

Minutes
Winchester CPMT
411 N. Cameron Street, 2nd Floor
Tuesday, January 14, 2014
2:00 p.m.

MEMBERS PRESENT

Mary Blowe, City of Winchester
Kelly Bober, Child Advocacy Center
Dr. Charles Devine, Virginia Dept. of Health

Amber Dopkowski, Winchester Dept. of Social Services
Sarah Kish, Winchester Public Schools
Paul Scardino, National Counseling Group
Julie VanWinkle, Dept. of Juvenile Justice

MEMBERS/OTHERS NOT PRESENT

Dale Iman, City Manager
Doug Hewett, Asst. City Manager
Mark Gleason, Northwestern Community Services Board
Lyda Kiser, Parent Representative

Others Present:

Katie Hermann, Asst. City Attorney
Connie Greer, Winchester Dept. of Social Services

RECAP OF CPMT VOTES:

Motion:

- Motioned to approve the minutes from December 13, 2013 CPMT Meeting.
- Motion to adopt Resolution No. 2014-01 regarding Schedule of Regular Meetings
- 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.

Action:

1st: Dr. Devine
2nd: Ms. Blowe
1st: Dr. Devine
2nd: Ms. VanWinkle
1st: Ms. VanWinkle
2nd: Mr. Scardino

Status:

Approved
unanimously
Approved
unanimously

1st: Dr. Devine

2nd: Ms. Bober

1st: Dr. Devine

2nd: Ms. VanWinkle

Approved
unanimously
Approved
unanimously

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Motion:

- Motion to Approve All Cases

Action:

- 1st: Dr. Devine
 2nd: Ms. Bober

Status:

Approved.
 Members
 abstaining
 from vote:
 Paul Scardino,
 1 case

- Motion to adjourn CPMT Meeting

- 1st: Dr. Devine

- 2nd: Ms. VanWinkle

Approved
 Unanimously

Item	Discussion	Action
<p>Call to Order/Additions to the Agenda</p> <p>Approval of Minutes</p> <p>Announcements</p>	<p>The meeting was opened by Chair, Amber Dopkowski, at 2:02pm</p>	<p>Dr. Devine motioned to approve the minutes from December 13, 2013. Ms. Blowe seconded. Motion to approve the minutes passed unanimously.</p> <p>Minutes from previous meetings are now posted on the CPMT web page on the City of Winchester website. Henceforth, meeting Agendas will be posted on the webpage approx. 3 days prior to the upcoming CPMT meetings.</p> <p>The search continues for a CSA coordinator. The job description is being reviewed and possibly modified to reflect current criteria.</p> <p>The Alliance of Northern Shenandoah Valley is sponsoring a conference on April 8, 2014 regarding addiction. The guest speaker is Michael Neery, a national renowned subject matter expert.</p>
<p>Financial Report</p>	<p>The Financial Report was distributed and included expenditures for December, 2013</p> <p>Report: December, 2013</p>	<p>Ms. Dopkowski reviewed the report.</p>

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Item	Discussion	Action
	Gross Expenditures: \$108,308.21 Expenditure Refunds: \$4,939.80 Net Expenditures: \$103,368.41 Local Dollars: \$46,243.11 Regular Medicaid Payments to Providers: \$46,025.42 Local Match: \$13,194.91 Wrap Dollars Funds Beginning Balance: \$23,424.00 Encumbered: \$3,075.00 Disbursed: \$9,995.00 Remaining Funds: \$10,354.00 Non-Mandated Funds Beginning Balance: \$20,162.00 Encumbered: \$3,300.00 Disbursed: \$8,808.60 Remaining Funds: \$8,053.40	
Old Business:	Four Strategic Target Areas were identified as follows:	
a. Strategic Planning Report-Assignment of Work Committees	<ol style="list-style-type: none"> 1. CPMT Foundation and Structure 2. Common Ground through Education, Training and Shared Expectations 3. Data-Driven Accountability and Service Provision 4. CPMT Services Development 	Reassignment of Committees to align with new strategic plan will be implemented at next CPMT meeting after review by all members.
b. Eligibility Determination for Non-Medicaid Children		Discussion to be tabled until Mr. Gleason is present.
c. Intensive Care Coordination Services		Discussion to be tabled until Mr. Gleason is present.
d. FY2013 Critical Gap Survey	A copy of the Survey was included in the packet of information distributed	Ms. Dopkowski requested that each CPMT member complete the survey and send the results to her prior to January 30, 2014. She will compile the results and submit them to OCS.
New Business		
a. Meeting Resolution	Resolution No. 2014-01 regarding Schedule of Regular Meetings	Dr. Devine motioned to adopt Resolution No. 2014-01. Ms.

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		VanWinkle seconded the motion. The Resolution was adopted unanimously.
b. Memorandum from State Executive Council dated January 8, 2014	Proposed Policy and Guidelines – Purchase of Foster Care Services from Licensed Child Placing Agencies	CPMT members were requested to review the Memorandum. If they so desire, they may respond directly to the Office of Comprehensive Services during the public comment period.
Motion to Convene in Executive Session	<i>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.</i>	Ms. Dopkowski asked that the meeting move into Executive Session. On motion by Ms. VanWinkle, seconded by Mr. Scardino, the meeting moved into Executive Session.
Motion to Come Out of Executive Session & Immediately Reconvene in Open Session		Motion to come out of Executive Session by Dr. Devine and seconded by Ms. Bober. Approved unanimously.
Motion to Certify Compliance by Roll Call Vote	<i>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.</i>	Motion to Certify Compliance by Roll Call Vote was made by Dr. Devine, seconded by Ms. VanWinkle, and unanimously approved.
Motion to Approve All Cases	Members abstaining from vote: Paul Scardino, 1 case	All cases were approved on motion by Dr. Devine, seconded by Ms. Bober.
Motion to Adjourn/Next Meeting Date	The next CPMT meeting will be held Tuesday February 11, 2014 at 2:00 p.m., Our Health Campus, 2 nd Floor Conference Room, 411 N. Cameron St., Winchester VA	The meeting was adjourned on motion by Dr. Devine and seconded by Ms. VanWinkle at 2:45 p.m..

Transcribed by CPG

CSA Pool Reimbursement Request Report Worksheet

Date: January 6, 2014

Period Ending: December 30, 2013

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	2	4,170.90		4,170.90
1b. Foster Care - all other in Licensed Residential Congregate Care		0.00	471.02	-471.02
1c. Residential Congregate Care - CSA Parental Agreements; DSS Non-Custodial		0.00		0.00
1d. Non-Mandated Services/Residential/Congregate Care		0.00		0.00
1e. Educational Services - Congregate Care	4	39,617.12		39,617.12
2. Other Mandated Services				
2a. Treatment Foster Care - IV-E	9	21,394.00		21,394.00
2a.1 Treatment Foster Care	6	27,555.35	710.00	26,845.35
2a.2 Treatment Foster Care - CSA Parental Agreements; DSS Non-Custodial		0.00		0.00
2b. Specialized Foster Care - IV-E; Community Based Services		0.00		0.00
2b.1 Specialized Foster Care		0.00		0.00
2c. Family Foster Care - IV-E; Community Based Services	4	1,725.00		1,725.00
2d. Family Foster Care Maintenance Only	2	1,332.00	3,607.78	-2,275.78
2e. Family Foster Care - Children Receiving Maintenance/Basic Activities; IL	4	6,702.93	87.00	6,615.93
2f. Community Based Services	6	3,868.71	64.00	3,804.71
2f.1 Community Transition Services		0.00		0.00
2g. Special Education Private Day Placement		0.00		0.00
2h. Wrap-Around Services for Students With Disabilities	3	510.00		510.00
2i. Psychiatric Hospitals/Crisis Stabilization Units		0.00		0.00
3. Non-Mandated Services/Community Based	2	1,432.20		1,432.20
4. Grand Totals: Sum of categories 1 through 3	42	108,308.21	4,939.80	103,368.41

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

Vendor Refunds and Payment Cancellations	
Parental Co-Payments	
Payments made on behalf of the child (SSA, SSI, VA benefits)	2,521.02
Child Support Collections through DCSE	2,418.78
Pool prior-reported expenditures re-claimed under IV-E	
Other (specify)	
Total Refunds (must agree with line 4)	4,939.80



CSA Statistics Home > CSA Pool Reporting

**CSA Reports
Pool
Reimbursement
Reports
FY14**

Active Pool Report Preparers

Nancy Valentine (540) 686-4838

Donna Veach (540) 686-4826

Amber Johnson (540) 686-4823

**Transaction
History for
Winchester -
FIPS 840**

Pended Forms are not
on this report

Transaction History

Match Rate: 0.4587	Status Period End	Date Filed	Total Amount	State	Local
Beginning Balance			\$1,218,121.00	\$659,331.00	\$558,790.00

Pool Reimbursement History

<u>9</u>	07/31/2013	08/02/2013	\$166.42	\$493.75	(\$327.33)
<u>9</u>	08/31/2013	09/05/2013	\$70,156.19	\$40,942.14	\$29,214.05
<u>9</u>	09/30/2013	10/01/2013	\$76,193.02	\$44,898.67	\$31,294.35
<u>9</u>	10/31/2013	11/01/2013	\$76,052.90	\$47,385.06	\$28,667.84
<u>9</u>	11/30/2013	12/02/2013	\$109,379.65	\$62,089.91	\$47,289.74
<u>1</u>	12/31/2013	01/07/2014	\$103,368.41	\$57,125.30	\$46,243.11

**Pool Reimbursement Expenditure
Totals**

\$435,316.59 \$252,934.83 \$182,381.76

Supplement History

Supplement Totals			\$0.00	\$0.00	\$0.00
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CSA System Balance

\$782,804.41 \$406,396.17 \$376,408.24

Transaction History without WRAP Dollars

Match Rate: 0.4587	Status Period End	Date Filed	Total Amount	State	Local
Beginning Balance			\$1,194,697.00	\$646,652.00	\$548,045.00

Next 18

Pool Reimbursement History

-	07/31/2013	08/02/2013	\$166.42	\$493.75	(\$327.33)
-	08/31/2013	09/05/2013	\$64,626.19	\$37,948.75	\$26,677.44
-	09/30/2013	10/01/2013	\$74,333.02	\$43,891.85	\$30,441.17
-	10/31/2013	11/01/2013	\$75,432.90	\$47,049.45	\$28,383.45
-	11/30/2013	12/02/2013	\$107,904.65	\$61,291.49	\$46,613.16
-	12/31/2013	01/07/2014	\$102,858.41	\$56,849.24	\$46,009.17

Pool Reimbursement Expenditure Totals

\$425,321.59	\$247,524.53	\$177,797.06
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Supplement History**Supplement Totals**

\$0.00	\$0.00	\$0.00
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CSA System Balance (Non-WRAP):

\$769,375.41	\$399,127.47	\$370,247.94
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Transaction History WRAP dollars only

Match Rate:	Status	Period End	Date Filed	Total Amount	State	Local
0.4587						

WRAP Allocation Additions History

	08/01/2013	\$19,138.00	\$10,358.00	\$8,779.00
	10/25/2013	\$4,286.00	\$2,319.00	\$1,966.00

WRAP Allocation Additions Totals

\$23,424.00	\$12,677.00	\$10,745.00
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Pool Reimbursement History - WRAP only

-	07/31/2013	08/02/2013	\$0.00	\$0.00	\$0.00
-	08/31/2013	09/05/2013	\$5,530.00	\$2,993.39	\$2,536.61
-	09/30/2013	10/01/2013	\$1,860.00	\$1,006.82	\$853.18
-	10/31/2013	11/01/2013	\$620.00	\$335.61	\$284.39
-	11/30/2013	12/02/2013	\$1,475.00	\$798.42	\$676.58
-	12/31/2013	01/07/2014	\$510.00	\$276.06	\$233.94

Pool Reimbursement Expenditure Totals -WRAP only

\$9,995.00	\$5,410.30	\$4,584.70
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CSA System Balance (WRAP only):

\$13,429.00	\$7,268.91	\$6,160.09
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Wrap-Around Services for Students with Disabilities
2013 - 2014

Chart C

Child	DM	RB	DR	VS	NW	LT	RL	TOTAL SPENT
Agency Worker	WPS-NREP Clatter	WPS-NREP Clatter	WPS-NREP Clatter	WPS Groom	WPS Groom	WPS-NREP Clatter	NWCBS Hines	
JUL								0.00
AUG	1,620.00	260.00	480.00	40.00	400.00	2,490.00	240.00	5,530.00
SEP	1,260.00		600.00					1,860.00
OCT			180.00					620.00
NOV	1,140.00			80.00	255.00		440.00	1,475.00
DEC		130.00		40.00	340.00			510.00
JAN								0.00
FEB								0.00
MAR								0.00
APR								0.00
MAY								0.00
JUN								0.00
TOTAL/								
CHILD	4,020.00	390.00	1,260.00	160.00	995.00	2,490.00	680.00	9,995.00
				Beginning Balance				23,424.00
				Disbursed				9,995.00
				Encumbered				3,075.00
				Remaining Funds				10,354.00

Nine Year Comparison Chart

Chart E

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013 - 2014
July	6,498.08	295.28	4,911.51	10,266.93	9,458.29	5,069.89	3,038.21	3,166.90	166.42
August	157,319.26	301,614.45	229,488.55	191,849.47	145,415.77	113,164.41	145,670.33	92,757.41	70,156.19
September	151,160.78	221,315.88	162,491.89	219,001.82	128,872.42	140,623.38	126,252.80	146,176.67	76,193.02
October	93,777.46	278,714.69	272,889.23	186,159.65	159,100.81	125,383.16	113,566.55	132,011.04	76,052.90
November	238,833.64	220,279.28	218,628.54	199,049.04	117,450.86	161,810.81	117,093.83	112,159.19	109,379.65
December	178,871.60	224,376.62	220,635.60	159,066.88	111,673.88	107,885.14	101,861.19	116,376.55	103,368.41
January	180,029.22	221,742.92	224,949.12	128,052.33	130,627.75	142,931.48	151,908.54	163,869.33	
February	194,620.61	207,392.25	113,213.17	127,964.87	83,063.75	133,838.60	121,575.88	107,440.05	
March	149,559.13	170,101.10	264,666.84	168,271.90	119,700.47	144,940.45	117,899.40	120,489.59	
April	229,081.25	227,323.93	236,615.22	142,434.91	136,286.49	160,351.57	101,993.55	108,460.48	
May	267,902.81	216,049.75	224,636.22	126,503.97	128,319.69	173,228.70	121,909.56	127,950.48	
June	374,199.30	228,889.80	246,399.13	175,922.47	132,160.41	111,218.28	126,270.80	87,566.12	
June (2)		279,563.29	202,903.78	155,089.52	143,870.07	212,852.44	155,010.08	136,161.26	
		9,753.59							
Medicaid Pay.	2,208,856.98	2,807,412.83	2,622,428.80	1,989,633.76	1,546,000.66	1,733,298.31	1,504,050.72	1,454,585.07	435,316.59
TOTAL	704,460.84	742,443.68	788,982.19	553,523.98	542,278.28	445,437.88	26,551.56	202,738.74	46,025.42
	2,913,317.82	3,549,856.51	3,411,410.99	2,543,157.74	2,088,278.94	2,178,736.19	1,530,602.28	1,657,323.81	481,342.01
Med. Loc. Match	161,568.09	170,279.46	180,953.07	110,657.07	95,542.20	82,464.82	7,612.00	58,122.66	13,194.91
CSA Local Share	1,013,202.68	1,287,760.27	1,202,908.08	826,992.80	616,075.51	716,796.97	642,150.99	633,091.05	182,381.76
# Children Served	103	96	95	105	114	116	97	75	69
								(unduplicated youth served YTD)	(unduplicated youth served YTD)

Strategic Target Area: CPMT Foundation and Structure

Goal 1: Hire CSA Coordinator HIGH

Champion: Amber Dopkowski

Supporting Staff: Winchester HR; CPMT

Key Tasks/Activities	Target Dates
1. Post position	Completed
2. Screen to 4 candidates	Almost done
3. Interview (Note: This will be the third process; salary was the issue in the first two hire attempts)	12/1/13
4. Hire the CSA Coordinator	1/1/14
5. Provide training for the CSA Coordinator	1/1/14 and ongoing

Goal 2: Develop performance standards and goals for CSA Coordinator

Champion: CSA Coordinator

Supporting Staff: CPMT

Key Tasks/Activities	Target Dates
1. CPMT to review job description and provide feedback on performance standards and goals to incorporate into performance plan	11/1/13
2. Incorporate additions and changes from CPMT after its review and consider in developing the selection process	12/1/13
3. Develop and implement a regular process by which the CPMT will provide performance guidance to the CSA Coordinator (to reflect its strategic priorities)	3/1/14
4. Develop and implement a process by which the CPMT evaluates the performance of the CSA Coordinator that is consistent with the City's performance management process/requirements	6/1/14

Goal 3: Complete and maintain policy manual and other documents to ensure compliance with CSA HIGH

Champion: Amber Dopkowski and CSA Coordinator

Supporting Staff:

Key Tasks/Activities	Target Dates
1. Conduct a review of the current manual	TBA
2. Identify missing components and create an action plan addressing the audit findings, to include a regular review schedule	
3. Formulate, write and approve missing components	

4. Make update and changes to current manual chapters being retained	
5. Distribute final product	

Goal 4: Complete development of and maintain CPMT forms to ensure compliance with CSA and efficient operations HIGH

Champion: Amber Dopkowski

Supporting Staff: Selected agency representatives

Key Tasks/Activities	Target Dates
1. Review current forms and identify what is missing	2/1/14
2. Solicit feedback on forms from users in order to improve them, including: What is missing or out of date, standardization needs, how to insure forms help us meet our requirements, how to make forms more "user friendly," and how forms can be used to address business process revisions	3/1/14
3. Formulate, develop, and approve missing forms	6/1/14
4. Make update and changes to current forms being retained	6/1/14
5. Consult with City Manager to make him aware of the need for a web site, including some of the needs listed below: <ul style="list-style-type: none"> • A central repository where the public can obtain documents • Forms are available to all agencies that need them • Policies and procedures are available to all people who need them • A secure website to share protected documents that contain client information for specified individuals 	1/1/14
6. Consult with City IT to make web site available	2/1/14
7. Distribute final product onto a single accessible web site	8/1/14

Goal 5: Increase CPMT information availability to enable CPMT meetings to operate more efficiently

Champion: Mary Blowe

Supporting Staff:

Key Tasks/Activities	Target Dates
1. Make City Manager aware of need for web site	1/1/14
2. Develop list of functions desired in the web site	2/1/14
3. Consult city IT regarding site web development	2/1/14
4. Develop plan to post public documents to the public portion of the web site when these documents are distributed to CPMT	3/1/14
5. Discuss with CPMT options regarding how to present confidential data (i.e. how	3/1/14

to distribute information before meeting; have data on screen during meeting; post on a secure website)	
6. Develop standard format for information from FAPT to be presented to the CPMT (Redact identifying information versus distribute encrypted versions of the packet versus post on a password protected web location)	11/1/14

Strategic Target Area: Common Ground through Education, Training, and Shared Expectations

Goal 6: Develop an orientation program/strategy for CPMT, FAPT and Case Managers HIGH

Champion: Kelly Bober Supporting Staff: CSA Coordinator, CPMT/FAPT member TBD

Key Tasks/Activities	Target Dates
1. Identify orientation training material that should be addressed and what is specifically needed for the CPMT, FAPT, and case managers. Determine whether material already exists or needs to be created. If it needs to be created, identify a work group to do so.	11/1/13
2. Develop packet/binder	11/1/13
3. Add packet to Winchester City government website	2/1/14
4. Implement orientation training for existing members (CPMT, FAPT, Case Managers)	5/1/14
5. Implement orientation for new members (ongoing)	6/1/14
6. Determine who/how to keep orientation materials current (i.e mechanism for updates)	11/1/14

Goal 7: Create a common understanding of roles and expectations between each level regarding CSA HIGH

Champion: Amber Supporting Staff: CSA Coordinator and any other

Key Tasks/Activities	Target Dates
1. Attend CSA training by Stacey Fisher of OCS on roles/ responsibilities of CPMT and FAPT	11/1/13
2. Schedule a joint meeting between CPMT and FAPT to discuss roles and responsibilities as a follow up to the training	1/1/14
3. Schedule quarterly joint meetings between CPMT and FAPT to discuss relevant issues	4/1/14

Goal 8: Provide accessible and updated forms to case managers

Champion: CSA Coordinator Supporting Staff: Agency Directors

Key Tasks/Activities	Target Dates
1. Send email to point person who will ensure that all case managers have current forms, as determined by CSA Coordinator or other subject matter expert. <ul style="list-style-type: none"> • Additionally insure that we use a date stamp on all forms in the future • May make these available on a future website 	2/1/14
2. Contact local governmental official to determine how we can use web site for forms; problem solve any barriers to doing so	2/1/14
3. Determine who will manage the forms webpage to assure they remain current	3/1/14
4. Set a ongoing schedule for reviewing and updating forms, including how to “announce” new forms	2/1/14

Goal 9: Provide training to address relevant topics and improve skills/identify needs

Champion: Julie Van Winkle Supporting Staff: Susan Groom

Key Tasks/Activities	Target Dates
1. Send out survey to case managers, FAPT, CPMT members to develop top training needs	12/1/13
2. Prioritize topics and review with CPMT	1/1/14
3. Determine organizations/agencies/providers with appropriate expertise and inquire regarding willingness to participate	1/1/14
4. Identify location and schedule training - send invites	3/1/14

Strategic Target Area: Data-Driven Accountability and Service Provision

Goal 10: Develop contract for vendors

Champion: Paul Scardino Supporting Staff: CPMT

Key Tasks/Activities	Target Dates
1. Evaluate model OCS contract for viability	1/1/14
2. Review other area CPMT contracts	1/1/14
3. Define provider responsibilities	3/1/14
4. Define desired outcomes reporting formats	3/1/14

5. Define specific outcomes to follow	2/1/14
6. Incorporate outcomes reporting into contract	7/1/14
7. Consider how to structure contracts that enable provider to have time and resources to create desired reports (Note: Paul to assist with this information)	7/1/14

Goal 11: Ensure quality and appropriate level of services through UM and UR

Champion: CSA Coordinator Supporting Staff: CPMT

Key Tasks/Activities	Target Dates
1. Review current FAPT UM/UR process including: FAPT reviews, plans, progress, outcomes, overall expenditures	7/1/14
2. Review and evaluate current UM/UR process to ensure it meets OCS requirements	7/1/14
3. Define how to incorporate outcomes data into our QA process	7/1/14

Goal 12: Develop and implement a system to track fund expenditures and service allocations

Champion: CSA Coordinator Supporting Staff: CPMT

Key Tasks/Activities	Target Dates
1. Develop a proposal for a system to track fund expenditures and service allocations (replicate the systems of others as appropriate)	
2. Present proposed system to the CPMT	3/1/14
3. Define desired data	
4. Define desired report schedule	3/1/14
5. Define interface and interaction with QA plan	7/1/14
6. Potential report types include the following: <ul style="list-style-type: none"> • Costs by service (completed) • Costs by provider (2015) • Costs by population type (2015) • Costs by specific child (completed) 	

Strategic Target Area: CPMT Services Development

Goal 13: Create action plan for services development

Champion: Julie Van Winkle Supporting Staff: CPMT Members, CSA Coordinator

Key Tasks/Activities	Target Dates
1. Collect and review available data/reports and identify service gaps (individual CPMT Members will contact respective information holders to obtain this information)	1/1/14
2. Analyze and report on data findings to the CPMT (1-2 CPMT Members review the data and prepare the report)	5/1/14
3. Develop screening criteria/mechanism to identify priorities prior to CPMT meeting discussion	6/1/14
4. Agree on top priorities and prioritize them through CPMT meeting discussion	8/1/14
5. Develop Action Plans to address the priorities (to be developed within CPMT)	10/1/14
6. Implement the Action Plans as prescribed	

Goal 14: Develop strategy to close gaps in mandated services, beginning with eligibility assessments
HIGH

Champion: Mark Gleason Supporting Staff: Paul Scardino

Key Tasks/Activities	Target Dates
1. Review existing models for completing eligibility assessments and bring information and recommendations to CPMT Members	11/1/13
2. Review in CPMT meeting, endorse particulars that are attractive to vendors and develop a CPMT review mechanism for looking at vendor proposals	12/1/13
3. Develop a strategy (i.e. mailing, meeting) to make our existing providers aware of the need that we have for eligibility assessments (potentially make vendors aware of some strategies used by other providers)	1/1/14
4. Review responses from interested parties and refine strategy as needed	2/1/14
5. Develop contract	3/1/14
6. Implement services as and replicate the process to close other service gaps	Future

WINCHESTER CPMT PRIORITIZED TASK LIST

This list was developed to prioritize specific tasks in the CPMT's Strategic Plan. The criteria used to identify the prioritized tasks included:

- Regulatory timeframe requires urgent action
- Task related to Audit Corrective Action Plan

Task	Responsibility Time Frame
<p>1. Hire CSA Coordinator</p> <ul style="list-style-type: none"> - Amber will continue the selection process. Hope to have on board by January 2014, but will not lower standards as CPMT needs the right person - Note that there are specific strategic goals related to CSA Coordinator 	<p>Amber 1/1/14</p>
<p>2. Complete Policy Manual, specifically those areas identified in the Audit requiring corrective action</p> <ul style="list-style-type: none"> - Following the Audit, committees were identified with leads to address specific findings and solutions. The committees included Forms (including the Eligibility Process,) Funding, Policy, Co-Pay, Training, and Brochure. - The committee working on the brochure has completed it, but progress by the other committees is less clear - If you are leading an area, you can send an e-mail to CPMT Members asking for what you need and they will acquire material from other CPMTs to use 	<p>CPMT as assigned</p>
<p>3. Address mandated issues with CPMT forms, specifically Eligibility Screening</p> <ul style="list-style-type: none"> - We are only looking to bring forms into compliance - Need to update the checklist (previous interventions) - Amber will take a look at what forms are needed and bring information to CPMT meeting in November 2014 for assignment - Charlie will acquire an Eligibility Screening form used elsewhere - Note: A committee was established on Forms - follow-up? 	<p>CPMT as assigned</p>
<p>4. Develop Orientation material (Strategic Goal #6, Key Task/Activity #1)</p> <ul style="list-style-type: none"> - Identify orientation training material that should be addressed and what is specifically needed for the CPMT, FAPT, and case managers - Determine whether material already exists or needs to be created - If it needs to be created, identify a work group to do so 	<p>Kelly Continue dates as in Strategic Plan 11/13 to 5/14</p>
<p>5. Develop eligibility assessment (Strategic Goal #13, Key Tasks/Activities #1-5)</p> <ul style="list-style-type: none"> - Review existing models for completing eligibility assessments and bring information and recommendations to CPMT Members - Review in CPMT meeting, endorse particulars that are attractive to vendors and develop a CPMT review mechanism for looking at vendor proposals - Develop a strategy (i.e. mailing, meeting) to make our existing providers aware of the need that we have for eligibility assessments - Review responses from interested parties and refine strategy as needed - Develop contract 	<p>Mark Continue dates as in Strategic Plan 11/13 to 3/14</p>
<p>6. A follow up retreat for the CPMT to address team building (specifically roles and relationships of team members) and Strategic Plan revision (steps, timeframes, champions) after the CSA Coordinator is hired is recommended</p>	<p>March 2014</p>

CSA Assessment of Critical Service Gaps Survey - 2013	
(A) CPMT & CONTACT PERSON INFORMATION (Step 1 of 5) (All Fields Required)	
Assessment Date	
CPMT	
Localities Served by this CPMT	
DSS Region	Region 1—Central Region
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): _____	

(B) CRITICAL SERVICE GAPS (Step 2 of 5)

(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 **the top 5 services** 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.

Assessment and Diagnosis (outpatient)

- 1. Functional Behavioral Assessment
- 2. Psychological Assessment
- 3. Psychiatric Assessment
- 4. Family Assessment
- 5. Educational Assessment
- 6. Substance Abuse Assessment

Mentoring

- 7. Parent and Family Mentoring

Family Support

- 20. Child and Family Advocacy
- 21. Family Preservation
- 22. Intensive In-home Services
- 23. Wrap-around Services
- 24. Behavioral Support
- 25. Planned Respite
- 26. Interpretive Services
- 27. Short-term Assistance with Necessities
- 28. Transportation
- 29. School-Based Family Support
- 30. After School Recreational/Social Services

Care coordination / case management

8. Intensive Care Coordination / Case Management

Crisis Services

9. Crisis Intervention and Stabilization

10. Respite

11. Emergency Shelter Care

12. Acute Psychiatric Hospitalization

Early intervention programs for youths

13. Developmental Prevention and Early Identification

14. Substance Abuse Prevention and Early Identification

Educational Support Services

15. Alternative Educational Day Programs

16. One-on-one Classroom Support

17. Attendance Support

Family Education

18. Parenting / Family Skills Training

19. Life Skills Training

Foster Care and Community Placement Services

31. Regular Foster Care/Family Care

32. Specialized Foster Care

33. Therapeutic Foster Care

34. Independent Living Placement

Outpatient Behavioral health Services. (MR, MH, SA)

35. Group Therapy

36. Family Therapy

37. Intensive Substance Abuse Services

38. Medication Follow-up/Psychiatric Review

39. Mental Health Day Treatment

40. Substance Abuse Day Treatment

Residential Services

41. Short-term Diagnostic Assessment

42. Group Home Care

43. Residential Treatment

44. Residential Schools

Transition to Independence

45. Life Skills Training

46. Supervised Independent Living

47. Career Technical and Vocational Education

Other (Describe below.)

Please Prioritize Your 5 Most Critical Services Gaps Below. (Step 3 of 5)
 (List the Service Gaps selected in Step 2 and prioritize. 1 is the lowest priority to 5 is the highest priority)

(C) BARRIERS TO COMMUNITY SERVICES AVAILABILITY (Step 4 of 5)

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"/>				

(D) CHANGES TO COMMUNITY SERVICES AVAILABILITY (Step 5 of 5)

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"/>
D1. Has your community initiated the use of facilitated Family Partnership Meetings?	<input type="radio"/>	<input type="radio"/>
D2. Has this increased the use of natural supports (unpaid helper or social resources used in the natural environment)?	<input type="radio"/>	<input type="radio"/>
E. Has your community taken specific steps to establish or expand community-based services during the past year?	<input type="radio"/>	<input type="radio"/>
F. 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.		



Winchester Community Policy and
Management Team

24 Baker Street
Winchester, VA 22601
540-662-3087
www.winchesterva.gov

I, Amber Dopkowski, Chairperson of Winchester Community Policy and Management Team, hereby certify on this 14th day of January 2014 that the following Resolution is a true and exact copy of one and the same adopted by the Community Policy and Management Team of the City of Winchester, assembled in regular session on the 14th day of January 2014.

RESOLUTION

WHEREAS, the Community Policy and Management Team of the City of Winchester, Virginia, finds it desirable to establish a schedule of its Regular Meetings for the period beginning January 1, 2014, and concluding June 30, 2014; and

NOW THEREFORE, BE IT RESOLVED that all meetings hereinafter described shall be conducted in the Our Health Campus, 2nd Floor Conference Room, 411 North Cameron Street, Winchester, Virginia, beginning at 2:00 P.M. for the Regular Meeting.

BE IT FURTHER RESOLVED that the following schedule of Regular Meetings is, hereby, adopted.

Schedule of Regular Meetings

January 14, 2014
February 11, 2014
March 11, 2014
April 8, 2014
May 13, 2014
June 10, 2014

Resolution No. 2014-01.

ADOPTED by the Community Policy and Management Team of the City of Winchester on the 14th day of January 2014.

Witness under my hand,

*Amber Dopkowski,
Chairperson
Community Policy and Management Team*



COMMONWEALTH of VIRGINIA

Susan Cumbia Clare, M.Ed
Executive Director

OFFICE OF COMPREHENSIVE SERVICES
Administering the Comprehensive Services Act for At-Risk Youth and Families

MEMORANDUM

TO: Virginia Federation of Families
Virginia Integrated Network of Family Organizations
Virginia Association of Counties
Virginia Municipal League
Virginia Association of Local Human Services Officials
Virginia League of Social Services Executives
Virginia Association of Community Services Boards
Virginia Court Services Unit Directors Association
Association of Virginia School Superintendents
Virginia Council of Administrators of Special Education
Virginia Council of Juvenile and Domestic Relations District Court Judges
Virginia Coalition of Private Providers Associations
CSA Coordinator's Network
CSA State and Local Advisory Team
Community Policy and Management Teams
Family Assessment and Planning Teams
Voices for Virginia's Children
Virginia Poverty Law Center
FACES of Virginia Families
Just Children

FROM: State Executive Council

DATE: January 8, 2014

SUBJECT: Proposed Policy and Guidelines – Purchase of Foster Care Services from Licensed Child Placing Agencies

The State Executive Council (SEC) is seeking public comment on the attached Proposed Policy and Guidelines – Purchase of Foster Care Services from Licensed Child Placing Agencies. At the State Executive Council's (SEC's) December 19, 2013 meeting, the SEC recommended posting the proposed policy and guidelines for a 60-day public comment period.

In accordance with the Code of Virginia §2.2-2648 (4) regarding public comment pertaining to the Comprehensive Services Act (CSA), the attached proposed policy and guidelines – “Purchase of Foster Care Services from Licensed Child Placing Agencies” and “Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies” are being distributed for public review and feedback. The proposed policy and guidelines may be revised based on the public comment. Please note the timeframe below and information regarding how and to whom to submit any public comments on the proposed policy and guidelines.

Public comment submission

Written comments will be accepted by mail, e-mail, fax or hand-delivery. If you or your organization prefer to mail, fax or hand-deliver a paper version of your comments, we ask that you also submit an electronic version to aid OCS in the process of compiling the comments for the SEC’s consideration. Please indicate on the paper submission whether or not you are also providing an electronic version.

Comments must be received by the Office of Comprehensive Services no later than 5:00 p.m. on Monday, March 10, 2014. Please send all comments to:

Marsha Mucha
Office of Comprehensive Services for At-Risk Youth & Families
1604 Santa Rosa Road, Suite 137
Richmond, Virginia 23229

E-mail address: marsha.mucha@csa.virginia.gov
Phone number: (804) 662-9815
Fax number: (804) 662-9831

Information about the public comment process may also be found on the CSA web site at www.csa.virginia.gov

To assist in facilitating the compilation of public comment and ensure that stakeholder groups are recognized appropriately, please include the following information on your submission:

- Name
- Title and Organization
- Address
- E-mail address
- Alternate e-mail address, if preferred for response
- Phone number, if available
- Primary stakeholder group (such as parent, local department for social services, court services unit, community services board, local government administrator, judge, etc.)*
- Locality (city or county)

*Please indicate the capacity in which you are submitting the comments. For example, an individual may be a local department for social services director, but also the chair of the

community policy and management team. Please indicate which group (LDSS or CPMT, or both) the writer is representing.

Please distribute the proposed policy and guidelines widely within your organization. Thank you for your attention, review and comment. Your input and contributions to the process are important.

Proposed Policy:
Purchase of Foster Care Services from Licensed Child Placing Agencies
Recommendation to the State Executive Council
from the Executive Director of the Office of Comprehensive Services
December 2013

Authority

Code of Virginia, §2.2-2649. Office of Comprehensive Services for At-Risk Youth and Families established; powers and duties.

- B. *The director of the Office of Comprehensive Services for At-Risk Youth and Families shall:*
1. *Develop and recommend to the state executive council programs and fiscal policies that promote and support cooperation and collaboration in the provision of services to troubled and at-risk youths and their families at the state and local levels;*
 2. *Develop and recommend to the Council state interagency policies governing the use, distribution and monitoring of moneys in the state pool of funds and the state trust fund;*

Code of Virginia, § 2.2-2648. State Executive Council for Comprehensive Services for At-Risk Youth and Families; membership; meetings; powers and duties.

- D. *The Council shall have the following powers and duties:*
3. *Provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Comprehensive Services for At-Risk Youth and Families, which support the purposes of the Comprehensive Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate;*

Statement of Need

The 2011 Appropriation Act, Item 274 M, required the following:

"The State Executive Council (SEC) shall authorize guidelines for therapeutic foster care (TFC) services, including a standardized definition of therapeutic foster care services, uniform service needs criteria required for the utilization of therapeutic foster care services, uniform placement outcome goals to include length of stay targets when the service is indicated and uniform contracting requirements when purchasing therapeutic foster care services. The SEC shall authorize the use of regional contracts for the provision of TFC services. The SEC shall direct the Office of Comprehensive Services to (i) work with stakeholders to develop these guidelines for the provision of TFC and (ii) develop regional contracts for the provision of TFC, with the goal of decreasing the unit cost of social services and maintaining or increasing the quality and effectiveness of the services. The SEC shall focus its attention on rural areas and areas with few service providers. Training will be provided for all local departments of social services, family assessment and planning teams, community policy and management teams and therapeutic foster care services providers on these guidelines. The Director of the Office of Comprehensive Services shall report the progress of these efforts to the SEC at its regularly scheduled meetings."

In April 2012, the SEC adopted "Guidelines for the Use of Treatment Foster Care Under the Comprehensive Services Act" per recommendations of a workgroup convened to address the Appropriation Act requirements. In addition to the guidelines developed, the workgroup recommended further review of identified issues regarding the provision of foster care services including the need for private agencies to offer basic (i.e., non-treatment) level homes and the need for greater uniformity across private agencies in the offered levels of treatment foster care. OCS was authorized by the SEC in March 2013 to establish a workgroup to address these recommendations.

Proposed Policy

Effective July 1, 2014, when purchasing foster care services through a licensed child placing agency, Community Policy and Management Teams shall ensure that levels of foster care service are appropriately matched to the individual needs of a child or youth in accordance with the SEC approved "Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies."

OCS Recommendations

1. Post the proposed policy, "Purchase of Foster Care Services from Licensed Child Placing Agencies," and the proposed "Guidelines for Determining Levels of Care for Foster Care Services with Licensed Child Placing Agencies" for a 60 day public comment period.
2. Consider policy revisions per public comment (March 2014).
3. Approve guidelines (March 2014).
4. Adopt policy (March 2014).

**Guidelines for Determining Levels of Care for Foster Care Services
with Licensed Child Placing Agencies
December 2013**

Procedures for Determining Level of Care

- I. The determination of the appropriate service level is always based on the individual child's specific needs and strengths.
- II. The Family Assessment and Planning Team (FAPT), or approved Multi Disciplinary Team (MDT), and the licensed child placing agency shall work collaboratively in the assessment, decision-making and service delivery process to determine the appropriate level of care for the child.
- III. Children shall be placed at the Assessment Treatment Level upon initial placement with a LCPA and when a child is moved from to a new LCPA.
- IV. The maximum stay at the Assessment Treatment Level shall not exceed sixty days to complete a needs assessment and service plan, per requirements of the Virginia Department of Social Services, Division of Licensing Programs. An accurate and thorough assessment of the child's strengths and needs shall be made.
- V. Following the assessment, the assessment shall be provided by the LCPA to the FAPT/MDT with recommendation of level of care.
- VI. The determination of level of care shall be made collaboratively based on all available information and documentation of the child's needs by FAPT/MDT and the LCPA.
- VII. Determination of the initial level of care and a child's movement between levels of care will be based on a combination of factors, including but not limited to: child's current and past behavior, needs and strengths, number of placements the child has experienced, ratings on the CANS, VEMAT, and any other available assessments, anticipated level of support needed for the foster home, and available documentation such as psychological evaluations and foster parent, school , case manager and provider reports, etc.

Levels of Care Criteria:

Basic Foster Care: Children served at the non-treatment level of foster care may be developmentally on target, demonstrate age appropriate behaviors, be able to participate in community activities without restriction, or be the sibling of a child who meets the criteria for ongoing TFC placement. Children shall be served at the Basic Foster Care level (non-treatment level) if the assessment indicates treatment foster care services are not needed.

Treatment Foster Care Levels 1, 2 and 3 represent ongoing treatment placement levels, with Level 1 representing mild treatment needs, Level 2 moderate treatment needs and Level 3 significant treatment needs.

Level 1 Treatment Foster Care (Mild): A child served at Level 1 ongoing treatment foster care will demonstrate a mild level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require monitoring or agency may need to provide services to lessen likelihood needs will return.

Level 2 Treatment Foster Care (Moderate): A child served at Level 2 ongoing treatment foster care will demonstrate a moderate level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs require that action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs.

Level 3 Treatment Foster Care (Significant): A child served at Level 3 ongoing treatment foster care will demonstrate a significant level of social/emotional/behavioral/medical/personal care needs or impairment for normal range of age and development; *such as but not limited to, depression, anxiety, impulsivity, hyperactivity, anger control, adjustment to trauma, oppositional, substance use, eating disorder, physical health condition, developmental delay, or intellectual.* The child's needs are of such acuity or severity that they require intensive action (interventions, services, supports, etc.) be taken to address, remedy or ameliorate the needs. A child served at this level may be at risk of residential placement.

Flow Chart

