

# FREDERICK COUNTY CPMT AGENDA

October 24, 2022  
1:00 PM  
107 N Kent St  
Winchester, VA  
1<sup>st</sup> Floor Conference Room

## Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda
  - A. September Minutes
  - B. Budget Request Forms
- IV. Executive Session
  - A. Case Update
- V. Committee Member Announcements
- VI. CSA Office Business Jackie Jury
  - A. October Financial Report- Unavailable
- VII. Old Business Jackie Jury
  - A. Audit Status Update
  - B. Strategic Plan Goal- Satisfaction Survey Subcommittee Update
- VIII. New Business
  - A. Case Support Policy Revision Robin Hockman
  - B. Copayment Policy/Practice Review Jackie Jury
- IX. Informational Items
  - A. Report to SEC
- X. Assigned Tasks
- XI. Next CPMT Meeting
  - November 28, 1:00-3:00pm, 1<sup>st</sup> 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, September 26, 2022**

The Community Policy and Management Team (CPMT) met in the 1<sup>st</sup> Floor Conference Room at 107 N Kent St, Winchester, VA 22601 on September 26, 2022.

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

- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Jerry Stollings, 26<sup>th</sup> District Juvenile Court Service Unit
- Jay Tibbs, Frederick County Administration
- Dr. Michele Sandy, Frederick County Public Schools
- Denise Acker, Northwestern Community Services Board

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

- Tamara Green, Frederick County Department of Social Services
- Leea Shirley, Lord Fairfax Health District

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

- Jacquelynn Jury, CSA Coordinator
- Robbin Lloyd, CSA

***Call to Order:*** Denise Acker called the meeting to order at 1:00 pm.

***Introductions:*** None

***Adoption of Agenda:*** Dr. Michele Sandy made a motion to adopt the September agenda; David Alley seconded; CPMT approved.

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

- August 22, 2022- CPMT Minutes
- Budget Request Forms – Confidential Under HIPAA. Private Provider abstained from voting on funding for youth receiving services provided by their agency or where there may appear to be a personal financial gain from the provision of services.

Jerry Stollings made a motion to approve the August Minutes, David Alley seconded, CPMT approved.

Jay Tibbs made the motion to approve the Budget Request Forms, Dr. Michele Sandy seconded, CPMT approved.

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

### ***Executive Session:***

- Case Update

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

**Motion and Roll Call Certification of Executive Session:** Dr. Michele Sandy made a motion, seconded by David Alley, to Certify to the best of each Frederick County CPMT member's knowledge (1) the only public business matters lawfully exempted from open meeting requirements and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

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

**Adoption of Motion to Approve Items Discussed in Executive Session:** Dr. Michele Sandy made a motion that the ICC team reconvene with representatives from the school to develop a plan to support the family and reintegrate the student into school, David Alley seconded, CPMT approved.

**Committee Member Announcements:**

- Denise Acker announced the Executive Director for NWCSB is retiring.

**CSA Office Business:**

- CSA Financial Report:
  - Fiscal Year End 2022 Financial Report-
    - Yearly Allocation including Protected and SpEd WrapAround Funds- Allocation of \$4,136,475.49, spent \$3,805,164.91 or 92%.
    - Local Funds requested were \$1,873,543.89, CSA used \$1,532,220.84 or 82% of the total allocation including Protected and SpEd WrapAround Funds.
    - Protected Funds Allocation - \$34,011.00, used \$32,919.97
    - Wrap Allocation- \$228,494.74, used \$220,284.50
    - Youth Served: 152 total
      - 105 in Community Based Services
      - 24 in Private Day School
      - 22 in Congregate Care
      - 25 in TFC
    - Average cost per child is \$25,033.98.
  - OCS Audit – Audit results have not been provided as of the completion of the CPMT packet.

**Old Business:**

- Strategic Plan Goal- Satisfaction survey subcommittee- Participant schedules did not align for a meeting during the month, another poll will be sent with alternative choices.
- FY23 Contract- UMFS submitted an appeal to accept a revised rate sheet. Stakeholders were notified of DMAS rate increases and state negotiated rates for MST, FFT, and PCIT very late in June. UMFS would like to align their rate sheet accordingly. Jerry Stollings made a motion to accept the rate changes, Dr. Michele Sandy seconded, CPMT approved.

***New Business:***

- CPMT Leadership Competencies- CPMT Chair Job Description document in August led to discussion about improving the way CPMT functions in Frederick County, in part by utilizing experiences that members have from other localities. The CPMT leadership Competencies guide, distributed by the State and Local Advisory Team, provides a framework for CPMT discussion and self-assessment. reviewing each section at future meetings. The Leadership Authority section was selected as the topic for the next meeting.
- Notice regarding CPMT Bed Reporting- Notice was received regarding the requirement of CPMT to submit data regarding youth for whom admission to acute care or a residential treatment facility was sought but not obtained. This notification clarified requirements in the COV and provided an updated process and forms needed for reporting. It is recommended that CPMT develop a process by which this information can be obtained and submitted. Denise Acker will be looking to see if the CSB has some of this information in their system. Jerry Stollings and Denise Acker will gather information from other CPMT's that they sit on to present at the next CPMT meeting.

***Informational Items:***

- Admin Memo #22-11- Medicaid Report Access Changes- Changes were made to the Medicaid report, which is only available to the CSA Coordinator and Report Preparer through the state reporting website. The report identifies clients for whom Frederick County pays the local Medicaid match. The report was only available to review by month and is now available by FY as well.

***Assigned Tasks:***

- The CSA Coordinator will meet with Haven Mental Health Center, Inc to share the concerns that CPMT shared during the Executive Meeting.
- The CSA Coordinator will gather information to share with the CPMT team regarding the Leadership Authority topic that will be discussed at the next CPMT meeting.
- Denise Acker will review the bed reporting data that the CSB may have and bring that back to the next CPMT meeting.

***Next Meeting:*** The next CPMT meeting will be held Monday, October 24, 2022, at 1:00 pm in the 1<sup>st</sup> Floor Conference Room. Denise Acker indicated that she will not be available, Dr. Michele Sandy agreed to Chair the CPMT and IFT meetings.

***Adjournment:*** Dr. Michele Sandy made a motion to adjourn, David Alley seconded, and the motion was approved. The meeting was adjourned at 2:27 pm.

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



NWCS FAPT Case Support Services  
July 1, 2022 – June 30, 2023

FAPT Case Support Services are provided when Northwestern is identified per locality policy, as the lead agency for a client who at the time of the referral to FAPT is not receiving case management services from Northwestern.

**Initial FAPT presentation:** This would represent the first month of FAPT CM services and would include opening the case for FAPT, determination of client need, locating appropriate services, preparation of FAPT documentation, presentation to FAPT, and implementation of FAPT recommended services - \$326.50 per month

**Tier 1: Local Placement:** This tier would represent those youth located with the Northwestern catchment area. Services would include face to face contact with the client and/or family based on service requirement, collateral contact and collaboration with service providers, preparation of FAPT follow up documentation and presentation to FAPT \$400.00 (monthly rate includes mileage and additional FAPT-related activities)

**Tier 2: Non-Local Placement:** This tier would represent those youth located outside of the Northwestern catchment area. Services would include face to face contact with the client and/or family based on service requirement, placement visits, collateral contact and collaboration with service providers, preparation of FAPT follow up documentation and presentation to FAPT - \$500.00 per month (monthly rate includes base rate, mileage, and time away from other clients)

**Case Management** This service is provides case management services for youth when the lead agency is not Northwestern. Services include face to face contact with the youth at least every 90 days, monthly collateral contacts, monthly reports to the lead agency and CSA Coordinator and as available attendance at FAPT meetings. \$326.50 per month.

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**Preliminary Observations  
Fredrick County CSA Program Audit  
23-2022; 11/1/20 -10/31/21**

**Below is an informal list of preliminary observations noted during the course of the audit, which serves as the basis for our preliminary conclusions. This list contains potential reportable observations and verbal comments. Please be advised my work has not been reviewed by my Audit Manager, so additional information may be requested upon her review.**

**CPMT Governance**

**Risk Assessment w/in Self-Assessment Workbook-**

- CPMT acknowledge risk to the CSA program as follows Weather related events and military conflict of which cannot be controlled by the CPMT. Do FC CSA program have a continuity of operation plan in place to mitigate against disruptions in operation?
- In section III pg. 22 question 5, the CPMT responded no to the following “Are the results of evaluations of the accomplishment of goals and objectives, as well as the appraisals of the effectiveness of the local CSA program, communicated to stakeholders? List how and frequency of communications.” The following note was notated under action needed. **“CPMT will explore ways in which information regarding the effectiveness of the CSA program could be disseminated”**. This questioned is directly related to the previous questions regarding the CPMT’s periodical appraisal of cost effectiveness for the CSA program, which the CPMT responded yes. Per review of CPMT minutes financial reports are provided to the CPMT. In addition, the CPMT is provided w/ Continuous quality improvement (CQI) formerly known as UM reports. So, it my conclusion that the CPMT should have responded yes, and information is provided monthly, unless the CPMT would like this information to presented differently and are working on how to present. Please respond to whether my assessment is correct or not.

**CPMT Membership/ FAPT Membership**

- Membership on the Community policy and management team (CPMT) and Family Planning and Assessment Team (FAPT) does not meet the membership requirements as established by the Code of Virginia (COV) 2.2-5205, § 2.2-5207 and local policy. The composition of members serving the CPMT and FAPT does not include a parent representative as required by the statute. In addition, local policy includes a private provider representative to serve on FAPT which is vacant. Although not a violation per the statute, it is a violation per local policy. The auditor acknowledges that vacant positions are posted on the CSA website in accordance with local policy.

**Criteria:** Code of Virginia (COV) Sections: § 2.2-5205 and § 2.2-5207; local policy

**SOEI Forms**

- Is the County administrator required to complete the SOEI form as a condition of employment?
- Code of Virginia (COV) §2.2-5207 requires completion of the Statement of Economic Interest (SOEI) filing by non-public officials designated as members of the FAPT (**Erica Penn, Embrace**). Guidance provided in OCS Administrative Memo #18-02 [Statement of Economic Interest Filings for FAPT and CPMT Members](#) directs that the forms be completed upon appointment and filed with the clerk of the local governing body, who is responsible for maintaining these filings as public records for five years. Non-public members on the CPMT completed the financial disclosure statement (short form) instead of the SOEI (long form). Non-public members on the FAPT did not complete the SOEI form. This internal control established by CSA statutes and operating guidance was not effectively implemented by the CPMT in order to safeguard against conflicts of interest.

**Criteria:** Code of Virginia (COV) § 2.2-5205; § 2.2-3117; § 2.2-5207, and OCS Administrative Memo #18.02

### **Policies and Procedures**

- Written policies and procedures require further review and clarification to ensure consistency with State statutes, established state CSA guidance, partnering agencies policies and procedures and/or best practices. Specifically, statements like the following need revisions: “If the FAPT process and the IACCT results in a recommendation and approval of a residential placement:

- funding will be authorized as under current practice, with CSA responsible for the educational costs and Medicaid covering the treatment services. For PRTF placements, room and board and daily supervision costs are either billed directly to the LDSS (if the child is Title IV-E eligible) or included in the Medicaid billing if the child is not Title IV-E eligible). For foster children placed in a TGH, room and board are paid either through Title IV-E or CSA as room and board in such facilities is not a Medicaid covered expense.

the local Medicaid match is collected by the Office of Children’s Services (OCS) for transmittal to DMAS.”

**Auditor Note:** CPMT may want to refer to VDSS Child and family Services Manual 6B Placement Specific to family first requirements and the Title IV\_E Foster Care Manual as funding sources maybe affected based on if the placement is a qualified residential treatment program (QRTP).

### **IV-E Report Review**

Please provide Title IV-E determinations forms for the following individuals:

- Report November 23, 2021
  - Sean Clatterbuck
  - Trinity Clatterbuck
  - Michael Crisman
- Report September 13, 2021
  - Mathew Belford
  - Paisley Johnson
  - Adelyn Shanahan
  - Adrian Shanahan
  - Blakelyn Shanahan

- Gabriel Vandeman
- Gavin Williams
- Trinity Williams

**Follow-up on status of QIP submitted w/ workbook**

Please provide status of the following QIP for which the target date of completion has passed. If the QIP is not complete, please provide a new target date of completion.

- QIP1a Reassess Parental Co-pays- Jun 30,2022
- QIP1b Revised policy and provide training Jul 31,2022
- QIP 2 Annual CANS – Sept 30, 2022
- QIP 3 Records Management Aug. 31, 2022

**Program and Fiscal Activities**

Client Initials	Comments/Exceptions Noted
CH	✗ No exceptions identified
LS	➤ CANS not closed timely
GY	<ul style="list-style-type: none"> <li>➤ CANS not closed timely</li> <li>✗ Auditor was only provided one IFSP for the review period. Need signed IFSPs and budget request forms for the following service months: 3/1/21 -4/30/21 and 7/1/21-9/30/21.</li> <li>✗ Need signed IFSP for FAPT dates 11/24/20 and 3/30/21 as only the budget request was provided</li> <li>✗ Need accompanying Budget Request for FAPT date 7/20/21</li> <li>✗ Need IFSP and budget request to support psychological evaluation</li> <li>✗ Potential questioned cost due to missing IFSPs and Budget request forms \$121,451 (state and local share)</li> </ul>
TE	<ul style="list-style-type: none"> <li>➤ Missing parental co-pay assessment for Wrap services</li> <li>➤ Services plans do not include measurable goals and objectives relating to WRAP services. The FAPT Follow-up (FAPT dates were not always updated and some of the information on the form was not updated to reflect current placement). Examples FAPT 2/23/21, 5/25/21 and 8/31/21 are dated as 9/15/20 and the current placement is a regional public school but under the services being requested to address need it list Private Day School.</li> <li>✗ Annual CANS not completed timely resulting in questioned cost of \$9,925.11 (state and local share)</li> </ul>
VCG	✗ Coding error in service name (residential education reported as other)
CS	<ul style="list-style-type: none"> <li>✗ Need placement agreement for Gateway House</li> <li>☐ Need placement agreement for TFC Placement w/ the Yates</li> <li>✗ Missing Budget form for FAPT meeting 2/2/21 potential questioned cost \$9,279.98 (state and local share).</li> <li>✗ Missing PO and Invoice for outpatient services for November 2020 to Amherst Family practice</li> </ul>

	<input type="checkbox"/> Updated reflected on IFSP 9/8/20 does not aligned to recommended services shown on the budget request.

**Criteria:** COV § 2.2-5212; SEC policy 3.6 Mandatory Uniform Assessment Instrument; 3.5 Records Management; 4.6 Denial of Funds for Services; and ARMICS - Control Activities

PRELIMINARY OBSERVATIONS

## Current Copayment Policy

### 3.8 Parental Contribution-Co-payment for Community Based Services

Families of youth who are receiving services and support through the Frederick County Children's Services Act are encouraged to fully participate in the family engagement process adopted by the Frederick County CPMT. In order to maximize the resources of the community, the CPMT, in accordance with the Code of Virginia §2.2- 5206, requires parents and legal guardians to contribute financially to the services provided, according to their ability.

#### 3.8.1 Eligibility

Parents and legal guardians, henceforth referred to as "parents", of children receiving CSA-funded services shall be assessed for appropriate financial contribution toward the cost of services to be provided.

- Youth and families accessing CSA funded services under the following categories will be assessed a copayment:

- o Foster Care Prevention
- o Non-Mandated
- o Non-IEP services prescribed by FAPE\*

\*\*Due to federal regulation for a Free and Appropriate Public Education (FAPE) School-based IEP required services are exempt from the CSA co-pay requirement.

- Due to being referred to the Division of Child Support Enforcement (DCSE), for the collection of child support, the following populations will not be assessed a co-payment. See Frederick County Referral to DCSE for policy and procedures on the following populations:

- o Youth in Foster Care
- o Youth receiving Foster Care Services through a Parental Agreement

- Waivers-Parents enrolled in the following programs will be automatically waived from paying a copayment:

- o Low Income Home Energy Assistance Program
- o Federal Public Housing Assistance or Section 8
- o Supplemental Nutrition Assistance Program
- o Temporary Assistance for Needy Families (TANF)
- o Free or Reduced Meals under the National School Lunch Program
- o Parents receiving Social Security Disability as their only source of income
- o CSA funding of only Drug Screens or Single Evaluations of \$1000.00 or less.

### 3.8.2 Methodology

- Informed parental consent – the parents are alerted by the case manager prior to FAPT/MDT that CSA funded services are subject to a co-pay.
- Individual Family Service Plan or Care Plan – the FAPT/MDT service plan shall identify services eligible for co-pay.
- CSA Office Screening – The family shall be subject to a co-pay screening by the CSA Office representative prior to, or immediately after FAPT/MDT to review fees for prescribed services.
  - o Parental co-pay for Non-IEP and Nonmandated services shall be assessed prior to the beginning of services. Services shall not start prior to receiving a signed Copayment Agreement.
  - o CSA parental co-pay for community-based Foster Care Prevention services shall be waived for the initial 30-day period of services during which time the co-pay will be assessed.
  - o The parental co-payment shall be reassessed annually, or in the event of a major change in income, including, but not limited to, change in employment status, household size, etc.

### 3.8.3 Amount of Parental Co-Pay

Co-pay amounts shall be assessed using the annual total gross income of the parent(s)/legal guardian(s), including SSA, SSI, and/or child support where applicable, with a CPMT-approved sliding fee table based on ability to pay.

### 3.8.4 Co-payment Assessment/Dispute

- Eligible cases for which the Parental Co-Payment Screening Form has not been completed and signed by the parent/guardian shall be assessed the maximum co-payment amount.
- Families with extenuating financial situations/hardships, such as extraordinary medical expenses, may request a review by the CSA Coordinator. If, after such a review, the family still believes the fee is unjust or inappropriate, an appeal can be filed for review by the CPMT. The parent/guardian must submit in writing, a letter of appeal to the CSA Office within 14 days of the date that they receive notice, either orally or in writing, of the CSA Office's co-payment determination. The CSA Office will place the appeal on the next regularly scheduled CPMT meeting agenda. The CPMT shall review the materials provided and render a decision, which shall be final. Within 30 days of the review, the CSA Office will notify the family in writing of the decision of the CPMT.

### 3.8.5 Case Manager Responsibility

- The case manager will determine if the child has been screened and/or enrolled in Medicaid, and whether private insurance or other resources are available to meet the child's needs.
- The case manager shall notify CSA involved families of the requirement for an assessment of parental contribution upon accessing CSA funded services. The family shall be informed that failure to provide the supporting documentation to the CSA Office during the assessment period

will result in being assessed the maximum monthly co-payment amount until such time as the supporting documentation is provided and screening form is signed.

- Case managers shall list the requirement for parental co-payment on family plans when appropriate, i.e. - care plans, court orders, protective orders, etc.

### 3.8.6 Provider Responsibility

- Service providers are responsible for the collection of the family's assessed financial contribution.
- The amount of the assessed co-payment shall be deducted from the authorized funding amount when the purchase of service order is issued.
- Should multiple service providers be authorized during the same monthly service period, the amount of co-payment shall be applied to the highest cost of service or most consistent, continuous service being funded.
- In the event a family fails to pay the assessed co-payment, it will be at the service provider's discretion the action it chooses to take to recover those fees. It is not the practice of the FC CPMT to direct the vendor in its business practice and collection process. The vendor shall notify the case manager and CSA Coordinator of the family's failure to pay, and its collection procedure, if any.
- The CSA Coordinator is responsible for monitoring vendor compliance with the Frederick County Copayment Policy and ensures amounts collected are accurately recorded in the CSA financial reports. Should a family become delinquent, they may utilize the process of appeal that is stated in this policy. During the appeal process, services will continue.

## CSA Policy Manual

### 4.5.4 Parental Contributions for Services (Adopted February 23, 2000)

Effective February 23, 2000, the CPMT shall consider the following criteria when determining whether parental contributions are appropriate:

- Parents of children in out-of-home placements should not be charged a payment for services in addition to the child support order. Instead, for out-of-home care, the CPMT shall implement existing state law and policy requiring referral of such cases to the Division of Child Support Enforcement (DCSE). The non-custodial parents of children in out-of-home care are to be referred to the DCSE for the collection of child support. (Statutory authority: COV §63.2-1910)
- Parents of children in in-home care should be charged a standard parental co-payment based both on the ability of each parent to pay and the cost of the service. Parents and legal guardians of children receiving in-home care are expected to contribute financially to the cost of services. Each local government shall develop policies to assess this fee. Local governments are encouraged to assess a fee based on a locally developed scale.



# COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.  
Executive Director

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

October 1, 2022

Local CSA Community Policy and Management Teams and CSA Coordinators:

Please find attached a report on "current efforts to recruit and retain parent representatives on local community policy and management teams (CPMTs) and family assessment and planning teams (FAPTs) and a list of best practices for including and elevating parent voices within CPMTs and FAPTs, particularly parents and caregivers with lived experience in child welfare, juvenile justice, special education, or behavioral health services."

This report was developed by the Office of Children's Services on behalf of the State Executive Council for Children's Services in response to Senate Bill 435 and House Bill 427 of the 2022 General Assembly. The Office of Children's Services hopes you will find the report useful.

The primary author of the report was Lead Program Consultant Anna Antell. Questions or comments about the report can be directed to Mrs. Antell at [anna.antell@csa.virginia.gov](mailto:anna.antell@csa.virginia.gov).

Sincerely,

A handwritten signature in black ink that reads "Scott Reiner".

Scott Reiner

cc: Honorable Barbara Favola, Chair, Senate Committee on Rehabilitation and Social Services  
Honorable Robert Orrock, Chair, House Committee on Health, Welfare and Institutions

**Recruitment and Retention of Parent  
Representatives on Local Community Policy  
and Management Teams and Family  
Assessment and Planning Teams and Best  
Practices for Elevating Parent Voices**

**Report from the State Executive Council for Children's Services to local  
Children's Services Act programs and the Chairmen, Senate  
Committee on Rehabilitation and Social Services and House  
Committee on Health Welfare and Institutions pursuant to  
Senate Bill 435 and House Bill 427 (2022 Session)**

**November 1, 2022**

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## **Authority**

This report has been prepared and submitted to fulfill the requirements of Senate Bill 435 and House Bill 427 of the 2022 Acts of Assembly. This legislation amended sections 2.2-5205 and 2.2-5207 of the Code of Virginia and requires the State Executive Council for Children's Services (SEC) to "inventory current efforts to recruit and retain parent representatives on local community policy and management teams (CPMTs) and family assessment and planning teams (FAPTs) and compile a list of best practices for including and elevating parent voices within CPMTs and FAPTs, particularly parents and caregivers with lived experience in child welfare, juvenile justice, special education, or behavioral health services."

The report shall be distributed to local Children's Services Act programs and a copy of the report provided to the Chairmen, Senate Committee on Rehabilitation and Social Services and House Committee on Health Welfare and Institutions no later than November 1, 2022.

## Executive Summary

This report addresses the requirements of the enactment clause of SB435 and HB427 (2022 Session). The legislation made amendments to sections 2.2-5205 and 2.2-5207 concerning the "characteristics and qualifications of individuals allowed to serve as parent representatives on Community Policy and Management Teams (§2.2-5205) and Family Assessment and Planning Teams (§2.2-5207) under the Children's Services Act.

The Office of Children's Services surveyed local CSA programs regarding their efforts to recruit and retain parent representatives. Of the 130 local CSA programs, there were 84 unique (93 total) survey responses. CSA Coordinators were 75 percent of respondents, 14 percent were CPMT Chairs, and 11 percent were in other roles in the local CSA program.

The results indicated that:

- Eighty-one percent (81%) of responding CSA localities have a parent representative on their FAPT
- Over 75% of responding CSA localities have a parent representative with lived experience navigating the child-serving systems
- Sixteen percent (16%) of responding CSA localities offer a stipend or financial incentive to their parent representative

The Office of Children's Services reviewed national literature about best practices for including and elevating parent voices. Five standards were identified:

- Comprehensive Family Engagement
- Intentional Recruitment
- Compensation
- Preparation
- Family Partnership

The report was reviewed and approved by the State Executive Council for Children's Services on September 8, 2022.

**Recruiting and Retaining Parent Representatives on Community Policy and Management Teams and Family Assessment and Planning Teams:**

**Survey Results**

The Office of Children's Services (OCS) distributed a survey to all CSA localities to gather data on local efforts to recruit and retain parent representatives on Community Policy Management (CPMT) and Family Assessment and Planning (FAPT) teams. The survey was sent via Survey Monkey and was open from June 30<sup>th</sup>-August 5<sup>th</sup>, 2022. The survey was distributed via email to all CPMT Chairs and CSA Coordinators. In an attempt to increase participation, two reminder emails were sent.

Of the 130 CSA localities, Ninety-three (93) responses were received, representing 84 localities out of 130 (5%) local CSA programs. Several localities submitted more than one response. Seventy-five percent of respondents were CSA Coordinators, 14 percent were CPMT Chairs, and 11 percent held other roles in the local CSA program.

The survey consisted of nine questions (See Appendix A for the full text). The results are reported below.

**Question 4: How many FAPTs does your locality have?**

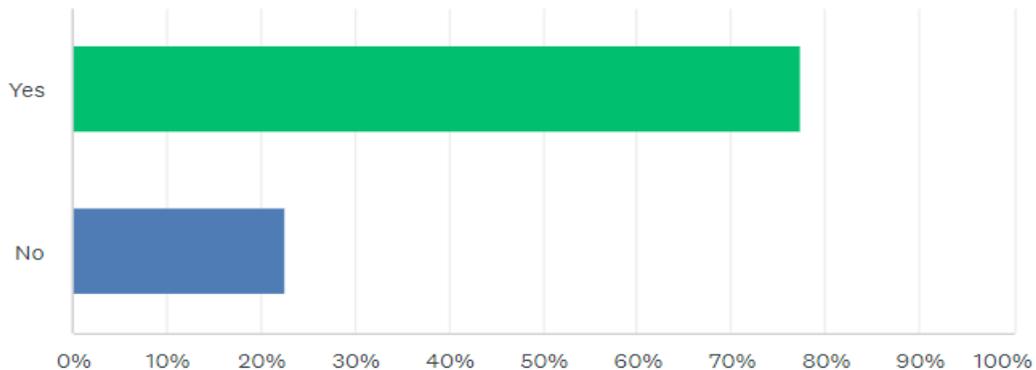
Localities reported a range from one to eight. Seventy-two percent reported one FAPT.

**Question 5: How many of your FAPTs have a parent representative?**

Eighty-one percent of respondents reported having a Parent Representative on their FAPT.

**Question 6: Do you have a parent representative on our CPMT?**

Seventy-seven percent of localities reported having a Parent Representative on their CPMT.

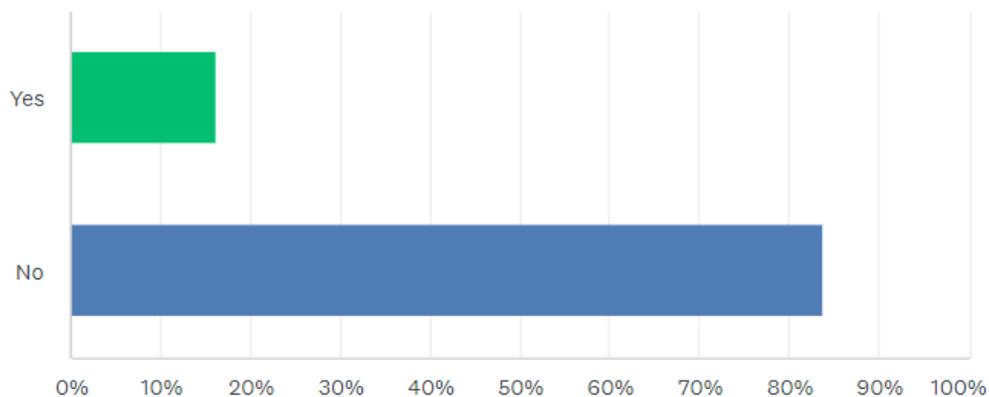


**Question 7: How many of your parent representatives (both FAPT and CPMT) are filled by parents with "lived experience" in the child-serving system (other than just being a parent of a child who attended public school)?**

Over 75 percent reported having a Parent Representative with lived experience navigating the child-serving systems.

**Question 8: Do you provide a stipend or other financial incentive to your parent representative?**

Sixteen percent of CSA localities reported offering their Parent Representative a stipend or financial incentive.

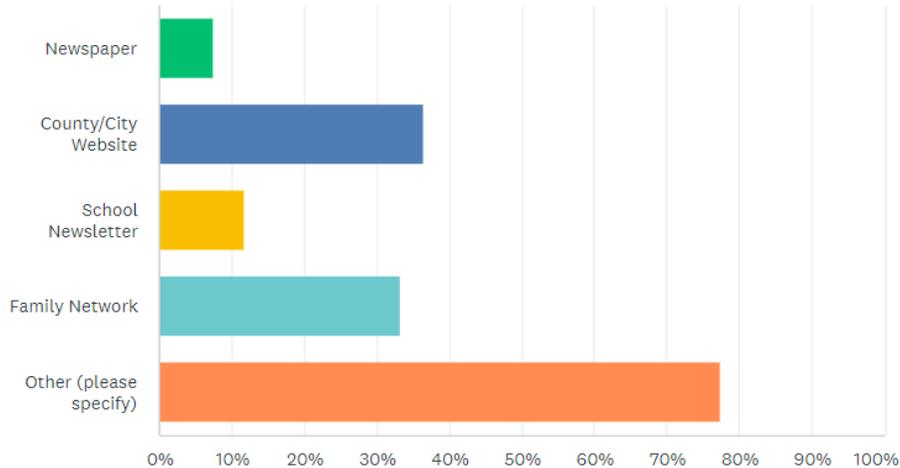


**Question 9: If you provide a stipend, how much is it per meeting (in dollars)?**

Localities that reported providing Parent Representative with a stipend indicate that it ranged from \$25-\$100 per meeting, with the average being \$57 per meeting.

**Question 10: What strategies do you employ to recruit parent representatives?**

The question offered response options: Newspaper, County/City Website, School Newsletter, Family Network, or Other. "Other" was the most frequently recorded answer, with 77% of localities selecting that option. The top three "Other" strategies reported were: "Word of mouth," "Direct parent recruitment," and "Through the FAPT."



**Question 11: What are your top three challenges to recruiting and retaining parent representatives?**

This question was open-ended. The top three challenges were:

- time (both the time commitment involved in the role and the actual time of CPMT and FAPT meetings),
- clarity of the role and preparation (to include concerns regarding confidentiality, finding families with lived experience, knowledge of CSA, and a skillset to navigate difficult conversations), and
- financial (lack of stipend or reimbursement for time and travel, and the statutory requirement to complete the Statement of Economic Interest disclosure).

The reporting breakdown of the top three challenges was as follows:

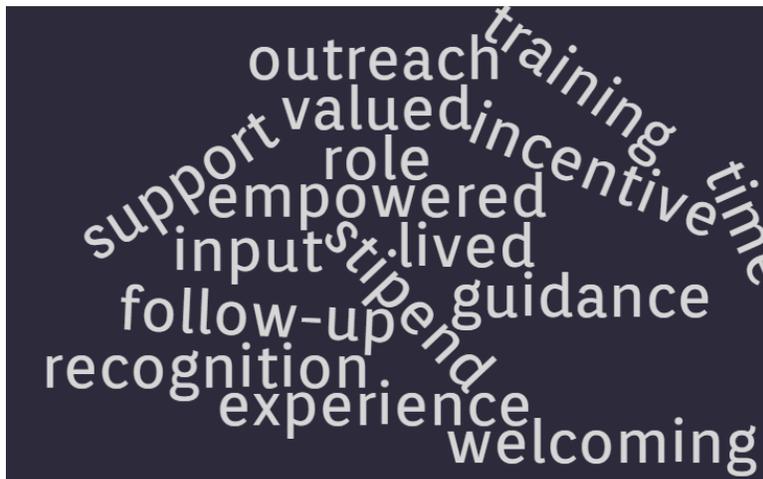
Challenge 1: Time, 50% of responding localities

Challenge 2: Role Clarity and Preparation, 28% of responding localities

Challenge 3: Financial, 21% of responding localities

**Question 12: Do you have anything you'd like to recommend as a best practice for including and elevating parent voice within CPMT and FAPT, particularly parents with lived experience?**

This question was open-ended. Answers fell into two broad categories: compensation and family partnership. Compensation included recommendations such as a stipend through earmarked Administrative Funds and other incentives such as flexibility in meeting schedules or having a Parent Representative Recognition Day. Family partnership encompassed practices such as clarifying the parent representative's role, acknowledging the experiences of the parent representative and utilizing that as an engagement strategy, providing thorough training at the onset and throughout their tenure, and seeking feedback from parent representatives during meetings and as part of process improvement.



## Best Practices in Elevating Parent Voice

Virginia's Children's Services Act (CSA) is conceptualized within a Systems of Care framework. It has a mission "to create a collaborative system of services and funding that is child-centered, family-focused and community-based" (Code of Virginia, §2.2-5200). Family participation in all decision-making is a core Systems of Care value. The Code of Virginia requires a parent representative as one of the members of the Community Policy and Management (CPMT) and Family Assessment and Planning (FAPT) Teams (§2.2-5205 and 2.2-5207, respectively). Parent Representatives bring family voices to the teams, a critical element in facilitating the full participation of families. Nationally, "policymakers, researchers and practitioners increasingly understand family engagement as an evidenced-informed best practice and as an integral component of the ideal model of service delivery" (Chovil, 2009).

While research shows that maximizing family leadership is key to authentic family engagement and sustaining outcomes, the role of the parent representative is often aspirational. Local CSA programs sometimes struggle to recruit and retain parent representatives, especially those with lived experience navigating the child-serving system. A literature review of national best practices revealed the following five standards for elevating the voice of families in leadership roles: Comprehensive Family Engagement, Intentional Recruitment, Compensation, Preparation, and Partnering with Families. These five standards and supporting details will be reviewed.

**Comprehensive family engagement** is the foundation of family voice. This begins with a broad, inclusive definition of a family, so all types of families are welcomed and included. Polly Arango, Family Advocate and Co-founder of Family Voices, Algodones, New Mexico provides the following definition:

"Call it a clan, call it a network, call it a tribe, call it a family. Whatever you call it, whoever you are, you need one. Families are big, small, extended, nuclear, and multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. A family is a culture unto itself, with different values and unique ways of realizing its dreams; together, our families become the source of our rich cultural heritage and spiritual diversity. Our families create neighborhoods, communities, states, and nations."

A shared definition of family engagement is the next step in comprehensive family engagement. The Casey Foundation recommends the following: "Family engagement begins with a fundamental belief that all families care for their children, have strengths that can be built upon and can be engaged and empowered. Family Engagement is not about one single policy or practice or program rather it lives in the culture of an organization and its evidence is seen in how families are treated and partnered with at the systemic level." Family engagement policy should reflect a "shared belief that family engagement is necessary, rather than supplemental" (SRI education, 2021). Melanie Ferris writes "although momentum behind family involvement has grown among parents, policymakers, and providers, mental health agencies and other systems serving children continue to struggle to effectively put these policies and principles into place." A family engagement policy should articulate expectations and guide implementation. Ongoing professional learning around family engagement practices for all members of the Systems of Care is critical for successful implementation, as is collecting feedback from families that informs family engagement practices. Family engagement is a continuous process. Developing comprehensive family engagement policies and practices creates a unifying commitment to the value of meaningful family voice and the pathway for cultivating family voice.

**Intentional recruitment** of parent representatives is fundamental to promoting family voice within CPMTs and FAPTs. Purposeful recruitment begins with a commitment to enlisting parent representatives with lived experience navigating the child-serving systems. Prioritizing those who have "walked the walk" ensures the "culture of the system will be impacted by the perspectives and the cultures of the families and youth in the community." (Families Organized for Recognition and Care Equity (Chovil, 2009). The lived experience of families who navigated the child-serving system is a powerful tool for impacting change. The "expertise derived from lived experiences gives parents a deeper understanding of the challenges presented by some policies and practices. It is an essential perspective for any program or policy that affects families" (ASCEND, 2020). Parent representatives should reflect the diversity of families served, such as "those that have nontraditional structures, speak a language other than English, have children with disabilities, are experiencing homelessness, are affected by incarceration, live in rural or remote communities, are from tribal communities, and/or facing economic insecurity" (SRI, 2021). By representing the diversity of families served, intentional and inclusive recruitment can strengthen the family voice.

The United States Substance Abuse and Mental Health Service Administration (SAMSHA) recommends the responsibility of parent recruitment have a designated home within an agency or local system "so that it becomes integrated into the fabric of the organization." Strategies for recruiting parent representatives include "developing partnerships with diverse organizations

and family leaders" (SRI, 2021), public outreach through community messaging, and keeping in touch with parents who possess qualities that might make them future leaders. In the Office of Children's Services (OCS) survey of local recruitment strategies, one locality reported strong partnerships with the local school division and community provider agencies as critical to the recruitment of parent representatives. Robust recruitment requires planning, teamwork, and ongoing investment in family voice and can yield sustained engagement with families.

Parent representatives are equal partners in the CSA multi-disciplinary planning process and are "contextual experts about how programs and policies play out for families and their community" (ASCEND, 2020). Participation in CPMT and FAPT often means taking time off work, finding childcare, or rearranging their schedule. As a result of the time parent representatives give and the expertise they bring, best practices recommend providing **financial compensation**. Compensation options may include stipends, vouchers, or reimbursements. When considering compensation, teams "should first consider the actual time parents will spend providing expertise," as well as "any out-of-pocket costs and be determined through analysis of local market costs for child care and local living wage rate" (ASCEND, 2020).

In addition to monetary reimbursement, best practices promote the importance of "expressing gratitude and appreciation to parents for their work and recognizing their contributions publicly" (ASCEND, 2020). This can be done by highlighting families' contributions through a written note, in a newsletter, on a website, or through local awards. The National Institute for Children's Health Quality recommends "going beyond telling families their partnership matters, and actually showing them the results" by "making sure there is always an impact report" to convey the significance of parent representation. One local CSA program utilizes a system in which a parent representative begins their term on FAPT and as they become more "seasoned," are offered the position on CPMT. Such acts of recognition convey that the family voice is valued within the System of Care.

**Preparing parent representatives** for their work is essential for maximizing the benefit of the role. Preparation involves clearly describing the duties and expectations of the parent representative role. It should also include a detailed onboarding process that provides training on the structure of the CSA and local policy and procedures. Parent representatives should be oriented to the roles of local child-serving agencies and receive training to "discuss and clarify concerns over confidentiality, professional boundaries, and interagency collaboration policies" (Wilder, 2009). Wilder writes, "in order for family members to actively voice their opinions and participate in decision-making, they may need additional information about the agency, including its mission, staff qualifications, and funding sources. It may also be helpful for families to learn about the agency's decision-making process before becoming involved in a committee

or advisory board." Parent representatives should have access to all CSA training and ongoing learning opportunities that more formal team members have.

Preparation, however, is vital not only for the parent representatives. Training should be provided to all child-serving agency staff detailing the role of the parent representative and its connection to the multi-disciplinary planning process and System of Care. This training should be part of the Family Engagement policy and promote a shared vision for inclusion. As stated by the National Institute for Children's Health Quality, "inclusion is about making sure families have a voice - that is belonging," and it is the responsibility of the formal system to create a structure where this is possible.

**Family Partnership** is foundational to elevating family voice. Meaningful family partnership believes families have a seat at all tables within the System of Care; it is the embodiment of the expression 'nothing about us, without us.' Family partnership is an intentional choice that "includes respect for their expertise and the provision of spaces to be heard and honored" (ASCEND, 2020). Family members with lived experience should be engaged to utilize this experience "as a force for systems transformation" and formal system members "demonstrate their partnerships by sharing power, resources, authority, responsibility, and control with them" (Wilder, 2008). This means that "parents are not just asked to provide their opinions, but also given leadership opportunities and decision-making power" (ASCEND, 2020). CPMTs and FAPTs can elevate family voice through seeking continuous feedback from families and "building an internal culture equipped to make changes based on that feedback (such as shifts in messages or policies and including transparency around how or why a change may not take place)" (ASCEND, 2020). When the expertise of parent representatives carries equal weight in decision-making, family partnership is realized, and parent representatives have space to share their voices.

Family voice is also elevated when parent representatives are matched with opportunities that build off their unique strengths. The National Institute for Children's Health Quality recommends "asking family partners about their specific interests and expertise, and then matching the role with their interest." CSA localities are encouraged to consider how the lived experience of the parent representative will shape their role; how will their story be shared? How will their experiences navigating the child-serving system be a building block? How will the distinct skills or areas of expertise inform the team the parent representative serves on?

Developing the specific duties of the parent representative role with the person in the position (rather than for the person in the role) provides the opportunity to build off their strengths and creates ownership. Such a process results in deeper involvement, increased participation, and impactful parent representative contributions, resulting in higher retention rates. Additionally,

connecting parent representatives with family leadership organizations where they can interact with other family leaders, learn about resources and networks, and receive training positively impacts retention and strengthens family voice. Creating a culture where parent representatives are a valued, equal part of the team, whose unique skillset is nurtured, is foundational for maximizing family voice.

### **Summary**

"Parents facilitate the interaction between the child and the service system, and as such, represent the 'central dimension' of the System of Care." (Chovil, 2009). The multi-disciplinary structure of CSA, which includes the requirement for parent representatives, provides a framework for centering family voice. By utilizing the discussed best practices, CPMTs and FAPTs can elevate the voice of family members, thus realizing a central component of the Systems of Care philosophy and improved outcomes for children and families.

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## Appendix A

### FAPT and CPMT Parent Representatives

\* 1. What locality are you responding for?

\* 2. Name of person completing this survey

\* 3. CSA Role of the person completing this survey

\* 4. How many FAPT's does your locality have?

\* 5. How many of your FAPT's have a Parent Representative assigned?

\* 6. Do you have a Parent Rep on your CPMT?

\* 7. How many of your Parent Representative positions (both FAPT and CPMT) are filled by Parents with "lived experience" in the child-serving system (other than just being a parent of a child who attended public school)?

\* 8. Do you provide a stipend or other financial incentive to your Parent Rep?

9. If you provide a stipend, how much is it per meeting? (In dollars)

\* 10. What strategies do you employ to recruit Parent Representatives?

- Newspaper
- County/City Website
- School Newsletter
- Family Network
- Other (please specify)

\* 11. What are your top three challenges to recruiting and retaining Parent Representative

Challenge 1

Challenge 2

Challenge 3

12. Do you have anything you'd like to recommend as a best practice for including and elevating parent voice within CPMT and FAPT, particularly parents with lived experience?