

**State and Local Advisory Team (SLAT)**

**May 2, 2024**

**9:30 a.m. – 12:00**

**Office of Children’s Services  
1604 Santa Rosa Road  
Richmond, VA 23229  
Richmond/Henrico Rooms**

**AGENDA**

Note: This is an in-person meeting

To accommodate interested members of the public, the meeting will be viewable at:

<https://meet.goto.com/994172701>

or via phone. 872-240-3212

Meeting Passcode: 994-172-701

- **Call to Order / Welcome / Opening Remarks** Shannon Updike
- **Public Comment** (In-person and remote)
- **Approval of Minutes – February 1, 2024 SLAT meeting** SLAT Members
- **Workgroup Updates**
- **Universal Referral Form for Residential Services** Mira Signer
- **Status Items**
  - Policy Update Kristi Schabo
  - SEC Strategic Plan Kristi Schabo
    - Model Strategic Plan Template
    - Model CSA Intake Form
- **SEC Report**
  - March Meeting Update Kristi Schabo
- **OCS Update**
- **New Business**
  - Officer Elections (chair and vice-chair)

- **SLAT Member Reports**

- State Representatives

- VDH Kyndra Jackson
    - DJJ Linda McWilliams
    - DSS Em Parente
    - DBHDS Kari Savage
    - DMAS Laura Reed
    - DOE Sabrina Gross
    - DARS Patricia Hodge

- Local Representatives

- LDSS Amy Swift
    - CSA Coordinator Mills Jones
    - CSB Sandy Bryant
    - CSU William Stanley
    - J&DR Court Honorable Marilyn Goss
    - Parent Cristy Corbin
    - Private Provider Shannon Updike
    - Public Schools Kristina Williams-Pugh
    - Local Government Lesley Abashian

- **Closing Remarks / Adjourn**

Shannon Updike

**Next SEC Meeting – Thursday, June 13, 2024**

**Next SLAT Meeting – Thursday, August 1, 2024**

**2024 SLAT Meetings**

May 2

August 1

November 7

**STATE AND LOCAL ADVISORY TEAM (SLAT)  
CHILDREN'S SERVICES ACT  
Richmond/Henrico Rooms  
1604 Santa Rosa Road  
Richmond, VA 23229**

**MINUTES  
February 1, 2024**

**Members Present:** Mills Jones, SLAT Vice-Chair - CSA Coordinators Network; Katharine Hunter DBHDS; Kari Savage, DBHDS; Cristy Corbin, Parent Representative; Em Parente, DSS (*virtually*); Laura Reed, DMAS; Kyndra Jackson, VDH; Shannon Updike, VCOPPA; The Honorable Marilyn Goss, Juvenile and Domestic Relations District Court Representative; Sabrina Gross, DOE; Linda McWilliams, DJJ; Karen Reilly-Jones, CPMT – DSS Representative

**Members Absent:** Lesley Abashian, CPMT – Local Government Representative; Susan Aylor, CPMT – School Representative; Sandy Bryant, CPMT – CSB Representative; William Stanley, CPMT – CSU Representative

**CSA Staff Members Present:** Mary Bell, Marsha Mucha, Kristi Schabo

**Welcome/Opening**

Mills Jones, SLAT Vice-Chair, called the meeting to order at 9:30 a.m. and welcomed everyone. Introductions were made. Mr. Jones acknowledged and thanked Rebecca Vinroot who had been serving as SLAT Chair and has left her position with the James City County Department of Social Services.

**Public Comment Period**

There were no public comments.

**Approval of Minutes**

The minutes of the November 2, 2023 meeting were approved on a motion by Shannon Updike, seconded by Cristy Corbin and carried.

**Status Items**

Kristi Schabo, OCS Senior Policy and Planning Specialist, provided the update:

- Policy 2.4 – Public Participation in Policy-Making Actions
- Policy 3.4 – Dispute Resolution Process
- Policy 4.2 – Payment for Services and Change of Legal Residence –Ms. Schabo reported that based on public comment, more substantive changes were made to this policy. The changes provide additional clarification regarding the processes related to the transfer of CSA special education cases due to a child/family's change of legal residence.

Ms. Schabo further reported that the SEC, at its December 14, 2023 meeting, approved the draft revised policies for a 60-day public comment period. To date no comments have been received. The public comment period ends February 16, 2024. The draft revised policies along with the public comment forum can be found on the CSA website.

## SEC Report

Mr. Jones reported on the following items from the December 14, 2023 SEC meeting (from Rebecca Vinroot):

- The SEC heard and approved three appeals for late filings of FY2023 pool fund reimbursement requests from Fairfax-Falls Church, Essex County and Dinwiddie County.
- As reported earlier, approved a 60-day public comment period for the three draft revised policies. (Policy 2.4, Policy 3.4 and Policy 4.2)
- Reviewed and approved the SEC's amended bylaws.
- Approved the SEC Strategic Plan for 2024 – 2025.

## SEC Strategic Planning

Kristi Schabo reported on the three broad areas of focus of the SEC's Strategic Plan:

- Policy and Oversight
- Leadership and Collective Action
- Empowering Families and Communities

She further reported that each of the areas of focus has defined goals and two-year metrics. Ms. Schabo reviewed SLAT's assignments in each of the three focus areas to assist the SEC with meeting those goals and metrics.

During the discussion, members asked that standing agenda items be added to the SLAT agendas for policy and initiative updates. Ms. Schabo has a spreadsheet of all the polices to be reviewed that she will share with SLAT at the May 2024 meeting.

Members also discussed ways to raise awareness of the resources available for families and communities and how they could be shared, such as through a specific quarterly report of resources. Also, a Family Guide Video is currently under development by OCS. A suggestion was made to add a young adult representative to SLAT to mirror the SEC's representative. Kyndra Jackson, VDH, suggested exploring a collaboration with the Virginia's Youth Advisory Council.

Mr. Jones will report at the March 2024 SEC meeting and ask the SEC for their direction on their priorities for SLAT's work. Members were asked to provide feedback and/or thoughts on the SEC Strategic Plan and today's discussions to Ms. Schabo for an update at SLAT's May 2024 meeting.

## OCS Updates

Updates were provided in the following areas:

- 2024 General Assembly Legislative and Budget Update – Ms. Schabo and Em Parente from VDSS provided an update on several bills of interest to CSA:
  - HB 27 (Callsen) and SB 39 (Favola) – Would establish the Kinship as Foster Care Prevention Program to promote and support placements of children with relatives by LDSS in order to avoid foster care.
  - HB 75 (Hope) and SB 40 (Favola) – Would amend DSS regulations to require that LDSS apply for federal benefits on behalf of children in foster care; prohibit the use of federal benefits to pay for the care and support of children in foster care; and, require that LDSS protect these federal benefits in an appropriate trust instrument or protected account for these children.
  - HB 1313 (Tata) – Would increase the age limit eligibility from 21 to 23 for participation in the Fostering Futures Program.

Draft

- The Governor's introduced biennial budget for 2024-2026 includes an increase in CSA funding of \$36.5 million in FY2024 and an additional \$14.5 million in FY2025.
- CHINS/CSA Parental Agreement Workgroup - The workgroup met on January 13, 2024 with a wide representation of stakeholders participating. The next meeting date should be scheduled soon. The workgroup will be reviewing a draft revision of policy 4.1.1. A new CHINS document will replace the current CHINS checklist. The meetings are virtual and open to the public.

Members received a copy of the Bench Card for Evidence-Based Programs (it was noted that the document needs to be updated) and reports to the General Assembly. Ms. Schabo noted several other reports that are or will soon be available on the CSA website. She also noted that the process for requesting CSA administrative funds is being simplified and should be in place by July 1, 2024.

### **New Business – Nominating Committee**

Mr. Jones reported that a Nominating Committee is needed to present recommendations for SLAT officers for the upcoming fiscal year. Anyone on SLAT may serve on the Nominating Committee but only local government representatives may serve as officers. Cristy Corbin, Laura Reed and Shannon Updike agreed to serve as the Nominating Committee. Elections will be held at the May 2024 SLAT meeting.

### **Member Updates**

Members reported for their agencies and organizations on their legislative activities, projects, new programs, and other ongoing activities. Members continue to work within their agencies and advocate through their associations for improvements to services and service delivery for the children, youth, and families of Virginia.

- VDH is developing a mental health tool-kit for school nurses.
- DJJ is updating regulations and tracking legislation.
- VDSS continues to work with and travel to local DSS offices to offer support to those offices.
- DMAS is tracking legislation and is working through issues with the transition to the new behavioral health services provider.
- As of July 1, 2024, all private day schools licensed by VDOE must be accredited. The Special Education Advisory Committee meeting will be held March 6-7, 2024.
- Local DSS offices are training on a new service offering, motivational interviewing.
- The CSA Coordinators Network is tracking legislation and has representation on the CHINS workgroup. Several CSA coordinators will be participating in the New CSA Coordinator Academy in May.
- Cristy Corbin reported on activities and trainings of the Virginia Family Network and ways in which parents and youth can become informed and involved. She will be presenting at the Northern Virginia CSA Symposium in March.
- Private providers are navigating changes/transition to the new Medicaid behavioral health services provider. They are also developing a survey to ascertain usage of the Safe and Sound Task Force Universal Referral form.

### **Adjournment**

There being no other business, the meeting adjourned at 12:01 p.m. on a motion by Cristy Corbin, seconded by Shannon Updike and carried. The next meeting is scheduled for May 2, 2024.



## General Information

**What is the universal referral form?** This universal referral form developed out of a work group with the Safe and Sound Task Force. The universal referral is an initial form that is submitted to private PRTF or CRF providers in Virginia for localities seeking admission. The universal referral does not make acceptance determinations but seeks to assist guardians and others seeking certain levels of care and seeks to assist potential providers in determining if they may be able to serve a youth. It aims to cut down on current administrative barriers and streamline processes between localities and providers, and better align the needs of the youth with the provider's capabilities, programming, and licensing requirements.

**What is the target population?** The primary population related to the Safe and Sound Task Force remains youth in foster care and that is who has spurred this work group and development of a universal referral form. However, the universal referral form is here for all kids, not just kids in foster care.

**Is the universal referral form to be used only in emergency placement situations?** No, the intent is that it would be completed and submitted whether the locality is seeking an emergency placement or a planned placement change.

**Who can use this form?** All localities, PRTF providers, CRF providers, and others who find it useful.

**Where will the form be housed?** For now it will be available on FUSION (a VDSS internal site) and on the Office of Children's Services website (OCS). OCS is a public site.

**Is use of the form required/mandatory?** No. It also does not replace any of the required local or state forms or processes required by regulation or other means, and it does not need to replace any of the current practices that you may be using such as calling facilities to follow up on referral submissions.

**Who owns this form/process?** The goal of having a universal referral was an action item that was presented to the Safe and Sound Task Force. Development of a universal referral has been a collaborative project by a Task Force work group (state, local, private partners). The form is considered co-owned and as we learn more about what is working and what needs to be improved, it may eventually come to "live" with a specific agency or agencies.

**How will we know if this effort is a success or not?** The project was to develop a universal referral that could more efficiently and expeditiously assist localities/guardians and PRTF and CRF providers in the referral process. The objective is to gauge the experiences from locality and provider perspectives with using the universal referral. Therefore "success" would be defined as an improvement upon the current experience. The ad hoc work group that worked on the form will aim to support the delivery and review of a short survey ~90 days after the launch of the universal referral to specific pilot sites that have volunteered to participate in a survey. More broadly there will be ways for users to provide comments and feedback.

**Where can we provide comments and feedback on the form once we start using it?** The following groups were represented in the work group and will be able to solicit and accept comments and feedback. Find the most appropriate venue to share your feedback:

- Through the CSA Committee for the League. Meets monthly. Rebecca Vinroot, [rebecca.vinroot@jamescitycountyva.gov](mailto:rebecca.vinroot@jamescitycountyva.gov)
- Through the League or League's Child and Family Services Committee. Meets generally monthly. Rebecca Morgan [rebecca.morgan@dss.virginia.gov](mailto:rebecca.morgan@dss.virginia.gov) and Kim Ayers [kimberly.ayers@dss.virginia.gov](mailto:kimberly.ayers@dss.virginia.gov)
- Through the Virginia CSA Statewide Coordinators Network. Julie Payne, [julie.payne@roanokeva.gov](mailto:julie.payne@roanokeva.gov)
- Through VCOPPA. Michael Triggs, President: [Michael.triggs@uhsinc.com](mailto:Michael.triggs@uhsinc.com)
- For questions about the work group or Safe and Sound Task Force: Mira Signer at [mira.signer@governor.virginia.gov](mailto:mira.signer@governor.virginia.gov)

## For Localities

**What should I do with the referral?** Complete the referral according to the directions. There are areas where you are asked to provide concise descriptions and some questions are drop down boxes. Once you have completed the referral submit it to the provider for their review the way you normally would.



## Universal Referral Common Questions

**What will happen when I submit the referral to a provider?** The provider would review the referral and based on the information, make an initial consideration if there is an admission opportunity (e.g. immediate or delayed admission) or if there is no opportunity to admit the youth. The provider would get in touch with the referral source to indicate their consideration/response so that the referral source knows. If the youth is a potential fit for their program and an admission opportunity may be available, the provider would most likely request additional information (i.e. they would ask you to send clinical or medical information or complete an application etc.), or might request a phone call to discuss.

**What are the responses I could get from the providers when I send the referral?** Providers should respond with:

- Admission opportunity may be available (e.g. immediate or wait list). Provider would likely request additional information such as clinical, medical, education, etc.
- Not appropriate for admission

**When will I get a response to my referral?** Through this pilot project, providers have been strongly encouraged to respond to the referral source within 24-48 hours letting them know the initial consideration (e.g. potential admission opportunity, no potential admission opportunity, etc.). However, the task force does not have a mechanism or authority to force or require providers to respond within that or any other timeframe. Improved responsiveness with all who are using the referral is an intended impact of the universal referral.

**Where can I find additional help finding the right placement for a youth with high needs?** Various VDSS Broadcasts on high acuity youth outline several resources that may be available to local departments of social services. Please refer to the Broadcasts for those processes. Additionally, to assess your local Referral and Response protocol refer to the [Virginia Heals Referral and Response Protocol](#) as one example of best practices in Virginia.

**Where can I send the referral?** The work group specifically focused on in state PRTFs and CRFs in developing the form. However, there may be other levels of care (i.e. therapeutic group home) for which the referral form is helpful.

### For Providers

**What should I do with the referral?** Receive the referral and review according to your program's capabilities, programming, and licensing requirements. Use the referral form to assist you in considering if you can serve the youth, including additional information that may be needed. The referral form is to be used to cut down on administrative barriers between localities and providers and better align needs of the youth with the provider and is not intended to be used to make acceptable determinations solely. However, the intent is to assist the provider in expeditiously considering if they can serve the youth.

**What should we do if we determine there may be an admission opportunity?** If the provider has made an initial consideration that there may be an admission opportunity, please notify the referral source within 24-48 preferably. Let them know any additional information you are requesting (i.e., medical, clinical, educational, application packet), or request a follow up phone call.

**What should we do if we determine there is not a potential admission opportunity?** If the provider has made an initial consideration that there is potentially not an admission opportunity, please notify the referral source within 24-48 hours preferably.

**Is it a requirement to respond to the referral source within 24-48 hours?** Through this pilot project, providers have been strongly encouraged to respond to the referral source within 24-48 hours. However, the task force does not have a mechanism or authority to force or require providers to respond within that or any other timeframe. Improved responsiveness with all who are using the referral is an intended impact of the universal referral. To assess your Referral and Response protocol refer to the [Virginia Heals Referral and Response Protocol](#) as one example of best practices in Virginia.