



# CSA TODAY

A NEWSLETTER OF THE OFFICE OF CHILDREN'S SERVICES

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## Director's Blog

*Scott Reiner, Executive Director*

The Office of Children's Services team is still "abuzz" following the recent CSA Annual Conference in Roanoke. It was the 12<sup>th</sup> conference and celebrated the 30th anniversary of implementing the landmark legislation that established the CSA. The conference's success reflects the best of CSA, specifically the partnerships with other state agencies, the private provider community, and local practitioners from all of the child-serving departments. I am confident that no one who attended went away hungry ... hungry in the literal sense (the food was great), hungry for information, hungry for connections. We have received and are grateful for the positive feedback about the event. We are already considering how to make next year's event better and more accessible to a larger audience. Stay tuned.



We have wrapped up the FY2023 CSA program year. For the first year since the beginning of the pandemic, trends in service utilization and expenditures are on the rise. Compared to the prior year, in FY2023, just over 15,000 children and families received some CSA-funded service with a total combined state and local expenditure of over \$473 million. Children receiving services under a foster care or foster care prevention mandate were the largest group (64% of those receiving services) and special education services were the most significant proportion of overall expenditures (47%). We are working to "forecast" the relevant trends for the coming years as the Governor prepares the biennial state budget.

On the policy front, the State Executive Council continues its work to review and update the existing CSA Policy Manual. Three policies are open to review and can be accessed on the CSA Website if you wish to provide comments (<https://www.csa.virginia.gov/doecsa123>). The first comment period closed on October 31<sup>st</sup> and the SEC will consider opening the second (and perhaps) final comment period on these three policies at its December 14<sup>th</sup> meeting. OCS is about to launch a workgroup to review the guidelines and policy concerning the eligibility of youth for CSA-funded services as a Child in Need of Services and the CSA Parental Agreements. These guidelines have not been reexamined

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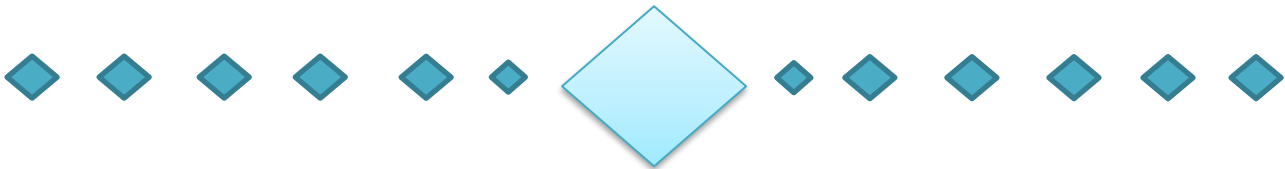
## Director's Blog (cont'd.)

since their initiation in 2007. Opportunities for input will be forthcoming as the group begins its work in early 2024.

OCS will soon issue a model policy concerning Parental Contributions for CSA-funded Services. This model will be a “best practices” document and localities will be free to adopt it, modify it, or continue to utilize existing policy. This policy is required of local CSA programs by the Code of Virginia.

On a personal note, I just marked my 10<sup>th</sup> year at OCS. The privilege of leading the best team in state government and working with each of you to improve the outcomes for children and families through the CSA system of care approach has undoubtedly been the highlight of my 36 years of service to the Commonwealth. (For those of you who may not know, I was “paroled” from the Department of Juvenile Justice after 26 years). Thanks to each of you who share my passion and commitment to this work.

Well, that’s all for now. Wishing each of you a wonderful holiday season.



NOVEMBER IS

**NATIONAL ADOPTION MONTH**

Empowering Youth: Finding Points of Connection

*Let us honor and celebrate the special individuals who build relationships and establish welcoming spaces that empower youth to create lifelong connections and a sense of belonging.*



## 12<sup>th</sup> Annual Commonwealth of Virginia Children's Services Act Conference

This year marked the 30<sup>th</sup> anniversary of the Children's Services Act (CSA) with the theme of *Celebrating the Past, Treasuring the Present, and Shaping the Future*. Over two days, over 500 participants could attend nearly 50 breakout sessions offered by community partners, agency colleagues, and OCS staff. There were plenty of opportunities to visit with sponsors and service providers. Click [here](#) to access the breakout session presentations (Click Conference Agenda → Select a session → Click Presentation).

Annually, we kick off the conference festivities by offering preconference sessions to local CSA members to strengthen their skills and challenge participants to "take it to the next level" as partners in the Virginia System of Care. The CSA Coordinator's session was led by Gail Avent, the Executive Director and Founder of a Washington, DC-based family organization called Total Family Care Coalition. As an avid trainer, Ms. Avent facilitated the discussion on the value of youth and family engagement. She shared her personal experiences as a parent turned advocate, who emphasized the importance of working with and connecting with the whole family as partners. Immediately following the preconference session, OCS celebrated and recognized nearly 50 CSA Coordinators who have served for at least five years for their continued dedication to their communities.

Carrie Thompson, OCS Research Associate Senior, and Julie Dubee, Hanover CSA Coordinator, facilitated training and discussion during the CPMT preconference, in which participants learned how data analysis can inform their work in strategic planning. Ms. Thompson provided an overview of the CSA website's Continuous Quality Improvement (CQI) Dashboard and how localities can access their data. Ms. Dubee offered the local perspective on organizing and presenting local CSA data to assess the CSA program's functioning.

Last but not least, local FAPT members were offered their own preconference session for the first time. This session was led by OCS Program Consultants, Anna Antell and Carol Wilson, who trained participants on CANS and Service Planning. This training assisted participants with a deeper understanding of the CANS assessment while emphasizing FAPT's role in service planning.

During the opening remarks on the first day, Scott Reiner, OCS Executive Director, took us on a trip down memory lane of CSA in its inception in 1993 to where we are today. We recognized Drs. Robert Cohen and Gail Ledford who were among the original pioneers who focused on the fundamental aspects of developing and sustaining effective service systems in addressing child mental health reform. We were honored that Dr. Cohen and Dr. Ledford attended the conference and shared an update on the relevance of CSA's history and future during one of the breakout sessions.

This year's keynote speaker, Dr. Karen L. Mapp, EdD, reminded us, "When We Partner, Everyone Wins!" Dr. Mapp shared her unique brand of wisdom and experiences on what it takes to establish, nurture, and maintain family engagement across various perspectives. We were encouraged to strive beyond the motions of family involvement and actively progress toward meaningful partnerships and connections with parents and families. Dr. Mapp is the author and co-author of various articles and books, with her most recent book, *Everyone Wins! The Evidence for Family-School Partnerships and Implications*



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*CSA Conference (cont'd)*

for Practice (2022), highlighting the power of family partnerships. Dr. Mapp achieved the goal of renewing the fire, passion, and commitment of many participants as they returned to their work with families and in communities.

Throughout our time together, many notable highlights and connections were made. Some of the participants captured these memories below:



As we are here at the CSA Conference. Celebrating 30 Years of CSA, this picture represents 30 years of Petersburg CSA!!!. Shel Douglas, our original CSA Coordinator Celebrates our Past. Me, the current CSA Coordinator, Treasures our Present and Alexis Bell, our FAPT Coordinator is Shaping our Future!!

Live, Love, Laugh and Excited About The Future of Petersburg CSA!!!

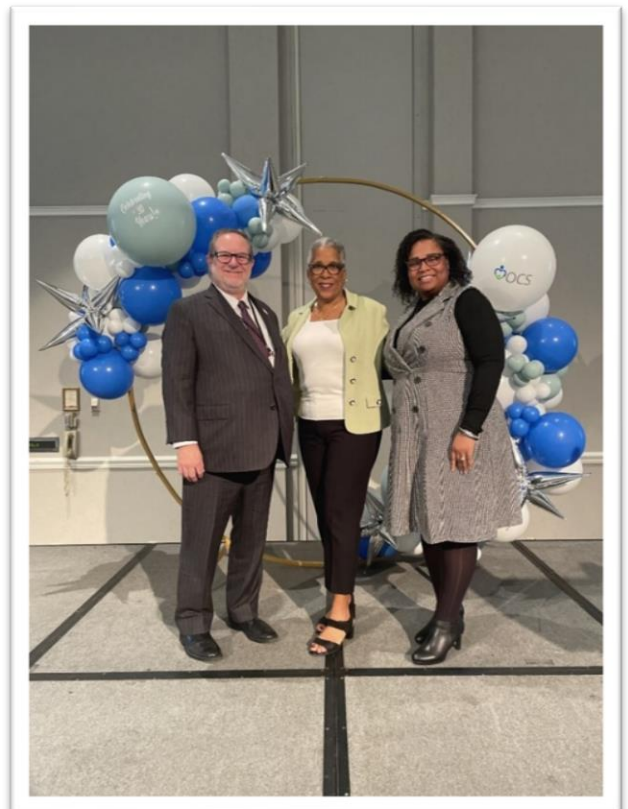


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CSA Conference cont'd



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CSA Conference cont'd



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CSA Conference cont'd



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*CSA Conference cont'd*



We'll see you all in Roanoke for the 13<sup>th</sup> Annual Conference on October 16-17, 2024, with preconference sessions on October 15<sup>th</sup>. Don't forget to tell a friend! 😊



On October 18, 2023, at the conclusion of the 12<sup>th</sup> Annual CSA Conference held in Roanoke, Virginia, the CSA Community recognized two local CSA Coordinators for their contributions and dedication to the children and families of the Commonwealth. The review committee and OCS Staff would like to acknowledge **Melinda Elliot**, Halifax County, as this year's recipient of the 2023 Paul Baldwin Outstanding CSA Coordinator Award. We also recognize **Heather Kesterson** of Franklin County as a nominee.

Thank you for your commitment to our youth, families, and communities!

Special thanks to the review committee:  
Courtney Sexton, Program Consultant (Chair), Carol Wilson, Lead Program Consultant, Kristy Wharton, Business Manager, and Nirjara Pillai, IT Business Analyst.





The Office of Children's Services welcomes its newest member, *Mahreen Khan*, who started in her new role as a Program Auditor in November 2023. Mahreen's career path has been in finance.

Over the last 12 years, she has served in various roles in the public sector. She was a Quality Assurance Analyst with the Department of Aging and Rehabilitative Services (DARS). This role later led to her becoming an IT Procurement Specialist and Telecom Coordinator with DARS, where she enjoyed working on different systems and auditing the VITA telecom billing.

Educational achievement has been an important milestone in Mahreen's life. She has attended the Virginia Commonwealth University (VCU) and Quaid-I-Azam University in Pakistan. Mahreen holds a Post-Baccalaureate Certificate in Accounting and a Bachelor's degree in Industrial Psychology.

In her free time, Mahreen enjoys spending time with her two kids and mom.

Please help us welcome Mahreen to the OCS team!





# A Deeper Dive – Risk Management for Local CSA Programs

Submitted By: Annette E. Larkin, Program Auditor

Some people are risk-takers, while others are risk-averse. You are a risk taker if you like white water rafting, sky diving, or bungee jumping. You are risk-averse if you prefer to keep both feet safely planted on the ground, are not a thrill seeker, or are willing to quit your job and backpack across the Amazon Rainforest. Then, some fall somewhere in between. One is not better than the other. It's simply a matter of preference.

Every day, we take risks...we simply cannot avoid it!!! Think about it: if you commuted to work today on either (Interstates) I-64, I-66, I-77, I-81, I-95, I-264, I-295, I-395, or I-495, you took a risk. The same holds for private organizations and governmental programs. Companies and government programs cannot eliminate risk entirely from their organization or agency. The key is risk management.



*Risk management is defined by the International Organization for Standardization (ISO) as “the identification, evaluation, and prioritization of risks (defined in ISO 31000 as the effect of uncertainty on objectives) followed by coordinated and economical application of resources to minimize, monitor, and control the probability or impact of unfortunate events or to maximize the realization of opportunities.”*

You are probably saying that is a mouthful ... how can I apply it? Glad you asked ... consider this the first of a three-part series of articles on this subject. This installment will focus on risk identification and analysis.

First, CPMTs must identify potential risks to their local CSA program that would hinder the ability to serve children and families (1) at the right time, (2) with the right service, and (3) in the most economically feasible manner. Refer to the Spring Edition of *CSA Today* ([Spring 2018](#)) article titled “Risk Management Consideration for Local Children’s Service Act Program” for a listing of suggested potential risk categories.

Analyzing the potential risk event is the second step to risk management. In layperson’s terms, it simply means determining the likelihood (frequency of occurrence) and impact (positive or negative) the identified risk event could have on your organization. For example, an employee calling in sick in a large organization has a high probability but very little to no impact on the organization meeting its objectives. Consequently, the impact could be severe for a small local CSA office if the CSA Coordinator does not have a backup. An extended absence could result in delayed access to services for eligible children and families, which prevents the local program from accomplishing the first strategic objective (serving children and families at the right time).

Taking a deeper dive, local CSA programs can use the 5x5 Probability and Severity Matrix to analyze risk. It’s a visual tool to depict risk and assign values or points to the risk.

**5x5 Risk Matrix Example**

Impact  
How severe would the outcomes be if the risk occurred?

	Insignificant 1	Minor 2	Significant 3	Major 4	Severe 5
5 Almost Certain	Medium 5	High 10	Very high 15	Extreme 20	Extreme 25
4 Likely	Medium 4	Medium 8	High 12	Very high 16	Extreme 20
3 Moderate	Low 3	Medium 6	Medium 9	High 12	Very high 15
2 Unlikely	Very low 2	Low 4	Medium 6	Medium 8	High 10
1 Rare	Very low 1	Very low 2	Low 3	Medium 4	Medium 5

SafetyCulture

Source: <https://safetyculture.com/topics/risk-assessment/5x5-risk-matrix/>





**Auditor's Corner**  
(cont'd)

The Y-axis depicts the probability (likelihood) of an event occurring using a 5-level rating: rare (1 point), unlikely (2 points), moderate (3 points), likely (4 points), and almost certain (5 points).

The X-axis depicts the severity or impact of an event happening using a 5-level rating: insignificant (1 point), minor (2 points), significant (3 points), major (4 points), and severe (5 points).

Using the color system of green, yellow, and red like a traffic light, green means go, yellow means caution, and red means to stop. Risk that falls in the maroon or deep red category has the highest risk, yellow and orange has moderate risk, and risk that falls in the two shades of green has the lowest risk to an organization.

Thus, no action is needed when risk is assessed between 1 and 4, considered low or acceptable. Point values between 5 and 9 are considered adequate and may be measured or evaluated for further analysis before taking action based on management's risk tolerance. Point values between 10 and 16 are rated tolerable but must be addressed in a timely manner to ensure the organization meets its strategic objectives. These risks could potentially affect an organization's strategic objectives if ignored. Point values between 17 and 25 are very high risk, unacceptable to an organization, and require immediate actions by management.

What happens once you've identified and analyzed your risk? In the next installment, we will explore the third risk management step, risk response. Until then, apply the suggested strategies to your operations as follows:

- Use the suggested risk categories to identify and document threats to your local CSA program.
- Use the 5x5 Probability and Severity Matrix to analyze and document the likelihood and impact of perceived risks.
- Plan your next meeting to discuss prioritization of risk and appropriate response.

Please get in touch with any Program Audit staff if you found this article useful and would like more information on this topic. Contact information is available on the CSA website (<https://www.csa.virginia.gov/>). Also, check the OCS newsletter, "CSA Today," for future articles.

Reference:

<https://safetyculture.com/topics/risk-assessment/5x5-risk-matrix/>



**Live long and prosper: VITA staff show us the importance of software updates**

<https://www.youtube.com/watch?v=m3g8mo8Uk5I>

Celebrating Cybersecurity Awareness in the Commonwealth....

Click the picture to learn more!



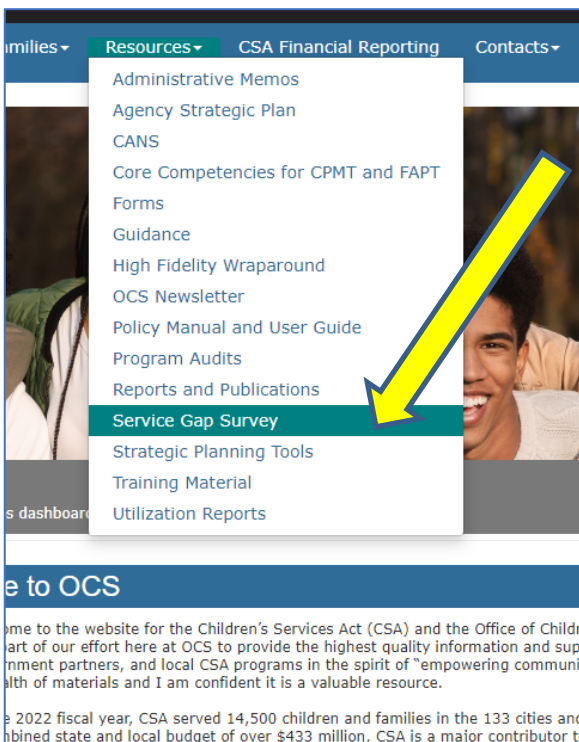
CSA programs have been busy with data collection this year! Thank you to everyone who participated in completing the annual CSA Service Gap Survey and the new Time to Service data collection event. Your locality's input was essential to understanding the operations of CSA programs across the state.

**Happening now:** *The annual Local CSA Administrative Resource Survey has been distributed via email to your CSA Coordinators and CPMT Chairs. The survey is available through a Survey Monkey link in the email and will collect information on your staffing expenditures for FY 2023.*

**FY2023 CSA Service Gap Survey**

The annual CSA Service Gap Survey for 2023 is now complete. This year was a full survey, where localities identified top critical service gaps, rated barriers to service establishment, and identified populations specifically affected by local service gaps. Thank you to everyone who participated in completing those surveys! The full report has been posted to the CSA website (Resources menu>>Service Gap Survey).

Highlights



- Community-Based Behavioral Services gaps were the most prevalent statewide and in 3 out of 5 regions.
- Crisis Intervention / Crisis Stabilization was the top individual service gap and Family Foster Care Homes was second.
- Autism was the top population affected by at least one service gap statewide (identified by 89 localities, or 86%).
- High School Age children (14 – 18) were most often selected as impacted by local service gaps.
- Provider Availability was rated as the barrier with the most significant impact on localities' ability to develop services where there were identified gaps.
- Over the past year, over 80% of localities initiated actions to address perceived barriers.

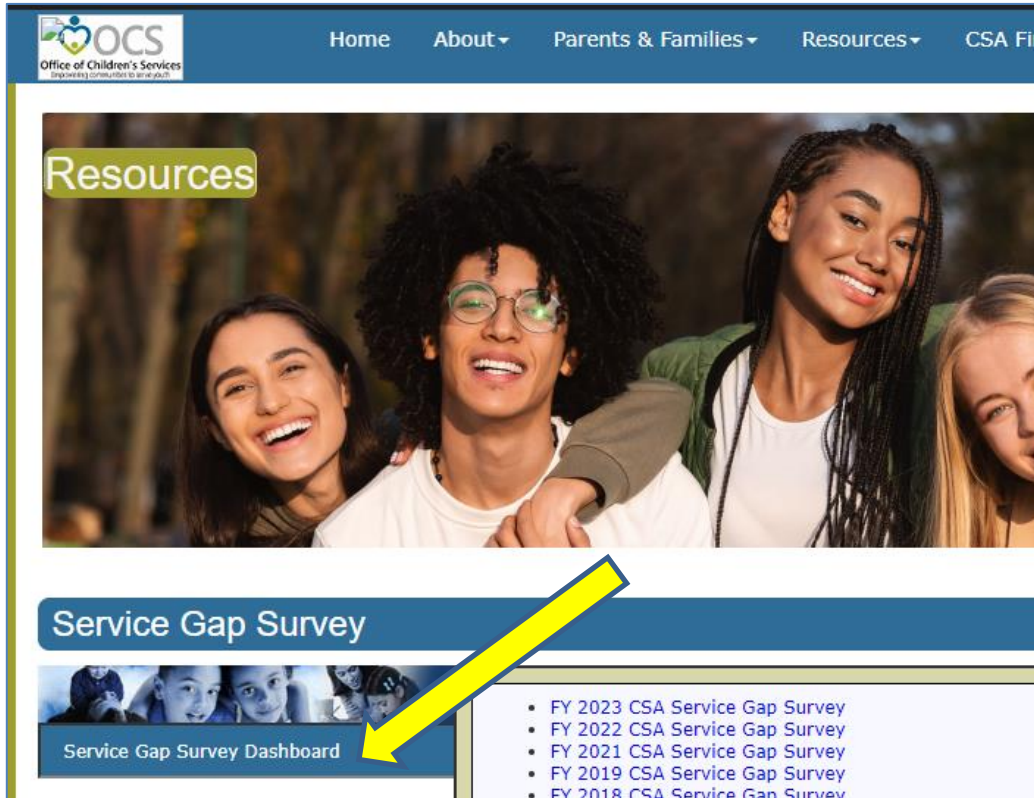
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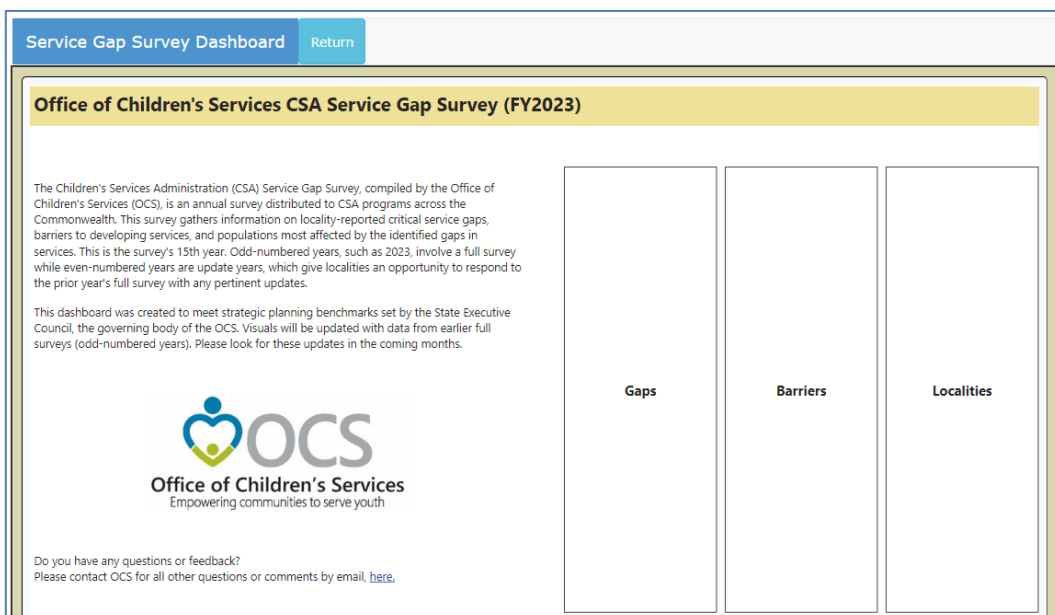


**New! Service Gap Survey Dashboard**

In addition to the statewide and regional summary report released with the completion of the Service Gap Survey, we now provide locality-specific responses on our website, found by clicking the Service Gap Survey Dashboard link on the left-hand side of the Service Gap Survey page.



When you click the link, you will be presented with the dashboard's homepage and three menu buttons: Gaps, Barriers, and Localities.

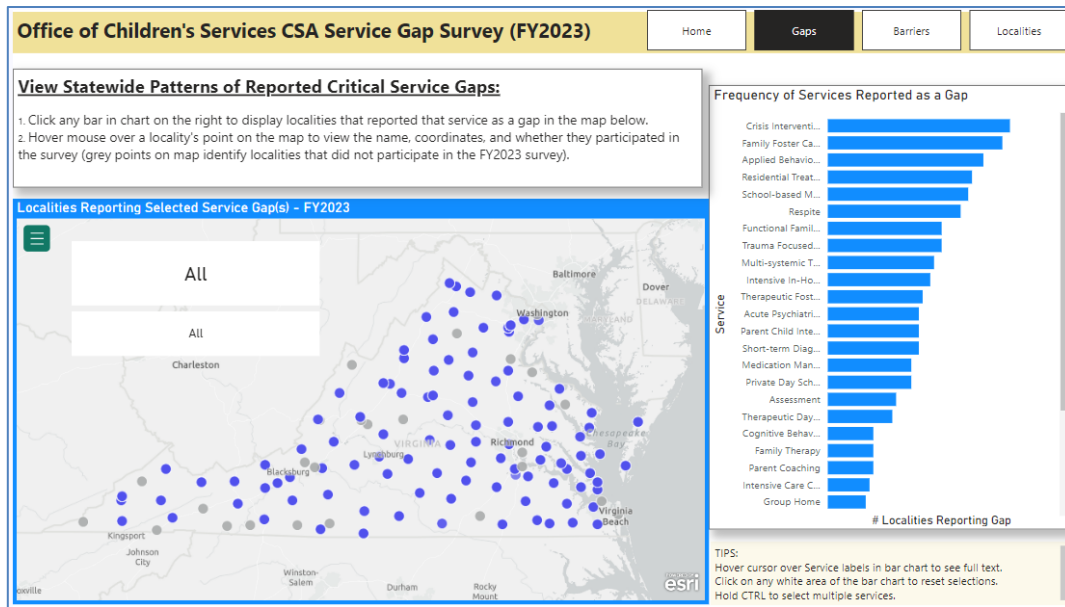


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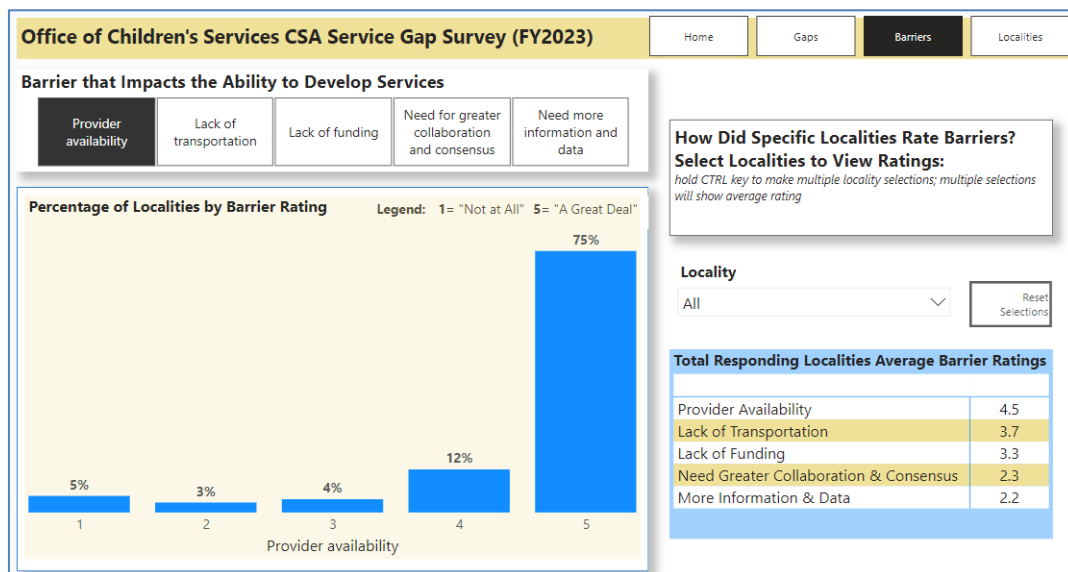
Gaps Page:

Here, you will find a state map, with each locality as a blue or grey point. Blue points are for localities that participated and grey points are for localities that did not participate. The chart to the map's right ranks each service gap by the number of localities selecting that service as a critical service gap in FY 2023. Clicking a service's blue bar on the chart will update the statewide map, showing localities that identified that service as a critical service gap in their survey responses. Clicking on the white space in the chart will reset the map to its original status.



Barriers Page:

Select any barrier of the header bar on this page to see the percentage of localities based on their rating of that barrier (1 through 5). To view a specific locality's ratings, update the Locality drop-down on the right side of the screen.



(continued on Page 15)





Localities Page:

This page displays the individual survey responses (service gaps and affected populations) for participating localities. Hold down the CTRL button to select multiple localities and see aggregated information while making your locality selections. By default, Service Gaps and Selected Populations are ordered from most frequently reported to least frequently reported (when viewing statewide or multiple locality selections).

**Office of Children's Services CSA Service Gap Survey (FY2023)**

Home | Gaps | Barriers | **Localities**

**View Locality-Specific Survey Responses:**

1. Select Locality below (only those that responded are included in the list).  
 2. Click on one of the Selected Service Gap(s) to view the Selected Population(s) affected by the gap. Click on Selected Population(s) to update the displayed gaps for that population.  
 3. Refer to "# Localities" values below when multiple locations have been selected: values greater than 1 indicate that multiple localities share the gap and/or populations affected by the gap.

**Locality**

- Accomack (001)
- Albemarle (003)
- Alexandria (510)
- Alleghany (005)
- Amelia (007)
- Amherst (009)
- Appomattox (011)
- Augusta (015)
- Bath (017)
- Bedford County (019)
- Bland (021)
- Botetourt (023)
- Buchanan (027)
- Buckingham (029)
- Campbell (031)

**Survey Responses: Total Responding Localities**

**Selected Service Gap(s):**

	# Localities Selecting Gap
Crisis Intervention and/or Stabilization	47
Family Foster Care Homes	41
Applied Behavior Analysis	37
Residential Treatment	36
Respite	32
School-based Mental Health Services	32
Trauma Focused/Informed	32
Functional Family Therapy	32
Intensive In-Home	32
Multi-systemic Therapy	32
Therapeutic Foster Care Homes	32
Short-term Diagnostic	24
Acute Psychiatric Hospitalization	23
Parent Child Interaction Therapy	23
Medication Management	21
Private Day School	20
Assessment	18
Therapeutic Day Treatment	17
Family Therapy	12

**Selected Population(s):**

Characteristic	# Localities Selecting
Autism	105
Intellectual Disability/Developmental Disability	105
No, there are not any specific populations	105
Potentially Disrupting or Disrupted Adoptions	105
Potentially Disrupting or Disrupted Foster Care Placements	105
Sex Offending/Sexually Reactive Behaviors	105
Substance Abuse	105
Youth Involved with the Juvenile Justice System	105
Youth with Multiple Mental Health Diagnoses	105

Age Group	# Localities Selecting
High School Age (14-18)	89
Middle School Age (11-13)	87
Elementary School Age (6-10)	80
Pre-School Age (0-5)	63
Transition Age (19-21)	62
No, there are not any specific age groups	47

1. To view the populations most frequently identified as impacted by a service gap, click on the specific service gap in the list under "Selected Service Gap(s)." Your selection will display a grey highlight behind the service you selected. To select multiple services, hold down the CTRL button while selecting. The lists under Selected Population(s) will update with the most frequently identified populations impacted by your selected service(s). The number of localities identifying these populations as affected is provided under the heading "# Localities Selecting." To reset your selections, click on your current selections with your cursor until the grey highlighting is no longer visible.
2. To view the service gap(s) most frequently associated with a specific population of youth, click on the specific population in the lists seen under "Selected Population(s)." Your selection will display as grey highlighting behind the population selected. Hold down the CTRL button for multiple population selections while making your selections. The lists under Selected Service Gap(s) will update the most frequently identified services impacting your selected population(s). The number of localities identifying these services as affecting your selection population(s) is provided under the heading "# Localities Selecting Gap." To reset your selections, click on your current selections with your cursor until the grey highlighting is no longer visible.

Let us know what you think about the dashboard, and please send any questions my way!

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# JOIN THE CSA MENTORING GROUP TODAY!

## WHAT WE'RE ABOUT:

The CSA Mentoring Group is committed to providing ongoing support and guidance to new Coordinators as they enter the CSA world

## MENTOR REQUIREMENTS:

- 3 years experience as a CSA Coordinator
- Experienced an audit performed by CSA

*Mentors Wanted*

Contact:

Bryan Moeller (434) 591-1933 [bmoeller@fluvannacounty.org](mailto:bmoeller@fluvannacounty.org)  
Rudy Zavala (757) 709-4525 [rudy.zavala@dss.virginia.gov](mailto:rudy.zavala@dss.virginia.gov)





## Conflict of Interest and Statement of Economic Interest Form

Annually, on February 1<sup>st</sup>, statements of economic interests are due for some local government officers and employees who serve on CSA Teams across the Commonwealth. As this date approaches, it is important to understand the role of these disclosures in our work with CSA, who must file them, and how often.

The Code of Virginia provides members of both FAPT and CPMT broad latitude to carry out their responsibilities regarding the planning, development, and provision of services to children and their families through CSA. Members of both teams are statutorily provided immunity from civil liability while working their role on the team. This immunity allows them to exercise their best professional judgment when carrying out these responsibilities. A CPMT or FAPT member may be held civilly accountable for their decisions only if it is proven that the individual member acted with "malicious intent."

Because of the trust placed in our teams, it is of the utmost importance that CSA teams follow ethical guidelines concerning conflicts of interest. Sections §2.2-5205 and §2.2-5207 of the Code of Virginia require FAPT and CPMT Parent Representatives and Private Provider Representatives to abstain from decision-making where there may be a personal or fiduciary interest. All CPMT members are expected to avoid any activity that is or might be perceived as beneficial to them personally.

The Code of Virginia (§2.2-5205 and §2.2-5207) requires specific FAPT and CPMT members to complete a financial disclosure. See the following chart below, taken from the CSA User Guide, when determining which members should file these disclosures and when:

CONFLICT OF INTEREST DISCLOSURES-FILING RESOURCES Effective July 1, 2016			
Applicability	Frequency	Disclosure Due Date	Form
CPMT and FAPT Members representing a public agency (Where applicable)	Upon Appointment and Annually Thereafter	February 1	<a href="#">Statement of Economic Interest Form</a>
Non-salaried CPMT and FAPT citizen members	Upon Appointment		<a href="#">Statement of Economic Interest Form</a>

Each person required to file such disclosures must file their required statement before assuming office or taking employment. After that, they must follow the schedule above.

Though it is not required of local government employees or officers, training is available for your convenience and can be accessed [here](#). For additional guidance about conflicts of interest, consult the Virginia Conflict of Interests and Ethics Advisory Council [here](#).



Since 2021, the Office of Children's Services (OCS) has offered Enhanced Technical Assistance (ETA) for localities who wish to improve their local CSA processes and operations. Enhanced Technical Assistance is a voluntary process that is CPMT-driven and supported by the Office of Children's Services. During an engagement with OCS, the OCS Consultant meets with the local CPMT, observes both CPMT and FAPT meetings, and generates a report outlining areas of the local program that require attention to improve practice. The Consultant then works with the locality to develop and implement a Program Enhancement Plan (PEP). The Consultant continues to work with local programs regularly to monitor progress for the duration of the Program Enhancement Plan. For more detailed information on Enhanced Technical Assistance, please see the CSA Winter 2023 newsletter.



Throughout OCS's engagement with multiple localities, the OCS has identified the following common areas of need:

#### **Family Engagement:**

Being child-centered, family-focused, and strengths-based is at the core of the CSA and Systems of Care Approach. The Code of Virginia, §2.2-5208.2, requires that FAPT "...provide for family participation in all aspects of assessment, planning, and implementation of services." Service planning for a child and family should ideally occur at the FAPT with the parents and child if the child can understand and participate and the setting is age and/or developmentally appropriate. The Children's Services Act (CSA) requires that agencies work with parents and families as equal partners in the service planning and service provision process.

The Individual Family Service Plan (IFSP) should document family participation in the development of the plan.

#### **Service Planning:**

*Service Planning in CSA is a multi-faceted process that begins with the CANS Assessment.*

CANS assessments must be completed on time and submitted to the FAPT in accordance with state and local policy. The CSA uniform assessment instrument is a valuable tool to guide service planning, assists in the appropriate placement of children/youth, and provides data to assess progress toward measurable outcomes.

The FAPT is a multidisciplinary group, knowledgeable about the agencies' policies and resources and other community resources. The FAPT utilizes the CANS assessment and Family Engagement to develop the IFSP. Because of the importance of family input in the planning process, it is important that, when planning FAPT meetings, localities allow enough time for the team to engage in robust discussion and service planning in each meeting.

The FAPT is the body equipped for and tasked with service planning. Service planning should be holistic, personalized to meet the family's needs, include input from the family, providers, and stakeholders, and include discharge planning.

#### **CPMT and FAPT Knowledge of Roles and Responsibilities:**

The roles and responsibilities of FAPT and CPMT are established in the Code of Virginia. Each team is tasked with specific responsibilities that must be met for a local program to comply with the Code of Virginia and produce positive outcomes. Further, the FAPT(s) and CPMT must work together cohesively and prioritize shared goals.

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Training addressing the roles and responsibilities of the teams is provided through the Commonwealth of Virginia Learning Center and the Office of Children's Services. Additional resources are available, including the *Characteristics of a High-Functioning CPMT* document and its companion, *Characteristics of a High-Functioning FAPT*, on the CSA website.



These observations are shared as an opportunity for localities to examine local policy and processes to support better outcomes for children and families and align with CSA policy.

If your locality identifies a need for training, please contact OCS at the following link: <https://csa.virginia.gov/Contact/TechnicalAssistance/2>.

If your locality has questions about or is interested in Enhanced Technical Assistance, please get in touch with OCS Program Consultant Courtney Sexton at [courtney.sexton@csa.virginia.gov](mailto:courtney.sexton@csa.virginia.gov).



## Medicaid Behavioral Health Services Administrator (BHSA)

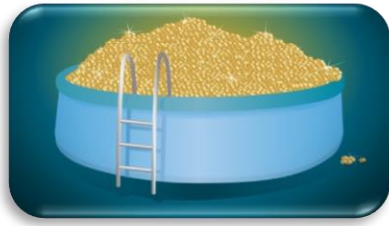
Medicaid's BHSA (Fee-for-Service) contract with Magellan of Virginia has ended, effective October 31, 2023. Authorizations for Fee-for-Service behavioral health services will be managed by Acentra Health (formerly known as Kepro) and claims submission through Conduent beginning November 1, 2023. Training to understand the new process is available at this [link](#).

Acentra will manage the IACCT (Independent Assessment, Certification, and Coordination Team) process for psychiatric residential treatment services starting November 1, 2023. No changes have been made to the IACCT process and residential services. You may refer to the IACCT Roadmap regarding the process [here](#).



Acentra staff are available to answer your questions:

- Timothy Pace – Director, Behavioral Health ([tpace@kepro.com](mailto:tpace@kepro.com) )
- Sharee Smalling-Leach – IACCT Manager ([ssmallingleach@kepro.com](mailto:ssmallingleach@kepro.com) )
- Mukier Williams – Provider Outreach & Training Coordinator ([muwilliams@kepro.com](mailto:muwilliams@kepro.com) )



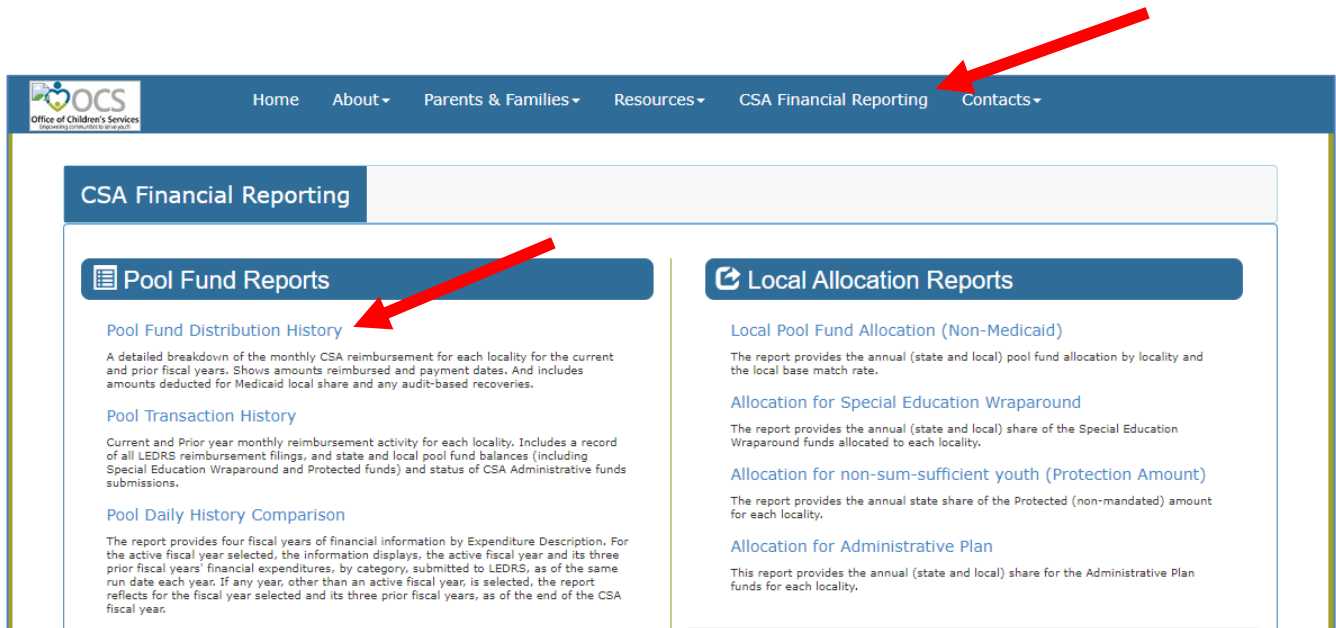
## Pool Fund Distribution History Report Navigation and Printing

The pool fund distribution history report has been redeveloped in a newer format, but still provides the same detailed breakdowns of the monthly CSA reimbursements for fiscal years 2023 forward. Older versions are available in the report archives.

This report can be accessed at:

<https://csa.virginia.gov/OCSPoolReports/PoolReports/PoolPaymentHistory>

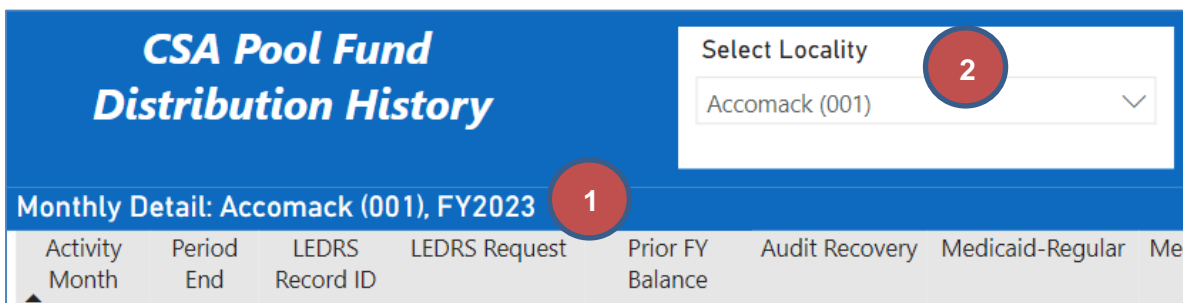
Select the CSA Financial Reporting menu from the CSA website's home page. From the page that displays, select **Pool Fund Distribution History** to access this report.



This article will provide an overview for navigating the new format of the report and instructions for printing your report if desired.

### Report Navigation

Left side of the screen:



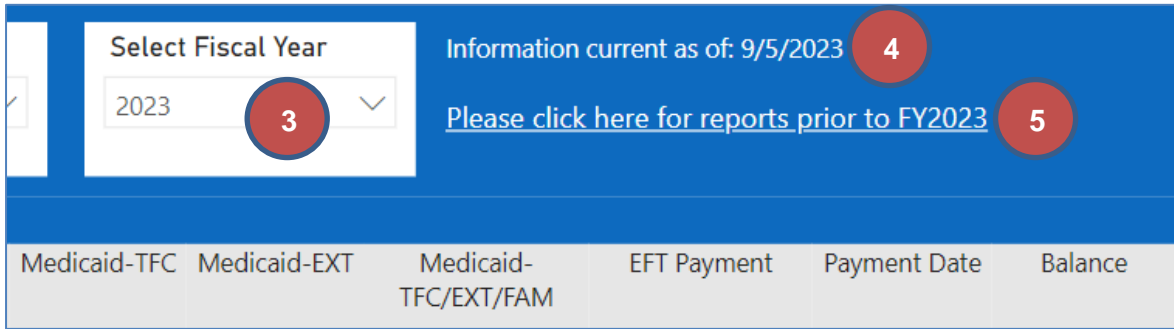
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*Pool Fund cont'd*

Right side of the screen:

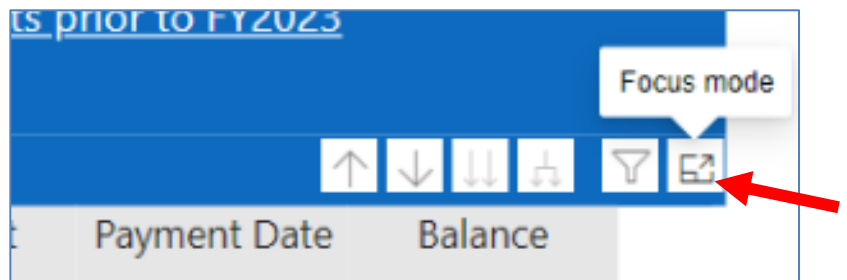


1. Report Title: Includes locality and fiscal year selections
2. Locality selection filter: Drop-down menu of available localities and their FIPS
3. Fiscal Year selection filter: Drop-down menu of available Fiscal Years
4. Timestamp: How current is the report? This is the period cut-off for reported information.
5. Link to archives: This report provides data from FY2023 forward; the link connects you with the archived information elsewhere on our website

**Printing the Report**

Focus Mode

The Focus Mode icon is accessed by hovering over the top right corner of the table. Clicking on this button will show the table's information without the locality and fiscal year filters for a cleaner display.



Sizing the Report

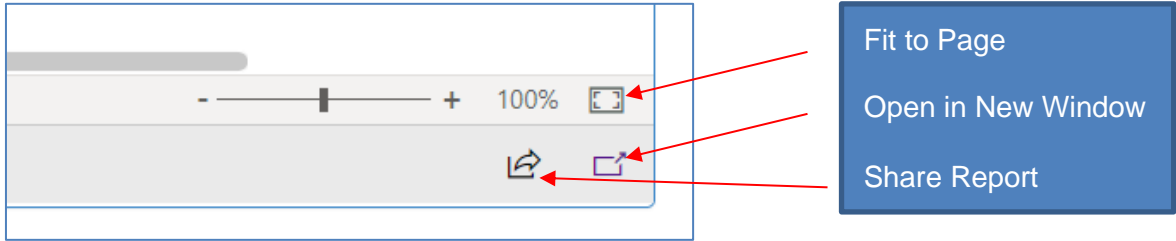
The zoom bar is available at the bottom right of the report, with a few other options. Recommended zoom is 90% if trying to print on a single page. Additional adjustments, such as resizing columns or collapsing rows, may be needed, both described below. In this corner is the fit-to-page view, an option to open the report in a window by itself (outside of the CSA website, which removes the CSA website page's headers and footers). There is also the option to share the report with others, but the link points to the main OCS/CSA website, not this specific report.

(continued on Page 22)



*Pool Fund cont'd*

To share this report with others, please use the following link:  
<https://csa.virginia.gov/OCSPoolReports/PoolReports/PoolPaymentHistory>.



Resizing Report Columns

Hovering between columns, your cursor will change from a white arrow/pointer to two vertical lines with small arrows pointing outwards (↔). Use this functionality to increase or decrease the width of any column. If the table is too wide and you need to scroll to see everything, adjusting the column width can help you fit all the data onto the existing screen. Click and hold the cursor between the columns you wish to resize and drag borders to update the width.

Collapsing Report Rows

By default, this report opens with all rows displayed. However, you can condense and only display the subtotal rows for each Activity Month. Clicking on the minus sign to the left of each Activity Month will collapse that month's rows. Period End and LEDRS Record ID values are hidden on collapsed rows, and the subtotal for the Activity Month, not the individual line item LEDRS or Medicaid values.

Activity Month	Period End	LEDRS Record ID	LEDRS Request	Prior FY Balance	Audit Recovery	Medicaid-Regular	Medicaid-TFC	Medicaid-EXT
[-] Oct-22	Jul-22	38458	(\$30,887.89)			(\$36,042.41)	(\$2,151.30)	
	Aug-22	38710	\$457,609.48			(\$74,913.83)	(\$2,077.11)	
	Sep-22	38760	\$419,023.31			(\$61,643.31)	(\$3,869.08)	
	<b>Total</b>		<b>\$845,744.90</b>			<b>(\$172,599.55)</b>	<b>(\$8,097.49)</b>	
[-] Nov-22	<b>Total</b>							
[-] Dec-22	Oct-22	39109	\$1,441,987.70			(\$49,403.84)	(\$2,854.99)	(\$2,326.52)
	Nov-22					(\$29,234.63)	(\$1,315.47)	
<b>Oct-22</b>			<b>\$845,744.90</b>			<b>(\$172,599.55)</b>	<b>(\$8,097.49)</b>	
[-] Nov-22	<b>Total</b>							
[-] Dec-22	Oct-22	39109	\$1,441,987.70			(\$49,403.84)	(\$2,854.99)	(\$2,326.52)
	Nov-22					(\$29,234.63)	(\$1,315.47)	

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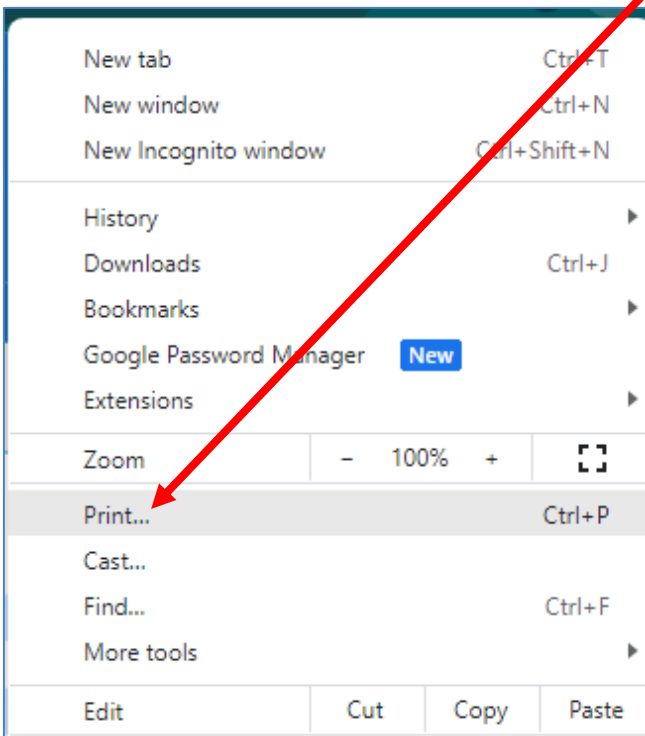
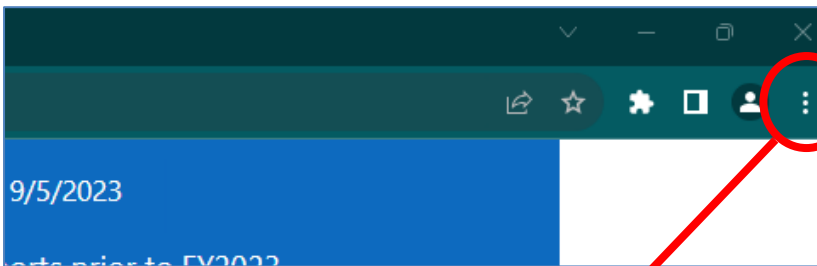




*Pool Fund cont'd*

If you are collapsing rows to shrink the report but do not want to lose individual LEDRS or Medicaid line items, collapse the rows where there is only one Period End within the Activity Month. Here, the subtotaled row repeats the single line of information for that month, and no detailed information is lost (except for the Period End display and LEDRS Record ID value).

Print from Browser (Chrome)



Clicking the three dots at the top right of the browser screen, and selecting Print from the pop-up menu, will take you to the print dialogue screen.

Typing CTRL+P will do the same thing.

We hope you enjoy the new format of this report; let us know if you have questions or feedback!



## Spotlight on Success

# CVPY TRAINING DAY



On October 6, 2023, the Central Virginia Partnership on Youth (CVPY) hosted its CSA Training and Resource Day at the Chesterfield Career and Technical Center in Chesterfield, Virginia, which brought various community partners together to inspire and motivate them in doing their job well. This year's training featured a familiar face and master storyteller, Jack McCall. Jack is no stranger to CVPY, as he was the previous keynote speaker in 2016.

This year's topic focused on **"Rekindling the Fire."** Jack asked three poignant questions for the audience to ponder:

1. What do I have that I'm grateful for?
2. What do I have that makes me proud?
3. Who do I love and who loves me?



As the audience took the time to evaluate the value of these questions individually, Jack spun a myriad of stories of his memorable childhood and his time raising his family. One of his most important points was that *Children need our love the most when they deserve it the least.* This statement resonated on many levels for the child welfare professionals, caregivers, and providers in attendance. Families, professionals, providers, and community partners play a vital role in ensuring that children feel wanted and loved to ensure the opportunity to thrive.

Jack's unique insight and wisdom gained throughout his storied career in marketing and as a newly installed mayor of his local community was a breath of fresh air we needed. This is the reason that this event is one of the highlights of the fall season. The Central Virginia Partnership on Youth is continually working to meet the training needs of its audience, and this year's event was a huge success! For more information on CVPY and their work, please visit their website at [www.cvpy.org](http://www.cvpy.org).

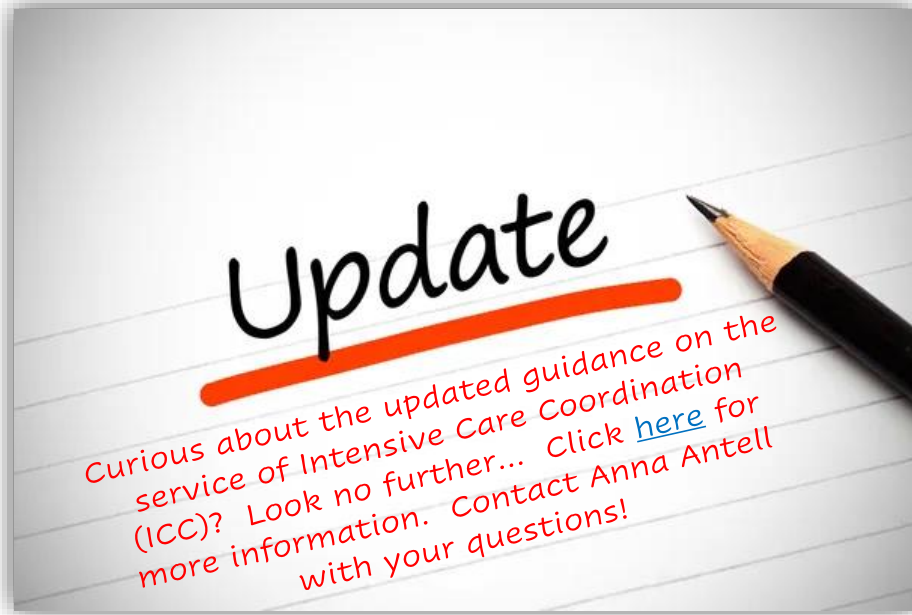


**CENTRAL VIRGINIA  
PARTNERSHIP ON YOUTH**

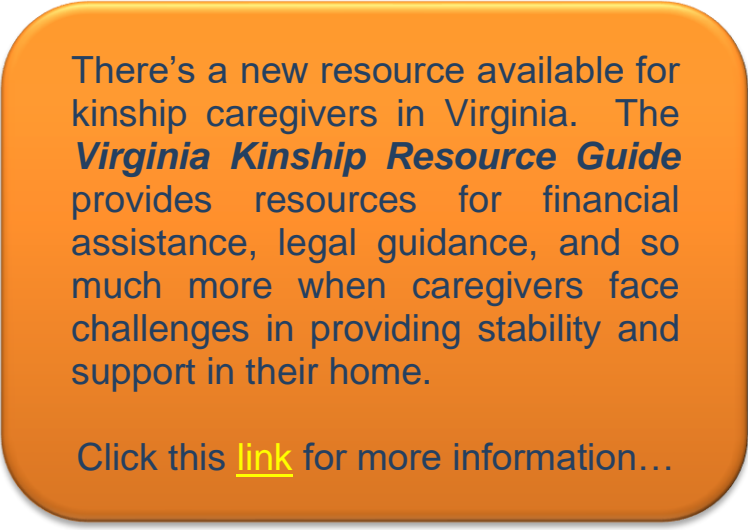




## Resource Round-Up



Working with teens in foster care and engaging them in permanency planning can be challenging at times. If you're looking for ways to improve your connection with this population, check out this [link](#) for resources.



There's a new resource available for kinship caregivers in Virginia. The **Virginia Kinship Resource Guide** provides resources for financial assistance, legal guidance, and so much more when caregivers face challenges in providing stability and support in their home.

Click this [link](#) for more information...



# TA Question of the Quarter

*Submitted by Courtney Sexton, OCS Program Consultant*



## **Can CSA fund supervision services from an outside provider for a child in DSS custody, who is sleeping in the DSS Office or a hotel, if DSS does not have adequate staffing while searching for placement?**

Per policy of the Virginia Department of Social Services, CSA Pool Funds are not permitted to be utilized in these instances, as this is not an approved foster care placement (VDSS Manual, Section 18.1.6). The Policy instructs: "State Pool funds can only be used for placement in an approved or licensed facility or foster home." Supervision in an LDSS Office or hotel does not fall into either of these categories. CSA cannot be accessed to contradict or circumvent a partner agency's policy.

In these instances, it is important that LDSS work with their Regional Permanency Consultant to access resources to resolve placement needs as effectively as possible.

DSS and CSA/CPMT may consider community-based services for the child while an approved placement is sought (e.g., Community (formally Crisis) Stabilization or Mobile Crisis) if the youth has mental health needs. The child's Medicaid Managed Care Organization (MCO) can help make a referral for community stabilization, and/or local Community Services Boards may have access to their Crisis Hub, offering mobile crisis and/or a crisis stabilization unit. Mentoring has been used for displaced foster youth as well to engage them in community activities/skill building as LDSS looks for placement, although it is imperative that this service is not used to provide supervision. Mentoring may be especially beneficial for youth whose CANS assessment demonstrates needs in social functioning and/or community living.

In some instances, a child, who is sleeping in a DSS Office or hotel, may also require supports in medication administration. It is recommended that DSS contact local partners to ensure the child(ren) receive medication as prescribed. If local partners are unable to institute a plan, additional considerations may include the following:

1. Call the Medicaid MCO Case Manager. Medicaid has increased efforts in working with children who are in foster care. There is a possibility that they have resources, services, or guidance that could be helpful. They may also provide funding for medication services.
2. Reach out to a local hospital or urgent care to see if they could administer the child's medication.
3. Contact a home health organization/nursing service. There are programs that may operate in a similar manner, designed to assist other populations, who may be able to render this service.
4. If Medicaid cannot fund the service, CSA may be able to provide funding if appropriate and approved by FAPT/CPMT

DMAS has set up an email address for constituents to utilize if there are needs/questions specifically related to youth in Foster Care. If you are having trouble contacting the youth's MCO or for other Medicaid matters for a youth in foster care, please send DMAS an email: [fostercare@dmas.virginia.gov](mailto:fostercare@dmas.virginia.gov).





### Got Questions?

Get answers by using the OCS Technical Assistance Help Desk. OCS staff will receive and respond to your questions, with the goal of same-day responses.

The OCS Technical Assistance Help Desk is found on the CSA website under *Contacts* -> *Technical Assistance* or by clicking [here](#).



### Would you like to be contributor to CSA Today?

If you have information you would like to share with CSA colleagues around the state, please follow the guidelines for submission located [HERE...](#)

