

**AGENDA**  
**State Executive Council for Children's Services**  
**June 11, 2020**

**GoToMeeting**

<https://global.gotomeeting.com/join/693439197>

Phone: (872) 240-3212, Access Code: 693-439-197

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**9:30 Roll Call of Members**

**9:40 Opening Remarks – Dr. Daniel Carey, Chair**

- Announcement of new / reappointed members
  - **Action Item** – Approval of March 2020 Minutes (Roll Call Vote)

**9:50 Public Comment**

**9:55 Executive Director's Report – Scott Reiner**

- Summary of "CSA During COVID-19" survey of local programs
- FY2021 CSA Training Plan
  - **Action Item** – Approval of CSA Training Plan (Roll Call Vote)
- Status of Strategic Plan implementation
- SEC Policy Development: Integration of CSA and FFPSA

**10:15 State and Local Advisory Team Report – Shannon Updike, SLAT Chair (Acting)**

**10:20 COVID-19 Related Updates**

VDOE – Dr. Samantha Hollins  
VDSS – Nanette Bowler  
DMAS – Karen Kimsey  
DBHDS – Alison Land  
DJJ – Valerie Boykin

**10:55 Public Comment II**

**11:00 Closing Remarks – Secretary Carey**

**Adjourn**

**Schedule of Remaining 2020 Meetings**  
September 10, December 10

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**STATE EXECUTIVE COUNCIL (SEC)  
FOR CHILDREN'S SERVICES  
Richmond/Henrico Rooms  
1604 Santa Rosa Road  
Richmond, VA  
Thursday, March 12, 2020**

**SEC Members Present:**

The Honorable Mary Biggs, Member, Montgomery County Board of Supervisors  
Courtney Gaskins, Ph.D., Director of Program Services, Youth for Tomorrow (*by telephone*)  
The Honorable Willie Greene, Vice Mayor, City of Galax  
Sam Hollins for James Lane, Ed.D, Superintendent of Public Instruction, Virginia Department of Education  
Karen Kimsey, Director, Department of Medical Assistance Services  
Andelicia Neville, Parent Representative  
Alison Land, Commissioner, Virginia Department of Behavioral Health and Developmental Services (*by telephone*)  
The Honorable Frank Somerville, Presiding Judge, 16<sup>th</sup> Judicial District, Juvenile and Domestic Relations District Court  
Amanda Stanley, President and CEO, DePaul Community Resources  
Duke Storen, Commissioner, Virginia Department of Social Services  
Shannon Updike, Acting Chair, State and Local Advisory Team (SLAT) (*by telephone*)  
Angela Valentine for Valerie Boykin, Director, Department of Juvenile Justice

**SEC Members Absent:**

The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources  
Sophia Booker, Service Recipient Representative  
Eric Campbell, City Manager, City of Harrisonburg  
Bob Hicks, for M. Norman Oliver, M.D., Commissioner, Virginia Department of Health  
Sandra Karison for Karl Hade, Executive Secretary of the Supreme Court of Virginia  
The Honorable T. Montgomery "Monty" Mason, Member, Senate of Virginia  
Jessica Stern, Parent Representative

**Other Staff Present:**

Maris Adcock, Finance and Business Manager, OCS  
Marsha Mucha, Administrative Staff Assistant, OCS  
Scott Reiner, Executive Director, OCS  
Susan Whyte, Assistant Attorney General

**Introductions and Approval of Minutes**

Karen Kimsey, Director of the Department of Medical Assistance Services (DMAS) was asked to chair the meeting by Secretary Carey. Secretary Carey was not able to attend due to rising concerns and necessary preparations to address the COVID-19 outbreak in the state. Ms. Kimsey called the meeting to order at 9:35 a.m. and welcomed everyone. Several members could not attend the meeting in person (*Courtney Gaskins, Alison Land and Shannon Updike*) and asked to participate by telephone. A motion was made by Mary Biggs, seconded by Amanda Stanley and carried allowing their participation in the meeting by telephone.

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The minutes of the December 12, 2019 meeting were approved on a motion by Mary Biggs, seconded by Amanda Stanley and carried.

### **Public Comment**

There was no public comment.

### **Executive Director's Report**

Scott Reiner, Executive Director of OCS reported on the following items:

- *Summary of CSA-related activity by the General Assembly* - The General Assembly is meeting to take action on the state budget today. Of particular note, the budget includes language to further enhance the private day special education cost study that was finalized last fall. To encourage a more robust participation by private programs, budget language is included to make certain data reported exempt from the Freedom of Information Act (FOIA). The study is due to be completed the end of June 2021 with implementation of recommendations by July 1, 2021.
- *FY2021 CSA Training Plan* – Mr. Reiner reviewed an exposure draft of the FY2021 CSA Training Plan with members. The Training Plan will be presented for approval at the June SEC meeting. Questions, suggestions or comments about the training plan should be submitted to Mr. Reiner.
- *FY2020 Quarter 2 OCS Training Summary* – Members received a copy of the training summary containing both in person and on-line training activities.
- *Spring 2020 Regional Learning Collaboratives* – A series of five (5) regional learning collaboratives will be held in April 2020 to assist localities in planning for implementation of evidence-based practices at the local level.
- *New CSA Coordinator Academy* – The Academy will be held March 24-26, 2020. OCS expects approximately 25 new coordinators to attend the Academy.

### **Proposed Policy Making Actions**

Mr. Reiner presented a Notice of Intent to Develop Policy (SEC Policy 3.7) for consideration by the SEC. He noted that, if approved by the SEC, the Notice of Intent would be disseminated for an initial period of public comment. The title of the proposed policy would be *Alignment of the Family First Prevention Services Act (FFPSA) and the Local CSA Process*. The proposed SEC policy would require local Community Policy and Management Teams (CPMTs) under the Children's Services Act (CSA) to develop and implement a policy defining how the locality would align CSA activities with the new federal Family First Prevention Services Act (FFPSA).

Mr. Reiner further explained that the proposed policy would address the SEC's stated intention to facilitate alignment between all entities involved in the CSA system by having local CSA leadership thoughtfully address the issues of alignment as they apply to the FFPSA. The proposed policy would be permissive and does not specify how each locality would address this alignment, only that key areas of action be considered and addressed.

After discussion, the SEC approved disseminating the Notice of Intent to Develop Policy (SEC Policy 3.7), for a 45-day public comment period.

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### **State and Local Advisory Team Report (SLAT)**

Shannon Updike, Acting Chair of SLAT provided a brief report. SLAT last met on February 6, 2020 and received updates on activities from their membership. SLAT also continues to work with OCS on the short-term recommendations/goals from the non-mandated study presented to the SEC at their December 2019 meeting.

### **SEC Strategic Plan Implementation Strategy**

Mr. Reiner distributed laminated copies of the SEC Strategic Plan to members. He noted that the SEC Strategic Plan would guide the agendas and work of the SEC moving forward. Mr. Reiner also presented a document for discussion purposes outlining suggested implementation activities. The document was reviewed and revised based on discussions at the last meeting of the SEC's Executive Committee. It was noted that the document is not a formal document but a working document.

After reviewing the document, there was overall consensus from SEC members that this document was a basis to use to start implementation of the SEC Strategic Plan.

### **Presentations**

Nannette Bowler, Deputy Commissioner for Human Services at DSS presented an implementation update on the Family First Prevention Services Act.

Karen Kimsey, Director of DMAS and Alison Land, Commissioner of DBHDS presented an update on the DMAS/DBHDS Behavioral Health Enhancement.

### **Public Comment II**

There was no public comment.

### **Member Updates**

The majority of the members reported that their agencies/organizations are currently involved in preparing for or addressing COVID-19. Earlier in the meeting, a question was raised about guidance and plans for continuity of services during this time. It was noted that agencies/organizations are following guidance from the Governor. As the situation unfolds, agencies/organizations will be developing other guidance as appropriate. Several agencies/organizations have already set up email boxes to receive questions. A small task force has been addressing plans for continuity of services and they will gather briefly after today's meeting to see who should receive questions addressed to the task force.

Other items reported included:

- Andelicia Neville announced that The Virginia Family Network will host a Family Summit on May 16, 2020. The Summit is free to families. She will share a flyer about the Summit once available.
- Angela Valentine announced that DJJ's transformation effort received the 2020 Innovation in Government Award from the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University.

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**Adjournment**

On behalf of Secretary Carey, Ms. Kimsey thanked everyone for their attendance. There being no future business, the meeting adjourned at 12:00 p.m.

The next meeting of the SEC will be held June 11, 2020 in the Richmond/Henrico Rooms, 1604 Santa Rosa Road in Richmond.

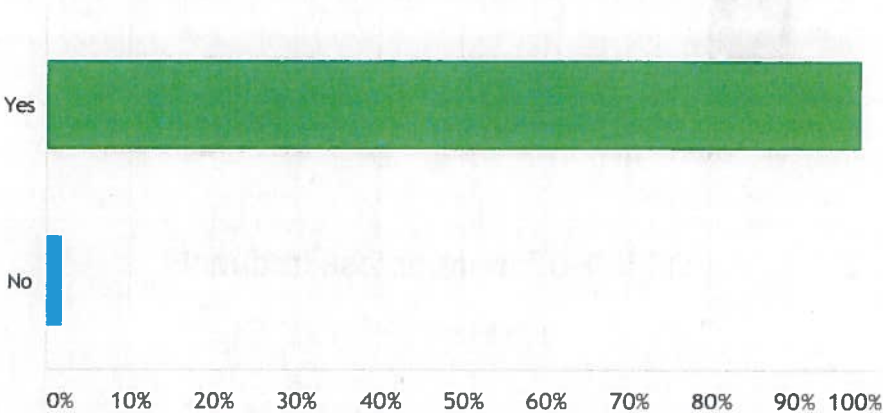
# CSA COVID-19 Survey

## Conducted 4/29/2020 – 5/8/2020

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

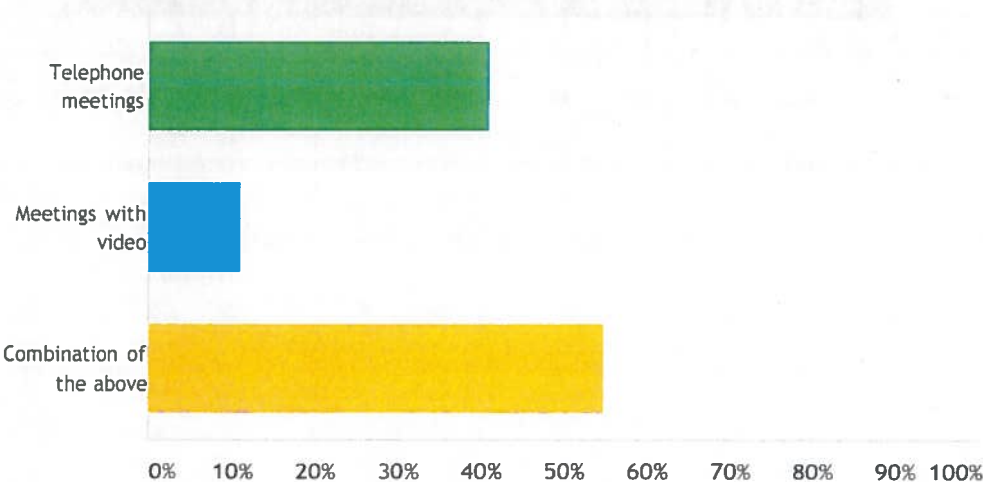
### Q2 Are you able to maintain FAPT operations via virtual means?

Answered: 102 Skipped: 0



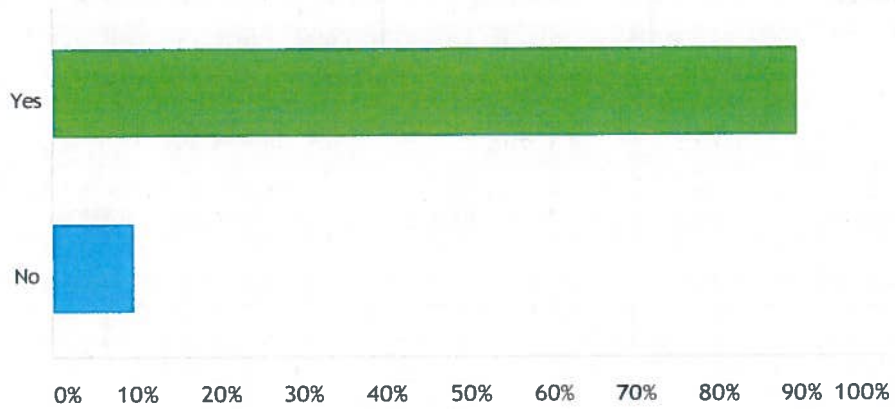
### Q3 Method of FAPT Meeting (check all that apply)

Answered: 100 Skipped: 2



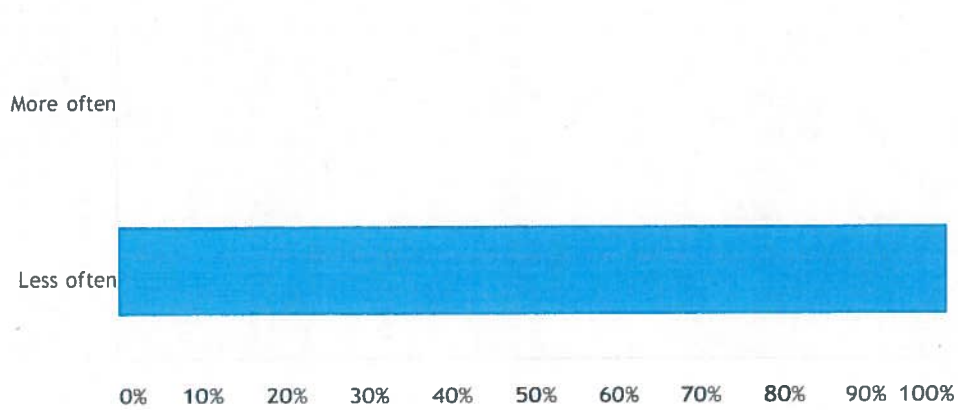
#### Q4 Are FAPT meetings occurring with the usual (pre-COVID) frequency?

Answered: 99 Skipped: 3



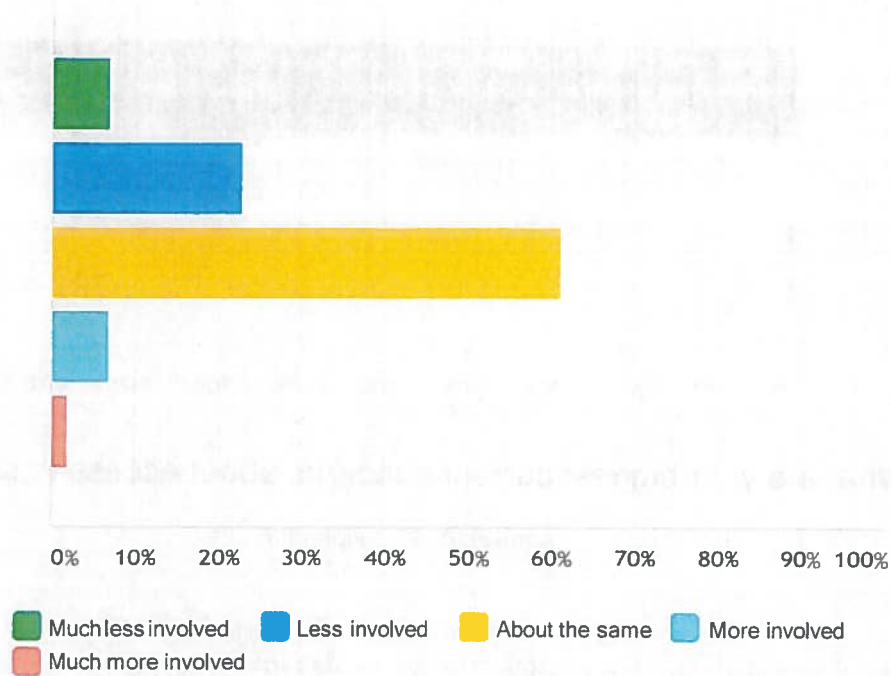
#### Q5 If "No," more or less frequent?

Answered: 10 Skipped: 92



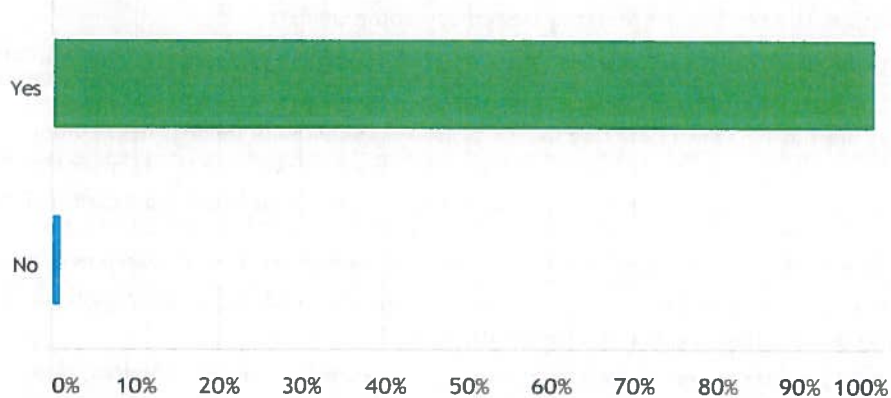
Q6 On a scale of 1-5, how would you rate youth/family involvement compared to the usual in-person FAPT meetings:

Answered: 101 Skipped: 1



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

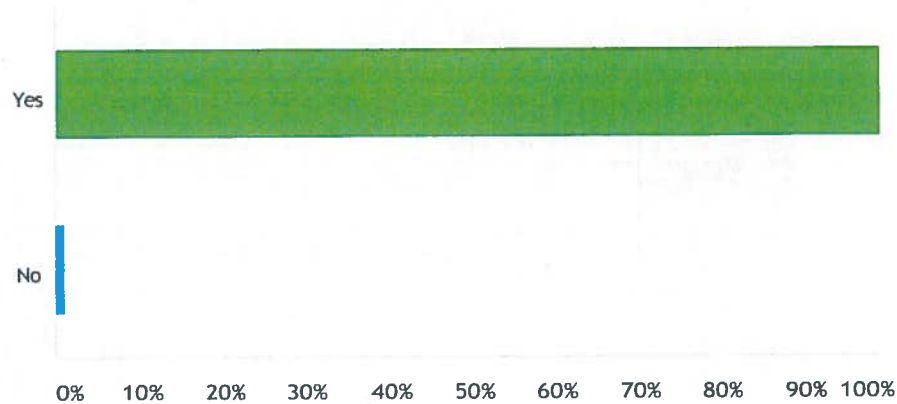
Answered: 101 Skipped: 1





## 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 IIHS - 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.
- IIHS 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!

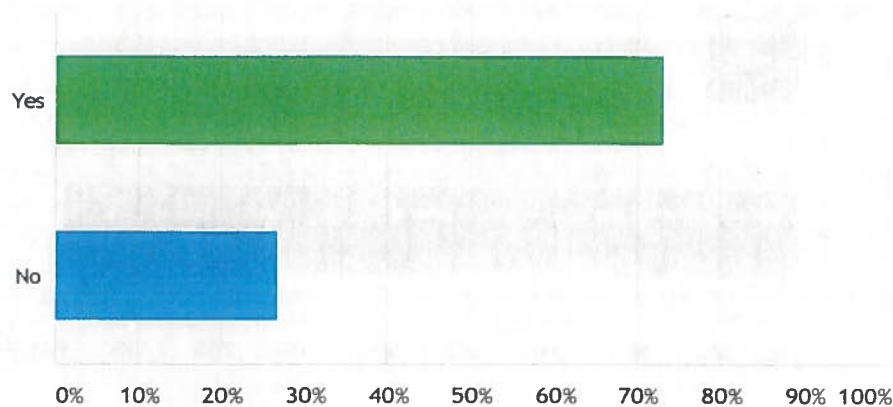
- Telehealth services do not seem to be effective for young children and parents report more stress trying to force children to participate in their telehealth sessions
- Capacity should the intensity of outbreak is larger
- Providers are providing services, but with the restrictions they are not able 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 triggers 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 IAAC. 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.

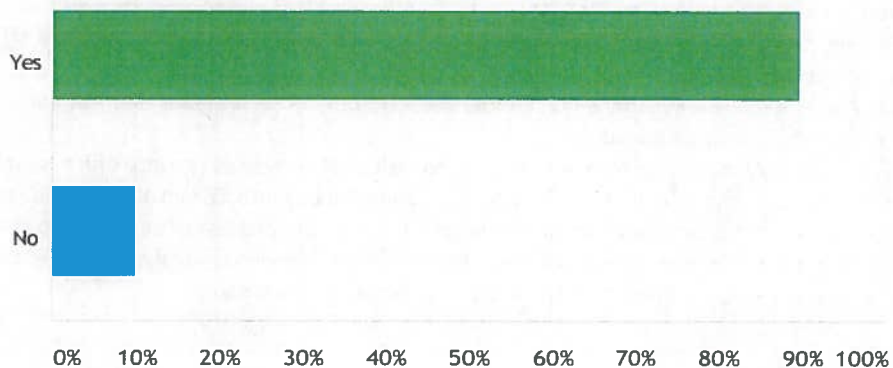
### Q10 Has your locality arrived at a resolution regarding private day special education with your providers?

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?

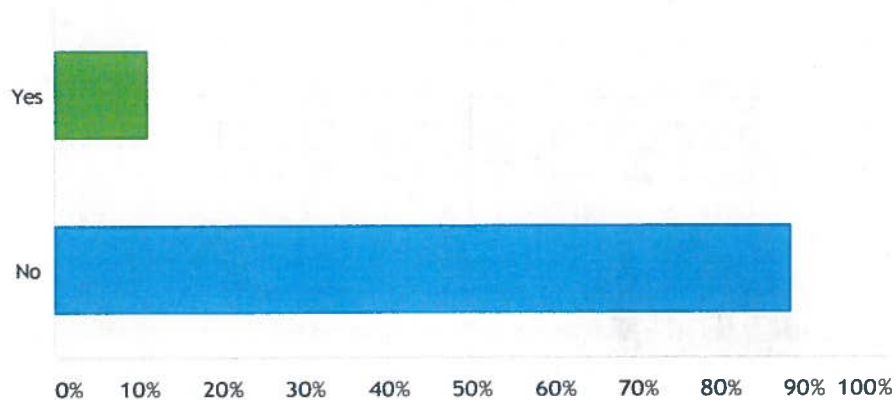
Answered: 10 Skipped: 92

- 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



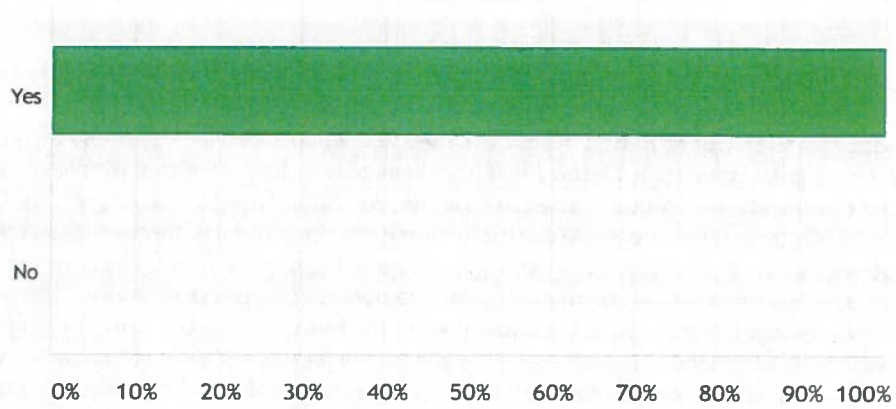
## Q14 Please specify your IT issue(s):

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.

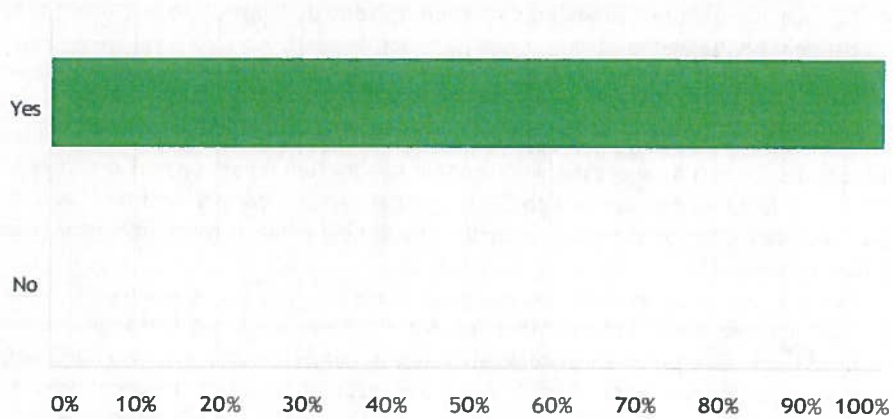
**Q15 Are you able to process purchase orders for services?**

Answered: 97 Skipped: 5



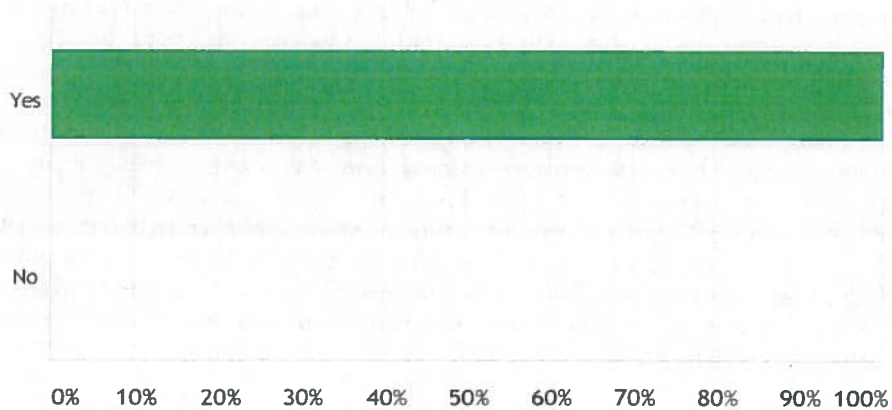
**Q16 Are you able to process payments for services?**

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.
-



## **TRAINING PLAN Fiscal Year 2021**

*Developed in accordance with Chapter 854 (Appropriation Act), Item 282, Section B.6  
Presented for Approval by the State Executive Council – June 11, 2020*

The vision statement of the Children's Services Act (CSA) is: "A collaborative, child-centered, family-focused, community-based system of care that effectively meets the needs of youth and their families in the Commonwealth." One important mechanism for achieving this vision is through development and implementation of a robust training plan. In accordance with provisions of the Appropriation Act, the Office of Children's Services prepares an annual training plan for approval to the State Executive Council for Children's Services (SEC). This document outlines the OCS FY2021 Training Plan for the period of July 1, 2020 - June 30, 2021. The description of potential training topics is intended to be inclusive and consistent with SEC goals and strategic direction to "promote alignment, lead by example, and collaborate on a shared vision and key outcomes." Specific training activities will be planned and implemented in response to stakeholder requests and needs, important system-wide initiatives, and to the extent of available resources.

### **I. GOALS**

- A. To increase knowledge, skills, and competencies of individuals holding CSA-specific roles and responsibilities to ensure effective implementation of the CSA.**

#### **Objectives:**

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

#### **Target Audiences:**

- CSA Coordinators; CPMT members; FAPT members; Fiscal Agents; other local CSA staff (e.g., Utilization Review Specialists, FAPT Coordinators)

**Possible Topics/Activities:**

- Evidence-based practices and assisting localities with selection, implementation, and sustainability (*SEC Strategic Plan*)
- Implementation of the Families First Prevention Services Act
- Collaboration for the implementation of Behavioral Health Enhancement (formerly referred to as Behavioral Health "Redesign") and STEP-VA
- Identify desired core leadership and operational competencies and assess current related training plans (*SEC Strategic Plan*)
- CSA Mission and Vision/CSA as a System of Care
- Building effective multi-disciplinary teams/collaboration
- Local CSA Coordinator responsibilities (§2.2-2649)
- Provision of effective and efficient services (§2.2-2649)
  - Use of data and data analytics to assess service patterns and improve outcomes / Continuous Quality Improvement (Utilization Management) (*Appropriation Act*)
  - Understanding High Fidelity Wraparound and Intensive Care Coordination
  - Utilization Review (*Appropriation Act*)
- Controlling costs and utilizing alternative funding streams and revenues (*Appropriation Act*)
  - Blending & Braiding Funds - Developing a Fiscal Plan
  - Accessing the full array of Medicaid services (*Appropriation Act, with DMAS*)
  - DSS Adoption Assistance funds
- Use of state pool funds: eligibility and decision points; use of Protected Funds for non-sufficient populations (*SLAT report*); use of Special Education Wraparound funds
- FAPT determination of CHINS: parental agreements and foster care prevention
- Understanding mission, purpose, and outcomes of child serving agencies of Foster care services and the CSA (*Appropriation Act, with DSS*)
- Requirements regarding IDEA and the use of CSA funds for special education services (*Appropriation Act, with DOE*)
- Building community services/public-private partnerships (*Appropriation Act*)
- Uniform Child and Adolescent Needs and Strengths (CANS) assessments and service planning
- The local CSA audit program: Compliance monitoring and program improvement; self-assessment process
- Navigating cross-jurisdictional issues: Fostering Connections; transfers across jurisdictions; out-of-state placements
- Administrative and fiscal issues: Local statutory responsibilities (*Appropriation Act*)
- Financial and data reporting requirements of CSA (supplemental funding requests; pool fund reimbursements; LEDRS; understanding service categories and match rates)
- Engaging families, empowering client/family voice and choice

**Primary implementation methods:**

- Annual New CSA Coordinator Academy
- Annual CSA Conference
- Regional and local training events
- Virtual/online e-learning courses and Webinars
- Information disseminated through the CSA website
- Technical assistance in response to specific inquiries

**B. To increase knowledge, skills, and competencies of child serving partners to maximize use of CSA processes and funding to effectively serve youth and families.**

**Objectives:**

- To ensure that the key partners in the children's services system(s) gain specific and targeted knowledge and competencies to incorporate CSA into their primary areas of professional responsibility

**Target Audiences:**

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

**Possible Topics:**

- CSA's role in the implementation of the Families First Prevention Services Act
- Foster care services and the CSA (including continued implementation of Fostering Futures, the Kinship Guardian program) (*Appropriation Act, with DSS*)
- Requirements regarding IDEA and the use of CSA funds for special education services (*Appropriation Act, with DOE*)
- Vision and mission of CSA
- Accessing CSA funded services
- CANS certification and Super Users training
- CANS assessment and service planning

**Primary Implementation Methods:**

- Stakeholder venues/conferences
- Locality-specific training events
- Virtual/online e-learning courses and Webinars
- Development and dissemination of tools to increase family awareness of CSA (*SEC Strategic Plan*)

**Supporting Activities:**

- Coordinate with local CSA programs and stakeholder organizations to plan and deliver topical CSA training within agency-specific conferences and training sessions.
- Work with the State and Local Advisory Team (SLAT), the State Executive Council (SEC), partner agencies, and other affiliated organizations (e.g., VML/VACO, VCOPPA, VLSSE, VCASE, VDSS, DJJ, Court Improvement Program, VDOE) to identify CSA-related training to be incorporated into agency training activities.

**C. To enhance outcomes for youth, families, and communities by adoption of effective, evidence-based, and evidence-informed practices. (SEC Strategic Plan)**

**Objectives:**

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

**Target Audiences:**

- All CSA stakeholders

**Topics:**

- Local implementation and support of evidence-based practices/evidence-informed practices in children's services (EBP) (SEC Strategic Plan)
- Best practices and evidence-based practices related to the CSA (Appropriation Act)
  - Introduction to Systems of Care
  - Intensive Care Coordination (ICC) / High Fidelity Wraparound (HFW) Facilitator, Supervisor, and Family Support Partner training
  - Trauma-informed services within an overall System of Care (in collaboration with DSS, DMAS, and DBHDS)
- Use of the CANS as an outcomes management tool
- Family engagement – families and youth as partners, promoting effective family representation on FAPT/CPMT

**Primary implementation methods:**

- Regional training events in collaboration with partner agencies
- Virtual/online e-learning courses and Webinars
- Information developed and disseminated through the CSA website

## II. TRAINING AND TECHNICAL ASSISTANCE METHODOLOGIES

### A. Provide OCS Sponsored Training Opportunities

**Activities:**

- Annual CSA Conference
- New CSA Coordinator Academy
- Local / regional training events on selected topics

### B. Incorporate CSA related training within stakeholder venues/conferences

**Projected Activities:**

- In collaboration with sponsoring entities, conduct training in a variety of venues. Examples include, but are not limited to:
  - Department of Education: Aspiring Leaders of Special Education Academy
  - Virginia League of Social Service Executives training events
  - Virginia Association of Counties/Virginia Municipal League meetings
  - Virginia Association of School Boards
  - Virginia Association of School Superintendents
  - Virginia Coalition of Private Provider Organizations Critical Issues Symposium
  - Virginia Council of Administrators of Special Education semi-annual meetings
  - Virginia Association of Independent Special Education Facilities: Annual Conference
  - Office of Executive Secretary of the Supreme Court: Court Improvement Program training events
  - Office of Executive Secretary of the Supreme Court: Mandatory J&DR Judges Conference and New J&DR Judges orientation events
- Through collaboration with stakeholder agencies, organizations and the State and Local Advisory Team (SLAT), identify and schedule training opportunities.

### C. Deliver targeted, high-quality technical assistance

**Objective:**

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

**Activities:**

- Maintain the "OCS Help Desk" on the CSA website to facilitate prompt, accurate, and consistent responses to requests for specific guidance on policy and practice
- Provide targeted on-site training and technical assistance to meet needs identified by OCS, localities, and/or regions



- Provide targeted assistance to facilitate CPMT corrective action / program improvement activities
- Provide on-site and remote technical assistance on frequently asked questions / common issues
- Provide information through the Resource Library of the CSA website (FAQ's, Fact Sheets)

**D. Develop, promote, and implement virtual learning opportunities**

**Objectives:**

- Maximize participation and accessibility of CSA-related training through an array of delivery platforms

**Activities:**

- Maintain the statewide training site for CANS certification
- Administer the CSA domain of the Virginia Learning Center (VLC) to include user account management for local, non-state agency users
- Plan and deliver webinars on "hot topics" (e.g., new policy guidelines, new fiscal reporting systems / requirements, best practices, common issues and assistance requests made by CSA stakeholders)
- Develop and implement online learning programs to include:
  - Educational opportunities through the VLC
  - OCS-sponsored webinars
  - Ongoing availability of archived training materials from the annual conferences, webinars, and other sources
  - Use of the CSA website to make available materials from national and other sources of best practice information
- Maintain the online Training Calendar which provides information about upcoming training events
- OCS will utilize various communication mechanisms (CSA listserve, CSA website, email lists) to inform stakeholders of relevant upcoming training events and new on-line courses

## E. Evaluation

### Objective:

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

### Activities:

- Design content, materials, methods of instruction, and evaluation criteria for CSA training activities that reflect principles of adult learning and best practices in instructional design
- Collect and report information regarding participants (e.g., number, primary professional affiliation) at major CSA training events (i.e., the annual CSA Conference)
- Collect and summarize evaluations of OCS training activities and utilize feedback to refine and improve training activities
- Provide quarterly reports and updates to the State Executive Council, summarizing OCS training activities
- Complete and submit an annual report to the General Assembly regarding OCS training activities (*Appropriation Act*)







**State Executive Council for Children's Services**

**Strategic Plan Implementation Strategy**

**Two Year Metrics (2020 – 2022)**

**Approved March 2020**

**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.

**State Executive Council for Children's Services**

**Strategic Plan Implementation Strategy**

**Two Year Metrics (2020 – 2022)**

**Approved March 2020**

**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.

**State Executive Council for Children's Services**

**Strategic Plan Implementation Strategy**

**Two Year Metrics (2020 – 2022)**

**Approved March 2020**

**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.

**Proposed SEC Policy on Alignment of the Family First Prevention Services Act and the Local CSA Process (SEC Policy 3.7)**

**Summary of Public Comments – Notice Stage**

**Comment Period: March 23, 2020 – May 1, 2020**

#	Commenter	Summary of Comments	OCS Response
1	Dean Lynch, Executive Director Virginia Association of Counties	<p>Integration of the new federal funding requirements under the FFPFA into the existing CSA funding structure will require careful consideration.</p> <p>VaCO supports a flexible approach to any proposed policy, which should be general in nature.</p> <p>We appreciate that OCS and VDSS will provide resources and support to local CSA programs and local DSS.</p>	<p>Thank you for submitting VaCO's input on the Notice Stage of proposed SEC Policy 3.7.</p> <p>We look forward to your detailed input as this policy moves to the next stage.</p>
2			
3			
4			
5			