

MEMO TO THE CPMT
January 25, 2019

Information Item I-1: Serious Incident Report, FY19 Quarter 2

ISSUE: That the CPMT receive information about the disposition of reports of serious incidents that impact youth and families receiving services within the system of care as they relate to contractual requirements and service delivery.

BACKGROUND: Our contract (Agreement for Purchase of Services) specifies provider requirements for reporting serious incidents to both the case managing agency and to the CSA program. Our current CSA policy manual contains procedures describing staff responsibilities in the event of serious incidents for youth receiving CSA funded services.

When serious incidents occur, contracted providers are required to give verbal or email notification of the incident to the case manager and guardian within 24 hours and a written report to the CSA Utilization Review Manager within 72 hours of the incident. This centralized reporting enables the CSA Program to review and collate reports by both the individual youth and facility.

On June 24, 2016, the CPMT directed the CSA Management Team to develop proposed policy and procedures to ensure centralized reporting of serious incidents to include criteria for reporting to the CPMT about the disposition of incidents. A determination was made that the CPMT would be made aware of adverse incidents for youth receiving CSA-funded services that have the potential to impact the safety/well-being of youth due to allegations of:

- Alleged criminal activity by the provider to include abuse/neglect of clients
- Legal/Risk Management issues to include unsafe conditions
- Ethical/Licensure issues to include boundary and dual relationships
- Contractual violations/fiscal issues to include failure to report SIRs and billing misconduct

When the incident meets the criteria stated above, the CSA UR Manager and the CSA Contracts Coordinator review the details and decide if immediate action is needed to ensure the safety of the involved youth and other youth in the program/facility. During periods of investigation, contracts are “frozen” and removed from the local CSA Provider Directory and notifications are made to case managers of youth served by the provider. The CSA-MT is briefed at the next meeting and subsequently makes a decision regarding future referrals and contracts. The CSA UR Manager and the CSA Contracts Coordinator notify the CSA Program Manager who informs appropriate Human Services Leadership when a situation requires such escalation. When necessary, case managers, CSA staff and contracts analyst make sight visits to assess the facility and any continued risk to the youth receiving services funded by the County.

SERIOUS INCIDENT REPORT:

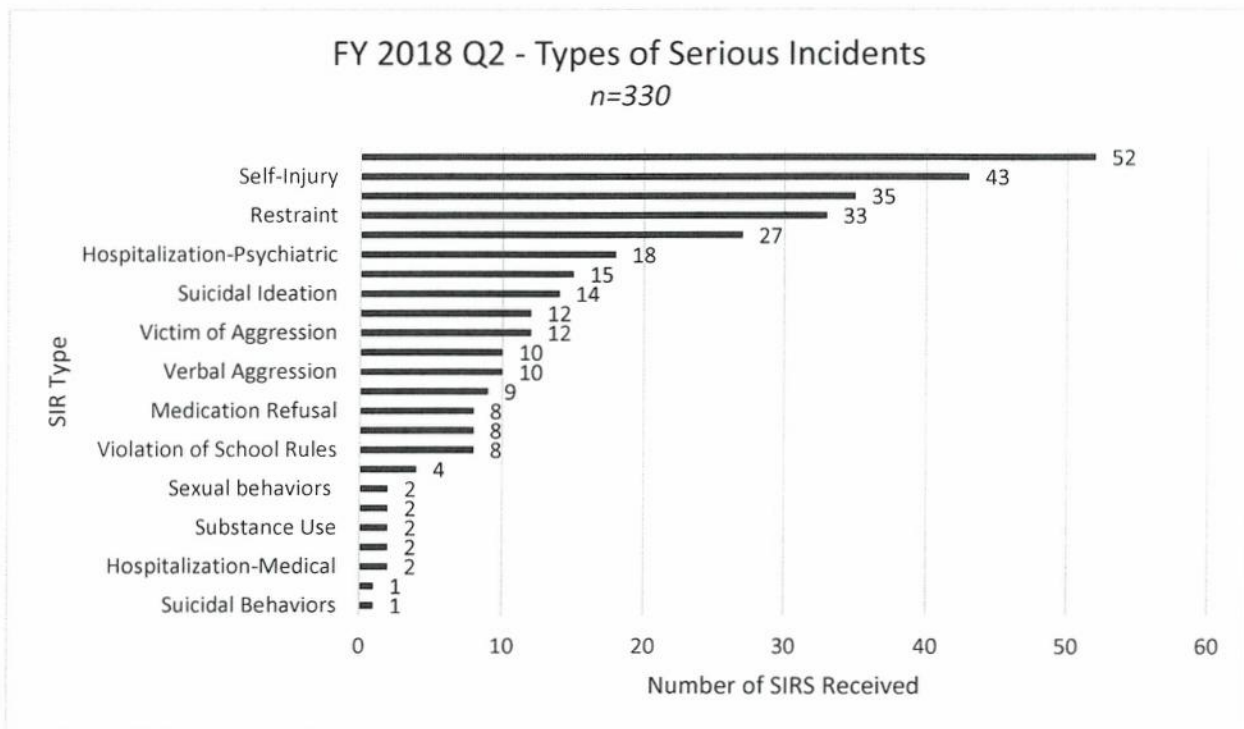
During the second quarter, there were two serious incidents that were reported to the CSA Management Team:

- CSA was notified that a respite provider was taking a non-verbal child with autism to activities across State lines, was conducting personal business on County time, and was not informing parents of whereabouts while on outings with the child. A meeting was held with the home-based agency, Contracts, CSA, FCPS, and DFS staff on November 28 to address these concerns. The

home-based worker has been pulled from working with any Fairfax youth. A corrective action plan was requested, received, and approved by the CSA Management Team. A workgroup to better define respite service has been formed and will begin work on revising the contract addendum for home-based services.

- UR Manager received notice that a youth was refusing to leave a residential facility because of a policy where all youth are required to undergo a body search and pat down any time they leave the facility upon return. The placing agency filed a Human Rights Complaint regarding this practice. Notice was given to the facility to cease the practice immediately. CSA Management Team requested information on practices of other contracted residential providers and facilities that adhere to the Building Bridges Initiative. The result of this research confirmed that the practices of this facility were unusual, and not in keeping with trauma-informed care. A meeting was held with CSA, Contracts, CSB, and DFS to address concerns with the facility on December 13. The facility has stopped the practice with Fairfax youth and has agreed to revise their policies to be more in keeping with trauma-informed care. CSA Management Team has put a hold on new referrals pending receipt and review of revised policies.

VOLUME OF SIRS: There continues to be an increase in volume of SIRS received by CSA due to increased monitoring and oversight at all levels. UR staff have begun tracking data on types of incidents.



STAFF:

Kim Jensen, UR Manager
Barbara Martinez, DAHS-CPM Supervisor

MEMO TO THE CPMT

January 25, 2019

Information Item I- 2: Quarterly Residential Entry and FAPT Report

ISSUE: That the CPMT receive information about the FAPT process and use of long-term residential care.

BACKGROUND:

Consistent with the duties of the CPMT described in § 2.2-5206, the community policy and management team shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources. Every such team shall:

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

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

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

ATTACHMENT: Quarterly Residential Entry and FAPT Report

STAFF:

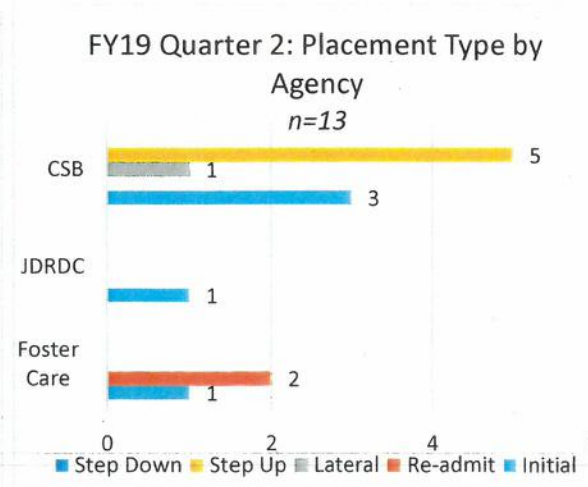
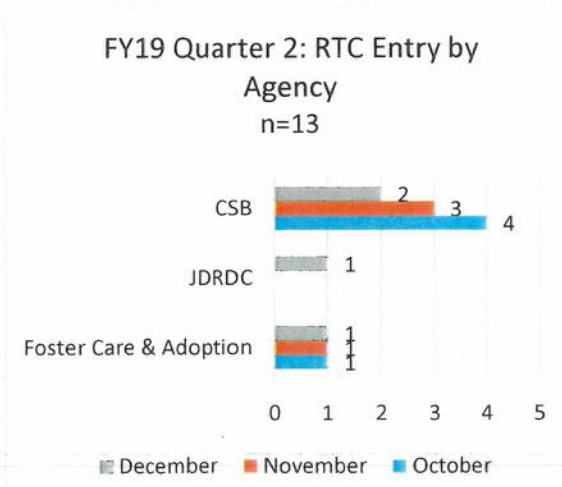
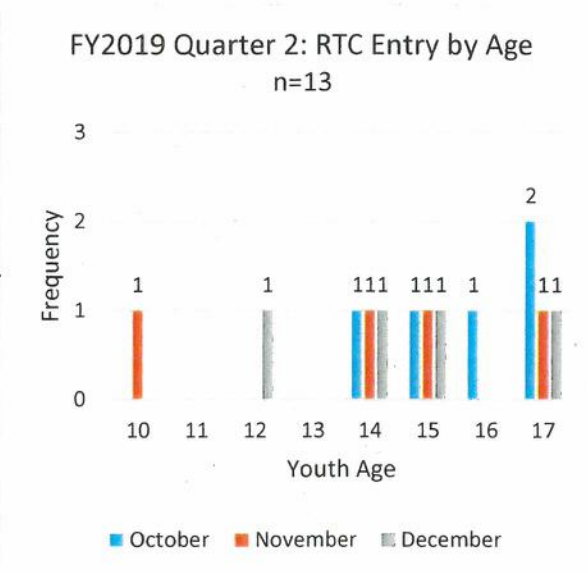
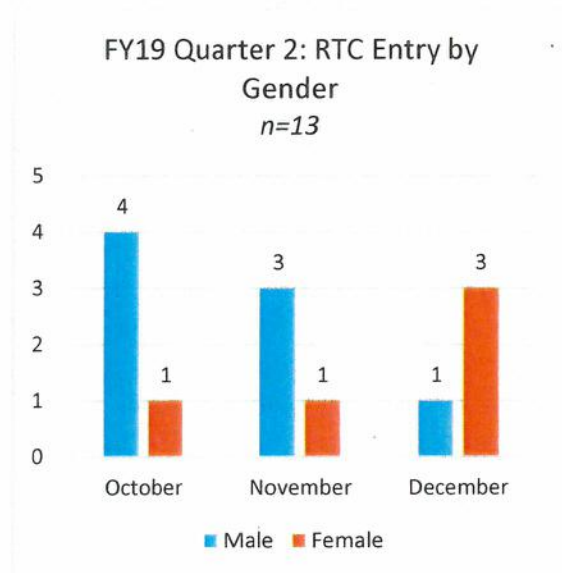
Kimberly Jensen, UR Manager
Sarah Young, FAPT Coordinator

QUARTERLY RESIDENTIAL ENTRY AND FAPT REPORT

Residential Entry Report

CSA policy requires that the FAPT shall report the placement of children across jurisdictional lines and the rationale for the placement decisions to the CSA Program Manager who shall inform the CPMT.

Thirteen youth entered long-term residential settings in October (5), November (4), and December (4).



CANS: Actionable Needs

Across the 13 youth, the most frequently identified “Actionable” needs on the CANS were as follows:

- Depression-12
- Impulse/Hyper-11
- Anger Control-11
- Adjustment to Trauma-10
- Anxiety-9
- Oppositional-9

Patterns, Trends, and Service Gaps

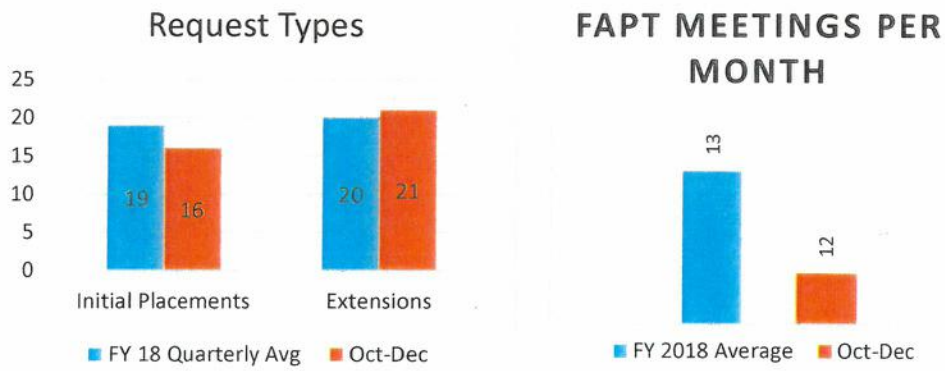
- There were two youth identified with actionable needs for substance use.
- There was one youth who was gang involved at admission.
- There were seven youth who had ICC in place prior to being admitted to long-term residential. Five of these youths had been recently placed at Leland House. This may suggest a need to review the Leland and ICC admission process to ensure proper assessment for level of care. This may also suggest a need for increased availability of evidence-based treatment in the community. It is difficult to assess whether the youths’ risks were so high that they needed a higher level of care, or if there was a lack of providers able to implement evidence-based practices. The issue will be discussed at the next Leland House Quarterly meeting.
- There appears to be a need for better access to evidence-based trauma treatment. Often, youth adjusting to trauma present with conduct behaviors, and are placed in behavioral programs that specialize in treating conduct disorders. However, youth who present with conduct-like behaviors that are secondary to trauma require a different type of intervention than youth with conduct disorders absent of trauma. The behaviors often worsen when youth are placed in facilities that are not equipped to understand the behaviors from a trauma lens.
- While many of the youth had comprehensive community based plans, the treatments in place at time of admission do not appear to be evidence-based. For example, there does not appear to be cognitive-behavior therapy (CBT) interventions occurring although CBT is evidence-based for depression, anxiety, self-harming and suicidal behaviors, trauma, and substance use. Staff training to raise awareness about evidence-based interventions has been planned.

FAPT Report

For the second quarter of FY19 (Oct 2018-Dec 2018),

- the FAPTs met with 37 families
- 16 new requests for placement were heard:
 - 3 of these youth had community based plans developed in lieu of a plan for placement out of the home; the rest developed plans for RTC or GH placement
 - 5 of these youth (FC&A) had been placed prior to the FAPT meeting

- 11 of these youth were actively receiving community based services at the time of the FAPT referral, including 3 who were active with ICC
- 21 requests for extensions of existing placements were heard, all of whom received an extension of anywhere from 2 weeks to 3 months
- In addition to FAPT-requested placements, 3 youth were placed in either an RTC or GH program via ICC funds for a period not to exceed 3 months; per CSA and ICC policy these youth do not go through the FAPT process for placement
- There were no requested appeals during this quarter



Respectfully submitted by Kim Jensen, UR Manager and Sarah Young, FAPT Coordinator

MEMO TO THE CPMT
January 25, 2019

Information Item I – 4: November Budget Report & Status Update, Program Year 2019

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 2019 cumulative expenditures through November 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 November 2018 equal \$8.1M for 805 youth. This amount is a decrease from November last year of approximately \$1.9M, or 18.74%. Pooled expenditures through November 2017 equal \$10M for 766 youth.

General comparisons to the previous year based on LEDRS reporting categories is presented below:

	Program Year 2018	Program Year 2019	Change Amt	Change %
Residential Treatment and Education	\$1,596,534	\$795,570	(\$800,963)	-50.17%
Private Day Special Education	\$5,457,008	\$4,620,978	(\$836,031)	-15.32%
Non-Residential Foster Home and Community Services	\$3,200,198	\$2,663,598	(\$536,600)	-16.77%
Non-Mandated Services (All)	\$75,955	\$404,728	\$328,773	432.85%
Recoveries	(\$325,420)	(\$355,737)	(\$30,317)	9.32%
Total Expenditures	\$10,004,275	\$8,129,137	(\$1,875,138)	-18.74%

	Program Year 2018	Program Year 2019	Change Amt	Change %
Residential Treatment and Education	92	50	(42)	-45.65%
Private Day Special Education	267	256	(11)	-4.12%
Non-Residential Foster Home and Community Services	675	643	(32)	-4.74%
Non-Mandated Services (All)	41	143	102	248.78%
Total Youth Counts (Unique Count in each category)	1,075	1,092	17	1.58%

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

Expenditure claims are submitted to the State Office of Children's Services (OCS) through November.

RECOMMENDATION:

For CPMT members to accept the November Program Year 2019 budget report as submitted.

STAFF:

Yin Jia, Xu Han, Terri Byers (DFS)

Program Year 2019 Year To Date CSA Expenditures and Youth Served (through November)

		Local	County	Youth in	Schools	Youth in	Total		
Mandated/ Non-Mandated	Residential/ Non-Residential	Match Rate	& Foster Care	Category	(IEP Only)	Category	Expenditures		
Mandated	Residential	Residential Treatment Facility	57.64%	\$286,996	19		0	\$286,996	
		Group Home	57.64%	\$86,978	6		0	\$86,978	
		Education - for Residential Medicaid Placements	46.11%	\$90,794	9	\$9,690	1	\$100,484	
		Education for Residential Non-Medicaid Placements	46.11%	\$67,299	5	\$214,466	6	\$281,765	
		Temp Care Facility and Services	57.64%	\$39,347	4		0	\$39,347	
	Residential Total			\$571,414	43	\$224,156	7	\$795,570	
	Non Residential	Special Education Private Day	46.11%	\$25,072	3	\$4,595,906		253	\$4,620,978
		Wrap-Around for Students with Disab	46.11%	\$41,043	11			0	\$41,043
		Treatment Foster Home	46.11%	\$985,975	76			0	\$985,975
		Foster Care Mtce	46.11%	\$318,324	87			0	\$318,324
		Independent Living Stipend	46.11%	\$253,032	24			0	\$253,032
		Community Based Service	23.06%	\$802,256	366			0	\$802,256
		ICC	23.06%	\$237,267	74			0	\$237,267
		Independent Living Arrangement	46.11%	\$20,301	4			0	\$20,301
		Psychiatric Hospital/Crisis Stabilization	46.11%	\$5,400	1			0	\$5,400
Non Residential Total			\$2,688,670	646	\$4,595,906		253	\$7,284,576	
Mandated Total			\$3,260,085	689	\$4,820,062		260	\$8,080,146	
Not Mandated	Residential	Residential Treatment Facility	57.64%	\$44,137	3		0	\$44,137	
		Temp Care Facility and Services	57.64%	\$2,885	1		0	\$2,885	
	Residential Total			\$47,023	4	\$0	0	\$47,023	
	Non Residential	Community Based Service	23.06%	\$277,065	112			0	\$277,065
		ICC	23.06%	\$80,640	27			0	\$80,640
Non Residential Total			\$357,705	139	\$0		0	\$357,705	
Not Mandated Total			\$404,728	143	\$0		0	\$404,728	
Grand Total (with Duplicated Youth Count)			\$3,664,812	832	\$4,820,062		260	\$8,484,874	
Recoveries								-\$355,737	
Total Net of Recoveries								\$8,129,137	
Unduplicated child count								805	
Key Indicators									
Cost Per Child						Prog Yr 2018 YTD	Prog Yr 2019 YTD		
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)						\$13,042	\$10,098		
Average Cost Per Child Mandated Residential (unduplicated)						\$23,689	\$18,502		
Average Cost Per Child Mandated Non- Residential (unduplicated)						\$11,629	\$10,217		
Average Cost Mandated Community Based Services Per Child (unduplicated)						\$2,418	\$2,192		
Average costs for key placement types									
Average Cost for Residential Treatment Facility (Non-IEP)						\$11,144	\$15,105		
Average Cost for Treatment Foster Home						\$13,199	\$12,973		
Average Education Cost for Residential Medicaid Placement (Residential)						\$10,450	\$10,048		
Average Education Cost for Residential Non-Medicaid Placement (Residential)						\$34,165	\$25,615		
Average Special Education Cost for Private Day (Non-Residential)						\$20,438	\$18,051		
Average Cost for Non-Mandated Placement						\$1,853	\$2,830		

Program Year 2019 Year To Date CSA Expenditures and Youth Served (through November)

Category	Program Year 2019 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2019 Allocation	\$732,674	\$35,547	95%
Non Mandated Program Year 2019	\$1,630,458	\$348,069	79%
Program Year 2019 Total Allocation	\$39,593,010	\$8,129,137	79%

MEMO TO THE CPMT

January 25, 2019

Information Item I- 5: Update on Virginia’s Implementation of the Family First Prevention Services Act (FFPSA)

ISSUE: CPMT has requested information about Virginia’s plan to implement the FFPSA by October, 2019.

BACKGROUND: The Family First Prevention Services Act reforms Title IV-E and Title IV-B of the Social Security Act, the federal child welfare financing streams that provide services to families at risk of entering the child welfare system. The act aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training before children are removed from their home. It also seeks to improve the well-being of children already in foster care by providing incentives to states to reduce placement of children in congregate care.

This act specifies evidence-based requirements that entail meeting “promising,” “supported,” or “well-supported” criteria that are similar to the California Evidence-Based Clearinghouse for Child Welfare requirements.

Promising – At least one study that used some form of control group to determine effect.

Supported – At least one study that used a random control or quasi-experimental trial found the practice to be superior to an appropriate comparison practice.

Well- Supported – At least two studies that used a random control or quasi-experimental trial found the practice to be superior to an appropriate comparison practice.

Virginia DSS is developing the implementation plan for the Family First Prevention Services Act through the Three Branch Institute. The institute is designed to bring the three branches of government together to develop an action plan to address the most pressing child welfare issues.

ATTACHMENT: None

STAFF:

Nannette Bowler, DFS Director

MEMO TO THE CPMT

January 25, 2018

Information Item I- 6: Legislative Update

ISSUE: That the CPMT be informed of legislative activity that may impact CSA.

BACKGROUND:

Several bills have been proposed to study alternatives for delivery of special education services in public school settings if greater flexibility in use of CSA funding were permissible. These bills appear to be prompted by the rising CSA special education expenditures. Rate setting has also been proposed as another strategy and is currently being studied.

ATTACHMENT: Summary of Bills

STAFF:

Janet Bessmer, CSA Manager

Bill Number	Description
Budget Bill - SB1100 C.S.A. (Introduced)	4. Local Administrative Costs. Out of this appropriation, an amount equal to two percent of the fiscal year 1997 pool fund allocations, not to exceed \$2,060,000 the first year and \$2,060,000 the second year from the general fund, shall be allocated among all localities for administrative costs. Every locality shall be required to appropriate a local match based on the local match contribution in paragraph C.2. of this Item. Inclusive of the state allocation and local matching funds, every locality shall receive the larger of \$12,500 or an amount equal to two percent of the total pool allocation. No locality shall receive more than \$50,000, inclusive of the state allocation and local matching funds. Localities are encouraged to use administrative funding to hire a full-time or part-time local coordinator for the Children's Services Act program. Localities may pool this administrative funding to hire regional coordinators https://budget.lis.virginia.gov/item/2019/1/SB1100/Introduced/1/282/
HB 1700	Eliminate Cap on Increases in Private Day Rates This amendment eliminates language in the budget which caps rates to be paid to providers of private day special education services under the Children's Services Act effective July 1, 2019 to no more than two percent above the rates paid in the current fiscal year.
SB 1285	School attendance officer; motion for a rule to show cause, child in need of supervision. School attendance officer; motion for a rule to show cause; child in need of supervision. Authorizes a school attendance officer or local school division superintendent or his designee acting as an attendance officer to complete, sign, and file with the intake officer, on forms approved by the Supreme Court of Virginia, a motion for a rule to show cause regarding the enforcement of an order entered by a juvenile and domestic relations district court relating to the filing of a complaint alleging the pupil is a child in need of supervision. The bill also provides that such a filing is not considered the unauthorized practice of law. http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=SB1285
SB 1279	Authorizes a school attendance officer or local school division superintendent or his designee acting as an attendance officer to complete, sign, and file with the intake officer, on forms approved by the Supreme Court of Virginia, a motion for a rule to show cause regarding the enforcement of an order entered by a juvenile and domestic relations district court relating to the filing of a complaint alleging the pupil is a child in need of supervision. The bill also provides that such a filing is not considered the unauthorized practice of law. http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=SB1279
HB 2119	School attendance officer; motion for a rule to show cause; child in need of supervision. Authorizes a school attendance officer or division superintendent or his designee acting as an attendance officer to complete, sign, and file with the intake officer, on forms approved by the Supreme Court of Virginia, a motion for a rule to show cause regarding the violation or enforcement of a school attendance order entered by a juvenile and domestic relations district court in response to the filing of a petition alleging the juvenile is a child in need of supervision. The bill also provides that such a filing is not considered the unauthorized practice of law. http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=HB2119
HB 1957	Children in need of services; disposition, certification by parent that firearms are secure Provides that if a child is found to be in need of services or a status offender, the juvenile or circuit court that permits the child to remain with his parents may require the parent to certify that any firearms located in the house where such child and his parent reside are reasonably secure as to prevent such child's access. http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=HB1957
HB 2014	Family First Prevention Services Act; statutory alignment. Aligns the Code of Virginia with the Family First Prevention Services Act of 2018. The bill contains an emergency clause for provisions of the bill relating to background checks for employees of, volunteers at, and contractors providing services to juveniles at children's residential facilities.

HB 1735	<p>Student Behavioral Health, Commission on; established, report. Establishes the Commission on Student Behavioral Health as a legislative branch commission. The purpose of the Commission shall be to (i) assess the efficacy of developing and implementing a statewide behavioral health and suicide prevention hotline that students may use to report threats of violence or receive real-time counseling services; (ii) review the current school counselor-to-student ratio, and whether the realignment of counseling responsibilities proposed by the House Select Committee on School Safety is improving schools' ability to provide counseling services to students; (iii) review the current roles and responsibilities of school nurses, psychologists, and social workers in schools and determine whether a realignment of responsibilities could improve or streamline behavioral health services offered to students; (iv) evaluate the efficacy and costs of providing enhanced behavioral health services in schools delivered through partnerships established between school divisions and local departments of social services and community services boards; (v) assess the effectiveness of de-escalation and other alternative disciplinary policies when interacting with students suffering from behavioral health challenges; (vi) examine the value of additional teacher training requirements on student behavioral health, such as mental health first aid; and (vii) examine other topics related to student behavioral health identified by the Commission. The Commission shall consist of 12 members as follows: seven members of the House of Delegates, of whom two shall be members of the House Committee on Health, Welfare and Institutions, two shall be members of the House Committee on Education, two shall be members of the House Committee on Appropriations, and one shall be a member at-large, to be appointed by the Speaker of the House of Delegates; and five members of the Senate, of whom two shall be members of the Senate Committee on Education and Health, two shall be members of the Senate Committee on Finance, and one shall be a member at-large, to be appointed by the Senate Committee on Rules. The Commission may appoint, employ, and remove an executive director and such other persons as it deems necessary and determine their duties and fix their salaries or compensation within the amounts appropriated therefor. The Commission may also employ experts who have special knowledge of the</p> <p>http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=HB1735</p>
SB 1262	<p>Localities and school divisions; posting of register of funds expended. Requires every locality with a population greater than 25,000 and each school division with greater than 5,000 students to post quarterly on the public government website of such locality or school division a register of all funds expended, showing vendor name, date of payment, amount, and a description of the type of expense, including credit card purchases with the same information. The bill allows any locality or school division to exclude from such posting any information that is exempt from mandatory disclosure under the Virginia Freedom of Information Act, any personal identifying information related to a court-ordered payment, and any information related to undercover law-enforcement officers. The bill has a delayed effective date of July 1, 2020.</p> <p>http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=SB1262</p>
Special Education and CSA Funding Bills	
HB 1619	<p>Children's Services Act; special education programs. Expands eligibility for services under the Children's Services Act to students who transfer from an approved private school special education program to a public school special education program established and funded jointly by a local governing body and school division located within Planning District 16 for the purpose of providing special education and related services when (i) the public school special education program is able to provide services comparable to those of an approved private school special education program and (ii) the student would require placement in an approved private school special education program but for the availability of the public school special education program.</p> <p>http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=HB1619</p>
SB 1264	<p>Students with disabilities; feasibility of educational placement transition of certain students Requires the Department of Education to develop and implement a pilot program in two local school divisions in the Commonwealth to partner with the appropriate school board employees in each such local school division to (i) identify the resources, services, and supports required by each student who resides in each such local school division and who is educated in a private school setting pursuant to his individualized education program; (ii) study the feasibility of transitioning each such student from his private school setting to an appropriate public school setting in the local school division and providing the identified resources, services, and supports in such public school setting; and (iii) recommend a process for redirecting federal, state, and local funds, including funds provided pursuant to the Children's Services Act, provided for the education of each such student to the local school division for the purpose of providing the identified resources, services, and</p> <p>http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=SB1264</p>
SB 1104	<p>Community policy and management teams; use of funds Provides that the state pool of funds for community policy and management teams may be used for residential or nonresidential services in a public school setting and to provide services to children placed in public residential facilities or public special education day schools in addition to such private facilities and private special education day schools as provided in current law.</p> <p>http://lis.virginia.gov/cgi-bin/legp604.exe?ses=191&typ=bil&val=SB1104</p>

HB 2408	Department of Education; pilot program; feasibility of educational placement transition of certain students with disabilities. Requires the Department of Education to develop and implement a pilot program in two local school divisions in the Commonwealth to partner with the appropriate school board employees in each such local school division to (i) identify the resources, services, and supports required by each student who resides in each such local school division and who is educated in a private school setting pursuant to his individualized education program; (ii) study the feasibility of transitioning each such student from his private school setting to an appropriate public school setting in the local school division and providing the identified resources, services, and supports in such public school setting; and (iii) recommend a process for redirecting federal, state, and local funds, including funds provided pursuant to the Children's Services Act, provided for the education of each such student to the local school division for the purpose of providing the identified resources, services, and supports in the appropriate public school setting.
SB 1576	Department of Education; pilot program; feasibility of educational placement transition of certain students with disabilities. Requires the Department of Education and relevant local school boards to develop and implement a pilot program for up to four years in two to eight local school divisions in the Commonwealth. In developing the pilot, the Department is required to partner with the appropriate school board employees in each such local school division to (i) identify the resources, services, and supports required by each student who resides in each such local school division and who is educated in a private school setting pursuant to his Individualized Education Program; (ii) study the feasibility of transitioning each such student from his private school setting to an appropriate public school setting in the local school division and providing the identified resources, services, and supports in such public school setting; and (iii) recommend a process for redirecting federal, state, and local funds, including funds provided pursuant to the Children's Services Act, provided for the education of each such student to the local school division for the purpose of providing the identified resources, services, and supports in the appropriate public school setting. The bill requires the Department of Education to make a report to the Governor, the Senate Committees on Education and Health and Finance, and the House Committees on Education and Appropriations on the findings of each pilot program after two and four years.
HB 2006	Resources and the Secretary of Education to establish a school-based health centers joint task force that is tasked with (i) assessing the current landscape of school-based services and mental health screening, evaluation, and treatment in school settings; (ii) in coordination with ongoing behavioral health transformation efforts of the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services, developing best practice recommendations for trauma-informed school-based health centers as a vehicle for the provision of both medical and behavioral health delivered in school settings; and (iii) developing a plan for establishing a Virginia affiliate member organization, recognized by the national School-Based Health Alliance, for the purposes of providing technical assistance and guidance for localities interested in bolstering or implementing current and future school-based health centers. The bill requires that the task force report its findings by December 1, 2019.
SB 1693	SB 1693: Health insurance; coverage for autism spectrum disorder. Requires health insurers, health care subscription plans, and health maintenance organizations to provide coverage for the diagnosis and treatment of autism spectrum disorder in individuals through age 18. Currently, such coverage is required to be provided for individuals from age two through age 10. The provision applies with respect to insurance policies, subscription contracts, and health care plans delivered, issued for delivery, reissued, or extended on or after January 1, 2020.
HB 2577	HB 2577: Health insurance; coverage for autism spectrum disorder. Requires health insurers, health care subscription plans, and health maintenance organizations to provide coverage for the diagnosis and treatment of autism spectrum disorder in individuals of any age. Currently, such coverage is required to be provided for individuals from age two through age 10. The provision applies with respect to insurance policies, subscription contracts, and health care plans delivered, issued for delivery, reissued, or extended on or after January 1, 2020.