

CSA TODAY

A NEWSLETTER OF THE OFFICE OF CHILDREN'S SERVICES

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Director's Blog

Scott Reiner, Executive Director



As I was sitting down to write this short communication for the Spring edition of the **CSA Today** (actually, I was already sitting), Virginia's Public Service Week (May 3-9) was wrapping up. This annual event recognizes federal, state, and local employees who serve our country, Virginia, its communities, and its citizens. So many of you reading this fit this category. Those of you in the private sector who serve those impacted by CSA, while not technically in public service, also make similar contributions. The following is the message I sent to OCS employees:

"I began my career in public service in Virginia in June of 1987 as a staff psychologist at the now-closed Beaumont Learning Center in Powhatan County. For the next 26 years, during my service with the Virginia Department of Juvenile Justice, I saw many changes. What remained the same was my purpose for doing the work, my commitment to improving the juvenile justice system and assisting the young people involved in it, and my equal commitment to the safety of our communities where these young people lived or would return.

After 26 years, I was "paroled" from DJJ to the Office of Children's Services, where I have been honored to serve as the Executive Director since 2016. The agency is smaller than DJJ and has a slightly different focus, but the work shares common themes. I find that these themes are universal to all of us who have committed ourselves to a career in public service.

Here's a definition I found from the International City/County Managers' Association (now known as ICMA):

"Public service employees provide the foundational support for a functioning society, often working in mission-driven roles that prioritize community well-being over profit. They are the practitioners who translate high-level policy into the tangible daily actions that keep a nation safe, healthy, and moving forward."

I think that captures many of the things I see every day in our work at OCS and is what keeps me gratified and excited to continue our work together.

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DIRECTOR'S BLOG (CONT'D)

Thank you for everything each of you brings to the table, not only in concrete skills but also for your collegiality and commitment to our agency's mission."

I believe this embodies not only the culture and mission of OCS but also those of the CSA (defined in its broadest scope). So, thank you to all reading this newsletter - for your commitment and contributions to the well-being of our communities.

Best wishes...

Scott



Honoring Those Who Serve the Commonwealth

May 3-9, 2026

Virginia's Public Service Recognition Week highlights the invaluable work of federal, state, county, and local government employees whose commitment, professionalism, and dedication make a lasting impact on the lives of all Virginians. This recognition honors the wide range of public service roles - such as social services professionals, corrections and public safety staff, administrative and program specialists, transportation and environmental workers, health and human services teams, educators, and many others - whose efforts ensure that essential government programs and services run effectively every day. It is an opportunity to acknowledge the behind-the-scenes work that strengthens our communities, supports public well-being, and upholds the mission of the Commonwealth.

We extend our gratitude for their ongoing efforts, resilience, and unwavering service.




CSA Administrative Memo #26-03

OCS has issued [updated guidance](#) on using CSA funds for drug testing in cases involving local departments of social services (LDSS). CSA funds may be used to reimburse drug testing costs for parents, legal guardians, and youth who meet the criteria outlined in the OCS memo. Local CSA programs are encouraged to work with

their LDSS partners to make the best use of available funding under VDSS Budget Line BL830.

The Virginia Department of Social Services (VDSS) has created a [resource](#), that provides additional helpful information. CPMTs are encouraged to review and discuss this document.





Please submit questions or assistance requests to the [OCS Help Desk](#).

Trafficking Prevention Designation

VDSS now requires the [Trafficking Prevention Designation](#) for all licensed Children's Residential Facilities (CRFs) and Therapeutic Group Homes (TGHs) licensed by DBHDS when serving youth who need congregate care. This designation confirms that providers meet standards for youth ages 13 and older who may be at risk of trafficking, and it allows LDSS to use IV-E funding for these placements.

To ensure full access to IV-E funds, VDSS requires all CRFs and TGHs to obtain this designation to accept foster care placements. Psychiatric residential treatment facilities, assessment and diagnostic programs, sponsored

residential programs, DJJ facilities, and out-of-state providers are not required to be designated.

VDSS is awaiting federal approval of the state IV-E plan, with the goal of beginning IV-E claims on **May 1, 2026**. Until then, current funding processes for group home placements are unchanged.



Additional information on this designation can be found on the Family First Virginia [website](#).


Virginia Family's Guide to Special Education

This new state guide, developed by the Virginia Department of Education ([VDOE](#)), is designed to support families, teachers, school administrators, advocates, and students involved in special education. It explains the special education process, outlines rights and responsibilities, and highlights key timelines.

The [Virginia Family's Guide to Special Education](#) is available in multiple languages with a limited number of printed copies in English and Spanish coming soon.

The [Discipline and Students with Disabilities video](#) provides a brief, engaging overview of the discipline process. It serves as a helpful supplement to the guide, supporting families in staying informed and involved in their child's education.



"REMEMBER, GOOD INFORMATION PAIRS WELL WITH GOOD COFFEE." 



**15TH ANNUAL
COMMONWEALTH OF
VIRGINIA CSA
CONFERENCE**

**THE HOTEL ROANOKE & CONFERENCE CENTER
ROANOKE, VIRGINIA
OCTOBER 14-15, 2026**

**COLLABORATE, INNOVATE, TRANSFORM:
TOGETHER, WE MAKE IT HAPPEN**

Join us for an inspiring experience at the **15th Annual Commonwealth of Virginia CSA Conference**, hosted at the scenic Hotel Roanoke & Conference Center. This year's theme underscores a key message: meaningful progress in children's services happens when we work together. By bringing together agencies, communities, and partners, we spark new ideas and create innovative solutions that improve outcomes for children, youth, and families. Visit our [website](#) for registration details, lodging options, and full conference information.

A joint pre-conference session for CSA Coordinators, CPMT members, and FAPT members will be held on October 13th from 2 PM to 5 PM. This interactive session offers collaborative training to strengthen team skills and knowledge. Registration is required; select the workshop add-on during your conference sign-up.

We are also soliciting presentation proposals for breakout sessions scheduled on October 14th and 15th. The proposal form is available on the [conference website](#)—we encourage you to share your expertise and help shape this year's learning experience.

Enhance your conference experience with our *Guidebook* mobile app, where you'll find the agenda, breakout sessions, exhibitors, sponsors, and evaluations all in one place. Breakout tracks include sessions specifically designed for new CSA Coordinators, CPMT members, and FAPT members.

Registration closes October 15, 2026. Secure your spot today and join us in shaping bold ideas and stronger futures for the communities we serve. For questions, please email mary.bell@csa.virginia.gov.



Office of Children's Services Recognition Initiative

The Office of Children's Services is now accepting nominations for the **2026 Paul Baldwin Outstanding CSA Coordinator Award** and the **2026 Rookie of the Year Award**. These awards will be presented at the CSA Conference on October 14, 2026 in Roanoke, Virginia.

This is a great opportunity for CPMTs to recognize the dedication and impact of CSA Coordinators. One Coordinator will be selected for each award, and all nominees will be recognized during the conference.

Nominations are open through **Friday, July 17, 2026**. You can find the nomination forms on the [CSA website](#) under the "What's New" marquee. For questions, please email courtney.sexton@csa.virginia.gov.

Resource Spotlight

EBP Decision Making Guide

The Center for Evidence-based Partnerships of Virginia (CEP-Va) has developed the **EBP Decision Making Guide** to help teams use CANS data more effectively when selecting services for youth and families. The guide offers a clear framework for identifying priority needs, matching them with evidence-based practices, and considering family voice and local service options. By linking assessment results to research-supported interventions, the tool promotes more consistent, transparent, and outcome-focused service planning across CSA programs. It's a practical resource that strengthens decision-making and supports better results for youth and families statewide.

Click the infographic to view the full guide, and visit [CEP-Va's website](#) for more information and resources on evidence-based practices.

Family (SFT)	Functional Family Therapy (FFT)	Multi-systemic Therapy (MST)	Family Check-Up (FCU)	Homebuilders (HB)	High Fidelity Wrap (HFV)
4-8 mos. (0-15 hrs/week)	3-5 mos. (4-8 hrs/week) 24/7 access to care team	4-16 weekly sessions, 1-1.5 hours each	4-6 weeks (average of 40 hours total)	12-18 months	
Needs:	Needs:	Needs:	Needs:	Needs:	Needs:
<ul style="list-style-type: none"> Child Behavioral/Emotional: opposition, anxiety, depression, conduct, anger control, substance use Life Functioning: family adjustment to trauma Life Functioning: family functioning, social functioning, school achievement Risk Behaviors: delinquent behavior, runaway, emotional/behavioral issues Child Welfare: discipline, knowledge, substance use, safety Child Welfare: discipline, history of maltreatment, fosteration tolerance 	<ul style="list-style-type: none"> Child Behavioral/Emotional: opposition, anxiety, depression, conduct, anger control, substance use, adjustment to trauma Life Functioning: family functioning, social functioning, school achievement, decision making, school behavior, substance use Risk Behaviors: self-harm, injury, others, delinquency, behavioral/behavioral issues Child Welfare: discipline, knowledge, substance use, safety Child Welfare: discipline, history of maltreatment, fosteration tolerance 	<ul style="list-style-type: none"> Child Behavioral/Emotional: opposition, anxiety, depression, anger, adjustment to trauma Life Functioning: family functioning, social functioning, school achievement, decision making, school behavior, substance use Risk Behaviors: self-harm, injury, others, delinquency, behavioral/behavioral issues Child Welfare: discipline, knowledge, social resources, substance use, safety Child Welfare: discipline, history of maltreatment, fosteration tolerance 	<ul style="list-style-type: none"> Child Life Functioning: family functioning, living situation Child Welfare: discipline, knowledge, social resources, mental health, substance use, safety Child Welfare: discipline, history of maltreatment, parent traumatic reaction 	<ul style="list-style-type: none"> Child Behavioral/Emotional: "Ad" = Life Functioning "Ad" = Risk Behavior "Ad" = Substance Use Child Welfare: discipline, knowledge, social resources and needs domain Child Welfare: "Ad" 	
Family dysfunction causes child symptoms. Skill building to reduce conflict and enhance family support system	Child behavior reflects social environment. Cognitive and behavioral interventions for multiple adults in child's life	Improving parenting skills and family management practices, improves a range of emotional, behavioral and academic child outcomes	Providing intensive intervention prior to out of home placement or during reunification with concrete supports reduces the need for foster care	By centering family voice and choice, this facilitation model provides a platform to connect and involve all of a family's resources and to align shared goals	
<ul style="list-style-type: none"> Defiant behavior Academic problems Substance abuse Possible depression/anxiety Conflict in family system At least one caregiver willing to engage in service 	<ul style="list-style-type: none"> Defiant behavior Academic problems Substance abuse Violence toward self or others Trauma-related symptoms High risk for out-of-home placement Low readiness to treatment At least one caregiver willing to engage in service 	<ul style="list-style-type: none"> Defiant behavior Academic problems Substance abuse Possible depression/anxiety Conflict in the family system Truancy issues At least one caregiver willing to engage in service 	<ul style="list-style-type: none"> High risk of out of home placement Emotional distress Abuse or neglect Family conflict Reunification At least one caregiver willing to engage in service 	<ul style="list-style-type: none"> Defiant behavior Academic problems Emotional distress Family conflict Need for family involvement Reunification At least one caregiver willing to engage in service 	
<ul style="list-style-type: none"> Frequent violent behavior Severe intellectual disability (child or primary caregiver) At least one caregiver willing to engage in service 	<ul style="list-style-type: none"> Significant issues with social communication Severe intellectual disability (child or primary caregiver) At least one caregiver willing to engage in service 	<ul style="list-style-type: none"> Active suicidal or homicidal intent and plan Not engaged within a family system 	<ul style="list-style-type: none"> No identified caregiver Not at imminent risk of foster care 	<ul style="list-style-type: none"> No identified family system In out of home care for longer than 30 days Activity needed to out-of-home care 	

Supporting Youth with Serious Emotional Disturbance

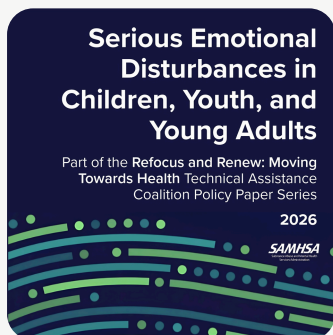
SAMHSA's new policy paper, [Serious Emotional Disturbances in Children, Youth, and Young Adults](#) (2026), explores how SED - defined as diagnosable mental, behavioral, or emotional disorders that significantly impair daily functioning - affects millions of children and youth nationwide.

Key insights include:

- Focus on functional impairment
- Developmentally informed care
- Integration of evidence-based services
- Policy recommendations



This thoughtful guidance supports a holistic and long-term approach - combining clinical best practices with systemic policy changes - to better serve youth people facing serious emotional changes.



We encourage all partners to review SAMHSA's guidance and consider how these recommendations can strengthen local systems of care. By working together, we can ensure that children and youth experiencing serious emotional challenges receive the support they need to thrive.

OCS Welcomes Lithuanian Delegation

OCS was delighted to host a delegation from the Lithuanian national legislature in March 2026 as part of their visit to Virginia. The group met with OCS leadership and staff, asking thoughtful questions, and exploring how CSA supports collaboration across agencies to meet the needs of children and families.

During the visit, the delegation gained insight into how local teams work together, how services are funded, and how community-based supports are strengthened through the CSA model. It was an energizing exchange and we appreciated the opportunity to share our work while also learning about child- and family-serving approaches in Lithuania. ❤️





Submitted by Rachel Friedman, Program Auditor



When you hear the word **audit**, what comes to mind? For many, it's a stressful image of inspectors combing through files, searching for mistakes. But the truth is, audits are far more than that – they are a powerful tool for improvement, accountability, and better service delivery. Think of auditors as the curious cat of government oversight – always investigating and pawing through the details – not to pounce and attack, but to protect, understand, and make sure nothing important goes unnoticed.

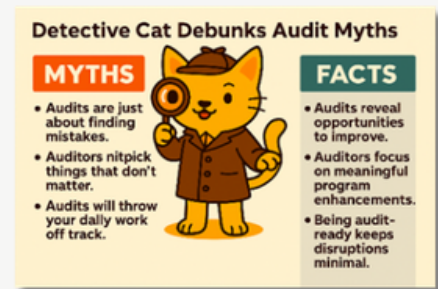
Myth vs. Fact Separating – Cat Tales from Truth

Myths:

- Audits are all about pointing out your errors and mistakes.
- Auditors are nitpicky and identify issues that don't really matter in day-to-day operations.
- An audit will disrupt your daily work.

Facts:

- Audits emphasize areas for improvement and positive changes.
- Auditors look for meaningful ways to enhance a program's performance.
- Staying audit-ready can significantly decrease work disruptions.



Why do we audit? – Because Curiosity Protects the Whole House

Audits aren't about "catching" programs doing something wrong, like a cat would catch a mouse. They exist to ensure that state and local resources are used effectively and that programs meet their goals and objectives, ultimately helping services reach those who need them most. Like a cat keeping watch over its domain, audits identify strengths, spot potential and actual risks, and recommend ways for the program to operate more efficiently.

Behind the scenes, auditors review policies, analyze data, and interview staff to understand how programs operate. They look for alignment with regulations, financial accuracy, and performance outcomes. The goal? To provide clear, actionable recommendations that help programs succeed. Think of auditors as the detective cats of the agency – curious, thorough, and always chasing down the truth (not just the ball of yarn).

How to Stay Audit-Ready – No Catnaps Allowed!

Preparing for an audit doesn't have to be stressful. Here are a few tips to keep your program purring right along:

- **Review compliance requirements regularly – curiosity doesn't just belong to cats!**
Staying informed about requirements and where your program falls with them means there are no surprises when audit time comes. A great resource for documenting and tracking your governance, risk management, internal control, and compliance activities is the [CSA Self-Assessment Workbook](#).

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- **Communicate proactively and clearly with auditors – like friendly paw taps, not a hiss.**
Collaboration and clear communication make the process smoother and prevent information from being lost in translation. It also cuts down on follow-up questions, sparing everyone time and effort from a last-minute scramble – the kind that feels like chasing after details like a laser pointer gone wild.
- **Keep your documentation organized – like a neat stack of yarn balls.**
Refer to Section 3.5 Records Management in the [CSA Policy Manual](#) for the minimum child-specific documentation needed to demonstrate compliance. Also, be sure to regularly review your governance documentation, such as policy manuals, bylaws, meeting minutes, etc., and keep them easily accessible to all stakeholders.

Benefits of Audits – Making Everything Pawsitively Better: The Cat’s Meow

Audits aren’t just about oversight – they’re about **opportunity** and **enhancement**:

- **Improved efficiency:** Streamlined processes save time and resources.
- **Enhanced transparency:** Builds trust with stakeholders and the public.
- **Better outcomes:** Recommendations often lead to stronger programs and services.

IF YOU FIND THIS ARTICLE HELPFUL AND WOULD LIKE MORE INFORMATION ON THIS TOPIC, PLEASE GET IN TOUCH WITH ANY PROGRAM AUDIT STAFF MEMBER. ALSO, BE SURE TO CHECK THE OCS NEWSLETTER, CSA TODAY, FOR FUTURE ARTICLES.



CVPY 2026 Conference

The Central Virginia Partnership on Youth (CVPY) will host its flagship CSA Training & Resource Day in September 2026 – a premier event designed to strengthen connections, share best practices, and build a stronger network of child-serving professionals across central Virginia.

Mark your calendar for this event and watch the [CVPY website](#) and Eventbrite for full agenda details and registration links. This is your chance to learn, connect, and strengthen services for youth across Central Virginia!



SAVE



THE DATE

Central Virginia Partnership on Youth

SEPT 18, 2026

Join Us for an Inspiring Conference!

NEW LOCATION:
ACCA Shriners
1712 Bellevue Avenue
Richmond, VA 23227

www.cvpy.org

How is Your FAPT Functioning?

A Quick Self-Check

Submitted by Courtney Sexton, Program Consultant

In the last issue, we highlighted what high-functioning FAPTs look like in practice. The next step is just as important - taking time to reflect on how your local team is functioning.

Evaluating your practices doesn't require a formal review. A few intentional check-ins can give you a better picture of where things are working and where you should focus next.

Start with What You See

Take a step back and observe your meetings.

- Are meetings structured and consistent?
- Is participation balanced among team members?
- Are meetings child-centered and family-focused?

Request Team Feedback

Check in with the people doing the work.

- Do members understand their roles?
- Do they feel comfortable contributing to discussion?
- Do they feel confident in their understanding of key concepts (e.g., mandate types, eligibility, braided funding) needed to make informed decisions?

Evaluate the Quality of Service Planning

Look at how decisions are being made.

- Are service recommendations clearly tied to identified needs?
- Is FAPT using SMART (specific, measurable, achievable, relevant, time-bound) goals?
- Does the team engage in early discharge planning?

Examine How Assessments are Utilized

Assessments should guide the conversation.

- Are CANS findings being discussed in-meeting?
- Are these results being meaningfully integrated into the planning process?
- Are recommendations aligned with CANS findings?

Gather Family Input

Families experience the process from a different perspective.

- Do families feel informed, heard, and respected?
- Are families satisfied with the process?
- Use family satisfaction surveys.

Pay Attention to Patterns

One meeting doesn't tell the whole story.

- Are team members, family members, and providers consistently attending meetings?
- Do meetings start on time?
- Do the same challenges come up repeatedly?

Strong FAPTs aren't static; they evolve. Regular reflection helps ensure your team remains consistent, collaborative, and focused on supporting children and families in your community.

Shenandoah Valley CSA Training & Resource Day

The **4th Annual Shenandoah Valley CSA Training and Resource Day** brought together local agencies, providers, and partners for a fast-paced day of learning and connection. Packed with upbeat workshops, hands-on resources, and plenty of collaboration, the event energized staff across the region.

With over 70 vendors in attendance, participants attended a variety of workshops focused on best practices, emerging needs, and practical tools to support effective service planning.



The goal of the Training and Resource Day is simple: to equip staff with knowledge, strengthen relationships, and enhance the region's ability to work together on behalf of children. With strong participation again this year, the Shenandoah Valley continues to show its commitment to collaboration and high-quality service delivery.



April's got the rain. May's got the glow-up.



Reviewing CSA Data at CPMT Meetings: Persistent Treatment Needs

Carrie Thompson, OCS Research Associate Senior

Happy Spring! One of the requirements of the CPMT in the Code of Virginia is to review and analyze its data to support long-range community-wide planning (§2.2-5206). This article will review another example of data your CPMT can review to support its strategic and long-term planning.

CANS data are available on the Data and Outcomes (CQI) dashboard on the CSA website. Images for menu navigation steps are below:



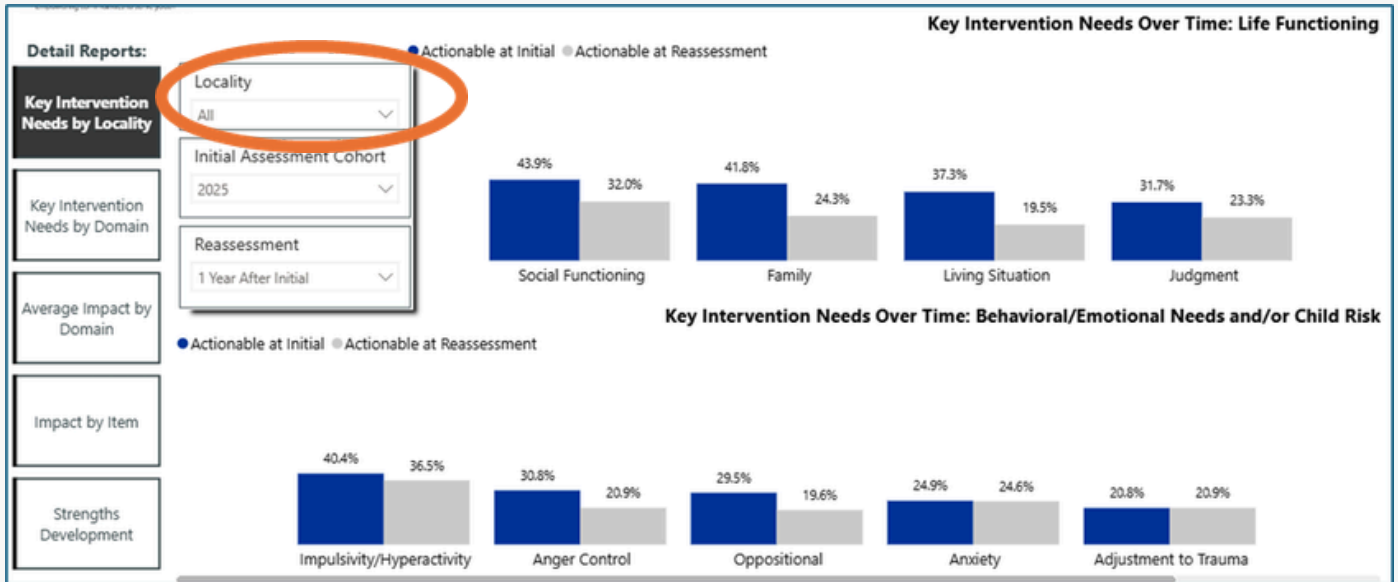
Using Detail Reports for Performance Trends

The dashboard provides program- and cohort-level reports on child outcomes in the CANS. These reports are updated quarterly:

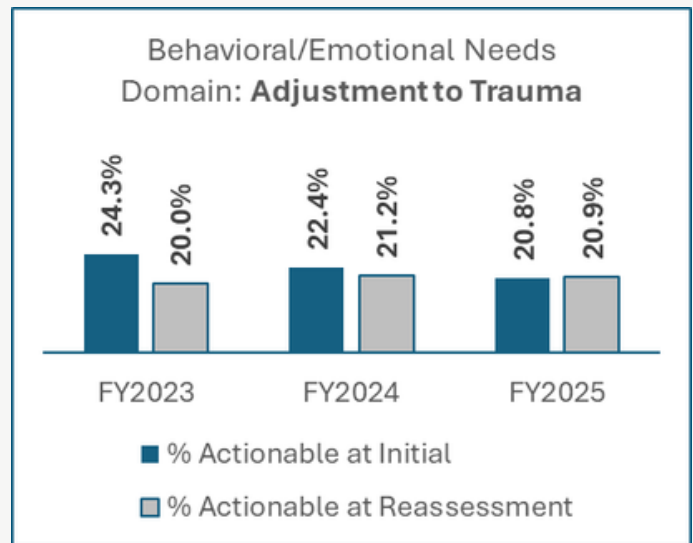
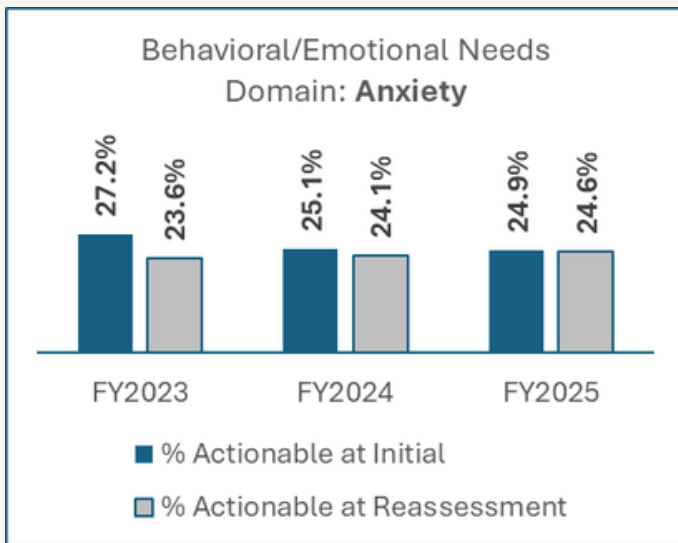
Report Title	Insights Offered by Report
Key Intervention Needs by Locality	What are the frequently occurring actionable treatment needs over time for CSA youth?
Key Intervention Needs by Domain	What are the top four actionable treatment needs for CSA youth at initial assessment, and how does the prevalence of those needs change over time?
Average Impact by Domain	Does the average number of actionable items improve (decrease) between the start of services (initial assessment) and continued services over time?
Impact by Item	What is youth performance on single assessment items between initial and follow-up assessments?
Strengths Development	What are the useful or centerpiece strengths for a cohort of youth over time?

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The following example uses the report, **Key Intervention Needs by Locality**, to assess CSA performance statewide. By selecting your locality from the Locality filter (circled in orange below), you can view the outcomes specific to your program.



Statewide, two items within the Behavioral/Emotional Needs domain have shown shrinking cohort improvement between initial assessments and reassessments a year later: Anxiety and Adjustment to Trauma. While these were not the most prevalent actionable treatment needs at initial assessments, they were the top items that have shown the least improvement over time.



For the youth cohort that began services in FY2023, 27% and 24% had scores of 2 or 3 on the Anxiety and Adjustment to Trauma items, respectively. This group had improved its performance by more than four percentage points a year later. The next two cohorts, however, had less improvement (FY2024) and decline (FY2025) a year into services.

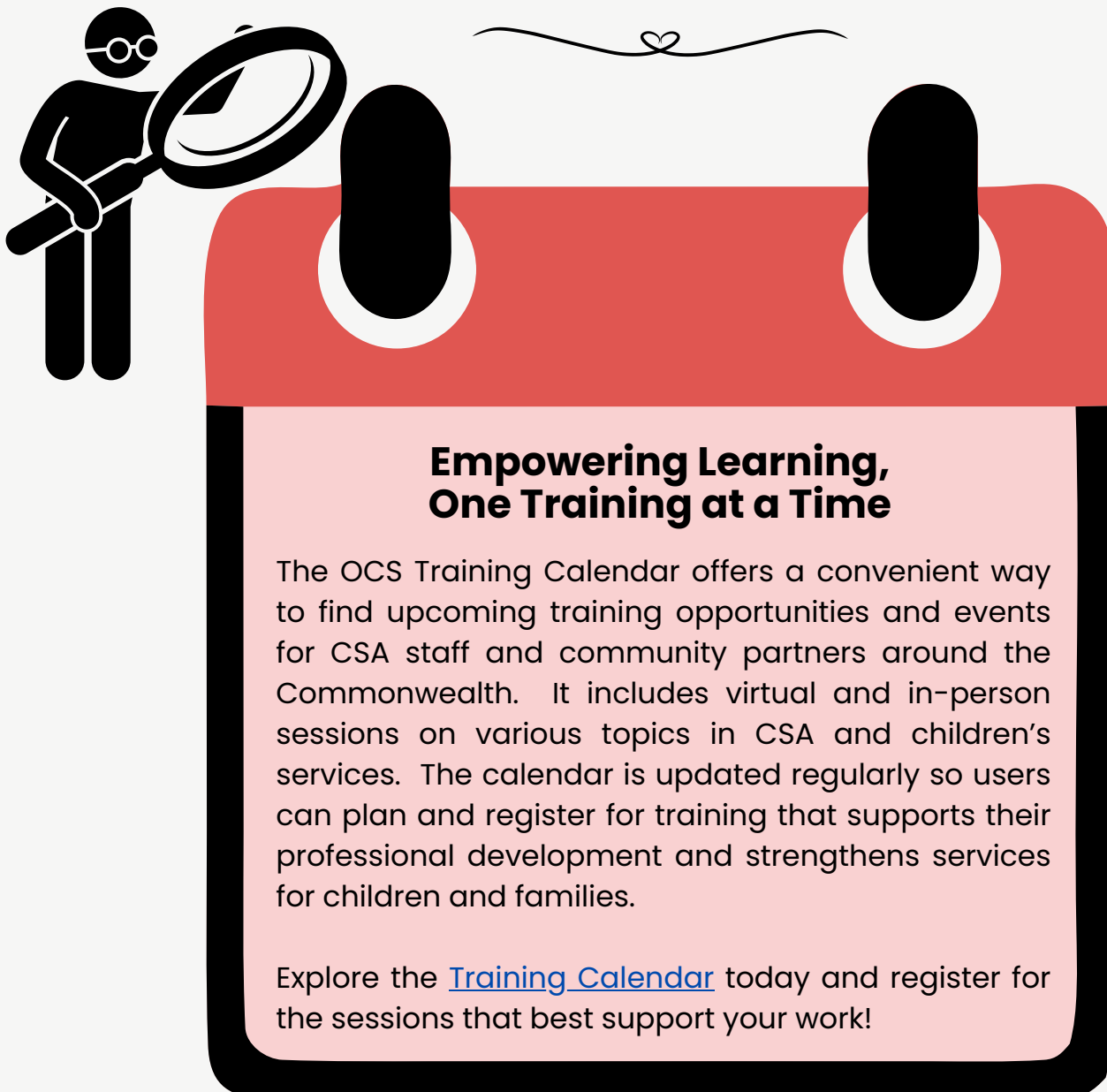
Tracking youth outcomes, using data available on the CSA website is one way to support CPMTs' long-term planning. If your locality has assessment items with declining improvement over time, it might indicate that the referred services are not having the intended effect on the youth served. The prompts below are some examples of questions your team can ask to guide data-driven decision-making in service planning and the general performance of your CSA program.

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Questions for Service and Strategic Planning

- What are the repeating key intervention needs over time for the youth we serve? Which items show up across multiple initial assessment cohorts?
- Which key intervention needs have high percentages of youth scores that are actionable at the time of reassessment (high meaning similar to or above the percentage of youth with actionable scores at initial assessment)?
- What are the services that FAPT is referring youth to, to address these key intervention needs? Where are opportunities to shift service planning for improved youth outcomes?
- From a system of care perspective, are there opportunities available to CPMT members to influence or plan around any root causes of persistent key intervention needs? Are there opportunities to influence the options available to youth who present with these intervention needs?

As always, the Office of Children's Services offers technical assistance opportunities to support CPMT's access and understanding of CSA data. For more information and any questions, please reach out. For data-specific questions, please contact OCS Research Associate Senior, Carrie Thompson (carrie.thompson@csa.virginia.gov).



**Empowering Learning,
One Training at a Time**

The OCS Training Calendar offers a convenient way to find upcoming training opportunities and events for CSA staff and community partners around the Commonwealth. It includes virtual and in-person sessions on various topics in CSA and children's services. The calendar is updated regularly so users can plan and register for training that supports their professional development and strengthens services for children and families.

Explore the [Training Calendar](#) today and register for the sessions that best support your work!

Local CSA Spotlight

Celebrating Excellence in CSA

The **New Kent and Charles City CSA programs** continue to set a high standard for collaboration, accountability, and family-centered, evidence-based care. Through strong coordination between CPMT and FAPT, the programs ensure thoughtful use of resources, meaningful parent engagement, and services that prioritize prevention, family preservation, and positive outcomes for youth.

In recent years, the programs have significantly reduced residential placements, decreased use of non-evidence-based services, and lowered overall CSA spending. These achievements are driven by strengthened school partnerships, expanded community-based options, innovative internal tracking tools, successful OCS reviews, and ten consecutive clean financial audits.

These accomplishments reflect the dedication of local agency partners, case managers, school divisions, behavioral providers, county leadership, and many others working to support children and families.

Key program strengths include:

- Evidence-based practices with measurable outcomes
- Demonstrated improvements in CANS scores across multiple domains
- Active efforts to expand community services
- Annual CPMT/FAPT retreats that strengthen alignment
- Reduced recidivism and service duration through effective planning
- Strong support for kinship care
- Targeted CSA spending focused on mandated populations

These successes are strengthened by the leadership of CSA Director, DeDreama Harrod, whose oversight, fiscal management, training coordination, onboarding, development, and statewide engagement - along with her work as a CANS Superuser - enhance CSA practice locally and across Virginia.



The New Kent and Charles City CSA programs stand as a model of a unified, responsive, and family-centered system of care.

Please join us in congratulating them as the winners of the **SEC's Excellence in CSA Award!**



✳ CELEBRATE INNOVATION IN CSA - NOMINATE A STANDOUT PROGRAM! ✳

We encourage communities across the Commonwealth to help spotlight excellence in CSA practice. While local CSA programs cannot nominate themselves, they can recognize and uplift the outstanding work of their peers. If you know a CSA program demonstrating exceptional collaboration, innovation, or impact for children and families, we invite you to submit a nomination for the SEC's Excellence in CSA Award.

Nominations may be submitted to csa.office@csa.virginia.gov.



The **National Wraparound Implementation Center (NWIC)** has refreshed its website, designed to make your experience smoother and more welcoming. You'll find easier access to tools and guidance on strategic implementation, workforce development, and quality assurance - all organized to help you quickly discover what you need.

Check out the [new site](#) and don't forget to share with a friend!

NCTSN The National Child Traumatic Stress Network

Understanding and Addressing the Intersection of Substance Use and Child Trauma: Introduction

Trauma exposure, traumatic stress, and substance use disorders all impact the overall health and well-being of youth and their family members. The effects of trauma can include emotional distress, sensory changes, problems regulating emotions, social difficulties, attention and memory challenges, and physical concerns like aches, pains, and difficulty sleeping. People may use opioids or other substances to cope with traumatic stress reactions.

Substance Use Disorders, Race, Ethnicity, and Socioeconomic Conditions

Opioid addiction can arise from exposure to traumatic events, such as the loss of a loved one to violence or incarceration, which often results in family separation and displacement. Opioid addiction may also lead to direct or witnessed victimization while an individual is seeking, or under the influence of, drugs or alcohol, as well as increase the risk for adversities like homelessness or chronic health conditions that are often the result of substance use disorders. The burden of opioid use is not evenly distributed. Differences are observed across geographic regions, race, and ethnic groups, and socioeconomic circumstances in rates and severity of use, opioid-related deaths, and access to treatment. Economic hardship, exposure to violence, and other traumatic events are associated with increased risk for substance use, while substance use may further increase the risk of violence, trauma, and continuity instability.

When examining geographic disparities, both rural and urban areas have been impacted by problems with opioids; however, the highest rates of non-injected deaths have occurred in larger urban areas. Evidence also suggests that families experiencing economic hardship are enrolled in Medicaid, particularly in Southern states, are more likely to be prescribed opioid agonists and more likely to die from opioid-related overdose. Differences in opioid use and overdose deaths are also observed across population groups; in recent years, the largest increases in non-injected opioid use have occurred among non-Hispanic White individuals, and rates of deaths involving non-injected opioids are higher among individuals who are White, American Indian, and Alaska Native.

Addressing Barriers to Treatment Engagement

There are many factors associated with reduced access to treatment for substance use problems. For instance, individuals struggling with substance use may be less likely to be identified, and substance use problems may be less likely to be addressed in a timely manner. Another circumstance could be that people may not have as much information about effective treatments. Additionally, prevention programs that could benefit underserved populations may be underfunded or unavailable in many communities.

Even when services are available to families, programs and organizations may face challenges in engaging and retaining individuals in care. There are several reasons that may reduce the chances of individuals and families seeking or remaining in treatment, such as:

- Worry about stigma
- Beliefs that involvement in treatment may impact jobs or will cause others to judge them
- Concerns about confidentiality
- Beliefs that problems can be best addressed without treatment
- Lack of knowledge about effective behavioral treatment options

Exposure to childhood trauma and adversity is associated with opioid participation in a primary care setting, including pain responses that may result in higher prescription rates for painkillers and opioids.

Increased misuse of prescription painkillers and use of heroin drugs.

Higher rates of opioid and overdose deaths.

Double burden of depression and substance use.

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Save the Date - 2026 VACAP Summit

The [Pathways from Poverty Prosperity Summit](#) is VACAP's signature annual event, bringing together agencies, partners, funders, and leaders to share practical ways to improve economic mobility across the state. The summit focuses on opportunities in economic development, affordable housing, and other strategies that help people move from poverty to stability.

Kinship Care Brief

This brief explores how states are approaching kinship care by examining how they define kinship caregivers, the number of children in foster care living with relatives or close family friends, the use of separate licensing standards for kinship homes, and states' participation in kinship navigator programs through the Title IV-E Prevention Services Clearinghouse.

Read the full [brief](#) to dive deeper into state approaches and emerging strategies in kinship care.

hello Spring

Check out **UConn's MH Toolkit!**

MENTAL HEALTH AWARENESS MONTH TO ACTION

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TA QUESTIONS OF THE QUARTER

A local CSA program is closing its case with a family currently receiving In-Home services through DSS. Can CSA complete the Discharge CANS while the DSS In-Home case remains open?

The State Executive Council (SEC) [policy](#), Section 3.6.3, defines the Discharge CANS as:

"A comprehensive version of the CANS, denoted as a "Discharge CANS" in the CANVaS 2.0 system, completed within 90 days prior to, at the time of, or 90 days following either the child and family's exit from CSA-funded services or a final review by the Family Assessment and Planning Team (FAPT)."

This is repeated in Section 3.6.5, denoting the frequency of the CANS administration:

"H. The Discharge CANS shall be the Comprehensive version of the CANS.

(1) Discharge CANS are required only when a child's case is closed...

(2) The Discharge CANS may be done 90 days prior to, at the time of, or within 90 days following either the completion of all CSA-funded services, or final FAPT review."

SEC policy expectations must be followed and cannot be adapted.

If the In-Home case is expected to close within 90 days of the CSA case ending, the Discharge CANS may be completed when the In-Home case closes. However, there is a risk that the Discharge CANS may be delayed or missed if CSA is not monitoring its completion. If it remains incomplete and the case is reviewed by OCS, the local CSA program would be out of compliance with policy, which could result in the denial of CSA state matching funds.

Can an unsigned IEP be valid for a private day placement?

Parents, guardians, or students who are 18 or older must provide informed written consent before an IEP can be implemented. If they decline to sign an IEP recommending a private day placement, the placement cannot proceed and CSA cannot fund any services. Once the School Division obtains the required consent, the student may be placed in a private day program and referred to CSA.

It is also important that the parent, guardian, or adult student sign a release of information allowing the School Division to share records with the local CSA office. Once both documents are signed, the placement process can begin.

"THE IMPORTANT THING IS NOT TO STOP QUESTIONING. CURIOSITY HAS ITS OWN REASONING FOR EXISTING." ~ ALBERT EINSTEIN

Got Questions?

Use the OCS Technical Assistance Help Desk to get answers to your questions. OCS staff receive all inquiries and aim to respond the same day.

The OCS Technical Assistance Help Desk is found on the CSA Website under the "About" section → [Request Technical Assistance](#).



Would you like to contribute to CSA Today?

If you have information you would like to share with CSA colleagues across the state, please follow the [guidelines for submission](#).



*Thank you for taking the time to read this newsletter and for sharing it with others.
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