

FREDERICK COUNTY CPMT AGENDA

January 23, 2022
1:00 PM
107 N Kent St
Winchester, VA
1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda Jackie Jury
 - A. December Minutes
 - B. Budget Request Forms
- IV. Executive Session
 - A. None
- V. Committee Member Announcements
- VI. CSA Office Business Jackie Jury
 - A. December Financial Report
 - B. UR/CQI Specialist position
 - C. Committee Vacancy Recruitment
- VII. Old Business Jackie Jury
 - A. Audit Discussion
 - B. CSA Program Improvement Update
 - C. DBHDS Memo
 - D. CPMT Leadership Competencies (tabled)
- VIII. New Business
 - A. Administrative Memo #23-1
 - B. Legislative Bill HB 2018
- IX. Informational Items
 - A. Trauma Informed Agency Self-Assessment
- X. Assigned Tasks
- XI. Next CPMT Meeting
 - February 27, 2023, 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, December 19, 2022

The Community Policy and Management Team (CPMT) met in the Public Works/Inspections/CSA Conference Room at 107 N Kent St, Winchester, VA 22601, on December 19, 2022, at 1:00 pm.

The following members were present:

- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Jerry Stollings, 26th District Juvenile Court Service Unit
- Jay Tibbs, Frederick County Administration
- Denise Acker, Northwestern Community Services Board, Attended Virtually
- Leea Shirley, Lord Fairfax Health District
- Dr. Michele Sandy, Frederick County Public Schools
- Tamara Green, Frederick County Department of Social Services

The following non-members were present:

- Annette Larkin, Auditor, Office of Children's Services
- Jacquelynn Jury, CSA Coordinator
- Robbin Lloyd, CSA

Call to Order: Dr. Michele Sandy called the meeting to order at 1:05 pm.

Introductions: Members and nonmembers of the team introduced themselves.

Adoption of Agenda: Jay Tibbs made a motion to adopt the November agenda; David Alley seconded; CPMT approved.

Audit Exit Interview:

- Annette Larkin provided the draft Self-Assessment Validation Report which included four Management Discussion Points (MDP). Recommendations from the MDPs were summarized for CPMT.
 - MDP #1- CPMT Governance, Program Activities
 - #1- Frederick County CPMT policies and procedures manual is not aligned with COV and partner agency guidelines regarding Medicaid, Title IV-E, and CSA responsibility of payment for room and board and daily supervision based on QRTP status.
 - Audit recommendation- CPMT should review the policies and procedures manual and revise any necessary areas to align with current partner agency policies and the COV.
 - #2- CPMT and FAPT lack parent representatives which is not in compliance with the COV and local policy. A private provider representative is also required to serve on FAPT per local policy, but this position is vacant. In accordance with local policy, the auditor recognized that the vacancies are posted on the Frederick County website to recruit interested parties.

- Audit recommendation- CPMT should continue efforts to recruit individuals to fill the vacancies on both teams. These efforts should be discussed at CPMT and noted in the minutes.
 - #3- Service planning documentation should contain current updated information. Documents reviewed “did not always reflect the actual FAPT date as case managers continuously used the previous FAPT service plan and did not update all elements like the date, goals, and objectives to align with recommended services and current placements.” The auditor also observed CANS assessments that were not closed within guidelines and Special Education Wrap services that lacked discharge plans.
 - Audit Recommendations
 - New service plans should be submitted at each FAPT review and include SMART goals and objectives. These should be reviewed by FAPT prior to obtaining signatures.
 - Consider adding the review of required CSA documentation to the new UR/CQI position responsibilities.
 - Implement a training plan, for which she suggests the following topics: completing FAPT paperwork, CANS requirements and local policy.
- MDP #2- CPMT Governance
 - Copayment Review- The Auditor noted that parental copayments have not been reported on the dataset in accordance with CSA Policy 4.5.2.e, *Pool Fund Reimbursement*, given that copayments are made directly to the service provider.
 - Audit recommendations-
 - CPMT should reconsider their policy regarding the private provider collecting copayments. Pool Fund Reimbursement requests should include copayments, and procedures should be in place to address delinquent accounts.
- MDP #3- CPMT Governance
 - The Auditor noted that the Private Provider Representative on FAPT did not have a completed Statement of Economic Interest form on file. According to Administrative Memo #18-02 Statement of Economic Interest Filings for FAPT and CPMT, this form must be completed and saved on file for 5 years.
 - Audit Recommendations-
 - The CPMT team should make sure that members who do not represent a public agency submit the SOEI form. This form should be filed and maintained as stated in the Administrative Memo #18-02 dated January 16, 2018.
- MDP #4- Program and Fiscal Activities
 - CANS Finding- A finding was issued for a missing CANS which resulted in \$12,940.11 in questionable costs, of that amount, \$7,313.75 was the state’s share. Being the first finding of its kind, the CSA Coordinator questioned the state response and potential chargeback suggested by the

auditor. OCS policy dictates that localities would not be required to refund the state in cases of an initial finding. If the same finding occurs a second time, the locality would be required to refund the state.

- Audit Recommendations-
 - CPMT should have actions in place to ensure that all expenditures of CSA funding adhere to state and federal requirements.
 - CPMT should review the questioned findings of the audit and submit a plan for quality improvement for the OCS Finance Office to review.
- CPMT discussed the audit findings to prepare a Quality Improvement Plan for review and approval at the next CPMT meeting. CPMT and the Auditor agreed to January 27, 2023, as the deadline to submit the approved QIP.

Old Business:

- Audit Discussion-
 - CPMT explored potential procedural changes needed to ensure case managers comply with CANS policy. Supervisors from all departments will inform case managers on the frequency requirements of completing the CANS. When a CANS is past due, case managers and supervisors should be notified.
 - The team brainstormed ways in which the collection of copayments could continue through vendors while complying with state reporting requirements. Members suggested the policy be revised to request documentation from the vendors regarding the copayment collection. More research will be necessary to determine if those collections could be entered into Thomas Brothers for inclusion in the dataset, or if it can be submitted in another manner.
 - Statement of Economic Interest – The CSA Coordinator will formalize a procedure ensuring that the Deputy Clerk is notified when any party representing non-public entities is appointed to the FAPT to facilitate completion of the Statement of Economic Interest form.
- CSA Program Improvement Update- Focus group participants have been identified by agency directors. Those individuals' names will be forwarded to David Alley and Jerry Stollings to begin scheduling the meetings.
- CPMT Leadership Competencies – Jerry Stollings made a motion to table this until next month, Jay Tibbs seconded, CPMT approved.

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

- November 28, 2022- CPMT Minutes. Leea Shirley made a motion to approve the November minutes; David Alley seconded, CPMT approved.
- Budget Request Forms- Confidential Under HIPAA. Private Provider abstained from voting on funding for youth receiving services provided by his respective agency or where there may appear to be a personal financial gain from the provision of services. Tammy Green made a motion to accept the Budget Request Forms, Jerry Stollings seconded, CPMT approved.

Executive Session: None

Committee Member Announcements:

- Jerry Stollings announced the CSU hired a new probation officer in the Winchester office.

CSA Office Business:

- CSA Financial Report
- October 2022 Financial Report
 - Monthly Net Expenditures- \$326,379.73 or 9% of the total allocated, including Protected and SpEd WrapAround Funds.
 - Year to Date Net Expenditures- \$876,810.41 or 25% of the total allocated, including Protected and SpEd WrapAround Funds. Local match spent is \$335,144.75.
 - Remaining- \$2,652,798.59 or 75% of the total allocation.
 - Protected Funds- \$0.00 spent, \$43,457.00 remaining.
 - SpEd Wrap Funds: \$21,565.00 spent, additional funds were requested, the new balance is \$78,434.99.
 - Youth Served: 102 total
 - 66 in Community Based Services
 - 14 in Private Day School
 - 15 in Congregate Care
 - 21 in TFC
- November 2022 Financial Report
 - Monthly Net Expenditures- \$344,540.39 or 9% of the total allocated, including Protected and SpEd WrapAround Funds.
 - Year to Date Net Expenditures- \$1,221,350.80 or 34% of the total allocated, including Protected and SpEd WrapAround Funds. Local match spent is \$458,541.78.
 - Remaining without Wrap- \$2,318,912.00.
 - Protected Funds- \$10,341.00 spent, \$33,116.00 remaining, with \$7,260 encumbered,
 - SpEd Wrap Funds: \$31,444.80 spent, \$68,555.19 remaining, with \$30,150.00 encumbered.
 - Youth Served: 102 total
 - 67 in Community Based Services
 - 14 in Private Day School
 - 15 in Congregate Care
 - 20 in TFC
- Interviews are scheduled for candidates who have applied for the UR/CQI position.

New Business: None

Informational Items:

- CSA DOE Workgroup Final Recommendations – The Office of the Governor submitted a letter summarizing the recommendations from the CSA DOE Workgroup to the General Assembly. This group contemplated the continued use of CSA funds for private special education day schools and residential facilities and the proposal to move the funds to DOE.

Assigned Tasks:

- The CSA Coordinator will explore potential ways to monitor CANS due dates including the following:
 - review the CANVAS system to see if a report exists identifying upcoming due dates
 - review the spreadsheet used by DSS to determine if its suitable as a tool to monitor due dates
- The CSA Coordinator will send the CANS Policy out to department supervisors to review with their staff.
- The CSA Coordinator will develop a Quality Improvement Plan addressing audit findings for review and approval at January's CPMT meeting, and submission to OCS by January 27, 2023.

Next Meeting: The next CPMT meeting will be held Monday, January 23, 2023, at 1:00 pm in the 1st Floor Conference Room.

Adjournment: Jay Tibbs made a motion to adjourn, David Alley seconded, and the motion was approved. The meeting was adjourned at 2:45 pm.

Minutes Completed By: Robbin Lloyd



Frederick County CSA Financial Update: December 2022

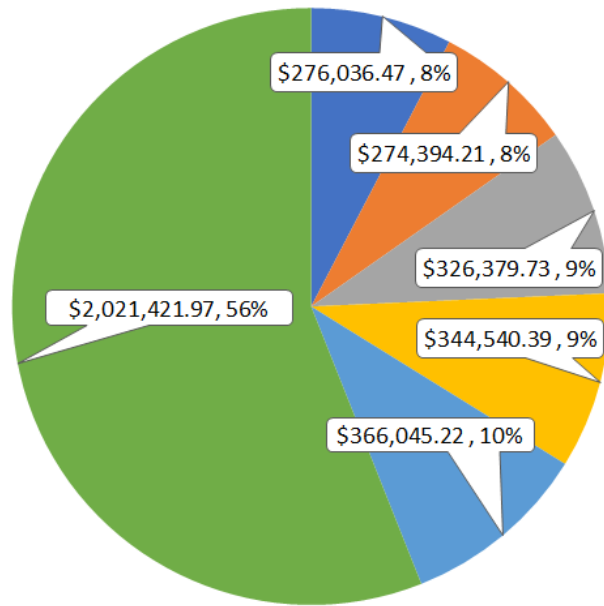
of Reports Submitted: 5

YTD Total Net Expenditures:
\$1,587,396.02- 44%

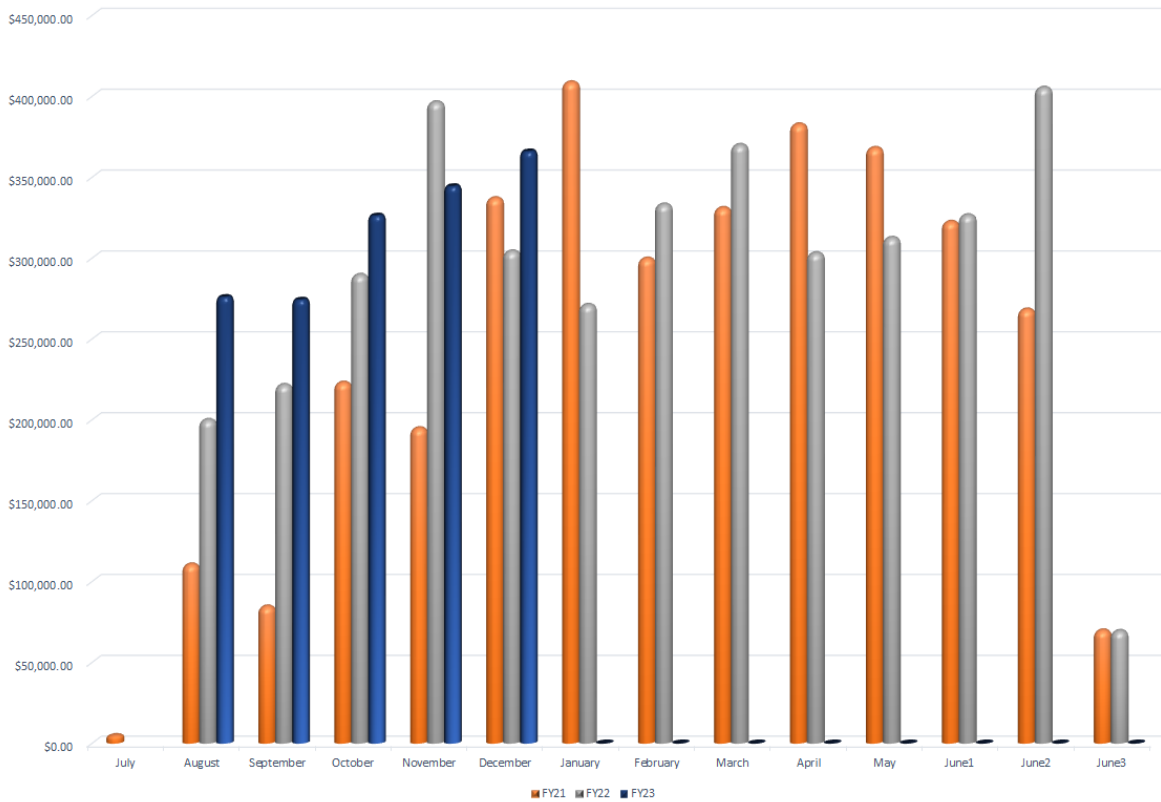
YTD Local Net Expenditures:
Not Currently Available

Remaining without Wrap: \$1,967,989.28

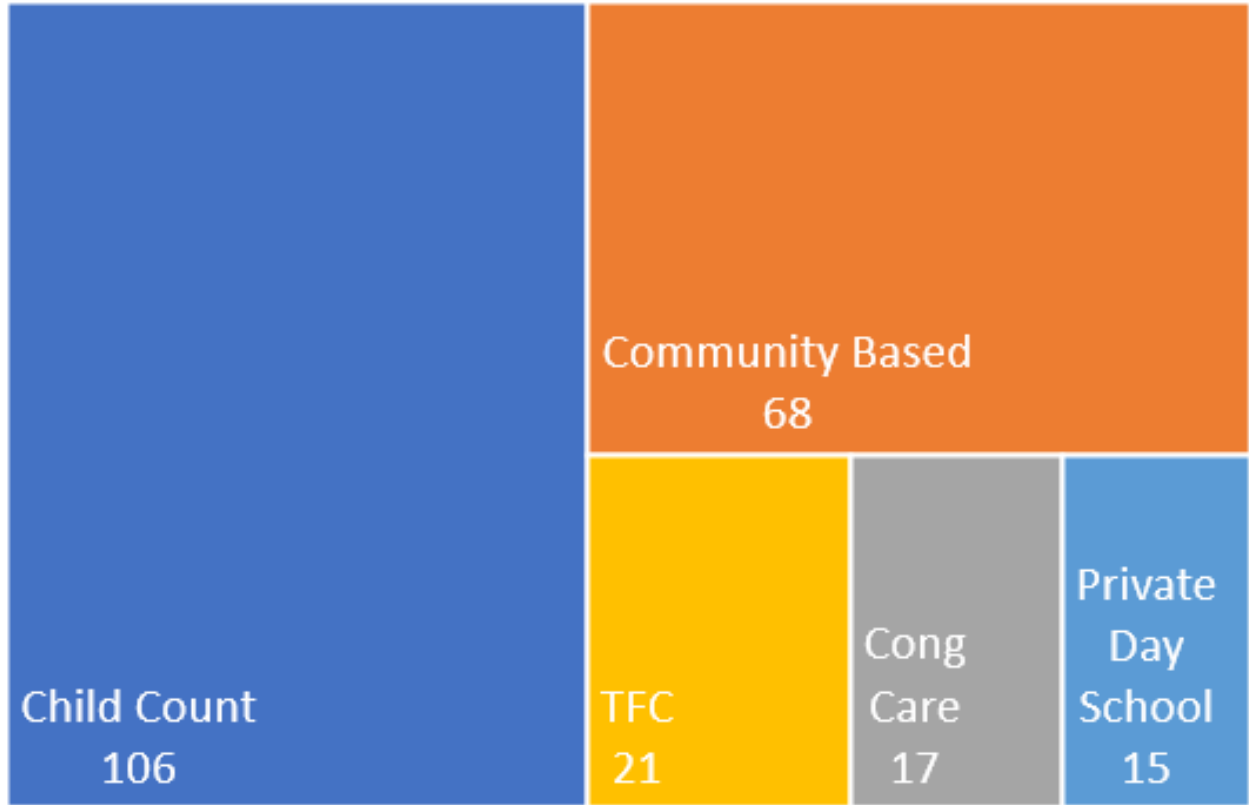
Monthly Expenditure



Monthly Net Expenditures



Placement Environment



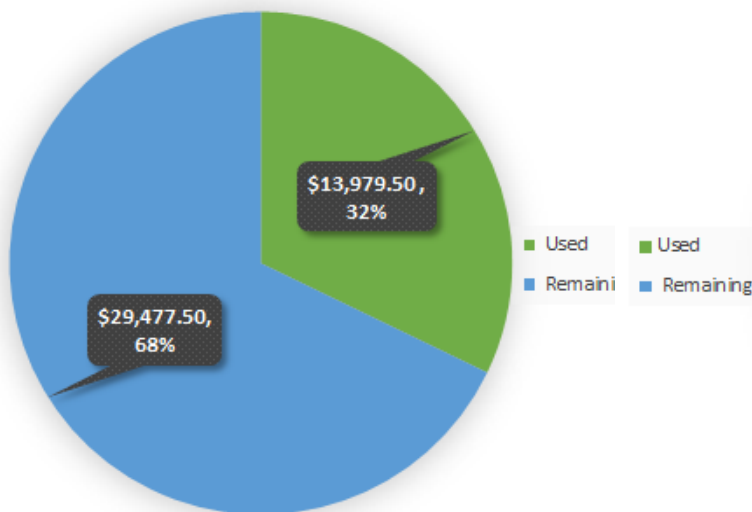
Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services

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

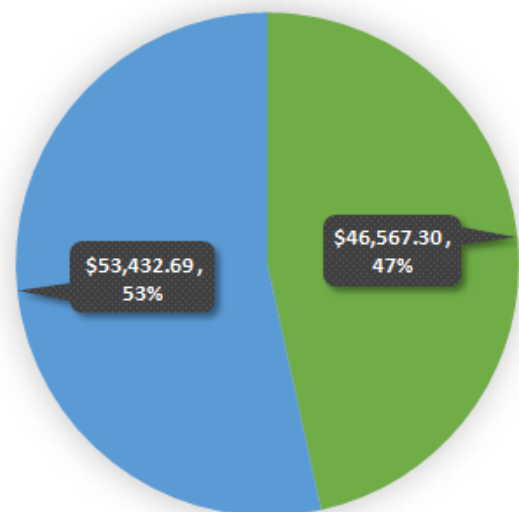
Protected Encumbered
\$7,260.00

SpEd Wrap Encumbered
\$30,150.00

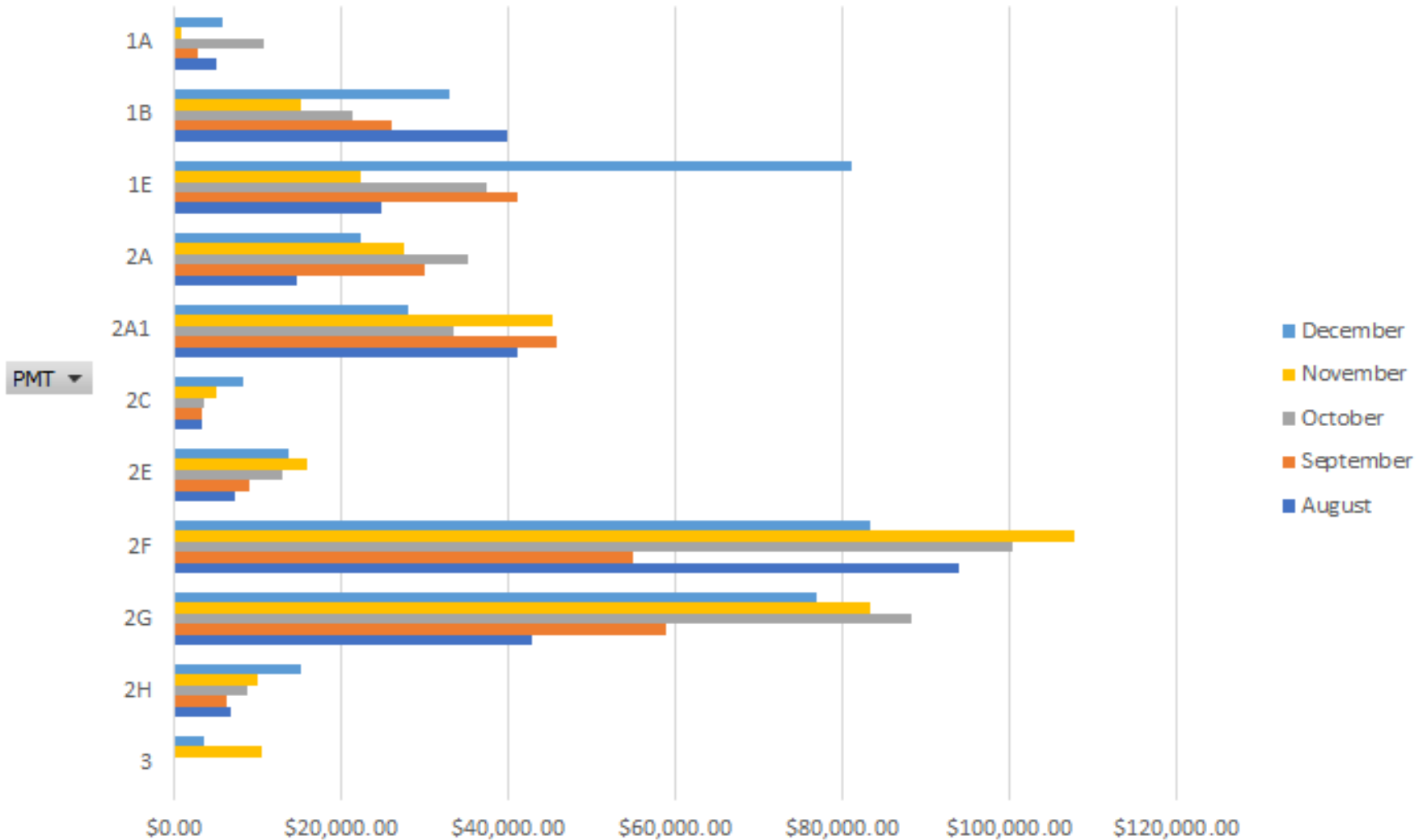
Protected Funds



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

**Frederick County CPMT
CSA Program Audit FY23
Corrective Action Plan**

Audit Report No. 23-2022

Records Reviewed: November 1, 2021-October 1, 2022

Prepared by: Jackie Jury, CSA Coordinator

CPMT Membership:

- Denise Acker, Northwestern Community Services Board, Chair
- Michele Sandy, Frederick County Public Schools, Vice-Chair
- Jay Tibbs, County Administration
- Jerry Stollings, 26th District Juvenile Court Services Unit
- Leea Shirley, Lord Fairfax Health District
- Tamara Green, Department of Social Services
- David Alley, Private Provider Representative

Significant Non-Compliance Observations

1. *Item #1.- “Expenditure reimbursements were requested and processed for payment of services where the requirements for compliance with State and local CSA policies and procedures were not met. Per Code of Virginia (COV) § 2.2-5212, access to the state pool of funds includes the use of a uniform assessment instrument and process. The Child and Adolescent Needs and Strengths (CANS) Assessment is the approved uniform assessment instrument per CSA Policy 3.6 Mandatory Uniform Assessment Instrument (Adopted December 18, 2007, Revised December 13, 2018). CSA Policy states that the CANS assessment is required initially, annually, and upon discharge from the CSA process. An annual CANS had not been completed timely for one (1) client case file examined, resulting in \$12,940.11 in questioned costs, of which \$7,313.75 represents the state share. The applicable period of service was January 2021 through November 2021.”*

Quality Improvement Plan Details			
Item #1- CANS			
Quality Improvement Task	Responsible Party	Target Date	Status
Review local policy and procedure to locate process failure and determine if revision is needed.	CSA Coordinator CPMT	1/23/23	Completed
Send CPMT members copy of CANS Completion Frequency chart from policy.	CSA Coordinator	1/23/23	Completed

CPMT members will provide chart to case managers within their agency.	CPMT Members	1/31/23	In Progress
Provide New Case Manager Training.	CSA Coordinator	2/28/23	In Progress Training Scheduled 2/10/23
Develop and Implement Training Plan	CSA Coordinator	6/30/23	In Progress

2. *“COV §2.2-5207 requires completion of the Statement of Economic Interest (SOEI) filing by non-public officials designated as members of the FAPT. Guidance provided in OCS Administrative Memo #18-02 Statement of Economic Interest Filings for FAPT and CPMT Members directs that the forms be completed upon appointment and filed with the clerk of the local governing body, who is responsible for maintaining these filings as public records for five years. Non-public members on the FAPT did not complete the SOEI form. This internal control established by CSA statutes and operating guidance was not effectively implemented by the CPMT as a safeguard against conflicts of interest.”*

Quality Improvement Plan Details			
Item #2- SOEI			
Quality Improvement Task	Responsible Party	Target Date	Status
Develop procedure to inform Office of the County Clerk when non-public agency representatives are appointed to FAPT.	CSA Coordinator	2/27/23	Not Started

3. *“Parental co-payment collections between FY 19-21 (refer to exhibit A) have not been reported in accordance with CSA Policy 4.5.2.e, Pool Fund Reimbursement. Instead, Frederick County’s parental co-payment policy for community-based services requires the parents to pay the assessed co-payment directly to the service provider. The assessed parental contribution is deducted from the authorized funding amount when the purchase order is issued, and the co-pay may be divided based on percentage if there are multiple providers. This policy and practice undermine the accuracy of financial reporting of actual parental contribution collected and inappropriately defers responsibility for collection to the provider. This practice assumes that the service provider actually collects the full co-pay required by the parent. The likelihood of misstatements in the Pool Fund Reimbursement Reports is significantly increased because it reports the reduced expenditure without acknowledgment of the parent contribution as the cause and also misrepresents actual expenditures due to the disparity that may exist between the assessed co-payment initially deducted by the CSA program and the actual co-payment collected by the service provider.”*

“Further, responsibility for the collection of assessed parental contributions rests with the CPMT in accordance with Appropriation Act, which states in Item 292. E.: ‘Pursuant to

subdivision 3 of § 2.2-5206, Code of Virginia, Community Policy and Management Teams shall enter into agreements with the parents or legal guardians of children receiving services under the Children's Services Act.'”

Quality Improvement Plan Details			
Item #3- Copayment			
Quality Improvement Task	Responsible Party	Target Date	Status
Examine Copayment procedures and brainstorm ways in which collection amounts could remain the responsibility of the vendor while meeting the requirements of financial reporting.	CSA Coordinator CPMT	2/27/23	In Progress
Determine if other agency collaboration is needed and consult with appropriate contact as necessary.	CSA Coordinator	3/27/23	Not Started
Select a procedure that enables the CSA Office to manage copayments within the regulations of reporting and COV guidelines.	CPMT	3/27/23	Not Started
Review steps and finalize process with all parties involved.	CSA Coordinator	4/24/23	Not Started
Present CPMT with revised written procedure and policy (if necessary) reflecting the new process for approval.	CSA Coordinator	5/22/23	Not Started
Implementation of new copayment policy	Stakeholders	7/1/23	Not Started



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 19, 2022

Community Services Boards and Community Policy and Management Teams

Dear Partners,

This memo is to provide an update for Community Policy and Management Teams (CPMTs) and Community Services Boards on the Acute and Residential Reporting Forms for children and adolescents. This reporting is required by the Code of Virginia ([§ 37.2-507](#), [§ 37.2-308](#)). The information requested and the submission process for this report has been updated. Please read the entire memo for new reporting directions.

Directions for Acute Care Reporting:

1. A form must be completed whenever a CSB/CPMT member is aware a child or adolescent requires admission to an inpatient acute care facility, but admission is not obtained. A form may be completed immediately after the incident and at minimum shall be reported by the 10th day after the end of the quarter.
 - a. If the local CSB/BHA Emergency Services **was not** involved during the process (likely applies to voluntary youth only) then the CSB/CPMT member, based on local CPMT policy, will submit an Acute Care and Residential Treatment Report Form found here: [Acute and Residential Treatment Report Form](#)
 - i. When prompted enter your email address, your agency, all required information, and select acute care as the type of admission sought.
 - ii. Once all the required domains have been completed, hit submit on the Acute Care and Residential Treatment Report Form.
2. The above form **should not** be completed if the CSB/BHA Emergency Services is involved with the youth/adolescent.
 - a. If the CSB Emergency Services was involved during the process of seeking inpatient acute care, then the CSB Emergency Services staff will follow their CSB protocol and policies for submitting the report via the ES Exceptions Form. **If ES was involved and completed the ES Exceptions Form, there is no need to complete the Acute and Residential Treatment Report Form.**
 - b. Local policies should address how to determine if Emergency Services was involved and who is responsible for reporting on the youth.

Directions for Residential Treatment Reporting:

1. A form must be completed whenever a CSB/CPMT member is aware a child or adolescent requires admission to a residential treatment facility, but admission was not obtained in 30 days

of the request for admission. A form may be completed immediately after the incident and at minimum shall be reported by the 10th day after the end of the quarter.

2. The Acute Care and Residential Treatment Report Form can be found here: [Acute and Residential Treatment Report Form](#)
 - a. When prompted enter your email address, your agency, all required information, and select residential treatment as the type of admission sought.
 - b. Once all the required domains have been completed, hit submit on the Acute Care and Residential Treatment Report Form.

Each locality should consider how the new format for reporting impacts current policy and procedures around completing these reports and update the policies and procedures accordingly to ensure timely submission of incidents and prevent duplication of submissions.

Any questions on the new reporting format can be sent to Karen Grabowski at k.grabowski@dbhds.virginia.gov.

Sincerely,



Nina Marino, MSW, LCSW
Director, Office of Child and Family Services
Division of Community Behavioral Health

Cc: Karen Grabowski, LPC
Child and Adolescent Program Specialist

Bill Howard, LCSW
Acting Assistant Commissioner Crisis Services



COMMONWEALTH of VIRGINIA

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

Scott Reiner, M.S.
Executive Director

ADMINISTRATIVE MEMO #23-1

To: All Registered Users of the CSA Local Government Reporting, Account Management System, and CANVaS 2.0 Application

From: Preetha Agrawal, Chief Information Officer

Date: January 3, 2023

Subject: Multi-Factor (OKTA) Integration to OCS applications

In order to maintain the required standards for information technology and data system security, the following OCS applications will now utilize multi-factor (OKTA) authentication:

1. Local Government Reporting
2. CANVaS 2.0
3. Account Management System

Users of these systems will not be able to log in to any of the named systems or register in OKTA until they have received the OKTA welcome email on January 5, 2023.

1. For COV* users with an agency-provided email address (ending in ".virginia.gov")

(Agencies within the Commonwealth of Virginia (COV) network, whose users are managed through the VITA Active Directory domain, are considered COV agencies/users. If you are in this category, there is no need to register. You can use your existing COV credentials (email address and network password) to log into OCS system).*

2. For any Non-COV* agency employee (using an agency assigned business email address) or any external user), you must complete a one-time registration process before using OCS systems for the first time on January 6, 2023.

To register, follow the instructions in the email you will receive. Registration is a multi-step process as follows:

1. Once you receive the email, begin the registration process.
2. After registration is initiated, you will receive another email with your username and that requires you to click an enclosed activation link.

3. Complete the activation by setting up a password.
4. Finish by setting up your Multi-Factor Authentication
5. You are now ready to log into OCS applications!

Due to the above listed integration process; users will not have access to OCS applications on January 5, 2023.

Questions may be directed to: csa.office@csa.virginia.gov using the subject line: OKTA Conversion

2023 SESSION

INTRODUCED

23101405D

HOUSE BILL NO. 2018

Offered January 11, 2023

Prefiled January 10, 2023

A BILL to amend and reenact § 2.2-5210 of the Code of Virginia, relating to Children's Services Act; information sharing; confidentiality exception.

Patron—Adams, L.R.

Committee Referral Pending

Be it enacted by the General Assembly of Virginia:

1. That § 2.2-5210 of the Code of Virginia is amended and reenacted as follows:

§ 2.2-5210. Information sharing; confidentiality.

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

Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being assessed by this team or reviewed by the community policy and management team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential; however, if team members obtain information from which the team determines that a child poses a threat of violence or physical harm to himself or others, the team may share such information with local law enforcement or the applicable threat assessment team established pursuant to § 22.1-79.4.

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

INTRODUCED

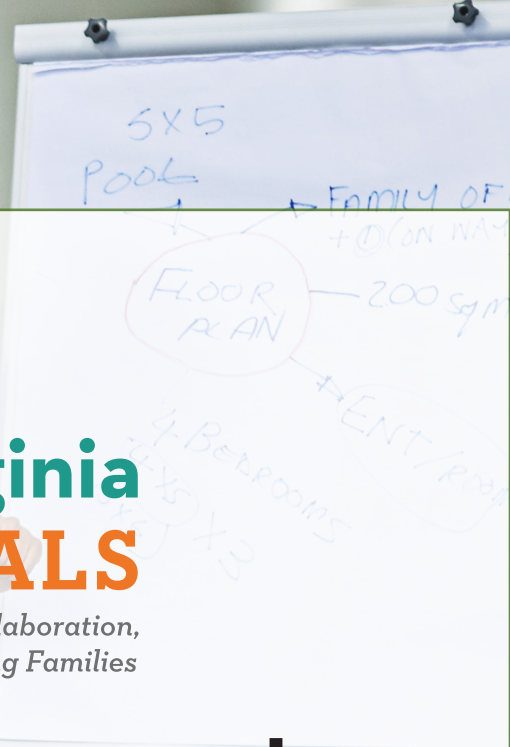
HB2018



**Virginia
HEALS**

*Caring Collaboration,
Empowering Families*

Trauma-Informed Agency Self-Assessment



Purpose

The purpose of the Trauma-Informed Agency Self-Assessment is to provide a starting place for agencies and systems from a variety of fields, including child welfare, behavioral health, public health, juvenile justice, education, early childhood development, housing, and victim advocacy, to assess where they fall in a continuum of trauma-informed care and to engage them in a process of setting agency improvement goals. The self-assessment identifies organizational milestones and priority areas for inspiring active planning and is not intended as a measure of individual performance or data collection tool. The goal is to stimulate intra-organization dialogue on how agencies and systems can increase their collective resolve and systematically engage in on-going advancement of trauma-informed care and practice.

How to Administer the Agency Self-Assessment

The framework is organized into ten domains drawn from a variety of disciplines, including health care, behavioral health, child welfare, housing, and advocacy.¹ Within each domain are various operational criteria about which agencies can self-determine their level of proficiency. Recognizing that the process of becoming trauma-informed is a continuous one, the self-assessment is solely intended as a tool for agencies to identify strengths, weaknesses, and opportunities for further development.

The five steps for completing the self-assessment are 1) agency staff completes the assessment instrument; 2) staff review the results and, where warranted, facilitate a discussion about why they scored each domain/criteria as they did and any individual variance between the ratings; 3) the vetted results are synthesized for review by a trauma informed workgroup, management team, or other appropriate staff; 4) staff select and prioritize which domain(s) should be the focus for improvement for a given time period; 5) staff discussions are facilitated to help identify the need for potential discipline-specific assessments and to prioritize resource allocation and training needs. (An Action Planning Tool for agencies to guide this process is included in Appendix A.)

Resources

Recognizing that the process of becoming trauma-informed is a continuous one, a list of system-specific resources is provided in an appendix at the end of the self-assessment (Appendix B). This resource list is not exhaustive, but is offered as a starting point to take a more comprehensive approach to the on-going work of advancing trauma-informed care and practice in your organization or system.

Definitions

Trauma: Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

A trauma-informed program, organization, or system is one that:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist **re-traumatization**.

Vicarious trauma, also referred to as secondary trauma, is the exposure to the trauma experiences of others and is an occupational challenge for those who have experienced violence and/or trauma. Working with victims of violence and trauma changes the worldview of responders and puts individuals and organizations at risk for a range of negative consequences. A **vicarious trauma-informed agency or system** recognizes these challenges and proactively addresses the impact of vicarious trauma through policies, procedures, practices, and programs.

Historical trauma is often described as multigenerational trauma experienced by a specific racial, ethnic, cultural, or marginalized group. Historical trauma can be experienced by anyone living in families at one time marked by severe levels of trauma, poverty, dislocation, war, etc., and who are still suffering as a result.

A. Leadership and Mission

Instructions: Please indicate the level of agency adoption for each TI attribute statement below.

A1. The agency's guiding principles and strategic plans (vision, mission, and goals) reflect a commitment to providing trauma-informed services and supports.

not at all minimally moderately significantly fully n/a

A2. The agency's leadership actively solicit input in internal meetings concerning trauma and how policies and practices (services) can promote healing.

not at all minimally moderately significantly fully n/a

A3. The agency's leadership intentionally and consistently engage with and solicit input from individuals with lived experience.

not at all minimally moderately significantly fully n/a

A4. The agency's leadership model a healthy life/work balance.

not at all minimally moderately significantly fully n/a

A5. The agency's leadership are aware of the importance of cultural humility and responsiveness and incorporate this awareness into daily practice and organizational operations.

not at all minimally moderately significantly fully n/a

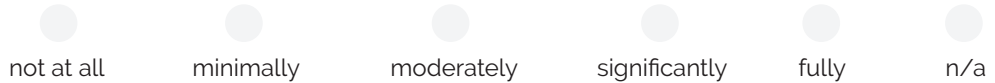
A6. Members of the agency's governing bodies (e.g., leadership teams and governing board/committee) reflect the diverse identities of the communities that are served.

not at all minimally moderately significantly fully n/a

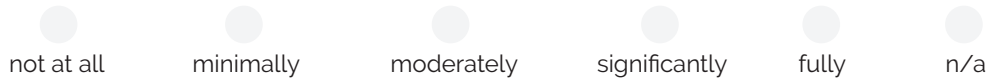
B. Management and Supervision

TRAUMA-INFORMED AGENCY SELF-ASSESSMENT

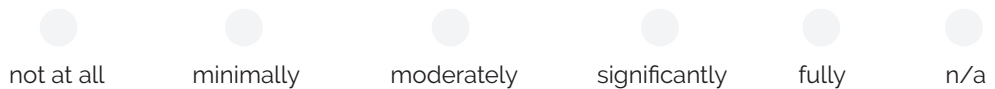
B1. The agency's decisions are made in collaboration with all staff and conducted with transparency.



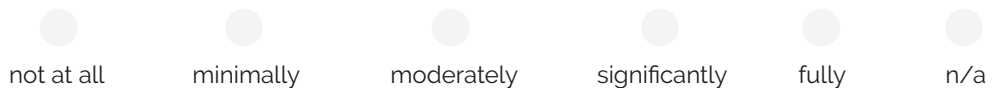
B2. The agency's decisions are made in ways that build trust, and invite and maintain shared power among staff, clients, and family members of those receiving services.



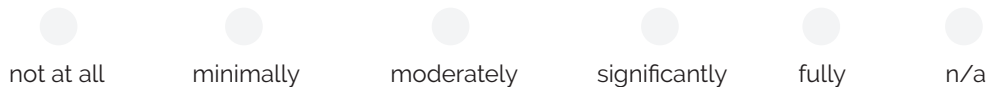
B3. The agency has regularly scheduled individual and/or group check-ins to discuss specific cases, projects, and the impact of the work on staff and volunteers.



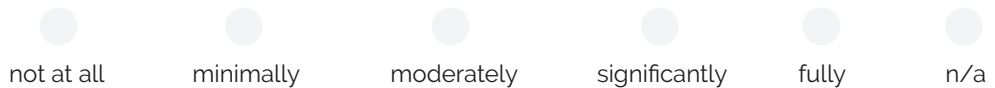
B4. Supervision time is used to help staff members and volunteers understand vicarious trauma and how it may impact their work with children, families, and individuals..



B5. Support is readily available and accessible to staff and volunteers following a challenging, and/or critical incident.



B6. The agency engages in recruitment and hiring strategies to develop a staff and volunteer force that reflects the diversity of the children, families, and individuals being served.



C. Policy

C1. The agency's written policies, procedures, and forms clearly demonstrate a commitment to diverse identities and cultural and linguistic differences.

not at all minimally moderately significantly fully n/a

C2. The agency's written policies, procedures, and forms clearly demonstrate support of both the mental and physical health and wellness of staff and volunteers.

not at all minimally moderately significantly fully n/a

C3. The agency has written policies and procedures outlining emergency responses to crisis situations (e.g., self-harm, suicidal thinking, aggression) involving both staff and the children, families, and individuals being served.

not at all minimally moderately significantly fully n/a

C4. When reviewing and updating policies, procedures, and forms, the agency includes and incorporates input from children, youth, and individuals with lived experience.

not at all minimally moderately significantly fully n/a

C5. The agency routinely reviews and updates its policies, procedures, and forms to determine whether they are sensitive to the needs of trauma survivors and use current trauma-informed language.

not at all minimally moderately significantly fully n/a

C6. When reviewing and updating policies, procedures, and forms, the agency involves front-line staff, including those providing direct services and administrative professionals.

not at all minimally moderately significantly fully n/a

D. Environment

D1. The agency's environment promotes a sense of safety and calm for children, youth, and individuals being served.

not at all minimally moderately significantly fully n/a

D2. The agency's environment promotes a sense of safety and calm for staff.

not at all minimally moderately significantly fully n/a

D3. The agency's waiting/reception areas are designed and furnished to promote dignity and inclusion, have child-friendly features, and solicit youth voice in their design.

not at all minimally moderately significantly fully n/a

D4. The agency's environment reflects and incorporates different cultural perspectives through artwork, diverse reading material, etc.

not at all minimally moderately significantly fully n/a

D5. There are written policies and procedures in place outlining how the agency will address potential threats to children, youth, individuals, and staff from natural or human-made threats (e.g., fire, tornado, hostile intruder).

not at all minimally moderately significantly fully n/a

D6. The agency demonstrates appreciation for employee efforts in meaningful ways (e.g., public recognition, notes in personnel files, promotions).

not at all minimally moderately significantly fully n/a

Comments (examples of successes and/or opportunities for change):

E. Accessibility

E1. The agency has a detailed accessibility plan to address the agency's response to service requests from children, families, and individuals being served, regardless of language, ability, sexual orientation, gender identity and expression, and/or religion.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

E2. There are written policies and procedures on interpretation and translation services and training on these language access policies occurs routinely.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

E3. The agency provides services that engage and are accessible and affirming to linguistically, ethnically, racially, and culturally diverse groups.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

E4. The agency provides services that engage and are accessible and affirming to LGBTQ+ children, youth, and individuals.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

E5. The agency provides services that engage and are accessible to frequently underserved populations (e.g., people experiencing homelessness, people with disabilities, refugee families).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

E6. The agency's staff feel safe coming forward to discuss issues related to age, gender, gender identity, sexual orientation, race, religion, ability, etc.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

Comments (examples of successes and/or opportunities for change):

F. Engagement

Youth Engagement

F1. The agency provides children and youth routine opportunities to voice needs, concerns, and feedback.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

F2. The agency specifies how children and youth will be prepared for service meetings and other case planning meetings.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

F3. The agency specifies how meetings and/or information developed for children and youth will be age and developmentally appropriate.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

Family Engagement

F4. The agency includes all forms of family to help identify connections, recognizing that some people who play the most supportive roles in a child or youth's life may not be legally related.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

F5. The agency provides family members routine opportunities to voice needs, concerns, and feedback.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

F6. The agency specifies how efforts will be made to schedule meetings with family members at a time, location, and setting that will be accessible and accommodate their needs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

G. Cross-System Collaboration

TRAUMA-INFORMED AGENCY SELF-ASSESSMENT

G1. Strategies are in place to identify, communicate, and work with community partners and referral agencies that have proven experience delivering evidence and trauma-informed services.

not at all minimally moderately significantly fully n/a

G2. The agency informs clients about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, and when the program is obligated to report information to child welfare or police).

not at all minimally moderately significantly fully n/a

G3. Mechanisms are in place to promote cross-system training on trauma and trauma-informed approaches.

not at all minimally moderately significantly fully n/a

G4. The agency develops strategies that promote cross-system training and collaboration with non-traditional, culturally-specific, community-based, and/or grass-roots organizations.

not at all minimally moderately significantly fully n/a

G5. Cross-system training is organized in a neutral location that is comfortable to all participants.

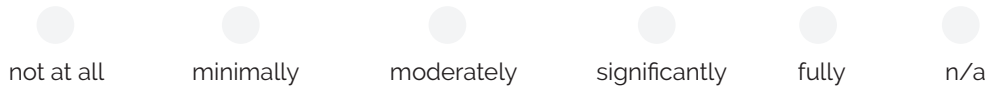
not at all minimally moderately significantly fully n/a

Comments (examples of successes and/or opportunities for change):

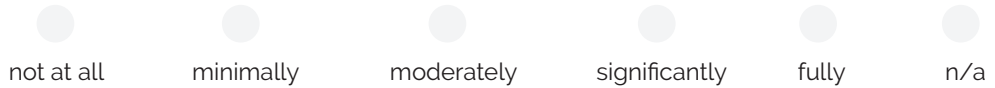
H. Screening, Assessment, and Treatment Services

TRAUMA-INFORMED AGENCY SELF-ASSESSMENT

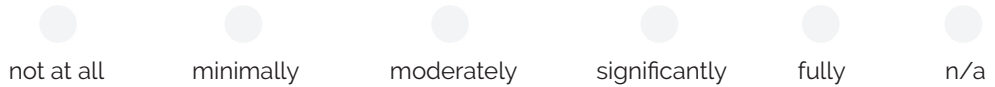
H1. Timely and universal (is administered to everyone) trauma-informed screening and assessment is available and accessible to children, youth, and individuals being served.



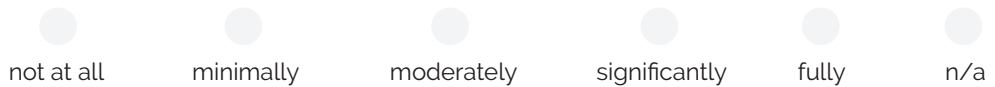
H2. The screening/assessment tools used by the agency include/acknowledge historical trauma.



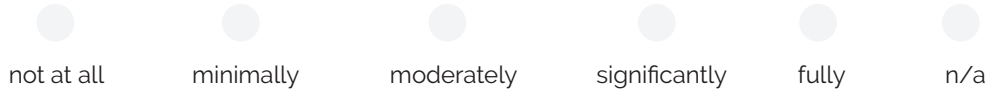
H3. The agency has the capacity to provide or make timely referrals to a continuum of trauma-informed interventions for children, youth, and individuals being served.



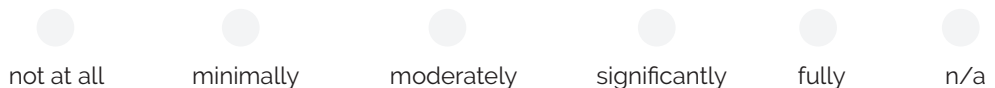
H4. An individual's own definition of emotional safety is included in treatment and safety plans.



H5. Staff members incorporate motivational interviewing techniques with children, youth, and individuals being served (e.g., open-ended questions, reflective listening).



H6. A continuum of trauma-informed interventions is available within the agency to support children, youth, and individuals being served.



I. Training and Workforce Development

TRAUMA-INFORMED AGENCY SELF-ASSESSMENT

1. The agency provides orientation for new staff and volunteers on their job role and tasks.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

12. The agency ensures that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping, and maintenance) receives basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

13. Training and resources are provided to supervisors on incorporating trauma-informed practice and supervision in their work.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

14. The agency provides training and education for staff and volunteers on vicarious trauma and supports strategies to address work related stress and vicarious traumatization.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

15. The agency provides training and education for staff and volunteers that enhance cultural humility and responsiveness.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

Comments (examples of successes and/or opportunities for change):

J. Evaluation and Quality Assurance

TRAUMA-INFORMED AGENCY SELF-ASSESSMENT

J1. There is a routine practice in place of measuring the agency's performance in being trauma-informed (e.g., an organizational assessment).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

J2. There is a routine practice in place to evaluate whether staff members feel safe and valued at the agency.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

J3. Children, families, and individuals being served are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys, etc.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

J4. People with lived experience are invited to share their thoughts and ideas about their experiences with the agency.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

J5. There are mechanisms in place for feedback and other information collected to be incorporated into the agency's quality assurance processes.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

J6. The agency incorporates attention to culture and trauma in agency operations and quality improvement processes.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not at all	minimally	moderately	significantly	fully	n/a

Comments (examples of successes and/or opportunities for change):

Appendix B: System-Specific Resources

Advocacy

Building Cultures of Care: A Guide for Sexual Assault Services Programs (Sexual Assault Demonstration Initiative)

https://www.nsvrc.org/sites/default/files/2017-10/publications_nsvrc_building-cultures-of-care.pdf

Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma Informed Organizations

http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/04/NCDVTMH_2018_ToolsforTransformation_WarshawTinnonCave.pdf

Behavioral Health

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (Substance Abuse and Mental Health Services Administration)

https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Trauma-Informed Care in Behavioral Health Services (Substance Abuse and Mental Health Services Administration)

<https://www.ncbi.nlm.nih.gov/books/NBK207201/>

Child Welfare

Child Welfare Trauma Training Toolkit (National Child Traumatic Stress Network)

<https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit>

Trauma-Informed Child Welfare Practice Toolkit (Chadwick Trauma-Informed Systems Dissemination and Implementation Project)

<https://ctisp.wordpress.com/trauma-informed-child-welfare-practice-toolkit/>

Courts/Justice

Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases

<https://www.ncjfcj.org/publications/enhanced-resource-guidelines/>

Preparing for a Trauma Consultation in Your Juvenile and Family Court

https://www.ncjfcj.org/wp-content/uploads/2015/03/NCJFCJ_Trauma_Manual_04.03.15.pdf

Appendix B:

System-Specific Resources

Education

Child Trauma Toolkit for Educators (National Child Traumatic Stress Network)

<https://www.nctsn.org/resources/child-trauma-toolkit-educators>

Issue Brief: Trauma-Informed Schools (Family & Children's Trust Fund of Virginia)

<http://www.fact.virginia.gov/wp-content/uploads/2017/04/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-SCHOOLS-final1.pdf>

Health Care

Trauma Informed Care in Child Health Systems (American Academy of Pediatrics)

<https://publications.aap.org/pediatrics/article/148/2/e2021052579/179781/Trauma-Informed-Care-in-Child-Health-Systems>

Issue Brief: Key Ingredients for Successful Trauma-Informed Care Implementation (Center for Health Care Strategies)

http://www.chcs.org/media/ATC_whitepaper_040616.pdf

Housing

Trauma-Informed Organizational Toolkit for Homeless Services (National Center on Family Homelessness)

https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf

Issue Brief: Trauma-Informed Practices in Homeless Intervention Services (Family & Children's Trust Fund of Virginia)

<http://www.fact.virginia.gov/wp-content/uploads/2017/11/FACT-ISSUE-BRIEF-TRAUMA-INFORMED-Homeless-Intervention-FINAL.pdf>

Juvenile Justice

Think Trauma: A Training for Staff in Juvenile Justice Residential Settings (National Child Traumatic Stress Network)

<https://www.nctsn.org/resources/think-trauma-training-staff-juvenile-justice-residential-settings>

A Trauma Primer for Juvenile Probation and Juvenile Detention Staff (National Council on Juvenile and Family Court Judges)

<https://www.ncjfcj.org/wp-content/uploads/2015/08/NCJFCJ-Trauma-Primer-Final-10.08.15.pdf>

This document utilizes, adapts, and expands upon a compilation of definitions, domains and items from the Substance Abuse Mental Health Services Administration's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014), Southwest Michigan Children's Trauma Assessment Center's Trauma Informed Systems Change Instrument (2010), the National Center on Family Homelessness' Trauma-Informed Organizational Self-Assessment and "Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol" and Virginia HEALS' Policy Review Tool and RFA/RFA Checklist.

This product was supported by cooperative agreement number 2018-V3-GX-K064, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.



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HEALS

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Empowering Families*

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