

MINUTES – February 6, 2014
STATE & LOCAL ADVISORY TEAM (SLAT)
COMPREHENSIVE SERVICES FOR AT RISK YOUTH & FAMILIES
Dining Hall, UMFS
3900 W. Broad Street
Richmond, VA

Members Present: Karen Tompkins, Vice-Chair, Private Provider Representative; Jeannie Decker, CSA Coordinator Representative; The Honorable Anita Filson, Juvenile and Domestic Relations District Court Judge Representative; Janet Lung, DBHDS; Pam Fisher, DBHDS; Shawn Rozier, CPMT – LDSS Representative; Pat Haymes, DOE; Cristy Gallagher, Parent Representative; Ronald Belay, CSU Representative; Penny Combs, Private Provider Representative; Chuck Walsh, CPMT – CSU Representative; Sheila Bailey, CPMT – School Representative; Jodie Wakeham, VDH; Sandra Brown, DMAS, Alex Kamberis, VDSS

Members Absent: Victor Evans, SLAT Chair, CSA Coordinator Representative; Angela Neely, CPMT – School Representative; Jack Ledden, DJJ

Guests and Staff Members Present: (*guest list attached*) Susan Clare, Scott Reiner, Carol Wilson, Preetha Agrawal, Marsha Mucha

Introductions and Chair Remarks
Karen Tompkins, SLAT Vice-Chair, called the meeting to order at 9:35 a.m. She welcomed members and guests and asked for introductions.

Approval of Minutes
The minutes of the December 5, 2013 meeting were approved on a motion by Anita Filson, seconded by Ron Belay and carried.

Public Comment
Two public comments were made:

- Karen Reilly-Jones (*comments attached*)
- Mills Jones (*comments attached*)

SEC Goals and Strategies
Goal 1, Strategy 5
Inadvertent fiscal incentives (Medicaid match, family-of-one eligibility, education costs, adoption subsidy)
Ms. Tompkins reminded members that, at the December meeting, Mr. Evans had asked SLAT members to consult with their colleagues and to report at today's meeting examples of situations that create inadvertent fiscal incentives. Two examples were noted from the December meeting:

- Waiver of educational costs when parents place a child in a residential setting vs. non-waiver of the educational costs when a placement is made through FAPT.
- Children placed for non-educational reasons in residential, who receive educational services in the residential setting, when the child could be served in a public school setting.

Mrs. Clare noted that some of these issues might be addressed by a study proposal the General Assembly is considering and that she will report on during the Executive Director's Report.

OCS Director's Report

Susan Clare reported on the following items:

- *Legislation*
  - HB 221 – Students; admission to certain children's residential facilities. Laid on table in committee. Relevant issues of the bill will be addressed by HJR 196.
  - HB 229 – Comprehensive Services for At-Risk Youth and Families; special education programs. Laid on table in committee.
  - HB 520 – Membership of the State Executive Council (SEC). Removes the Governor's Special Advisor on Children's Services (position no longer exists) and adds a juvenile and domestic relations district court judge appointed by the Governor.
  - HB 521 – Membership of the State and Local Advisory Team (SLAT). Limits the non-state agency members on SLAT to 2 consecutive 3-year terms.
  - HB 522 – Comprehensive Services for At-Risk Youth and Families; requires a family appeal process of FAPT decisions.
  - HB 852 – State Executive Council for Comprehensive Services for At-Risk Youth and Families; application. Would provide that the SEC may promulgate regulations necessary to carry out its powers and duties. Laid on table in committee.
  - SB 153 – Comprehensive Services for At-Risk Youth and Families; special education program. Companion bill to HB 229. Has been passed by in committee for several days.
  - SB 369 – Membership of the SEC. Would add a third private provider, a representative of a child advocacy group or organization, a representative of a mental health advocacy group with specialization in children's mental health and a public provider of children's mental health services to the SEC.
  - SB 426 – State Executive Council for Comprehensive Services for At-Risk Youth and Families; regulations. The SEC would be subject to the Administrative Process Act in exercising certain powers and duties. Similar to HB 852.
  - HJR 196 would direct the Commission on Youth to study the use of federal, state, and local funds for the public and private educational placements of students with disabilities and report to the General Assembly.

- *Public Comment on Proposed Policy and Guidelines – Purchase of Foster Care Services from Licensed Child Placing Agencies*

  Carol Wilson reported that the TFC Workgroup was convened to address identified issues regarding the provision of foster care services including the need for private agencies to offer basic (i.e. non-treatment) level homes and the need for greater uniformity across private agencies in the offered levels of treatment foster care. She further reported that the TFC Workgroup did not want the policy and guidelines to be too prescriptive but rather to serve as a framework to localities when purchasing these services.

  At the SEC's December meeting, the SEC recommended submitting the proposed policy and guidelines for a 60-day public comment period. That comment period ends March 10. Ms. Wilson plans to share comments received with the Workgroup.

Mr. Rozier commended the TFC Workgroup for their work. He remarked that the guidelines are a positive step forward.

- *SAS Data Integration and Analysis*
  Mrs. Clare presented several examples of the types of data analyses/reporting that can be produced by SAS. Next steps include working with localities, stakeholders, and the SEC's Outcomes Committee to identify reports. A workgroup is being formed to look at data elements, identify standards for data submissions, and recommend reports.

- *Review of FY 15 OCS Training Plan*
  Mr. Reiner reported that each year, in accordance with the Appropriation Act, the SEC is required to approve the OCS Training Plan for the upcoming fiscal year. He asked members to review the current Training Plan and to provide him with suggestions or feedback. Mrs. Clare noted that OCS is always open to receiving feedback on the training plan as it is continuously updated.

- *Upcoming CSA Conference*
  Mr. Reiner reported that the 3rd Annual CSA Conference would be held March 24 – 25 in Roanoke. A special session will be held for CSA Coordinators only on March 23.

  At the conference a breakout session will be held with a small group of judges and Lelia Hopper the Director of the Court Improvement Program of the Supreme Court of Virginia. They have asked for input as to what topics participants might want them to address during the breakout session. Mr. Reiner asked members to please let him know if there were issues they would like to see addressed during the breakout session.

  OCS is also planning its first annual recognition initiative to acknowledge the outstanding work of CSA Coordinators and local CSA Programs. Entries are to be returned to Annette Larkin by February 14. Presentations of the awards will be made at the upcoming CSA Conference.

- *Other Training Activities*
  Mr. Reiner reported that OCS will be offering a two-part webinar series to assist FAPTs and case managers in using the CANS assessment tool in developing effective service plans. The first webinar will focus on how the CANS can help with effective service planning and improving outcomes. The session will be held on February 28 from 1:00 p.m. to 2:30 p.m. Pre-registration is not required.

- *Wraparound Center of Excellence*
  Mr. Reiner reported that Deborah Pegram is no longer with the Center of Excellence. He noted that OCS is currently working with a provider to develop and deliver wraparound training that will enhance Virginia's current system of care philosophy. Trainings are being rescheduled as needed with all trainings to be completed by June 30.

SLAT Training Committee Report

Shawn Rozier reported for the SLAT Training Committee. He reported that the Training Committee will meet on February 13. In conjunction with Mr. Reiner's report on the OCS Training Plan, Mr. Rozier will

distribute the Training Needs Assessment questionnaire that the SLAT Training Committee used last year to gather feedback from SLAT constituents.

Mr. Rozier distributed a copy of statewide training events for February 2014 – April 2014. SLAT members are encouraged to promote and report training opportunities to the SLAT Training Committee. The SLAT Training Committee is always open to new members.

SLAT Member Updates
Ms. Tompkins asked members to report on activities within their agencies or organizations. Members reported on legislative activities (i.e. bills before the General Assembly to improve mental health services and bills to extend foster care and adoption assistance to age 21). Other members reported on trainings (i.e. Magellan/CSA Coordinators; Annual Conference for Special Education Administrators; judiciary trainings and Best Practices Court).

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.

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

February 6, 2014

GUESTS
State and Local Advisory Team (SLAT)
Sign-in Sheet

Name	Organization	Email Address
Betsy Clark	Hpt CSA	elizabeth.clark@dss.virginia.g
Abby Watson	Shenandoah DSS	abigail.watson@dss.virginia
Tammy Beccat-Eclu	JCCDSS	Tammy.Beccat-Eclu@jamescitycountyva.gov
Claiborne Mason	Va Home for Boys + Girls	cmason@boysandgirlshome.org
Shelly Wiles	The Bair Foundation	swiles@bair.org
Pam Fisher	DBHDS	pamelaifisher2dbhds.virginia.gov
Saniyyah Manigault	Norfolk CSA	saniyyah.manigault@norfolk.gov
Abigail Schreiner	Extra Special Parents	aschreiner@cspva.org
Sandra Brown	DMAS	sandra.brown@dmas.virginia.gov
Karen Reilly-Jones	Chesterfield-Colleyville CSA	
Mills Jones	Goochland CSA	
Shelly Latoski	York Poquoson	
Shawn Rozier	Henrico DSS	roz@co.henrico.va.us
Brian Campbell	DMAS	brian.campbell@dmas.virginia.go

RECEIVED
2/6/14

Public Comments: State and Local Advisory Team: Feb. 6, 2014

Karen Reilly-Jones, CSA Administrator for Chesterfield/Colonial Heights

RE: Guidelines for Determining Levels of Care for Foster Care Services

We agree when determining the need for services, it is always appropriate to based it on the child's needs and strengths, and that decisions are made in collaboration of vested parties. However, the language and implications set forth in the proposed guidelines should be reevaluated and edited.

The proposed Assessment treatment level **(Item III- under "Procedures for Determining Level of Care)** should **NOT** be **mandated** upon the initial placement of a child in a LCPA. There are times when it would be necessary to utilize this option due to lack of information known and /or available to the placing locality at the time placement is needed. On the other hand, there are times when ample information is available and used to determine the appropriate level of service upon initial placement. These occurrences should be acceptable and be left to the localities and LCPA's to determine. This proposed guideline in contradicting the intent of the workgroups and the intent of CSA- and should be rejected.

In regards to the proposed **"Assessment Treatment level"**- More work is needed to clarify the Assessment Treatment level prior to approving the guidelines.

- Clarification on how this service level is different, over and above than the services provided under the LCPA's licensing requirements. If there are additional assessments activities and services that are included in this level, it should be clarified and delineated to what they are and beyond LCPA licensure standards. Workgroup should develop an Assessment Treatment Level framework for all LCPAs.

- LCPAs will need guidance on how to avoid conflict of interests when conducting assessments. Assessments and evaluations are intended to be unbiased with no intended benefit to the assessor. It is not typical or acceptable practice for a provider to conduct an assessment can dictate a level of service within their own organization. It is important to emphasize that the assessment "shall" be a collective effort with all involved with the child.

Procedures for Determining Level of Care; Item IV: Indeed, there are many considerations when determining the appropriate level of care for children. Therefore, it is important to keep the focus on the child's needs based on the child. Wording in this section will need revising:

- **"number of placements the child has experienced"**- this lends blame to the child as the reason for disrupted placements. Often time children are asked to leave foster homes due to issues directly related to the foster parent(s). The wording should be more reflective on the type of environment needed for the child (i.e. Single parent, two parents, older children in the home, no pets…) versus home environments that were not successful for the child. This positive perspective is in alignment to the system of care approach that CSA was build upon. "Plans fail, not children!"

- **"anticipated level of support needed for the foster home"-** needs clarification to directly base on the needs of the child. We have experienced failed placements due to foster parents' lack of support by the

LCPA, not due to the child's needs or behavioral concerns. In purchasing TFC services. Localities assume that TFC homes are highly trained and qualified to receive the children admitted into their home. This assumption is based on the TFC model and licensing requirements. Therefore, this statement should be re-evaluated and we suggest, eliminated. The level of service is not based on support for the foster home. Unless, the collective team determines that there are specialized supports such as stair ramps, door alarms, hospital beds, etc. that would warrant a higher level of service by the foster parents over and beyond typical placements. Nonetheless, clarification is necessary.

Levels of Care Criteria: "Basic Foster Care" (last sentence): This needs to be removed and re-worded.

"Children shall be served on the Basic Foster Care level (non-treatment level) **IF** the assessment indicated treatment foster care services are not needed."

- This assumes all children must enter a LCPA through an Assessment Level.
- Add wording that IF an Assessment was conducted that is was in collaboration of vested parties and mutually agreed upon based on child's needs.

Defining Levels 1-3: **Add language** to each definition under the Mild, Moderate, and Significant Levels to specifically indicate the child's personal care needs or impairment in frequency, duration and response to current interventions.

GOOCHLAND COUNTY, VIRGINIA

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February 4, 2014

RECEIVED 2/6/14

Marsha Mucha
Office of Comprehensive Services
1604 Santa Rosa Road, Suite 137
Richmond, VA 23229

RE: Public Comment: Purchase of Foster Care Services from Licensed Child Placing Agencies.

Dear Ms. Mucha:

The following comments are submitted on behalf of the Goochland County CPMT in response to the proposed policy for the Purchase of Foster Care Services from Licensed Child Placing Agencies (LCPA):

Goochland County CPMT supports efforts by the Treatment Foster Care (TFC) workgroup to standardize TFC services in the Commonwealth. The maze of service language from agency to agency often leads to confusion among stakeholders and ultimately the challenging task of providing utilization management.

The proposed policy provides clarity to Levels of Foster Care Services:

Goochland County FAPT and CPMT purchase TFC services from multiple agencies. Each of these agencies has a different rate structure, level system, and terminology. The differences among agencies can be a confusing factor when determining the appropriate level of TFC services. By requiring each provider to structure their rates among a common language, localities can more easily evaluate provider services and children's needs.

The proposed policy reaffirms that a child's level of care is based on their needs and not the skill level of a particular foster family. In other words, a child placed with an LCPA should be on the same level of care whether they are placed with a strong family or a family in need skill development to care for the child. Too often a child's level is based on the support a family needs to support the child and not the support the child actually requires.

While providing structure, the policy also allows for discussion between provider and locality essential to providing child-specific services at each level of foster care. The policy allows

decisions to be made without "splitting hairs" about whether the child fits a restrictive set of rigid qualifications.

Non-Treatment Levels of Foster Care

Goochland County supports the establishment of clear language that LCPA's can provide a non-treatment (Basic) level of foster care services designed to meet the needs of children who:

1. Have achieved a level of stability and permanence with their current foster families and no longer require treatment foster care services.

2. Have been placed into a TFC home for the sole reason that an appropriate regular family foster home was not available at the time of placement.

While several LCPA's provided this service before the workgroup was established, the policy provides clarification that LCPA's are able to provide this service without restriction of licensing or accrediting bodies (i.e. COA, JCAHO).

The proposed policy lacks clarity in regards to the required Assessment Treatment Level.

While the policy description requires an Assessment level, there is no clarity on the type of Assessment services a locality would be required to purchase. State DSS licensing standards already require a minimum level of assessment to include a review of referral information and completion of an intake assessment and social history. This is required of any child admitted to an LCPA and does not require special supervision or case management beyond what is required in the minimum standards for LCPA's.

Requiring an Assessment Level may require purchasing more services than are needed for the child.

When children who enter CSA services are known to CSA agencies, there is a significant amount of prior knowledge which allows the locality and the LCPA to make a preliminary decision about level of care without a required assessment period. For example, this would require a 3 year old child, with no medical or behavioral issues beyond those of most children their age, to receive a treatment service which is not medically necessary. This child should not be placed on the same level as a child with no history of services who needs significant evaluations (psychological, psychiatric, child study, psycho-sexual, etc.) to determine their level of need

Requirement of an Assessment level "when children are moved [from] to a new LCPA" may require purchasing redundant services.

Children, moving from one LCPA to another, come with a significant amount of information which the locality has already purchased. As stated above, intake assessments, social histories, and other assessments required by state licensing have already been completed and can be

used to negotiate a level of care without repeating the process with a new LCPA. Having that information already available minimizes the staff time needed to meet state requirements and make referrals for services. By requiring this level, localities may be forced to purchase unnecessary services.

In closing, Carol Wilson should be recognized for her leadership and guidance in this endeavor. Managing the diverse views and experiences of local agencies, CSA offices, licensing and private providers is a significant challenge. The results of this workgroup are a direct result of her focus on the issues and the task at hand.

Thank you for the opportunity to provide input to the CSA process.

Respectfully submitted

Mills Jones, MSW
CSA Director
Goochland County