Guidance for Local Children's Services Act (CSA) Programs on the Virginia Department of Social Services (VDSS) Implementation of In-Home Services and the Family First Prevention Services Act (FFPSA)

Effective July 1, 2021

I. Introduction and Purpose

The document guides Community Policy and Management Teams (CPMTs), Family Assessment and Planning Teams (FAPTs), and CSA Coordinators, working with local departments of social services (LDSS), in implementing the new VDSS foster care prevention practice model (referred to as "In-Home Services.")

As a part of In-Home Services, DSS is implementing the federal Family First Prevention Services Act (referred to in this document as FFPSA or "Family First"). FFPSA allows utilization of title IV-E funds to support specific evidence-based services to prevent foster care placement, creating a new funding stream for these services to families through the new In-Home model.

Implementation of the prevention In-Home model and Family First are interrelated. Both focus on the prevention of foster care placement. Consequently, the new In-Home model incorporates Family First requirements for accessing title IV-E funding for prevention services.

This guidance deals specifically with eligibility for title IV-E prevention services, not eligibility for title IV-E foster care. Eligibility for title IV-E prevention services under FFPSA **is not** based on the family's income, deprivation factors, or court documentation as needed for title IV-E foster care eligibility. Neither the implementation of Family First or the In-Home model changes the eligibility requirements for the title IV-E foster care or the process of how that eligibility is determined.

However, Family First does place new requirements on using title IV-E funds for youth in foster care in congregate care placements. Separate guidance for CSA Coordinators and local teams using "Qualified Residential Treatment Programs" (QRTPs) is available.

A. What is the Family First Prevention Services Act (FFPSA)?

The FFPSA is comprehensive federal legislation intended to support evidence-based prevention services to families whose children are otherwise likely to be placed in foster care. By bolstering the provision of community and evidence-based interventions, the expectation is that fewer children enter foster care. Family First allows the use of title IV-E funds, which are 50% federal and 50% state, to achieve this goal.

FFPSA may fund only certain evidence-based practices in mental health, substance use disorders and in-home parenting skills. The federal government has established a

clearinghouse which lists and provides information about evidence-based services that utilize title IV-E funds through the FFPSA. States must also notify the federal government which services they plan to implement through a title IV-E prevention plan. The VDSS Prevention Plan includes Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). These are the only prevention services funded by title IV-E when FFPSA is implemented in Virginia on July 1, 2021.

For more information on the overall implementation of FFPSA in Virginia, please see https://familyfirstvirginia.com/

II. Overview and Components of the VDSS In-Home Model

A. Why is an In-Home Model being Implemented?

The VDSS federal Child and Family Services Review (CFSR) noted areas needing improvement in local DSS practice, particularly the lack of service provision to families who had identified needs. The primary reason identified by a survey of local DSS staff was difficulty in engaging families in the receipt of services.

To address the weaknesses identified in the CFSR, VDSS developed a Program Improvement Plan (PIP) with input from local and state DSS and community partners. As family engagement was determined to be an issue, efforts to develop a more family-focused solution resulted in the reorganization and implementation of the new In-Home model.

B. Eligibility for Foster Care Prevention Services

All (formerly called) LDSS Child Protective Services (CPS) Ongoing and Foster Care Prevention cases are served through the In-Home model. The local DSS opens cases based on a high or very high classification on the Structured Decision Making (SDM) Risk Assessment. The In-Home model also includes "court cases" (e.g., a Child in Need of Services for whom the court has ordered LDSS to provide foster care prevention services).

These children and families are determined to be eligible for foster care prevention services by completing the title IV-E Candidacy Form, which documents the decision that the child is a "Candidate for Foster Care."

> *A "Candidate for Foster Care" is defined as a child identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely in the child's home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement."*

"Imminent Risk of Foster Care" is defined in Virginia "as a child and family's circumstances demand that a defined case plan is put into place within 30 days that identifies interventions, services and /or supports and absent these interventions, services and/or supports, foster care placement is the planned arrangement for the child."

Note: These definitions are on the DSS Family First website

The LDSS Family Services Specialist (FSS) completes the "Candidate for Foster Care" Form.

Children and their families who meet these foster care prevention criteria established by VDSS are eligible for CSA and sum sufficient services under CSA (COV §§ 63.2-905, 2.2-5211.B3., 2.2-5211.C., and 2.2-5212.4.). It is important to note that these children and families (CPS Ongoing or Foster Care Prevention) are already eligible for CSA services under the eligibility categories in the cited statutes.

The designation as a "Candidate for Foster Care" makes the child and family eligible for foster care prevention, no matter whether any specific funding source, including CSA, is accessed. However, this designation assures a child and family's eligibility for any of the evidence-based services offered in Virginia through FFPSA beginning July 1, 2021. As noted earlier, these three services are Multi-Systemic Therapy (MST), Family Functional Therapy (FFT), and Parent-Child Interaction Therapy (PCIT). Additional services are likely to be added to this list in the coming years.

C. Service Provision

1. What is Multi-Systemic Therapy?

Multi-systemic Therapy (MST) is an intensive treatment delivered in multiple settings. MST aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in 12 – 17-year-old youth. MST addresses core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, family, school, peers, and community. Intervention strategies are individualized to address the identified drivers of behavior. More information about MST is found at: https://www.mstservices.com/.

2. What is Functional Family Therapy (FFT)?

Functional Family Therapy (FFT) is a short-term, family-based intervention program for youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11 to 18-year-old youth referred for behavioral or emotional problems. Family discord is also a target. More information about FFT is found at: https://www.fftllc.com/.

3. What is Parent-Child Interaction Therapy?

Parent-Child Interaction Therapy (PCIT) provides coaching to parents by a therapist trained in behavior-management and relationship skills. PCIT is a program for two to seven-year-old children and their parents or caregiver to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the parent-child relationship. During weekly sessions, therapists coach caregivers in child-centered play, communication, increasing child compliance, and problem-solving. More information about PCIT is found at: http://www.pcit.org/.

Additional information on all three evidence-based practices is found at: https://familyfirstvirginia.com/

4. Other Prevention Services

Provision of services to children and families through the "In-Home" model is not limited to identified evidence-based services funded by title IV-E through FFPSA. Families may receive a wide range of prevention services. These include but are not limited to: mental health interventions; substance use disorder treatment; concrete supports (e.g., financial assistance with utilities, housing, transportation); or other community-based services (e.g., mentoring, individual or family support services or interventions). As is current practice, these services are funded from the appropriate source such as Medicaid, CSA, Community Services Board (CSB) Mental Health Initiative, DSS Promoting Safe and Stable Families (PSSF), and other designated DSS funding. FFPSA does not restrict the provision of other foster care prevention services. Instead, it simply adds a new funding source for the evidence-based services.

D. Assessment with the Child and Adolescent Needs and Strengths (CANS)

The implementation of FFPSA requires the use of an evidence-based functional assessment, such as the CANS. The CANS allows LDSS professionals to improve identification of a family's needs and strengths, service planning and provision, and ongoing review of the services' effectiveness in foster care prevention cases.

As the CANS is the mandatory uniform assessment instrument for CSA, a structure exists to support its use with In-Home cases. Currently, the CANS is administered to children and families receiving foster care prevention services reviewed by FAPT for possible CSA funding. The online CANS software system (CANVaS) is utilized for assessments of all foster care prevention cases (i.e., In-Home cases), even if CSA funding is not sought or provided. However, the system needs to have a way to identify which assessments are "CSA" and those done for In-Home cases. The rater identifies In-Home cases at the individual assessment level.

VDSS requires the administration of the CANS every 90 days for children and caregivers served through the In-Home model to assure the ongoing assessment of the family's needs and

strengths and evaluate progress towards meeting the goals on the prevention plan. Efforts should be made to avoid duplication of assessments. For example, a CANS assessment completed in the past 30 days for an In-Home case may be accepted by CSA if the child and family are referred to FAPT.

Local DSS agencies are encouraged to identify additional CANVaS Local Administrators (also known as DSU/RAs) to assist with case manager account creation, monitoring of completed CANS and access to the system reports for DSS, including In-Home cases.

Newly identified LDSS Local Administrators should review the guide describing the primary responsibilities of Local Administrators found on the OCS website in the CANS folder (www.csa.virginia.gov/CANS) or the "Documents" folder in CANVaS. There are no changes to the process for creating Local Administrators. The "Request to Create or Reactivate a Local Administrator Account" form must be completed, signed by the user and the user's supervisor, and sent to the attention of Carol Wilson in the Office of Children's Services (carol.wilson@csa.virginia.gov). A copy of the user's CANS certification must be attached.

The goal of the implementation of CANS is not only to meet a federal requirement for those cases that might require FFPSA funding. The intent is for the local DSS and community to have a commonly used and recognized functional assessment to help local foster care prevention staff carry out their job responsibilities. The use of the CANS acknowledges that the first step in providing human services is an assessment that allows a community, agency, and family members to identify strengths and needs and determine how to move forward in service plan development and implementation. Reassessments evaluate the progress towards those goals and allow the team to assess if other services may be more effective.

III. The Multi-Disciplinary Approach

A. The intent of MDT review

Recognizing that children and families are the community's shared responsibility, not any single agency's, VDSS requires multi-disciplinary teams to support the new In-Home service delivery model. MDTs are frequently used in children's services, particularly since the advent of the System of Care philosophy and principles in the 1980s.

Until this shift in services to children and families, service provision was primarily determined by the family's presenting problem and the agency to which they were referred. This practice resulted in inefficient and ineffective fragmentation and duplication of services provided through what are known as "silos," meaning agencies operated independently of each other.

The System of Care philosophy introduced the idea that families are ideally viewed holistically, not parceled out into separate program areas to address different issues. Families who come to the attention of agencies may have complex needs requiring a multi-disciplinary approach. The

focus on seeing the child and family as part of the community emerged. No one agency is responsible for working with the child and family; instead, the expertise and resources of all of the community's agencies should be brought to bear.

Multi-disciplinary review and coordination of services gather the community's strengths and resources to address the family's needs. The goal is to integrate the family into successful functioning in the community, not resolve an immediate crisis and "close the case." All community partners have the responsibility to provide the support the family needs. Without such a community-wide approach, the families and children in foster care prevention continue to be seen as "DSS cases." They may be likely to cycle back to DSS intervention through generations, or as Court Services Unit (CSU) cases with youth who move from juvenile status offenses, to delinquency and then adult crime.

B. Multi-disciplinary Review Teams and the In-Home Model

Recognizing the inherent value of MDTs, VDSS requires a multi-disciplinary review for all In-Home cases to access title IV-E prevention funds for any of the evidence-based services funded through the FFPSA. As currently required by statute, FAPT review is necessary for In-Home cases that seek CSA funding for foster care prevention services.

To meet the MDT requirement for local DSS wishing to access IV-E funded evidence-based prevention services, local governments may choose from the following options:

A. *Family Assessment and Planning Team (Comprehensive)*

A locality may opt to have In-Home cases reviewed by the regular FAPT, following the current local process for multi-disciplinary review and coordination of funding and services through CSA.

1. Family Assessment and Planning Team (Consultative)

As an alternative, a locality may wish to use the model of a "consultative" FAPT with reduced expectations and requirements. For example, the VDSS prevention plan may serve as the service plan. **The purpose of this team review is not to determine eligibility for CSA or provide funding through CSA but to provide the multi-disciplinary perspective regarding the use of an Evidence Based Practice (EBP).** As this is not a FAPT determining the CSA eligibility of youth or use of CSA funds, reduced documentation is permissible. This documentation may include a referral cover sheet, the VDSS prevention plan, which may substitute for the Individual and Family Services Plan (IFSP), and a current CANS. The FSS verbally provides the consultative FAPT with summary information.

The following chart outlines and compares the expectations of a Consultative and Comprehensive FAPT.

Activity	IN-HOME CONSULTATIVE FAPT	COMPREHENSIVE FAPT (likely to, or needing CSA funding)
Eligibility	Children and families being served through "In-Home" practice standards as established by the Virginia Department of Social Services (VDSS) who meet the criteria established for "imminent risk" as defined by VDSS. These children and families are eligible (and sum-sufficient) for CSA as they are receiving foster care prevention services in accordance with COV §63.2-905 (Foster Care Services).	
Referral Process	**Services not funded by CSA may begin before FAPT review.** While only essential referral information is encouraged, localities should decide what information is needed to offer a helpful consultation. The In-Home worker could provide a simplified referral cover sheet, the proposed prevention plan, and an oral description of the case (e.g., why the family came to the attention of DSS, why an in-home case is opened, needs and strengths as identified on the CANS, what services or supports are in place or DSS plans to put in place, etc.) VDSS Prevention plans may substitute for IFSPs.	If a case never requires CSA funds, a Comprehensive FAPT is unnecessary. If at the "In-Home" (Consultative) FAPT it is determined that CSA funds are needed, local practice determines what information from the "In-Home FAPT" may be used for referral to a Comprehensive FAPT to eliminate duplicative information/ paperwork. If known at the outset that CSA funds are needed or likely to be needed, the case should go directly to Comprehensive FAPT using current local CSA processes (no Consultative FAPT held).
CANS Requirements	Every 90 days as determined by VDSS. CANVaS is modified to flag In-Home cases when no CSA funding is accessed.	No changes to State Executive Council (SEC) Policy or current local practice. A new CANS is not needed for a Comprehensive FAPT if a CANS was completed in the previous 30 days.
FAPT Roles/Activities	FAPT's role is one of consultation, coordination, service recommendations, and periodic case reviews.	No changes to current practice.
Time Frames for Action by FAPT	VDSS policy requires a Prevention Plan and a CANS done within the first 30 days. Services funded by FFPSA may begin before FAPT review.	Cases should be reviewed promptly. Local CPMTs are required by Code to have policies allowing immediate access to funds for placement and services. If emergency CSA funding is needed, the case comes to Comprehensive FAPT with the usual 14-day requirement for FAPT review of emergency placements/services.
Service Plan Requirements	In-Home Prevention Plan to include a parental signature.	In-Home Prevention Plan to include a parental signature.
Audit Requirements	Title IV-E funding is reviewed/audited by VDSS.	No change to current practice. CSA funds are subject to OCS audit.

Activity	IN-HOME CONSULTATIVE FAPT	COMPREHENSIVE FAPT (likely to, or needing CSA funding)
CPMT Role/Activities	Current role of policy and practice oversight/coordination. Broad system oversight/CQI at the local level. Encourage review of data in light of new structure and practices (outcomes, increased referrals for/use of CSA funds for FC prevention, implementation of evidence-based practices through FFPSA, etc.). Discuss how to integrate EBPs across all child-serving systems. Develop policy re: the referral and operation of the Consultative FAPT. CPMT authorization of non-CSA expenditures is not required.	Current role of policy and practice oversight/coordination. Broad system oversight/CQI at the local level. Encourage review of data in light of new structure and practices (outcomes, increased referrals for/use of CSA funds for FC prevention, implementation of evidence-based practices through FFPSA, etc.). Discuss how to integrate EBPs across all child-serving systems. Develop policy re: the referral and operation of the Consultative FAPT. CPMT authorization of CSA expenditures.
Data Requirements	CANVaS captures assessment data from In-Home cases. These cases are entered into LEDRS as title IV-E/FFPSA. Required data from EBPs is tracked by FFPSA evaluators and included in the service provider contracts.	No changes to current state practice.
Case Review Requirements (UR)	As determined by VDSS.	No changes to the current state or local practice.
Use of Approved Alternate MDT for In-Home Cases	May be appropriate. MDTs may have specialized focus and slightly different requirements. MDTs require VDSS and SEC approval.	No changes to current local practice. MDTs require SEC approval.
Service Contracting, Invoicing, and Payment	VDSS reimburses the LDSS through a budget line in LASER. VDSS (along with OCS) issued an EBP "model contract template" for either local CSA or LDSS that includes standard service prices. The locality determines how contracting, invoicing, and payment for services occur.	Current contracting, invoicing, and payment practices continue.
Parental Co-Payment	No co-pay required unless the funding source used requires a co-pay.	No changes to current state and local co-payment policies.
Local Policy Development	Localities develop minimal standards for referral to Consultative FAPT and include this in local policy. The policy should describe how FAPT is used as a consultative multi-disciplinary team.	Local CPMTs are required by Code to have policies that allow immediate access to funds for placement and services. If emergency CSA funding is needed, the case comes directly to the Comprehensive FAPT with the usual 14-day requirement for review. The locality develops policy describing how In-Home cases previously

Activity	IN-HOME CONSULTATIVE FAPT	COMPREHENSIVE FAPT (likely to, or needing CSA funding)
		heard by Consultative FAPT are referred to Comprehensive FAPT.

a. Referral from a Consultative FAPT to a Comprehensive CSA FAPT

The consultative FAPT may, during its review, determine that additional services are needed for the child and family. If so, the consultative FAPT "refers" the case to a (Comprehensive) FAPT. Each locality must develop a policy regarding how these referrals are made and the associated expectations. Once the case is referred to the FAPT process for possible CSA funding, it is treated like any other case coming to FAPT. The CPMT must approve CSA funding.

2. Approved Alternate Multi-Disciplinary Team (MDT)

The third option for localities is to request an alternative MDT to review only In-Home cases seeking access to a title IV-E funded EBP. The Code of Virginia provides for such alternate multi-disciplinary teams (MDTs), established per COV §2.2-2648 (14) and State Executive for Children's Services Policy 3.2.2.

Creation and implementation of an approved alternate MDT allows a local government to design a team which best fits local needs. Decisions such as which agencies would serve on the team, if other parties will be represented on the team (e.g., private providers), whether it is a standing or ad hoc group and whether there is a financial limit (e.g., only hearing cases with a potential cost of up to a certain amount) are determined by the CPMT, which then submits the request to VDSS and then OCS to review for SEC approval. If an alternate MDT is established and approved, it may substitute for a Comprehensive FAPT. A request for CSA funding may be submitted directly from an alternate MDT to the CPMT.

The alternate MDT may not be the DSS Family Partnership Meeting, held at specific and critical decision points. The alternative MDT may be a "Child and Family Team," with the inclusion of the requirements outlined in this document. To become an approved MDT, the Child and Family Team must meet the approval process for an alternate MDT. The partner agency representatives are determined based on the specific needs of the child and family as determined by the CANS and the LDSS. For example, the child's CSB therapist may serve as the CSB representative. If no agency other than LDSS is currently involved with the family, the LDSS, using the assessment should determine which other agency or agencies should participate. Other parties or providers may participate as deemed necessary to the service planning process. The locality must take the following steps to establish an alternate MDT to implement the FFPSA:

a. The Director, VDSS Division of Family Services, or designee, must approve a request from the CPMT and LDSS Director to establish a collaborative, alternative MDT for

accessing title IV-E prevention services funding. Upon approval from VDSS, the CPMT, as provided for in COV §2.2-2648 (14), shall submit the request to the Office of Children's Services (OCS) for presentation to the State Executive Council for Children's Services (SEC), following OCS procedures. The SEC shall review and approve the request, as appropriate. See also: COV §2.2-5209.

b. Requests for such approval shall be in writing and made available for review by the VDSS, OCS, and the SEC.
c. The CPMT and LDSS shall develop and approve written policies governing the membership and operation of the MDT. The CPMT and LDSS shall make these policies available for review to VDSS and OCS before referral to the SEC for consideration. The policies must specify:
    i. The purpose of the MDT, including the types of cases/circumstances that will be considered.
    ii. How the MDT procedures and practices align and integrate with those of the CPMT's member agencies.
    iii. Whether the MDT shall be a standing team that meets regularly or if it will operate on an ad hoc basis. If on an ad hoc basis, under what circumstances will the MDT be convened and through what procedure. Examples of regular, standing MDTs include teams for children in residential care, truancy cases, or In-Home Services/foster care prevention.
    iv. The minimum number of agency representatives constituting the MDT (from among the FAPT-required member agencies). This specification shall identify the agencies represented on the MDT and processes for soliciting additional input from other agencies, as needed.
    v. How the MDT includes family engagement practices and be family-driven.
    vi. The process through which funding approval requests will be submitted directly from the MDT to the CPMT for any CSA-funded expenditures and from the MDT to the LDSS for Family First title IV-E prevention expenditures.
    vii. The process through which title IV-E prevention expenditures will be submitted through the Local Expenditure, Data and Reimbursement System (LEDRS) T4E (Title IV-E) file.
    viii. How the MDT will utilize: interagency collaboration and family involvement to assess the family's strengths and needs; assessment tools to identify appropriate services; monitor service delivery and progress towards treatment goals; and establish ongoing community support for the family for when the child welfare case is closed.
    ix. How the MDT process and outcomes are regularly documented and reviewed.

If the option of an approved alternate MDT is chosen, the locality needs to establish this process and include it in its written policy.

C. Local Procedures Regarding the Multidisciplinary Review

Each local DSS, CSA, including FAPT and CPMT, and agency partners must work collaboratively to decide how to incorporate the requirement for multi-disciplinary review of In-Home cases seeking FFPSA funding. One of the three described above options must be chosen. Local policy will reflect the expected flow of In-Home cases seeking title IV-E funding for EBP services from LDSS to either the comprehensive FAPT, the consultative FAPT, or an approved MDT.

IV. Role of the CPMT

Consistent with the statutory expectations of the CSA, the CPMT provides oversight and leadership in coordinating the community's response to all identified children and families, including those receiving title IV-E funded foster care prevention services. With the introduction of the FFPSA, this role includes maintaining awareness of the utilization and impact of the new In-Home prevention practices (e.g., increased/decreased referrals for the use of CSA funds for foster care prevention, outcomes, and the integration of evidence-based practices across all child-serving agencies)

There are no changes regarding statutory expectations and the roles of FAPT and CPMT in the implementation of CSA, including eligibility and funding. FAPT may provide a multi-disciplinary review for any referred child and family in the community, even if CSA funds are not needed.

V. Contracts

Each locality determines how contracting, invoicing, and payment for the title IV-E funded evidence-based services are managed. Localities may use existing CSA contracting, purchasing, and invoice processing systems or develop FFPSA-specific processes. As Family First funding is directed from VDSS to the local DSS, LDSS agencies use current financial processes to obtain reimbursement through the VDSS LASER system. However, Family First requires specific client-specific data not captured in LASER. Following VDSS guidance, this information is to be submitted through the title IV-E capabilities of the CSA LEDRS system.

OCS Administrative Memo #21-08 provides a model contract template for the evidence-based services which may be purchased either through title IV-E or CSA.

VI. Use of the Local Expenditure, Data, and Reimbursement System (LEDRS)

Effective July 1, 2021, the LDSS shall submit all expenditures of title IV-E payments for Foster Care and In-Home Prevention Services through the Local Expenditure, Data, and Reimbursement System (LEDRS) T4E (title IV-E) file. The VDSS Division of Family Services and the Office of Children's Services (OCS) worked collaboratively to update the current LEDRS

system to accommodate the additional required federal reporting for the Family First Prevention Service Act (Family First).

The LEDRS T4E file submission with the appropriate filename must be submitted quarterly based on the schedule below.

Date Range	Expenditure File Report Due	Filename
July 1 - Sept 30	31-Oct	T4E_*FIPS*_Q_*YYYY*_1_1.txt
Oct 1 - Dec 31	31-Jan	T4E_*FIPS*_Q_*YYYY*_2_1.txt
Jan 1 - Mar 31	30-Apr	T4E_*FIPS*_Q_*YYYY*_3_1.txt
Apr 1 - Jun 30	31-Jul	T4E_*FIPS*_Q_*YYYY*_4_1.txt

FIPS = County FIPS Code (no padding of zeros)
YYYY = 4 digit calendar year of the file submission

The submission through LEDRS of expenditures of title IV-E funds for both Foster Care and In-Home Prevention Services allows VDSS to enhance their quality assurance and accountability reviews of title IV-E.

VII. DSS State and Federal Reporting

LDSS shall submit all required state and federal reporting for all title IV-E prevention services funding. The following information shall be submitted through a combination of methods, including LEDRS, LASER, and the Child Welfare Information System:

A. Client-Level Information and Spending

	Child Welfare Information System (OASIS/Compass Mobile)	LEDRS
Client's Full Name	X	X
Date of Birth	X	X
Client ID	X	X
Child's Case ID	X	
Identified Referral Reason	X	
Service Name	X	X
Service Start Date	X	X

Service End Date (projected end date if service is still ongoing)	X	X
Total Estimated Cost of Services		X
Total Amount Billed For Service		X

B. Budget Line 835 IV-E Prevention Services Information (LASER)

1. Total amount allocated
2. Actual use of funds
3. Projected use of funds