

FREDERICK COUNTY CPMT AGENDA

March 27, 2022
1:00 PM
107 N Kent St
Winchester, VA
1st Floor Conference Room

Agenda

- I. Introductions
- II. Adoption of Agenda
- III. Consent Agenda Jackie Jury
 - A. February Minutes
 - B. Budget Request Forms
- IV. Executive Session
 - A. Pending
- V. Committee Member Announcements
- VI. CSA Office Business Jackie Jury
 - A. February Financial Report
 - B. UR/CQI Specialist position
 - C. Committee Vacancy Recruitment
- VII. Old Business Jackie Jury
 - A. Audit Discussion/Quality Improvement Plan Update
 - B. CSA Program Improvement Update David Alley/Jerry Stollings
 - C. Legislative Updates
- VIII. New Business Jackie Jury
 - A. CSA Eligibility Discussion
 - B. Administrative Memo #23-02
 - C. Administrative Memo #23-03
- IX. Informational Items Jackie Jury
 - A. 2022 CSA Outcome Report
- X. Assigned Tasks
- XI. Next CPMT Meeting
 - April 24, 2023, 1:00-3:00pm, 1st Floor Conference Room
- XII. Adjourn

**Instructions for Closed Session:

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

CPMT Meeting Minutes: Wednesday, February 27, 2023

The Community Policy and Management Team (CPMT) met in the 1st Floor Conference Room at 107 N Kent St, Winchester, VA 22601, on February 27, 2023, at 1:00 pm.

The following members were present:

- Jerry Stollings, 26th District Juvenile Court Service Unit
- Jay Tibbs, Frederick County Administration
- Denise Acker, Northwestern Community Services Board, Attended Virtually
- Tamara Green, Frederick County Department of Social Services
- Dr. Michele Sandy, Frederick County Public Schools

The following members were not present:

- David Alley, Private Provider Representative, Grafton Integrated Health Network
- Lee Shirley, Lord Fairfax Health District

The following non-members were present:

- Julia Vettorel, Frederick County Public Schools
- Jacquelynn Jury, CSA Coordinator
- Robbin Lloyd, CSA

Call to Order: Denise Acker called the meeting to order at 1:04 pm.

Introductions: Attendees introduced themselves.

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

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

- January 23, 2023- CPMT Minutes. Tamara Green made a motion to approve the January minutes; Dr. Michele Sandy seconded, CPMT approved.
- Budget Request Forms- Confidential Under HIPAA. Dr. Michele Sandy made a motion to accept the Budget Request Forms, Jerry Stollings 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:

- Request to waive copayment.

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, Dr. Michele Sandy seconded; CPMT approved.

Motion and Roll Call Certification of Executive Session: Denise Acker made a motion 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
Jerry Stollings	Aye
Tamara Green	Aye
Jay Tibbs	Aye
Denise Acker	Aye
David Alley	Not Present
Leea Shirley	Not Present

Adoption of Motion to Approve Items Discussed in Executive Session: Jay Tibbs made a motion to approve the copayment waiver for the case discussed, Dr. Michele Sandy seconded; CPMT approved.

Committee Member Announcements:

- Jerry Stollings mentioned that Jennifer Osbourn, CSU Supervisor has given her resignation. Ashleigh Marsten will sit on FAPT in her place.
- Denise Acker reported that the NWCSB Executive Director position has not yet been filled.
- Tamara Green announced DSS has an opportunity to apply for a \$12,500.00 state grant through the governor’s initiative, the Safe and Sound Taskforce. The funds can be used for the purchase or development of a broad range of trauma informed programs and/or services related to high acuity youth in foster care and must be used by June. Some examples of such were wellness events, professional learning opportunities, activities to support local agency staff, direct treatment to youth and families, and identifying and establishing programs to fill in service gaps. The department is soliciting suggestions.

CSA Office Business:

- CSA Financial Report
- January 2023 Financial Report
 - Monthly Net Expenditures- \$274,747.24 or 8% of the allocation, including Protected and SpEd WrapAround Funds.
 - Year to Date Net Expenditures- \$1,862,143.26 or 52% of the allocation, including Protected and SpEd WrapAround Funds. The local match is \$710,349.93.
 - Remaining- \$1,746,674.73 or 48% of the total allocation is remaining.
 - Protected Funds- \$21,239.50 spent, \$22,217.50 remaining, with no funds currently encumbered.
 - SpEd Wrap Funds: \$51,364.30 spent, \$48,635.69 remaining, with \$25,025.00 encumbered.
 - Youth Served: 111 unduplicated youth
 - 70 in Community Based Services
 - 16 in Private Day School

- 18 in Congregate Care
 - 23 in TFC
- UR/CQI Specialist Vacancy- An interview is scheduled for Friday, March 3, 2023. CPMT discussed the interview panel to ensure no conflicts of interest existed.
- Committee Vacancy Recruitment- An application for a Private Provider representative on FAPT was received by the CSA office. The applicant's interview has been scheduled and resume shared with the FAPT members. CPMT expressed the desire for the vacancy to be filled by someone who is invested in the community and has adequate clinical knowledge.

Old Business:

- Audit Discussion-
 - SOEI- The Policy and Procedure manual was presented regarding the proposed change for notifying the County Clerk of new FAPT members who are not agency representatives and need to complete the Statement of Economic Interest form. Jay Tibbs recommended changing the title of County Clerk to Deputy Clerk to the Board of Supervisors. Jerry Stollings made a motion to approve the changes, Dr. Michele Sandy seconded, CPMT approved.
 - CPMT Governance, Program Activities- A Case Manager training was held on February 10, 2023, completing Objective #3 of the CANS section on the Quality Improvement Plan. The CSA Coordinator is also planning Lunch and Learn series to train interested parties on completing CSA forms properly.
 - Copayment-
 - An email was sent out to several vendors to gather information on how they manage the copays with only 2 responses being returned, both of which stated that they did not work with the copays.
 - In FY23, among those eligible, CSA data shows 13 cases where a parental contribution was assessed, of which the monthly average was \$104.
 - CSA's current software, Thomas Brothers, can report copayment information that the state requires only when collection procedures occur in-house. This would require the user to set the family up as a vendor, enter copayment amounts each month for each child, and create an invoice for each copayment entered, which would be a cumbersome task.
 - Kinship software, which is being considered to replace Thomas Brothers, has the ability to process copayments in-house integrated into the system's processes. For vendors to collect copayments, Kinship would require customizations, which would be costly.
 - The CSA Coordinator will explore how the process of collecting copayments would flow and the resources needed to manage it, to compare with the options discussed.
- CSA Program Improvement Update-
 - The first meeting took place with the school system and additional meetings are scheduled during the next month. Updates will be shared at the CPMT meeting in March.

New Business:

- Legislative updates-
 - HB 2018- the bill proposed an exception to confidentiality requirements when FAPT/CPMT members learned of threats to the safety of a person, allowing the member to share the information with local law enforcement. This bill did not pass Senate committee.
 - SB 1513- this bill, which passed the House and Senate, adds the Director of DARS to the SEC and a DARS representative to SLAT.
 - HB 1945- removes the requirement of FAPT and CPMT to report to DBHDS the youth who were hospitalized and could not obtain placement to a PRTF or Inpatient facility within a specified number of days. This bill passed the House and Senate.
- The data collected from the private day school rate setting study showed that the implementation as planned would be more costly than accepting current rates set by the entities themselves. Companion Bills were presented in the House and Senate to dismiss the implementation.

Informational Items:

- 2022 CSA Local Resource Survey - OCS conducted a survey requesting information regarding the administrative budget for running local CSA programs. The data was compiled in a report that has been shared with this CPMT.
- OCS Newsletter- the Winter 2023 newsletter has been published; a link to the report was provided to CPMT members.

Assigned Tasks:

- The CSA Coordinator will continue to address the tasks identified in the Quality Improvement Plan regarding the copayment.
- The CSA Coordinator will develop a formal training plan.

Next Meeting: The next CPMT meeting will be held Monday, March 27, 2023, at 1:00 pm in the 1st Floor Conference Room.

Adjournment: Jerry Stollings made a motion to adjourn, Jay Tibbs seconded; the motion was approved. Tamara Green and Dr. Michele Sandy noted they will be absent from the March meeting. The meeting adjourned at 2:11 pm.

Minutes Completed By: Robbin Lloyd



Frederick County CSA Financial Update: February 2023

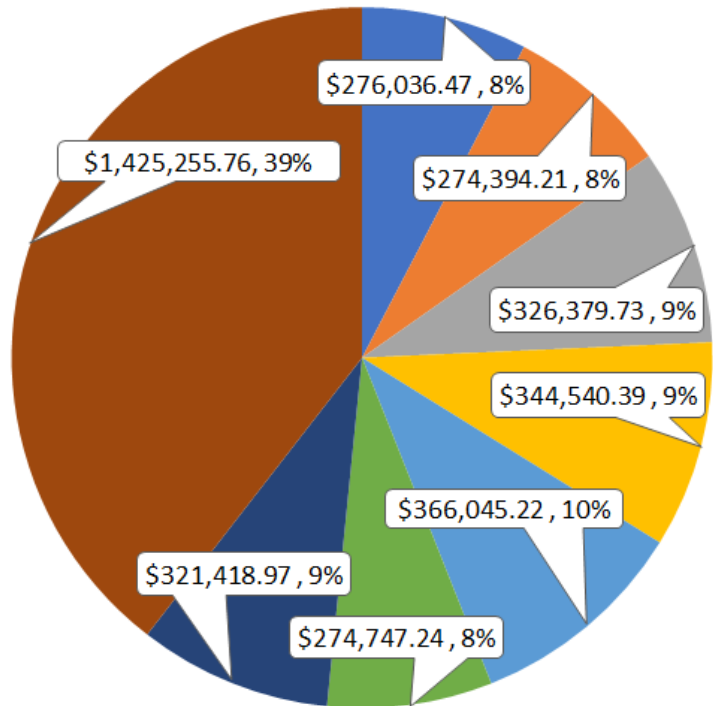
of Reports Submitted: 7

YTD Total Net Expenditures:
\$2,183,562.23- 61%

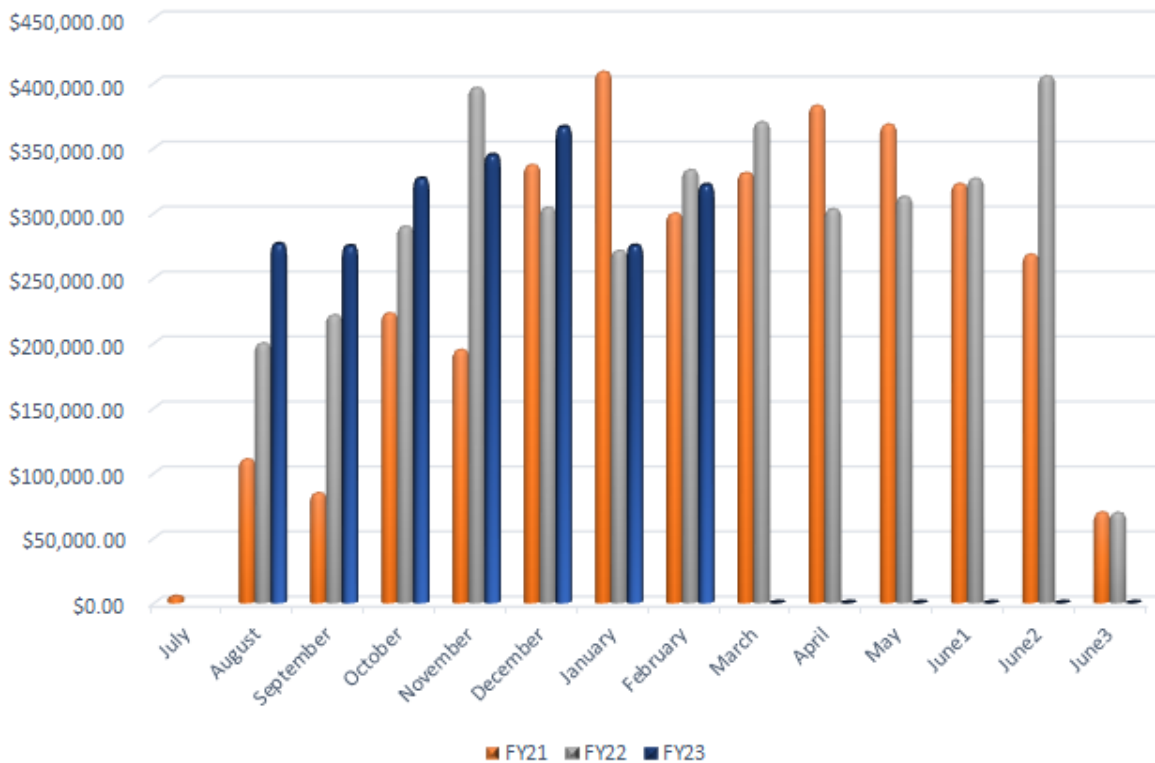
YTD Local Net Expenditures:
\$838,067.91

Remaining without Wrap: \$1,382,359.07

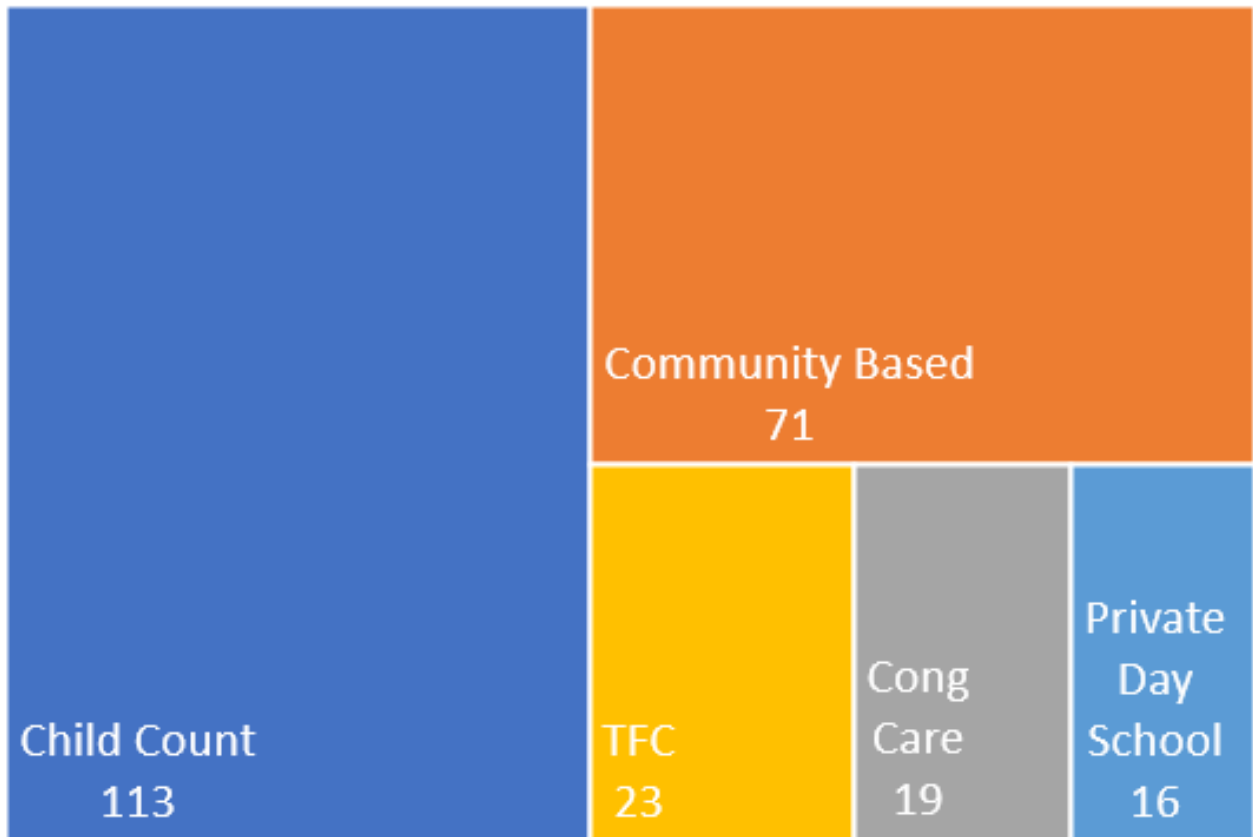
Monthly Expenditure



Monthly Net Expenditures



Placement Environment



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

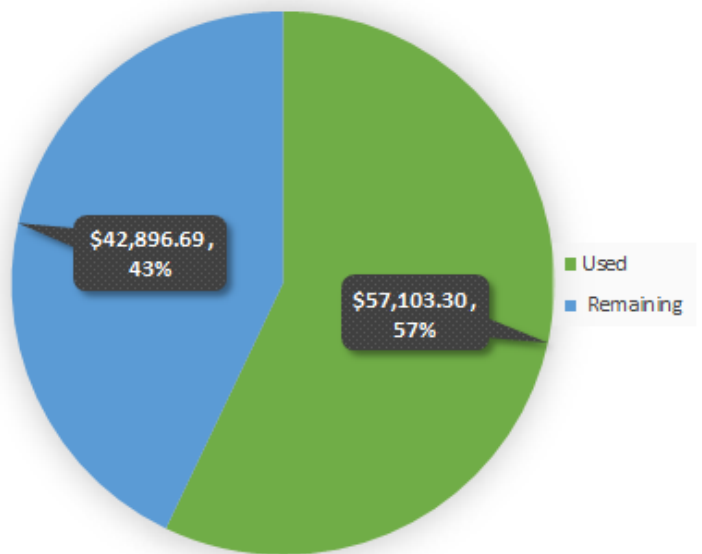
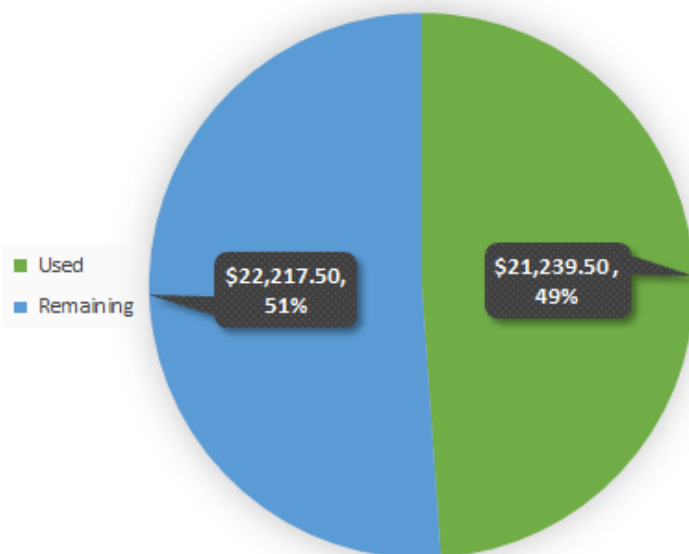
*Possible duplication of Private Day School students with youth in Congregate Care

Protected Encumbered
\$0.00

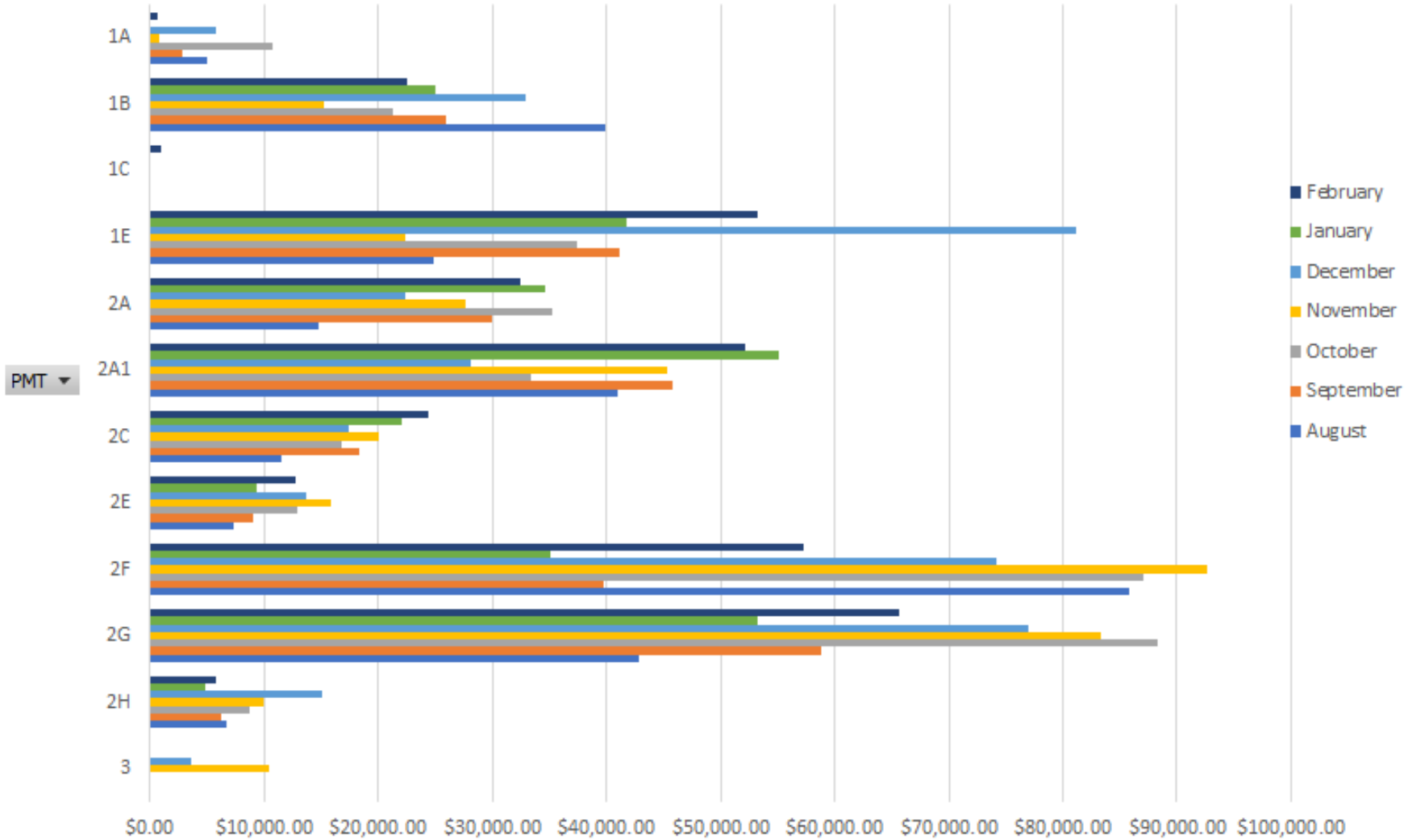
SpEd Wrap Encumbered
\$23,420.00

Protected Funds

SpEd Wrap



Primary Mandate Type Expenditures by Month



Primary Mandate Types (PMT):

1A- IV-E Congregate Care

1B- Non IV-E Congregate Care

1C- Parental Agreement Congregate Care

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

1E- Residential Education

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

2A- IV-E Treatment Foster Home

2A1- Non IV-E Treatment Foster Home

2A2- Parental Agreement Treatment Foster Home

2C- IV-E Community Based Services

*Only for youth placed in CFW Foster Homes

2E- Maintenance and Other Services

*Only Basic Maintenance and Daycare for youth in Foster Care

2F- Non IV-E Community Based Services

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

2G- Private Day School

2H- Special Education Wrap Around Services

3- Protected Funds

*NonMandated



COMMONWEALTH of VIRGINIA

Scott Reiner, M.S.
Executive Director

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

February 24, 2023

Michael Bolhoefer, County Administrator
Frederick County, Virginia
107 North Kent Street
Winchester, Virginia 22601

Re: Frederick County Children's Services Act (CSA) Audit Findings

Dear Mr. Bolhoefer,

On January 17, 2023, the Office of Children's Services (OCS) issued the final report of the self-assessment validation audit of the Frederick County CSA program (Report # 23-2022). The audit partially concurred with the Community Policy and Management Team (CPMT) self-assessment. Identified observations of non-compliance with CSA statutes, policies of the State Executive Council for Children's Services (SEC), or internal control deficiencies were as follows:

1. Required annual Child and Adolescent Needs and Strengths assessments (CANS) were not closed within 60 days of the assessment date as required by the Code of Virginia §2.2-5212 and SEC Policy 3.6.6.B. (Mandatory Uniform Assessment Instrument) in one (1) case reviewed.

This finding falls into Level Two under SEC Policy 4.7 (Response to Audit Findings with Regard to the Children's Services Act) and is not subject to denial of funds in the current audit cycle. In future audits, such missing assessments would be subject to partial denial of funds as specified in the SEC policy.

2. Statement of Economic Interest filings for non-public members appointed to the Family Assessment and Planning Team were not completed as required by the Code of Virginia §2.2-5207.

This finding falls into Level One under SEC Policy 4.7 and is not subject to denial of funds in the current audit cycle. Repeat findings on this issue in a future audit could result in the suspension of CSA reimbursements until the issue is corrected.

3. No parental co-payment recoveries were reported between FY2019 – 2021, in accordance with SEC Policy 4.5.2.e., Pool Fund Reimbursement. Current Frederick County policy has co-payments collected by service providers and deducted from the payments to those providers. This practice makes it impossible to track parental co-payments and inappropriately defers this responsibility to the provider. I understand that the Frederick County CPMT is presently reviewing this policy and alternative approaches. I am requesting that my office be informed as to the resolution of those discussions.

Michael Bolhoefer, County Administrator

February 24, 2023

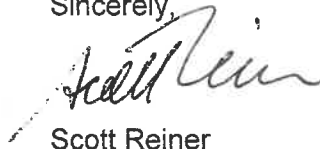
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The Frederick County CPMT has submitted responses to these findings incorporated in the final audit report and an acceptable Quality Improvement Plan. OCS Audit staff will monitor the implementation of that Plan.

Please accept my appreciation for the cooperation of the Frederick County CSA Coordinator and CPMT Chair throughout this review period.

Should you have any questions about this communication, don't hesitate to contact me at 804-662-9082 or via e-mail at scott.reiner@csa.virginia.gov.

Sincerely,



Scott Reiner
Executive Director

cc: Jackie Jury, Frederick County CSA Coordinator
Denise Acker, Frederick County CPMT Chair

4.7 RESPONSE TO AUDIT FINDINGS WITH REGARD TO THE CHILDREN'S SERVICES ACT

4.7.1 PURPOSE

To provide guidance to the Office of Children's Services (OCS) and improve consistency and transparency for localities when the OCS Executive Director is carrying out his or her duties under the State Executive Council for Children's Services (SEC) Policy 4.6 (Denial of Funds) in responding to OCS audit noncompliance findings by local Children's Services Act (CSA) programs.

4.7.2 AUTHORITY

Section 2.2-2648 of the *Code of Virginia* authorizes the SEC, paraphrased in relevant part, to do the following:

- (i) Establish interagency programmatic and fiscal policies which support the purposes of CSA (subdivision D (3))
- (ii) Provide for dispute resolution procedures for administrative actions that support the purposes of the CSA (subdivision D (4));
- (iii) Provide for the administration of necessary functions that support the work of the OCS (subdivision D (6));
- (iv) Establish and oversee the operation of an informal review and negotiation process with the OCS Executive Director and a formal dispute resolution procedure before the SEC, to include formal notice and an appeals process, should the Executive Director or SEC find, upon a formal written finding, that a community policy and management team (CPMT) failed to comply with any provision of CSA (subdivision D (19)); and
- (v) Deny state funding to a locality, in accordance with (iv) in this section, where the CPMT fails to provide services that comply with CSA and other applicable statutes or policies (subdivision D (20)).

Section 2.2-2649 of the *Code of Virginia* authorizes the OCS to:

- (i) Develop and provide for the consistent oversight for program administration and compliance with state policies and procedures (subdivision B (3));
- (ii) Provide an informal review and negotiation process pursuant to § 2.2-2648 D (19); and
- (iii) Implement, in collaboration with participating state agencies, policies, guidelines and procedures adopted by the State Executive Council (subdivision B (7)).

4.7.3 DEFINITIONS

"Audit" means a review by OCS employees of a local CSA program's policies, procedures, and practices through interview, observation, and the review of documentation to determine compliance, in whole or in part, with the requirements of a state or federal laws and regulations, including the applicable Appropriation Act provisions, or policies promulgated by the SEC or the participating agencies of the CSA, that govern or direct the operations of local CSA programs.

"Audit cycle" means the three-year period in which OCS conducts routinely scheduled audits of all localities in the Commonwealth.

"Case specific finding" means a noncompliance finding emerging from an expenditure of CSA state pool funds for an individual child and/or family.

"Noncompliance finding" means a finding made by the Executive Director of the Office of Children's Services that a CPMT, in its implementation of the CSA program, has not complied with the provisions of the Children's Services Act (§§ 2.2-5200 et seq.), the policies of the State Executive Council, any state or federal law pertaining to the provision of services pursuant to the CSA, the applicable provisions of the Appropriation Act, or any policies promulgated by the participating state agencies (as identified in § 2.2-2648(B)) pertaining to the services funded pursuant to the CSA. There are three levels of noncompliance findings as outlined herein. A finding of non-compliance shall provide the basis for the "formal written finding as described in § 2.2-2648 (D) (19)."

"Participating agencies" means any of the child-serving agencies required by § 2.2-5205 to serve on the Community Policy and Management Team and to implement the CSA in a locality.

"Repeat or subsequent violation" means a locality, in two successive audit cycles, violates the same policy, regulatory, or statutory requirement (e.g., failure to complete the CANS assessment). Repeat or subsequent findings will typically occur on the next regularly scheduled audit.

4.7.4 NONCOMPLIANCE LEVEL FINDINGS

The subsection delineates three levels of noncompliance findings as defined above. The parameters and examples provided in each level are not exhaustive but illustrative and shall guide OCS in determining into which level any noncompliance finding is categorized based on the noncompliance finding's similarity to the general parameters and specific examples provided below.

4.7.4.1 Level Three Noncompliance Finding

- A. *General Parameters:* Audit findings in this category are case specific and occur when CSA state pool funds have been reimbursed when the expenditure is not authorized by statute, regulation, or policy.
- B. *Examples of Level Three Specific Noncompliance Findings:*
1. The child and/or family are ineligible for CSA funding per §§ 2.2-5211 and 2.2-5212 of the *Code of Virginia* or documentation of eligibility (e.g., an Individualized Education Program [IEP] or a Child in Need of Services [CHINS] eligibility determination) was not available for review during the audit.
 2. Use of CSA funding for services for which another appropriate federal or state funding source was available.
 3. Services were not recommended by a Family Assessment or Planning Team (FAPT) or Multidisciplinary Team (MDT) in accordance with § 2.2-5208 (8) and/or an Individual and Family Service Plan (IFSP) was not developed, except where a local CPMT policy allows such expenditures to be exempt from FAPT or IFSP requirements (e.g., "maintenance only" foster care or IEP-mandated placements) in accordance with § 2.2-5208 (4).
 4. The funding of services was not authorized by the CPMT as required by § 2.2-5206 (9).
 5. Violations of statutes, regulations, or policies of the participating agencies in the provision of services, such as:
 - a. Payment for Enhanced Foster Care Maintenance when the Virginia Department of Social Services' (VDSS) Virginia Enhanced Maintenance Assessment Tool (VEMAT) policy was not followed;
 - b. Title IV-E funding was denied due to error; or
 - c. The local DSS used an unapproved/unlicensed foster home placement.
 6. Services were within the scope of responsibility of another agency as specified in the statutes, regulations, policies, and/or guidance of a participating agency (e.g., services to students with disabilities provided in the public school setting; administrative costs of a local DSS such as paternity testing, routine drug screening of biological parents where the VDSS has allocated funds for that purpose, or legal services related to prosecuting child abuse and neglect; case management by a local DSS for youth committed to the Department of Juvenile Justice (DJJ));
 7. The service provider did not meet licensing requirements for the specific service (e.g., behavioral health providers or other providers [LCPA, day care] requiring licensure by VDSS).

8. The use of a non-Medicaid provider, when the child and/or family were Medicaid eligible, and there is no substantiation that a Medicaid provider was unavailable or inappropriate in accordance with Item 285, section D. of the Appropriation Act.
9. Failure to refund to CSA recoveries made against previously claimed costs (e.g., child support collections, Title IV-E recoveries, SSI, or retroactive Medicaid payments for services).
10. Failure to correct erroneous expenditure reports that require adjustments to CSA match rate categories.
11. Claiming reimbursement for expenditures after September 30 which were incurred in the previous fiscal year in violation of SEC Policy 4.5.2.

4.7.4.2 Level Two Noncompliance Finding

- A. *General Parameters:* Findings in this category are case specific and involve a violation of an applicable statute, regulation, or policy but, had the requirements been followed, would have been eligible for reimbursement through state pool funds. Findings may be mitigated by corrective action already implemented on a case-specific basis (e.g., FAPT or CPMT action was not timely made but was taken in a reasonable time thereafter).
- B. *Examples of Specific Level Two Noncompliance Findings:*
 1. Assessments with the mandatory uniform assessment instrument (i.e., CANS) are not completed in accordance with § § 2.2-2648 (11), 2.2-5212 (A), and SEC Policy 3.6.
 2. The CPMT did not have the child-specific documentation required under SEC Policy 3.5 (Records Management) or to demonstrate eligibility for CSA funded services per § 2.2-5212 and/or SEC Policy 4.1.
 3. There was missing, incomplete, or inaccurate financial documentation (e.g., purchase orders, invoices, or vendor contracts) but enough documentation to determine that the service was eligible for state pool fund reimbursement per SEC Policy 3.5 and Audit Standards promulgated by Virginia Department of Accounts Agency Risk Management and Internal Control Standards (ARMICS).

4.7.4.3 Level One Noncompliance Finding

- A. *General Parameters:* Audit findings in this category are **not** case specific but represent failure to meet administrative and operational standards required statutory, regulatory, or policy requirements.
- B. *Examples of Specific Level One Noncompliance Findings:*
 1. The CPMT's policies and/or practices do not comply with § 2.2-5206 and Item 285 of the Appropriation Act.

2. The CPMT does not have documentation of long-range community planning and utilization management activities per § 2.2-5206 (4).
3. CMPT and FAPT membership does not meet statutory requirements per §2.2-5205 and § 2.2-5207.
4. Statements of Economic Interest for designated CPMT and FAPT members are not completed in compliance with § 2.2-5205 and § 2.2-5207.
5. The CPMT's fiscal controls (e.g., separation of purchasing and payment authority) do not meet the Audit Standards promulgated by Virginia Department of Accounts Agency Risk Management and Internal Control Standards (ARMICS).
6. CSA-related information technology security controls (e.g., users sharing accounts or passwords) do not meet Information Technology policy SEC-501 promulgated by the Virginia Information Technology Agency (VITA).
7. The locality failed to properly reconcile CSA reimbursement requests with other fiscal systems per Audit Standards promulgated by Virginia Department of Accounts Agency Risk Management and Internal Control Standards (ARMICS).

4.7.5 REVIEW OF FINDINGS BY OCS

The OCS Executive Director shall review (i) the audit report; (ii) any response, including corrective actions and quality improvement plans from the locality, (iii) the recommendation of the auditor(s); and (iv) any OCS internal staff review prior to responding to the noncompliance finding. After such review, the OCS Executive Director shall issue a written response describing the findings made and action to be taken.

4.7.6 RESPONSES TO NONCOMPLIANCE FINDINGS

4.7.6.1 Response to Level Three Noncompliance Findings

The OCS Executive Director shall (i) require a corrective action plan and (ii) recover the noncompliant state pool fund reimbursements upon the first and any repeat or subsequent Level Three Noncompliance Finding.

4.7.6.2 Response to Level Two Noncompliance Findings

- A. *First Level Two Noncompliance Finding:* The OCS Executive Director shall require the locality to submit a corrective action plan on the first instance of Level Two Noncompliance Finding.
- B. *Repeat Level Two Noncompliance Finding:* The OCS Executive Director shall (i) require a corrective action plan and (ii) recover the state pool funds on any repeat or subsequent Level Two Noncompliance Finding as follows:

1. On repeat or subsequent findings of noncompliance, state pool funds will be recovered in proportion to the percentage of the audit sample found to be noncompliant (i.e., if 20% of the number of cases in the audit sample are found non-compliant, recovery will be 20% of the total amount found in violation for that issue), with a minimum recovery of 10% of the amount of funds found as noncompliant.
2. On a third repeat finding of noncompliance, state pool funds will be recovered at 100% of the amount found in noncompliance.

4.7.6.3 Response to Level One Noncompliance Findings

- A. *First Level One Noncompliance Finding:* The OCS Executive Director shall require the locality to submit a corrective action plan on the first instance of Level One Noncompliance Finding.
- B. *Repeat or subsequent Level One Noncompliance Finding:* The OCS Executive Director shall temporarily deny state pool fund reimbursements on any repeat or subsequent instance of a Level One Noncompliance finding until a corrective action plan is submitted and implemented. (For noncompliance findings related to required membership on FAPT or CPMT, documentation of reasonable and ongoing efforts to meet the requirements will be considered as implementation of corrective action.)
- C. *Corrective Action Plan Compliance:* Once a local CSA program is substantially in compliance with all applicable requirements of a Level One Noncompliance Finding resulting in suspension of state pool fund reimbursements, all funds will be retroactively released and new requests for reimbursement will be approved.

4.7.7 APPEAL OF OCS RESPONSE

The CPMT may appeal the findings and action taken by the Executive Director of OCS in accordance with SEC Policy 3.4 (Dispute Resolution Process).

4.7.8 ANNUAL REPORT TO THE STATE EXECUTIVE COUNCIL

The OCS Executive Director shall annually report to the SEC a summary of the year's audits, audit findings, and any remedial actions taken.

4.7.9 POLICY REVIEW

This policy will be subject to annual review by the SEC Finance and Audit Committee to determine whether there are necessary modifications that should be recommended to the findings in each Noncompliance Finding Level.

**Frederick County CPMT
CSA Program Audit FY23
Quality Improvement Plan**

Audit Report No. 23-2022

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

Prepared by: Jackie Jury, CSA Coordinator

CPMT Membership:

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

Significant Non-Compliance Observations

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

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

Send CPMT members copy of CANS Completion Frequency chart from policy.	CSA Coordinator	1/23/23	Completed
CPMT members will provide chart to case managers within their agency.	CPMT Members	1/31/23	Completed
Provide New Case Manager Training.	CSA Coordinator	2/10/23	Completed
Develop and Implement Training Plan	CSA Coordinator	6/30/23	In Progress

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

Quality Improvement Plan Details			
Item #2- SOEI			
Quality Improvement Task	Responsible Party	Target Date	Status
Develop procedure to inform Office of the County Clerk when non-public agency representatives are appointed to FAPT.	CSA Coordinator	2/27/23	Completed

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

“Further, responsibility for the collection of assessed parental contributions rests with the CPMT in accordance with Appropriation Act, which states in Item 292. E.: ‘Pursuant to subdivision 3 of § 2.2-5206, Code of Virginia, Community Policy and Management Teams shall enter into agreements with the parents or legal guardians of children receiving services under the Children’s Services Act.’”

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

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact §§ 2.2-2648 and 2.2-5201 of the Code of Virginia, relating to the State*
 3 *Executive Council for Children's Services; membership.*

4 [S 1513]

5 Approved

6 **Be it enacted by the General Assembly of Virginia:**7 **1. That §§ 2.2-2648 and 2.2-5201 of the Code of Virginia are amended and reenacted as follows:**8 **§ 2.2-2648. State Executive Council for Children's Services; membership; meetings; powers and**
 9 **duties.**10 A. The State Executive Council for Children's Services (the Council) is established as a supervisory
 11 council, within the meaning of § 2.2-2100, in the executive branch of state government.

12 B. The Council shall consist of one member of the House of Delegates to be appointed by the
 13 Speaker of the House and one member of the Senate to be appointed by the Senate Committee on
 14 Rules; the Commissioners of Health, of Behavioral Health and Developmental Services, and of Social
 15 Services; the Superintendent of Public Instruction; the Executive Secretary of the Virginia Supreme
 16 Court; the Director of the Department of Juvenile Justice; the Director of the Department of Medical
 17 Assistance Services; *the Commissioner of the Department for Aging and Rehabilitative Services*; a
 18 juvenile and domestic relations district court judge, to be appointed by the Governor and serve as an ex
 19 officio nonvoting member; the chairman of the state and local advisory team established in § 2.2-5201;
 20 five local government representatives chosen from members of a county board of supervisors or a city
 21 council and a county administrator or city manager, to be appointed by the Governor; two private
 22 provider representatives from facilities that maintain membership in an association of providers for
 23 children's or family services and receives funding as authorized by the Children's Services Act
 24 (§ 2.2-5200 et seq.), to be appointed by the Governor, who may appoint from nominees recommended
 25 by the Virginia Coalition of Private Provider Associations; a representative who has previously received
 26 services through the Children's Services Act, to be appointed by the Governor with recommendations
 27 from entities including the Departments of Education and Social Services and the Virginia Chapter of
 28 the National Alliance on Mental Illness; and two parent representatives. The parent representatives shall
 29 be appointed by the Governor for a term not to exceed three years and neither shall be an employee of
 30 any public or private program that serves children and families. The Governor's appointments shall be
 31 for a term not to exceed three years and shall be limited to no more than two consecutive terms,
 32 beginning with appointments after July 1, 2009. Legislative members and ex officio members of the
 33 Council shall serve terms coincident with their terms of office. Appointments to fill vacancies, other
 34 than by expiration of a term, shall be for the unexpired terms. Vacancies shall be filled in the same
 35 manner as the original appointments. Legislative members shall not be included for the purposes of
 36 constituting a quorum.

37 C. The Council shall be chaired by the Secretary of Health and Human Resources or a designated
 38 deputy who shall be responsible for convening the council. The Council shall meet, at a minimum,
 39 quarterly, to oversee the administration of this article and make such decisions as may be necessary to
 40 carry out its purposes. Legislative members shall receive compensation as provided in § 30-19.12 and
 41 nonlegislative citizen members shall receive compensation for their services as provided in §§ 2.2-2813
 42 and 2.2-2825.

43 D. The Council shall have the following powers and duties:

44 1. Hire and supervise a director of the Office of Children's Services;

45 2. Appoint the members of the state and local advisory team in accordance with the requirements of
 46 § 2.2-5201;47 3. Provide for the establishment of interagency programmatic and fiscal policies developed by the
 48 Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et
 49 seq.), through the promulgation of regulations by the participating state boards or by administrative
 50 action, as appropriate;51 4. Provide for a public participation process for programmatic and fiscal guidelines and dispute
 52 resolution procedures developed for administrative actions that support the purposes of the Children's
 53 Services Act (§ 2.2-5200 et seq.). The public participation process shall include, at a minimum, 60 days
 54 of public comment and the distribution of these guidelines and procedures to all interested parties;55 5. Oversee the administration of and consult with the Virginia Municipal League and the Virginia
 56 Association of Counties about state policies governing the use, distribution and monitoring of moneys in

57 the state pool of funds and the state trust fund;

58 6. Provide for the administration of necessary functions that support the work of the Office of
59 Children's Services;

60 7. Review and take appropriate action on issues brought before it by the Office of Children's
61 Services, Community Policy and Management Teams (CPMTs), local governments, providers and
62 parents;

63 8. Advise the Governor and appropriate Cabinet Secretaries on proposed policy and operational
64 changes that facilitate interagency service development and implementation, communication and
65 cooperation;

66 9. Provide administrative support and fiscal incentives for the establishment and operation of local
67 comprehensive service systems;

68 10. Oversee coordination of early intervention programs to promote comprehensive, coordinated
69 service delivery, local interagency program management, and co-location of programs and services in
70 communities. Early intervention programs include state programs under the administrative control of the
71 state executive council member agencies;

72 11. Oversee the development and implementation of a mandatory uniform assessment instrument and
73 process to be used by all localities to identify levels of risk of Children's Services Act (CSA) youth;

74 12. Oversee the development and implementation of uniform guidelines to include initial intake and
75 screening assessment, development and implementation of a plan of care, service monitoring and
76 periodic follow-up, and the formal review of the status of the youth and the family;

77 13. Oversee the development and implementation of uniform guidelines for documentation for
78 CSA-funded services;

79 14. Review and approve a request by a CPMT to establish a collaborative, multidisciplinary team
80 process for referral and reviews of children and families pursuant to § 2.2-5209;

81 15. Oversee the development and implementation of mandatory uniform guidelines for utilization
82 management; each locality receiving funds for activities under the Children's Services Act shall have a
83 locally determined utilization management plan following the guidelines or use of a process approved by
84 the Council for utilization management, covering all CSA-funded services;

85 16. Oversee the development and implementation of uniform data collection standards and the
86 collection of data, utilizing a secure electronic client-specific database for CSA-funded services, which
87 shall include, but not be limited to, the following client specific information: (i) children served,
88 including those placed out of state; (ii) individual characteristics of youths and families being served;
89 (iii) types of services provided; (iv) service utilization including length of stay; (v) service expenditures;
90 (vi) provider identification number for specific facilities and programs identified by the state in which
91 the child receives services; (vii) a data field indicating the circumstances under which the child ends
92 each service; and (viii) a data field indicating the circumstances under which the child exits the
93 Children's Services Act program. All client-specific information shall remain confidential and only
94 non-identifying aggregate demographic, service, and expenditure information shall be made available to
95 the public;

96 17. Oversee the development and implementation of a uniform set of performance measures for
97 evaluating the Children's Services Act program, including, but not limited to, the number of youths
98 served in their homes, schools and communities. Performance measures shall be based on information:
99 (i) collected in the client-specific database referenced in subdivision 16, (ii) from the mandatory uniform
100 assessment instrument referenced in subdivision 11, and (iii) from available and appropriate client
101 outcome data that is not prohibited from being shared under federal law and is routinely collected by the
102 state child-serving agencies that serve on the Council. If provided client-specific information, state child
103 serving agencies shall report available and appropriate outcome data in clause (iii) to the Office of
104 Children's Services. Outcome data submitted to the Office of Children's Services shall be used solely for
105 the administration of the Children's Services Act program. Applicable client outcome data shall include,
106 but not be limited to: (a) permanency outcomes by the Virginia Department of Social Services, (b)
107 recidivism outcomes by the Virginia Department of Juvenile Justice, and (c) educational outcomes by
108 the Virginia Department of Education. All client-specific information shall remain confidential and only
109 non-identifying aggregate outcome information shall be made available to the public;

110 18. Oversee the development and distribution of management reports that provide information to the
111 public and CPMTs to help evaluate child and family outcomes and public and private provider
112 performance in the provision of services to children and families through the Children's Services Act
113 program. Management reports shall include total expenditures on children served through the Children's
114 Services Act program as reported to the Office of Children's Services by state child-serving agencies on
115 the Council and shall include, but not be limited to: (i) client-specific payments for inpatient and
116 outpatient mental health services, treatment foster care services and residential services made through the
117 Medicaid program and reported by the Virginia Department of Medical Assistance Services and (ii)

118 client-specific payments made through the Title IV-E foster care program reported by the Virginia
119 Department of Social Services. The Office of Children's Services shall provide client-specific
120 information to the state agencies for the sole purpose of the administration of the Children's Services
121 Act program. All client-specific information shall remain confidential and only non-identifying aggregate
122 demographic, service, expenditure, and outcome information shall be made available to the public;

123 19. Establish and oversee the operation of an informal review and negotiation process with the
124 Director of the Office of Children's Services and a formal dispute resolution procedure before the State
125 Executive Council, which include formal notice and an appeals process, should the Director or Council
126 find, upon a formal written finding, that a CPMT failed to comply with any provision of this Act.
127 "Formal notice" means the Director or Council provides a letter of notification, which communicates the
128 Director's or the Council's finding, explains the effect of the finding, and describes the appeal process, to
129 the chief administrative officer of the local government with a copy to the chair of the CPMT. The
130 dispute resolution procedure shall also include provisions for remediation by the CPMT that shall
131 include a plan of correction recommended by the Council and submitted to the CPMT. If the Council
132 denies reimbursement from the state pool of funds, the Council and the locality shall develop a plan of
133 repayment;

134 20. Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to
135 provide services that comply with the Children's Services Act (§ 2.2-5200 et seq.), any other state law or
136 policy, or any federal law pertaining to the provision of any service funded in accordance with
137 § 2.2-5211;

138 21. Biennially publish and disseminate to members of the General Assembly and community policy
139 and management teams a state progress report on comprehensive services to children, youth and families
140 and a plan for such services for the next succeeding biennium. The state plan shall:

141 a. Provide a fiscal profile of current and previous years' federal and state expenditures for a
142 comprehensive service system for children, youth and families;

143 b. Incorporate information and recommendations from local comprehensive service systems with
144 responsibility for planning and delivering services to children, youth and families;

145 c. Identify and establish goals for comprehensive services and the estimated costs of implementing
146 these goals, report progress toward previously identified goals and establish priorities for the coming
147 biennium;

148 d. Report and analyze expenditures associated with children who do not receive pool funding and
149 have emotional and behavioral problems;

150 e. Identify funding streams used to purchase services in addition to pooled, Medicaid, and Title IV-E
151 funding; and

152 f. Include such other information or recommendations as may be necessary and appropriate for the
153 improvement and coordinated development of the state's comprehensive services system; and

154 22. Oversee the development and implementation of mandatory uniform guidelines for intensive care
155 coordination services for children who are at risk of entering, or are placed in, residential care through
156 the Children's Services Act program. The guidelines shall: (i) take into account differences among
157 localities, (ii) specify children and circumstances appropriate for intensive care coordination services,
158 (iii) define intensive care coordination services, and (iv) distinguish intensive care coordination services
159 from the regular case management services provided within the normal scope of responsibility for the
160 child-serving agencies, including the community services board, the local school division, local social
161 services agency, court service unit, and Department of Juvenile Justice. Such guidelines shall address:
162 (a) identifying the strengths and needs of the child and his family through conducting or reviewing
163 comprehensive assessments including, but not limited to, information gathered through the mandatory
164 uniform assessment instrument; (b) identifying specific services and supports necessary to meet the
165 identified needs of the child and his family, building upon the identified strengths; (c) implementing a
166 plan for returning the youth to his home, relative's home, family-like setting, or community at the
167 earliest appropriate time that addresses his needs, including identification of public or private
168 community-based services to support the youth and his family during transition to community-based
169 care; and (d) implementing a plan for regular monitoring and utilization review of the services and
170 residential placement for the child to determine whether the services and placement continue to provide
171 the most appropriate and effective services for the child and his family.

172 **§ 2.2-5201. State and local advisory team; appointment; membership.**

173 The state and local advisory team is established to better serve the needs of troubled and at-risk
174 youths and their families by advising the Council and by managing cooperative efforts at the state level
175 and providing support to community efforts. The team shall be appointed by and be responsible to the
176 Council. The team shall include one representative from each of the following state agencies: the
177 Department of Health, the Department of Juvenile Justice, the Department of Social Services, the
178 Department of Behavioral Health and Developmental Services, the Department of Medical Assistance

179 Services, *the Department for Aging and Rehabilitative Services*, and the Department of Education. The
180 team shall also include a parent representative who is not an employee of any public or private program
181 that serves children and families and who has a child who has received services that are within the
182 purview of the Children's Services Act; a representative of a private organization or association of
183 providers for children's or family services; a local Children's Services Act coordinator or program
184 manager; a juvenile and domestic relations district court judge; a representative who has previously
185 received services through the Children's Services Act, appointed with recommendations from entities
186 including the Departments of Education and Social Services and the Virginia Chapter of the National
187 Alliance on Mental Illness; and one member from each of five different geographical areas of the
188 Commonwealth who is representative of one of the different participants of community policy and
189 management teams pursuant to § 2.2-5205. The nonstate agency members shall serve staggered terms of
190 not more than three years, such terms to be determined by the Council.

191 The team shall annually elect a chairman from among the local government representatives who shall
192 be responsible for convening the team. The team shall develop and adopt bylaws to govern its
193 operations that shall be subject to approval by the Council. Any person serving on such team who does
194 not represent a public agency shall file a statement of economic interests as set out in § 2.2-3117 of the
195 State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.). Persons representing public
196 agencies shall file such statements if required to do so pursuant to the State and Local Government
197 Conflict of Interests Act.

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact §§ 2.2-5206, 37.2-308, and 37.2-605 of the Code of Virginia and to repeal*
 3 *§ 37.2-507 of the Code of Virginia, relating to Department of Behavioral Health and Developmental*
 4 *Services; data reporting on children and adolescents; reporting requirements.*

5 [H 1945]

6 Approved

7 **Be it enacted by the General Assembly of Virginia:**

8 **1. That §§ 2.2-5206, 37.2-308, and 37.2-605 of the Code of Virginia are amended and reenacted as**
 9 **follows:**

10 **§ 2.2-5206. Community policy and management teams; powers and duties.**

11 The community policy and management team shall manage the cooperative effort in each community
 12 to better serve the needs of troubled and at-risk youths and their families and to maximize the use of
 13 state and community resources. Every such team shall:

14 1. Develop interagency policies and procedures to govern the provision of services to children and
 15 families in its community;

16 2. Develop interagency fiscal policies governing access to the state pool of funds by the eligible
 17 populations including immediate access to funds for emergency services and shelter care;

18 3. Establish policies to assess the ability of parents or legal guardians to contribute financially to the
 19 cost of services to be provided and, when not specifically prohibited by federal or state law or
 20 regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard
 21 sliding fee scale based upon ability to pay;

22 4. Coordinate long-range, community-wide planning that ensures the development of resources and
 23 services needed by children and families in its community including consultation on the development of
 24 a community-based system of services established under § 16.1-309.3;

25 5. Establish policies governing referrals and reviews of children and families to the family
 26 assessment and planning teams or a collaborative, multidisciplinary team process approved by the
 27 Council, including a process for parents and persons who have primary physical custody of a child to
 28 refer children in their care to the teams, and a process to review the teams' recommendations and
 29 requests for funding;

30 6. Establish quality assurance and accountability procedures for program utilization and funds
 31 management;

32 7. Establish procedures for obtaining bids on the development of new services;

33 8. Manage funds in the interagency budget allocated to the community from the state pool of funds,
 34 the trust fund, and any other source;

35 9. Authorize and monitor the expenditure of funds by each family assessment and planning team or a
 36 collaborative, multidisciplinary team process approved by the Council;

37 10. Submit grant proposals that benefit its community to the state trust fund and enter into contracts
 38 for the provision or operation of services upon approval of the participating governing bodies;

39 11. Serve as its community's liaison to the Office of Children's Services, reporting on its
 40 programmatic and fiscal operations and on its recommendations for improving the service system,
 41 including consideration of realignment of geographical boundaries for providing human services;

42 12. Collect and provide uniform data to the Council as requested by the Office of Children's Services
 43 in accordance with subdivision D 16 of § 2.2-2648;

44 13. Review and analyze data in management reports provided by the Office of Children's Services in
 45 accordance with subdivision D 18 of § 2.2-2648 to help evaluate child and family outcomes and public
 46 and private provider performance in the provision of services to children and families through the
 47 Children's Services Act program. Every team shall also review local and statewide data provided in the
 48 management reports on the number of children served, children placed out of state, demographics, types
 49 of services provided, duration of services, service expenditures, child and family outcomes, and
 50 performance measures. Additionally, teams shall track the utilization and performance of residential
 51 placements using data and management reports to develop and implement strategies for returning
 52 children placed outside of the Commonwealth, preventing placements, and reducing lengths of stay in
 53 residential programs for children who can appropriately and effectively be served in their home,
 54 relative's homes, family-like setting, or their community;

55 14. Administer funds pursuant to § 16.1-309.3;

56 15. Have authority, upon approval of the participating governing bodies, to enter into a contract with

57 another community policy and management team to purchase coordination services provided that funds
58 described as the state pool of funds under § 2.2-5211 are not used;

59 16. Submit to the Department of Behavioral Health and Developmental Services information on
60 children under the age of 14 and adolescents ages 14 through 17 for whom an admission to an acute
61 care psychiatric or residential treatment facility licensed pursuant to Article 2 (§ 37.2-403 et seq.) of
62 Chapter 4 of Title 37.2, exclusive of group homes, was sought but was unable to be obtained by the
63 reporting entities. Such information shall be gathered from the family assessment and planning team or
64 participating community agencies authorized in § 2.2-5207. Information to be submitted shall include:

- 65 a. The child or adolescent's date of birth;
- 66 b. Date admission was attempted; and
- 67 c. Reason the patient could not be admitted into the hospital or facility;

68 17. Establish policies for providing intensive care coordination services for children who are at risk
69 of entering, or are placed in, residential care through the Children's Services Act program, consistent
70 with guidelines developed pursuant to subdivision D 22 of § 2.2-2648; and

71 18. 17. Establish policies and procedures for appeals by youth and their families of decisions made
72 by local family assessment and planning teams regarding services to be provided to the youth and
73 family pursuant to an individual family services plan developed by the local family assessment and
74 planning team. Such policies and procedures shall not apply to appeals made pursuant to § 63.2-915 or
75 in accordance with the Individuals with Disabilities Education Act or federal or state laws or regulations
76 governing the provision of medical assistance pursuant to Title XIX of the Social Security Act.

77 **§ 37.2-308. Data reporting on children and adolescents.**

78 A. The Department shall collect and compile the following data:

79 1. The total number of licensed and staffed *mental health* inpatient acute care psychiatric beds for
80 children under the age of 14 and adolescents ages 14 through 17; and

81 2. The total number of licensed and staffed *psychiatric* residential treatment *facility* beds for children
82 under the age of 14 and adolescents ages 14 through 17 in residential facilities licensed pursuant to this
83 title, excluding group homes.

84 B. The Department shall collect and compile data obtained from the community policy and
85 management team pursuant to subdivision 16 of § 2.2-5206 and each community services board or
86 behavioral health authority pursuant to § 37.2-507 and subdivision 17 of § 37.2-605. The Department
87 shall ensure that the data reported is not duplicative.

88 C. The Department shall report this data on a quarterly basis to the Chairmen of the House
89 Committee on Appropriations and the Senate Committee on Finance and Appropriations and to the
90 Virginia Commission on Youth.

91 **§ 37.2-605. Behavioral health authorities; powers and duties.**

92 Every authority shall be deemed to be a public instrumentality, exercising public and essential
93 governmental functions to provide for the public mental health, welfare, convenience, and prosperity of
94 the residents and such other persons who might be served by the authority and to provide behavioral
95 health services to those residents and persons. An authority shall have the following powers and duties:

96 1. Review and evaluate public and private community mental health, developmental, and substance
97 abuse services and facilities that receive funds from the authority and advise the governing body of the
98 city or county that established it as to its findings.

99 2. Pursuant to § 37.2-608, submit to the governing body of the city or county that established the
100 authority an annual performance contract for community mental health, developmental, and substance
101 abuse services for its approval prior to submission of the contract to the Department.

102 3. Within amounts appropriated for this purpose, provide services authorized under the performance
103 contract.

104 4. In accordance with its approved performance contract, enter into contracts with other providers for
105 the delivery of services or operation of facilities.

106 5. Make and enter into all other contracts or agreements as the authority may determine that are
107 necessary or incidental to the performance of its duties and to the execution of powers granted by this
108 chapter, including contracts with any federal agency, any subdivision or instrumentality of the
109 Commonwealth, behavioral health providers, insurers, and managed care or health care networks on such
110 terms and conditions as the authority may approve.

111 6. Make policies or regulations concerning the delivery of services and operation of facilities under
112 its direction or supervision, subject to applicable policies and regulations adopted by the Board.

113 7. Appoint a chief executive officer of the behavioral health authority, who meets the minimum
114 qualifications established by the Department, and prescribe his duties. The compensation of the chief
115 executive officer shall be fixed by the authority within the amounts made available by appropriation for
116 this purpose. The chief executive officer shall serve at the pleasure of the authority's board of directors
117 and be employed under an annually renewable contract that contains performance objectives and

118 evaluation criteria. The Department shall approve the selection of the chief executive officer for
119 adherence to minimum qualifications established by the Department and the salary range of the chief
120 executive officer.

121 8. Authorize the chief executive officer to maintain a complement of professional staff to operate the
122 behavioral health authority's service delivery system.

123 9. Prescribe a reasonable schedule of fees for services provided by personnel or facilities under the
124 jurisdiction or supervision of the authority and establish procedures for the collection of those fees. All
125 fees collected shall be included in the performance contract submitted to the local governing body
126 pursuant to subdivision 2 and § 37.2-608 and shall be used only for community mental health,
127 developmental, and substance abuse services purposes. Every authority shall institute a reimbursement
128 system to maximize the collection of fees from individuals receiving services under the jurisdiction or
129 supervision of the authority, consistent with the provisions of § 37.2-612, and from responsible third
130 party payors. Authorities shall not attempt to bill or collect fees for time spent participating in
131 commitment hearings for involuntary admissions pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8.

132 10. Accept or refuse gifts, donations, bequests, or grants of money or property or other assistance
133 from the federal government, the Commonwealth, any municipality thereof, or any other sources, public
134 or private; utilize them to carry out any of its purposes; and enter into any agreement or contract
135 regarding or relating to the acceptance, use, or repayment of any such grant or assistance.

136 11. Seek and accept funds through federal grants. In accepting federal grants, the authority shall not
137 bind the governing body of the city or county that established it to any expenditures or conditions of
138 acceptance without the prior approval of that governing body.

139 12. Notwithstanding any provision of law to the contrary, disburse funds appropriated to it in
140 accordance with applicable regulations.

141 13. Apply for and accept loans in accordance with regulations established by the board of directors.

142 14. Develop joint written agreements, consistent with policies adopted by the Board, with local
143 school divisions; health departments; local boards of social services; housing agencies, where they exist;
144 courts; sheriffs; area agencies on aging; and regional offices of the Department for Aging and
145 Rehabilitative Services. The agreements shall specify the services to be provided to individuals. All
146 participating agencies shall develop and implement the agreements and shall review the agreements
147 annually.

148 15. Take all necessary and appropriate actions to maximize the involvement and participation of
149 individuals receiving services and family members of individuals receiving services in policy formulation
150 and service planning, delivery, and evaluation.

151 16. Institute, singly or in combination with community services boards or other behavioral health
152 authorities, a dispute resolution mechanism that is approved by the Department and enables individuals
153 receiving services and family members of individuals receiving services to resolve concerns, issues, or
154 disagreements about services without adversely affecting their access to or receipt of appropriate types
155 and amounts of current or future services from the authority.

156 17. Notwithstanding the provisions of § 37.2-400 and regulations adopted thereunder, release data and
157 information about each individual receiving services to the Department, so long as the Department
158 implements procedures to protect the confidentiality of that data and information. ~~Every authority shall
159 submit data on children and youth in the same manner as community services boards, as set forth in
160 § 37.2-507.~~

161 18. Fulfill all other duties and be subject to applicable provisions specified in the Code of Virginia
162 pertaining to community services boards.

163 19. Make loans and provide other assistance to corporations, partnerships, associations, joint ventures,
164 or other entities in carrying out any activities authorized by this chapter.

165 20. Transact its business, locate its offices and control, directly or through stock or nonstock
166 corporations or other entities, facilities that will assist the authority in carrying out the purposes and
167 intent of this chapter, including without limitations the power to own or operate, directly or indirectly,
168 behavioral health facilities in its service area.

169 21. Acquire property, real or personal, by purchase, gift, or devise on such terms and conditions and
170 in such manner as it may deem proper and such rights, easements, or estates therein as may be
171 necessary for its purposes and sell, lease, and dispose of the same or any portion thereof or interest
172 therein, whenever it shall become expedient to do so.

173 22. Participate in joint ventures with persons, corporations, partnerships, associations, or other entities
174 for providing behavioral health care or related services or other activities that the authority may
175 undertake to the extent that such undertakings assist the authority in carrying out the purposes and intent
176 of this chapter.

177 23. Conduct or engage in any lawful business, activity, effort, or project that is necessary or
178 convenient for the purposes of the authority or for the exercise of any of its powers.

179 24. As a public instrumentality, establish and operate its administrative management infrastructure in
180 whole or in part independent of the local governing body; however, nothing in the chapter precludes
181 behavioral health authorities from acquiring support services through existing governmental entities.

182 25. Carry out capital improvements and bonding through existing economic or industrial development
183 authorities.

184 26. Establish retirement, group life insurance, and group accident and sickness insurance plans or
185 systems for its employees in the same manner as cities, counties, and towns are permitted to do under
186 § 51.1-801.

187 27. Provide an annual report to the Department of the authority's activities.

188 28. Ensure a continuation of all services for individuals during any transition period.

189 **2. That § 37.2-507 of the Code of Virginia is repealed.**



COMMONWEALTH of VIRGINIA

OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

Scott Reiner, M.S.
Executive Director

ADMINISTRATIVE MEMO #23-02

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

From: Kristy Wharton, Chief Financial Officer

Date: February 23, 2023

Subject: Review and Reallocation of FY2023 WRAP-Around Services for Students with Disabilities (SPED Wrap)

For FY 2023, 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 February 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 February 28, 2023. This will take place effect March 1, 2023.
- b) If your locality's SPED Wrap Allocation is removed and you require funding after March 1, 2023. 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 Chief Financial Officer Kristy Wharton at kristy.wharton@csa.virginia.gov

cc: Scott Reiner, OCS Executive Director



COMMONWEALTH of VIRGINIA


OFFICE OF CHILDREN'S SERVICES

Administering the Children's Services Act

Scott Reiner, M.S.
Executive Director

ADMINISTRATIVE MEMO #23-03

TO: CPMT Chairs, CSA Coordinators

FROM: Scott Reiner, Executive Director 

DATE: March 3, 2023

SUBJECT: Suspension of the QRTP Designation by the Department of Social Services

On March 2, 2023, the Virginia Department of Social Services (VDSS) announced the suspension of the Qualified Residential Treatment Program (QRTP) designation for congregate care placements of youth in foster care. The rationale and DSS-relevant details can be found in the Broadcast issued by VDSS on March 2 and included at the conclusion of this Memorandum.

The impact on CSA is as follows:

- Effective April 1, 2023, Title IV-E will no longer be a funding source for room and board and daily supervision costs in Therapeutic Group Homes (DBHDS-licensed) or Children's Residential Facilities (DSS-licensed).
 - This change applies to Title IV-E eligible youth placed in a designated QRTP.
 - Room and board and daily supervision costs for youth in foster care for these settings will be billable to CSA. This applies to existing and new placements.
 - Medicaid will continue to be a payer of clinical (therapeutic services) costs for youth in foster care in these settings who are Medicaid members.
 - This does not apply retroactively to youth placed in QRTPs before April 1, 2023, for whom the requirements at the time of placement (e.g., assessment within 30 days, court approval within 60 days) were not followed. Costs for those youth cannot be shifted to or assumed by CSA for any services provided prior to April 1.
 - Title IV-E payments in QRTPs can continue for services provided through March 31, 2023, for eligible youth for whom the QRTP process was conducted correctly.
 - Other than education, all costs for Psychiatric Residential Treatment Programs (PRTF) participating in Medicaid will continue to be billed to Medicaid.
- Any CSA-funded placements are subject to the usual FAPT and CPMT processes, including emergency placements.

- Already placed and approved youth will not need to return to FAPT while they remain in their current CSA-approved placements. However, the CSA office should work with the local department of social services to determine the (previously) Title IV-E eligible monthly costs that will be shifted to CSA and gain the approval of the CPMT for those added costs promptly.
- All Office of Children's Services guidance concerning the QRTP process is suspended effective April 1, 2023.
 - This includes the QRTP Guidance Document associated with CSA Administrative Memo #21-10 (dated July 1, 2021) and any other guidance from this office through responses to technical assistance questions, presentations, etc.

Questions regarding this change may be directed to the OCS Help Desk at:

<https://www.csa.virginia.gov/Contact/TechnicalAssistance/1>

Thank you for your prompt attention and cooperation.

cc: Carl Ayers
Nikole Cox
Em Parente
Lora Smith
OCS Staff

Fusion Server <donotreply@dss.virginia.gov>

Thu 3/2/2023 12:04 PM

Suspension of QRTP Designation

Categories: [Benefit Programs](#) [Family Services](#) [Finance](#)

The purpose of this broadcast is to announce the Virginia Department of Social Services (VDSS) has made the decision to suspend the designation of Qualified Residential Treatment Programs (QRTP) in Virginia as of April 1, 2023. Children placed in QRTP's on or after March 2, 2023, will not require the 30-day assessment and the 60-day court approval. In addition, Local Departments of Social Services (LDSS) will no longer be able to use title IV-E funds to pay for congregate care placements that were previously designated QRTP. These placements will need to be funded through CSA beginning April 1, 2023. All children that are currently placed in QRTPs and funded through title IV-E will also need to be funded through CSA beginning April 1, 2023.

The decision to suspend designation of QRTP is based on a variety of reasons including:

- Virginia shifted to Medicaid as first payer for all children's Medicaid approved residential facilities beginning July 1, 2021 (the same date as the implementation of Family First and the QRTP designation). While VDSS incorporated this shift to Medicaid in planning for QRTP implementation, the actual impact of this shift was far greater than anticipated, resulting in significantly reduced IV-E claiming for children's congregate care placements.
- VDSS is aware that the process for accessing IV-E funds for QRTP placement is complicated and creates a significant burden on LDSS staff.
- VDSS continues to see a significant number of case errors with QRTP placements, impacting IV-E funding as well as CSA funding, resulting in a significant cost to localities. These case errors appear to stem at least partially from Virginia's outdated child welfare information system (OASIS.) In addition, because Virginia's complex congregate care system poses a barrier to requiring all residential facilities to become QRTPs, it has proved challenging for workers to navigate when QRTP rules apply and when they don't.

This decision does not impact the programs that are designated as "Mommy and Me" group homes or those designated as Family Based Residential Treatment Facilities for Substance Use Disorder. There has been no change in these facilities and title IV-E funds can be used to fund placements in the same way they have in the past. Cost code 81114 used for QRTPs will no longer be accessible when LASER opens again in June 2023. All requests for reimbursement must be submitted before this time.

VDSS is committed to ensuring that children and youth who need a level of treatment that can only be provided in a congregate care setting receive quality care which is trauma-informed. VDSS intends to work towards bringing back the QRTP designation when this can be done successfully.

Questions may be directed to the Family First QRTP Team at familyfirst@dss.virginia.gov.

Children's Services Act



Office of
Children's Services
Empowering communities to serve youth

Outcome Indicators Report FY2022

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Executive Summary

This annual report addresses the requirements of Virginia Code §2.2-2648.D.17. by summarizing statewide performance for each of the six measures. This review includes the most current complete fiscal year (FY20220 and the four prior fiscal years. For this year's report, the period is FY 2018 – FY 2022.

Findings include:

- In its first year of reporting, the percentage of youth in this year's CANS cohort (FY 2022) with improved scores was similar to last year's cohort (FY 2021).
- The Child Strengths domain had the largest percentage of the FY 2022 cohort showing improvement from its initial assessment (57 percent). Approximately 40 percent of youth in the FY 2022 cohort showed improvement in the School and/or Behavioral/Emotional Needs domains.
- The percentage of youth receiving only Community-based services, among all CSA-funded services in the fiscal year, has increased each year for the last five years. In FY 2022, 87 percent of youth received only Community-based, CSA-funded services.
- The statewide performance on foster care-related outcomes was slightly lower this year (74 percent in family-based settings and 79 percent exiting to permanency) compared to FY 2021 (75 percent in family-based settings and 82 percent exiting to permanency).

Introduction

Virginia Code, §2.2-2648.D.17. requires that the State Executive Council for Children's Services shall:

Oversee the development and implementation of a uniform set of performance measures for evaluating the Children's Services Act program, including, but not limited to, the number of youths served in their homes, schools and communities. Performance measures shall be based on information: (i) collected in the client-specific database referenced in subdivision 16, (ii) from the mandatory uniform assessment instrument referenced in subdivision 11, and (iii) from available and appropriate client outcome data that is not prohibited from being shared under federal law and is routinely collected by the state child-serving agencies that serve on the Council. If provided client-specific information, state child-serving agencies shall report available and appropriate outcome data in clause (iii) to the Office of Children's Services. Outcome data submitted to the Office of Children's Services shall be used solely for the administration of the Children's Services Act program. Applicable client outcome data shall include, but not be limited to: (a) permanency outcomes by the Virginia Department of Social Services, (b) recidivism outcomes by the Virginia Department of Juvenile Justice, and (c) educational outcomes by the Virginia Department of Education. All client-specific information shall remain confidential and only non-identifying aggregate outcome information shall be made available to the public.

Under the direction of the State Executive Council for Children's Services (SEC), the Office of Children's Services (OCS) has developed a set of performance/outcome measures to be used to evaluate the Children's Services Act (CSA) program. The six indicators are:

- The percentage of youth who had a decrease in their score on the School Domain of the Child and Adolescent Needs and Strengths (CANS), the mandatory CSA assessment instrument, from a baseline assessment to the most recent reassessment or discharge;
- The percentage of youth who had a decrease in their score on the Child Behavioral and Emotional Needs Domain of the CANS instrument from a baseline assessment to the most recent reassessment or discharge;
- The percentage of youth who had a decrease in their score (indicating increased strengths) on the Child Strengths Domain of the CANS instrument from a baseline assessment to the most recent reassessment or discharge;
- The percentage of youth receiving only Community-based Services (CBS) of all youth receiving CSA-funded services;
- The percentage of youth in foster care who are in family-based placements; and
- The percentage of youth who exit from foster care to a permanent living arrangement.

Child and Adolescent Needs and Strengths (CANS) Outcomes

The CANS is the mandatory uniform assessment instrument for all children receiving CSA-funded services. It is administered at the time of service initiation and at periodic intervals throughout the duration of services. The reassessment interval varies depending on the service provided and local policy and practice. Typically, children receiving more intensive services are reassessed more frequently.

- The CANS School Domain score is the total score of the three domain items.¹
- The CANS Child Behavioral/Emotional Needs Domain score is the total score of the ten items that constitute the domain.²
- The CANS Child Strengths Domain score is the total score of the 11 items that constitute the domain.³

A trained and certified assessor scores each item in a Domain as a 0, 1, 2, or 3, with a lower score indicating the youth has less significant needs (or is better functioning) in those areas. Domain scores would be expected to decrease (as a youth's needs decrease) if interventions have the desired impact. Children are assigned to an annual "cohort" in which their baseline (initial) assessment occurs. Only youth with at least one reassessment within six months of the end of the fiscal year (FY) are included. The FY 2022 cohort includes youth with an initial (baseline) assessment on or after July 1, 2022 and a reassessment on or before January 1, 2023. As time elapses and additional youth in the FY 2022 cohort are reassessed, the number in the cohort will grow, and the outcomes will be recalculated⁴. The baseline assessment score is compared to the most recent assessment for children in each cohort. As of January 1, 2023, the most recent assessment was used to develop this report. The percentage of youth with a decreased domain score on these items is calculated for each locality. For the FY 2022 cohort, the average time between the baseline and most recent assessment was 220 days.

¹ The items are: School Behavior, School Achievement and School Attendance.

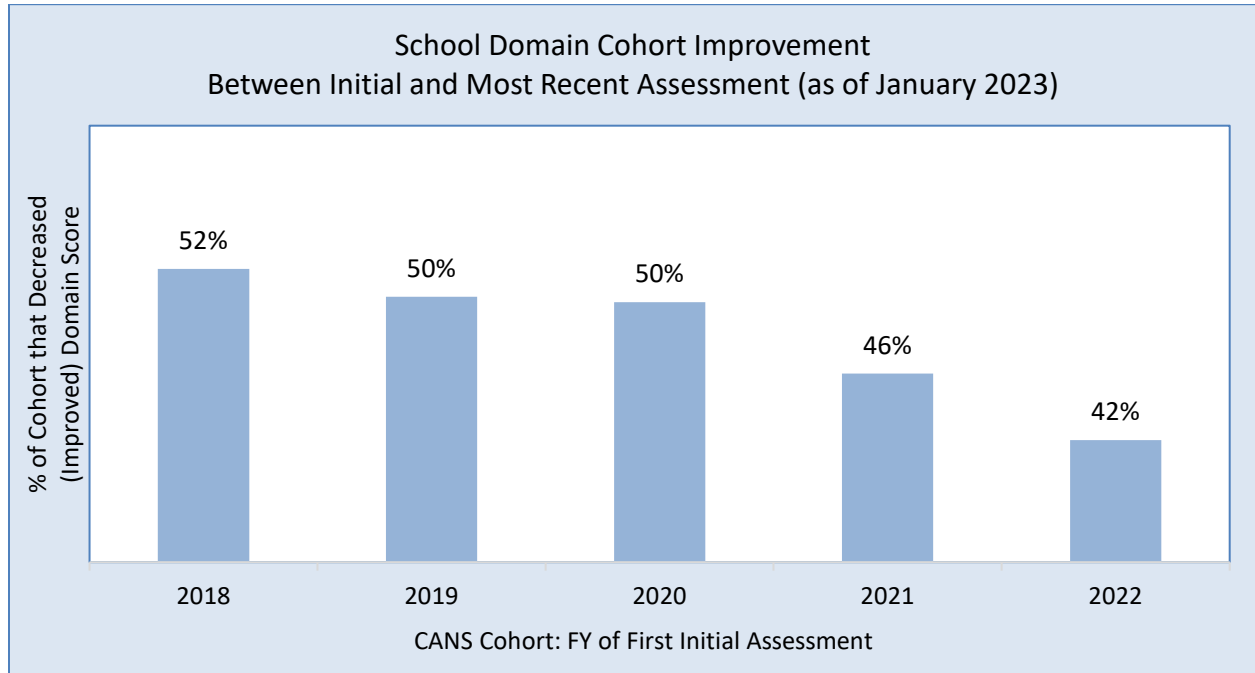
² The items are: Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use and Eating Disturbance.

³ The items are: Family, Interpersonal, Optimism, Educational, Vocational, Talents/Interests, Spiritual/Religious, Community Life, Relationship Permanence, Child Involvement with Care, and Natural Supports.

⁴ Locality specific data for FY 2021 and updated data from prior year's cohorts at the local level is reported in the CSA Data and Outcomes (CQI) Dashboard, found on the CSA website.

School Domain of the Child and Adolescent Needs and Strengths

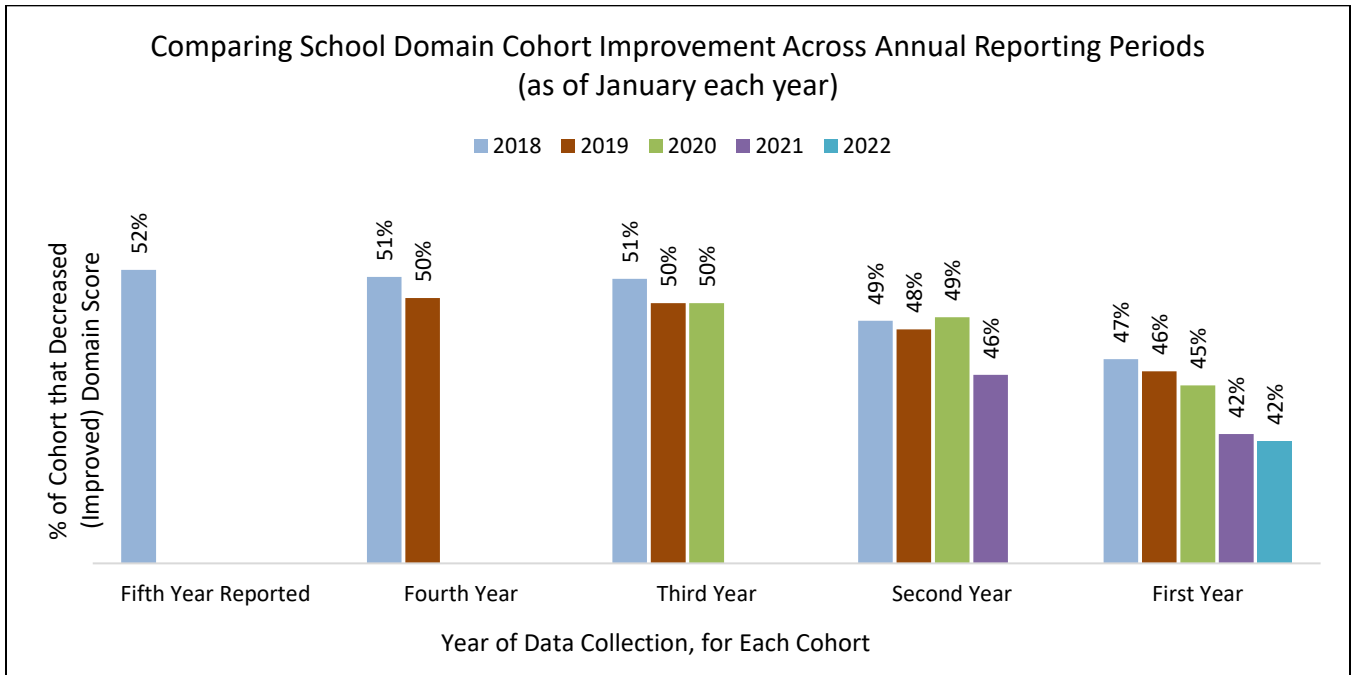
In the first year of reporting for the FY 2022 cohort, 42 percent showed improvement (a decrease in the score) between the initial and most current assessments. Prior year cohorts have also demonstrated improved School domain scores from their earliest initial assessment. The FY 2018 cohort had the most extended average period between assessments (782 days) and the greatest percentage of improvement (52 percent).



Outcomes tend to improve with more time between the initial and most current assessments, and this pattern is seen with the increasing percentage of a cohort that improves over time. This consideration should be considered when comparing differences between the current and prior years' cohorts.

Average Number of Days Between Initial and Most Recent CANS Assessment (as of 1/1/23), by Cohort

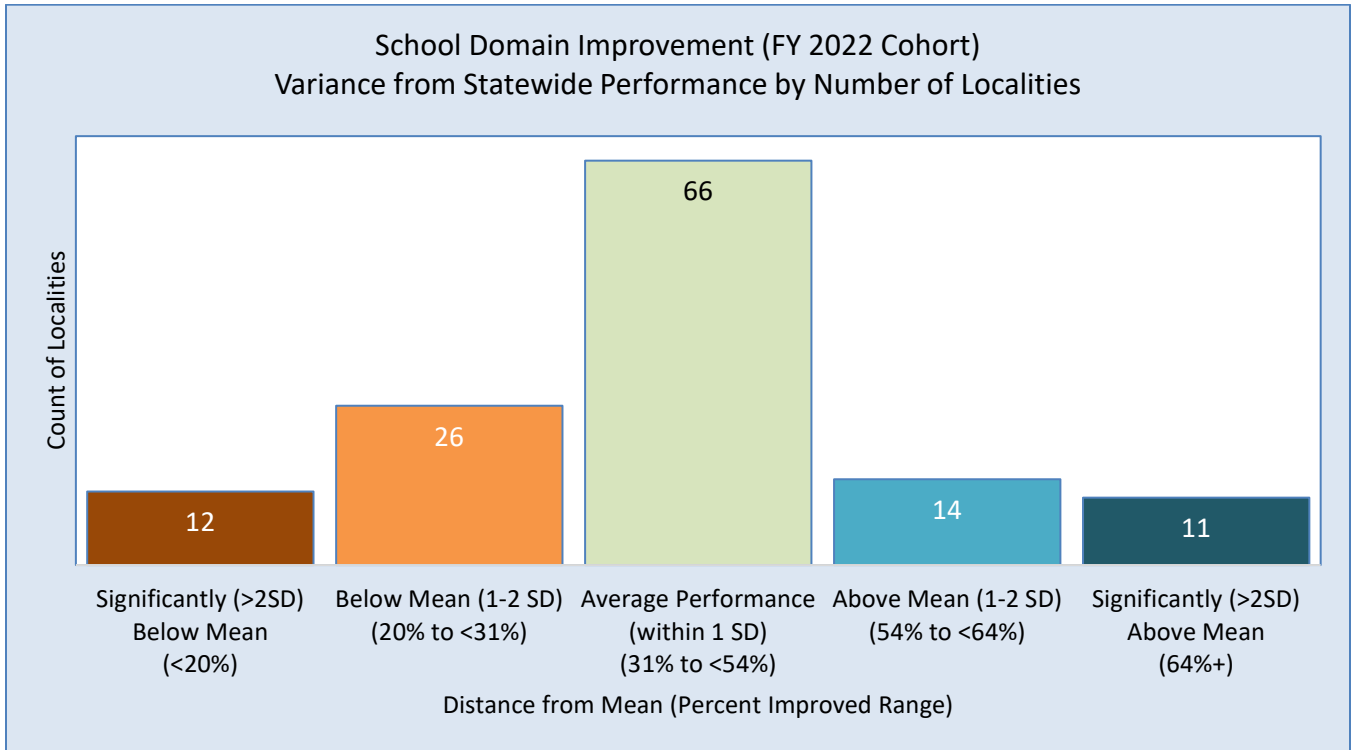
Cohort	2018	2019	2020	2021	2022
Number of Youth	4,448	4,234	3,827	3,407	3,604
Average Days	782	677	571	406	220



The percentage of each cohort showing improvement for the first year of reporting has declined over the last five fiscal years. Forty-seven percent of the FY 2018 cohort and 46 percent of the FY 2019 cohort improved in their first year, followed by 45 percent for the FY 2020 cohort and 42 percent for the FY 2021 and FY 2022 cohorts.

For cohorts with multiple years of available data, the trend has been a steady increase in the percentage of youth showing improvement. However, the increase slows around the third year of measurement. For example, the proportion of youth with improvement for the FY 2018 cohort increased in the first three years of reporting, maintained in the fourth year (51 percent showed improvement for both years), and increased slightly in the fifth year. The proportion of the FY 2019 cohort with improvement from the initial assessment increased through the first three years of reporting; the fourth year of reporting for this cohort also maintained the prior year's levels (50 percent of the cohort improved). This pattern may suggest that improvement in this Domain tends to "level out" after some time.

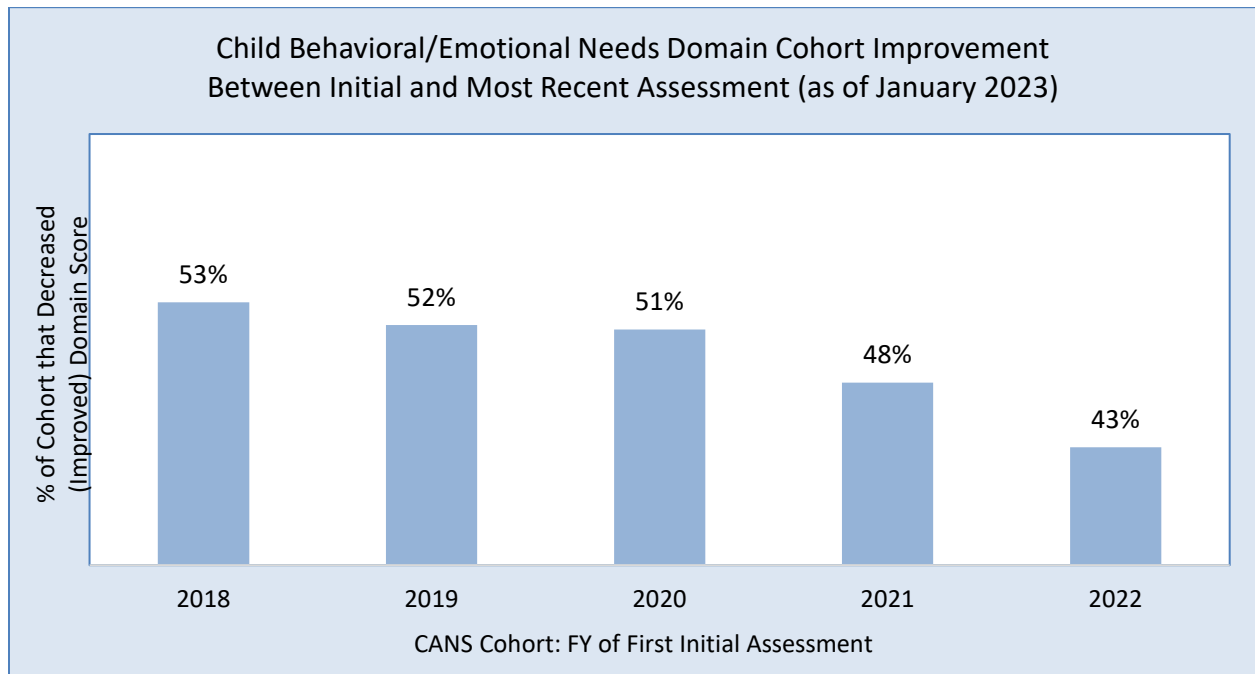
The graph below displays the count of localities based on the percentage of improvement achieved by the FY 2022 cohort compared to the statewide weighted mean.



While the performance for a majority of localities (66 out of 129 reporting, or 51 percent) fell within one standard deviation of the statewide mean, the number of localities outside this range was larger for lower improvement (38 localities) than for high improvement (25 localities).

Behavioral/Emotional Needs Domain of the Child and Adolescent Needs and Strengths

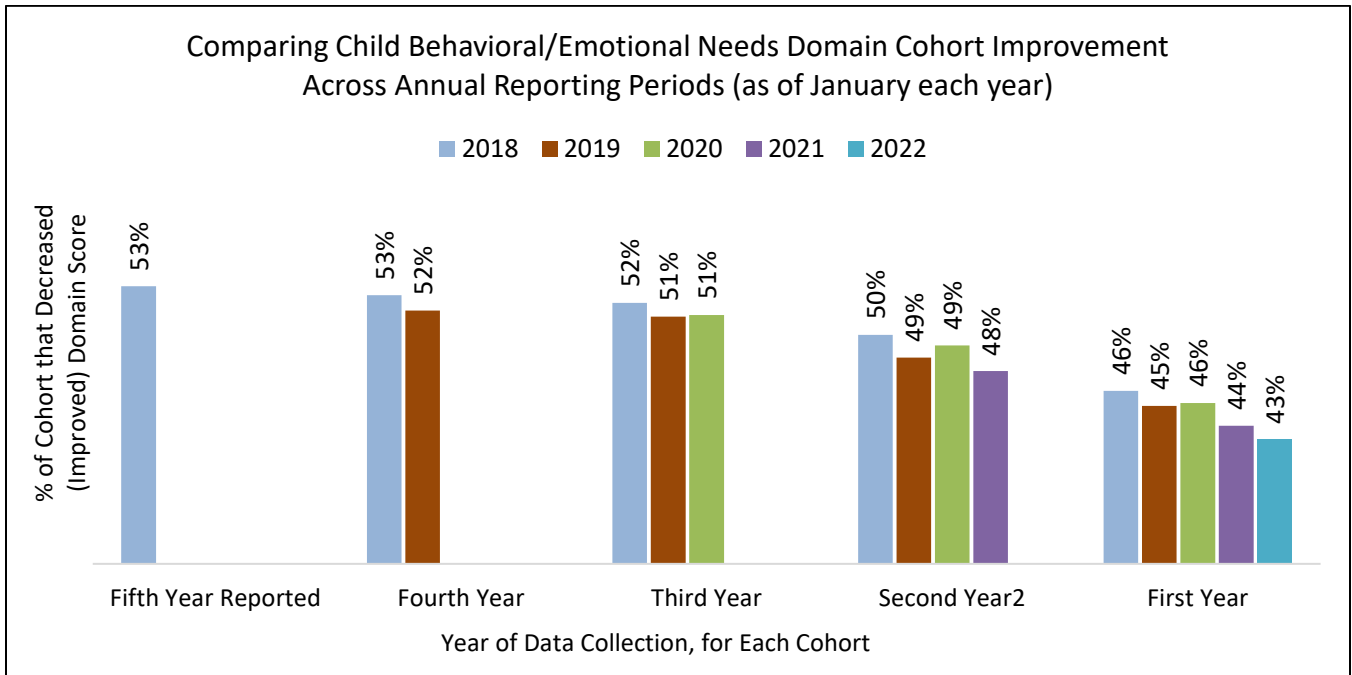
In the first year of reporting for the FY 2022 cohort, 43 percent showed improvement (a decrease in the score) between the initial and most current assessments. Prior cohorts have also demonstrated improved Behavioral/Emotional Needs domain scores from their earliest initial assessment. The FY 2018 cohort had the longest average period between assessments (782 days) and the greatest percentage of improvement (53 percent).



Outcomes tend to improve with more time between the initial and most current assessments, and this pattern is seen with the increasing percentage of a cohort that improves over time. This consideration should be considered when comparing differences between the current and prior years' cohorts.

Average Number of Days Between Initial and Most Recent, as of January 2023, by Cohort

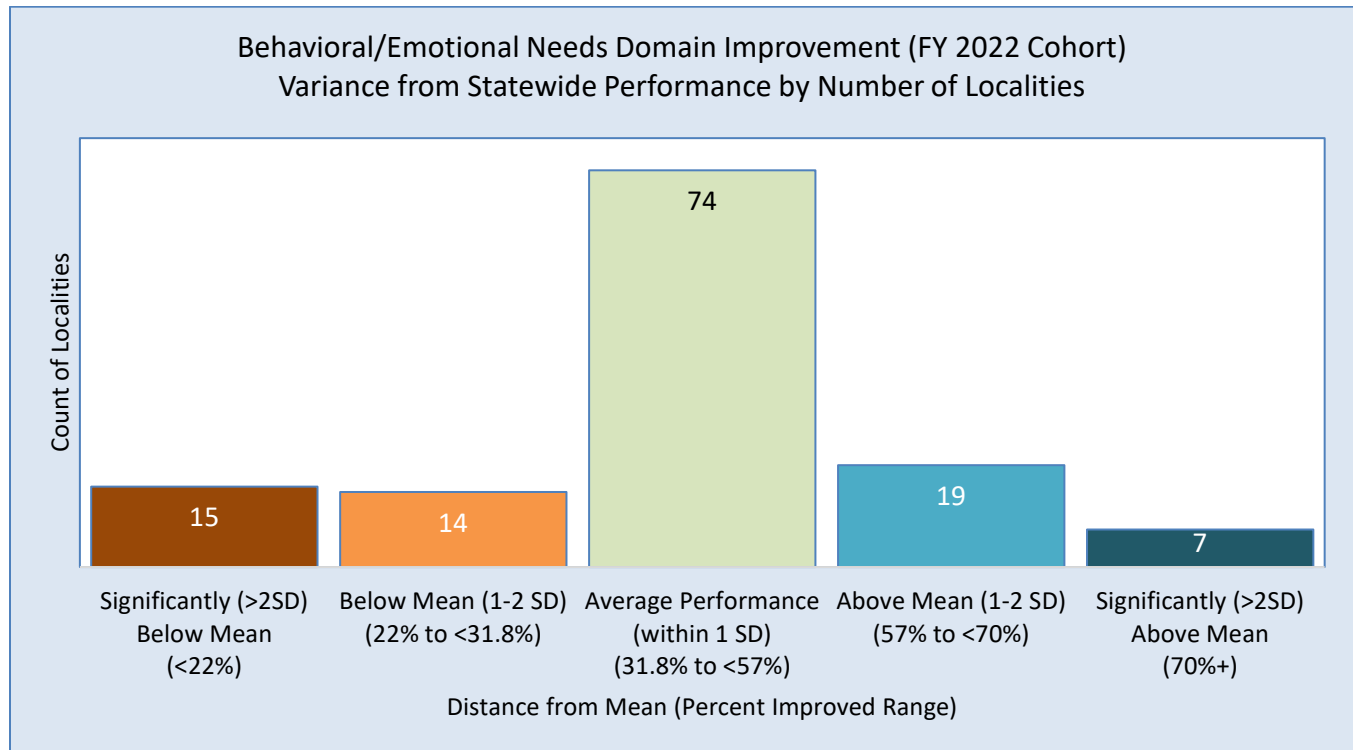
Cohort	2018	2019	2020	2021	2022
Number of Youth	4,448	4,234	3,827	3,407	3,604
Average Days	782	677	571	406	220



The percentage of each cohort showing improvement in the first year of reporting has declined over the last five fiscal years: 46 percent of the FY 2018 and FY 2020 cohorts improved in their first year, and 45 percent of the FY 2019 cohort improved in their first year. The FY 2021 cohort showed 44 percent of youth improving from the initial, followed by 43 percent for the FY 2022 cohort.

For cohorts with multiple years of available data, the trend has been a steady increase in the percentage of youth showing improvement. The increase slows around the fourth year of measurement, one year later than for School domain improvement. This pattern may suggest that improvement in this Domain tends to "level out" after some time.

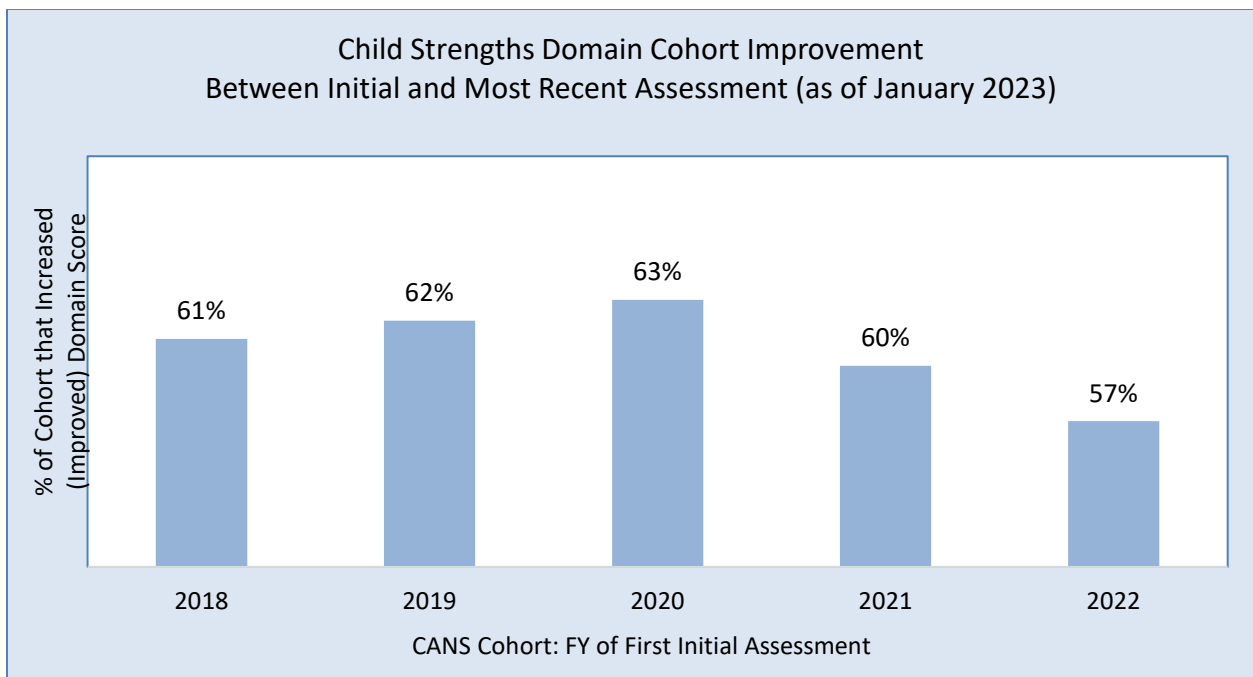
The graph below displays the count of localities based on the percentage of improvement achieved by the FY 2022 cohort compared to the statewide weighted mean.



The performance for most localities (74 out of 129 reporting, or 57 percent) fell within one standard deviation of the statewide mean. Similar to locality-level improvement in the School domain, there were more localities with below-average improvement than above-average improvement for the Behavioral/Emotional Needs domain (29 versus 26 localities, respectively).

Child Strengths Domain of the Child and Adolescent Needs and Strengths

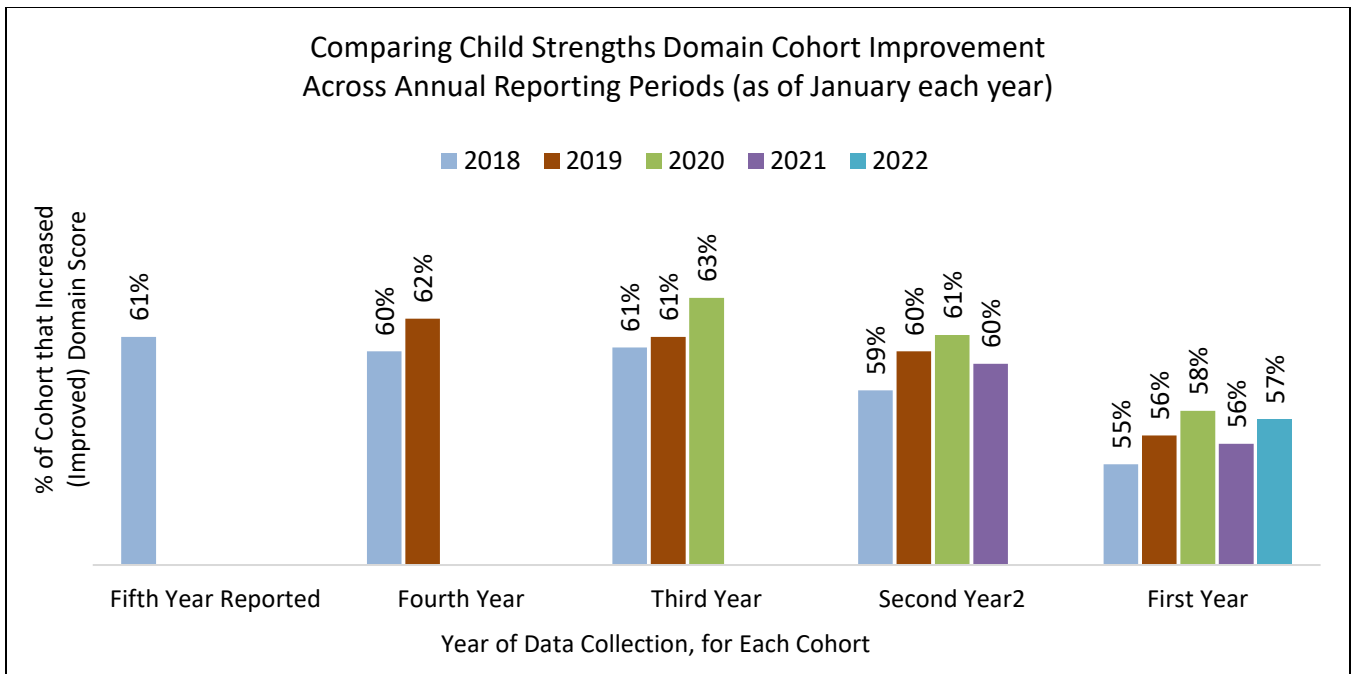
In the first year of reporting for the FY 2022 cohort, 57 percent showed improvement (an increase in the score) between the initial and most current assessments. Prior cohorts have improved their Child Strengths domain score from their earliest initial assessment. The FY 2018 cohort had the longest average period between assessments (782 days) but did not show the greatest percentage of improvement, as was the case for the other two domains. Sixty-one percent of youth in the FY 2018 cohort improved their scores in this domain from their initial assessment. The FY 2020 cohort had the largest proportion of improvement since the initial assessment (63 percent, with an average of 571 days between assessments).



Outcomes tend to improve with more time between initial and most current assessments, and this pattern is seen with the increasing percentage of a cohort that improves over time. This consideration should be considered when comparing differences between the current and prior years' cohorts.

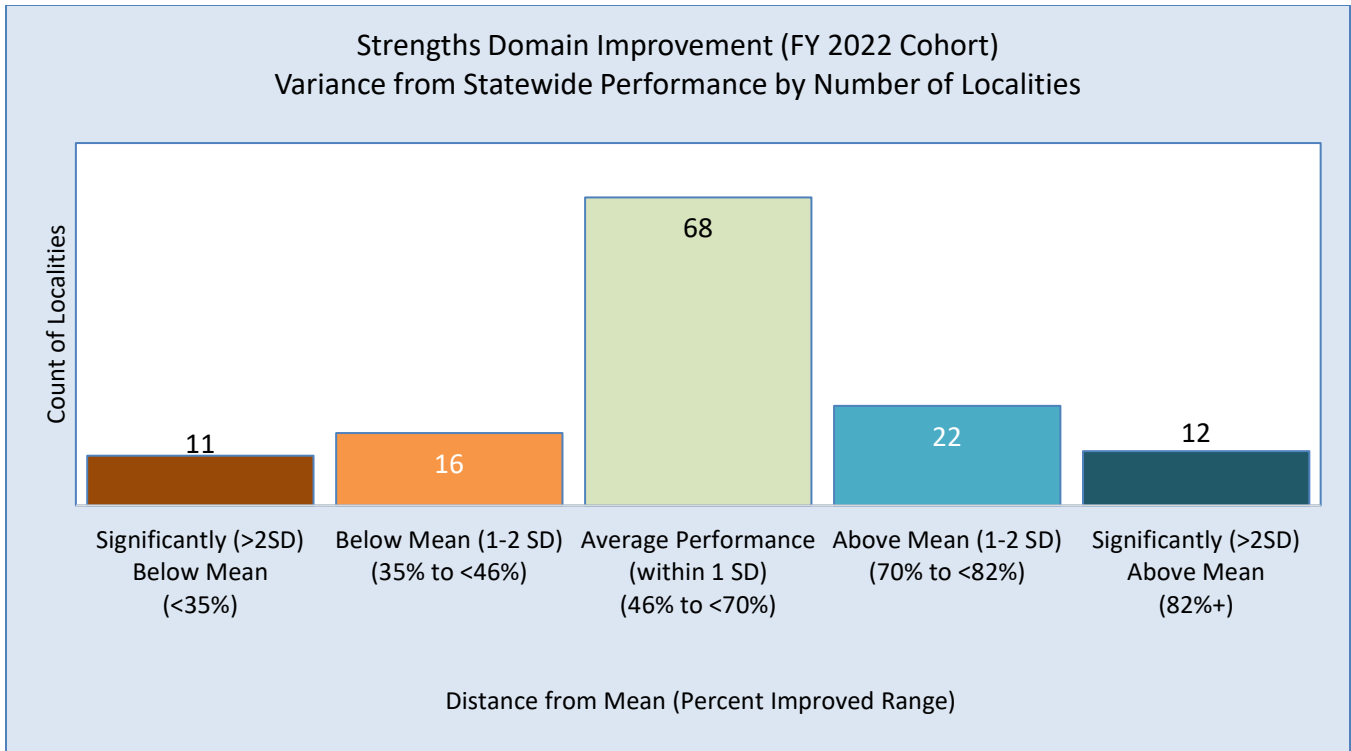
Average Number of Days Between Initial and Most Recent, as of January 2023, by Cohort

Cohort	2018	2019	2020	2021	2022
Number of Youth	4,448	4,234	3,827	3,407	3,604
Average Days	782	677	571	406	220



The percentage of each cohort showing improvement in the first year of reporting has been variable, and between 55 and 58 percent demonstrated improvement from the initial assessment for all five cohorts. Of the three domains analyzed in this report, the Child Strengths domain has had the highest proportion of cohort improvement in the first year.

The graph below displays the count of localities based on the percentage of improvement achieved by the FY 2022 cohort compared to the statewide weighted mean.



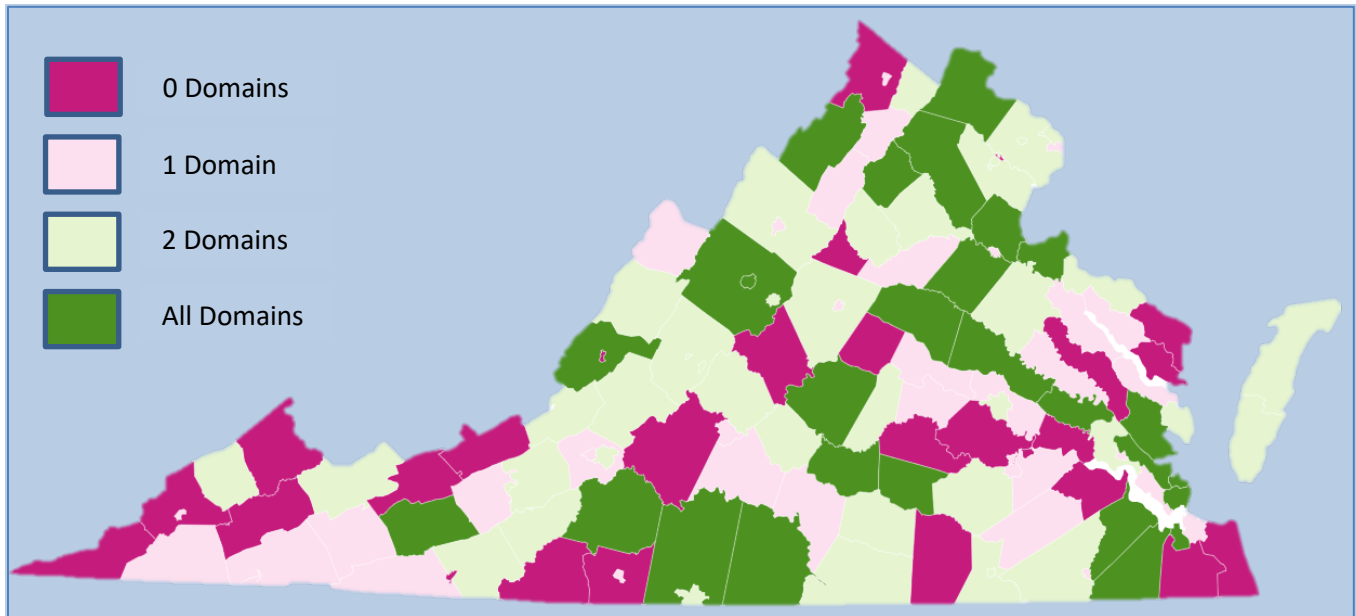
Most localities (68 out of 129 reporting, or 53 percent) fell within one standard deviation of the statewide mean. Unlike performance in the other two CANS domains, the number of localities with above-average FY 2022 cohort performance was greater than those with below-average performance (34 versus 27 localities, respectively).

CANS Performance by Location

The map below visualizes, by locality, results for the FY 2022 cohort across the three CANS domains addressed in this report: School, Child Behavioral/Emotional Needs, and Child Strengths. A locality is shaded based on the number of domains, out of three, in which its FY 2022 cohort's percent of improvement met or exceeded each domain's overall statewide percent improved.

Map of Virginia Localities:

Count of CANS Domains where Percent Improved (FY2022 Cohort) Met or Exceeded Statewide



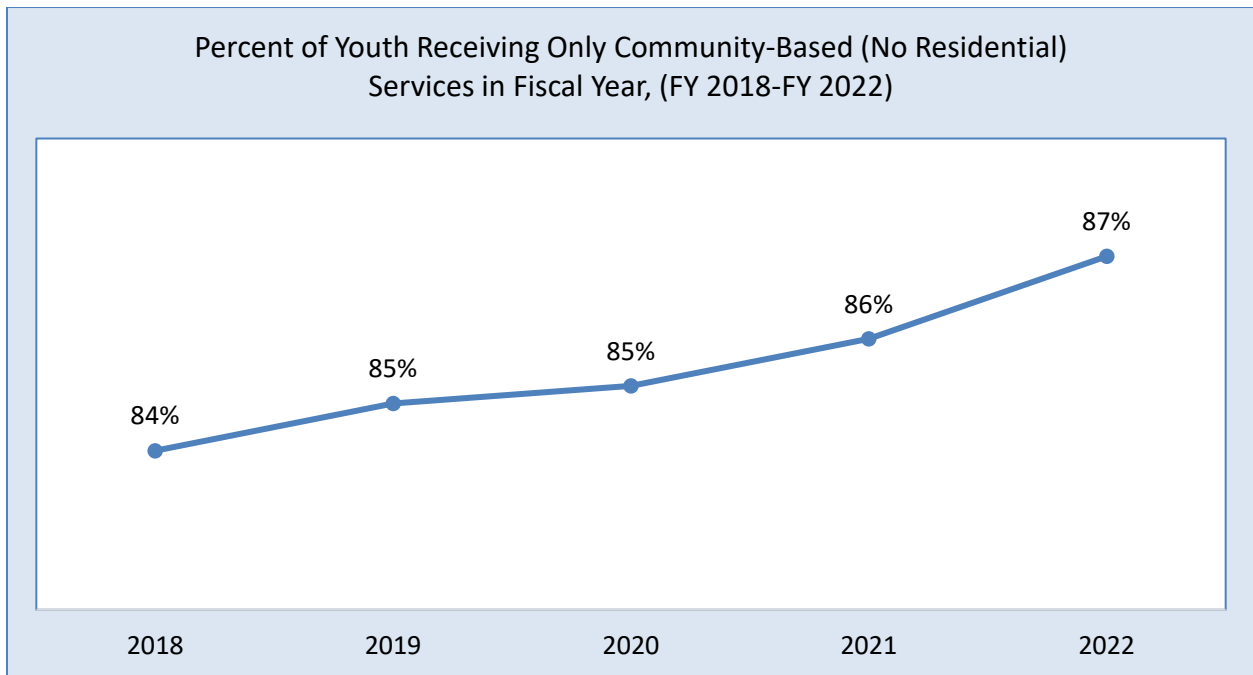
Map created using Datawrapper

Most localities showed improvement equal to or exceeding the statewide value for at least one CANS domain (103 localities or 79 percent). There were 27 localities where the proportion that improved was below the statewide value in all three included CANS domains. Using DSS geographic regions as a guide, 36 percent of Western localities (8 localities), 30 percent of Central (8 localities), 17 percent of Eastern (4 localities), 13 percent of Piedmont (4 localities), and 12 percent of Northern (3 localities) had below-statewide percentage improvement in all three domains. Cohort performance that equaled or exceeded statewide values in all three domains was most prevalent in the Northern (8 localities or 31 percent) and Eastern (7 localities or 29 percent) regions of the state.

CSA Performance Indicator

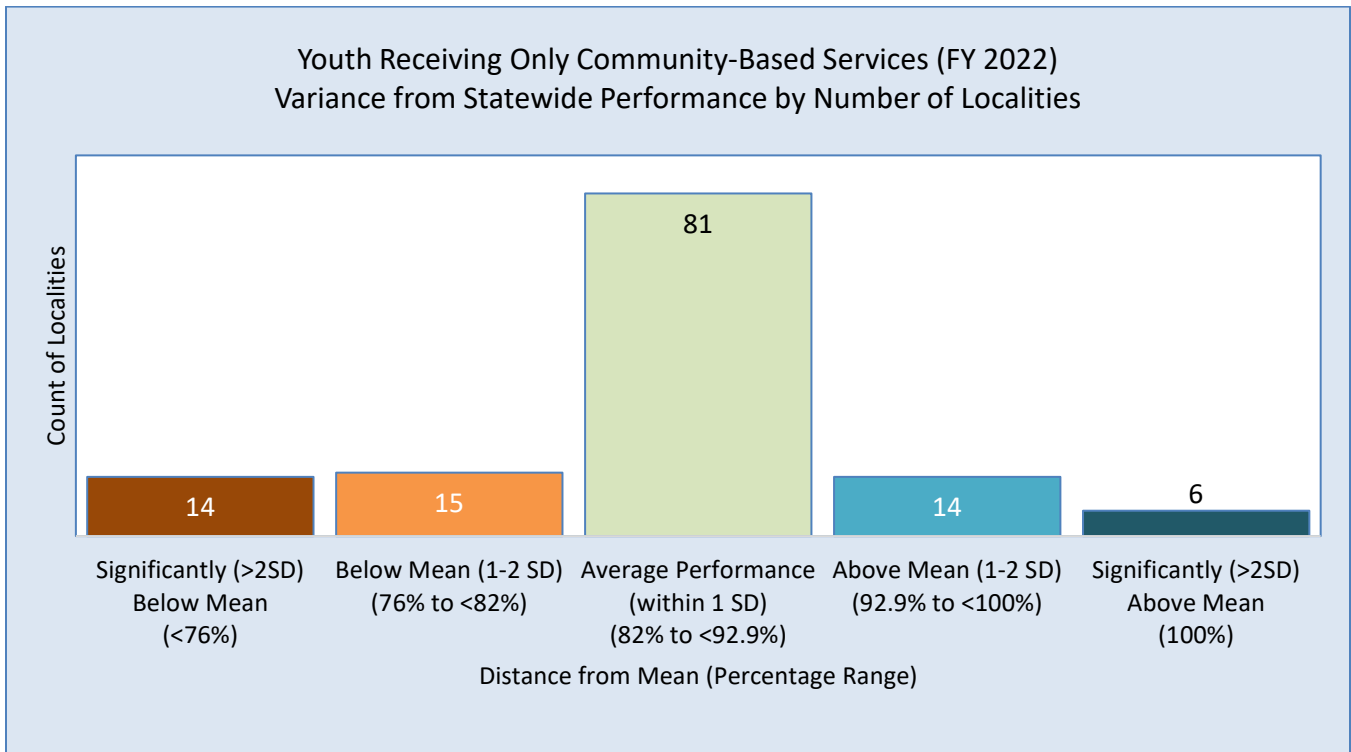
Youth Receiving Only Community-Based CSA-Funded Services

The CSA has long supported serving youth in their homes and home communities as a centerpiece of the system of care approach. This indicator is one measure of how this goal is realized. In each fiscal year, youth who received only community-based services through CSA (no residential or congregate care) are counted from the entire population served.



In FY 2022, 87 percent of all CSA youth received only community-based services. This percentage has increased steadily over time.

The graph below displays the count of localities based on the percentage of youth that received only community-based services in the fiscal year, compared to the statewide weighted mean.



While most localities (81 out of 130 reporting, or 62 percent) fell around the mean statewide value, more localities had below-average performance (29 localities) than above-average performance (20 localities).

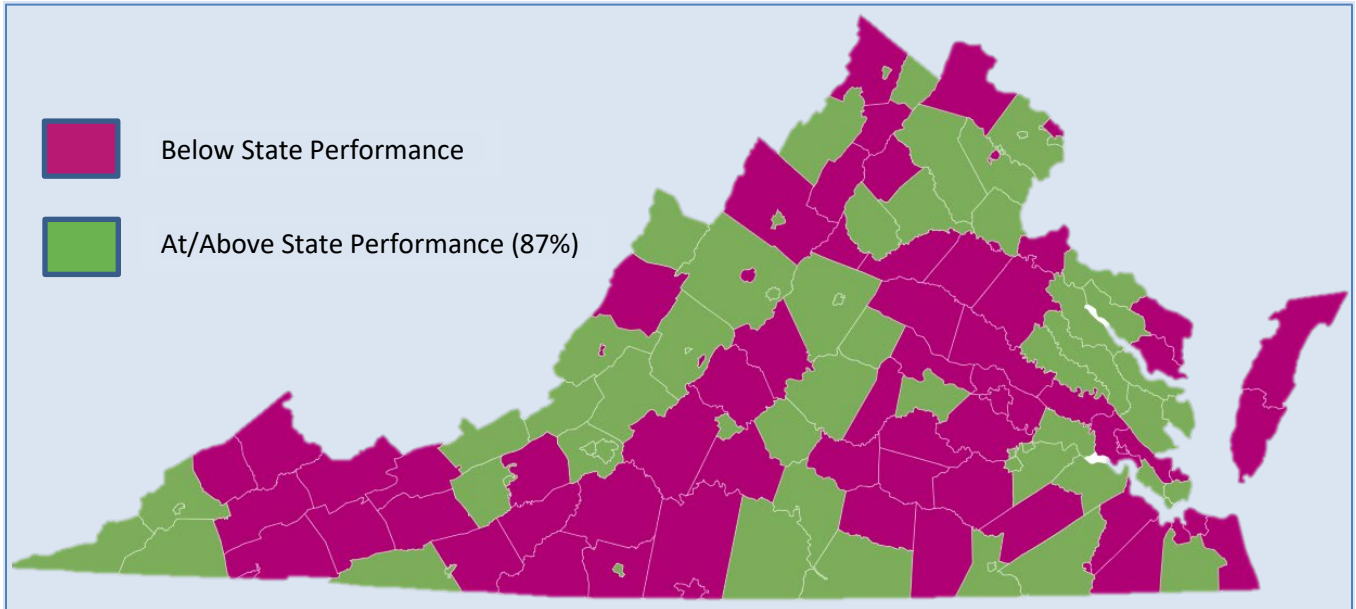
In all 130 localities, at least half of the CSA youth received only community-based services; in 118, the proportion was at least 75 percent. Six localities reported 100 percent of youth received only community-based services.

Community-based Services Only by Location

The map below visualizes, by locality, performance in using only community-based services. A locality's shading represents whether its percentage of youth receiving only community-based services through CSA funding and no congregate care was at least as high as the statewide percentage for FY 2022 (87 percent) or lower.

Map of Virginia Localities:

Localities whose Performance (FY2022) Met or Exceeded Statewide Percentage



Map created using Datawrapper

Sixty-eight localities, or 52 percent, performed below the statewide value in FY 2022. A slightly smaller percentage of localities (48 percent, or 62 localities) performed above 87 percent.

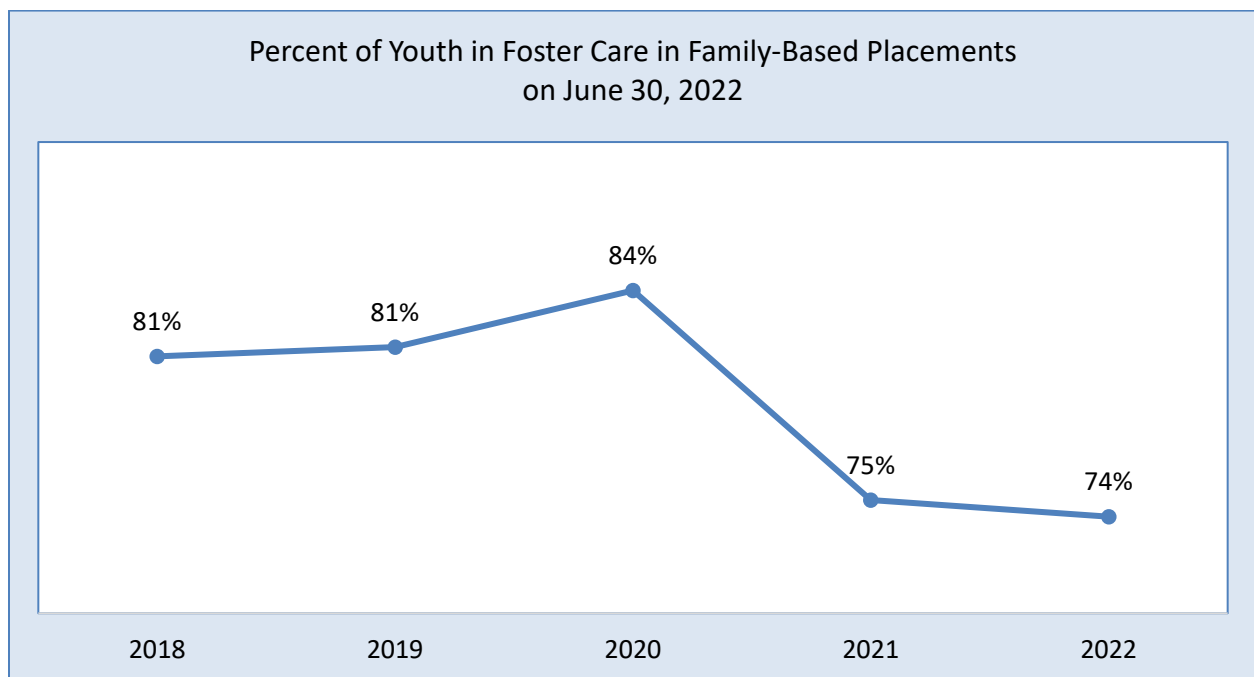
Using DSS geographic regions as a guideline, the Piedmont region had the largest proportion of localities (19 localities, or 61 percent of the region) with above-statewide performance for youth accessing only community-based services. Regions at or above 87 percent (in descending order) were Central (13 localities, or 48 percent); Northern (12 localities, or 46 percent); Western (9 localities, or 41 percent); and Eastern (9 localities, or 38 percent of localities in the region).

Outcomes Related to Foster Care

A majority (53 percent) of children served through the CSA in FY 2022 were referred by a local department of social services due to involvement in Virginia's child welfare system. The state Department of Social Services (VDSS) has established multiple indicators for children in the foster care system. The CSA has adopted two of these indicators in its performance measurement model.

Children in Foster Care in Family-Based Placements

Best practices in child welfare suggest that children removed from their homes due to abuse, neglect, or other reasons do best in family-based foster care settings. These are family and family-like settings with a limited number of children as opposed to a group home or other larger congregate care setting. The VDSS has established a target that 85 percent of the children in foster care are placed in a family-based placement.

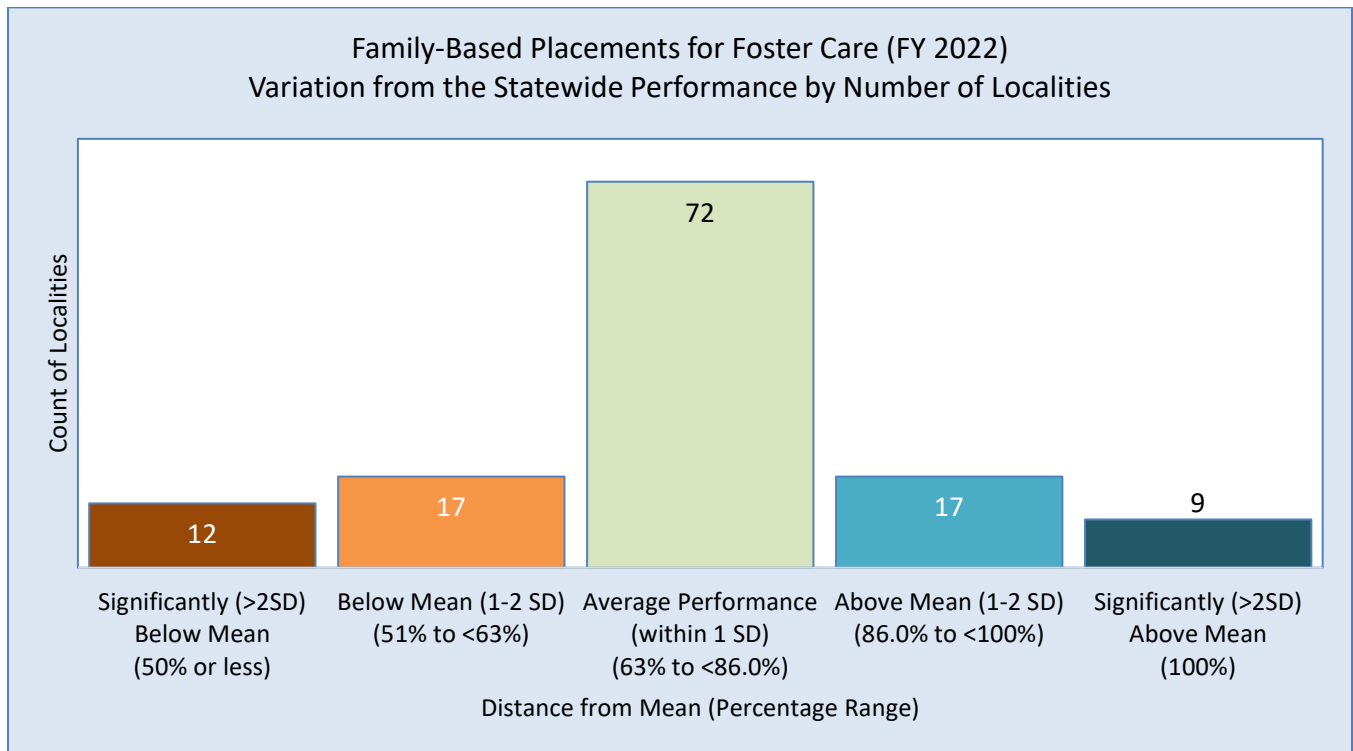


Source: Virginia Department of Social Services, Office of Research and Planning, Children's Services System Outcomes (CSSTO) report

Statewide performance on this indicator was 74 percent, or 11 percentage points below the VDSS established target, at the end of FY 2022. FY 2021 performance was similar, at about 75 percent. The last two fiscal years reported were around five percentage points below the performance for FY 2018 through FY 2020 (between 81 and 84 percent). Performance on this indicator for FY 2021 and 2022 may not be comparable to prior years (FY 2018 - 2020) due to a change in how the VDSS calculated this

outcome. Specifically, in FY 2021 and 2022, the sum of youth in current family-based and congregate care placements no longer equals the total child count reported for some localities. The method by which placement types are defined may result in a child being excluded from both of these categories.

The graph below displays the count of localities based on the percentage of youth in foster care that were in family-based placements at the end of the fiscal year, compared to the statewide weighted mean.



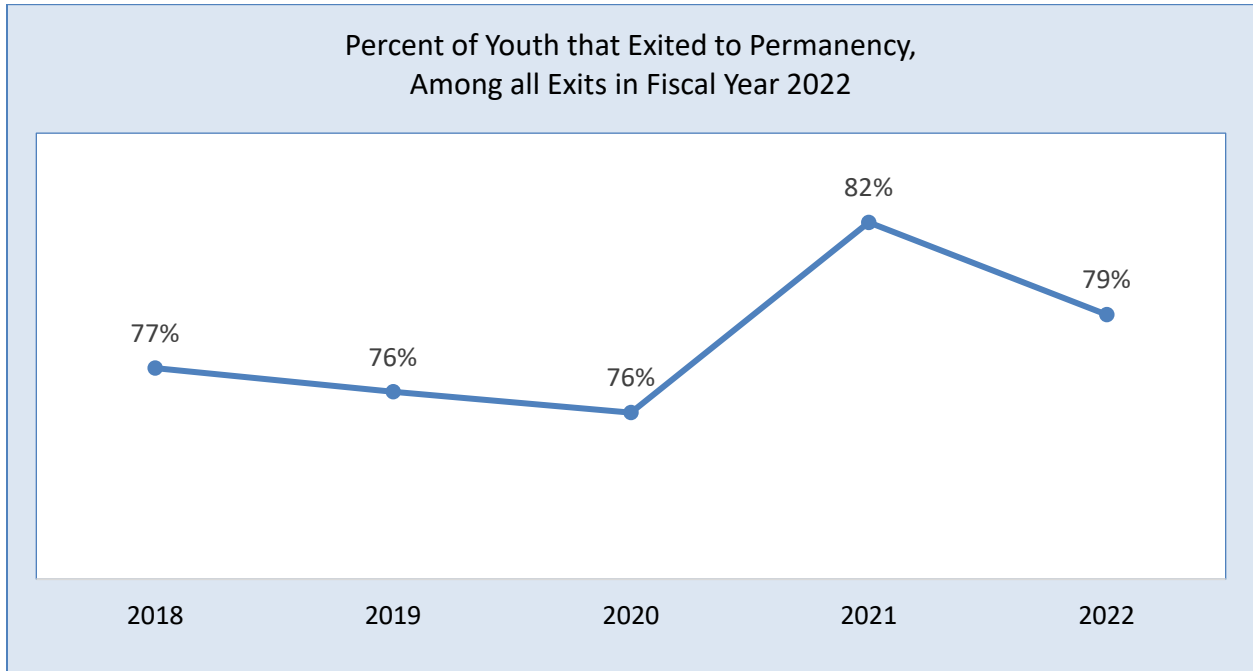
Source: Virginia Department of Social Services, Office of Research and Planning, Children's Services System Outcomes (CSSTO) report

While most localities⁵ (72 out of 127, or 57 percent) were similar to the statewide mean for family-based placements, slightly more localities had below-average performance (29 localities) than above-average performance (26 localities).

⁵ The Virginia Department of Social Services (VDSS) is comprised of 120 local agencies, with some covering multiple jurisdictions. The VDSS reports foster care outcomes at the agency level. In this report, each locality within a multiple jurisdiction agency was assigned the overall DSS jurisdictions' percentage.

Percent of Children Who Exit from Foster Care to a Permanent Living Arrangement

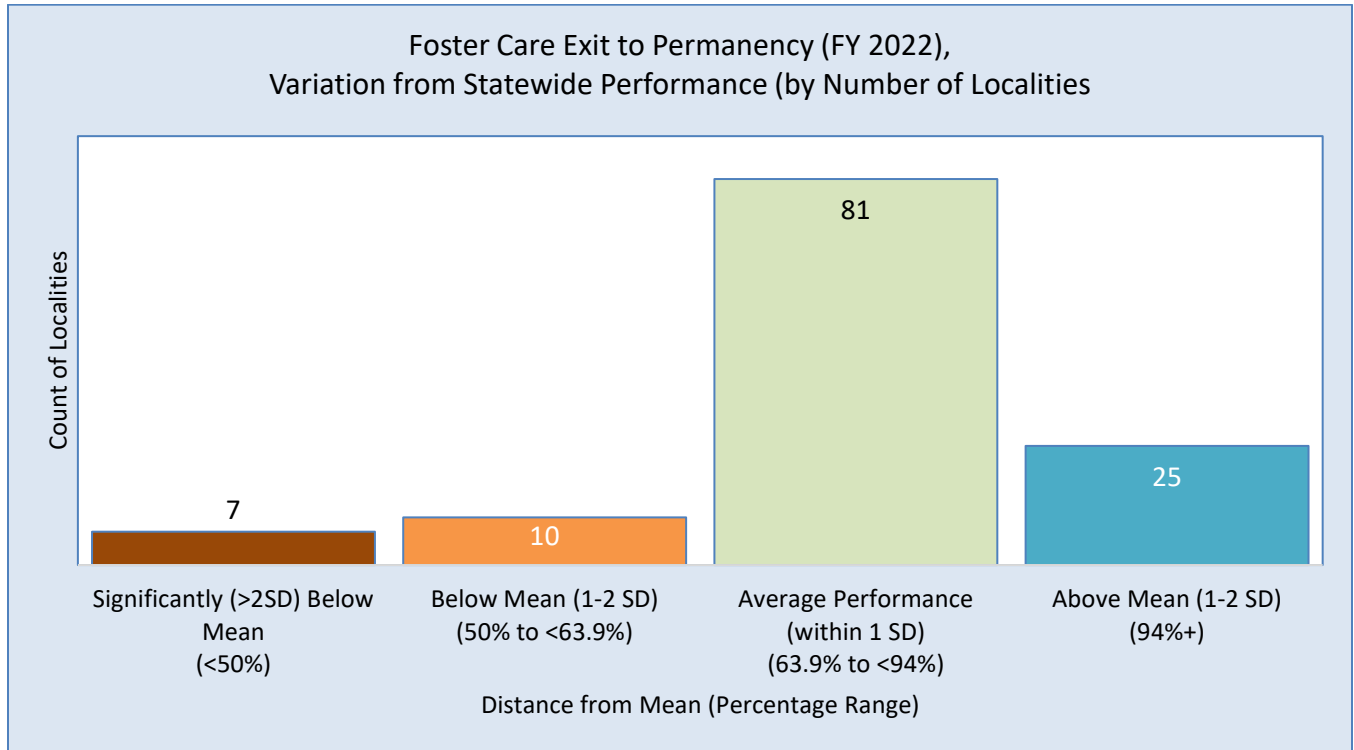
Children who "exit" or "age out" of the foster care system without establishing a permanent family connection (typically through adoption, reunification with their biological family, or placement with a relative) have considerably poorer life outcomes. Achieving permanency is a critical indicator of performance for the child welfare system. The VDSS has established a target that 86 percent of the children in foster care "exit" to a permanent living arrangement before "aging out."



Source: Virginia Department of Social Services, Office of Research and Planning, Children's Services System Outcomes (CSSTO) report

For FY 2022, the statewide percentage who exited to permanency was 79 percent or seven percentage points below the target. This outcome is lower than 82 percent of children who "exited" to permanent living in FY 2021.

The graph below displays the count of localities with youth that exited foster care to permanency in FY 2022, relative to the statewide weighted mean.



Source: Virginia Department of Social Services, Office of Research and Planning, Children's Services System Outcomes (CSSTO) report

While most localities⁶ (81 out of 123, or 66 percent) were similar to the statewide mean of youth exiting foster care to permanency, slightly more localities had above-average performance (25 localities) than below-average performance (17 localities).

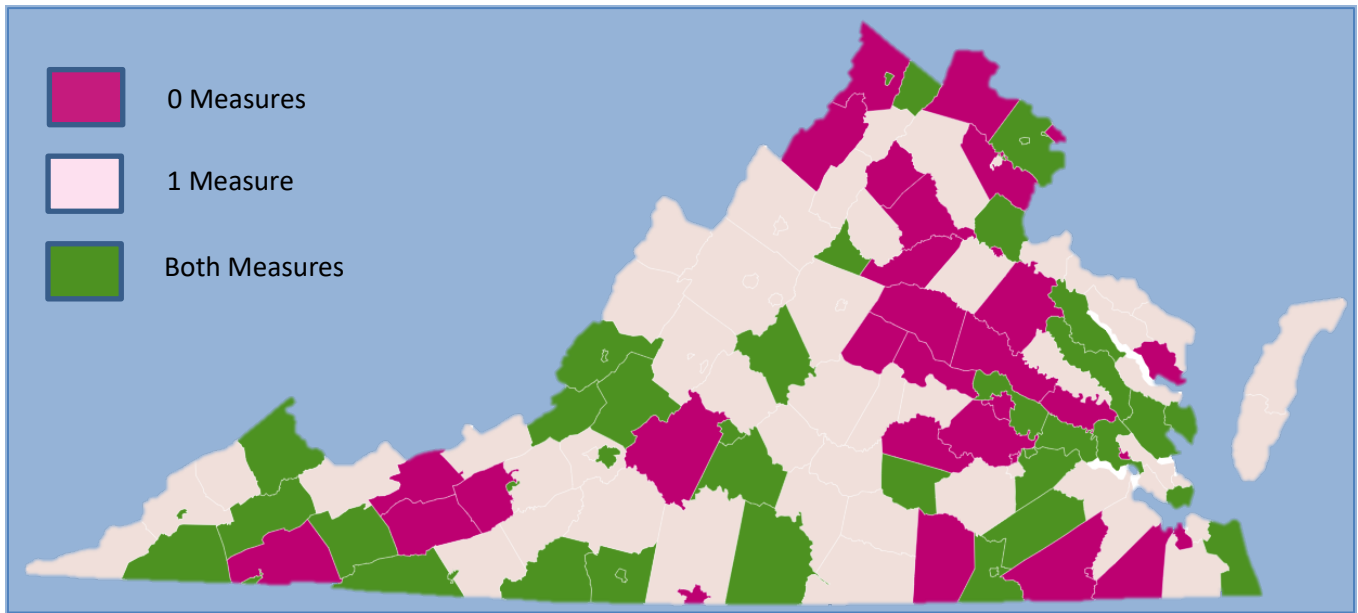
⁶ The Virginia Department of Social Services (VDSS) is comprised of 120 local agencies, with some covering multiple jurisdictions. The VDSS reports foster care outcomes at the agency level. In this report, each locality within a multiple jurisdiction agency was assigned the overall DSS jurisdictions' percentage.

DSS Performance by Location

The map below visualizes, by locality, FY 2022 performance in Virginia DSS outcome measures: percentage of youth in foster care in family-based placements and percentage of youth in foster care that exit to permanency. A locality is shaded based on the number of measures, out of two, in which its percentage of DSS youth in foster care met or exceeded the statewide performance on each measure.

Map of Virginia Localities:

Count of DSS Outcomes (FY 2022) that Met or Exceeded Statewide Percentages



Source: Virginia Department of Social Services, Office of Research and Planning, Children's Services System Outcomes (CSSTO) report; Map created using Datawrapper

Most localities had performance equal to or exceeding the statewide value for at least one of the two DSS outcomes (98 localities). Thirty-two localities fell below the statewide mean for both DSS outcomes. Using DSS geographic regions as a guideline, 38 percent of Northern localities (10 localities), 37 percent of Central (10 localities), 25 percent of Eastern (6 localities), 18 percent of Western (4 localities), and 6 percent of Piedmont (2 localities) had below average performance for both measures.

Localities that met or exceeded the statewide mean for both measures were most prevalent in Western (10 localities or 45 percent) and Piedmont (11 localities or 35 percent) regions. For localities that had a performance that met or exceeded only one of the two measures, it was more likely that performance was better in Foster Care Exit to Permanency (37 out of 57 localities) than in Foster Care Family-Based Placements (20 out of 57 localities).

Conclusion

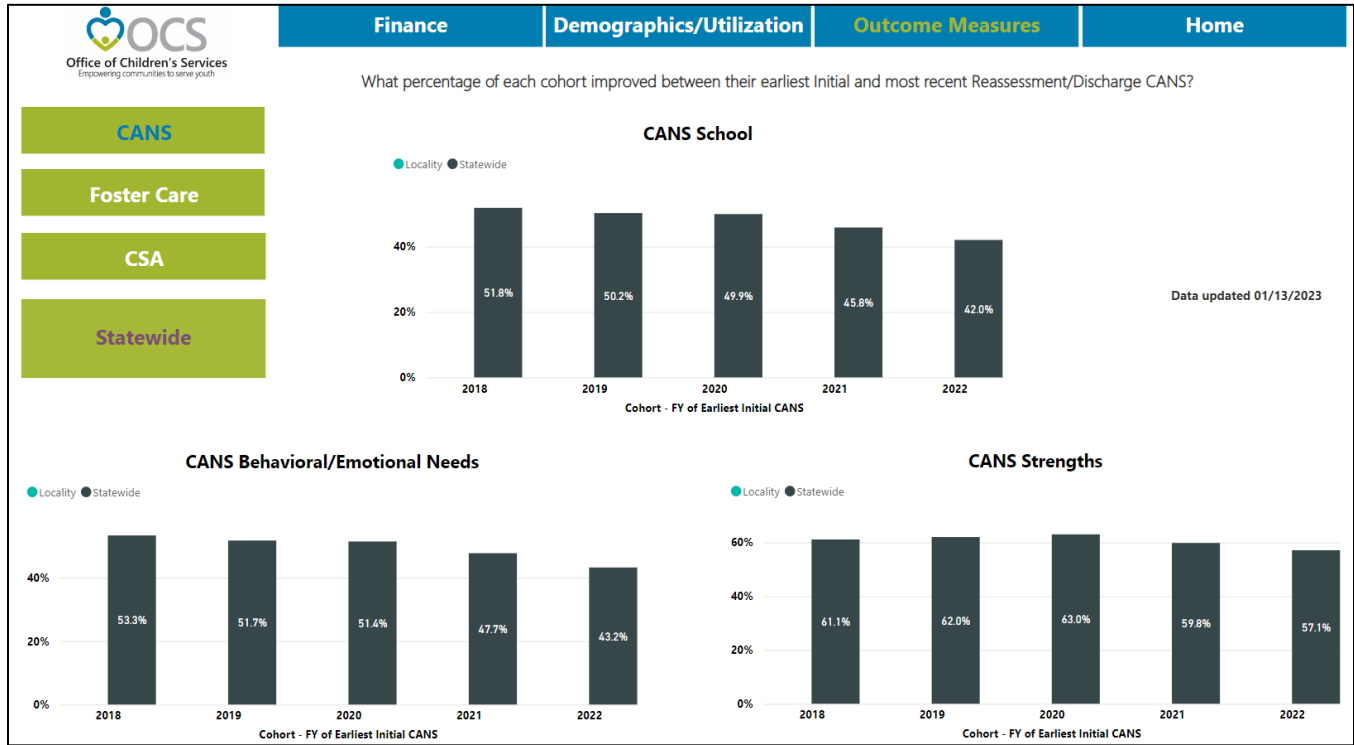
Measuring the performance of the Children's Services Act is critical in determining if CSA is achieving its stated goals and objectives. This report provides updates and additions to reporting completed in previous years. These performance benchmarks are treated with statistical analysis to provide information to CSA stakeholders and the State Executive Council for Children's Services about localities with a high level of performance and areas where possible improvements can be identified.

In addition to the state-level data summarized in this report, the Office of Children's Services features these measures in the Outcomes section of the CSA Data and Outcomes (CQI) Dashboard, allowing individual localities to view their performance on the six measures and compare their outcomes to the state average and that of other localities.⁷ This dashboard is available on the CSA website at www.csa.virginia.gov. It is hoped that local CSA programs utilize these data to identify and build upon areas of strength and develop strategies to improve performance where appropriate.

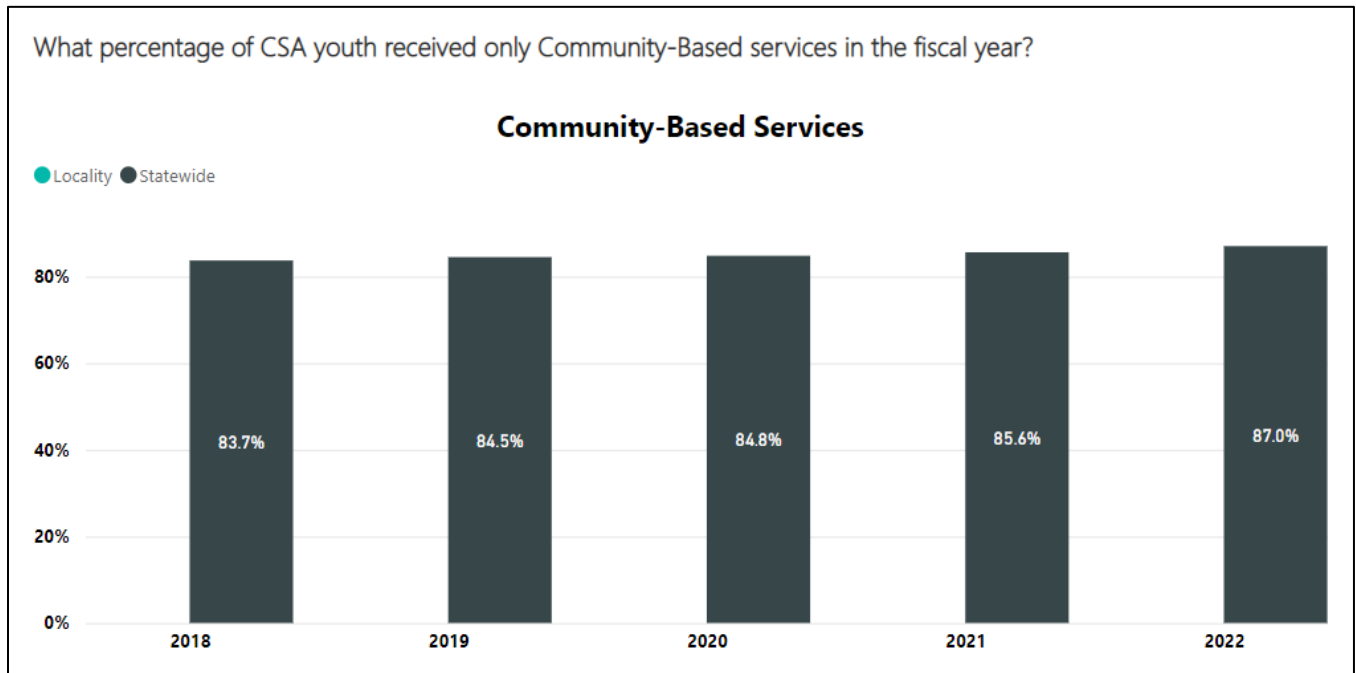
⁷ See Appendix 1 of this report for the FY 2018 – FY 2022 statewide results displayed in the CSA Continuous Quality Improvement (CQI) Dashboard.

Appendix 1: CSA Continuous Quality Improvement (CQI) Dashboard Outcomes Measures Section

CANS Outcomes (as of January 2023)



CSA Utilization Performance (as of July 2022)



DSS Performance Measures Related to Youth in Foster Care (as of August 2022)

