



FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for AT-RISK CHILDREN, YOUTH & FAMILIES

May 31, 2024

Community Policy and Management Team (CPMT)

Agenda

1:00 p.m. -- Convene meeting ~

1. **MINUTES:** Approve minutes of April 26, 2024 meeting
2. **ITEMS: Administrative Items**
 - **Item A – 1:** Approve Revised All-Virtual and Remote Participation Policies
 - **Item A – 2:** Approve FY 25 Calendar of CPMT Meetings
 - **Item A – 3:** Nomination of New Private Provider Representative
 - **CSA Contract Items**
 - Item C – 1:** Monthly Out of State Contract Approvals
 - **CSA Information Items**
 - Item I – 1:** Review OCS Annual Risk Assessment
 - Item I – 2:** Budget Report
 - Item I – 3:** CSA Coordinator's Report
 - **NOVACO – Private Provider Items**
 - **CPMT Parent Representative Items**
 - **Cities of Fairfax and Falls Church Items**
 - **Public Comment**

3:00 p.m. – Adjourn



*Scan to view
meeting materials.*



**FAIRFAX-FALLS CHURCH CHILDREN'S SERVICES for
AT-RISK CHILDREN, YOUTH & FAMILIES**

April 26, 2024

Community Policy and Management Team (CPMT)

Location

Meeting Minutes

Attendees: Gloria Addo-Ayensu, Lesley Abashian, Michael Axler, Michael Becketts, Joe Klemmer, Richard Leichtweis, Chris Leonard, Daryl Washington

Absent: Terri Edmunds-Heard, Annie Henderson, Dana Jones, Dawn Schaefer, Rebecca Sharp, Matt Thompson, Lloyd Tucker,

HMF Attendees: Peter Steinberg,

CSA Management Team Attendees: Karin Ventura, Jessica Jackson, Kamonya Omatete, Andrew Janos, Patti Conway

Stakeholders and CSA Program Staff Present: Janet Bessmer, Jamie Mysorewala, Tiffany Robinson, Jeanne Veraska, Sarah Young, Laura Haggerty-Lacalle, Samira Hotochin, Lisa Morton

1. **MINUTES: Approve minutes of February 23, 2024.** *Motion made by Michael Becketts; seconded by Joe Klemmer; all members agree, motion carries.*
2. **ITEMS:**

Administrative Items:

Item A – 1: Proposal to Reschedule/Cancel May Meeting – Presented by Janet Bessmer. Proposed that the May 16th meeting be rescheduled to May 31st to permit greater member attendance. *Motion made by Joe Klemmer; seconded by Michael Becketts; all members agree, motion carries.*

Item A – 2: Public Comment on OCS Policy 4.5 Fiscal Procedures - Presented by Janet Bessmer. OCS provides a period of public comment for proposed policy changes. CSA suggested that OCS consider other circumstances as “good cause”. CPMT members were asked to approve submission of our locality’s public comment. *Motion made by Joe Klemmer; seconded by Michael Becketts; all members agree, motion carries.*

Item A – 3: Re-appointment of Private Provider Representative – Presented by Janet Bessmer. Deb Evans will be retiring, therefore NOVACO will nominate another provider representative to serve on the CPMT. Request that CPMT approve the nomination of a private provider representative, Richard Leichtweis, to the Board of Supervisors for their re-appointment to a two-year term. *Motion made by Michael Becketts; seconded by Gloria Addo-Ayensu; all members agree, motion carries.*

Approved:



Item A – 4: Submission of OCS Gap Survey Results - Presented by Janet Bessmer. The Office of Children's Services (OSC) requests that all localities respond to their annual Gap Survey. The survey results were shared with members of the CPMT for feedback before submission. Michael Axler commented that families feel like the only way to get ABA is through clinics therefore they are removing the children from the schools to admit them to the clinic so they can receive ABA services. Daryl Washington commented that he disagrees with the statement that Crisis Intervention and/or Stabilization has "remain the same" as CSB has decreased the GAP for crisis stabilization/intervention through the implementation of new resources and processes. CSB also recently released an RFP to find vendors for detox services. Mr. Washington stated that although crisis intervention/stabilization is not where it needs to be, there have been steps towards improvement. He also suggested that we should discuss virtual services because youth are receiving virtual services within the schools. Michael Becketts asked what happens to this report after the state receives this? This survey is completed annually by the state. The survey information from all localities is combined and shared in a report produced by the state. This report is used for informational purposes. CSA Management Team requests approval to submit updated responses to OCS. *Motion made by Lesley Abashian; seconded by Rick Leichtweis; all members agree, motion carries.*

- **CSA CONTRACT ITEMS:**

Item C – 1: Out of State Residential Child Specific Contract Activity – Presented by Karin Ventura. Since the last meeting there was one youth placed in an out-of-state facility. Currently there are a total of 9 active out-of-state placements. The Hazelden contract has been terminated as per Hazelden's request; however, they have not shared why they do not want to continue their contract.

- **CSA INFORMATION ITEMS:**

Item I – 1: Proposed FY 25 CPMT Meeting Schedule - Presented by Janet Bessmer. Request that CPMT review the proposed schedule for FY25. CPMT will need to vote on whether we should meet in July or Aug, and which meetings should be virtual (as per current policy only two meetings can be virtual). Chris Leonard commented that we cannot have two back-to-back virtual meetings. Daryl Washington suggested cancelling meetings during the busy times of the year. Michael Axler stated that the first day of school is August 19, therefore the August date would be difficult for FCPS members to attend. Members agreed that it would be beneficial to decrease the number of meetings per year. Rick Leichtweis commented that we need to ensure that a decrease in meetings does not hinder CSA's ability to get work done. Chris Leonard commented that if the schedule is reconfigured to decrease the number of meetings, the expectation is that all members attend so there is no risk of cancelling meetings due to no quorum. Chris Leonard asked that the CSA team reconfigure the calendar using members' suggestions and bring it to the next CPMT meeting.

Item I – 2: Update on OCS Workgroup for (CHINS) Child in Need of Services eligibility – Presented by Lesley Abashian. A summary of the recommendations from the OCS CHINS workgroup was shared with members. These recommendations will not impact the foster care community-based money. Once the information from the workgroup is presented there will be a chance for public comment.

Item I – 3: Quarterly Report on Residential Entry – Presented by Sarah Young. CSA is noticing there is an



increase in the time it takes to place kids in RTC after they have been approved for FAPT. There have been more referrals from Juvenile Court almost all for youth with SUD. These are also the youth that are having trouble finding placements.

Item I – 4: Budget Report – Presented by Patti Conway. Summary of February 2024 budget was shared. Kamonya Omatete commented that the increase cost for non-residential foster homes is due to more youth with more difficult behaviors, and larger sibling groups coming into care.

Item I – 5: CSA Coordinator's Report- Presented by Janet Bessmer. CSA is preparing for their triennial audit coming up in FY25. DFS's new program information system (IMS) will be implemented in June for administrative staff. Annual OSC reports are available for review on the state website. National Children's Mental Health Awareness Day will be on May 3rd at the James Lee Center.

- **NOVACO – Private Provider Items** – NOVACO will be vetting a new private provider representative to serve on the CPMT.
- **CPMT Parent Representative Items** – Joe Klemmer shared that he enjoyed attending the Youth Advisory Council Art Show and praised event. Many CPMT members attended as well.
- **Cities of Fairfax and Falls Church Items** – New city manager will be starting on Monday. Lesley Abashian was reappointed to SLAT.
- **Public Comment** – Mary Ottinot shared information about her experience with the county and her recommendations for improvement.
- **Staff Comment** – none

Next Meeting: May 31, 2024 1:00 – 3:00pm (Government Center, Rm 120-C)

Adjourn 2:40pm: *Motion to adjourn made by Rick Leichtweis; seconded by Michael Becketts; all members agree, motion carries.*



MEMO TO THE CPMT

May 31, 2024

Administrative Item A - 1 : Approve Updates to Policy on All-Virtual and Remote Participation for CPMT Meetings

ISSUE:

That General Assembly changes to Virginia Freedom of Information Act (VFOIA) legislation be reflected in CPMT policy for public meetings.

BACKGROUND:

All Virtual Meetings: The General Assembly made several changes to all-virtual public meetings through HB 894, which amends Virginia Code § 2.2-3708.3. HB 894 increases the percentage of meetings that eligible Boards, Authorities, or Commissions (BAC) may hold through all-virtual means from 25% to 50%. CPMT may, therefore, hold half of its annual meetings virtually effective July 1, 2024 pending approval of this policy and then annually thereafter. The All-Virtual meetings may not be held consecutively.

All CPMT members are advised that when a public body is conducting an all-virtual public meeting on video conferencing technology like Teams or Zoom, members are required to keep their cameras on. If a member turns their camera off, they may no longer be counted towards the quorum as per Va. Code § 2.2-3708.3(C)(3).

Remote Participation: CPMT members have the option of remote participation (electronic) even when the meeting is being held in person if specific criteria are met. Remote meeting participation is permissible for:

- 1) Members who experience challenges in regularly attending in-person meetings due to a medical condition, disability, or that of a family member may participate remotely¹. HB 1040 allows such BAC members who are attending a meeting remotely to be included in the *physical* quorum count for that meeting.
- 2) Members who do not meet these new definitions but are temporarily sick could still participate in the public meeting remotely, but their attendance would not be counted towards the physical quorum. The Chair can approve remote participation for personal reasons.

➤ ¹ “**Disability**” is defined as a physical or mental impairment that substantially limits one or more major life activities OR is documented by a record of such impairment.

➤ “**Caregiver**” is defined as an adult who provides care for a person with a disability and who is either:

- (1) related by blood, marriage, or adoption to OR
- (2) the legally appointed guardian of the person with a disability



RECOMMENDATION: That the CPMT approved changes to the CPMT public meeting policy to reflect legislation on VFOIA requirements.

ATTACHMENT:

Proposed Policies: All-Virtual Meetings and Remote Participation

INTERNAL CONTROL IMPACT:

These policies must be approved annually. They will be brought for re-authorization annually with the calendar of CPMT meetings for approval.

FISCAL IMPACT:

None

STAFF:

Janet Bessmer, CSA Director

**THE COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT) POLICY
FOR ALL-VIRTUAL PUBLIC MEETINGS**

1. **AUTHORITY AND SCOPE**

a. This policy is adopted pursuant to the authorization of Va. Code § 2.2-3708.3 and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), Va. Code §§ 2.2-3700—3715.

b. This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor or the Fairfax County Board of Supervisors. Any meeting conducted by electronic communication means under such circumstances shall be governed by the provisions of Va. Code § 2.2-3708.2.

c. This policy must be reviewed and readopted annually. Va. Code § 2.2-3708.3(D).

d. This policy does not prohibit or restrict any individual member of a public body who is lawfully either participating in an all-virtual meeting or who is using remote participation from voting on matters before the public body. See Va. Code § 2.2-3708.3(D).

2. **DEFINITIONS**

a. “**BAC**” means the Fairfax- Falls Church CPMT or any committee, subcommittee, or other entity of the CPMT.

b. “**Member**” means any member of the CPMT.

c. “**All-virtual public meeting**” means a public meeting conducted by the CPMT using electronic communication means during which all members of the public body who participate do so remotely rather than being assembled in one physical location, and to which public access is provided through electronic communication means, as defined by Va. Code § 2.2-3701.

d. “**Meeting**” means a meeting as defined by Va. Code § 2.2-3701.

e. “**Notify**” or “**notifies**,” for purposes of this policy, means written notice, including, but not limited to, email or letter, but does not include text messages or messages exchanged on social media.

3. **WHEN AN ALL-VIRTUAL PUBLIC MEETING MAY BE AUTHORIZED**

An all-virtual public meeting may be held under the following circumstances:

- a. It is impracticable or unsafe to assemble a quorum of the CPMT in a single location, but a state of emergency has not been declared by the Governor or Fairfax County Board of Supervisors; or
- b. Other circumstances warrant the holding of an all-virtual public meeting, including, but not limited to, the convenience of an all-virtual meeting; and
- c. The CPMT has not had more than two all-virtual public meetings, or more than 50 percent of its meetings rounded up to the next whole number, whichever is greater, during the calendar year; and
- d. The CPMT's last meeting was not an all-virtual public meeting.

4. **PROCESS TO AUTHORIZE AN ALL-VIRTUAL PUBLIC MEETING**

- a. The CPMT may schedule its all-virtual public meetings at the same time and using the same procedures used by the CPMT to set its meetings calendar for the calendar year; or
- b. If the CPMT wishes to have an all-virtual public meeting on a date not scheduled in advance on its meetings calendar, and an all-virtual public meeting is authorized under Section 3 above, the CPMT Chair may schedule an all-virtual public meeting provided that any such meeting comports with VFOIA notice requirements.

5. **ALL-VIRTUAL PUBLIC MEETING REQUIREMENTS**

The following applies to any all-virtual public meeting of the CPMT that is scheduled in conformance with this Policy:

- a. The meeting notice indicates that the public meeting will be all-virtual and the CPMT will not change the method by which the CPMT chooses to meet without providing a new meeting notice that comports with VFOIA;
- b. Public access is provided by electronic communication means that allows the public to hear all participating members of the CPMT;
- c. Audio-visual technology, if available, is used to allow the public to see the members of the CPMT;
- d. When audio-visual technology is available, a member of the CPMT shall, for purposes of a quorum, be considered absent from any portion of the meeting during which visual communication with the member is voluntarily disconnected or otherwise fails or during which audio communication involuntarily fails.
- e. A phone number, email address, or other live contact information is provided to the public to alert the CPMT if electronic transmission of the meeting fails

for the public, and if such transmission fails, the CPMT takes a recess until public access is restored.

f. A copy of the proposed agenda and all agenda packets (unless exempt) are made available to the public electronically at the same time such materials are provided to the CPMT.

g. The public is afforded the opportunity to comment through electronic means, including written comments, at meetings where public comment is customarily received; and

h. There are no more than two members of the CPMT together in one physical location.

6. **RECORDING IN MINUTES:**

Minutes are taken as required by VFOIA and must include the fact that the meeting was held by electronic communication means and the type of electronic communication means used.

7. **CLOSED SESSION**

If the CPMT goes into closed session, transmission of the meeting will be suspended until the public body resumes to certify the closed meeting in open session.

8. **STRICT AND UNIFORM APPLICATION OF THIS POLICY**

This Policy shall be applied strictly and uniformly, without exception, to the entire membership, and without regard to the matters that will be considered or voted on at the meeting.

**THE COMMUNITY POLICY AND MANAGEMENT TEAM (CPMT) POLICY
FOR THE REMOTE PARTICIPATION OF MEMBERS**

1. AUTHORITY AND SCOPE

a. This policy is adopted pursuant to the authorization of Va. Code § 2.2-3708.3 and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), Va. Code §§ 2.2-3700—3715.

b. This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor or the Fairfax County Board of Supervisors. Any meeting conducted by electronic communication means under such circumstances shall be governed by the provisions of Va. Code § 2.2-3708.2. This policy also does not apply to an all-virtual public meeting.

c. This policy must be reviewed and readopted annually. Va. Code § 2.2-3708.3(D).

d. This policy does not prohibit or restrict any individual member of a public body who is lawfully either participating in an all-virtual meeting or who is using remote participation from voting on matters before the public body. See Va. Code § 2.2-3708.3(D).

2. DEFINITIONS

a. “**BAC**” means the Fairfax-Falls Church CPMT or any committee, subcommittee, or other entity of the CPMT.

b. “**Member**” means any member of the CPMT

c. “**Remote participation**” means participation by an individual member of the CPMT by electronic communication means in a public meeting where a quorum of the CPMT is physically assembled, as defined by Va. Code § 2.2-3701.

d. “**Meeting**” means a meeting as defined by Va. Code § 2.2-3701.

e. “**Notify**” or “**notifies**” for purposes of this policy, means written notice, such as email or letter. Notice does not include text messages or communications via social media.

f. “**Person with a disability**” means a person who has a physical or mental impairment that substantially limits one or more of his major life activities or who has a record of such impairment.;

g. “**Caregiver**” means an adult related by blood, marriage, or adoption or the legally appointed guardian of the person with a disability for whom he is caring.

3. MANDATORY REQUIREMENTS

Regardless of the reasons why the member is participating in a meeting from a remote location by electronic communication means, the following conditions must be met for the member to participate remotely:

a) A quorum of the CPMT must be physically assembled at the primary or central meeting location;

b) For purposes of determining whether a quorum is physically assembled, an individual member of a public body who is either a person with a disability or who must act as a caregiver at the time of the meeting for a person with a disability, and is thus prevented from physically attending the meeting and who thus uses remote participation, will count toward the quorum as if the individual was physically present;

c) Arrangements have been made for the voice of the remotely participating member to be heard by all persons at the primary or central meeting location. If at any point during the meeting the voice of the remotely participating member is no longer able to be heard by all persons at the meeting location, the remotely participating member shall no longer be permitted to participate remotely; and

d) A statutorily conforming policy must be adopted by this BAC at least once annually.

4. PROCESS TO REQUEST REMOTE PARTICIPATION

a. On or before the day of the meeting, and at any point before the meeting begins, the requesting member must notify the CPMT Chair (or the Vice-Chair if the requesting member is the Chair) that they are unable to physically attend a meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance, (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance, (iii) their principal residence location more than 60 miles from the meeting location, or (iv) a personal matter and identifies with specificity the nature of the personal matter.

b. The requesting member shall also notify the CPMT staff liaison of their request, but their failure to do so shall not affect their ability to remotely participate.

c. If the requesting member is unable to physically attend the meeting due to a personal matter, the requesting member must state with specificity the nature of the personal matter. Remote participation due to a personal matter is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. There is no limit to the number of times

that a member may participate remotely for the other authorized purposes listed in 4(a)(i)—(iii) above.

d. The requesting member is not obligated to provide independent verification regarding the reason for their nonattendance, including the temporary or permanent disability or other medical condition or the family member's disability or medical condition that prevents their physical attendance at the meeting.

e. For purposes of establishing a quorum of the BAC, the requesting member shall verify whether the requesting member is requesting remote participation due to his disability or need to act as caregiver for a person with a disability, pursuant to 3(b) above; and

f. The Chair (or the Vice-Chair if the requesting member is the Chair) shall promptly notify the requesting member whether their request is in conformance with this policy, and therefore approved or disapproved.

5. **PROCESS TO CONFIRM APPROVAL OR DISAPPROVAL OF PARTICIPATION FROM A REMOTE LOCATION**

When a quorum of the CPMT has assembled for the meeting, the CPMT shall vote to determine whether:

a. The Chair's decision to approve or disapprove the requesting member's request to participate from a remote location was in conformance with this policy; and

b. The voice of the remotely participating member can be heard by all persons at the primary or central meeting location.

6. **RECORDING IN MINUTES:**

a. If the member is allowed to participate remotely due to a temporary or permanent disability or other medical condition, a family member's medical condition that requires the member to provide care to the family member, or because their principal residence is located more than 60 miles from the meeting location the CPMT shall record in its minutes (1) the CPMT's approval of the member's remote participation; and (2) a general description of the remote location from which the member participated.

b. If the member is allowed to participate remotely due to a personal matter, such matter shall be cited in the minutes with specificity, as well as how many times the member has attended remotely due to a personal matter, and a general description of the remote location from which the member participated.

c. If a member's request to participate remotely is disapproved, the disapproval, including the grounds upon which the requested participation violates this policy or VFOIA, shall be recorded in the minutes with specificity.

7. **CLOSED SESSION**

If the CPMT goes into closed session, the member participating remotely shall ensure that no third party is able to hear or otherwise observe the closed meeting.

8. **STRICT AND UNIFORM APPLICATION OF THIS POLICY**

This Policy shall be applied strictly and uniformly, without exception, to the entire membership, and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

The Chair (or Vice-Chair) shall maintain the member's written request to participate remotely and the written response for a period of one year, or other such time required by records retention laws, regulations, and policies.

MEMO TO THE CPMT

May 31, 2024

Administrative Item A - 2: Approve FY25 CPMT Meeting Schedule

ISSUE: That the CPMT approve the public calendar of meetings for FY 2025.

BACKGROUND:

The CPMT has typically met nine times per year on the fourth Friday of every month. The November and December meetings are often combined to accommodate the holiday season. One meeting is held over the summer, and the March meeting is generally canceled to allow attendance at the annual CSA Symposium's CPMT Roundtable.

At the April 24, 2024 meeting, members suggested re-evaluating the frequency of meetings necessary to conduct business. In addition, the General Assembly passed new legislation impacting the ability for public meetings to be held All Virtual with revisions to the remote participation policy as well.

Once approved, the calendar will be posted on the [county's public website](#) and the [CSA](#) site to fulfill requirements for notice of public meetings.

RECOMMENDATION: That the CPMT approve the calendar for FY25.

ATTACHMENT: Proposed FY25 CPMT Meeting Schedule

STAFF:

Janet Bessmer, Program Manager, Children's Services Act



CPMT SCHEDULE FY25 <i>(July 2024 – June 2025)</i> <i>Fairfax County Government Center, 12000 Government Center Pkwy, Fairfax VA 22035</i>			
Meeting Date	Room #	Time	Notes
July 26, 2024	Virtual	1:00-3:00pm	Review of annual program goals
Sept. 27, 2024		1:00-3:00pm	Budget report for previous year,
Dec. 6, 2024	Virtual	1:00-3:00pm	Audit planning
Jan. 24, 2025		1:00-3:00pm	Audit planning, Legislative update
April 25, 2025	virtual	1:00-3:00pm	Audit planning, Gap Survey, BOS nominations
June 27, 2025		1:00-3:00pm	Budget, Risk Assessment Survey, Annual approval of All-Virtual/Remote Participation policy

MEMO TO THE CPMT

May 31, 2024

Administrative Item A - 3: Approve Nomination of Private Provider Representative to the Board of Supervisors for CPMT Appointment

ISSUE: That the CPMT approve the nomination of a Private Provider Representative to the Board of Supervisors for appointment.

BACKGROUND:

CPMT has traditionally accepted referrals from the Northern Virginia Coalition of Private Provider Associations (NOVACO) for private provider representatives. The CPMT has requested community-based providers who operate businesses within the jurisdiction of Fairfax-Falls Church. NOVACO has nominated Kelley Willis, Executive Director of For Children’s Sake, a provider of Treatment Foster Care Services and outpatient mental health services located in Chantilly, Virginia.

Ms. Willis met with CPMT Chair, Chris Leonard, Michael Becketts, DFS Director and Janet Bessmer to review the priorities of human services within the county, the CPMT goals and requirements. The team presents Ms. Willis to the CPMT for nomination to the Board of Supervisors for appointment.

The CPMT Bylaws denote required members and optional members. State mandated members include:

- One (1) representative of private service providers

The Fairfax County Board of Supervisors may appoint the following positions as members of the CPMT:

- One (1) representative of private service providers

The term shall be for two (2) years and re-appointments may be made for additional consecutive terms upon approval by the CPMT and Board of Supervisors. The terms of private service provider representatives shall expire in alternating years.

RECOMMENDATION: For the CPMT to nominate to the Board of Supervisors Kelley Willils for appointment as a CPMT provider representative.

ATTACHMENT: Kelley Willis, statement of interest and professional experience

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:

Janet Bessmer, CSA Director



Northern Virginia Coalition of Private Provider Associations
for At Risk Youth and Families
Declaration of Interest

To be nominated to be a member of NOVACO, the following information must be provided. Please complete this declaration, attach a current resume, and forward both documents to the NOVACO Chair at the address above.

1. Name of Association you wish to represent (please circle):

- a. Family Focused Treatment Association-VA (FFTA-VA)
- b. Virginia Association of Independent Specialized Education Facilities (VAISEF)
- c. Virginia Association of Licensed Child Placing Agencies (VALCPA)
- d. Virginia Juvenile Justice Association (VJJA)
- e. Virginia Coalition of Private Provider Association (VCOPPA)

2. Name: Kelley Willis

3. Agency information: For Children's Sake of VA

Address: 14900 Bogle Drive, Suite 200, Chantilly, VA 20151

Phone: 703-817-9890

Email: kwillis@fcsva.org

4. Current position: Executive Director

5. Why do you wish to be a member of NOVACO? I recently stepped into the Secretary position for NOVACO when asked by the CEO of my agency. NOVACO has been a group that I was very interested in becoming a member of and as our CEO is stepping out of different roles, I am stepping in. I have over 15 years' experience working in therapeutic foster care, I/H, mentoring, outpatient therapy and supervised visitation services. I am also the current Chair for FFTA and a Member at Large for VALCPA. I feel like I can contribute the knowledge I have with this group.

6. How did you acquire your knowledge of the Comprehensive Services Act? (Please describe your experience including prior team membership, services to CSA funded children, etc.) Please note any other qualifying information that was not noted above nor included in your resume. While in my current position I have had a lot of experience working with CSA staff and on FAPT/CPMT teams. I sat on a FAPT team for two years when our CEO was unable to do so. I have attended countless FAPT meetings as a private provider and have had conversations with CPMT members to advocate for youth and families. Currently I am responsible for our budget, service rate sheet, speaking with CSA about funding and purchase orders, and educating our staff and families about this process. I would appreciate the opportunity to sit on a CPMT team and bring the knowledge and experience that I have and represent NOVACO.

In signing this document, I verify that I have the flexibility in my current position to fulfill the responsibilities of

NOVACO membership. I agree to represent the interests of the provider community at large.

Kelley Willis

Signature

Signature from endorsing Association

Kelley Willis, MSW

Objective

To obtain a position in an organization where I can maximize my clinical skills and work with children and their families.

Experience

08/10– Present George Mason University

Adjunct Faculty

- Facilitate bi weekly class discussion on field placement issues during seminar classes
- Conduct site visits at all placement locations
- Be available to students and field instructors for support, problem-solving, and facilitation of learning activities to enhance the student's educational experience
- Teach Child Welfare course, Methods course, Psychopathology course, and Introduction to Social Work course
- Timely completion of forms and reports as required
- Attend staff meetings and other scheduled department meetings
- Submit grades to the field department as required by the Social Work Department
- Teach online social work courses

12/08 – Present For Children's Sake of Virginia

Executive Director

- Supervise directly all child placing staff and activities to ensure children are getting what is needed in all foster homes, elevate any potential crisis situations
- Supervise all PT community based staff providing IHH, mentoring, supervised visitation and outpatient therapy
- Field Instructor to all interns; including reading process recordings, completing evaluations, and meeting with field liaisons.
- Formulate and implement the agency's policies and programs related to child placing, including developing long and short term goals for the program
- Implement TFC and Community Based Services and Intensive Care Coordination budget
- Collaborate with Fairfax County on Bridging the Gap
- Work with staff on children referrals and placing them in appropriate homes
- Maintain compliance of all foster child, foster family, community based services, ICC and Medicaid files
- Oversees all Medicaid appeals
- Conduct monthly in-service trainings and support groups for foster parents and staff
- Provide therapy to foster youth
- Recruit foster families in the Northern Virginia area
- Provide monthly in-service trainings to families on behavior management techniques, parenting styles, Bridging the Gap and other clinical topics
- Collaborate with the Board of Directors to ensure that all program needs are being met

7/07 – 12/08

For Children's Sake of Virginia

Woodbridge, VA

Kelley Willis, MSW

Case Manager Supervisor

- Supervise case managers in both the Woodbridge and Chantilly offices
- Field Instructors to all of the interns; including reading process recordings, completing evaluations, and meeting with field liaisons.
- Work with foster parents, social workers, and other professionals when problems arise
- Recruit and train foster parents.
- Track all Medicaid submissions for TFC case management
- Provide monthly in-service trainings to families on behavior management techniques, parenting styles, and other clinical topics
- Review all treatment plans to ensure that goals and objectives are being met
- Assist the TFC Program Coordinator in evaluating and changing program policies and procedures as necessary
- Collaborate with the Board of Directors to ensure that all program needs are being met

9/06 – 7/07

For Children's Sake of Virginia

Woodbridge, VA

TFC Case Manager

- Provide therapy and case management to foster children, birth family and foster families
- Conducted home visits, attended IEP meetings, treatment plan meetings, and court hearings
- Wrote case notes, treatment plans, monthly reports and social history assessments
- Work as a liaison with the referring agencies and the birth families

5/04 – 9/06

Adolescent and Family Growth Center

Springfield, VA

Therapist/Case Manager

- Provide therapy and case management to foster children, birth family and foster families
- Conducted home visits, attended IEP meetings, treatment plan meetings, and court hearings
- Co-facilitated two groups for foster children
- Work as a liaison with the referring agencies and birth families

Education

2004-2005

Virginia Commonwealth University

Alexandria, VA

MSW in Social Work

- Dean's List 2004-2005

1998-2004

George Mason University

Fairfax, VA

BSW in Social Work

- Dean's List 2002-2004

CPMT Contract Information Item C-1: Out of State Residential Child Specific Contract Activity

ISSUE: That the CPMT receive regular reports on the CSA Management Team approvals of placements in out of state residential facilities. Since the last CPMT meeting, DPMM processed one (1) Child Specific Contract Request for out of state residential Services.

Date Received by DPMM	Provider	Location	Medicaid Participating/ Single Case Agreement	Requesting Department	Barrier to Contract Pool of Providers	CSA MT Approval Date
5/2/2024	Benedictine School	Ridgely, MD	No	CSB	Parental Placement of student with IEP for Intellectual & developmental disorder, Down Syndrome, Autism and nonverbal with aggression towards self and others.	5/7/2024

BACKGROUND:

As of January 29, 2021, the CPMT has delegated authority for the approval of out of state residential placements for youth to the CSA Management Team. For each month in which a contract is approved, a report of the contract activity is required by the CPMT to identify both new child specific contract placements and any existing child specific contracts that remain active. In the consideration of each contract placement request, all clinically appropriate Medicaid providers located in Virginia under Agreement for Purchase of Services (APOS) with the County were considered and were determined not appropriate due to the individual needs of the youth.

CURRENT SITUATION:

Since the last CPMT, there was one (1) new child specific contract approved by the CSA Management Team as noted above. In addition to the newly approved Child Specific Contract,

there were a total of six (6) active Child Specific Contracts for youth with out of state facilities as detailed below:

Provider	Location	Case Managing Agency	Barrier to Contract Pool of Providers	Date of Approval¹
Benedictine School	Maryland	FCPS-MAS	IEP for Residential School Setting	1/24/2020 (CPMT)
Maplebrook School	Armenia, New York	FCPS-MAS	Parental Placement of student with IEP for Private Day School Setting. Contract for Education costs only.	9/09/2021
Latham Centers	Brewster, Massachusetts	FCPS-MAS	Prader-Willi Syndrome with severe aggression and other complicating medical issues.	9/20/2021
Millcreek of Pontotoc—Willow Springs Group Home	Blue Springs, Mississippi	DFS-FC&A	Borderline IQ, run risk, self-injurious	8/7/2023
Stevens Programs	Swansea, MA	JDRDC	Youth with Problematic Sexual Behavior	10/17/2023
Sandy Pines Residential Treatment Center	Jupiter, FL	DFS-FC&A	Assaultive & runaway behavior; victim of sexual exploitation.	4/18/2024

ATTACHMENT: None

STAFF:

Barbara Martinez, DPMM

¹ Child Specific Contracts approved by the CPMT, prior to the delegation to the CSA Management Team, are noted accordingly.



MEMO TO THE CPMT

May 31, 2024

Information Item I- 1: Responses to OCS Annual Risk Assessment

ISSUE:

That the Office of Children's Services (OCS) requires completion of an annual survey related to risk factors as part of their process for scheduling local program audits

BACKGROUND:

The Program Audit Unit of the Office of Children's Services is actively planning the audit schedule for the upcoming fiscal year. Audits are scheduled based on the results obtained from the risk assessment process, input from stakeholders, and the established audit cycle (every three years). In accordance with OCS' commitment to partner with local stakeholders to implement best practices and continue to improve the performance of CSA, OCS solicits input from local partners in conjunction with the risk assessment process.

The CSA Management Team members were asked to respond to the survey and then the results were discussed in the meeting to reach consensus. The results can be used to address any program areas in preparation for the FY 25 triennial audit of our local program.

ATTACHMENT:

Summary of CSA MT Responses

STAFF:

Janet Bessmer, CSA Director

Fiscal Year 2025 CSA Local Agency - Annual Risk Assessment Survey

The Program Audit Activity of the Office of Children's Services (OCS) is responsible for evaluating the adequacy and effectiveness of governance, risk management, internal control, and compliance activities of local CSA programs, governed by requirements established in the Code of Virginia, Children's Services Act (§ 2.2-5200) and policies adopted by the State Executive Council (SEC). The basis for audit selections include risk assessment, management and stakeholder input, and the established audit cycle (every three years).

The purpose of this survey is to collect information pertaining to local CSA programs that is necessary to complete the risk assessment, and to solicit input from local agency stakeholders that is specific to each of the individual programs. As you complete the survey, please keep in mind that a high risk rating does not guarantee that your program will be subject to an immediate audit. Further, a low risk score does not mean that your program will not be audited in the near future.

Instructions: Survey questions may be discussed with the full Community Policy and Management Team (CPMT). However, the CPMT Chair or designee should complete and submit only one survey per locality. Responses are due by 5:00pm on Friday, May 17, 2024.

Your prompt and thoughtful responses to this risk evaluation survey are greatly appreciated. If you have any questions about this survey, please contact Stephanie Bacote, Program Audit Manager at (804) 662-7441.

* Required

Respondent's Contact Information

(In case follow-up is necessary)

1. Locality Name *

Fairfax- Falls Church

2. Respondent's Name *

Janet Bessmer

3. Respondent's Title *

CSA Director

4. Respondent's Phone Number *

703-324-7932

Inherent Risk Evaluation

The following risk factors may hinder achievement of objectives, if mitigating actions are not taken. Please rate the degree in which your local CSA program has experienced or have been affected by the situations described below.

(Note: A "high" rating is indicative that the risk exposure described exists and has significantly affected the local program. A "low" rating is indicative that the risk exposure is not present ,or where it exist that there has been little or no affect to the local program.)

5. CHANGES IN OPERATIONS: Extent to which changes in funding, staffing, operating practices/procedures over the past 24 months have affected your local program as the changes are absorbed. *

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

- IMS – upcoming changes
- Low UR staffing numbers
- Changes in SUD practices – expedited services, funded travel, gas cards

6. PRESSURE TO MEET OBJECTIVES: Extent to which the local program has been vulnerable to reductions in the quality of service provided, increased operating cost, or lessening of controls/ procedures to achieve federal, state, and local objectives. *

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

Response to SUD - short-term tx model, out of state programs

7. ADVERSE PUBLICITY: Extent to which unfavorable exposures (industry and/or public media) over the past 24 months have affected your local program's ability to secure and maintain public trust and confidence. *

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

8. SERVICE DELAYS: Over the past 24 months, the extent to which failure to meet stated service levels has seriously affected relations with stakeholders, created serious internal problems, and/or affected the program's reputation. *

- Low
- Slightly moderate
- Moderate
- Slightly High
- High

Provider waitlists, case management capacity, UR capacity

9. CONFIDENTIALITY OF DATA: Extent of loss or embarrassment over the past 24months that was due to unauthorized or premature disclosure of protected information. *

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

10. INACCURATE DATA: Extent that incorrect data generated over the past 24 months has affected the integrity and reliability of data reported by the local program, and consequently shared by other state and local stakeholders. *

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

11. PROCESSING SOPHISTICATION: Extent to which the reliability of manual and/or automated technology processes used in the local program's process flow over the past 24 months has impacted performance of daily operating activities. *

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

12. HISTORY OF FRAUD: Extent to which actual or alleged incidences fraud occurring with in the past 24 months has impacted the local program. *

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

Some services provided without PO but not fraudulent.

Control Risk Evaluation

The following factors that are established to mitigate risks could potentially lose their effectiveness over time, and thus no longer function as intended. Please rate the degree in which your local CSA program has experienced or has been affected by the situations described below.

(Note: A "low" rating is indicative that the risk control described exists and is functioning as intended. A "high" rating is indicative that the risk control described does not exist, or where it does exist that the control is not working as intended).

13. EXPERIENCE LEVEL OF THE MANAGEMENT TEAM: Collectively, the extent of management's understanding of state and local CSA operations and understanding of management principles (planning, directing, and monitoring). Consider length of CSA experience.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

- Highly functioning senior Management Team, with long tenure in the roles.
- Historical knowledge, institutional knowledge

14. INFORMATION TECHNOLOGY SECURITY: Extent that appropriate actions have been taken to protect sensitive/confidential data from unauthorized access, such as the use of restricted areas, passwords, and encryption devices.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

15. AUDIT COVERAGE: Extent that internal and/or external reviews are of a quality and frequency of which to provide comprehensive evaluations of the local program.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

- Annual fiscal audits
- Sampling for coding
- UR and QA oversight of documentation

16. ABILITY TO OVERRIDE POLICY: Extent of the ease to which management takes actions that supersede the state and local policies/procedures adopted that govern the local program.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

- Processes are in place that ensure consistency in application of state and local policy.
- QA, UR
- SUD placements have led to more challenging situations.

17. CONTINGENCY PLANNING: Existence of a documented plan to ensure continuation of services in the event of an emergency (e.g. natural disaster) or other short/long-term service disruptions (e.g. extended absence of CSA Coordinator).

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

Cross-training of staff, coverage plans, electronic processes, DFS continuity of operations

18. ADEQUACY OF POLICIES AND PROCEDURES: Extent to which local program policies and procedures are written, comprehensive, clear, accessible, aligned w/federal and state laws and policies where applicable, periodically reviewed and updated.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

Annual review of policy manual

19. MEASURABLE GOAL/OBJECTIVES/PERFORMANCE TARGETS: Extent to which the management team has established benchmarks to gauge achievement; that are documented, reviewed/updated periodically, and disseminated.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

New performance targets needed, CQI capacity

20. MANAGEMENT REVIEW/QUALITY ASSURANCE: Extent to which the management team regularly receives and effectively acts upon formal reports detailing major aspects of the local program to ensure compliance with state and local requirements.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

Regular reports to CSA MT and CPMT provided

21. TRAINING: Extent to which a conscious effort is made to regularly provide training to local program stakeholders; that there is evidence that training needs of key stakeholders are met.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

regular training for CM offered

22. SEGREGATION OF DUTIES: Extent to which duties in the local program's processing stream (i.e., service planning recommendations by FAPT and funding authorizations by CPMT) are optimally separate.

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

23. CONFLICTS OF INTEREST: Extent to which local representatives adhere to state and local disclosure requirements (i.e. timely notification; completed disclosure forms; abstain from voting where applicable).

- Low
- Slightly Moderate
- Moderate
- Slightly High
- High

Stakeholder Feedback

All local programs are scheduled to be audited during the current three year audit cycle (Fiscal Years 2024-2026). Audit selections are based on the evaluation of many factors, including but not limited to risk/severity concerns, availability of resources, and input from OCS management and other state/local CSA stakeholders. Please note that a response to the following questions would NOT automatically result in the local CSA program receiving a higher risk ranking in the scheduling of audit priorities.

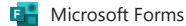
24. Please list and briefly describe any best practices, major achievements, and/or concerns that you have regarding your local CSA program.

New information system will be implemented starting FY25.

25. Are there any particular areas of your program that you would like a callback from an auditor to discuss considerations for a more focused review? If yes, please provide a brief description.

None.

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Information Item I-1: March Budget Report & Status Update, Program Year 2024

ISSUE:

CPMT members monitor CSA expenditures to review trends and provide budget oversight.

BACKGROUND:

The Budget Report to the CPMT has been organized for consistency with LEDRS reporting categories and Service Placement types.

The attached chart details Program Year 2024 cumulative expenditures through January for LEDRS categories, with associated Youth counts. IEP-driven expenditures for Schools are separated out. Further information on the attachment provides additional information on recoveries, unduplicated youth count, and:

- Average cost per child for some Mandated categories
- Average costs for key placement types, such as Residential Treatment Facility, Treatment Foster Home, Education placements.

Total Pooled Expenditures: Pooled expenditures through March 2024 for FY24 equal \$25M for 862 youths. This amount is an increase from last year by approximately \$3.8M, or 17.65%. YTD Pooled expenditures for FY23 equaled \$21.3M for 851 youths.

The chart below includes FY23 as a reference to prior year comparison.

	Program Year 2023	Program Year 2024	Change Amt	Change %
Residential Treatment & Education	\$3,714,085	\$4,735,766	\$1,021,681	27.51%
Private Day Special Education	\$10,601,815	\$11,242,055	\$640,240	6.04%
Non-Residential Foster Home/Other	\$4,824,152	\$5,882,495	\$1,058,343	21.94%
Community Services	\$2,363,331	\$3,215,677	\$852,346	36.07%
Non-Mandated Services (All)	\$500,328	\$668,720	\$168,392	33.66%
Recoveries	(\$655,256)	(\$628,067)	\$27,189	-4.15%
Total Expenditures	\$21,348,455	\$25,116,646	\$3,768,191	17.65%
Residential Treatment & Education	84	129	45	53.57%
Private Day Special Education	209	221	12	5.74%
Non-Residential Foster Home/Other	296	317	21	7.09%
Community Services	552	583	31	5.62%
Non-Mandated Services (All)	165	162	(3)	-1.82%
Unique Count All Categories	1,306	1,412	106	8.12%
Unduplicated Youth Count	851	862	11	1.29%

Note: The number of youths served is unduplicated within individual categories, but not across categories.

The Office of Children’s Services

Expenditure claims have been submitted to the State Office of Children’s Services (OCS) through March 2024. Revenue has been received through February 2024.

FY2024 OCS SUBMISSIONS						
Date Submitted	Month	Amount Submitted	STATE	Medicaid Withholding	State Total Reimbursement	Date Received
8/29/2023	Adm Allocation	\$ 99,505			\$ 53,623	11/16/2023
8/28/2023	July	\$ 74,019	\$ 40,048	\$ 40,048	0.00	Aug-23
9/26/2023	August	\$ 1,041,074	\$ 579,100	\$ 52,126	\$ 526,973	11/16/2023
11/6/2023	September	\$ 1,873,551	\$ 1,064,891	\$ 38,801	\$ 1,026,090	11/30/2023
12/6/2023	October	\$ 2,428,535	\$ 1,378,301		\$ 1,378,301	12/29/2023
1/3/2024	November	\$ 4,088,692	\$ 2,248,284		\$ 2,248,284	1/31/2024
1/31/2024	December	\$ 4,019,217	\$ 2,213,434		\$ 2,213,434	2/29/2024
2/28/2024	January	\$ 3,337,930	\$ 1,868,854	\$ 35,405	\$ 1,833,449	3/29/2024
3/29/2024	February	\$ 4,354,932	\$ 2,448,165	\$ 61,857	\$ 2,386,308	4/30/2024
5/2/2024	March	\$ 3,898,697	\$ 2,178,392			
TOTAL		\$ 25,116,646	\$ 14,019,468	\$ 228,237	\$ 11,612,839	

**State total reimbursement does not include Administrative Allocation.

** State reimbursement for July was applied to the Medicaid withholding.

RECOMMENDATION:

For CPMT members to accept the March Program Year 2024 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Patti Conway, Alicia Gallogly

Program Year 2024 Year To Date CSA Expenditures and Youth Served (through March Payment)

Trans Descrip Payment

Mandated/ Non-M:	Residential/ Non-Residential	Serv Type Descrip	Local Match Rate	County & Foster Care	Youth in Category	Schools (IEP Only)	Youth in Category	Total Expenditures	
Mandated	Residential	Residential Treatment Facility	57.64%	\$3,084,306	82			\$3,084,306	
		Group Home	57.64%	\$114,788	4			\$114,788	
		Education - for Residential Medicaid Placements	46.11%	\$802,317	23	\$92,699	4	\$895,016	
		Education for Residential Non-Medicaid Placements	46.11%	\$522,539	14	\$119,116	2	\$641,655	
	Residential Total				\$4,523,951	123	\$211,815	6	\$4,735,766
	Non Residential	Special Education Private Day	46.11%	\$3,781,735	9	\$7,460,320	212		\$11,242,055
		Wrap-Around for Students with Disab	46.11%	\$297,167	63				\$297,167
		Treatment Foster Home	46.11%	\$3,578,117	109				\$3,578,117
		Foster Care Mtce	46.11%	\$858,868	97				\$858,868
		Independent Living Stipend	46.11%	\$313,958	24				\$313,958
		Community Based Service	23.06%	\$2,555,848	435				\$2,555,848
		ICC	23.06%	\$659,829	148				\$659,829
		Independent Living Arrangement	46.11%	\$794,985	22				\$794,985
		Psychiatric Hospital/Crisis Stabilization	46.11%	\$39,400	2				\$39,400
		Non Residential Total			\$12,879,907	909	\$7,460,320	212	
Mandated Total				\$17,403,858	1,032	\$7,672,135	218	\$25,075,993	
Non-Mandated	Residential	Residential Treatment Facility	57.64%	\$77,740	2			\$77,740	
		Education for Residential Non-Medicaid Placements	46.11%	\$13,797	1			\$13,797	
	Residential Total			\$91,537	3			\$91,537	
	Non Residential	Community Based Service	23.06%	\$410,819	100				\$410,819
		ICC	23.06%	\$166,363	62				\$166,363
Non Residential Total			\$577,183	162				\$577,183	
Non-Mandated Total				\$668,720	165			\$668,720	
Grand Total (with Duplicated Youth Count)				\$18,072,577	1,197		218	\$25,744,713	

Recoveries	-\$628,067
Total Net of Recoveries	\$25,116,646
Unduplicated child count	862

Key Indicators		Prog Yr 2023 YTD	Prog Yr 2024 YTD
Cost Per Child			
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)		\$25,086	\$29,138
Average Cost Per Child Mandated Residential (unduplicated)		\$50,878	\$48,822
Average Cost Per Child Mandated Non- Residential (unduplicated)		\$28,633	\$26,728
Average Cost Mandated Community Based Services Per Child (unduplicated)		\$4,281	\$5,516
Average costs for key placement types			
Average Cost for Residential Treatment Facility (Non-IEP)		\$32,101	\$37,613
Average Cost for Treatment Foster Home		\$28,946	\$32,827
Average Education Cost for Residential Medicaid Placement (Residential)		\$56,928	\$33,149
Average Education Cost for Residential Non-Medicaid Placement (Residential)		\$63,098	\$40,103
Average Special Education Cost for Private Day (Non-Residential)		\$50,726	\$50,869
Average Cost for Non-Mandated Placement		\$3,032	\$4,053

Category	Program Year 2024 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2024 Allocation	\$499,469	\$329,786	34%
Non Mandated Program Year 2024	\$1,630,458	\$726,653	55%
Program Year 2024 Total Allocation	\$33,538,460	\$25,116,646	25%



MEMO TO THE CPMT

May 31, 2024

Information Item I- 3: CSA Coordinator's Report

ISSUE:

To improve communication, engagement and oversight of the CSA program, the CSA Coordinator will provide the CPMT with a summary of current trends and issues in the service delivery system.

BACKGROUND:

To facilitate the CPMT's long-range planning, monitoring, and oversight of the effectiveness of the CSA program, the CSA Coordinator provides a summary of trends and issues for CPMT's awareness and consideration.

Issue #1: Change to OCS policy of fiscal responsibility for transfer of IEP services OCS has amended the inter-county transfer policy when a family moves to another VA locality. The standing policy has been for the sending jurisdiction to fund services for the 30 days after notification to the receiving jurisdiction. The new policy requires that the receiving jurisdiction begin funding the IEP services immediately after notice.

Issue #2: Implementation of a new program information system (HHS- IMS) – Implementation is scheduled for July 1. In the initial phase, staff who use the current system will transition to the new system. Our current focus is on ensuring that the state required reporting called LEDRS (Local Expenditure and Data Reporting System) is accurate and functional prior to conversion to the new information system. Agency case managers will be trained to complete their CSA functions using the new system in a phased approach with tailored training.

Issue #3: OCS Reports – the state Office of Childrens' Services provides annual reports, PowerBI dashboards and specific ad hoc reporting. These reports are available on the state website www.csa.virginia.gov and distributed to localities. Please note that it is recommended to use the Chrome browser to access the state website and CQI data reports. The most recent report summarizes the Gap and Need Survey (see attached).

Item 4: Current tasks/issues at year end -

- Contract renewals, rate increases
- Case management capacity needs
- UR hiring – two positions to be filled after regrade of these positions, management of reduced capacity



ATTACHMENT:

OCS Gap and Needs Survey for State

STAFF:

Janet Bessmer, CSA Director



Office of Children's Services
Empowering communities to serve youth

FY 2024 CSA Service Gap Survey

(Follow-up to FY 2023 Gap Survey)

The CSA Service Gap Survey

- Section 2.2-5211.1.2 of the Code of Virginia requires that: "The community policy and management team shall report annually to the Office of Children's Services on the gaps in services needed to keep children in the local community and any barriers to the development of those services." This requirement led to the implementation of the annual CSA Service Gap Survey, which has been in place since 2007.
- Beginning in 2017, the process was revised to require that a full survey be completed only in odd-numbered years. In even-numbered years, localities review their previous year's submission and provide an update.
- FY2024 represents the follow-up to the complete survey from FY2023 which is available at:

[FY2023 CSA Service Gap Survey](#)
- FY2024 surveys were distributed to localities that submitted responses to the FY2023 survey. Respondents were asked to report whether gaps from last year's survey had increased, decreased, or remained the same, and to identify any new gaps.

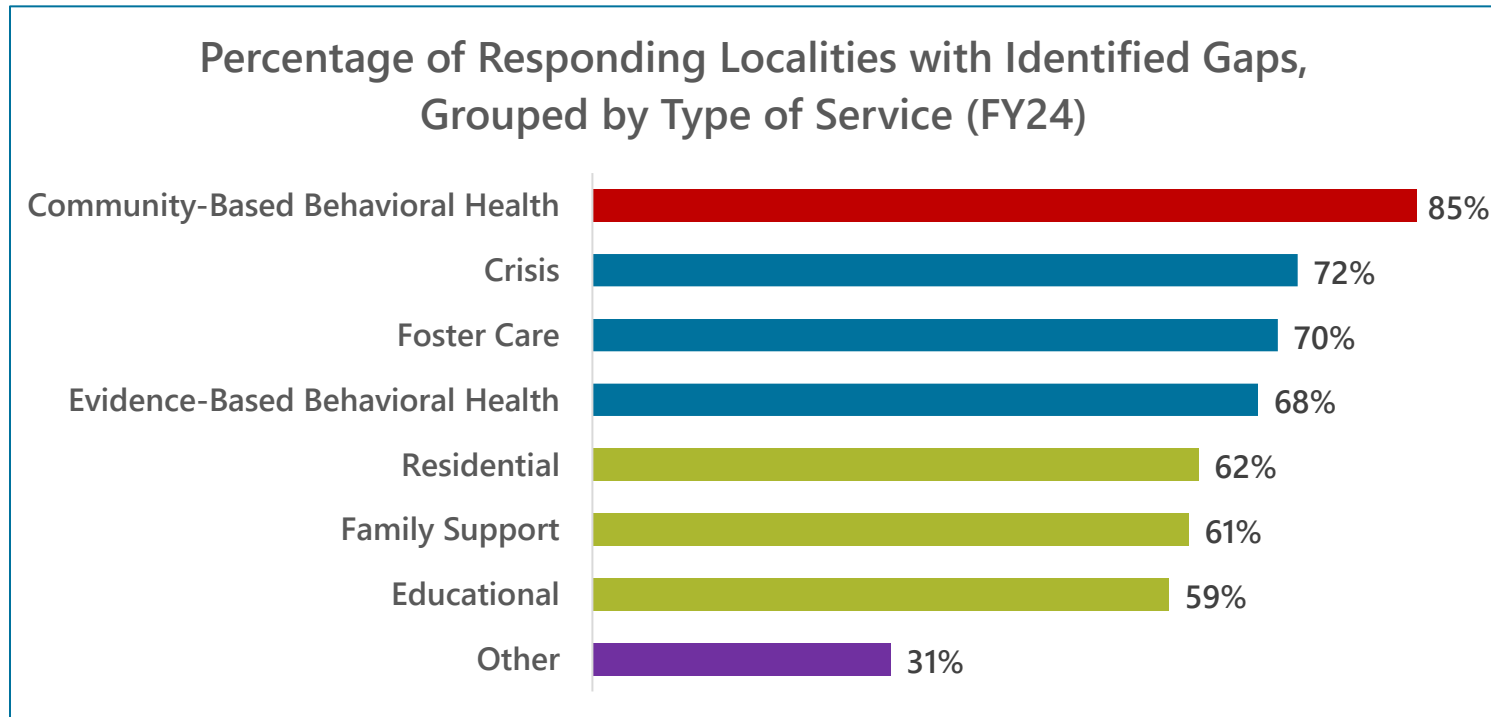
Key Findings

- The **top three service gap groupings** identified by localities were Community-Based Behavioral Health, Crisis Services, and Foster Care.
- The **most frequently identified service gaps** for FY2024 were Crisis Intervention/Crisis Stabilization (58%), Family Foster Care Homes (57%), and Applied Behavior Analysis (51%).
- The top three services most frequently identified by localities as **increased gaps** were Multi-systemic Therapy (46% of localities that reported the gap in FY2023), Family Support Partner (44%), and Family Foster Care Homes (42%).
- The top three services identified by localities as **decreased/resolved gaps** were Motivational Interviewing (43% of localities that reported the gap in FY2023), Parent Child Interaction Therapy (23%), and School-based Mental Health Services (21%).
- The top three services identified by localities as **new gaps** (among localities that did not select these service gaps last year) were Family Foster Care Homes (24% of localities that did not report this gap in FY2023), Functional Family Therapy (22%), and Respite (22%).

Key Findings, continued

- A majority of respondents (ranging from 66% to 80%, depending on the barrier) did not change their barrier rating from the FY2023 value.
- The average rating regarding barriers to developing needed services increased between for Provider Availability, Transportation, and Funding from FY2023 to FY2024 .
- Lack of Information/Data had the largest percentage of respondents (16%) who reported increased barrier ratings, compared to FY2023. Higher ratings indicate an increase in the perceived impact of this barrier to developing needed services over the last year.
- Lack of Collaboration/Consensus had the largest percentage of respondents (22%) who submitted decreased barrier ratings, compared to FY2023. Lower ratings indicate a decrease in the perceived impact of this barrier over the last year.

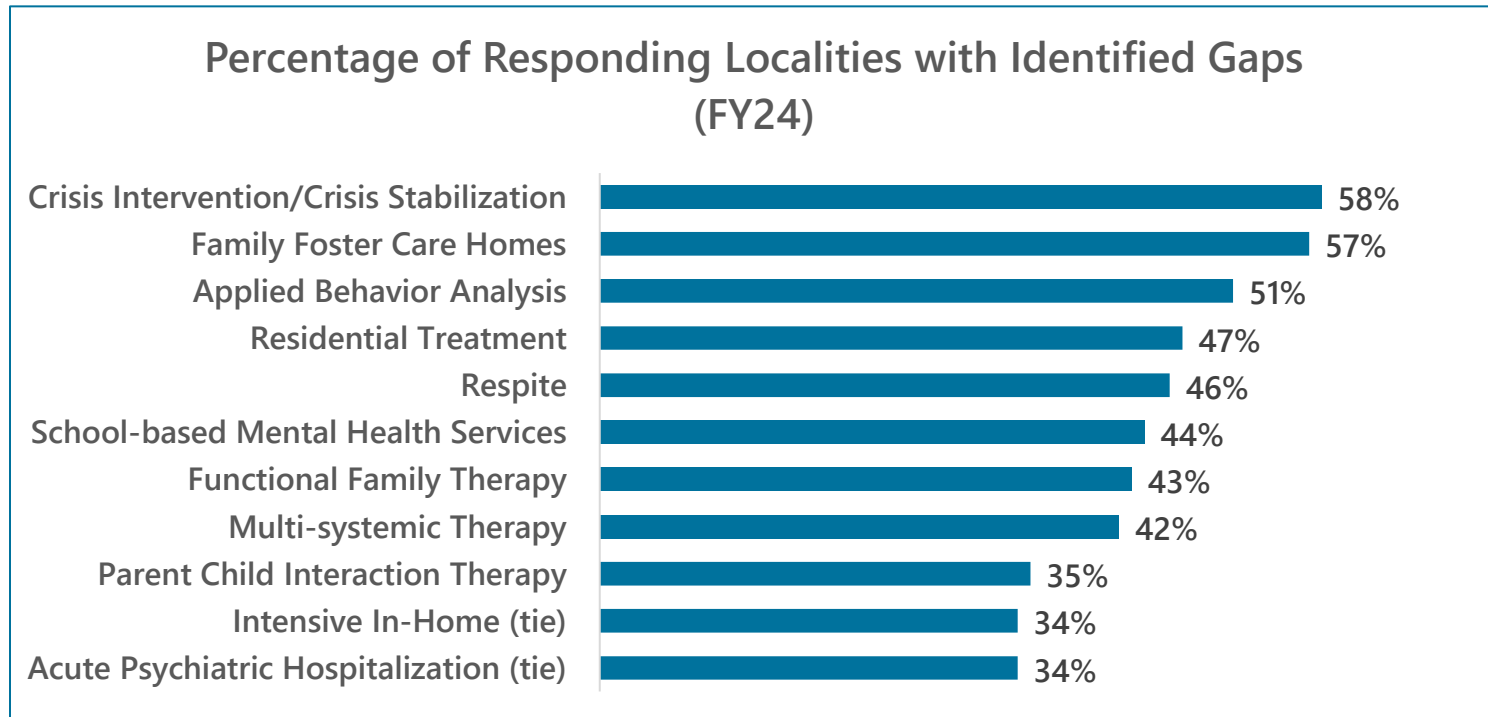
Reported Gaps: Most Prevalent Service Groups (FY2024)



Note: If a locality selected at least one critical service gap within the service type groups displayed above, they were counted for this measure. The number of responding localities represents the count of localities that submitted survey responses; bar chart values represent the percentage of responding localities with a critical gap identified for that service type.

Number of Responding Localities: 98

Top 10 Most Prevalent Reported Service Gaps (FY2024, ungrouped)

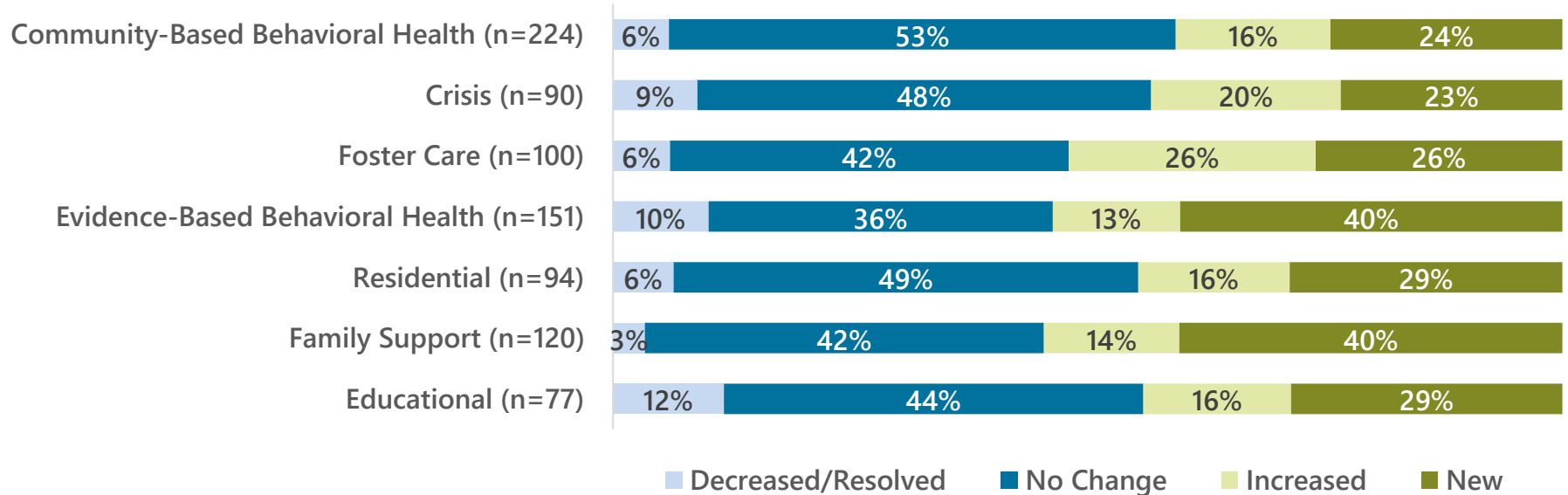


Note: If a locality responded with a status (increased/decreased/remained the same/new gap) they were counted for this measure. The number of responding localities represents the count of localities that submitted survey responses; bar chart values represent the percentage of responding localities with a critical gap identified for that service type.

Number of Responding Localities: 98

Response Prevalence by Service Grouping (FY2024)

Locality Service Gap Response Selections by Service Grouping (FY23 to FY24)



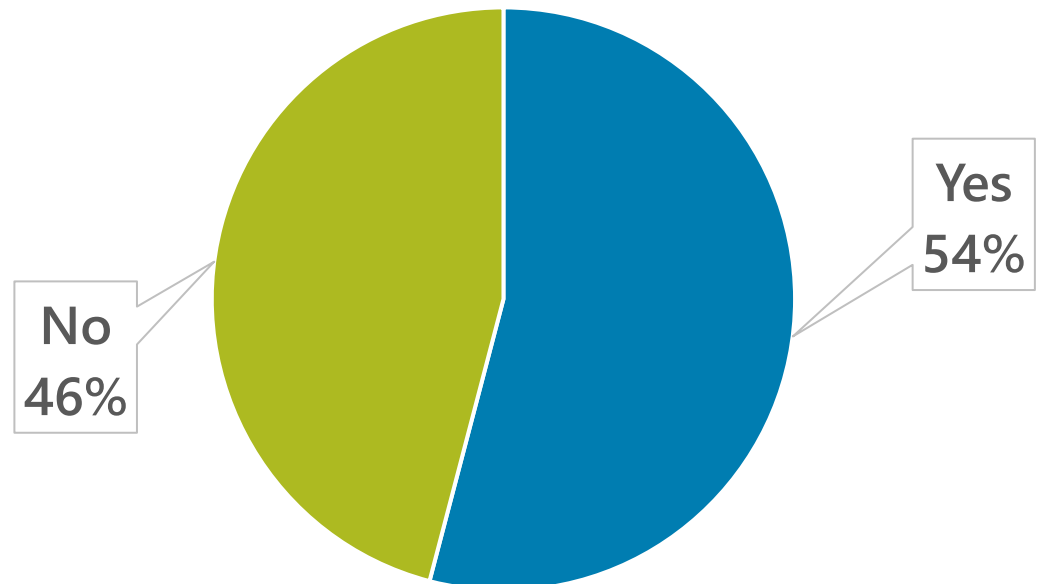
Note: Percentages above reflect the proportion of each response option, among provided responses (if a locality did not provide a response of decreased gap, resolved gap, no change in gap, increased gap, or new gap, the response was not included in the denominator of the measure). The number of responses received for each service grouping is shown as the n value for each bar. Using the top bar as an example, the chart shows that among the 224 responses received for all services grouped into 'Community-Based Behavioral Health', 24% noted a new service gap for FY24. Response counts are dependent on the number of services assigned to each group, and whether localities provided a response for the service or left the response blank to indicate that the service gap did not apply to their locality.

Have any gaps identified in FY2023 *increased* in FY2024?

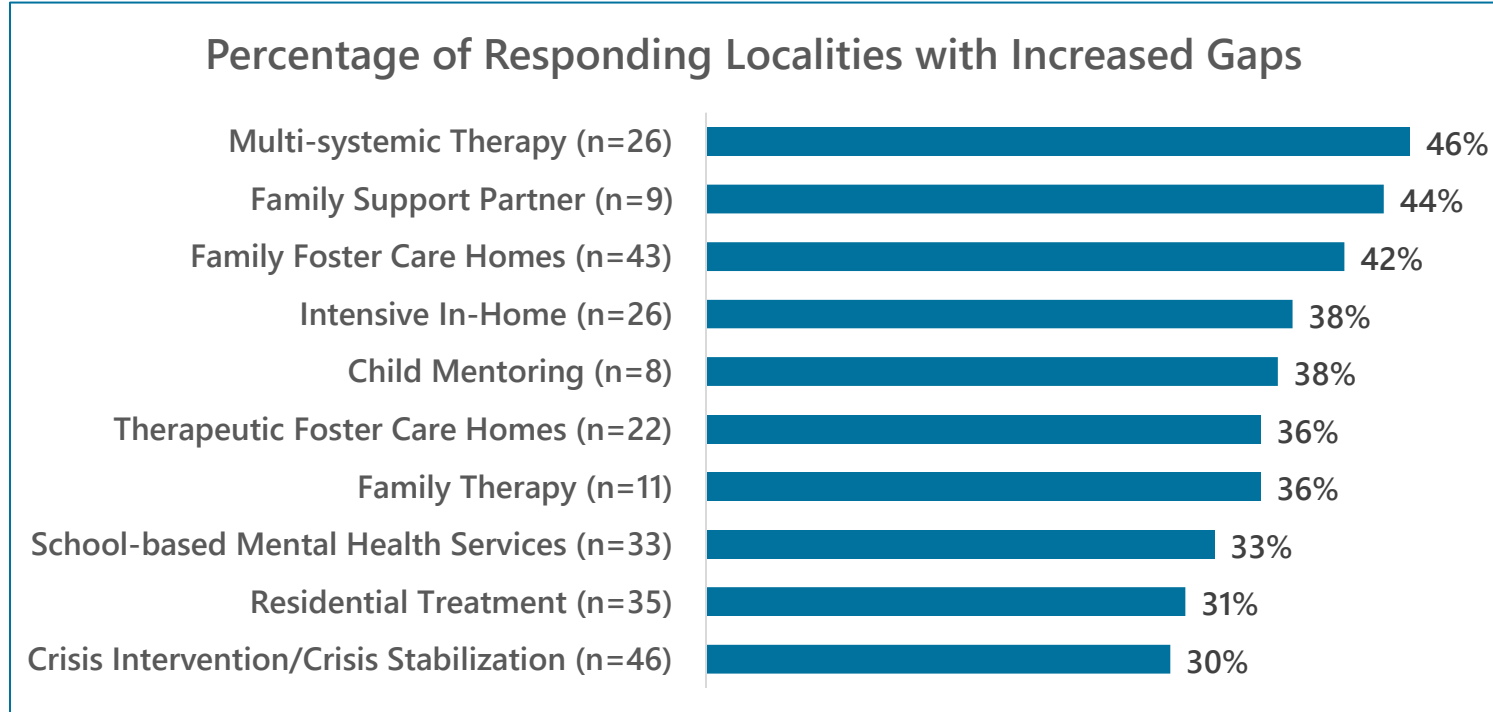
Statewide



N=98



Top 10 Service Gaps that *Increased* in FY2024



Note: Localities that reported a gap in their FY23 survey results are included in the denominator for each service percentage (n value reported with each service name). The percentages above reflect the proportion of localities with a reported gap in FY23 who also reported that the gap increased in FY24. Using Multi-systemic Therapy as an example, the chart indicates that 46% of the 26 localities that reported MST as a service gap in FY23 reported that this service gap increased in FY24.

Have any of the FY2023 service gaps *increased* in FY2024?

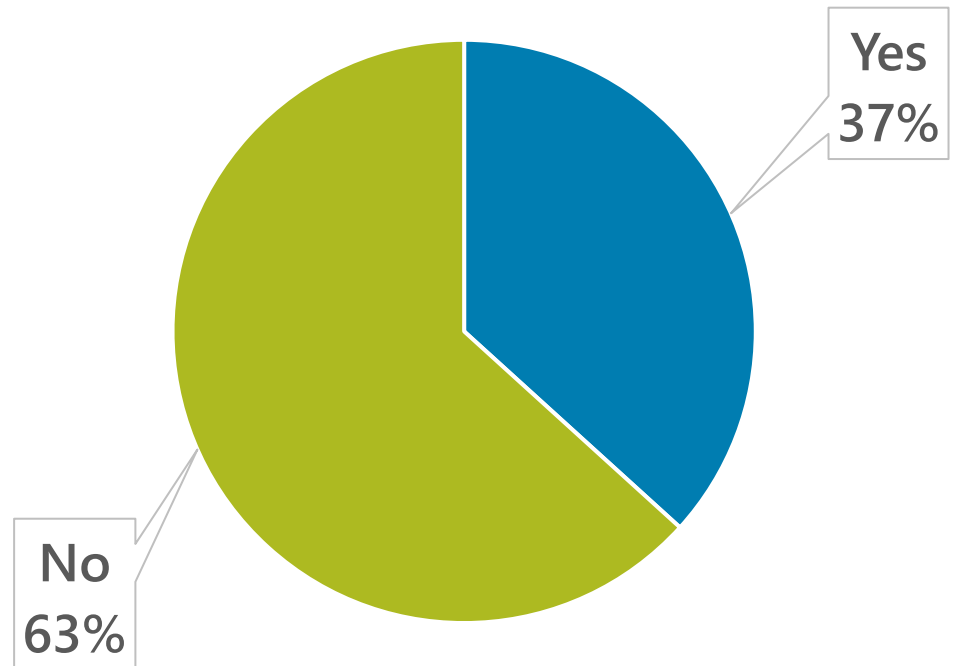
	Yes	Percent Yes	No	Percent No	Total
Central	8	36%	14	64%	22
Eastern	10	56%	8	44%	18
Northern	15	71%	6	29%	21
Piedmont	13	62%	8	38%	21
Western	7	44%	9	56%	16
Statewide	53	54%	45	46%	98

Have any of the service gaps identified in FY2023 *decreased or been resolved* in FY2024?

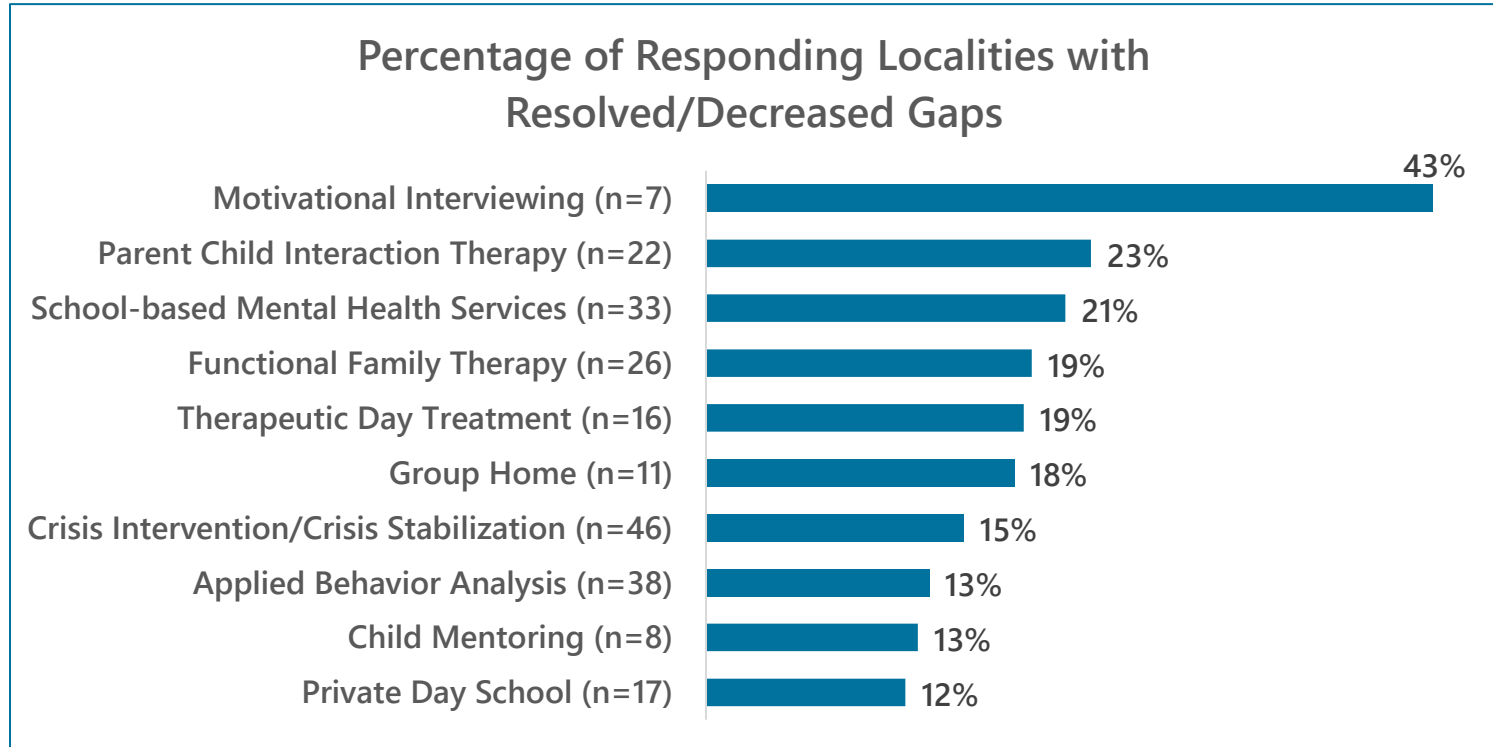
Statewide



N=98



Top 10 Service Gaps that *Resolved/Decreased* in FY2024



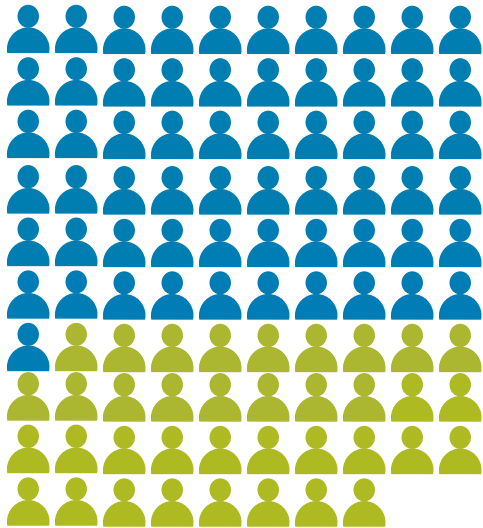
Note: Localities that reported a gap in their FY23 survey results are included in the denominator for each service percentage (n value reported with each service name). The percentages above reflect the proportion of localities with a reported gap in FY23 who also reported that the gap decreased or resolved in FY24. Using Motivational Interviewing as an example, the chart indicates that 43% of the seven localities that reported MI as a service gap in FY23 reported that this service gap decreased or resolved in FY24.

Have any of the FY2023 service gaps been *resolved/decreased* in FY2024?

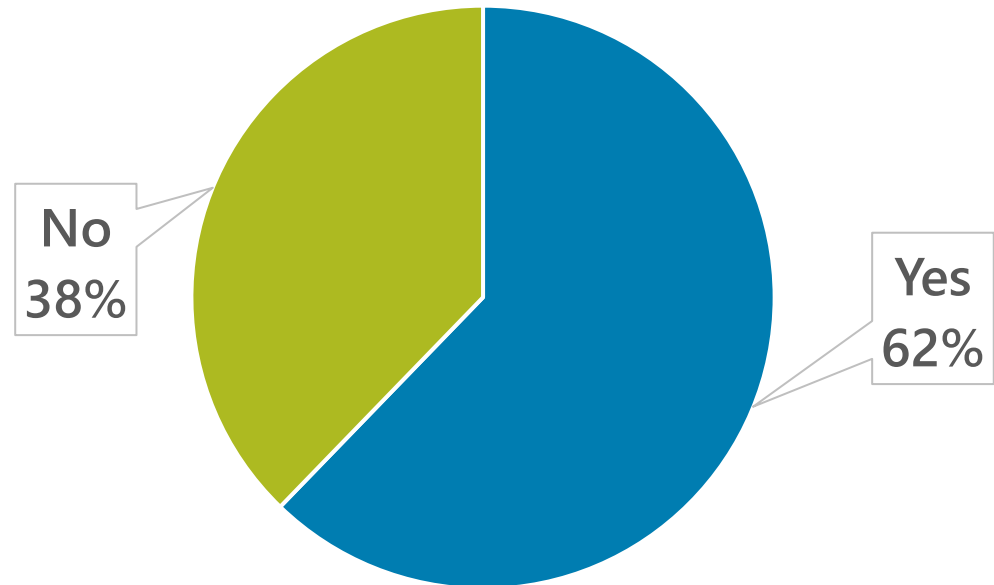
	Yes	Percent Yes	No	Percent No	Total
Central	13	59%	9	41%	22
Eastern	5	28%	13	72%	18
Northern	5	24%	16	76%	21
Piedmont	5	24%	16	76%	21
Western	8	50%	8	50%	16
Statewide	36	37%	62	63%	98

Are there any *new* service gaps identified for FY2024?

Statewide

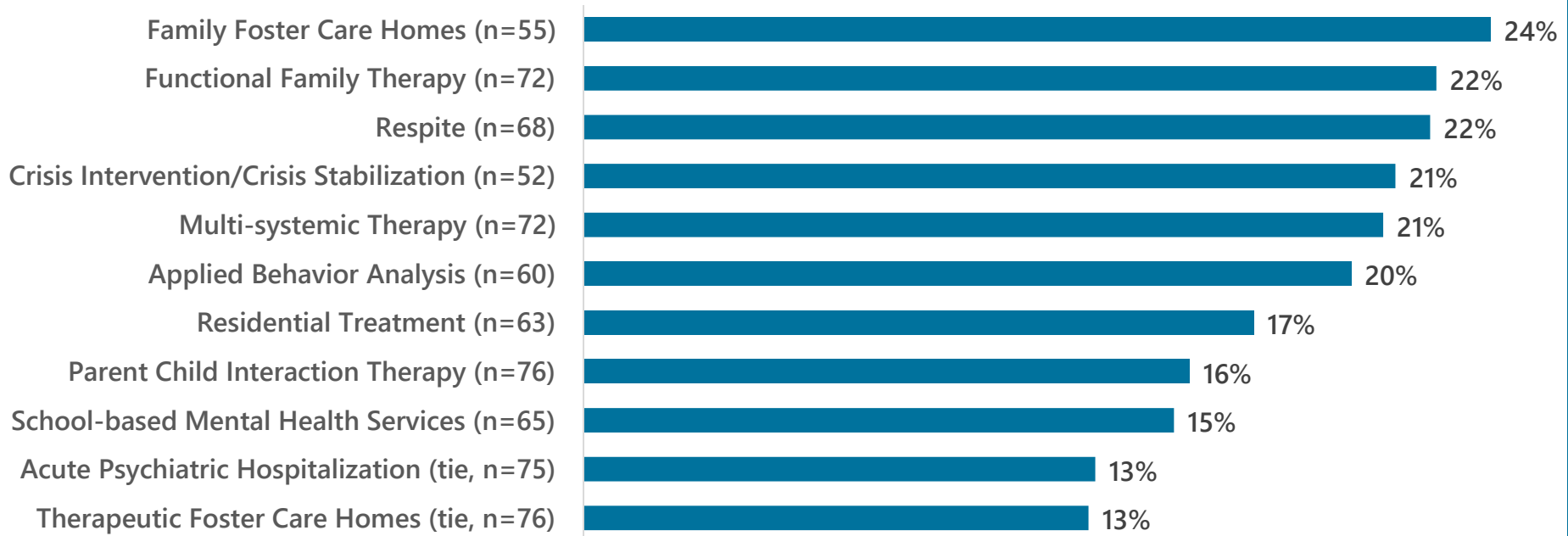


N=98



Top 10 New Service Gaps in FY2024

Percentage of Localities with *New* Gaps

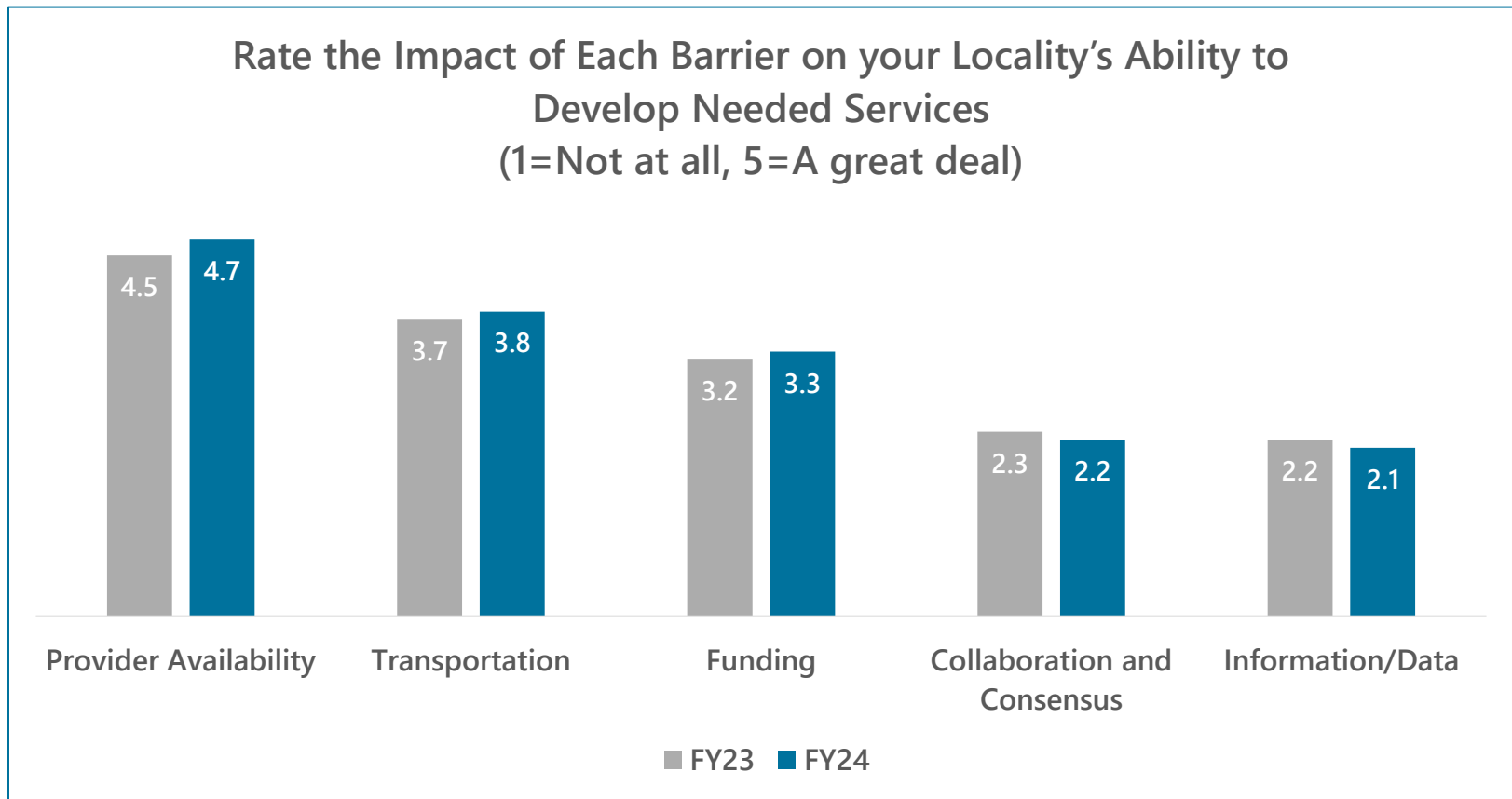


Note: Localities that did not report a gap in their FY23 survey results are included in this measure (n value reported with each service name). The percentages above reflect the proportion of localities with a new gap in FY24 that was not identified in FY23. Using Family Foster Care Homes as an example, the chart indicates that 24% of the 55 localities that did not report Family Foster Care Homes as a gap in FY23 reported it as a new service gap in FY24.

Are there *new* service gaps for FY2024?

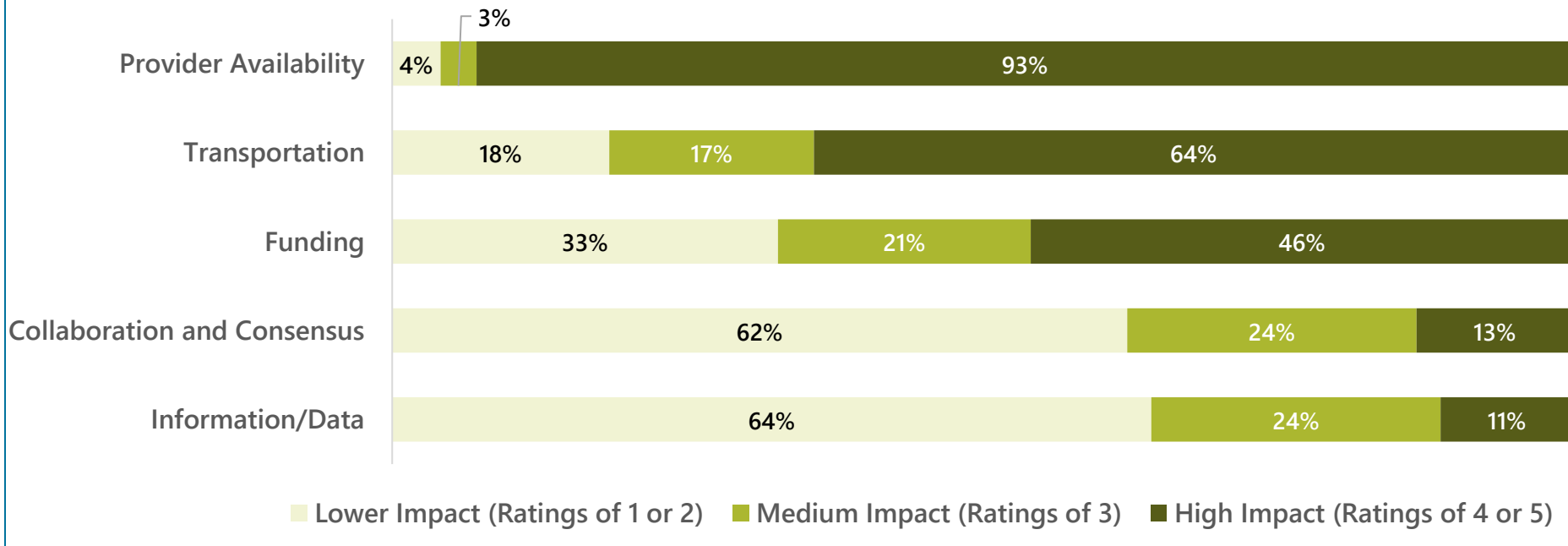
	Yes	Percent Yes	No	Percent No	Total
Central	13	59%	9	41%	22
Eastern	11	61%	7	39%	18
Northern	11	52%	10	48%	21
Piedmont	18	86%	3	14%	21
Western	8	50%	8	50%	16
Statewide	61	62%	37	38%	98

Average Barrier Ratings for FY2024



Barrier Rating Prevalences for FY2024

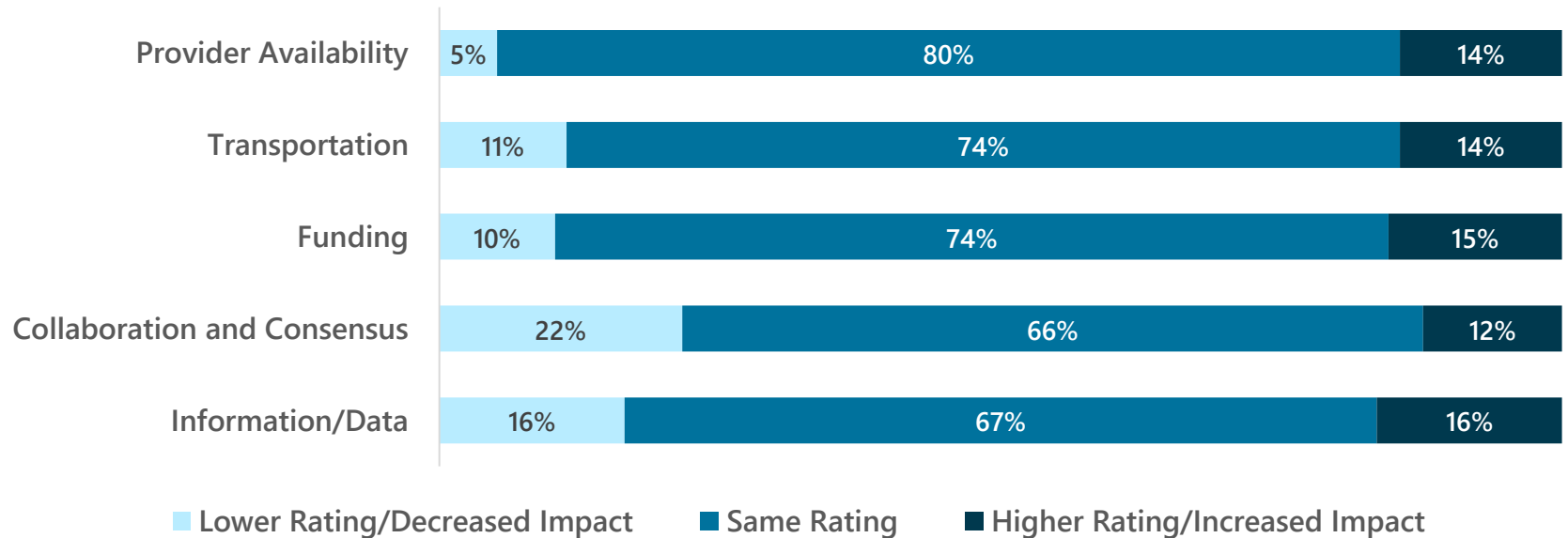
Rate the Impact of Each Barrier on your Locality's Ability to Develop Needed Services
(1=Not at all, 5=A great deal)



Number of Responding Localities: 98

Change in Barrier Ratings from FY2023

What Percentage of Localities Reported Different Ratings in FY24 (compared to FY23) for Each Barrier's Impact to Developing Needed Services?



Number of Responding Localities: 97

Average Barrier Ratings for FY2024

	Provider Availability	Transportation	Funding	Collaboration/Consensus	Information/Data
Central <i>n=22</i>	4.4	3.5	3.1	1.8	1.9
Eastern <i>n=18</i>	4.8	3.8	3.7	1.9	2
Northern <i>n=21</i>	5	3.8	3.0	2.8	2.5
Piedmont <i>n=21</i>	4.9	4.0	3.3	2.6	2.2
Western <i>n=16</i>	4.4	3.9	3.5	1.6	1.9
Statewide	4.7	3.8	3.3	2.2	2.1