

AGENDA
State and Local Advisory Team (SLAT)
February 5, 2026
9:30 a.m. – 12:00
1604 Santa Rosa Road
Richmond, VA 23229
Second Floor Meeting Room

Note: This is an in-person meeting
To accommodate interested members of the public, the meeting will be viewable at:
<https://meet.goto.com/994172701>
or via phone. 872-240-3212
Meeting Passcode: 994-172-701

- **Call to Order / Welcome / Opening Remarks** Mills Jones
 - **Action Item**: Approval of Remote Participation (as needed)
 - **Action Item**: Approve Agenda and Certification of Quorum
- **Member Introductions**
- **Public Comment** (In-person and remote-5 minute limit per speaker)
- **Approval of Minutes**
 - **Action Item**: Approval of minutes from November 6, 2025 meeting
- **Member Workgroup Updates**
- **Old Business**
 - Policy Update Kristi Schabo
 - Sponsored Residential Workgroup Amy Swift
- **SEC Report**
 - December Meeting Update Mills Jones
 - Excellence in CSA Recognition Mills Jones
- **OCS Update** Kristi Schabo
- **New Business**
 - Gap Survey/Dashboard Carrie Thompson

- **SLAT Member Reports**

- State Representatives

- Virginia Department of Health Kyndra Jackson
 - Department of Juvenile Justice Linda McWilliams
 - Department of Social Services Em Parente
 - Department of Behavioral Health and Developmental Services Kari Savage
 - Department of Medical Assistance Services Laura Reed
 - Department of Education Sabrina Gross
 - Department of Aging and Rehabilitative Services Patricia Hodge

- Local Representatives

- Local Department of Social Services Amy Swift
 - Children’s Services Act Coordinator Mills Jones
 - Community Services Boards Sandy Bryant
 - Court Services Units William Stanley
 - Juvenile and Domestic Relations Courts Honorable Marilyn Goss
 - Parent Representative Cristy Corbin
 - Private Provider Representative Shannon Updike
 - Public Schools Representative Kristina Williams-Pugh
 - Local Government Representative Lesley Abashian

- **Closing Remarks / Adjourn**

- Action Item: Adjourn meeting

Mills Jones

Next SEC Meeting – Thursday, March 12, 2026

Next SLAT Meeting – Thursday, May 7, 2026

2026 SLAT Meetings

May 7

August 6

November 5

**STATE AND LOCAL ADVISORY TEAM (SLAT)
CHILDREN’S SERVICES ACT (CSA)
Richmond/Henrico Rooms
1604 Santa Rosa Road
Richmond, VA 23229**

**MINUTES
November 6, 2025**

Members Present:

Mills Jones, SLAT Chair
Sabrina Gross, Vice-Chair, Department of Education (DOE)
Lesley Abashian, Community Policy and Management Team (CPMT) – Local Government Representative
Cristy Corbin, Parent Representative
The Honorable Marilyn Goss, Juvenile & Domestic Relations District Court (J&DR)
Patti Hodge, Department of Aging and Rehabilitative Services (DARS)
Grace Hughes, Virginia Department of Health (VDH)
Linda McWilliams, Department of Juvenile Justice (DJJ)
Em Parente, Virginia Department of Social Services (VDSS)
Laura Reed, Department of Medical Assistance Services (DMAS)
Kari Savage, Department of Behavioral Health and Developmental Services (DBHDS)
Shannon Updike, Virginia Coalition of Private Provider Associations (VCOPPA)

Members Absent:

Sandy Bryant, CPMT – Community Services Board (CSB) Representative
William Stanley, CPMT – Court Services Unit (CSU) Representative
Amy Swift, CPMT – DSS Representative
Kristina Williams-Pugh, CPMT – School Representative

CSA Staff Members Present:

Stephanie Bacote
Mary Bell
Gezelle Glasgow
Marsha Mucha

Welcome/Opening

Mills Jones called the meeting to order at 9:34 a.m. and welcomed everyone. Introductions were made.

The agenda for today’s meeting was approved on a motion by Lesley Abashian, seconded by Shannon Updike and carried. A quorum was present.

Public Comment Period

There were no public comments.

Approval of Minutes

The August 7, 2025, meeting minutes were approved on a motion by Marilyn Goss, seconded by Shannon Updike, and carried.

Workgroup Updates

- Mr. Jones provided an informative update on the Sponsored Residential Work Group, highlighting its purpose and ongoing efforts, and explained that the work group was convened to bring together a diverse range of stakeholders to examine all facets of sponsored residential services, including funding structures and the match rate. Mr. Jones noted that the group has been engaged in thoughtful discussions and data review to ensure equitable and sustainable practices. Mr. Jones further shared that the work group is currently developing a comprehensive rate determination tool designed to promote consistency, transparency, and informed decision-making across the system.
- Mr. Jones also reported that the Commission on Youth (COY) had recently released their report on the Review of Virginia's Special Education Dispute Resolution System (Chapter 502, 2024). Report # SD7 has been posted to the General Assembly's Legislative Information System.
- COY will also be receiving a report at its upcoming meeting from the Office of the Children's Ombudsman Relief of Custody Work Group.

Old Business

- Policy Update – Stephanie Bacote provided an update on the following policies:
 - Policy 5.1 – Data Set
-At the SEC's September 11, 2025, meeting, the State Executive Council (SEC) approved a 45-day public comment period to begin the process of rescinding Policy 5.1 and replacing it with Policy 4.5.6. The public comment period closed on October 31, 2025. No public comments were received.
 - Policy 4.5.6 – Local Match Rates
-As noted above, Ms. Bacote explained that Policy 4.5.6 would replace Policy 5.1 – Data Set. At the SEC's September 11, 2025 meeting, the SEC approved a 45-day public comment period. The public comment period concluded on October 31, 2025. No public comments were received.
 - Policy 4.1.1 – Children in Need of Services (CHINS)
-At the SEC September 11, 2025, meeting, the SEC approved a 60-day public comment period for draft policy 4.1.1. The public comment period closes on November 14, 2025. No public comments have been received to date.
- DMAS Behavioral Health Redesign Update – Laura Reed, SLAT representative from DMAS, provided an update on the DMAS Behavioral Health Redesign Project. Ms. Reed reported that the project is scheduled for implementation on July 1, 2026, and noted that draft policies are currently posted on the DMAS website for informal public comment.

SEC Report

Mills Jones provided an update on the following items from the SEC's September 11, 2025, meeting, noting that Ms. Bacote had already presented the policy updates:

- Dr. Samantha Hollins, Deputy Superintendent for Special Education and Specialized Populations with the DOE, provided an update on special education and the use of private day schools for special education services.
- The September recipient of the Excellence in CSA Award was the Lunenburg County CSA Program. The award established in March 2025, recognizes a local CSA programs' commitment to positively impacting the lives of children, youth, and families through collaboration, authentic engagement, and systems of care.

OCS Update

Ms. Bacote provided an updates on the following:

- Members received a copy of the Office of Children's Services (OCS) FY 2025 Data Summary. The service with the highest expenditures was Private Day Special Education Schools with 45%; greatest census was Intensive In-Home/Mentoring/Behavioral Therapies/Parent Coaching/Assessment with 66%.
- The Annual CSA Conference was held in Roanoke October 15-16, 2025. SEC member Melvin Roy was the keynote speaker. Ms. Bell informed the members that 529 participants were in attendance.
- Two localities (Wise County and City of Hopewell) were invited to pilot a half-day virtual workshop on November 5, 2025. Strengthening Systems of Care: Connecting People, Purpose, and Practice will focus on supporting CPMT members to improve their capacity for collaboration, support, and adaptive leadership.
- Beginning in January 2026, OCS will offer a Virtual CSA Academy eight-session learning series designed to support CPMT members and those who supervise CSA Coordinators. Over 120 individuals registered during the first week that registration was open.
- OCS Office Hours resumed in September; will be taking time off for November and December. Office Hours will begin again on January 16, 2026.
- Gezelle Glasgow was introduced as the new Administrative Manager for OCS

New Business

- Mr. Jones provided an update regarding the impact of the special education rate cap under CSA. A survey of local CSA offices was conducted with 48 local programs responding. In some instances, special education day rates exceeded the allowable 5% increase, between 6% and 15%. Some localities have terminated contracts with providers exceeding the cap, while others have successfully negotiated more favorable rates.
- Mr. Jones requested that SLAT members email either him or Kristi Schabo with any proposed agenda items for future SLAT discussions. Ms. Lesley Abashian also highlighted the importance of localities utilizing available services to support youth who have aged out of traditional service programs.
- Lesley Abashian recommended hearing a presentation on the Opioid Abatement Program.

Member Updates

Members reported for their agencies and organizations on their projects, new programs, other ongoing activities and workforce issues. Members continue to work within their agencies and advocate through their associations for improvements to services and service delivery for Virginia's children, youth, and families.

Members commented that the CSA Conference was both insightful and informative, expressing enthusiasm about the opportunity to attend again next year.

Judge Goss reported that National Adoption Day is November 22, 2025 and invited members to attend a celebration at the Richmond Juvenile and Domestic Relations District Court from 9:30 a.m. to 12:30 p.m.

Shannon Updike reported that VCOPPA Critical Issues Symposium will be on December 9 -10, 2025 in Richmond and invited members to attend.

Adjournment

There being no other business, the meeting adjourned at 12:00 p.m. on a motion by Lesley Abashian, seconded by Shannon Updike and carried. The next meeting is scheduled for February 5, 2026.

DRAFT

State Executive Council (SEC) for Children’s Services

Notice of Intent to Develop/Revise Policy

Approved for Public Comment by the SEC: December 15, 2025

Public Comment Period Ends: 5:00 PM, February 13, 2026

Number and Name of Proposed/Revised Policy:

Policy 3.5.1 “Records Management”

Basis and Purpose of the Proposed/Revised Policy:

Code of Virginia [§2.2-2648](#) enumerates specific areas in which the State Executive Council for Children’s Services (SEC) shall be responsible for the development and implementation of guidelines and practices for the Children’s Services Act (CSA).

Specifically, [§2.2-2648.D.13](#) of the Code of Virginia states that the SEC shall: “Oversee the development and implementation of uniform guidelines for documentation for CSA-funded services.”

Section [2.2-2648.D.16](#) of the Code of Virginia states that the SEC shall: “Oversee the development and implementation of uniform data collection standards and the collection of data, utilizing a secure electronic client-specific database for CSA-funded services, which shall include, but not be limited to, the following client specific information: (i) children served, including those placed out of state; (ii) individual characteristics of youths and families being served; (iii) types of services provided; (iv) service utilization including length of stay; (v) service expenditures; (vi) provider identification number for specific facilities and programs identified by the state in which the child receives services; (vii) a data field indicating the circumstances under which the child ends each service; and (viii) a data field indicating the circumstances under which the child exits the Children's Services Act program. All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public.”

In addition, the Office of Children’s Services (OCS) is established pursuant to [§2.2-2649.A](#) as the administrative entity of the SEC.

[§2.2-5206.12](#) of the Code of Virginia directs local Community Policy and Management Teams to “Collect and provide uniform data to the Council as requested by the Office of Children's Services in accordance with subdivision D 16 of [§2.2-2648](#).”

[§2.2-5210](#) of the Code of Virginia states that: “All public agencies that have served a family or treated a child referred to a family assessment and planning team shall cooperate with this team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.

Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being assessed by this team or reviewed by the community policy and management team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.

Utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Children's Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of [§2.2-2648](#).”

Additionally, [Executive Order 19](#) calls for a 25% reduction in regulatory requirements. By systematically examining policies, the SEC is fulfilling the requirements of the Executive Order and acting in the spirit of the guidance set forth by the Office of Regulatory Management.

Summary of the Proposed/Revised Policy:

Policy 3.5.1 provides guidance to local CSA programs by outlining minimum documentation requirements to demonstrate compliance with the CSA statutory requirements in [§2.2-2648.D.16](#) and [§2.2-5206.12](#). and the management of printed and electronic records.

Preliminary Fiscal Impact Analysis:

Passage of this policy has no fiscal impact.

POLICY 3.5

RECORDS MANAGEMENT (~~ADOPTED AUGUST 28, 1998~~)

3.5.1 Purpose

To provide guidance to local Children’s Services Act (CSA) programs regarding minimum documentation requirements and the management of printed and electronic records.

3.5.2 Authority

Code of Virginia [§2.2-2648](#) enumerates specific areas in which the State Executive Council for Children’s Services (SEC) shall be responsible for the development and implementation of guidelines and practices for the Children’s Services Act (CSA).

[Section 2.2-2648.D.13](#) of the Code of Virginia states that the SEC shall: “Oversee the development and implementation of uniform guidelines for documentation for CSA-funded services.”

[Section 2.2-2648.D.16](#) of the Code of Virginia states that the SEC shall: “Oversee the development and implementation of uniform data collection standards and the collection of data, utilizing a secure electronic client-specific database for CSA-funded services, which shall include, but not be limited to, the following client specific information: (i) children served, including those placed out of state; (ii) individual characteristics of youths and families being served; (iii) types of services provided; (iv) service utilization including length of stay; (v) service expenditures; (vi) provider identification number for specific facilities and programs identified by the state in which the child receives services; (vii) a data field indicating the circumstances under which the child ends each service; and (viii) a data field indicating the circumstances under which the child exits the Children’s Services Act program. All client-specific information shall remain confidential and only non-identifying aggregate demographic, service, and expenditure information shall be made available to the public.”

In addition, the Office of Children’s Services (OCS) is established pursuant to [§2.2-2649](#) A as the administrative entity of the SEC.

[§2.2-5206.12](#) of the Code of Virginia directs local Community Policy and Management Teams to “Collect and provide uniform data to the Council as requested by the Office of Children’s Services in accordance with subdivision D 16 of [§ 2.2-2648](#).”

[§2.2-5210](#) of the Code of Virginia states that: “All public agencies that have served a family or treated a child referred to a family assessment and planning team shall cooperate with this

Adopted: March 25, 2010

Effective: April 1, 2010

Revised: Month Day, 2026

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team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.

Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being assessed by this team or reviewed by the community policy and management team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.

Utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Children's Services with client-specific information from the mandatory uniform assessment and information in accordance with subdivision D 11 of [§ 2.2-2648](#)."

3.5.3 Definitions

"Community Policy and Management Teams (CPMT)" is the entity that develops, implements, and monitors the CSA local program through policy development, quality assurance, and oversight functions.

"Family Assessment and Planning Team (FAPT)" implements the CSA by recommending services for children and families. When making a decision, the team will take into consideration every child and family's unique strengths and challenges when addressing their specific needs as best they can. Families are included in all FAPT assessment, service planning, and decision making.

"Individual Family Services Plan" is a plan developed during the Family Assessment and Planning Team (FAPT) process that incorporates the results of the mandatory uniform assessment, input of the youth and family, and other information to document goals, objectives, specific interventions/activities, and services recommended by the FAPT.

"Original record" means the first generation of the information and is the preferred version of a record. Archival records should to the maximum extent possible be original records. (§42.1-77, COV)

3.5.4 Record Collection

The CPMT shall adopt written policies and establish procedures regarding the management of printed and electronic records for the following purposes:

- To protect confidential data regarding individual children and families.
- To create an internal structure for the management of documents.
- To assure that appropriate records to document the provision of child-specific services, including FAPT decision-making and CPMT funding authorizations, are maintained for future individualized service planning, analysis of aggregated data used to monitor and evaluate overall program effectiveness, and subject to audit; and
- To comply with federal and state requirements regarding confidentiality, records management, storage, and destruction.

3.5.4.1 Minimum Documentation Requirements

Each CPMT shall ensure the collection of child-specific documentation to demonstrate compliance with the CSA statutory requirements ([§2.2-2648.D.16](#) and [§2.2-5206.12](#)). Such documentation shall include, at a minimum, the following:

- Client referral forms
- Case manager designation
- Parent/guardian consent to release information
- Child and Adolescent Needs and Strengths (CANS) assessments
- ~~Assessment data, including completed CANS~~
- Parental ~~co-payment assessed~~ contribution assessments, notifications, and payment agreements
- ~~Service Plan~~ Individual Family Services Plans (IFSP), which include:
 - CSA eligibility determinations, including Child in Need of Services (CHINS) determinations/court orders
 - Identified strengths and needs of the child and family
 - Goals and objectives (desired outcomes and time frames)
 - Services recommended by FAPT/MDT
 - Plan for returning youth to family settings or the community (e.g., discharge plans)
 - Parent/Guardian participation and consent to the service plan
- Individualized Education Programs (IEP)-for CSA-funded special education services
- Foster Care Plans (if used in place of an IFSP)
- Virginia Enhanced Maintenance Assessment Tool (VEMAT)
- Title IV-E Foster Care Notice of Actions

- *Independent Assessment Certification and Coordination Team (IACCT) decisions*
- *Medicaid denials*
- *Best Interest Determination Documentation (ESSA form B-17) (for CSA-funded school transportation for youth in foster care)*
- ~~Identification of services~~
- ~~FAPT or MDT recommendations~~
- *Utilization review data (if performed by FAPT, purchased, or otherwise directed by local practice/policy)*
- *Parental agreements*
- *CPMT funding requests/authorization(s)*
- *Signed vendor contract(s)*
- *Vendor purchase orders*
- *Vendor invoices and supporting documentation (e.g., receipts, contact logs, etc.)*
- *Vendor treatment plan(s)*
- *Vendor progress report(s)*
- ~~Updated Service Plan(s)~~

See Appendix A for a copy of a CSA Document Inventory form.

3.5.4.2 Records Management and Retention

The retention and destruction of original records is based on the retention and destruction policy of the agency under whose purview the document originated. Duplicates or “copies of convenience” of original documents are not under the purview of the record retention schedule.

3.5.5 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children’s Services.

CSA Document Inventory

Client Name/Case Number:	enter client name and case number	Date:	select date
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Required Documentation	Location	Date Received	Notes
Referral Information			
Referral Form	enter location if applicable	select date	enter notes if applicable
Consent to Release Information	enter location if applicable	select date	enter notes if applicable
Family Assessment and Planning Team Documentation			
Case Manager Designation	enter location if applicable	select date	enter notes if applicable
Child and Adolescent Needs and Strengths Assessment ¹ (initial, annual, discharge)	enter location if applicable	select date	enter notes if applicable
Service Plan: select plan type	enter location if applicable	select date	enter notes if applicable
CSA Eligibility Determination	enter location if applicable	select date	enter notes if applicable
CHINS Determination	enter location if applicable	select date	enter notes if applicable
Court Orders	enter location if applicable	select date	enter notes if applicable
IEP (for CSA funded educational services)	enter location if applicable	select date	enter notes if applicable
Identified Strengths and Needs	enter location if applicable	select date	enter notes if applicable
Goals and Objectives	enter location if applicable	select date	enter notes if applicable
Services Recommended by FAPT/MDT	enter location if applicable	select date	enter notes if applicable
Discharge Plans	enter location if applicable	select date	enter notes if applicable

¹ Per Policy 3.6, "Mandatory Uniform Assessment Instrument", CANS assessments must be completed in the CANVaS 2.0 system.

Parent/Guardian Participation and Consent to the Services Plan	enter location if applicable	select date	enter notes if applicable
Parental Agreements	enter location if applicable	select date	enter notes if applicable
Financial Information			
CPMT Funding Requests/Authorizations	enter location if applicable	select date	enter notes if applicable
Parental Contribution Assessments/Payment Agreements	enter location if applicable	select date	enter notes if applicable
Virginia Enhanced Maintenance Tool (VMAT)	enter location if applicable	select date	enter notes if applicable
Title IV-E Notice of Actions	enter location if applicable	select date	enter notes if applicable
Independent Assessment, Certification and Coordination Team (IAACT) Decisions	enter location if applicable	select date	enter notes if applicable
Medicaid Denials	enter location if applicable	select date	enter notes if applicable
Vendor Purchase Orders	enter location if applicable	select date	enter notes if applicable
Vendor Invoices and Supporting Documentation	enter location if applicable	select date	enter notes if applicable
Best Interest Determination Documentation (ESSA form B-17)	enter location if applicable	select date	enter notes if applicable
Signed Vendor Contract(s)	enter location if applicable	select date	enter notes if applicable
Monitoring Information			
Utilization Review Data	enter location if applicable	select date	enter notes if applicable
Vendor Treatment Plan(s)	enter location if applicable	select date	enter notes if applicable
Vendor Progress Report(s)	enter location if applicable	select date	enter notes if applicable
Miscellaneous Documentation			
enter document name/type	enter location if applicable	select date	enter notes if applicable

State Executive Council (SEC) for Children's Services

Notice of Intent to Develop/Revise Policy

Approved for Public Comment by the SEC: December 15, 2025

Public Comment Period Ends: February 13, 2026

Number and Name of Proposed/Revised Policy:

Policy 4.1.1 – Children in Need of Services (CHINS)

Basis and Purpose of the Proposed/Revised Policy:

Section [2.2-2648.D.3](#) of the *Code of Virginia* requires the SEC to: "Provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."

Section [2.2-2648.D.13](#) of the Code of Virginia requires the State Executive Council for Children's Services (SEC) to "Oversee the development and implementation of uniform guidelines for documentation for CSA-funded services."

Section [2.2-5211.B.4](#) of the Code of Virginia requires the CSAS state pool of funds to serve the following target population: "Children and youth who are determined, by either a juvenile and domestic relations district court or a family assessment and planning team, to be a Child In Need of Services as defined in [§16.1-228](#) and requiring (i) community-based services to prevent or eliminate the need for an out of home placement, or (ii) placement outside of the home through an agreement between the public agency designated by the community policy and management team and the parents or legal guardians who retain legal custody of the child."

Section [2.2-5212.A.4](#) of the Code of Virginia identifies a child who "Has been determined by either a juvenile and domestic relations district court or a family assessment and planning team, to be a Child In Need of Services as defined [§16.1.228](#)" as an eligible population for funding through the CSA state pool of funds.

Section [16.1-228](#) of the Code of Virginia identifies a child in need of services as "(i) a child whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child; (ii) a child who remains away from or deserts or abandons his family or lawful custodian during one occasion and is demonstratively at risk of coercion, exploitation, abuse, or manipulation or has been lured from his parent or lawful custodian by means of trickery or misrepresentation or under false pretenses; or (ii) (iii) a child under the age

of 14 whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of another person; however, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be a child in need of services, nor shall any child who habitually remains away from or habitually deserts or abandons his family as a result of what the court or the local child protective services unit determines to be incidents of physical, emotional, or sexual abuse in the home be considered a child in need of services for that reason alone. However, to find that a child falls within these provisions, (a) the conduct complained of must present a clear and substantial danger to the child's life or health or to the life or health of another person; (b) the child or his family is in need of treatment, rehabilitation, or services not presently being received; and (c) the intervention of the court is essential to provide the treatment, rehabilitation, or services needed by the child or his family.”

This policy address the legislative changes made to [§2.2-5211](#) and [§2.2-5212](#) during the 2025 legislative session to that includes youth found to be a CHINS as described in [§16.228](#) by a juvenile or domestic court or Family Assessment and Planning Team (FAPT) to be an eligible, sum-sufficient population for the CSA. The policy also includes a determination form which can be used by FAPT teams in their CHINS assessment process.

Summary of the Proposed Policy:

Policy 4.1.1 provides guidance to local Children's Services Act (CSA) programs regarding eligibility as a Child in Need of Services (CHINS).

Preliminary Fiscal Impact Analysis:

There is no anticipated fiscal impact of the revisions to this policy on either the Commonwealth or local governments as this population is currently being served through the CSA.

POLICY 4.1

ELIGIBLE POPULATIONS

4.1.1 *Children in Need of Services (CHINS)*

4.1.1.2 *Purpose*

To provide guidance to local Children's Services Act (CSA) programs regarding eligibility as a Child in Need of Services (CHINS).

4.1.1.3 *Authority*

- A. *Section [2.2-2648.D.3](#) of the Code of Virginia requires the State Executive Council for Children's Services (SEC) to "Provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."*
- B. *Section [2.2-2648.D.13](#) of the Code of Virginia requires the State Executive Council for Children's Services (SEC) to "Oversee the development and implementation of uniform guidelines for documentation for CSA-funded services."*
- C. *Section [2.2-5211.B.4](#) of the Code of Virginia requires the CSAS state pool of funds to serve the following target population: "Children and youth who are determined, by either a juvenile and domestic relations district court or a family assessment and planning team, to be a Child In Need of Services as defined in [§16.1-228](#) and requiring (i) community-based services to prevent or eliminate the need for an out of home placement, or (ii) placement outside of the home through an agreement between the public agency designated by the community policy and management team and the parents or legal guardians who retain legal custody of the child."*
- D. *Section [2.2-5212.A.4](#) of the Code of Virginia identifies a child who "Has been determined by either a juvenile and domestic relations district court or a family assessment and planning team, to be a Child In Need of Services as defined [§16.1.228](#)" as an eligible population for funding through the CSA state pool of funds.*
- E. *Section [16.1-228](#) of the Code of Virginia identifies a child in need of services as "(i) a child whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child; (ii) a child who remains away from or deserts or abandons his family or lawful custodian during one occasion and is demonstratively at*

Adopted: December 3, 2007

Effective: December 3, 2007

Revised: TBD

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risk of coercion, exploitation, abuse, or manipulation or has been lured from his parent or lawful custodian by means of trickery or misrepresentation or under false pretenses; or (ii) a child who remains away from or deserts or abandons his family or lawful custodian during one occasion and is demonstratively at risk of coercion, exploitation, abuse, or manipulation or has been lured from his parent or lawful custodian by means of trickery or misrepresentation or under false pretenses or (iii) a child under the age of 14 whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of another person; however, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be a child in need of services, nor shall any child who habitually remains away from or habitually deserts or abandons his family as a result of what the court or the local child protective services unit determines to be incidents of physical, emotional, or sexual abuse in the home be considered a child in need of services for that reason alone.

4.1.1.4 Definitions

"Child" means any person under the age of 18.

"Child in Need of Services (CHINS)" means (i) a child whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child; (ii) a child who remains away from or deserts or abandons his family or lawful custodian during one occasion and is demonstratively at risk of coercion, exploitation, abuse, or manipulation or has been lured from his parent or lawful custodian by means of trickery or misrepresentation or under false pretenses; or (iii) a child under the age of 14 whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of another person; however, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be a child in need of services, nor shall any child who habitually remains away from or habitually deserts or abandons his family as a result of what the court or the local child protective services unit determines to be incidents of physical, emotional, or sexual abuse in the home be considered a child in need of services for that reason alone.

"Community Policy and Management Team (CPMT)" is the entity responsible for developing, implementing, and monitoring the CSA local program through policy development, quality assurance, and oversight of its functions.

"Family Assessment and Planning Team (FAPT)" implements the CSA by recommending services for children and their families. The team considers every child and family's strengths and challenges to address their specific needs as best they can. Families are included in all FAPT assessments, service planning, and decision-making.

Adopted: December 3, 2007

Effective: December 3, 2007

Revised: TBD

Page 2 of 3

"Multidisciplinary Team (MDT)" is an alternative to a "standard" FAPT that provides an option to local CSA programs to provide review and recommendations for an identified group or type of cases and can complete all the statutory duties of a standard FAPT, including a recommendation of services for authorization by the CPMT.

4.1.1.5 Eligibility as a Child in Need of Services

- A. *State law mandates the provision of services through the CSA state pool of funds for CHINS-eligible youth (COV [§2.2-5212.4](#)) and requires that those services be considered sum-sufficiently funded under [§2.2-5211.B.4](#).*
- B. *The determination of CHINS eligibility shall be made in one of two ways:*
 - 1. *The FAPT or approved MDT shall determine whether the child meets the definition of a CHINS.*
 - 2. *A juvenile and domestic relations court finds that a child falls within the statutory definition, including that "(i) the conduct complained of must present a clear and substantial danger to the child's life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the court is essential to provide the treatment, rehabilitation or services needed by the child or his family." (COV [§16.1-228](#))*
- C. *The FAPT shall document its determination using the CHINS Eligibility Determination Form (see Appendix A).*
- D. *Once a court or FAPT determines that a child is a CHINS, there is no requirement to reestablish eligibility as a CHINS for the duration of the child's continuing involvement with the CSA program. However, once the circumstances related to a child being determined to be a CHINS have been resolved and/or services have been successfully completed, the child is no longer considered a CHINS. If a child ceases to be a CHINS, the child may qualify as a CHINS again if a court or FAPT makes a new determination.*
- E. *The local CSA program is responsible for service planning and monitoring of services provided in accordance with all provisions of the Children's Services Act (COV [§2.2-5200 et seq.](#)).*

4.1.1.6 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children's Services.

Appendix A
Documentation of Eligibility Form
Child in Need of Services (CHINS)
Funded through the Children’s Services Act (CSA)
Effective TBD

Family Assessment and Planning Teams (FAPTs) or approved alternative Multidisciplinary Teams (MDTs), will use this standard eligibility documentation form to provide consistent application in determining CHINS eligibility across all local CSA programs. Localities shall use this form to document that the decision regarding the child's eligibility was made in accordance with the Code of Virginia and the State Executive Council for Children’s Services Policy 4.1.1.¹

Name of Child:	Enter the child’s name.
The FAPT (or approved MDT), in accordance with SEC Policy 4.1.1 and the policies of the CPMT, determines and documents that there are sufficient facts that the following criteria are met:	
<p>The child meets the statutory definition of a Child in Need of Services (Code of Virginia, §16.1-228): "Child in need of services" means (i) a child whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of the child; (ii) a child who remains away from or deserts or abandons his family or lawful custodian during one occasion and is demonstratively at risk of coercion, exploitation, abuse, or manipulation or has been lured from his parent or lawful custodian by means of trickery or misrepresentation or under false pretenses; or (iii) a child under the age of 14 whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of another person.</p>	
<input type="checkbox"/> A J&DR court has found that the child is in “need of services” in accordance with §16.1-228 and a copy of the court order is attached.	
<input type="checkbox"/> The FAPT or approved multidisciplinary team has determined that the child meets the statutory definition of a CHINS in accordance with §2.2-5211 and §2.2-5212 .	
<input type="checkbox"/> The FAPT has determined that the child does not meet the statutory definition of a CHINS in accordance with §2.2-5211 and §2.2-5212 , and the parent/guardian has been advised of their right to petition the Juvenile and Domestic Relations Court for a CHINS determination.	
<p>If the FAPT/MDT made the determination, briefly describe in specific terms the facts and time frames on which the team based its conclusion that the child does or does not meet the statutory definition of CHINS found in Code of Virginia, §16.1-228 (listed above):</p> <p>Click or tap here to enter text.</p>	

¹ This checklist does not apply to abused or neglected children as defined in §63.2-100, as they are otherwise eligible for foster care prevention services.

FAPT Member Signatures		
Name	Role	Date

DRAFT

Appendix B
MODEL CSA PARENTAL AGREEMENT¹
Effective 2026

This Parental Agreement (from now on referred to as the “Agreement”) is entered into on the select day day of select month, select year in the City/County of enter locality name, Virginia, between enter parent name and enter parent name, the Parent(s)/ Legal Guardian(s) of enter child’s name (a child under the age of eighteen) born on select date and enter local agency name, a public agency designated by and acting as an agent of the enter locality name Community Policy and Management Team (from now on referred to as the “Agency”).

All signing parties agree that the placement of this child in a state-approved home or licensed facility is:

- a. In the child’s best interests at this time.
- b. The most appropriate and least restrictive setting to meet the child’s needs at this time.
- c. Agreed upon by the members of the child’s Family Assessment and Planning Team (FAPT) and the parent(s) or legal guardian(s).

PLACEMENT AUTHORITY

As the parent(s)/legal guardian(s) of enter child’s name, I/we have the legal authority to plan for him/her and voluntarily place him/her on the select day of placement day of select month, select year in a state-approved home or a licensed facility for a period not to exceed enter time frame. Review of this parental agreement will occur on or before enter review date, when treatment progress and the Family Assessment and Planning Team (FAPT) recommendations will be reviewed to determine the continued need for placement and the extension or re-issuance of the parental agreement.

RIGHTS AND RESPONSIBILITIES

PARENT(S)/GUARDIANS

1. I/we retain legal custody of my/our child.
2. I/we will, to the best of my/our ability:
 - a. Actively and consistently participate in all aspects of assessment, planning, and implementation of services throughout this agreement.

¹ This is a model agreement provided for the use of local Children’s Services Act programs. Local CSA programs may modify this document in any way they see fit or create entirely new agreements for use in these cases.

- b. Attend and participate in all FAPT meetings to plan, review, and monitor the service plan concerning my/our child's and our family's needs.
 - c. Attend and participate in family therapy sessions, parent training, and/or other services for family members as described in the Individual Family Service Plan (IFSP).
 - d. Provide all necessary information and documentation to the FAPT and the placing Agency for services and placement of my/our child.
3. I/we agree to complete all Medicaid eligibility or referral paperwork for my child upon admission to the facility or after 30 days of placement (if applicable).
 4. I/we agree to inform the CPMT of any plan to relocate my/our physical residence outside this jurisdiction.

PLACING AGENCY AND CSA PROGRAM

The placing Agency and FAPT shall:

1. Collaborate with the child's parent(s)/legal guardian(s) to develop and provide case management services and to implement the Individualized Family Service Plan (IFSP).
2. Provide case-specific information to the child's parent(s)/legal guardian(s) in accordance with established local CPMT policies and procedures, as well as relevant laws.
3. Provide utilization review and management in accordance with established CPMT policies and procedures.

FISCAL AUTHORITY/PAYMENT TERMS

Payments for services will be made and documented for all parties in accordance with the policies and procedures approved by the CPMT and may include:

- Parental co-pays
- Private insurance benefits
- Child support (Division of Child Support Enforcement)
- Medicaid
- CSA Pool Funds

Payment of service costs using CSA funding will be authorized only for services included in the IFSP that have been approved in accordance with the policies and procedures established by the CPMT and that comply with all relevant City/County procurement and fiscal policies.

The parent(s) or legal guardian(s) will apply for Medicaid and/or other public or private funding and resources, as applicable, to assist in paying for services provided in accordance with the IFSP.

The parent(s) or legal guardian(s) agree to pay the parental co-pay or child support as determined by CPMT policies and procedures.

In addition, the parent(s)/legal guardian(s) will retain specific financial responsibilities related to their child's care that are normal and customary parental responsibilities, including but not limited to clothing, toiletries, personal care items, and spending allowances, and the following special items: enter special items

The parent(s)/legal guardian(s) is/are aware that should they move outside of the City/County represented by this CPMT, there is no guarantee that the CPMT in the new Virginia locality or any other state's jurisdiction, will honor this agreement and the placement of their child may be disrupted. The parent(s)/legal guardian(s) further agree(s) that if they change residency to:

- Another Virginia locality.
 - The new locality has up to 30 calendar days to determine what appropriate services and agreements will apply according to its CPMT policies. The 30 calendar days begin upon the new CPMT's receipt of written notification of the residency change. This Parental Agreement will terminate when the new locality's CPMT implements services or when the 30 calendar days have elapsed, whichever occurs first.
- A locality outside of Virginia.
 - This Parental Agreement terminates immediately, meaning the CPMT has no further obligation to continue funding the placement, and the parent(s) or legal guardian(s) must assume responsibility for the placement and care of the child.

CONDITIONS FOR TERMINATION OF AGREEMENT

This is a voluntary agreement. I/we understand that as my/our child's parent(s)/legal guardian(s), I/we may revoke this agreement at any time.

I/we understand that the Agency may terminate this agreement by giving me/us enter number of days days written notice of the intended termination, including reasons and documentation supporting the reasons for termination. Reasons may include: the Agency determines that based upon a utilization review or other factors, the placement is no longer in the best interest of my/our child, is not the most appropriate or least restrictive setting to meet my/our child's needs, the child is not making adequate progress in the placement, or services have been successfully completed; or that I/we have failed to comply with the conditions and terms of this agreement.

APPEAL PROCESS

I/we understand that if I/we disagree with the Agency's decision to terminate this agreement, I/we have the right to appeal this decision by submitting a written request in accordance with the local CPMT policies and procedures for appeals. By signing this agreement, I/we acknowledge receipt of the local CPMT policies and procedures on appeals.

SIGNATURES

A copy of this agreement will be given to all signing parties, and the original will be placed in the child's file, which is located at enter location of client file. By signing below, each party enters into this agreement under the conditions set forth.

_____	select date
PARENT/LEGAL GUARDIAN	DATE
_____	select date
PARENT/LEGAL GUARDIAN	DATE
_____	select date
REPRESENTATIVE OF THE AGENCY DESIGNATED BY THE CPMT	DATE



Office of Children's Services
Empowering communities to serve youth

Results of the FY2025 CSA Service Gap Survey



Office of Children's Services
Empowering communities to serve youth

Overview

- Background of the Service Gap Survey
- Statewide Service Gaps
- Barriers
- Conclusions
- Regional Service Gaps

Background of the CSA Service Gap Survey

- One primary responsibility of the Community Policy and Management Team (CPMT) is to coordinate long-range, community-wide planning to develop resources and services needed by children and families in the community (§2.2-5206.4).
- Additionally, §2.2-5211.1.2 states that the CPMT shall report annually to the Office of Children's Services (OCS) on gaps in services needed to keep children in the local community and any barriers to the development of those services.
- The current report marks the 17th year that OCS has collected data on service gaps, barriers to filling these gaps, and local efforts to overcome these barriers.

3

Methodology

- CPMT Chairs and CSA Coordinators received an OCS Administrative Memo with a link to an automated Survey Monkey survey on **March 4, 2025**
- The survey closed on **May 30, 2025**
- One submission was permitted per locality (some localities filed jointly under one CPMT)
- 103 CSA localities responded out of 126 possible, a **response rate of 82%** (*rates were 81% in FY2023 and 83% in FY2021*)
- VDSS geographic regions were utilized to group localities

4

Service Groupings

Residential Services

- Short-term Diagnostic (A&D)
- Group Home
- Residential Treatment
- Sponsored Residential Home Services

Foster Care Services

- Family Foster Care Homes
- Therapeutic Foster Care Homes
- Independent Living Services

Educational Services

- Private Day School
- Residential School
- School-based Mental Health Services

Crisis Services

- Crisis Intervention/Stabilization
- Acute Psychiatric Hospitalization

Community-Based Behavioral Health Services

- Applied Behavior Analysis
- Assessment
- Case Management
- Family Therapy
- Group Therapy
- Individual Therapy
- Intensive Care Coordination (ICC)
- Intensive In-Home
- Medication Management
- Therapeutic Day Treatment
- Trauma Focused/Informed Services

Evidence-based Behavioral Health Services

- Brief Strategic Therapy
- Cognitive Behavioral Therapy
- Family Check-Up
- Functional Family Therapy
- Home Builders
- Motivational Interviewing
- Multisystemic Therapy
- Parent-Child Interaction Therapy

Individual/Family Support Services

- Child Mentoring
- Family Partnership Facilitation
- Family Support Partner
- Parent Coaching
- Respite
- Transportation

Populations and Age Groups

Populations

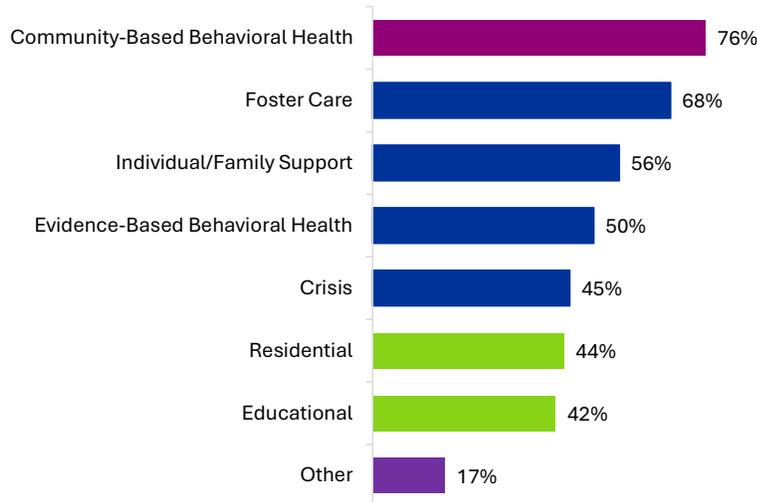
- Autism
- Intellectual Disability/Developmental Disability
- Potentially Disrupting or Disrupted Foster Care Placements
- Potentially Disrupting or Disrupted Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Youth with Multiple Mental Health Diagnoses
- Youth involved with the Juvenile Justice System
- Substance Abuse
- Other:

Age Groups

- Pre-School Age (0-5)
- Elementary School Age (6-10)
- Middle School Age (11-13)
- High School Age (14-18)
- Transition Age (19-21)

Reported Gaps: Most Prevalent Types of Service

Percentage of Responding Localities with Gap, Grouped by Type of Service (FY2025)



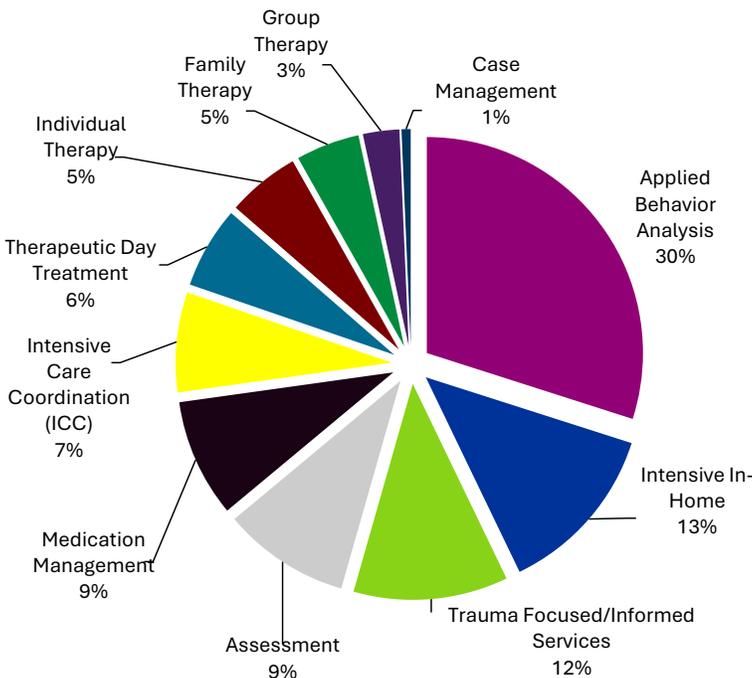
Service Group	Order of Prevalence		
	FY2021	FY2023	FY2025
Community-Based Behavioral Health	1	1	1
Crisis	4	2	5
Foster Care	2	3	2
Residential	7	4	6
Evidence-Based Behavioral Health	5	5	4
Educational	6	6	7
Individual / Family Support	3	7	3
Other	7	8	8

Note: If a locality selected at least one critical service gap within the service type groups displayed above, they were counted for this measure. The number of responding localities represents the count of localities that submitted survey responses; bar chart values represent the percentage of responding localities with a critical gap identified for that service type.

Number of Responding Localities: 103

Statewide: Gaps for Top-Reported Service Type

Community-Based Behavioral Health Services
(Responses for Service Type, FY2025)

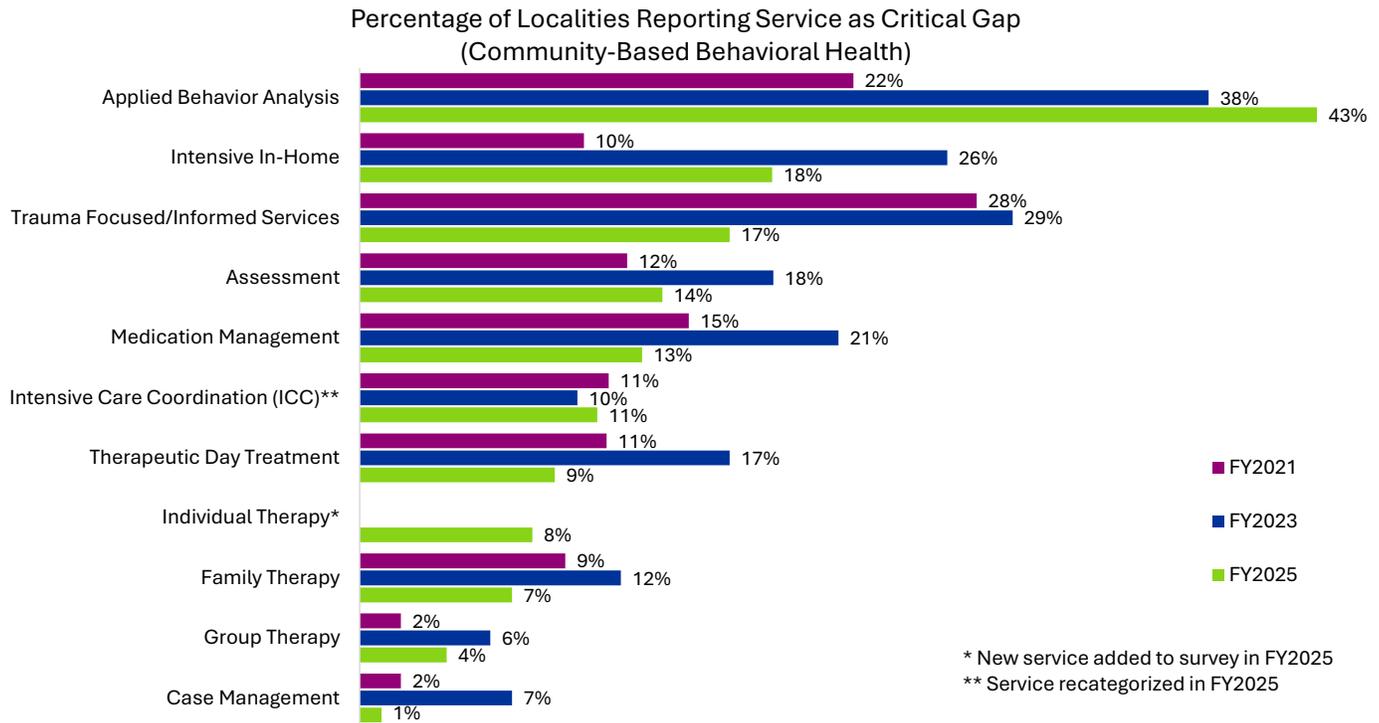


Community-Based Behavioral Health	FY2021	FY2023	FY2025
Applied Behavior Analysis	20%	22%	30%
Intensive In-Home	9%	15%	13%
Trauma Focused/Informed Services	25%	17%	12%
Assessment	11%	11%	9%
Medication Management	13%	12%	9%
Intensive Care Coordination (ICC)**	9%	5%	7%
Therapeutic Day Treatment	10%	9%	6%
Individual Therapy*	*	*	5%
Family Therapy	8%	7%	5%
Group Therapy	2%	3%	3%
Case Management	2%	4%	1%

*Individual Therapy added as a critical gap selection in FY2025

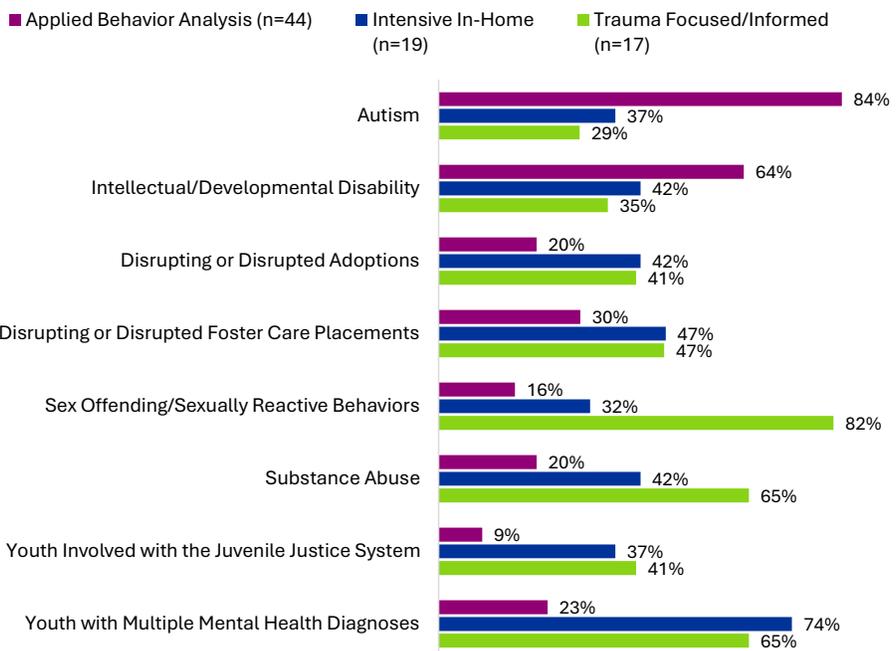
** ICC moved from Family Support to Community-Based category in FY2025. Historical percentages recalculated above using Community-Based response counts
Number of Responses: 120 (FY2021); 178 (FY2023); 147 (FY2025)

Statewide: Percentage of Localities with Gap (Community-Based Behavioral Health)



Populations with Gaps in Community-Based Behavioral Health Services: Statewide

Lack of Access for Populations in Localities Reporting Top Service Gaps (Community-Based BH, FY2025)



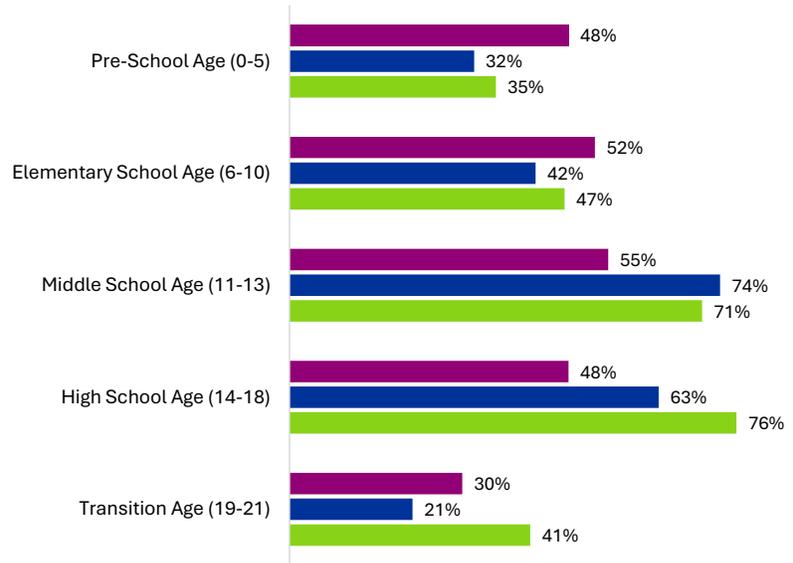
Top Three Populations with Gaps in Service Type	Percent of Responding Localities (n=78)
Autism	69%
Intellectual/Developmental Disability	56%
Youth with Multiple Mental Health Diagnoses	55%

Age Groups with Gaps in Community-Based Behavioral Health Services: Statewide

Lack of Access for Age Groups in Localities Reporting Top Service Gaps (Community-Based BH, FY2025)

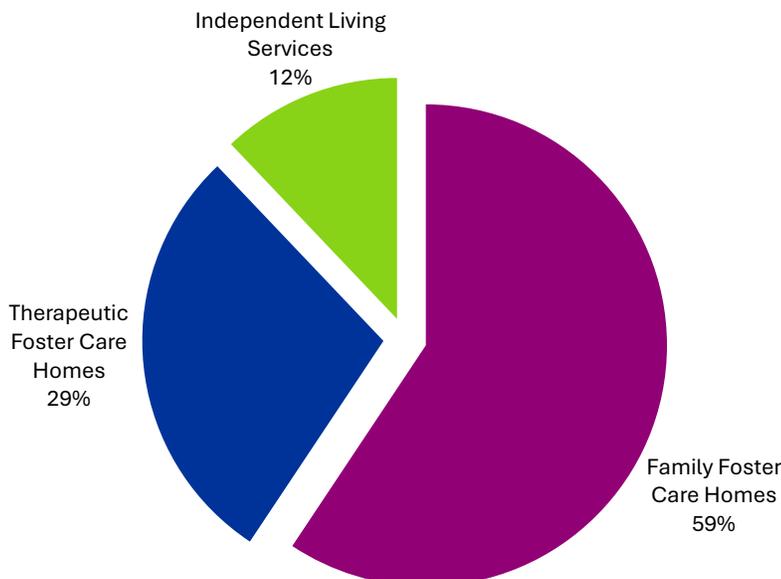
■ Applied Behavior Analysis (n=44) ■ Intensive In-Home (n=19) ■ Trauma Focused/Informed (n=17)

Top Three Age Groups with Gaps in Service Type	Percent of Responding Localities (n=78)
Middle School (11-13)	65%
High School (14-18)	64%
Elementary School (6-10)	53%



Statewide: Gaps for 2nd Top-Reported Service Type

Foster Care Services
(Responses for Service Type, FY2025)

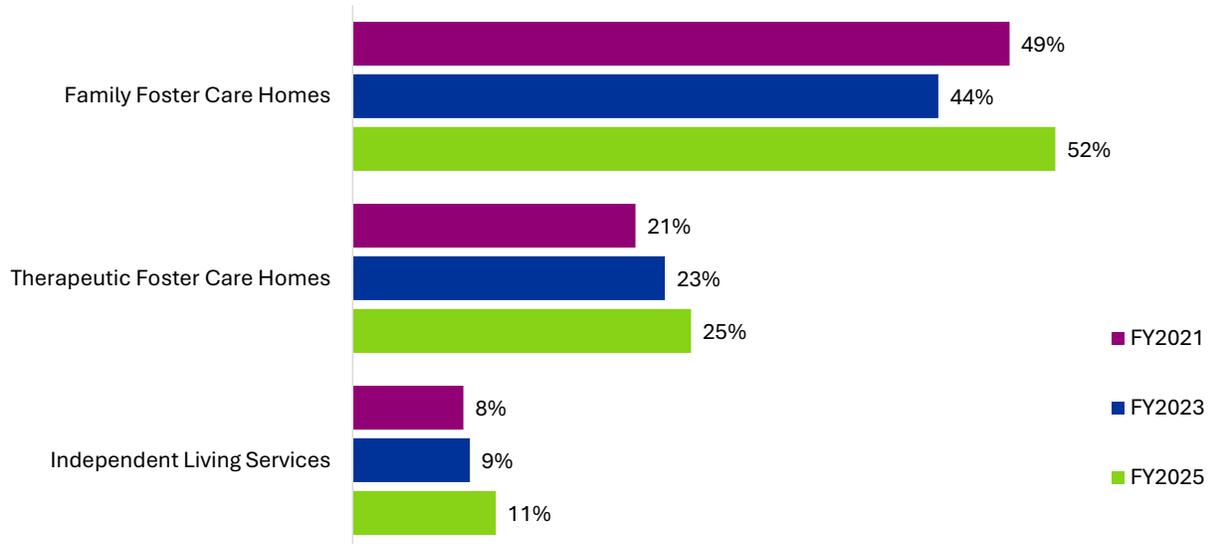


Foster Care Services	FY2021	FY2023	FY2025
Family Foster Care Homes	62%	58%	59%
Therapeutic Foster Care Homes	27%	31%	29%
Independent Living Services	11%	11%	12%

Number of Responses: 85 (FY2021); 78 (FY2023); 91 (FY2025)

Statewide: Percentage of Localities with Gap (Foster Care)

Percentage of Localities Reporting Service as Critical Gap (Foster Care)

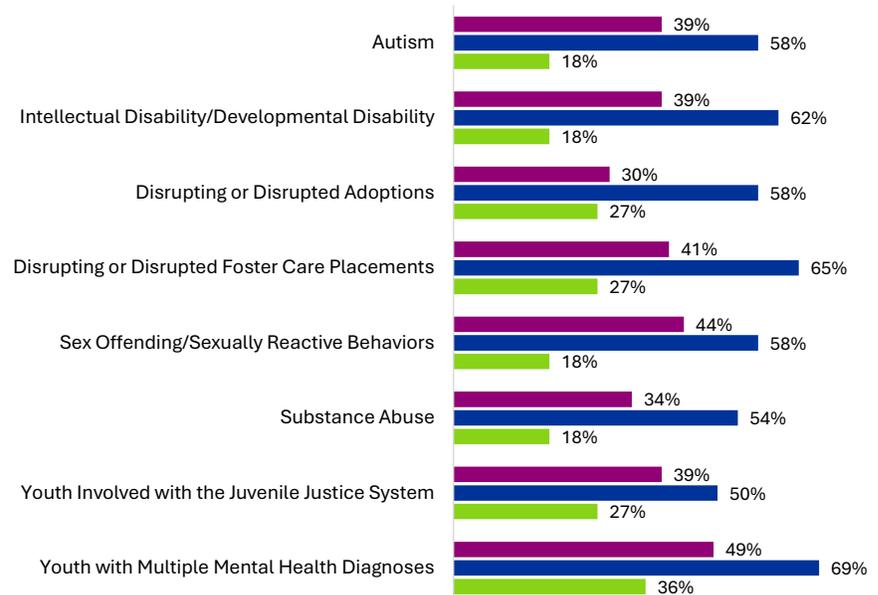


Populations with Gaps in Foster Care Services: Statewide

Lack of Access for Populations in Localities Reporting Foster Care Service Gaps

■ Family Foster Care Homes (n=54) ■ Therapeutic Foster Care Homes (n=26) ■ Independent Living (n=11)

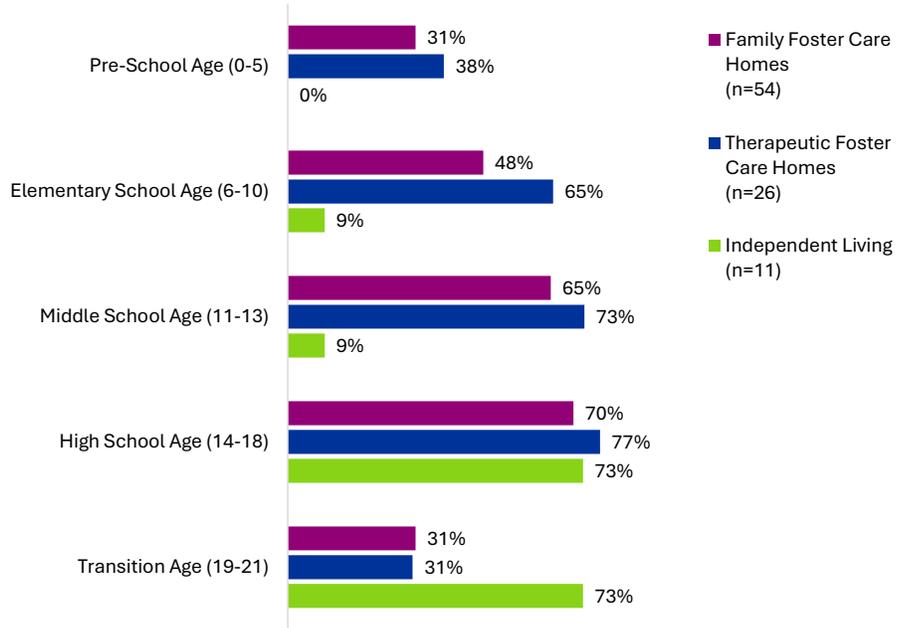
Top Three Populations with Gaps in Service Type	Percent of Responding Localities (n=70)
Youth with Multiple Mental Health Diagnoses	64%
Potentially Disrupting or Disrupted Foster Care Placements	57%
Sex Offending/Sexually Reactive Behaviors	53%



Age Groups with Gaps in Foster Care Services: Statewide

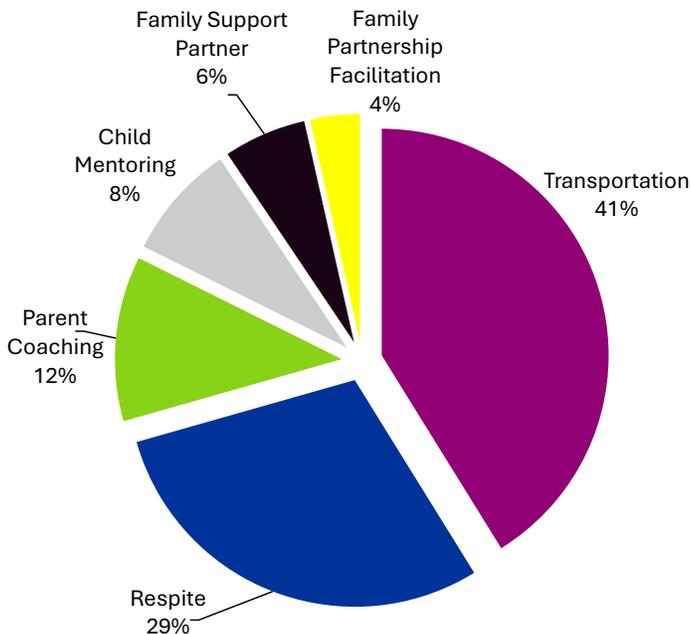
Lack of Access for Populations in Localities Reporting Foster Care Service Gaps

Top Three Age Groups with Gaps in Service Type	Percent of Responding Localities (n=70)
High School (14-18)	71%
Middle School (11-13)	64%
Elementary School (6-10)	51%



Statewide: Gaps for 3rd Top-Reported Service Type

Individual/Family Support Services
(Responses for Service Type, FY2025)

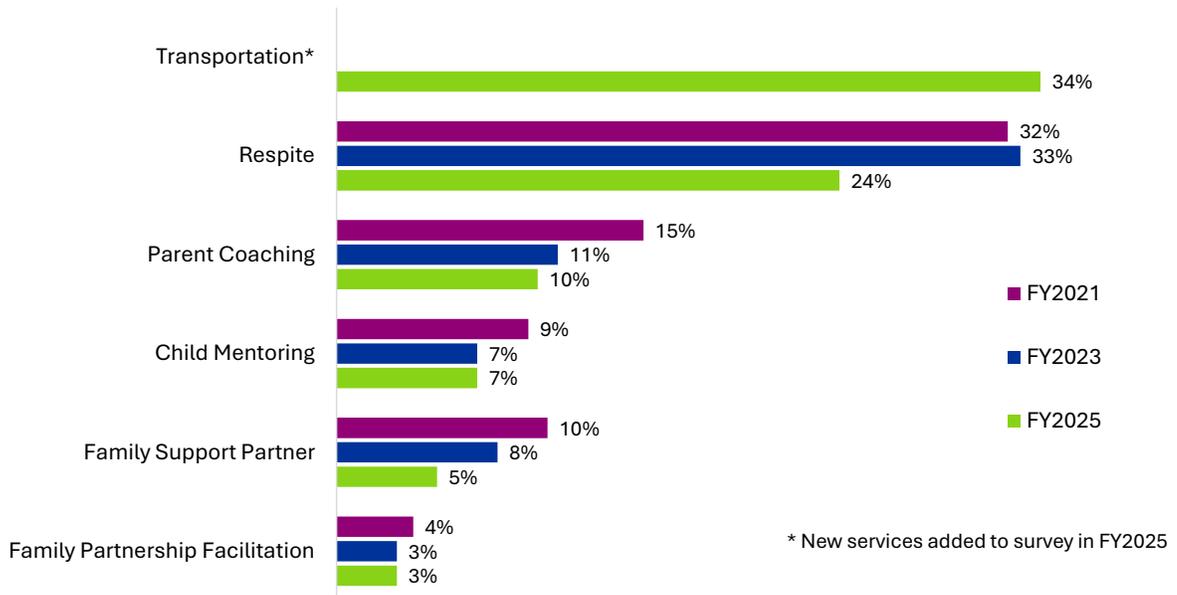


Individual/Family Support Services	FY2021	FY2023	FY2025
Transportation*	*	*	41%
Respite	43%	47%	29%
Parent Coaching	19%	15%	12%
Child Mentoring	11%	10%	8%
Family Support Partner	12%	11%	6%
Family Partnership Facilitation	3%	4%	4%

Note: Transportation added to survey for FY2025. Number of Responses: 81 (FY2021); 73 (FY2023); 85 (FY2025)

Statewide: Percentage of Localities with Gap (Individual/Family Support Services)

Percentage of Localities Reporting Service as Critical Gap (Individual/Family Support Services)

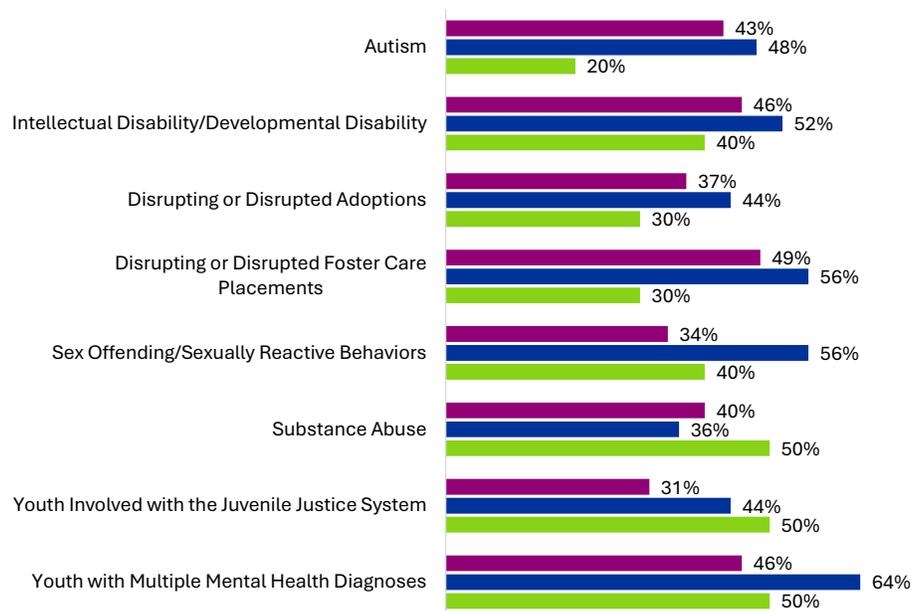


Populations with Gaps in Individual/Family Support Services: Statewide

Lack of Access for Populations in Localities Reporting Individual/Family Support Service Gaps

■ Transportation (n=35) ■ Respite (n=25) ■ Parent Coaching (n=10)

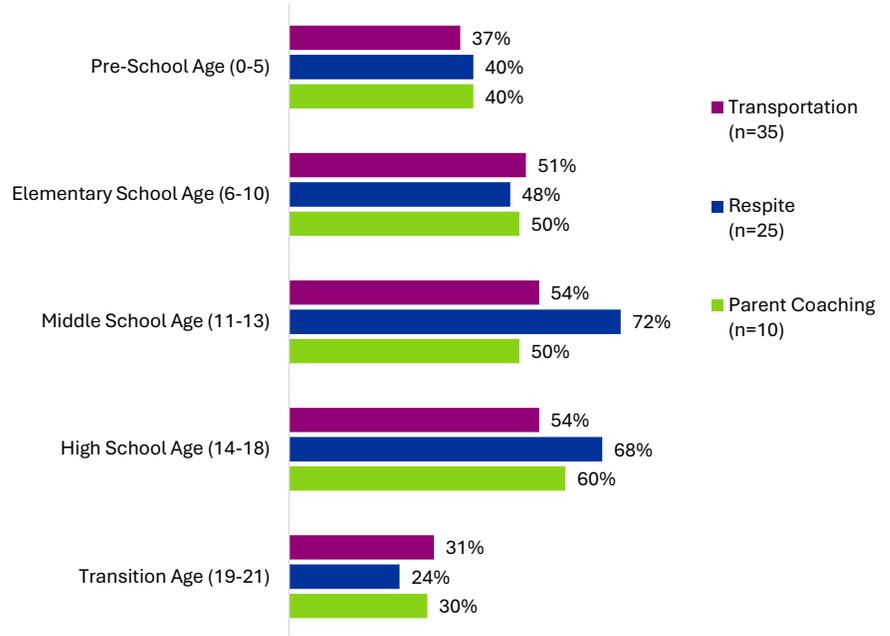
Top Three Populations with Gaps in Service Type	Percent of Responding Localities (n=58)
Youth with Multiple Mental Health Diagnoses	48%
Potentially Disrupting or Disrupted Foster Care Placements	47%
Intellectual Disability/Developmental Disability	45%



Age Groups with Gaps in Individual/Family Support Services: Statewide

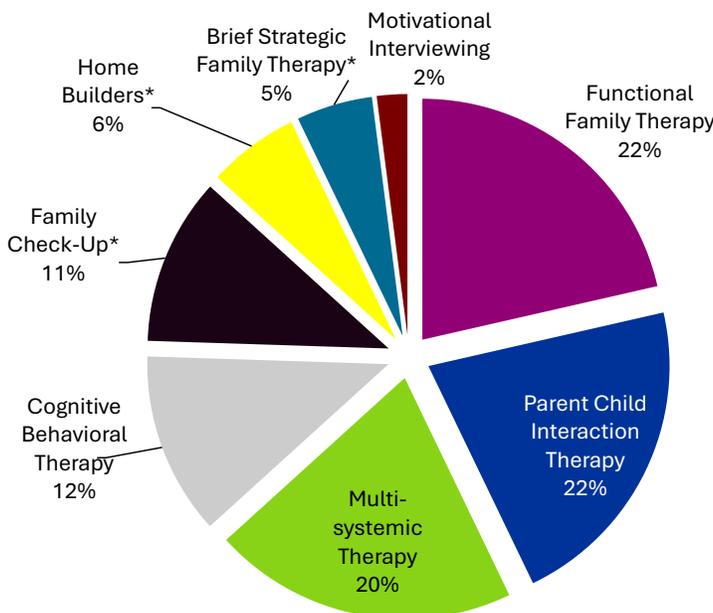
Lack of Access for Populations in Localities Reporting Individual/Family Support Service Gaps

Top Three Age Groups with Gaps in Service Type	Percent of Responding Localities (n=58)
Middle School (11-13)	57%
High School (14-18)	57%
Elementary School (6-10)	47%



Statewide: Service Gaps for 4th Top-Reported Service Type

Evidence-Based Behavioral Health
(Responses for Service Type, FY2025)

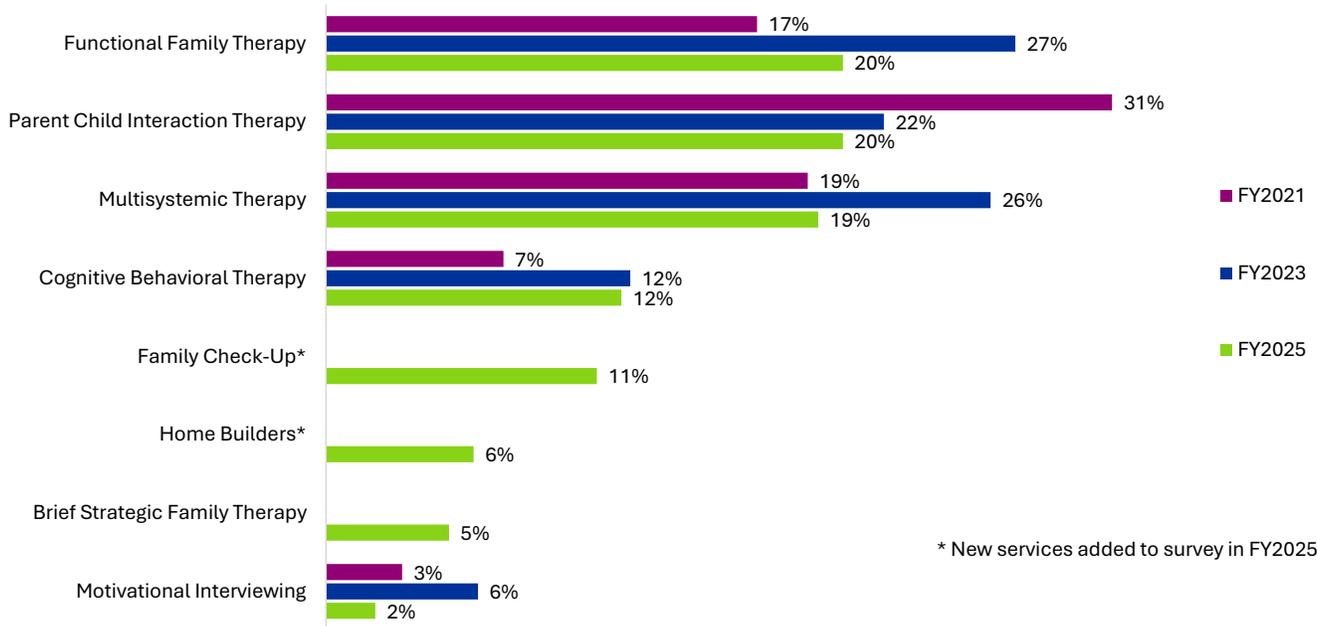


Evidence-Based Behavioral Health	FY2021	FY2023	FY2025
Functional Family Therapy	22%	29%	21%
Parent Child Interaction Therapy	40%	24%	21%
Multisystemic Therapy	25%	28%	20%
Cognitive Behavioral Therapy	10%	13%	12%
Family Check-Up*	*	*	11%
Home Builders*	*	*	6%
Brief Strategic Family Therapy*	*	*	5%
Motivational Interviewing	3%	6%	2%

*Additional services added to choose as critical gaps in FY2025
Number of Responses: 83 (FY2021); 96 (FY2023); 98 (FY2025)

Statewide: Percentage of Localities with Gap (Evidence-Based Behavioral Health)

Percentage of Localities Reporting Service as Critical Gap (Evidence-Based Behavioral Health)

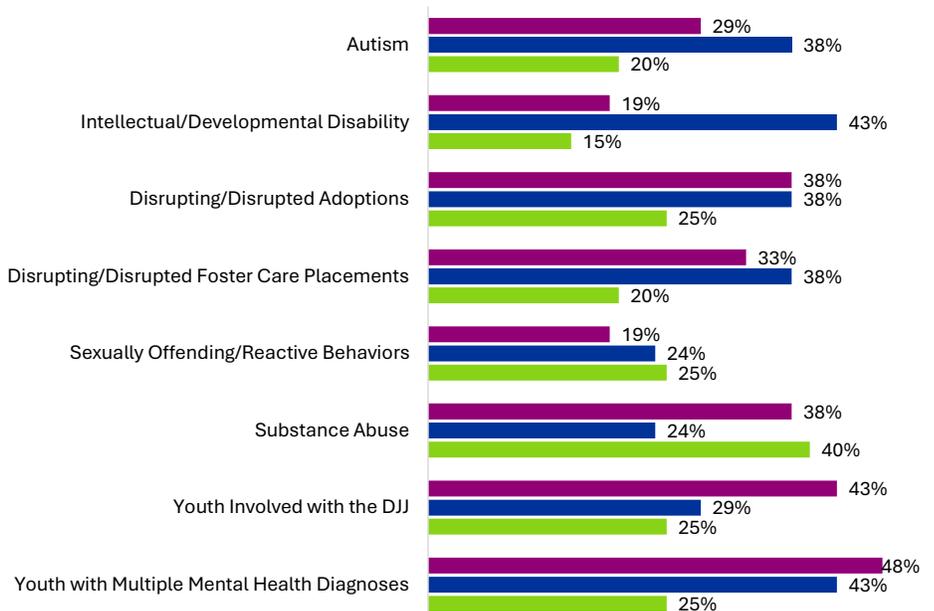


Populations with Gaps in Evidence-Based Behavioral Health Services: Statewide

Lack of Access for Populations in Localities Reporting Top Service Gaps (Evidence-Based Behavioral Health)

■ Functional Family Therapy (n=21) ■ Parent Child Interaction Therapy (n=21) ■ Multisystemic Therapy (n=20)

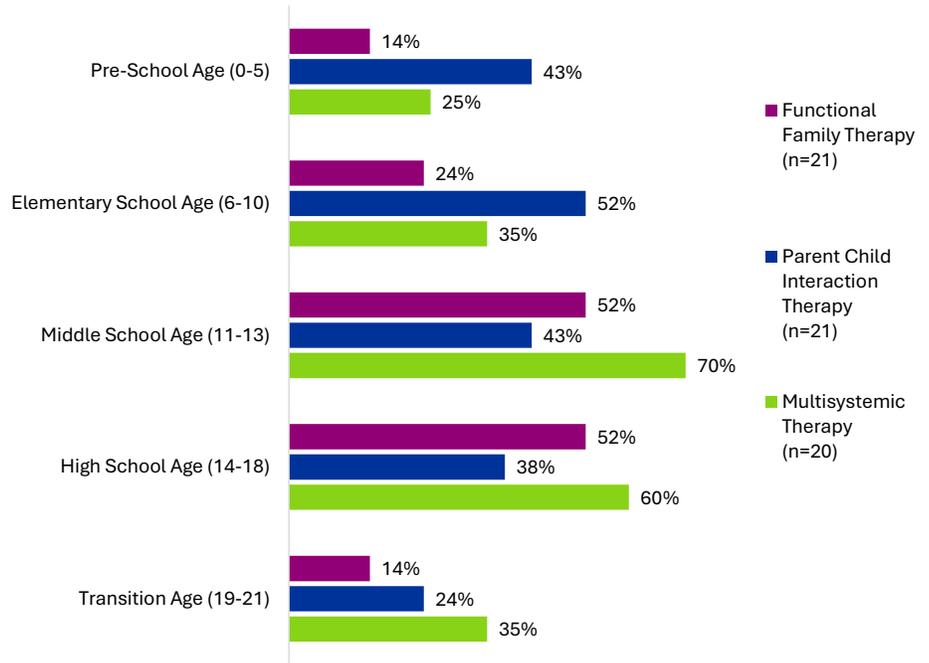
Top Three Populations with Gaps in Service Type	Percent of Responding Localities (n=52)
Youth with Multiple Mental Health Diagnoses	52%
Youth Involved with the Juvenile Justice System	37%
Substance Abuse	35%



Age Groups with Gaps in Evidence-Based Behavioral Health Services: Statewide

Lack of Access for Populations in Localities Reporting Top Service Gaps (Evidence-Based Behavioral Health)

Top Three Age Groups with Gaps in Service Type	Percent of Responding Localities (n=52)
Middle School (11-13)	60%
High School (14-18)	60%
Elementary School (6-10)	48%

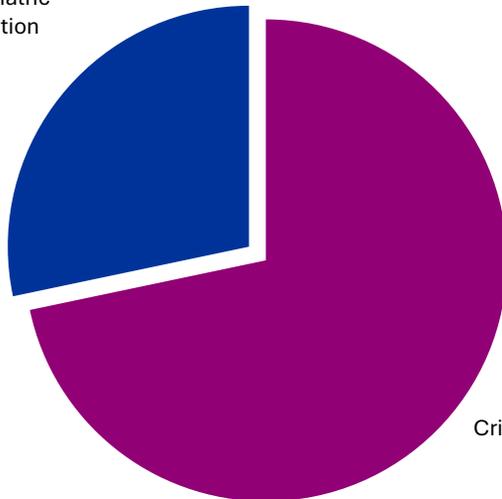


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Statewide: Gaps for 5th Top-Reported Service Type

Crisis Services
(Responses for Service Type, FY2025)

Acute Psychiatric Hospitalization
28%

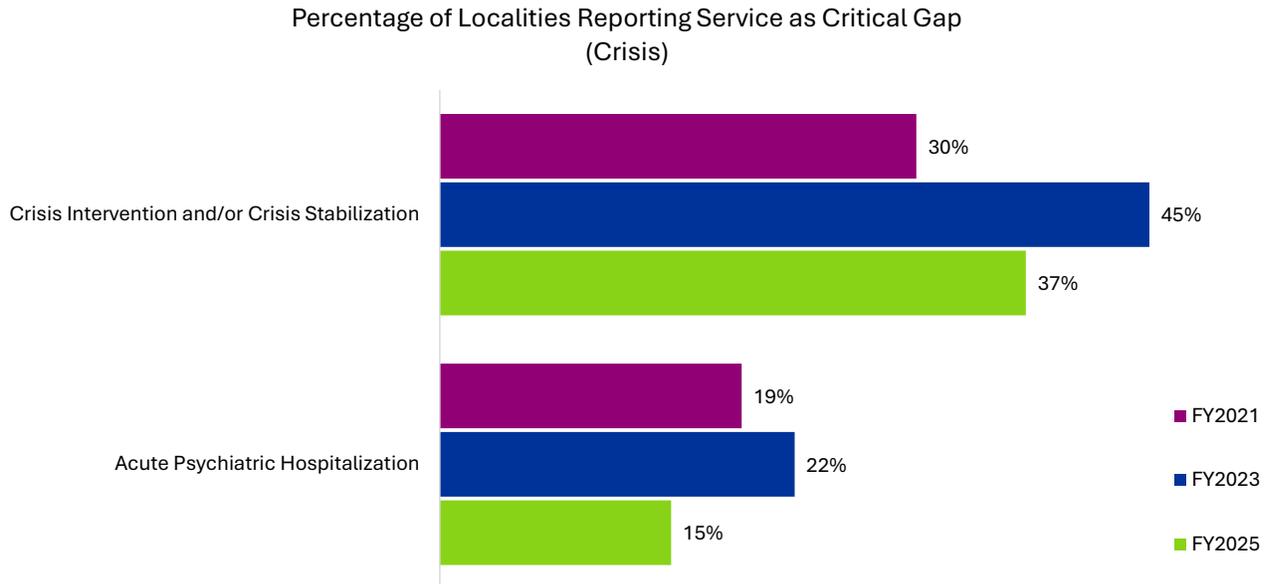


Crisis Intervention and/or Crisis Stabilization
72%

Crisis Services	FY2021	FY2023	FY2025
Crisis Intervention and/or Crisis Stabilization	62%	67%	72%
Acute Psychiatric Hospitalization	38%	33%	28%

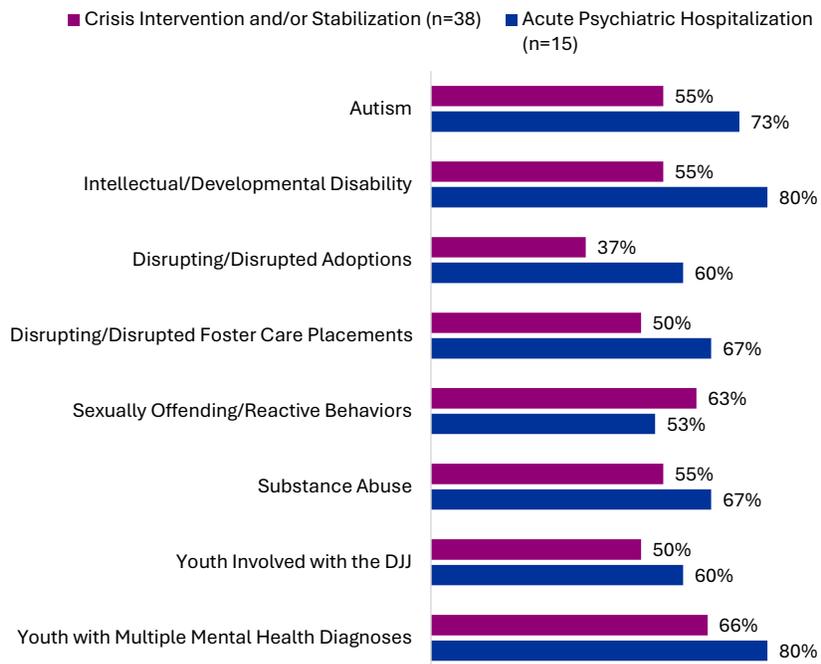
Number of Responses: 52 (FY2021); 69 (FY2023), 53 (FY2025)

Statewide: Percentage of Localities with Gap (Crisis)



Populations with Gaps in Crisis Services: Statewide

Lack of Access for Populations in Localities Reporting Crisis Service Gaps (FY2025)

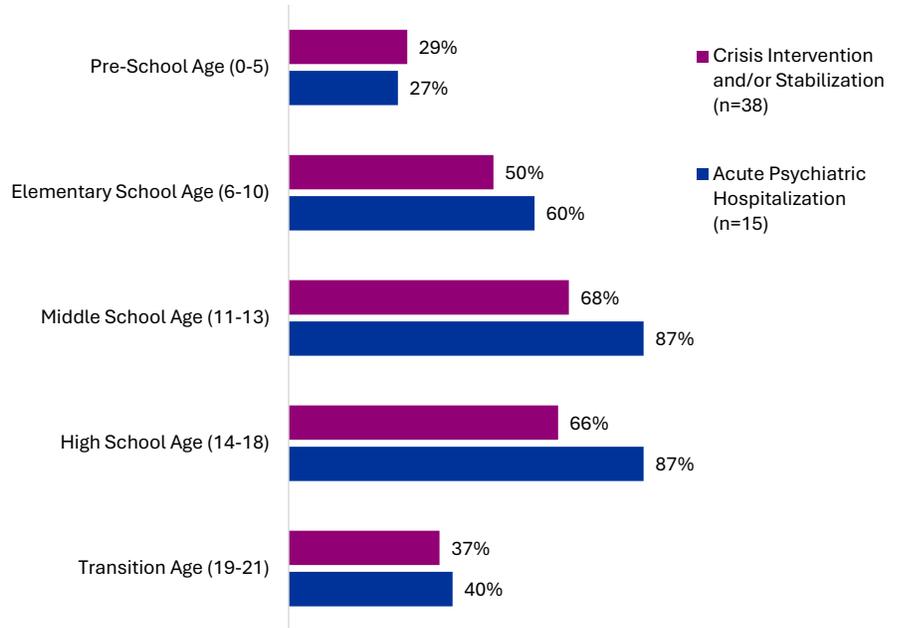


Top Three Populations with Gaps in Service Type	Percent of Responding Localities (n=46)
Youth with Multiple Mental Health Diagnoses	67%
Sex Offending/Sexually Reactive Behaviors	61%
Autism	59%
Intellectual Disability/Developmental Disability	59%

Age Groups with Gaps in Crisis Services: Statewide

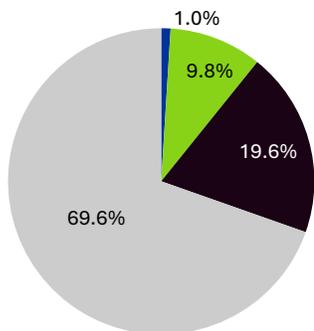
Lack of Access for Populations in Localities Reporting Crisis Service Gaps

Top Three Age Groups with Gaps in Service Type	Percent of Responding Localities (n=46)
Middle School (11-13)	72%
High School (14-18)	70%
Elementary School (6-10)	50%



Impact of Barrier on the Ability to Develop Services: "Provider Availability"

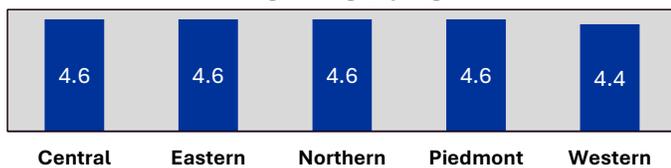
Indicate the level of impact Provider Availability had on your community's ability to develop the services that you have identified:



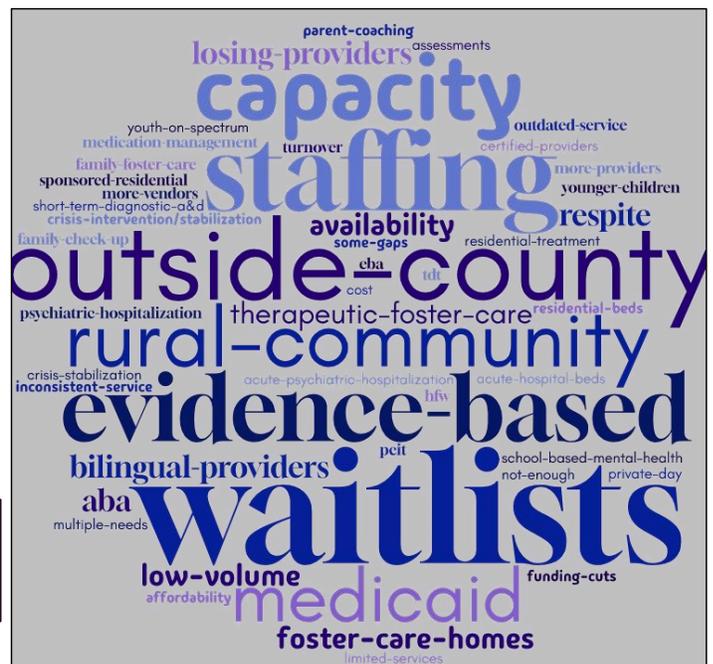
Statewide Average: 4.6

■ 1 - "Not At All" ■ 2 ■ 3 ■ 4 ■ 5 - "A Great Deal"

Average Ratings, by Region

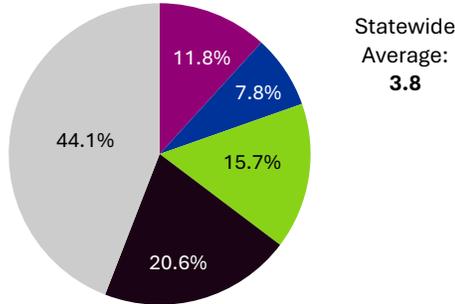


Survey Comments About Barrier:



Impact of Barrier on the Ability to Develop Services: "Lack of Transportation"

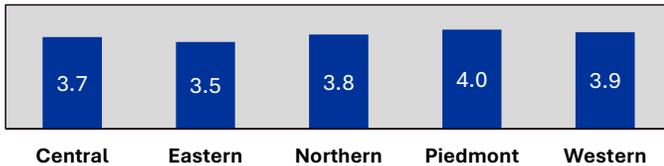
Indicate the level of impact the Lack of Transportation had on your community's ability to develop the services that you have identified:



Statewide Average: **3.8**

■ 1 - "Not At All" ■ 2 ■ 3 ■ 4 ■ 5 - "A Great Deal"

Average Ratings, by Region

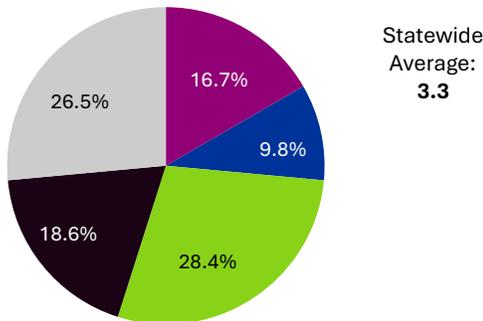


Survey Comments About Barrier:



Impact of Barrier on the Ability to Develop Services: "Lack of Funding"

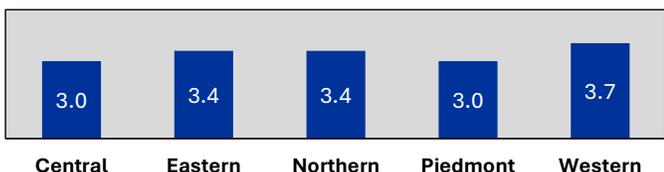
Indicate the level of impact the Lack of Funding had on your community's ability to develop the services that you have identified:



Statewide Average: **3.3**

■ 1 - "Not At All" ■ 2 ■ 3 ■ 4 ■ 5 - "A Great Deal"

Average Ratings, by Region

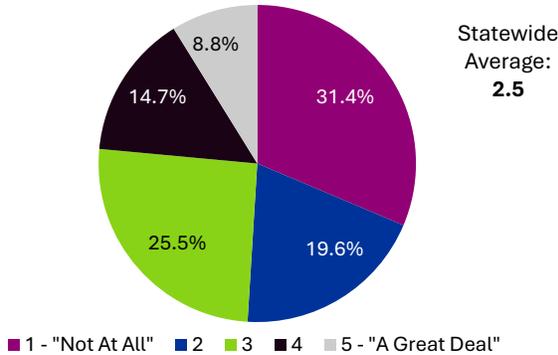


Survey Comments About Barrier:

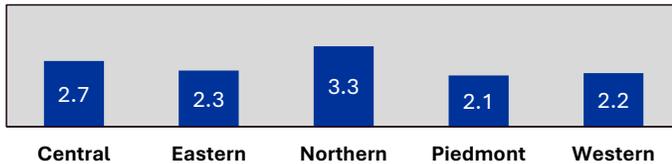


Impact of Barrier on the Ability to Develop Services: "Need For Collaboration and Consensus"

Indicate the level of impact the Need For Collaboration and Consensus had on your community's ability to develop the services that you have identified:



Average Ratings, by Region

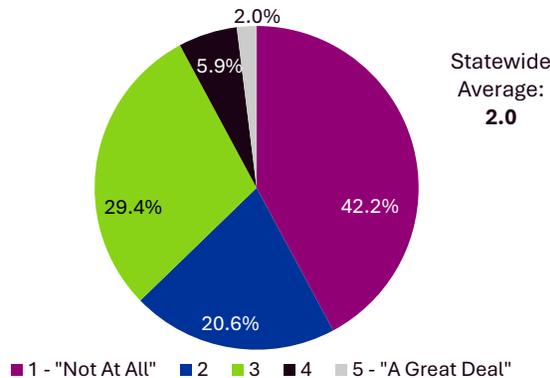


Survey Comments About Barrier:

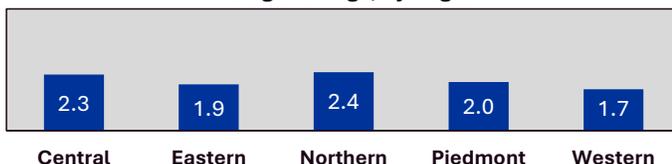


Impact of Barrier on the Ability to Develop Services: "Need for More Information and Data"

Indicate the level of impact the Need for More Information and Data had on your community's ability to develop the services that you have identified:



Average Ratings, by Region

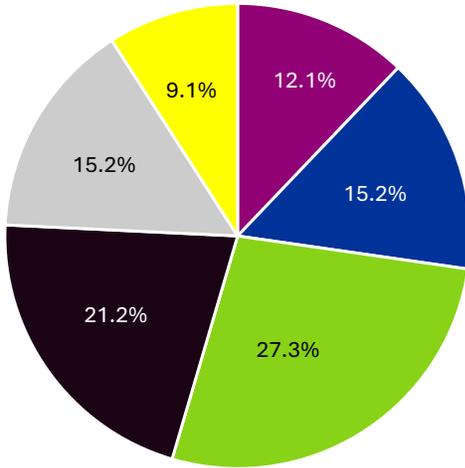


Survey Comments About Barrier:

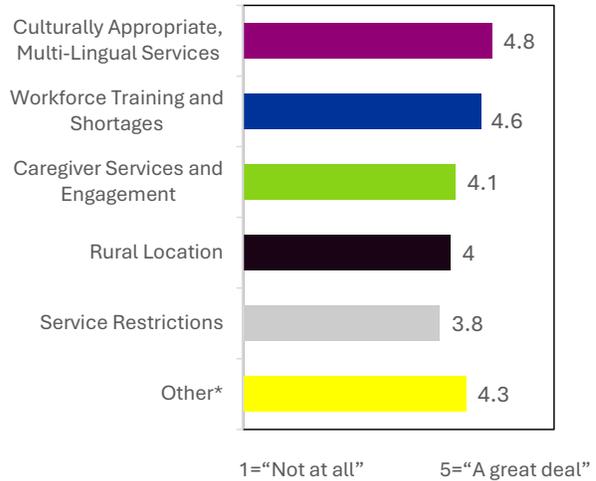


Impact of Barrier on the Ability to Develop Services: "Other Barriers"

Prevalence Among "Other Barriers" Responses



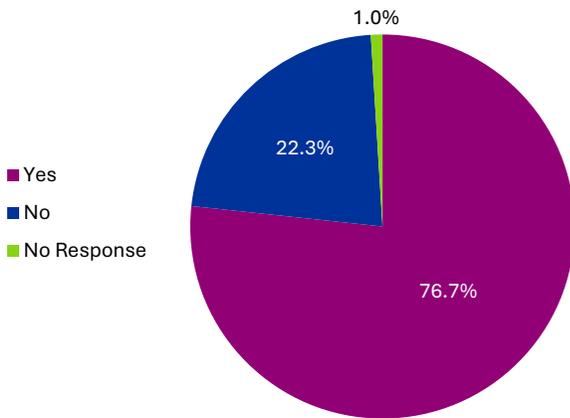
Average rating of impact the Other Barriers had on developing needed services:



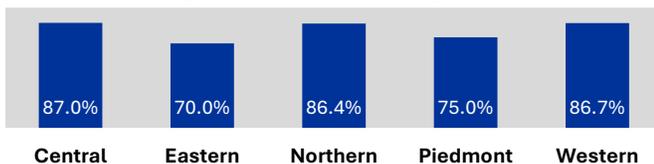
Note: 33 "Other Barriers" were offered by 28 localities

* Other responses not categorized included undocumented youth, a needed central case management system, and underequipped providers for the needs of youth served

Has your locality initiated actions over the past year to address the perceived service barriers?



Percentage of Localities that Responded "Yes"



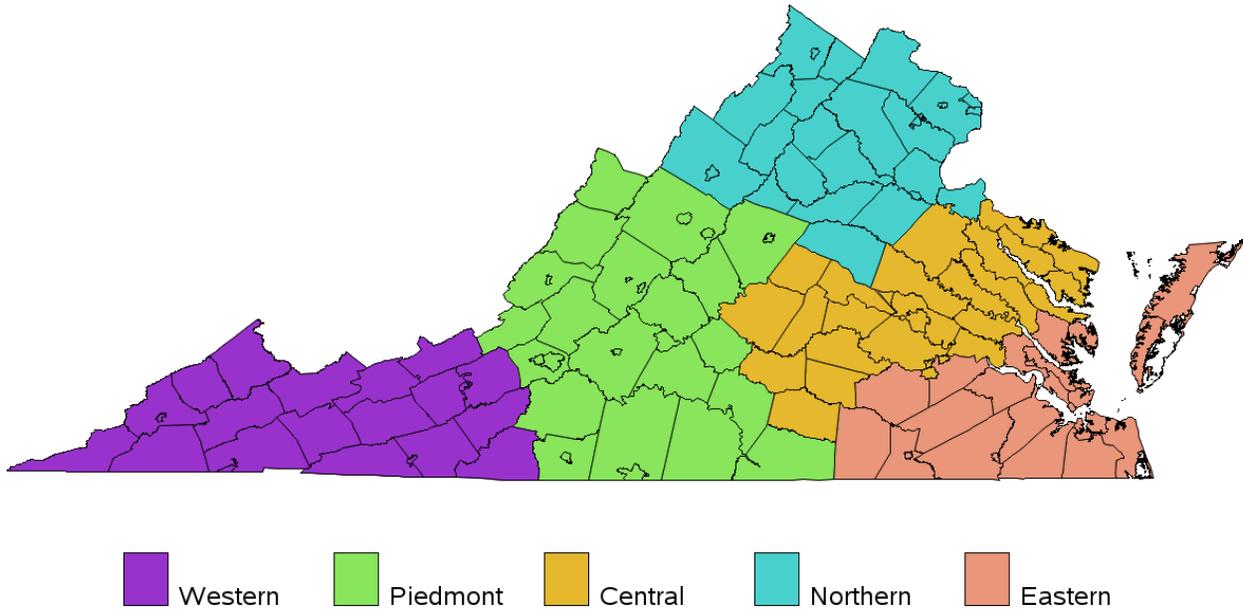
Conclusions

- Community-Based Behavioral Services were the most prevalent gap statewide, and in three out of five regions.
- Family Foster Care Homes were selected as the overall top service gap this year and for FY2021. It was the second most frequently selected service gap for FY2023.
- Family Foster Care Homes were the first or second most selected service gap for all regions. Crisis Intervention/Stabilization and Applied Behavior Analysis were in the top three most selected gaps for three of the five regions.
- Youth with Multiple Mental Health Diagnoses was the top population affected by at least one service gap statewide (identified by 80 localities, or 78%), and in four out of five regions (second most selected in the fifth region). This population was also the top one identified in the FY2021 survey.
- Autism was the second most frequently selected population statewide (73% of respondents) and was in the top three of populations selected by all five regions.

Conclusions (continued)

- High School Age children (14 – 18) were the age group selected most often statewide for the last three full surveys (FY2021, FY2023 and FY2025). It was the most frequently selected for Central and Eastern regions, and the second most frequently selected for Northern, Piedmont and Western regions (who selected Middle School Age most frequently).
- Barriers that impacted localities' ability to develop services were ranked in the same order of effect this year as the rankings in the FY2023 survey: Provider Availability, Lack of Transportation, Lack of Funding, Need for Collaboration and Consensus, and Need More information and Data (rated highest to lowest).
- Seventy-seven percent of localities initiated actions over the past year to address these perceived barriers, slightly lower than the 81% value in FY2023. Most actions involved outreach to and engagement of providers and community partners.

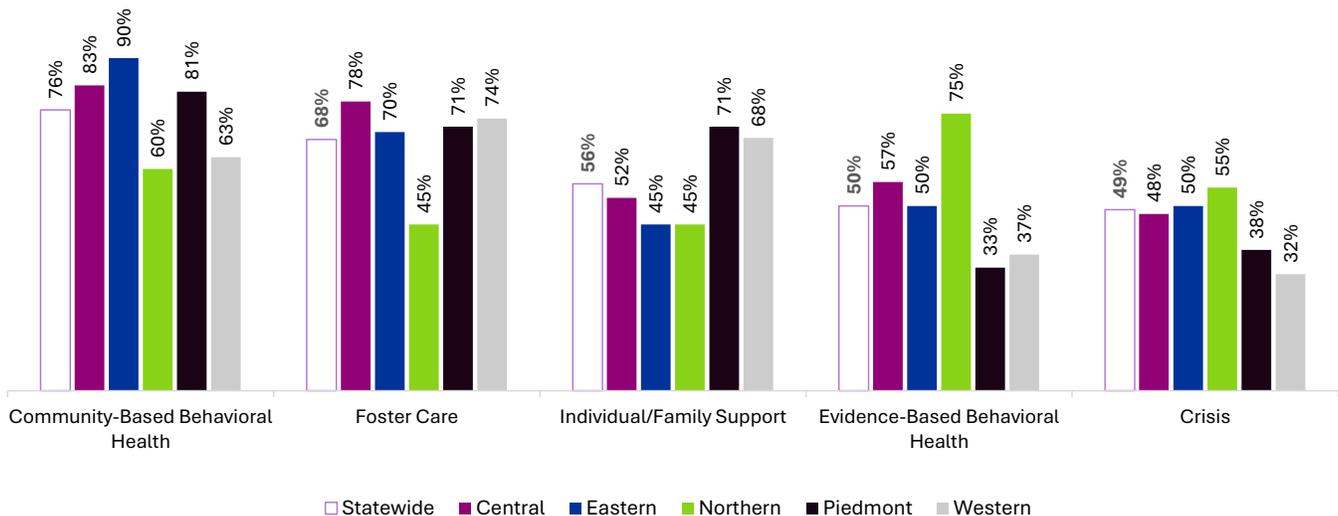
Regional Boundaries



Interpretation: How did a region's gaps vary from other regions, and from the state?

Top Five Service Types (Statewide), by Region

Percentage of Localities with Gaps, by Service Type & Region

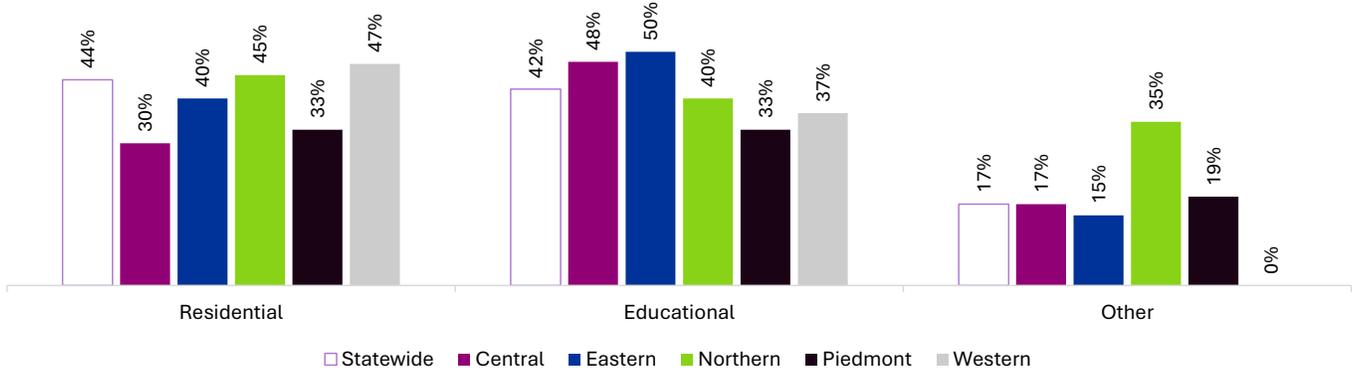


Note: If a locality selected at least one critical service gap within the service type groups displayed above, they were counted for this measure. The number of responding localities represents the count of localities that submitted survey responses; bar chart values represent the percentage of responding localities with a critical gap identified for that service type.

Number of Responding Localities: 103 (Statewide); 23 (Central); 20 (Eastern); 20 (Northern); 21 (Piedmont); 19 (Western)

Remaining Service Types (Statewide), by Region

Percentage of Responding Localities with Identified Gaps, by Service Type & Region



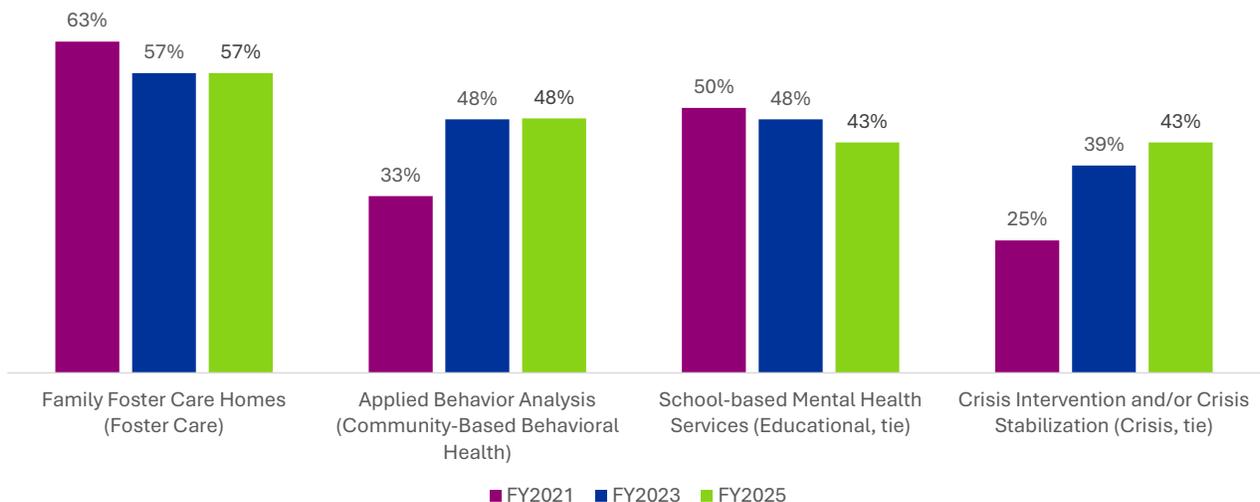
Note: If a locality selected at least one critical service gap within the service type groups displayed above, they were counted for this measure. The number of responding localities represents the count of localities that submitted survey responses; bar chart values represent the percentage of responding localities with a critical gap identified for that service type.

Number of Responding Localities: 103 (Statewide); 23 (Central); 20 (Eastern); 20 (Northern); 21 (Piedmont); 19 (Western)

Reported Gaps: Top Three Service Gaps for Central Region

How prevalent have the top gaps been in past surveys?

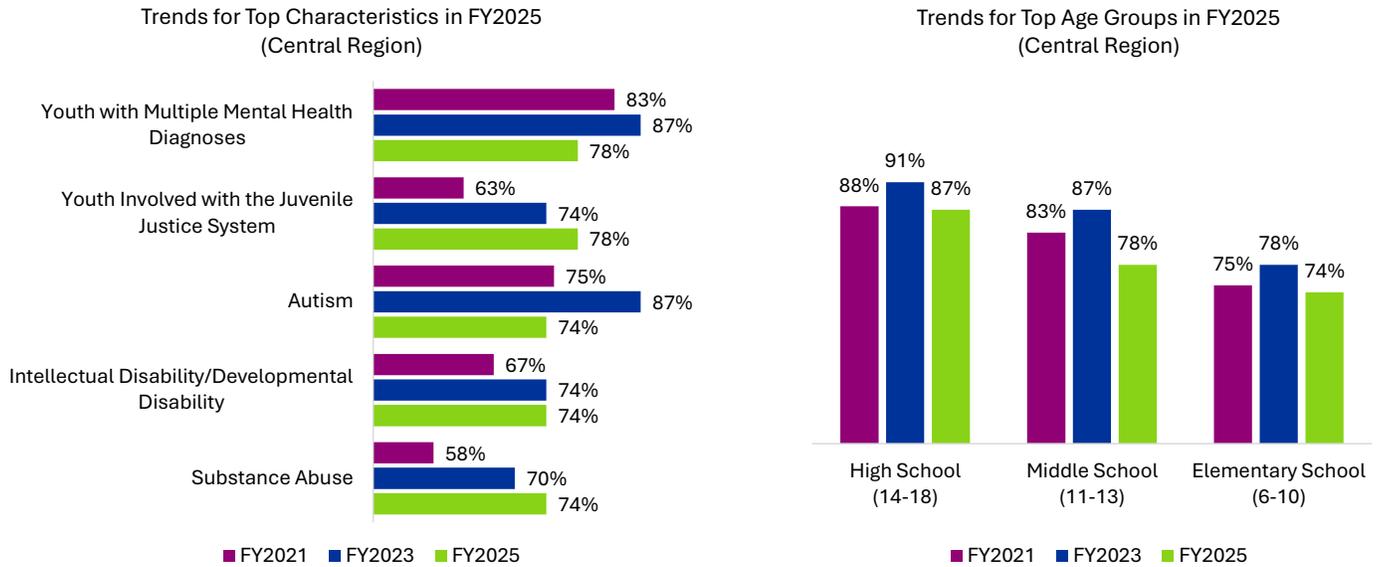
Reporting Trends for Top Three Service Gaps in FY2025
(Central Region)



Number of Responding Localities: 24 (FY2021); 23 (FY2023), 23 (FY2025)

Reported Gaps: Top Three Populations for Central Region

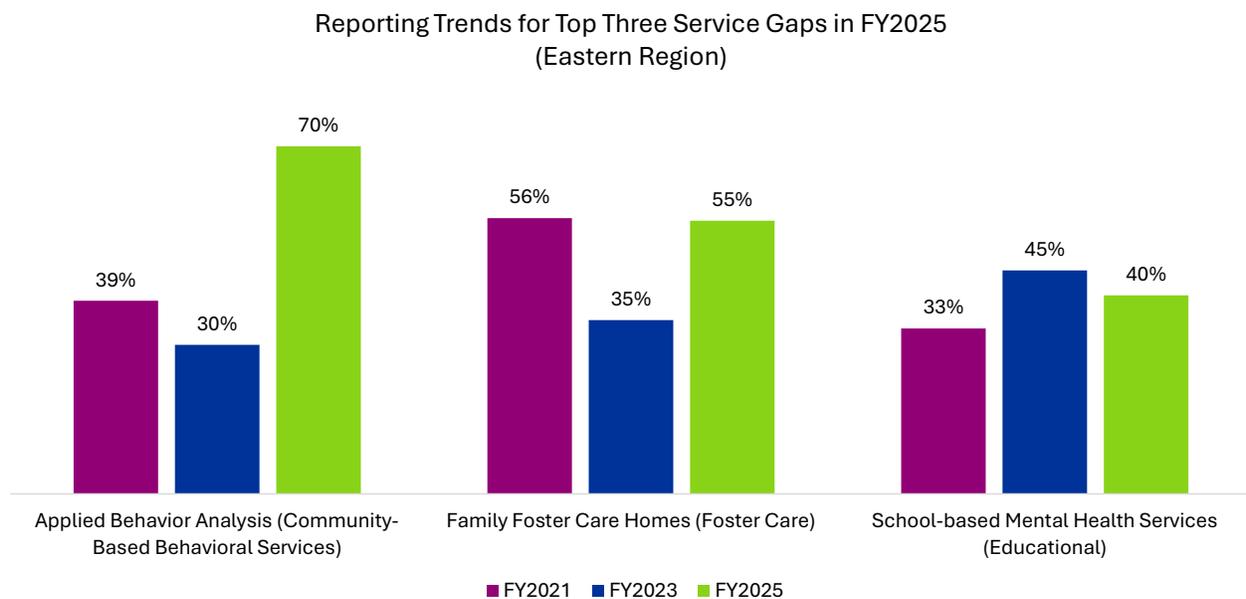
Which populations were identified most frequently for selected service gaps?



Number of Responding Localities: 24 (FY2021); 23 (FY2023); 23 (FY2025)

Reported Gaps: Top Three Service Gaps for Eastern Region

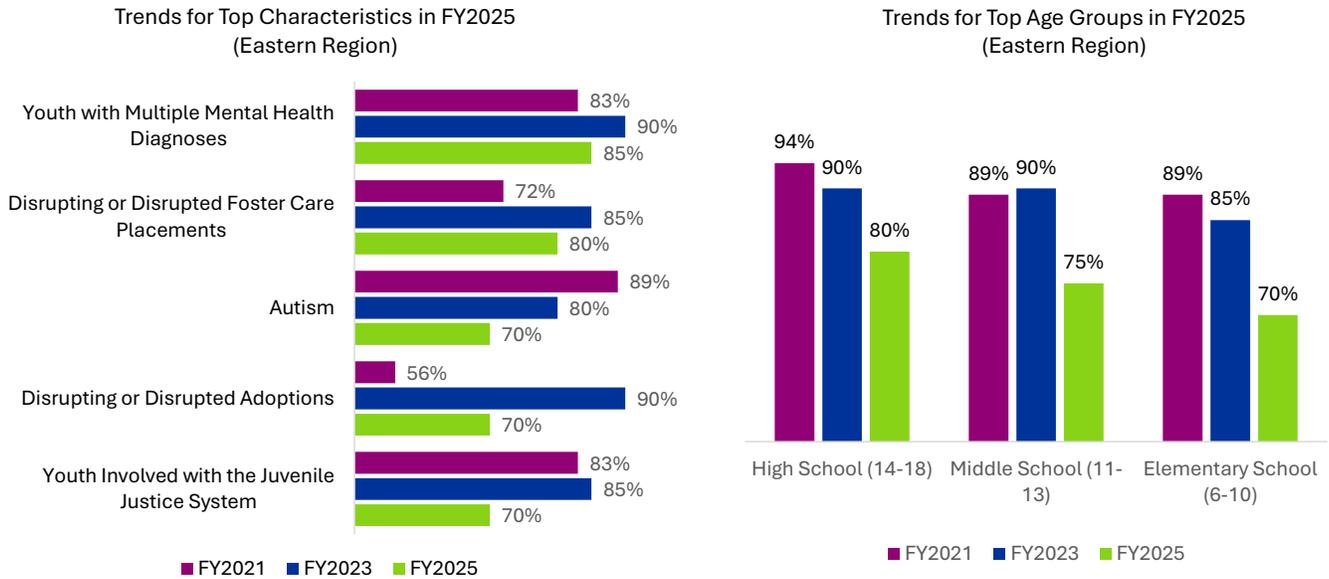
How prevalent have the top gaps been in past surveys?



Number of Responding Localities: 18 (FY2021); 20 (FY2023); 20 (FY2025)

Reported Gaps: Top Three Populations for Eastern Region

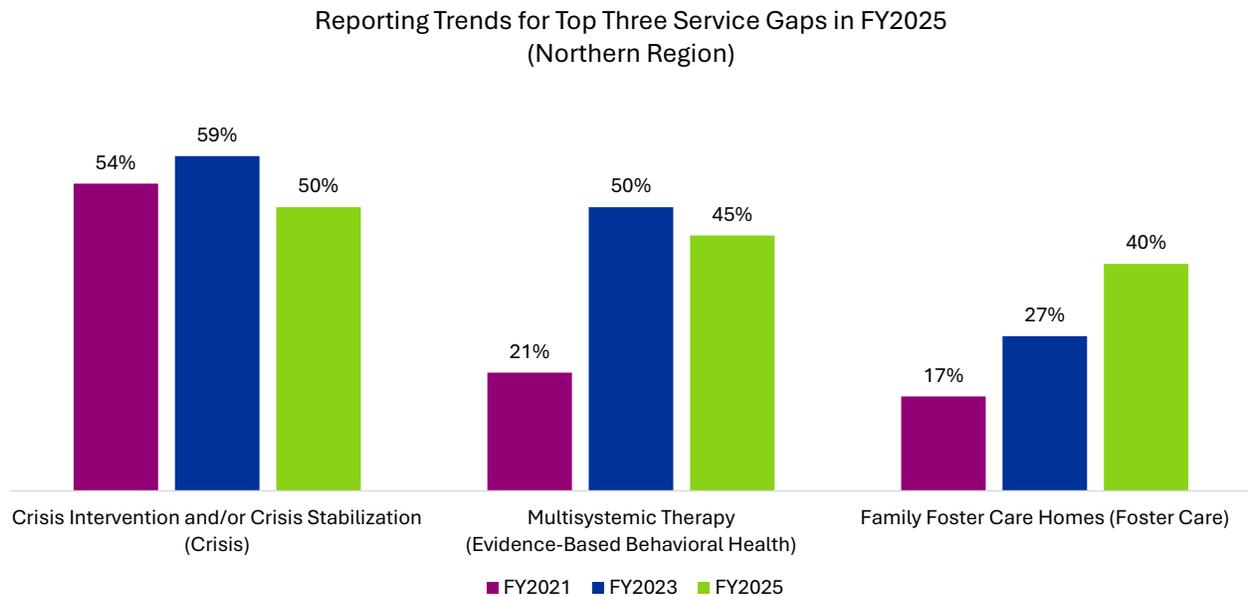
Which populations were identified most frequently for selected service gaps?



Number of Responding Localities: 18 (FY2021); 20 (FY2023); 20 (FY2025)

Reported Gaps: Top Three Service Gaps for Northern Region

How prevalent have the top gaps been in past surveys?

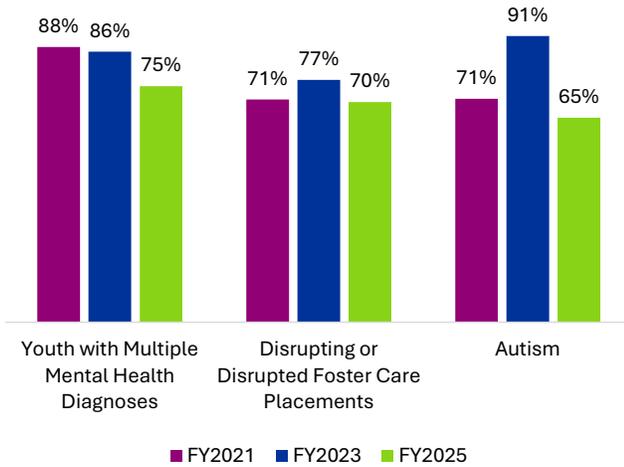


Number of Responding Localities: 24 (FY2021); 22 (FY2023); 20 (FY2025)

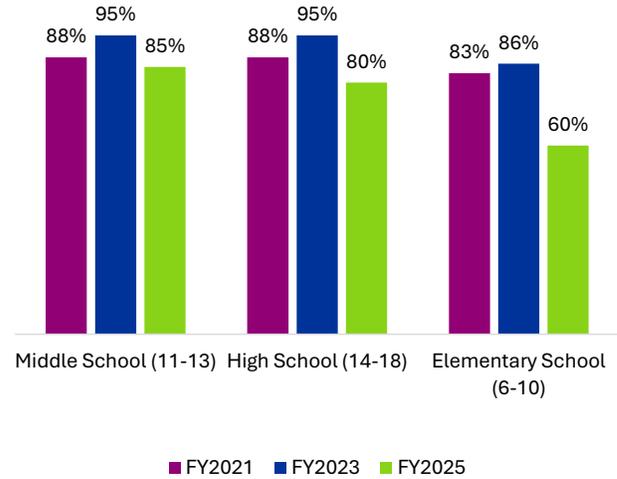
Reported Gaps: Top Three Populations for Northern Region

Which populations were identified most frequently for selected service gaps?

Trends for Top Characteristics in FY2025
(Northern Region)



Trends for Top Age Groups in FY2025
(Northern Region)

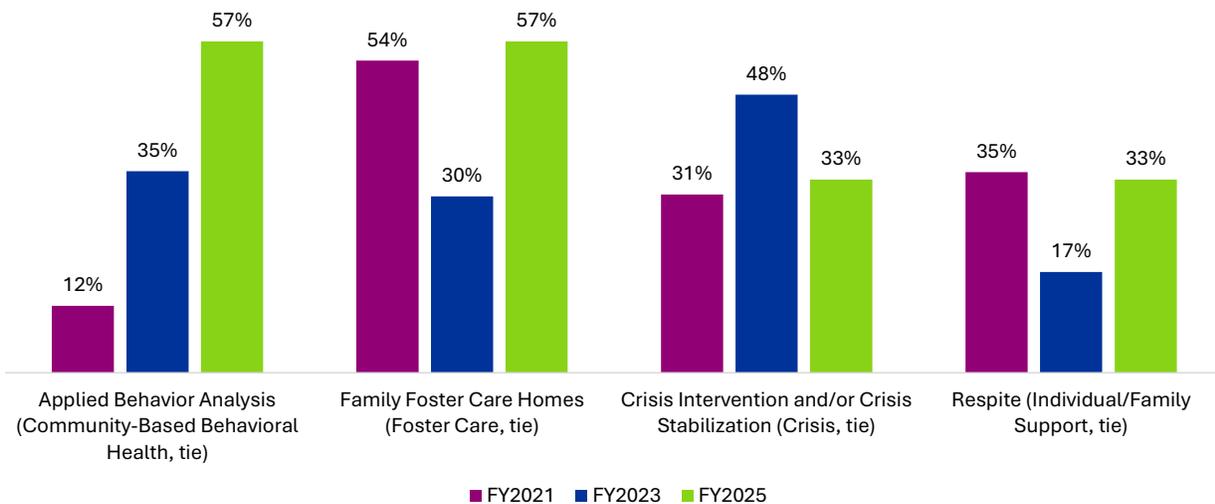


Number of Responding Localities: 24 (FY2021); 22 (FY2023); 20 (FY2025)

Reported Gaps: Top Three Service Gaps for Piedmont Region

How prevalent have the top gaps been in past surveys?

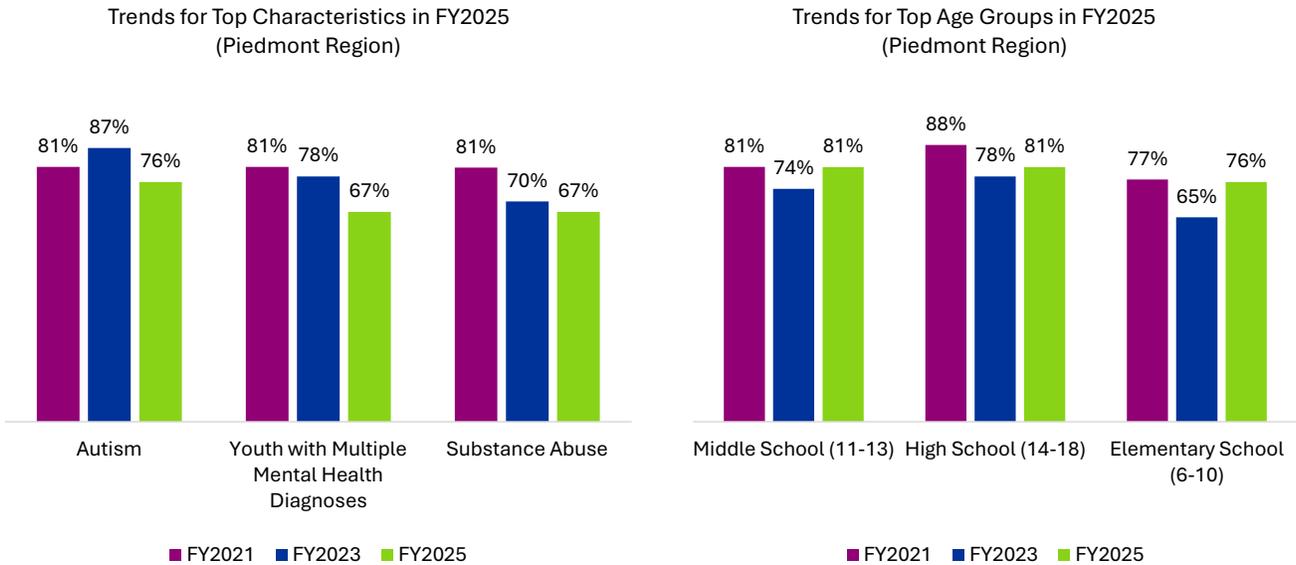
Reporting Trends for Top Three Service Gaps in FY2025
(Piedmont Region)



Number of Responding Localities: 26 (FY2021); 23 (FY2023); 21 (FY2025)

Reported Gaps: Top Three Populations for Piedmont Region

Which populations were identified most frequently for selected service gaps?



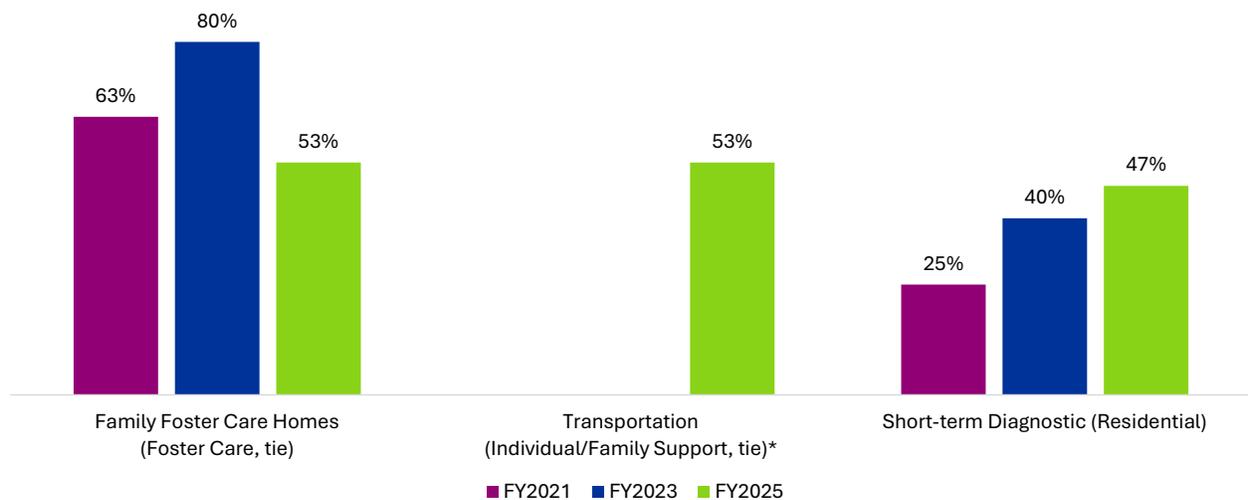
Number of Responding Localities: 26 (FY2021); 23 (FY2023); 21 (FY2025)

47

Reported Gaps: Top Three Service Gaps for Western Region

How prevalent have the top gaps been in past surveys?

Comparing FY2023 Top Service Gaps to Historical Survey Results (Western Region)



* Transportation added as service gap option in FY2025 survey

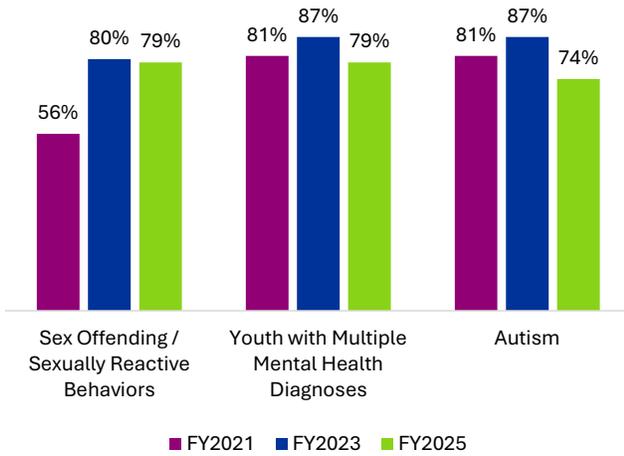
Number of Responding Localities: 16 (FY2021); 15 (FY2023); 19 (FY2025)

48

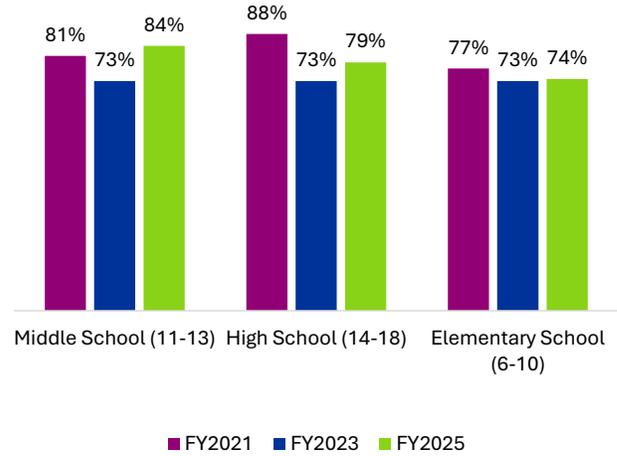
Reported Gaps: Top Three Populations for Western Region

Which populations were identified most frequently for selected service gaps?

Trends for Top Characteristics in FY2025
(Western Region)



Trends for Top Age Groups in FY2025
(Western Region)



Number of Responding Localities: 16 (FY2021); 15 (FY2023); 19 (FY2025)