

# FREDERICK COUNTY CPMT AGENDA

September 27, 2021  
1:00 PM  
107 N Kent St  
Winchester, VA  
1<sup>st</sup> Floor Conference Room

## Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda
  - A. August Minutes
  - B. Budget Request Forms
- IV. Executive Session
  - A. None
- V. Committee Member Announcements
- VI. CSA Report Jackie Jury
  - A. Financial Report
- VII. Old Business Jackie Jury
  - A. Strategic Plan Discussion- Goal 1 Improve UR Plan
  - B. FFPSA/CSA Integration
  - C. Vendor Contracts
- VIII. New Business
  - A. Proposal to Change of Funding Approval Process
  - B. Core Leadership Competencies
  - C. EBP Resources
  - D. Draft Family Engagement Policy- Public Comment Period
  - E. Draft FAPT-MDT Policy- Public Comment Period
  - F. VA WrapAround Implementation Center Update
- IX. Assigned Tasks
- X. Next Meeting
  - CPMT October 25, 2021, 1:00-3:00pm, 1<sup>st</sup> Floor Conference Room, See Summary for future dates
- XI. Adjourn

**\*\*Instructions for Closed Session:**

- Motion to convene in Executive Session pursuant to 2.2-3711(A)(4) and (15), and in accordance with the provisions of 2.2-5210 of the Code of Virginia for proceedings 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 the Child & Family Team Meeting process, and whose case is being assessed by this team or reviewed by the Community Management and Policy Team
- Motion to return to open session-
- Motion that the Frederick County CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.
- Roll Call Affirmation
- Motion to Approve cases discussed in Executive Session

### **CPMT Meeting Minutes: Monday, August 23, 2021**

The Community Policy and Management Team (CPMT) met in the 1<sup>st</sup> Floor Conference Room at 107 N Kent St, Winchester, VA 22601 on August 23, 2021.

#### ***The following members were present:***

- Jay Tibbs, Frederick County Administration
- Tamara Green, Frederick County Department of Social Services
- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Denise Acker, Northwestern Community Services Board
- Michele Sandy, Frederick County Public Schools

#### ***The following members were not present:***

- Jerry Stollings, 26<sup>th</sup> District Juvenile Court Service Unit
- Dr. Colin M. Greene, Lord Fairfax District Health Department

#### ***The following non-members were present:***

- Jacquelynn Jury, CSA Coordinator
- Robbin Lloyd, CSA Account Specialist

***Call to Order:*** David Alley called the meeting to order at 1:10 pm.

***Introductions:*** Members and nonmembers of the team introduced themselves.

***Adoption of July Agenda:*** Jay Tibbs made a motion to adopt the July agenda; Michele Sandy seconded; CPMT approved.

***Consent Agenda:*** The following items were put in the Consent Agenda for CPMT's approval:

- July 26, 2021, CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Michelle Sandy made a motion to approve the Consent Agenda as distributed, Jay Tibbs seconded, CPMT approved. Denise Acker abstained from approving the minutes due to being absent from the meeting.

***Executive Session:*** Not needed this month.

#### ***Committee Member Announcements:***

- It was announced that today, Monday, August 23, 2021 is the first day of school for Frederick County students.

#### ***CSA Financial Report:***

- June 2<sup>nd</sup> Submission 2021 Financial Report
  - Funds spent for the 2<sup>nd</sup> Submission were, \$268,330.67
  - Spent \$3,337,407.82, combined, which includes Mandated, Protected, and SpEd Wrap Funds

- § Spent \$1,386,133.98 from Local only Funds
- § \$572,478.57 remaining without SpEd Wrap funds.
- § Served 148 youth served
  - 104 in Community Based Services
  - 24 in Private Day School
  - 18 in Congregate Care
  - 26 in TFC
- § Protected Funds: \$21,131.00 spent, \$39,049.00 remaining, with \$0.00 encumbered.
- § SpEd Wrap Funds: \$275,003.40 spent, \$11,432.00 remaining with \$0.00 encumbered.
- § Year to Date average cost per child thus far \$22,550.05.

***Old Business:***

- Strategic Plan Discussion – Goal 1 Improve UR
  - Goal #1 – The increased responsibilities of the CSA Team have prohibited the ability of the team to focus on UM/UR activities. An additional F/T position within the CSA office is being looked at to help manage the increasing number of changes, mandates, and volume. There was no progress on the job description available for this meeting, due to the extensive time required to review the FY22 vendor contracts.
- FFPSA/CSA Integration
  - Tami Greene, Jen Smith, and Jackie Jury have a meeting scheduled for Monday, August 30, 2021 to discuss the integration of Family First into the locality’s CSA process. Options allowed by VDSS include utilizing and approved alternative multidisciplinary team (MDT), which already exist in some localities, or using the existing FAPT process through a “Consultative FAPT” or a “Comprehensive FAPT”.
- Vendor Contracts
  - Grafton submitted proposed amendments to the FY22 contract. These amendments were forwarded to the County Attorney for review where minor language adjustments were proposed. Some changes include not unreasonably withholding agreement to the early termination of a Purchase Order and an extension of the submission of attendance records from 5 days following the end of the month to 14 days. Michele Sandy made a motion to accept the Grafton FY22 contract as amended, Denise Acker seconded, the motion was approved.

***New Business:***

- Administrative Memo #21-15
  - OCS provided information regarding audit findings that were common among several localities. These findings concern data that was incorrectly reported on and/or omitted from the monthly pool submission.
- Updated Confidentiality Agreements – The CSA Coordinator collected signed confidentiality agreements for FY22.

**Assigned Tasks:**

- No assigned tasks.

***Next Meeting:*** The next CPMT meeting will be held Monday, Sep. 23, 2021, at 1:00 pm in the 1<sup>st</sup> Floor Conference Room.

***Adjournment:*** Michele Sandy made a motion to adjourn, Jay Tibbs seconded, the meeting was adjourned at 2:10 pm.

***Minutes Completed By:*** Robbin Lloyd



# Frederick County CSA Financial Update: June 2021 Final Submission

## # of Reports Submitted: 14

**FY22 Total Combined Net**

**Spent:**

**\$4,407,342.11**

(State & Local Combined- Includes Mandated, SpEd Wrap, Protected Pools)

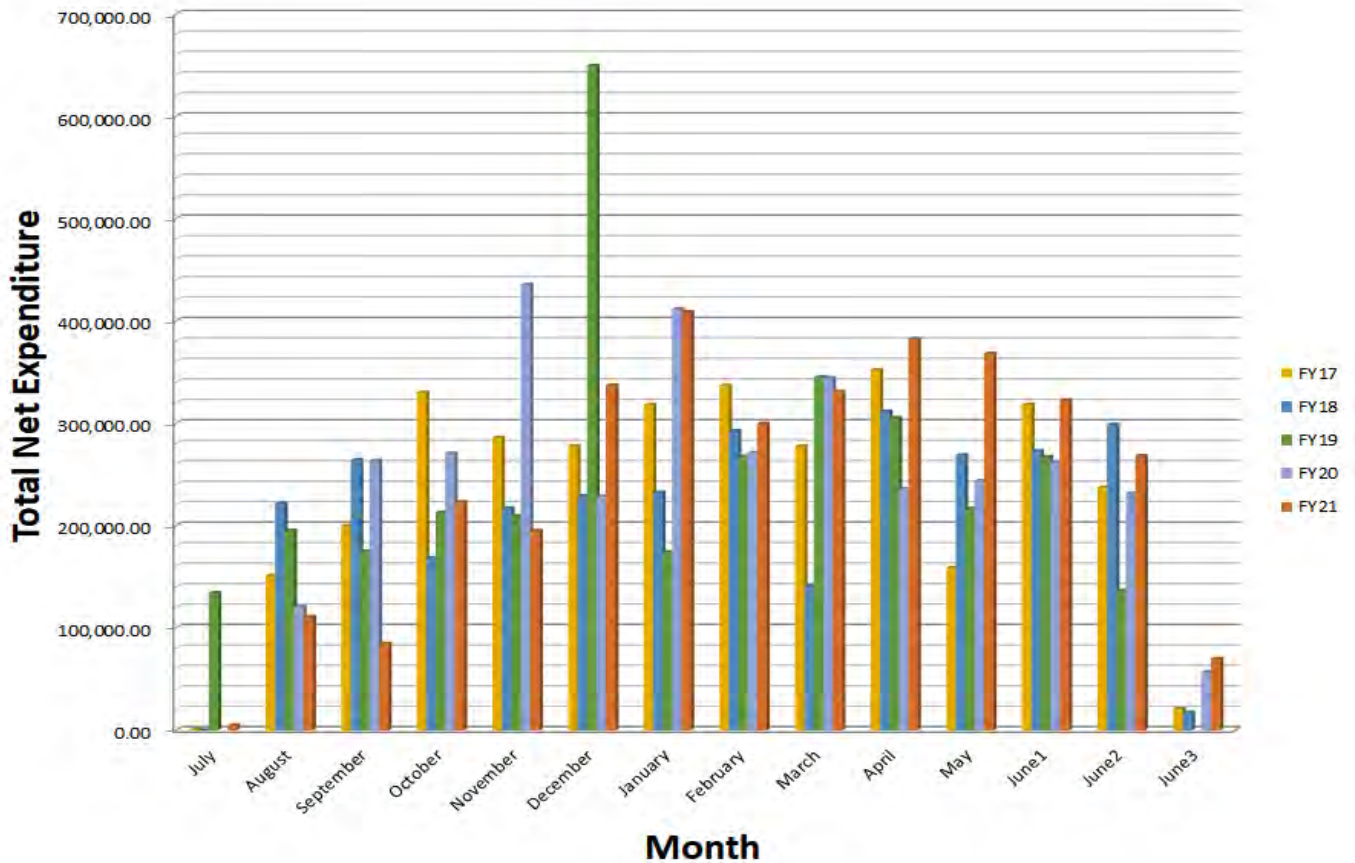
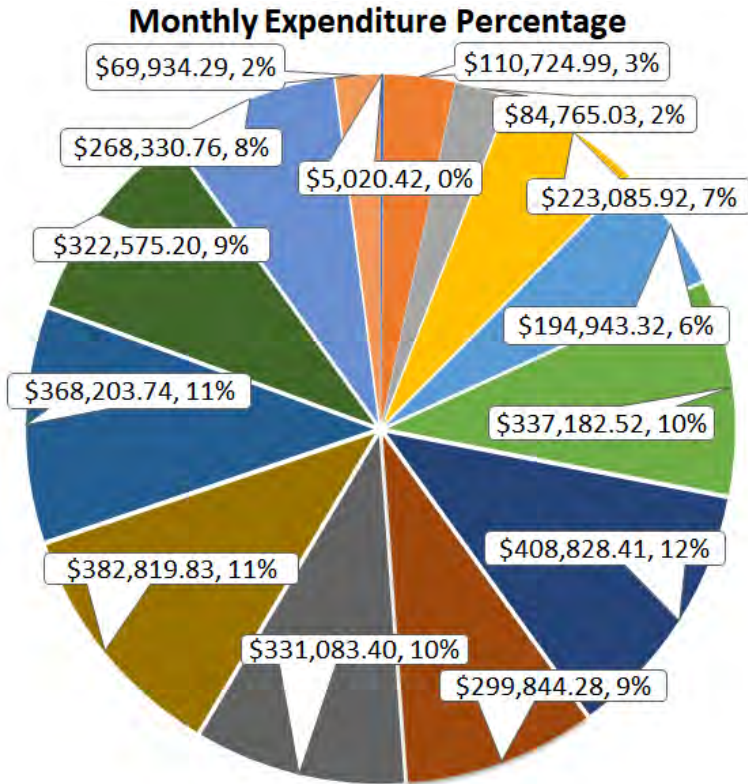
**FY22 Total Combined Local**

**Net:**

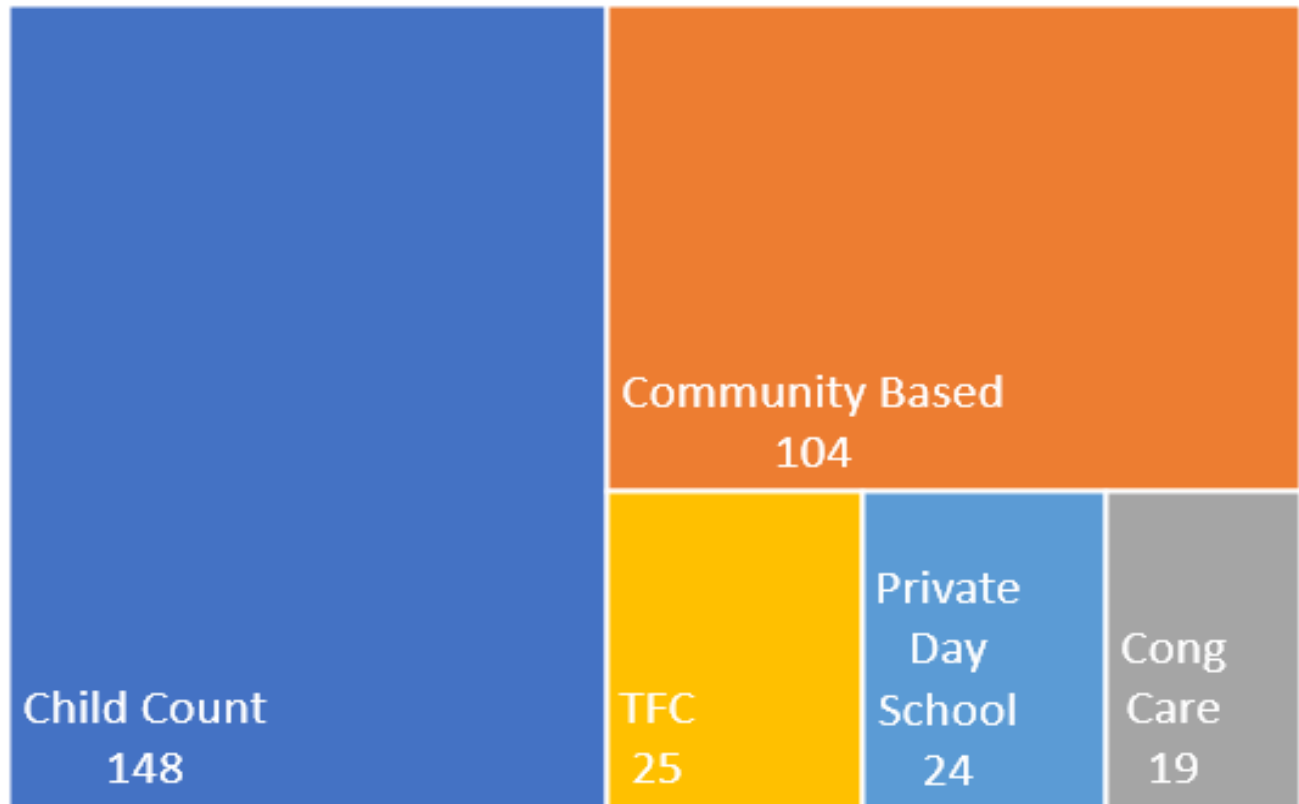
**\$1,422,714.67**

**Remaining w/o Wrap:**

**\$502,544.28**



# Placement Environment

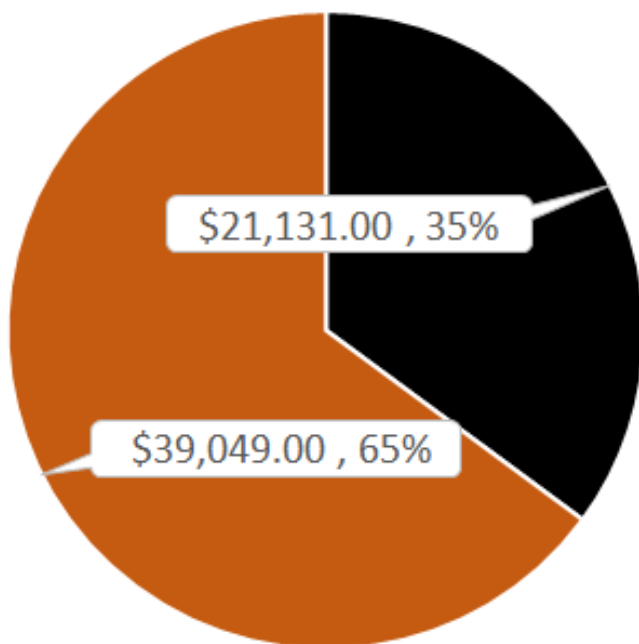


Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services

\*Possible duplication of Private Day School students with youth in Congregate Care

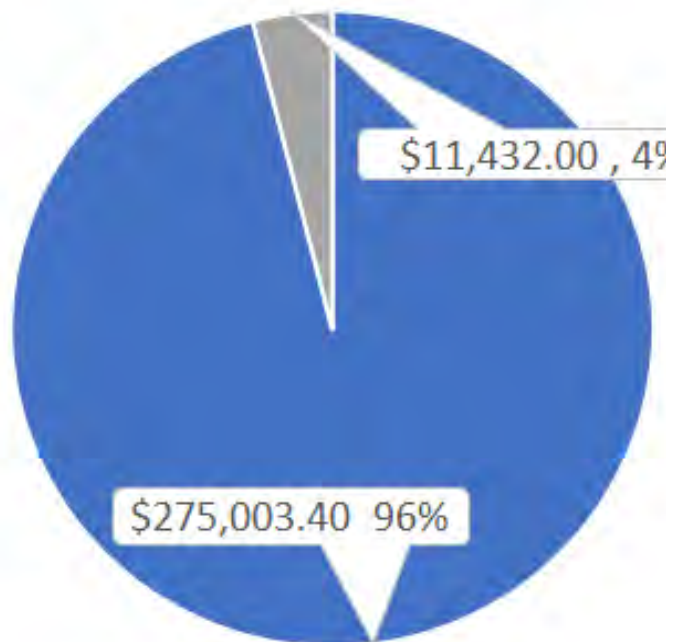
Protected Encumbered: \$0.00

## Protected Funds

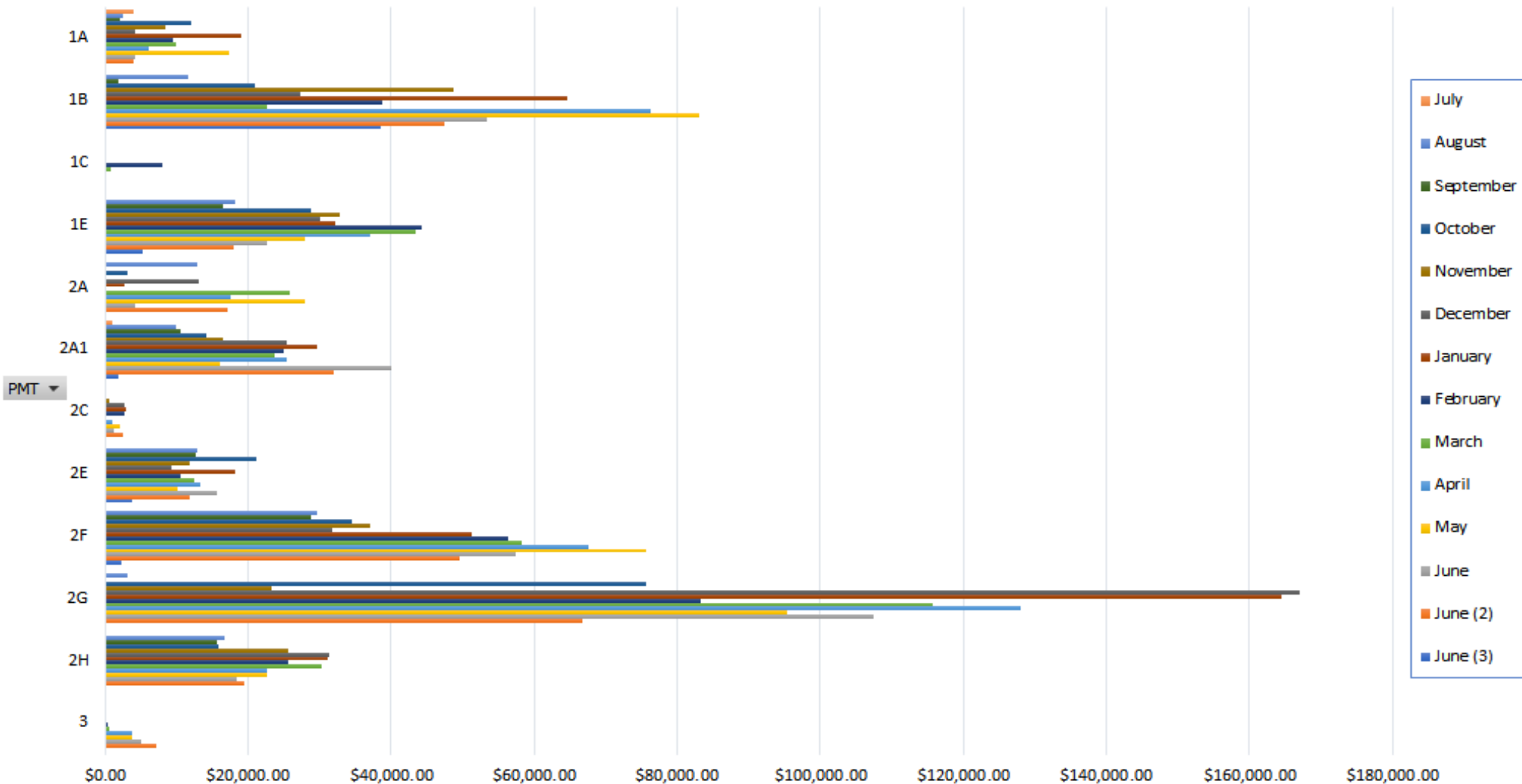


SpEd Wrap Encumbered: \$0.00

## SpEd Wrap



## Primary Mandate Type Expenditures by Month



### Primary Mandate Types (PMT):

1A- IV-E Congregate Care

1B- Non IV-E Congregate Care

1C- Parental Agreement Congregate Care

\*PMTs from 1A-1C do not include Daily Education payment of congregate care placements

1E- Residential Education

\*Includes all services for RTC IEP and Education only for all other RTC placements

2A- IV-E Treatment Foster Home

2A1- Non IV-E Treatment Foster Home

2A2- Parental Agreement Treatment Foster Home

2C- IV-E Community Based Services

\*Only for youth placed in CFW Foster Homes

2E- Maintenance and Other Services

\*Only Basic Maintenance and Daycare for youth in Foster Care

2F- Non IV-E Community Based Services

\*Includes Daycare for youth not in Foster Care or IV-E CBS for youth placed in TFC or Cong Care

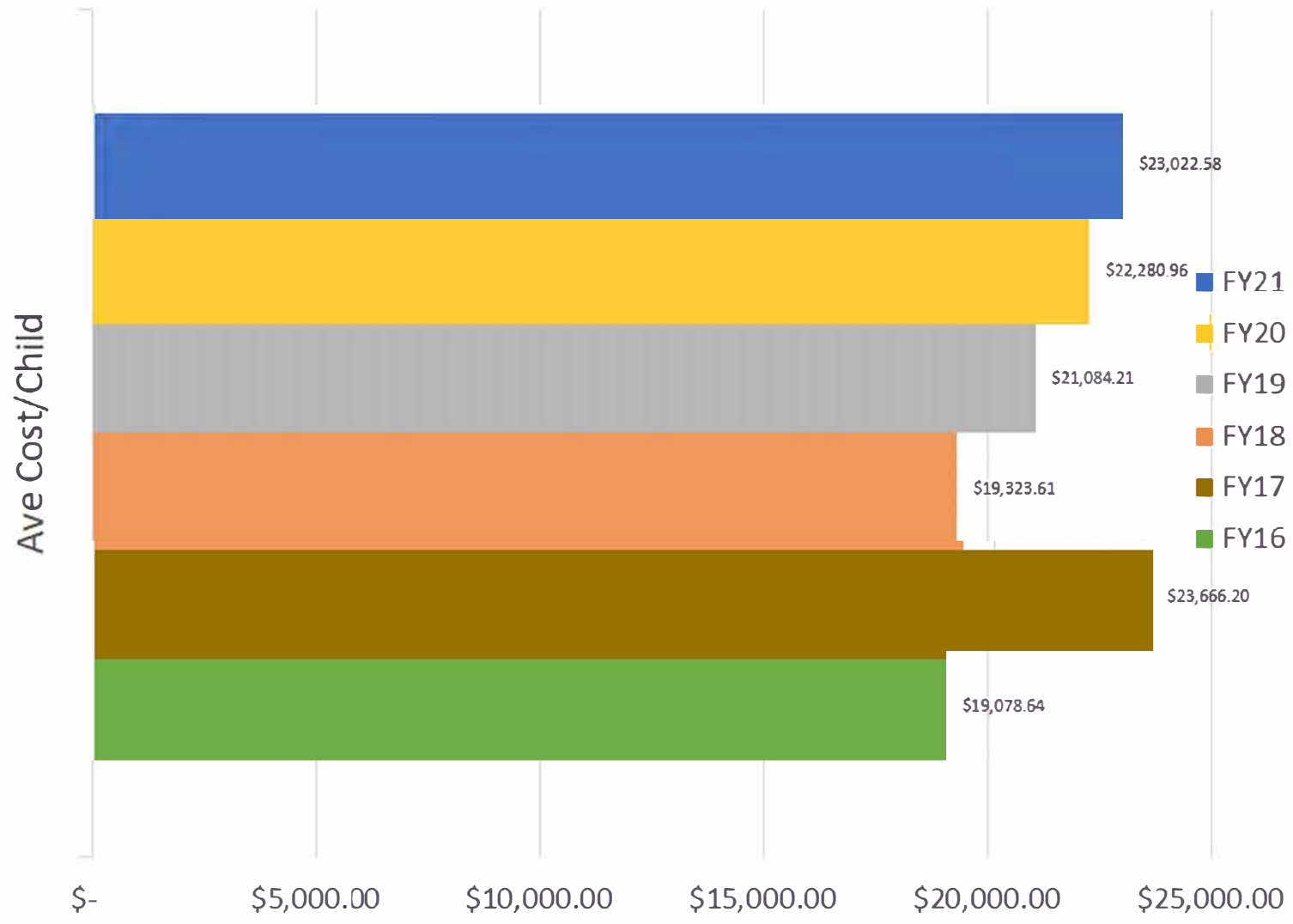
2G- Private Day School

2H- Special Education Wrap Around Services

3- Protected Funds

\*NonMandated

# EXPENDITURE TRENDS







**CSA RATE SHEET**  
**July 01, 2021 – June 30, 2022**

**STATEWIDE REFERRAL # 540.283.0486**  
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	<b>**This is a Virginia State Rate Sheet used for ALL FPS offices. Before making a referral please consult with your local FPS office regarding referrals and available services**</b>	
<b>FPS Non-Medicaid Billing Code</b>	<b>Service &amp; Description</b>	<b>Rates/Units</b>
	<b>Child &amp; Adolescent Services</b>	
THM LSC	<b>Therapeutic Mentoring Services / Casey Life Skills Coaching</b> A strength-based support service that is designed to address and improve daily living, social, and communication needs. This service can be used to prevent, support or assist with the transition from a more intensive level of service. Therapeutic mentoring services and Casey Life Skills include coaching and training our youth in age-appropriate behaviors; interpersonal and intrapersonal communication; problem-solving; relationship building; and social activities that coincide with each youth’s individualized service plan and needs identified in the Casey Life Skills Assessment.	\$58/hour
IIH	<b>*Intensive In-Home Services (IIHS)</b> Service for families with an identified child/adolescent under the age of 21 who is at-risk of being moved into an out of home placement or who is being transitioned to the home from an out of home placement due to documented clinical needs of the child. Services are intensive, time-limited interventions provided typically but not solely in the residence. These services provide crisis treatment, individual and family counseling and communication skills (e.g. counseling to assist the child and his caregivers in understanding and practicing appropriate problem-solving, anger management, and interpersonal interactions, etc.) Coordination with other services is also required in an effort to meet social, physical and mental health needs. 24-hour emergency response.	\$60.00/hour
COU	<b>Supportive In-Home Services</b> Service for families with an identified child/adolescent under the age of 21 who needs assistance with psycho-education, support and structure to ensure safety in the home and community. This service may often be used when a child does not meet medical necessity for IIHS, yet the family has a continued need.	\$60.00/hour
MST	<b>MultiSystemic Therapy (MST)</b> MST is delivered over 3-5 months. An MST Therapist meets with the caregiver, family, and/or youth, as well as others in the youth's ecology, as frequently as needed to achieve treatment goals. Services are delivered in the home, school, and community, at times convenient for the family. Specific strategies and techniques are selected and tailored after careful assessment of the “fit” of factors driving the problem behavior. Interventions are closely monitored for effectiveness and modified as needed. Risk factors, which increase the likelihood of negative outcomes (e.g., drug use, delinquency, school dropout, violent behavior, incarceration) are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.	<b>\$90.00/day</b> (recommend purchase order for 120 days with a review at 60 days to ensure engagement and a review at 120 to discuss completion of MST or possible 30 day continuation to discharge. Total of approx. 150 days.)



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RTC	<p><i>Virtual Residential Program (VRP)</i></p> <p>VRP© is a family-centered and strengths-based intervention that combines the structure of residential programs with the benefits of in-home efficacy. Using evidenced-based perspectives and therapies, VRP© targets multiple determinants of problems facing youths and their families. It also provides families, schools, and communities with a diversion alternative to prevent unnecessary out-of-home placements and/or to expedite successful step-down of youth following residential or psychiatric placements. A phase system approach is used to assess treatment progress, provide structure to the home environment and to facilitate the family's progress to less-intensive interventions. The VRP therapeutic approach is individualized, contextualized and trauma informed in order to meet the needs of each family.</p>	\$65.00/hour
<b>Behavior Treatment Services / Applied Behavior Analysis (Winchester Office Only)</b>	<p>*Through the use of Applied Behavior Analysis (ABA), our Behavior Treatment Services (BTS) support children, adolescents, and families impacted by Autism Spectrum Disorders as well as other developmental disabilities. Our strengths-based, creative programming assists clients in building skills across social, communication, behavioral and daily living domains. The Behavior Treatment Services program uses research-based, best practice methodologies to develop customized programs that also incorporate each individual's interests and motivations.</p>	
BEH	<p><i>*Behavior Treatment Service (BTS)</i></p> <p>This service is provided by the Behavior Technicians and Registered Behavior Technicians and is the direct service provider working with the client and family on the implementation of the treatment plan. Supervision &amp; Parent Training in BTSis work completed by the LBA/BCBA/BCaBA that is ongoing for each and includes supervision of RBT/BT (sometimes simultaneously), treatment plan updating, caregiver training, and services such as direct observation and feedback. This may be up to 25% of the direct service hours.</p>	\$120.00/hour
ABA	<p><i>Consultation with LBA</i></p>	\$100.00/hour
	<b>Family Support Services</b>	
1PIA 2PIA	<p><i>Parenting Assessment</i></p> <p>Assessment using the Parenting Stress Index designed to evaluate the magnitude of stress in the parent-child system and is commonly used as a diagnostic measure that focuses on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress. This assessment may be requested for one parent or two parents.</p>	<p>\$300.00 flat rate (1PIA)          \$400.00 flat rate (2PIA)</p>



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PAS	<p><i>Parent Aid Services</i></p> <p>This is a prevention and intervention service that works to provide and empower caretakers with the knowledge and tools necessary to successfully parent with confidence while nurturing and developing/maintaining a healthy relationship with their child. Caretakers are assessed and individualized service plans are developed to teach caretakers parenting skills through a combination of evidenced-based parenting curriculums, implementation of curriculum goals, role-play, modeling, and tailored interventions that are provided to help facilitate healthy parenting strategies in the home.</p>	\$70.00/hour
PCIT	<p><i>PCIT – Parent Child Interaction Therapy</i></p> <p>PCIT is a short-term, specialized behavior management program designed for young children, ages 2 to 7, experiencing behavioral and/or emotional difficulties and their families. PCIT teaches caregivers to manage their child’s difficult behaviors, while increasing their positive behaviors. PCIT works with the child and caregiver together to improve behavior and reduce parenting stress.</p>	\$124/hour
ICC	<p><i>High Fidelity Wraparound - Intensive Care Coordination (ICC)</i></p> <p>The purpose of the service is to safely and effectively maintain the child in, or transition/return the child home, to a relative’s home, family-like setting, or community at the earliest appropriate time that addresses the child’s needs. ICC activities include: identifying the strengths and needs of the child and his family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the child and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the child and his family.</p>	\$1020/month
<b>School Based Mental Health Services</b>		
DTS	<p><i>*Therapeutic Day Treatment (TDT)</i></p> <p>Therapeutic Day Treatment is a program that provides a combination of therapeutic services and evaluation within the traditional school setting to student’s exhibiting emotional and behavioral concerns that hinder their ability to function successfully in the school environment. Therapeutic Day Treatment Counselors work with students in the educational setting to decrease disruptive behavior, increase focus, assist students in exhibiting age appropriate classroom behavior, and other emotional/behavioral needs. In Therapeutic Day Treatment we assess treatment needs, complete diagnostic evaluations, and utilize evidence-based therapeutic techniques. The goal of Therapeutic Day Treatment is to support students and teachers, allowing all students to learn and teachers to teach.</p>	<p>\$36.53/unit</p> <p>1 unit = 2–2.99 hours/day          2 unit = 3-4.99 hours/day          3 unit = 5+ hours/day</p>



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<b>Adult Services</b>		
MHS	<p><b>*Mental Health Skill-building Services (MHSS)</b>            Mental Health Skill-building Services is a program designed to work with individuals with a clinical need arising from a condition due to mental, behavioral or emotional illness that results in significant impairments in major life activities. The goal of Mental Health Skill-building Services is to provide training to adult individuals, while promoting recovery and the ability to maintain community stability in the most appropriate, least restrictive environment.</p>	\$91.00/unit Urban \$83.00/unit Rural 1 unit = 1-2.99 hours/day 2 unit = 3-4.99 hours/day 3 unit = 5-6.99 hours/day 4 unit = 7+ hours/day
<b>Crisis Services</b>		
CIS	<p><b>*Crisis Intervention</b>            Crisis intervention services is a mental health service, available 24 hours a day, seven days per week, provide assistance to individuals experiencing acute mental health dysfunction that requires immediate clinical attention. The objectives are: to prevent exacerbation of a condition; to prevent injury to the individual or others; and to provide treatment in the least restrictive setting.</p>	\$30.79/15 minutes Urban \$18.61/15 minutes Rural
CSS	<p><b>*Crisis Stabilization</b>            Crisis Stabilization services is a direct mental health service for individuals experiencing an acute crisis of a psychiatric nature that may jeopardize their current community living situation. The goals are to avert hospitalization or re-hospitalization; provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in psychiatric crisis; and mobilize the resources of the community support system, family members, and others for ongoing maintenance, rehabilitation, and recovery.</p>	\$89.00/hour Urban \$81.00/hour Rural
	<p><b>*Psychiatric Medication Services</b>            Psychiatric Medication Services are offered to focus on the improvement and continued stabilization of an individual's level of functioning, and alleviation of biologically based psychiatric symptoms that interfere with daily functioning.</p>	Medicaid Rate as determined by severity and age.
<b>Court Appearances</b>		
CRT	Court Appearances	\$100.00/hour (minimum \$300/day)

**\*Medicaid Funded Service - This service requires that recipient meet eligibility criteria for the DMAS defined medical model.**



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	<p><b>Outpatient Counseling Services</b>          Outpatient Counseling Services are offered to individuals and families who are presenting with significant emotional and/or psychological challenges in their life and need assistance developing new coping strategies to deal with day-to-day problems. Family Preservation Services practices patient-and-family centered counseling services. The purpose of this program is to provide professional counseling and assessment services that may assist those experiencing significant challenges in their lives.</p>	
<b>Outpatient Therapy</b>		
ASMT	Mental Health Evaluation & Report	\$250.00 flat rate
OPT	*Individual Psychotherapy	\$125.00/hour
COF	*Family Therapy	\$125.00/hour
TFCBT	Trauma-Focused Cognitive Behavioral Therapy	\$125.00/hour
<b>ARISE – Substance Abuse Services</b>		
SAASMT	Substance Abuse Evaluation & Report	\$250.00 flat rate
	*Substance Use Case Management	\$243.00/month
SUB	*SA Individual Therapy	\$125.00/hour
SUF	*SA Family Therapy	\$125.00/hour
	*Adult – Intensive Outpatient Program (IOP) – SA (3hr blocks x 4 days per week)	\$250.00/day
	*Adolescent – Intensive Outpatient Program (IOP) – SA (3hr blocks x 3 days per week)	\$250.00/day
	*Continuing Care Group	\$50.00/group
DRU	Drug Screens (KNO cup)	\$20.00/cup
<b>Adolescent Sexual Harm Services</b>		
SOE	Psychosexual Evaluation & Report	\$1,200.00 flat rate
SOI	ASH Individual Therapy	\$125.00/hour
SOF	ASH Family Therapy	\$125.00/hour
SOH	ASH Home-Based Services (only available as an addition to ASH Ind. Therapy)	\$70.00/hour

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Service	Description	Rates/Units
	<b>Treatment Foster Care</b>	
	Foster Care Maintenance (0-4 years of age)	\$496.00/month
	Foster Care Maintenance (5-12 years of age)	\$580.00/month
	Foster Care Maintenance (13+ years of age)	\$735.00/month
	Additional Daily Supervision/Enhanced Maintenance: This fee is the source of the payment to foster parents for the extra supervision involved in their work with special needs/emotionally disabled youth as defined by the Virginia Enhanced Maintenance Assessment Tool (VEMAT).	Per VEMAT Score
	<b>Treatment Foster Care Case Management</b> Assists in gaining access to needed medical, social, educational and other services. It covers assessment, planning, referral and monitoring of services. This service is combined with the appropriate TFC-Treatment Level assigned to the child. In most cases this service will be reimbursed by Medicaid. If eligibility requirements are not met due to medical necessity, continued need for the service will be determined by the DSS case manager and approval for payment sought through CSA.	\$326.50/month
	<b>Assessment Treatment Level</b> Children served at the assessment level of treatment foster care are those who are newly placed with a licensed child placing agency and for whom an assessment to determine the appropriate level of foster care services is being conducted. Not to exceed 60 days.	\$150.00/night
	<b>Non-Treatment Foster Care Level</b> Children served at the non-treatment level of foster care may be developmentally on target, demonstrated age appropriate behaviors, able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement in the same foster home. Children shall be served at the Non-Treatment Foster Care level if the assessment indicates treatment foster care services are not needed. Services offered at this level will include: At least one face to face monthly visit with the consumer and foster parent. Availability of the agency On-Call system.	\$80.00/night



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	<p><b>Treatment Support – Level 1 (Mild)</b>          A child served at Level 1 ongoing treatment foster care will demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual. Needs require monitoring or agency may need to provide services to lessen likelihood needs will return.</p>	<p><b>\$130.00/night</b></p>
	<p><b>Treatment Support – Level 2 (Moderate)</b>          A child served at Level 2 ongoing treatment foster care will demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual. The child’s needs require that action (interventions, services supports, etc.) be taken to address, remedy or ameliorate the needs. The child served at this level will receive case management services at no less than three face to face contacts per month, of which one will include the foster parents to continue to assess the relationship and stability of the placement.</p>	<p><b>\$145.00/night</b></p>
	<p><b>Treatment Support - Level 3 (Significant)</b>          A child served at Level 3 ongoing treatment foster care will demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual. The child’s needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement. The child served at this level will receive case management services weekly. At least one face to face visit will include the foster parents to continue to assess the relationship and stability of the placement.</p>	<p><b>\$155.00/night</b></p>
	<p><b>Short-Term/Emergency Foster Care Services</b>          This service provides respite to caregivers by placing the child in a treatment foster home on a short-term basis. The temporary stay gives caregivers an opportunity to stabilize their environment, make it safe, build supports, to maintain the family unit and prevent placement in a more restrictive setting. Short term foster care includes supervision and support from the foster family and trained staff, as well as emergency services. This may also be used for a youth needing a short stay that was previously in foster care. Not to exceed 29 days.</p>	<p><b>\$200.00/night</b></p>



2021-2022

Grace Academy

143 Greenwood Rd, Winchester VA 22601

(540) 313-4330

Infant Program	\$220 a week	
Pre-K program	5 days a week 9AM-3PM	\$140
Pre-K program	3 days a week 9AM-3PM	\$100
Before/After Care	\$10 a week for each additional 1-hour time slot	
Elementary Before/After Care	\$75 a week	



D.A.T.A. Intensive Parent Mentor Program:	Focus  Program Requirement: 1 x Developmental Psychologist Short Attachment, Developmental and Trauma Assessment: \$550.00	Professional Family Support	Wrap Around Family Centered/ Child Developmental Service
<p><b>STEP 1: 10 hours a week @ \$126 hr</b></p> <p><b>Goal:</b> Learn what are the six protective factors and ability to implement them within a controlled environment.</p>	<p>Parent/Caregiver healthy child relationship: Education, Mentoring and Development on the six protective factors.</p>	<p>Parent Mentor Developmental Psychologist / Parent Mentor</p>	<p>-Parent Mentor Developmental Psychologist will engage with and evaluate family's changing needs to modify treatment plan as needed to assure goals are met. In addition, Parent Mentor Developmental Psychologist and Attachment and Development trained Parent Mentor will cofacilitate parent mentor sessions to increase parent success Attachment and Development trained Parent Mentor will focus coaching and skills building on the six protective factors.</p>
<p><b>STEP 2: 10 hours a week @ \$126 hr</b></p> <p><b>Goal:</b> Ability to understand the six protective factors and implement them outside of a controlled environment.</p>	<p>Parent/Caregiver: generalization of the six protective factors in multiple settings.</p>	<p>Same as Step 1</p>	<p>-Parent Mentor Developmental Psychologist will engage with and evaluate family's changing needs to modify treatment plan as needed to assure goals are met. In addition, Parent Mentor Developmental Psychologist and Attachment and Development trained Parent Mentor will cofacilitate parent mentor sessions to increase parent success. Attachment and Development trained Parent Mentor will focus coaching and skills building on the generalization of the six protective factors.</p>
<p><b>STEP 3: 8 hours a week @ \$126 hr</b></p> <p><b>Goal:</b> Ability to consistently maintain the implementation of the six protective factors.</p>	<p>Parent/Caregiver: Consistency and maintenance of the six protective factors.</p>	<p>Same as Step 1</p>	<p>-Parent Mentor Developmental Psychologist will engage with and evaluate family's changing needs to modify treatment plan as needed to assure goals are met. In addition, Parent Mentor Developmental Psychologist and Attachment and Development trained Parent Mentor will cofacilitate parent mentor sessions to increase parent success. Attachment and Development trained Parent Mentor will focus coaching and skills building on the consistency and maintenance of the six protective factors.</p>



# **Core Leadership Competencies for Local CSA Leaders, Community Policy and Management Teams, and Family Assessment and Planning Teams**

**Report from the State and Local Advisory Team**

**August 2021**

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## Introduction:

Item 292 H. of the Appropriation Act which directs that “in the odd-numbered years, the State Executive Council shall biennially publish and disseminate ... a progress report on services for children, youth, and families and *a plan for such services for the succeeding biennium.*” This plan has been referred to as the SEC Strategic Plan.

In accordance with this directive, in December 2019, the State Executive Council for Children’s Services (SEC) adopted and disseminated the Strategic Plan (the Plan) for the 2021-2022 biennium. The Plan was developed through a series of meetings and activities including surveys of key stakeholders, focus groups with impacted constituent groups, and facilitated discussions of the SEC. A determination was made that in addition to a two-year plan, a longer range perspective would be included. Therefore, activities and metrics were developed for both two- and four-year time frames for each of the three major goal areas, and six associated objectives (two in each goal area).

This report addresses the goal area of Leadership and Collective Action which states “In order to promote alignment, we will lead by example and collaborate on a shared vision and key outcomes.” One of the two specific objectives is “the SEC and the SLAT (the State and Local Advisory Team established under §§ 2.2-5201 and 2.2-5202 of the *Code of Virginia*) will define and support development of Core Leadership Competencies for Local CSA Leaders, Community Policy and Management Teams, and Family Assessment and Planning Teams The two year metric associated with this objective is to “identify desired core leadership and operational competencies and assess current training plans.”

In response to this objective, the SEC charged the SLAT with addressing this metric. The SLAT convened a working group consisting of ten SLAT members, staff of the Office of Children’s Services, and additional local CSA Coordinators. The group was chaired by Jessica Webb, Assistant Director of Social Services / CSA Coordinator for Prince William County and Kristi Schabo, CSA Administrator for Chesterfield County and the City of Colonial Heights. The complete membership of the working group can be found in Appendix A of this report.

The work group has developed the following products to be found in the body of this report:

- Definitions and descriptions of core leadership and operational competencies for local CSA Coordinators, members of the Community Policy and Management Team (CPMT), and members of the Family Assessment and Planning Team (FAPT)
- A description of the “Characteristics of a High Functioning CPMT”

- A set of sample interview questions for use when a locality is hiring a CSA Coordinator
- Recommendations for the next steps in addressing the four year metric for this objective, “Implement a comprehensive curriculum to address identified core leadership and operational competencies and a strategy for building local implementation of the competencies.”

The substantive work products reflected in this report were presented to the SEC at its June 2021 meeting, adjustments based on feedback were made, and the SLAT endorsed this final report at its August 2021 meeting.

## CHILDREN’S SERVICES ACT COORDINATOR

The Children’s Services Act (CSA) Coordinator is a unique role and varies by locality. The CSA Coordinator sub-committee focused on the identification of leadership and operational competencies based on feedback from CSA Coordinators from a variety of small, mid-size, and large localities. The feedback indicates several consistent themes in these competencies that are important, regardless of locality size and structure of the CSA program. Most (82%) of the respondents to a survey of current incumbents have been in their role for more than one year, with approximately one-half of those having been in the role five or more years.

<b>Core Leadership Competencies</b>		
<b>Competency</b>	<b>Components of Competency</b>	<b>Resource(s)</b>
<b>Effective Communication Skills (Written and Verbal)</b>	<ul style="list-style-type: none"> <li>• Ability to be clear and succinct when presenting information to FAPT members, CPMT members, case managers, youth, and families</li> <li>• Engage in active listening with others</li> <li>• Develop rapport with key stakeholders in CSA</li> <li>• Asking questions for additional information or clarification</li> <li>• Be aware of non-verbal communication such as tone, body language, hand gestures, etc.</li> <li>• Open-mindedness</li> <li>• Demonstrate respect toward others</li> <li>• Ability to adapt communication style and understand communication style of others</li> </ul>	<ul style="list-style-type: none"> <li>• Sample Interview Questions for CSA Hiring Managers (Attachment B)</li> </ul>
<b>Collaborative Skills</b>	<ul style="list-style-type: none"> <li>• Ability to work with others in a respectful manner</li> <li>• Accept and appreciate the various perspectives of team members, youth, and families</li> <li>• Openly share information</li> </ul>	<ul style="list-style-type: none"> <li>• Sample Interview Questions for CSA Hiring Managers (Attachment B)</li> </ul>

## Core Leadership Competencies

	<ul style="list-style-type: none"> <li>• Consensus-building</li> <li>• Effectively work with people from a variety of CSA stakeholder groups</li> </ul>	
<b>Solution-focused Problem Solving</b>	<ul style="list-style-type: none"> <li>• Ability to identify a problem and identify solutions that mitigate the problem in a manner that has a positive or best outcome with the least negative impact</li> <li>• Be open to brainstorming with others</li> <li>• Recognize there may be more than one good solution</li> <li>• Strength-based perspective</li> <li>• Set SMART goals</li> <li>• Ability to think critically and creatively</li> </ul>	<ul style="list-style-type: none"> <li>• Sample Interview Questions for CSA Hiring Managers (Attachment B)</li> </ul>
<b>Organizational Skills and Multi-tasking</b>	<ul style="list-style-type: none"> <li>• Utilize tools such as calendars, reminders, to-do lists to prioritize and manage responsibilities</li> <li>• Consistently meeting deadlines</li> <li>• Delegation of responsibilities as appropriate</li> <li>• Ability to prioritize and re-arrange</li> <li>• Ability to adjust to change and the “unexpected,” while maintaining professionalism</li> <li>• Use time and resources effectively</li> </ul>	<ul style="list-style-type: none"> <li>• Sample Interview Questions for CSA Hiring Managers (Attachment B)</li> </ul>
<b>Program Management</b>	<ul style="list-style-type: none"> <li>• Ability to apply policy to operational procedures</li> </ul>	



## Core Leadership Competencies

	<ul style="list-style-type: none"> <li>○ Navigate and interpret policies from OCS and partner agencies</li> <li>○ Apply policy to day-to-day operations</li> <li>○ Apply policy consistently across agencies</li> <li>● Strong understanding of CSA eligibility and CSA funding considerations</li> <li>● Contract management             <ul style="list-style-type: none"> <li>○ Ability to negotiate contract terms and conditions (Note: may be done in conjunction with CPMT and/or locality purchasing or legal official)</li> </ul> </li> <li>● Data management and analysis             <ul style="list-style-type: none"> <li>○ Ability to collect, organize and report data related to outcomes</li> <li>○ Provide data feedback to CSA stakeholders</li> <li>○ Use data to drive decision-making with a goal of meaningful and measurable outcomes</li> </ul> </li> <li>● Understanding of necessary documentation needed in CSA case files</li> <li>● Understanding of CSA audit components</li> <li>● Ability to supervise others, as needed</li> </ul>	<ul style="list-style-type: none"> <li>● Commonwealth of Virginia Learning Center (COVLC) modules for CSA <a href="https://covlc.virginia.gov/">https://covlc.virginia.gov/</a></li> <li>○ CSA031 – CSA034</li> <li>● CSA Policy Manual and CSA Guidance Manual <a href="https://www.csa.virginia.gov/Resources/PolicyGuides">https://www.csa.virginia.gov/Resources/PolicyGuides</a></li> <li>● CSA Coordinator’s Academy and Archives <a href="https://www.csa.virginia.gov/Resources/TrainingMaterial/0">https://www.csa.virginia.gov/Resources/TrainingMaterial/0</a></li> <li>● CSA Self-Assessment Workbook <a href="https://www.csa.virginia.gov/LocalGovernment/Index/0">https://www.csa.virginia.gov/LocalGovernment/Index/0</a> <ul style="list-style-type: none"> <li>○ Recommended at hire for any new Coordinator to complete with CSA stakeholders</li> </ul> </li> <li>● OCS Helpdesk</li> <li>● State Agency sites             <ul style="list-style-type: none"> <li>○ VDSS Foster Care Policy Manual <a href="https://www.dss.virginia.gov/family/fc/index.cgi">https://www.dss.virginia.gov/family/fc/index.cgi</a></li> <li>○ Department of Juvenile Justice</li> <li>○ Department of Education</li> </ul> </li> <li>● Sample Interview Questions for CSA Hiring Managers (Attachment B)</li> </ul>
<b>Human Services Knowledge and Application</b>	<ul style="list-style-type: none"> <li>● Fundamental understanding of public child-serving agency connections to CSA</li> </ul>	

## Core Leadership Competencies

	<ul style="list-style-type: none"> <li>• Comprehensive knowledge of local community resources and services</li> <li>• Ability to identify service gaps</li> <li>•</li> <li>• Build on the knowledge of your team members (FAPT/CPMT/staff)</li> </ul>	<ul style="list-style-type: none"> <li>• Resources for Special Education, Child in Need of Services (CHINS), Adoption Assistance and Fostering Futures</li> <li>• Department of Medical Assistance Services (DMAS) <ul style="list-style-type: none"> <li>○ Magellan of Virginia</li> </ul> </li> <li>• Child and Adolescent Needs and Strengths (CANS) Assessment Training and Resources <ul style="list-style-type: none"> <li>○ <a href="https://www.schoox.com/login.php">https://www.schoox.com/login.php</a></li> <li>○ <a href="https://www.csa.virginia.gov/Cans/Index">https://www.csa.virginia.gov/Cans/Index</a></li> </ul> </li> <li>• Virginia Family Network</li> <li>• Sample Interview Questions for CSA Hiring Managers (Attachment B)</li> </ul>
<p><b>Financial Knowledge and Application</b></p>	<ul style="list-style-type: none"> <li>• Understand the fundamentals of CSA LEDRS reporting elements</li> <li>• Ability to develop and manage a program budget</li> <li>• Management of purchase orders, invoices, payments, financial reconciliation</li> <li>• Basic understanding of accounting principles</li> </ul>	<ul style="list-style-type: none"> <li>• Funding and Financial Reporting Resources <a href="https://www.csa.virginia.gov/Resources/Guidance">https://www.csa.virginia.gov/Resources/Guidance</a></li> <li>• COVLC module for CSA Financial Procedures for Local Government – CSA041 <a href="https://covlc.virginia.gov/">https://covlc.virginia.gov/</a></li> <li>• Sample Interview Questions for CSA Hiring Managers (Attachment B)</li> </ul>

## RECOMMENDATIONS

1. OCS should identify specific training materials that support a CSA Coordinator's foundational understanding of core operational competencies.
  - a. CSA Coordinator training materials should be organized by operational competency and clearly identified on the OCS website.
  - b. Any updates to training materials and/or location should be updated on this document under the Resources column.
2. CPMTs and/or hiring managers for the CSA Coordinator position are encouraged to use this document as a guide when making hiring decisions.



## COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT)

The CPMT sub-committee focused on CPMT as a leadership body. Local CPMT membership is directed by § 2.2-5205, therefore individuals become CPMT members based on their local leadership positions. Based on CPMT’s oversight responsibilities within a local CSA program, the team’s collective leadership is crucial to the success of the program.

The sub-committee developed a guidance document *“Characteristics of a High Functioning CPMT”* (See Attachment C) to guide localities to review and strengthen their CPMTs. It is highly suggested that local CPMTs establish an annual process for reviewing a CPMT’s level of functioning based on CPMT’s “powers and duties” as outlined in § 2.2-5206.

As part of its work, the CPMT sub-committee initiated a local CPMT survey. The results included local feedback about what is needed to support a CPMT’s success and included comments such as the following:

- **“Increased racial and cultural equity on the CPMT to more closely reflect the demographics of the children served by CSA funding.”**
- **“Local officials strengthening their knowledge of CSA and their engagement with CPMT members.”**
- **“Balancing of time and primary job responsibilities with the time needed to take action on improvement initiatives.”**

Core Leadership Competencies		
Competency	Components of Competency	Resource(s)
<b>Leadership Authority</b>	<ul style="list-style-type: none"> <li>• Authority to make decisions within the member’s agency</li> <li>• Ability to implement system changes within the member’s agency</li> <li>• Appointed to CPMT by local governing body</li> </ul>	<ul style="list-style-type: none"> <li>• Required Membership of Local CPMT: <a href="http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5204/">http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5204/</a></li> </ul>
<b>CSA Knowledge</b>	<ul style="list-style-type: none"> <li>• Understand core principles of the Children’s Services Act</li> <li>• Understand roles and responsibility of the CPMT</li> </ul>	<ul style="list-style-type: none"> <li>• Commonwealth of Virginia Learning Center (COVLC) modules for CSA <a href="https://covlc.virginia.gov/">https://covlc.virginia.gov/</a></li> </ul>

## Core Leadership Competencies

	<ul style="list-style-type: none"> <li>• System of Care principles and practices</li> </ul>	<ul style="list-style-type: none"> <li>• CSA User Guide <a href="http://www.csa.virginia.gov/Resources/PolicyGuides">www.csa.virginia.gov/Resources/PolicyGuides</a></li> <li>• CSA Policy Manual <a href="http://www.csa.virginia.gov/Resources/PolicyGuides">www.csa.virginia.gov/Resources/PolicyGuides</a></li> <li>• CPMT Powers and Duties <a href="http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5206/">http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5206/</a></li> </ul>
<p><b>Leadership Skills (Linked to CPMT Responsibilities)</b></p>	<ul style="list-style-type: none"> <li>• Professional experience and working knowledge of child-serving, system of care networks</li> <li>• Experience developing and implementing administrative and fiscal policies for multi-agency programs</li> <li>• Ability to develop and facilitate long-range, community-wide planning efforts</li> <li>• Knowledge of quality assurance/improvement processes utilized for accountability and outcomes for large public sector programs</li> <li>• Experience with review and analysis of data in program evaluation</li> <li>• Experience with management and oversight of program budgets</li> </ul>	<ul style="list-style-type: none"> <li>• CPMT Powers and Duties <a href="http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5206/">http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5206/</a></li> </ul>
<p><b>Engagement</b></p>	<ul style="list-style-type: none"> <li>• Attend CPMT meetings regularly</li> <li>• Participate in discussions on agenda items</li> </ul>	<ul style="list-style-type: none"> <li>• Characteristics of a Highly Functioning CPMT (Attachment C)</li> </ul>

## Core Leadership Competencies

- Ability to work collaboratively within a multi-agency oversight board

## RECOMMENDATIONS

1. OCS should identify specific training materials that support a CPMT member's foundational understanding of CPMT's role within the Children's Services Act.
  - a) CPMT training materials posted on the OCS website and clearly identified for CPMT members.
  - b) The Annual CSA Conference should offer a half-day training session for CPMT members (as it does for CSA Coordinators)
  - c) The Annual CSA Conference should identify specific trainings offered recommended for CPMT members. (CPMT-U)
2. OCS should develop a model CPMT Chair job description
3. SEC/OCS should help develop strategies for local CPMTs to recruit, retain and support parent representatives' active participation in local CPMTs
4. SEC/OCS should develop strategies to assist rural CPMTs. One strategy could be to develop a Rural Locality Round Table or Workgroup to address challenges and barriers inherent to rural localities





## FAMILY ASSESSMENT AND PLANNING TEAM (FAPT)

Core Leadership Competencies		
Competency	Components of Competency	Resource(s)
<b>Effective communication skills</b>	<ul style="list-style-type: none"> <li>• Ability to be clear and succinct when presenting information</li> <li>• Engage in active listening with others</li> <li>• Develop rapport with youth, families, and service providers</li> <li>• Ask questions for additional information or clarification</li> <li>• Awareness of non-verbal communication such as tone, body language, hand gestures, etc.</li> <li>• Ability to maintain an open mindset</li> <li>• Demonstrate respect toward others</li> <li>• Understand cultural competency</li> <li>• Ability to adapt communication style and understand communication style of others</li> <li>• Demonstrated ability to take the perspective of others without blaming, shaming or passing judgment</li> </ul>	<ul style="list-style-type: none"> <li>• CSA Conference break-out sessions (<a href="https://csa.virginia.gov/Resources/TrainingMaterial/1">https://csa.virginia.gov/Resources/TrainingMaterial/1</a>)</li> </ul>
<b>General understanding of the CSA and the function of FAPT</b>	<ul style="list-style-type: none"> <li>• Knowledge of the CSA from a state and local perspective</li> <li>• Knowledge of CSA eligibility requirements</li> <li>• Demonstrated knowledge of how youth &amp; families may access the CSA/FAPT process (generally and in their respective locality)</li> </ul>	<ul style="list-style-type: none"> <li>• Code of Virginia, Chapter 52.Children’s Services Act: <a href="https://law.lis.virginia.gov/vacode/2.2-5200/">https://law.lis.virginia.gov/vacode/2.2-5200/</a></li> <li>• The Policy manual for the Children’s Services Act: <a href="https://csa.virginia.gov/Resources/PolicyGuides">https://csa.virginia.gov/Resources/PolicyGuides</a></li> <li>• Office of Children’s Services Resource Section: <a href="https://csa.virginia.gov/">https://csa.virginia.gov/</a></li> </ul>

## Core Leadership Competencies

		<ul style="list-style-type: none"> <li>• Local policy review</li> <li>• Commonwealth of Virginia Learning Center (<a href="https://covlc.virginia.gov/Default.aspx">https://covlc.virginia.gov/Default.aspx</a>)             <ul style="list-style-type: none"> <li>○ CSA031 – CSA basics for CPMT – The big picture</li> <li>○ CSA032 – CPMT &amp; FAPT roles and responsibilities</li> <li>○ CSA033 – CSA funding and eligibility for CPMT members</li> <li>○ CSA001 – Can CSA pay?</li> <li>○ CSA42 – CSA Parental Agreements</li> <li>○ CSA020 - Special education wraparound funding under the Children’s Services Act</li> </ul> </li> </ul>
<p><b>Ability to function as a part of a team</b></p>	<ul style="list-style-type: none"> <li>• Ability to work with others in a respectful manner</li> <li>• Accept and appreciate the various perspectives of team members, including youth and families</li> <li>• Openly share information</li> <li>• Ability to build consensus</li> <li>• Ability to effectively work with people from a variety of CSA stakeholder groups</li> <li>• Commitment to engage in discussion and service planning efforts</li> <li>• Willingness to validate and honor the youth and families’ perspectives and experiences</li> </ul>	<ul style="list-style-type: none"> <li>• CSA Conference break-out sessions (<a href="https://csa.virginia.gov/Resources/TrainingMaterial/1">https://csa.virginia.gov/Resources/TrainingMaterial/1</a>)</li> </ul>

## Core Leadership Competencies

<p><b>Solution-focused mindset</b></p>	<ul style="list-style-type: none"> <li>• Ability to identify a problem and identify solutions that mitigate the problem and remove potential barriers</li> <li>• Willingness to brainstorming with others</li> <li>• Recognition that there may be more than one possible solution</li> <li>• Strength-based perspective</li> <li>• Ability to think critically and creatively</li> </ul>	<ul style="list-style-type: none"> <li>• CSA Conference break-out sessions (<a href="https://csa.virginia.gov/Resources/TrainingMaterial/1">https://csa.virginia.gov/Resources/TrainingMaterial/1</a>)</li> </ul>
<p><b>Service planning skills</b></p>	<ul style="list-style-type: none"> <li>• Understanding of how to set goals and objectives that are SMART (Specific, Measurable, Achievable, Time-Bound)</li> <li>• Knowledge of specific services and their relevance to the goals and objectives of the plan</li> <li>• Extensive knowledge of private providers within the community and around the state</li> <li>• Comprehensive knowledge of local community resources and services including how they are accessed</li> </ul>	<ul style="list-style-type: none"> <li>• CSA Conference break-out sessions (<a href="https://csa.virginia.gov/Resources/TrainingMaterial/1">https://csa.virginia.gov/Resources/TrainingMaterial/1</a>)</li> <li>• Virginia Commission on Youth Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs, 7<sup>th</sup> Edition (<a href="http://vcoy.virginia.gov/collection.asp">http://vcoy.virginia.gov/collection.asp</a>)</li> </ul>

**FAPT MEMBER POSITION SPECIFIC COMPETENCIES**

**LOCAL SOCIAL SERVICES (LDSS) REPRESENTATIVE**

Competency	Component(s) of Competency	Resource(s)
<p><b>Extensive knowledge of VDSS and LDSS function and child welfare topics.</b></p>	<ul style="list-style-type: none"> <li>• Ability to provide an overview of DSS services and the ways in which the LDSS can support families</li> <li>• Knowledgeable of court orders, best interest of the child, child safety, protective orders, foster care system and related issues, child welfare system, child protective services, treatment plan development, and community resources</li> <li>• Knowledgeable of benefits available through DSS and how youth and families may access these benefits</li> <li>• Working knowledge of DSS technology system</li> <li>• Provides information to case managers and the community about what DSS provides and offers, including the focus on child safety</li> </ul>	<ul style="list-style-type: none"> <li>• Virginia Department of Social Services (<a href="https://www.dss.virginia.gov/">https://www.dss.virginia.gov/</a>)</li> <li>• Commonwealth of Virginia Learning Center (<a href="https://covlc.virginia.gov/Default.aspx">https://covlc.virginia.gov/Default.aspx</a>)</li> <li>• LDSS onboarding training modules</li> <li>• CSA011 CSA for New LDSS Staff Modules 1-5                         <ul style="list-style-type: none"> <li>○ Module 1 - Basic background and design of CSA</li> <li>○ Module 2 - Family Assessment and Planning Team3</li> <li>○ Module 3 - Eligibility under the CSA with specific focus on children receiving the full range foster care services to including prevention, independent living, non-custodial arrangements and traditional entrustments.</li> <li>○ Module 4 - Service provision through the CSA funding</li> <li>○ Module 5 - Treatment foster care level system, utilization management and review, and the role of FAPT in adoption assistance cases</li> </ul> </li> </ul>

**FAPT MEMBER POSITION SPECIFIC COMPETENCIES**

**COURT SERVICES UNIT (CSU) REPRESENTATIVE**

Competency	Components of Competency	Resource(s)
<p>Extensive knowledge of the state and local Court Services Unit function and juvenile justice topics.</p>	<ul style="list-style-type: none"> <li>• Provides information about court-related issues and programs, as well as knowledge of the legal system.</li> <li>• Knowledge about CSU, court system, probation, parole, and juvenile justice issues</li> <li>• Provides expertise in resources and services available through the court system and how youth &amp; families may access these resources</li> <li>• Assesses services related to the rehabilitation of youth, recommending least restrictive consequences to ensure community safety and rehabilitation</li> <li>• Reviewing complaints received by the police, DSS, Schools, and individual agencies within the community, while making decisions as to how and if these matters will proceed in the court system</li> <li>• Describe the ways a youth and family may be connected to the CSU, DJJ, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Virginia Department of Juvenile Justice (<a href="http://www.djj.virginia.gov/">http://www.djj.virginia.gov/</a>)</li> <li>• Commonwealth of Virginia Learning Center (<a href="https://covlc.virginia.gov/Default.aspx">https://covlc.virginia.gov/Default.aspx</a>)                         <ul style="list-style-type: none"> <li>○ Juvenile Justice specific training modules</li> </ul> </li> <li>• Local Court Services Unit training hours</li> <li>• CSA Conference break-out sessions (<a href="https://csa.virginia.gov/Resources/TrainingMaterial/1">https://csa.virginia.gov/Resources/TrainingMaterial/1</a>)</li> </ul>

**FAPT MEMBER POSITION SPECIFIC COMPETENCIES**

**COMMUNITY SERVICES BOARD (CSB) REPRESENTATIVE**

Competency	Components of Competency	Resource(s)
<p>Extensive knowledge of the state and local Community Services Board function and children’s mental health topics.</p>	<ul style="list-style-type: none"> <li>• Knowledgeable of CSB mental health services</li> <li>• Fields inquiries about mental health issues, substance use, medications, and therapy as it relates to the Utilization Review and review of CANs</li> <li>• Educates the team on mental health/substance use issues, treatment, and its effectiveness</li>   <li>• Knowledgeable about emotional and behavioral concerns and options for treatment and how youth and families may access these services</li> <li>• Knowledgeable of peer support services available at CSBs and how to access them</li> <li>• Assists parents/guardians with linking services for youth</li> </ul>	<ul style="list-style-type: none"> <li>• Virginia Association of Community Services Boards (<a href="https://vacsb.org/">https://vacsb.org/</a>)</li> <li>• VACSB conferences and trainings listing (<a href="https://vacsb.org/vacsb-events-and-trainings-calendar/">https://vacsb.org/vacsb-events-and-trainings-calendar/</a>)</li> <li>• STEP Virginia core competency trainings</li>   <li>• Free CSB Virginia training (<a href="https://psychotherapy.net">https://psychotherapy.net</a>)</li> <li>• Regional Training Consortium</li> </ul>

**FAPT MEMBER POSITION SPECIFIC COMPETENCIES**

**PUBLIC SCHOOL DIVISION REPRESENTATIVE**

<p>Extensive knowledge of the local public-school practices and topics related to public education, special education, in particular.</p>	<ul style="list-style-type: none"> <li>• Inquires whether the child is eligible for special education or other school services</li> <li>• Explains different types of placement options and specialized services in the public school setting</li> <li>• Knowledgeable about federal and state special education regulations and how to access support services through the public schools</li> <li>• Knowledge of general resources available through the public schools and within the community</li> <li>• Inquiries about education, private day placements, truancy, and school performance</li> <li>• Review potential educational services through IEP and provide expertise relative to the limits and resources of what the school system can provide</li> <li>• Duties include checking compliance with IEPs, discussing future educational goals, referral to child study for students eligible for special education or 504 plan.</li> <li>• Assists team in ensuring the child’s educational needs meet relevant regulations and standards</li> <li>• Knowledgeable of school-related prevention, school attendance, behavior issues in school, services provided within the schools, talented and gifted programs, rights and testing options, school transition issues, and any factors affecting the safe and supportive environment for students</li> <li>• Responsible for inquiring about the status of the IEP transition planning for age-appropriate youth</li> </ul>	<ul style="list-style-type: none"> <li>• Virginia Department of Education - Special Education <a href="https://www.doe.virginia.gov/special_ed/">(https://www.doe.virginia.gov/special_ed/)</a></li> <li>• Special Education and the Children’s Services Act (CSA) - Guidance for Community Policy Management Teams (CPMT), Family Assessment and Planning Teams (FAPT), CSA Coordinators, and Local School Divisions <a href="https://csa.virginia.gov/content/doc/Special_Education_and_CSA-Guidance_for_CPMTs_FAPTs_CSACoordinators_Local_School_Divisions.pdf">https://csa.virginia.gov/content/doc/Special Education and CSA-Guidance for CPMTs FAPTs CSACoordinators Local School Divisions.pdf</a></li> </ul>
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	<ul style="list-style-type: none"><li>• Inform the parent/caregiver of required procedures within the IEP transition planning process, i.e. inviting entities like DARS, the CSB, etc.</li></ul>	
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**FAPT MEMBER POSITION SPECIFIC COMPETENCIES**

**PRIVATE PROVIDER REPRESENTATIVE**

<p>Extensive knowledge of a variety of mental health, foster care, and educational services available within the community as well as the topics related to licensure and regulatory practices governing private service providers</p>	<ul style="list-style-type: none"> <li>• Knowledgeable of mental health services and/or educational services</li> <li>• Inquires about appropriateness of services, provider’s response to the treatment goals, progress towards treatment goals, and quality of documentation as it relates to the Utilization Review and review of CANS</li> <li>• Discuss/educate the team on various treatments and its effectiveness</li> <li>• Knowledgeable about emotional, educational, and behavioral concerns and options for treatment</li> <li>• Assist FAPT in identifying services for youth and their families</li> </ul>	<ul style="list-style-type: none"> <li>• CSA Conference break-out sessions (<a href="https://csa.virginia.gov/Resources/TrainingMaterial/1">https://csa.virginia.gov/Resources/TrainingMaterial/1</a>)</li> </ul>
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**FAPT MEMBER POSITION SPECIFIC COMPETENCIES**

**PARENT/FAMILY REPRESENTATIVE**

<p>Lived experience within the CSA and/or child-serving system and a willingness to share their experience with other parents involved in the CSA/FAPT process.</p>	<ul style="list-style-type: none"> <li>• Provides support to family members before, during, and after FAPT reviews</li> <li>• Keeps track during the FAPT meeting of family engagement issues that may arise</li> <li>• Tend to the needs of families during FAPT in terms of understanding the language and issues raised for services</li> <li>• Validate the parent/caregivers' perspective</li> <li>• Offer Celebrations of the youth and family's progress</li> <li>• Ensure FAPT members are using language and tones that are youth and family friendly</li> <li>• Assist with having difficult conversations</li> <li>• Inform of community resources and how to access them</li> </ul>	<ul style="list-style-type: none"> <li>• CSA Conference break-out sessions (<a href="https://csa.virginia.gov/Resources/TrainingMaterial/1">https://csa.virginia.gov/Resources/TrainingMaterial/1</a>)</li> <li>• The Virginia Family Network (<a href="https://namivirginia.org/virginia-family-network/">https://namivirginia.org/virginia-family-network/</a>)</li> </ul>
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**RECOMMENDATIONS**

1. Development of a FAPT member specific training series to be housed on the Commonwealth of Virginia's Learning Center (Office of Children's Services).
2. Development of team function specific trainings (communication and collaboration, service planning, family engagement, conflict management) to be housed on the Commonwealth of Virginia's Learning Center (Office of Children's Services).
3. Development of a FAPT retreat resource manual that includes ideas and suggestions for FAPT specific trainings and activities (Office of Children's Services/CSA Coordinator's Network)
4. Provide discounted rates or stipends so local FAPT members can attend the CSA Annual Conference (Office of Children's Services)

## Appendix A

### SLAT Leadership and Collective Action Working Group

#### Co-Chairs:

Jessica Webb      Assistant Director of Social Services/CSA Coordinator, Prince William County  
Kristi Schabo      CSA Administrator, Chesterfield County-City of Colonial Heights

#### Group Members:

Lesley Abashian\*      Director of Human Services, City of Fairfax; SLAT Chair  
Martha Carroll\*      Director, 16<sup>th</sup> District Court Services Unit, Virginia Department of Juvenile Justice  
DeDreama Harrod      CSA Director, New Kent County  
Sharon Minter      Chief of Family Systems (CSA), City of Alexandria  
Audra Morris      Children's Services Manager, Powhatan County  
Angela Neeley\*      Executive Director of Special Education, Culpeper County Public Schools  
Laura Reed\*      Behavioral Health Manager, Virginia Department of Medical Assistance Services  
Zandra Relaford      Assistant Director, Office of Children's Services

\* Indicates SLAT Member



## Appendix B

### Sample Interview Questions for CSA Coordinator Hiring Managers

#### Leadership Competency Questions:

- What are your strengths and areas for growth as a communicator? Who or what helped you to develop your strengths? How are you addressing your areas for growth?
- Do you adapt your communication style for the communication style of others? If so, how?
- What do you consider to be the most important components of effective communication? Provide an example of how you have used those strategies for success in a situation where you had to communicate difficult information and what was the outcome?
- The role and tasks of the CSA Coordinator requires sophisticated systems knowledge, dependability, flexibility, efficiency, and strong collaboration skills. Describe a scenario where you have demonstrated these characteristics or skills on a project. Which of these characteristics or skills is the most challenging for you at this time in your professional development and why?
- In your experience, what is the key to developing a good team?
- The CSA Coordinator is often responsible for facilitating meetings and interactions where multiple stakeholders with different perspectives are involved. What do you see as the opportunities and challenges in working with multi-disciplinary teams? Please provide an example of how you have successfully collaborated within a team setting.
- Participating in the process of receiving, processing and integrating feedback is an essential part of professional development within teams. First, describe a project where you have solicited and then processed and integrated feedback towards the success of the effort. Second, describe the most challenging feedback you have received in terms of your personal work performance and how that information has informed or affected your professional identity and development.
- Provide an example of when you thought “outside of the box” to solve a problem. What was your idea and what was the outcome?
- Please describe a project/assignment when you worked to develop and implement SMART Goals. Please tell us about the goal, how it met the definition of SMART and how you contributed to the progress or achievement of that goal.
- The CSA Coordinator is often in a position where there is not a clear answer or solution to a situation. What are strategies you use when approaching a problem, and provide an example of when you have used those strategies for a successful outcome?
- Provide an example of a large-scale or time-sensitive initiative that you led and successfully implemented, the strategies used to accomplish this task, and lessons learned. Please describe the project management, problem solving and evaluation skills that you used.
  - a. Describe the initiative and its rationale.
  - b. How were stakeholders engaged in the process?

- c. What was the methodology employed for monitoring & evaluating the outcomes of the initiative? How were these findings communicated to leadership?
- Tell us why the timeliness of documentation is important. Give us an example of how you keep track of documentation deadlines.
  - The CSA Coordinator position is one that faces the complexities of “managing from the middle”. You may be in a position where you have a lot of responsibility and accountability but little authority over program components and participants. What does managing from the middle mean to you? Please provide an example where you had to manage from the middle, to include strategies used, lessons learned, and outcomes?

Operational Competency Questions:

- Please tell us why you applied for this position and what educational and/or work experience you possess that qualifies you for this position?
- What experience do you have with policy development and/or application?
- What experience do you have with data management and analysis? In your experience, what are key elements in using data-driven decision-making? Please provide an example of where you used data to drive decision-making and/or influence positive outcomes.
- What experience do you have in the area of human services?
- What experience do you have with financial management, to include: accounting principles, payment processing, and budget development/ monitoring.
- What experience do you have with working with youth and families?
- Describe a time when you encountered a parent/caregiver who didn’t agree with your suggestions. How did you handle that and what was the outcome?

## Appendix C

### Characteristics of a High Functioning CPMT

***CPMT Code Definition: “The CPMT has the authority to determine local policies and procedures regarding use of CSA funds within the statutory framework of the Act. Members of the CPMT are expected to be local agency leaders with authority to commit their agency’s expertise, resources, and funding for the purpose of providing services to the community’s youth and families”.***

A high functioning CPMT shows a commitment to the following operational principles:

1. The local CSA program has an established mission, vision, and values that are reviewed at least annually.
2. The CPMT’s level of member engagement includes consistent attendance and focused participation in CPMT meetings, member participation in subcommittees, special projects and appeals as needed and evidence of collaborative efforts amongst CPMT member agencies. CPMT should consider itself as the coordinating body of a community’s system of care efforts.
3. The CPMT has a meeting attendance policy or expectation for members.
4. The CPMT has a required orientation process for new CPMT members.
5. The CPMT has developed a strategic plan that is reviewed regularly as a standing CPMT agenda item. Private providers, family members and other community stakeholders have an identified role in this planning process.
6. The CPMT has established local CSA program metrics utilized to assess the outcomes for youth and families served, efficacy of the intra-agency partnerships, service trends along with measures of overall system effectiveness.
7. The CPMT has an established plan for communicating with all stakeholders within the local CSA program.
8. The CPMT has an established procedure for receiving feedback from internal and external stakeholders along with a defined process for reviewing and utilizing the feedback received.
9. The CPMT has an established process for the development, review and amending of local CSA program policies and procedures.
10. The CPMT supports and engages in trainings for both internal and external stakeholders to advance the Children’s Services Act mission.



## Evidence-Based Programs Resources

### **The California Evidence-Based Clearinghouse for Child Welfare**

<https://www.cebc4cw.org/>

Identifies and disseminates information on evidence-based child welfare practices. Provides guidance to statewide agencies, counties, public and private organizations, and individuals on evidence-based practice as a method of achieving improved outcomes of safety, permanency, and well-being for children and families.

### **Blueprints for Violence Prevention**

<http://www.colorado.edu/cspv/blueprints/index.html>

Center for the Study and Prevention of Violence, University of Colorado at Boulder  
Identifies effective violence prevention programs and provides training and technical assistance to replication sites. The 11 model programs identified have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Another 18 programs have been identified as promising. The guide includes details about the program review process and selection criteria.

### **Evidence-Based Practices Resource Center**

<https://www.samhsa.gov/ebp-resource-center>

Substance Abuse and Mental Health Services Administration  
Supplies a searchable online registry of mental health and substance abuse interventions that have been assessed and rated by independent reviewers. Aims to assist the public in identifying approaches to preventing and treating mental and substance use disorders that have been scientifically tested and that can be readily disseminated to the field.

### **OJJDP Model Programs Guide and Database**

<http://www.ojjdp.gov/mpg/>

Office of Juvenile Justice and Delinquency Prevention  
Covers the entire continuum of youth services from prevention through sanctions to reentry. Evidence ratings are based on evaluation literature and are used to classify programs into three categories: exemplary, effective, or promising.



## **Strengthening America's Families: Effective Family Programs for Prevention of Delinquency**

<https://strengtheningfamiliesprogram.org/>

Office of Juvenile Justice and Delinquency Prevention & Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention

Provides results of the 1999 search for best practice family strengthening programs, which are in two-page summaries, as well as a program matrix. Programs are divided into categories based on the degree, quality, and outcomes of research.

## **The Title IV-E Prevention Services Clearinghouse**

<https://preventionservices.abtsites.com/>

Offers ratings and reviews of evidence-based programs and services intended to prevent foster care placements by providing enhanced support to children and families. The Prevention Services Clearinghouse was developed in accordance with the Family First Prevention Services Act and rates programs and services as *well-supported*, *supported*, *promising*, or *does not currently meet criteria*.

## **Casey Family Programs Evidence-Based Practices Catalogue**

<https://caseyfamilypro-wpengine.netdna-ssl.com/media/Family-First-Interventions-Catalog.pdf>

## **Results First Clearinghouse Database**

<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database>

The Results First Clearinghouse Database is an online resource that brings together information on the effectiveness of social policy programs from nine national clearinghouses. It applies color-coding to the clearinghouses' distinct rating systems, creating a common language that enables users to quickly see where each program falls on a spectrum from negative impact to positive impact. As such, this database can help users easily access and understand the evidence base for a variety of programs.

The database currently includes information on 3,140 programs and was last updated on September 7, 2021.

## **Virginia Commission on Youth: Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs – 7<sup>th</sup> Edition**

<http://vcoy.virginia.gov/collection.asp>

Provides a brief overview of evidence-based treatments and interventions for children and adolescent mental health disorders. It is intended as an educational tool to help inform non-clinicians about treatment options, and it should not be used as a substitute for consultation with a qualified mental health professional.

## POLICY 3.3

### FAMILY ENGAGEMENT

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#### 3.3.1 Purpose

To guide local Community Policy and Management Teams (CPMT) under the Children's Services Act (CSA) concerning effective engagement with children and families seeking and receiving services. Effective family engagement is a core component in the system of care and is essential for achieving positive outcomes for children, families, and communities.

#### 3.3.2 Authority

- A. Section 2.2-5200.A. of the *Code of Virginia (COV)* defines the intention to the CSA "to create a collaborative system of services and funding that is child-centered, family-focused and community-based ..." emphasizing the key role of children and families as partners in the CSA process.
- B. COV Section 2.2-2506 states that the CPMT "shall manage the cooperative efforts in each community to serve better the needs of troubled and at-risk youth and their families..." This responsibility includes the duty to: "Develop interagency policies and procedures to govern the provision of services to children and families in its community. (§2.2-5206 (1))
- C. COV Section 2.2-2508 (2) specifies that the Family Assessment and Planning Team (FAPT) shall "Provide for family participation in all aspects of assessment, planning, and implementation of services."
- D. COV Section 2.2-2508 (3) specifies that the FAPT shall: "Provide for the participation of foster parents in the assessment, planning, and implementation of services when a child has a program goal of permanent foster care or is in a long-term foster care placement."... "The opinions of the foster parents shall be considered by the family assessment and planning team in its deliberations."
- E. COV Section 2.2-2649 (4) requires the Office of Children's Services (OCS) to "provide training and technical assistance to localities in the provision of efficient and effective services that are responsive to the strengths and needs of troubled youth and their families." COV Section 2.2-2649 (10) requires OCS to identify, disseminate, and provide annual training for CSA staff and other interested parties on best practices and evidence-based practices related to the CSA program.

### 3.3.3 Definitions

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

For this policy's purpose, "Family" is broadly defined to include the youth and all persons the youth considers/defines as part of their family and who may be involved with or affected by the services provided. The family includes birth parents, relative or fictive kin, adoptive parents, foster parents, grandparents, siblings (including half- and adult siblings), legal custodians, natural supports, and any other primary or secondary caretakers, including prospective caretakers in the case of children in the custody of a child-servicing agency.

"Family engagement" is a relationship-focused approach to establish and maintain full participation of families in the CSA process to make decisions leading to successful long-term outcomes. Families must be included as critical stakeholders to promote the safety, permanency, and well-being of youth and their families. Family engagement acknowledges, respects, and incorporates the family's unique history and experiences, including cultural, linguistic, and other essential aspects of self-identity into all decision-making processes.

"Family Assessment and Planning Team (FAPT)" is a locality's Multidisciplinary Team (MDT) that 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.

"System of Care" is the collaborative framework used in CSA to address youth and families' needs, ideally generating optimal solutions to complex situations. The System of Care places the youth and family in the central role in service planning.

### 3.3.4 Values Statements

- A. The State Executive Council for Children's Services (SEC) maintains that meeting the legislative intent for family participation in CSA must go beyond simply inviting family members to attend FAPT meetings and informing them about the decisions made in the FAPT process. The decision-making process must be family-driven.
- B. The underlying values of CSA and the System of Care include the following beliefs:
  1. All families have strengths;
  2. Families are the experts on themselves;

3. Families deserve to be treated with dignity and respect;
4. When supported, families can make well-informed decisions about themselves and their children;
5. Family voice and choice is a trauma-informed approach to service engagement;
6. Families are shaped by their rich and unique histories and cultural backgrounds. This includes the entirety of those elements that shape individual members' identities and the family as a whole. Such elements include but are not limited to race, ethnicity, culture, religion, language, sexual orientation, gender identity, disability status, and history of personal and collective trauma.
7. Outcomes improve when families are involved in decision-making; and
8. A team that genuinely includes youth and family is often more capable of creative and high-quality decision-making than individuals or groups of professionals alone.

### **3.3.5 CSA Family Engagement Requirements**

- A. CPMTs must have written policies for FAPT processes that describe how they ensure family and youth involvement in the assessment, planning, delivery, and review of services.
  1. Policies should make allowances for family members who cannot attend meetings held during regular business hours. Local CSA programs should consider holding FAPT meetings at non-traditional hours, prioritizing maximum family engagement.
  2. Local CSA programs should explore and, where feasible, arrange audio, video, and other Access and Functional Needs component platforms for virtual participation, when appropriate.
- B. All communication with youth and family, whether oral or in writing, will be provided, as feasible, in the youth and family's language of choice, and be mindful of various dialects and literacy needs.
  1. CSA programs and participating agencies should identify resources and arrange for translation services where needed.
  2. CSA program policies and practices should incorporate a review process to assure that all communication materials are easily understandable and accessible to families. This should include minimal use of jargon and technical language.

3. The Office of Children's Services will provide a list of resources to assist localities with this requirement.
- C. The CPMT is responsible for equitable, consistent, efficient, and effective CSA services to children and their families. Redundant or duplicative processes should be streamlined, both within the CSA program and across child-serving agencies, to promote family engagement.
    1. For example, processes that require a youth and family to repeatedly "tell their story," which may be a traumatic trigger, should be eliminated to the greatest extent possible.
  - D. Youth and family shall be given accurate information regarding the CSA process, their role and rights during the process, and how decisions are made regarding service delivery. This information includes an explanation of the affiliations and roles of the various participant in the process.
    1. Training, along with general information regarding the eligibility for CSA and the CSA decision-making process, should be available for all interested stakeholders.
  - E. CPMTs are responsible for implementing procedures to assess and measure the quality of family engagement protocols and processes. These include, but are not limited to, periodic surveys of youth and families to better understand the CSA process from their perspectives. Local CSA programs should strive to stay aware of the success of their family engagement efforts and areas for improvement.
  - E. CSA program staff and agency participants should hold themselves to the highest standards of respect for and responsiveness to all aspects of diversity, including differences in race, economic status, culture, disability status, gender identity, and other areas when interacting with youth and family.
  - F. Local CSA programs should engage in outreach regarding the CSA process to marginalized youth and families, including, but not limited to, non-English speakers, those experiencing housing insecurity, and those experiencing poverty. In doing so, the CPMT should form partnerships with diverse and representative families, businesses, and community organizations.

### 3.3.6 Role of the Office of Children's Services (OCS)

- A. Following its statutory responsibilities (OCS) will provide training and technical assistance to local CSA programs regarding family engagement. Such training and technical assistance can take place through a variety of formats and delivery mechanisms.
1. OCS shall review family engagement practices in local CSA programs as a component of its interactions with local CSA programs. OCS will compile periodic state-level reports summarizing family engagement practices, activities, and available resources.
  2. OCS shall provide tools (e.g., a model family survey, program self-assessment frameworks) for use by local CSA programs in evaluating and improving their family engagement policies and practices.

Public Comment Draft

## POLICY 3.2

### FAMILY ASSESSMENT AND PLANNING TEAM

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#### 3.2.1 Purpose

To define the establishment, appointment, and membership of Family Assessment and Planning Teams (FAPT) and to establish requirements of the policies to be adopted by Community Policy and Management Teams (CPMT) for the designation of Alternative Multidisciplinary Teams (MDT).

Alternative multidisciplinary teams provide a local Children's Services Act program to organize and operate flexibly while maintaining core statutory requirements and adherence to the system of care model.

#### 3.2.2 Authority

- A. Section 2.2-2648.D of the *Code of Virginia (COV)* establishes powers and duties of the State Executive Council for Children's Services (SEC). Subsection (14) requires the SEC to "review and approve a request by a CPMT to establish a collaborative, multidisciplinary team process for referral and reviews of children and families according to §2.2-5209."
- B. COV Section 2.2-5207 requires that "each community policy and management team shall establish and appoint one or more family assessment and planning teams as the needs of the community require" and lists the required representatives on each FAPT. This section also provides additional information concerning responsibilities of conditions about FAPT membership.
- C. COV Section 2.2-5209 states that "the community policy and management team shall establish policies governing the referral of troubled youths and families to the family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council."

#### 3.2.3 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)*" is a locality's Multidisciplinary Team (MDT) that implements the CSA by recommending services for children and 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 assessment, service planning, and decision making.

"*Multidisciplinary Team (MDT)*" is an alternate 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 of the statutory duties of a standard FAPT, including a recommendation of services for authorization by the CPMT.

"*State Executive Council for Children's Services (SEC)*" is the supervisory body established in the *Code of Virginia* to oversee the administration of the Children's Services Act (CSA).

"*Office of Children's Services (OCS)*" serves as the administrative entity of the executive branch of state government and the SEC to ensure that the decisions and policies of the Council are implemented in accordance with the powers and duties granted by statute in the Code of Virginia.

"*Parent Representative*" is an individual who is a parent and serves in the required role as a member of the FAPT. The parent representative should ideally be a person with "lived experience" and whose child has received services within the purview of, or similar to those provided through, the Children's Services Act.

### **3.2.4 Establishment, Appointment, and Membership**

- A. Each CPMT shall establish and appoint one or more family assessment and planning teams ("FAPT") as the needs of the community require to act and perform the powers and duties granted by statute in COV §2.2-5208.
- B. Each FAPT shall include the following representatives of the following community agencies who have authority to access services within their respective agencies:
  1. Community services board;
  2. Juvenile court services unit;
  3. Department of social services;
  4. School division;
  5. If requested by the chair of the CPMT, a representative of the Department of Health;
  6. A parent representative; and
  7. At the discretion of the CPMT, a representative of a private organization or association of providers for children's or family services and other public agencies.
- C. Parent representatives employed by a public or private program that receives funds through the CSA or agencies represented on a FAPT may serve as a parent representative provided that they do not, as a part of their employment, interact directly on a regular and daily basis with children or supervise employees who interact



directly on a regular basis with children. Notwithstanding this provision, foster parents may serve as parent representatives.

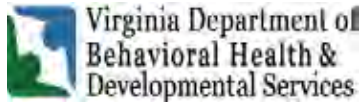
- D. Parent representatives serving on the FAPT or members representing private service providers shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in §2.2-3101 of the State and Local Government Conflict of Interests Act, or a fiduciary interest.

### **3.2.5 Alternate Multidisciplinary Team**

- A. As provided for in COV §2.2-2648 (14), the SEC shall review, and may approve, requests from CPMTs to establish a collaborative, multidisciplinary team ("MDT") (see COV §2.2-5209) to meet the requirements of the CSA.
- B. Requests for such approval shall be in writing and made available for review by the OCS and the SEC.
- C. The CPMT shall develop and approve written policy governing the membership and operation of the MDT. The CPMT shall make these policies available for review to OCS before referral to the SEC for consideration. The policies must specify:
  - 1. The purpose of the MDT, including the types of cases/circumstances that will be considered.
  - 2. How the MDT procedures and practices align and integrate with those of the CPMT's member agencies.
  - 3. Whether the MDT shall be a standing team that meets regularly or if it will operate on an ad hoc basis. If on an ad hoc basis, under what circumstances will the MDT be convened and through what procedure. Examples of regular, standing MDTs include teams for children in residential care, truancy cases, or foster care prevention.
  - 4. The minimum number of agency representatives to constitute the MDT (from among the FAPT-required agencies). This specification shall identify the agencies that shall be represented on the MDT and processes for soliciting additional input from other agencies, as needed MDTs may include additional members as needed.
  - 5. How the MDT will include family engagement practices and be family-driven (See SEC Policy 3.3).
  - 6. The process through which funding approval requests will be submitted directly from the MDT to the CPMT.

7. Alternate multidisciplinary teams must meet all relevant statutory and policy requirements of the CSA.
- D. Specific requirements for MDT members (i.e., those delineated in Section 3.2.4.C. and 3.2.4.D of this policy) shall apply.

Public Comment Draft



To: Virginia Children's Services Stakeholders

Re: Virginia Wraparound Implementation Center

Date: September 7, 2021

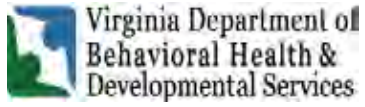
Dear Colleagues:

The Office of Children's Services and the Department of Behavioral Health and Developmental Services are pleased to communicate our shared and continued commitment and support for Intensive Care Coordination using High Fidelity Wraparound (HFW). HFW is a critical service in our system of care array. Although Virginia does not currently have a federal System of Care grant, we wanted to notify you that the Virginia Wraparound Implementation Center (VWIC) continues to be operational through supplemental funding from the Department of Behavioral Health and Developmental Services. VWIC remains the organization in Virginia for workforce development and training related to High Fidelity Wraparound (HFW).

Services available through VWIC in the coming year include the following:

- Two or three High Fidelity Wraparound Facilitator Training Sessions for Intensive Care Coordinators new to the workforce (depending on workforce needs). We have the capability for both live and virtual instruction, depending on the public health conditions.
- Two High Fidelity Wraparound Initial Training Sessions for Family and Youth Support Partners new to the workforce. We have the capability for both live and virtual instruction, depending on the public health conditions.
- One High Fidelity Wraparound Training per year for Supervisors of HFW Workforce members (live and virtual instruction, depending on the public health conditions).
- Required Annual Refresher Training per year for all current High Fidelity Wraparound workforce
- A Train the Trainer Process to develop two additional HFW trainers.
- Monthly Coaching/Office Hours for all HFW workforce members.
- Develop and assist in establishing monthly regional HFW skills-based practice groups (formerly known as coaching groups).
- Credential or certify a minimum of two new HFW Coaches.

**If you would like to receive more specific information about any of these services, please contact Brandi Tinsley, LCSW, Sr. Project Manager and Credentialed HFW Facilitator Coach at [btinsley@umfs.org](mailto:btinsley@umfs.org).** We look forward to your continued support and partnership as we continue to expand the use of High Fidelity Wraparound in Virginia.



Sincerely,

*Nina Marino, LCSW*

Nina Marino, LCSW  
Director, Office of Child and Family Services  
Virginia Department of Behavioral Health and Developmental Services

*Scott Reiner*

Scott Reiner, Executive Director  
Virginia Office of Children's Services