FREDERICK COUNTY CPMT AGENDA

February 28, 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. January Minutes
  B. Budget Request Forms
IV. Executive Session
  A. Parental Agreement Extension Update
  B. Request for one month of funding due to error
  C. Request for 21 days of funding due to error
V. Committee Member Announcements
VI. CSA Office Business — Jackie Jury
  A. January Financial Report
  B. OCS Annual CSA Conference
  C. CSA UR/CQI Assessor
VII. Old Business — Jackie Jury
  A. Audit Report & Certification
  B. Legislation Updates
VIII. New Business
  A. Administrative Memo #22-02
  B. Teens, Inc New Service
IX. Informational Items
  A. Center for Evidence-based Partnerships in Va (CEPVa) Report
  B. FAPT/CPMT Parent Representative Training
X. Assigned Tasks
XI. Next CPMT Meeting
  - March 28, 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, January 24, 2022

The Community Policy and Management Team (CPMT) met in the 1st Floor Conference Room at 107 N Kent St, Winchester, VA 22601 on January 24, 2022.

The following members were present:

- Jay Tibbs, Frederick County Administration
- Jerry Stollings, 26th District Juvenile Court Service Unit
- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Leea Shirley, Lord Fairfax Health District
- Dr. Michele Sandy, Frederick County Public Schools

The following members were not present:

- Tamara Green, Frederick County Department of Social Services
- Denise Acker, Northwestern Community Services Board

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 1:14 pm.

Introductions: Members and nonmembers of the team introduced themselves.

Adoption of Agenda: Dr. Michele Sandy made a motion to adopt the January agenda; Jerry Stollings seconded; CPMT approved.

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

- December 20, 2021, CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA

Jerry Stollings made a motion to approve the December Minutes, Dr. Michele Sandy seconded, CPMT approved. Dr. Michele Sandy made a motion to approve the January Budget Request forms, Jerry Stollings seconded, CPMT approved.

Adoption to Convene to Executive Session: On a motion duly made by Jay Tibbs and seconded by Jerry Stollings, 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: Jay Tibbs made a motion to come out of Closed Session and reconvene in Open Session; Jerry Stollings seconded; CPMT approved.

Motion and Roll Call Certification of Executive Session: Jay Tibbs made a motion, seconded by Dr. Michele Sandy, 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.

Jay Tibbs	Aye
Dr. Michele Sandy	Aye
David Alley	Aye
Jerry Stollings	Aye
Leea Shirley	Aye
Denise Acker	Not Present
Tamara Green	Not Present

Adoption of Motion to Approve Items Discussed in Executive Session: David Alley made a motion to approve the items discussed in Executive Session; Michele Sandy seconded; CPMT approved.

Committee Member Announcements:

- Leea Shirley will be replacing Dr. Colin Greene on CPMT as the Representative from the Health Department. Dr. Greene has accepted another position as the acting Virginia State Health Commissioner.
- Jay Tibbs announced that the request for a Continuous Quality Improvement position in CSA was submitted for review by the HR Committee. The next meeting will be held February 11.
- Jerry Stollings announced that Amy Floriano was appointed as the new Director of the Department of Juvenile Justice.

CSA Report:

- December 2021
  - Monthly Net Expenditures- $304,286.45 or 7% of the total allocated, including Protected and SpEd WrapAround Funds.
  - Year to Date Net Expenditures- $1,412,257.81 or 34% of the total allocated, including Protected and SpEd WrapAround Funds.
  - Remaining- $2,724,217.68 or 66% of the total allocation, or $2,679,736.44 excluding SpEd Wrap Funds.
    - Protected Funds- $26,131.00 spent, $34,049.00 remaining with $19,910.00 encumbered.
    - SpEd Wrap Funds: $77,401.25 spent, $44,481.24 remaining with $100,685.00 encumbered. Another allocation request may be needed.
  - Youth Served: 110 total
    - 82 in Community Based Services
    - 24 in Private Day School
    - 14 in Congregate Care
    - 14 in TFC
  - Flow Chart Updates/Policy Manual Review-
    - Jackie Jury will update the Flow Chart to align it with new funding procedures and present it at CPMT for approval once completed.

- Frederick County CPMT policy requires a full review of the Policy & Procedure Manual in full every 3 years. The CSA Coordinator made a request to extend the full manual review by one year to offset it from the contract cycle. Dr. Michele Sandy made a motion to extend the full manual review by 1 year, Jay Tibbs seconded, and the motion was approved.

Old Business:

- Audit Update- The audit was due on February 1, 2022, but an extension was granted by OCS. There were 137 open cases during the audit review period of November 1, 2020-October 31, 2021. The CPMT recommended a sample size of 20%, 28 cases, to ensure sufficient representation. The cases were then grouped by audit areas to make sure there was a representative sample selected for each. Worksheets were reviewed with specific directions noted on each, and a document with general instructions will also be provided to inform each auditor of case requirements and the location of case documentation.

New Business:

- Administrative Memo #21-17- Required Information Security and Privacy Awareness Training- OCS was cited after a recent audit of its IT systems. Until then, OCS relied on each locality to implement policies regarding Information Security and Privacy Awareness. As a result, OCS created a policy and online training for individuals who are users of OCS programs that contain client related personal information. New users will be required to complete the training within 30 days of account creation. All users will be required to repeat the training annually. Information to create an account as well as individuals exempt from this requirement are provided in the memo.

- Administrative Memo #22-01- CSA System password requirement changes- OCS made changes to their system password requirements as a result of the audit finding citing the lack of proper security measures to protect private information. New passwords must be changed every 42 days, contain 8-15 characters, contain at least 1 numeric and 1 special character, contain a mixture of upper and lower case letters, and cannot be reused. Accounts will be disabled after 90 days of inactivity and locked after 3 incorrect password attempts.

- Legislation-
  - HB 427/SB 45 Companion Bills- Change COV language regarding parent representatives on CPMT and FAPT to be caregivers of youth who formerly received “child welfare, juvenile justice, special education, or behavioral health services, including a foster parent.”
    - 1/11 Ordered to Committee on Rehabilitation and Social Services
    - 1/21 Reported from Committee with substitute- removes above proposed language, leaving code to read “parent representative”, but adds language directing SEC to review efforts to recruit and retain parent representatives and establish a list of best practices to “include and elevate parent voices”. The report would be due to committee by Nov. 1, 2022.
  - SB 314- Due to the increased difficulty across the Commonwealth of placing youth in out-of-home environments, SB 314 was introduced. SB 314 attempts to address the matter,

specifically for youth in the Virginia foster care system, by requiring CRFs, CPAs, & QRTPs "that receive state or federal funds for placement costs (i) accept any foster child who meets applicable admissions criteria and (ii) prioritize VA youth over out-of-state applicants. It prohibits facilities from discharging these youth for any reason "except as provided in the placement agreement" and requires those placements to "work with certain parties to secure an alternative placement for a child prior to discharge in the event the child fails to meet certain placement criteria." An email from OCS was sent indicating that they received a significant number of comments about this bill and provided instructions on how others can provide comments if desired.

- CSA Family Guide 2022- OCS distributed an informational document created for parents/caregivers of youth referred to CSA. It provides information on what CSA is, who is eligible and what to expect.

- DSS Transportation Broadcast: Supporting Transportation Needs of Youth in and Formerly in Foster Care- Authorized up to $4000.00 for driving and transportation assistance for certain foster care youth, with no local match. Funds could be used for obtaining a driver's license, insurance, driver's education classes & testing fees, practice lessons, license fees or the purchase of a vehicle. Funds must be used between 2/1/22-9/30/22.

- EBP Funding Availability- FYI, VDSS and CEPVa will be making funding available to expand EBPs in the Commonwealth to fill service gaps and need. Information session held 2/4/22, 9:00-10:30am.

Assigned Tasks:

- Jackie Jury will distribute audit worksheets to members for file audits.

Next Meeting: The next CPMT meeting will be held Monday, February 28, 2022, at 1:00 pm in the 1st Floor Conference Room.

Adjournment: Dr. Michele Sandy made a motion to adjourn, Jerry Stollings seconded, and the motion was approved. The meeting was adjourned at 2:12 pm.

Minutes Completed By: Robbin Lloyd

Frederick County CSA Financial Update: January 2022

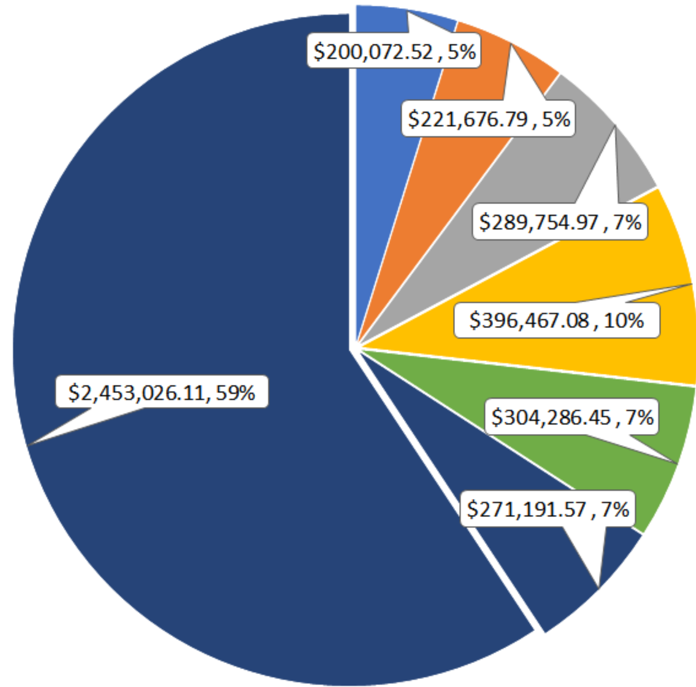
of Reports Submitted: 6

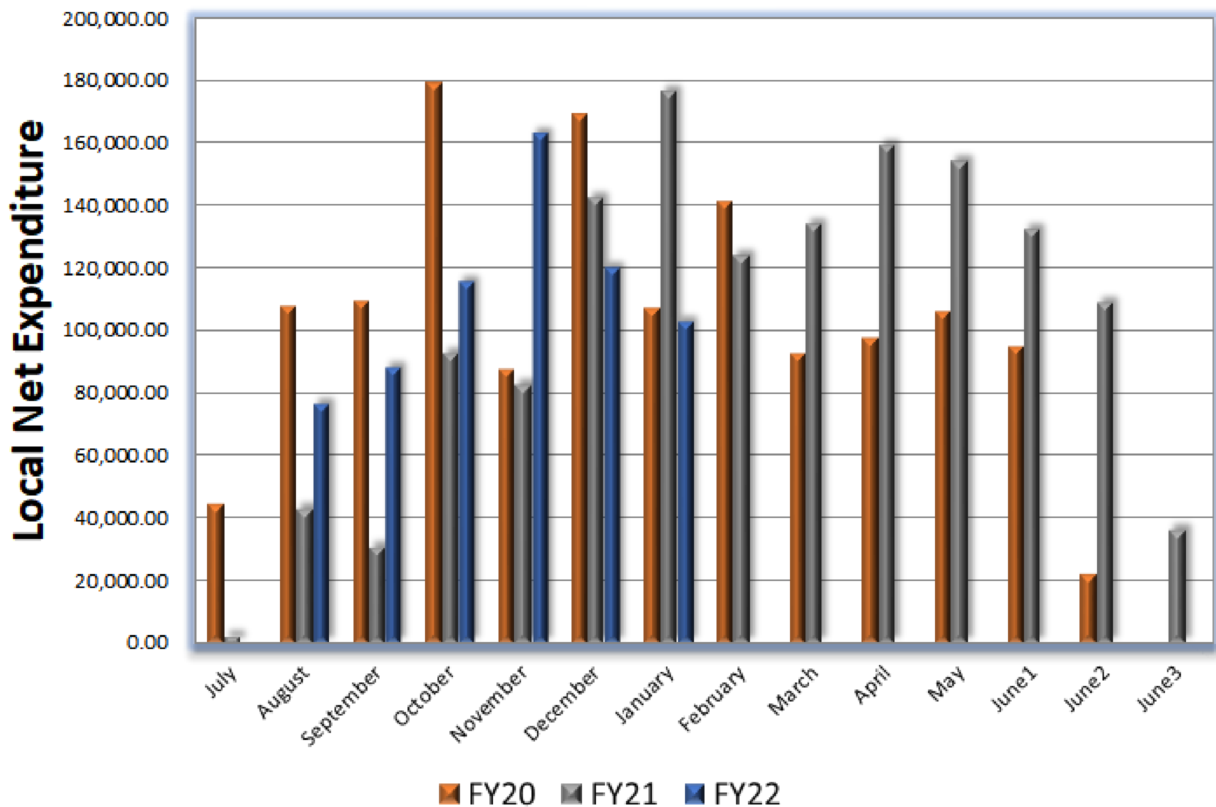
YTD Total Net Spent with Wrap:
$1,412,257.81 34%

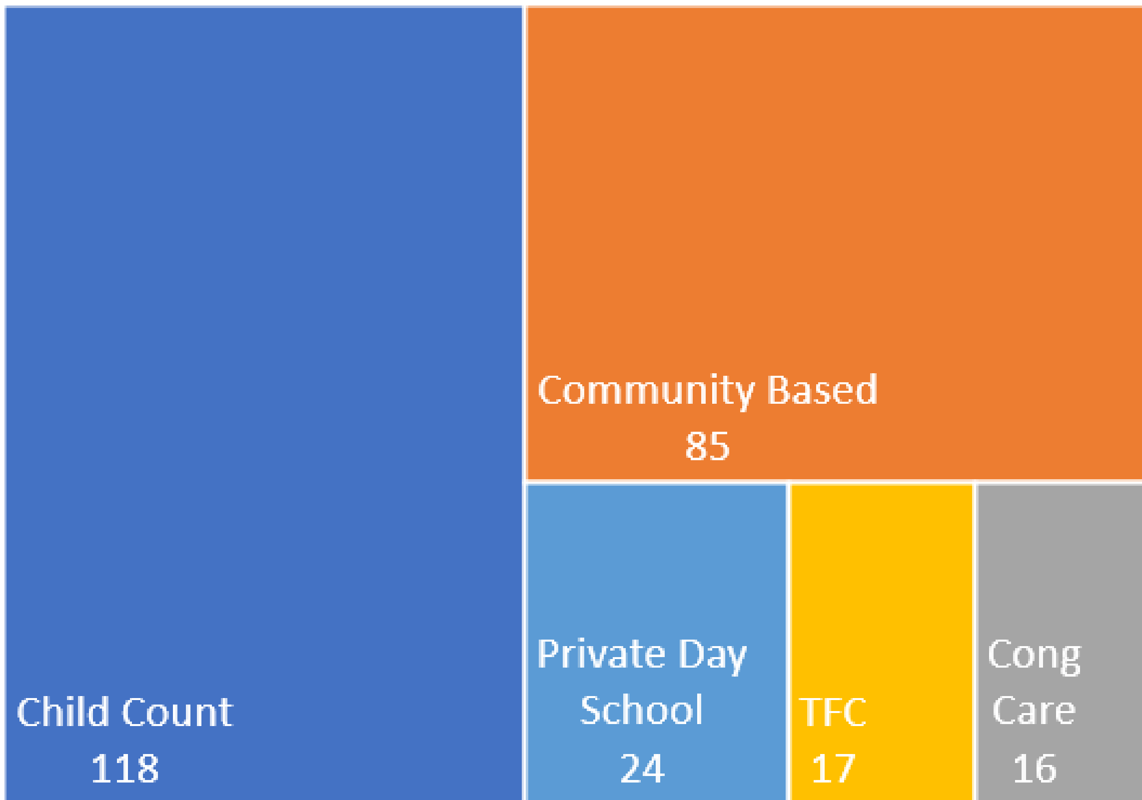
YTD Local Net:
Not Available

Total Remaining:
$2,724,217.68 66%

Remaining w/o Wrap:
$2,679,736.44



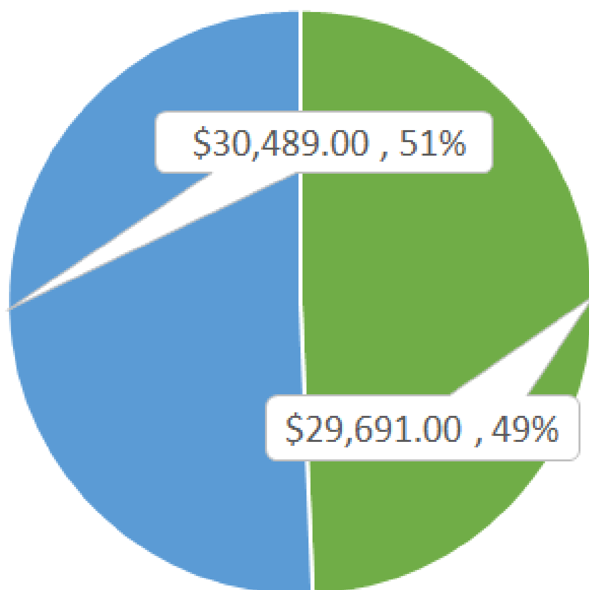


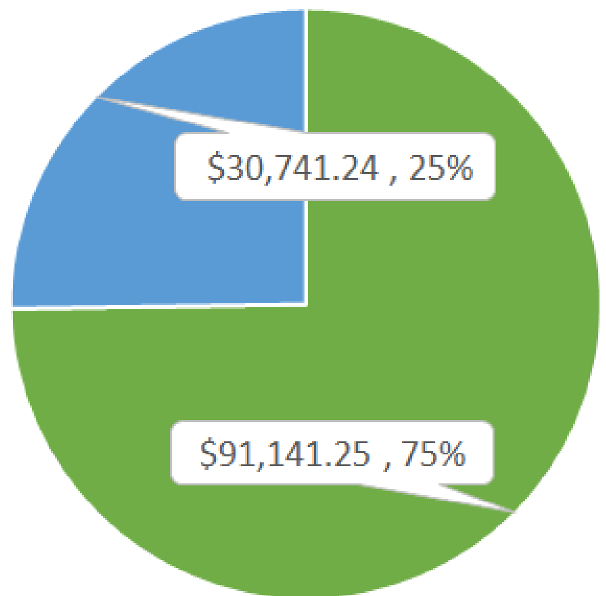


Unduplicated: Child Count, Congregate Care, Therapeutic Foster Care, Community Based Services
*Possible duplication of Private Day School students with youth in Congregate Care

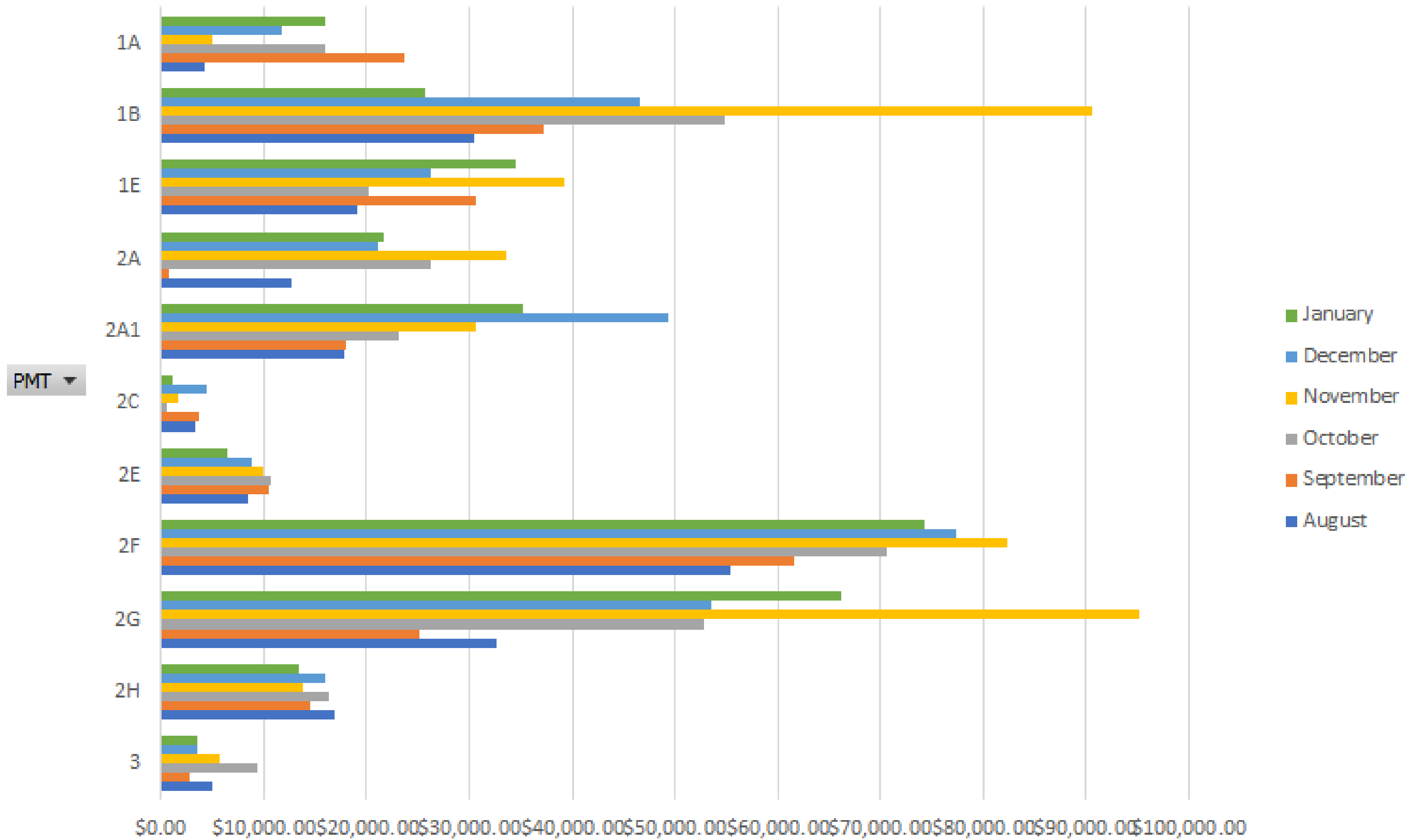
Protected Encumbered: $13,130.00

SpEd Wrap Encumbered: $101,215.00





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

22106327D

HOUSE BILL NO. 427

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions

on February 8, 2022)

(Patron Prior to Substitute—Delegate Herring)

A BILL to amend and reenact §§ 2.2-5205 and 2.2-5207 of the Code of Virginia, relating to Children's Services Act; parent representatives; community policy and management teams; family assessment and planning team.

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-5205 and 2.2-5207 of the Code of Virginia are amended and reenacted as follows:

§ 2.2-5205. Community policy and management teams; membership; immunity from liability.

The community policy and management team to be appointed by the local governing body shall include, at a minimum, at least one elected official or appointed official or his designee from the governing body of a locality that is a member of the team~~,~~ and the local agency heads or their designees of the following community agencies: community services board established pursuant to § 37.2-501, juvenile court services unit, department of health, department of social services, and ~~the~~ local school division. The team shall also include a representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality~~,~~ and a parent representative. Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a community policy and management team 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 daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives~~ *no other parent representative is available*. Those persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies.

The local governing body may appoint other members to the team, including, but not limited to, a local government official, a local law-enforcement official, and representatives of other public agencies.

When any combination of counties, cities or counties, and cities establishes a community policy and management team, the membership requirements previously set out shall be adhered to by the team as a whole.

Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent. Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

Persons serving on the team who are parent representatives or who represent private organizations or associations of providers for children's or family services 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.

§ 2.2-5207. Family assessment and planning team; membership; immunity from liability.

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. Each family assessment and planning team shall include representatives of the following community agencies who have authority to access services within their respective agencies: community services board established pursuant to § 37.2-501, juvenile court services unit, department of social services, and local school division. Each family and planning team also shall include a parent representative and may include a representative of the department of health at the request of the chair of the local community policy and management team. Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a family assessment and planning team 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~~ *no other parent representative is available*. The family assessment and planning team may include a representative of a private organization or association of providers for children's or family services and of other public agencies.

Persons who serve on a family assessment and planning team shall be immune from any civil

2/24/22 11:50

HOUSE SUBSTITUTE

HB427H1

60 liability for decisions made about the appropriate services for a family or the proper placement or
61 treatment of a child who comes before the team, unless it is proven that such person acted with
62 malicious intent. Any person serving on such team who does not represent a public agency shall file a
63 statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of
64 Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if
65 required to do so pursuant to the State and Local Government Conflict of Interests Act.
66 Persons serving on the team who are parent representatives or who represent private organizations or
67 associations of providers for children's or family services shall abstain from decision-making involving
68 individual cases or agencies in which they have either a personal interest, as defined in § 2.2-3101 of
69 the State and Local Government Conflict of Interests Act, or a fiduciary interest.
70 **2. That the State Executive Council for Children's Services (SEC) shall inventory current efforts to**
71 **recruit and retain parent representatives on local community policy and management teams**
72 **(CPMTs) and family assessment and planning teams (FAPTs) and compile a list of best practices**
73 **for including and elevating parent voices within CPMTs and FAPTs, particularly parents and**
74 **caregivers with lived experience in child welfare, juvenile justice, special education, or behavioral**
75 **health services, for distribution to local Children's Services Act programs. The SEC shall provide**
76 **a copy of this report to the Chairmen of the Senate Committee on Rehabilitation and Social**
77 **Services and the House Committee on Health, Welfare and Institutions no later than November 1,**
78 **2022.**

22104916D

SENATE BILL NO. 435

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Rehabilitation and Social Services on January 21, 2022)

(Patron Prior to Substitute—Senator Barker)

A BILL to amend and reenact §§ 2.2-5205 and 2.2-5207 of the Code of Virginia, relating to Children's Services Act; parent representatives; community policy and management teams; family assessment and planning team.

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-5205 and 2.2-5207 of the Code of Virginia are amended and reenacted as follows:

§ 2.2-5205. Community policy and management teams; membership; immunity from liability.

The community policy and management team to be appointed by the local governing body shall include, at a minimum, at least one elected official or appointed official or his designee from the governing body of a locality that is a member of the team~~,~~ and the local agency heads or their designees of the following community agencies: community services board established pursuant to § 37.2-501, juvenile court services unit, department of health, department of social services, and ~~the~~ local school division. The team shall also include a representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality~~,~~ and a parent representative. ~~Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a community policy and management team 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 daily basis with children. Notwithstanding this provision, foster parents may serve as parent representatives.~~ Those persons appointed to represent community agencies shall be authorized to make policy and funding decisions for their agencies.

The local governing body may appoint other members to the team, including, but not limited to, a local government official, a local law-enforcement official, and representatives of other public agencies.

When any combination of counties, cities or counties, and cities establishes a community policy and management team, the membership requirements previously set out shall be adhered to by the team as a whole.

Persons who serve on the team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with malicious intent. Any person serving on such team who does not represent a public agency shall file a statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if required to do so pursuant to the State and Local Government Conflict of Interests Act.

Persons serving on the team who are parent representatives or who represent private organizations or associations of providers for children's or family services 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.

§ 2.2-5207. Family assessment and planning team; membership; immunity from liability.

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. Each family assessment and planning team shall include representatives of the following community agencies who have authority to access services within their respective agencies: community services board established pursuant to § 37.2-501, juvenile court services unit, department of social services, and local school division. Each family and planning team also shall include a parent representative and may include a representative of the department of health at the request of the chair of the local community policy and management team. ~~Parent representatives who are employed by a public or private program that receives funds pursuant to this chapter or agencies represented on a family assessment and planning team 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.~~ The family assessment and planning team may include a representative of a private organization or association of providers for children's or family services and of other public agencies.

Persons who serve on a family assessment and planning team shall be immune from any civil liability for decisions made about the appropriate services for a family or the proper placement or treatment of a child who comes before the team, unless it is proven that such person acted with

SENATE SUBSTITUTE

SB435S1

2/23/22 12:0

60 malicious intent. Any person serving on such team who does not represent a public agency shall file a
61 statement of economic interests as set out in § 2.2-3117 of the State and Local Government Conflict of
62 Interests Act (§ 2.2-3100 et seq.). Persons representing public agencies shall file such statements if
63 required to do so pursuant to the State and Local Government Conflict of Interests Act.
64 Persons serving on the team who are parent representatives or who represent private organizations or
65 associations of providers for children's or family services shall abstain from decision-making involving
66 individual cases or agencies in which they have either a personal interest, as defined in § 2.2-3101 of
67 the State and Local Government Conflict of Interests Act, or a fiduciary interest.
68 **2. That the State Executive Council for Children's Services (SEC) shall inventory current efforts to**
69 **recruit and retain parent representatives on local community policy and management teams**
70 **(CPMTs) and family assessment and planning teams (FAPTs) and compile a list of best practices**
71 **for including and elevating parent voices within CPMTs and FAPTs, particularly parents and**
72 **caregivers with lived experience in child welfare, juvenile justice, special education, or behavioral**
73 **health services, for distribution to local Children's Services Act programs. The SEC shall provide**
74 **a copy of this report to the Chairmen of the Senate Committee on Rehabilitation and Social**
75 **Services and the House Committee on Health, Welfare and Institutions no later than November 1,**
76 **2022.**

ENGROSSED

22101402D

HOUSE BILL NO. 150

House Amendments in [ ] — February 1, 2022

A BILL to amend the Code of Virginia by adding a section numbered 2.2-3707.2, relating to the Virginia Freedom of Information Act; posting of minutes; local public bodies.

Patron Prior to Engrossment—Delegate March

Referred to Committee on General Laws

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 2.2-3707.2 as follows:

§ 2.2-3707.2. Posting of minutes for local public bodies.

Except as provided in subsection H of § 2.2-3707, any local public body subject to the provisions of this chapter shall post minutes of its meetings on its official public government website, if any, within seven working days of final approval of the minutes.

If a local public body does not own or maintain an official public government website, such public body shall make copies of all meeting minutes available no later than seven working days after [~~the conclusion of a meeting~~ final approval of the minutes] (i) at a prominent public location in which meeting notices are regularly posted pursuant to subdivision C 2 of § 2.2-3707; (ii) at the office of the clerk of the public body; or (iii) in the case of a public body that has no clerk, at the office of the chief administrator.

ENGROSSED

HB150E

2/17/22 14:10

22104056D

HOUSE BILL NO. 444

Offered January 12, 2022

Prefiled January 11, 2022

A BILL to amend and reenact §§ 2.2-2455, 2.2-3701, 2.2-3707, 2.2-3707.01, 2.2-3708.2, 2.2-3714, 10.1-1322.01, 15.2-1627.4, 23.1-1301, 23.1-2425, 30-179, and 62.1-44.15:02 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 2.2-3708.3, relating to the Virginia Freedom of Information Act; meetings conducted by electronic communication means; situations other than declared states of emergency.

Patrons—Bennett-Parker and Wampler

Referred to Committee on General Laws

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-2455, 2.2-3701, 2.2-3707, 2.2-3707.01, 2.2-3708.2, 2.2-3714, 10.1-1322.01, 15.2-1627.4, 23.1-1301, 23.1-2425, 30-179, and 62.1-44.15:02 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 2.2-3708.3 as follows:

§ 2.2-2455. Charitable Gaming Board; membership; terms; quorum; compensation; staff.

A. The Charitable Gaming Board (the Board) is hereby established as a policy board within the meaning of § 2.2-2100 in the executive branch of state government. The purpose of the Board shall be to advise the Department of Agriculture and Consumer Services on all aspects of the conduct of charitable gaming in Virginia.

B. The Board shall consist of eleven members who shall be appointed in the following manner:

1. Six nonlegislative citizen members appointed by the Governor subject to confirmation by the General Assembly as follows: one member who is a member of a charitable organization subject to Article 1.1:1 (§ 18.2-340.15 et seq.) of Chapter 8 of Title 18.2 in good standing with the Department; one member who is a charitable gaming supplier registered and in good standing with the Department; one member who is an owner, lessor, or lessee of premises where charitable gaming is conducted; one member who is or has been a law-enforcement officer in Virginia but who (i) is not a charitable gaming supplier registered with the Department, (ii) is not a lessor of premises where charitable gaming is conducted, (iii) is not a member of a charitable organization, or (iv) does not have an interest in or is not affiliated with such supplier or charitable organization or owner, lessor, or lessee of premises where charitable gaming is conducted; and two members who do not have an interest in or are not affiliated with a charitable organization, charitable gaming supplier, or owner, lessor, or lessee of premises where charitable gaming is conducted;

2. Three nonlegislative citizen members appointed by the Speaker of the House of Delegates as follows: two members who are members of a charitable organization subject to Article 1.1:1 (§ 18.2-340.15 et seq.) of Chapter 8 of Title 18.2 in good standing with the Department and one member who does not have an interest in or is not affiliated with a charitable organization, charitable gaming supplier, or owner, lessor, or lessee of premises where charitable gaming is conducted; and

3. Two nonlegislative citizen members appointed by the Senate Committee on Rules as follows: one member who is a member of a charitable organization subject to Article 1.1:1 (§ 18.2-340.15 et seq.) of Chapter 8 of Title 18.2 in good standing with the Department and one member who does not have an interest in or is not affiliated with a charitable organization, charitable gaming supplier, or owner, lessor, or lessee of premises where charitable gaming is conducted.

To the extent practicable, the Board shall consist of individuals from different geographic regions of the Commonwealth. Each member of the Board shall have been a resident of the Commonwealth for a period of at least three years next preceding his appointment, and his continued residency shall be a condition of his tenure in office. Members shall be appointed for four-year terms. Vacancies shall be filled by the appointing authority in the same manner as the original appointment for the unexpired portion of the term. Each Board member shall be eligible for reappointment for a second consecutive term at the discretion of the appointing authority. Persons who are first appointed to initial terms of less than four years shall thereafter be eligible for reappointment to two consecutive terms of four years each. No sitting member of the General Assembly shall be eligible for appointment to the Board. The members of the Board shall serve at the pleasure of the appointing authority.

C. The Board shall elect from among its members a chairman who is a member of a charitable organization subject to Article 1.1:1 (§ 18.2-340.15 et seq.) of Chapter 8 of Title 18.2. The Board shall elect a vice-chairman from among its members.

D. A quorum shall consist of five members. The decision of a majority of those members present

INTRODUCED

HB444

2/25/22 17:24

59 and voting shall constitute a decision of the Board.
60 E. For each day or part thereof spent in the performance of his duties, each member of the Board
61 shall receive such compensation and reimbursement for his reasonable expenses as provided in
62 § 2.2-2104.
63 F. The Board shall adopt rules and procedures for the conduct of its business, including a provision
64 that Board members shall abstain or otherwise recuse themselves from voting on any matter in which
65 they or a member of their immediate family have a personal interest in a transaction as defined in
66 § 2.2-3101. The Board shall meet at least four times a year, and other meetings may be held at any time
67 or place determined by the Board or upon call of the chairman or upon a written request to the
68 chairman by any two members. Except for emergency meetings ~~and meetings governed by § 2.2-3708.2~~
69 ~~requiring a longer notice~~, all members shall be duly notified of the time and place of any regular or
70 other meeting at least 10 days in advance of such meeting.
71 G. Staff to the Board shall be provided by the Department of Agriculture and Consumer Services.
72 **§ 2.2-3701. Definitions.**
73 As used in this chapter, unless the context requires a different meaning:
74 *"All-virtual public meeting" means a public meeting (i) conducted by a public body using electronic*
75 *communication means, (ii) during which all members of the public body who participate do so remotely*
76 *rather than being assembled in one physical location, and (iii) to which public access is provided*
77 *through electronic communications means.*
78 "Closed meeting" means a meeting from which the public is excluded.
79 "Electronic communication" means the use of technology having electrical, digital, magnetic,
80 wireless, optical, electromagnetic, or similar capabilities to transmit or receive information.
81 "Emergency" means an unforeseen circumstance rendering the notice required by this chapter
82 impossible or impracticable and which circumstance requires immediate action.
83 "Information" as used in the exclusions established by §§ 2.2-3705.1 through 2.2-3705.7, means the
84 content within a public record that references a specifically identified subject matter, and shall not be
85 interpreted to require the production of information that is not embodied in a public record.
86 "Meeting" or "meetings" means the meetings including work sessions, when sitting physically, or
87 through electronic communication means pursuant to § 2.2-3708.2 *or 2.2-3708.3*, as a body or entity, or
88 as an informal assemblage of (i) as many as three members or (ii) a quorum, if less than three, of the
89 constituent membership, wherever held, with or without minutes being taken, whether or not votes are
90 cast, of any public body. Neither the gathering of employees of a public body nor the gathering or
91 attendance of two or more members of a public body (a) at any place or function where no part of the
92 purpose of such gathering or attendance is the discussion or transaction of any public business, and such
93 gathering or attendance was not called or prearranged with any purpose of discussing or transacting any
94 business of the public body, or (b) at a public forum, candidate appearance, or debate, the purpose of
95 which is to inform the electorate and not to transact public business or to hold discussions relating to
96 the transaction of public business, even though the performance of the members individually or
97 collectively in the conduct of public business may be a topic of discussion or debate at such public
98 meeting, shall be deemed a "meeting" subject to the provisions of this chapter.
99 "Open meeting" or "public meeting" means a meeting at which the public may be present.
100 "Public body" means any legislative body, authority, board, bureau, commission, district*,* or agency
101 of the Commonwealth or of any political subdivision of the Commonwealth, including *counties,* cities,
102 *and* towns ~~and counties~~, municipal councils, governing bodies of counties, school boards*,* and planning
103 commissions; governing boards of public institutions of higher education; and other organizations,
104 corporations*,* or agencies in the Commonwealth supported wholly or principally by public funds. It shall
105 include (i) the Virginia Birth-Related Neurological Injury Compensation Program and its board of
106 directors established pursuant to Chapter 50 (§ 38.2-5000 et seq.) of Title 38.2 and (ii) any committee,
107 subcommittee, or other entity however designated~~,~~ of the public body created to perform delegated
108 functions of the public body or to advise the public body. It shall not exclude any such committee,
109 subcommittee*,* or entity because it has private sector or citizen members. Corporations organized by the
110 Virginia Retirement System are "public bodies" for purposes of this chapter.
111 For the purposes of the provisions of this chapter applicable to access to public records,
112 constitutional officers and private police departments as defined in § 9.1-101 shall be considered public
113 bodies and, except as otherwise expressly provided by law, shall have the same obligations to disclose
114 public records as other custodians of public records.
115 "Public records" means all writings and recordings that consist of letters, words*,* or numbers, or their
116 equivalent, set down by handwriting, typewriting, printing, photostatting, photography, magnetic impulse,
117 optical or magneto-optical form, mechanical or electronic recording*,* or other form of data compilation,
118 however stored, and regardless of physical form or characteristics, prepared or owned by, or in the
119 possession of a public body or its officers, employees*,* or agents in the transaction of public business.
120 "Regional public body" means a unit of government organized as provided by law within defined

boundaries, as determined by the General Assembly, which unit includes two or more localities.

"Remote participation" means participation in a public meeting by an individual member of a public body using electronic communication means.

"Scholastic records" means those records containing information directly related to a student or an applicant for admission and maintained by a public body that is an educational agency or institution or by a person acting for such agency or institution.

"Trade secret" means the same as that term is defined in the Uniform Trade Secrets Act (§ 59.1-336 et seq.).

§ 2.2-3707. Meetings to be public; notice of meetings; recordings; minutes.

A. All meetings of public bodies shall be open, except as provided in §§ 2.2-3707.01 and 2.2-3711.

B. No meeting shall be conducted through telephonic, video, electronic, or other electronic communication means where the members are not physically assembled to discuss or transact public business, except as provided in ~~§~~ *§§* 2.2-3708.2 ~~or~~ *and 2.2-3708.3 or* as may be specifically provided in Title 54.1 for the summary suspension of professional licenses.

C. Every public body shall give notice of the date, time, and location of its meetings by:

1. Posting such notice on its official public government website, if any;

2. Placing such notice in a prominent public location at which notices are regularly posted; and

3. Placing such notice at the office of the clerk of the public body or, in the case of a public body that has no clerk, at the office of the chief administrator.

All state public bodies subject to the provisions of this chapter shall also post notice of their meetings on a central, publicly available electronic calendar maintained by the Commonwealth. Publication of meeting notices by electronic means by other public bodies shall be encouraged.

The notice shall be posted at least three working days prior to the meeting.

D. Notice, reasonable under the circumstance, of special, emergency, or continued meetings shall be given contemporaneously with the notice provided to the members of the public body conducting the meeting.

E. Any person may annually file a written request for notification with a public body. The request shall include the requester's name, address, zip code, daytime telephone number, electronic mail address, if available, and organization, if any. The public body receiving such request shall provide notice of all meetings directly to each such person. Without objection by the person, the public body may provide electronic notice of all meetings in response to such requests.

F. At least one copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body. The proposed agendas for meetings of state public bodies where at least one member has been appointed by the Governor shall state whether or not public comment will be received at the meeting and, if so, the approximate point during the meeting when public comment will be received.

G. Any person may photograph, film, record, or otherwise reproduce any portion of a meeting required to be open. The public body conducting the meeting may adopt rules governing the placement and use of equipment necessary for broadcasting, photographing, filming, or recording a meeting to prevent interference with the proceedings, but shall not prohibit or otherwise prevent any person from photographing, filming, recording, or otherwise reproducing any portion of a meeting required to be open. No public body shall conduct a meeting required to be open in any building or facility where such recording devices are prohibited.

H. Minutes shall be ~~recorded~~ *taken* at all open meetings. However, minutes shall not be required to be taken at deliberations of (i) standing and other committees of the General Assembly; (ii) legislative interim study commissions and committees, including the Virginia Code Commission; (iii) study committees or commissions appointed by the Governor; or (iv) study commissions or study committees, or any other committees or subcommittees appointed by the governing bodies or school boards of counties, cities, and towns, except where the membership of any such commission, committee, or subcommittee includes a majority of the governing body of the county, city, or town or school board.

Minutes, including draft minutes, and all other records of open meetings, including audio or audio/visual records shall be deemed public records and subject to the provisions of this chapter.

Minutes shall be in writing and shall include (a) the date, time, and location of the meeting; (b) the members of the public body recorded as present and absent; and (c) a summary of the discussion on matters proposed, deliberated, or decided, and a record of any votes taken. In addition, for electronic communication meetings conducted in accordance with § 2.2-3708.2 *or 2.2-3708.3*, minutes ~~of state public bodies~~ shall include (1) the identity of the members of the public body ~~at each remote location identified in the notice~~ who participated in the meeting through electronic communication means, (2) the identity of the members of the public body who were physically assembled at ~~the primary or central meeting~~ *one physical* location, and (3) the identity of the members of the public body who were not

182 present at the ~~locations~~ *location* identified in ~~clauses (1) and~~ *clause* (2) but who monitored such meeting
183 through electronic communication means.
184 **§ 2.2-3707.01. Meetings of the General Assembly.**
185 A. Except as provided in subsection B, public access to any meeting of the General Assembly or a
186 portion thereof shall be governed by rules established by the Joint Rules Committee and approved by a
187 majority vote of each house at the next regular session of the General Assembly. At least 60 days before
188 the adoption of such rules, the Joint Rules Committee shall (i) hold regional public hearings on such
189 proposed rules and (ii) provide a copy of such proposed rules to the Virginia Freedom of Information
190 Advisory Council.
191 B. Floor sessions of either house of the General Assembly; meetings, including work sessions, of any
192 standing or interim study committee of the General Assembly; meetings, including work sessions, of any
193 subcommittee of such standing or interim study committee; and joint committees of conference of the
194 General Assembly; or a quorum of any such committees or subcommittees, shall be open and governed
195 by this chapter.
196 C. Meetings of the respective political party caucuses of either house of the General Assembly,
197 including meetings conducted by telephonic or other electronic communication means, without regard to
198 (i) whether the General Assembly is in or out of regular or special session or (ii) whether such caucuses
199 invite staff or guests to participate in their deliberations, shall not be deemed meetings for the purposes
200 of this chapter.
201 D. No regular, special, or reconvened session of the General Assembly held pursuant to Article IV,
202 Section 6 of the Constitution of Virginia shall be conducted using electronic communication means
203 pursuant to § 2.2-3708.2 *or 2.2-3708.3*.
204 **§ 2.2-3708.2. Meetings held through electronic communication means during declared states of**
205 **emergency.**
206 ~~A. The following provisions apply to all public bodies:~~
207 ~~1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein~~
208 ~~the public business is discussed or transacted through electronic communication means if, on or before~~
209 ~~the day of a meeting, a member of the public body holding the meeting notifies the chair of the public~~
210 ~~body that:~~
211 ~~a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or~~
212 ~~other medical condition that prevents the member's physical attendance or (ii) a family member's~~
213 ~~medical condition that requires the member to provide care for such family member, thereby preventing~~
214 ~~the member's physical attendance; or~~
215 ~~b. Such member is unable to attend the meeting due to a personal matter and identifies with~~
216 ~~specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is~~
217 ~~limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded~~
218 ~~up to the next whole number, whichever is greater.~~
219 ~~2. If participation by a member through electronic communication means is approved pursuant to~~
220 ~~subdivision 1, the public body holding the meeting shall record in its minutes the remote location from~~
221 ~~which the member participated; however, the remote location need not be open to the public. If~~
222 ~~participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes~~
223 ~~the fact that the member participated through electronic communication means due to (i) a temporary or~~
224 ~~permanent disability or other medical condition that prevented the member's physical attendance or (ii) a~~
225 ~~family member's medical condition that required the member to provide care for such family member,~~
226 ~~thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision~~
227 ~~1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by~~
228 ~~the member.~~
229 ~~If a member's participation from a remote location pursuant to subdivision 1 b is disapproved~~
230 ~~because such participation would violate the policy adopted pursuant to subsection C, such disapproval~~
231 ~~shall be recorded in the minutes with specificity.~~
232 ~~3.~~ Any public body, or any joint meetings thereof, may meet by electronic communication means
233 without a quorum of the public body physically assembled at one location when the Governor has
234 declared a state of emergency in accordance with § 44-146.17 or the locality in which the public body is
235 located has declared a local state of emergency pursuant to § 44-146.21, provided that (i) the
236 catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in
237 a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the
238 public body or the discharge of its lawful purposes, duties, and responsibilities. The public body
239 convening a meeting in accordance with this ~~subdivision~~ *section* shall:
240 ~~a.~~ *1.* Give public notice using the best available method given the nature of the emergency, which
241 notice shall be given contemporaneously with the notice provided to members of the public body
242 conducting the meeting;
243 ~~b.~~ *2.* Make arrangements for public access to such meeting through electronic communication means,

including videoconferencing if already used by the public body;

~~c.~~ *3.* Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and

~~d.~~ *4.* Otherwise comply with the provisions of this chapter.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

The provisions of this ~~subdivision 3~~ *section* shall be applicable only for the duration of the emergency declared pursuant to § 44-146.17 or 44-146.21.

~~B. The following provisions apply to regional public bodies:~~

~~1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.~~

~~2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.~~

~~If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.~~

~~C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:~~

~~1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;~~

~~2. A quorum of the public body is physically assembled at one primary or central meeting location; and~~

~~3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.~~

~~D. The following provisions apply to state public bodies:~~

~~1. Except as provided in subsection D of § 2.2-3707.01, state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.~~

~~If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.~~

~~2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.~~

~~The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.~~

~~3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.~~

INTRODUCED

HB444

~~4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.~~

~~5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.~~

~~6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179.~~

~~7. Minutes of all meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.~~

~~8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:~~

~~a. The total number of meetings held that year in which there was participation through electronic communication means;~~

~~b. The dates and purposes of each such meeting;~~

~~c. A copy of the agenda for each such meeting;~~

~~d. The primary or central meeting location of each such meeting;~~

~~e. The types of electronic communication means by which each meeting was held;~~

~~f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;~~

~~g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;~~

~~h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;~~

~~i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;~~

~~j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and~~

~~k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.~~

~~E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.~~

§ 2.2-3708.3. Meetings held through electronic communication means; situations other than declared states of emergency.

A. Public bodies are encouraged to (i) provide public access, both in person and through electronic communication means, to public meetings and (ii) provide avenues for public comment at public meetings when public comment is customarily received, which may include public comments made in person or by electronic communication means or other methods.

B. Individual members of a public body may use remote participation instead of attending a public meeting in person if, in advance of the public meeting, the public body has adopted a policy as described in subsection D and the member notifies the public body chair that:

1. The member has a temporary or permanent disability or other medical condition that prevents the member's physical attendance;

2. A medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;

3. The member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or

4. The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. However, the member may not use remote participation due to personal matters more than two meetings per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

367 *If participation by a member through electronic communication means is approved pursuant to this*
368 *subsection, the public body holding the meeting shall record in its minutes the remote location from*
369 *which the member participated; however, the remote location need not be open to the public and may*
370 *be identified in the minutes by a general description. If participation is approved pursuant to subdivision*
371 *1 or 2, the public body shall also include in its minutes the fact that the member participated through*
372 *electronic communication means due to a (i) temporary or permanent disability or other medical*
373 *condition that prevented the member's physical attendance or (ii) family member's medical condition that*
374 *required the member to provide care for such family member, thereby preventing the member's physical*
375 *attendance. If participation is approved pursuant to subdivision 3, the public body shall also include in*
376 *its minutes the fact that the member participated through electronic communication means due to the*
377 *distance between the member's principal residence and the meeting location. If participation is approved*
378 *pursuant to subdivision 4, the public body shall also include in its minutes the specific nature of the*
379 *personal matter cited by the member.*
380 *If a member's participation from a remote location pursuant to this subsection is disapproved*
381 *because such participation would violate the policy adopted pursuant to subsection D, such disapproval*
382 *shall be recorded in the minutes with specificity.*
383 *C. Any public body may hold all-virtual public meetings, provided that the public body follows the*
384 *other requirements in this chapter for meetings, the public body has adopted a policy as described in*
385 *subsection D, and:*
386 *1. The fact that the meeting will be an all-virtual public meeting is included in the required meeting*
387 *notice;*
388 *2. Public access to the all-virtual public meeting is provided via electronic communications means;*
389 *3. The electronic communication means used allows the public to hear all members of the public*
390 *body participating in the all-virtual public meeting and, when audio-visual technology is available, to*
391 *see the members of the public body as well;*
392 *4. A phone number or other live contact information is provided to alert the public body if the audio*
393 *or video transmission of the meeting provided by the public body fails, the public body monitors such*
394 *designated means of communication during the meeting, and the public body takes a recess until public*
395 *access is restored if the transmission fails for the public;*
396 *5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished*
397 *to members of a public body for a meeting is made available to the public in electronic format at the*
398 *same time that such materials are provided to members of the public body;*
399 *6. The public is afforded the opportunity to comment through electronic means, including by way of*
400 *written comments, at those public meetings when public comment is customarily received;*
401 *7. No more than two members of the public body are together in any one remote location unless that*
402 *remote location is open to the public to physically access it;*
403 *8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the*
404 *public resumes before the public body votes to certify the closed meeting as required by subsection D of*
405 *§ 2.2-3712;*
406 *9. The public body does not convene an all-virtual public meeting more than two times per calendar*
407 *year, or 25 percent of the meetings held per calendar year rounded up to the next whole number,*
408 *whichever is greater; and*
409 *10. Minutes of all-virtual public meetings held by electronic communication means are taken as*
410 *required by § 2.2-3707 and include the fact that the meeting was held by electronic communication*
411 *means and the type of electronic communication means by which the meeting was held. If a member's*
412 *participation from a remote location pursuant to this subsection is disapproved because such*
413 *participation would violate the policy adopted pursuant to subsection D, such disapproval shall be*
414 *recorded in the minutes with specificity.*
415 *D. Before a public body uses all-virtual public meetings as described in subsection C or allows*
416 *members to use remote participation as described in subsection B, the public body shall first adopt a*
417 *policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without*
418 *exception, to the entire membership and without regard to the identity of the member requesting remote*
419 *participation or the matters that will be considered or voted on at the meeting. The policy shall:*
420 *1. Describe the circumstances under which remote participation will be allowed and the process the*
421 *public body will use for making requests to use remote participation, approving or denying such*
422 *requests, and creating a record of such requests; and*
423 *2. Fix the number of times remote participation for personal matters or all-virtual public meetings*
424 *can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.*
425 *Any public body that creates a committee, subcommittee, or other entity however designated of the*
426 *public body to perform delegated functions of the public body or to advise the public body may also*
427 *adopt a policy on behalf of its committee, subcommittee, or other entity that shall apply to the*

428 *committee, subcommittee, or other entity's use of individual remote participation and all-virtual public*
429 *meetings.*
430 **§ 2.2-3714. Violations and penalties.**
431 A. In a proceeding commenced against any officer, employee, or member of a public body under
432 § 2.2-3713 for a violation of § 2.2-3704, 2.2-3705.1 through 2.2-3705.7, 2.2-3706, 2.2-3706.1, 2.2-3707,
433 2.2-3708.2, *2.2-3708.3,* 2.2-3710, 2.2-3711, or 2.2-3712, the court, if it finds that a violation was
434 willfully and knowingly made, shall impose upon such officer, employee, or member in his individual
435 capacity, whether a writ of mandamus or injunctive relief is awarded or not, a civil penalty of not less
436 than $500 nor more than $2,000, which amount shall be paid into the Literary Fund. For a second or
437 subsequent violation, such civil penalty shall be not less than $2,000 nor more than $5,000.
438 B. In addition to any penalties imposed pursuant to subsection A, if the court finds that any officer,
439 employee, or member of a public body failed to provide public records to a requester in accordance with
440 the provisions of this chapter because such officer, employee, or member altered or destroyed the
441 requested public records with the intent to avoid the provisions of this chapter with respect to such
442 request prior to the expiration of the applicable record retention period set by the retention regulations
443 promulgated pursuant to the Virginia Public Records Act (§ 42.1-76 et seq.) by the State Library Board,
444 the court may impose upon such officer, employee, or member in his individual capacity, whether or not
445 a writ of mandamus or injunctive relief is awarded, a civil penalty of up to $100 per record altered or
446 destroyed, which amount shall be paid into the Literary Fund.
447 C. In addition to any penalties imposed pursuant to subsections A and B, if the court finds that a
448 public body voted to certify a closed meeting in accordance with subsection D of § 2.2-3712 and such
449 certification was not in accordance with the requirements of clause (i) or (ii) of subsection D of
450 § 2.2-3712, the court may impose on the public body, whether or not a writ of mandamus or injunctive
451 relief is awarded, a civil penalty of up to $1,000, which amount shall be paid into the Literary Fund. In
452 determining whether a civil penalty is appropriate, the court shall consider mitigating factors, including
453 reliance of members of the public body on (i) opinions of the Attorney General, (ii) court cases
454 substantially supporting the rationale of the public body, and (iii) published opinions of the *Virginia*
455 Freedom of Information Advisory Council.
456 **§ 10.1-1322.01. Permits; procedures for public hearings and permits before the Board.**
457 A. During the public comment period on a permit action, interested persons may request a public
458 hearing to contest such action or the terms and conditions thereof. Where public hearings are mandatory
459 under state or federal law or regulation, interested persons may request, during the public comment
460 period on the permit action, that the Board consider the permit action pursuant to the requirements of
461 this section.
462 B. Requests for a public hearing or Board consideration shall contain the following information:
463 1. The name, mailing address, and telephone number of the requester;
464 2. The names and addresses of all persons for whom the requester is acting as a representative (for
465 the purposes of this requirement, an unincorporated association is a person);
466 3. The reason why a public hearing or Board consideration is requested;
467 4. A brief, informal statement setting forth the factual nature and the extent of the interest of the
468 requester or of the persons for whom the requester is acting as representative in the application or
469 tentative determination, including an explanation of how and to what extent such interest would be
470 directly and adversely affected by the issuance, denial, modification, or revocation of the permit in
471 question; and
472 5. Where possible, specific references to the terms and conditions of the permit in question, together
473 with suggested revisions and alterations of those terms and conditions that the requester considers are
474 needed to conform the permit to the intent and provisions of the State Air Pollution Control Law
475 (§ 10.1-1300 et seq.).
476 C. Upon completion of the public comment period on a permit action, the Director shall review all
477 timely requests for public hearing or Board consideration filed during the public comment period on the
478 permit action and within 30 calendar days following the expiration of the time period for the submission
479 of requests shall grant a public hearing or Board consideration after the public hearing required by state
480 or federal law or regulation, unless the permittee or applicant agrees to a later date, if the Director finds
481 the following:
482 1. That there is a significant public interest in the issuance, denial, modification, or revocation of the
483 permit in question as evidenced by receipt of a minimum of 25 individual requests for a public hearing
484 or Board consideration;
485 2. That the requesters raise substantial, disputed issues relevant to the issuance, denial, modification,
486 or revocation of the permit in question; and
487 3. That the action requested by the interested party is not on its face inconsistent with, or in violation
488 of, the State Air Pollution Control Law (§ 10.1-1300 et seq.), federal law or any regulation promulgated
489 thereunder.

D. Either the Director or a majority of the Board members, acting independently, may request a meeting of the Board to be convened within 20 days of the Director's decision pursuant to subsection C in order to review such decision and determine by a majority vote of the Board whether or not to grant a public hearing or Board consideration, or to delegate the permit to the Director for his decision.

For purposes of this subsection, if a Board meeting is held via electronic communication means, the meeting shall be held in compliance with the provisions of § ~~2.2-3708.2, except that a quorum of the Board is not required to be physically assembled at one primary or central meeting location~~ *2.2-3708.3*. Discussions of the Board held via such electronic communication means shall be specifically limited to a (i) review of the Director's decision pursuant to subsection C, (ii) determination of the Board whether or not to grant a public hearing or Board consideration, or (iii) delegation of the permit to the Director for his decision. No other matter of public business shall be discussed or transacted by the Board during any such meeting held via electronic communication means.

E. The Director shall, forthwith, notify by mail at his last known address (i) each requester and (ii) the applicant or permittee of the decision to grant or deny a public hearing or Board consideration.

F. In addition to subsections C, D, and E, the Director may, in his discretion, convene a public hearing on a permit action or submit a permit action to the Board for its consideration.

G. If a determination is made to hold a public hearing, the Director shall schedule the hearing at a time between 45 and 75 days after mailing of the notice required by subsection E.

H. The Director shall cause, or require the applicant to publish, notice of a public hearing to be published once, in a newspaper of general circulation in the city or county where the facility or operation that is the subject of the permit or permit application is located, at least 30 days before the hearing date.

I. The Director may, on his own motion or at the request of the applicant or permittee, for good cause shown, reschedule the date of the public hearing. In the event the Director reschedules the date for the public hearing after notice has been published, he shall, or require the applicant to, provide reasonable notice of the new date of the public hearing. Such notice shall be published once in the same newspaper where the original notice was published.

J. Public hearings held pursuant to these procedures may be conducted by (i) the Board at a regular or special meeting of the Board or (ii) one or more members of the Board. A member of the Board shall preside over the public hearing.

K. The presiding Board member shall have the authority to maintain order, preserve the impartiality of the decision process, and conclude the hearing process expeditiously. The presiding Board member, in order to carry out his responsibilities under this subsection, is authorized to exercise the following powers, including but not limited to:

1. Prescribing the methods and procedures to be used in the presentation of factual data, arguments, and proof orally and in writing including the imposition of reasonable limitations on the time permitted for oral testimony;

2. Consolidating the presentation of factual data, arguments, and proof to avoid repetitive presentation of them;

3. Ruling on procedural matters; and

4. Acting as custodian of the record of the public hearing causing all notices and written submittals to be entered in it.

L. The public comment period will remain open for 15 days after the close of the public hearing if required by § 10.1-1307.01.

M. When the public hearing is conducted by less than a quorum of the Board, the Department shall, promptly after the close of the public hearing comment period, make a report to the Board.

N. After the close of the public hearing comment period, the Board shall, at a regular or special meeting, take final action on the permit. Such decision shall be issued within 90 days of the close of the public comment period or from a later date, as agreed to by the permittee or applicant and the Board or the Director. The Board shall not take any action on a permit where a public hearing was convened solely to satisfy the requirements of state or federal law or regulation unless the permit was provided to the Board for its consideration pursuant to the provisions of this section.

O. When the public hearing was conducted by less than a quorum of the Board, persons who commented during the public comment period shall be afforded an opportunity at the Board meeting when final action is scheduled to respond to any summaries of the public comments prepared by the Department for the Board's consideration subject to such reasonable limitations on the time permitted for oral testimony or presentation of repetitive material as are determined by the Board.

P. In making its decision, the Board shall consider (i) the verbal and written comments received during the public comment period made part of the record, (ii) any explanation of comments previously received during the public comment period made at the Board meeting, (iii) the comments and recommendation of the Department, and (iv) the agency files. When the decision of the Board is to

adopt the recommendation of the Department, the Board shall provide in writing a clear and concise statement of the legal basis and justification for the decision reached. When the decision of the Board varies from the recommendation of the Department, the Board shall, in consultation with legal counsel, provide a clear and concise statement explaining the reason for the variation and how the Board's decision is in compliance with applicable laws and regulations. The written statement shall be provided contemporaneously with the decision of the Board. Copies of the decision, certified by the Director, shall be mailed by certified mail to the permittee or applicant.

§ 15.2-1627.4. Coordination of multidisciplinary response to sexual assault.

A. The attorney for the Commonwealth in each political subdivision in the Commonwealth shall coordinate the establishment of a multidisciplinary response to criminal sexual assault as set forth in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, and hold a meeting, at least annually, to (i) discuss implementation of protocols and policies for sexual assault response teams consistent with those established by the Department of Criminal Justice Services pursuant to subdivision 37 d of § 9.1-102 and (ii) establish and review guidelines for the community's response, including the collection, preservation, and secure storage of evidence from Physical Evidence Recovery Kit examinations consistent with § 19.2-165.1.

B. The following persons or their designees shall be invited to participate in the annual meeting: the attorney for the Commonwealth; the sheriff; the director of the local sexual assault crisis center providing services in the jurisdiction, if any; the chief of each police department and the chief of each campus police department of any institution of higher education in the jurisdiction, if any; a forensic nurse examiner or other health care provider who performs Physical Evidence Recovery Kit examinations in the jurisdiction, if any; the Title IX coordinator of any institution of higher education in the jurisdiction, if any; representatives from the offices of student affairs, human resources, and counseling services of any institution of higher education in the jurisdiction, if any; a representative of campus security of any institution of higher education in the jurisdiction that has not established a campus police department, if any; and the director of the victim/witness program in the jurisdiction, if any. In addition, the attorney for the Commonwealth shall invite other individuals, or their designees, to participate in the annual meeting, including (i) local health department district directors; (ii) the administrator of each licensed hospital within the jurisdiction; (iii) the director of each health safety net clinic within the jurisdiction, including those clinics created by 42 C.F.R. § 491.1 and the free and charitable clinics; and (iv) as determined by the attorney for the Commonwealth, any other local health care providers.

C. Attorneys for the Commonwealth are authorized to conduct the sexual assault response team annual meetings using other methods to encourage attendance, including electronic communication means as provided in § ~~2.2-3708.2~~ *2.2-3708.3*.

§ 23.1-1301. Governing boards; powers.

A. The board of visitors of each baccalaureate public institution of higher education or its designee may:

1. Make regulations and policies concerning the institution;

2. Manage the funds of the institution and approve an annual budget;

3. Appoint the chief executive officer of the institution;

4. Appoint professors and fix their salaries; and

5. Fix the rates charged to students for tuition, mandatory fees, and other necessary charges.

B. The governing board of each public institution of higher education or its designee may:

1. In addition to the powers set forth in Restructured Higher Education Financial and Administrative Operations Act (§ 23.1-1000 et seq.), lease or sell and convey its interest in any real property that it has acquired by purchase, will, or deed of gift, subject to the prior approval of the Governor and any terms and conditions of the will or deed of gift, if applicable. The proceeds shall be held, used, and administered in the same manner as all other gifts and bequests;

2. Grant easements for roads, streets, sewers, waterlines, electric and other utility lines, or other purposes on any property owned by the institution;

3. Adopt regulations or institution policies for parking and traffic on property owned, leased, maintained, or controlled by the institution;

4. Adopt regulations or institution policies for the employment and dismissal of professors, teachers, instructors, and other employees;

5. Adopt regulations or institution policies for the acceptance and assistance of students in addition to the regulations or institution policies required pursuant to § 23.1-1303;

6. Adopt regulations or institution policies for the conduct of students in attendance and for the rescission or restriction of financial aid, suspension, and dismissal of students who fail or refuse to abide by such regulations or policies;

7. Establish programs, in cooperation with the Council and the Office of the Attorney General, to promote (i) student compliance with state laws on the use of alcoholic beverages and (ii) the awareness

and prevention of sexual crimes committed upon students;

8. Establish guidelines for the initiation or induction of students into any social fraternity or sorority in accordance with the prohibition against hazing as defined in § 18.2-56;

9. Assign any interest it possesses in intellectual property or in materials in which the institution claims an interest, provided such assignment is in accordance with the terms of the institution's intellectual property policies adopted pursuant to § 23.1-1303. The Governor's prior written approval is required for transfers of such property (i) developed wholly or predominantly through the use of state general funds, exclusive of capital assets and (ii)(a) developed by an employee of the institution acting within the scope of his assigned duties or (b) for which such transfer is made to an entity other than (1) the Innovation and Entrepreneurship Investment Authority, (2) an entity whose purpose is to manage intellectual properties on behalf of nonprofit organizations, colleges, and universities, or (3) an entity whose purpose is to benefit the respective institutions. The Governor may attach conditions to these transfers as he deems necessary. In the event the Governor does not approve such transfer, the materials shall remain the property of the respective institutions and may be used and developed in any manner permitted by law;

10. Conduct closed meetings pursuant to §§ 2.2-3711 and 2.2-3712 and conduct business ~~as a "state public body" for purposes of subsection D of~~*through electronic communication means pursuant to* § ~~2.2-3708.2~~ *2.2-3708.3*; and

11. Adopt a resolution to require the governing body of a locality that is contiguous to the institution to enforce state statutes and local ordinances with respect to offenses occurring on the property of the institution. Upon receipt of such resolution, the governing body of such locality shall enforce statutes and local ordinances with respect to offenses occurring on the property of the institution.

§ 23.1-2425. Confidential and public information.

A. The Authority is subject to the provisions of the *Virginia* Freedom of Information Act (§ 2.2-3700 et seq.), including the exclusions set forth in subdivision 14 of § 2.2-3705.7 and subdivision A 23 of § 2.2-3711.

B. For purposes of the *Virginia* Freedom of Information Act (§ 2.2-3700 et seq.), meetings of the board are not considered meetings of the board of visitors of the University. Meetings of the board may be conducted through electronic communication means as provided in § ~~2.2-3708.2~~ *2.2-3708.3*.

§ 30-179. Powers and duties of the Council.

The Council shall:

1. Furnish, upon request, advisory opinions or guidelines, and other appropriate information regarding the *Virginia* Freedom of Information Act (§ 2.2-3700 et seq.) to any person or public body, in an expeditious manner;

2. Conduct training seminars and educational programs for the members and staff of public bodies and other interested persons on the requirements of the *Virginia* Freedom of Information Act (§ 2.2-3700 et seq.);

3. Publish such educational materials as it deems appropriate on the provisions of the *Virginia* Freedom of Information Act (§ 2.2-3700 et seq.);

4. Request from any public body such assistance, services, and information as will enable the Council to effectively carry out its responsibilities. Information provided to the Council by a public body shall not be released to any other party unless authorized by such public body;

5. Assist in the development and implementation of the provisions of § 2.2-3704.1;

6. ~~Develop the public comment form for use by designated public bodies in accordance with subdivision D 6 of § 2.2-3708.2;~~

~~7.~~ Develop an online public comment form to be posted on the Council's official public government website to enable any requester to comment on the quality of assistance provided to the requester by a public body; and

~~8.~~ *7.* Report annually on or before December 1 of each year on its activities and findings regarding the *Virginia* Freedom of Information Act (§ 2.2-3700 et seq.), including recommendations for changes in the law, to the General Assembly and the Governor. The annual report shall be published as a state document.

§ 62.1-44.15:02. Permits; procedures for public hearings and permits before the Board.

A. During the public comment period on a permit action, interested persons may request a public hearing to contest such action or the terms and conditions thereof. Where public hearings are mandatory under state or federal law or regulation, interested persons may request, during the public comment period on the permit action, that the Board consider the permit action pursuant to the requirements of this section.

B. Requests for a public hearing or Board consideration shall contain the following information:

1. The name, mailing address, and telephone number of the requester;

2. The names and addresses of all persons for whom the requester is acting as a representative (for

674 the purposes of this requirement, an unincorporated association is a person);
675 3. The reason why a public hearing or Board consideration is requested;
676 4. A brief, informal statement setting forth the factual nature and the extent of the interest of the
677 requester or of the persons for whom the requester is acting as representative in the application or
678 tentative determination, including an explanation of how and to what extent such interest would be
679 directly and adversely affected by the issuance, denial, modification, or revocation of the permit in
680 question; and
681 5. Where possible, specific references to the terms and conditions of the permit in question, together
682 with suggested revisions and alterations of those terms and conditions that the requester considers are
683 needed to conform the permit to the intent and provisions of the State Water Control Law (§ 62.1-44.2
684 et seq.).
685 C. Upon completion of the public comment period on a permit action, the Director shall review all
686 timely requests for public hearing or Board consideration filed during the public comment period on the
687 permit action and within 30 calendar days following the expiration of the time period for the submission
688 of requests shall grant a public hearing or Board consideration after the public hearing required by state
689 or federal law or regulation, unless the permittee or applicant agrees to a later date, if the Director finds
690 the following:
691 1. That there is a significant public interest in the issuance, denial, modification, or revocation of the
692 permit in question as evidenced by receipt of a minimum of 25 individual requests for a public hearing
693 or Board consideration;
694 2. That the requesters raise substantial, disputed issues relevant to the issuance, denial, modification,
695 or revocation of the permit in question; and
696 3. That the action requested is not on its face inconsistent with, or in violation of, the State Water
697 Control Law (§ 62.1-44.2 et seq.), federal law or any regulation promulgated thereunder.
698 D. Either the Director or a majority of the Board members, acting independently, may request a
699 meeting of the Board to be convened within 20 days of the Director's decision pursuant to subsection C
700 in order to review such decision and determine by a majority vote of the Board whether or not to grant
701 a public hearing or Board consideration, or to delegate the permit to the Director for his decision.
702 For purposes of this subsection, if a Board meeting is held via electronic communication means, the
703 meeting shall be held in compliance with the provisions of § ~~2.2-3708.2, except that a quorum of the~~
704 ~~Board is not required to be physically assembled at one primary or central meeting location~~ *2.2-3708.3*.
705 Discussions of the Board held via such electronic communication means shall be specifically limited to a
706 (i) review of the Director's decision pursuant to subsection C, (ii) determination of the Board whether or
707 not to grant a public hearing or Board consideration, or (iii) delegation of the permit to the Director for
708 his decision. No other matter of public business shall be discussed or transacted by the Board during
709 any such meeting held via electronic communication means.
710 E. The Director shall, forthwith, notify by mail at his last known address (i) each requester and (ii)
711 the applicant or permittee of the decision to grant or deny a public hearing or Board consideration.
712 F. In addition to subsections C, D, and E, the Director may, in his discretion, convene a public
713 hearing on a permit action or submit a permit action to the Board for its consideration.
714 G. If a determination is made to hold a public hearing, the Director shall schedule the hearing at a
715 time between 45 and 75 days after mailing of the notice required by subsection E.
716 H. The Director shall cause, or require the applicant to publish, notice of a public hearing to be
717 published once, in a newspaper of general circulation in the city or county where the facility or
718 operation that is the subject of the permit or permit application is located, at least 30 days before the
719 hearing date.
720 I. The Director may, on his own motion or at the request of the applicant or permittee, for good
721 cause shown, reschedule the date of the public hearing. In the event the Director reschedules the date for
722 the public hearing after notice has been published, he shall, or require the applicant to, provide
723 reasonable notice of the new date of the public hearing. Such notice shall be published once in the same
724 newspaper where the original notice was published.
725 J. Public hearings held pursuant to these procedures may be conducted by (i) the Board at a regular
726 or special meeting of the Board or (ii) one or more members of the Board. A member of the Board
727 shall preside over the public hearing.
728 K. The presiding Board member shall have the authority to maintain order, preserve the impartiality
729 of the decision process, and conclude the hearing process expeditiously. The presiding Board member, in
730 order to carry out his responsibilities under this subsection, is authorized to exercise the following
731 powers, including but not limited to:
732 1. Prescribing the methods and procedures to be used in the presentation of factual data, arguments,
733 and proof orally and in writing including the imposition of reasonable limitations on the time permitted
734 for oral testimony;
735 2. Consolidating the presentation of factual data, arguments, and proof to avoid repetitive

736 presentation of them;
737 3. Ruling on procedural matters; and
738 4. Acting as custodian of the record of the public hearing causing all notices and written submittals
739 to be entered in it.
740 L. The public comment period will remain open for 15 days after the close of the public hearing if
741 required by § 62.1-44.15:01.
742 M. When the public hearing is conducted by less than a quorum of the Board, the Department shall,
743 promptly after the close of the public hearing comment period, make a report to the Board.
744 N. After the close of the public hearing comment period, the Board shall, at a regular or special
745 meeting, take final action on the permit. Such decision shall be issued within 90 days of the close of the
746 public comment period or from a later date, as agreed to by the permittee or applicant and the Board or
747 the Director. The Board shall not take any action on a permit where a public hearing was convened
748 solely to satisfy the requirements of state or federal law or regulation unless the permit was provided to
749 the Board for its consideration pursuant to the provisions of this section.
750 O. When the public hearing was conducted by less than a quorum of the Board, persons who
751 commented during the public comment period shall be afforded an opportunity at the Board meeting
752 when final action is scheduled to respond to any summaries of the public comments prepared by the
753 Department for the Board's consideration subject to such reasonable limitations on the time permitted for
754 oral testimony or presentation of repetitive material as are determined by the Board.
755 P. In making its decision, the Board shall consider (i) the verbal and written comments received
756 during the public comment period made part of the record, (ii) any explanation of comments previously
757 received during the public comment period made at the Board meeting, (iii) the comments and
758 recommendation of the Department, and (iv) the agency files. When the decision of the Board is to
759 adopt the recommendation of the Department, the Board shall provide in writing a clear and concise
760 statement of the legal basis and justification for the decision reached. When the decision of the Board
761 varies from the recommendation of the Department, the Board shall, in consultation with legal counsel,
762 provide a clear and concise statement explaining the reason for the variation and how the Board's
763 decision is in compliance with applicable laws and regulations. The written statement shall be provided
764 contemporaneously with the decision of the Board. Copies of the decision, certified by the Director,
765 shall be mailed by certified mail to the permittee or applicant.

Local CSA Program Administration

Funding for CSA administrative services helps localities administer the program on behalf of the State.

Amendments

- HB30: Item 284 #2h (Plum)
- SB30: Item 284 #1s (Hanger)

Background

- CSA is an increasingly complex program and local program administrators must comply with federal requirements in the Medicaid and Title IV-E programs as well as all state laws and policies across multiple agencies.
- HB 2212 (Plum), as approved by the 2021 General Assembly, requires the Office of Children's Services (OCS) to provide for the effective implementation of the Children's Services Act in all localities. Language in the 2021 Appropriations Act directed OCS to prepare a plan for implementation; a workgroup assisted in the plan development.
- The OCS workgroup recommended that the state provide additional administrative funding to ensure that each local CSA program receive at least $50,000 per year, including local matching dollars.
- State administrative funds provided to local programs have not been increased since FY2017; and before that, in FY2006.
- In a recent survey, localities reported providing a total of $8.8 million in personnel costs and an additional $1.1 million in non-personnel costs to support their local programs.

What these amendments would accomplish

These amendments would provide $2.5 million each year to ensure that each local CSA program receives at least $50,000 in administrative funds (including local matching dollars).

Why VML supports these amendments

- Local governments administer the CSA program on behalf of the state.
- These amendments are in line with implementation of 2021 legislation approved by the General Assembly following recommendations by the Joint Legislative Audit and Review Commission (JLARC) in 2020.

VML Contact: Janet Areson, jareson@vml.org

Effective Implementation of Local CSA Programs

New regional consultants would provide technical assistance to local CSA programs and coordinators.

Amendments

- HB30: **Item 285 #2h** (Plum)
- SB30: **Item 285 #2s** (Hanger)

Background

- A November 2020 report on the Children's Services Act (CSA) by the Joint Legislative Audit and Review Commission (JLARC) made several recommendations about ways to ensure effective implementation of the CSA program at the local level.
- The 2021 General Assembly approved HB 2212 (Plum) that included several JLARC recommendations and new responsibilities for the Office of Children's Services to implement them. Accompanying language in the Appropriations Act directed OCS to prepare a plan to implement these new responsibilities; a workgroup was convened in 2021 to assist with a plan.
- One recommendation of the workgroup was for the hiring of four regional consultants at the Office of Children's Services who would provide additional assistance to local CSA programs

What these amendments would accomplish

These amendments would fund four regional consultants within the Office of Children's Services. These consultants would provide technical assistance to local CSA programs and CSA coordinators.

Why VML supports these amendments

- CSA is an increasingly complex program and local program administrators must comply with federal requirements in the Medicaid and Title IV-E programs as well as all state statutes and policies.
- The regional consultants are intended to provide additional support to local programs, such as training for local coordinators, helping to organize regional collaborative efforts such as joint negotiation of rates, helping to address regional service delivery gaps, and assisting with the implementation of quality improvement plans.

VML Contact: Janet Areson, jareson@vml.org

COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

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

ADMINISTRATIVE MEMO #22-02

To: CPMT Chairs, CSA Coordinators, CSA Fiscal Agents, and CSA Report Preparers

From: Kristy Wharton, Business and Finance Manager

Date: January 25, 2022

Subject: Review and Reallocation of FY2022 WRAP-Around Services for Students with Disabilities (SPED Wrap)

For FY 2022, CSA has been provided $2.2M to support the State's share of Special Education Wraparound (SPED Wrap) expenditures. These funds are allocated to localities at the beginning of each year based on a locality's prior three years expenditures. OCS will be analyzing allocations mid-year and making adjustments based on current year reimbursement activity.

At the end of January a locality's expenditures of the SPED Wrap-Around will be analyzed and the following actions taken:

a) A locality's SPED Wrap Allocation will be removed, if a locality has not recorded any expenditures/reimbursements in the Local Expenditure and Data Reporting System (LEDRS) in Expenditure Category 2.h (Wrap-Around Services for Students with Disabilities) as of January 31, 2022. This will take place effect February 1, 2022.

b) If your locality's SPED Wrap Allocation is removed and you require funding after February 1, 2022. Please request a new allocation using the WRAP Allocation function tab found on the OCS website in the Report Preparer section under the WRAP Section-"Request New Wrap."

The use of funds allocated as "WRAP-Around Services for Students with Disabilities" allows communities to provide services to youth when their identified educational disability affects adjustment outside the school environment. Such services may provide critical support for youth who face significant challenges in the home or community. Communities are encouraged to consider their local policies regarding the provision of SPED Wrap-Around services and to identify strategies to maximize utilization of community-based supports for all youth.

If there are questions related to this Memorandum please direct them to the CSA/OCS Business and Finance Manager Kristy Wharton at kristy.wharton@csa.virginia.gov

cc: Scott Reiner, OCS Executive Director

P.O. Box 3913
Winchester, VA 22604
540.324.8965
teensincva@gmail.com
www.teensincva.org

TEENS, Inc 2021-2022 Services Rate Sheet

TEENS, Inc. is proud to be of service to Winchester City, Frederick County, Clarke County, Warren County, Shenandoah County and Loudoun County in the state of Virginia. As a non-profit organization, we must charge modest fees for our services in order to ensure our sustainability. The Board of Directors has established the following service fee schedule effective July 1, 2020.

Fees per unit services (e.g., mentoring, community service) are based on an hourly rate per participant.

Service	Rate
Vocational Mentoring: **One to one mentoring on and off the TEENS, Inc campus.** A community-based program that provides an integrated approach to career development, vocational training or apprenticeship and academic achievement, while teaching vocational agriculture skills, green industry methodologies and important job readiness skills with an overall program goal of fostering the skillset (hard and soft skills) required for participants to obtain and maintain gainful employment.	**$67.00 per hour**
Individual Mentoring: **One to one mentoring on or off the TEENS, Inc campus.** Mentoring includes supporting, coaching, and training participants in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other children and adolescents', as well as adults, in recreational, community, school, and social activities. These services are provided to help ensure the participant's success in navigating various social contexts, learning new skills and making functional progress. Mentors offer supervision of these interactions and engage the participants in discussions about strategies for effective handling of peer interactions. Mentoring services are provided in one-on-one, group, community, home, and school settings. ***Community Service credits can be earned while participating in the Individual Mentoring program**	**$67.00 per hour**

<u>Independent Living Skills (ILS)</u>**: One to one interaction at the TEENS, Inc campus** Designed to help people with mental disabilities, mental health conditions or chronic illnesses gain independence. Casey Life Skills, which consist of managing health care, finances, accessing transportation, social skills, safety skills, meal planning and nutrition, job readiness, finding and maintaining living quarters, organization, communication and interpersonal development are taught, modeled and discussed through one-on-one, group and community sessions to assist participants in garnering the skills needed to function independently.	**10 hours per week, $50.00 per hour.** **Under 10 hours per week, $67.00 per hour**
<u>Anger Management</u>**: 8-week program, 1 hour per week** Groups facilitated by TEENS, Inc. staff member(s) to assist participants in decreasing anger and reducing the emotional and physical arousal that anger can cause. The Anger Management curriculum will provide participants a safe and supportive space in which they can begin to learn ways to manage anger, identify triggers and replace violent tendencies through coping strategies and self-control techniques demonstrated through group discussions, activities, modeling, homework assignments and therapeutic intervention strategies (impulse control, meditation, breathing and relaxation techniques, and frustration management). The overall goal of the program is for participants to learn to control reactions and respond in a socially appropriate manner in the home, school, vocational and community environment.	**$50.00 per hour ($400.00 full course)**
<u>Summer Day Camp</u>**: Beginning June 15th, Monday through Friday, 10am to 2pm, snacks provided, on and off the TEENS, Inc campus** An eight-week structured training program which provides a combination of T.E.E.N.S. Inc. program services—vocational and individual mentoring, independent living skills training, and anger management group sessions. Participants will also encounter regular opportunities to give back to the community through volunteer work, projects, and events. Participants engage in activities over the course of the program that promote team building skills, increase and model positive social interactions, foster and build healthy relationships, and enhance job readiness and independent living skills.	**$40.00 per hour, 16 hours per week for 8 weeks ($5,120 full course)**
<u>Parent/Caretaker Education</u>**: 8-week course. First weekly session with the parent. 2nd weekly session with parent and child. 1-hour sessions.** Interactive and customizable one-on-one and family sessions facilitated by T.E.E.N.S. Inc. staff member(s) for one hour, twice per week over an eight-week period with the parent/caretaker and participant. One session per week will provide a one-on-one session with the parent/caretaker, while the second session will focus on the entire family unit (parent/caretaker, participant, siblings, etc.). Parent/caretaker sessions will focus on enhancing parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones,	**$50.00 per hour, 2 hours per week ($800.00 full course)**

promoting positive play and interaction between parents and children, increasing positive communication, developing healthy interactions and setting healthy boundaries, and locating and accessing community services and supports. The family sessions will focus on modeling and reinforcing positive communication, self-expression, and techniques discussed during the one-on-one sessions.	
1:1 Educational Transition Services: One on one mentoring to assist youth with disabilities transition from a private education setting to a public-school setting. The provision of 1:1 Educational Transition Services occur in the public-school setting and are limited to no longer than 12 months. Educational Transition sessions provide support, information and resources designed to improve the outcomes of students with disabilities transition from a private education setting to a public-school setting. Successful transitions are well-planned, thoughtful actions designed to accomplish particular outcomes as identified in the student's IEP. Planning and communication are essential to provide a smooth transition and to encourage and sustain collaboration among families and agencies involved and ensure appropriate services for students with disabilities. A transition plan includes several goals and serves as a guide to students throughout the transition process.	**$50.00 per hour**

Center for Evidence-based Partnerships in Virginia
Year 1, Q1 Progress Report to VDSS

Version date: Oct. 8, 2021

Q1 SUMMARY of ACTIVITIES

The first phase of the Needs Assessment and Gaps Analysis (NAGA) project included six individual projects, each designed to satisfy the aims of NAGA in a unique way and through various methods. Quantitative and qualitative data for analyses were collected from up to approximately 478 participants. Detailed findings, presented in a separate report, led to the identification of several service gaps across VDSS regions as well as crucial considerations for implementation of EBPs. Each project was carried out with the goal of informing one or more of the Center's duties for the contract:

1. **Contextual Analysis**: Detailed review of various policy documents relevant to FFPSA and the contract to help the NAGA team become more aware of the relevant context for the project and to guide preliminary data visualization mapping.
2. **Stakeholder Survey**: Survey sent to participants from several NIRN trainings.
3. **Interview Series**: One on one interviews held with approximately 40 stakeholders
4. **Listening Forums**: VDSS assisted in organizing 11 listening sessions, helping the Center register over 200 attendees. Approximately 175 community members showed up to voice opinions concerning mental health needs respective to their locality.
5. **Public Services Inventory**: Center team began a process of characterizing the behavioral health service arrays of each CSB coverage area.
6. **Eligible Provider Analogue**: Companies, agencies, and individual clinicians licensed to provide behavioral health services to families are in the process of being collected to begin to elucidate service capacity of the current workforce.

RECOMMENDATIONS:

Given the initial findings from the six projects listed, we formulated several initial recommendations for VDSS to consider to strengthen workforce capacity to meet needs and close services gaps. Please note that we intend to continue to refine our recommendations as more data come available. Thus, these ten are what we recommend at this point in time, given what we know. Recommendations are not presented in any particular order.

1. Strengthen LDSS engagement with families through frontline personnel training in Motivational Interviewing (MI)
2. Integrate family/peer support partners, or peer recovery specialists, into LDSS operations
3. Strengthen evidence-based service planning of frontline personnel via adoption of and training in Managing and Adapting Practice (MAP)
4. Implement well-supported EBP from clearinghouse to provide options for school age children (e.g., BSFT) or consider building a plan for implementing a supported program (e.g., Triple P)
5. Further analyze systems crossover and present avenues for improving coordination with other child-placing agencies or departmental entities represented at the local level, namely DJJ, CPMT/CSA coordinators, and CSBs
6. Supplement the service arrays of the CSBs listed above the line in Table 1b in NAGA Report, in addition to those detected by VDSS data personnel
7. Build VDSS community outreach presence as model for local departments

8. Align with Virginia ONE and its initiatives dedicated to racial equity
9. Further invest in FSS retention and improvement of DSS workplace culture
10. Consider broadening VDSS's current target population for FF funding from in-home/high-risk cases only to those categorized as family support cases, which are families who require tangible social aid to maintain housing, nutrition, etc.

NAGA Report
Initial Phase

Version: October 8th, 2021

The Center for Evidence-Based Partnerships in Virginia (hereafter, the Center) set out to help address questions posed by our VDSS partners regarding the needs of families they serve and where in Virginia specific services could be implemented to better strengthen families. VDSS's plan to help enhance the state's behavioral health service array was made possible by the Family First Prevention Services Act, passed in 2018 to permit new allocations of Title IV-E spending towards evidence-based service programming. In response to VDSS's request, the Center developed the Needs Assessment Gaps Analysis (NAGA) project and began to assess the mental health needs and service gaps within VDSS's five regions.

NAGA Aims

- Provide ongoing, data-based estimates of current mental health service capacity within each region in Virginia
- Determine the appropriateness of preexisting services for Family First (FF) target population
- Recommend evidence-based programs (EBPs) designed to address identified needs of FF target population
- Identify systems factors that have been shown to impact EBP sustainment in effectiveness trials

The first phase of NAGA included an initial needs assessment to identify *behavioral health needs* that prevent families and individual caregivers from maintaining child safety at home. These factors can include specific mental health concerns, or descriptions of behaviors, that are observed to be disruptive to family wellbeing, such as excessive drug use or exposure to violence. Behavioral health needs were examined within context, according to region, locality, systems of care, to begin to form hypotheses related to systemic drivers and environmental correlates to health.

Once needs and systemic-level factors began to be identified, the Center started to plan how to characterize the current service landscape of all five VDSS regions. It is important to evaluate whether appropriate services, including programs indicated through use of research and empirical evidence, are thought to be available within the community regardless of whether they are meeting stakeholder threshold for effectiveness. Determining which services are present requires either access to administrative records that document services as rendered and paid for, or a mixed-methods approach that relies on multiple sources and types of data. All information and data collected were used to inform the recommendations described herein. As this is our initial report and the work of NAGA is designed to be ongoing, these recommendations may (and hopefully will) be refined and change over time, as new data come available.

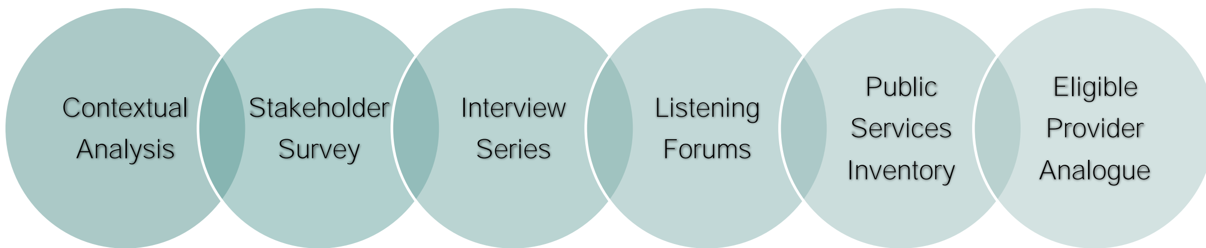
NAGA Roadmap

The Center designed NAGA to be representative of a suite of approaches for data collection and synthesis. This means NAGA can be applied to other organizational structures or agencies interested in receiving a deeper look into the existing knowledge, workflows, assumptions, and expectations of their workforce and those of intersecting systems. This type of approach centers meaning discovery over statistical comparison and guides the development of research questions and hypotheses related to desired outcomes.

For VDSS, the initial components of NAGA include six *projects* whose titles reflect a particular method of measurement (see Figure 1). Projects where qualitative and descriptive data were collected from groups of participants include the Stakeholder Survey, Interview Series, and Listening Forums. The other three projects, the Contextual Analysis, Public Services Inventory, and the Eligible Provider Analogue are essentially foundational databases that continue to build and hone their contents over time. They represent the Center's initial knowledge

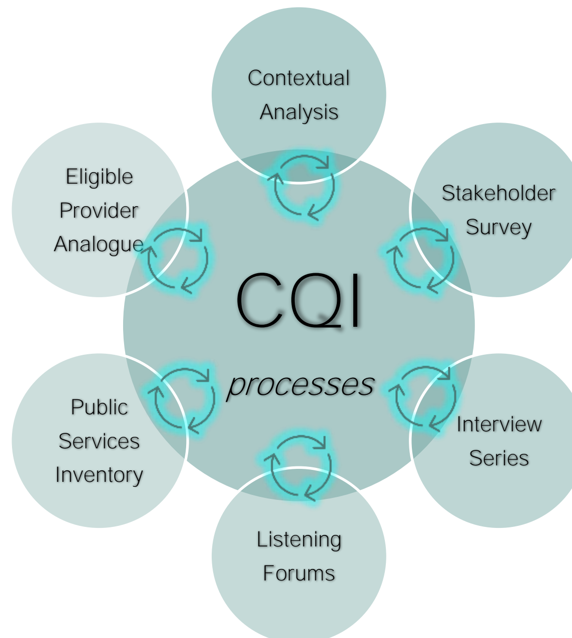
banks that were designed to serve as continuous sources of information to be updated regularly. All six projects were designed to respond to inquiries tasked to the Center by our VDSS partners.

Figure 1. *NAGA projects presented in chronological order of design*



In Figure 2, a broad "roadmap" illustrates how the Center envisions NAGA's extension beyond its first phase. Since NAGA is comprised of methods, it can be applied to other topics or inquiries posed by our state partners. For our partners at VDSS, we imagine NAGA's design could help to serve as a feedback model and integrated into current continuous quality improvement (CQI) in development.

Figure 2. *NAGA Roadmap*



NAGA PROJECT #1: Contextual Analysis

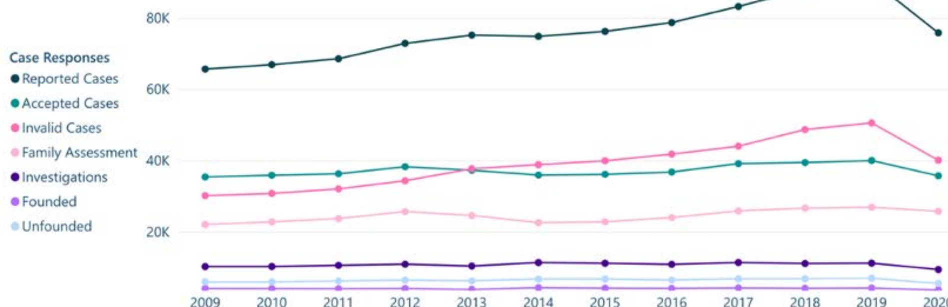
For the Center to provide recommendations that would be useful to its partners and fellow Virginians, context had to be ascertained to serve as a foundation and reference point for other NAGA findings. For our initial contextual analysis, we focused on (a) archival records and (b) maps built from archival data sets relevant to the overall project (e.g., CPS referral by locality, foster care entry by locality). Information gleaned from these two sources was then compared alongside data visualizations provided by our VDSS partners. We describe our data sources and our initial findings next.

Archival records. Records include documents affiliated with any state or federal government body, legislative proceedings, state and county-level resource evaluations, publicly available meeting recordings, and public datasets released by non-profit organizations. The following were accessed to help provide context for the first report:

- Code of Virginia: Chapter 52 Children's Services Act
- 2011 DBHDS Plan for Community-Based Children's Behavioral Health Services in Virginia (Item 304.M Final Report)
- 2015 Child and Youth Crime Victims Stakeholder Survey (Linking Systems of Care initiative)
- 2016 QIC-WD VDSS Site Profile
- 2016 Cross-Systems Mapping Events, Vision 21: Linking Systems of Care
- 2018 Virginia Behavioral Health Redesign Stakeholder Report (Virginia Department of Health)
- 2018 CDC Social Vulnerability Index
- 2018 DMAS Stakeholder Workforce Survey
- 2018 Linking Systems of Care for Children and Youth Virginia
- 2019 CSA Service Gap Survey
- 2019 DSS Local Board Member Handbook
- 2019 VDSS Child and Family Services Manual: Ch. 8 Achieving Permanency Goal Return Home
- 2020 Community Health Needs Assessment prepared for Health Planning District 9 by Community Health Solutions
- 2020 Virginia Child Protective Service Accountability Referrals and Agencies Annual Report
- 2021 DBHDS Systems of Care Grant Application Rationale
- 2022-2023 DBHDS Community Services Performance Contract for CSBs

Child welfare data mapping. Trends associated with child protective service (CPS) involvement were examined through map visualizations to further define locality-level need and potential service gaps according to region. The Center leveraged findings from needs assessments conducted in the past to select which variables related to child maltreatment to include and potentially map, such as CPS referrals and referral recidivism, foster care entry, economic climate, and caregiver substance use correlates.

Figure 3. *Child protective services case response trends*



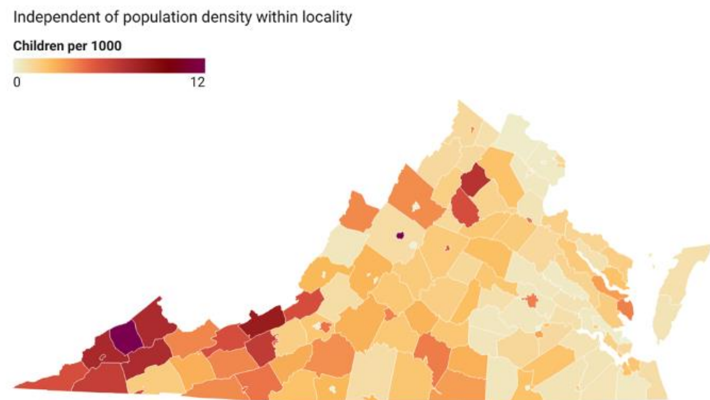
Referrals to child protective services dropped nationally as well as in Virginia during the global pandemic (see Figure 3); therefore, efforts were taken to compile and examine trends prior to March 2020, unless noted otherwise.

CPS referral. It is common to examine referrals to CPS to approximate occurrence

of child maltreatment. However, the CPS referral rate of any locality depends on the ways in which communities have been set-up and structured to facilitate interaction amongst its members (i.e., exposure to mandated reporters). In other words, referral rates are likely to be more indicative of the community-based behavioral health services and accessibility to them within a given area than the nature and level of child maltreatment. A higher referral rate to social services is more likely to reflect a community's capacity to provide services and supports to its more vulnerable populations, which is an important consideration for future implementation of services.

Referral recidivism, while may not directly relate to child maltreatment, provides a more precise estimate than referral counts alone. Community-level drivers, like lack of access to effective behavioral healthcare, continue to contribute to how often a family is referred. Examining how often the same families return provides additional information associated with individual localities. A high return rate may indicate an overextended workforce, an inefficient or insufficient reporting procedure, or another factor associated with how local departments determine risk. Additional context is helpful when using this variable to make decisions regarding service gaps and community needs, which will be provided when revisited below.

Figure 4. *Average yearly foster care entry rate by locality*



Foster care entry. The rate in which children referred to CPS enter the foster care system provides data related to a local department's approach and typical procedures for serving families. To prevent localities with higher child population density from rising to the top of list due to volume alone, foster care entry is examined as a rate, i.e., the number of children per 1,000 children in each locality's child population. Values include 10-year annual averages using public data from 2009-2019 (Annie E. Casey Kids Count Data). Figure 4 illustrates foster care entry rates by locality.

Table 1a. *Top 25 localities with the highest annual foster care entry rates listed beside foster care entry counts in Virginia and their associated CSBs*

Locality	**Rate**	**Count**	**CSB** (R/U)
Dickenson	11.95	35	Dickenson (R)
Staunton*	11.91	55	Valley (R)
Giles	8.20	28	New River Valley (R)
Norton	7.88	7	Planning District One (R)
Wise*	7.45	56	Planning District One (R)
Buchanan	7.32	29	Cumberland Mtn. (R)
Russell*	7.27	38	Cumberland Mtn. (R)
Rappahannock	6.86	9	Rappahannock-Rapidan (R)
Pulaski*	6.44	39	New River Valley (R)
Scott	6.33	25	Planning District One (R)
Bristol	5.81	21	Highlands (R)
Bland	5.59	6	Mount Rogers (R)
Madison	5.55	15	Rappahannock-Rapidan (R)
Craig	5.55	5	Blue Ridge (U)
Lee	5.53	25	Planning District One (R)
Charlottesville*	5.43	40	Region Ten (R)
Galax	4.69	7	Mount Rogers (R)
Radford	4.43	8	New River Valley (R)
Roanoke City*	4.31	96	Blue Ridge (U)
Carroll	4.28	24	Mount Rogers (R)
Fredericksburg	4.26	27	Rappahannock Area (U)
Charlotte	4.04	11	Crossroads (R)
Richmond City*	3.96	160	Richmond BHA (U)
Mathews	3.95	5	Mid Pen.-Northern Neck (R)
Lynchburg*	3.88	61	Horizon (R)

*It is important to note that localities with an asterisk (*) would remain in the top 25 if foster care entries were measured by *counts*, and not controlling for population density.

Since one of the primary goals of NAGA is to elucidate service gaps, localities have been listed with their associated CSBs in Table 1a. CSBs precede an identifier in parentheses related to their classification as urban (U) or rural (R). DBHDS defines population densities of 200 people or more per square mile as the threshold for categorization.

Table 1b presents foster care entry rate according to CSB coverage area. CSBs are listed in order of greatest average foster care entry rate to lowest average foster care rate. Averages were calculated using the non-zero rates exhibited by each locality within a given CSB.

The non-zero state average for foster care entry is a rate of 2.54. CSBs with a greater rate, listed above the green line in Table 1b, account for approximately **46%** of the total number of annual foster care entries.

Table 1b. *CSB foster care entry rates*

CSB/BHA	Avg annual entry rate	Avg annual entry count	Percent of total entries
Dickenson	11.95	35	1.30
Planning District One	6.80	113	4.20
Cumberland Mtn.	6.13	98	3.64
Valley	5.54	70	2.60
New River Valley	4.70	109	4.05
Mount Rogers	4.14	85	3.16
Richmond BHA	3.96	160	5.94
Highlands	3.77	38	1.41
Harrisonburg-Rockingham	3.64	67	2.49
Rappahannock-Rapidan	3.58	93	3.45
Blue Ridge	3.19	145	5.38
Piedmont	2.73	70	2.60
Horizon	2.60	145	5.38
Alleghany Highlands	2.48	7	0.26
Region 10	2.27	113	4.20
Portsmouth	2.12	47	1.75
Norfolk	1.99	98	3.64
Crossroads	1.95	37	1.37
Southside	1.90	34	1.26
Rappahannock Area	1.88	131	4.86
Mid Pen.-Northern Neck	1.83	42	1.56
District 19	1.77	58	2.15
Danville-Pittsylvania	1.74	34	1.26
Rockbridge Area	1.56	10	0.37
Northwestern	1.55	76	2.82
Alexandria	1.45	43	1.60
Goochland-Powhatan	1.39	12	0.45
Hampton-Newport News	1.30	98	3.64
Arlington	1.20	50	1.86
Virginia Beach	0.98	101	3.75
W Tidewater	0.92	26	0.97
Colonial	0.85	15	0.56
Eastern Shore	0.72	7	0.26
Henrico Area	0.70	44	1.63
Fairfax-Falls Church	0.67	101	3.75
Chesterfield	0.52	43	1.60
Hanover	0.52	12	0.45
Prince William	0.52	67	2.49
Chesapeake	0.46	27	1.00
Loudon	0.27	31	1.15

Economic climate. Poverty and associated economic hardships are well-established risks factors for child maltreatment and removal. Figure 5a lists the counties and independent cities where poverty is most concentrated in the state according to the Virginia ONE dashboard. Almost all of the counties and independent cities listed in Figure 5a were represented in Figure 4 and Tables 1a-b. Listed areas in Figure 5a overlap with 8 service provision areas from Table 1a-b: Blue Ridge Behavioral Healthcare, Crossroads CSB, Cumberland Mountain CSB, Dickenson County Behavioral Health Services, Highlands CSB, Mount Rogers CSB, Planning District One Behavioral Health Services, and Richmond BHA. The remaining 4 CSBs include Southside, District 19, Rockbridge Area, and Danville-Pittsylvania. These 12 CSBs cover the areas for which **33%** of the estimated volume of children who entered foster care annually resided.

Figure 5a.[1]

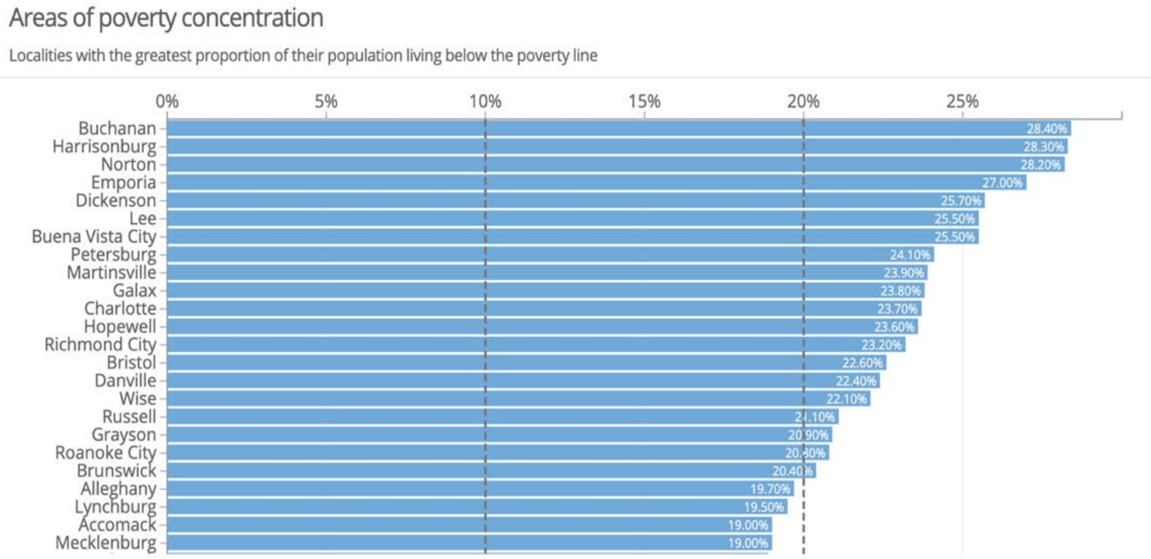


Figure 5b. *Average yearly foster care entry rate by locality with economic climate overlap*

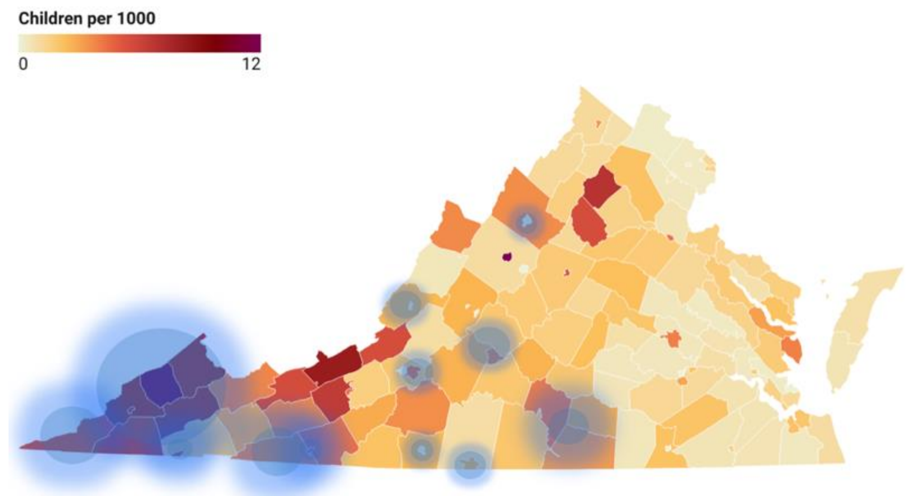


Figure 5b illustrates this overlap geographically, with emphasis added to the areas where both indicators covered so far (foster care entry rate and economic climate) at their highest levels converge.

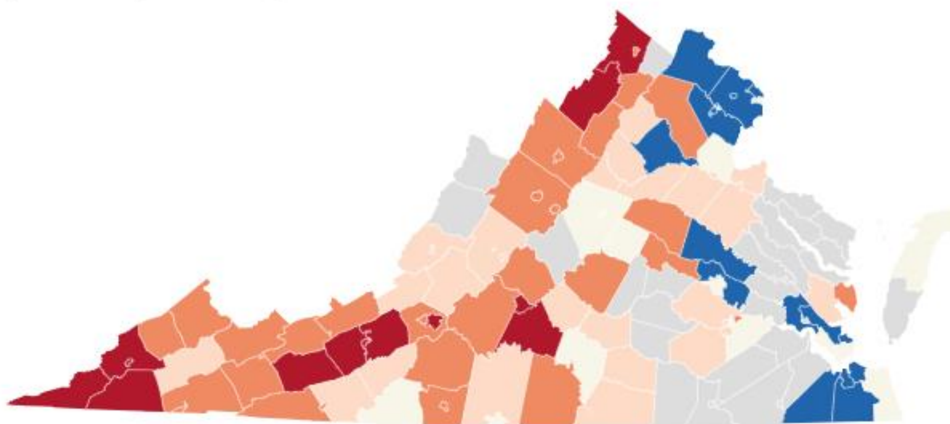
[1] *Note.* For the purposes of NAGA, localities where greater than 92% of their population achieved a high school diploma were removed to prevent capturing individuals who are likely to receive external income or funding such as financial aid while enrolled in higher education. For example, Radford has a poverty rate of 36%, a high school diploma rate of 95%, and is home to approximately 10,000 undergraduate and graduate students. The diploma threshold did not remove all independent cities or localities with college populations.

Caregiver substance use disorder. One of the fastest growing reasons for child removal is parent or caregiver misuse of alcohol and/or drugs. To see where substances impact family preservation and child wellbeing, the Center and VDSS personnel worked together to identify four data indicators collected internally that may relate to caregiver substance use disorder (SUD). These indicators include, a) caseworker-reported caregiver substance abuse, in addition to locality-specific retrospective data such as, b) identified circumstance for removal, c) referral recidivism, and d) prior substance exposed infant (SEI) allegations. See Table 2. To calculate the composite index, a locality was assigned a point for every criterion that rose above the state average, final values ranging from 0-4. The composite index allows all four data variables from Table 2 to be represented with one map visualization (Figure 5) where different colors reflect number of criteria met per locality.

Table 2. *VDSS composite index criteria*[2]

Variable	Definition	Timeframe	State avg
Caregiver SUD	Proportion of screened in referrals where caretaker SUD was indicated by the caseworker	3-year average, 2019-2021	29%
Referral recidivism	Proportion of screened in referrals received in month where child had 3 or more prior referrals	12-month average, 2020-2021	22%
Reason for removal	Proportion of entries into foster care where parent drug abuse was noted as a causal circumstance	5-year average, 2017-2021	33%
SEI prevalence	Proportion of screened in referrals where child is under 5 and caregiver has a prior SEI allegation	3-year average, 2019-2021	3%

Figure 5. *VDSS composite index*



For caregiver SUD composite index, 13 localities (9 counties, 4 independent cities) met all criteria (index = 4) and are served by 6 different CSBs. Most of these CSBs were captured in Table 1a, except for one, Northwestern CSB. Approximately **26%** of the volume of children who entered foster care between 2009 and 2019 resided within jurisdiction of these 6 CSBs.

[2] *Note.* Based on the multi-year annual average of entries into care, LDSS with fewer than five entries as their average were not assigned an Index score for the maps/to determine CSB hotspots, but their data were included in the CSB and regional aggregate summaries.

NAGA PROJECT #2: Stakeholder Survey

A survey distributed by our partners at OCS returned 177 participants. See Table 3 for sample characteristics. All five regions were proportionately represented, except Western (*n* = 14); therefore, survey findings associated with the Western region should be interpreted relative representation.

The goal of the stakeholder survey was to assess organizational readiness for EBP implementation, stakeholder familiarity and knowledge of EBPs, and availability of the EBPs currently present in Virginia. Majority (59%) of stakeholders provided their contact information to the Center for the opportunity to participate in a future survey for monetary compensation (*n* = 105).

Organizational readiness. Ten items related to how ready or prepared an organization is for change, in this case EBP implementation, were presented to stakeholders to indicate level of agreement. Each item contained a Likert scale that ranged from *Strongly disagree* (1) to *Strongly agree* (5). Overall, stakeholders reported a high level of organizational readiness for EBP implementation. Items with some variability across responders have been grouped according to region in Table 4.

In Table 4, values closer to 5 indicate higher agreement with an item. For instance, stakeholders in the Northern region were less likely to agree with the statement, *We can manage the politics of implementing new EBPs*, than those from the Western region, on average.

Table 3. *Stakeholder survey sample demographics*

Demographic	**n**	**%**
Region		
Northern	45	26.3
Central	41	24.0
Piedmont	36	21.1
Eastern	35	20.5
Western	14	8.2
Job title *(check all that apply)*		
Service provider	25	--
Broker	24	--
Senior leader	50	--
Clinical/admin. supervisor	26	--
Program manager	39	--
Other	48	--
Race/Ethnicity		
White	137	80.6
AA/Black	25	14.7
Native Amer./Alaskan	4	2.4
Eastern/Southern Asian	2	1.2
Hispanic	*7*	*4.0*
Gender		
Female (majority)	154	88.5
Highest degree/education		
M.A./M.S.	104	59.8
B.A./B.S.	57	32.8
Ph.D./Psy.D./MD	7	4.0
H.S. diploma	2	1.1
Other	4	2.3
Primary setting		
Social services	79	45.7
Community service board	28	16.2
Juvenile justice	19	11.0
School district	16	9.2
Private provider	6	3.5
Other	25	14.5

Table 4. *Organizational readiness by region*

Selected items	**M (SD)**				
	Northern	Central	Eastern	Piedmont	Western
We are motivated to implement new EBPs.	4.51 (0.64)	3.92 (0.98)	4.27 (0.72)	4.40 (0.74)	4.64 (0.50)
We will do whatever it takes to implement new EBPs.	3.98 (0.88)	3.59 (1.02)	3.94 (0.86)	3.99 (0.79)	4.31 (0.75)
We can manage the politics of implementing new EBPs.	3.61 (0.92)	3.72 (0.86)	3.55 (0.83)	3.86 (0.88)	4.21 (0.97)
We can handle the challenges that might arise in implementing new EBPs.	3.68 (0.85)	3.77 (0.81)	3.58 (0.75)	3.91 (0.78)	4.08 (0.86)

EBP familiarity and availability. Stakeholders were also presented with a list of services including behavioral health interventions and EBPs, treatment families that EBPs commonly belong to (e.g., *parent management training*), and general therapeutic practices (e.g., play therapy, exposure therapy). Stakeholders were asked how familiar they were with each service and each service's current availability to the families living within their locality. If the service was endorsed as *available*, additional questions were presented related to typical waitlists. If *not available* was endorsed, stakeholders were asked whether that service was needed, to which they could reply *yes* (3 levels), *no*, or *unsure*.

Tables 5a-e present survey findings for EBP familiarity and availability broken down by VDSS region. The list of services in each table represent a sample of the full list of services presented to stakeholders. These were chosen based on their range and association to the evidence base. The green columns contain percentages of respondents that endorsed a service as being available currently and familiar to the responder. An individual's responses to the items in the green columns influenced whether they were asked either if they believed the service was needed (blue column), or how long they estimate the waitlist being after referral to the service.

Table 5a. *Percentage of stakeholders from the **Northern** region (n = 45) who agreed with the following*

Service	**%**		**Y/N, U**	Waitlist (mo.)
"In my locality, X is ...	*...available."*	*...familiar."*	*...needed."*	
PCIT	39	78	14/14	<1-3
MST	67	94	3/3	1-2
FFT	72	94	2/2	<1-2
TF-CBT	75	97	3/3	<1-2
HFW	53	69	3/4	<1-2
Parenting skills classes	78	100	2/2	<1-3
Parent management training	14	33	8/11	<1
Play therapy	78	100	4/4	<1-2
EMDR	47	78	6/6	<1-2
Exposure therapy	17	69	4/5	1-3

Note. This means High Fidelity Wraparound was described as an ***available*** service to 53% of survey responders from the Northern region, 69% reported to be ***familiar*** with HFW, and 3 out of the 4 respondents that answered this question believes HFW is ***needed*** in their service area. The 53% of respondents that said HFW was available, estimated the ***waitlist*** to be from less than one month to two months.

Table 5b. *Percentage of stakeholders from the **Central** region (n = 41) who agreed with the following*

Service	**%**		**Y/N, U**	Waitlist (mo.)
"In my locality, X is ...	*...available."*	*...familiar."*	*...needed."*	
PCIT	30	70	12/16	1-2
MST	46	70	8/10	1-3+
FFT	65	84	7/7	1-3
TF-CBT	46	84	7/8	<1-2
HFW	57	73	2/5	<1
Parenting skills classes	65	92	8/8	<1-3+
Parent management training	8	35	7/14	-
Play therapy	43	89	9/10	<1-2
EMDR	30	70	7/13	<1-2
Exposure therapy	3	51	7/12	-

Table 5c. *Percentage of stakeholders from the* ***Piedmont*** *region (n = 36) who agreed with the following*

Service	**%**		**Y/N, U**	Waitlist (mo.)
"In my locality, X is ...	*...available."*	*...familiar."*	*...needed."*	
PCIT	35	71	12/18	<1-3
MST	77	65	1/1	<1-2
FFT	71	87	4/4	<1-2
TF-CBT	58	87	3/5	<1-2
HFW	48	77	6/7	<1-2
Parenting skills classes	71	90	5/5	<1-2
Parent management training	6	39	7/13	--
Play therapy	81	94	3/3	<1-3
EMDR	35	71	7/9	<1-2
Exposure therapy	6	61	3/9	--

Table 5d. *Percentage of stakeholders from the* ***Eastern*** *region (n = 35) who agreed with the following*

Service	**%**		**Y/N, U**	Waitlist (mo.)
"In my locality, X is ...	*...available."*	*...familiar."*	*...needed."*	
PCIT	47	68	6/9	<1-3
MST	56	82	5/7	<1-2
FFT	62	85	2/4	<1-2
TF-CBT	53	82	7/7	<1-2
HFW	65	74	1/3	<1-2
Parenting skills classes	76	88	3/3	<1-3
Parent management training	9	38	8/9	<1
Play therapy	56	70	6/8	<1-2
EMDR	44	62	2/8	<1-2
Exposure therapy	12	50	3/9	1-3

Table 5e. *Percentage of stakeholders from the* ***Western*** *region (n = 14) who agreed with the following*

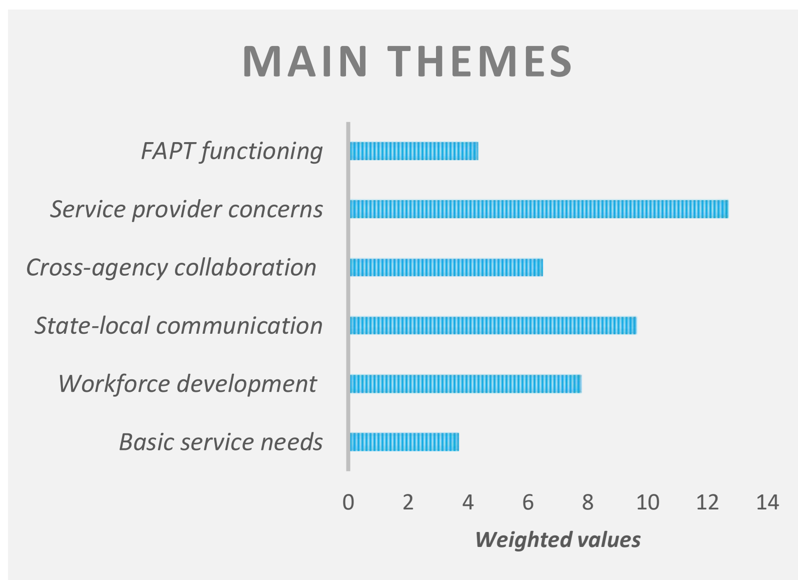
Service	**%**		**Y/N, U**	Waitlist (mo.)
"In my locality, X is ...	*...available."*	*...familiar."*	*...needed."*	
PCIT	64	93	3/4	<1
MST	70	93	1/1	<1
FFT	50	100	2/2	<1
TF-CBT	100	100	--	<1-2
HFW	93	90	--	<1
Parenting skills classes	100	90	--	<1-2
Parent management training	0	21	2/5	--
Play therapy	79	100	1/1	<1-3
EMDR	64	100	1/1	<1
Exposure therapy	0	79	1/2	--

NAGA PROJECT #3: Interview Series

A series of one-on-one interviews ($N = 40$) were held from April 2021 to July 2021. Survey findings are related to opinions expressed during the time period in which they were collected, meaning they'd likely differ if interviews were conducted today. Subject-led interviews lasted from 30 to 90 minutes and conducted with state and local government employees and community members. Almost half of the interviewees consisted of local directors or assistant directors of DSS. The other half consisted of state leaders or employees from VDSS, DBHDS, DJJ, and OCS, current and past. A portion of interviewees were selected and subsequently invited to interview based on referral from a preceding interviewee. Ninety-two local directors of DSS were invited to participate via email and those who accepted were most likely to represent the Central, Northern, and Eastern regions.

Each meeting with an interviewee began with the general prompt, *What is needed to better serve the families that you work with?* adapted for the receiver. Follow up questions and additional prompts guided interviewees back to the original prompt, if needed (ex., *What do you think is missing to move a family from X to X?*).

Interviews provided qualitative information recorded in real time by the interviewer. Interview notes were then coded for themes separately by the Center's postdoctoral research scientist and two graduate research assistants. Notes were then compared and recoded once more. For a theme to emerge, multiple interviewees had to have mentioned the same topic with enough detail to form a concept. Topics and comments that shared a common underlying meaning were grouped into main themes, and specific details that further defined a main theme were labeled as subthemes.



Overall, most individuals spoke for the greatest amount of time about the quality of mental health services currently available to families living in their locality. Even though the interviewer's prompt was to identify specific mental health needs, five out of the six themes that emerged happened to be systemic in nature. Main themes have been illustrated in Figure 6 and described in full below accompanied by deidentified flagship quotes. To protect the anonymity of interviewees, only the region has been included in parentheses after an interviewee's quote.

Theme 1: Service provider concerns.

Subtheme 1a: What's available isn't accessible. Individuals working at the ground level in rural communities mentioned that mental health service providers are more often shared across more than two other localities. This may mean that families must present for services on a specific day at a specific time during the workday. Even if services are "available" within a certain locality, they are not likely to be accessible either because of provider-imposed barriers or geographical barriers exacerbated by a lack of public transportation in some areas.

Subtheme 1b: Profit is over-prioritized. Several different individuals living in rural areas stated that the companies who provide majority of mental health services in Virginia have in the past refused to deliver services to families in their area due to lack of profitability. Families are instead referred out of the area for services, which from the interviewee's perspective is "understandable" since their department only refers about one child a month for services. According to another interviewee, their local department solves the problem of not having service providers in the area by asking FSSs to provide mental health services to families in addition to their other responsibilities.

"Community provider companies and their directors have a lobby group, and they don't hold themselves accountable for poor care." (Piedmont)

Subtheme 1c: What's available isn't sufficient. Most of the interviews that were conducted with the subsamples of local government employees and community members included descriptions of the current services available in a less than positive light. Specifically, the mental health services provided by large companies did not meet interviewees' standards or expectations for practice.

"What we have now are workers taking kids to McDonalds and calling it therapy." (Central)

Participants reported that the type of problems exhibited by most families were complex and multigenerational; interviewees doubted that clinicians treating these families through in-home services were adequately trained and thus expressed pessimism that the services would lead to lasting benefit. As described by more than four interviewees, some providers do not get to the "root" of the problem, an observation cited by at least one interviewee as a reason that the same families repeatedly come up in their local department's referrals.

Theme 2: State-local communication.

Subtheme 2a: Role confusion. Often government interviewees expressed confusion and frustration over the multiple roles and initiatives playing out on the local level. For local directors, clarity was needed regarding the role and purpose of the advisory teams/boards. Similar sentiments were expressed by a few interviewees for regional directors and individuals sent to represent VDSS in meetings. One director theorized that VDSS purposely sends representatives who cannot answer questions or provide important information. The desire to receive guidance from state leaders was present; however, majority of local directors seemed unsure of knowing who was in charge of providing it.

Subtheme 2b: Lack of clarity in state communication. Some local government employees reported a lack of responsiveness from state leaders to their questions and requests. They described receiving information from state leaders often, but that the content did not seem to be calibrated nor applicable to their individual, local needs. Some individuals reported different opinions related to whether VDSS prioritizes risk avoidance over clearer guidance.

Many local departments reported planning to "wait and see" how others deal with the changes related to Family First, due to concern over the CSA rate mismatch and fear of potentially losing money. Some reported confusion around language used by state leaders to describe evidence-based services and prevention services within context of other community service categories. One local director suggested that template contracts to use with service provider companies or help with securing services in rural areas would have been useful guidance from state leaders. These instances cause concern for local directors, leading them to believe state leaders may not have thought through how services will be paid for locally.

"We don't plan on using Family First at all and will continue to use [company] even though their quality is hit or miss." (Eastern)

Theme 3: Workforce development.

Subtheme 3a: Training needs. Majority of interviewees expressed the need for training. Most comments referenced clinicians providing in-home services (captured in Theme 1), FSSs, and state leaders.

The training curricula for FSSs was foremost characterized as being insufficient, in both content and format in which it is delivered. Since training modules are virtual, local directors shared concern around engagement and learning. Often FSSs are sent out into the field before they have completed their training out of necessity.

"[In reference to the CANS] It's a funding tool, not a decision-making tool because the workers know it's not valid." (Eastern)

FSSs conduct investigations and/or a family assessment for services to develop a prevention plan. Their assessment battery includes a structured decision-making tool, the CANS, and other paperwork requirements. The CANS was often referred to in a negative light based on the amount of time it takes to administer. One director estimated the CANS to take up to two hours, "if doing it right." The tool was also thought to be too subjective and to not pick up on trauma. Another director acknowledged that in the past staff have completed the measure in a way to receive the service that they, the FSSs, believed a family needed, versus what the tool may have found if completed as intended. FSSs were described to lack understanding of how to administer the CANS, which may be why many have trouble seeing the value it provides according to one local supervisor.

Lastly, about a quarter of interviewees indicated that state-level employees should be the ones receiving training. It was inferred that state agency leaders lack a comprehensive understanding of what it means to be *trauma-informed*. Individuals cited mistakes in the way in which ACES and trauma responses have been described by leaders, that leaders' conceptualization does not match what trauma-informed trainers are teaching at the local level. State leaders were also described as missing the context to understand the Family First law, such as why it was written and what it intends to do related to systems transformation. It is worth noting that a small number (3-4) of local directors believe they've been misrepresented by state leaders. They sense state leaders assume local employees do not understand what *evidence-based* or *prevention* means or that they haven't already found creative solutions worth considering for keeping children out of foster care placement. Two directors advised state leaders to visit sites to gain a better perspective of how their decisions play out at the local level.

Subtheme 3b: FSS burnout and turnover. Local DSS staff reported difficulty maintaining a full staff and retention of college graduates. Too high of caseload was reported as a major issue believed to drive burnout as well as potentially harmful work practices. Additional explanations included lack of preparedness for the field, vicarious trauma, paperwork burden, and insufficient training in treatment planning. Two interviewees stated that because LDSS supervisors are not clinicians themselves, their supervision is more likely to be restricted to administrative tasks, not clinical issues. Supervisors without clinical training may not have the skills required to provide emotional support to FSSs.

Theme 4: Cross-agency collaboration.

Subtheme 4a: CSB functioning. CSBs are charged with providing a basic service array for community members with mental illness, developmental concerns, and substance use disorder. This is the point of access for Medicaid-funded services, which is the CSB main funding stream. Case managers employed by CSBs were said to have very high caseloads, so the amount of time it takes to enroll someone into services varies from weeks to months.

CSBs were overwhelmingly described by interviewees to fail to market their services consistently or transparently. Decisions made by service boards led interviewees to question whether board members have the right training to make

"There are no EBP providers though to serve kids, and those making the decisions on where kids should get services are not trained to know." (Piedmont)

the type of decisions that they do regarding appropriate care. Referrals made by board members cause confusion.

The responsibilities of CSBs include providing information to parents about the FAPT process but this doesn't always happen; one community member stated sometimes CSBs don't know about FAPT unless a child-facing agency person is on the CSB team. Waitlists for services after intake were described as too long and "just not efficient." Two directors reported building a work around to bypass referring a family to their CSB by enrolling a family into services through a private company and then transferring the child to more intensive services. This route requires more providers but was described to be quicker than going through their local CSB.

"People need to understand that collaboration equals sharing money, period." (Western)

Subtheme 4b: DJJ. A popular sentiment with regards to cross-agency collaboration involved DJJ's role in care coordination with other child-facing representatives. Almost half of those interviewed expressed dissatisfaction with their DJJ partners ("weakest link") and their willingness to be team players with other child-facing agencies.

Frustration was expressed specifically around access to FFT/MST services. DJJ was said to block off access to these EBPs for the purpose of serving their juvenile population first, despite potential overlap with LDSS-involved cases, forcing families to go through the juvenile justice system in order to access higher quality services. Additionally, the referral process for CHINS cases was a focus of criticism for DJJ's ability to overstep the LDSS process of developing a prevention plan and go straight into foster care. Despite foster care being within an LDSS's domain, LDSSs may not know about a child sent from DJJ into foster care until after the child is placed. DJJ cases were estimated to account for approximately 55% of child in foster care placement. Local DJJ employees were also described as least likely to be trauma-informed in their interactions with family members and adolescents.

Theme 5: FAPT meetings.

Comments and explanations related to the 120 FAPTs in Virginia were separated from other themes given its specificity to the Center interviewer's opening prompt. Almost all interviewees brought up FAPT meetings as a topic for discussion, and views differed widely.

Subtheme 5a: Differing perspectives. Before local directors were interviewed, background information on FAPT, CPMT, and CSA was provided by state level employees. A child is referred to FAPT after a CPS referral is opened and investigated by an FSS to gather enough information to write a report to be reviewed by the FAPT. Services are funded by CSA, a separate line of funding from OCS managed by CPMTs (overseers of FAPTs). FAPTs are built by LDSSs and include representatives from school, the local CSB, DJJ, CSA, in addition to the parent of the child being discussed. Attendance for all members is mandatory. FAPT meetings intend to facilitate creativity amongst all its members for case management, to decide treatment referrals and/or other types of support (ex., purchase a cell phone for a child's caregiver so they can receive calls from their child's teacher). FAPT was meant to be an additional step only for families who could not pay for services themselves. VDSS has recently made it a priority for families to go through FAPT, or some type of multidisciplinary team meeting, in order to receive FF dollars for EBPs. Responsibilities of the CPMT include knowing which services are available in their locale.

Almost of the details related to FAPT were found to vary across LDSSs. At the local level, FAPT may live within the CSB of a certain area and involve little overlap with LDSS caseworkers. FAPTs may include the required team members in addition to representatives of private companies (e.g., National Counseling Group). LDSS employees may be a part of both the CSB and FAPT. FAPT meetings last 30 minutes, and all members must be present including the parent of the child involved and sometimes the child also. Two localities remarked parent attendance is *strongly encouraged*, not mandatory.

The mandate for all FAPT members to be present can lead to wait times of a week to one month after a family is referred to FAPT, not including the time between a CPS referral is made, opened, and investigated by an FSS. Once a decision is made by FAPT members, paperwork must be sent to the CPMT, or an affiliated CSB case manager pending on how a locality is set up, to receive official approval for funding. Estimates for this time period also ranged from one week to one month before the family can enroll into approved services or receive supports. Importantly, the FAPT process is dedicated to serve the child, not the caregiver. In order for a caregiver to receive services, they are told that they must present to their local CSB.

"First point of contact is make or break for that child's life trajectory, and the extra steps are just barriers… to the right services that could change everything." (Central)

Local employees differed in their value assessment of FAPTs. Localities with a well-informed and engaged CSA coordinator, such as those named from areas with greater funding and resources, were more likely to express positive views of FAPT, including that it was helpful to bring more folks together to brainstorm. LDSS directors that had previously found a work around to speed up the time it takes families to services were more likely to view FAPT negatively. FAPTs that have contracted with FSPs to provide guidance to families throughout its process were believed to function better than others.

Subtheme 5b: Decentering of families. VDSS and OCS have released guidance that requires LDSSs to go through FAPT or a FAPT-like process to receive FF funding for EBPs, when prior LDSSs only had to go through FAPT for additional funding for a case. Directors and local employees did mention the mandate for the parent and sometimes child to present to FAPT did not appear to be in the family's best interest and delays the process, regardless of their view on FAPT's usefulness. By the time a family reaches FAPT, information regarding the child's alleged maltreatment may had already been collected at the first point of detection (i.e., by the mandated reporter) as well once an FSS opens the case. FAPT may represent the third time a family is required to retell their story to potential strangers. This additional step appears to run counter to trauma-informed care for families.

"FAPT takes way too long, sometimes they meet once a month and a family is just waiting to start something, anything." (Central)

Further exposure to individuals outside of LDSS not only endangers a family's right to confidentiality, but the potential for re-traumatization before services are secured is high. It may also further impact the relationship or association that a family has with their local DSS, which has historically lacked trust. One community member who was interviewed disclosed personal experience with her local DSS after aging out of congregate care herself. She reported that she had presented to DSS in need of help with maintaining housing for her and her child, who was a toddler at the time. Instead of providing aid, her child was removed due to reason of insecure housing. The interviewee was required to undergo a competency assessment and complete parenting classes before she was able to have her child returned to her. The process took 6 months.

Theme 6: Basic service needs. Individuals from the Western, Piedmont, and Eastern regions were more likely to report than others that the only services available to families in their area included intensive in-home with BA-level clinicians, intensive care coordination, and residential services. One local employee disclosed that one of the recommendations that their team made to a family recently was to move out of the area to receive the type of services needed, and the service plan was written to include the family's relocation costs.

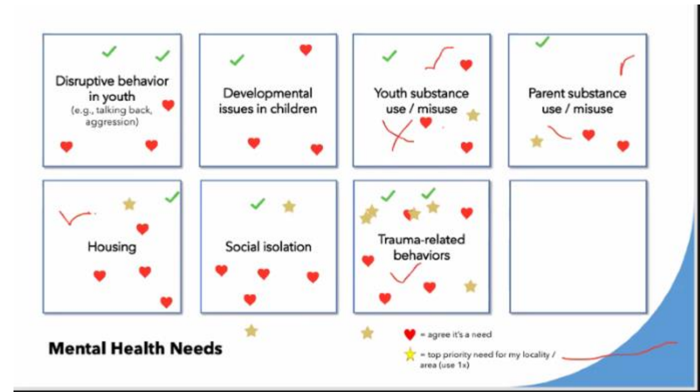
"Families in crisis are delayed when they need immediate access… I know they can go to the CSB and get in-home but it's not helpful. It's hardly a band-aid." (Piedmont)

The most cited need with regards to services included some type of intervention to aid parents/caregivers in managing stressors related to parenting. Parenting skills training for younger children with special developmental needs and behavior management were described to be in demand, versus skills related to the medical and physical aspects of childrearing (e.g., feeding, bathing). In addition to parenting support, caregivers have trouble locating mental health services for themselves and were described to struggle with drug abuse.

NAGA PROJECT #4: Listening Forums

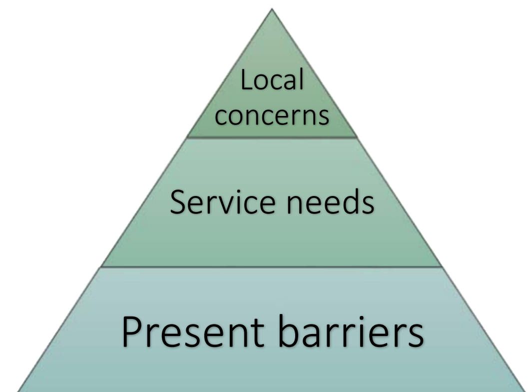
Eleven open forums that each lasted approximately 60 minutes each were held from 6/21/21 until 6/25/21. Advertisement included a flyer distributed by our VDSS partners. Those who reserved a seat ahead of time included state department and division leaders, local department directors and program managers, agency leaders and corporate interest, caseworkers, supervisors, trainers, and community members ($n = 261$). A sizable sample showed up, approximately 175, representing a 67% return of those interested.

Demographic information was collected to the extent possible given the forum virtual platform. Approximately a third of attendees was from the Northern region and represented the mental health provider community, both public and private companies. About a third of participants was an LDSS employee. The remaining third of attendees was made up of considerably equal parts from DJJ, DOE, and the community.



Attendees were asked a series of prompts to encourage discussion and engagement (example to the right). A series of cards were presented to attendees along with requests to cast votes to help identify how attendees conceptualized mental health needs and problems within their communities. To understand behavioral health needs of an area, individuals were presented with a series of common symptoms, problem descriptions, or behavioral health factors, ex. *disruptive behavior* or *caregiver substance use*. Additional prompts were provided as needed; topics covered were almost entirely audience-driven.

Local concerns. Despite the large number of attendees from all over the state from varied occupations, responses related to behavioral health needs were overwhelmingly similar across the forum series. Multiple individuals (more than 40 attendees) conveyed the importance of examining individual symptoms as part of a larger umbrella of trauma. That is, many attendees linked substance use, aggressive and oppositional behavior, emotional dysregulation, family dysfunction, and other symptoms to an individual's trauma response. Additionally, a few individuals did promote the need for early intervention services for children not meeting developmental milestones.



"So many people are on their own. I'm aware of the brutal beating a family takes when they go up against a system and advocate for those things they should already be getting." – Anonymous

Another behavioral health need that was popular amongst most attendees was the need for greater support for caregivers. Parents/caregivers were described to be the ones in need of additional attention and services and require the most help with regards to managing systems of care, their own stress response to stressors, and experiences of trauma. Of note, youth substance misuse was not named as an area of need, but caregiver substance use disorder was and largely discussed as an outcome to stress and lack of accessible services.

Service needs. In addition to local mental health concerns, a number of service-level comments were made either aloud or written live in a Google document that allowed anonymity. Attendees expressed the need for trauma-informed training for individuals on the frontline, such as local department personnel, as well as for direct service providers. Enhanced training for direct service providers, those delivering mental health services, was indicated as the most urgent or important target. Service quality was identified as a large issue throughout all of the regions. The services available to families were described as insufficient to meeting level of need, vague and unspecific to problem, and not intense enough for children to prevent residential. Supervision and/or greater oversight for those without a MA-level license to practice was also named in addition to better training for direct service providers overall.

"I don't understand why my colleagues call themselves trauma-informed. Is taking a child to court for behavioral issues related to trauma appropriate?" – Anonymous

"I've been a provider and I've been in all of the other roles of folks here [CSA, FSS]. Every agency and person approaches [treatment planning]] differently which is why some people cannot see that the process itself can be re-traumatizing." – Anonymous

Similar to what was discovered through the Interview Series, attendees voiced the need for better dissemination of information to community members regarding services available in their area. Attendees reported that CSBs do not publicize what they can offer in a standard way, which has led to confusion over what can be obtained in return for going through the referral process, in turn, lowering the likelihood of folks showing up for an intake. CSBs were believed to appear as though they themselves do not understand the services they offer. Some attendees indicated the way they've attempted to help families navigate services is by educating themselves on what keywords to use to be offered the needed services.

Last, support for direct service providers beyond clinical skills training was reported as a priority for state-level attention. Burnout was mentioned at least once in each forum session by attendees. Direct service providers, specifically FSSs and licensed clinicians, were described to suffer from vicarious trauma given the severity and intensity of their work. The compensation pushes providers out of the public service system and into private practice or telehealth. The lack of emotional support in combination with heavy caseloads have led to fewer professionals available to provide and accept referrals.

Present barriers. The last theme that forum attendees spent majority of time discussing or writing about involved the systemic barriers that currently bar families from accessing services that may be available, especially prevention services.

The most frequently nominated barrier was the siloed structure of child-facing local government agencies. Participants perceived that agencies do not communicate with each other even when they are tasked with treating the same family or child (i.e., absence of horizontal feedback loops) and service coordination being their main role responsibility. Poor collaboration and systems continuity across FAPT/CSA, CSB, DJJ, and schools, were cited as reasons many families fall through the cracks, escalate to require residential or inpatient hospitalization, and maintain governmental agency culture of being *reactive* instead of *proactive*. Consequentially, DJJ is the first point of contact for families according to many attendees.

"Each agency has their own procedures, and each agency doesn't like to play nice in the sandbox – not that they don't want to, but they can't." – CSA, Eastern

"I think efficiency of services encompasses all of it. [Families] that I work with and see, especially the birth families, just the setup of the system gets in the way of a family making progress." – Regional director of a non-profit provider agency

Across localities, the incentive to offer and provide effective services is greatly lacking. Attendees expressed the belief that large companies held greater power over governmental entities and prioritized profit over people. These are the companies that were perceived as more likely to hire BA-level individuals to provide services and declare they cannot afford to offer EBPs. Top-down guidance from the state for solving such issues was stated as either nonexistent or inapplicable. Decisions regarding type of services offered in an area did not seem to align with community needs, and community members do not have *voice and choice*. Additional barriers included paperwork burden, illogical routes folks must follow to receive services, the *red tape* involved with following top-down regulations for funding, federal and state deadlines, and the difficulty in keeping up with the various and varied rules to bill Medicaid.

"If DSS is in charge of where to place a child, then they need to have a broader mental health understanding of how trauma affects families." – Non-profit family coordinator, Northern

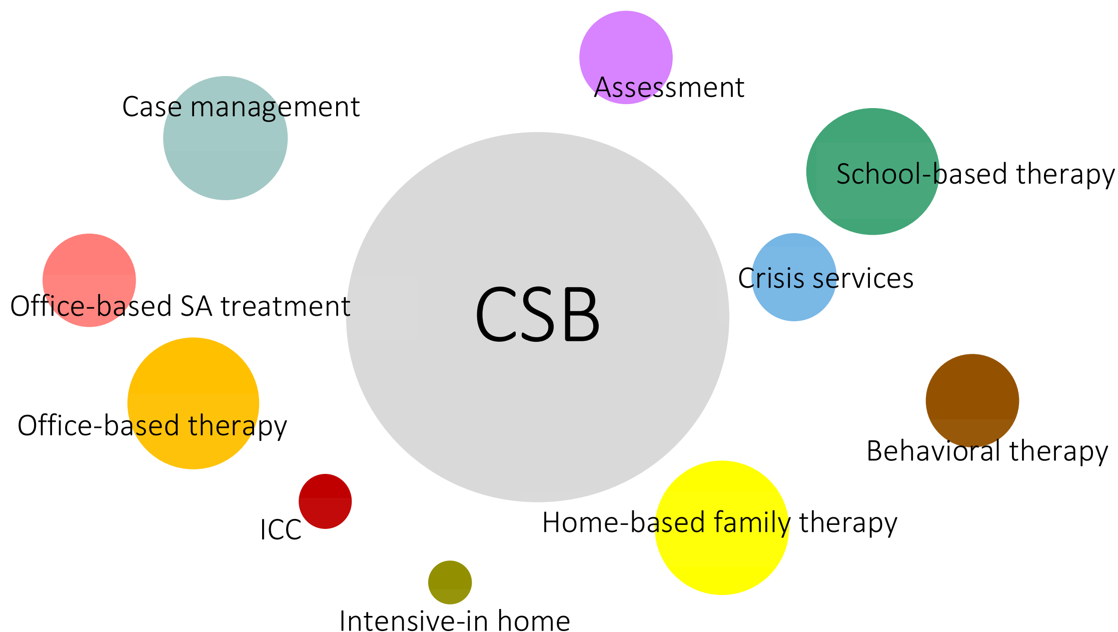
"There are too many hoops to jump through to get the help, the time to apply to the time you get the service can be discouraging and families lose their motivation to actually follow through and get the help." – Piedmont

"There's disconnect at the DSS level, we are making progress in shared language and better understanding of what trauma looks like… but we are not connecting the dots… Especially the courts. We need guidance." – Assistant Director, LDSS

"Locally for us, our work can sometimes look like, we need to do a handoff but 'no no no, this isn't right for social services, you need to take it to community services,' and then they're like 'no no no, this needs to go to juvenile justice,' and instead of everyone seeing a complex situation or a complex family, they say 'oh no no, you take it,' even if we are supposed to be working together. Kids don't exist in bubbles and all of these [entities, agencies] need to work together to be efficient and effective." – Licensed social worker,

"Accessing systems for care is punitive often – whether it's the school or DBHDS or whatever – it's punitive and parents run into barriers and their discourages from asking for help or maybe they didn't use the right language. It's time we move beyond that. FAPT and DSS need to work together to make sure there is something for families from the beginning to when they come home." – Family Support Specialist, Central

NAGA PROJECT #5: Public Services Inventory

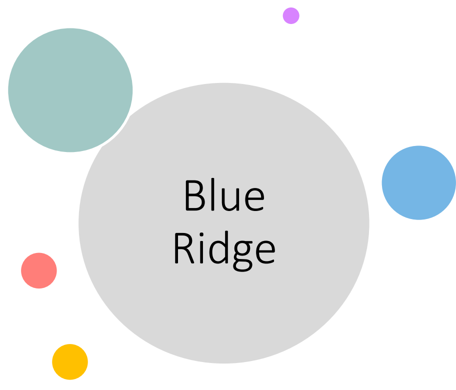
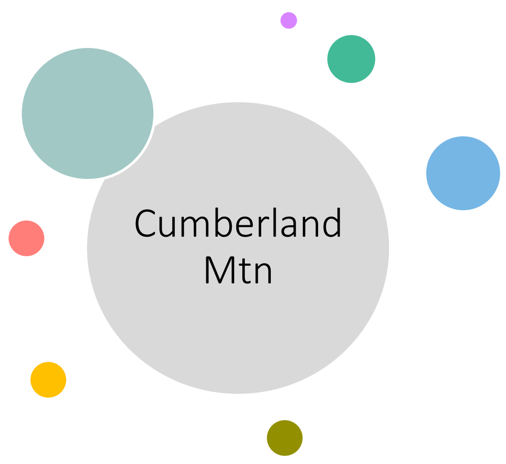
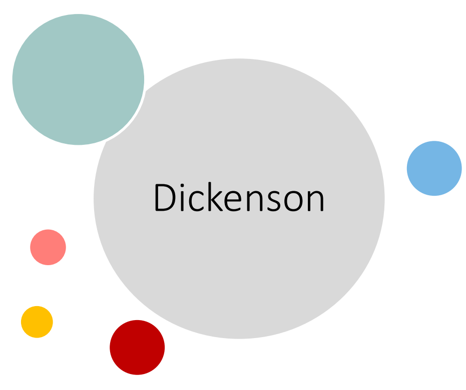


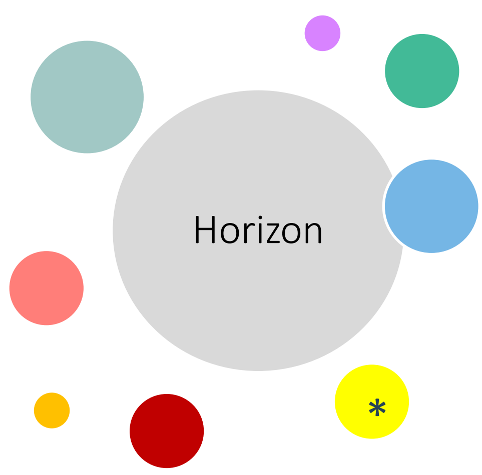
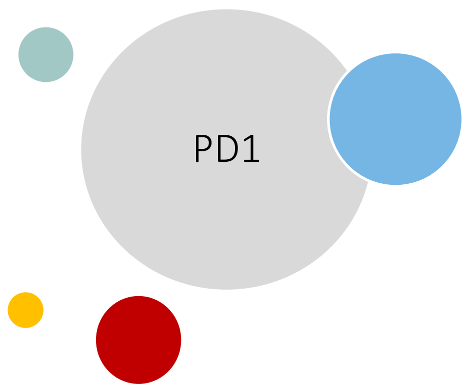
Our VDSS partners are interested in service arrays and where FF funding could help to fill essential service gaps dedicated to family wellbeing. The **KEY** above represents an abridged version of DBHDS guidance for the varieties of services that would constitute a complete service array for CSBs. Size of the satellite circles in the **KEY** represent a tiered approach geared toward prevention. For example, a CSB that is able to build their service arrays proactively would be more likely to highlight their *Office-based therapy* services over *ICC*. This is because *Office-based therapy* is a less intensive service and requires fewer resources than *ICC*.

The following figures were built to represent the service arrays of a subsample of the CSBs detected in Table 1b. The 13 CSBs delineated in Table 1b cover the localities from which the highest rates of children are removed and enter foster care.

Service data to build these visuals was collected from the services advertised online through CSBs' respective websites. Because we are interested in whether services are currently available, information related to *availability* from website scans could either be confirmed or disconfirmed by data collected through other NAGA projects (such as the Interview Series or Listening Forums), or by speaking with frontline staff. In other words, qualitative information trumps online advertisement for whether a CSB will include a certain service satellite. Size of each satellite circle is associated with Center confidence that the service identified is being currently offered through that CSB, which could be based on a series of reasons. Clarity of language, or how a CSBs' terminology and language of describing their services aligns with DBHDS guidance for a complete service array, and degree of promise fulfillment, or how representative the service type is of the entire DBHDS service category (ex., group only for *Office-based therapy,* versus group *and* individual). The Center has begun to log adult services as well as youth-specific; however, for the purposes of the first phase of NAGA, only services for children or for both the child and caregiver have been presented herein.

MST and FFT are captured under *Home-based family therapy*, and PCIT is captured under *Behavioral therapy*. If these EBPs happen to be provided, versus or in addition to non-EB services, then those satellite circles will contain an asterisk (*).


Blue
Ridge

Cumberland
Mtn

Dickenson

Highlands

Horizon
*

PD1

NAGA PROJECT #6: Eligible Providers Analogue

As a preliminary investigation into workforce capacity, the Center set out to develop a database to compile all licensed mental health providers and licensed service provider companies and agencies. The purpose for this decision is two-fold. A database that allows stakeholders to visualize licensed providers across the Virginia guides workforce development planning, such as where training opportunities should be advertised. It also tells us where companies or agencies are aggregated, meaning potential zones for contracting services at a competitive price or leveraging EBP representation.

According 2020 and 2021 surveys of providers completed by the Virginia Department of Health Professions, 6,302 Licensed Clinical Social Workers (LCSW) and 5,812 Licensed Professional Counselors (LPC) participated in the Virginia workforce in 2020, and 3,067 Licensed Psychologists participated in the Virginia workforce in 2021. The website Psychologytoday.com advertises 5,780 mental health clinicians across licenses, in the state of Virginia (gathered September 2021).

Figure 7. *Provider agencies providing outpatient, in-home or community based mental health or substance use treatment services.*

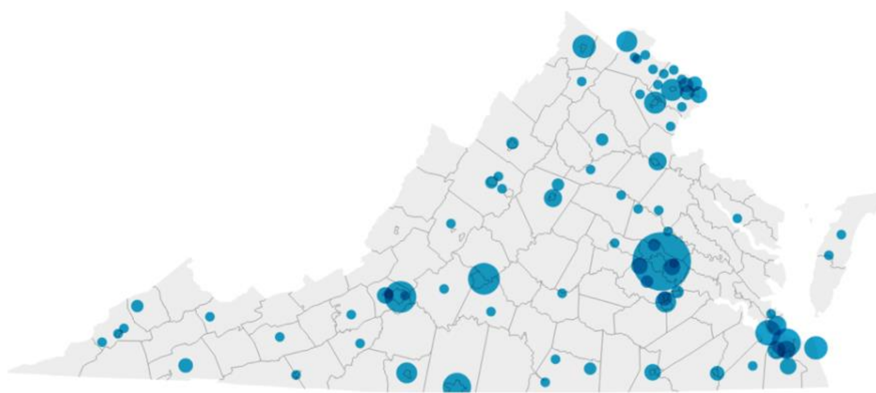


Figure 7 displays a preliminary examination of provider agencies (*N* = 267) that offer mental health or substance use treatment services in outpatient, in-home, or community-based settings, across the state Virginia. Larger circles indicate greater number of agencies within the area. Agencies were primarily identified from the DBHDS database of agencies licensed by the state to provide services. Coverage area differs across agencies, meaning the size of the circle doesn't necessarily reflect coverage area.

According to services listed on active agency websites (reviewed September 2021), 135 agencies offer Mental Health Skill Building services, 128 agencies offer general mental health outpatient services, 119 agencies offer Intensive In-Home (IIH) services, 84 agencies offer substance use treatment services, and 75 agencies offer Crisis Stabilization services. The map above represents coverage of companies and non-profit agencies, licensed at the systems level. Licensed clinicians with masters-level training may be employed within these organizations or not. However, it is also possible individuals without clinical training largely make up these companies' workforces. More information is needed to discern where clinicians licensed in Virginia reside and provide services.

The most important finding reported by the Healthcare Workforce Data Center has to do with trends of individuals becoming licensed as clinical social workers and professional counselors in the state. From 2015-2020, the number of LCSWs has increased by 27%, extending this workforce by 20%. Within the same period, the number of LPCs has increased by 62%, growing this workforce by 55% (February 2021 Healthcare Workforce Data Center Digest). This finding examined alongside past needs assessments provide preliminary evidence for the possibility that the issue of workforce capacity contains greater complexity than sheer number of people available to provide a service. It's possible other reasons, perhaps those that have to do with the management of various systems of care, are more likely to be driving the lack of licensed clinicians available to be employed in governmental roles.

RECOMMENDATIONS

Caveat on systems-related recommendations…
Considerations and recommendations related to structural barriers and cross-agency collaboration are viewed to be within the scope of NAGA because exclusion of them would mitigate the effectiveness of any new program implemented despite the advertised efficacy of an EBP.

In Virginia, multiple barriers currently exist that prevent community members from accessing behavioral health services. This issue is further complicated by the lack of clarity in how services are categorized and funded, the non-standardized and inconsistent way services are advertised within and between agencies, and poor sustainability of past implementation attempts. The first wave of NAGA delivered findings that helped to clarify the nature of some of these barriers, such as reasons that help explain why some services are accessible only through certain junctions (e.g., DJJ). Implementation of new services in Virginia will require a coordinated, strategic approach to sustain additional services to preexisting local service arrays.

Further, programs labeled as *evidence-based* attained their status *in the absence of* the common and uncommon environmental barriers that impact how care is accessed and utilized. EBPs are designated as such after a series of strictly controlled trials further bolstered by powerful components that are not always included in the consumer version of most commercial EBPs (e.g., expert supervision and consistent data monitoring). EBPs do not take into consideration a child's home, school, county, and state. Mitigating factors that have been proven to decrease the effectiveness of EBPs, such as racism within an institutional system, are not examined in the trials required to call a program evidence-based, nor are the positive factors within a child's life that could be leveraged to improve effectiveness of an EBP, like multigenerational family support. All data examined insofar indicate that the systemic barriers found are likely to impact the cost efficiency of VDSS's investment of Family First dollars.

The following recommendations are presented with Center rationale, which is derived from the research evidence base as well as findings from the first phase of NAGA. Implementation strategies are also provided for some of the following recommendations in the form of "Potential next steps," if VDSS partners are interested in collecting more information, and the "Encouraged accompaniment" indicator, for when there is evidence to theorize that the outcomes expected from a recommendation would be facilitated by the adoption of another recommendation presented herein.

1. Strengthen LDSS engagement with families through frontline personnel training in Motivational Interviewing (MI)
    a. Rationale: MI is an evidence-based stylistic approach to behavior change that has been shown to be especially effective for adults with a substance use disorder, which many caregivers were described to struggle with, especially in the Western and Piedmont regions of Virginia. NAGA findings suggest potential receivers of MI training should include FSSs, their supervisors, group home and/or congregate care employees, any individual who comes into contact with families.
    b. Potential next step(s):
        i. Conduct independent review of current FSS curriculum
        ii. Center conducts interviews with select local supervisors to assess capacity

2. Integrate family/peer support partners, or peer recovery specialists into LDSS operations
    a. Rationale: Caregiver mental health and coping appear to be an important junction for intervention to maintain child safety in Virginia. Particularly in certain regions of Virginia, caregiver substance misuse may be a significant driver for child welfare involvement, but treatment for caregivers has been historically difficult to come by. If believed to require treatment for themselves, caregivers are told to find help through a different public system with its own set of barriers and little chance of accessing appropriate services. It is also likely

caregivers in distress pose additional challenges for FSSs, who are overburdened as it is. A family/peer support partner, or a peer recovery specialist, could help share the task of caring for a family by attending to the caregiver's psychological needs.

b. Potential next step(s):
    a. Analyze local practice of FSP or PRS as service facilitators by embedding them into local DSS operations (e.g., FPMs)
    b. Connect with local peer recovery resource centers or FSP service coordinators to collect more information

3. Strengthen evidence-based service planning via adoption of and training in Managing and Adapting Practice (MAP)
   a. Rationale: MAP is an adaptable data management system that could streamline VDSS's current assessment battery (CANS, SDM) to guide decision-making around treatment planning. MAP also provides users with a comprehensive research database that matches individual assessment results to the treatment with the greatest supporting evidence. This type of system is most useful when working with families from diverse racial or ethnic backgrounds, as it provides up-to-date guidance based on the demographics of those that participated in the research studies.
   b. Potential next step(s):
      i. Conduct independent review of current FSS curriculum
      ii. Center conducts interviews with select local supervisors to assess capacity
      iii. Partner with Virginia HEALS to combine with their efforts related to trauma screening

4. Implement well-supported EBP from clearinghouse to provide options for school age children (e.g., BSFT) or consider building a plan for implementing a supported program (e.g., Triple P)
   a. Rationale: Current EBPs planned for FFPSA do not provide adequate coverage for school-age youth. BSFT provides a way to accomplish that goal. A disadvantage to BSFT is that it has overlap with FFT in approach.

5. Further analyze systems cross-over and present avenues for improving coordination with other child-placing agencies or departmental entities represented at the local level, namely DJJ, CPMT/CSA coordinators, and CSBs
   a. Rationale: In some localities, DJJ is the primary agency that places children outside of their homes. To reduce the number of out of home placements at the state level, further examination into how and why these events occur at the local level is warranted. In order to build local service arrays with precision, VDSS may need reliable information regarding exactly how services are being chosen, expensed, and delivered by the direct service providers (those managed by for-profit companies and non-profit agencies) who've also been contracted by other governmental agencies, which differs locally across the state. An accurate understanding of workforce capacity cannot be determined without knowing more about the structure of services and present system of care within the same locality.
   b. Potential next step(s):
      i. Conduct interviews with a representative sample of CSA coordinators
      ii. Conduct interviews with regional service coordinators contracted by DJJ
   c. Encouraged accompaniment: Rec #6

6. Supplement the service arrays of the CSBs listed above the line in Table 1b, in addition to those detected by VDSS data personnel
   a. Rationale: These are the service arrays that very likely require additional services or support to meet the needs of those living within these coverage areas based on the data related to foster care entry and caregiver SUD.

   b. Potential next step(s):
      i. Examine the health and capacity of MST, FFT, and PCIT in these CSBs and whether greater support is needed
      ii. Examine the health and capacity of the early childhood interventions available in these coverage areas, which may open avenues for additional FF funding

7. Build VDSS community outreach presence as model for local departments
   a. Rationale: The first phase of NAGA identified concerns around current leadership's vision for Family First, which was described to differ with federal guidance around the purposes of the Act. Efforts to strengthen families by engaging with families in a way that recognizes trauma was thought to be missing from VDSS's approach. Movement toward a culture change in child welfare will have to come from leadership and the choice to view families differently than the system has in the past. Community members with lived experience of the child welfare system could provide a direct channel of communication and feedback that would increase the validity of CQI findings (versus CQI cycles based on service provider input only).
   b. Potential next step(s):
      i. Consult with community organizations, like TICN, already embedded in this work and currently serving as point of contact for community members
      ii. Explore training/consultation options through TICN for state-level government employees
      iii. Commit to working toward building a Birth Parent Advisory Council dedicated to permanency by removing arbitrary requirements for participation, or provide monetary compensation to those invited to participate
   c. Encouraged accompaniment: Rec #8

8. Align with Virginia ONE and its initiatives dedicated to racial equity
   a. Rationale: National leaders in child welfare are moving from acknowledging that systemic racism exists to finding ways to reduce racial and ethnic disproportionality in child welfare.
   b. Potential next step(s):
      i. Conduct Virginia ONE interagency self-assessment to identify possible areas for growth
      ii. Engage Center to examine internal data, or collaborate with internal data managers, to help delineate service trajectory patterns influenced by race to aid partners in setting action goals

9. Further invest in FSS retention and improvement of LDSS workplace culture
   a. Rationale: FSS were reported to begin field work before they have been fully trained out of necessity. This workforce population was named as experiencing the most significant occupational burnout compared to other direct service providers in Virginia. Employees at the management level communicated the need for more technical support and guidance applicable to the unique challenges in their locality.
   b. Potential next step(s):
      i. Train LDSS supervisors in a reflective supervision model that considers trauma prevention and caseworker health
      ii. Reexamine health of graduate/undergraduate program pipelines and opportunities to build capacity (e.g., graded training format for entry into the field, broaden or strengthen recruitment efforts to community colleges)
      iii. Request an in-depth evaluation of DSS/FSS incentive structure

10. Consider broadening VDSS's current target population for FF funding from in-home/high-risk cases only to those categorized as family support cases, which are families who require tangible social aid to maintain housing, nutrition, etc.

   a. Rationale: These families are also considered to be high risk since neglect is the most common reason children are referred for services and/or subsequently removed. This is likely due to the stressors and potential psychological harm associated with instability during a child's most critical periods for growth. Additionally, including these families into VDSS's target population definition would likely increase the number of referrals to EBP service providers, incentivizing them to remain within in the area.

SUPPLEMENTAL MATERIAL

Check-out writing prompts from listening forum attendees:

Describe what change looks like in your day-to-day work…

"Change looks like more accessible services and impact on the clients, children, and families… Change looks like all systems being on the same timeline."

"The ability to 'spread the wealth' – if one agency has figured out how to do a program well, they should be able to mentor another agency so that high quality services can be accessed by all."

"More informed leaders who have healthy relational skills, understand the needs of children regarding attachment and trauma and know how to support them effectively"

"Less black and brown children in the juvenile legal system, suspended, or diagnosed with ADHD. Black and brown children and families needs being met in a culturally-responsive way."

"Being able to get the right services to children we serve without worrying about who funds it."

"I have the actual time in my day to address the needs of youth, families, caseworkers, and departments before they reach a point of crisis."

"The reality of change in this agency right now is taking whatever legislation is thrown our way, trying our best to make it fit with the population (aren't services supposed to be client-driven??) and waiting for the fallout when somebody higher up tells us we failed and our 'stats don't measure up.' I am in a unique position as I have just taken over CSA, which was contracted to another agency in the past. I have been doing the CSA trainings as well as the DSS trainings and there are disparities between the two. Yet here we are, less than two weeks away from the big 'in-home' release, and the left hand cannot agree with the right. Staff in individual agencies cannot be ready for this change if they cannot fully decipher what the change is supposed to be."

Provide a sentence to convey your thoughts in this moment…

"So many times groups and forums like this bring ideas that everyone agrees are necessary, but nobody has the bandwidth or expertise to be able to carry it out."

"This is a very interesting and good forum that is much needed across all communities and it's the first time that I've felt part of the discussion."

"The problem is so overwhelming that I think we get stuck trying to develop solutions when they are accessible and sometimes obvious… We lack the right leaders with the right approach and creative energy."

"I am hopeful in that this much needed conversation and focus is taking place now."

"This discussion generated great ideas and I wonder if solutions will be built to address them in a realistic and efficient manner."