

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

FINAL

April 26, 2024
Community Policy and Management Team (CPMT)

Agenda

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

1. **MINUTES:** Approve minutes of February 23, 2024 meeting
2. **ITEMS: Administrative Items**
 - Item A – 1: Proposal to Reschedule/Cancel May Meeting
 - Item A – 2: Public Comment on OCS Policy 4.5 Fiscal Procedures
 - Item A – 3: Re-appointment of Private Provider Representative
 - Item A – 4: Submission of OCS Gap Survey Results
- **CSA Contract Items**
 - Item C – 1: Monthly Out of State Contract Report
- **CSA Information Items**
 - Item I – 1: Proposed FY 25 CPMT Meeting Schedule
 - Item I – 2: Update on OCS Workgroup for (CHINS) Child in Need of Services eligibility
 - Item I – 3: Quarterly Report on Residential Entry
 - Item I – 4: Budget Report
 - Item I – 5: 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



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

February 23, 2024

Community Policy and Management Team (CPMT)

Virtual (MS Teams)

Meeting Minutes

To conduct this meeting wholly electronically and to effectuate the virtual meeting procedures authorized by FOIA, the Community Policy and Management Team (CPMT) needs to make certain findings and determinations for the record.

First, because each member of the CPMT is participating in this meeting from a separate location, we must verify that a quorum of members is participating, and that each member's voice is clear, audible, and at an appropriate volume for all the other members. Accordingly, I am going to conduct a roll call, and ask each CPMT member participating in this meeting to state your name and the location from which you are participating. I ask that each of you pay close attention to ensure that you can hear each of your colleagues. Following this roll call, we will vote to establish that every member can hear every other member.

Motion made by Matt Thompson; seconded by Dana Jones; all members agree, motion carries.

I move that each member's voice may be adequately heard by each other member of this Advisory Social Services Board. Having established that each member's voice may be heard by every other member, we must also make note the CPMT's last meeting was held in person and the CPMT has not held more than 25 percent of its meetings all virtual during the calendar year. I move that the CPMT may conduct this meeting electronically pursuant to the provisions of Va. Code § 2.2-3708.2 and the public may access this meeting by calling (571)-429-5982 and enter the conference code: 880 486 198#. *Motion made by Matt Thompson; seconded by Michael Becketts; all members agree, motion carries.*

Attendees: Gloria Addo-Ayensu (Fairfax), Michael Axler (Fairfax), Michael Becketts (Fairfax), Deb Evans (Fairfax), Annie Henderson (Springfield), Dana Jones (Fairfax), Joe Klemmer (Fairfax), Richard Leichtweis (Fairfax), Chris Leonard, Dawn Schaefer (Fairfax), Matt Thompson (Fairfax), Lloyd Tucker (Fairfax), Daryl Washington (Clifton)

Absent: Rebecca Sharp, Terri Edmunds-Heard,

Attended but not heard during role call: Lesley Abashian,

HMF Attendees: Peter Steinberg,

CSA Management Team Attendees: Kelly Conn-Reda, Jessica Jackson, Tim Elcesser, Lee Ann Pender, Ameer Vyas, Kamonya Omatete, Andrew Janos, Terry Byers, Mary Jo Davis, Jesse Ellis, Julie Bowman, Patti Conway, LaVurne Williams

Approved:



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

1. **MINUTES:** Approve minutes of January 26, 2024 meeting. *Motion made by Rick Leichtweis; seconded by; all members agree, motion carries.*

2. **ITEMS:**

- **Administrative Items:**

Item A – 1: Revision to CSA Parental Contribution Scale – Presented by Laura Haggerty-Lacalle. Due to changes in the economic conditions, CSA is proposing a new co-payment scale to address these changes. The new scale increases the income at which a family must pay a co-pay and minimizes the percentage increases between tiers. This plan will have a minimal impact on funds collected. There was a suggestion to simply the scale by condensing the scale. This was also shared with the Family Advisory Board (FAB) to get parent representatives' feedback. Joe Klemmer commented that it seems like it's a good adjustment that reflects the cost-of-living increase in our area. Annie Henderson commented that this will help families get the services they need. Dawn Schafer commented that the copay is sometimes a barrier for families, and this will make services more accessible for some families. Michael Becketts commented that condensing the tiers could enhance accessibility for some families. Janet Bessmer stated that CSA could condensed tiers version and present another option at the April meeting. Chris Leonard commented to review the SACC tier structure as an example/guide for a condensed version. Jesse Ellis stated that a condensed tier structure would not have a significant impact on the budget, however there are some pros/cons that come with it. For example, if a family moves from one tier to the next, there will be a larger increase in payment with a condensed tier structure. Michael Becketts commented that there is an option to waive the copays if parents can show that they are not able to pay. Dr. Addo-Ayensu suggested when collapsing the tiers use the lower payment amount since this will not make a large impact on the budget. Chris Leonard suggested further analysis into collapsing the tiers. CSA will bring the condensed tiers version of the parental contribution to the April meeting for approval.

- **CSA CONTRACT ITEMS:**

Item C – 1: Out of State Placement Monthly Report – Presented by Ameer Vyas. Since the last meeting, three Child Specific Requests were approved for residential treatment. All placements were for SUD treatments. Currently we have a total of 14 out-of-state residential placements.

- **CSA INFORMATION ITEMS:**

Item I – 1: CPMT Budget Report – Presented by Patti Conway. Review of CSA budget through December 2023 and status update of FY24 budget. Michael Becketts asked if there is an update on expenditure from last FY for the \$2.2 million reimbursement. Patti Conway stated that we have not received reimbursement yet, but she will determine the status of the payment. Marijke Hannam explained the impact of County Executives' budget on CSA program.

Item I – 2: CSA Coordinator's Report – Janet Bessmer. Information was shared regarding FY25 state audit, change in CSA staffing/capacity and upcoming events. Janet will share additional information via email regarding the CSA Symposium CPMT roundtable and CSA training.

Item I – 3: Mental Health Awareness Day event – Presented by LaVurne Williams. CSB will be sponsoring

Approved:



an event on March 3, 2023 to celebrate Children's Mental Health Awareness Day.

Item I – 4: Discussion about Parent Representative Vacancies – Presented by Janet Bessmer. Discussed the idea of exploring Family Peer Support Partners to serve as CPMT parent representatives and CSA to fund for Parent (and Youth) Representatives to attend training from a family run organization about advocacy. Joe Klemmer commented that training for the parent representatives would be very helpful and it would be great to have the perspective of other parents with different situations/experiences. Annie Henderson commented that she would like to continue serving as a parent representative and receive more training. Lesley Abashian commented that using parent representatives is very helpful during meetings and supports this idea.

- **NOVACO – Private Provider Items** – none
- **CPMT Parent Representative Items** – none
- **Cities of Fairfax and Falls Church Items** – Dana Jones stated Falls Church is working on the budget and
- **Public Comment** – Mary Ottinot (Fairfax County resident and member of Virginia Behavioral Health Advisory Council at state level) reported that she felt there was misconduct pertaining to the assessment of her income when her services were delivered, and she had reported it to our locality and then the federal government. Ms. Ottinot recommended that moving forward our system could use a platform called not-me.com for all county employees to use to report issues.
- **Staff Comment** – none

Next Meeting: Friday, April 26, 2024, 1:00 – 3:00pm (Pennino, Room 200/206)

Adjourn 2:18pm: *Motion to adjourn made by; seconded by; all members agree, motion carries.*

Approved:



MEMO TO THE CPMT

April 26, 2024

Administrative Item A - 1 : Reschedule May CPMT Meeting

ISSUE:

That the scheduled May 16th meeting be rescheduled to May 31st to permit greater member attendance.

BACKGROUND:

Several members and staff are unable to attend the May 16th meeting which may jeopardize the ability to attain a quorum. Members are more available for the rescheduled date of May 31st. As a public board, the meeting schedule is adopted annually and requires approval to change the date. The new schedule will be posted.

RECOMMENDATION:

That the CPMT members approve rescheduling the May meeting to May31, 2024.

ATTACHMENT:

None

INTERNAL CONTROL IMPACT:

None

FISCAL IMPACT:

None

STAFF:

Chris Leonard, Chair

Janet Bessmer, CSA Program Director



MEMO TO THE CPMT

April 26, 2024

Administrative Item A - 2 : Submission of Public Comment on OCS Policy 4.5 Fiscal Procedures

ISSUE:

That OCS provides a period of public comment for proposed policy changes. Proposed policy describes “good cause” justifications for requesting a waiver of the September 30th fiscal year filing deadline.

BACKGROUND:

OCS has submitted proposed policy for public comment. Policy 4.5 Fiscal Procedures outlines the fiscal process for localities to request pool fund reimbursement for expenditures. The proposed policy changes provide some updates to align this chapter with current practices under the Local Expenditure and Data Reporting System (LEDRS). The policy retains the fiscal year cut-off of September 30 for services provided from July1 – June 30.

In our local review, the revised policy does provided necessary updates that include the LEDRS process. One other suggestion is to ensure that OCS can consider other circumstances as “good cause” for requesting an extension on the deadline as noted in bold below:

*Good cause may include **but is not limited to**:*

- o A state of emergency declared by the Governor or the President which results in the closure of local government offices on September 30.*
- o Documented failure of local information technology systems that prevent submission of reimbursement requests. Such failures occurring before September 30 must time of their occurrence.*
- o A failure of the OCS system of record for the submission of reimbursement requests.*

RECOMMENDATION:

That CPMT determine if a public comment will be submitted from our locality. One suggested edit would be to broaden the language regarding “good cause.”

ATTACHMENT:

OCS Intent to Develop Policy

INTERNAL CONTROL IMPACT:

None



FISCAL IMPACT:

None

STAFF:

Janet Bessmer, CSA Program Director

Deborah Laird, County Attorney

POLICY 4.5

FISCAL PROCEDURES

4.5.2 Times Frames Regarding CSA Pool Fund Reimbursement

4.5.2.1 Purpose

To provide guidance to local Children's Services Act (CSA) programs regarding the fiscal process related to pool fund reimbursement.

4.5.2.2 Authority

- A. [2.2-2648.D.3](#) of the Code of Virginia requires the State Executive Council for Children's Services (SEC) to "Provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."
- B. Section [2.2-2648.D.19](#) of the Code of Virginia requires the State Executive Council for Children's Services (SEC) to "Establish and oversee the operation of an informal review and negotiation process with the Director of the Office of Children's Services and a formal dispute resolution procedure before the State Executive Council, which include formal notice and an appeals process, should the Director or Council find, upon a formal written finding, that a CPMT failed to comply with any provision of this Act. 'Formal notice' means the Director or Council provides a letter of notification, which communicates the Director's or the Council's finding, explains the effect of the finding, and describes the appeal process to the chief administrative officer of the local government with a copy to the chair of the CPMT. The dispute resolution procedure shall also include provisions for remediation by the CPMT that shall include a plan of correction recommended by the Council and submitted to the CPMT. If the Council denies reimbursement from the state pool of funds, the Council and the locality shall develop a plan of repayment."

4.5.2.3 Definitions

"Final Year-End Report" means the last request for reimbursement submitted by a locality to the OCS for the previous fiscal year.

"Fiscal Agent" means the individual designated by the locality as responsible for the final approval and submission of CSA financial documents to the Office of Children's Services.

Adopted: June 30, 1995

Effective: June 30, 1995

Revised: 1996, 1997, 1998, 1999, 2000, 2009, 2012

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“Fiscal Year” means the time period that begins on the first day of July through the last day of June of the succeeding year.

“Good Cause” means a substantial reason or legal justification for failing to appear, act, or respond to an action. The burden of establishing good cause rests on the locality that is requesting a waiver from the September 30 final year-end report.

- *Good cause may include:*
 - *A state of emergency declared by the Governor or the President which results in the closure of local government offices on September 30.*
 - *Documented failure of local information technology systems that prevent submission of reimbursement requests. Such failures occurring before September 30 must be communicated to the Office of Children’s Services at the time of their occurrence.*
 - *A failure of the OCS system of record for the submission of reimbursement requests.*
- *Good cause does not include:*
 - *Failure to adopt, implement, and carry out local procedures to reconcile actual CSA reimbursements against expected reimbursements using local general ledgers and Pool Fund Distribution History and the Pool Transaction History reports on the CSA website (www.csa.virginia.gov).*
 - *Failure of the local fiscal agent to approve reimbursements submitted by the local report preparer.*
 - *Failure to obtain and/or process invoices received from service providers for services provided through June 30 of the previous fiscal year.*

“Report Preparer” means the individual designated by the locality to process local CSA expenditures such that they may be submitted to the Fiscal Agent for approval and submission to the Office of Children’s Services.

“Waiver” means an extension of the time frame in which a locality may submit the final year-end report.

4.5.2.4 Pool Fund Reimbursements

- ~~a) Final claims for reimbursements for prior year payments will not be accepted after the first quarter of the next fiscal year. (Adopted June 30, 1995)~~
- ~~b) With the exception of the final year end report referenced above, request for reimbursement of local pool expenditures must be submitted no later than thirty (30) days after the close of the quarter in which the expenditure was paid. Localities may continue to report as often as monthly, but must report at least every quarter. A report should be submitted at the end of the quarter even if it indicates no expenditures were made during that quarter. The state fiscal agent will be monitoring~~

Adopted: June 30, 1995

Effective: June 30, 1995

Revised: 1996, 1997, 1998, 1999, 2000, 2009, 2012

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~~local compliance with this requirement and will advise local administrative officials if there is non-compliance. (Adopted June 30, 1995)~~

- ~~c) Effective for the quarter ending September 30, 1995, localities that have not submitted their Quarterly Services Utilization report will have their pool reimbursements held in abeyance until the quarterly report is submitted. A notice will be mailed to the local fiscal agent advising that the reimbursement request is considered incomplete until the past due statistical data is received. The quarterly report will be mailed to the same address as the fiscal reports beginning with the September 30 report due on or before October 15. The CSA Evaluation staff will be sending each locality a revised minimal report format including a submission timetable and at that time will again remind localities of the fiscal impact of not submitting the statistical data. (Adopted June 30, 1995)~~
- ~~d) Effective April 30, 1999 a locality may request a waiver to the September 30 final year end report requirement, either by written request for an extension to the OCS prior to the September 30 cutoff date, or post September 30, only if local governments demonstrate mitigating circumstance beyond their control. (Adopted April 30, 1999)~~
- ~~e) Expenditures and Refunds are reported according to the following expenditure reporting categories:~~
- ~~● Foster Care — IV-E children in Licensed Residential Congregate Care ; pool expenditures for costs not covered by IV-E (i.e., non room and board)~~
 - ~~● Foster Care — all others in Licensed Residential Congregate Care~~
 - ~~● Residential Congregate Care — CSA Parental Agreements ; DSS Noncustodial Agreements~~
 - ~~● Non-Mandated Services/Residential/Congregate~~
 - ~~● Educational Services — Congregate Care~~
 - ~~● Treatment Foster Care — IV-E~~
 - ~~● Treatment Foster Care~~
 - ~~● Treatment Foster Care — CSA Parental Agreements ; DSS Noncustodial Agreements~~
 - ~~● Specialized Foster Care — IV-E ; Community Based Services~~
 - ~~● Specialized Foster Care~~
 - ~~● Family Foster Care — IV-E ; Community Based Services~~
 - ~~● Family Foster Care Maintenance only~~
 - ~~● Family Foster Care — Children receiving maintenance and basic activities payments; independent living Stipend/Arrangements~~
 - ~~● Community Based Services~~
 - ~~● Community Transition Services — Direct Family Services to Transition from Residential to Community~~
 - ~~● Special Education Private Day Placement~~
 - ~~● Wraparound services for students with disabilities~~
 - ~~● Psychiatric Hospitals/Crisis Stabilization Units~~
 - ~~● Non-Mandated Services/Community Based~~

~~(Adopted 1994, Revised 1995, 1996, 1997, 1998, 1999, 2000, 2009, 2012)~~

Adopted: June 30, 1995

Effective: June 30, 1995

Revised: 1996, 1997, 1998, 1999, 2000, 2009, 2012

~~f) Each Pool Fund Reimbursement Request requires certification of compliance with CSA requirements per the following: “The expenditures and refunds reported herein were incurred in accordance with provisions of the CSA, and have not been reported on a previous claim. Documentation is maintained to support the expenditure and refund amounts reported, and to demonstrate that each expenditure and refund was made on behalf of a specific child (or list of specific children) and complies with the CSA Manual, COV and Appropriation Act requirements including utilization management and FAPT criteria.” (Adopted 1995, Revised 1999)~~

- A. *Final claims for reimbursements for prior year payments will not be accepted by the Office of Children’s Services after September 30 of the next fiscal year.*
- B. *Localities may submit requests for reimbursement to the Office of Children’s Services on a monthly basis but must report at least every quarter. A reimbursement report must be generated and submitted for each calendar month, even if it indicates no expenditures were made during that month.*
- C. *A locality may request a waiver to the September 30 final year-end report requirement specified in 4.5.2.4.A. by:*
 - 1. *Submitting a written request to the OCS Executive Director before or after the September 30 cutoff date.*
 - 2. *The OCS Executive Director will grant or decline a waiver based on their determination that “good cause” exists.*
 - 3. *If a locality does not agree with the OCS Executive Director’s determination of “good cause,” they may request an appeal of the decision through the State Executive Council’s dispute resolution policy (Policy 3.4).*
- D. *Localities must adopt and implement procedures to reconcile actual CSA reimbursements against expected reimbursements using local general ledgers and the Pool Fund Distribution History, the Pool Transaction History, and other available reports on the CSA website (www.csa.virginia.gov).*
- E. *Localities must adopt procedures to address position vacancies, including temporary unavailability, in the roles of Report Preparer and/or Fiscal Agent that impact the timely submission of the CSA reimbursement requests.*

4.5.2.5 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children's Services.

Adopted: June 30, 1995

Effective: June 30, 1995

Revised: 1996, 1997, 1998, 1999, 2000, 2009, 2012

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MEMO TO THE CPMT

April 26, 2024

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

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

BACKGROUND:

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 Rick Leichtweis for re-appointment as a CPMT provider representative. It is requested that his term expire on June 30, 2026 to maintain staggered terms for provider representatives as required by the CPMT Bylaws.

ATTACHMENT: Rick Leichtweis, Ph.D. professional bio

INTERNAL CONTROL IMPACT: None

FISCAL IMPACT: None

STAFF:

Janet Bessmer, CSA

**Rick Leichtweis, PhD
Executive Director
Inova Kellar Center**

Dr. Leichtweis serves as the Executive Director of Inova Kellar Center, a family focused mental health, substance use disorder treatment center and special education school, located in Fairfax, Virginia. His responsibilities include the executive level oversight for the strategic direction and general operation of Inova Kellar Center, including all clinical, educational and administrative functions in partnership with a leadership team of content experts. Additionally, Dr. Leichtweis is active in providing education and increasing awareness of the specific mental health and substance use disorder needs of children throughout the community as well as the role of Measurement Based Care and Outcomes within behavioral health services. For over 30 years he has partnered with senior Inova leadership and community partners to raise millions of dollars in philanthropic support to provide direct services to children and families who have limited or no resources for treatment.

A leader in the educational and mental health field, Dr. Leichtweis has extensive experience in developing mental health and substance use disorder treatment and special education programs. In his role in the community, he represents all private providers serving as the co-chairman of Fairfax County Community Management and Policy Team, is a board member of the Successful Child and Youth Policy Team of Fairfax County and a board member on the Community System of Care Team and the Virginia Coalition of Private Providers Association. Additionally, Dr. Leichtweis serves as a Board Member of Community Not-for-Profit agencies dedicated to the improvement of the health within our community. In 2013, Dr. Leichtweis received *The Legacy of Service Award* from Inova Health System at the annual Honor's Gala.

Dr. Leichtweis has worked closely with Fairfax County and Fairfax County Public Schools in the development of education, prevention and early identification of issues surrounding adolescent suicide. He has represented Inova Health System and private providers on local and state committees advocating for appropriate cost effective mental health, substance abuse and special education services to all children.

Dr. Leichtweis holds a Masters Degree in Special Education, a Masters Degree in Counseling Psychology from the American School of Professional Psychology in Washington DC.; and a Ph.D. in Education from George Mason University in Fairfax VA.



MEMO TO THE CPMT

4/26/2024

Administrative Item A – 4 : Submission of OCS Gap Survey Follow-up Results

ISSUE:

The Office of Children's Services (OCS) requests localities to respond to an annual Service Gap Survey. OCS has structured the Gap Survey to alternate years between seeking assessment of gaps and then in the following year, describing progress in meeting the gaps. This year, the CSA Management Team provided feedback about the gaps and needs identified in FY 2023. CSA Management Team seeks approval to submit updated responses to OCS to meet the state deadline of May 3, 2024.

BACKGROUND:

In June 2023, CSA administered a survey to identify service gaps in the community. Members from the County/Cities, schools, provider, advocacy, and family communities provided data. These results were compiled and submitted to OCS. This year, OCS, has asked for follow up to determine how any of these service gaps have been impacted. OCS wants to know if the gap has increased, decreased, or remained the same in the following identified areas:

- Applied Behavior Analysis
- Crisis Intervention and/or Stabilization
- Functional Family Therapy
- Intensive In-Home Services
- Residential Treatment
- School-based Mental Health Services
- Therapeutic Foster Care Homes

CSA Management Team provided information on changes in the community in these service areas.

Table 1 – OCS Service Gap Survey – 2023 and 2024		
FY2023 Critical Service Gap	FY2024 Update: Please respond if gap has increased, decreased, been resolved, or remained the same compared to FY2023:	Explanation
Applied Behavior Analysis	Remain the same	Two new providers have been added to the system. However, they are clinic-based. There are concerns around all day clinic programs, as this impacts eligibility for school services.



Crisis Intervention and/or Stabilization	Remain the same	Leland House doesn't do SUD. Co-occurring stabilization remains a gap. While there are many resources in the community – CR2, Emergency Services, difficulties in accessing them remain.
Functional Family Therapy	Remain the same	There have been no new providers added in the past year.
Intensive In-Home	Remain the same	Long waiting lists for all providers in the community. Intensive - No new providers in this area.
Residential Treatment	Increased	Overall, time to service data shows an increase in length of time between FAPT approval and when the child begins treatment – 30, 60, 90+days. MH – Remain the same. SUD – Increased, due to one provider ending contract. ID-DD – The CSB is placing children that the school is not able to place. Out of state placements. These are going to be long-term placements.
School-based Mental Health Services	Decreased	CSB has one grant position which provides services in 3 schools, Bryant, Burke Center and Montrose. Several senior clinicians providing services in High Schools, one Middle School and one elementary school, for a total of 10 schools.
Therapeutic Foster Care Homes	Remain the same	Children in foster care continue to present with a high level of need, best met through the TFC level of care.

Additionally, OCS seeks preliminary information on new gaps in services, based on a standard list of state services definitions. Of these, additional Case Management is identified as a new need.

The CSA MT also provided follow-up feedback on previously identified barriers to service development, including: Need for greater collaboration and consensus, funding, transportation, provider availability, and need for more information and data.



RECOMMENDATION:

CPMT approve the updated CSA Service Gap Survey (Follow-Up for FY 2023 Responses) for submission to OCS by May 3, 2024 deadline.

ATTACHMENT:

FY 2024 CSA Service Gap Survey (Follow-up for FY 2023 Responses)

INTERNAL CONTROL IMPACT:

None

FISCAL IMPACT:

None

STAFF:

Janet Bessmer, PhD

Laura Haggerty-Lacalle

FY2024 CSA Service Gap Survey (Follow-Up for FY2023 Responses)

Locality: Fairfax/Falls Church

Please enter your name and contact email in the space below.

Name: Janet Bessmer
Email: Janet.Bessmer@FairfaxCounty.gov

FY2023 Critical Service Gap	FY2024 Update: Please respond if gap has increased, decreased, been resolved, or remained the same compared to FY2023:
Applied Behavior Analysis	Remain the same. Two new providers have been added to the system. However, they are clinic-based. There are concerns around all day clinic programs, as this impacts eligibility for school services.
Crisis Intervention and/or Stabilization	Remain the same. Leland House doesn't do SUD. Co-occurring stabilization remains a gap. Lots of resources in the community – CR2, Emergency Services, but there are difficulties accessing.
Functional Family Therapy	Remain the same. There have been no new providers added into the past year.
Intensive In-Home	Remain the same. Long waiting lists for all providers in the community. Intensive - No new providers in this area.
Residential Treatment	Increased. Overall, time to service data shows an increase in length of time between FAPT approval and when the child begins treatment – 30, 60, 90+days. MH – Remain the same. SUD – Increased, due to one provider ending contract. ID-DD – The CSB is placing children that the school is not able to place. Out of state placements. These are going to be long-term placements.
School-based Mental Health Services	Decreased. CSB has one grant position which provides services in 3 schools, Bryant, Burke Center and Montrose. Several senior clinicians providing services in High Schools, one Middle School and one elementary school, for a total of 10 schools.
Therapeutic Foster Care Homes	Remain the same. Children in foster care continue to present with a high level of need.

Using the list below, please identify any new gaps in services your locality is experiencing for FY2024, that were not identified in your FY2023 responses. Type new gaps for FY2024 in the box below:

- Continued needs in the community.
- Fentanyl Overdoses, increase in other substances too, including alcohol, Molly, LSD.
 - Younger children continue to present with serious behavioral health needs.
 - Continued depression and anxiety coming out of the pandemic.
 - Self-harm (cutting).
 - Conduct and illegal behaviors (property, gang activity).

Residential Services

- Short-term Diagnostic
- Group Home
- Residential Treatment

Crisis Services

- Crisis Intervention/Stabilization
- Acute Psychiatric Hospitalization

Family Support Services

- Family Partnership Facilitation
- Respite
- Intensive Care Coordination (ICC)
- Family Support Partner
- Child Mentoring
- Parent Coaching

Community-Based Behavioral Health Services

- Assessment
- Group Therapy
- Family Therapy
- Intensive In-Home
- Therapeutic Day Treatment
- Case Management
- Medication Management
- Applied Behavior Analysis
- Trauma Focused/Informed Services

Educational Services

- Private Day School
- Residential School
- School-based Mental Health Services

Evidence-Based Behavioral Health Services

- Multi-systemic Therapy
- Functional Family Therapy
- Parent Child Interaction Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing

Foster Care Services

- Family Foster Care Homes
- Therapeutic Foster Care Homes
- Independent Living Services

Other Services

- Other: _____
- Other: _____
- Other: _____

FY2023 Barriers to Developing Needed Services	FY2023 Rating of Barrier Impact (1=Not at all, 5=A great deal)	FY2024 Update: Please provide rating for FY2024 (higher number = increase in impact, lower number = decrease in impact)
Need for greater collaboration and consensus	4	4 = Case Managers doing the majority of the case-level work. Some brightspots around collaboration.
Lack of funding	2	1
Lack of transportation	4	3
Provider availability	5	5
Need more information and data	1	1

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 Requests 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
4/17/2024	Sandy Pines Residential Treatment Center	Jupiter, FL	No	DFS-FC&A	Assaultive & runaway behavior; victim of sexual exploitation.	4/18/2024

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 were one (1) new child specific contracts approved by the CSA Management Team as noted above. In addition to the newly approved Child Specific Contract, there were a total of nine (9) 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
Devereaux - CIDDS (Kanner)	Pennsylvania	FCPS-MAS	IEP for Residential School under the category of Multiple Disabilities with physical aggression	5/1/2015 (CPMT)
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
Huntington Creek	Schickshinny, PA	CSB	Opiate involved SUD needing detox	11/20/2023

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

April 26, 2024

Information Item I- 1: Review FY25 CPMT Meeting Schedule

ISSUE: Request that the CPMT review the public calendar of meetings for FY 2025.

BACKGROUND:

The CPMT typically meets 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. Members are requested to determine if the May meeting is scheduled on the third Friday to avoid the Memorial Day weekend. 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 review this 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 or Aug 23, 2024	Virtual	1:00-3:00pm	
Sept. 27, 2024		1:00-3:00pm	
Oct. 25, 2024		1:00-3:00pm	
Dec. 6, 2024		1:00-3:00pm	
Jan. 24, 2025	Virtual	1:00-3:00pm	
Feb. 28, 2025		1:00-3:00pm	
Apr. 25, 2025		1:00-3:00pm	
May 16, 2025		1:00-3:00pm	
June 27, 2025		1:00-3:00pm	



MEMO TO THE CPMT

April 26, 2024

Information Item I- 2: Update on OCS Workgroup for Child in Need of Services (CHINS) Policy

ISSUE:

That CPMT receive information about recommendations from the OCS Workgroup for (CHINS) Child in Need of Services eligibility.

BACKGROUND:

The Virginia Office of Children's Services established a time-limited workgroup to review Parental Agreement/CHINS guidelines and Policy 4.1.1. The parental agreement/CHINS eligibility category was created in response to the 2006 AG Opinion #05-095. The parental agreement category provides access to foster care services for a child in need of services without requiring the parents to relinquish custody.

This workgroup was asked to address issues raised with the current Interagency Guidelines, CHINS eligibility policy, and implementation to include: 1. Review and update policy and supporting documentation to reflect current issues, practice, and changes to statutes since original issuance. 2. Identify the need for statutory revisions to match current laws and practices. 3. Identify the need for additional training for localities and state partners. The workgroup met virtually on Jan 23, Feb 12, March 12, and April 22. Lesley Abashian was asked by VACO and VML to serve as the local government representative on this workgroup. The workgroup is wrapped up and OCS will present the recommendations at the next SEC meeting. If SEC moves forwards with recommendations, there will be at least 2 public comment periods that will allow stakeholder feedback/input.

A significant local CSA program concern is related to recent AG guidance to OCS that the current law does not support CSA reimbursing for community-based services under parental agreement/CHINS. The new interpretation is based on a VDSS "foster care" definition changed initiated in 2011 that legally alters the "pathway" for reimbursing for community-based services for CHINS cases. OCS reports that a statutory change will be required to support the existing practice of funding both residential and community-based services under a parental agreement. OCS will recommend to the SEC a statutory change that will support both residential and community-based services to be provided under parental agreements/CHINS. This statutory change would be pursued during the 2025 legislative session.

OCS staff in coordination with the workgroup also updated the following parental agreement/CHINS documents:

- CHINS Eligibility Form
- Model CSA Parental Agreement



- Practice Guidelines for Serving a “Child in Need of Services” as described in SEC for the Children’s Services Act (CSA) Policy 4.1.1

ATTACHMENT:

Proposed Policy 4.1 Eligible Populations

Prepared by:

Lesley Abashian, City of Fairfax

POLICY 4.1

ELIGIBLE POPULATIONS

4.1.1 Children in Need of Services (CHINS)

4.1.1.2 Purpose

To provide guidance to local Children's Services Act (CSA) programs regarding eligibility as a Child in Need of Services (CHINS).

4.1.1.3 Authority

- A. Section [2.2-2648.D.3](#) of the Code of Virginia requires the State Executive Council for Children's Services (SEC) to "Provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."
- B. Section [2.2-2648.D.13](#) of the Code of Virginia requires the State Executive Council for Children's Services (SEC) to "Oversee the development and implementation of uniform guidelines for documentation for CSA-funded services."
- C. Section [2.2-5211.B.3](#) of the Code of Virginia requires the state pool to consist of funds that serve the following target population: "Children and youth for whom foster care services, as defined by [§ 63.2-905](#), are being provided."
- D. Section [2.2-5212.A.4](#) of the Code of Virginia identifies "The child or youth requires foster care services as defined in [§ 63.2-905](#)" as an eligible population for funding through the CSA state pool of funds.
- E. Section [16.1-228](#) of the Code of Virginia identifies a child in need of services as "(i) a child whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of the child or (ii) a child under the age of 14 whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of another person; however, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be a child in need of services, nor shall any child who habitually remains away from or habitually deserts or abandons his family as a result of what the court or the local child protective services unit determines to be incidents of physical, emotional or sexual abuse in the home be considered a child in need of services for that reason alone.

However, to find that a child falls within these provisions, (i) the conduct complained of must present a clear and substantial danger to the child's life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the court is essential to provide the treatment, rehabilitation or services needed by the child or his family."

- F. Section [63.2-905](#) of the Code of Virginia identifies foster care services as "the provision of a full range of casework, treatment, and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in [§ 63.2-100](#) or in need of services as defined in [§ 16.1-228](#) and his family when the child ... (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, ..."
- G. Section 63.2-100 of the Code of Virginia defines foster care placement as placement of a child through (i) an agreement between the parents or guardians and the local board where legal custody remains with the parents or guardians or (ii) an entrustment or commitment of the child to the local board or licensed child-placing agency.
- H. Opinion 05-095 by the Attorney General of the Commonwealth of Virginia (issued 12/6/2006) states that [§ 63.2-905](#) of the Code of Virginia mandates the provision of such foster care services by the state and locality to prevent foster care placements when the child receiving the services is . . . (2) deemed a child in need of services as defined in [§ 16.1-228](#) and that such services must be provided through the CSA without their parents having to relinquish custody to local social services agencies.

4.1.1.4 Definitions

"*Child*" means any person under the age of 18.

"*Child in Need of Services (CHINS)*" means (i) a child whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of the child or (ii) a child under the age of 14 whose behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of another person; however, no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be a child in need of services, nor shall any child who habitually remains away from or habitually deserts or abandons his family as a result of what the court or the local child protective services unit determines to be incidents of physical, emotional or sexual abuse in the home be considered a child in need of services for that reason alone.

"Community Policy and Management Team (CPMT)" is the entity that develops, implements, and monitors the CSA local program through policy development, quality assurance, and oversight of functions.

"Family Assessment and Planning Team (FAPT)" implements the CSA by recommending services for children and families. The team considers every child and family's strengths and challenges to address their specific needs as best they can. Families are included in all FAPT assessments, service planning, and decision-making.

"Foster Care Placement" means the placement of a child through (i) an agreement between the parents or guardians and the local board where legal custody remains with the parents or guardians or (ii) an entrustment or commitment of the child to the local board or licensed child-placing agency."

"Foster Care Services" are the provision of a full range of casework, treatment, and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, (iii) has been committed or entrusted to a local board or licensed child placing agency, or (iv) is living with a relative participating in the Federal-Funded Kinship Guardianship Assistance program set forth in § 63.2-1305 and developed consistent with 42 USC § 673 or the State-Funded Kinship Guardianship Assistance Program set forth in § 63.2-1306. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with § 63.2-905.1.

"Multidisciplinary Team (MDT)" is an alternative to a "standard" FAPT that provides an option to local CSA programs to provide review and recommendations for an identified group or type of cases and can complete all the statutory duties of a standard FAPT, including a recommendation of services for authorization by the CPMT.

4.1.1.5 Eligibility as a Child in Need of Services

- A. State law mandates the provision of foster care services through the CSA state pool of funds (COV § 2.2-5212.4) and that such services are to be sum-sufficiently funded under § 2.2-5211.B.3.
- B. A "Child in Need of Services" is eligible to receive foster care services if they have ...
"been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or

guardians where legal custody remains with the parents or guardians..." (COV § 63.2-905.ii).

- C. This determination of facts shall be made in one of two ways:
1. The FAPT and/or approved MDT shall determine that the child's behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of the child or if the child is under the age of 14 their behavior, conduct or condition presents or results in a serious threat to the well-being and physical safety of another person.
 2. A court finds that a child falls within the statutory definition including that "(i) the conduct complained of must present a clear and substantial danger to the child's life or health or to the life or health of another person, (ii) the child or his family is in need of treatment, rehabilitation or services not presently being received, and (iii) the intervention of the court is essential to provide the treatment, rehabilitation or services needed by the child or his family." (COV § 16.1-228)
- D. The FAPT shall document their determination using the CHINS Eligibility Determination Form (see Appendix A.)

4.1.1.6 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children's Services.

Adopted: December 3, 2007

Effective: December 3, 2007

Revised: July 1, 2008; 2024

Page 4 of 4



MEMO TO THE CPMT

April 26, 2024

Information Item I-3: FY 24 Quarters 2&3 Residential Entry and FAPT Report

ISSUE: That the CPMT receive regular management reports about the utilization and performance of residential placements.

BACKGROUND:

As per § 2.2-5206 the powers and duties of the Community Policy and Management teams, each CPMT “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:

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;”

The CSA program provides quarterly data reports to the CPMT to facilitate oversight of key outcomes.

ATTACHMENT:

FY 24 Quarters 2&3 Residential Entry and FAPT Report

STAFF:

Jeanne Veraska, UR Manager

Sarah Young, FAPT Coordinator

FY 24 Q2 & Q3 RESIDENTIAL ENTRY AND FAPT REPORT

Residential Entry Report

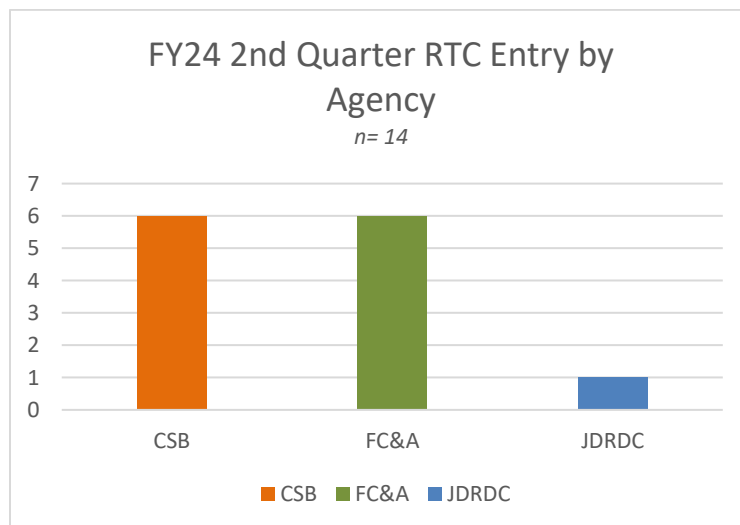
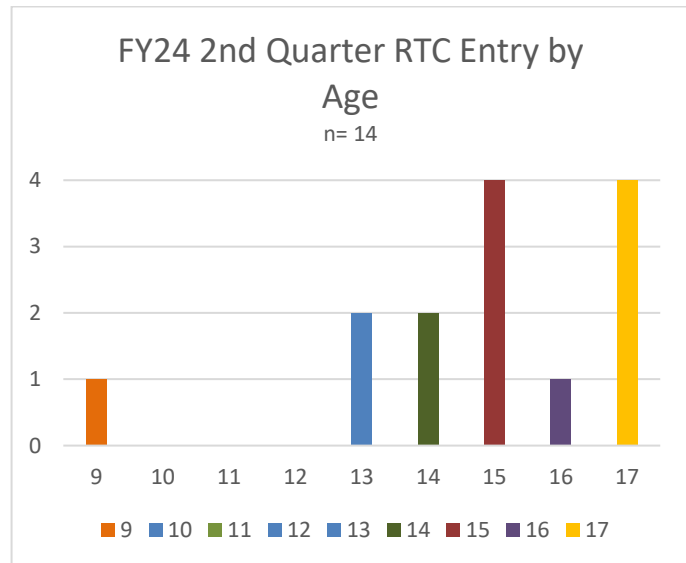
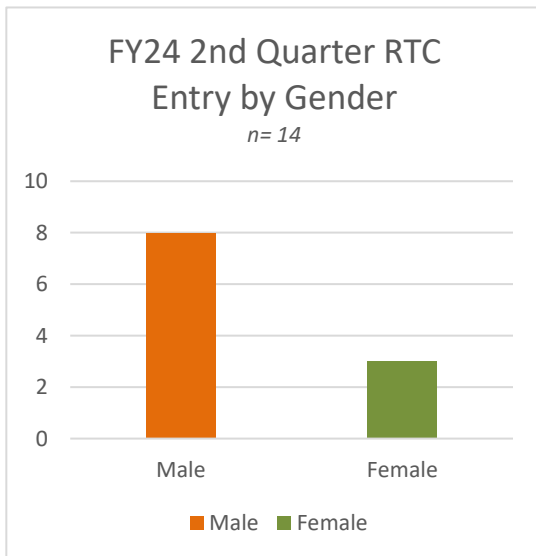
As stated in the local CSA policy manual under Section 4.4 Multi-Disciplinary Teams and Family Assessment and Planning Teams, *prior to the residential placement of a child across jurisdictional lines, the FAPT shall (i) explore all appropriate community services for the child, (ii) document that no appropriate placement is available in the locality, and (iii) report the rationale for the placement decision to the CSA Program Manager who shall inform the CPMT at its next scheduled meeting.*

Fourteen (14) youth entered long-term residential settings FY24 2nd Quarter:

October – 3
Group Home placements – 2

November – 3

December – 8
RTC placements - 12

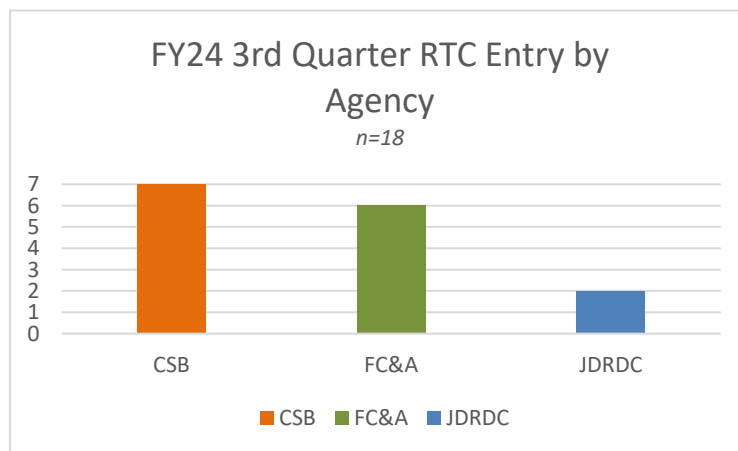
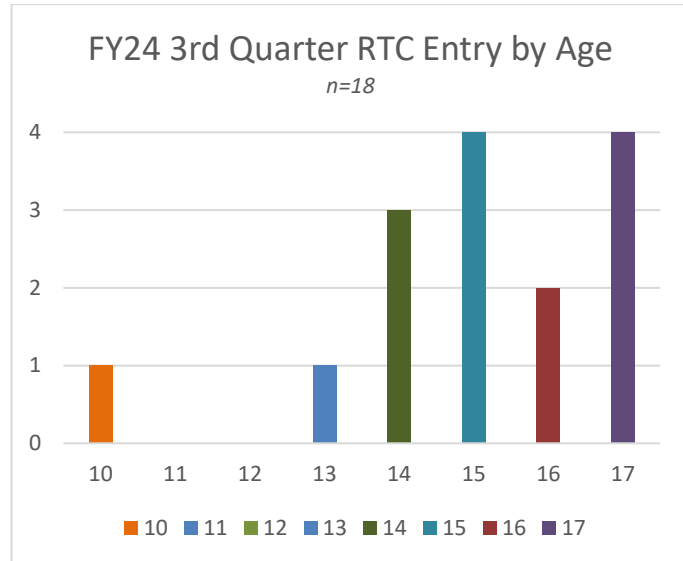
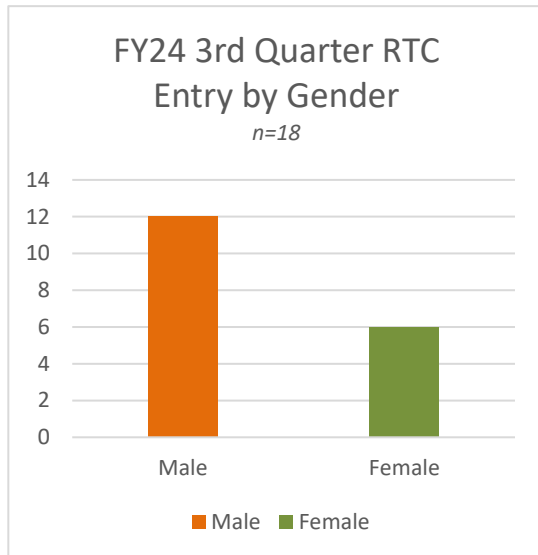


Eighteen (18) youth entered* long-term residential settings FY24 3rd Quarter:

January – 6
Group Home placements – 1

February – 7

March – 5
RTC placements - 17



*Seven (7) youths who have been in residential care made transfers during the third quarter. Two (2) were placed in a more restrictive setting (group home to residential), and two (2) stepped down from residential to a group home. Three (3) of the youth experienced lateral transitions; their placements changed but they remained at the same level of care. The seven (7) youths are not captured in the above data.

Of the second and third quarter placements, two (2) were to assessment and diagnostic centers, 15 were to substance use programs or for those services at a traditional residential facility. Of the 82 children who were approved for a residential or group home level of care (by 4/19/24), 20 waited for placement for 30 days or more (this does not account for data after 3/19/24, impacting two (2) kids as that data will not be available until 5/1/24.) In some cases, the children not placed within 30 days across both second and third quarter have not ever found a bed in placement. This can be for several reasons to include eloping, not being accepted due to high needs, or detoxification requirements.

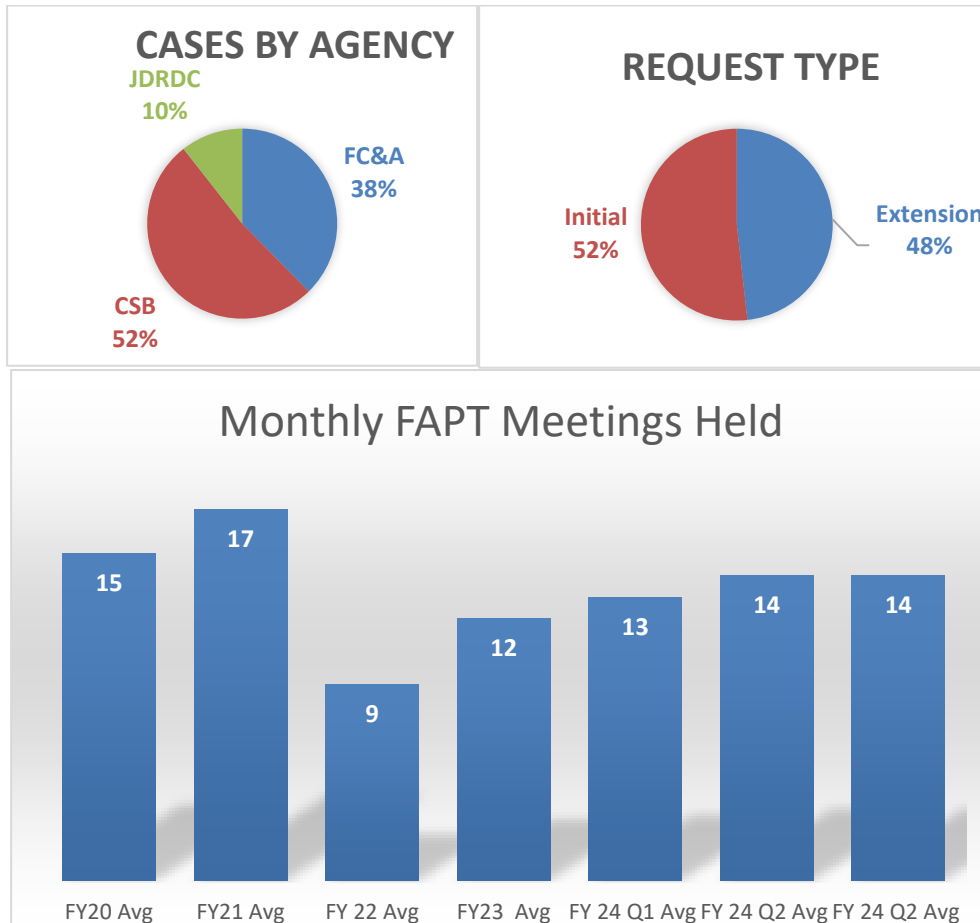
FAPT Report

For FY24 Q2 & Q3, **85** meetings were held with the two standing FAPT teams. Of those **85** meetings:

- **44** referrals were from CSB (**52%**)
- **32** referrals were from FC&A (**37%**)
- **9** referrals were from JDRDC (**11%**)

Of those **85** meetings:

- **41** were requests for extensions of current placement/step down (**48%**)
 - **2** youth were transfers from Alexandria City CSA and already placed in an RTC facility
- **44** were requests for initial placements (**52%**).
 - **43 (98%)** initial requests were supported with a plan for RTC/GH placement of up to 4 months
 - **1 (2%)** initial request led to the development of a community-based plan
 - **6** initial requests (**14%**) were actively receiving ICC services at the time of the FAPT meeting.
- **6** foster care youth and were placed prior to the FAPT meeting; **3** youth were parentally placed prior to the FAPT meeting.
- **27** youth (**32%**) had Substance Use Disorder (SUD) needs as the primary treatment need. This is a **14%** increase from Q1.
- There were no FAPT Appeals during these quarters.



Respectfully submitted by Sarah Young, FAPT Coordinator & Jeanne Veraska, UR Manager

Information Item I-4: February 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 February 2024 for FY24 equal \$21M for 824 youths. This amount is an increase from last year by approximately \$3.1M, or 18%. YTD Pooled expenditures for FY23 equaled \$18M for 816 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	\$3,010,552	\$3,904,043	\$893,491	29.68%
Private Day Special Education	\$9,051,733	\$9,356,913	\$305,180	3.37%
Non-Residential Foster Home/Other	\$4,115,368	\$5,187,667	\$1,072,299	26.06%
Community Services	\$2,014,509	\$2,680,999	\$666,490	33.08%
Non-Mandated Services (All)	\$430,668	\$585,423	\$154,755	35.93%
Recoveries	(\$596,495)	(\$497,096)	\$99,399	-16.66%
Total Expenditures	\$18,026,335	\$21,217,949	\$3,191,614	17.71%
Residential Treatment & Education	73	117	44	60.27%
Private Day Special Education	207	213	6	2.90%
Non-Residential Foster Home/Other	280	296	16	5.71%
Community Services	523	540	17	3.25%
Non-Mandated Services (All)	154	146	(8)	-5.19%
Unique Count All Categories	1,237	1,312	75	6.06%
Unduplicated Youth Count	816	824	8	0.98%

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 February 2024. Revenue has been received through January 2024.

FY2024 OCS SUBMISSIONS						
Date Submitted	Month	Amount Submitted	STATE	Medicaid Withholding	State Total Reimbursement	Date Received
8/29/2023	Adm Allocation	\$ 99,505.00			\$ 53,623.00	11/16/2023
8/28/2023	July	\$ 74,018.78	\$ 40,047.76	\$ 40,047.76	0.00	Aug-23
9/26/2023	August	\$ 1,041,073.79	\$ 579,099.60	\$ 52,126.39	\$ 526,973.21	11/16/2023
11/6/2023	September	\$ 1,873,550.89	\$ 1,064,890.82	\$ 38,800.82	\$ 1,026,090.00	11/30/2023
12/6/2023	October	\$ 2,428,534.53	\$ 1,378,301.10		\$ 1,378,301.10	12/29/2023
1/3/2024	November	\$ 4,088,691.61	\$ 2,248,283.96		\$ 2,248,283.96	1/31/2024
1/31/2024	December	\$ 4,019,217.12	\$ 2,213,433.60		\$ 2,213,433.60	2/29/2024
2/28/2024	January	\$ 3,337,930.07	\$ 1,868,853.91	\$ 35,405.15	\$ 1,833,448.76	3/29/2024
3/29/2024	February	\$ 4,354,932.15	\$ 2,448,165.31			
TOTAL		\$ 21,217,948.94	\$ 11,841,076.06	\$ 166,380.12	\$ 9,226,530.63	

**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 February Program Year 2024 budget report as submitted.

ATTACHMENT:

Budget Chart

STAFF:

Patti Conway

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

Trans Descrip Payment

Mandated/ Non-Mandated	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%	\$2,528,874	74			\$2,528,874	
		Group Home	57.64%	\$104,780	4			\$104,780	
		Education - for Residential Medicaid Placements	46.11%	\$634,593	23	\$92,699	1	\$727,293	
		Education for Residential Non-Medicaid Placements	46.11%	\$423,980	14	\$119,116	1	\$543,096	
	Residential Total				\$3,692,227	115	\$211,815	2	\$3,904,043
	Non Residential	Special Education Private Day	46.11%	\$1,896,593	22	\$7,460,320	191		\$9,356,913
		Wrap-Around for Students with Disab	46.11%	\$229,583	53				\$229,583
		Treatment Foster Home	46.11%	\$3,193,431	105				\$3,193,431
		Foster Care Mtce	46.11%	\$753,003	92				\$753,003
		Independent Living Stipend	46.11%	\$265,696	24				\$265,696
		Community Based Service	23.06%	\$2,132,144	408				\$2,132,144
		ICC	23.06%	\$548,855	132				\$548,855
		Independent Living Arrangement	46.11%	\$720,954	21				\$720,954
		Psychiatric Hospital/Crisis Stabilization	46.11%	\$25,000	1				\$25,000
		Non Residential Total				\$9,765,260	858	\$7,460,320	191
Mandated Total				\$13,457,487	973	\$7,672,135	193	\$21,129,622	
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%	\$355,180	87				\$355,180
		ICC	23.06%	\$138,706	56				\$138,706
Non Residential Total				\$493,886	143			\$493,886	
Non-Mandated Total				\$585,423	146			\$585,423	
Grand Total (with Duplicated Youth Count)				\$14,042,910	1,119		193	\$21,715,045	
Recoveries								-\$497,096	
Total Net of Recoveries								\$21,217,949	
Unduplicated child count								824	

Key Indicators		Prog Yr 2023 YTD	Prog Yr 2024 YTD
Cost Per Child			
Average Cost Per Child Based on Total Expenditures /All Services (unduplicated)		\$19,109	\$25,750
Average Cost Per Child Mandated Residential (unduplicated)		\$44,314	\$54,987
Average Cost Per Child Mandated Non- Residential (unduplicated)		\$22,057	\$25,257
Average Cost Mandated Community Based Services Per Child (unduplicated)		\$3,313	\$4,965
Average costs for key placement types			
Average Cost for Residential Treatment Facility (Non-IEP)		\$28,416	\$34,174
Average Cost for Treatment Foster Home		\$21,889	\$30,414

	Average Education Cost for Residential Medicaid Placement (Residential)	\$52,136	\$30,304
	Average Education Cost for Residential Non-Medicaid Placement (Residential)	\$61,730	\$36,206
	Average Special Education Cost for Private Day (Non-Residential)	\$36,462	\$43,929
	Average Cost for Non-Mandated Placement	\$2,442	\$4,010
Category	Program Year 2024 Allocation	Year to Date Expenditure (Net)	Percent Remaining
SPED Wrap-Around Program Year 2024 Allocation	\$499,469	\$263,579	47%
Non Mandated Program Year 2024	\$1,630,458	\$585,423	64%
Program Year 2024 Total Allocation	\$33,538,460	\$21,217,948	37%



MEMO TO THE CPMT

April 26, 2024

Information Item I- 5: 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: Readiness activities for FY 2025 Office of Children's Services triennial program audit – Our local program is scheduled for a self-assessment audit in the upcoming fiscal year. We will request that the audit occur in Q3 to reduce potential conflicting priorities during implementation of the new CSA information system for case management staff.

- Annual OCS Risk Assessment – the assessment is sent to the CSA Management Team for their feedback and then discussed as a group to arrive at consensus responses. Results will be shared at the upcoming CPMT meeting. See attached. Results due to OCS by May 17th.

Issue #2: Implementation of a new program information system (HHS- IMS) – This multi-year effort is in the User-Acceptance Testing phase. 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.

- Phased implementation to admin staff is currently scheduled in early June and then for training and implementation to agency case managers in the Fall/Winter.

Issue 3#: OCS reports – the state Office of Children's 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.

- Local Resource Survey for FY 2023



- Time to Service Study
- Continuous Quality Improvement [CQIDashboardReport \(virginia.gov\)](https://www.csa.virginia.gov/CQIDashboardReport)
- CSA Outcomes Indicator Report FY 2023
<https://www.csa.virginia.gov/OCSDData/ReportsPublications>

Upcoming events:

- May 3rd – National Children's Mental Health Awareness Day – Local event "Inclusion & Awareness" Event 2024 at James Lee Center.

ATTACHMENT:

OCS Annual Risk Assessment
OCS reports

STAFF:

Janet Bessmer, CSA

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 *

2. Respondent's Name *

3. Respondent's Title *

4. Respondent's Phone Number *

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

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

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

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

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

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

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

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

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

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

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

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

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

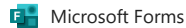
Stakeholder Feedback

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.

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.

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Office of Children's Services
Empowering communities to serve youth

Results of the FY2023 CSA "Time to Service" Survey

January 2024

Background of the CSA “Time to Service” Survey

The [2020 report on the Children's Services Act by the Joint Legislative Audit and Review Commission \(JLARC\)](#) recommended:

“The Office of Children's Services (OCS) should require local Children's Services Act (CSA) programs to measure, collect, and report timeliness data to OCS at least annually, and OCS should use this data to identify local CSA programs with relatively long start times for services, provide assistance to these programs, and notify Community Policy and Management Teams of their low performance relative to other CSA programs.”

Methodology

- OCS, in collaboration with an advisory group of local CSA Coordinators, developed a data collection tool for this study.
- The data collection tool and instructions were distributed to local CSA programs on **February 2, 2023**.
- Localities were asked to collect information for two months, starting with the first referral received after the beginning of February. Data collection closed on **June 30, 2023**, or after two months of data collection, whichever happened first.
- 71 CSA localities (out of 130 possible) reported data on referrals received during the collection period, **a response rate of 55%**.

Referral Groupings

Group	Primary Mandate Type/Description
Foster Care (FC)	FC Abuse/Neglect – DSS Non-Custodial Agreement (parent retains custody of youth)
	FC Abuse/Neglect – DSS Entrustment/Custody
	FC CHINS – Entrustment / Custody
	FC – Court ordered for truancy
	FC – Court ordered for delinquent behavior
	Kinship Guardianship

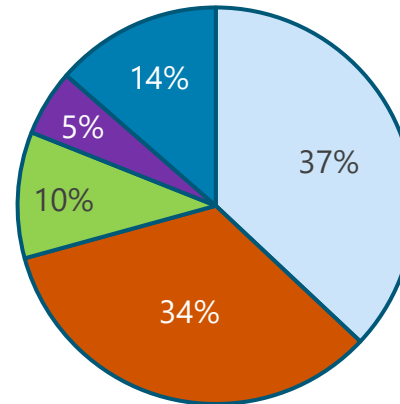
Foster Care Prevention	FC Abuse/Neglect – Prevention (child has not been removed from home)
	FC CHINS – Prevention (child has not been removed from home)

Group	Primary Mandate Type/Description
CHINS – CSA	CSA Parental Agreement (parent retains custody of youth)
Non-Mandated	Non-Sum-sufficient (Residential and Non-Residential)
Special Education	Special Education Services (Private Day/ Residential Tuition and Related Services)
	Wrap-Around Services for Students with Disabilities (SPED Wrap)

Percentage of Referrals by Mandate Type Grouping

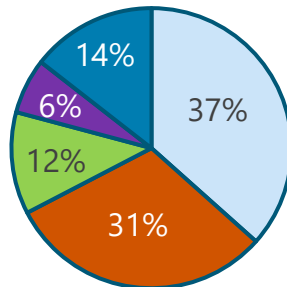
Percentage of Referrals by Group: Full Analysis
(includes those that started services and reported needed dates)

- Foster Care
- Foster Care Prevention
- CSA CHINS
- Non-Sum sufficient
- SPED



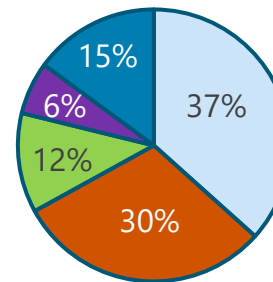
Percentage of Referrals by Group: FAPT Analysis
(includes those that reported needed dates)

- Foster Care
- Foster Care Prevention
- CSA CHINS
- Non-Sum sufficient
- SPED



Percentage of Referrals by Group: All Submitted

- Foster Care
- Foster Care Prevention
- CSA CHINS
- Non-Sum sufficient
- SPED



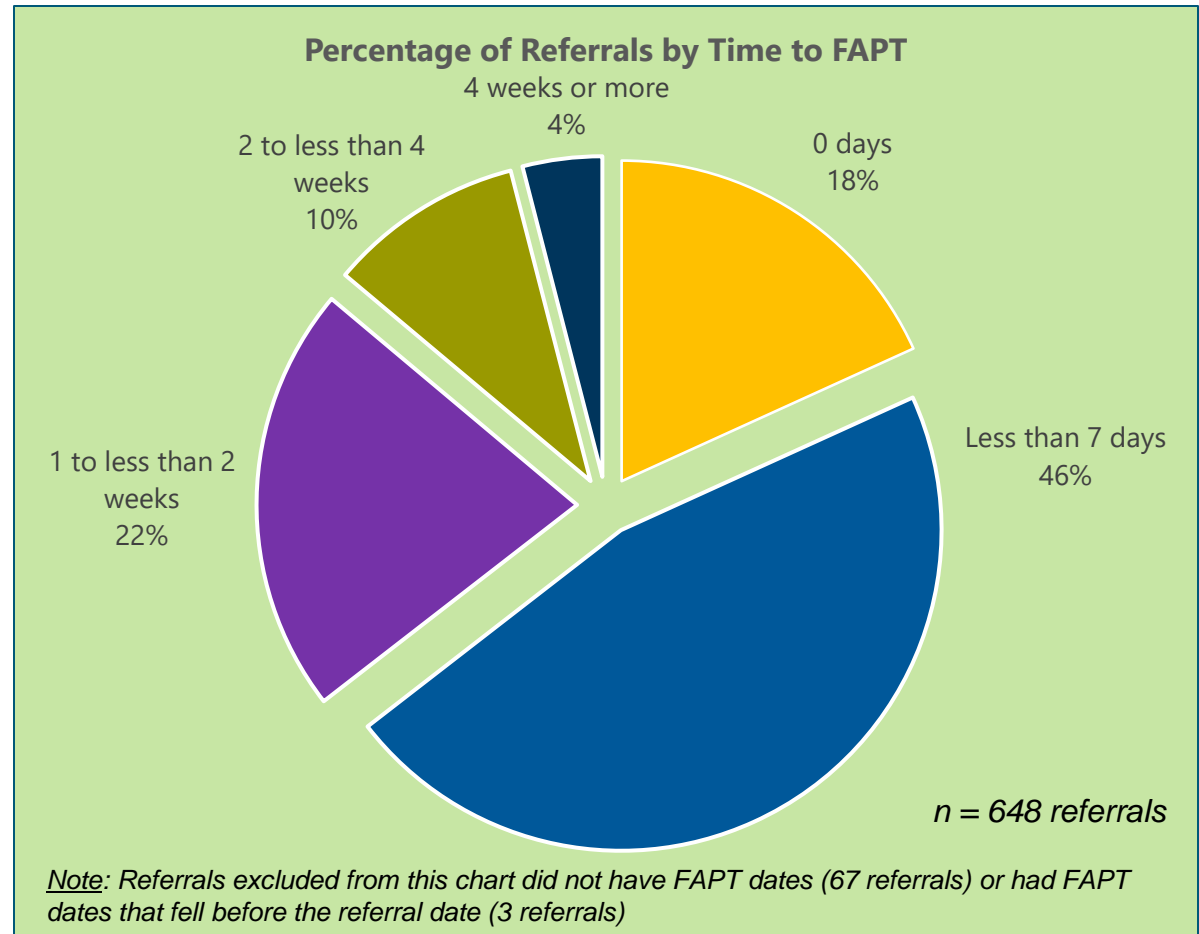
Referral Source and Method of Receipt

Where Did Referral Come From?	Count	% of Total (n=718)
DSS	302	42%
Schools	119	17%
CSB/Behavioral Health (including case managers when specific agency not provided)	83	11%
Courts (DJJ, CSU, etc.)	45	6%
Parent or Provider	19	3%
Could Not be Determined (i.e., blank, individual names)	150	21%

How was Referral Received?	Count	% of Total
Writing (online submission, email, mail-in)	484	67%
Verbally (in-person, phone call)	62	9%
Court Order	10	1%
Could Not be Determined (method not provided)	162	23%

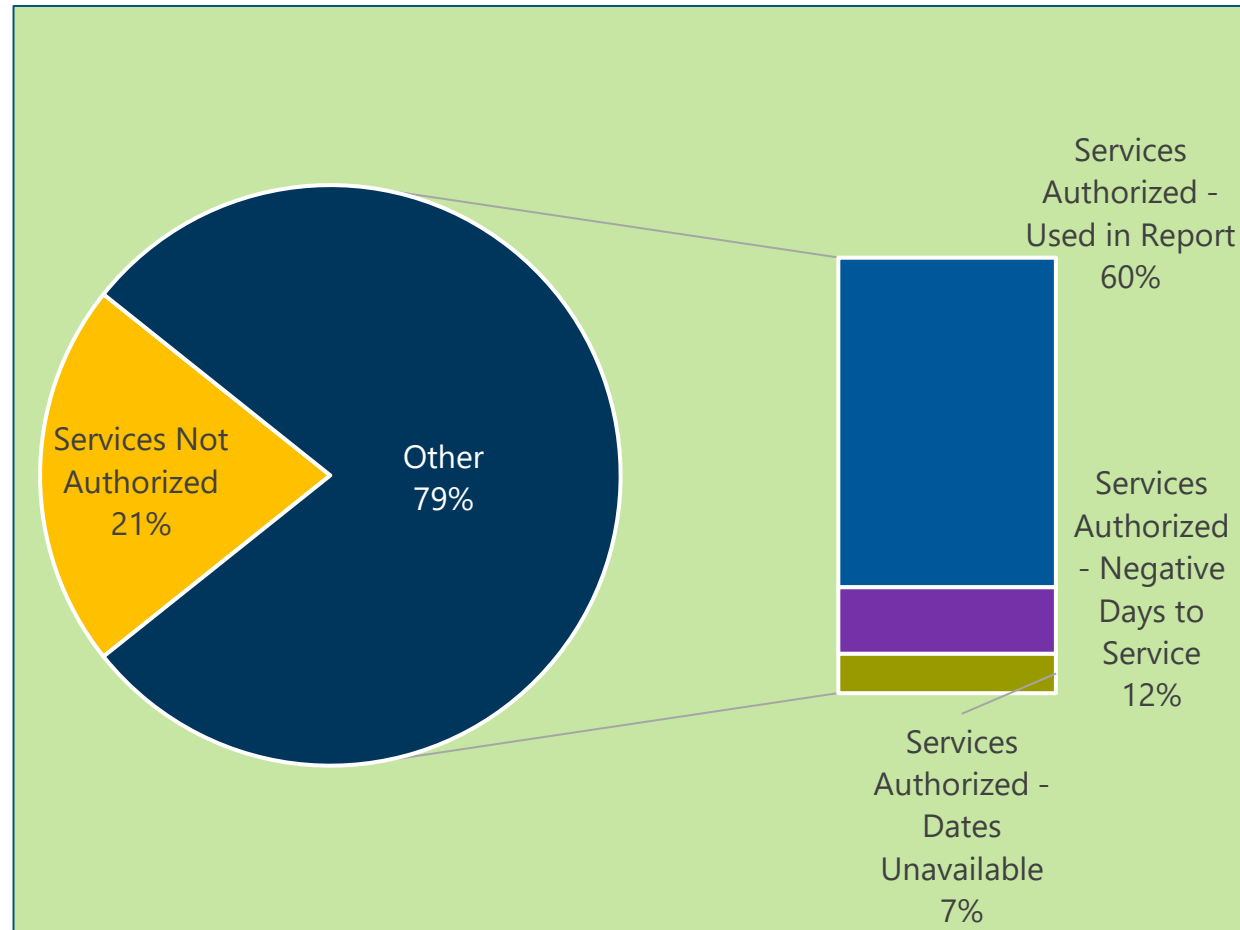
Time to FAPT: Percentage of Referrals by Time Category

- Twenty-five percent (25%) of referrals reached FAPT in zero days.
- Two-thirds (67%) of referrals reached FAPT in less than a week.
- Referrals that took four weeks or more to reach FAPT represented 4% of the total.



Referral Outcomes

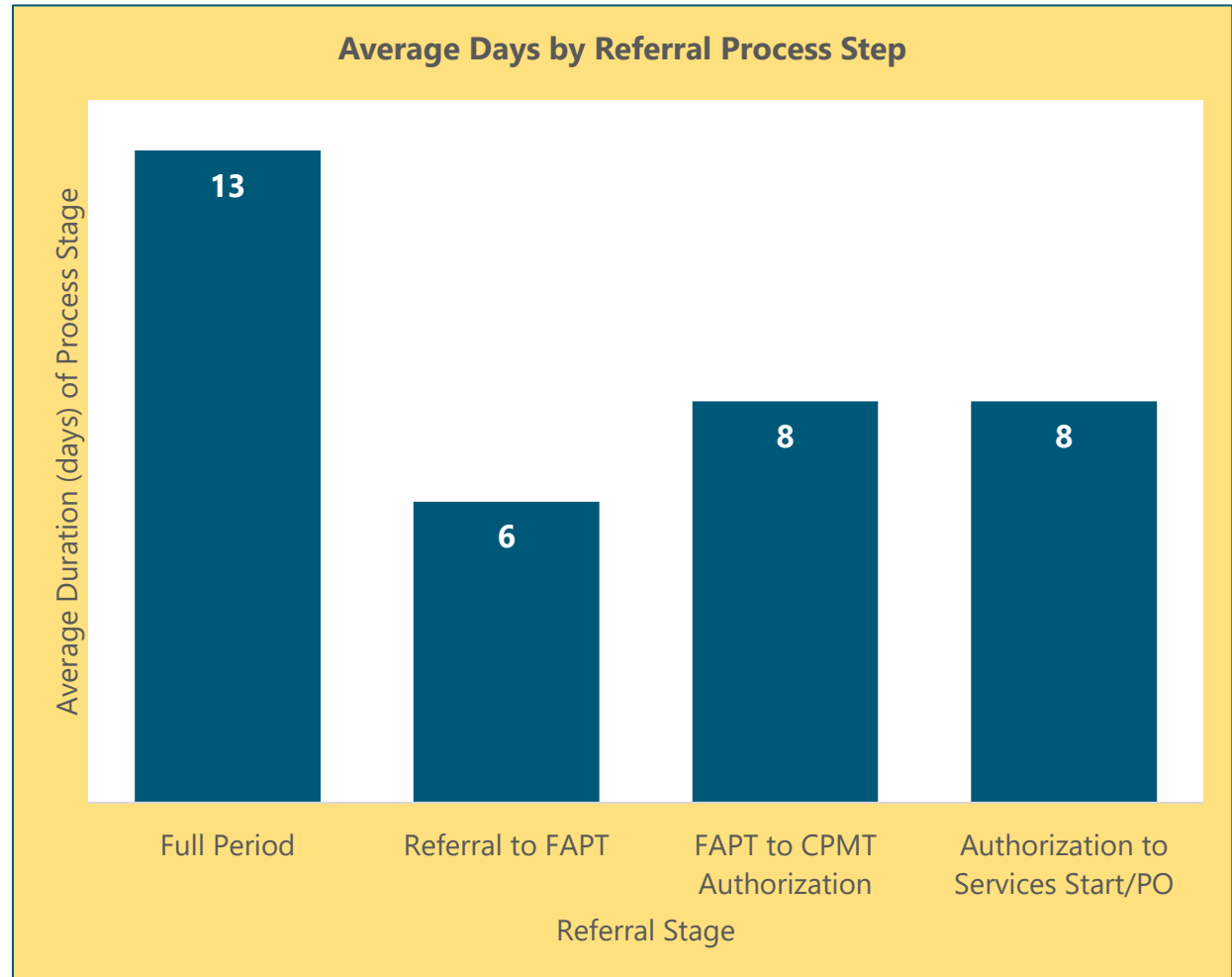
- Most referrals to FAPT resulted in CSA-funded services (79%)
- A majority (60%) of referrals had adequate data to measure the time from referral to service authorization/ payment.
- Approximately 12% of referrals contained services that started prior to receipt of a referral (negative days to service) and were not included in the analysis.
- Seven percent (7%) of the referrals received reported authorized services but did not include dates.



n = 718 referrals

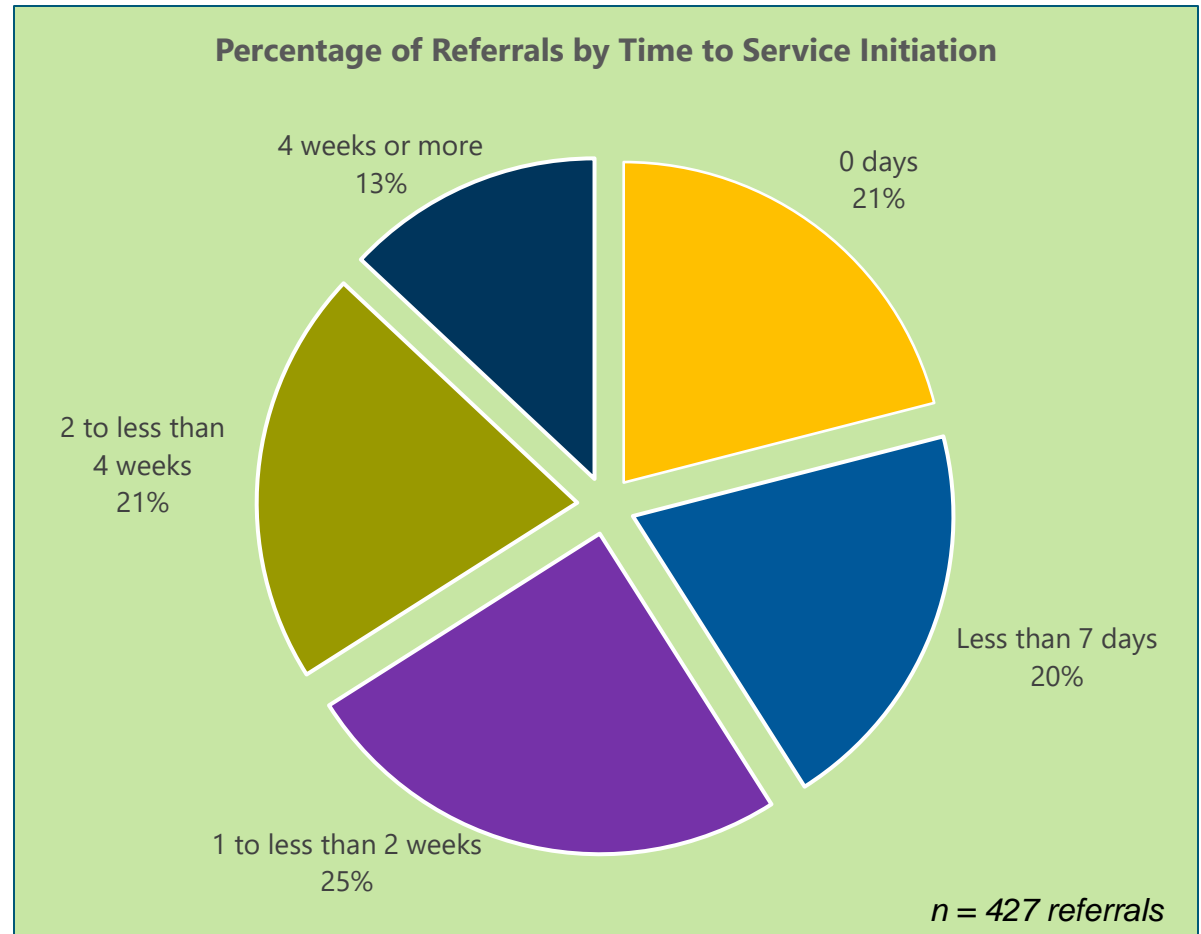
Average Days to Service by Step in Referral Process

- The average number of days between referral receipt and service initiation (service start or purchase order creation) was just under two weeks (13 days).
- Locality averages for the full period ranged from zero days to 55 days.
- 57% of reporting localities had an average time to service that was 13 days or less.
- The process of the referral reaching the FAPT tended to be faster (six days on average) than the period of time from FAPT to CPMT authorization or from CPMT authorization to service start (eight days on average, respectively).
- FAPT to CPMT authorization had the largest range of locality averages, from zero to 68 days.



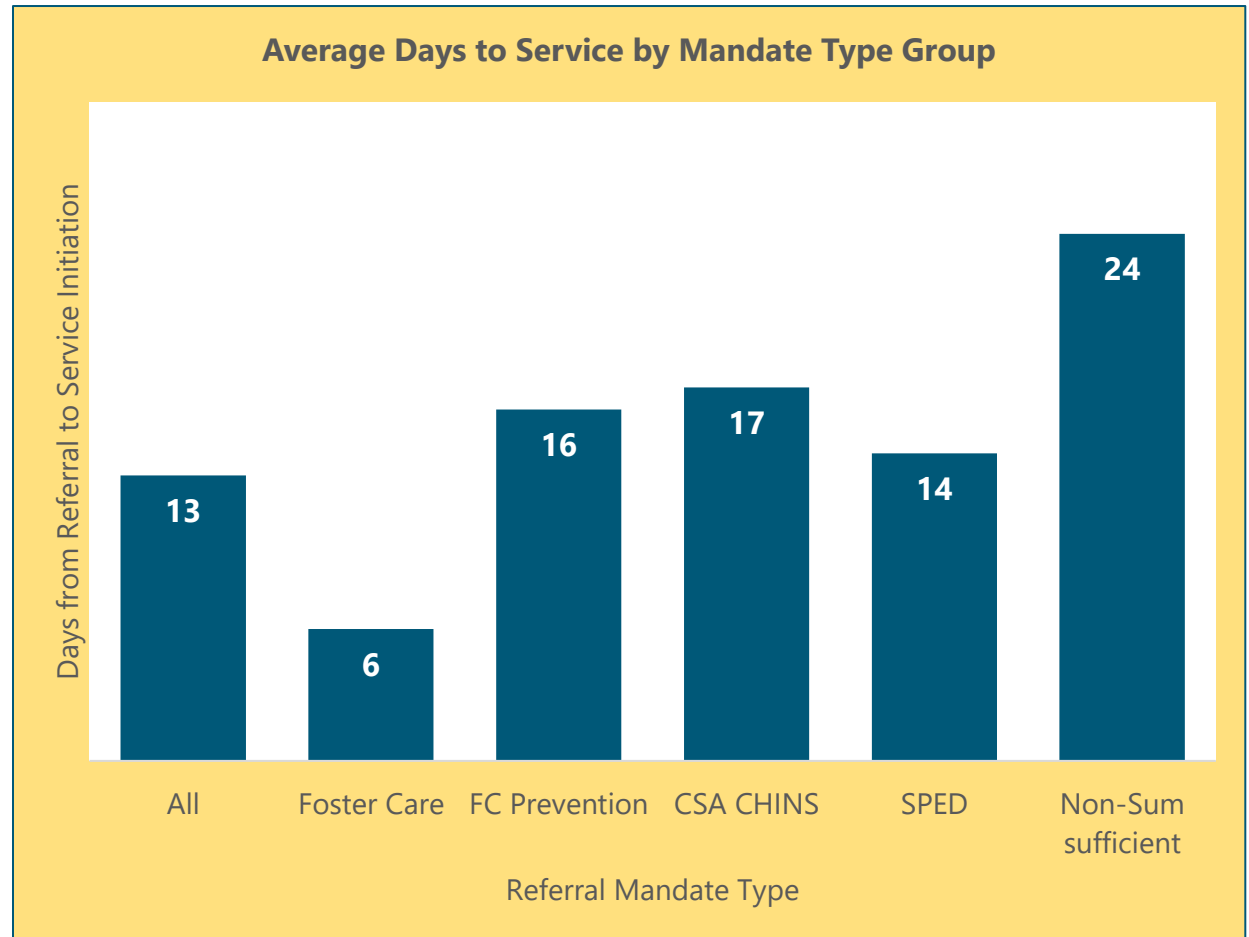
Time to Service: Percentage of Referrals by Time Category

- Forty-one percent (41%) of referrals reached CSA-funded services in under a week: 21% in zero days and 20% in one to six days.
- Most referrals were received and processed for services in less than two weeks (66%).
- Referrals that took four weeks or more to reach services represented 13% of the total.



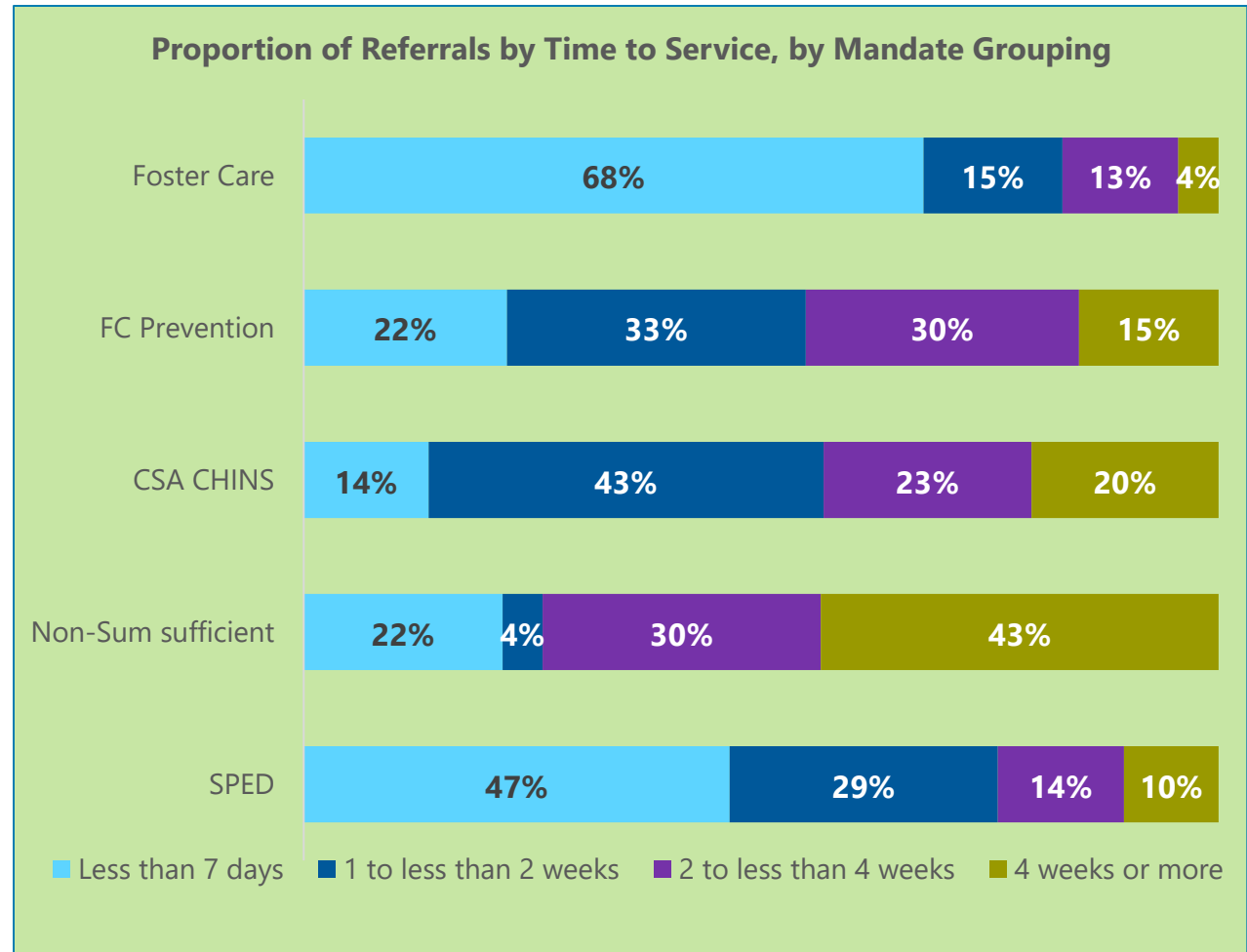
Average Days to Service by Referral Mandate Type

- The average number of days between referral receipt and service initiation (service start or purchase order creation) was just under two weeks (13 days).
- Locality averages for the full period ranged from zero days to 55 days.
- 57% of reporting localities had an average time to service that was 13 days or less.
- Referrals for youth in the "non-sum-sufficient (non-mandated)" group took the longest.



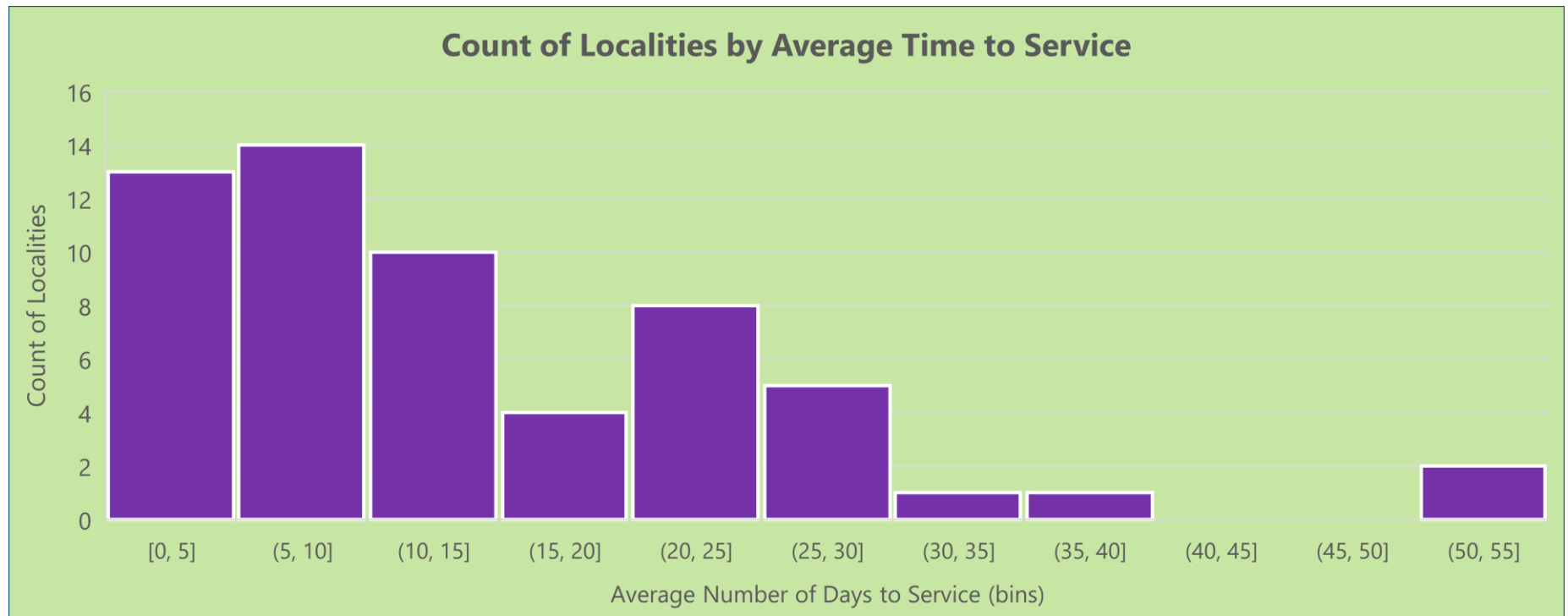
Referral Time to Service by Mandate Type

- A majority (68%) of Foster Care referrals reached CSA-funded services in under seven days.
- Non-mandated referrals were more likely (43%) than other mandate types to take four weeks or more to reach services.
- Referrals for Foster Care Prevention and CSA CHINS most frequently reached services in one to less than two weeks (33% for Foster Care Prevention, 43% for CSA CHINS).
- SPED referrals were most likely to reach services in less than seven days (47%).



Time to Service: Locality Averages

- Among reporting localities, the most common average for referral time to service was less than 10 days (27 localities).
- A majority of localities had an average time to service of 30 days or less; only four localities had an average time to service that exceeded 30 days.



Conclusions

- On average, the statewide duration from receipt of referral to service initiation was 13 days. Fifty-seven percent (57%) of localities had a “time to service” duration that was equal to or less than 13 days.
- Most referrals reported were for Foster Care services (37%), followed by Foster Care Prevention (34%).
- The referral’s mandate type influenced the average days to service: Foster Care referrals took the least amount of time (six days) while Non-sum sufficient referrals had the longest average time (24 days).
- For all referrals, the time from referral to FAPT took the least amount of time in the process (six days, on average). The average amount of time from FAPT to CPMT authorization was the same as the amount of time between CPMT authorization and service initiation (eight days).

Limitations

As the initial data collection for the “time to service” referral information, many lessons were learned and limitations noted:

- The findings are not generalizable to the entire state. The response rate of 55% meant that just over one-half of the local CSA programs did not submit data.
 - This analysis is a summary of responding localities, and it is possible that the circumstances of non-responding localities differ from what is aggregated for this report (i.e., notably shorter or longer time to service).
- The impact of local policies and practices (e.g., referral, case review and scheduling practices, use of non-sufficient funds) likely accounts for some of the variations seen in the results of the study.

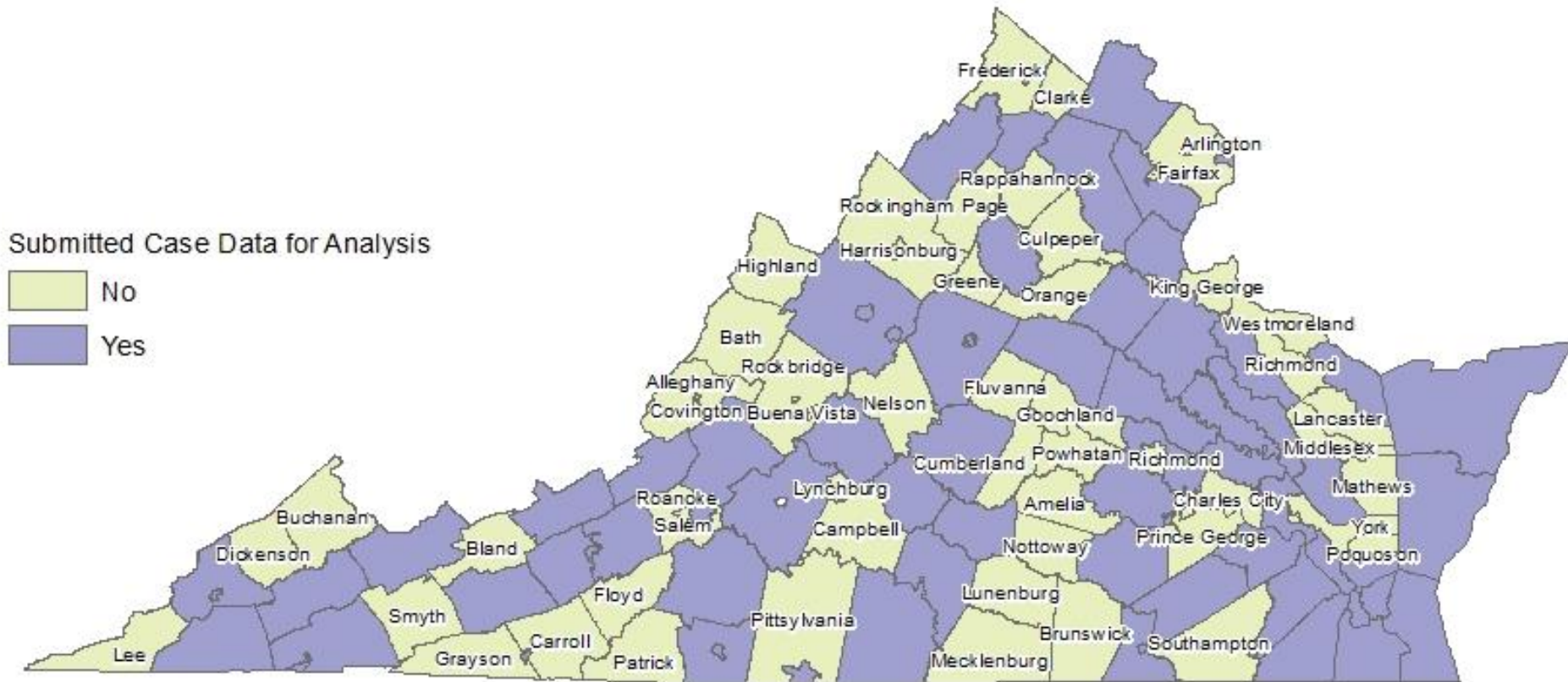
Limitations, continued

- Depending on local policy, the process steps for referrals are not always “linear,” meaning the steps occurred in a different order than what is presented in this analysis. Some referrals report for service start dates prior to the receipt of the referral, while others report service start dates prior to FAPT.
 - Referrals occurring after service start were not included in the analysis.
- Depending on local policy, some referrals do not require Family Assessment and Planning Team (FAPT) action. For example, several localities do not require FAPT for special education (SPED) referrals. Omitting the measured time from receipt of the referral to FAPT review was most prevalent for SPED referrals, however, if services began after the receipt of the referral, the overall time to service was still included in the findings for this analysis.

Limitations, continued

- The data collection tool was free-form, allowing respondents to decide how to enter information.
 - Inconsistent entries across programs impacted the overall quality of responses and the ability to summarize the findings.
 - Submission of incomplete responses led to some referrals being excluded from the final analysis due to missing information.
- Future iterations of the study will limit the scope of response formats and require date entries at key process points for each referral reported.

Locality Participation



Locality-Specific Results

Locality	Cases Submitted (Referrals after Jan 2023)	# to Service in <1 Day	% to Service in <1 Day	Referral to FAPT Days	FAPT to CPMT Days	CPMT to Service Days
Accomack/Northampton	2	0		7	14	1
Albemarle	16	7	44%	5	0	0
Alexandria	10	10	100%	9		
Amherst	7	7	100%	8		
Appomattox	10	5	50%	8	14	0
Augusta	15	12	80%	8	18	
Bedford	29	14	48%	7	16	12
Botetourt	3	3	100%	8		
Bristol	7	6	86%	2	20	
Buckingham	6	1	17%	4	11	41
Caroline	10	9	90%	0	12	
Charlotte	5	2	40%	13	8	4
Charlottesville	11	6	55%	1	0	5
Chesapeake	9	9	100%	13		
Chesterfield	22	12	55%	5	17	
Colonial Heights	6	6	100%	8		
Craig	3	3	100%	0		
Danville	29	7	24%	6	6	8

Locality-Specific Results

Locality	Cases Submitted (Referrals after Jan 2023)	# to Service in <1 Day	% to Service in <1 Day	Referral to FAPT Days	FAPT to CPMT Days	CPMT to Service Days
Dinwiddie	4	1	25%	4	11	
Essex	6	3	50%	5	11	0
Fauquier	9	0		4	3	3
Franklin City	1	0		1	20	0
Franklin County	13	7	54%	3	0	3
Galax	8	8	100%	3		
Giles	9	3	33%	5	1	0
Gloucester	2	1	50%	11	20	
Greensville/Emporia	4	0		16	2	4
Halifax	4	0		0	9	5
Hampton	28	5	18%	3	0	4
Hanover	5	5	100%	18		
Henrico	21	9	43%	15	5	10
Henry	9	8	89%	5	15	8
Isle of Wight	1	0		1	19	19
James City	7	2	29%	14	9	37
King & Queen	3	2	67%	6	7	7
King William	4	1	25%	0	16	16

Locality-Specific Results

Locality	Cases Submitted (Referrals after Jan 2023)	# to Service in <1 Day	% to Service in <1 Day	Referral to FAPT Days	FAPT to CPMT Days	CPMT to Service Days
Loudoun	7	1	14%	23		
Louisa	7	7	100%	4		
Madison	7	7	100%	1		
Martinsville	6	4	67%	7	9	2
Montgomery	10	9	90%	2	14	14
New Kent	3	3	100%	1		
Newport News	11	7	64%	14	7	7
Norfolk	15	3	20%	7	24	17
Northumberland	2	0		0	1	1
Norton	1	0		1	18	18
Portsmouth	3	2	67%	8	15	
Prince Edward	3	2	67%	5	3	4
Prince William	36	9	25%	2	1	5
Pulaski	11	4	36%	1	3	2
Radford	6	2	33%	4	10	10
Roanoke City	12	6	50%	19	2	2
Russell	9	7	78%	0	21	21
Scott	5	4	80%	2	4	4

Locality-Specific Results

Locality	Cases Submitted (Referrals after Jan 2023)	# to Service in <1 Day	% to Service in <1 Day	Referral to FAPT Days	FAPT to CPMT Days	CPMT to Service Days
Shenandoah	14	3	21%	5	30	30
Spotsylvania	31	20	65%	4	10	8
Stafford	7	4	57%	11	68	
Staunton	10	9	90%	1	20	10
Suffolk	2	1	50%	17	12	12
Surry	1	0		7	13	13
Sussex	1	1	100%	15		
Tazewell	5	2	40%	6	21	21
Virginia Beach	68	33	49%	7	3	3
Warren	22	17	77%	19	12	13
Washington	17	12	71%	3	12	
Waynesboro	13	9	69%	4		0
Winchester	21	7	33%	6	16	14
Wise	9	9	100%	1	9	9
Wythe	5	3	60%	0	24	2

Local CSA Administrative Resource Survey – FY2023

Introduction

The oversight responsibilities of the Office of Children's Services (OCS) include the effective monitoring and implementation of the Children's Services Act (CSA). Beginning in FY2021, the Virginia General Assembly directed the OCS to: "collect annually from each local Children's Services Act program the number of program staff by full- and part-time status and the administrative budget broken out by state and local funding to understand local program resources and target technical assistance to the most under-resourced local programs" (Appropriation Act).

In late October 2023, via email and Survey Monkey, the following questions were sent to local CSA Coordinators and CPMT Chairs:

1. In whole numbers, how many full-time employees were the financial responsibility of your local CSA in FY2023?
2. In whole numbers, how many part-time employees were the financial responsibility of your local CSA in FY2023? Enter the employee count based on their approximate percentage of time worked.
 - a. Working 25% of the time
 - b. Working 50% of the time
 - c. Working 75% or more of the time
3. What additional local funds, beyond the required local match, were needed to fund:
 - a. Personnel expenses (full and part-time employees)?
 - b. Non-personnel expenses (e.g., office space, supplies, postage, vehicle usage, training)?

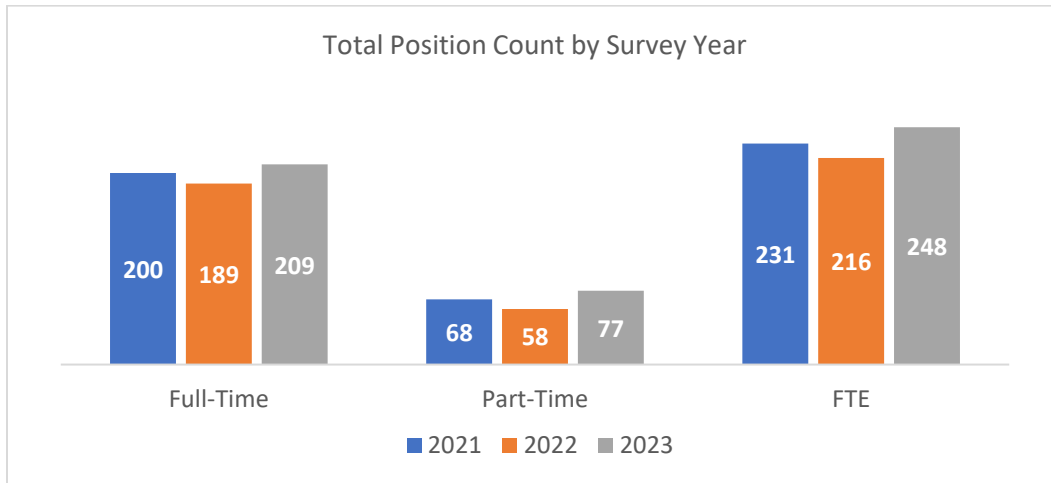
Responses were collected between November and December 2023. The combined locality responses (Accomack/Northampton, Chesterfield/Colonial Heights, Henry/Martinsville, New Kent/Charles City, Poquoson/York, Staunton/Augusta/Waynesboro, Alleghany/Covington, and Washington/Bristol) were manually redistributed for this analysis to the individual locality level, based on each locality's total allocation, to produce the averages reported in the summary below. The survey responses at the end of this document provide data as reported by respondents.

- **The response rate for the FY2023 survey was 79%** (103 out of 130 localities responded).
- Employee position counts and average expenditures for FY2023 were at their highest since data collection began in FY2021.
- The most notable increase in FY2023 was the average additional funds spent, beyond local match, on non-personnel expenses. Average spending in this category was doubled compared to the prior two years of survey responses. The majority of this increase was

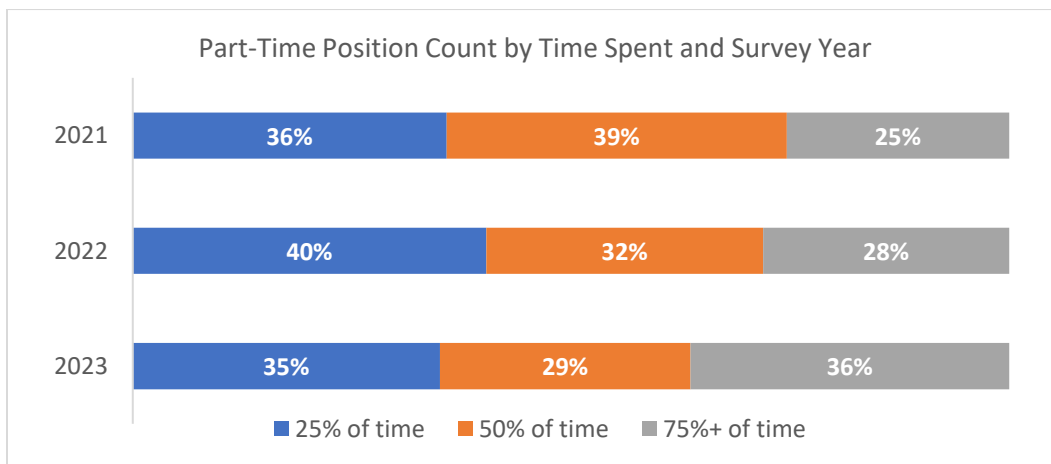
seen among localities with the highest total allocations for FY2023. The source of these increases is unclear and may be a data quality/consistency issue between years.

Results

Employee Positions

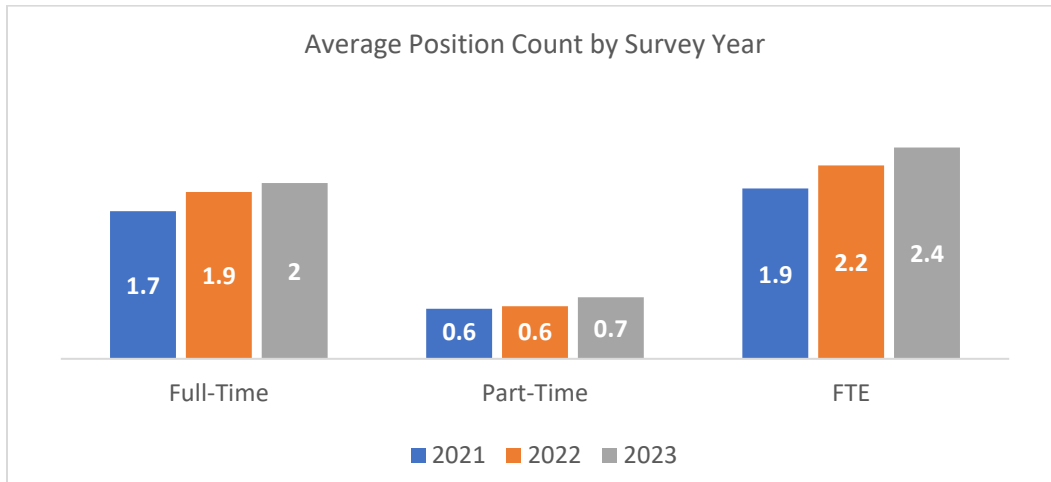


For FY2023, reported employee position counts were higher than reports for the last two years. The most significant increase was in the total count of part-time positions (77 in FY2023): 12% higher than FY2021 totals and 31% higher than FY2022 totals. Compared to responses FY2022, there were 27 more full-time positions, 18 more part-time positions, and 38 more full-time equivalent (FTE) totals. More localities provided survey responses this year (103, compared to 99 last year), which could have influenced the increased count for the total staff.



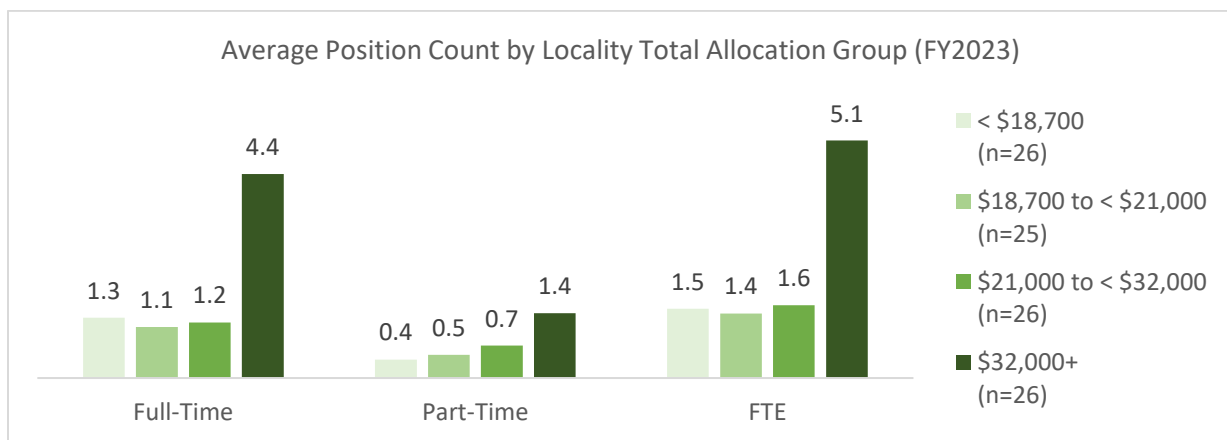
Over the last three survey years, the proportion of reported part-time positions classified as half-time (50% FTE) has decreased from 39% of part-time positions in FY2021 to 29% in FY2023. The ten percentage point drop was almost entirely picked up by the increase in the proportion of part-time positions that were 75% FTE or more (25% of part-time positions in FY2021 and

36% of part-time positions in FY2023). The shift from half-time positions to 75%+ positions has influenced the increase in average FTE across the last three years of surveys, as seen below.



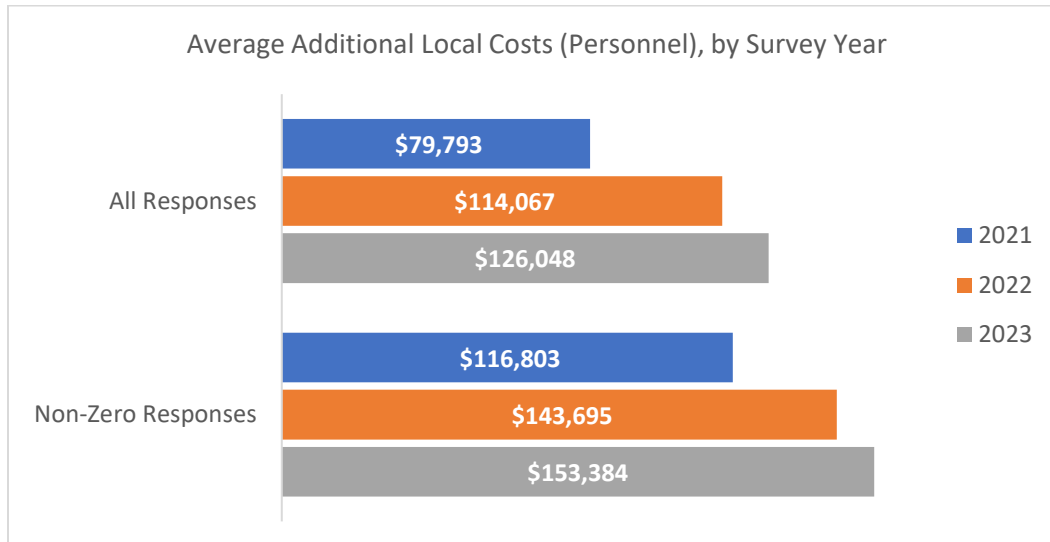
The average number of staff positions per locality adjusts for counts over time when the number of responding localities changes yearly. The average number of full-time positions and FTE totals have steadily increased over the last three years. Average part-time positions were constant between FY2021 and FY2022 (0.6 average positions) and then increased slightly in FY2023 (0.7 average positions). Use of the average number of positions per responding locality suggests relatively minor increases in program staffing (0.2 full-time equivalents) from FY2022 to FY2023.

The number of localities reporting **only** part-time employees has declined significantly over the last three surveys (24 localities in FY2021, 15 localities in FY2022, and six localities for this year).

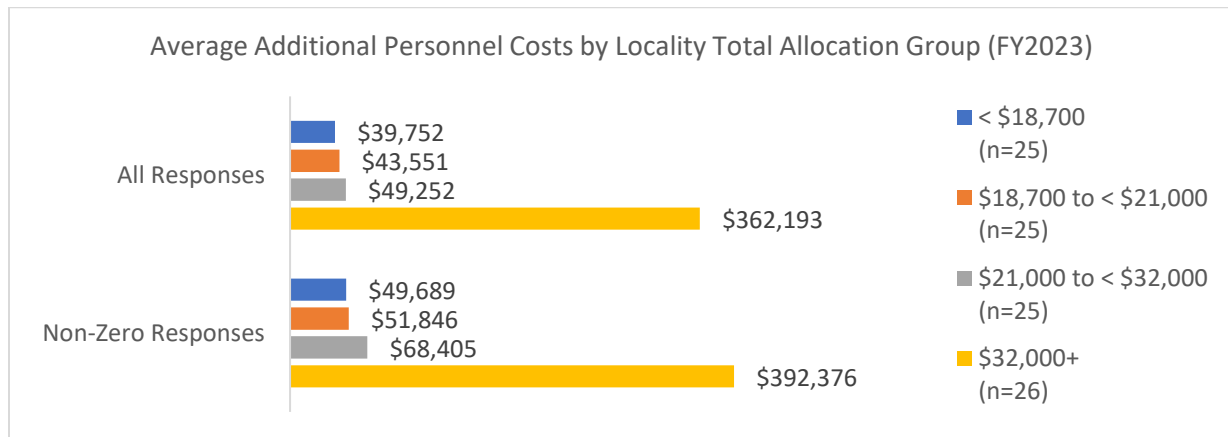


When respondents were grouped based on their total allocation, the average number of positions tended to increase as allocation categories increased.

Additional Spending over Required Local Match (Personnel)



Average additional funds for personnel costs, beyond the required local matching share, was highest in FY2023 compared to the two previous years. The total locality average for FY2023 was \$126,048, 11% higher than FY2022 and 58% higher than FY2021. Among localities that demonstrated expending additional funds (excluding localities that answered \$0 extra spending beyond their allocation), the average was \$153,384 in FY2023, 7% higher than FY2022 and 31% higher than FY2021. Eighty-five localities indicated such expenditures (non-zero spending response) for FY2023, or 83% of respondents. For FY2022, this percentage was slightly lower, with 81% of respondents reporting additional personnel expenditures.

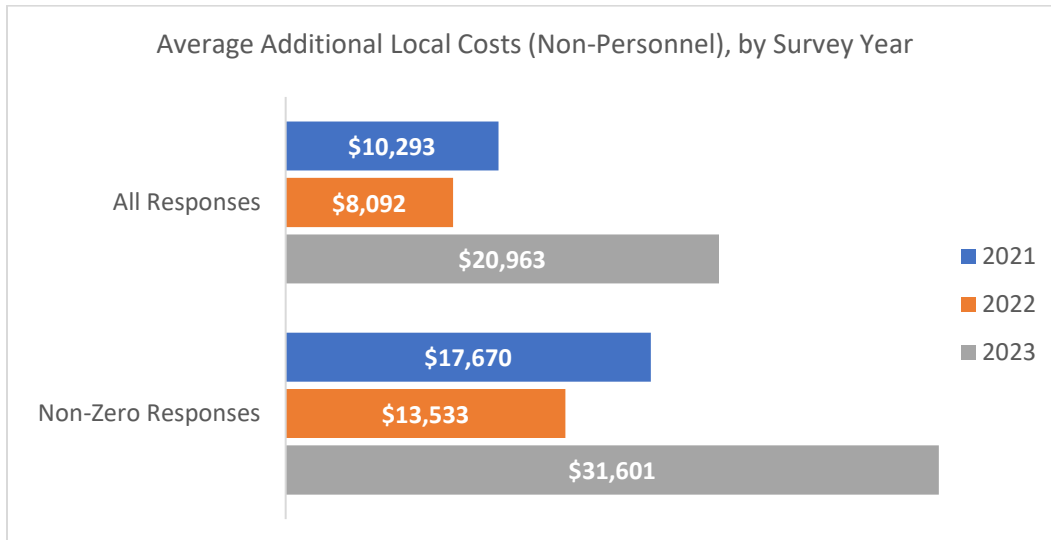


Average additional personnel expenditures were higher for localities assigned higher total allocations. The chart above shows the average additional personnel expenditures by total allocation grouping.

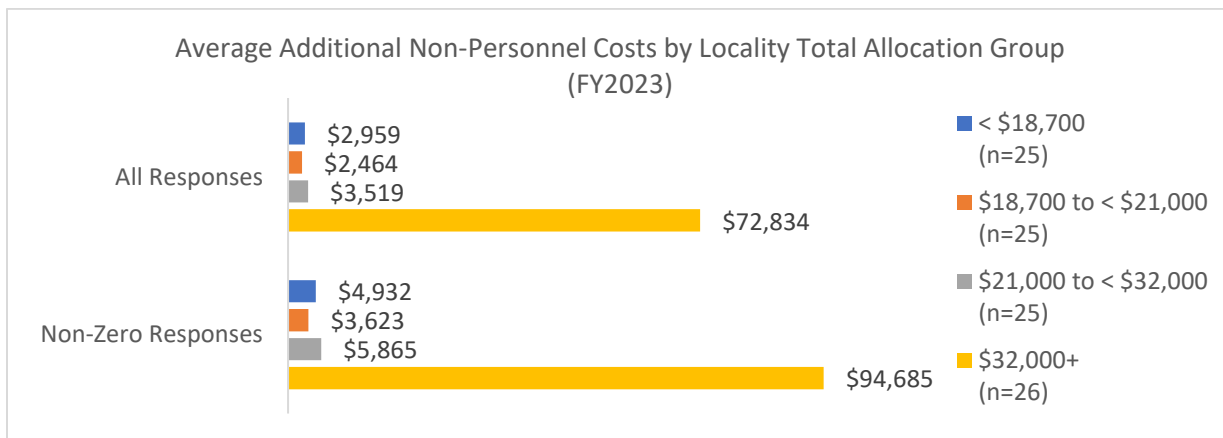
The increased proportion of localities reporting non-zero personnel expenses in FY2023, compared to FY2022, was also seen when grouping localities into categories based on their

total allocation. For every group except those localities with the highest allocations, the percentage of respondents indicating personnel spending above zero dollars was higher in FY2023 than in FY2022. For the localities with the highest allocations, the percentage of respondents with additional personnel expenses decreased slightly (from 96% of respondents to 92% of respondents).

Additional Spending over Required Local Match (Non-Personnel)



Average additional non-personnel costs totaled \$20,963 for non-personnel expenses in FY2023, 104% higher than FY2022 and 159% higher than FY2021. The average non-personnel component among localities' expenditure of additional funds (excluding answers of \$0 extra spending) was \$31,601 in FY2023, 134% higher than FY2022 and 79% higher than FY2021. Sixty-seven localities (65% of responses) utilized additional funds for non-personnel expenses.



Compared to FY2022, increased spending on non-personnel costs was most notable for localities with the highest total allocations. For FY2023, the average additional non-personnel expenditures was \$72,834 for those localities allocated \$32,000 or more. In FY2022, the

average was \$50,000 lower (\$22,400 average spent on non-personnel expenses for localities with the highest allocations). Among localities that gave non-zero responses for additional non-personnel expenses in FY2023, the average for localities with the highest allocations (\$32,000+) was nearly \$95,000 compared to just under \$32,000 reported for FY2022. The remaining three total allocation groupings of localities saw a much smaller change in average non-personnel costs reported: FY2023 averages varied less than \$5,000 from FY2022 averages for each group, with two groupings (lowest allocations, or less than \$18,700 for FY2023, and second-highest allocations, or \$21,000 to less than \$32,000 in FY2023) averaging lower non-personnel expenditures in FY2023 than in FY2022.

Local CSA Resource Survey Responses (FY2023)

Grey rows indicate localities that did not respond to the survey.

Locality	State Share	Local Share	Total Additional Local Spending	# Full-Time	# Part-Time
Accomack/Northampton	\$26,810	\$7,369	\$73,395	1	0
Albemarle	\$27,073	\$21,918	\$226,432	2	6
Alexandria	\$53,623	\$60,689	\$328,416	3	0
Alleghany/Covington	\$40,632	\$10,945	\$10,945	1	1
Amelia	\$13,405	\$6,507	\$17,589	1	0
Amherst	\$13,405	\$5,013	\$143,391	2	0
Appomattox	\$13,405	\$4,806	\$0	1	0
Arlington	\$53,623	\$45,707	\$361,134	4	0
Augusta/Staunton/Waynesboro	\$43,756	\$22,140	\$79,175	7	1
Bath	\$13,405	\$10,021	\$0	0	1
Bedford	\$39,278	\$19,876	\$59,154	3	2
Bland	\$13,405	\$3,583	\$0	1	0
Botetourt	\$13,405	\$7,548	\$21,417	0	1
Brunswick	\$13,405	\$4,324	\$26,000	0	1
Buchanan	\$13,405	\$6,181	\$0	1	0
Buckingham	\$13,405	\$3,400	\$16,805	1	0
Buena Vista					
Campbell					
Caroline	\$13,405	\$6,626	\$72,000	1	1
Carroll	\$13,405	\$5,501	\$0	1	0
Charles City/New Kent	\$26,810	\$16,342	\$166,091	1	1
Charlotte					
Charlottesville	\$25,639	\$11,349	\$44,032	1	0
Chesapeake	\$53,623	\$31,701	\$453,579	5	0
Chesterfield/Colonial Heights	\$67,028	\$42,650	\$322,985	5	1
Clarke	\$13,405	\$12,359	\$52,552	1	0
Craig	\$13,405	\$5,479	\$13,097	0	1
Culpeper	\$13,405	\$8,102	\$208,510	2	0
Cumberland					
Danville					
Dickenson	\$13,405	\$5,859	\$54,500	1	0
Dinwiddie	\$13,405	\$6,777	\$187,352	2	2
Essex	\$13,405	\$8,403	\$0	1	0
Fairfax/Falls Church	\$53,623	\$45,889	\$3,700,216	25	13
Fauquier	\$17,919	\$15,164	\$149,077	2	1
Floyd	\$13,405	\$4,059	\$52,750	1	0

Locality	State Share	Local Share	Total Additional Local Spending	# Full-Time	# Part-Time
Fluvanna					
Franklin City	\$13,405	\$7,908	\$90,562	1	0
Franklin County	\$13,405	\$5,291	\$132,577	2	0
Frederick	\$20,045	\$15,423	\$181,706	3	0
Fredericksburg	\$13,405	\$7,033	\$131,500	1	0
Galax	\$13,405	\$6,153	\$84,073	2	0
Giles	\$13,405	\$5,470	\$71,586	1	0
Gloucester	\$13,405	\$7,829	\$88,074	1	0
Goochland	\$13,405	\$12,729	\$12,729	1	0
Grayson					
Greene	\$13,405	\$7,126	\$7,126	1	0
Greensville/Emporia	\$13,405	\$3,927	\$97,973	1	0
Halifax	\$13,405	\$4,084	\$46,861	0	3
Hampton	\$53,623	\$25,499	\$277,000	4	5
Hanover	\$24,769	\$19,811	\$239,682	2	2
Harrisonburg					
Henrico					
Henry/Martinsville	\$26,810	\$11,842	\$146,907	2	1
Highland	\$13,405	\$8,291	\$0	0	2
Hopewell	\$13,405	\$4,876	\$72,500	1	0
Isle of Wight	\$13,405	\$7,584	\$50,525	2	2
James City	\$13,405	\$10,895	\$0	1	0
King and Queen	\$13,405	\$6,147	\$0	2	0
King George					
King William	\$13,405	\$8,402	\$1,189	1	0
Lancaster	\$13,405	\$10,494	\$15,233	1	1
Lee					
Lexington					
Loudoun	\$53,058	\$48,267	\$770,382	8	0
Louisa	\$13,405	\$10,538	\$65,107	1	0
Lunenburg					
Lynchburg	\$43,896	\$16,537	\$276,370	6	1
Madison	\$13,405	\$6,767	\$0	1	0
Manassas City	\$17,701	\$12,648	\$345,000	2	2
Manassas Park	\$13,405	\$10,003	\$110,000	1	1
Mathews	\$13,405	\$9,993	\$0	1	1
Mecklenburg	\$13,405	\$3,973	\$0	1	3
Middlesex	\$13,405	\$10,249	\$0	0	1
Montgomery	\$18,364	\$7,263	\$63,545	1	0

Locality	State Share	Local Share	Total Additional Local Spending	# Full-Time	# Part-Time
Nelson					
Newport News	\$53,623	\$20,575	\$79,728	6	1
Norfolk	\$53,623	\$17,446	\$0	5	1
Northumberland	\$13,405	\$6,614	\$11,090	0	1
Norton					
Nottoway					
Orange					
Page					
Patrick	\$13,405	\$4,563	\$51,167	6	0
Petersburg	\$53,623	\$29,321	\$54,806	1	0
Pittsylvania	\$13,405	\$4,130	\$452,644	3	0
Poquoson/York	\$26,810	\$13,708	\$58,000	0	1
Portsmouth	\$53,623	\$18,889	\$0	2	0
Powhatan	\$13,405	\$10,286	\$147,429	4	0
Prince Edward					
Prince George	\$13,405	\$7,927	\$7,750	0	1
Prince William	\$53,623	\$27,795	\$1,016,000	7	0
Pulaski	\$13,405	\$5,536	\$10,775	2	0
Radford					
Rappahannock					
Richmond City	\$53,623	\$31,368	\$1,207,328	5	0
Richmond County	\$13,405	\$6,388	\$30	2	0
Roanoke City	\$53,623	\$23,781	\$426,122	5	2
Roanoke County	\$20,745	\$16,280	\$307,434	4	1
Rockbridge					
Rockingham					
Russell	\$13,405	\$3,132	\$59,878	2	0
Salem	\$13,405	\$7,259	\$39,339	4	1
Scott	\$13,405	\$6,176	\$15,000	0	1
Shenandoah	\$15,701	\$8,516	\$145,334	2	2
Smyth	\$13,405	\$4,088	\$16,500	2	0
Southampton	\$13,405	\$6,397	\$77,742	1	0
Spotsylvania	\$19,863	\$16,836	\$227,684	3	0
Stafford	\$18,082	\$14,436	\$272,961	2	1
Suffolk	\$16,723	\$5,375	\$71,685	2	2
Surry					
Sussex					
Tazewell	\$13,405	\$4,363	\$0	1	0
Virginia Beach	\$53,623	\$29,757	\$387,425	6	0

Locality	State Share	Local Share	Total Additional Local Spending	# Full-Time	# Part-Time
Warren					
Washington/Bristol	\$26,810	\$9,690	\$115,024	2	0
Westmoreland	\$13,405	\$5,815	\$110,190	1	1
Williamsburg					
Winchester	\$17,132	\$14,520	\$18,023	1	2
Wise	\$13,405	\$5,097	\$31,280	2	0
Wythe	\$13,405	\$4,978	\$8,592	1	2