

APPENDIX A - CPMT BYLAWS

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BY-LAWS
THE CITY OF WINCHESTER COMMUNITY POLICY AND MANAGEMENT TEAM

Article I -- Name

The name of this Consortium shall be the City of Winchester Community Policy and Management Team, herein referred to as the CPMT.

Article II -- Intent and Purpose

The purpose of the CPMT is to adhere to the intent of CSA and shall be to create, maintain and manage a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youth and their families (COV § 2.2-5200)

The purpose of this law is to:

1. "Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;"
2. "Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environment, physical or psychological stress;"
3. "Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;"
4. "Increase interagency collaboration and family involvement in service delivery and management;"

5. "Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families;" and

6. "Provide communities flexibility in the use of funds and to authorize communities to make decisions and be accountable for providing services in concert with these purposes"

COV § 2.2-5200

Article III – Membership

Conditions and Standards relating to membership are determined by state law and by local government directive enacted in accordance with state law which provide as follows:

(A) The membership of the CPMT shall meet the requirements of the COV § 2.2-5205 and be appointed by the City Council of Winchester. The membership shall include, at a minimum, the local agency heads or their designees who have the authority to approve funds from the following community agencies: Community Services Board, Juvenile Court Services Unit, Department of Health, Department of Social Services, the local school division and an elected representative of the local governing body, or his/her designee. The CPMT should also include a representative of a private organization or association of providers for children or family services if such organizations or associations are located within the city. The CPMT shall also include a parent representative who may be employed by a public or private program which receives funds from the locality's CSA pool funds, provided that they do not, as a part of their employment interact directly on a regular and daily basis with children or supervise employees who interact directly on a daily basis with children.

Persons serving on the CPMT who are parent representatives or who represent private organizations or associations of providers for children's or family services shall abstain from decision-making involving individual cases or agencies in which they have either a personal interest, as defined in §2.2-3101 of the State and Local Government Conflict of Interest Act, or a fiduciary interest." COV § 2.2-5205

(B) Agency heads or their designees of Code-mandated organizations shall be permanent members of the Management Team.

(C) Vacancies shall be filled for the unexpired terms in the same manner as the original appointment.

(D) The local governing body shall appoint parent and private provider representatives for a two-year term. Parent and private provider representatives are eligible for reappointment. The CPMT will request review of the appointments in May of the even numbered years. Incumbents in an expired term shall continue to serve until appointments are made by the governing body.

(D) Any member of the CPMT who fails to personally attend to at least 75% of the regularly scheduled CPMT meetings within any calendar year may be reported to the local appointing authority by the CPMT.

(E) While the CPMT is without authority to expand or alter its membership, it may solicit advice from non-member resources to assist in achieving its objectives in accordance with its approved program and mandates.

Article IV – Powers and Duties

The CPMT, as a governmental entity of the City of Winchester, and as creation of state law, having been mandated by the General Assembly, shall be subject to state and local

laws and regulations established to regulate its functioning, and shall have the general powers, duties and responsibilities of a CPMT as outlined in Section 2.2-5206 of the Code of Virginia, as amended. The Community Policy and Management Team shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources.

Every such team shall:

- (A) Develop interagency policies and procedure to govern the provision of services to children and families in Winchester.
- (B) Develop interagency fiscal policies governing access to the state pool of funds by the eligible populations including immediate access to funds for emergency services and shelter care.
- (C) Establish policies to assess the ability of parents or legal guardians to contribute financially to the cost of services to be provided and, when not specifically prohibited by federal or state law or regulation, provide for appropriate parental or legal guardian financial contribution, utilizing a standard sliding fee scale based upon ability to pay.
- (D) Coordinate long-range, community-wide planning which ensures the development of resources and services needed by children and families in Winchester including the development of community based services as established under § 16.1-309.3.
- (E) Establish policies governing referrals and review of children and families to the family assessment and planning teams and a process to review the teams' recommendations and requests for funding.
- (F) Establish quality assurance and accountability procedures for program utilization and funds management.

- (G) Establish procedures for obtaining bids on the development of new services.
- (H) Manage funds in the interagency budget allocated to Winchester from the state pool of funds, the trust fund, and any other source.
- (I) Authorize and monitor the expenditure of funds by each family assessment and planning team or a collaborative, multidisciplinary team process approved by the Council.
- (J) Submit grant proposals that benefit the City of Winchester to the state trust fund and to enter into contracts for the provision or operation of services upon approval of the participating governing bodies.
- (K) Serve as the community's liaison to the Office of Comprehensive Services for At-Risk Youth and Families, reporting on its programmatic and fiscal operations and on its recommendations for improving the service system, including the consideration of realignment of geographical boundaries for providing human services.
- (L) Collect and provide uniform data to the Council as request by the Office of Comprehensive Services for At-Risk Youth and Families in accordance with subdivision D 16 of § 2.2-2648.
- (M) Review and analyze data in management reports provided by the Office of Comprehensive Services for At-Risk Youth and Families 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 Comprehensive 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.

(N) Administer Funds pursuant to §16.1-309.3.

(O) The financial policies and procedures of the CPMT will be in accordance with the policies and regulations appropriate and consistent with § 16.1-309.3.

(P) Have authority, upon approval of the participating governing bodies, to enter into a contract with another community policy and management team to purchase coordination services provided that funds described as the state pool of funds under § 2.2-5211 are not used.

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

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

(R) Establish policies for providing intensive care coordination services for children who are at-risk of entering, or are placed in, residential care through the Comprehensive Services Act program, consistent with guidelines developed pursuant to subdivision D 22 of §2.2-2648. COV §2.2-5206

The county or city that comprises a single team and the county or city whose designated official serves as the fiscal agent for the team in the case of joint teams, shall annually audit the total revenues of the team and its programs. The county or city that comprises a single team and any combination of counties or cities establishing a team shall arrange for the provision of legal services to the team. COV § 2.2-5210

Utilizing a secure electronic database, the CPMT and the family assessment and planning team shall provide the Office of Comprehensive Services for At-Risk Youth and Families with client-specific information from the mandatory uniform assessment and information from the mandatory uniform assessment and information in accordance with subdivision D 11 of §2.2-2648. COV § 2.2-5210.

(S) Establish appropriate number of Family Assessment Teams and ensure appropriate membership includes Juvenile Court Services Unit, Department of Health, Social Services and Mental Health/Mental Retardation Services (CSB), Local School Division, parent representative and other representatives, as specified in the Code of Virginia CSA language. The CPMT shall appoint parent and private provider representatives for a two-year term. The CPMT will review the appointments in May of the even numbered years. Incumbents in an expired term shall continue to serve until appointments are made by the governing body.

Article V – Officers of the CPMT

Section I

The Chairman and Vice-Chairman of the CPMT are rotated among the core members, with the term of office beginning on the first day of July and running for one year.

Section II

The duties of the Chairman shall be:

- (A) To preside at all meetings of the CPMT.
- (B) To appoint committees necessary for operation of the CPMT.
- (C) To work closely with the CSA Coordinator.
- (D) To perform any other duties determined by the CPMT.

Section III

The Vice-Chairman shall, in the absence of the Chairman, perform the duties of the Chairman and any other duties assigned by the CPMT.

Section IV

The CPMT shall arrange minutes to be kept and published for the accurate reporting of the deliberations and actions of the scheduled meetings.

Section V

The CPMT shall fill any vacancy occurring among the Officers.

Article VI – Meetings

Section I

Regular meetings shall be held monthly at a time to be determined by the CPMT.

Section II

Special meetings of the CPMT may be called by the Chairman or upon written request of three members.

Section III

A simple majority of the appointed members constitutes a quorum of the CPMT.

Article VII – Rules of Order

Meetings will generally be conducted informally with decisions reached by consensus. Should consensus not be achieved, Robert's Rules of Order, Newly Revised (RONR) will be invoked. Any voting member may also request (RONR) be used in conducting business of the CPMT.

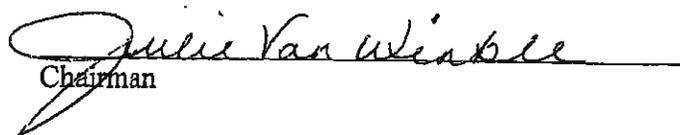
Article VIII – Confidentiality

Proceedings held to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Management and Planning Team shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential. COV § 2.2-5210

Article IX – Amendments

The terms and provisions of the by-laws of the CPMT may be amended at any regular meeting of the CPMT by two-thirds vote of those present and voting, given that notice of the proposed amendment was submitted to all members in writing two weeks prior to the meeting.

Approved by the Winchester CPMT on 03/20/2012.


Chairman

APPENDIX B -- CPMT MEMBER LISTING

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Community Policy and Management Team 2014-Winchester

Sarah Kish	Winchester Public Schools
Mark Gleason	Northwestern Community Services
Mary Blowe	City of Winchester
Kelly Bober	Child Advocacy Center
Charles Devine	Virginia Department of Health
Craig Gerhart	City of Winchester, Interim City Manager
Paul Scardino	National Counseling Group
Ambler Dopkowski	Winchester Dept of Social Services
Peter Roussos	26 th District Court Services Unit, Dept of Juvenile Justice
Lyda Kiser	Parent Representative

City of Winchester Community Policy and Management Team Members

Amber Dopkowski WDSS	Winchester Department of Social Services 24 Baker St. Winchester, VA 22601	540-686-4821	540-662-3279	Amber.Dopkowski@dss.virginia.gov	Winchester CPMT Chair--July 1, 2013
Peter Roussos DJJ	26 th District Court Service Unit Department of Juvenile Justice 5 N. Kent St. Winchester, VA 22601	540-667-5770	540-667-4818	peter.roussos@djj.virginia.gov	Winchester Clarke Frederick Page Rockingham/Harrisonburg Shenandoah Warren
Lyda Kiser Parent Representative	112 Shirley Street Winchester, VA 22601	540-869-0623	540-868-7101	lkiser@lfcc.edu	Winchester

APPENDIX C -- CONFLICT OF/STATEMENT OF ECONOMIC INTEREST

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Commonwealth of Virginia/Secretary of the Commonwealth

STATEMENT OF ECONOMIC INTERESTS

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Instructions

Pursuant to Sections 2.2-3114 and 2.2-3115 of the *Code of Virginia*, employees of state agencies who have been designated by the Governor or the General Assembly, and employees of local governments designated to file by the *Code of Virginia* or by their governing ordinance, are required to file this "Statement of Economic Interests" form.

Members of certain boards of state and local government are also required to file this form. Please note that within this form, the use of the words "office" and "officer" also apply to appointed board members.

In addition, candidates for state and local offices are required to file this form pursuant to Section 24.2-502 of the *Code of Virginia*.

This filing is a condition of assuming office or employment and thereafter on or before January 15th of each year.

Schedules A through I are to be completed ONLY if you answer "Yes" to any of items 1 through 10 on the Statement of Economic Interests.

REMEMBER: The ANNUAL filing deadline is January 15th of each year.

For the annual filing:

State employees and board members should return completed forms to the agency's COI liaison officer.

Local employees and board members should return the completed forms to the Clerk of the appropriate governing body.

DEFINITIONS AND EXPLANATORY MATERIAL

This statement constitutes a report of economic interests and activities for the calendar year beginning January 1 and ending December 31. The information required on this statement must be provided on the basis of the best knowledge, information and belief of the individual filing the statement as of the date of this report unless otherwise stated. This statement of Economic Interests is open for public inspection.

"Advisory agency" means any board, commission, committee or post which does not exercise any sovereign power or duty, but is appointed by a governmental agency or officer or is created by law for the purpose of making studies or recommendations, or advising or consulting with a governmental agency.

"Business" means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, trust or foundation, or any other individual or entity carrying on a business or profession, whether or not for profit.

"Close financial association" means an association in which the person filing shares significant financial involvement with an individual and the filer would reasonably be expected to be aware of the individual's business activities and would have access to the necessary records either directly or through the individual. "Close financial association" does not mean an association based on (i) the receipt of retirement benefits or deferred compensation from a business by which the person filing this statement is no longer employed or (ii) compensation for work performed by the person filing as an independent contractor of a business that represents an entity before any state governmental agency when the person filing has had no communications with the state governmental agency.

"Contingent liability" means a liability that is not presently fixed or determined, but may become fixed or determined in the future with the occurrence of some certain event.

"Contract" means any agreement to which a governmental agency is a party, or any agreement on behalf of a governmental agency which involves the payment of money appropriated by the General Assembly or political subdivision, whether or not such agreement is executed in the name of the Commonwealth, or some political subdivision thereof. "Contract" includes a subcontract only when the contract of which it is a part is with the officer's or employee's own governmental agency.

"Dependent" means any person, whether or not related by blood or marriage, who receives from the officer or employee, or provides to the officer or employee, more than one-half of his financial support.

"Employee" means all persons employed by a governmental or advisory agency, unless otherwise limited by the context of its use.

"Financial institution" means any bank, trust company, savings institution, industrial loan association, consumer finance company, credit union, broker-dealer as defined in §13.1-501, or investment company or advisor registered under the federal Investment Advisors Act or Investment Company Act of 1940.

"Gift," means any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of transportation, local travel, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance or reimbursement after the expense has been incurred. "Gift" shall not include any offer of a ticket or other admission or pass unless the ticket, admission, or pass is used. "Gift" shall not include honorary degrees and presents from relatives. For the purpose of this definition, "relative" means the donee's spouse, child, uncle, aunt, niece, or nephew; a person to whom the donee is engaged to be married; the donee's or his spouse's parent, grandparent, grandchild, brother, or sister; or the donee's brother's or sister's spouse.

"Governmental agency" means each component part of the legislative, executive or judicial branches of state and local government, including each office, department, authority, post, commission, committee, and each institution or board created by law to exercise some regulatory or sovereign power or duty as distinguished from purely advisory powers or duties. Corporations organized or controlled by the Virginia Retirement System are "governmental agencies" for purposes of this chapter.

"Immediate family" means (i) a spouse and (ii) any other person residing in the same household as the officer or employee, who is a dependent of the officer or employee or of whom the officer or employee is a dependent.

"Officer" means any person appointed or elected to any governmental or advisory agency including local school boards, whether or not he receives compensation or other emolument of office. Unless the context requires otherwise, "officer" includes members of the judiciary.

"Personal interest" means a financial benefit or liability accruing to an officer or employee or to a member of his immediate family. Such interest shall exist by reason of (i) ownership in a business if the ownership interest exceeds three percent of the total equity of the business; (ii) annual income that exceeds, or may reasonably be anticipated to exceed, \$10,000 from ownership in real or personal property or a business; (iii) salary, other compensation, fringe benefits, or benefits from the use of property, or any combination thereof, paid or provided by a business that exceeds, or may reasonably be anticipated to exceed, \$10,000 annually; (iv) ownership of real or personal property if the interest exceeds \$10,000 in value and excluding ownership in a business, income, or

salary, other compensation, fringe benefits or benefits from the use of property; or (v) personal liability incurred or assumed on behalf of a business if the liability exceeds three percent of the asset value of the business.

“Personal interest in a contract” means a personal interest which an officer or employee has in a contract with a governmental agency, whether due to his being a party to the contract or due to a personal interest in a business which is a party to the contract.

“Personal interest in a transaction” means a personal interest of an officer or employee in any matter considered by his agency. Such personal interest exists when an officer or employee or a member of his immediate family has a personal interest in property or a business, or represents any individual or business and such property, business or represented individual or business (i) is the subject of the transaction or (ii) may realize a reasonably foreseeable direct or indirect benefit or detriment as a result of the action of the agency considering the transaction. Notwithstanding the above, such personal interest in a transaction shall not be deemed to exist where an elected member of a local governing body serves without remuneration as a member of the board of trustees of a not-for-profit entity and such elected member or member of his immediate family has no personal interest related to the not-for-profit entity.

“State and local government officers and employees” shall not include members of the General Assembly.

“Transaction” means any matter considered by any governmental or advisory agency, whether in a committee, subcommittee, or other entity of that agency or before the agency itself, on which official action is taken or contemplated.

TRUST. If you or your immediate family, separately or together, are the only beneficiaries of a trust, treat the trust’s assets as if you own them directly. If you or your immediate family has a proportional interest in a trust, treat that proportion of the trust’s assets as if you own them directly. For example, if you and your immediate family have a one-third interest in a trust, complete your Statement as if you own one-third of each of the trust’s assets. If you or a member of your immediate family created a trust and can revoke it without the beneficiaries’ consent, treat its assets as if you own them directly.

REPORT TO THE BEST OF INFORMATION AND BELIEF. Information required on this Statement must be provided on the basis of the best knowledge, information and belief of the individual filing the Statement as of the date of this report unless otherwise stated.

STATEMENT OF ECONOMIC INTERESTS

Current Form as of 07/01/2013

NAME		Candidate for Election to this office? ____ YES ____ NO	
OFFICE OR POSITION HELD OR SOUGHT			
AGENCY/BUSINESS NAME		PHONE	
AGENCY/BUSINESS ADDRESS			
CITY		STATE	ZIP
NAMES OF MEMBERS OF IMMEDIATE FAMILY			

COMPLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED.

You may attach additional explanatory information.

1. **Offices and Directorships.** YES NO
 Are you or a member of your immediate family a paid officer or paid director of a business?
If yes, complete Schedule A
2. **Personal Liabilities.** YES NO
 Do you or a member of your immediate family owe more than \$10,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.)
If yes, complete Schedule B
3. **Securities.** YES NO
 Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000 invested in one business? Account for mutual funds, limited partnerships and trusts.
If yes, complete Schedule C
4. **Payment for Talks, Meetings, and Publications.** YES NO
 During the past 12 months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 for a single talk, meeting, or published work in your capacity as an officer or employee of your agency?
If yes, complete Schedule D
5. **Gifts.** YES NO
 During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) even if unrelated to your official duties.
If yes, complete Schedule E
6. **Salary and Wages.**
 List each employer that pays you or a member of your immediate family salary or wages in excess of \$10,000 annually. (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here

7. **Business interests.**
Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$10,000 in a business? YES NO
If yes, complete Schedule F
8. **Payments for Representation and Other Services.**
- 8A. Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.) YES NO
If yes, complete Schedule G-1
- 8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.) YES NO
If yes, complete Schedule G-2
- 8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past 12 months? YES NO
If yes, complete Schedule G-3
9. **Real Estate.**
- 9A. **State Officers and Employees.**
Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust. YES NO
If yes, complete Schedule H-1
- 9B. **Local Officers and Employees.**
Do you or a member of your immediate family hold an interest, including a partnership interest, or option, easement, or land contract, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust. YES NO
If yes, complete Schedule H-2
10. **Real Estate Contracts with Governmental Agencies**
Do you or a member of your immediate family hold an interest valued at more than \$10,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past 12 months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business. YES NO
If yes, complete Schedule I

Statements of Economic Interests are open for public inspection.

AFFIRMATION BY ALL FILERS.

I swear or affirm that the foregoing information is full, true and correct to the best of my knowledge.

SIGNATURE OF FILER

DATE

SCHEDULE B

PERSONAL LIABILITIES

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Report personal liability by checking each category. Report only debts in excess of \$10,000. Do not report debts to any government. Do not report loans secured by recorded liens on property at least equal in value to the loan. Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$10,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES:	CHECK ONE	
	\$10,001 TO \$50,000	MORE THAN \$50,000
Banks	<input type="checkbox"/>	<input type="checkbox"/>
Savings institutions	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or finance companies	<input type="checkbox"/>	<input type="checkbox"/>
Insurance companies	<input type="checkbox"/>	<input type="checkbox"/>
Stock, commodity or other brokerage companies	<input type="checkbox"/>	<input type="checkbox"/>
Other businesses: (State principal business activity for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Individual creditors: (State principal business or occupation for each creditor.)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE G-1

PAYMENTS FOR REPRESENTATION BY YOU

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

List the businesses you represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by you.

Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.

Only STATE officers and employees should complete this Schedule.

NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	AMOUNT RECEIVED				
				\$1,001 To \$10,000	\$10,001 To \$50,000	\$50,001 To \$100,000	\$100,001 To \$250,000	\$250,001 And Over
				<input type="checkbox"/>				
				<input type="checkbox"/>				
				<input type="checkbox"/>				
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				<input type="checkbox"/>				
				<input type="checkbox"/>				

If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000. Amount Received: _____.

SCHEDULE G-3

PAYMENTS FOR REPRESENTATION GENERALLY

NAME: _____

OFFICE OR POSITION HELD OR SOUGHT: _____

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past 12 months.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

BUSINESS CATEGORY	CHECK IF SERVICES WERE RENDERED	TYPE OF SERVICE RENDERED	VALUE OF COMPENSATION				
			\$1,001 TO \$10,000	\$10,001 TO \$50,000	\$50,001 TO \$100,000	\$100,001 TO \$250,000	\$250,001 AND OVER
Electric Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Gas Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Telephone Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Water Utilities	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Cable Television Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Interstate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Intrastate Transportation Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Oil or Gas Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Banks	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Savings Institutions	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Loan or Finance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Mining Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Life Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Casualty Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other Insurance Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Retail Companies	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Beer, Wine or Liquor Companies or Distributors	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Trade Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Professional Associations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Associations of Public Employees or Officials	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Counties, Cities or Towns	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Labor Organizations	<input type="checkbox"/>	_____	<input type="checkbox"/>				
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>				

SCHEDULE I

REAL ESTATE CONTRACTS WITH GOVERNMENT AGENCIES

NAME:

OFFICE OR POSITION HELD OR SOUGHT:

List all contracts, whether pending or completed within the past 12 months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at \$10,000 or more. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at \$1,000 or more. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

State officers and employees report contracts with state agencies.

Local officers and employees report contracts with local agencies.

List your real estate interest and the person or entity including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity.

List each state and the governmental agency which is party to the contract and indicate the county or city where the real estate is located.

State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the ownership interest you contact.

ATTACHMENTS

APPENDIX D -- FAPT MEMBER LISTING

DRAFT

Family Assessment and Planning Team (FAPT) Member Listing

Mark Legrys	26 th District Court Services, Dept of Juvenile Justice
Jaimi Lineberg	Winchester Dept of Social Services
Julianna Quick	Northwestern Community Services
Matt Roark	Winchester Public Schools
Vic Williams	Timber Ridge School
Sara Wingfield	Winchester Dept of Social Services

APPENDIX E – CSA REQUIRED CHECKLIST

DRAFT

City of Winchester CSA Required Checklist

Child's Name:

FAPT/FTM/IDT (*circle one*)

Date of Meeting:

Items	Required	Yes	No	Comments
Winchester CSA Referral Form	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Eligibility Determination Form(s)	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
FTM Report (<i>FTM only</i>)	FTM only	<input type="checkbox"/>	<input type="checkbox"/>	
FTM Signature Sheet (<i>FTM's only</i>)	FTM only	<input type="checkbox"/>	<input type="checkbox"/>	
Service/Care Plan	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
FAPT/FTM Budget Request Form Include all services/funding sources	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Progress Report from Service Provider (<i>must be current</i>)	At Review	<input type="checkbox"/>	<input type="checkbox"/>	
CANS	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Consent to Exchange Information	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
Parental Co-Pay Screening Form & Agreement	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
CSA Brochure (<i>signed</i>)	Initial Referral	<input type="checkbox"/>	<input type="checkbox"/>	
As Needed:				
CSA Update & Communication Form (<i>Service Update and Changes</i>)		<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Need (<i>Medicaid Facilities</i>)		<input type="checkbox"/>	<input type="checkbox"/>	

**Purchase Orders will not be processed until required paperwork is provided to the CSA office.*

**APPENDIX F -- DETERMINATION OF ELIGIBILITY FOR CSA FUNDED SERVICES COMMUNITY BASED
FOSTER CARE PREVENTION ELIGIBILITY DETERMINATION**

DRAFT

City of Winchester
Determination of Eligibility for CSA Funded Services

Child's Name: _____

DOB: _____

Parents/Guardians Name: _____

Date: _____

Has the child been court ordered to FAPT? Yes No

Is the child currently living with their parent/legal guardian? Yes No

**To be eligible for CSA funding, the youth must meet one or more of the following criteria:
Specific behaviors must be documented in the provided space below.**

1. The child or youth has emotional or behavior problems that: *(Youth must meet all three criteria, eligible for non-mandated services)*
- have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies
2. The child or youth has emotional or behavior problems, or both, and currently is in, or at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies *(Eligible for non-mandated service)*.
3. The child or youth requires placement for purposes of special education in approved private school educational programs as indicated by the child's IEP *(Mandated)*.
4. The child or youth has been:
- Placed in foster care through a parental agreement by a public agency designated by the community policy and management team and his parents or guardians *(CHINS Eligibility Checklist must be completed by FAPT and Parental Agreement must be signed, Mandated)*
 - Entrusted to a local social services agency by his parents or guardian *(Non-Custodial Agreement, Temporary Entrustment, Permanent Entrustment, Mandated)*; or
 - Committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized COV§63.2-900 *(DSS has Custody, Mandated)*.
 - Determined to be in need of foster care prevention services because they are at risk of removal from the home or meets CHINS Interagency Guidelines *(as designated by the court or*

City of Winchester CSA
Community-Based Foster Care Prevention Eligibility Determination

Child Name: _____

DOB: _____

Please sign off on the appropriate eligibility, based on the criteria in each section:

Eligibility A: Foster Care Prevention – Abuse and Neglect

- The child is eligible for Foster Care Prevention Services because they are at risk of removal from their home and placement into foster care due to abuse or neglect as defined by COV §63.2-100. (Explain below)*
or
 The child would come into foster care if the service(s) are not provided. (Explain below)

Explain: _____

Print Name

Signature

Date

Eligibility B: Foster Care Prevention – CHINS (Child in Need of Services)

The child is eligible for Foster Care Prevention Services because they are at risk of removal from their home and placement into foster care due to meeting all 4 CHINS criteria below.

- Criterion 1** *The child meets the statutory definition of a “child in need of services,”: by Court or by FAPT*
- Specifically, “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 the well-being and physical safety of another person if the child is under the age of 14 (COV, §16.1-228).

Criterion 2 has *emotional and/or behavioral problems* where either:

- a. the child’s problems:
- have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted; and
 - are significantly disabling and are present in several community settings, such as at home, in school or with peers; and
 - require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies
- or
- b. the child is currently in, or at imminent risk of entering, purchased residential care; and requires services or resources that are beyond normal agency services or routine collaborative processes across agencies; and requires coordinated services by at least two agencies.

Criterion 3 The child requires services:

- a. to address and resolve the immediate crisis that seriously threatens the well being and physical safety of the child or another person; and
- b. to preserve and/or strengthen the family while ensuring the safety of the child and other persons; and
- c. the child has been identified by the Team as needing:
- services to prevent or eliminate the need for foster care placement. Absent these prevention services, foster care is the planned arrangement for the child

Criterion 4 The goal of the family is to maintain the child at home.

FAPT Chair Print Name

CSA Coordinator Print Name

FAPT Chair Signature

Date

CSA Coordinator Signature

Date

DETERMINING ELIGIBILITY FOR FUNDING UNDER THE COMPREHENSIVE SERVICES ACT

ONE OF THE FOLLOWING IS TRUE

"The child or youth requires placement for purposes of special education in approved private school educational programs."
§2.2-5212A3

"The child or youth has been placed in foster care through a parental agreement between a local social services agency or public agency designated by the community policy and management team and his parents or guardians, entrusted to a local social services agency by his parents or guardian or has been committed to the agency by a court of competent jurisdiction for the purposes of placement as authorized by § 63.2-900."
§2.2-5212A4

"Children for whom foster care services, as defined by § 63.2-905, are being provided to prevent foster care placements."
SEC POLICY 1994



ONE OF THE FOLLOWING IS TRUE

"The child or youth has emotional or behavior problems that:"

- "Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;"
- "Are significantly disabling and are present in several community settings such as at home, in school or with peers; and"
- "Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated interventions by at least two agencies."
§2.2-5212A1

"The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies."
§2.2-5212A2



YOUTH IS NOT ELIGIBLE FOR POOL FUNDS

YES

YOUTH IS ELIGIBLE FOR POOL FUNDS FUND CATEGORY IS MANDATED FUNDING IS SUM SUFFICIENT (§2.2-5211C)			CAPPED FUNDING APPROPRIATIONS ACT, 2012
"Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance," §2.2-5211B1	"Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children," §2.2-5211B2	"Children for whom foster care services, as defined by § 63.2-905, are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by § 63.2-900," §2.2-5211B3	"The special education mandate cited in §2.2-5211 B1 may be utilized to fund non-residential services in the home and community for a student with a disability when the needs associated with his/her disability extend beyond the school setting and threaten the student's ability to be maintained in the home, community, or school setting." SEC POLICY 1998, 2011

YES

YOUTH IS ELIGIBLE FOR POOL FUNDS FUND CATEGORY IS NON-MANDATED		Children for whom an Individual Family Services Plan is developed by the FAPT and funding is approved by the CPMT.
YOUTH IS TARGETED FOR SERVICES	<p>"Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance § 66-14."</p> <p>§2.2-5211B4</p> <p>§2.2-5211B5</p>	

APPENDIX G – CSA REFERRAL/REVIEW FORM

DRAFT

CITY OF WINCHESTER CSA REFERRAL FORM

Initial ___

Review ___

Date of Referral	Lead Agency
Family Team FAPT IDT	Worker Name
Mandate Type	Worker Phone
Last UR date:	Worker Email

CHILD DEMOGRAPHIC INFORMATION

Child Name:	Current Address:
Gender: M F	DOB:
Hispanic: Y or N	SSN #:
Race:	STI #:
Medicaid: Y or N	DJJ #:
Child's School:	IEP: Y or N
Grade:	Type:
Primary reason for referral:	IVE eligible: Y or N
Medication currently taking:	

FAMILY DEMOGRAPHIC INFORMATION

Mother:	Father:	Caretaker/Custodian:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Hispanic Y or N	Hispanic Y or N	Hispanic Y or N
Race:	Race:	Race:
SSN:	SSN:	SSN:
Medicaid Y or N	Medicaid Y or N	Medicaid Y or N
Insurance Y or N	Insurance Y or N	Insurance Y or N
Legal Custody Y or N	Legal Custody Y or N	Legal Custody Y or N
Other significant people in child's life:		Address/Phone:

FAMILY ENGAGEMENT

Rights/Responsibilities material provided Y or N	Inclusion of those youth considers "family" Y or N
Family-driven decision making Y or N	Avoided redundant meetings Y or N
Family Strengths:	Youth Strengths:

1) Case narrative and Supporting Information:

(Must include presenting issue, child/family history, previous interventions/outcomes, strengths, interests, and needs of family, reason for referral for CSA funding)

2) Progress toward goals (*required at review*):

3) Recommendations:

Lead Worker Signature: _____ **Date:** _____
Agency Supervisor: _____ **Date:** _____

APPENDIX H – CSA BUDGET REQUEST

DRAFT

City of Winchester CSA Budget Request Form

Child's Name:

Case Manager:

Meeting Type: FAPT FTM IDT (check one)

Date of Meeting:

Client	Service	Provider	Unit Cost	Frequency/Months of Service	Total Cost	Funding Source

Date Services Starts:

Total cost to CSA: _____

Date Services Ends:

Date of next FAPT, FTM, IDT Review: _____

Review Schedule: 3 months or less 6 months or less Annual Review

Signature of Case Manager

Date

Signature of Case Manager's Supervisor

Date

Signature of FAPT Chair/FTM or IDT Facilitator

Date

Signature of CPMT Chair

Date

CSA Office Use Only	Date CSA office received:
Copayment Status:	
Mandate Type:	

APPENDIX I -- INDIVIDUAL SERVICE PLAN/CARE PLAN

DRAFT

Individual Service Plan/Care Plan

Family Name: _____

Case Manager: _____

Date: _____

Need(s)	Ways to meet needs	Plan of Action/Services	Challenges/Barriers	Person(s) Responsible	Outcome
Outcome: Short Term Goal: Long Term Goal:					
1.					Date of Review: Accomplished: Did not complete: Change: Still in Progress:
Outcome: Short Term Goal: Long Term Goal:					
2.					Date of Review: Accomplished: Did not complete: Change: Still in Progress:

System of Care Principles

- Family Voice and Choice ● Natural Supports ● Community-Based ● Collaboration ● Team Based
- Culturally Competent ● Persistence ● Outcome-Based ● Individualized ● Strength-Based

3.					Date of Review: Accomplished: Did not complete: Change: Still in Progress:
Outcome: Short Term Goal: Long Term Goal:					Date of Review: Accomplished: Did not complete: Change: Still in Progress:
4.					Date of Review: Accomplished: Did not complete: Change: Still in Progress:
Outcome: Short Term Goal: Long Term Goal:					Date of Review: Accomplished: Did not complete: Change: Still in Progress:

System of Care Principles

- Family Voice and Choice ● Natural Supports ● Community-Based ● Collaboration ● Team Based
 Culturally Competent ● Persistence ● Outcome-Based ● Individualized ● Strength-Based

5.					<p>Date of Review:</p> <p>Accomplished:</p> <p>Did not complete:</p> <p>Change:</p> <p>Still in Progress:</p>
<p>Outcome:</p> <p>Short Term Goal:</p> <p>Long Term Goal:</p>					

Date of Next Meeting:

System of Care Principles

- Family Voice and Choice ● Natural Supports ● Community-Based ● Collaboration ● Team Based
- Culturally Competent ● Persistence ● Outcome-Based ● Individualized ● Strength-Based

APPENDIX J -- CONSENT TO EXCHANGE INFORMATION

DRAFT

COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF AUTHORIZING PERSON OR PERSONS)

(FULL PRINTED NAME OF INDIVIDUAL)

(INDIVIDUAL'S ADDRESS) (INDIVIDUAL'S BIRTH DATE) (INDIVIDUAL'S SSN - OPTIONAL)

My relationship to the individual is: [] Self [] Parent [] Power of Attorney [] Guardian
[] Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged:

- Yes No Assessment Information
Yes No Medical Diagnosis
Yes No Educational Records
Yes No Financial Information
Yes No Mental Health Diagnosis
Yes No Psychiatric Records
Yes No Benefits/Services Needed, Planned, and/or Received
Yes No Medical Records
Yes No Criminal Justice Records
Yes No Substance Abuse Records
Yes No Psychological Records
Yes No Employment Records
Yes No All of the Above

Other Information (write in): _____

I want _____

(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following entities to be able to use and exchange this information among themselves:

- Yes No Identify By Name
[] Dept. of Juvenile Justice
[] Dept. of Social Services
[] Community Service Board
[] Local Health Dept.
[] Physicians
[] Private Providers

Other: _____

I want this information to be exchanged ONLY for the following purpose(s):

- [] Service Coordination and Treatment Planning [] Eligibility Determination
[] Other: _____

I want this information to be shared by the following means: (check all that apply)

- [] Written Information [] In Meetings or By Phone [] Computerized Data [] Fax

I want to share additional information received after this authorization is signed: [] Yes [] No

This authorization is effective: _____ (DATE)

This authorization is good until: [] My service case is closed. [] Other: _____

For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his authorized representative specify an expiration date, event or condition that will occur prior to one year from the date of signature.

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid authorization to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed. However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s): _____ Date: _____
(AUTHORIZING PERSON OR PERSONS)

Person Explaining Form: _____ (Name) (Address) (Phone Number)

Witness (If Required): _____ (Signature) (Address) (Phone Number)

**COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION**

Full Printed Name of Individual: _____

FOR AGENCY USE ONLY

AUTHORIZATION HAS BEEN:

- Revoked in entirety
 Partially revoked as follows:

NOTIFICATION THAT AUTHORIZATION WAS REVOKED WAS BY:

- Letter (Attach Copy) Telephone In Person

DATE REQUEST RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

(AGENCY ADDRESS)

(PHONE NUMBER)

APPENDIX K -- CITY OF WINCHESTER CSA CO-PAYMENT SCREENING FORM AND SLIDING SCALE FEE

DRAFT

City of Winchester CSA Copayment Screening Form

- * Exclusion/Waiver Ineligible
- * Fee Waived:
 - Home Energy Asst Program
 - SNAP
 - TANF
 - SSI Disability Only Income
 - Free and Reduced Lunch
 - Housing Choice Voucher Program
- * No Copay:
 - IEP
 - DCSE

Eligible for Co-Payment Assessment: Yes/No
Assessed Co-payment Amount: \$ _____

Child's Name: _____

Screening Date: _____

Caregiver #1: _____ Caregiver #2: _____

Employment Status: _____ Employment Status: _____

Employer: _____ Employer: _____

Income Sources: _____ Income Sources: _____

Gross Monthly Income: _____ Gross Total Monthly Income: _____

Verification Source: W-2 Paystub Other: _____
Verification Source: W-2 Paystub Other: _____

Household Size: _____ Household Size: _____

Does the household qualify/receive any of the following? *(Check all applicable boxes)*

- Home Energy Assistance Program
- SNAP
- TANF
- SSI Disability Only Income
- Free and Reduced Lunch
- Housing Choice Voucher Program

Collection Agreement

I/we, the undersigned, do hereby agree to honor the terms of this parental co-payment agreement. I/we agree to report any changes in income, family size or treatment expenses to the CSA Office. If the level of service changes, the co-payment amount will be reassessed based on the new level of services. I/we understand that I am expected to pay the assessed copayment amount to the service provider. If the parental co-payment is not paid, services may be terminated and any action necessary to collect the debt will be determined by the service provider. In this case, the CSA Office will be notified of overdue payment and any action determined appropriate by the service provider.

Parent/Guardian #1 Signature Date

Parent/Guardian #2 Signature Date

Case manager Date

Winchester City CSA Sliding Fee Scale

Monthly Payment	Household Size							
	2	3	4	5	6	7	8	
Non-Residential	Residential	under 34,999	under 38,999	under 42,999	under 46,999	under 49,999	under 53,999	under 56,999
\$10.00	\$20.00	39,000	42,000	45,000	48,000	52,000	55,000	59,000
\$20.00	\$30.00	42,000	45,000	48,000	51,000	54,000	57,000	61,000
\$25.00	\$38.00	45,000	48,000	51,000	54,000	57,000	60,000	63,000
\$30.00	\$45.00	48,000	51,000	54,000	57,000	60,000	63,000	66,000
\$40.00	\$60.00	51,000	54,000	57,000	60,000	63,000	66,000	69,000
\$50.00	\$75.00	54,000	57,000	60,000	63,000	66,000	69,000	72,000
\$60.00	\$90.00	57,000	60,000	63,000	66,000	69,000	72,000	75,000
\$70.00	\$105.00	60,000	63,000	66,000	69,000	72,000	75,000	78,000
\$85.00	\$127.50	63,000	66,000	69,000	72,000	75,000	78,000	81,000
\$100.00	\$150.00	66,000	69,000	72,000	75,000	78,000	81,000	84,000
\$115.00	\$172.50	69,000	72,000	75,000	78,000	81,000	84,000	87,000
\$130.00	\$195.00	72,000	75,000	78,000	81,000	84,000	87,000	90,000
\$145.00	\$217.50	75,000	78,000	81,000	84,000	87,000	90,000	93,000
\$160.00	\$240.00	78,000	81,000	84,000	87,000	90,000	93,000	96,000
\$175.00	\$262.50	81,000	84,000	87,000	90,000	93,000	96,000	99,000
\$190.00	\$285.00	84,000	87,000	90,000	93,000	96,000	99,000	102,000
\$205.00	\$307.50	87,000	90,000	93,000	96,000	99,000	102,000	105,000
\$220.00	\$330.00	90,000	93,000	96,000	99,000	102,000	105,000	108,000
\$235.00	\$352.50	93,000	96,000	99,000	102,000	105,000	108,000	111,000
\$250.00	\$375.00	96,000	99,000	102,000	105,000	108,000	111,000	114,000
\$265.00	\$397.50	99,000	102,000	105,000	108,000	111,000	114,000	117,000
\$280.00	\$420.00	102,000	105,000	108,000	111,000	114,000	117,000	120,000
\$295.00	\$442.50	105,000	108,000	111,000	114,000	117,000	120,000	123,000
\$310.00	\$465.00	108,000	111,000	114,000	117,000	120,000	123,000	126,000
\$325.00	\$487.50	111,000	114,000	117,000	120,000	123,000	126,000	129,000
\$340.00	\$510.00	114,000	117,000	120,000	123,000	126,000	129,000	132,000
\$355.00	\$532.50	117,000	120,000	123,000	126,000	129,000	132,000	135,000
\$370.00	\$555.00	120,000	123,000	126,000	129,000	132,000	135,000	138,000
\$385.00	\$577.50	123,000	126,000	129,000	132,000	135,000	138,000	141,000
\$400.00	\$600.00	126,000	129,000	132,000	135,000	138,000	141,000	144,000
\$415.00	\$622.50	129,000	132,000	135,000	138,000	141,000	144,000	147,000
\$430.00	\$645.00	132,000	135,000	138,000	141,000	144,000	147,000	150,000
\$445.00	\$667.50	135,000	138,000	141,000	144,000	147,000	150,000	153,000
\$460.00	\$690.00	138,000	141,000	144,000	147,000	150,000	153,000	156,000
\$475.00	\$712.50	141,000	144,000	147,000	150,000	153,000	156,000	159,000
\$490.00	\$735.00	144,000	147,000	150,000	153,000	156,000	159,000	162,000
\$505.00	\$757.50	147,000	150,000	153,000	156,000	159,000	162,000	165,000
\$520.00	\$780.00	150,000	153,000	156,000	159,000	162,000	165,000	168,000
\$535.00	\$802.50	153,000	156,000	159,000	162,000	165,000	168,000	

Note: For income limits over this scale, parent fees for non-residential services will increase by \$15.00/month and parent fees for residential services will increase by \$30.00/month for every \$3000.00 increase in annual gross income.

APPENDIX L -- CERTIFICATE OF NEED

DRAFT

**CERTIFICATION OF NEED FOR ADMISSION
TO
RESIDENTIAL PSYCHIATRIC TREATMENT**

- 1. Ambulatory/outpatient care does not meet the specific treatment needs of the recipient.**
- 2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.**
- 3. The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.**

For children who are Medicaid recipients, this form must be completed and signed by the local CSA interdisciplinary team or FAPT and signed by a physician member of the team. The physician cannot be employed by the facility to which the child will be admitted and cannot be a psychiatrist treating the child as an outpatient.

Under each of the three areas, an explanation must be provided.

Team Signatures: _____ **Date:** _____
_____ **Date:** _____

Physician's Signature: _____ **Date:** _____

APPENDIX M -- CSA UPDATE AND COMMUNICATION FORM

DRAFT

CSA UPDATE & COMMUNICATION FORM

9/11

- | | | |
|--|---|--|
| <input type="checkbox"/> CSA Coordinator | <input type="checkbox"/> Service Unit Secretary | <input type="checkbox"/> Guardian Ad Litem |
| <input type="checkbox"/> DSS Care Worker | <input type="checkbox"/> DSS Supervisor | <input type="checkbox"/> Court Services Supervisor |
| <input type="checkbox"/> Court Services Worker | <input type="checkbox"/> Finance | <input type="checkbox"/> Winchester Schools Worker |
| <input type="checkbox"/> Winchester Schools Supervisor | | |

Date: _____ Worker: _____ Date of Birth: _____ Child's Name: _____

Service has changed from _____ on this date _____ to _____

Address _____ if different

Phone Number _____ if different

SERVICE CHANGE IF APPLICABLE

Reason for service change: _____

Type of placement:

Narrative:

CHANGE IN FUNDING FOR SERVICES:

Funding source for _____ services changed from _____ to _____ effective: _____

Reason: _____

Change in rate from _____ per _____ to _____ per _____

Reason _____

Services authorized by ___FTM ___FAPT ___Emergency CSA Coordinator Approval

APPENDIX N -- CITY OF WINCHESTER CSA BROCHURE

DRAFT



I acknowledge that I received a copy of the City of Winchester Comprehensive Services Act brochure.

Name _____ Date _____



You have the RIGHT...

- To understand the City of Winchester's Comprehensive Services Act (CSA) process and timelines for receiving referrals
- To assistance from someone assigned to you as a case manager
- To have your rights explained to you in a manner which is clear
- To be notified before your child/youth is assessed for services
- To review the assessment and service plan
- To understand the information that you receive in your native language, if possible
- To consent and agree in writing before beginning any services, except when ordered by the Court
- To read records and give permission for release of records
- To disagree with the assessment and service plan, or any part of the service plan
- To place your concerns in writing
- To participate and be present for the entire Family Assessment and Planning Team meeting and discuss your situation and participate in decisions that apply to you and your family

Co-Payments

- Families may be required to make co-payments for services based upon a financial assessment
- Families will not be required to make co-payments for foster care services or special education services
- Parents may be required to make child support payments for foster care services

Appeals

Appeals strictly related to funding by Comprehensive Services Act may be made to the Community Policy and Management Team (CPMT) within 10 days of the date of the decision to be appealed.

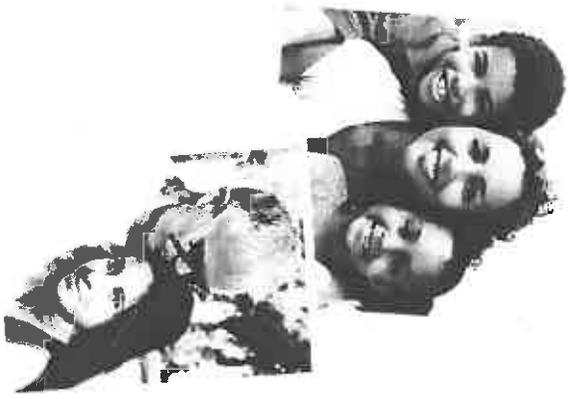
If you wish to appeal, the appeal must be placed in writing and provided to:

City of Winchester
 Comprehensive Services Act Coordinator
 24 Baker Street
 Winchester, VA 22601

The Community Policy and Management (CPMT) will review the request within thirty days of receipt of the document and render a written opinion within two weeks of the CPMT meeting at which it is reviewed.

QUESTIONS ABOUT CSA?
 Please contact the City of Winchester CSA Coordinator at (540) 686-4800 or visit www.csa.virginia.gov

City of Winchester's Comprehensive Services Act



State and local agencies, parents and private service providers working together to plan and provide services to our community's youth.

www.csa.virginia.gov

May 2013

What is the Comprehensive Services Act (CSA)?

A Virginia law designed to help at-risk children, youth and their families (§2.2-5200).

State and local agencies, parents and private service providers work together to plan and provide services and supports. In each community local teams, referred to as the **Community Policy and Management Team (CPMT)** and the **Family Assessment and Planning Team (FAPT)**, decide how to do this.

Call to Action: How can we get Community Policy and Management Team Approved?

The City of Winchester shares the belief that the family and home community provide the best environments for raising children. Toward that end, we as a community shall pursue and encourage collaborative activities that will ensure the provision of child-centered, family-focused, strength-based and community-based services.

Our purpose is to preserve families and provide appropriate services while protecting the welfare of children and maintaining the safety of the public.

Roles of the CPMT & FAPT

CPMT - The Community Policy and Management Team coordinates efforts, manages the availability of funds, and sees that eligible youth and their families get help.

FAPT - The Family Assessment and Planning Team reviews the strengths and needs of the child/youth and family and decides what services to provide.

Both teams are comprised of:

- Parents
- Court Services Unit
- Department of Health
- Department of Social Services
- Public School
- Private Providers

How does CSA Work?

1) A meeting is scheduled with the Family Assessment and Planning Team and the family. In this meeting, the family takes an active role in discussing its strengths and needs.

2) A service plan is developed to meet the identified needs.

If the family disagrees with the plan, they may ask for a review by the CPMT through the Appeals process (see the Appeals section of this brochure).

Who is eligible for CSA Services?

Services under the Comprehensive Services Act may be available to a child/youth who meets at least one of the following descriptions:

- Requires private placement for special education
- In foster care or are eligible for foster care
- Eligible for services through a Child in Need of Services Parental Agreement
- Have significant emotional or behavioral problems and may require services not available from any agency; require services of multiple agencies, or may be at-risk of residential placement.

Eligibility is determined by various laws and by the Community Policy and Management Team. CSA eligibility is also determined by the availability of funds.

Prior to the use of CSA funds, all other resources must be exhausted.



APPENDIX O -- FAMILY TEAM MEETING REPORT

DRAFT

Winchester Department of Social Services (Name of Lead Agency)
Family Team Meeting Report

Family Name:

Case No:

Team Vision Statement:

Date of Meeting:

Date of Next FTM:

90 Day Review Date Due:

Child: DOB:

Child: DOB:

Parents/Caregiver(s):

Reason for/Purpose of Meeting: *(check all that apply)*

- Very High or High Risk Child Assessment
- Emergency Removal or At Risk of Out of Home Placement
- Placement Preservation/Change of Placement/Disruption or Dissolution of Adoption
- Prior to a Change of Goal
- Requested by a Parent (birth, foster, adoptive, or legal guardian), Youth, or Social worker
- Other *(please explain)*

Reason for Department's Current Involvement: *(check one)*

- CHINS
- Delinquency
- Foster Care Prevention (not CHINS or Delinquency Related)
- Entrustment/Noncustodial
- Abuse & Neglect
- Foster Care

Funding:

Yes—Funding Authorized Type: CSA Mandated CSA Non-Mandated

Date of last CANS assessment:

Presenting Issue: *(Reason for Family Team Meeting)*

•

Strengths

Youth:

•

Parent(s)/Family:

•

System of Care Principles
Family Voice and Choice • Natural Supports • Community-Based
Collaboration • Team Based • Culturally Competent • Persistence
Outcome-Based • Individualized • Strength-Based

Family Vision Statement (finish this statement):

“Life will be better when...”

- 1.
- 2.
- 3.
- 4.
- 5.

RECOMMENDATIONS:

-

Family Team Members in Attendance: *(include name and relationship)*

-

Family Team Members invited but not in attendance: *(include name and relationship)*

Date of Next Team Meeting:

-

System of Care Principles
Family Voice and Choice • Natural Supports • Community-Based
Collaboration • Team Based • Culturally Competent • Persistence
Outcome-Based • Individualized • Strength-Based

APPENDIX P -- FAMILY TEAM MEETING SIGNATURE FORM

DRAFT

Winchester Family Team Meeting Signature Sheet

Family Name: _____

Date: _____

Signing this sheet verifies that you were present during the Family Team Meeting (FTM) and that you actively participated in its development with guidance and input from the team. The Family Team Care Plan will serve as a written contract between family members, the Winchester Department of Social Services and family team members. **Please sign legibly.** After signing, please check whether you *agree* or *disagree* with the plan that was developed or outcome that was decided by the team.

Your signature on this document also verifies that you understand that everything discussed in this FTM is considered as private and will not be discussed with persons outside of this team unless a *Consent to Release Information* form has been signed by the family, the youth/family is under a court order, abuse or neglect has been alleged, or a person is a danger to self or others.

Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Parent/Custodian	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Youth	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Natural Support	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Social Worker	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Natural Support	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Social Worker	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Natural Support	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Guardian Ad Litem	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Attorney	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Attorney	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Attorney	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	School Representative	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Probation Officer	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Other	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Service Provider	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Other	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Service Provider	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Other	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Service Provider	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	FTM Facilitator	Date	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

Supervisor's initials/date: _____

System of Care Principles
 Family Voice and Choice • Natural Supports • Community-Based
 Collaboration • Team Based • Culturally Competent • Persistence
 Outcome-Based • Individualized • Strength-Based