

CPMT PACKET

01/14/2016

Winchester CPMT Agenda

January 14, 2:00pm
WDSS, 24 Baker St
Winchester, VA 22601

Approve Minutes from 12/10/15

Announcements

Financial Report

- a. Review of December 2015 Financials

Old Business

- a. Strategic Planning & Assignment of Work Committees
 1. Goal 1: Common Ground through Education, Training and Shared Expectations (Gleason, Kish, Roussos, Devine, Kiser)
 2. Goal 2: Data-Driven Accountability and Service Provision (Scardino, Bober)
- b. FAPT Documentation
- c. CSA payment for FTM Attendance

New Business

- a. Critical Gap Survey
- b. CSA Annual Forms – Code of Ethics, Economic Interest and Confidentiality Forms
- c. Provider Qualifications for Services
- d. SA Treatment – Groups vs Individual Therapy

Motion to Convene in Executive Session

Motion to convene in Executive Session pursuant to 2.2- 3711 (A) (4) and (15), and in accordance with the provisions of 2.2 – 5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being reviewed by the community policy and management team.

Motion to Come Out of Executive Session & Immediately Reconvene in Open Session

Motion to Certify Compliance by Roll Call Vote

Move that the members of the Winchester City CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.

Motion to Approve All Cases

Motion to Adjourn

Next Meeting: Thursday February 11, 2016 at 2:00 at WDSS Boardroom

**DECEMBER MINUTES WITH
NOVEMBER FINANCIALS**

Minutes
 Winchester CPMT
 24 Baker Street, Board Room
 Thursday, December 10, 2015
 2:00 p.m.

MEMBERS PRESENT

Mary Blowe, City of Winchester
 Dr. Charles Devine, Winchester/Frederick Health
 Department
 Amber Dopkowski, Winchester Dept. Social Services
 Eden Freeman, City of Winchester
 Mark Gleason, Northwestern Community Services Board
 Sarah Kish, Winchester Public Schools
 Paul Scardino, National Counseling Group

Others Present:

Karen Farrell, Winchester CSA Coordinator
 Connie P. Greer, Winchester Dept. of Social Services

MEMBERS/OTHERS NOT PRESENT

Kelly Bober, Child Advocacy Center
 Lyda Kiser, Parent Representative
 Peter Roussos, Dept. of Juvenile Justice

RECAP OF CPMT VOTES:

Motion:

- Motion to modify December 10 CPMT Agenda to present New Business as first order of business.
- Motion to approve the minutes from November 12, 2015, CPMT Meeting
- Motion to convene in Executive Session pursuant to 2.2-3711 (A) (4) and (15), and in accordance with the provisions of 2.2 – 5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or family or both who have been referred to the family assessment and planning team and whose case is being reviewed by the community policy and management team.
- Motion to come out of Executive Session
- Motion to Certify Compliance by Roll Call Vote Move that the members of the Winchester CPMT certify that to the best of each member’s knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.
- Motion to Approve All Cases, as presented.
- Motion to adjourn CPMT Meeting

Action:

1st: Mr. Gleason
 2nd: Dr. Devine
 1st: Dr. Devine
 2nd: Ms. Dopkowski
 1st: Ms. Dopkowski
 2nd: Dr. Devine

 1st: Ms. Freeman
 2nd: Dr. Devine
 1st: Dr. Devine
 2nd: Mr. Scardino

 1st: Ms. Dopkowski
 2nd: Dr. Devine
 Mr. Scardino –
 abstained from 2 cases
 1st: Dr. Devine
 2nd: Ms. Dopkowski

Status:

Approved
 Unanimously
 Approved
 Unanimously
 Approved
 Unanimously

 Approved
 Unanimously
 Approved
 Unanimously

 Motion was
 approved with
 noted
 abstentions
 Approved
 Unanimously

Item	Discussion	Action
Call to Order/Modifications to the Agenda	The meeting was opened by Chair, Mark Gleason at 2:00 pm.	

Minutes
 Winchester CPMT
 24 Baker Street, Board Room
 Thursday, December 10, 2015
 2:00 p.m.

Item	Discussion	Action
Announcements		Ms. Farrell will be attending a CSA Financial Reporting Training on December 17, 2015.
Financial Report	<p>The Financial Report was distributed and included expenditures for November, 2015.</p> <p>Report: November, 2015 Gross Expenditures: \$113,990.85 Expenditure Refunds: \$1,735.79 Net Expenditures: \$112,255.06 Local Dollars: \$46,468.37 Regular Medicaid Payments to Providers: \$269,383.88 Local Match: \$77,228.99</p> <p>Wrap Dollars Funds Beginning Balance: \$15,478.00 Encumbered: \$2,124.44 Disbursed: \$2,096.13 Remaining Funds: \$11,257.43</p> <p>Non-Mandated Funds Beginning Balance: \$20,162.00 Encumbered: \$8,314.75 Disbursed: \$5,126.50 Remaining Funds: \$6,720.75</p> <p>Unduplicated CSA Case Count: 101 Average Spent per Child: \$4,987.69</p>	<p>Ms. Farrell reviewed the report.</p> <p>There was discussion of the possibility of requesting supplemental funding from the Office of Comprehensive Services in March or April 2016.</p>
New Business a. CSA payment for Family Team Meeting Attendance	Discussed payment of providers in order for the provider to attend Family Team Meetings.	Ms. Farrell to assess current payment practices, and provider qualifications and provide report during January 2016 CPMT.
Approval of Minutes		On Motion by Dr. Devine and seconded by Ms. Dopkowski, the Minutes from the November 12, 2015 CPMT meeting were approved. Motion to approve the minutes passed unanimously.
Motion to Convene in Executive Session	Motion to convene in Executive Session pursuant to 2.2-3711 (A) (4) and (15), and in accordance with the provisions of 2.2 – 5210 of the Code of Virginia for proceedings to consider the appropriate provision of services and funding for a particular child or	Mr. Gleason asked that the meeting move into Executive Session. On motion by Ms. Dopkowski, seconded by Dr. Devine, the meeting moved into

Minutes
 Winchester CPMT
 24 Baker Street, Board Room
 Thursday, December 10, 2015
 2:00 p.m.

Item	Discussion	Action
	family or both who have been referred to the family assessment and planning team and whose case is being reviewed by the community policy and management team.	Executive Session.
Motion to Come Out of Executive Session & Immediately Reconvene in Open Session		Motion to come out of Executive Session by Ms. Freeman and seconded by Dr. Devine. Approved unanimously.
Motion to Certify Compliance by Roll Call Vote	Move that the members of the Winchester CPMT certify that to the best of each member's knowledge, (1) only public business matters lawfully exempted from open meeting requirements, and (2) only such public business matters were identified in the motion by which the closed meeting was convened were heard, discussed, or considered in the closed meeting.	Motion to Certify Compliance by Roll Call Vote was made by Dr. Devine, seconded by Mr. Scardino, and unanimously approved.
Motion to Approve All Cases	Motion to Approve all cases as accepted.	All cases were approved, on motion by Ms. Dopkowski, seconded by Dr. Devine. Motion was approved; Mr. Scardino abstained from 2 cases.
New Business (Cont.): b. WRAP Re-Allocation	Ms. Farrell reviewed the memo from Charles Savage from the Office of Children's Services regarding requesting reallocation of WRAP funds.	It does not appear that an additional WRAP allocation is necessary. No action required.
Old Business: a. Strategic Planning Report- Assignment of Work Committees	Strategic Planning & Assignment of Work Committees <ol style="list-style-type: none"> 1. Common Ground through Education, Training and Shared Expectations (Gleason, Kish, Roussos, Devine, Kiser) 2. Data-Driven Accountability and Service Provision (Scardino, Bober) 	<ol style="list-style-type: none"> 1. No report; table to January 2016 2. The software provider for the purchase of services program has incorporated the City terms and conditions into the existing purchase of services document. The CSA Coordinator will begin using the new version of the purchase of services order with the next software update in December, 2016. All agencies will adopt the proposal

Minutes
 Winchester CPMT
 24 Baker Street, Board Room
 Thursday, December 10, 2015
 2:00 p.m.

Item	Discussion	Action
b. FAPT documentation	In November, Ms. Farrell presented a proposal to streamline FAPT paper usage by using the Smart Board to present cases to FAPT.	as feasible.
Motion to Adjourn/Next Meeting Date	The next CPMT meeting will be held Thursday, January 14, 2015 at 2:00 p.m., Winchester Social Services Department, 24 Baker Street, Conference Room, Winchester, VA.	The meeting was adjourned on motion by Ms. Dopkowski and seconded by Dr. Devine.

Attachments: Minutes of November 12, 2015 w/attachments
 November 2015 Financials
 WRAP Services Re-allocation of FY2016 Allocation

Transcribed by CG

DRAFT

CSA Pool Reimbursement Request Report Worksheet

Chart A

Date: November 30, 2015

Period Ending: November, 2015

Part 1 - Expenditure Description

	Number of Clients	Gross Total Expenditures	Expenditure Refunds	Net Total Expenditures
1. Congregate Care/Mandated & Non-Mandated Residential Services				
1a. Foster Care - IV-E Child in Licensed Residential Congregate Care	0	0.00		0.00
1b. Foster Care - all other in Licensed Residential Congregate Care	0	0.00	10.48	-10.48
1c. Residential Congregate Care - CSA Parental Agreements; DSS Non-Custodial	3	23,693.61		23,693.61
1d. Non-Mandated Services/Residential/Congregate Care	0	0.00		0.00
1e. Educational Services - Congregate Care	3	24,511.22		24,511.22

	Number of Clients	Gross Total Expenditures	Expenditure Refunds	Net Total Expenditures
2. Other Mandated Services				
2a. Treatment Foster Care - IV-E	10	18,656.90		18,656.90
2a.1 Treatment Foster Care	1	265.20	238.00	27.20
2a.2 Treatment Foster Care - CSA Parental Agreements; DSS Non-Custodial	0	0.00		0.00
2c. Family Foster Care - IV-E; Community Based Services	9	8,618.40		8,618.40
2e. Family Foster Care - Children Receiving Maintenance/Basic Activities; IL	5	1,958.55	822.31	1,136.24
2f. Community Based Services	35	24,712.52	665.00	24,047.52
2f.1 Community Transition Services	0	0.00		0.00
2g. Special Education Private Day Placement	2	9,694.54		9,694.54
2h. Wrap-Around Services for Students With Disabilities	1	793.16		793.16
2i. Psychiatric Hospitals/Crisis Stabilization Units	0	0.00		0.00
3. Non-Mandated Services/Community Based	1	1,086.75		1,086.75
4. Grand Totals: Sum of categories 1 through 3	70	113,990.85	1,735.79	112,255.06

Part 2 - Expenditure Refund Description (reported in line 4)

Vendor Refunds and Payment Cancellations	541.00
Parental Co-Payments	
Payments made on behalf of the child (SSA, SSL, VA benefits)	833.00
Child Support Collections through DCSE	361.79
Pool prior-reported expenditures re-claimed under IV-E	
Other (specify)	
Total Refunds (must agree with line 4)	1,735.79

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Chart B

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CSA Reports
Pool Reimbursement Reports
FY16
Transaction History for Winchester - FIPS 840
 Pended Forms are not on this report

Active Pool Report Preparers	
Nancy Valentine	(540) 688-4839
Donna Veach	(540) 688-4826
Amber Johnson	(540) 688-4823
Karen Farrell	(540) 688-4832

Transaction History

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
Beginning Balance				\$993,730.00	\$637,874.05	\$456,856.95
Pool Reimbursement History						
	9	07/31/2015	08/04/2015	\$1,302.55	\$798.62	\$503.93
	9	08/31/2015	09/02/2015	\$135,400.49	\$75,426.31	\$59,974.18
	9	09/30/2015	10/05/2015	\$130,355.82	\$73,557.04	\$56,798.78
	9	10/31/2015	11/02/2015	\$122,947.92	\$68,506.85	\$54,441.07
	1	11/30/2015	12/04/2015	\$112,255.06	\$65,786.69	\$46,468.37
Pool Reimbursement Expenditure Totals				\$502,261.84	\$264,075.51	\$238,186.33
Supplement History						
Supplement Totals				\$0.00	\$0.00	\$0.00
CSA System Balance				\$491,466.16	\$253,798.54	\$237,668.62

Transaction History without WRAP Dollars

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
Beginning Balance				\$978,262.00	\$629,496.52	\$448,766.48
Pool Reimbursement History						
	-	07/31/2015	08/04/2015	\$1,302.55	\$798.62	\$503.93
	-	08/31/2015	09/02/2015	\$135,258.86	\$75,349.65	\$59,909.21
	-	08/30/2015	10/05/2015	\$129,194.48	\$72,928.41	\$56,266.07
	-	10/31/2015	11/02/2015	\$122,947.92	\$68,506.85	\$54,441.07
	-	11/30/2015	12/04/2015	\$111,461.90	\$65,357.35	\$46,104.55
Pool Reimbursement Expenditure Totals				\$600,166.71	\$282,940.88	\$217,224.63
Supplement History						
Supplement Totals				\$0.00	\$0.00	\$0.00
CSA System Balance (Non-WRAP):				\$478,086.29	\$246,555.64	\$231,530.65

Transaction History WRAP dollars only

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
WRAP Allocation Additions History						
			08/28/2015	\$15,478.00	\$8,377.00	\$7,100.00
WRAP Allocation Additions Totals				\$15,478.00	\$8,377.00	\$7,100.00
Pool Reimbursement History - WRAP only						
	-	07/31/2015	08/04/2015	\$0.00	\$0.00	\$0.00
	-	08/31/2015	09/02/2015	\$141.63	\$76.66	\$64.97
	-	09/30/2015	10/05/2015	\$1,161.34	\$628.63	\$532.71
	-	10/31/2015	11/02/2015	\$0.00	\$0.00	\$0.00
	-	11/30/2015	12/04/2015	\$793.16	\$429.34	\$363.82
Pool Reimbursement Expenditure Totals -WRAP only				\$2,096.13	\$1,134.63	\$861.50
CSA System Balance (WRAP only):				\$13,381.87	\$7,242.90	\$6,138.97

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Wrap-Around Services for Students with Disabilities
2015-2016

Chart 2

Child	18				TOTAL SPENT
Agency Worker	WPS-NREP Clatter				
JUL					0.00
AUG	141.63				141.63
SEP	1161.34				1,161.34
OCT					0.00
NOV	793.16				793.16
DEC					0.00
JAN					0.00
FEB					0.00
MAR					0.00
APR					0.00
MAY					0.00
JUN					0.00
TOTAL/ CHILD	2,096.13		0.00	0.00	2,096.13
				Beginning Balance	15,478.00
				Disbursed	2,096.13
				Encumbered	2,124.44
				Remaining Funds	11,257.43

CITY OF WINCHESTER
 CSA FUND BALANCE
 CHILDREN'S SERVICE ACT (CSA)

Chart F

FUND NAME	ORIGINAL BUDGET	BUDGET REVISIONS	REVISED BUDGET	EXPENDITURES	FUND BALANCE	ENCUMBRANCES	FUND BALANCE
C16 CSA MANDATED 15/16 ASSIST	5,000.00	0.00	5,000.00	4,691.35	308.65	0.00	308.65
C16 CSA MANDATED 15/16 POS	973,252.00	0.00	973,252.00	523,398.81	449,853.19	499,899.53	(50,046.34)
C16 CSA NON-MANDATED 15/16 POS	20,162.00	0.00	20,162.00	6,546.25	13,615.75	6,895.00	6,720.75
C16 CSA W/A SRVS FOR STUDENTS 15/16 POS	15,478.00	0.00	15,478.00	2,521.07	12,956.93	1,699.50	11,257.43
	1,013,892.00	0.00	1,013,892.00	537,157.48	476,734.52	508,494.03	(31,759.51)

DECEMBER FINANCIALS

CSA Pool Reimbursement Request Report Worksheet

Date: January 6, 2015

Period Ending: December, 2015

Chart A

Part 1 - Expenditure Description

	Number of Clients	Gross Total Expenditures	Expenditure Refunds	Net Total Expenditures
1. Congregate Care/Mandated & Non-Mandated Residential Services				
1a. Foster Care - IV-E Child in Licensed Residential Congregate Care		0.00		0.00
1b. Foster Care - all other in Licensed Residential Congregate Care		0.00	575.00	-575.00
1c. Residential Congregate Care - CSA Parental Agreements; DSS Non-Custodial	2	15,970.20		15,970.20
1d. Non-Mandated Services/Residential/Congregate Care		0.00		0.00
1e. Educational Services - Congregate Care	4	15,433.07		15,433.07

2. Other Mandated Services				
2a. Treatment Foster Care - IV-E	9	41,904.29		41,904.29
2a.1 Treatment Foster Care	5	24,799.86	5,620.04	19,179.82
2a.2 Treatment Foster Care - CSA Parental Agreements; DSS Non-Custodial		0.00		0.00
2c. Family Foster Care - IV-E; Community Based Services	11	12,028.35		12,028.35
2e. Family Foster Care - Children Receiving Maintenance/Basic Activities; IL	2	1,557.08	1,703.66	-146.58
2f. Community Based Services	35	21,137.26	2,412.86	18,724.40
2f.1 Community Transition Services		0.00		0.00
2g. Special Education Private Day Placement	2	11,957.73		11,957.73
2h. Wrap-Around Services for Students With Disabilities	1	991.44		991.44
2i. Psychiatric Hospitals/Crisis Stabilization Units		0.00		0.00
3. Non-Mandated Services/Community Based	2	2,648.25		2,648.25
4. Grand Totals: Sum of categories 1 through 3	73	148,427.53	10,311.56	138,115.97

Part 2 - Expenditure Refund Description (reported in line 4)

Vendor Refunds and Payment Cancellations	43.54
Parental Co-Payments	
Payments made on behalf of the child (SSA, SSL, VA benefits)	833.00
Child Support Collections through DCSE	871.86
Pool prior-reported expenditures re-claimed under IV-E	7,792.51
Other (specify) Reclaim to 86605	770.65
Total Refunds (must agree with line 4)	10,311.56

Chart B

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Pool Reimbursement Reports
FY16
Transaction History for Winchester - FIPS 840
 Pended Forms are not on this report

Active Pool Report Preparers
[Nancy Valentine](#) (540) 686-4838
[Donna Veach](#) (540) 686-4826
[Amber Johnson](#) (540) 686-4823
[Karen Farrell](#) (540) 686-4832

Transaction History

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
Beginning Balance				\$993,730.00	\$537,874.05	\$455,855.95
Pool Reimbursement History						
	9	07/31/2015	08/04/2015	\$1,302.55	\$798.62	\$503.93
	9	08/31/2015	09/02/2015	\$135,400.49	\$75,426.31	\$59,974.18
	9	09/30/2015	10/05/2015	\$130,355.82	\$73,557.04	\$56,798.78
	9	10/31/2015	11/02/2015	\$122,947.92	\$68,506.85	\$54,441.07
	9	11/30/2015	12/04/2015	\$112,255.06	\$65,786.69	\$46,468.37
	1	12/31/2015	01/06/2016	\$138,115.97	\$80,655.21	\$57,460.76
Pool Reimbursement Expenditure Totals				\$640,377.81	\$364,730.72	\$275,647.09
Supplement History						
Supplement Totals				\$0.00	\$0.00	\$0.00
CSA System Balance				\$353,352.19	\$173,143.33	\$180,208.86

Transaction History without WRAP Dollars

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
Beginning Balance				\$978,252.00	\$529,496.52	\$448,755.48
Pool Reimbursement History						
	-	07/31/2015	08/04/2015	\$1,302.55	\$798.62	\$503.93
	-	08/31/2015	09/02/2015	\$135,258.86	\$75,349.65	\$59,909.21
	-	09/30/2015	10/05/2015	\$129,194.48	\$72,928.41	\$56,266.07
	-	10/31/2015	11/02/2015	\$122,947.92	\$68,506.85	\$54,441.07
	-	11/30/2015	12/04/2015	\$111,481.90	\$65,357.35	\$46,104.55
	-	12/31/2015	01/06/2016	\$137,124.53	\$80,118.54	\$57,005.99
Pool Reimbursement Expenditure Totals				\$637,290.24	\$363,059.42	\$274,230.82
Supplement History						
Supplement Totals				\$0.00	\$0.00	\$0.00
CSA System Balance (Non-WRAP):				\$340,961.76	\$166,437.10	\$174,524.66

Transaction History WRAP dollars only

Match Rate: 0.4587	Status	Period End	Date Filed	Total Amount	State	Local
WRAP Allocation Additions History						
			08/28/2015	\$15,478.00	\$8,377.00	\$7,100.00
WRAP Allocation Additions Totals				\$15,478.00	\$8,377.00	\$7,100.00

Pool Reimbursement History - WRAP only

-	07/31/2015	08/04/2015	\$0.00	\$0.00	\$0.00
-	08/31/2015	09/02/2015	\$141.63	\$76.66	\$64.97
-	09/30/2015	10/05/2015	\$1,161.34	\$628.63	\$532.71
-	10/31/2015	11/02/2015	\$0.00	\$0.00	\$0.00
-	11/30/2015	12/04/2015	\$793.16	\$429.34	\$363.82
-	12/31/2015	01/06/2016	\$991.44	\$536.67	\$454.77
Pool Reimbursement Expenditure Totals -WRAP only			\$3,087.57	\$1,671.30	\$1,416.27
CSA System Balance (WRAP only):			\$12,390.43	\$6,706.23	\$5,684.20

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Wrap-Around Services for Students with Disabilities
2015-2016

Chart G

Child	18			TOTAL SPENT
Agency Worker	WPS-NREP Clatter			
JUL				0.00
AUG	141.63			141.63
SEP	1161.34			1,161.34
OCT				0.00
NOV	793.16			793.16
DEC	991.44			991.44
JAN				0.00
FEB				0.00
MAR				0.00
APR				0.00
MAY				0.00
JUN				0.00
TOTAL/ CHILD	3,087.57	0.00	0.00	3,087.57
			Beginning Balance	15,478.00
			Disbursed	3,087.57
			Encumbered	1,133.00
			Remaining Funds	11,257.43

Non-Mandated Funds
2015-2016

Chart D

Child	24	21	25				TOTAL SPENT
Agency Worker	WPS Mck	WPS Mck	WDSS Sny				
JUL							0.00
AUG	135.00	1,575.00					1,710.00
SEP	405.00	1,464.75					1,869.75
OCT	270.00		190.00				460.00
NOV		1,086.75					1,086.75
DEC	270.00	2,378.25					2,648.25
JAN							0.00
FEB							0.00
MAR							0.00
APR							0.00
MAY							0.00
JUN							0.00
JUN 1							0.00
TOTAL	1,080.00	6,504.75	190.00	0.00	0.00	0.00	7,774.75
CHILD							
						Beginning Balance	20,162.00
						Disbursed	7,774.75
						Encumbered	6,970.00
						Remaining Funds	5,417.25

Chart F

CITY OF WINCHESTER
 CSA FUND BALANCE
 CHILDREN'S SERVICE ACT (CSA)

FUND NAME	REVISED BUDGET	EXPENDITURES	FUND BALANCE		UNAPPROVED CREDIT AUTHORIZATIONS & POSOS		ADJUSTED FUND BALANCE
			BALANCE	ENCUMBRANCES	FUND BALANCE	POSOS	
C15 CSA MANDATED 14/15 POS	0.00	0.00	0.00	(200.00)	200.00	0.00	200.00
C16 CSA MANDATED 15/16 ASSIST	5,000.00	4,304.55	695.45	0.00	695.45	0.00	695.45
C16 CSA MANDATED 15/16 POS	973,252.00	626,808.18	346,443.82	615,813.14	(269,369.32)	10,756.60	(280,125.92)
C16 CSA NON-MANDATED 15/16 POS	20,162.00	7,774.75	12,387.25	6,970.00	5,417.25	0.00	5,417.25
C16 CSA W/A SRVS FOR STUDENTS 15/16 POS	15,478.00	3,087.57	12,390.43	1,133.00	11,257.43	0.00	11,257.43
	1,013,892.00	641,975.05	371,916.95	623,716.14	(251,799.19)	10,756.60	(262,555.79)

JANUARY ATTACHMENTS

CSA Assessment of Critical Service Gaps Survey -2015	
(A) CONTACT PERSON INFORMATION (Step 1 of 6) (All Fields Required)	
Assessment Date	
Localities Included In This Survey	
Contact Person	
Contact's Position Title	
Contact's Agency / Entity	
Contact's Telephone Number	
Contact's E-mail Address	
The following agencies and / or entities were actively engaged in the completion of this community's service gaps assessment: (Check all that apply.)	
<input type="checkbox"/> Parents/Family Members <input type="checkbox"/> Local Government <input type="checkbox"/> School System <input type="checkbox"/> Department of Social Services <input type="checkbox"/> Community Services Board <input type="checkbox"/> Court Services Unit <input type="checkbox"/> Health Department <input type="checkbox"/> Private Providers <input type="checkbox"/> Judges <input type="checkbox"/> Other (please describe): <input style="width: 200px;" type="text"/>	

(B) CRITICAL SERVICE GAPS (Step 2 of 6)			
(Select the top 5 Services for which your community feels are most important to improve access in your community)			
We are interested in learning more about the most critical service gaps that are impacting your community's ability to serve children who have emotional and/or behavior problems in their home, school and/or community. From the following list of services, please identify <u>the top 5 services</u> which your community feels are most important to improve access in your community. Consider services that do not exist in your community, as well as services that exist in your community but do not adequately meet your locality's needs due to constraints such as insufficient capacity, poor quality, or prohibitive costs.			
Acute Psychiatric Hospitalization	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>
Applied Behavior Analysis	<input type="checkbox"/>	Outpatient Services	<input type="checkbox"/>
Assessment/Evaluation	<input type="checkbox"/>	Private Day School	<input type="checkbox"/>
Case Support	<input type="checkbox"/>	Private Foster Care Support Supervision and Administration	<input type="checkbox"/>
Crisis Intervention	<input type="checkbox"/>	Private Residential School	<input type="checkbox"/>
Crisis Stabilization	<input type="checkbox"/>	Residential Case Management	<input type="checkbox"/>
Family Partnership Facilitation	<input type="checkbox"/>	Residential Daily Supervision	<input type="checkbox"/>
Family Support Services	<input type="checkbox"/>	Residential Education	<input type="checkbox"/>
Independent Living Services	<input type="checkbox"/>	Residential Medical Counseling	<input type="checkbox"/>
Individualized Support Services	<input type="checkbox"/>	Residential Room and Board	<input type="checkbox"/>
Intensive Care Coordination	<input type="checkbox"/>	Residential Supplemental Therapies	<input type="checkbox"/>
Intensive Care Coordination Family Support Partner	<input type="checkbox"/>	Respite	<input type="checkbox"/>
Intensive In-Home Services	<input type="checkbox"/>	Special Education Related Services	<input type="checkbox"/>
Maintenance - Basic	<input type="checkbox"/>	Sponsored Residential Home Services	<input type="checkbox"/>
Maintenance - Child Care Assistance	<input type="checkbox"/>	Substance Abuse Case Management	<input type="checkbox"/>
Maintenance - Clothing Supplement	<input type="checkbox"/>	Therapeutic Day Treatment for Children and Adolescents	<input type="checkbox"/>
Maintenance - Enhanced	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Maintenance - Independent Living	<input type="checkbox"/>	Treatment Foster Care Case Management	<input type="checkbox"/>
Maintenance - Transportation	<input type="checkbox"/>	Utilization Review	<input type="checkbox"/>
Material Support	<input type="checkbox"/>	Other (Describe below)	<input type="checkbox"/>
Mental Health Case Management	<input type="checkbox"/>		

Mental Health Skills Building	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>

(C) POPULATION SERVICES (Step 3 of 6)
(select all that apply)

Are there specific populations where there are noted service gaps?
Please check the following items that apply

Autism	<input type="checkbox"/>	Pre-School Age	<input type="checkbox"/>
Intellectual Disability/Developmental Disability	<input type="checkbox"/>	Elementary School Age	<input type="checkbox"/>
Mental Health issues in the school	<input type="checkbox"/>	Middle School Age	<input type="checkbox"/>
Potentially Disrupting or Disrupted Adoptions	<input type="checkbox"/>	Transition Age (14-17)	<input type="checkbox"/>
Sex Offending Sexually Reactive Behaviors	<input type="checkbox"/>	Transition Age (18-21)	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>		

Please briefly describe other populations where there are noted service gaps not listed here.
Be as specific as possible and kindly limit your response to the 500 characters available.
Thank you:

(D) PLEASE PRIORITIZE YOUR 5 MOST CRITICAL SERVICES GAPS BELOW (Step 4 of 6)
(List the Service Gaps selected in Step 2 and prioritize 1 is the lowest priority to 5 is the highest priority)

(E) BARRIERS TO COMMUNITY SERVICES AVAILABILITY (Step 5 of 6)

For each of the 5 critical service gaps identified from Section (B), please check all reasons that apply which your team believes are impacting the community's ability to develop community based Services. Please make sure at least 1 Reason/Barrier is identified for each of the service gaps.

		Highest Priority (5)	(4)	(3)	(2)	Lowest Priority (1)
Reasons/Barriers	List Service Gaps Here >>>					
A. Need greater buy-in and support from line staff in community services model		<input type="checkbox"/>				
B. Community needs better data to guide the investment of resources or funds		<input type="checkbox"/>				
C. Need for greater collaboration among community stakeholders		<input type="checkbox"/>				
D. Community leaders have not reached consensus on prioritizing the development and/or funding of this service		<input type="checkbox"/>				
E. Need to demonstrate the need for and value of this service to local decision makers and/or funders		<input type="checkbox"/>				
F. Need community agencies to review caseloads to determine whether sufficient demand to support development of this service		<input type="checkbox"/>				
G. Unsure how to engage private and/or public providers in the development of this service		<input type="checkbox"/>				
H. Disagreement in community on which entity should develop and provide the service		<input type="checkbox"/>				
I. Need information on what are key factors that make this service effective		<input type="checkbox"/>				

J. Need to pool resources and funding across multiple community partners and funding sources for this service	<input type="checkbox"/>				
K. Require access to grant or flexible funding for program start up	<input type="checkbox"/>				
L. Not aware of potential funding sources for this service	<input type="checkbox"/>				
M. Need coordination across localities to demonstrate regional demand for this service; not sufficient demand in just our community	<input type="checkbox"/>				
N. Other (Please Describe):	<input type="checkbox"/>				
O. Other (Please Describe):	<input type="checkbox"/>				
P. Other (Please Describe):	<input type="checkbox"/>				

(F) CHANGES TO COMMUNITY SERVICES AVAILABILITY (Step 6 of 6)		
Please check the following items that apply	Yes	No
A. Has the number of community-based services increased in your community over the last year?	<input type="radio"/>	<input type="radio"/>
B. Has the array of community-based services increased in your community over the last year?	<input type="radio"/>	<input type="radio"/>
C. Has the availability of any services decreased over the past year? If so, please briefly describe below.	<input type="radio"/>	<input type="radio"/>
D. Has your community taken specific steps to establish or expand community-based services during the past year?	<input type="radio"/>	<input type="radio"/>
E. Please briefly describe the steps taken to expand community-based services. Be as specific as possible and kindly limit your response to the 500 characters available.		
<div style="border: 1px solid black; height: 80px;"></div>		