

FREDERICK COUNTY CPMT AGENDA

August 22, 2022
1:00 PM
107 N Kent St
Winchester, VA
1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda
 - A. July Minutes
 - B. Budget Request Forms
- IV. Executive Session
 - A. Case Update
- V. Committee Member Announcements
- VI. CSA Office Business Jackie Jury
 - A. July Financial Report
 - B. Audit Status Update
- VII. Old Business Jackie Jury
 - A. Strategic Plan Goal- Satisfaction Survey Subcommittee Update
 - B. FY23 Contract
- VIII. New Business Jackie Jury
 - A. Guidance Documents
 1. Best Practices for Virtual FAPT Meetings
 2. CPMT Chair Job Description
- IX. Informational Items
 - A. Administrative Memo #22-10- Annual CSA Service Gap Survey
- X. Assigned Tasks
- XI. Next CPMT Meeting
 - September 26, 2022, 1:00-3:00pm, 1st Floor Conference Room
- XII. 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, July 25, 2022

The Community Policy and Management Team (CPMT) met in the 1st Floor Conference Room at 107 N Kent St, Winchester, VA 22601 on July 25, 2022.

The following members were present:

- Tamara Green, Frederick County Department of Social Services
- Jay Tibbs, Frederick County Administration
- Dr. Michele Sandy, Frederick County Public Schools
- Denise Acker, Northwestern Community Services Board

The following members were not present:

- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Leea Shirley, Lord Fairfax Health District
- Jerry Stollings, 26th District Juvenile Court Service Unit

The following non-members were present:

- Jacquelynn Jury, CSA Coordinator
- Robbin Lloyd, CSA

Call to Order: Denise Acker called the meeting to order at 1:05 pm.

Introductions: Members and nonmembers of the team introduced themselves.

Adoption of Agenda: Dr. Michele Sandy made a motion to adopt the July agenda; Tamara Green seconded; CPMT approved.

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

- June 27, 2022- CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Tamara Green made a motion to approve the June Minutes, Denise Acker seconded, CPMT approved. Jay Tibbs made a motion to approve the budget sheets, Dr. Michele Sandy seconded, CPMT approved.

Adoption to Convene to Executive Session: On a motion duly made by Dr. Michele Sandy and seconded by Jay Tibbs, the CPMT voted unanimously to go into Closed Executive Session to discuss cases confidential by law as permitted by Section §2.2-3711 (A) (4) and (15) and in accordance with the provisions of 2.2-5210 of the Code of Virginia.

Executive Session:

- Parental Agreement Extension Update

Adoption of Motion to Come Out of Executive Session: Dr. Michele Sandy made a motion to come out of Closed Session and reconvene in Open Session; Tamara Green seconded; CPMT approved.

Motion and Roll Call Certification of Executive Session: Dr. Michele Sandy made a motion, seconded by Jay Tibbs, to Certify to the best of each Frederick County CPMT member's knowledge (1) the 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.

Michele Sandy	Aye
Denise Acker	Aye
Tamara Green	Aye
Jay Tibbs	Aye

Adoption of Motion to Approve Items Discussed in Executive Session: No actions needed.

Committee Member Announcements:

- Dr. Michele Sandy noted that Dr. Sovine retired as the Frederick County Public Schools Superintendent. A new superintendent is being sought.
- A new supervisor has been hired for the Special Education Diagnostic and Related Services group to support our school psychologist.
- Jamison Olinger will be coming back as a part time Family Assessment and Planning Team support liaison to help Julia Vettorel.

CSA Office Business:

- Denise Acker is the new CPMT Chair beginning July 1, with Dr. Michele Sandy serving as the Vice Chair.
- A copy of the CPMT Confidentiality Form was included in the meeting packet for members to sign. The form is collected annually.

CSA Financial Report:

- June 200 Financial Report-
 - Monthly Net Expenditures- \$326,637.92 or 8% of the total allocated, including Protected and SpEd WrapAround Funds.
 - Year to Date Net Expenditures- \$3,329,174.70 or 81% of the total allocated, including Protected and SpEd WrapAround Funds. Local match spent is \$1,346,076.07.
 - Remaining- \$807,300.79 or 19% of the total allocation or \$798,420.55 excluding SpEd Wrap Funds.
 - Protected Funds- \$47,501.50 spent, \$12,678.50 remaining with \$9,053.00 encumbered.
 - SpEd Wrap Funds: \$199,743.25 spent, \$28,751.49 remaining with \$26,005.00 encumbered.
 - Youth Served: 142 total
 - 96 in Community Based Services
 - 24 in Private Day School
 - 22 in Congregate Care
 - 24 in TFC
- OCS Audit – The auditor has not begun the Frederick County audit as she is working to complete audits from several other localities.

Old Business:

- FY23 Contract Status- Grafton has accepted the contract renewal but suggests the following language be reviewed “failure to provide 10 days written notice of termination would result in 10 days of non-payment for services” for interpretation as CPMT intended.
- CPMT Policy Change- Proposed changes allow any member the ability to call an emergency meeting which would occur within one business day. VFOIA regulations will be in effect requiring a quorum of members/proxy and public notice. Dr. Michele Sandy made a motion to accept the Emergency Meeting policy and by-law changes, Tamara Green seconded, CPMT approved.
- Private Day Rate Setting/Administrative Memo #22-06- Children in educational placements must have the Private Day School Rate Setting Tool completed prior to admission. The rate tool will determine the daily rate based on the teacher-student ratio in each classroom and will be completed by the private day school. Rates set by the state will go into effect on July 1, 2023. Beginning August 1, 2022, local CSAs will be required to report to the state the tier in which each child is enrolled to collect data and estimate costs.
- Strategic Plan Goal- Satisfaction survey subcommittee- A Doodle poll was distributed to interested parties to schedule the first meeting of the workgroup. Participant schedules did not align. Another poll will be sent with alternative choices.

New Business:

- FAPT COVID Procedures- An ill youth attended FAPT and tested positive for COVID later that evening. FAPT members were exposed, and one became infected. CPMT decided that FAPT should follow CDC guidelines regarding exposure and quarantine and recommend anyone feeling sick to participate virtually.
- Administrative Memo #22-05- State Budget Information-
 - No change to state pool allocation. Administrative funds were increased by \$500k for the entire commonwealth. Local allocations will be provided at a later date. (See Admin Memo #22-08 below)
 - Rate increases
 - § Medicaid PRTF reimbursement- 8.89%, certain community based behavioral health services- 12.5% increase continued from FY21 (originally put in place due to COVID)
 - § Foster Care Maintenance Rates (Basic and clothing allowance only) - follows increase of state employee salaries from prior year- 5% increase.
 - Language changed to allow localities to employ local debt collection practices for nonpayment of copay. Prior language required referral to DCSE or OAG. New language states that OCS “shall be made a party to any such copayment agreement.” Frederick County policy requires vendors to collect copayments.
- Administrative Memo #22-07 Changes to COV 2.2-5205 & 2.2-5207- A change in the language in COV sections relating to the membership and immunity from liability of FAPT and CPMT was approved by the General Assembly. This change provides more flexibility of the qualifications of a Parent Representative on either team. In addition to the change in language, it also requires that the SEC “inventory current efforts to recruit and retain parent representatives” on each team. OCS is planning on distributing a survey to address this requirement.
- Administrative Memo #22-08 – Administrative Budget Plan- The General Assembly approved an overall increase of \$500k Administrative Budget Plan funding to allocate to localities. In FY23, Frederick County is allocated \$35,468.00 requiring a base match rate of 43.48%. This is an increase from \$28,541.00 (\$6,927.00)

- Administrative Memo #22-09- FY22 Year End & FY23 State Base Allocations- A reminder of the end of year process was included in this memo, along with the FY23 funding allocations.
 - Initial Base Pool Allocation- \$3,509,091
 - Protected portion of Base Allocation- State match maximum \$34,011
 - SpEd WrapAround- \$20,518

Informational Items:

- 988 Mental Health Crisis Hotline Implementation- Starting 7/16/22, individuals can dial or text 988 to be connected to trained counselors who are part of the National Suicide Prevention Lifeline. This is the initial step to establish a robust crisis response across VA and the US. Additional plans for expansion include triage and mobile crisis intervention

Assigned Tasks:

- The CSA Coordinator will organize a meeting of the subcommittee to establish a satisfaction survey.
- The CSA Coordinator will email CPMT recommendations regarding FAPT attendance in the event of a COVID infection.

Next Meeting: The next CPMT meeting will be held Monday, August 22, 2022, at 1:00 pm in the 1st Floor Conference Room.

Adjournment: Tamara Green made a motion to adjourn, Jay Tibbs seconded, and the motion was approved. The meeting was adjourned at 2:20 pm.

Minutes Completed By: Robbin Lloyd



Frederick County CSA Financial Update: July 2022

of Reports Submitted: 12

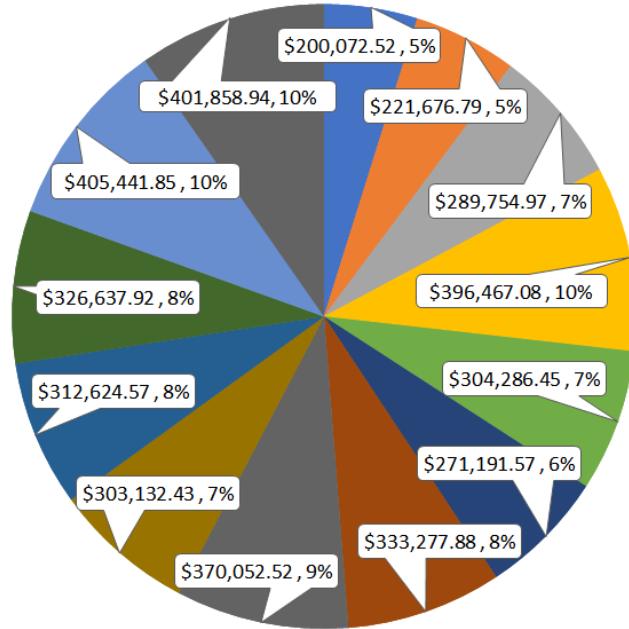
YTD Total Net Spent with Wrap:
\$3,734,616.55 90%

YTD Local Net:
\$1,510,440.53

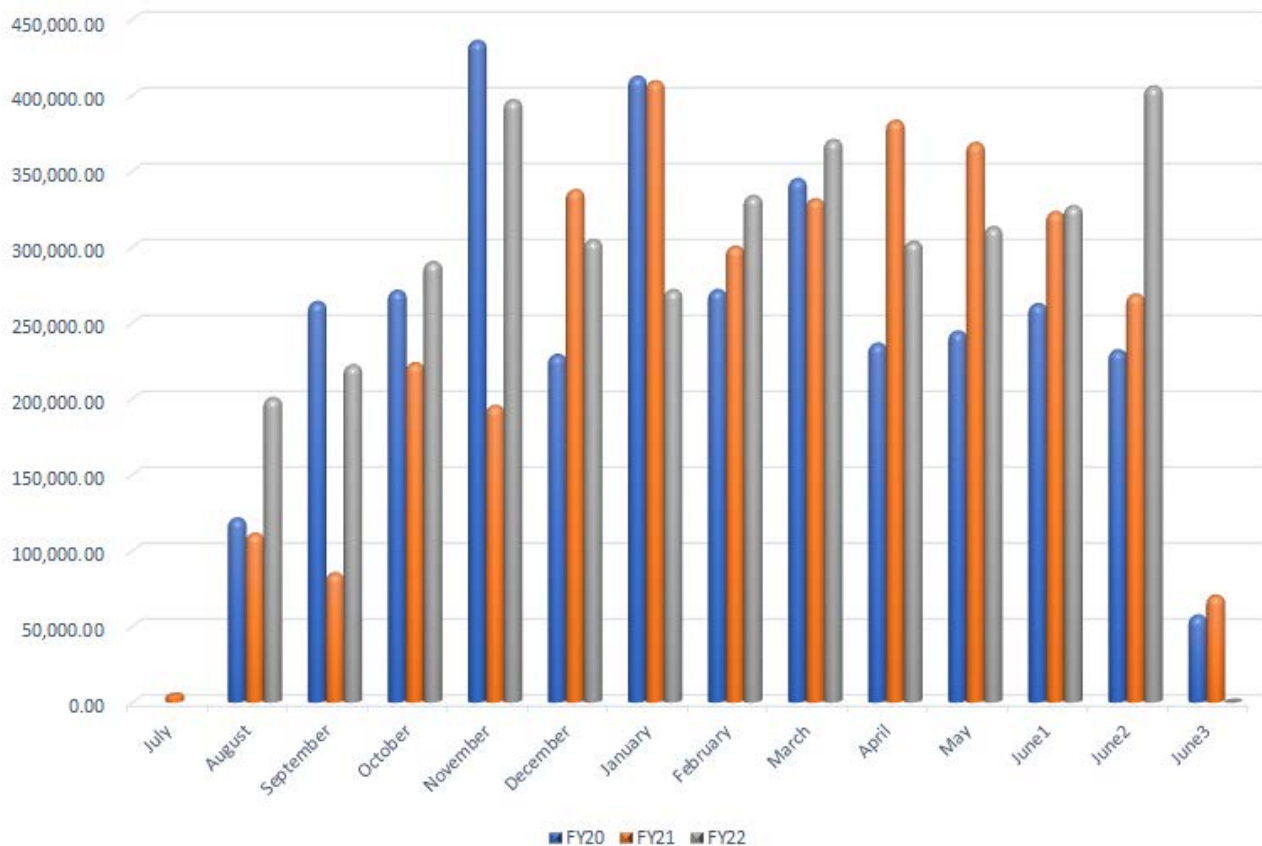
Total Remaining:
\$401,858.94 10%

Remaining w/o Wrap: \$392,978.70

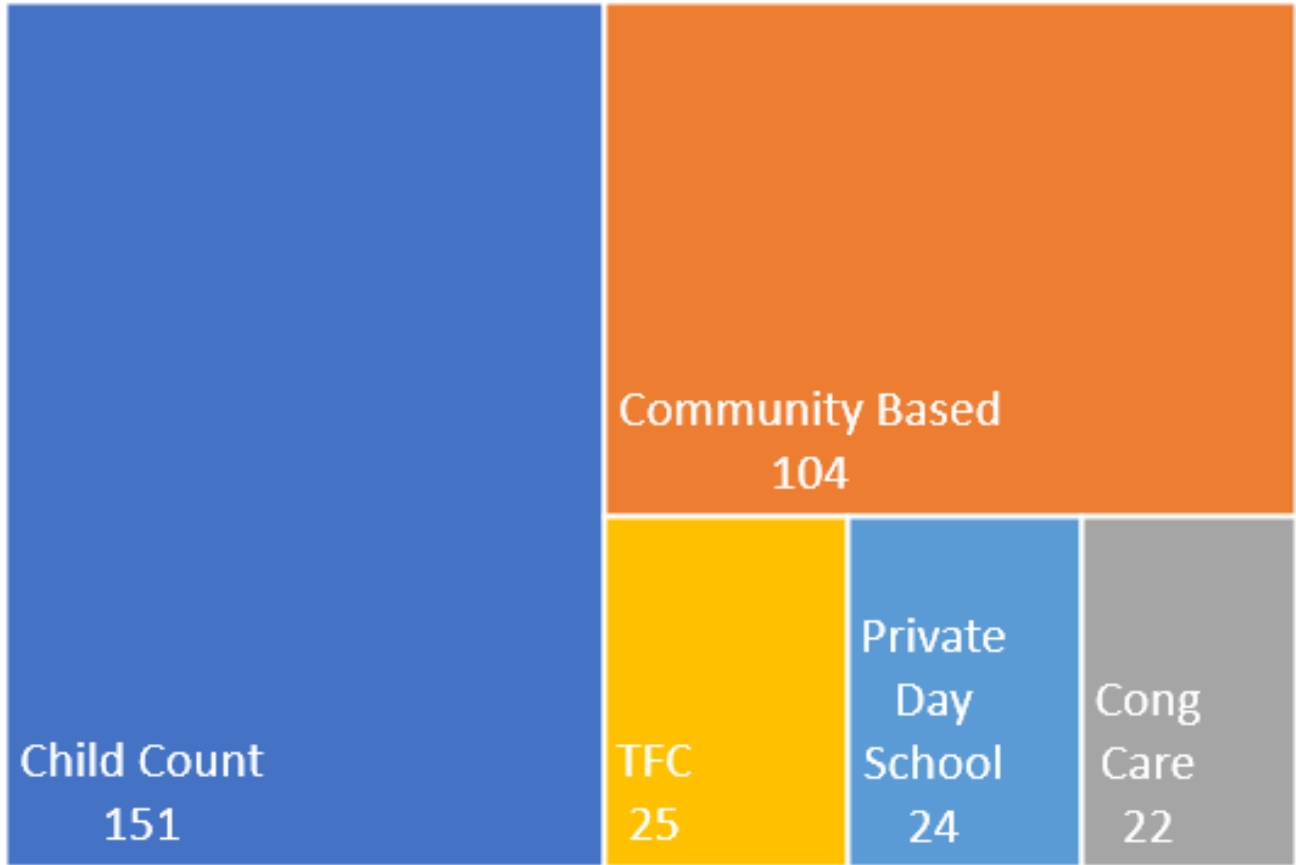
Monthly Expenditure



Monthly Net Expenditures



Placement Environment



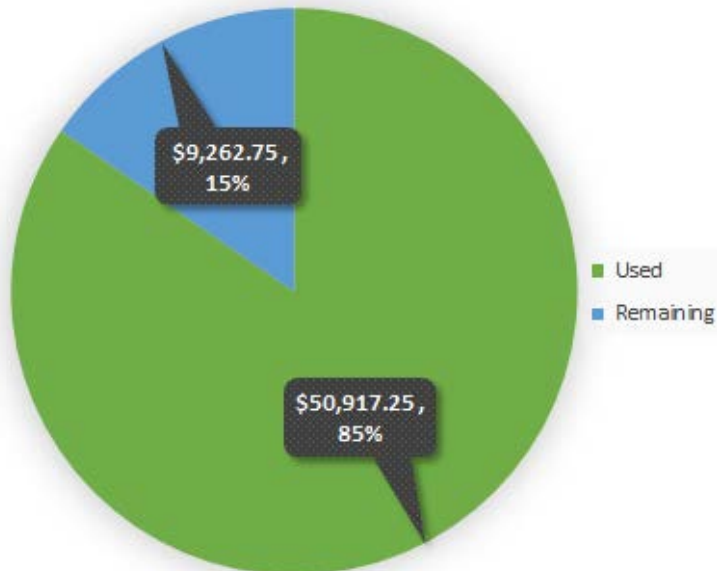
Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services

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

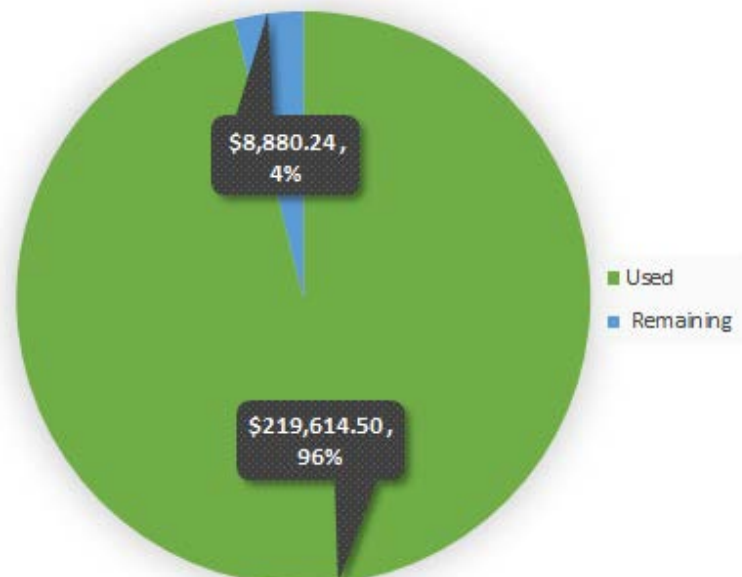
Protected Encumbered: \$0.00

SpEd Wrap Encumbered: \$0.00

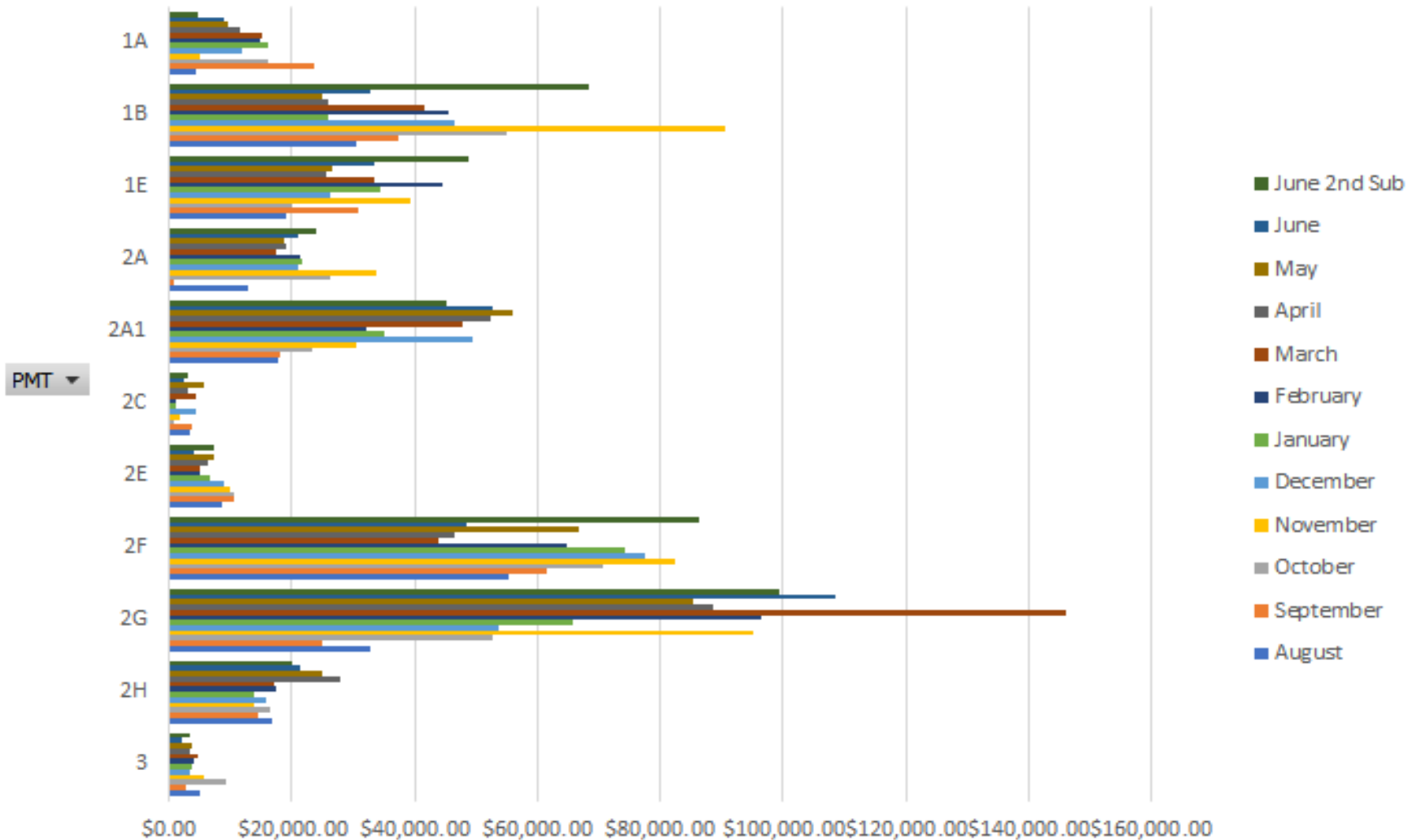
Protected Funds



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

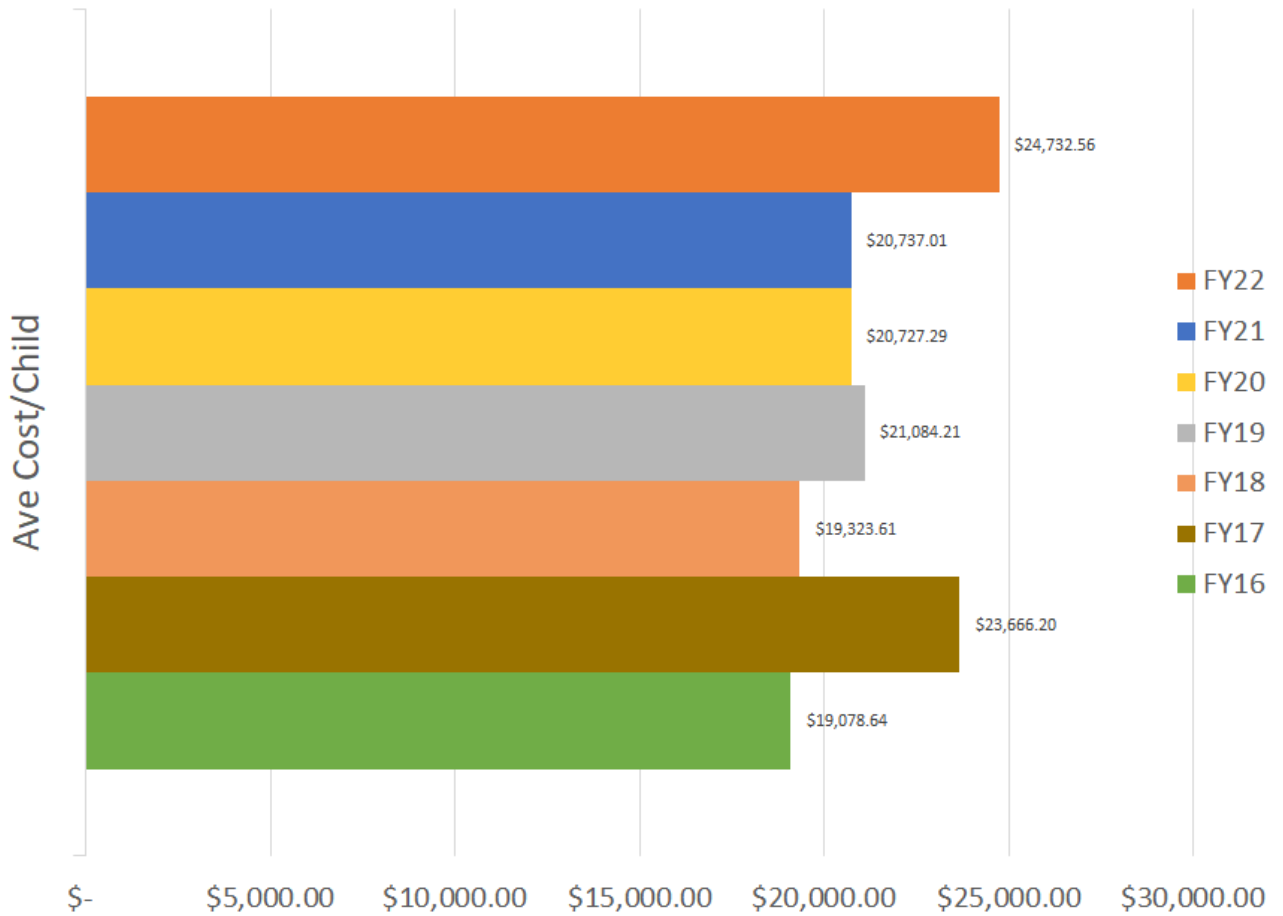
2G- Private Day School

2H- Special Education Wrap Around Services

3- Protected Funds

*NonMandated

EXPENDITURE TRENDS





Unwavering champions
for children and families



3900 West Broad Street
Richmond, VA 23230



804.353.4461



804.355.2334



UMFS.org

August 2022

Denise Acker
CPMT Chair
Frederick County

Ms. Acker and CPMT Team,

UMFS is appealing the decision made by the Frederick County CPMT Team to deny rate increases for residential and Functional Family Therapy (FFT). UMFS is aware these rate changes occurred after July 1, 2022.

UMFS rationale for appeal is as follows:

1. UMFS and other providers are not given a time frame from outside entities with regard to when rate changes will be implemented. Providers such as UMFS are not able to submit rate revisions within certain time frames due to this issue. UMFS submitted initial rate sheets on time to the locality for consideration.
2. UMFS and other providers are allowed to ask for the full rate for both services as outlined by the state for services provided. The state has set rates after careful consideration of the needs of residential and FFT service providers. The rates give providers the ability to better support staff and those working in residential and FFT.
3. Frederick County CPMT has accepted rate changes made by the state or DMAS in the past. UMFS is unclear as to what has changed for CPMT with these current rate changes.
4. The rates listed on the rate sheet do not exceed those set by the state or DMAS and are charged to all localities.
5. The addendum set forth by the locality states
 - a. "Rate changes are allowed only during the renewal period or as a result of State policies, legislation, DMAS adjustments, or specific rate negotiations initiated by the Buyer and must be agreed to and approved by CPMT."



- b. As DMAS and State rate adjustments are subject to change outside of the rate setting period, approving a state listed rate increase should be considered a normal business practice between localities and providers.

In the spirit of collaborative partnership, UMFS respectfully requests that CPMT re-evaluate the decision to deny the rate increase.

Sincerely,

Tara Pappas, LCSW CSOTP
Utilization Management





Virtual Family Assessment and Planning Team (FAPT) Meetings¹

What does virtual FAPT mean?

A FAPT meeting is considered virtual when any of the participants are utilizing a web-based platform/application (e.g., Zoom) and/or phone to facilitate or engage in the meeting.

Fully virtual FAPT meetings occur when FAPT members, the family, provider, and any other participants all participate by video or phone.

Hybrid virtual FAPT means any combination of the following:

- The FAPT members may all be meeting in person in the same room and any combination of the caseworker, family, providers, etc. participate via electronic means.
- Any combination of FAPT members, family, or providers participating in an in-person meeting with some members participating virtually.

Benefits to a virtual FAPT:

- Improved participation, attendance, and engagement from families and vendors.
- Elimination of the need for travel by team members, and providers.
- No transportation barrier for families.
- More flexible scheduling options so that FAPT can occur, avoiding and decreasing interruptions in service approval/provision.

Potential barriers to a virtual FAPT:

- Internet/Technology issues.
- Lack of FAPT member engagement.
- Concerns about obtaining signatures.
- Inability to provide an adequate level of confidentiality due to available platform capabilities.
- The virtual platform may not be the best way to engage all families.

¹ This document was developed for the CSA State and Local Advisory Team by a group of SLAT members and local CSA Coordinators.

Best Practices/Guidance for Virtual FAPT Meetings

If a locality is going to utilize a virtual FAPT option, it is recommended that local policy include language regarding the authorization and circumstances of virtual FAPT meetings. Policy language may include content related to some of the best practices identified for virtual FAPT meetings.

Security:

Learn about the security features of the virtual platform and implement the applicable security features to whichever platform you use. Potential options to mitigate security concerns include, but may not be limited to:

- Work with your locality's IT Department to identify the available platforms and security features.
- Locked meetings.
- Obtain a list of expected participants in advance and admit only authorized individuals.
- Use separate meeting links for each FAPT case.
- Utilize a meeting password/passcode.
- Designate a host to admit individuals.
- Ensure staff and families know that using an open (non-secured) Wi-Fi internet access limits the amount of meeting security.
- Make sure your local policy addresses that virtual meetings should not be recorded.

Confidentiality:

Being in a virtual setting for FAPT members is different than being in the controlled environment of the FAPT conference room, so confidentiality looks different. Localities may want to consider updating FAPT member confidentiality forms to include confidentiality for FAPT members working off-site. Some possible options include:

- Annual confidentiality agreement that includes a statement that references protocols when a member is participating in a meeting virtually, such as ensuring that confidential information is protected and not visible or will be able to be overheard by individuals who are not supposed to have access to that information.
- Include statements of confidentiality on the IFSP signature page that acknowledges each participant's pledge to keep information confidential. For example: "By signing this IFSP, I agree not to divulge any information revealed at this meeting to any individual or agency, except as authorized by policy or required by law."

Signatures:

It is recommended that localities meeting virtually have a signature solution, ideally an electronic signature program recommended by your locality's IT Department. Potential options include, but may not be limited to:

- DocuSign
- Adobe Sign **Should consider scanning in signed participation forms and emailing them to virtual participants for signature.**
- Faxing/Scanning

If signatures are unable to be obtained through an electronic method, verbal consent should be documented in the Individual Family Service Plan (IFSP) with a notation of who provided the consent, on what date, and who recorded it on the document.

Family Engagement:

- Have a call-in option for people unable or do not have the capacity to participate via a web- based platform.
- If allowable by your locality, consider purchasing calling cards for families who may struggle with keeping cell service.
- Have a language interpreter to engage in the virtual meeting if needed.
- Ensure that enough time is scheduled for the meeting such that the family's voice can be heard in the time allowed.
- Provide as much flexibility in scheduling to ensure that the time scheduled works for the family.

FAPT Member Engagement/Professionalism:

FAPT members should participate in meetings in the same way that they would participate in person, in terms of levels of engagement and professionalism. It is recommended that localities each identify their own requirements and develop their culture of engagement. Some suggestions include:

- Members should use their camera if they have access to one.
- Members should demonstrate engagement by looking at the screen (and/or explaining that they are looking at a second screen for typing).
- Members should provide feedback and participate in the conversation.
- Members should avoid eating, driving, napping, answering the phone, engaging in "outside" conversations, etc. during FAPT meetings.
- Consider designating a specific "technology facilitator" and/or a separate

documenter, so the meeting facilitator is able to fully engage with the family and participants.

- Facilitators may consider an opening statement to families and providers to explain some of the things mentioned above. For example, "please note that our staff will be engaged during your FAPT meeting today, but there may be times when staff will be writing notes or researching policies and services related to your case and therefore they may seem distracted."
- Consider formats where at least some FAPT members are in person in the same room to facilitate communication among members.
- Consider having rules of engagement displayed on the screen if using a virtual platform.
- Localities should have a procedure regarding cancelation of virtual FAPT meetings in the event that a meeting is canceled.

CPMT Chair Job Description¹

The Community Policy and Management Team (CPMT) is the statutorily established local governing body for the Children's Services Act (CSA) program. Key responsibilities are to oversee policy and procedures regarding the use of CSA funds and operating procedures within the statutory and regulatory framework of the Act. The CPMT Chair plays an important leadership role as the head of this oversight and decision-making body. The Chair's responsibility spans beyond basic meeting facilitation. While each locality differs in the implementation of the local CSA program, there are fundamental responsibilities that can assist each CPMT with improving and instilling best practices into their local program.

Key responsibilities:

- Serves as the official local program contact and liaison to the Office of Children's Services.
- Develop CPMT meeting agendas, in collaboration with the CSA Coordinator.
- Facilitate CPMT meetings.
- If the Chair is from a local agency that does not oversee CSA daily operations, the Chair should maintain open communication with the CSA program's supervisory staff.
- Facilitate strategic discussion and planning to include, but not limited to:
 - Fiscal management and budget risks and opportunities;
 - Service trends and utilization;
 - Long-term and short-term goals for the program;
 - Enhancements to the local system of care;
 - Solution-focused discussion about identified system barriers and service gaps; and
 - Collaboration across stakeholder groups.
- Ensure effective communication amongst CPMT members and key stakeholders.
- Encourage CPMT members to engage in building a positive culture.
- Set a collaborative and strategic tone for a locality's child-serving system.
- Ensure CPMT decisions reflect CSA core principles, CPMT Code responsibilities, and local policy parameters.
- Administrative functions to include, but may not be limited to:
 - Ensuring regular attendance for all CPMT members;
 - Ensuring Freedom of Information Act (FOIA) requirements are followed;
 - Supporting appeal hearings;
 - Operating as the signatory for local CPMT documents including contracts, as so authorized by the local government.
 - Completing required financial forms; and
 - Ensuring CPMT members receive fiscal and budget information that supports CPMT oversight of CSA expenditures.

¹ This document was prepared by the SLAT CSA Competencies Group and endorsed by the SLAT on August 4, 2022.



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

OFFICE OF CHILDREN'S SERVICES *Administering the Children's Services Act*

Administrative Memorandum #22-10

To: CPMT Chairs CSA Coordinators

From: Scott Reiner, Executive Director

Date: August 1, 2022

Subject: Annual CSA Service Gap Survey

Section 2.2-5211.1.2 of the Code of Virginia requires that: "The community policy and management team shall report annually to the Office of Children's Services on the gaps in services needed to keep children in the local community and any barriers to the development of those services." This requirement led to the implementation of the annual CSA Service Gap Survey, which has been in place since 2007. The Survey can also serve as a resource to local CSA programs in meeting the language of §2.2-5206.4 that each CPMT shall: "Coordinate long-range, community-wide planning that ensures the development of resources and services needed by children and families in its community ..."

Thank you for your cooperation in completing the 2022 Service Gap Survey. The results are now tabulated and summarized. They are included with the Memo and are also available on the [OCS website](#). We hope that this information will be helpful to your localities in meeting the needs of children and families and fulfilling your planning responsibilities.

Please direct any technical questions about the Service Gap Survey to Carrie Thompson, CSA Research Associate Senior at carrie.thompson@csa.virginia.gov.

cc: Carrie Thompson

Attachment: FY2022 Service Gap Survey.pdf



Office of Children's Services
Empowering communities to serve youth

FY 2022 Service Gap Survey

(Follow-up Questions to FY 2021 Gap Survey)

The CSA Service Gap Survey

- Section 2.2-5211.1.2 of the Code of Virginia requires that: "The community policy and management team shall report annually to the Office of Children's Services on the gaps in services needed to keep children in the local community and any barriers to the development of those services." This requirement led to the implementation of the annual CSA Service Gap Survey, which has been in place since 2007.
- Beginning in 2017, the process was revised to require that a full survey will be completed only in the odd-numbered years. In the even-numbered years, localities review their previous year's submission and provide an interim update.
- FY2022 represents the follow-up to the complete survey from FY2021 which is available at:

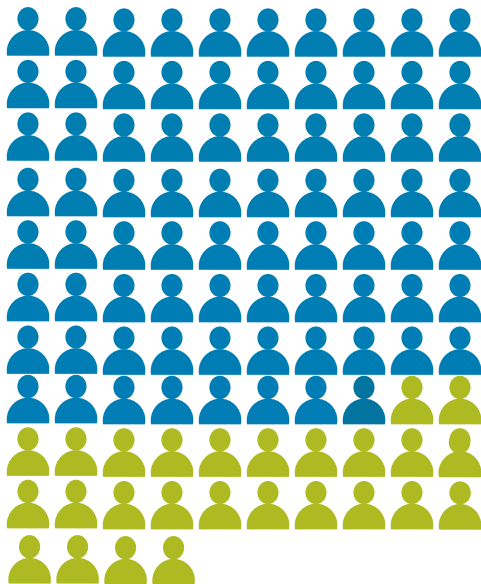
[FY2021 CSA Service Gap Survey](#)

Key Findings

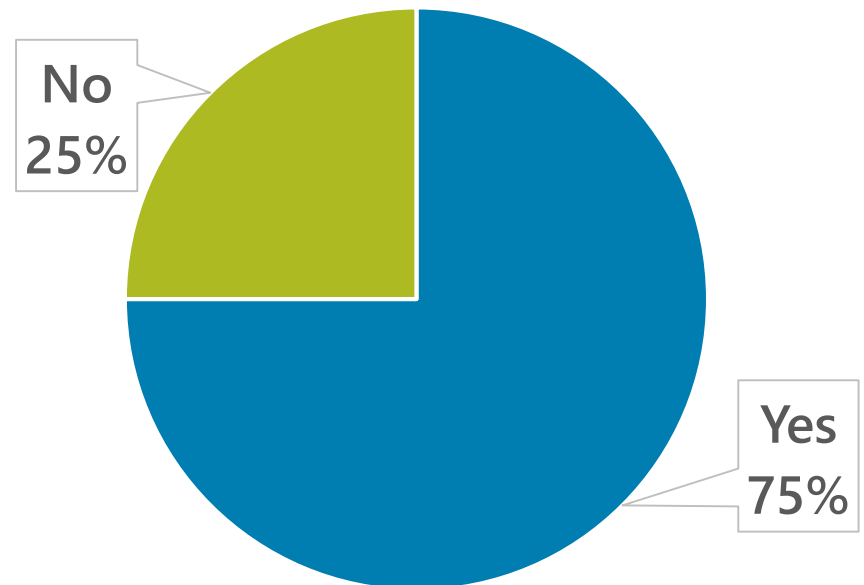
- The **top three service gaps** identified by localities were Community-Based Behavioral Health, Residential, and Crisis Services.
- The **specific populations** most frequently mentioned in responses were youth with Autism or other Intellectual/Developmental Disabilities (41% of all specific populations identified in responses).
- Among localities that reported **service gap improvement** or resolution, New Provider/Program was the most frequently cited example.
- The most prevalent response for **increased/new barriers** was Provider Availability. Staffing was the second most frequent response.
- The most frequently mentioned **decreased/resolved barrier** was New Provider/Program.

Are there new or increased service gaps from FY21 to FY22?

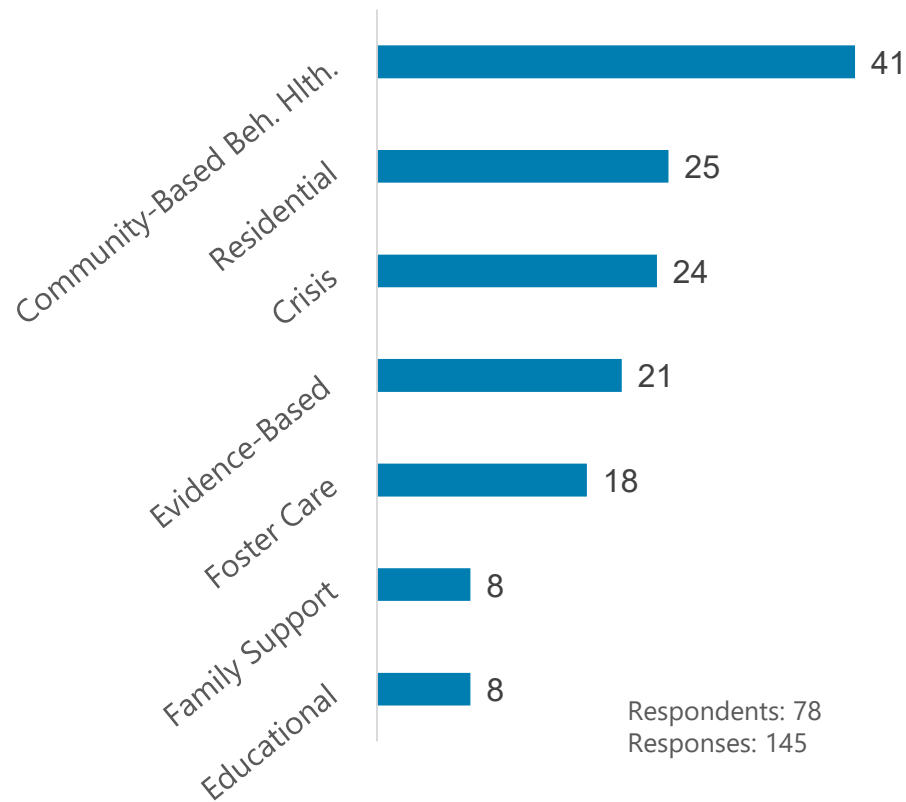
Statewide



N=104

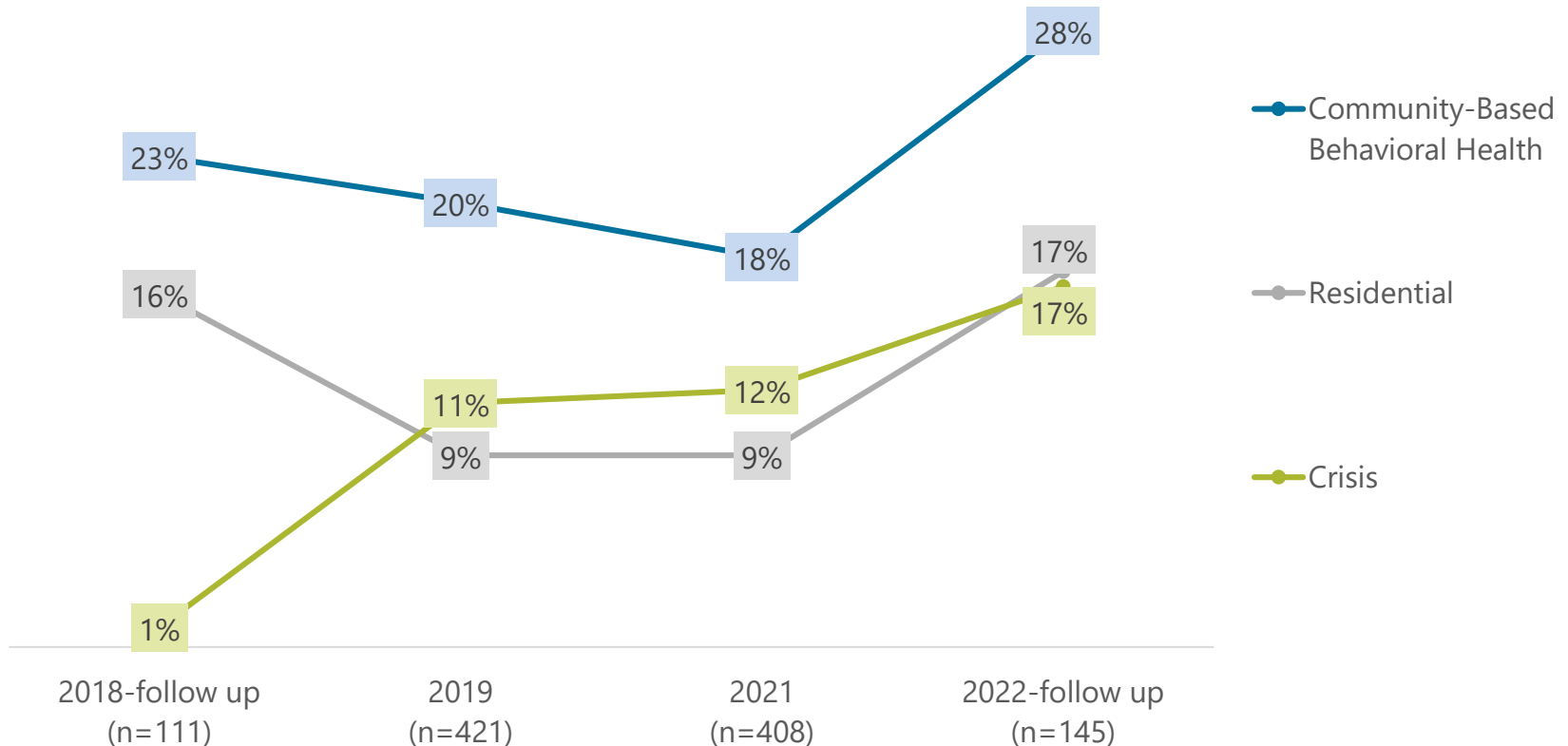


New/Increased Service Gaps Identified in FY22



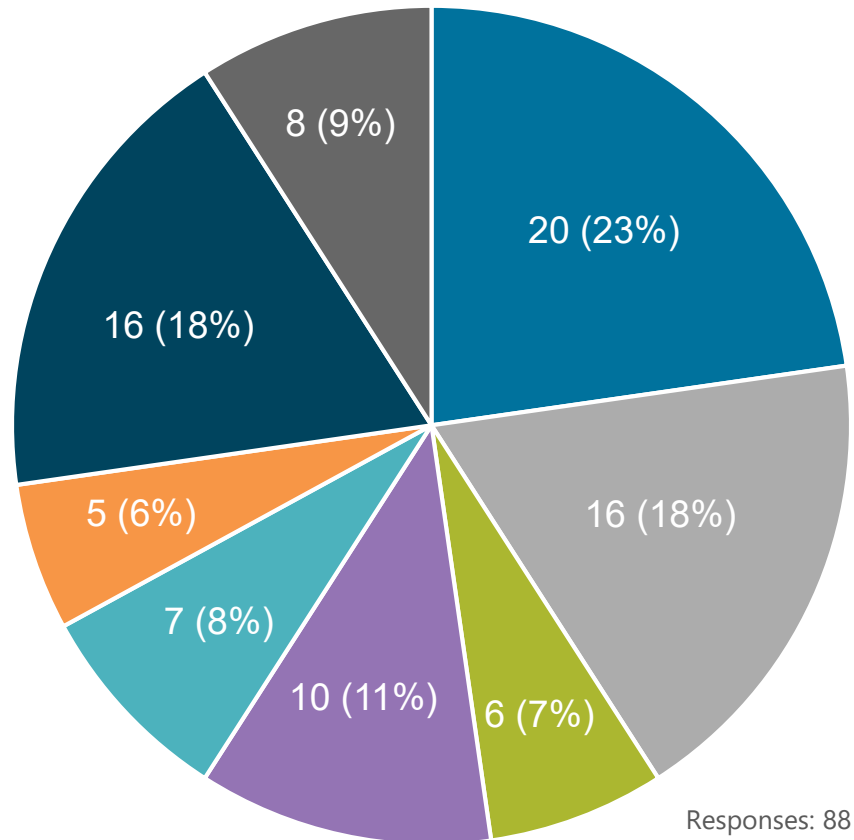
Historical Trends for Top Three Service Gaps Identified in FY22

Percentage of Responses Identifying Gap, by Survey Year



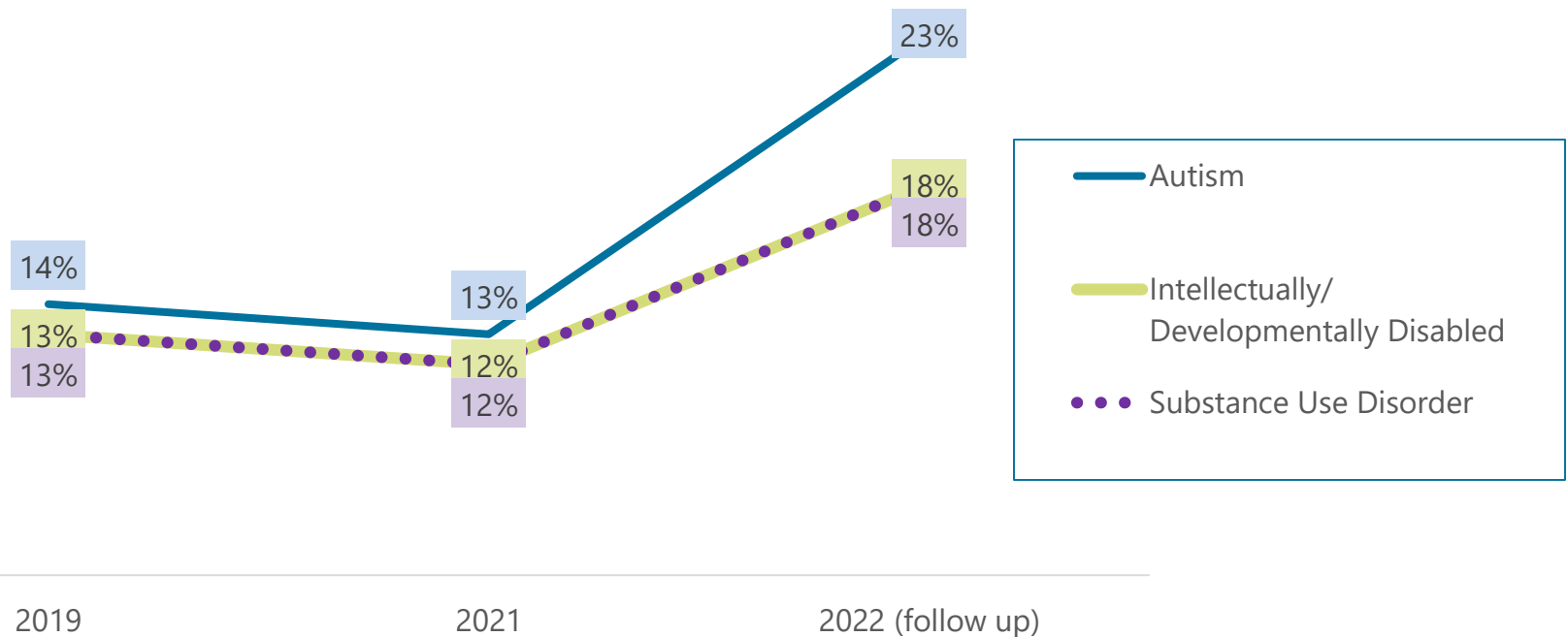
Specific Populations Identified with Service Gaps in FY22

- Autism/ABA
- Intellectual/Developmental Disability/ABA
- Potentially Disrupting or Disrupted Foster Care Placements or Adoptions
- Sex Offending/Sexually Reactive Behaviors
- Multiple Mental Health Diagnoses
- DJJ/Truancy
- Substance Abuse
- Other: Culturally Diverse Youth (ie LGBTQIA+, multi-lingual)



Historical Trends for Top Three Populations Identified in FY22

Percentage of Responses Identifying Population, by Survey Year

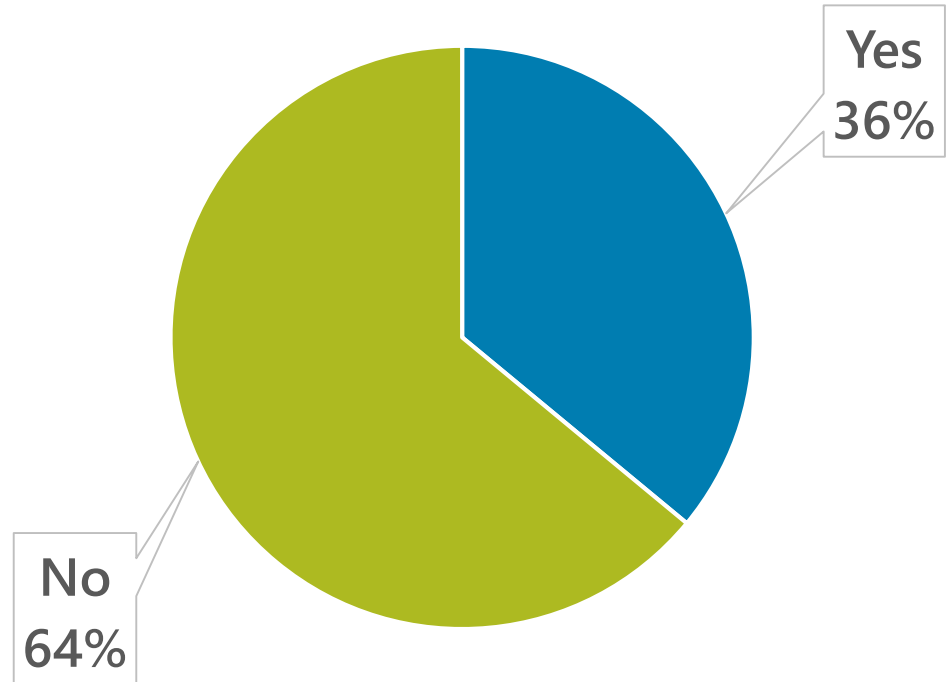


Note: Follow-up surveys do not ask about specific populations - the instances from FY22 were offered voluntarily within locality responses.

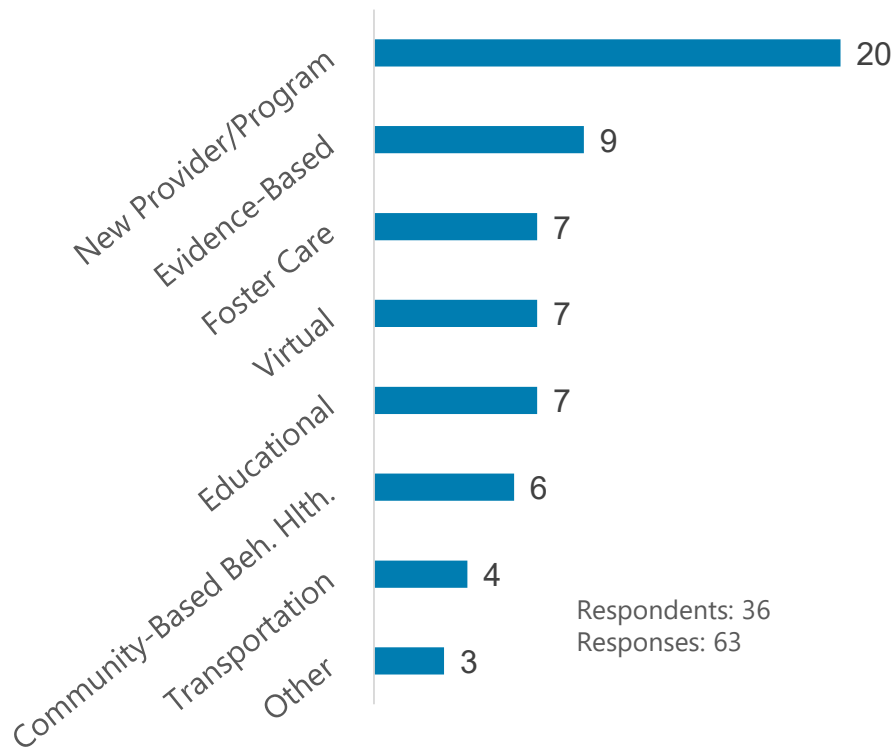
For FY22, are there any new service gaps identified that were not reported in FY21?

	Yes	Percent Yes	No	Percent No	Total
Central	10	53%	9	47%	19
Eastern	19	86%	3	14%	22
Northern	16	73%	6	27%	22
Piedmont	23	92%	2	8%	25
Western	10	63%	6	38%	16
Statewide	78	75%	26	25%	104

Have any of the service gaps identified in FY21 been resolved in FY22?



Resolved/Decreased Service Gaps Identified in FY22

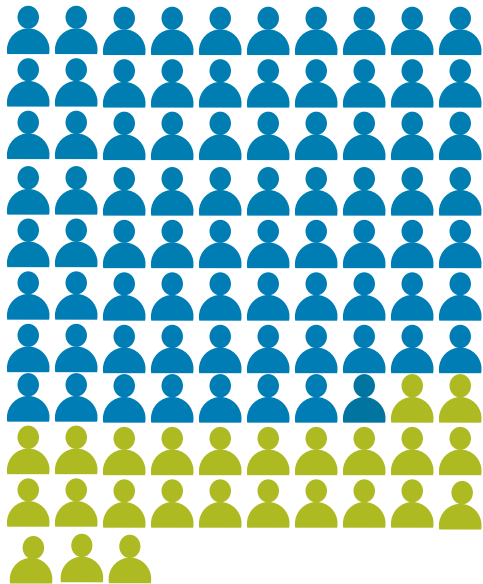


Have any of the FY21 service gaps been resolved/decreased in FY22?

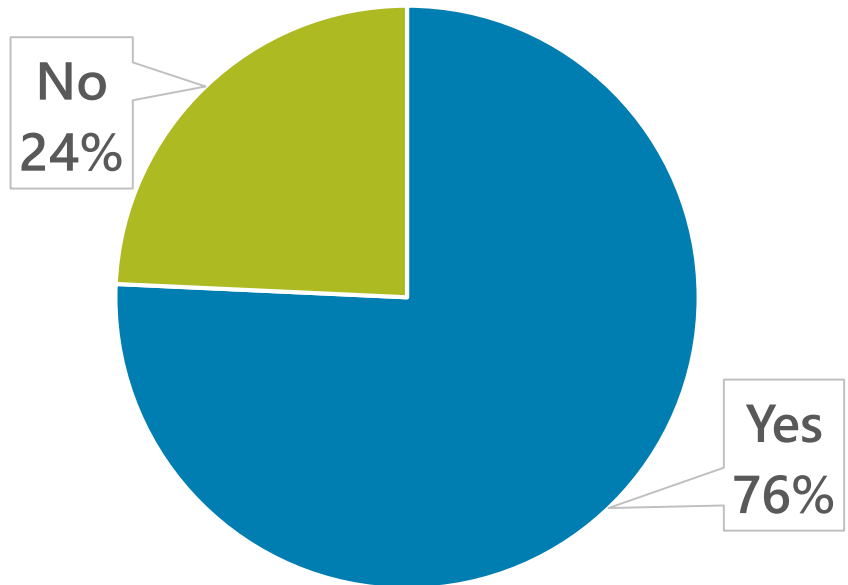
	Yes	Percent Yes	No	Percent No	Total
Central	6	32%	13	68%	19
Eastern	9	43%	12	57%	21
Northern	9	41%	13	59%	22
Piedmont	10	42%	14	58%	24
Western	2	14%	12	86%	14
Statewide	36	36%	64	64%	100

Have any of the FY21 barriers to providing services increased, or are there any new barriers identified for FY22?

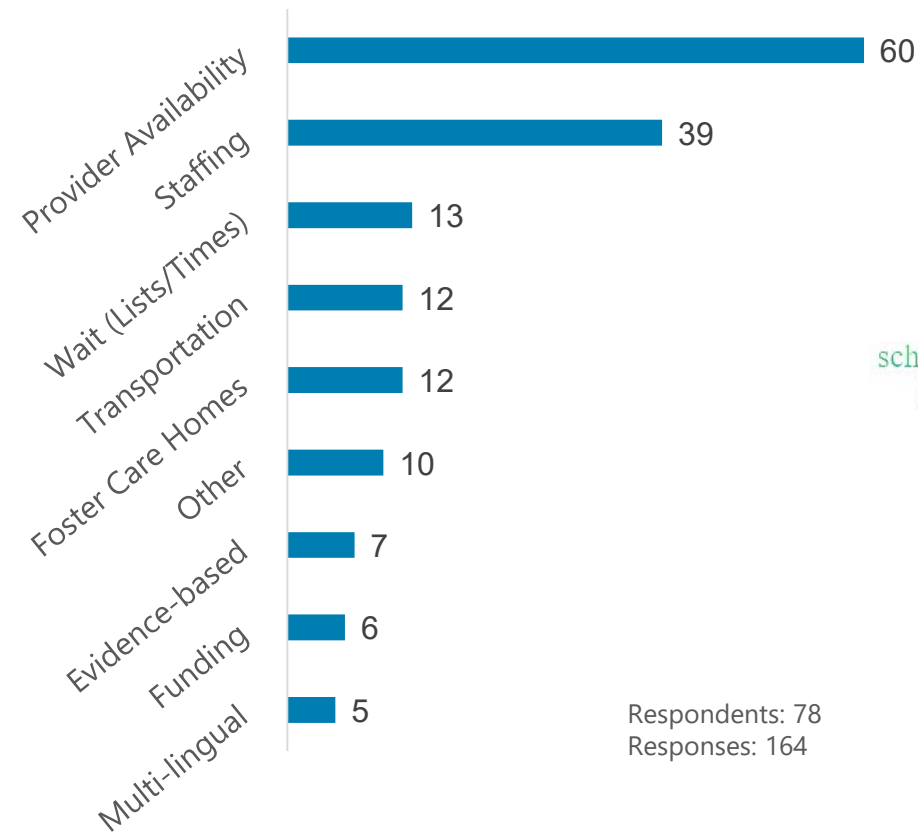
Statewide



N=103



Increased or New Barriers Identified in FY22



Respondents: 78
Responses: 164



Have any of the FY21 barriers to providing services increased, or are there new barriers for FY22?

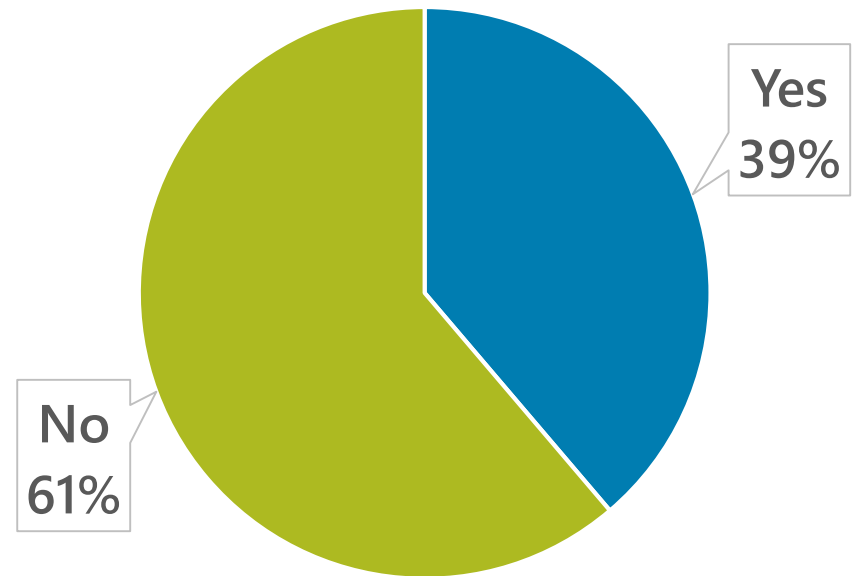
	Yes	Percent Yes	No	Percent No	Total
Central	12	63%	7	37%	19
Eastern	19	90%	2	10%	21
Northern	16	73%	6	27%	22
Piedmont	21	84%	4	16%	25
Western	10	63%	6	38%	16
Statewide	78	76%	25	24%	103

Have any of the barriers to providing services identified in FY17 decreased or been resolved completely?

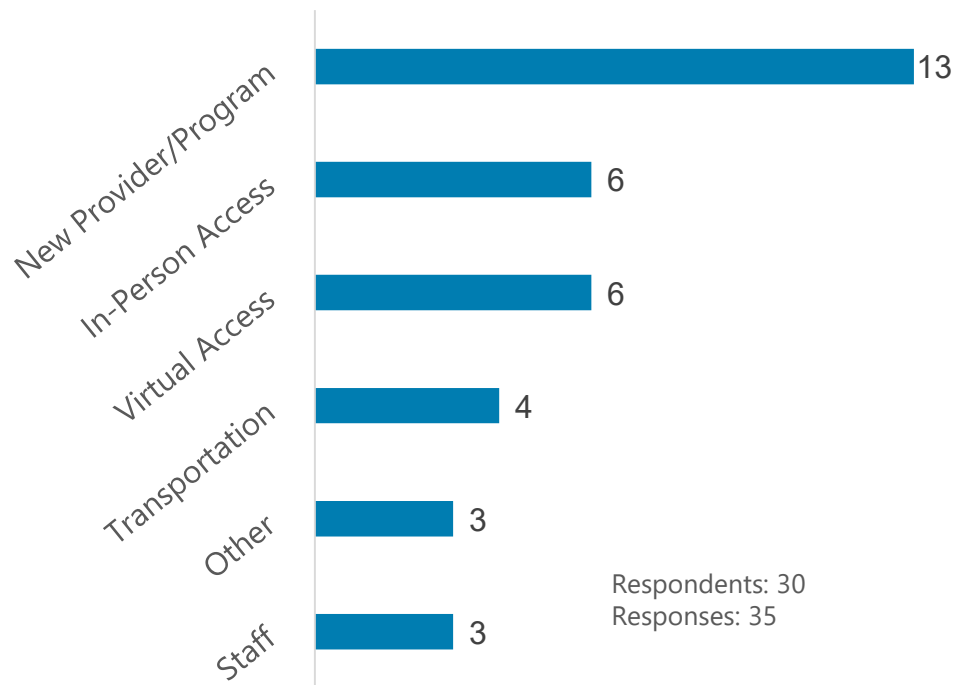
Statewide



N=98



Decreased or Resolved Barriers Identified In FY22



Have any of the FY21 barriers to providing services decreased, or been resolved completely?

	Yes	Percent Yes	No	Percent No	Total
Central	3	17%	15	83%	18
Eastern	7	33%	14	67%	21
Northern	6	27%	16	73%	22
Piedmont	10	43%	13	57%	23
Western	4	29%	10	71%	14
Statewide	30	31%	68	69%	98